Published in final edited form as:

Psychol Addict Behav. 2012 September ; 26(3): 655–660. doi:10.1037/a0026438.

Do the Effects of a Family Intervention on Alcohol and Drug Use Vary by Nativity Status?

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Abstract

Objective—To examine whether the intervention effects of Familias Unidas, as compared to community practice, on Hispanic adolescent alcohol and drug use varies by nativity status (i.e., U.S.-born and foreign-born).

Methods—A total of 213 8th grade Hispanic adolescents with behavior problems and their primary caregivers were assigned randomly to one of two conditions: Familias Unidas or Community Control. Participants were assessed at baseline and at 6, 18, and 30 months post baseline.

Results—Results showed that, relative to a Community Control condition, Familias Unidas was efficacious in preventing and reducing alcohol use. The effects of Familias Unidas on alcohol use was moderated by nativity status. No moderating effects were found for drug use.

Conclusions—These findings suggest that prevention interventions may be more efficacious in preventing/reducing alcohol use among certain Hispanic adolescent subgroups.

Keywords

Prevention; Adolescent; Alcohol; Substance Use; Hispanic; Nativity Status

Underage drinking and drug use in the United States (U.S.) constitute major public health concerns (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2010; National Institute on Drug Abuse [NIDA], 2009). Underage drinking and drug use are associated with a myriad of significant developmental, social, behavioral and health problems (Komro & Toomey 2002; Spoth, Greenberg, & Turrise, 2008). Although alcohol use and dangerous patterns of drinking and drug use are widespread among all adolescents in the U.S., Hispanic adolescents are disproportionately affected by both alcohol and drug use. For example, findings from the Monitoring the Future study reveal that Hispanic 8th and 10th graders' use of both alcohol and drugs (with the exception of amphetamines) was higher than both non-Hispanic white and Black 8th and 10th graders, respectively (Johnston et al., 2010). This is particularly alarming for two reasons: 1) Hispanics constitute the largest and fastest growing ethnic group in the U.S. and are a youthful population with 39% under 19 years old (Marotta & Garcia, 2003), and 2) research has indicated that the early onset of alcohol and drug use is strongly associated with future abuse and dependence (Amaro & Cortés, 2003; NIAAA, 2010). In spite of this, few culturally-specific interventions have been found to be efficacious in preventing and reducing alcohol and drug use among Hispanic adolescents

(Szapocznik, Prado, Burlew, Williams, & Santisteban, 2007). One intervention is Familias Unidas (Prado et al., 2007; Pantin et al., 2009).

Familias Unidas is a Hispanic-specific, family-based, substance use (including alcohol and drugs) preventive intervention (Pantin et al., 2009; Prado et al., 2007). Familias Unidas is guided by ecodevelopmental theory (Szapocznik & Coatsworth, 1999) and informed by culturally specific models developed for Hispanic populations in the U.S. (Szapocznik & Kurtines, 1993; Szapocznik & Williams, 2000). Consistent with Hispanic cultural values, Familias Unidas places parents in positions of leadership and expertise in helping to prevent alcohol and drug use in youth by increasing positive parenting, family support of the adolescent, parental involvement, general parent-adolescent communication and parent-adolescent communication regarding substance use (Pantin, et al., 2004). Furthermore, Hispanic youth tend to acculturate faster as compared to their parents, and thereby creates stressors within the family, which in turn might affect family functioning. Thus, Familias Unidas aims to increase parental knowledge with respect to U.S. cultural norms, which in turn might help ameliorate family functioning, including improved parent-adolescent communication with regard to differences in cultural perspectives (Prado & Pantin, 2011). Familias Unidas has demonstrated overall efficacy in preventing and reducing alcohol and drug use among Hispanic youth (Pantin et al., 2009; Prado et al., 2007). However, although little is known with respect to the efficacy of family-based interventions to prevent/reduce alcohol and drug use among Hispanic adolescents, even less is known with regard to which interventions are efficacious with which Hispanic subgroups (Castro et al., 2006). Thus, to tailor interventions aimed to maximize efficacy in Hispanic populations, there remains the need to examine moderating factors such as nativity status, which has been shown to moderate intervention effects in other interventions (Martinez & Eddy, 2005). Therefore, the purpose of this study was to investigate whether the effects of Familias Unidas (Prado et al., 2007; Prado & Pantin, 2011), as compared to community practice, on Hispanic adolescent alcohol and drug use varies by nativity status (i.e., U.S.-born and foreign-born).

