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Adaptation and Feasibility of a Communication Intervention for Mexican Immigrant Mothers and Children in a School Setting

Diane B. McNaughton, PhD, RN, APHN-BC¹, Julia Muennich Cowell, PhD, RN, APHN-BC, FAAN¹, and Louis Fogg, PhD¹

¹Department of Community, Systems and Mental Health Nursing, Rush University College of Nursing, Chicago, IL, USA

Abstract

Children of Mexican immigrants are exposed to multiple ecological risks that heighten their likelihood of experiencing depressive symptoms. In previous studies, affirming parent–child communication has been found to be protective against depressive symptoms in Hispanic youth. Interventions focused on enhancing communication between parents and youth have the possibility of strengthening protective factors for children. The aims of this study were to (1) adapt an evidence-based parent–child communication intervention (Mission Possible) for cultural relevance for low-income, low-literacy Mexican immigrant mothers and their children and (2) assess feasibility of delivering the adapted intervention in a school setting. Adaptation took place in a series of focus groups of mother–child dyads. The revised intervention was delivered to 27 mother–child dyads in two elementary schools. Feasibility was supported by high participant satisfaction, 80% attendance rate, and 75% retention rate. This preliminary work suggests strategies for school nurses to partner with immigrant families and outlines a potential intervention that expands the school nursing role.

Keywords

cultural adaptation; feasibility; communication; Mexican American

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Over the past decade, the Hispanic population in the United States has grown to more than 50 million; most are of Mexican heritage and 37% are foreign-born (Ennis, Rios-Vargas, & Albert, 2011; Acosta & de la Cruz, 2011). While Mexican immigrants come to the United States in hope of a better life, many face economic hardship, live in resource-depleted

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Corresponding Author: Diane B. McNaughton, PhD, APHN-BC, Rush University College of Nursing, Chicago, IL 60612, USA. diane_b_mcnaughton@rush.edu.

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neighborhoods and experience stress as parents and children acculturate at different rates. Stress in the family system impacts child mental health and well-being and is expressed as internalizing and externalizing depressive symptoms. Internalizing symptoms include lack of interest in school, social withdrawal, poor academic achievement, and suicidal ideation while external symptoms include irritability, aggression, and disruptive behaviors (Jaycox et al., 2009; Roosa et al., 2011). Recently, the Center for Disease Control and Prevention (CDC, 2012) reported high rates of depressive symptoms for Hispanic youth (40%) as compared to 26% of all youth. This finding is consistent with other studies demonstrating higher rates of depressive symptoms in Hispanic children compared to African American and Caucasian peers (Choi, Meininger, & Roberts, 2006; Cowell, Gross, McNaughton, Ailey, & Fogg, 2005; Williams, Chapman, & Lando, 2005). Depressive symptoms are indicators of mental health risk rather than a diagnosis of depression. Given the ecological risks, associated depressive symptoms and their consequences, intervention efforts are needed to reduce risks for this vulnerable population.

Several studies have identified a relationship between parent–child communication and depressive symptoms of Hispanic children (Cowell, McNaughton, Ailey, Gross, & Fogg, 2009; McKinney & Renk, 2011; Sher-Censor, Parke, & Coltrane, 2011). Parent–child communication characterized as affirming, consistent, non-threatening, and empathic is protective of children’s mental health (Schrodt, Ledbetter, & Ohrt, 2007). In contrast, children who perceive parental communication as controlling, demeaning, rigid, or incendiary are more likely to display depressive symptoms, as well as aggression and risky behaviors (Davidson & Cardemil, 2009; McKinney & Renk, 2011). In addition, parental absence or perceived unavailability contributes to depressive symptoms in youth (Garcia, Skay, Sieving, Naughton, & Bearinger, 2008).

