

ADAPTING AN EVIDENCE-BASED INTERVENTION FOR PARENTING PREVENTION:
ENGAGEMENT OF NATURAL HELPERS IN LATINA/O COMMUNITIES

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“It is easier to build strong children than to repair broken men.”

-- Frederick Douglass

This is dedicated to three very special children I love: Brady, Ivy, and Lila. May we provide you with the love, support, and freedom to reach your full potentials. And may we still have room in our hearts for the children that will inevitably become part of our family, but are now just fuzzy ideas of who will exist in our future, as you three were once.

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ABSTRACT

ADAPTING AN EVIDENCE-BASED INTERVENTION FOR PARENTING PREVENTION: ENGAGEMENT OF NATURAL HELPERS IN LATINA/O COMMUNITIES

by Katrina Bell

There are high rates of unmet service needs in Latina/o children with externalizing behavior problems, which have led to a multitude of adverse outcomes for Latina/o communities including academic difficulties and problem behaviors among youth. Research suggests that early parenting-based prevention can be effective at eliminating current behavioral problems and preventing future psychopathology. This study gathered information from natural helpers in a Latina/o community about the need and acceptability of an evidence-based parenting intervention, Parent-Child Interaction Therapy (PCIT). This intervention was selected for adaptation because of its research support and its emphasis on improving parent-child relationships. This study was framed by community-based participatory research, which emphasizes collaboration between researchers and the target community. Nineteen natural helpers from a Latina/o community participated in one of three focus groups to discuss the intervention and its potential adaptation. Data from focus group transcripts were analyzed for relevant themes. Results suggest that natural helpers believed this type of program would be beneficial to the community and were responsive to being the service providers of a culturally adapted version of PCIT. Natural helpers also provided suggestions for cultural adaptation.

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CHAPTER I

INTRODUCTION

Children with externalizing behavior problems such as oppositional defiant disorder, conduct disorder, and attention deficit/hyperactivity disorder experience a broad range of difficulties that put them at increased risk for a variety of adverse outcomes, including poor school adjustment (Campbell & Ewing, 1990; McGee, Partridge, Williams, & Silva, 1991), deviant activity (Kratzer & Hodgins, 1997; Loeber, 1990), substance abuse (Lynskey & Fergusson, 1995), and poor interpersonal relationships (Lynskey & Fergusson, 1995; Weiss & Hechtman, 1993). Even children with less severe forms of externalizing behavior problems are more likely to develop more serious behavioral problems with time, such as deviant and criminal behavior (Burke, Loeber, & Birmaher, 2002). For instance, youth with oppositional defiant disorder are four times more likely than youth without this disorder to develop conduct disorder and antisocial behavior (Moffitt, Caspi, Harrington, & Milne, 2002; Lahey et al., 2002; Burke, Loeber & Birmaher, 2002).

It is estimated that less than 50% of children in the United States (U.S.) who have externalizing behavior problems receive mental health services (Merikangas et al., 2009). This percentage is even lower in historically underserved groups, including ethnic and racial minorities, and immigrants (Isaacs et al., 2008; Kazdin, 2008). For example, rates of unmet need for services are 40% higher in Latina/o children with externalizing behavior problems compared to European American children (Coker et al., 2009).

The reduced level of service use observed in Latina/o children (e.g., Coker et al., 2009; Suinn & Borrayo, 2008) is thought to result from an unavailability and inaccessibility of mental health care among Latinas/os (Isaacs et al., 2008). The second of these problems has been

attributed to differences between traditional mental health settings and Latina/o families regarding the manner in which problems are defined, understood, and treated (Callejas, Hernandez, Nesman, & Mowery, 2010; Cauce et al., 2002; Hernandez, Nesman, Mowery, Acevedo-Polakovich, & Callejas, 2009; López & Guarnaccia, 2000). For instance, Latinas/os will often seek guidance from individuals who belong to their specific culture and context, in settings outside of mainstream formalized mental health services (Hernandez et al., 2009). In order to provide accessible services to Latina/o children with externalizing behavior problems, innovative methods of treatment delivery are necessary, which may include new service delivery models and use of unique settings (Kazdin, 2008; Hernandez et al., 2009; Isaacs et al., 2008).

Addressing Service Disparities

Creating interventions that are responsive to the manner in which Latina/o families think about problems and seek help can lead to dramatic reductions in unmet service need (Callejas et al., 2010; Hernandez et al., 2009). The goal is to provide ecologically valid services that maximize the agreement between the cultural context of the Latina/o family and the services provided to them (Hernandez et al., 2009; Isaacs et al., 2008; Rosselló and Bernal, 2005). Specific strategies to culturally adapt evidence-based services, such as parenting programs, include incorporating clients' cultural values into treatment, matching clients with service providers of the same ethnic or cultural background, and promoting collaboration with natural supports in the client's cultural community such as religious leaders (Isaacs et al., 2008).

Natural Helpers and Service Disparities

One way to create more culturally responsive services for Latina/o families is to address the lack of service providers who can offer services in Spanish and understand Latina/o culture

(Kataoka, Zhang, & Wells, 2002). A possible solution is training natural helpers from the Latina/o community to provide services in settings where Latinas/os naturally seek help (Calzada et al., 2005). Natural helpers are individuals who are not formally licensed as mental health providers, but who are nonetheless consistently sought out for advice, support, and help (Israel, 1985). Natural helpers have been traditionally incorporated into health promotion and disease prevention programs and more recently have been suggested as a potential avenue for decreasing unmet service needs both generally, and specifically among Latina/o populations (Ayala, Vaz, Earp, Elder, & Cherrington, 2010; Rhodes, Foley, Zometa, & Bloom, 2007).

Training natural helpers to provide services to Latina/o children at risk for developing externalizing behavior problems is likely to be advantageous for two reasons. First, natural helpers are inherently more accessible to Latina/o families than professional mental health providers, as natural helpers assist in contexts where these families naturally seek guidance and help (Calzada et al., 2005; Jain, 2010). Second, studies have demonstrated that natural helpers trained to provide evidence-based services have greater effectiveness than passive controls and can be as effective as professional mental health providers (Montgomery, Kunik, Wilson, Stanley, & Weiss, 2010; Weisz, Weiss, Han, Granger, & Morton, 1995).

The available literature suggests that natural helpers should either belong to the community of interest or have extensive experience working within that community (Cherrington et al., 2008). In previous work, natural helpers have been identified either through a community advisory group (Blumenthal, Eng, & Thomas, 1998) or by seeking referrals from programs who have used natural helpers in the past (Woodruff, Candelaria, & Elder, 2010). The available research on selection of natural helpers suggests that certain personal characteristics are more important to consider than educational attainment (Cherrington, Ayala,

Amick, Scarinci, Allison, & Corbie-Smith, 2008; Walter & Petr, 2006). In particular, effective natural helpers should be empathic, interpersonally warm, calm when under stress, flexible, patient, persistent, and enthusiastic (Walter & Petr, 2006). They should demonstrate leadership skills (Cherrington et al., 2008), comfort with the topics being addressed (Blumenthal, Eng, & Thomas, 1998), and confidence in the practice's effectiveness (Rodriguez, Conway, Woodruff, & Edwards, 2003).

Training and supervision of natural helpers is necessary to ensure that services are being correctly implemented (e.g., Easton, Platt, & Van House, 1985; Jain, 2010). Luiselli, Bass, and Whitcomb (2010) found that didactic training leads to natural helpers having increased knowledge. Furthermore, in a study by Leblanc, Ricciardi, and Luiselli (2005), natural helpers who were given direct feedback by a supervisor until reaching a mastery criterion continued to use service techniques at post-training follow-up.

Externalizing Behavior Problems and Early Prevention

Because it addresses problem behaviors before they become stable and clinically significant, early prevention is a key strategy for reducing externalizing behavior problems in children (Farrington & Coid, 2003). A meta-analysis conducted by Dekovic et al. (2011) examined the impact of early prevention programs on later adulthood criminal behaviors. On average, children who participated in early prevention programs committed fewer crimes in adulthood as compared to control participants. Although overall effects on criminal behavior were small, they were moderated by participant characteristics such that prevention programs were most beneficial for children who were at greater risk (Dekovic, Slagt, Asscher, Boendermaker, Eichelsheim, & Prinzie, 2011).

Prevention also decreases the presence of risk factors that could exacerbate externalizing behavior problems (Dekovic et al., 2011). Besides preventing adverse outcomes, prevention programs can also encourage the development of strategies that may be useful in managing life stressors (American Psychological Association, 2008) and lessen the social costs incurred by untreated children (e.g., mental health services, legal involvement, incarceration, etc.) (Beardslee, Chien, & Bell, 2011; O'Connell, Boat, & Warner, 2009). Aos et al. (2004) found that every dollar spent on prevention programs for children and adolescents with externalizing behavior decreased later spending by families, schools, health and mental health systems, and juvenile justice systems by eight dollars.

The most effective prevention programs for younger children at risk for externalizing behaviors broadly build family, parent, and child skills (Beardslee, Chien, & Bell, 2011), with the development of parenting skills having paramount importance (Dekovic et al., 2011). Parent training programs are effective for prevention with at-risk youth, decreasing children's externalizing behaviors, and improving children's academic success, parents' discipline strategies, and overall family functioning (Lochman, 2000; Reid, Webster-Stratton, & Hammond, 2003; Spoth, Randall, & Shin, 2008). A recent meta-analysis of early parent training prevention programs found a medium effect size for decreasing externalizing behavior problems in young children (Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009).

Natural helpers have been successfully trained to deliver parent training interventions to diverse individuals in the United States (Calzada et al., 2005) and in Mexico (Solís Cámara & Díaz Romero, 1999). Calzada and colleagues (2005) structured an approach where natural helpers first received didactic education in parent training and were subsequently slowly incorporated into supervised service delivery. Investigation of this training protocol is not

complete, but there is initial support of this model. Although there presently is no research specifically comparing trained natural helpers to licensed professionals in the provision of parent training, Lavigne and colleagues (2008) found no differences between parenting groups facilitated by nurse practitioners and professional psychologists. Given the potential advantages of employing natural helpers, more research is needed to assess natural helpers' effectiveness in conducting parent training.

Parent-Child Interaction Therapy as a Prevention Model for U.S. Latinas/os

When considering potential parent training approaches to deploy within U.S. Latina/o communities, Parent-Children Interaction Therapy (PCIT; Eyberg & University of Florida Child Study Lab, 2009) offers several advantages over other parent training programs. In particular, it specifically addresses key risk factors for conduct-disordered behaviors, employs innovative techniques to effectively increase positive parenting, and incorporates concepts that are responsive to Latina/o culture. Each of these advantages is expanded upon below.

PCIT Specifically Addresses Key Risk Factors

PCIT is amenable to adaptation into a prevention program, as it addresses key risk factors for developing externalizing behavior problems, including negative and controlling parent to child interactions (Campbell, 1995; Stormont, 2002), lack of appropriate parenting techniques (McMahon, Wells, & Kotler, 2006), and engagement in problem behaviors as young child (Lahey & Loeber, 1994; McMahon, Wells, & Kotler, 2006). Negative and controlling parent to child interactions is associated with childhood aggression, antisocial behavior, and defiance (Campbell, 1995; Stormont, 2002). Parents of children with externalizing behavior problems often are unable to effectively manage these behaviors, allowing them to continue (McMahon,

Wells, Kotler, 2006). PCIT ameliorates these risk factors by employing a dual emphasis on fostering positive parent-child relationships and developing effective discipline strategies (Foote, Eyberg, & Schuhmann, 1998; Nixon, 2002). Additionally, prevention during the preschool years is critical, as this is a formative period for developing externalizing behaviors problems (McMahon, 1994; McNeil, Capage, Bahl, & Blanc, 1999). PCIT addresses this risk factor as it targets young children between the ages of 2 and 7 years old (Niec, Gering, & Abbenante, 2011).

PCIT Employs Innovative Techniques

Parent training programs usually teach parenting through didactic, modeling, discussion, and role play (Sampers, Anderson, Hartung, & Scambler, 2001). Conversely, PCIT involves the child in all but two sessions of treatment such that parents practice parenting skills during play interactions with their children. This allows trainers to track parents' progress and adapt coaching as indicated to modify parents' behavior through real time modeling, reinforcement, and selective attending (Hembree-Kigin & McNeil, 1995). The results of meta-analytic research suggest that requiring parents to practice skills with their children in session increases the effects of a parenting intervention on parenting skills and children's externalizing behaviors (Kaminski, Valle, Filene, & Boyle, 2008). Specifically, PCIT coaching, without the inclusion of a comprehensive didactic component, can significantly improve parent-child interactions (Shanley & Niec, 2010).

PCIT Employs Approaches that are Responsive to U.S. Latinas/os' Needs

In previous research examining Latina/o families' expectations for parenting interventions, Parra-Cardona and colleagues (2009) found that Latina/o families preferred parenting programs that involved a strong working relationship between therapist and parent, had

the goal of building positive parent-child relationships, and that included multiple families. PCIT fits these characteristics by encouraging collaboration between therapists and parents with live coaching and by spending the first phase of treatment enhancing the parent-child relationship. Moreover, PCIT can be offered in a group format without compromising its effectiveness (e.g., Niec, Hemme, Yopp, & Brestan, 2005; Nieter, Thornberry, Brestan-Knight, 2012). When McCabe and Yeh (2009) conducted a randomized-control trial comparing treatment as usual to a culturally adapted version of PCIT and standard PCIT, both forms of PCIT were equally effective and more effective than treatment as usual.