Acculturation is a bi-dimensional process whereby the attitudes and/or behaviors of people from their culture of origin are modified as a result of contact with the host culture (Berry, 2003). Research examining the effects of acculturation on alcohol and drug use among Hispanics in the U.S. has shown mixed findings (Lara, Gamboa, Kahramanian, Morales, & Bautista, 2005). Whereas some research has demonstrated that higher levels of acculturation are associated with increased risk of alcohol and drug use (Caetano, Ramisetty-Mikler, Rodriguez, 2009; Vega & Gil, 1998), other studies show no effects (e.g., Epstein, Doyle, & Botvin, 2003). The difference in findings has been partly attributed to the fact that different proxies have been used to measure acculturation (Lara et al., 2005). Although a number of proxies have been used to measure acculturation in Hispanic populations (Lara et al., 2005), nativity status in particular has been utilized in alcohol and drug research (Caetano et al., 2009; Vega & Gil, 1998). Thus, nativity status is not acculturation in and of itself, but rather one proxy by which acculturation is generally operationalized (Lopez-Class, Castro, & Ramirez, 2011; Schwartz, Unger, Zamboanga, & Szapocznik, 2010). Nativity status as a proxy of acculturation assumes that the acculturation phenomenon can be estimated by the amount of exposure one has to the mainstream culture (Lara et al., 2005). In fact, nativity status has been identified as one potential important proxy of acculturation by which differential effects of prevention interventions occur among Hispanic youth (Martinez & Eddy, 2005). For example, in a study evaluating a family intervention, Martinez and Eddy (2005) found stronger intervention effects on depression for U.S.-born Hispanic adolescents, relative to foreign-born participants.

The current study was a secondary analysis on the efficacy of Familias Unidas in preventing/reducing alcohol and drug use in Hispanic adolescents (Pantin et al., 2009).

Specifically, the primary goal of this study was to examine whether the effects of Familias Unidas, as compared to community practice, on Hispanic adolescent alcohol and drug use varies by nativity status (i.e., U.S.-born and foreign-born). Because previous research has shown stronger intervention effects for relatively higher family risk groups (Pantin et al., 2009; Prado & Pantin, 2011; Prado et al., 2007) and U.S.-born adolescents on other outcomes (Martinez & Eddy, 2005), we expect that, relative to community practice, Familias Unidas will be more efficacious at reducing/preventing both alcohol and drug use for U.S.-born adolescents.

Methods

Study design

A randomized controlled trial study design was implemented consisting of a sample of high-risk Hispanic adolescents with behavior problems. Participants were recruited from three middle schools located in Miami-Dade County, Florida. Counselors at each school were asked to identify and screen youth for eligibility criteria. Inclusion criteria included: (a) Hispanic 8th graders, and (b) be rated by their parents as >1 SD above the non-clinical normed mean on at least one of three Revised Behavior Problem Checklist (Quay & Peterson, 1993) subscales: conduct disorder; socialized aggression; and attention problems. Adolescents were excluded if the family was planning to move out of the South Florida area during the 3 years of the study. Participants were randomized to one of two conditions: Familias Unidas or Community Practice. Participants were assessed at baseline and at 6, 18, and 30 months post baseline. Additional details regarding the study design or procedures can be found elsewhere (Pantin et al., 2009).

Participants

Participants were 119 U.S.-born (74 boys and 45 girls) and 93 foreign-born (61 boys and 32 girls) adolescents¹ and their primary caregivers. The mean age was 13.82 (SD=.88) for foreign-born participants and 13.72 (SD=.65) for U.S.-born participants. Families' country-of-origin primarily represented Honduras (26.9%), Cuba (20.4%), and Nicaragua (16.1%). Approximately 84.9% of foreign-born participants and 88.2% of U.S.-born participants, respectively, reported household incomes equal to or less than \$30,000 per year (Table 1).