Few primary prevention interventions are available to strengthen communication in Mexican immigrant families with school-age children. Evidence-based mental health promotion/risk reduction programs for Hispanic families focus on family therapy for youth already displaying behavior problems (Santisteban et al., 2003) or on promoting parenting knowledge and skills (Pantin et al., 2003) for parents rather than parent–child dyads. Few interventions have focused on promoting communication in families during a child’s preadolescent years (9–12 years), when cognitive skills begin to develop prior to challenges that accompany adolescence. Pre-adolescence is an opportune time for youth to expand communication skills because of increased growth and development in the areas of abstract thinking, problem solving, empathy, and moral awareness (Eccles, 1999). In addition, it is the time immediately preceding adolescence, when parent–child relationships become more challenging. Enhanced communication skills can benefit families, but also equip adults and children with communication skills that can be applied in a variety of settings. The objective of our study was to adapt an evidence-based parent–child communication intervention in partnership with Mexican immigrant mothers and their children. The resulting intervention incorporates preferences based on Mexican cultural values, family communication scenarios, literacy, and language.

Cultural Adaptation of Prevention Programs

The challenge of cultural adaptation of a successful intervention is to maintain essential elements while adapting delivery methods and materials to the target population (Bernal & Domenech Rodriguez, 2009; Castro, Barrera, & Martinez, 2004; Domenech Rodriguez, Baumann, & Schwartz, 2011). Common to most adaptation strategies is a commitment to partner with community members as a team that guides the adaptation process. However, the extent of community involvement varies among studies and ranges on a continuum from researcher domination (D'Angelo et al., 2009) to collaboration with community members in the entire adaptation process (Domenech Rodriguez et al., 2011; Martinez & Eddy, 2005).

Our adaptation strategies are based on principles of community partnership and include surface and deep structure strategies (Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999). Surface structure strategies are used most frequently and include health education materials translated to literacy level and language, posters or flyers with ethnically matched photos, interventionists who resemble (match) the population of interest, and selection of venues associated with the ethnic group. Deep structure strategies require knowledge of cultural values, social norms, history, opinions, and challenges experienced by the population. These strategies necessitate firsthand knowledge, understanding, and communication with community members to incorporate their priorities, problems, and preferred methods of participation.

The Mission Possible Communication Intervention

The communication program selected for adaptation was The Mission Possible: Parents and Kids who Listen intervention (MP), a parent–child communication program that aims to strengthen affirming communication, empathy, and listening skills, as well as to enhance problem-solving/conflict resolution skills and avoidance of blaming others (Riesch et al., 1993). The intervention is a manual-guided 12-hr program delivered in six sessions in a small-group format. MP has been found to reduce incendiary communication between youth and parents and improve satisfaction with the family system, perceptions of open communication, and skill at problem solving in middle-class Caucasian and African American families (Riesch et al., 1993). The program, however, has not been adapted to incorporate Mexican cultural values nor to address unique parenting challenges experienced by immigrant families. In addition, the program is not available in Spanish at a literacy level necessary to accommodate variations in parental education. The aims of this study were to (1) adapt the MP program for cultural relevance to low-income, low-literacy Mexican immigrant families and (2) assess the feasibility of delivering the intervention to mother–child dyads in a school setting.

Method

Focus Groups and Adaptation Process

Setting and Recruitment—The setting for this study was an elementary school in a primarily low-income, multiethnic, immigrant community in a large Midwestern city. Forty-seven percent of the student population is Latino, 96.3% are low-income and qualify for free lunch, and 27% have limited English proficiency. Recruitment criteria were mother born in

Mexico; child in fourth, fifth, or sixth grade and not enrolled in special education services. Recruitment strategies included personally inviting mothers to participate by greeting families outside of fourth-, fifth-, or sixth-grade classrooms during report card pickup time. A brightly colored poster advertising the study was displayed, and recruitment flyers (printed in Spanish and English) were given to interested mothers. The study project director (bilingual, Latina public health nurse) and the principal investigator discussed the study with interested mothers and answered questions. Those who were interested signed a recruitment flyer with their contact information and were called when the first focus group meeting was scheduled. Additional participants were recruited by the assistant principal and through a snowball procedure.

Informed consent was obtained for mothers at the first focus group meeting, and assent was obtained for children. Consent documents were written in English and Spanish in simple language and were read to participants in the language of their choice while they read along. All procedures related to the study were approved by the principal investigator's academic Institutional Review Board.