Preliminary research has demonstrated the feasibility of developing a preventive intervention based on PCIT (Berkovits, O'Brien, Carter, & Eyberg, 2010). In a small-scale controlled study compared two PCIT prevention models – a brief group form and a self-directed reading form, both groups reported increased use of effective parenting skills and reductions in children's externalizing behavior problems suggesting that PCIT can be effectively adapted into a prevention program. However, several characteristics of this study prevent generalizability to Latina/o families. First, the participants in the study were mainly middle class white families. It is likely that at-risk families with lower reading comprehension would find live coaching more beneficial than a reading program. Second, the group intervention was provided in a primary care setting, rather than in a community setting where Latinas/os are more likely to seek services (e.g., Hernandez et al., 2009). Third, the intervention was provided by doctoral graduate students instead of natural helpers from the community.

The goal of the current research is to gather information from natural helpers who serve Latina/o families with young children that will be used to adapt PCIT into a culturally-responsive program for the prevention of externalizing behaviors in Latina/o children that can be delivered

by natural helpers. Important methodological considerations when working with ethnically diverse populations are introduced before describing the current study's methods and results.

Methodological Considerations when Working with Ethnically Diverse Populations

Some scholars have argued that the higher levels of unmet service needs in ethnic minorities are, in part, a consequence of the way science is conducted in U.S. society (Iijima Hall, 1997). Knowledge is controlled by researchers who do not have experience with, or understand, the contexts in which people who experience service disparities live (Israel, Eng, Schulz, & Parker, 2005). Although most research is conducted by the majority population and predominantly includes ethnic majority participants, services for ethnic minorities are based upon this research (Iijima Hall, 1997). These problems in research naturally lead to unmet service needs, as mainstream services are based on findings that do not adequately address ethnic minority needs, making the services less helpful for ethnic minorities. In time, the services become less often utilized by these groups (Iijima Hall, 1997; Suinn & Borrayo, 2008).

As a response, approaches to research have been developed to ensure that ethnic minority perspectives are adequately accounted for in research. For instance, Community-Based Participatory Research (CBPR) is a broad philosophical orientation to research whereby researchers choose approaches to research that not only address the problems that underserved populations have, but also empower these groups to participate in problem solving (Wallerstein & Duran, 2003). Other scholars have suggested that qualitative approaches can most efficiently advance the gaps in our understanding of service needs among historically underserved populations (Plano Clark & Wang, 2009). The rationale behind using each of these two approaches, CBPR and qualitative methods, is introduced in a dedicated subsection below.

Community-Based Participatory Research

Community-Based Participatory Research is focused on collaboration with the target community throughout all phases of the research process, allowing for equal participation from community stakeholders and researchers (Minkler & Wallerstein, 2003). This orientation to research seeks to incorporate community strengths and values into the programs being researched and/or developed, thus actively working to eliminate the power differential between researcher and research participant (Minkler & Wallerstein, 2003). Although there may be various nuances in the execution of CBPR, in general research is guided by a few core principles. As outlined by Israel, Eng, Schulz, and Parker (2005):

- 1) The community is a unit of identity;
- 2) There is a focus on furthering community strengths and resources;
- 3) The relationship between researchers and researched communities is collaborative, equitable, and empowering to circumvent social inequalities;
- 4) There is a reciprocal sharing of knowledge and skills that promotes colearning between researchers and researched communities;
- 5) There is a balance between gathering data and providing a desired service to the community;
- 6) There is recognition that health is multi-determined, with community contextual factors playing a role in its definition;
- 7) Programs are developed through a cyclical, iterative process that requires several stages, all of which involve researchers and the researched community;
- 8) Results are disseminated widely, to the target community and scientific community, in a way that is respectful and inclusive of the target community; and

9) There is a long-term commitment to the partnership between the community and research team that extends beyond the initial project, with the goal of further collaboration as both partners see fit.

Wallerstein, Duran, Minkler, and Foley (2005) outlined four potential strategies for building a CBPR partnership with a community of interest. The first strategy involves self-reflection on the part of the researchers, where the researchers consider their abilities, available resources, and limitations, and how this could affect a partnership with a community. Researchers are encouraged to consider the past relationship between the researchers' institution and the community in question, understanding that there may be inequalities that need to be addressed. The second strategy involves the researchers identifying potential community partners through the avenues of pre-existing networks, associations, or community leaders. This step is extremely important when researchers are approaching a community to build a partnership to study a "problem." Researchers will need to spend time learning about the priority community in order to know who to approach about a partnership, as well as to garner some sense of credibility in the community by being able to show understanding of its people.

The third strategy asks the researchers to collaborate with the community to negotiate or reframe the health issue that will be addressed through the research. Researchers may have an a priori conceptualization of the "problem," but need to listen to the community's concerns about the "problem" in order to fully understand it and subsequently help ameliorate it in the community. This may involve learning about the cultural conceptualization of the "problem," as well as cultural modes of treating it. Finally, the fourth strategy requires the researchers to build a unique structure that allows for continued, long-term partnership with a community. Researchers are advised to go beyond the guiding principles of CBPR to create unique

principles, goals, and structures that will best serve the researchers and the community (Wallerstein, Duran, Minkler, & Foley, 2005).

The current study employed a CBPR framework that encourages full collaboration between the research team and the Latina/o population of Western Michigan. This study used an advisory group made up of a research team from Central Michigan University, leaders of the Hispanic Center of Western Michigan in Grand Rapids, Michigan, and parents in the target Latina/o community. The principal investigator's advisor from Central Michigan University has been in partnership with the Hispanic Center of Western Michigan in Grand Rapids, Michigan for over 14 years. Both researchers and community members in this partnership oversaw all aspects of data collection and data analysis, such that there was equal participation in this project and all advisory group members could reach the agreed upon goals.

Qualitative Research Design

This study aimed to gather information from community stakeholders in the Latina/o community of Western Michigan regarding their viewpoints on externalizing behavioral problems in the community, PCIT as a prevention program, and the use of natural helpers to make a prevention program more available and accessible. Using qualitative research methodology offers several advantages for this project. Qualitative research designs are often helpful in multicultural research because they allow researchers to get diverse opinions from a community without imposing their a priori opinions (Plano Clark & Wang, 2009). Thus, qualitative designs facilitate detailed conceptualizations about settings, groups of people, and contexts (Meissner, Creswell, Klassen, Plano Clark, & Clegg Smith, 2011), as well as the growth and development of culturally sensitive partnerships (Plano Clark & Wang, 2009; Ponterotto,

2002). By incorporating qualitative methods, researchers can communicate respect for a historically underserved community's values and beliefs. For these reasons, a qualitative research design was selected for this study.

Use of Focus Groups

Focus groups involve eliciting discussion about specific topics with 6 to 12 individuals at a time and are often used to gain community perspectives about health behaviors (Clark, 2009; Freeman, 2006). Because of this, focus group research has been successfully used to plan parenting interventions (Parra-Cardona et al., 2009). Focus groups are helpful in gathering divergent opinions that may be present in a target community, allowing for a broad discussion rather than simple close-ended responses (Kamberelis & Dimitriadis, 2005). Compared to interviews, focus groups encourage interaction between group members and allow researchers to both learn from participant responses and to also observe participant interactions, leading to a greater understanding of how the community functions (Freeman, 2006). For these reasons, a focus group approach was selected for the current study.

Summary

In summary, externalizing behavior problems in Latina/o children are widespread and chronically untreated, resulting in multiple adverse outcomes for these children, their families, and society. Early prevention is important for eliminating current behavioral problems and preventing future psychopathology. This study proposed two specific strategies to increase service responsiveness, accessibility, and utilization of a prevention program: cultural adaptation of evidence-based practices and use of natural helpers in the Latina/o community as service providers. Parent-child interaction therapy (PCIT) holds promise for adaptation because of its

research support and its emphasis on increasing parent-child relationships. Community-based participatory research offers an ideal platform for adaptation and provision of a culturally responsive program in a specific community, as it emphasizes full collaboration between researchers and the target community to generate and disseminate research, while providing needed services to the community.

Purpose of this Study

The purpose of the current study was to engage natural helpers serving the Latina/o community in Western Michigan to determine factors that should be incorporated into an adapted form of PCIT as a prevention program for at-risk Latina/o children. Qualitative data was collected from focus groups with natural helpers. Results from this study will be used in future research to create a culturally responsive adaptation of a prevention model of PCIT for this community. This design is consistent with a community-based participatory research approach and aims to maximize the collaborative relationship between the research team and natural helpers serving the Latina/o community of Western Michigan, so that the research team's eventual development of the specific prevention program reflects this community's values.

CHAPTER II

METHOD

Participants

Nineteen natural helpers that provide services to Latina/o families in Western Michigan were recruited to participate in one of three focus groups. The first focus group contained four natural helpers, the second focus group contained seven natural helpers, and the third focus group contained eight natural helpers. Natural helpers were identified by an advisory group, consisting of two researchers from Central Michigan University, two leaders from the Hispanic Center of Western Michigan, two representatives from other Latina/o serving organizations in Western Michigan, and two local Latina/o parents. For the purposes of this study, natural helpers are individuals that are sought out by Latina/o parents for guidance, support, and/or tangible aid regarding family problems. Participants were recruited via purposive sampling to ensure that they adequately represented natural helpers in the community (Teddlie & Yu, 2007). Concurrent with previous studies on natural helpers (e.g., Ayala et al., 2007; Calzada et al., 2005), the current sample included a wide range of educational and professional backgrounds, including religious, family, or health ministries personnel, health and human services personnel, and parents involved in community-based health promotion efforts.

Measures

Background Information Form

All participants were administered an open-ended form asking for relevant background information and demographics including age, gender, ethnicity, country of origin, occupational

status, educational level, and preferred and most proficient language (English or Spanish) (see Appendix A). Participants were also asked how long they have been working in this community, where they provide services, what types of services they provide in terms of specific techniques (e.g, play therapy), what specific problems they generally target, how many families they see on average, how they are compensated for their services, and what type of training, if any, they received to help families in the community.

Bicultural Involvement Questionnaire – Short Version (BIQ-S, Szapocznik, Kurtines, & Fernandez, 1980)

All participants were administered the Involvement subscales of the Bicultural Involvement Questionnaire – Short Version (BIQ-S) (see Appendix A). There are two Involvement subscales: One measures participants’ level of involvement in Hispanic activities while the other measures participants’ level of involvement in mainstream U.S. activities. Together, the Involvement subscales consist of 14 activities that participants rate their involvement in using a Likert scale ranging from “Not at all” (1) to “Very Much” (4).

Multigroup Ethnic Identity Measure – Revised (MEIM-R, Phinney & Ong, 2007)

Participants were administered the Multigroup Ethnic Identity Measure – Revised (MEIM-R) (see Appendix A). The MEIM-R consists of two subscales, Exploration and Commitment. Each subscale consists of 3 items rated on a Likert scale ranging from “Strongly Disagree” (1) to “Strongly Agree” (5). Exploration items measure how much time and effort participants have spent trying to learn more about their ethnic group. Commitment items measure participants’ level of belonging and commitment to their ethnic group. The MEIM has good internal consistency, with Cronbach’s alphas of .83 and .89 for Exploration and Commitment

respectively. For this study, participants were also administered a second set of MEIM-R items where “ethnic group” was substituted with “U.S. American culture,” such that participants’ level of exploration and commitment to their ethnic group could be compared to their level of exploration and commitment to U.S. American culture.

Procedure

Focus groups were conducted at the facilities of the Hispanic Center of Western Michigan by two trained members of the research team. Focus group discussions were conducted in English, as all natural helpers were comfortable and proficient in English, and tended to last about 90 minutes. All focus group discussions were audio recorded.

At the beginning of each focus group, the facilitators thanked the natural helpers for attending and got informed consent from each of them. At this time, the facilitators answered any questions from the group and administered demographic and background forms. The facilitators explained that they were planning to adapt a parent training program to prevent childhood externalizing behavior problems for this Latina/o community. Facilitators presented a brief description of the research and procedures, emphasizing the importance of each natural helper’s input regarding the appropriateness of the proposed prevention program in the settings where they generally provide assistance to Latina/o parents.

After questions were answered and forms were administered, the facilitators began the discussion, guiding conversation to address specific topics. In accordance with previous research in the field (Parra-Cardona et al., 2009), the focus group protocol followed a strategy of first asking general questions about the prevalence of children with externalizing behavior problems in the Latina/o community and need for services (e.g., “How many of the Latina/o families that

you work with struggle with acting out kids?”) before addressing specific issues regarding the proposed prevention program (e.g., coaching, didactics, use of natural helpers to deliver the intervention) and the proposed training protocol (e.g., location and nature of training, frequency of supervision). Brief videos were shown at various points in the discussion in order to illustrate certain aspects of PCIT for the participants. (See Appendix B for the full focus group protocol).

