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CULTURAL ADAPTATION OF FAMILY-BASED INTERVENTION PROGRAMS

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ABSTRACT

There is a lack of research done on cultural adaptation of intervention programs, and across the United States, programs that are designed to be implemented with homogeneous samples are being delivered to culturally diverse populations. This literature review looks at cultural adaptation of family-based intervention programs. First, prior research describing when and how programs should be culturally adapted will be discussed. Following this, a discussion of the LifeSkills Training program will provide a counterargument against the need for cultural adaptation. Next, the importance of culturally adapting family-based programs is discussed. After this, the current state of intervention programs, with a focus on family-based programs, will be examined. Following all of this review on the cultural adaptation, five intervention programs will be examined and discussed. The discussion for each program will include: 1) a description of the logistics of the program, 2) the theory behind it, 3) how the developers integrated culturally sensitive ideas and activities into the program, 4) evaluation of the program on specific target groups, and; 5) a discussion of what can be taken from these programs to aid in cultural adaptation in the future and how they overcame or succumbed to challenges. Following these program evaluations, some limitations and challenges to cultural adaptation will be discussed. The review concludes with the ideas that more cultural adaptation of programs should be done, more research must be done on cultural adaptation and cultural groups, family-based programs require more cultural sensitivity, and some suggestions to consider when culturally adapting. Program creators can use prior adaptations as models and implement research into their cultural adaptations or creation of culturally sensitive programs to provide more adequate services for families across the United States.

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BACKGROUND INFORMATION ON CULTURAL ADAPTATION

Introduction

The United States population has become increasingly diverse in ethnicity and culture throughout history, and this trend is continuing. Those who immigrate into the country bring with them unique values, customs, and beliefs. These cultural norms are not always accepted by the majority population, nor do these minority groups always take on the cultural norms of the majority population. These deep cultural norms and the influence they have on individuals and families may lead to difficulty within the field of intervention science. Evidence-based intervention programs are often implemented with diverse populations, but in most cases effectiveness has only been tested with homogeneous samples. Because of cultural differences, these programs may not be as effective for the broad population as they were with the original samples on which they were tested. The discrepancy in the original design of the program and the implementation and evaluation of it for a broader population may hinder the effectiveness and participant engagement of the program. Perhaps diversity should be considered more thoroughly when creating and implementing intervention programs.

Although cultural adaptation is accepted by some intervention scientists and program creators, there is tension in the field. Many programs are implemented universally, and have effective results. Other programs are shown to be effective after being culturally adapted. It is hard to determine which approach is most beneficial, and it does not help that there are different models and frameworks provided in research revealing the how adaptation could be done and that the importance behind cultural adaptation is completely theoretical, meaning that the support for cultural adaptation comes from a conceptual framework that acknowledges cultural differences and how these differences may influence intervention. Cultural adaptation is not

accepted by some individuals because there is no empirical evidence supporting it, and tension arises because it is not likely that empirical research will be conducted to support cultural adaptation. This tension will be explored further within this literature review.

Defining Cultural Adaptation

Cultural adaptations are just one form of adaptation that we can consider when applying evidence-based interventions to groups that differ from those who participated in the supporting research of the initial treatment (Barrera & Castro, 2006). According to Kumpfer and colleagues (2002) cultural adaptation refers to the modification of a program in a way that is sensitive to cultural group differences and provides fit to the group's traditional world views and values. Some intervention programs have found it unnecessary to implement cultural adaptation for diverse cultures, but other intervention programs have found it to be highly beneficial. Also, it is important to distinguish the differences in models and frameworks of cultural adaptation provided in prior research in the field. For example, one model is that a previously created program which has been evaluated and found to be effective for one population may be adapted for a different cultural group. An alternative model that can be used consists of an entirely new program being created with cultural sensitivity as the focus. These culturally adapted creations may use ideas or some of the curriculum from previously implemented programs, but overall is created specifically for the targeted cultural group. Cultural adaptation may take different forms.

Direction of Current Literature Review

In the United States, minority groups are becoming more and more prevalent, however, our family-based intervention programs, even when evidence-based, may not be suited for the diverse blend of families across the country. Many community or school based intervention programs are shown to be adequate when implemented universally, but family based programs

may require more cultural sensitivity because culture is deeply embedded in family context. The current argument is theoretically and philosophically based, and the idea draws from family functioning differences across cultural groups. Prior research (e.g., Resnicow et al., 2000; Lau, 2006; Turner, 2000) has emphasized the importance of culturally adapting intervention programs and explained how and when this should be done, but little research examines the specific needs of each cultural group to better inform cultural adaptation and empirically tests these intervention programs with the cultural group as the target. It is also imperative to look at the challenges involved with culturally adapting intervention programs. To overcome these obstacles and adapt these programs for diverse groups, we could potentially provide better and more adequate help for the families across the United States.

This review of the literature will outline what prior research has determined about cultural adaptation for intervention programs. It will use this information to make conclusions about what should be done in the field to increase program effectiveness and how these suggestions potentially could be accomplished. First, explanations will be provided about when and how programs should be culturally adapted. Following this, a counterargument will be provided that gives an example of a program that did not require cultural adaptations for a number of diverse target groups. After this explanation, there will be a discussion on what has been determined about the importance of culturally adapting family-based programs. Next, the current state of intervention programs, with a focus on family-based programs, will be examined. Following all of this literature on the cultural adaptation of intervention programs, a number of intervention programs will be examined and discussed. For each program, there will be a description of the logistics of the program, the theory behind it, how they implemented culturally sensitive ideas into the program, evaluation of the program on specific target groups, and a

discussion of what can be taken from these programs to aid in cultural adaptation in the future and how they overcame or did not overcome challenges. After these program evaluations, various limitations and challenges to cultural adaptation will be discussed. The review will conclude with major points to take away from the analysis and suggestions to acknowledge in future cultural adaptations and creation of culturally sensitive family-based intervention programs. Ideally, intervention scientists and program creators will use the cultural adaptation techniques of the programs provided and overcome the challenges discussed to create and implement more culturally sensitive programs in the future.

HOW AND WHEN TO CULTURALLY ADAPT

How to Culturally Adapt

Turner (2000) points out that in America we cluster people of all different ethnicities into one group that functions as the overall culture, but this may cause difficulty and it is important to be aware of the cultural differences when applying prevention programs. He also explains that when the effects of culture are not considered, the development and implementation of intervention programs are greatly hindered. Santisteban and colleagues (2002) explain that in order to incorporate ethnic culture into clinical practice, it is important to consider values, beliefs, and behaviors that lay behind ethnic labels such as African American, Native American, Hispanic, and Asian because the deeper culture is the root of the ethnic differences. Resnicow et al. (2000) separate cultural sensitivity for adaptation of intervention programs into two categories: surface structural change and deep structural change. Surface structure involves superficial characteristics of a targeted group such as people, places, language, music, etc. to convey materials or a message, and increases the reception and acceptance of the messages. Deep

structure involves factors such as culture, social aspects, history, environment, and psychology of the cultural group that influence the variable being changed, and transmits salience. The idea of different levels of adaptation for different cultures is very beneficial for program creators and adaptors because it allows them to efficiently tailor the intervention to the specific targeted group and the effects may be more significant with the implementation of both surface and deep structural changes to the program.

Castro, Barrera, and Martinez (2004) explain that cultural mismatch in intervention often occurs because of contrasting group characteristics, program delivery staff not being sensitive to cultural differences, and organizational or community factors. It would be beneficial to acknowledge these when culturally adapting an intervention program because they have found these factors to influence program effectiveness in past programs. Barrera and Castro (2006) took these ideas and the theories of others and provided a heuristic framework of procedures for describing how intervention programs should be adapted for particular subculture groups. According to them, the phases involved in developing adaptations are information gathering, preliminary adaptation design, preliminary adaptation tests, and adaptation refinement. There is a fair amount of research explaining the ways in which cultural adaptation can be utilized.

When to Culturally Adapt

Some researchers in the field have determined cultural group conditions which may require cultural adaptation. Kumpfer and colleagues (2002) explained that an indication that the evidence-based treatment should be culturally adapted is when participant engagement is below standards for a particular subculture. Also, two conditions that would merit cultural adaptation in an evidence-based program are if the treatment is unsuccessful in changing clinical outcomes for a sub-cultural group and if the group shows unique clinical problems (Lau, 2006). The concept

of cultural adaptation for intervention programs has certainly been evaluated in research, and it is clear that research has suggested not only that some programs would benefit from cultural adaptation, but also when and how an intervention should be culturally adapted.

IMPORTANCE OF CULTURALLY ADAPTING FAMILY-BASED PROGRAMS

Cultural Differences Across Family Systems

There are significant differences across cultures in the realm of family systems, as described below, suggesting it may be important to culturally adapt family-based intervention programs. The construct of culture, often represented by ethnicity in research studies, is thought to affect parenting practices and children's developmental outcomes (Murry, Smith, & Hill, 2001). Santisteban and colleagues (2002) explained that European Americans, or the more dominant American culture, values individualism and autonomy more than Hispanic cultures which would be more likely to value family involvement in the intervention program. Many cultures do not value independence as much as the dominant American culture.

There are more studies that exemplify the differences between cultures, and therefore the theoretical importance of culturally adapting programs. Supple, Ghazarian, Peterson, and Bush (2009) conducted a study which compared adolescents in the United States, China, Mexico, and India for the purpose of testing the validity of a parental autonomy granting measure. Results suggested that mean autonomy granting behaviors were highest among the United States parents and lowest among the Chinese parents. Autonomy granting was also associated with freedom to make one's own career choices and encouragement to take part in family decision making. These were low among Chinese, Mexican, and Indian parents, and reports of love withdrawal from mother and father were relatively high in these countries. All of these measures are related to

family systems and interactions within the family and show that there are major differences between families in different cultural groups. If programs could acknowledge and embrace these differences, perhaps intervention outcome effectiveness would increase.

How these Differences Influence Intervention Efforts

Lau (2006) noted that program engagement, the ability of the treatment to reach participants and thoroughly involve them in the intervention, and program outcome, the ability of the treatment to change the variables that are being targeted both vary within subculture groups. These are reasons why evidence-based treatments may not be effective for these diverse groups. Von Klitzing (2006) explains that culture must be taken into account when developing and culturally adapting intervention programs because culture directly influences parenting practices, family relationships, and child development. He says that those who immigrate to the United States often follow more traditional ideas of gender roles than the host culture, and this will affect the family in many ways. For example, more traditional fathers may have trouble finding their identity as a father and may not be as involved in child care and development as fathers who follow less traditional roles. Also, immigrant mothers may be more likely to stay at home raising children than have a full-time career compared to United States natives.