Focus Group Meeting Format—Some focus groups were held during the school day for mothers only; others were held after school included children either with their mothers or in children-only groups. Focus group meetings were conducted in Spanish and led by the project director in a small classroom. Chairs were arranged in a semicircle with room to practice or try out activities. Meetings followed an agenda developed by the research team and included specific activities to try out, as well as questions related to acceptability of the content, recommendations for adaptation, and descriptions of common mother–child communication problems. Intervention strategies in the original program included PowerPoint presentations, communication videos, self-reflective activities, group discussion, and role-play. Each of these strategies was practiced with the focus groups and included reflective discussion of relevance of the content and suggestions for adapting the delivery method to enhance acceptability for Mexican immigrant mothers and children. Field notes were taken by the principal investigator and a bilingual/bicultural graduate nursing student during all focus group meetings.

The mother–child meeting focused on trying dyadic communication exercises in the original MP program and providing feedback on their comfort and acceptability of the exercises. In the children-only meetings, children were asked to share their feelings about meeting with their mothers in a group with peers from their school. The children-only meeting was designed for children to try out some of the activities for children only and comment on their acceptability, whether it was a “fun” activity and to obtain their feedback on the types of activities they preferred. To compensate participants for their time and contributions to the focus groups, mothers were given a \$20 gift card, and children received small gifts such as pens, journals, and books for each meeting they attended.

Focus Group Data Analysis

Data were collected during focus group meetings using a note-based approach (Morgan & Krueger, 1997). The principal investigator and bilingual/bicultural graduate nursing student

had a list of topics and questions planned for the meeting, and notes were handwritten on the form. Immediately following the focus group meetings, the research team reviewed the notes and added additional observations. Notes included opportunities to adapt the intervention and a review of participants' reaction to the activities.

Focus Group Feedback

Mothers—Focus group findings are presented in Table 1. Given the choice of schools, churches, or community centers, mothers stated that their child's school would be the most convenient and preferred location for group meetings after school. In addition, mothers preferred a group-based intervention as opposed to one that was offered to individual families. Mothers suggested that provision of child care for younger siblings during the intervention would allow more mothers to attend. Mothers described ideal characteristics of group leaders as “experts” and “professionals” regardless of gender or ethnicity. In other words, professional qualifications were more important than matching ethnicity and gender. However, it was important to them that group leaders/interventionists spoke Spanish and that the intervention should be presented in Spanish. In addition, take-home materials were requested, such as handouts and videos, as well as “homework” exercises to share with their families. Although mothers wanted to share information with their husbands/partners, they preferred not to include them in group meetings because their attendance might hinder the conversation. We asked the focus groups for suggestions on renaming the intervention. Mothers told us that the word “communication” should be in the title and after discussion recommended the title “Family Communication.”

Children—Children's comments on a large group activity with other mother–child dyads were that their mothers needed it but after a while it became boring for the children and more time should be allotted for the children-only group. In addition, meeting with peers and mothers in a different context was embarrassing at first. Children recommended providing snacks because they are often tired and hungry after school. Children described preferred incentives as fairy tale or mystery books, board or card games, journals, colored pens and pencils, and bracelets. In contrast to their mothers, children preferred to have the intervention in English.

Revising the Intervention Manual

Examples of intervention adaptations and rationale are presented in Table 2. Several team meetings were held to review the notes taken during focus group meetings and revise the intervention manual by incorporating the suggested changes. Problem-solving vignettes based on topics identified by the focus groups were added. After completing these steps, the research team worked with a Latina research consultant with expertise in youth preventive interventions and worked with the principal investigator of the original Mission Possible program to review each session and incorporate their suggestions.

The manual was translated into Spanish by two bilingual translators. The completed manual included both English and Spanish versions side by side on each page. After the translation was complete, the research team and three members of the mothers' focus groups met for 2

days to read over the manual line by line, to assure that the translated words were acceptable (Varricchio, 2003). Minor changes were made when needed.