CHAPTER III

RESULTS

Background Information

Participant Demographics

Participants were 72.2% female and ranged from 22 to 69 years old, with a mean age of 37. Participant ethnic backgrounds included Mexican (27.8%), Mexican-American (22.2%), Puerto Rican (16.7%), European American (16.7%), Dominican (5.6%), Guatemalan (5.6%), and Honduran (5.6%). Half of participants responded to the question asking their race, with 27.8% identifying as white, 16.7% identifying as Hispanic/Latino, and 5.6% (1 person) identifying as black. Participant educational backgrounds included 5.6% who had completed some high school, 33.3% who had obtained a high school degree, 22.2% who had completed some college, and 38.9% who had obtained a bachelor's degree.

The majority of participants (72.2%) reported that they had acquired the skills to assist families through more than one source, with 44.4% citing two sources, 16.7% citing three sources, and 11.1% citing four sources. Participants attributed their skill acquisition to the following: life experience (88.9%), on-the-job training (72.2%), college (16.7%), studying or living abroad (11.1%), church training (5.6%), research (5.6%), and seminars (5.6%). The majority of participants were paid to assist families as part of their employment (88.9%). Participants reported assisting families for an average of 8.94 years ($SD = 8.91$), with a range of 1 to 40 years assisting families. Participants reported assisting a mean number of 25.47 families per week ($SD = 23.93$), with a range of 5 to 100 families served per week. Participants reported spending a range of 2 to 60 hours per week assisting families, ($M = 22.07$, $SD = 16.54$).

The majority of participants reported assisting families in one setting; however 16.7% of participants reported assisting families in two settings and 11.1% of participants reported assisting families in three settings. Settings where participants assisted families included: churches (27.8%), family homes (22.2%), human service organizations (16.7%), schools (11.1%), non-profit organizations (11.1%), ministry centers (11.1%), childcare facilities (5.6%), food pantries (5.6%), and “on the street” (5.6%).

Twelve participants (66.7%) reported providing more than one type of assistance to families, with 33.3% providing two types of assistance, 22.2% providing three types of assistance, 5.6% providing four types of assistance, and 5.6% providing six types of assistance. Types of assistance that participants provided to families included: parenting support (55.6%), educational services (38.9%), crisis management (22.2%), housing services (11.1%), general support and guidance (11.1%), school consultation (11.1%), financial skills and assistance (11.1%), health services (11.1%), childcare (5.6%), job/workforce development (5.6%), after school programs (5.6%), religious guidance (5.6%), youth mentoring (5.6%), community support (5.6%), marriage guidance (5.6%), and providing referrals to other agencies for additional assistance (5.6%).

Demographics about Latina/o Families that Participants Assist.

The majority of participants (88.9%) reported that the Latina/o children they assist generally speak English and Spanish, while 11.1% reported that the children they serve generally speak Spanish. Regarding the Latina/o parents that participants assist, 77.8% reported that the parents generally speak Spanish, 11.1% reported that the parents generally speak English and Spanish, 5.6% reported that the parents speak a Guatemalan dialect, and one participant (5.6%)

did not respond to the question. A separate item on the background form asked about language usage in the Latina/o families served, with no specification between parents and children. Eighty three percent of participants reported that the families they serve primarily speak Spanish, while 16.7% reported that about an equal number of the families they serve speak English as speak Spanish.

Participants reported working with families of various ethnic backgrounds. Eighty-three percent (83.3%) of participants reported serving Mexican families, 61.1% reported serving Guatemalan families, 55.6% reported serving Puerto Rican families, 38.9% reported serving Dominican families, 22.2% reported serving Salvadoran families, 22.2% reported serving Honduran families, 16.7% reported serving Cuban families, 5.6% reported serving Panamanian families, and 5.6% reported serving Indigenous families. Three participants (16.7%) also reported that they serve “many different ethnic groups.”

BIQ-S

Means for Hispanic Involvement and U.S. American Involvement were calculated for each participant and then overall mean values for these subscales were calculated across participants. Higher values indicate more involvement. Participants were slightly more involved in U.S. American activities ($M = 2.84, SD = .80$) than in Hispanic activities ($M = 2.55, SD = .68$).

MEIM-R

Means for Ethnic Group Commitment, U.S. American Commitment, Ethnic Group Exploration, and U.S. American Exploration were calculated for each participant and then overall mean values for these subscales were calculated across participants. Higher values indicate more commitment and exploration. Participants were more committed to their ethnic

groups ($M = 4.45$, $SD = .74$) than to U.S. American culture ($M = 4.00$, $SD = .81$). Participants explored their ethnic groups slightly more ($M = 4.08$, $SD = .83$) than U.S. American culture ($M = 3.86$, $SD = .67$).

Focus Group Results

The focus group transcripts were analyzed using Nabors and colleagues' (2001) qualitative analysis procedure. First, two trained researchers each independently reviewed the three transcripts in order to identify potential themes that could be applied to all three transcripts. Next, the researchers met to compare results and create a shared list of themes and definitions that included thirty-two themes. Each researcher then independently coded the transcripts for instances of each agreed upon theme. When codes were first compared, researchers converged on 64% of all coded instances. Instances of disagreement were used to further refine themes and their definitions such that several definitions were revised and two additional themes were defined. Codes were further refined through discussion within a research team that included a PCIT master trainer. The team reviewed the list of themes and concluded that four of the themes were too broad. Each of these four was split into two themes rendering a final list of thirty-eight themes. Each researcher then independently coded the transcripts using the new list. When codes were compared, researchers converged on 88% of all coded instances. Two kappa statistics were calculated as an additional measure of inter-rater reliability, each one using a different researcher as the reference. Both calculations rendered a statistically significant value of $\kappa = .97$, $p < .01$.

Having established adequate evidence of interrater reliability (i.e., 88% convergence and $\kappa = .97$), the two researchers solved any remaining disagreement by consensus and proceeded to examine the final list of themes for overarching categories. The thirty-eight themes were grouped into eight categories: Need for Parenting Help, Parents' Role, Parents' Lives Affecting Parenting,

Cultural Understanding, Reactions to PCIT, Parenting Program Suggestions, Use of Natural Helpers, and Barriers and Accessibility. Each of these categories, and their component themes, are described below and illustrated using excerpts from the transcripts (Refer to Table 1).

Need for Parenting Help

This category includes four themes that focus on participants' view that there is a need for parenting help in this community: (1) *Lack of Parenting Skills*; (2) *Effective Parent Training*; (3) *Parents Desire Help*; and (4) *Kids who Act Out*. Each of these themes is further described below and illustrated with quotes from the discussions.

Lack of Parenting Skills

According to participants, Latina/o parents in the community lack knowledge about effective parenting skills, often leading to ineffective or inappropriate parenting practices (e.g., "*They need that information and they need to put it in practice. They don't have the skills.*"). Participants reported that parents lack awareness of how their behavior affects their children (e.g. "*...has to be explained in very simple terms of 'you know, he's not gonna listen to you if you hit him or yell at him and only say bad things'*") and how they can change their child's environment to improve their behavior (e.g., "*We see kids jumping on the couch, on the tables, you know he's out of control or whatever, but other things that we see is like, the soda in the milk bottle.*").

Table 1. *Instances of Themes*

Category	Theme	Instances
Need for Parenting Help	Parents Lack Parenting Skills	18
	Effective Parent Training	8
	Parents Desire Help	9
	Kids who Act Out	19
Parents' Role	Parent Responsibility for Child Behavior	11
	Consistency	9
	Positive Parenting Skills Valued	11
	Parental Attention and Ignoring	16
	Commitment	10
	Physical Punishment	20
Parents' Lives Affecting Parenting	Influence of Past Experience on Parenting	9
	Changing Attitudes and Worldview	7
Cultural Understanding	Importance of Trust	13
	Cultural Competence	11
	Cultural Diversity	14
	Importance of Respect	15
	Other Cultural Values Important to a Parenting Program	3
Reactions to PCIT	Resistance to or Concerns with Ignoring	9
	Benefits of Group Format	20
	Positive Reactions to Time Out	10
	Negative Reactions to Time Out	18
	Positive Reactions to Coaching	28
	Positive Reactions to Mr. Bear	4
	Negative Reactions to Mr. Bear	7
Parenting Program Suggestions	Suggestions for Engaging Latina/o Parents	32
	Responsive Terms for a Parenting Program	48
	Including Family Members	25
	Seeking Parent Feedback/Input	11
	General Program Suggestions	8
Use of Natural Helpers	Selecting Natural Helpers	8
	Self-Disclosure	6
	Strong Relationships	21
	Suggestions for Training Natural Helpers	21
Barriers and Accessibility	Resistance to Therapy	18
	Accessibility Issues	23
	Time Constraints	10
	Other Barriers to Treatment	7
	Resources Available for Parenting	14

Effective Parent Training

Participants believed parents need to be given reasons to use new skills, as well as examples, in order to make parent training more effective (e.g., *“So giving some real life examples rather than just theory is really important”*). This included participants’ positive reactions to the didactic (teaching) portion of PCIT (e.g., *“I like how it’s interactive, the coach isn’t just sitting there telling them that is what you do and how you do it, it’s actually interactive and I think yeah that’s good”*).

Parents Desire Help

Participants believed that the Latina/o parents they serve want parenting help because they feel powerless in their ability to manage their children (e.g., *“...because you know so many of them feel like they are losing control”*). Participants believed that, rather than lacking specific skills, the parents that they work with feel overwhelmed and are seeking answers (e.g., *“I feel like they want to try something new, like they want to do something new.”*)

Kids Who Act Out

Participants discussed the prevalence of children with externalizing behavior problems in their Latina/o communities (e.g., *“We do see a lot of kids that are, you know, running around and being disorderly.”*). Participants reported children with behavioral problems within their own families, in their neighborhoods, and in the families they help (e.g., *“My son...he’s got ADHD so I can go back to when he started it without medication”*). Participants also discussed places that they often see children displaying these inappropriate behaviors (e.g., *“And I think that you see them everywhere, you know, like you go to the store, go to la tienda ...”*).

Parents' Role

This category includes six themes that captured participants' comments about the role parents play in their children's behavior, including both positive and negative influences: (1) *Parent Responsibility for Child Behavior*; (2) *Consistency*; (3) *Positive Parenting Skills Valued*; (4) *Parental Attention and Ignoring*; (5) *Commitment*; (6) *Physical Punishment*. Each of these themes is further described below and illustrated with quotes from the discussions.

Parent Responsibility for Child Behavior

Participants believed that children are a reflection of their parents (e.g., "...*your child is a reflection of you...they are a reflection of how you treat them*") and that children often act poorly when their parents demonstrate poor behavior themselves or act unkindly toward their children (e.g., "...*when their child acts out, it's mainly because of something that [they've] done...the child's not bad, the child's not lazy...[the parents] have done something*"). Participants believed that parents should be responsible for controlling or managing their children's behaviors through their parenting skills (e.g., "*that's your role of putting respect and discipline in your child...don't depend on someone else to raise your kids and discipline them*"). Participants also discussed how children act out when parents do not take responsibility for their children's behavior (e.g., "...*with me they are behaved, as soon as parents come around they push the envelope, because the parents let them*").

Consistency

Participants believed that parents need to be consistent in their use of parenting strategies, in order for them to be effective (e.g., "*Consistency, that's the big emphasis...you know [parents] want it to work the first time;*" "*Little things make a difference: consistency*").

Participants also believed that it was important for parents to follow through on discipline strategies, rather than making empty threats to their children (e.g., “...*the kids will not respect you if you don't follow what you say you're going to do*”).

Positive Parenting Skills Valued

Participants believed in the importance of spending time with children (e.g., “...*just playing or doing some crafts with the little ones will change big time...when it comes to choosing which path you need to go*”). Participants described benefits of positive parenting skills, such as praising children for good behaviors (e.g., “...*say thank you for doing this...congratulating them, you know make them important...it's a great way to get them to start seeing... 'hey, I'm not a kid, I'm someone, I'm important'*”) and reflecting children's speech (e.g. “*I think the reflections, it's really effective...it's building the relationship*”). Participants discussed how these techniques can improve children's behavior due to an improved parent-child relationship (e.g., “*And the more that he feels like you love him, the more he's gonna respond to the things that you ask him to do...it's just that you know he expects good things*”).

Parental Attention and Ignoring

Participants believed that children sometimes engage in annoying or negative behaviors in order to get parents' attention (e.g., “*And the kids get attention no matter how it comes...if negative attention is the only attention he can get, he'll go for it*”) and that these behaviors will continue to occur if parents provide the attention (e.g., “*If you pick him up or give him any type of attention like when he wants something then he's gonna pick up 'I can do this and I'm gonna get it'*”). Participants had positive reactions to the use of ignoring in PCIT, because in their own experiences they had seen how ignoring attention-seeking behaviors decreases their occurrence

(e.g., “[Ignoring] actually works...when they’re throwing a tantrum you don’t have to yell or take them out or give them that extra attention ...it might make it uncomfortable for the person...for ten minutes, but it does stop).