Castro, Barrera, and Martinez (2004) support the idea that originally designed intervention programs may be effective for the sample it was evaluated with, but participation and outcome may be low in a diverse population if the program is universal and culturally insensitive. They also explain that culturally adapted programs may gain more participation, but may not be scientifically supported because of discrepancies with fidelity, and therefore may potentially have lower outcome effectiveness. It is necessary, in this case, to create more evidence-based culturally sensitive intervention programs or create science-based strategies that

regulate adaptation. They suggest using a certain alternative model of cultural adaptation discussed briefly in the introduction. They suggest that program designers create an effective evidence-based program which is also culturally sensitive rather than adapting a culturally insensitive program. These existing research studies support the theory that good cultural adaptation or the implementation of culturally sensitive material into the creation of a program is imperative to the effectiveness of an intervention program which is targeted at diverse groups.

Cultural Differences within the Family Influencing Parent Training Intervention

Significant differences in engagement and outcomes for Caucasians compared to minority groups were found when looking at examples from ongoing work in parent training programs, a well accepted and empirically supported family-based approach (Keels, 2009). Overall in his study, he found that Hispanic Americans, European Americans, and African Americans have significant differences in parenting beliefs and behaviors. Specifically, he found that the less acculturated groups to United States culture, such as Hispanic/Spanish American mothers, had less knowledge of child development and very different parenting practices compared to the dominant culture of the United States. In the same study, more European American mothers were found to be progressive rather than traditional in their parenting practices, and Hispanic/Spanish American mothers were found to be more traditional than progressive and less supportive as parents. Fewer Hispanic and African American mothers reported that it was important to talk and read to their very young children than European American mothers. These findings show how parenting practices of various cultural groups within the United States are very different, and theoretically support the idea that cultural adaptation of family-based intervention programs is important.

Also, without cultural adaptation, a program may be completely ineffective or even have negative or untargeted outcomes. For example, within the African American culture, substance abuse is an issue, and this may be because of implementation of substance use prevention intervention programs that are not targeted specifically to them. Turner (2000) says African Americans tend to be very family oriented, and intervention should be family-based and address religiosity, child-rearing practices, coping skills, and the extended family. When targeting a specific cultural group, intervention programs should be based around the group's values, norms, and beliefs and adhere to their specific needs at the time. For example, an intervention program that teaches youth to be emotionally open and expressive may conflict with the cultural norms of Hispanic, Asian Americans, and American Indians if the families are traditional in their culture and cultural values (Kumpfer et al., 2002). This must be considered when culturally adapting or creating an intervention program. Overall, there is a lot of support for the idea that cultural adaptation is important. Castro, Barrera, and Martinez (2004) suggest that empirically based intervention programs that are community or culturally adapted may increase the number of people who participate and complete the program, as well as improve the effects and outcomes of the programs for the participating individuals. Although the previous studies provide clear evidence that cultural adaptation may be important for program efficacy, the previous supporting examples are theoretically and philosophically based, rather than research based. There are no empirical tests that examine the effectiveness of family-based intervention programs across cultural groups, and there is no data suggesting that more cultural adaptation is required.

LIFESKILLS COUNTERARGUMENT

Although many researchers and intervention scientists agree that cultural adaptation is beneficial and some prior research theoretically and conceptually supports the importance of culturally adapting intervention programs as described above, one type of program provides a strong counterargument. LifeSkills Training (LST) is an evidence-based substance abuse prevention program aimed at elementary, middle, and high school students that has been found to be very effective for delaying the initiation of substance use and abuse and reducing violence in adolescents (Botvin LifeSkills Training, n.d.). Created by Dr. Gilbert J. Botvin, it has been shown to be effective in over 20 empirical studies (e.g., Botvin, Schinke, Epstein, and Diaz, 1994; Botvin, Griffin, Diaz, & Ifill-Williams, 2001; Spoth, Randall, Trudeau, Shin, & Redmond, 2008). The program aims to delay the initiation of alcohol and cigarette use, drug abuse, and violence by reducing the effects of risk factors and targeting the protective factors that may shield youth from these antisocial behaviors. In addition to educating participants about the dangers of substance use and abuse, the program is made up of activities which teach students refusal skills under peer pressure, enhance students' self-confidence and self-esteem, strengthen students' anxiety coping skills, demonstrate the consequences of substance use, and increase cognitive aptitude and normative behavior. Students develop skills in three domains: drug resistance, personal self-management, and general social skills. The program is implemented in a classroom setting and the curriculum can be taught within any subject area. Teachers implement the program's goals and build the curriculum messages into lecture, discussions, and coaching.

Contrasting from the argument for cultural adaptation, LifeSkills training has been evaluated and shown to have significant effect on a variety of groups such as white middle-class students, African American and Hispanic students, inner-city populations, suburban populations,

and rural populations (Botvin LifeSkills Training, n.d.). Botvin, et al. (2001) also found that the program which was originally designed for white middle-class adolescents was effective in a sample of minority, low socioeconomic status, urban adolescents. Participants of the program reported less smoking, alcohol use, drunkenness, and inhalant use as opposed to the control group who did not receive the intervention. Effectiveness was determined by these findings and the analyses of a number of variables assessing thoughts of the matter, attitudes on the matter, and personality. Similar to these findings, Botvin, et al. (1994) tested the effectiveness of two alcohol and drug abuse prevention programs: one was a generic skills training prevention program and the second was a culturally sensitive skills training prevention program. They found that both programs reduced adolescents' intentions to use alcohol and drugs compared to a control group which simply provided information on the topic. Among minority youth in New York City, the generic, non-culturally sensitive program was shown to be sufficient.

Although LifeSkills Training programs have shown to be effective without cultural adaptation, O'Connell, Boat, and Warner (2009) describe a LifeSkills training program which had been adapted and was found to be effective. The American Indian Life Skills (AILS) suicide prevention intervention was created using ideas and techniques from the original LifeSkills training program and was adapted for American Indian high school students in the Southwest. Activities used to decrease depression were altered from the original program to better fit the lifestyles of American Indians as well as changes to lessons of coping with stress. They made sure not to disrupt the core effective components of the program but implemented culturally sensitive tactics by means of the family. AILS was found to decrease students' feelings of hopelessness, thoughts about suicide, and inability to intervene in peer suicidal crisis situations. They also found that self-destructive actions and behaviors decreased by 73 percent. This shows

that cultural adaptation may still be beneficial for program effectiveness even if the original programs show adequate effectiveness. It would be interesting to see if the original would have been effective with this population because if it was not found to be effective, it may support the idea that family-based interventions may require more cultural sensitivity because this adaptation of the LST program included the family in the intervention efforts.

It is relatively rare for evidence-based intervention programs to be generalizable and proven effective for a wide variety of populations. Although the LifeSkills training program has defied the need to culturally adapt, it may be that family-based intervention programs, specifically, require more cultural sensitivity than other types of intervention programs. The LifeSkills training program was universal and implemented in a school or community environment where there is more variability in race and ethnic background. In family based programs, it may be easier to implement specific cultural adaptations because it is not necessary to provide fit for a racially diverse population. This program may have been effective because it did not target the family in the intervention. In more dominated minority target groups a cultural adaptation may be necessary especially if it involves the family. Interventions which target the individual by teaching skills, etc., are very different than interventions which target the family because the family relies on cultural values, norms, and practices more than an individual. Culture strongly influences all contexts of family processes, structure, parenting practices, values within the family, and behaviors and roles in the family. Intervention scientists should be particularly sensitive when developing and implementing family-based intervention programs for a cultural minority group.

THE CURRENT STATE OF INTERVENTION PROGRAMS

The current state of some intervention programs may be adequate for a variety of target groups, but many programs that are being implemented without fit to the specific group may not be as effective as they could be. In family-based intervention, specifically, it may be important to apply the research on cultural differences in family practices, functioning, and norms and follow the philosophical argument for cultural adaptation to design and implement programs in a culturally sensitive way. Many concerns about the generalizability of evidence-based treatment in real-world settings have been expressed, and there is increased attention on culturally adapting these treatments for diverse populations. Perhaps there has not been enough evaluation of our existing programs with minority populations to guide these treatment adaptations (Lau, 2006). There has been little empirical research addressing evidence-based treatment adaptations for different cultural backgrounds, so there is no clear evidence on how to make them fit for different ethnic communities (Lau, 2006). Kumpfer et al. (2002) analyzed five research studies testing the effectiveness of the first version of the Strengthening Families program as opposed to culturally adapted versions on five different ethnic minorities, and they found that if dosage was decreased and some critical core content was deleted from the original treatment, retention would increase, but outcomes were found to be less effective for the ethnic minorities. They suggest that more scientific research must be done on minorities and intervention programs so that retention and outcomes can be improved. Research has explored and explained the importance of practicing cultural sensitivity in program development and adaptation, and it has determined when and how intervention programs should be adapted (e.g., Barrera & Castro, 2006; Castro, et al., 2004; Keels, 2009; Lau, 2006; Resnicow et al., 2000). These findings have been translated to

practical use in some programs, and many of these programs have overcome obstacles to cultural adaptation.

Five programs have been selected to be discussed and analyzed below based on the fact that the programs had adequate evaluation available, are all connected to other renowned intervention programs, all have a strong family-based aspect to them, and can be considered exemplary programs in the original or adapted form. Some programs discussed below have succeeded in cultural adaptation and others failed to overcome the obstacles to cultural sensitivity in program adaptation. All of these programs are interventions that have been culturally adapted, but what is being adapted may vary. For example, some programs took the session material and the curriculum and made adjustments to these, but others created the programs based on the philosophical belief that there should be more cultural sensitivity. Familias Unidas and Nuestras Familias (discussed below), for example, were created for the target cultural group as opposed to programs that were simply transformed from original effective programs. These programs use techniques from other programs, but with a cultural grounding. The following programs can be looked at as exemplary adaptations after understanding the techniques used and the challenges faced.

LITERATURE REVIEW OF CULTURALLY ADAPTED PROGRAMS

The Strong African American Families Program

The Strong African American Families Program (SAAF) was designed for rural African American early adolescents and their mothers. Its purpose is to prevent the initiation of substance abuse and sexual activity by strengthening parent-child relationships and building the youths' self-control (Brody et al., 2005). This program was structured and adapted from the

Strengthening Families Program: For Parents and Youth 10-14-Revised (SFP 10-14-R).