Study conditions

After completing baseline assessments, participants were randomly assigned to Familias Unidas or Community Practice. All participants received the HIV risk behaviors, including substance use, prevention curriculum offered by the Miami-Dade County Public School system.

Familias Unidas—Familias Unidas is informed by ecodevelopmental theory (Szapocznik & Coatsworth, 1999; Prado et al., 2010), which postulates that adolescents are embedded in multiple interrelated and interconnected contexts that both influence and are influenced by the adolescent. Thus, Familias Unidas aims to target both proximal and distal risk and protective factors for alcohol and drug use and to improve family functioning (Pantin et al., 2004). Adolescents and their families participate in sessions aimed at developing skills and knowledge of effective parenting (e.g., communication), thereby preventing/reducing adolescent problem behaviors, including alcohol and drug use (Pantin et al., 2009; Prado et al., 2007).

¹One case was missing data on nativity status and was therefore not included in the data analysis.

Community Practice—Participants in Community Practice were given three referrals to agencies in their catchment area that serve Hispanic families. Agencies provided services for substance use and co-morbid behaviors and included both inpatient and outpatient services and individual and family therapy. Thirty-six percent of participants in Community Practice reported having received services and there were no significant difference between U.S.-born (31%) and foreign-born (42%) participants ($\chi^2(1)=0.997$, $p=0.318$). These participants had no other contact with the study, with the exception of assessment activities.

Measurement

Participants completed a demographics form on which they provided their date and country of birth, number of years lived in the United States, and national origin. Alcohol and drug use were assessed using items similar to those used in the Monitoring the Future Study, a national epidemiologic study of adolescent substance use (Johnston et al., 2010). At each assessment, adolescents were assessed whether they had ever drunk alcohol or used an illicit drug in their lifetime and in the 90 days before assessment. Parental monitoring of peers was defined as whether and the extent to which parents were actively involved in their adolescent's peer group context, including the supervision of their adolescent while they spend time with their peers. The Parent Relationship with Peer Group Scale (Pantin, 1996) was used to obtain parent reports (5 items, $\alpha = .84$) of parental monitoring attempts to actively know their adolescents' friends.

Data analytic plan

Descriptive statistics analyses were conducted to determine differences between those participants in Familias Unidas and Community Practice, by nativity status. Additionally, a chi-square test was conducted to determine whether attrition between baseline and 30-month follow up differed between the two study conditions. Test of intervention effects on alcohol use and illicit drug use were conducted using growth curve modeling to estimate individual trajectories of change and to test for slope differences between conditions over time, which included all 4 timepoints (Mplus 6.1; Muthén & Muthén, 1998–2010). First, to test the moderation effect of nativity status, the main effect of condition and nativity status as well as the interaction between condition and nativity status were regressed on the growth curve slope parameter. Years of residence in the U.S. was controlled for this analysis. Second, if a significant interaction was found, then growth curve analyses were conducted separately for U.S.-born and foreign-born adolescents. Finally, growth curve analyses were also conducted for U.S.-born and foreign-born participants to examine whether Familias Unidas, relative to Community Practice, improved family functioning (e.g., parental monitoring of peers).

Results

Analyses for past 90-day alcohol and drug use, and demographic measures across condition by nativity status (U.S.-born and Foreign-born) are presented in Table 1. As seen in Table 1, no significant differences were found across condition by nativity status. In addition, results show non-significant differences in session attendance by nativity status for participants in Familias Unidas. Additionally, there was no differential attrition (i.e., between baseline and 30-month follow up) across the two conditions (14.7% and 16.3% for Familias Unidas and Community Practice, respectively; $\chi^2=0.113$, $p=0.737$).