Importance of Parental Commitment.

Participants believed that in order to improve parenting skills and children’s behavior, parents need to make parenting a priority, commit to working on parenting, and put forth hard work and effort into the process (e.g., “...where parents have to say this is important ... I need to be there for my children”). This included how learning new parenting skills takes time (e.g., “It’s going to take time...right up front they need to know this isn’t going to change tomorrow) and practice (e.g., “...having a lot of that practice with them is what’s really going to get them...doing it themselves).

Physical Punishment

Participants discussed how physical punishment is often used among the Latina/o families in their community as a form of discipline and how many of them were physically punished as children (e.g., “The old school Hispanic, how they used to discipline them – hit ‘em, get ‘em with any item that is around and I suffered that long ago”). Participants discussed how some Latina/o parents may have difficulty departing from using physical punishment (e.g., “How many parents are gonna be like ‘oh okay, half an hour to do it this way versus spank them...”), while others may use physical punishment because they do not know other strategies (e.g., “...because naturally I don’t think our parents want to hit, it is just what they were taught, it’s quick...”).

Parents' Lives Affecting Parenting

This category includes two themes that captured participants' reports that parents' life experiences have shaped them in their roles as parents and how these past experiences need to be addressed in a parenting program: (1) *Influence of Past Experience on Parenting*; (2) *Changing Attitudes and Worldview*. Each of these themes is further described below and illustrated with quotes from the discussions.

Influence of Past Experience on Parenting

Participants believed that past experiences impact parents' attitudes toward their children and parenting, as well as their parenting skills. Participants discussed how parents are influenced by their own parents' discipline strategies, especially in terms of using physical punishment (e.g., *"It's just gonna come out again you know that anger, of how my dad talked to me, how my mom disciplined me when I did something bad"*), or not using physical punishment (e.g., *"...when we were kids, my father would never...raise a hand to us and he used to say 'I don't want my girls...to get used to being hit' and that stuck"*). Participants also believed that parents who had been victims of domestic violence would have more parenting challenges, especially in terms of building positive relationships with their children (e.g., *"I work a lot with violence survivors... they have noticed that their attitudes towards their children is not a positive one, because of what they've gone through"*).

Changing Attitudes and Worldview

Participants believed that in order to improve their parenting, parents need to change their parenting attitudes and their perceptions of themselves (e.g., *"...so it's like a lot of times it's like a separation of...reality...their sense of what's orderly and not orderly"*) and their children (e.g.,

“I think this is what they’re looking for: ‘how do I change my negativity towards my children into something positive?’”). Participants also believed that a good parenting program would help parents with this process (e.g., “A lot of the parents never had that positive attitude around them ever in their lives, so it’s gonna be probably like you know a process and something appreciated”).

Cultural Understanding

This category includes five themes that captured participants’ comments about the importance of culture in the Latina/o community of Western Michigan: (1) *Importance of Trust*; (2) *Cultural Competence*; (3) *Cultural Diversity*; (4) *Importance of Respect*; (5) *Other Cultural Values Important to a Parenting Program*. Each of these themes is further described below and illustrated with quotes from the discussions.

Importance of Trust

Participants believed that Latina/o parents will only seek help from people they trust (e.g., *“I think that a lot of Latinos feel the same way. They’re not going to trust their kids to just anybody”*). Participants also believed that Latina/o parents will need to trust their service providers in order to share personal information about themselves (e.g., *“...it would take time to build that level of trust and uh that relationship...that is so necessary especially when it is something so personal as to like, a family, a child parent relationship”*) and to be receptive to learning new parenting strategies (e.g., *“I’ve seen people who they’ll jump through hoops because they trust that person”*).

Cultural Competence

Participants believed that a prevention program for Latina/o families in their community needs to have culturally responsive group leaders (e.g., *“You do really have to understand where these people are coming from and be willing to hear the craziest things and not react to it”*) and materials (e.g., *“...having a video especially if it’s a Latina person or a Latino person doing the training might help bridge the gap”*). Specifically, participants stressed the importance of not just pushing “white parenting” on the Latina/o families they work with (e.g., *“There’s still that cultural piece. I don’t want them to think that what I’m teaching them is the white way to raise kids”*) and instead being responsive to the cultural values and beliefs of these Latina/o families (e.g., *“...you have to show them who they can relate to, because otherwise we’re just comparing or we’re trying to make them be somebody else and not who they really are”*). Participants provided suggestions for how to make a more culturally responsive program, in terms of language used (e.g., *“Are we talking in their language?”*), examples used (e.g., *“...using like culturally sensitive examples of you know experiences that other Latinos have had”*), and acknowledging individuals’ ethnic backgrounds (e.g., *“Some are from Honduras...some from El Salvador...and acknowledging that”*).

Cultural Diversity

Participants discussed the cultural diversity of the Latina/o community of Western Michigan, noting that there are many different ethnic groups that have different characteristics (e.g., *“You will get parents that are from Guatemala, that are from Panama, Ecuador, Puerto Rico, Santo Domingo...from here that were raised here...you have really have to be able to be familiar with who they are and how they think”*). Participants believed that different ethnic

groups did not want to be associated with one another (e.g., “*We’re having trouble with get[ting] different Latino cultures to work together...because [they say] ‘it’s a Mexican thing, there’s a lot of Mexicans over there’ or ‘it’s all Puerto Ricans, it’s a Puerto Rican thing’*”). Participants also discussed how within any ethnic group there are also differences (e.g., “*...because even within the culture, the cultures are different....Every Latino culture is different*”).

Importance of Respect

Participants believed that respect is an important value in the Latina/o community of Western Michigan (e.g., “*Respect is number 1. [It’s] everything*”). Participants believed that children should learn to respect their parents (e.g., “*It’s very important that the kids will respect [parents] which is different of being afraid of [them]*”). Participants also believed that one of the top priorities for Latina/o parents in a parenting prevention program would be to have their children respect them (e.g., “*If I was a mom that was like, you know, asked to go through this kind of coaching, they would say... ‘but what about respect? Am I going to take that away from him by trying to work with him on this level...is that gonna take the respect value away from me?’*”). Participants also discussed how Latina/o parents respect the natural helpers from whom they seek guidance (e.g., “*It’s just a sign of respect...I tell them to call me my name, but they still defer to maestro or teacher...and they’re just denoting respect by saying that...it’s a cultural thing.*”).

Other Cultural Values Important to a Parenting Program

Participants identified important cultural variables, in addition to respect, that they believed should be included in a parenting prevention program for the Latina/o community of Western Michigan (e.g., “*It’s respect, loyalty, and belonging*”). Participants also felt that humor

was valued in the community and would be a good tool to use in a parenting prevention program (e.g., “...using examples...that even will bring humor...the Latino community, we love humor, it’s a lot about humor, so that they can identify themselves with that”).

Reactions to PCIT

This category includes seven themes that captured participants’ reactions to using PCIT with Latina/o families in the Western Michigan community: (1) *Resistance to or Concerns with Ignoring*; (2) *Benefits of Group Format*; (3) *Positive Reactions to Time Out*; (4) *Negative Reactions to Time Out*; (5) *Positive Reactions to Coaching*; (6) *Positive Reactions to Mr. Bear*; (7) *Negative Reactions to Mr. Bear*. Each of these themes is further described below and illustrated with quotes from the discussions.

Resistance to or Concerns with Ignoring

Participants believed that Latina/o parents that they serve will be resistant to the idea of ignoring their children’s negative attention-seeking behavior (e.g., “...that ignoring part, I think especially with males, they’re gonna right away say ‘oh, that’s garbage.’”) and that it will be difficult for these Latina/o parents to use ignoring (e.g., “It’s difficult...you know that’s gonna break my heart if I have to ignore my child and hear them screaming and that drives me crazy”). Participants also believed that Latina/o parents in this community may be more likely to use other forms of discipline rather than ignoring due to cultural expectations for the parent-child relationship (e.g., “The parent wants to be in control. They like the control, they want you to be listening right now, and you behave, and you sit down, and don’t be throwing a tantrum”). Participants also discussed parents needing education on how to properly ignore (e.g., “I’d like to see some teaching with it.”).

Benefits of Group Format

Participants expressed a preference for providing the parenting prevention program in a group format to the Latina/o families they serve. Participants felt there would be many potential benefits of using a group format, including parents feeling extra comfort by coming with other families (e.g., “...and it’s less threatening at the beginning to come with a few other people”), parents having the ability to learn from other families (e.g., “I think they learn from each other a ton”), parents feeling less stigmatized about being involved in the program (e.g., “It’s kinda supporting, then other people are doing this too, and I’m not the only in the grocery store who’s ignoring and everyone else is slapping them.”), parents receiving support from other parents experiencing similar issues (e.g., “[In our group program] the other mothers will really build that parent up. We’ve even had fathers do it, and they build off one another”), and parents being more receptive to learning the new skills (e.g., “When you get them in a group, they are mostly peers...they receive it better”).

Positive Reactions to Time Out

Participants had positive reactions to the use of time out as a discipline strategy (e.g., “Time out’s good”) and discussed how they have used time out with their own children (e.g., “It works on my kids...my kids hate being in the time out corner”). Participants also believed time out is beneficial to the parent using it (e.g., “I think if we teach our parents that...it gives them the chance to get their five minutes to just like bring it back and just center and relax and then they continue”). Some participants felt that Latina/o parents in the community would be receptive to learning time out (e.g., “I think that the family will really like this and how to use it wisely”).

Negative Reactions to Time Out

Participants also expressed negative reactions to using time out. For instance, participants discussed difficulties they have had as parents using time out (e.g., *“I will have a timer where they messed it up so many times that I stopped buying it...they would get up when I’m not watching them and just take it and like ‘ding’”*), concerns about the effectiveness of time out (e.g., *“I think that time out needs to start really early in order to be effective”*), concerns about the amount of time it takes to use time out (e.g., *“The first time you put the child in time out and the child gets up and runs away...I was watching ‘Super Nanny’ took the lady half an hour”*), concerns about parents misusing time out (e.g., *“You need to try those techniques that we mention before [positive parenting skills] time out...because some of the parents just you know want to keep those children away”*) and questions about what to do if the child does not stay in time out (e.g., *“Some kids won’t sit down if you tell them time out. But how do you handle that?”*). Some participants believed that Latina/o parents in the community would be resistant to using time out as a discipline strategy, relying on physical punishment instead (e.g., *“Well they look at it like it’s soft...cuz these are mothers that were raised a certain way and they are raising their children a certain way. I think even for me when they told me time out, it was kinda like that’s not gonna work for me, you know I was hit as a child, that’s what worked”*). Participants also felt that Latina/o parents they serve would not see time out as fitting into their culture (e.g., *“When I first came across it, when I had my daughter...I was like this is for white kids”*). Finally, some participants had concerns about how time out is used specifically in PCIT (e.g., *“...because with this example, who would have put a kid in time out for not playing a certain way...they’re playing...I mean [use] an example of something that they’re doing”*).

Positive Reactions to Coaching

Participants believed that coaching parents in parenting skills would be beneficial (e.g., *“We have a lot of parents that just say that they don’t know what to do with those children...I feel [coaching] is going to be very good, and that kind of support because we have many parents that want to be better parents”*). Participants also believed that Latina/o parents in their community would respond positively to PCIT coaching (e.g., *“What I like too is kids along with parents, they want to be hand held. So, having this coach outside the room is a way to achieve that and still give them power”*). Participants discussed how parents they work with had responded positively to similar types of feedback in the programs that they facilitate, as many of the participant engage in coaching-like behavior already (e.g., *“We do this in our work and they enjoy it...we record them playing together them and their child, we kinda coach them along...we record it and then we have the entire class watch it so they can see themselves...my parents have all loved it”*). Participants expressed interest in being trained to coach parents in a cultural adaptation of PCIT for Latina/o families of Western Michigan (e.g., *“That would be awesome to you know have the skills and training”*).

Positive Reactions to Mr. Bear

Some participants felt that using Mr. Bear, a stuffed animal, to teach children about the time out procedure (where parents put Mr. Bear in time out if he does not obey commands), would be effective (e.g., *“Yeah I think that there’s a lot of benefits to showing the bear first, you know this isn’t painful, I’m not being mean, there’s a reason for it, you know all those things you”*). Specifically, participants liked that Mr. Bear gave children an example of what would happen to them if they did not follow directions (e.g., *“...you see this bear’s not listening, you*

know, this could happen as well as to you. I like that you're giving them a visual"). Participants also felt that children would be interested by Mr. Bear (e.g., "...you could tell the child...was really interested in what was happening. She's like 'what is going on with this bear?')").

Negative Reactions to Mr. Bear

Other participants had negative reactions to the use of Mr. Bear. Specifically, participants felt that Mr. Bear was not realistic enough (e.g., "*Yeah that's just a bear, like I said that little five year old: 'yeah, that's just a bear, you know, that's not gonna happen to me.' Be more realistic where they know and they are gonna know wow mom is punishing them just for sitting there, no listening*") and that children would think it was a game (e.g., "*I am just wondering if the child will help Mr. Bear*"). Participants also believed it would be more beneficial to work directly with the child to teach them the time out procedure (e.g., "*I say go direct to the source*").