Although the original program was shown to be effective in decreasing antisocial behavior among preadolescents, it was not designed or tested for African American families and preadolescents (Brody et al., 2004). SAAF is the only intervention program to be adapted for rural African Americans to delay the initiation of substance use and sexual activity (Brody et al., 2004), and these behaviors are increasing faster within rural African American adolescents than urban African American adolescents (Brody, Murry, Gerrard, et al., 2006). This information suggests that this specific adaptation is necessary for this population. According to Brody et al. (2004), alcohol use, the use of other substances, early sexual activity, and delinquent activity often lead to other negative effects such as low academic achievement, school dropout, conflict with the juvenile justice system, and depression. Because of these observations and the fact that the risk factors for adolescent substance abuse often co-occur, they found it necessary to culturally adapt a prevention intervention for preadolescent substance abuse and early sexual behavior.

SAAF was created after more than a decade of research on rural African American families, and they used these findings to determine how the program will be effective in attaining the targeted outcomes for this population and to understand the processes and paths that lead a rural African American youth to the desired effects of the program (Brody, Murry, Gerrard, et al., 2006). Racial socialization was added to parenting behaviors targeted by the intervention because racism is related to substance use and psychological well-being for African American rural adolescents and specifically for African Americans in rural settings rather than other majority ethnic groups, individuals must deal with parents and children being devalued in society. They implemented racial socialization through educating youth about the realities of racism and

instilling in them the idea that they can be successful despite these challenges (Brody, Murry, Gerrard, et al., 2006). The skills targeted by the intervention were building family skills such as effective parenting behaviors, providing guidance and support for children, enhancing closeness by eating meals together or similar activities. The youth skills that the program aimed to develop and build were skills such as appreciating parents, dealing with peer pressure, and coping with stress (Strong African American Families (SAAF), 2007).

The SAAF program is composed of seven meetings over the span of seven weeks, usually held in local community buildings. There is a family curriculum and two separate curricula for the parents and youth which focus on building the skills targeted by the intervention. There is a pretest one month prior to the initiation of the program and a posttest 3 months after the completion of the program (Brody et al., 2004). According to Brody, Chen, Kogan, Murry, and Brown (2010), SAAF was created in response to the knowledge that rural African American youth, specifically, were not realizing the potential of their development. There was an increase in rural African American alcohol use in comparison to urban African American alcohol use, and they stated that this could also lead to many other significant life problems.

Brody et al. (2004) explained that prior to the intervention they created SAAF by using a three-stage prevention intervention cycle. The first stage they used was to define a target problem. The second stage was to review and apply developmental, epidemiological, and longitudinal research to create a model of the problem's development and the protective factors involved in the process. The third stage involves creating a theoretical model of the intervention using research done on a sample similar to the targeted group. They identify the protective factors that can be modified and use them as the focus of their program to modify them in the SAAF participants. They defined their problem as early initiation of substance abuse and sexual

activity in rural African American youth approaching adolescence. They determined the factors that lead up to this problem and the protective factors which can be used to prevent or decrease these behaviors. Then, they took these findings and creating a theoretical model which will be discussed below.

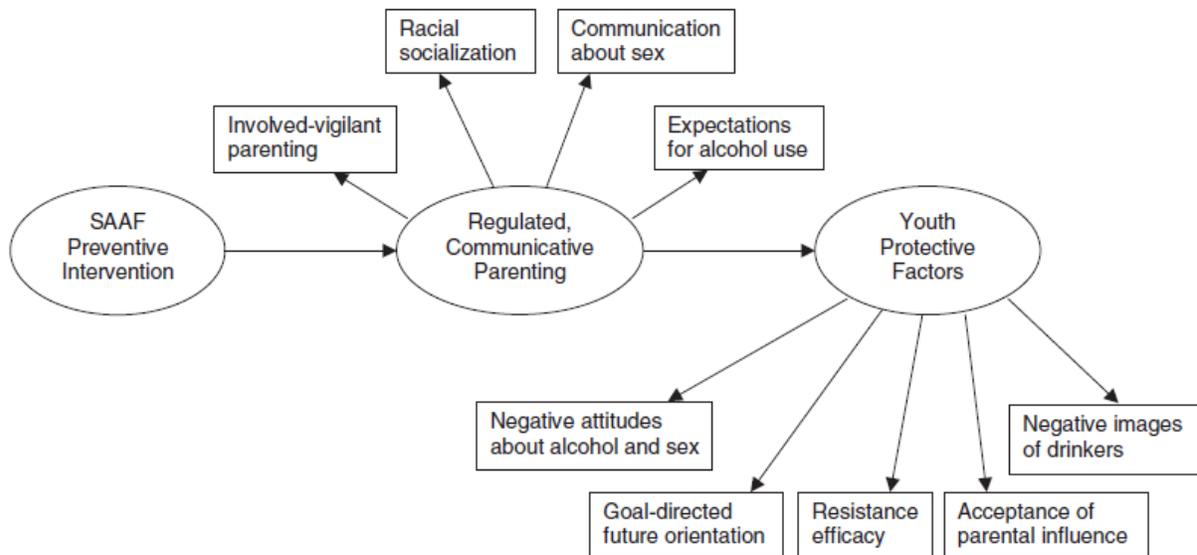


Figure 1. The conceptual model of SAAF. Brody et al. (2004).

The theoretical model of risk and protection used in SAAF was derived by combining the results from Brody and Murry’s longitudinal study on development within rural African American families (Brody, Murry, Kim, & Brown, 2003) with a model of health risk behaviors in adolescents. By combining the results with the model, they were able to determine the potentially changeable processes occurring within the youths’ immediate family microsystem which may protect against substance use and early or risky sexual activity (Brody et al., 2004). Brody et al. (2004) explained the conceptual model behind SAAF as shown in Figure 1. This model says that if parenting is more communicative and self-regulated it will increase youth protective factors against substance abuse and sexual activity. Communicative and regulated

parenting should be attained through setting clear expectations for alcohol use, communicating about sex, practicing racial socialization, and practicing involved and vigilant parenting. The targeted youth protective factors are negative attitudes about alcohol and sex, goal-directed future orientation, resistance efficacy, acceptance of parental influence, and negative images of drinkers. The theoretical model suggests that targeting parenting and family practices in SAAF would foster many protective factors against risky and delinquent behaviors and achieve the goals of SAAF.

There have been many empirical tests of the efficacy of SAAF. A number of evaluations (e.g., Brody et al., 2004; Brody, Murry, Gerrard, et al., 2006; Brody, Murry, Kogan, et al., 2006) found that the rural African American families who participated in the program did in fact experience increases in regulated, communicative parenting behaviors and practices and an increase in adolescent protective factors against risky, delinquent behavior while the parent's and children's outcomes in the group who did not receive the program declined over this time period. Brody et al. (2005) found that changes in parenting which were brought on by participation in SAAF were linked to changes in the supportiveness in the parent-child relationship and the adolescents' self-control. Brody, Murry, Gerrard, et al. (2006) conducted another study which tested the efficacy of SAAF, and they found similar results. They also found low rates of initiation of substance abuse and early sexual activity. In addition to testing the efficacy of the intervention to change these targeted measures, they tested a model of change by looking at whether the changes in family processes were linked to the changes in the youths' outcomes. They found that changes in parenting directly lead to the adolescents' decrease in risk behaviors. Also, one of the studies found that those who participated in the program and did initiate alcohol

use showed a smaller escalation of use over time (Brody, Murry, Kogan, et al., 2006). They also found that the targeted protective factors present influenced long-term trends in use.

In reaction to the findings that SAAF resulted in reductions in alcohol consumption and prevented early initiation for rural African American youth, Gerrard et al. (2006) examined how the protective factors led to the successful outcomes of the program. They found that the intervention influenced adolescents' willingness and/ or intentions to consume alcohol. The first mediating path was a social reaction path which decreased the youths' willingness to drink because of their negative images of drinkers in their lives, and the second path was the reasoned/ intention path which occurred through an increase in targeted parenting behaviors and this led to decreased youths' intent to drink. In studies that evaluated the long-term effects of SAAF, Brody, Kogan, Chen, and Murry (2008) and Brody, Chen, Kogan, Murry, and Brown (2010) found that in addition to reducing substance abuse and use at the time of the program, the program led to lower levels of involvement in problem conduct behavior over time as well as causing a slower rate of increase in alcohol use compared to those who did not receive the program. The targeted effect of deterring the start of alcohol use in rural African American youth was achieved and more. All of these evaluations show that SAAF is a highly effective program in preventing the initiation of substance use and early sexual activity, and that culturally adapting intervention programs which use the family as a means of intervening can be beneficial.

The program developers of SAAF found a way to overcome the challenges involved in culturally adapting and implemented culturally sensitive ideas and practices into their evidence-based intervention program by doing extensive research prior to the adaptation and by implementing deep structural changes. Because SAAF is a family-based intervention program, it was in their best interest to adapt the program for rural African American families. The ways in

which they implemented culturally sensitive principles and activities were explained above, and it was shown to be highly effective perhaps because of the deep structural changes that they made when developing the program from the SFP-10-14-R. Also, it was helpful that they used a decade's worth of research on substance use and early sexual activity among rural African American youth because they thoroughly understood this culture's family processes and practices and could adjust the activities and curriculum accordingly. Because of the extensive research done prior to the program creation, the targeted outcomes were achieved and participant and community engagement was enhanced. Other program developers could use these ideas when culturally adapting their own intervention programs. Specifically, success of SAAF, stresses the importance of considering cultural sensitivity and implementing deep structural changes tailored specifically for the targeted group.

Familias Unidas

The Familias Unidas program is a culturally-specific, ecodevelopmentally based, parent-centered preventive intervention which aims to foster protection against and to reduce risk for adolescent problematic behavior in poor, Hispanic adolescents (Pantin et al., 2003). Familias Unidas, which means "United Families" in Spanish, aims to do this by enhancing parenting skills and increasing parent involvement at home and in school (Familias Unidas, 2009). This program may be considered a cultural adaptation because it uses culturally specific models developed for Hispanic populations in the United States used by other intervention programs. It is not an adaption of one specific intervention program, but an adaptation of the models and ideas used by other adaptations. The Familias Unidas intervention is a culturally informed approach to creating an intervention program as opposed to an adaptation of an already existing program. The goal of the intervention program is to increase protective factors against drug use and other problematic

behavior by addressing the three social aspects of adolescent life: family, peers, and school. This program aims to create networking and strong connections between the different social contexts (Tapia et al., 2006). Through facilitated group discussions or discussions in the home, parents learn the importance of being involved in their children's lives and build parenting skills. In order to encourage engagement and interaction between parent and child, the sessions propose problem solving activities which help parents understand the importance of protecting their child, allow bonding and networking between families, let parents speak with school counselors to allow parents understanding of their child's experience in school, and include in-home discussions that strengthen family bonds (Familias Unidas, 2009).