Assurance of Fidelity

Several strategies were implemented to assure fidelity to the original MP program (Riesch et al., 1993). The research team (principal investigator, coinvestigator, and project director) completed training as MP leaders/facilitators. Original program materials were reviewed for literacy level and potential conflicts with Latino cultural beliefs. Dr. Riesch was consulted frequently during the adaptation process. Fidelity to core content of the original program was guided by an agenda for each intervention session and a checklist for documenting content delivery of each session. The principal investigator attended each session and completed the fidelity checklist. (See Table 2 for correspondence of Mission Possible to the Family Communication program.)

Feasibility Study

The purpose of the feasibility study was to assess successful recruitment and retention of participants, rate of attendance to the intervention, and satisfaction. Four schools within a four-mile radius of the school where the focus group meetings took place were recruited to participate in the study through the school principals. Two schools were randomly selected to receive the adapted intervention (Family Communication) and were matched to comparison schools based on school enrollment and percent of Latino students. The two schools that received the intervention were located in ethnically diverse, low-income neighborhoods with large Latino populations (48–80% of students in the schools were Latino). Over 90% of students in all schools qualified as low income and were eligible to receive free or reduced-price lunches (Illinois State Board of Education, n.d.).

Sample and Recruitment

Principals assigned a school-based, Spanish-speaking study coordinator who was either a community worker or a social worker. The coordinator made personal contacts to introduce the study to eligible participants. In addition, the research team invited mothers to participate during parent meetings held at the schools. Eligibility was defined as mother born in Mexico; one child in fourth, fifth, or sixth grade and not in special education classes. Mothers interested in the study signed a request for more information, which was forwarded to the research team. The bilingual project assistant then contacted interested mothers and made appointments to obtain informed consent and baseline assessment. Using this method, 53 mother–child dyads (25 comparison and 28 intervention) were recruited for the study based on an anticipated large effect size (Cohen, 1988) as calculated from Riesch's original work (Riesch et al., 1993).

Implementation

Bilingual/bicultural nurses and social workers were recruited as group leaders and assistants for the intervention. A two-day group leader/assistant training session was led by the principal investigator and followed the intervention protocol as presented in the adapted

manual. The training sessions involved steps outlined in the manual and practicing skills built into each session.

Each session required a minimum of four personnel: a leader and an assistant for the large mother–child group, a leader for the children’s breakout group, and a child care provider for younger siblings. The helper assisted with intervention delivery and tasks, such as distributing materials and helping participants sign in. All group leaders and assistants received the same training in delivering the intervention.

The intervention was delivered to four groups of mother– child dyads (two in each of the two schools). A team of group leaders and assistants was assigned to each school. All of the participants in each school received the intervention by a consistent team of leaders and assistants. Sessions lasted 2 hr and began with a large group activity where mothers and children were introduced to the session topic. Later in the session, mothers and children broke into separate groups to practice skills with their peers and then reconvened to practice in mother–child dyads. Intervention activities included content delivery using simple PowerPoint slides with Spanish and English words serving as anchors for the presenters, role-playing, and practicing communication skills. Mothers were given a handbook to take home, which was written in Spanish and English and contained handouts and written material from each of the six sessions. The PowerPoint presentations were about 20 min long (10–18 slides each session) and were used primarily as an outline for content delivery and discussion. Sessions were informal and interactive and primarily conducted in Spanish with clarification in English as requested by mothers and children. Sessions were summarized with a verbal true/false “quiz” to reinforce session content.

Feasibility Measures

Feasibility was measured by achievement in recruitment and retention of participants, rate of intervention attendance, participant satisfaction, and barriers/facilitators involved in working with schools as recorded in field notes. Recruitment, retention, and attendance of participants in the intervention were recorded in an Access database used for the study. Recruitment data consisted of number of recruitment flyers received indicating interest in the study, number of participants enrolled, and retention of participants at all data points (baseline, Week 6, and Week 24).

Satisfaction was assessed at the conclusion of each session with a simple four-question survey written in English and Spanish. The satisfaction survey was administered by the facilitator in a group format. Questions were read aloud to participants in Spanish with instructions on using the Likert response format. Responses were recorded using a 4-point Likert-type scale ranging from 1 to 4: 1 = *not helpful* to 4 = *very helpful*. Total scores were summed and divided by 4; thus, the final mean scores could range from 1 to 4.