Parenting Program Suggestions

This category includes five themes that captured participants' suggestions for creating an effective parenting program for the Latina/o community of Western Michigan: (1) *Suggestions for Engaging Latina/o Parents*; (2) *Responsive Terms for a Parenting Program*; (3) *Including Family Members*; (4) *Seeking Parent Feedback/Input*; (5) *General Program Suggestions*. Each of these themes is further described below and illustrated with quotes from the discussions.

Suggestions for Engaging Latina/o Parents

Participants believed that marketing would be necessary in order to get Latina/o parents in Western Michigan to "buy in" to participating in a parenting prevention program (e.g., "*I*

think that one of the things you have to...really consider is uhh how do we get people to buy into in different stages”). Participants felt that engaging fathers would be particularly difficult (e.g., “And then sell it...I don’t think the technique is the issue, because I know it works, but umm with like some of these fathers that are macho or whatever, is, you know I hear this with some of the fathers...they will say it, no offense, ‘this damn woman’s movement’”).

Participants had many suggestions for how to engage Latina/o parents in this community. For instance, participant suggested presenting the rationale for this parenting program in terms of it being an effective way to gain control of children that has long term benefits, as well as it being a way to “enhance” what parents are already doing. Participants emphasized the importance of taking a non-judgmental stance toward the way parents had been parenting before the program, to never tell parents they did something wrong, and to never tell parents they were teaching them how to parent, rather that they were helping teach the child to behave. Participants believed it was important to engage parents in the first session, as this would make it more likely parents would return and would tell others in the community about the program, as well as to build relationships with “community gatekeepers” like respected religious leaders. To engage fathers, participants suggested asking mothers to bring their husbands and boyfriends to the group and to specifically advertise for fathers.

Responsive Terms for a Parenting Program

Participants’ opinions were gathered for various terms that could be used for children with behavioral problems and for natural helpers, with the goal of identifying culturally responsive terms. Both positive and negative opinions about terms were coded, as was every new term that participants generated. Terms that participants used for children with behavioral

problems included: showing out (specifically for Latina/os with some African descent); travieso (naughty); malcriado (poorly raised). Travieso was the response most commonly given. Terms that participants used for natural helpers included: maestro (teacher); jefe (boss); helping friend; amigo para ayudarle (friend that helps you); amigo con quien puedes contar (friend that you can talk to); amigo/friend; comunicador (communicator); amigo de la comunidad (friend of the community); community helper; family educator; promotor. Maestro (teacher) was the response most commonly given. In general, participants did not like the term natural helper (e.g., “*Natural helper is a weird term for me*”). One participant did not like the use of the term coaching in PCIT (e.g., “*Like if someone said I’m going to help you, coach how to be a parent, I’d be like ‘no thank you’ ...But if you phrased it differently, maybe it would be more widely accepted...like life skills assistance or something fancy. But like, ‘I have to go to a class to get coached how to be a parent’ ...people just wouldn’t be proud to say that*”).

Including Family Members

Participants discussed how in their community, there are often many people living in a Latina/o household (e.g., “*...in the Latino home might be grandpa, grandma, la cunada (sister-in-law), ex-boyfriend. So it’s very complicated*”). Participants believed that non-parent family members in a household, as well as extended family, impact children’s behavior (e.g., “*That happens a lot...the oldest son, he gets a lot of, he gets to tell them [younger siblings] go home, don’t do this, you can’t go somewhere, you need to change your clothes.*”). Participants believed that it would be important to include multiple caregivers, siblings, and extended family in a parenting program for Latina/o families of Western Michigan (e.g., “*This [parenting program] needs to be done with grandmas or else it’s gonna be a complete waste of time...a complete miss*”).

of the children...it has to do with whoever the caretaker is, because we have a lot of grandmas, we have a tia, we have all sorts of people who are watching these kids”). Participants felt that siblings could be used to help teach discipline strategies, rather than Mr. Bear (e.g., *“Would it be possible that [an older sibling] were the bear instead, because then they are being trained at the same time”).*

Seeking Parent Feedback/Input

Participants believed that is important to seek parent input and incorporate those opinions into a parenting program (e.g., *“...allowing the people who are involved in the learning process have a stake in what they’re learning as well...not saying that this is the way it has to be, this is the best way. But saying, like, valuing their input”).* Participants also believed that it would be important to ask parents for suggestions for culturally responsive terms that would be used in a parenting program (e.g., *“Maybe we can ask the parents, ‘well what do you want to call the person [natural helper]?’”).* Participants discussed how they ask for parents’ feedback when they assist families in the community (e.g., *“On my own feedback: ‘how do you like this, could I have done something better?’”).*

General Program Suggestions

Participants provided several suggestions to improve a parenting prevention program for the Latina/o community of Western Michigan. Participants were asked whether they believed teaching the parenting skills themselves or showing a video that teaches the skills would be most beneficial (e.g., *“I think both would work”).* Participants felt that there were benefits to teaching the skills themselves (e.g., *“I don’t like videos, the reason being is...you’re going to teach people how to coach that may not have a degree in anything let alone in the specific field...if you*

set the bar properly with...the people you hire will achieve that. And I think them being taught and not having the video there forces them...to be better, instead of saying 'oh, I've got this back up'"). Participants also felt that there were benefits to using a video to teach the skills (e.g., *"A video they might see as more professional. Like this person is a PhD or whatever, the expert on it...but you do miss that personal piece...having a video especially if it's a Latino person or a Latina person doing the training might help bridge the gap for me. 'Okay, see they said it, and I'm gonna help you do it'").* Participants provided other general program suggestions, such as teaching discipline to other children that are involved in childcare while other family members are in the program, using many natural helpers to have an impact, and having groups where families from different cultures are involved, so that there would be some understanding between cultures that they are having the same problems with their children and are not as different from one another as they think.

Use of Natural Helpers

This category includes four themes that captured participants' opinions about important qualities and skills of natural helpers chosen for this parenting program, as well as how to train natural helpers to teach these parenting skills (1) *Selecting Natural Helpers*; (2) *Self-Disclosure*; (3) *Strong Relationships*; (4) *Suggestions for Training Natural Helpers*. Each of these themes is further described below and illustrated with quotes from the discussions.

Selecting Natural Helpers

Participants believed that it is important to select the "right" natural helpers to act as parenting coaches (e.g., *"What I think is really important if you start seeking people for this, is people really want to do it and it isn't just a job for them"*). This theme includes examples of

what makes these people “right” for the job, such as people who know the community well (e.g., *“That’s where the natural helpers come in, because they understand the community the best”*), who are involved in the community (e.g., *“...working with somebody who has already established those connections [in the community] would speed up the process”*), and who are good parents themselves (e.g., *“Whoever would be the coach, it would be good, like, if it would be someone who is a parent or who has had their kids, so they see, ‘oh, they’re a good parent’”*).

Self-Disclosure

Participants discussed how when acting as natural helpers they often use self-disclosure as a means to build a relationship with the parents they help (e.g., *“...and you gotta sometimes tell them the things you’ve gone through, you know, that’s really been effective with me”*). Participants stated that they used self-disclosure to normalize some of the behaviors of the parents that they work with, while pointing out that these behaviors may not be ideal (e.g., *“...we bring it back to our childhood, ‘I understand why you were like that, my mother was like that’...allowing them to understand that I get that as well... ‘but I was that child and it didn’t feel good’”*). Participants also discussed how they have used self-disclosure to demonstrate that they could also benefit from the parenting strategies that they are teaching Latina/o parents, which they believe gives these strategies more credibility (e.g., *“I want to make it clear to them...that I could use this too... some of the techniques that I’ve used, I’ve used...with my little one... I tell them things that I use myself”*).

Strong Relationships

Participants believed that natural helpers should have a collaborative, caring relationship with the families they serve (e.g., *“Because at the end of the day, I feel like people don’t really*

care about the title...they are gonna go look for help...because they know that you care about them”), while still keeping appropriate boundaries (e.g., *“We’re not really a friend, like I care about you, I care about your family, I want to see your success, but I don’t know that I’m gonna have you over to my house for coffee”*). Participants also believed that natural helpers should not act as experts (e.g., *“We don’t want them to feel that we’re an expert, cuz we’re not...we always say we learn from each other”*), should not be judgmental (e.g., *“WE have to constantly let them know this isn’t about critiquing your parenting”*), and should not act condescendingly toward families (e.g., *“We don’t want to make them feel dumb”*).

Suggestions for Training Natural Helpers

Participants’ opinions were gathered regarding effective ways to train natural helpers to provide a parenting prevention program to Latina/o families. Three pieces of feedback generally focused on specific ways that natural helpers could be trained to coach parents and provide didactic training (e.g., *“...video training is helpful. I think it would also be helpful to have some scripted dialogues...”*). Three pieces of feedback generally focused on the importance of training natural helpers how to react to difficult family situations effectively (e.g., *“When the child is reacting that way it’s hard for me to naturally act relaxed and say yes, I can give you this information. I want to run out the door. So I would want to know what to do in those situations”*). Four pieces of feedback generally focused on the amount of time participants believed should be allocated to training, with preference given to one-day or a three-day trainings (e.g., *“This is more than a one-day shot I think, because everybody’s gonna come to the table with different experiences...3 day thing sounds realistic to me”*). Three pieces of feedback generally focused on the need for mentors who natural helpers could first shadow and then could

contact for ongoing support (e.g., “*The coaches should have coaches that they can call for questions...mentors*”). Two pieces of feedback generally focused on having a community approach to training, where newly trained natural helpers could learn together (e.g., “*...if there are like organized times when people who have been trained all get together...could practice together*”). Finally, one piece of feedback was a suggestion that parents who have completed the program could then become coaches (e.g., “*People who come through it can be trained to do it. And you know that should be a fairly quick goal is getting second generation trainers or coaches. They can speak from their own experiences*”).

Barriers and Accessibility

This category includes five themes that captured participants’ discussion about different types of barriers and accessibility issues that may interfere with Latina/o families in Western Michigan engaging in the proposed parenting prevention program: (1) *Resistance to Therapy*; (2) *Accessibility Issues*; (3) *Time Constraints*; (4) *Other Barriers to Treatment*; (5) *Resources Available for Parenting*. Each of these themes is further described below and illustrated with quotes from the discussions.

Resistance to Therapy

Participants believed that there are many factors that make Latino parents in their community resistant to therapy in general and that may make them resistant to the proposed program, including intimidation (e.g., “*It seems a little intimidating to have all the focus on one person like that. I’m not sure families would be comfortable with the one-on-one [coaching]*”), stigma (e.g., “*Whenever we mention therapists or counselors there’s a stigma. There’s nothing wrong with my kid like that.*”), dislike of mental health professionals (e.g., “*We see that a lot.*”).

They're like 'well, you know, they don't understand us, they're going to criticize us like my mom and dad'"), not wanting to be told what to do (e.g., "My dad...would tell you 'why do I need someone to you know tell me what to do, how to [inaudible] my child?')"), and defensiveness (e.g., "...with the reflection, you tell parents to do that, they will feel like, 'my son is not dumb okay? Why do I have to repeat what he is saying?'). Participants felt that resistance to therapy might look different in younger parents than in older parents (e.g., "With the young people...they have more of a...self-esteem issue... 'he's got a Ph.D.' ...and they automatically get an inferiority complex...Someone who's in his 40s like a Latino strong male, he ain't gonna be intimidated by you, he's probably gonna be more offended").

Accessibility Issues

Participants believed that services are less accessible to Latina/o parents in this community (e.g., "I hate that we are focused on certain areas, because we get a lot of mothers that are from outside [our zone] and we kinda gotta push them away right now. They need it, they need it too"). Participants had many suggestions for how to improve accessibility in the community, including providing transportation (e.g., "...very important that you have transportation"), providing childcare (e.g., "You're gonna invite one family member with 12 kids to come and coach only once, you have to have childcare at least available for the other kids"), providing food (e.g., "very important that you have food"), and providing services at locations where Latinos are comfortable (e.g., "...they want to know if it's a safe place. That's like the first thing, 'well what is this place?' ...a central location that is pretty accessible...that's another thing"), such as schools (e.g., "I think that whenever you do things at the schools, it gives it an extra trust factor").

Time Constraints

Participants discussed how some Latina/o parents they serve have legitimate time constraints that impact their ability to receive services, especially for single mothers who have a spouse in another country (e.g., *“You don’t have time to interact with your child, because your main focus is I have to work and work and make my family go forward. Or I have to find a way how to have my spouse come back here”*) and/or have to work long shifts in order to support their family (e.g., *“I’m constantly finding that the moms aren’t available, that it’s the grandmas that are doing the majority of the 10 or 12 hours a day with the child. Mom’s home for an hour or two before they go to bed”*). Participants also discussed how some Latina/o parents in the community may not want to invest the time into a parenting program (e.g., *“One of the issues with some of the younger folks that we refer is the length of time...they just go ‘oooh 12 weeks, cuz I’m not busy for 12 weeks’”*).