Tapia et al. (2006) explains that for a number of reasons, Hispanic Americans are at an increased risk for drug use and an early onset of sexual behavior, and because of this understanding, this program was created for Hispanic adolescents of immigrant families. The program implements culturally sensitive ideas and theories to make it appropriate for the targeted population. The program developers took measures to be sure that the intervention program would be culturally appropriate, and these developments and adaptations show that there was a deep understanding of the Hispanic culture in the creation of the program. Pantin et al. (2003) explained that in this specific population, in addition to an adolescent having unskilled parenting, acculturation and immigration may play a role in adolescent problem behavior. Because of acculturation and immigration, Hispanic parents who have recently immigrated to the United States may tend to distance themselves from their children. It is important to understand these deep issues that the target population faces on a day to day basis when creating a culturally sensitive intervention program.

As Figure 2 depicts, there are three stages of intervention in this program (Familias Unidas, 2009). In the first stage, the engagement stage, the goal of the sessions is to create bonds between the participating parents and to foster a desire to participate in the program. They outline objectives and attempt to decrease isolation between the group parents by finding commonalities between them (Pantin et al., 2003). In the second stage, the parents discuss issues and/or concerns they may have regarding their child. This is when they introduce parents to the three different worlds of the adolescent: family, peers, and school, and attempt to promote deeper understanding investment in their children. In this second stage, they also allow parents to gain control of the direction of the intervention (Pantin et al., 2003). In the third stage, in-home discussions take place and parents learn skills necessary to decrease problem behavior in their children and increase adolescent academic achievement. In the family world, the program promotes positive parenting, involvement, support, and behavior management. In the peer world, it promotes the monitoring of social activities and creating networking bonds between parents. In the school world, it promotes communication with the school and monitoring of homework (Pantin et al., 2003).

Table 1. Intervention Stages in Familias Unidas

| Intervention stage | Objectives |
|--|---|
| 1. Engagement | <ul style="list-style-type: none"> • Outlining objectives of the intervention • Using commonalties among group parents to build support networks among parents in each group to reduce isolation |
| 2. Promoting parental investment by introducing the three primary adolescent worlds (family, peers, and school) and by eliciting parental concerns in these worlds | <ul style="list-style-type: none"> • Validating parents' concerns • Eliciting parental goals for improving adolescents' functioning in each world • Placing parents in charge of the intervention's direction |
| 3. Fostering parenting skills necessary for decreasing adolescent problem behavior and increasing adolescent academic achievement/school bonding | <ul style="list-style-type: none"> • Family world: positive parenting, involvement, support, behavior management • School world: communicating with school personnel, monitoring homework • Peer world: Monitoring social activities, establishing management networks with peers' parents |

Figure 2. Intervention Stages in Familias Unidas. Pantin et al. (2003).

The Familias Unidas intervention program is based on ecodevelopmental theory which is a series of three theoretical understandings. Ecodevelopmental theory, and therefore this program, considers the risk and protective factors present within the adolescent's life and how these factors may lead to positive or negative developmental outcomes (Tapia et al., 2006). For example, because parental involvement is a protective factor in an adolescent's life, this program aims to increase parental involvement, and because poor parenting is a risk factor for adolescent problem behavior, the program aims to improve parenting skills. The three theories that comprise ecodevelopmental theory are social ecological theory, developmental theory, and a focus on

social interactions. The social ecological theory considers the different social contexts that influence the individual. Pantin et al. (2003) explains that one thing this program aims to promote is the protective factors within the family and between the family and other social contexts such as the school system or other families in the area. This allows the program to address multiple issues and risk factors on a variety of systematic levels. The developmental theory suggests that an individual evolves and changes over the lifespan according to biology and environment. Finally, the program acknowledges social interactions within the life of the youth that may influence development and the risk and protective factors within the life context (Tapia et al., 2006).

During the program sessions, they educate the Hispanic parents about American culture and promote biculturalism so that parents may better understand what their children are going through and how to deal with these issues or events (Pantin et al., 2003). These aspects of the program are deep structural adaptations because they address issues that the parents and children face together in regard to conflict between the minority and majority culture. Also, all of the facilitators of the program are of Hispanic origin, or are at least fluent in Spanish (Tapia et al., 2006), and they are trained with an emphasis on understanding Hispanic and American culture (Familias Unidas, 2009). This factor had increased the cultural appropriateness of the program because the linguistic approach was adapted to Spanish and the facilitators of the program were trained with a cultural focus. This program addresses both the deep and surface cultural issues within this population, and because it was a deep and surface structural change, it may be considered a model for cultural adaptation.

The Familias Unidas intervention program has been evaluated several times over the course of the last decade, and it has been shown to have efficacy. It has been shown to be

effective with both immigrant families and United States born families (Tapia et al., 2006). Pantin et al. (2003) conducted a study to test the efficacy of the Familias Unidas intervention program and found that the program was effective in increasing parental involvement and decreasing adolescent problem behavior, but did not show any significant results in school bonding and academic achievement. In this study, they examined 167 Hispanic families with 6th or 7th graders from three schools in Florida. These families were randomly assigned to the treatment group or the control group which would not receive the intervention. Overall, they found that the program is effective in increasing protective factors and decreasing risk factors for adolescent problem behavior in poor, immigrant, Hispanic families. In another study, Pantin et al. (2009) tested the efficacy of Familias Unidas by assigning the parents of 312 Hispanic eighth graders with behavioral problems to a group that participated in either the Familias Unidas intervention program or a control group who received community control. The intervention program was found to prevent or reduce externalizing disorders, prevent or decrease drug use, and decrease unsafe sexual activity within the Hispanic adolescents compared to the control group. Familias Unidas also enhanced family functioning within this sample. Also, when paired with Parent-Preadolescent Training for HIV Prevention (PATHS), Familias Unidas was also found to be effective. 266 Hispanic adolescents participated in either the paired intervention program or the control group which used the Heart program. This study found that Familias Unidas plus PATHS lead to improved family functioning, and because of this, decreased or prevented cigarette use, reduced illicit drug use, and reduced unsafe sexual behavior in the participating group of Hispanic adolescents (Prado et al., 2007). Overall, the intervention has been shown to be effective at decreasing adolescent problem behavior and strengthening the bonds between family members.

As mentioned above, the Familias Unidas intervention is a culturally informed approach to creating an intervention program. Each aspect of this family-based intervention program was created specifically for the targeted Hispanic population, and this may be a highly effective way to bring forth results in a program aimed to a specific cultural group. Other program creators could use this as a model if looking to create a culturally sensitive program. The developers of Familias Unidas have overcome the challenges to culturally adapting by considering the needs of this population while developing the program. The discussion leaders were required to be fluent in Spanish, and because sexuality may be a sensitive topic in Hispanic cultures, parents are coached on how to speak with their children about these topics. This is one of many deep structural adaptations along with the educational aspect of biculturalism. These are important aspects that build the cultural sensitivity of the program, and other programs can implement these ideas into program development and adaptations.

Nuestras Familias: Andando Entre Culturas

Nuestras Familias: Andando Entre Culturas, translated from Spanish as Our Families: Moving Between Cultures, is a culturally adapted intervention program originating from a Parent Management Training (PMT) program (Martinez & Eddy, 2005). They took techniques and methods from this program, adapted them to be more culturally sensitive, and implemented these ideas into the final program. According to the Encyclopedia of Mental Disorders (n.d.), PMT programs aim to decrease youth problem behavior by educating and training parents and increasing positive interactions between child and parents. In the sessions, parent skills are taught by introducing the idea of reinforcement and punishment. These programs are based on behavior modification and social learning theory. Martinez and Eddy (2005) explain that most of these programs aim to teach caregivers the skills necessary for healthy childrearing by

instructing them by means of didactic teaching, role-playing, modeling, and practicing and applying these skills to home and community life. According to Martinez and Eddy (2005), this specific version of the PMT program was created for monolingual Spanish immigrants parents. The program’s aim was to promote positive adjustment and decrease the likelihood of adolescent substance use and other poor outcomes. This culturally adapted parent training intervention consists of 12 weekly sessions with 12 to 15 parents in each group. Eight of these sessions were adapted from the original PMT program, and the remaining four were developed specifically for this program. The sessions that were created for the adapted version of the program were made to be culturally sensitive, and address the relevant cultural needs and experiences of Latino families (Castro et al., 2006; Martinez & Eddy, 2005). These can be seen in Figure 3, along with the session topics.

Nuestras Familias Intervention Topics

| Session | Topic |
|---------|--|
| 1 | Strong Latino Roots ^b |
| 2 | Effective Family Communication ^a |
| 3 | Our Many Roles in the Family ^b |
| 4 | Family Problem Solving ^a |
| 5 | Bridging Cultures ^b |
| 6 | Giving Good Directions ^a |
| 7 | Being Positive and Encouraging Success ^a |
| 8 | Teaching New Skills ^a |
| 9 | Discipline and Limit Setting ^a |
| 10 | Balancing Discipline and Encouragement ^a |
| 11 | Monitoring and Supervision for School Success ^a |
| 12 | Dealing with Obstacles on the Road to Success ^b |

^a Core Parent Management Training (PMT) component that was adapted.

^b Newly developed component of the PMT.

Figure 3. Nuestras Familias Intervention Topics. Martinez and Eddy. (2005).

The Nuestras Familias intervention program is based on culturally specific risk factors for and protective factors against Latino adolescent problem behaviors. These ideas are implemented through two different theoretical bases and acculturation processes found in research. The first theory is the social interaction learning theory which says that children learn certain behaviors through the interactions that occur between the child and parents and expand and use these behaviors they learn in interactions and relationships outside of the home (Martinez & Eddy, 2005). The second theory, the ecodevelopmental theory, says that individual development occurs across the lifespan across various systems of context. It focuses on the interrelationship between the different systems and how they relate to adolescent problem behavior. The program also accounts for acculturation because it is a key contextual factor for immigrant families that can have an effect on adolescent behavior (Martinez & Eddy, 2005). This intervention program and the Familias Unidas program account for differential acculturation between parents and youth when culturally adapting family based intervention programs, and because this is a deep structural change, it may be important to include this in some cultural adaptations. Martinez and Eddy (2005) also explain the theoretical idea behind the program which says that the family environment may influence parenting practices such as encouragement, monitoring, discipline, and problem solving, and these may directly influence adolescent adjustment and problem behavior, so it is important to look at the cultural influences on the family environment. Also, this intervention has a foundation in the empowerment theory, which aims to increase parenting efficacy. This relates to issues of acculturation, in that families that have recently immigrated to the United States, parents feel as if they have less influence over their lives and the lives of their children because of their need to adapt to their new lives (Martinez & Eddy, 2005).