Fidelity to program content during intervention delivery was assured by adhering to an agenda that included guidelines for content and activities to be included in each session. Immediately following the sessions, the research team completed a checklist documenting content covered (Breitenstein, Robbins, & Cowell, 2012).

Results

These findings refer only to the feasibility study.

Sample and Recruitment

The mean age of mothers was 37.46 (26–50) years, and 86% were married or living with a partner. Most mothers immigrated to the United States as young adults (mean age = 22 years, $SD = 7.68$ at immigration), had middle school or less education (86%), and preferred speaking Spanish at home (96%). The mean age of children in the study was 11 years, with 54% being female. Demographic characteristics were similar across groups.

Several strategies were used to recruit participants including referral by school principals or staff, inviting participants at parent meetings in the school, personal recruitment during school open house, and recruitment by Latina research assistants outside the school doors and by mothers inviting their friends to participate.

Feasibility

The attendance rate for the intervention was 80% for mothers (mean of 4.8 of the 6 sessions). Children's attendance rates were 78% (mean of 4.7 of the 6 sessions). Attendance in other after-school activities was the primary reason for child nonattendance.

Mean satisfaction scores were 3.9 out of 4.0 for mothers and 3.7 out of 4.0 for children, demonstrating a high degree of satisfaction. Satisfaction scores were similar across the four intervention groups. Mothers stated that they enjoyed the intervention and wanted to attend if future groups were offered. Some mothers requested paper copies of the Power-Point slides to take home. Several mothers wrote unsolicited comments on the satisfaction surveys indicating that they found the intervention helpful:

- Gracias. Las 6 clases nos ayudaron mucho, sobretodo los mensajes yo. Y dejar de culpar a otros. Muchas gracias por estas clases. [Thank you. The six classes helped us very much, about the 'I messages'. And not to blame others. Many thanks for the classes.]
- Yo creo que este programa es muy beneficioso en particular a mi me ayudo mucho. Gracias. [I think this program is very beneficial, especially for me. It helped me very much. Thanks.]
- Me gusto mucho. Aprendi como darle atonomea a mi hija. Aprendi mucho en este programa con ustedes. Gracias! [I liked it a lot. I learned how to give autonomy to my daughter. I learned a lot in this program with all of you. Thanks!]

Retention was measured by the percentage of participants who completed the third data collection, which was 24 weeks post baseline assessment (18 weeks postintervention completion). Retention rates at Week 24 were 75%.

Discussion

The result of our study is a culturally adapted communication intervention for low-income, low-literacy Spanish-speaking Mexican immigrant mothers and their children. The intervention is unique because it is specifically designed to strengthen a known protective factor (parent–child communication) for children experiencing ecological risks. In addition, the intervention includes dedicated time for mothers and children to practice communication skills together within the context of current communication challenges experienced in families. New skills intended to enhance communication between parents and children can also be applied in other settings, such as children’s schools, peer relationships, and extended family relationships. While most parent–child communication programs focus on specific risk behaviors (e.g., substance abuse or unsafe sexual practices; Prado, Pantin, Schwartz, Lupei, & Szapocznik, 2006), or include parents only (Pantin et al., 2003), this intervention emphasizes attainment of basic communication skills for both mothers and children.

Our strategy of partnering with focus groups of Mexican immigrant mothers and children supported adaptation of an evidence-based intervention for literacy level, language, and cultural relevance resulted in high satisfaction and retention. Mothers’ and children’s participation, engagement, and contributions in the focus groups resulted in a new and adapted intervention specifically for Mexican immigrant families. Adaptations included Mexican cultural beliefs and values along with problem-solving activities based on recommendations from the focus group. Our method of adapting the program for literacy level included emphasis on core content of the program with role-playing and practicing communication skills. Thus, it was based on active engagement of the group rather than passive reception of information. Written materials summarizing the content of each session were provided to participants for reinforcement. Mothers expressed satisfaction with the materials and requested more to take home and share with their families. Mothers were active participants in providing recommendations and trying various learning and practice methodologies for use in the intervention.