Growth curve analyses with the main effect of condition, nativity status and the interaction regressed on the growth curve slope parameter showed the interaction term was statistically significant for past 90-day alcohol use ($b=-0.576$, $p=0.015$). Separate analysis by nativity status indicated that among U.S.-born adolescents, there was a significant intervention effect on past 90-day alcohol use between Familias Unidas and Community Practice ($b=-0.425$,

$p=0.017$). However, there was no significant intervention effect for foreign-born adolescents ($b=0.172$, $p=0.357$). As seen in Figure 1, there was a significant increase in past 90-day alcohol use for Community Practice from baseline (14.8%) to 30-month follow up (46%; $p=0.023$). In contrast, past 90-day alcohol use for participants in Familias Unidas showed a modest and non-significant increase from baseline (10.7%) to 30-month follow up (22.5%; $p=0.732$). With respect to past 90-day drug use, growth curve analyses with the main effect of condition, nativity status and the interaction regressed on the growth curve slope parameter showed the interaction term was statistically non-significant ($b=-0.633$, $p=0.063$). Thus, no subsequent analysis was conducted.

Post-hoc analysis on family functioning indicated that from baseline to 6-month follow up, parental monitoring of peers significantly improved in Familias Unidas, relative to Community Practice, for both U.S.-born ($F(1, 105)=15.63$, $p<0.001$) and foreign-born participants ($F(1, 78)=5.05$, $p=0.027$). Growth curve analysis on parental monitoring of peers from baseline to 18-month follow up indicated there was a significant intervention effect on parental monitoring of peers between Familias Unidas and Community Practice for U.S.-born youth ($b=0.736$, $p=0.003$), however there was no significant intervention effect for foreign-born adolescents ($b=0.576$, $p=0.06$).

Discussion

This study investigated whether the effects of Familias Unidas, as compared to community practice, on current Hispanic adolescent alcohol and drug use vary by nativity status. The results from the present study support our hypothesis that nativity status would moderate the effects of condition on alcohol use. Specifically, whereas intervention effects on alcohol use were significant for U.S.-born Hispanics, no effects were found for foreign-born Hispanics. These findings confirm previous research indicating stronger intervention effects for U.S.-born participants, relative to foreign-born participants (Martinez & Eddy, 2005). However, our hypothesis that nativity status would moderate the effects of condition on drug use in this sample of Hispanic adolescents was not supported. One possible explanation is the fact that past 90-day alcohol use (15.5%) in this sample of Hispanic adolescents was significantly higher when compared to past 90-day drug use (7.0%). Thus, future studies should include samples with higher levels of drug use which in turn may have more power to detect whether the effects of an intervention on drug use vary by nativity status.

The findings from this study indicate that nativity status is one proxy of acculturation by which differential effects of preventive intervention on past 90-day alcohol use occur. Familias Unidas aims to prevent/reduce alcohol and drug use by increasing family functioning, including parental monitoring of peers (Pantin et al., 2009; Prado et al., 2007). Although from baseline to 6-month follow up, parental monitoring of peers was significant for both U.S.-born and foreign-born participants, these effects were not sustained long-term for foreign-born participants. Specifically, findings indicate that at 18-month follow up, intervention effects on parental monitoring of peers were significant for U.S.-born Hispanics, but not for foreign-born Hispanics. Thus, these effects may explain the positive outcomes with respect to past 90-day alcohol use observed in the U.S.-born participants.

Family-based preventive interventions are among the most efficacious in preventing/reducing alcohol and drug use in Hispanic youth (Szapocznik et al., 2007; Sandler et al., 2011); however, the question remains: *For whom do interventions work best, and for whom not* (Tein, Sandler, MacKinnon, & Wolchik, 2004; Brown et al., 2008)? Findings lend some support that differential intervention effects occur by nativity status, and indicate that there may be a need to tailor prevention programs for foreign-born youth and their families. For example, in contrast to the U.S. cultural norm of individualism, many foreign-born families

come from collectivistic contexts where all members of the community have a sense of internalized obligation to assist one another, including the monitoring of youth and their peers (Falicov, 2003). Foreign-born families' cultural norms and practices with respect to "community monitoring of peers" may also be an expectation in the U.S. context. Unfortunately, this expectation may never be met. Furthermore, Familias Unidas targets family functioning which includes familiarizing Hispanic parents to U.S. social norms (e.g., adolescent sleepovers). It may very well be that foreign-born parents are acclimating to U.S. parenting styles as they work to integrate into American society. Thus, preventive interventions tailored for foreign-born participants may seek to further highlight the importance of parental peer monitoring within the context of the U.S., as well as to help foreign-born parents retain country-of-origin values (e.g., parental monitoring of peers), as they learn to navigate and balance U.S. cultural norms.