In the development and adaptation of the Nuestras Familias intervention program, the creators aimed to maintain fidelity from the original PMT program while finding methods and concepts that would maximize community fit. The PMT program was the foundation of the adapted program, but they adapted material and created new components as needed for the Latino population. They determined the essential elements of the original program that should be maintained in the adaptation while considering specific family cases in Latino families, past experiences of experts, and the literature regarding Latino family intervention science (Martinez & Eddy, 2005). Some of the structural adaptations that took place were adapting eight of the original PMT sessions for the Latino target population, and creating four new sessions that considered the needs and experiences of the Latino population (Castro et al., 2006; Martinez & Eddy, 2005). All of the sessions were conducted entirely in Spanish. The new components were created to address the culturally specific risk and protective factors that play into adjustment outcomes for Latino parents and youth (Martinez & Eddy, 2005). Also, theoretically, instead of simply basing the program on the two widely accepted, empirically supported theories, social learning theory and the ecodevelopmental theory, the program acknowledged the important contextual factor of acculturation. It is important to account for acculturation because the target of the program is immigrant families and youth. Acculturation accounts for language use and ability, nativity, cultural behavior preferences, ethnic identity, and other culturally related constructs. Parents who immigrate to the United States and their youth may have different levels of acculturation (e.g., values, traditions, conflicting behaviors), so this may cause difficulty in interaction and in parenting practices which may lead to unhealthy youth adjustment throughout development. Martinez and Eddy (2005) also explain that families who experience stress because of differential acculturation between parents and youth may also experience disrupted family

environments and poor parenting. Implementing a culturally sensitive theory into the development of the program is a deep cultural adaptation, and is highly beneficial to the efficacy of the program.

Martinez and Eddy (2005) conducted a study that tested the efficacy of the culturally adapted version of the Parent Management Training program. The sample consisted of 73 Spanish-speaking Latino parents and their middle school aged children who were at risk for problem behaviors. They examined changes in parenting and youth adjustment in an experimental and a control group, as well as collecting data on parent satisfaction, program attendance and participation, and overall satisfaction with the program. They found that the cultural adaptation was successful, meaning there was high feasibility in delivering the program to the target group, and the Nuestras Familias intervention program had positive outcomes in parenting and youth behavior, such as a decrease in aggression, externalizing behaviors, likelihood of smoking and use of alcohol, marijuana, and other drugs. They also explain that the Nuestras Familias program was found to promote short-term improvements on a number of parent and youth outcomes. This is important because if there is a decrease in less serious youth problem behaviors, it can alter youth trajectories away from more serious negative outcomes that Latino youth may be at high risk (Martinez & Eddy, 2005).

Overall, as described by Martinez and Eddy (2005), this intervention program addresses how parents manage the family environment with different levels of acculturation playing a factor in the family processes, and this is a very important concept for cultural adaptations. In this cultural adaptation, they used deep structural adaptations by basing the program development on a culturally sensitive theory as well as two highly regarded theories in the field of human development and intervention science. This is a beneficial approach to culturally

adapting an empirically based intervention program, rather than simply modifying some of the more surface aspects of the program such as translation of the material, using models and staff that are of the same cultural background, or other similar changes. These changes are important, but the current cultural adaptation has touched on a deeper level of adaptation by implementing a culturally sensitive theory, and other intervention program developers who are looking to make a cultural adaptation or create a culturally sensitive program could use this model in their modifications as well. They also overcame the challenges of fidelity and fit by determining the core fundamental elements from the original PMT program that were important to maintain in the adapted version, and they made sure the adapted program fit for the Latino population by making adaptations to some elements and creating new aspects of the program. They also examined the sessions over time to be sure that the material and its presentation was holding fidelity from the original program (Martinez & Eddy, 2005). Because this program overcame certain challenges and was shown to be effective with the new Latino population, program creators and adaptors should use adaptation techniques similar to the ones described above in their program cultural adaptations.

Project Northland Chicago

Project Northland is an exemplary alcohol prevention intervention program originally implemented with Minnesota families that was adapted and transformed for an ethnically and racially diverse population of minority youth in inner city Chicago (Komro et al., 2004). The aim of this program is to delay the onset of adolescent alcohol use, decrease the number of adolescents using alcohol, reduce the use of other drugs, and to decrease the number of problems related to alcohol use and is meant to be implemented in schools or community programs (Perry, Komro, Williams, Veblen-Mortenson, & Dudovitz, n.d.). The original intervention was created

for adolescents in sixth through eighth grade in rural Minnesota, and was a multiple component, community wide prevention intervention. It consisted of three years of socio-behavioral material, peer leadership and extracurricular social opportunities, parental involvement and education, and community-wide activities (Komro et al., 2004). According to Komro et al. (2004), the adapted Project Northland Chicago is a three year prevention intervention with the same aims as the original program and consists of some of the same peer-led classroom curricula, family interventions, extracurricular activities planned by the adolescents, and community organization process. The conceptual model and outline of the Project Northland Chicago is provided in Figure 4 below.

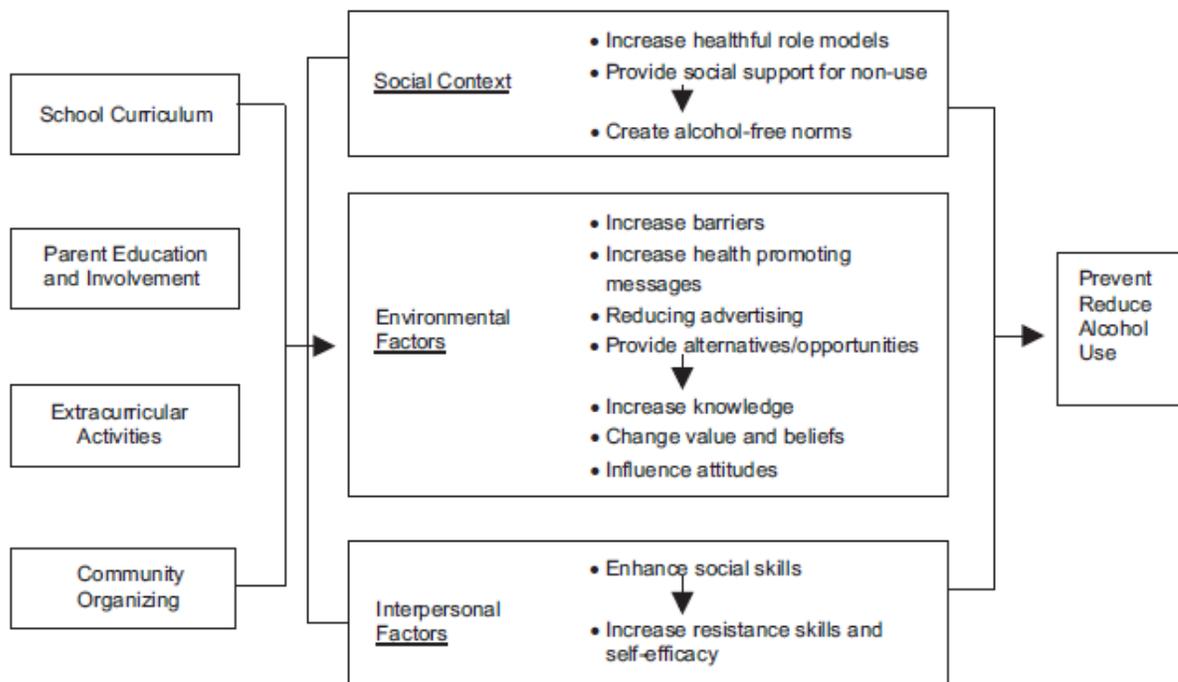


Figure 4. Conceptual model for Project Northland: Chicago Action for Healthy Youth. Komro et al. (2004).

The Project Northland Chicago intervention has many components. In the first part of the program, in sixth grade, the adolescent participants take part in six 30 minute classroom sessions where they learn about the facts and myths of alcohol, influence of the media, peer pressure, and consequences through comic books, activities with peers, creation of posters, and homework assignments. Homework assignments are to be done at home with parents or guardians to increase parental involvement. A poster fair is held at each school for students to show or present their alcohol related posters they made in class. Also, community organizers throughout Chicago set up neighborhood action teams that focus on the environmental factors that may lead to adolescent alcohol use. This community organization aspect lasts for the entirety of the program. In the second part of the program, in seventh grade, there are nine 45 minute classroom sessions in which there are peer-led activities, audiotape vignettes, group discussions, role plays, and problem solving activities. These are meant to teach the students about resisting peer pressure and alternatives to alcohol use. Homework was assigned to increase and maintain parental involvement. A family fun event was also held at a school or a local community center which was meant to model an alcohol free event for families, allow parents to discuss alcohol related topics with children or other parents, and give positive messages to parents and adolescents about being alcohol free. The program also mailed five postcards with related material directly to parents about the program. Throughout the classroom sessions, the students are asked to plan two social or community service projects that are open to their entire class. In the third and final component of the program, in eighth grade, there are eight 45 minute classroom sessions that consisted of group projects and peer-led activities. There were four home sessions in which parents and children were to complete activities together. This was meant to increase parenting skills and family bonding. There was also parent forums held at the school or another community

setting in which parents could learn about and discuss alcohol related issues or concerns. Five parent postcards were also sent positive parenting, community involvement, and role models. Students also planned one community project during this year. All of these activities touched on the four components of the program: the adolescent, school, family, and the community (Komro et al., 2004).

Adolescent alcohol use is highly influenced by the risk and protective factors within the peer group, family, media, and the community, so this program aims to address all of these factors to prevent the use of alcohol (Perry, et al., n.d.). The adapted intervention program aims to alter the personal, social, and environmental protective factors for alcohol use in the lives of young adolescents, and in order to do this, the program is guided by several social behavioral theories (Komro et al., 2004). Also, Project Northland Chicago considers all levels of context in the adolescent's life that may promote or discourage alcohol use, and this theory leads to the program to have multiple components and be community-wide. It is important to consider all contextual forces behind adolescent alcohol use and the influential protective and risk factors.