Intervention attendance goals were approximately met (80% actual; 82% goal). Our actual attendance of 80% is higher than most parent training programs, which have been reported to achieve 30–60% attendance rates (Baker, Arnold, & Meagher, 2011; Garvey, Julion, Fogg, Kratovil, & Gross, 2005; Gross, Julion, & Fogg, 2001). Potential reasons for high attendance rates in our intervention could be a result of group interaction or cohesion, high satisfaction rates, location at their children’s school, and the value of familism, which is high regard for family relationships (Cauce & Domenech-Rodriguez, 2002). In an earlier problem-solving intervention, Mexican immigrant mothers identified parenting and family relationships as priority problems to discuss (McNaughton, Hindin, & Guerrero, 2010).

The success of adapting the intervention and conducting the feasibility study was supported by the enthusiastic participation of Mexican immigrant mothers and school principals. We worked closely with principals from the beginning of the grant-writing phase. Principals were essential in identifying opportunities for recruitment, space allocation, and introducing us to school personnel and community workers to help with recruitment.

Over the course of the study, we encountered several challenges to recruitment and retention of participants related to fears of deportation. The Latina school community worker who recruited for the study at one school reported difficulty in finding Mexican immigrant families that were interested in participating. Eventually, the recruiter stated that of the 48% Latino student body, none were immigrants from Mexico, which would be statistically unlikely. Shortly thereafter, we were informed of a rumor that the research team was gathering information for deportation. Our response was to send Latina recruiters to present the study to individual mothers face-to-face after school. This approach was successful but slow. Additional mothers were recruited through snowball techniques. Similarly, in another school, study participants approached the research team and expressed concern that the demographic information they gave at the intake interview would be shared with authorities. We reassured them of confidentiality, and the mothers continued in the study. As the debate regarding Mexican immigrants in the United States continues, it may be necessary to adapt recruitment efforts to focus on the larger population of Latinos residing in low-income neighborhoods rather than recruiting by place of birth, which may raise fears of deportation.

Conclusion

Findings of this study supported feasibility. Particularly, mothers and children expressed satisfaction with the intervention on evaluation surveys and in conversation with the research team. We believe that success of the study was due to contributions of the focus groups in suggesting problem-solving activities, desired characteristics of intervention leaders, advice for improving the intervention, and sitting through hours of revising the final version of the manual. The high attendance and retention rates for the feasibility study were likely due to investments of the focus groups. The “Family Communication” intervention (named by focus group members) can be successfully implemented in a school setting. Further research should focus on assessing the effectiveness of the intervention in improving mother–child communication and child mental health through a clinical trial.

School Health Services and School Nursing Implications

The methodology of both phases of the study, adaptation and feasibility, can serve as a model for community engagement at schools. Mothers were motivated to achieve better communication and family relationships, so their willingness to partner in developing an intervention shows that low income and/or low literacy were not barriers. The close connections mothers felt toward schools can serve as a benefit for all programming within schools. Mothers provided important information to the researchers, including their desire to exclude their husbands/partners in the after-school sessions. While the researchers were interested in a family approach, complying with the mothers’ advice enhanced program attendance.

The focus group approach provided important information to the research team. Mothers preferred Spanish, and children preferred English; thus, language preference needs to be addressed in working with immigrant families. Expertise and empathy of the intervention team were more important to mothers than race or ethnicity. The communication training program was delivered by Bachelor of Science in Nursing (BSN) nurses and social workers.

Competencies needed to deliver the intervention include respect and empathy, training in delivery of Family Communication, and bilingual fluency in English and Spanish. Group leaders should be educated at the bachelor's level and can include nurses, social workers, and teachers; providing an opportunity for interprofessional collaboration. Necessary supplies include the intervention manual, handbooks for mothers, equipment for PowerPoint presentations, index cards, computer and construction paper, small posters, art supplies, and snacks for mothers and children. It is important to promote positive communication; by starting with the family, children could eventually bring the skills to the classroom.

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Biographies

Diane B. McNaughton, PhD, APHN-BC, is an associate professor at the Department of Community, Systems and Mental Health Nursing, Rush University College of Nursing, Chicago, IL, USA.