Other Barriers to Treatment

Along with the aforementioned themes, participants believed that there were other barriers that make Latinas/os of Western Michigan less likely to seek services. These included parents’ poor mental health (e.g., *“So this is a young lady that has a lot of mental health issues...we see that a lot”*), coping with deportations (e.g., *“...the deportations have really changed a lot of the dynamics in this community”*), having a large family (e.g., *“We have these six kids jumping around and like sometimes we feel like if I were mom I would have run away like hours ago”*), additional stressors that are pressing (e.g., *“...you show up at a household and they might give you a bag full of mail, you know, shut off notices and other things that are going on...there’s a lot of other things going on and households that have a much [higher] rate of*

attention”), and parents being illegal immigrants (e.g., “*Are you going to say no to illegals? There’s not going to be any question about whether they can participate or not participate?*”).

Resources Available for Parenting

Participants provided information about programs that provide parenting resources to Latina/o families in Western Michigan (e.g., “*We have a program called X...a 12 week program that helps parents deal with a lot of the parenting issues including acting out children...it’s been shown that parents who graduate from this class, their kids are less violent, there’s less violence in the family, there’s less drug use, there’s less gang involvement*”). Participants believed that Latina/o parents in this community also seek guidance from trusted family members (e.g., “*I think they usually ask their comadre (i.e., their child’s godmother)*”).

CHAPTER IV

DISCUSSION

Latina/o children are a chronically underserved population, who are at risk for developing externalizing behavioral problems that without early intervention can negatively impact themselves, their parents, and their communities (Burke, Loeber, & Birmaher, 2002; Coker et al., 2009). In hopes of balancing the need for dissemination of evidence-based practices, while acknowledging factors that contribute to service disparities in Latina/o communities (Hernandez et al., 2009), the research team hypothesized that a cultural adaptation of Parent-Child Interaction Therapy (PCIT) for the Latina/o community of Western Michigan by natural helpers in the community would increase accessibility of this program. This study was a preliminary step toward this larger goal. In this study, nineteen natural helpers serving the Latina/o community of Western Michigan participated in focus group discussions about the potential adaptation of PCIT for this community. Focus group participants were provided with relevant information and demonstrations of PCIT and asked to provide specific opinions about what they deemed to be helpful or unhelpful and whether they would feel comfortable providing the program to families. This preliminary study of natural helpers' perspectives of providing a culturally adapted form of PCIT as a prevention program for Latina/o families in Western Michigan demonstrated that natural helpers are receptive to the research team's long term goals and to being trained as providers of such a program.

Support for Use of Natural Helpers

Natural helpers believed that a parenting program is needed in their community and that Latina/o parents would feel more comfortable receiving this type of service from natural helpers

who belong to the Latina/o community. Natural helpers emphasized the necessity of having the “right” person as provider, in order to maximize parents’ trust in the program. Previous research has highlighted the important role natural helpers can play in reducing unmet service needs in Latina/o populations, because they are trusted by community members (Calzada et al., 2005; Israel, 1985). Additionally, having providers who are knowledgeable of cultural factors is sometimes just as important as the intervention itself for underserved individuals (Szapocznik, Santisteban, Kurtines, Perez-Vidal, & Hervis, 1984), as service disparities for U.S. Latinas/os are related to a dearth of providers who can speak Spanish and understand Latina/o culture (Kataoka, Zhang, & Wells, 2002). Natural helpers believed that a parenting program should be marked by strong, collaborative relationships between natural helpers and parents. They believed that this could be facilitated by natural helpers using self-disclosure and valuing parent input. In a similar study by Parra-Cardona and colleagues (2009), Latina/o parents valued parent educators who were respectful, humble, and cooperative. Findings from this study, in conjunction with previous literature, points to the importance of training trusted natural helpers to provide this parenting program, in order to increase accessibility for this Latina/o population.

Previous research indicates that in order to be successful, natural helpers need formal training and supervision and that they are more likely to implement techniques correctly when provided with didactic training and direct feedback (e.g., Easton, Platt, & Van House, 1985; Jain, 2010; Luiselli, Bass, & Whitcomb, 2010). In this study, natural helpers requested that they be connected with mentors who can provide them with guidance, as well as help them conduct sessions. They suggested that training include scripts, videos, role playing, practicing with others, shadowing of mentors, and a focus on managing difficult childhood behaviors, especially in the context of providing in-home services. Finally, natural helpers suggested that parents who

have gone through the program be trained to be program coaches, to lead to further dissemination of the program and to capitalize on trust factors.

General Feedback about Parenting Programs

Natural helpers believed that the incorporation of Latina/o values, examples, terms, and materials into the proposed program would be crucial in making the program applicable to families in their community. Specifically, natural helpers stressed the importance of respect and suggested that the program be framed in terms of a way to teach children to respect their parents and others in the community. *Respeto*, a core Latina/o value, refers to children having unshakeable respect for their parents' authority, which later generalizes to other adults (Martinez & Eddy, 2005; Parra-Cardona et al., 2009). Natural helpers also believed that a parenting program should stress the importance of parental control of child behavior, parental commitment to children, strong parent-child bonds, and loyalty to family. This reflects the Latina/o value *Familismo*, which is marked by strong family cohesion in the immediate and extended family, identity rooted in family roles, and parental authority (Parra-Cardona et al., 2009; Szapocznik et al., 1984). Previous research demonstrates that incorporating these cultural components, as these participants suggested, is effective and indicated for cultural adaptation (e.g., Isaacs et al., 2008). McCabe and Yeh (2009) and Parra-Cardona and colleagues (2012) included Latina/o cultural values like *Respeto*, as well as examples that apply to Latina/o families in their efficacious cultural adaptations of PCIT and Parent Management Training — the Oregon Model (PMTO), respectively.

In creating a culturally responsive program, natural helpers cautioned against relying on stereotypes of Latina/o families, noting the diversity of the Latina/o community of Western

Michigan. Indeed previous research suggested that understanding the specific local context of a community and culturally adapting programs to match this is indicated, rather than basing adaptation on overarching cultural formulations of minority groups (e.g., Griner & Smith, 2006). Natural helpers also believed that extended family members should be included in the parenting program. This is related to *Familismo* and the fact that extended family play a large role in raising children (Parra-Cardona et al., 2009; Szapocznik et al., 1984). Similarly, natural helpers felt that providing the program in a group format would be preferable. This coincides with research by Parra-Cardona and colleagues (2009), where Latina/o parents expressed preference for parenting programs that were done in a group format, as parents felt this would facilitate a strongly bonded community that could help one another. Finally, natural helpers believed that a successful parenting program would address parents' perspectives on parenting, children, and themselves and would help parents change their worldviews that may have been negatively impacted by life experiences. Taken together, natural helpers are suggesting that Latina/o parents would be open to learning new strategies from various members of the Latina/o community (e.g., natural helpers, family members, other parents), but that they also want to feel understood and a parenting program should foster that understanding.

PCIT-Specific Feedback

Overall, natural helpers had a positive reaction to coaching in PCIT. They believed that it would be effective with the families they serve and that it may help parents improve their self-esteem as a result of being validated by parenting coaches. Natural helpers also felt that PCIT's focus on positive parenting would increase positive behaviors in children and improve the relationship between parent and child. Indeed, PCIT has demonstrated positive effects on

children's behavior, the parent-child relationship, and parental distress (e.g., see Hood & Eyberg, 2003 for a review). Natural helpers noted that PCIT's focus on providing parents with education about how and why the skills being taught were useful. They noted that the "real-life examples" they heard in the video demonstration of a PCIT didactic session would likely encourage parents to use skills more so than would vague explanations of theory. In general, natural helpers appreciated the interactive nature of PCIT in terms of coaching and didactic sessions. The interactive quality of PCIT is unique as compared to other parent training interventions, because generally other models do not include *in vivo* practice of parenting skills (Sampers, Anderson, Hartung, & Scambler, 2001), suggesting that this specific parenting program would be amenable to cultural adaptation in this population.

It is encouraging that natural helpers were responsive to these core components of PCIT, as PCIT is an efficacious intervention that produces improved parenting skills, improved parent-child interactions, and reduced behavioral problems (e.g., see Hood & Eyberg, 2003; Niec, Gering, & Abbenante, 2011 for a review). Research indicates that in order to maintain efficaciousness, it is important to adhere to core components that have been shown to be mechanisms of change, even in the context of cultural adaptation (Parra-Cardona et al., 2012). In particular, it will be important to include coaching in the cultural adaptation of PCIT, as PCIT can be effective even without a comprehensive didactic portion (Shanley & Niec, 2010) and research has shown that in-session practice of parenting skills increases the effects of parenting interventions (Kaminski, Valle, Filene, & Boyle, 2008).

While natural helpers believed that the overall intervention of PCIT might be effective, they also drew attention to specific components that they believed might best be reframed in order to increase cultural responsiveness. Although natural helpers believed that ignoring of

attention-seeking behaviors and time out were effective strategies, they predicted that Latina/o parents in their community would be resistant to using these tactics due to them being “too soft” or “white parenting.” They also thought that parents would rather use physical punishment.

Although results from Parra-Cardona and colleagues (2009) focus groups with Latina/o parents regarding culturally adapting PMTO indicated that parents did not want to learn “white parenting,” parents were interested in learning effective discipline alternatives to physical punishment, especially as a means to avoid Child Protective Services involvement. A study by Timmer, Urquiza, Zebell, and McGrath (2005) demonstrated that PCIT can safely be applied as an alternative behavioral management technique for parents who previously relied on physical punishment to control externalizing behaviors, leading to reductions in behavioral problems, parental stress, and risk of future physical punishment. Implications from this study and the others cited indicate that Latina/o parents in this community might have similar views regarding seeking alternative discipline strategies, and these views should be gathered in future research. It also suggests that the way discipline is marketed to families will be important, an insight also obtained from natural helpers.

In addition, natural helpers raised questions about time out and suggested that time out may not be effective in all cases. Natural helpers felt that children should be put in time out only for certain behaviors and objected to a child being put in time out for not giving his or her parent a toy when asked. While some natural helpers felt using Mr. Bear to teach time out was a good model, the majority of natural helpers felt that it was unrealistic, that children would not pay attention to it or take it seriously, and that using an older sibling to demonstrate the time out procedure would be more effective.

Regarding these concerns, it is important to consider that natural helpers themselves had positive reactions to PCIT and that they were asked to predict what Latina/o parents might think. Although compared to the research team, natural helpers from this community inherently have a better understanding of the families they serve; these are still predictions of others' beliefs and not necessarily accurate. For this reason, it will be important to investigate Latina/o parent perspectives from this community. Furthermore, many of the concerns that were raised are reminiscent of typical parent concerns with PCIT, especially when parents are first introduced to skills like ignoring and time out. Often parents overestimate the number of problems that will occur with time out. This does not impede treatment, but rather allows PCIT therapists and parents to problem solve together (McNeil & Hembree-Kigin, 2009). Although PCIT therapists sometimes meet parental resistance, PCIT has considerable research support (Herschell, Calzada, Eyberg, & McNeil, 2002). More specifically, both traditional PCIT and culturally adapted PCIT have been effective with Mexican Americans (McCabe & Yeh, 2009), suggesting it would likely be effective with this Latina/o population.

Nevertheless, it is important to take these community stakeholders' concerns seriously and to make adaptations as appropriate. Natural helpers felt it would be possible to lessen parents' resistance to the discipline strategies implemented in PCIT with specific tactics. For instance, they emphasized engaging families early in the process and providing information about how these strategies were effective, even with natural helpers' own children. When explaining time out, natural helpers felt it would be more successful to frame it as a time for parents to calm down after a stressful interaction with their child, while being careful to not put judgment on other forms of discipline. Additionally, they believed that parents would be more receptive to the program in general if coaching were explained as a way to help teach the child

appropriate behavior, rather than as a way to teach the parent skills. These suggestions correspond with the findings from Parra-Cardona and colleagues (2009) study of Latina/o parents, where parents wanted parenting educators to express understanding of the difficulties parents were having and to respectfully communicate suggestions, without insinuating parents were parenting their children improperly. This provides further support for addressing these concerns.

In reviewing this study's results, there are other specific strategies that might be used to create a better program for this community. First, Mr. Bear could be used to teach time out to children under age 4 or 5 years, while for older children parents demonstrate the time out procedure on an older sibling or family member. Second, parents could be trained to put children into time out for more "realistic" reasons than simply not following a command to give the parent a toy. Third, when discussing discipline strategies, natural helpers could provide information about Child Protective Services and frame time out and ignoring as alternative options for discipline that are safe to use in the United States. Fourth, natural helpers could empower parents by confirming that they are the experts on their family and on their children, while the PCIT coach is there to provide guidance. Fifth, natural helpers could ask parents for their honest feedback regarding the program and its specific techniques, addressing parent questions and concerns as needed. Sixth, natural helpers could ask parents for ideas they have that might help their children behave, such as techniques they have used in the past that have worked. Seventh, natural helpers could openly discuss with parents what respect means in their family and how they would like to see this demonstrated by their children. Then, natural helpers could collaborate with parents to create goals to reach these outcomes.