Komro et al. (2004) explains that before taking any steps toward culturally adapting the original Project Northland for Chicago, a literature review was conducted on ethnicity, alcohol use, and intervention and these ideas were incorporated into all of the following steps toward the final culturally adapted Project Northland Chicago. In the cultural adaptation process for Project Northland Chicago, both dimensions of surface and deep structural changes are utilized, and youth, parents, guardians, teachers, and community members were involved in all steps of the adaptation (Komro et al., 2004). In the cultural adaptation they maintained fidelity from the original Project Northland by keeping the components and material from the four aspects of the program which included classroom curricula, parent involvement and education, extracurricular

activities, and community organizing, but also adapted different aspects within each part of the intervention. For example, they made extensive visual changes and slight content changes to the comic books used in the sixth grade portion of the program in order to better fit the new culturally diverse, urban target group. This is an example of surface structural changes. They also created new culturally appropriate audiotape vignettes and role playing scenarios. This is an example of a deep structural change because they take into account cultural values and norms, but it was also a set back to the program because there was no evidence that they had different vignettes for each cultural group. They also modified the poster fair project models to better relate to urban life and incorporate cultural sensitivities such as acknowledging the extended family network (Komro et al., 2004).

The original Project Northland was found to be very effective. The sample of mostly white, rural adolescents from Minnesota who participated in the prevention program were found to use alcohol 30 percent less on a weekly basis, 20 percent less on a monthly basis, have lower levels of cigarette and alcohol use over time, and lower amounts of drug use by eighth grade (Perry, et al., n.d.; Komro et al., 2004). Komro et al. (2007) conducted an empirical study on the effectiveness of Project Northland Chicago. It was a randomized control trial with an experimental group and a delayed program control group of sixty-one public schools in Chicago and 5812 students. The sample was mainly African American, Hispanic, and low income. They took classroom-based surveys to measure alcohol use and risk and protective factors. After the three year prevention intervention, they found that the adapted program was not effective in decreasing alcohol use and drug use, and did not significantly alter any risk or protective factors related to alcohol use. The only significant finding from this study was that the home-based component of the program was associated with lower levels of alcohol, marijuana, and cigarette

use. This may support the idea that family-based interventions are beneficial when culturally adapted.

Although Project Northland was an exemplary adolescent alcohol prevention intervention (Komro et al., 2004), and they took an informed, research based approach to culturally adapting it for the adolescent population in Chicago, this adaptation may have overlooked a couple aspects that would lead to an effective cultural adaptation. There is a chance that the negative results may be because of the fact that the intervention evaluation was only based on one large study. However, I will discuss the other issue. Perhaps the main problem with the adaptation was that the target population was a culturally diverse, urban group of adolescents. This poses difficulty because even though they took many measures to adapt to an urban population rather than a rural one, it is very difficult to adapt to a culturally diverse population rather than focusing on the cultural values and sensitivities of one minority or cultural group because for example, Hispanics have different values and practices than African American families. The challenge they did not overcome may be using ideas from research done on a single cultural group or minority and implementing deep structural changes to the program based on this research. They did acknowledge family values of both African American and Hispanic families, but it may be that it is hard to fit the material for multiple groups. A problem with this adaptation was that the target population of the intervention was an ethnically and racially diverse population, so this fact made it challenging to implement deep structural adaptations to the program because they could not focus on one specific ethnic or cultural group. Overall, this program evaluation illustrates the fact cultural adaptations are needed within populations with single cultural groups as opposed to areas with a diverse population. In these settings, perhaps universal programs may be a better fit. Although there are some setbacks to this adaptation, there are many aspects of this

cultural adaptation that can be used as a model for other programs looking to culturally adapt. For example, it is important to mindfully incorporate both surface and deep structural changes, and it is highly beneficial to conduct a literature review on ethnicity and cultural sensitivity in adapting intervention programs or base the adaptations on empirically tested concepts or theories. In the future, programs may find it beneficial to adapt solely to one minority group or cultural group.

The Strengthening Washington D.C. Families Project

The Strengthening Families Program (SFP) was implemented with and adapted for African American families in the Washington D.C. area. When it was evaluated it was found to be less effective than the original SFP program. Details of the adaptation and potential reasons why the cultural adaptations may not have increased the program effectiveness will be discussed. This program is called the Strengthening Washington D.C. Families Project (SWFP), and was derived from the original SFP (Gottfredson et al., 2006). The SWFP program, much like SFP, is a family skills training program. The program's aim is to decrease adolescent delinquency, alcohol use, and drug use by improving parent skills and adolescent academic performance and to reduce problem behavior in teenagers. Overall, there are fourteen sessions in the program. There is a one hour parenting class while the children are in the children's skills training class. In the next hour, the family comes together and participates in family practice time and family fun activities. The classes use instruction, activities, and homework to support the material that was taught during the classes (Strengthening Washington, D.C. Area Families Project, n.d.).

In the parenting class, parents are taught how to relate to their children, and understand what will provoke good behavior from their children and change bad behavior. Parents are also taught about normal child development so that they will understand what behavior is normative

at what age and what is not. The parents would then know how to intervene in a more appropriate way. Parents are taught to focus on their family strengths and positive characteristics of their children (Strengthening Washington, D.C. Area Families Project, n.d.). In the children's class, facilitators help the children improve their listening and communication skills to ultimately improve their behavior at home. They are taught to be more in touch with their emotions, how to deal with these emotions, follow rules and restrictions, practice social skills, resist peer pressure, and accept criticism. They are also taught about the negative effects of alcohol and drugs and what to do if they are ever around them (Strengthening Washington, D.C. Area Families Project, n.d.). In the family class, parents and children come together to work on communication and relationship building. Skills learned individually are applied and practiced during activities and games. Overall, the goals are for the parents to give attention to their children and reward behaviors they like, for the children to have better behavior, for the family to improve communication and problem solving skills, and for the parents to know how to get their children to do what they want them to do and how to act if they do not listen (Strengthening Washington, D.C. Area Families Project, n.d.).

According to Gottfredson et al. (2006), the original SFP and the adapted SWFP are both based on cognitive behavioral social learning theory and the family systems theory. The creators of SFP found that certain family characteristics and forms of family functioning lead to later adolescent problem behavior, and because of this understanding, the program aims to alter some of these negative characteristics. For example, SFP aims to improve the way that parents deal with problem behavior because punitive or harsh punishment may be a negative characteristic, and SFP aims to increase family warmth and loving relationships and parental monitoring

because not having these characteristics may be negative for the family (Gottfredson et al., 2006). These ideas are the basis behind the family-based prevention intervention program.

Like many adaptations of the Strengthening Families Program, the Strengthening Washington D.C. Families Project altered some of the stipulated activities of the original program to activities that have been successfully used with the target population in the past or activities similar to the ones that have been successfully used. It is beneficial to add culturally sensitive activities to the program (Strengthening Families Program, n.d.). Although they made some slight changes to the activities and the material, there is no evidence that they made any deep structural changes to the program. The program implementers and trainers were hired for part-time jobs and had a two day training session before the program began, but it did not seem as though they were selected on the basis of cultural sensitivity or anything other than convenience, and the people who run the program are important for effectiveness and engagement in the program.

Program evaluators of the SWFP decided to test its effectiveness in the D.C. metropolitan area, across a large scale, and they found that the adaptation did not show more significant results than the original program. Although there is some evidence that this program worked for this specific population (Strengthening Washington, D.C. Area Families Project, n.d.), Gottfredson et al. (2006) evaluated this program with 715 predominantly African American families across multiple settings in the D.C. metropolitan area and did not find the same positive results. 176 participants were in the child skills training only, 177 were in the parent skills training only, 188 were in the parent and child skills training along with family skills training, and 174 were in the minimal training group. It was found that the results of the family skills training group were not significantly different than the minimal treatment group, the parent skills

training only group, or the child skill training only group. The only significant differences that were seen were in negative peer associations, family supervision and bonding, and child's positive adjustment. They thought that methodological issues, differences in the target population, and implementation factors may be the reasons for the lack of positive results.

It is a complex task to adapt intervention programs and implement them in multiple sites with low income families, and there are many challenges that this adaptation failed to overcome. Maintaining fidelity from the original program is an important aspect in attaining positive results. In adapting intervention programs, it is sometimes difficult to maintain strong fidelity to the original program because of the changes that are being made to the material and curriculum. Also, the program took into consideration cultural sensitivity, but perhaps it needed to acknowledge social class more in depth. One of the biggest complaints about the program by the participants was that it was not suited for low socioeconomic families (Gottfredson et al., 2006), so this shows that it is important to analyze all aspects of the target population before making adaptations. A larger adaptation in program structure may have been necessary. In their evaluation, Gottfredson et al. (2006) provided some ways that the adaptation could have been better and different ways that SFP could be implemented in the community. In order to better implement a similar program, they explained that community agencies could implement a program modeled similarly to this one with reasonable fidelity to help local parents and youth to avoid substance abuse. They also mentioned that it is imperative that the program is carefully implemented and fidelity is maintained and that the classes should have been more precisely modeled to the original plan. In order to more effectively recruit and retain participants it is beneficial to start an adapted program in an area in which families are already receiving a similar procedure. Another thing they explain is that all adapted programs are more effective when

implemented with cultural relevance and sensitivity to the intended audience (Gottfredson et al., 2006). Future adaptors of the SFP may use these ideas and techniques when creating and implementing an adapted program.

CHALLENGES AND LIMITATIONS TO CULTURAL ADAPTATION

Targeted groups would benefit from an intervention that was specifically created to fit their needs, and it may be necessary to implement more adaptation of intervention programs for different cultural groups. Unfortunately, there are many challenging barriers that must be addressed that may prevent successful cultural adaptation. First of all, by creating intervention programs that are culturally sensitive, the fidelity of implementation of the original program may be compromised (Castro, Barrera, & Martinez, 2004). When adapting we must enhance program fit while maintaining fidelity of implementation and program effectiveness. In the cultural adaptation process, it is important to identify the aspects of the program that promote protective factors or decrease risk factors, maintain these aspects into the cultural adaptation, and implement the necessary factors that make the program more culturally sensitive. O'Connell, Boat, and Warner (2009) explain that the implementation strategy of adaptation of an existing program to meet community needs may gain support from the community and therefore increase participant engagement, be more relevant to ethnic, racial, or linguistic characteristics of the community, and attain greater impact, but it is also likely when adapting programs that key program components may be altered, reducing outcomes and that these key components may not always be clear in order to implement them in the adapted program. They also explain that evidence-based programs can rarely meet the challenges of keeping an active research program, marketing the program effectively, and maintaining useful technical assistance and training.

Target groups may be diverse, and there are so many factors that must be considered that play into the effectiveness of intervention programs.