Julia Muennich Cowell, PhD, APHN-BC, FAAN, is Professor Emerita at the Department of Community, Systems and Mental Health Nursing, Rush University College of Nursing, Chicago, IL, USA.

Louis Fogg, PhD, is an associate professor at the Department of Community, Systems and Mental Health Nursing, Rush University College of Nursing, Chicago, IL, USA.

Table 1

Focus Group Feedback: Intervention Setting and Strategies, Group Leaders, Communication Topics.

Intervention Strategies	Focus Group Feedback
Group discussion	Mothers wanted to discuss information in groups; this will help them understand better Mothers wanted children to attend their session and hear the same information
Parenting-style assessment	Mothers liked discussing the parenting-style questionnaire
Videos	Mothers liked the video format and discussion afterward
PowerPoint	Mothers liked the PowerPoint presentation
Role-play	Mothers wanted to practice during the session
Take-home materials	Mothers wanted parenting information in Spanish Mothers wanted to bring a video home to show their husbands Mothers liked bringing home written information and books Mothers wanted to have "homework" to do with their children (related to communication)
Sources of parenting information	Mothers obtained parenting information from a variety of sources such as community meetings, TV, magazines, and other mothers. In the end, they make their own decisions about parenting
How were mothers parented?	Authoritarian and tolerant styles Authoritarian (father), tolerant (mother) Fathers were authoritarian and no one questions their rules Fathers were controlling No one questioned fathers
Group leader characteristics	African American professor on videotape was trustworthy Race of group leader was not as important as qualifications of being an expert. Mothers wanted someone who is fluent in Spanish
Communication topics	Mothers felt that children think they are smarter than their mothers Mothers had more problems communicating with their high school children Fourth, fifth, and sixth grade children want to spend more time with friends than family Mothers felt that boys were harder to raise than girls Mothers felt that problems with children varied according to the child's temperament and character One mother had a child with Down syndrome, and her other children felt that they were not as important as that child. Mothers had problems with children who did not want to eat what the mother cooked Mothers had problems getting kids to do homework Mothers had problems getting kids to clean their rooms Mothers had problems with children who did not want to learn Spanish One mother said she would ignore her child if he did not speak in Spanish Every mother in the group felt that maintaining Spanish-speaking at home was very important Mothers had problems with children who preferred fast food; the mothers felt it was unhealthy
Setting	Mothers preferred meeting in groups Mothers preferred meeting at the child's school Mothers stated that group discussion helped them understand new information
What mothers do to maintain Mexican culture in their families	Holiday celebrations with family Cook Mexican food at home Sing songs and tells stories about Mexico

Intervention Strategies	Focus Group Feedback
Children's comments	Tell children history of Mexico
	Celebrate about Mexican holidays that are not celebrated in the United States
	Emphasize that family is very important
	Children preferred being in a group of kids only, not with mothers
	Children felt that a kids-only group should be more fun than a group with mothers
	What does culture mean to children? food, dancing, music, 15th birthday, first communion, Spanish at home, children being very important in the family

Table 2

Original and Adapted Mission Possible Sessions, Topics, Content, and Activities.