Given the disparities in the adverse alcohol and drug use outcomes in Hispanic populations (Mulia et al., 2009; Prado et al., 2008), it is important to develop prevention interventions which are optimally efficacious (Spath et al., 2008). Thus, research aimed at developing a better understanding of key mechanisms by which prevention interventions are efficacious in preventing/reducing substance use, including alcohol and drug use, among specific Hispanic subgroups is much needed (Prado et al., 2008). That is, although few prevention interventions for Hispanic populations have been shown to be efficacious, even less is known whether tailored interventions designed for specific Hispanic subgroups (e.g., foreign-born) might be even more beneficial (Castro et al., 2006; NIAAA, 2010).

In interpreting these findings a few limitations should be noted. One limitation of the current study refers to the reliance on self-report measures. That is, participants may have under- or over-reported alcohol use during each assessment time point and therefore findings should be viewed with caution. A second limitation is that this sample may not generalize to other Hispanic adolescent populations in the U.S. Third, data on whether and the extent to which translational families participated in this study were not collected. Finally, data on the proportion of community practice participants who utilized services from referrals were not collected. Thus, an attention control condition was not used in this study. Therefore, a limitation to this design refers to the fact that this study was not able to control for non-specific elements of intervention exposure. In contrast, however, utilizing a community practice condition has more ecological validity. Notwithstanding these limitations, this study provides some evidence that prevention intervention effects on Hispanic adolescent alcohol use varies by nativity status. The present study extends on prior research on the efficacy of prevention interventions and suggests that nativity status may be one important proxy of acculturation by which differential effects of prevention interventions occur among Hispanic adolescents.

Acknowledgments

This research was supported by National Institute on Drug Abuse Grant DA017462 awarded to Hilda Pantin. Preparation of this manuscript was supported in part by National Institute on Drug Abuse Grant DA3R01DA025192-02S1 awarded to Guillermo Prado. We would like to thank the members of the study team as well as the families who participated in this study.

References

- Amaro, H.; Cortes, DE. National strategic plan on Hispanic drug abuse research. Northeastern University and the Robert Wood Johnson Foundation; Boston: 2003. p. 184
- Berry, JW. Conceptual approaches to acculturation. In: Chung, K.; Balls-Organista, P.; Marin, G., editors. *Acculturation: Advances in Theory, Measurement, and Applied Research*. Washington: American Psychological Association Press; 2003. p. 17-37.