There are even more limitations to culturally adapting intervention programs. Because there is no empirical evidence that more cultural adaptation is needed, many empiricists would not support these culturally sensitive changes. It would be ideal to provide this type of evidence, but unfortunately, it is unlikely that these kinds of studies will be conducted. It is difficult to test interventions across cultural groups because of the excessive effort, money, and time needed in order to do this. It is unlikely that these types of evaluations will be approved and supported because of the tension in the field already. Another challenge of cultural adaptation, specifically, is that culture can influence an individual, family, even community on so many contextual levels that it is hard to predict which changes will make the program more effective for each targeted group. Acculturation and assimilation must also be considered when thinking about cultural differences in intervention. There are so many individual differences within groups that, although the program has been fit for this specific group, it is almost impossible to ensure fit for each, individual participant. For example, a program may have been found successful with a rural group of poor African Americans, but when applied to an inner city group of poor African Americans it may not be as successful because of the differences between rural culture and urban culture. Intervention research is limited in the sense that it has confirmed effectiveness for the broad group which it has tested, and only the group it has been proven effective for. This could potentially be overcome with more research, financial resources, empirical testing of programs for specific groups, and a more planful and systematic approach to developing culturally sensitive family-based intervention programs.

DISCUSSION AND CONCLUSIONS

Conclusion 1: More cultural adaptation or creation of culturally sensitive intervention programs should be done.

A theoretical basis that supports the need for more cultural adaptation of intervention programs has been shown in research discussed above. Scientists have suggested how and why it is important to tailor programs to fit the needs and characteristics of diverse groups (e.g., Resnicow et al., 2000; Castro, et al., 2004; Barerra & Castro, 2006; Lau, 2006), and techniques of cultural adaptation and when programs should be adapted have been explained thoroughly (e.g., Barerra & Castro, 2006; Lau, 2006). There is evidence that some intervention programs may not require cultural adaptations (e.g., Botvin, et al., 1994; Botvin, et al., 2001; Spoth, et al., 2008), but evidence is provided that cultural adaptation has shown to have very positive effects when implemented with family-based intervention programs (e.g., Brody et al., 2004; Brody, Murry, Gerrard, et al., 2006; Brody, Murry, Kogan, et al., 2006; Pantin et al., 2003; Prado et al., 2007; Pantin et al., 2009; Martinez & Eddy, 2005). The first point that this literature review led to is that cultural diversity should be considered more thoroughly when adapting or creating programs, and more adaptations or creation of culturally sensitive programs should be done.

The majority of existing evidence-based intervention programs are created and evaluated for a homogeneous group, but are implemented within a culturally heterogeneous society. The United States is a melting pot of diverse cultures, and people who immigrate into the United States bring their own values, beliefs, and practices and do not always entirely submit to the majority population taking on their cultural norms. Turner (2000) addresses the fact that although we typically fuse all ethnicities into one group and think that the cultures will fuse into one American culture, we must acknowledge the different cultural values, norms, beliefs, and

behaviors when dealing with intervention. He also stated that implementation and development of programs may be hindered when the effects of culture are not acknowledged. Von Klitzing (2006) explains the immigration and acculturation trends in the United States. He explains that in the 1960s and early 1970s, Southern Europeans such as people from Italy, Spain, Portugal, and Greece immigrated to the United States and are now well integrated into the mainstream culture. In the late 1970s and early 1980s, people immigrated from Turkey and Yugoslavia, and are less well integrated into United State culture. In the last twenty years, people have emigrated from places all over the world including Sri Lanka, African countries, and Kosovo, and are poorly adjusted to the United States culture. They live in poor, inner city locations and struggle with the language barrier. Also, differences in religious beliefs and practices often complicate integration into United States culture. Because the United State is so culturally diverse, this poses the issue of not attaining optimum implementation and outcome of evidence-based intervention programs.

More adaptation of intervention programs or creating culturally sensitive programs may be beneficial because of a cultural lack of fit. Cunningham, Foster, and Warner (2010) explain that minority youth are less likely than the majority group to use mental health services, complete the program or treatment, participate less, and realize the benefits of the intervention. Perhaps if the program was aimed toward them specifically, these tendencies would decline. The Strong African American Families Program, Familias Unidas, and Nuestras Familias: Andando Entre Culturas all culturally adapted to a specific American cultural group, and were shown to be effective. Project Northland and the Strengthening Washington D.C. Area Families program failed to overcome some of the obstacles to cultural adaptation, therefore, did not show as beneficial results as the strong cultural adaptations. Had these programs overcome the obstacles, perhaps the intervention effort would have been effective. Also, programs may attain better

results if they are created with cultural sensitivity rather than being culturally adapted from a program that was initially meant for another sample.

Conclusion 2: More research must be done on culturally diverse groups and cultural adaptations so intervention science will be more informed and closer to empirical support.

Research has been limited when looking at the challenges involved in culturally adapting programs, how to overcome challenges, and how family-based interventions require more cultural sensitivity as opposed to other types of intervention programs such as community or school-based programs. The second point that this literature review has led to is that more research should be done on culturally diverse groups and on cultural sensitivity as it relates to intervention programs so that intervention science and program developers/ adaptors will be more informed. Lau (2006) stated that there has been increased attention on cultural adaptation of intervention programs, but perhaps there has not been enough research on the existing intervention programs with diverse groups. She explained that because there has been little empirical research on cultural adaptations of intervention programs, it is difficult to provide fit for specific cultural groups and there is little guidance in cultural adaptation.

All of the support for more cultural adaptation and creation of culturally sensitive programs is solely theoretical, and perhaps if more empirical evidence was provided, this proposal would be more heavily supported and it would be easier to provide fit for the various cultural groups across the United States. There is a lack of supporting empirical evidence, so research on cultural adaptation, the need for it, and cultural differences between groups would be beneficial. Much has been done in the field, but little research has examined the specific needs of each cultural group and empirically tests the intervention programs with the cultural group as the subject. The United States culture is very heterogeneous and this leads to issues with

development, implementation, and outcome of intervention programs. Much of the diverse nature of society can be explained by cultural differences, so if these are understood more deeply, intervention science and program development will be better informed. Perhaps cultural adaptation should be done when the population has specific cultural needs, and understanding these cultural differences will allow us to provide better fit in implementation.

There is a significant amount of research that explains cultural differences especially in regard to family relationships, functioning, and practices (e.g., Keels, 2009; Murry, et al., 2001; Supple, et al., 2009; Turner, 2000; Kumpfer et al., 2002), but it is only through theoretical basis that these cultural differences mean that more cultural adaptation of intervention programs or the creation of culturally sensitive programs is necessary. Perhaps family-based intervention programs, or any program for that matter, should be empirically tested for effectiveness across United States cultural groups. This may provide more reliable and readily accepted evidence that it is important to consider cultural sensitivity when creating or adapting intervention programs. Kumpfer et al. (2002) explained that in cultural adaptation, there is often trouble with maintaining fidelity and this could cause outcome effect to decrease. Therefore, they suggested that more research should be done on ethnic minorities and intervention programs so that participant retention and outcome could be maintained or increase.

For the most part in research of family-based intervention programs, it is understood that it is beneficial to culturally adapt programs because of the significant differences in family processes across the diverse cultures of the United States, but more research could be done on how to culturally adapt evidence-based programs based on these familial and cultural differences. Empirical evidence for intervention programs must incorporate minorities into the research. Many programs have been culturally adapted and have translated the research to practical use,

but theoretically, more cultural adaptation would be valuable. Because there are no studies that test the effectiveness of family-based programs across cultural groups, research like this may be beneficial.

Conclusion 3: Family-based intervention programs may require more cultural sensitivity and adaptation because culture is deeply embedded in family context.

Based on the theoretical evidence, family-based intervention programs specifically, should use cultural adaptation or be created with cultural sensitivity more than community based or school based intervention programs. Overall, family-based intervention programs that have been shown to be effective for the initial population will be more effective in outcome and participant engagement if culturally adapted for the ethnic or racial group targeted. The Strong African American Families program was adapted from the Strengthening Families Program: For Parents and Youth 10-14-Revised. Although the original program was shown to be effective in decreasing antisocial behavior among preadolescents (Brody et al., 2004; Brody, Murry, Gerrard, et al., 2006; Brody, Murry, Kogan, et al., 2006), it was not designed or tested for African American families and preadolescents (Brody et al., 2004). The second program, Familias Unidas, was culturally adapted for poor, Hispanic adolescents with problematic behavior (Pantin et al., 2003), and was also shown to be very effective (Pantin et al., 2003; Pantin et al., 2009; Prado et al., 2007). The third evaluated program, Nuestras Familias: Andando Entre Culturas, was culturally adapted for monolingual Spanish immigrants parents to promote positive adjustment and decrease the likelihood of adolescent substance use and other poor outcomes, and was shown to be highly effective as well (Martinez & Eddy, 2005). Because these programs were family-based, it may be that cultural adaptation was necessary, and the evaluations of these specific programs show that cultural adaptation is effective. Project Northland and Strengthening

Washington D.C. Area Families Program were both family-based intervention programs, but it is possible that there were challenges that these programs did not overcome in adaptation, and this is why they were not shown to be effective.

The LifeSkills Training Program was provided as a counterargument against the theory that more cultural adaptation is needed because the original program was shown to be effective across a wide range of cultures (Botvin LifeSkills Training, n.d.; Botvin, Griffin, Diaz, & Ifill-Williams, 2001). Although this was empirically supported, it may be that this was true because of the fact that it was not a family-based intervention program. Culture deeply influences family context, so this provides theoretical evidence that family-based intervention programs require more cultural sensitivity in program adaptation and creation. Because of the high rates of immigration and the diverse nature of the United States population, there is a wide range of cultural differences that influence values, beliefs, and practices in all aspects of life. Because families often have the same cultural assets, culture plays an important role in family life. Culture highly influences parenting practices, family relationships, and child development (e.g., Murry, et al., 2001, Von Klitzing, 2006; Keels, 2009).

Lau (2006) explained that program engagement and outcome are influenced by differences in subculture groups. Less acculturated groups to United States cultures are often less knowledgeable about child development (Keels, 2009), more traditional in parenting practices (Von Klitzing, 2006; Keels, 2009), less likely to allow autonomy in adolescence (Supple, et al., 2009), less comfortable would emotion expression (Kumpfer et al., 2002), and less likely to benefit from intervention efforts (Cunningham, Foster, and Warner, 2010). In intervention implementation it is important to know the cultural differences among families because the intervention would be more effective with better fit. For example, Santisteban et al. (2002)

explained that European Americans or the more dominant American culture values individualism and autonomy more than Hispanic cultures which would be more likely to value family involvement in the intervention program. Perhaps cultural adaptation for family-based programs is especially necessary to ensure program outcomes.