Feedback Regarding Accessibility Issues

Natural helpers identified accessibility, intimidation, and resistance as barriers that should be considered in order for a prevention program to be successfully implemented in the Latina/o community of Western Michigan. This is underscored by historical mental health service disparities in Latina/o populations, in part due to these types of barriers (Callejas et al., 2010; Hernandez et al., 2009; Isaacs et al., 2008). To increase accessibility, natural helpers emphasized that there should be transportation, childcare, and food available to the Latina/o families while participating in the program. They stressed that parents should be allowed to participate in the program regardless of immigration status and that the program should be held at a location where Latinas/os would be comfortable and safe from immigration police. These suggestions fit with existing literature that identify accessible transportation, program hours, and location, as well as addressing immigration/deportation fears and barriers as important ways to decrease disparities (Hernandez et al., 2009; Parra-Cardona et al., 2012).

In order to decrease intimidation, natural helpers emphasized that the providers of the program be people that the Latina/o families could trust. They stressed that providers be caring and open with families, build strong relationships with families, and encourage families to contribute to the program in a meaningful way through feedback. This sentiment, which echoes the findings of Parra-Cardona and colleagues (2009), is precisely why the research team is advocating for use of natural helpers with whom parents already feel comfortable, especially as the literature suggests this a potential avenue to decrease service disparities (Calzada et al., 2005).

To decrease resistance, natural helpers emphasized the importance of marketing the program in a way that would be appealing to Latina/o families, and especially to Latino fathers,

whom they have had difficulty engaging in treatment. One way to appeal to fathers might be to create a flyer for the program that shows a father and child playing together. They also suggested encouraging mothers to bring their partners with them to parenting sessions. Natural helpers also emphasized providing the rationale for the program and for specific program techniques in a way that is culturally responsive and non-intimidating. For instance, incorporation of respect in marketing of the program and technique rationale could decrease parental resistance. Parra-Cardona and colleagues (2009) pointed out how providers have the difficult task of engaging Latina/o parents in services after a history of discrimination has decreased their motivation to attend services or to trust providers. This is why culturally competent services and providers are paramount (Hernandez et al., 2009) and can be accomplished through cultural adaptation, incorporation of cultural values into services, providing services in the desired language, and use of natural helpers (Calzada et al., 2005; Hernandez et al., 2009; Isaacs et al, 2008).

Implications for Research and Practice

Findings from this study coincide with research by Parra-Cardona and colleagues (2009), where Latina/o parents expressed preference for parenting programs that were done in a group format, that fostered a strong parent-child bond, that were marked by a caring relationship between therapist and parents, and that included Latina/o values, such as *Respeto*. Granted, this study considers natural helpers' beliefs of what Latina/o parents in this community would prefer, rather than parents' own beliefs. Findings from this study coupled with findings from Parra-Cardona and colleagues (2009) point to a need for further exploration of Latina/o parent perspectives in this specific Latina/o community to assess for unique community preferences, as

well as universalities that may exist. Both would be important to address in a parenting program for Latinas/os.

Given the research supporting PCIT in conjunction with natural helpers' support of the general program structure and most salient aspects of PCIT, it can be surmised that PCIT would be effective with this community. Furthermore, using a culturally adapted version of PCIT based upon community members' feedback as a prevention program provided by natural helpers would likely be even more efficacious, considering that (a) culturally adapted interventions for a target population have a greater effect size than non-culture specific interventions (Griner & Smith, 2006), (b) McCabe & Yeh's (2009) culturally adapted PCIT for Mexican Americans was effective, (c) PCIT has previously been successfully transformed into a prevention intervention (Berkovits, O'Brien, Carter, & Eyberg, 2010), and (d) use of trained natural helpers to provide evidence-based practices has also been found to be effective (e.g., Montgomery et al., 2010). In sum, there are many reasons to believe that going forward with the overarching project to culturally adapt PCIT into a prevention program for the priority population is indicated and that natural helpers' thoughtful feedback being integrated appropriately into the program will lead to great benefit for the Latina/o community of Western Michigan.

Limitations

There are several limitations to the proposed study. First, the results from this study are specific to the target Latina/o community in Western Michigan. For this reason, they may not be applicable to Latina/o communities outside of Western Michigan, as each specific cultural community has its own unique characteristics that impact treatment seeking behavior and views of mental health (Acevedo-Polakovich et al., 2011; Hernandez et al., 2009). Second, this study

only considered the perspectives of natural helpers in the Latina/o community. Future research should consider other important perspectives, most notably those from Latina/o parents in Western Michigan. Taken together, it is best to consider the findings of this study as hypotheses amenable to further scientific inquiry.

Additionally, it is important when conducting research with ethnic minorities to remember that research should stem from needs for social change in the priority community, based on what the community deems necessary (Plano Clark & Wang, 2009). Perhaps the biggest limitation of this study is that the research team had the a priori expectation to adapt a pre-existing parenting intervention, PCIT, into a culturally adapted prevention program for Latina/o families. Despite the research team's best intentions, this prevention program may not have been something the Latina/o community wanted. However, an examination of the research suggests that this prevention program would be targeting a problem area in the Latina/o community and would likely benefit Latina/o families. Furthermore, throughout the research process, the research team was receptive to Latina/o community stakeholders' feedback about this prevention program.

Researcher Bias

Another limitation of this study stems from subjectivity. The subjective biases of researchers arising from their past experience, opinions, and expectations can affect findings in all forms of research. Arguably, these undesired effects are a particularly salient risk in qualitative research (Plano Clark & Wang, 2009; Sterk & Elifson, 2004). Therefore, in qualitative research it is important to carefully consider these sources of bias and to disclose them such that results can be inspected from this frame of reference (Stiles, 1993).

This study was conducted as part of a larger grant project funded to test a culturally adapted form of PCIT for Latina/o families in Western Michigan and therefore is subject to the biases of the research team. The research team is comprised of four graduate students under the direction of two Principal Investigators (PIs). Both PIs act as co-advisors for this research project and research team. Their overarching goals are the same, to prevent conduct-related problems in Latina/o children, but they come from slightly different perspectives, which impact their approach to this project. Both PIs are half Caucasian and half Mexican. The first was born and raised in Mexico and pursued higher education in the United States, where he has resided for several years. He has had a partnership with the Hispanic Center of Western Michigan for 14 years and is invested in maintaining that partnership by providing quality services to the Latina/o community. This PI believed that the Latina/o community could use parent training to help alleviate behavioral problems in community children. He has a background in CBPR research and expected that the research team and the community together would be able to determine the best prevention intervention for this specific community. The second PI was born and raised in the United States. Her research and clinical work focus on PCIT; in fact she is a master trainer for PCIT. She is committed to dissemination of PCIT and came to this project with the belief that the Latina/o community of Western Michigan would benefit from PCIT specifically.

Although the research team is composed of four graduate students, this specific study was conducted primarily by two of the graduate students. Both graduate students come from an academic background in clinical psychology and are mental health services providers, who value dissemination of mental health services and empirical study of services provided. Both have been trained in PCIT and have experience providing these services for childhood externalizing

behaviors, meaning they have a vested interest in adaptation of this program, and may have been more likely to search for positive reactions to PCIT in the transcripts.

The principal author of this document is Caucasian American of European descent and does not speak Spanish. She perceived these traits initially to be barriers for her work on this project, especially given her minimal experience working with Latina/o populations. Although all focus groups were conducted in English, she found that her inability to understand and in turn react to occasional Spanish comments sometimes hurt her personal rapport with focus group members.

Conclusions

This preliminary study employed a Community-Based Participatory Research approach to gather feedback from community stakeholders about a proposed prevention program targeting childhood externalizing behaviors in the Latina/o community of Western Michigan. Through focus group discussions, natural helpers shared that they felt there is a need for a preventative parenting program in this community and that such a program should promote respect, close family bonds, and parental control of childhood behavior. Natural helpers had generally favorable opinions about PCIT, as well as thoughtful suggestions for how to make the program more meaningful and accessible to Latina/o families in this community. Natural helpers also expressed a willingness to provide a culturally adapted form of PCIT to families they serve. Future directions for research include gathering Latina/o parents' perspectives, creating the cultural adaptation based on natural helper, parent, and advisory board feedback, training natural helpers in program provision, and finally testing the effectiveness of the program as provided by natural helpers in the priority community. The second half of the grant that funds this large-scale project will be focused on conducting a randomized controlled trial comparing the effectiveness

of the parenting program when provided by natural helpers and when provided by masters' level practitioners.

APPENDICES

APPENDIX A

BACKGROUND FORM AND ACCULTURATION MEASURE

Background Information Form: Natural Helpers

(Please feel free to use the back of the form if necessary.)

Basic Information about You

1. Your age: _____ 2. Your gender: _____

3. Your ethnic or cultural background (e.g., Mexican, Puerto Rican, Dominican, etc.):

4. Your race (select all that apply):
___ White ___ Asian (Specific Group(s): _____)
___ Black ___ Pacific Islander (Specific Group(s): _____)
___ Native American ___ Other (Specific Group(s): _____)

4. Highest grade or degree completed: _____

Basic Information about Your Work with Latina/o Families

5. How many years have you assisted Latina/o families?

6. How many Latina/o families do you directly assist in an average week?

7. How many hours do you spend assisting Latina/o families in an average week?

8. What are the ethnic backgrounds of the Latina/o families you work with (e.g., Mexican, Puerto Rican, Dominican, etc.)?

9. In what settings do you provide services to Latina/o families (e.g., at their homes, in a church, in a human services organization)?

10. What types of assistance do you provide Latina/o families (e.g., crisis management, parenting support, religious guidance, marriage counseling or other types)?

11. Of the Latina/o families you assist, would you say (circle one)?

- a. Most speak primarily Spanish
- b. About equal numbers speak Spanish as speak English
- c. Most speak primarily English
- d. Most primarily speak another language (if so please write in language) _____

12. How did you acquire the skills you use to assist Latina/o families (e.g., college, on-the-job training, life experience, or other means)?

13. Is assisting Latina/o families part of your paid employment? (circle one)

Yes

No

Using the following scale for each of the items on this page, please circle the option that best matches your agreement:

1 ----- 2 ----- 3 ----- 4 ----- 5
 (strongly disagree) (neutral) (strongly agree)

23. I have spent time trying to find out more about my ethnic group, such as its history, traditions, and customs.	1	2	3	4	5
24. I have a strong sense of belonging to my own ethnic group.	1	2	3	4	5
25. I understand pretty well what my ethnic group membership means to me.	1	2	3	4	5
26. I have often done things that will help me understand my ethnic background better.	1	2	3	4	5
27. I have often talked to other people in order to learn more about my ethnic group.	1	2	3	4	5
28. I feel a strong attachment towards my own ethnic group.	1	2	3	4	5
29. I have spent time trying to find out more about the history, traditions, and customs of U.S. Americans.	1	2	3	4	5
30. I have a strong sense of belonging in the U.S. American culture.	1	2	3	4	5
31. I understand pretty well what my belonging in U.S. American culture means to me.	1	2	3	4	5
32. I have often done things that will help me understand my background as a U.S. American better.	1	2	3	4	5
33. I have often talked to other people in order to learn more about U.S. Americans.	1	2	3	4	5
34. I feel a strong attachment towards being a U.S. American.	1	2	3	4	5

**Adapted from MEIM-R (Phinney & Ong, 2007)*

APPENDIX B

NATURAL HELPERS FOCUS GROUP PROTOCOL

I. INTRODUCTION AND CONSENT

- ___ Thank you for participating in our focus group today.
- ___ We have asked you here to get your opinion on a parent training program that we hope will be useful for some of the Latina/o families that you work with.
- ___ Your feedback will help us tailor this parent training program to families such as those you work with.
- ___ Our goal is to develop a program that can be delivered to Latina/o families by people such as yourselves.
- ___ For that reason, we will want to get your opinions on how to make the program most accessible to Latina/o families and also get your input on how we could best train you or others in positions like yours to deliver the program.
- ___ We are also conducting focus groups with Latina/o families to learn their opinions about the program.
- ___ We appreciate your honest, open feedback. There are no right and wrong answers and all of your opinions are valuable to us. You have the right to stop participating in this group at any time and to not participate in any question that you do not want to answer. If any questions are confusing, please ask us to make them more clear to you.
- ___ In order to ensure that everyone feels comfortable participating, we would like to ask you to not share any opinions that were shared today with anyone else.
- ___ Although we will be recording the group, we will only keep the recording until we've created a written transcript of the tape that does not include any information that can be used to identify you. After that transcript is written, we will erase the recording and any future mention of anything that was shared in this group will only include a participant reference code (e.g., participant one).
- ___ Are there any questions before we begin?

II. WHO THE PROGRAM IS FOR

___ Although the parenting program that we will describe could benefit any young child, we are particularly interested in how it might help kids between the ages of 2 and 7 who act out.

___ We want to make sure everyone knows the kind of kids we're talking about.

___ Kids who act out often do not follow rules at home or at school and are often in trouble,

___ Because these children are quite stubborn, disciplining them can be very difficult for parents.

___ Kids who act out are sometimes aggressive and hit, kick, bite, or in other ways hurt their parents, siblings, and pets.

___ They are more likely to do what they want to do, rather than what they are told to do

___ Kids who act out often have more energy than a typical child and will run around in the house, try to climb on furniture and objects, and sometimes act very dangerously.