- Brown CH, Wang W, Kellam SG, Muthén BO, Petras H, Toyinbo P, Windham A. Methods for testing theory and evaluating impact in randomized field trials: Intent-to-treat analyses for integrating the perspectives of person, place, and time. *Drug and Alcohol Dependence*. 2008; 95(Supplement 1):S74–S104. [PubMed: 18215473]
- Caetano R. Alcohol-related health disparities and treatment-related epidemiological findings among whites, Blacks, and Hispanics in the United States. *Alcoholism: Clinical and Experimental Research*. 2003; 27:1337–1339.
- Caetano R, Ramisetty-Mikler S, Rodriguez LA. The Hispanic Americans Baseline Alcohol Survey (HABLAS): The association between birthplace, acculturation and alcohol abuse and dependence across Hispanic national groups. *Drug and Alcohol Dependence*. 2009; 99:215–221. [PubMed: 18945554]
- Castro FG, Barrera M, Pantin H, Martinez C, Felix-Ortiz M, Rios R, et al. Substance abuse prevention intervention research with Hispanic populations. *Drug and Alcohol Dependence*. 2006; 84S:S29–S42. [PubMed: 16787713]
- Dahl RE. Adolescent brain development: A period of vulnerabilities and opportunities. *Annals of the New York Academy of Sciences*. 2004; 1021:1–22. [PubMed: 15251869]
- Epstein JA, Doyle M, Botvin GJ. A mediational model of the relationship between linguistic acculturation and polydrug use among Hispanic adolescents. *Psychological Reports*. 2003; 93:859–866. [PubMed: 14723455]
- Falicov, C. Immigrant family processes. In: Walsh, F., editor. *Normal Family Processes: Growing Diversity and Complexity*. New York: The Guilford Press; 2003. p. 280–300.
- Johnston, LD.; O'Malley, PM.; Bachman, JG.; Schulenberg, JE. NIH Publication No. 10–7583. Bethesda, MD: National Institute on Drug Abuse; 2010. Monitoring the Future national results on adolescent drug use: Overview of key findings, 2009; p. 77
- Komro KA, Toomey TL. Strategies to prevent underage drinking. *Alcohol Research and Health*. 2002; 26:5–14. [PubMed: 12154652]
- Lara M, Gamboa C, Kahramanian MI, Morales LS, Bautista DEH. Acculturation and Latino health in the United States: A review of the literature and its sociopolitical context. *Annual Review of Public Health*. 2005; 26:367–397.
- Lopez-Class M, Castro FG, Ramirez AG. Conceptions of acculturation: a review and statement of critical issues. *Soc Sci Med*. 2011; 72:1555–1562. [PubMed: 21489670]
- Markides KS, Ray LA, Stroup-Benham CA, Treviño F. Acculturation and alcohol consumption in the Mexican American population of the southwestern United States: findings from HHANES 1982–84. *American Journal of Public Health*. 1990; 80 Sup 42–6.
- Marotta SA, Garcia JG. Latinos in the United States in 2000. *Hispanic Journal of Behavioral Sciences*. 2003; 25:13–34.
- Martinez CR, Eddy JM. Effects of a culturally adapted parent management training on Latino youth behavioral health outcomes. *Journal of Consulting and Clinical Psychology*. 2005; 73:841–851. [PubMed: 16287384]
- Mulia N, Ye Y, Greenfield TK, Zemore SE. Disparities in alcohol-related problems among white, Black, and Hispanic Americans. *Alcoholism: Clinical and Experimental Research*. 2009; 33:654–662.
- Muthén, LK.; Muthén, BO. *Mplus User's Guide*. 6. Los Angeles, CA: Muthén & Muthén; 1998–2010.
- National Institute on Alcohol Abuse and Alcoholism. Statistical Snapshot of Underage Drinking. 2010. <http://www.niaaa.nih.gov/AboutNIAAA/NIAAASponsoredPrograms/Documents/StatisticalSnapshotofUnderageDrinking.pdf> Retrieved December 15, 2010
- Pantin, H. *Ecodevelopmental measures of support and conflict for Hispanic youth and families*. Miami, FL: University of Miami School of Medicine; 1996.
- Pantin H, Prado G, Lopez B, Huang S, Tapia M, Schwartz S, et al. A randomized trial of Familias Unidas for Hispanic behavior-problem adolescents. *Psychosomatic Medicine*. 2009; 71:987–995. [PubMed: 19834053]
- Pantin H, Schwartz S, Sullivan S, Prado G, Szapocznik J. An ecodevelopmental approach to HIV prevention in Hispanic immigrant adolescents: Implications for designing prevention programs. *American Journal of Orthopsychiatry*. 2004; 74:545–558. [PubMed: 15554814]