Conclusion 4: When culturally adapting or creating a culturally sensitive program, be aware of the challenges involved and how to overcome them.

Many family-based intervention programs have successfully overcome the challenges to cultural adaptation, but others have failed to make their programs culturally sensitive and in turn, may not achieve optimum efficacy. One of the biggest challenges that intervention scientists and program developers face when culturally adapting is maintaining fidelity while ensuring fit for the specific target group. A balance between the two is imperative for program efficacy. Castro, et al. (2004) explain that when altering programs based on cultural differences, it is common for fidelity from the original program to be compromised. When fidelity is compromised, it often means that program effectiveness will decrease, but program fit to the target group and participant engagement will increase. In order to overcome the challenge of maintaining fidelity while creating better cultural fit, it is important to identify the core aspects of the original program which usually function to promote protective factors or decrease risk factors, implement these into the adapted program, and adding the necessary factors to attain cultural sensitivity.

The Strong African American Families Program, which was a successful cultural adaptation discussed above, took a careful approach to adaptation when it came to fidelity and fit it seems. Through conducting research on the cultural group prior to adaptation, they understood the risk and protective factors that would lead the participants to the desired outcome of the program. They made sure that they implemented the important aspects of the original program

into the adaptation while incorporating the additional aspects that made the program more culturally relevant for the target group. One of the aspects they added was education about racial socialization (Brody, Murry, Gerrard, et al., 2006).

Another successful cultural adaptation discussed above is *Nuestras Familias: Andando Entre Culturas*. They aimed to maintain fidelity from the original program while finding methods and concepts that would maximize fit for the target group. They adapted material and created new components as needed for the Latino population. The essential elements of the original program that should be maintained in the adaptation were determined while considering aspects to help with cultural sensitivity such as specific family cases in Latino families, past experiences of experts, and the literature regarding Latino family intervention science. There were eight sessions that were taken from the original program, and four that were added to ensure cultural sensitivity and to address the relevant cultural needs and experiences of Latinos (Martinez & Eddy, 2005). Both of these programs acknowledged the importance of finding the balance between fidelity and fit, and this potentially contributed to the efficacy of the culturally adapted intervention programs.

Project Northland for Chicago was another culturally adapted program that was mentioned in the review section of programs. The program developers did overcome the challenge of fidelity and fit, but overlooked another important barrier to successful cultural adaptation. In the cultural adaptation they maintained fidelity from the original Project Northland by keeping the components and material from the four aspects of the program which included classroom curricula, parent involvement and education, extracurricular activities, and community organizing, but also adapted new aspects within each part of the intervention which included both deep and surface structural changes (Komro et al., 2004). What they overlooked was the

fact that their target group was a racially and culturally diverse target group. When a variety of cultures are represented in the target group, an adaptation must be more universal in nature because if the focus is on one specific portion of the sample, the program outcome most likely will not be effective. Also, programs that are universal are less likely to engage participants and have a significant effect than those that fit for one specific target group. Overall, when culturally adapting it is imperative for effective program outcome to be aware of the challenges involved in cultural adaptation, and possible ways to overcome those obstacles before the implementation of the intervention program.

Conclusion 5: When culturally adapting, be informed on prior research and how other programs have culturally adapted.

Although the empirical support for more cultural adaptation is limited, research in the field has come a long way. Theoretical evidence is supported in research, and there is some existing research literature on cultural differences and the influences of culture on the family. Some research scientists have provided frameworks for cultural adaptation or exemplified how and when cultural adaptation should take place. Before culturally adapting an intervention program, it is important to be informed on prior research and how other programs have successfully adapted. The Strong African American Families Program, Familias Unidas, and Nuestras Familias: Andando Entre Culturas are all exemplary family-based intervention programs that have been culturally adapted for a specific cultural target group. Project Northland and Strengthening Washington D.C. Families Program both are good examples of cultural adaptation in some aspects, and if the challenges that they did not overcome are understood, these programs can be used to model adaptations off of as well. The review of all five of these

programs, especially the first three, can be analyzed and used as a model when adapting future programs.

Some prior research provided in the beginning of this literature review should be utilized as well. For example, Barrera and Castro (2006) used prior work in the field to develop a heuristic framework of procedures that can be used to determine how intervention programs should be adapted for specific cultural groups. The steps involved in developing a cultural adaptation are the information gathering phase, the development of the preliminary adaptation design, conducting preliminary adaptation tests, and refining the adaptation. Also, Santisteban et al. (2002) says before cultural adaptation, it is important to consider the values, beliefs, and behaviors that lie behind the ethnic labels because those constructs are the root of the ethnic differences that must be addressed. Lau (2006) explains when a cultural adaptation should occur. She says that when a program is unsuccessful in changing clinical outcomes for a group and when the group shows unique clinical problems, those are indicators that the program should be culturally adapted. Resnicow et al. (2000) describes the concept of different levels of cultural adaptation. When surface and deep structural adaptations are made together with culture as a guide, intervention programs will most likely have better engagement and outcome when targeting diverse cultural groups that differ from the original target group.

The Strong African American Families Program used both surface and deep structural change, such as understanding the unique protective and risk factors that lead to African American adolescents' initiation of substance abuse and sexual activity and implementing education sessions on racial socialization (Brody, Murry, Gerrard, et al., 2006). Familias Unidas also used surface and deep structural change in the cultural adaptation. Not only did they hire linguistically appropriate program facilitators (Tapia et al., 2006), but they also took into

consideration the effects of acculturation and immigration on family relationships and functioning and implemented these ideas into program sessions (Pantin et al., 2003). Nuestras Familias: Andando Entre Culturas also made both surface and deep structural changes. The program consisted of four new sessions that were added to address the cultural needs and experiences of Latinos. Because these programs acknowledged the importance of implementing different levels of change, perhaps this may be a reason why they showed effectiveness in program outcome. Cultural adaptations are more likely to be effective and have better participant engagement if they are modeled off of other successful adaptations and if they utilize what has been provided on the topic in prior research.

Conclusion 6: Analyze all aspects of a target population (not just culture) before adapting intervention programs.

Many intervention programs may be more effective after they are culturally adapted for the specific target group or they may not be effective because of the various obstacles mentioned above that had not been overcome. Although it is imperative to acknowledge cultural differences, especially when it comes to the adaptation or creation of culturally sensitive family-based intervention programs, it is also just as important to understand that there are other characteristics of the target group that must be taken into consideration. Programs may be more effective if prior to their adaptation, they examine numerous aspects of the target population, and not solely ethnicity and cultural differences. Program creators and/or adaptors should analyze population characteristics such as ethnic culture, socioeconomic status, resources available within the community, demographics, geographic location, and/ or whether it is an urban, suburban, or rural area. All of these contextual factors may significantly influence the targeted outcome of the intervention program so it is important to plan for their possible effects.

The Strong African American Families Program was not only sensitive to ethnic culture, but it also took into consideration that the original program was created for an urban sample, and the new target group was rural African American families (Brody et al., 2004). Brody, Murry, Gerrard, et al. (2006) explained that this program was created after years of research on rural African American families and that they used these findings to develop the program and attain the targeted outcome. Specifically for African Americans in rural settings rather than those in inner city locations, individuals must deal with society putting pressure on parents and children and making them feel devalued. Because of this understanding they implemented a racial socialization education aspect of the program because racism is common in their lives and related to substance abuse and mental health for African American adolescents. They educated youth about the realities of racism and helped them believe that they can be resilient and successful in the face of racism. Because this intervention program adapted to the target group in all aspects of context rather than solely ethnic culture, perhaps it led to the program being successful in program outcome and efficacy. If it had only acknowledged culture, perhaps it would be more similar to the Strengthening Washington D.C. Area Project.

This program was not shown to be effective after its cultural adaptation possibly because it did not acknowledge socioeconomic status of the target sample. This program was derived from the original Strengthening Families Program (Gottfredson et al., 2006), and made slight changes to the program for cultural sensitivity. There was a lack of true deep structural change, but perhaps the more important mistake was not adapting the program for a lower income population. One of the biggest complaints about the program was that it was not suited for low socioeconomic families (Gottfredson et al., 2006). If changes had been implemented regarding social class, perhaps the participants may have felt more comfortable in the program,

engagement may have increased, the logistics may have worked better for the participants, and finally, program outcome may have been more effective. Although The Strengthening Washington D.C. Families Project overlooked an important aspect and was not reach the desired program effect, it can be a learning tool for future adaptations. This shows that it is important to analyze all aspects of the target population before making adaptations. A larger adaptation in program structure may have been necessary.

FUTURE DIRECTION FOR CULTURAL SENSITIVITY IN INTERVENTION PROGRAMS

For future direction in this field, intervention scientists, program creators, testers and implementers should be more aware of cultural differences and how these may influence the effectiveness of intervention programs, and they can use the provided examples of other intervention programs that successfully adapted for diverse cultural groups. In the past, we have implemented intervention programs that were found to be effective without understanding that the efficacy findings were only generalizable with the original population and samples very similar to the original group. Because people are beginning to understand that these programs may not be working for diverse cultural groups, cultural adaptation is becoming more important in the intervention science field. There has been much advancement in intervention science relating to cultural differences and adaptation including the theoretical and philosophical finding that cultural adaptations are in fact beneficial and that there are techniques and theories that will help lead to a successful adaptation. However, with more research and evaluation on culturally adapted intervention programs and specific cultural groups, the closer we will get to the most beneficial programs for culturally separate and diverse groups. Cultural adaptation or the

creation of culturally sensitive intervention programs is important, and with a more informed approach they will be easier to develop and implement, therefore, providing better outcome.

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B. S. in Human Development and Family Studies
Schreyer Honors College
Fall 2010

Study Abroad at the Pantheon Institute, Rome, Italy
Summer 2010

Professional Experience:

Intern at the Goddard School, State College, PA
Assistant Kindergarten Teacher
Fall 2010

Employee at Carousel Student Tours, Bourne, MA
Family Partner: Paired Spanish exchange students with American families
Summer 2010

Employee at Bourne Public School System, Bourne, MA
Teaching Assistant/ Substitute in K-8th grade
June 2009 and December 2009/January 2010

Nanny/babysitter
Summer 2007-2009

Other Experience:

Volunteer, Penn State Dance Marathon (THON)
Oriana Singers THON chair
THON weekend Dancer
Rules & Regulations Committee member
Fall 2008 - Spring 2010

Undergraduate Teaching Assistant to Professor Sarah Kollat
Infant and Child Development, Penn State University
Spring 2010