Session	Topic	Mission Possible	New Intervention	Cultural Rationale for Change
1	Developmental changes of young adolescents.	<i>Content</i> Instructional video with vignettes, child development expert reinforcing physical, cognitive, emotional, and social changes of young adolescents. Video available in English only	<i>Content</i> Changed to a face-to-face group discussion in a circle. Focused on personal interaction between facilitators and participants	Method of delivering information becomes less didactic and more conversational. <i>Congruent with cultural value of personalismo.</i> Children thought video was boring
		<i>Activities</i> Mother and child discuss mothers' experiences with developmental changes when she was a young adolescent	<i>Activities</i> Mother and child discuss attending school in Mexico vs. US. Similarities and differences in mothers' and children's experiences were discussed	Mothers had difficulty understanding/ following instructions for discussing their own developmental changes with their child. The adapted activity was more concrete and promoted conversation between dyads. Activity in original form was not culturally meaningful to participants
		Entire session with mothers and children together	Conduct a <i>breakout session for children</i> focusing on ice breakers. Role-play "A day in the life of a mother." Help kids understand that mothers are people too	Children not interested in information about growth and development. Developed activity that was age-specific for children and promoted building relationships with children's group
2	Self-Esteem Sessions 2 and 3 were switched because skills in the original Session 3 help participation in original Session 2	Four parenting styles were introduced: authoritative, authoritarian, controlling, and uninvolved	Parenting styles were relabeled as balanced, controlling, permissive, and uninvolved.	Difference between authoritarian and authoritative was confusing. Simplified terminology. Literacy level adaptation
		<i>Activities: Mother group</i> Parenting-style self-assessment activity. Paper-and-pencil assessment, mothers select items that describe their parenting styles	<i>Activities: Mothers suggested changing the paper and-pencil self-assessment to a group activity and orally doing the parenting style assessment</i> Each mother was given the assessment form in Spanish/English; group facilitator read the items to the group. Mothers scored their own questionnaire with facilitator help. Results discussed as a group	Literacy level adaptation
		<i>Activities: Mother and Child group</i> Mothers and children picked "situation cards" for role-play. Each read their card and followed written instructions	<i>Activities: Mother and Child group</i> Mothers and children picked "situation cards" for role-play. Facilitator read the cards to mothers and children	Literacy level adaptation
3	Communicating what you want "1 Messages"	<i>Content</i> The Awareness Wheel as a guide to identify	<i>Content</i> Omitted Awareness Wheel and used three	High level of abstraction and lacked cultural meaning. Literacy level adaptation

Session	Topic	Mission Possible	New Intervention	Cultural Rationale for Change
	Sessions 2 and 3 were switched because skills in the original Session 3 help participation in original Session 2	thinking, feeling, and using five senses to examine communication problems <i>Activities: Mother group PowerPoint presentation on Awareness Wheel and “1 Messages.”</i>	problem solving steps: Stop, Think, and Act <i>Activities: Mother group PowerPoint presentation simplified and presented in Spanish/English (reduced from 26 to 12 slides). More time spent on practicing “1 Messages” and role-playing.</i>	Literacy level adaptation and greater focus on practicing communication skills through role-playing and as a group activity. Adaptation based on cultural construct of <i>Personalismo</i> .
4	Listening to what the other wants	<i>Content</i> Active listening and empathy <i>Activities</i> Role-playing emotions Exercises including role-play in confrontation, listening, and discussing difficult topics. Paper-and-pencil worksheets for “defining the conflict”	<i>Content</i> Change: Replaced concept of “empathy” with “putting yourself in someone else’s shoes” <i>Activities</i> Reduced number of “emotion cards” used in role-play to focus on common emotions (i.e., sad, angry, confused, happy, disappointed rather than perplexed, suspicious, others). Paper-and-pencil “defining the conflict” activity changed to a group activity, orally presented	“Empathy (empatia)” is a term rarely used by the mothers and created confusion. Terminology changed as suggested by the mothers Mothers had difficulty expressing/defining unusual and abstract emotions. Simplified terminology and directed focus on reading physical expression of emotion. Adaptation based on literacy level and cultural construct of <i>Personalismo</i>
5	Solving conflicts so everyone wins	<i>Content</i> Six steps of conflict resolution. Influence of unresolved conflict on relationships. Negotiation, autonomy <i>Activities</i> Conflict resolution vignettes, skill-building, practice	<i>Content</i> Changed to three problem solving steps: Stop, Think, and Act. <i>Activities</i> Practice using three problem-solving steps	Simplified terminology
6	Celebrating and letting go	<i>Content</i> Psychological needs of belonging and closeness in relationships Awareness of mutual psychosocial needs Increasing autonomy and responsibility in adolescence <i>Activities</i> Mothers and children write a family mission statement	<i>Content</i> Increasing autonomy and responsibility in adolescence <i>Activities</i> Parent-child dyads make a poster that represents values of their families. Posters shared in large mother-child group	Celebrated family cultural values and practices. Adaptation based on cultural construct of <i>Familism</i>

Note. Personalismo = Latino value of personal goodness and getting along with others. Familismo = Latino value of family closeness and harmony. All members contribute to the family good (Cauce & Domenech-Rodriguez, 2002).