- Prado G, Huang S, Maldonado-Molina M, Bandiera F, Schwartz SJ, de la Vega P, et al. An empirical test of ecodevelopmental theory in predicting HIV risk behaviors among Hispanic youth. *Health Education & Behavior*. 2010; 37:97–114. [PubMed: 20130302]
- Prado G, Pantin H. Reducing substance use and HIV health disparities among Hispanic youth in the U.S.A.: The Familias Unidas program of research. *Psychosocial Intervention*. 2011
- Prado G, Pantin H, Briones E, Schwartz S, Feaster D, Huang S, et al. A randomized controlled trial of a family-centered intervention in preventing substance use and HIV risk behaviors in Hispanic adolescents. *Journal of Consulting and Clinical Psychology*. 2007; 75:914–926. [PubMed: 18085908]
- Prado G, Szapocznik J, Schwartz S, Maldonado-Molina M, Pantin H. Drug abuse prevalence, etiology, prevention, and treatment in Hispanic adolescents: A Cultural perspective. *Journal of Drug Issues*. 2008; 22:5–36.
- Quay, HC.; Peterson, DR. *The Revised Behavior Problem Checklist: Manual*. Odessa, FL: Psychological Assessment Resources; 1993.
- Sandler IN, Schoenfelder EN, Wolchik SA, MacKinnon DP. Long-term impact of prevention programs to promote effective parenting: Lasting effects but uncertain processes. *Annual Review of Psychology*. 2011; 62:299–329.
- Schwartz SJ, Ungar JB, Zamboanga BL, Szapocznik J. Rethinking the concept of acculturation. *American Psychologist*. 2010; 65:237–251. [PubMed: 20455618]
- Spoth R, Greenberg M, Turrissi R. Preventive interventions addressing underage drinking: State of the evidence and steps toward public health impact. *Pediatrics*. 2008; 121:S311–S336. [PubMed: 18381496]
- Substance Abuse and Mental Health Services Administration. Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10–4856 Findings. Rockville, MD: 2010. Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings.
- Szapocznik, J.; Coatsworth, JD. An ecodevelopmental framework for organizing risk and protection for drug abuse: A developmental model of risk and protection. In: Glantz, M.; Hartel, CR., editors. *Drug Abuse: Origins and Interventions*. Washington, D.C: American Psychological Association; 1999. p. 331–366.
- Szapocznik J, Kurtines W. Family psychology and cultural diversity: Opportunity for theory, research, and application. *American Psychologist*. 1993; 48:400–407.
- Szapocznik J, Prado G, Burlew K, Williams RA, Santisteban DA. Drug abuse in African American and Hispanic adolescents: Culture, development and behavior. *Annual Review of Clinical Psychology*. 2007; 3:77–105.
- Szapocznik J, Williams RA. Brief Strategic Family Therapy: Twenty-five years of interplay among theory, research and practice in adolescent behavior problems and drug abuse. *Clin Child Fam Psychol Rev*. 2000; 3:117–134. [PubMed: 11227062]
- Tein JY, Sandler IN, MacKinnon DP, Wolchik SA. How Did It Work? Who Did It Work for? Mediation in the Context of a Moderated Prevention Effect for Children of Divorce. *Journal of Consulting and Clinical Psychology*. 2004; 72(4):617–624. [PubMed: 15301646]
- Vega, W.; Gil, AG. *Drug use and ethnicity in early adolescence*. New York: Springer; 1998.

Figure 1.
Intervention effect on alcohol use for U.S.-born

Figure 2.
Intervention effect on parental monitoring of peers for U.S.-born

Table 1

Percentages/Mean (Standard Deviations) for Outcome and Demographic Variables for the Total Combined Sample and Relevant Subgroups

Variable	U.S.-born (n=119)		Foreign-born (n=93)	
	Familias Unidas (n=65)	Control (n=54)	Familias Unidas (n=44)	Control (n=49)
Past 90 Day Alcohol Use	10.8%	14.8%	20.5%	16.3%
Past 90 Day Drug Use	3.1%	11.1%	4.5%	8.2%
Session Attendance	19.27 (5.48)		19.15 (5.18)	
Gender				
Male	58.5%	66.7%	68.2%	63.3%
Female	41.5%	33.3%	31.8%	36.7%
Age	13.7 (0.72)	13.8 (0.55)	13.7 (0.85)	13.9 (0.92)
Income				
<30k	86.2%	90.7%	86.4%	83.7%
>=30k	13.8%	9.3%	13.6%	16.3%
Preferred Language				
Spanish	43.1%	38.9%	86.4%	77.6%
English	56.9%	61.1%	13.6%	22.4%
Language at home				
Spanish	40.0%	37.0%	72.7%	64.6%
English	9.2%	24.1%	4.5%	4.2%
Both	50.8%	38.9%	22.7%	31.3%