___ Any questions about the types of children we are interested in?

Probes:

- How many of the Latina/o families that you work with struggle with these types of kids?
- What do the Latina/o families you work with call kids who act out?
- If we wanted to find Latina/o families with kids who act out, where would we find them (e.g., are there particular programs or places)?
- Are there places where Latina/o parents of kids who act out can get help?

III. PROGRAM INTRODUCTION - COACHING

___ We'd now like to begin introducing you to the parent training program.

___ To do this, we will show you video clips that demonstrate the main parts of the program, and then ask your feedback.

___ Your honest opinions are very important to us. If anything is confusing, please let us know and we will do our best to explain them more clearly.

- ___ This program uses what we call a coaching approach where people like yourselves teach families by giving parents feedback as they are playing with their children.
- ___ Coaching helps parents to learn parenting skills because they get feedback right away.
- ___ Please watch this video clip. This video will show you what coaching looks like.
- ___ *Show video sample of coaching.*

Probes

- How do you think the Latina/o families that you work with would feel about being coached?
- How would you feel about coaching families?
- Do you think you could be trained to coach families?

IV. Child-Directed Interactions

(Praises, Reflections and Descriptions)

- ___ There are two types of skills that parents are taught in our program. The first type strengthens the relationship between the parent and child and reduces annoying child behaviors.
- ___ For example, parents are taught to praise their children when they are doing something well. Things like completing chores, obeying parents, and sharing.
- ___ Parents are also taught special ways of listening to their children and a way to follow their children's lead to help their child stay focused. We call these listening and following skills "reflections" and "descriptions."
- ___ In this video clip, pay attention to the types of things the parent and coach are saying.
- ___ *Show video of another brief segment of CDI coaching.*

Probes:

- What are your reactions to this part of the parent training?
- Could you be trained to coach parents to use these relationship-building skills?
- How do you think the Latino/a families that you work with would feel about learning these relationship-building skills?

(Ignoring)

___ As part of this first set of skills, we also teach parents a special kind of ignoring that helps to get rid of attention-seeking behaviors like whining, throwing temper tantrums, and talking back. Parents are taught to completely ignore the negative attention-seeking behaviors (e.g., whining), while focusing on their children's positive behaviors (e.g., talking respectfully). Although this special kind of ignoring is not helpful for children's dangerous or destructive behaviors, it can be very effective at stopping attention-seeking behaviors.

Probes:

- What are your reactions to this part of the parent training?
- Do you think you could be trained to coach parents in ignoring?
- How do you think the Latina/o families you work with might react to this part of the training?

V. Didactics and Parent-Directed Interactions

(Didactics and Commands)

___ In each section of the program, before we begin coaching a specific set of skills, we provide parents with information about how to properly do these skills.

___ We spend an hour explaining different skills, like the ones you have already seen, and the reasons for using them, so that parents can learn about the skills and ask questions if they need to before practicing. We give lots of examples during these teaching sessions and model the use of the skills, too.

___ The video clip you will see next shows a teaching session where therapists are explaining the second set of skills to parents. This set of skills teaches parents how to manage their kids' acting out. As you watch, please pay attention to the ways the parents are taught effective commands because we're interested in your feedback about them.

Probes:

- What are your reactions to this part of the training?
- Do you think you could be trained to provide teaching sessions to parents?
- How do you think the Latina/o families you work with might react to teaching sessions?
- How do you think the Latina/o families you work with might react to the way of giving commands we encourage in our program?
- Could you be trained to coach parents on using commands?

(Time Out)

- ___ In our parent training program, parents are taught to provide consequences when children act out by not following home or school rules.
- ___ When other things don't work to get a child to do what they're told, parents are taught to use a time-out procedure where the child sits alone in a time-out spot for three minutes as a discipline strategy.
- ___ We coach parents to teach time out to the child using Mr. Bear, a stuffed animal. Parents show their children what happens when Mr. Bear does not follow a command and has to go to time out. Using Mr. Bear has been helpful for children to learn the new rules about discipline.
- ___ *Show M. Bear video.* This video clip will show you how Mr. Bear is used in our parent training program and how we coach parents to use time out.

Probes:

- What are your reactions to this part of the training?
- Do you think you could be trained to use Mr. Bear to coach parents on how to use time out?
- How do you think the Latina/o families you work with might react to the time out procedure?
- How do you think the Latina/o families you work with might react to using Mr. Bear to teach the procedure?

VI. Natural Helpers

- ___ As we explained before, we are planning on training individuals such as yourselves, who work directly with Latina/o families in this community, to train families using this approach.
- ___ In our field, we call anyone who is not a mental health professional but who provides the type of help to Latina/o families that mental health professionals usually provide—such as parent training—a *natural helper*.

Probes:

- How do you feel about the term natural helper?
- What do you think about using “natural helpers” to provide this parent training program?
- What type of training would be needed for a natural helper to feel comfortable and competent to provide this program?
 - What length of training would be helpful/feasible?
 - What format of training (e.g., lecture, role play, video, in vivo) would be helpful feasible for you to learn to provide this program?
 - Would it be easier for you to participate in a training that took place over consecutive days or was spread out over a couple weeks?
- How much supervision would a “natural helper” need in order to feel comfortable and competent as a parent trainer in this program?
- Where would “natural helpers” and families be most comfortable meeting for these sessions?
- What concerns do you have about “natural helpers” being trained to provide this parent training program?

VII. Service Characteristics

___ We are interested in making this program as accessible as possible to Latina/o families who need it. Your answers to the next set of questions will help us achieve this.

Probes:

- Who should be included in the parent training? (Parents? Extended family? Other children in the home?)
- Would families prefer to be in a program alone or with other families present?
- Where would families most prefer to receive these services?
- Are there any cultural values that would be important to incorporate into the parent training program?
- What do you see as the most important goals of a parent training program?

VIII. Wrap up

- ___ Thank you very much for your time and help today.
- ___ After we have finished analyzing the information we learn from this group and others, we will be making any needed changes to our parent training program.
- ___ At that point, we will ask you to join us again for a large group forum, where we present you with the proposed program and ask for your feedback again.
- ___ In the mean time, if you have any questions or further comments, please speak with me now or contact me at this number/email/etc.

APPENDIX C

LIST OF THEMES AND DEFINITIONS OF THEMES

Need for Parenting Help

Parents Lack Parenting Skills – Parents lack knowledge about effective parenting skills and awareness of how their behavior affects their children. Therefore, parents need education and skill building to improve their parenting.

Effective Ways to Teach Parenting Skills – Parents need rationale and reasons for why they use skills, or examples. Includes positive reactions to didactic portion of PCIT.

Parents Desire Help – Any indication that parents want parenting help. Any indication that parents feel powerless in their ability to manage children, that they don't know what to do (in an overwhelmed "what do I do?" kind of way, not specific to lacking certain skills).

Kids who Act Out – Any mention of participant knowing, working with, or seeing acting out kids in Latino community, as part of their job, as part of their personal life, etc. Any locations where acting out kids can be found.

Parents' Role

Parent Responsibility for Child Behavior –parents are responsible for children's behavior in many ways. In terms of modeling, children being a "reflection" of parent behavior/attitudes, and parents are responsible for managing or controlling child's behavior.

Consistency – Importance of parents doing what they say they are going to do (e.g., following through on discipline) and using the same techniques/skills each time with their children so that their children can predict their parents' behaviors. Also including examples of negative reactions to inconsistency.

Positive Parenting Skills Valued – It is important to spend time with children, playing with them, talking with them, staying calm, praising them for good behaviors, reflecting what the children say, describing what the children are doing, imitating the children's play. Examples of how these techniques have worked to change behavior for the better, improved the parent-child relationship, and/or improved parent or child self esteem.

Parental Attention and Ignoring -- Children sometimes engage in annoying or negative behaviors in order to get parents' attention. When parents ignore these behaviors the child is more likely to stop them. If parents give attention to these negative/annoying behaviors, they are more likely to increase. Includes positive reactions to ignoring as a PCIT technique.

Commitment – In order to improve parenting skills and children’s behavior, parents need to make parenting a priority, commit to working on parenting, and put forth hard work and effort into the process. Any mention of learning new parenting skills taking time and practice.

Physical Punishment – Physical punishment is often used in the Latina/o community as a form of discipline.

Parents’ Lives Affecting Parenting

Influence of Past Experience on Parenting – Any discussion of how positive or negative past experiences have or will positively or negatively impact a parent’s attitude towards their child or parenting or their parenting skills. For example, influence of “grandparents” parenting style, domestic violence, discipline used on them, etc.

Changing Attitudes and Worldview – Any mention of parents needing to change attitudes/perceptions/thoughts about themselves/their children/families. Any mention that parents have changed or would change attitudes/perceptions/thoughts about themselves/their children/families as a result of a parenting program/intervention.

Cultural Understanding

Importance of Trust –trust in whoever they are seeking help from. This can refer to parenting help, as well as other types of assistance (e.g., childcare/babysitting, housing, finances etc).

Cultural Competence – There’s a need for group leaders, coaches, natural helpers, and materials to be culturally responsive

Cultural Diversity – There are many different Latino communities within GR and there are cultural differences between groups.

Importance of Respect – Respect is an important value. Parents want and expect respect from children, Latinos respect others (e.g., like people they seek services from). Examples of how Latinos respect others.

Other Cultural Values Important to a Parenting Program – Concepts that focus group participants identified as important cultural variables to include in parenting program for the Latino community. This does not include Respect (as this is separate, more prevalent theme).

Reactions to PCIT

Resistance to or Concerns with Ignoring – Parents find it difficult to ignore their children’s negative behavior and so may choose alternative methods instead or not consistently ignore. There are also some concerns about ignoring in terms of how to do it, when to do it, and if it’s effective.

Benefits of Group Format – Preference for providing parent training in group format due to potential benefits, such as less stigma, learning from other families, support from other families, etc.

Positive Reactions to Time Out – Any positive reactions to using time out in general or to the particular guidelines/methods for time out used in PCIT and examples of how they have or do use time out themselves.

Negative Reactions to Time Out – Any negative reactions to using time out in general or to the specific time out methods used in PCIT or concerns about using time out in terms of how to use it, when to use it, is it effective, etc.

Positive Reactions to Coaching – Any indication that parents would respond positively to coaching or have responded positively to coaching/similar types of feedback in the past. Any indication that natural helpers think coaching would be helpful, and/or would be receptive to being a coach. Any indication that natural helpers already engage in coaching-like behavior.

Positive Reactions to Mr. Bear – Any positive reactions to using Mr. Bear as a teaching tool for the time out procedure

Negative Reactions to Mr. Bear – Any negative reactions to using Mr. Bear to teach the time-out procedure. Also includes any concerns or general questions about using Mr. Bear.

Parenting Program Suggestions

Suggestions for Engaging Latina/o Parents – Indications that buy in or marketing is needed. Suggestions for buy-in or marketing. Includes suggestions specific to getting male or father buy-in.

Responsive Terms for a Parenting Program – Any and all discussion about positives and negatives of various terms for components of the parenting program or names for “natural helpers” or names for “acting out kids.” Code each new term.

Including Family Members – Any mention of importance/inclusion of more than one caregivers, dads, siblings, extended family, other caregivers in parenting programs/treatment. Also includes the impact that family members have on children’s behavior.

Seeking Parent Feedback/Input – Importance of getting parent’s feedback on program development, skill use, terms, or any aspect of the program.

General Program Suggestions. Any general suggestions participants had to improve the program in any way. These are broad suggestions that did not fit into any other category.

Use of Natural Helpers

Selecting Natural Helpers – It’s important to select the “right” natural helpers. This theme includes examples of what makes these people “right” for the job, such as people who know the community well and are invested in helping the community and using this program, professional, good attitude, have empathy etc.

Self-Disclosure – Natural helpers use self-disclosure as a means to build a relationship with the parents they help and to demonstrate that they could also use the parenting skills they are teaching.

Strong Relationships – Natural helpers should have a collaborative, caring relationship with the families they serve. Natural helpers should not act as experts, should not be judgmental, etc.

Suggestions for Training Natural Helpers – Any suggestions given by participants for how natural helpers should or should not be trained and/or supervised.

Barriers and Accessibility

Resistance to Therapy -- Any mention of factors that make Latino parents resistant to therapy, parent management programs, or seeking treatment. Could include intimidation, stigma, dislike of mental health professionals, not wanting to be told what to do, etc.

Accessibility Issues -- Any mention of factors that make services less accessible and suggestions for how to improve accessibility such as transportation, childcare, food, and having services at location where Latinos are comfortable. Not coding individual locations.

Time Constraints – Any mention of parents having legitimate time constraints that impact their ability to receive services (e.g., a single mom works 15 hour days and does not have time to go to parenting class)

Other Barriers to Treatment – Any other barriers (that are not accessibility issues, time constraints, or resistance to therapy) that make Latinos less likely to seek services. May include, stress, their mental health, having large families, etc.

Resources Available for Parenting – Any mention of programs, individuals, or organizations that do or could provide some type of parenting resource. Coded every time a new resource is mentioned.

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