Published in final edited form as:

Qual Soc Work. 2016 March ; 15(2): 281–299. doi:10.1177/1473325014566487.

***Agarra el momento*/seize the moment: Developing communication activities for a drug prevention intervention with and for Latino families in the US Southwest**

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Abstract

This article presents the development of parent–child communication activities by applying Community-Based Participatory Research and focus group methodology. Three parent–child communication activities were developed to enhance an already efficacious parenting intervention: (1) *agarra el momento* or seize the moment uses everyday situations to initiate conversations about substance use, (2) *hay que adelantarnos* or better sooner than later stresses being proactive about addressing critical issues with youth, and (3) setting rules and expectations engages parents in establishing rules and expectations for healthy and effective conversations with youth. Focus group data are presented to illustrate how thematic content from the focus groups was used to inform the development of the activities and, furthermore, how such methods supported the development of a culturally grounded intervention.

Keywords

Culturally grounded interventions; prevention interventions; intervention development; Community-Based Participatory Research; qualitative methods; Latino youth and families

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Different cultures have unique characteristics and needs associated with their diverse histories and experiences (Davey et al., 2012). As such, cultural and social processes must be considered in the development of prevention and intervention programs (Bernal and Saez-Santiago, 2006). Developing culturally grounded interventions can be challenging, as culture is a complex construct. It is a system of values, beliefs, expectations, traditions, customs, and norms that encompasses a collective identity or ethnicity (Castro et al., 2010). The need for culturally grounded interventions is critical in light of the diversity found in the US. It is especially important to develop culturally grounded interventions for the Latino community and its youth, as they are a growing and significant population in the US (National Council of La Raza).

Latinos comprise 17% of the US population and approximately 41% are foreign born (Brown and Lopez, 2013). Despite shared characteristics among the Latino population, there is much diversity among this population in terms of race, country of origin, education, socioeconomic status, language preference, and immigration status (Brown and Lopez, 2013; Guarnaccia et al., 2007). This diversity needs to be considered in relation to adolescent risk to influence health outcomes. Attention to linguistic and cultural characteristics alone is not sufficient to ensure the effectiveness of a program (Bernal and Saez-Santiago, 2006). The intervention must be based on the cultural values of the Latino community and reflect the community members' attitudes, expectancies, and norms concerning a particular behavior (Kumpfer et al., 2002; Villaruel et al., 2005).

The Latino population in the US is young, with Latino youth 18 years and under representing 58% of Latinos (Pew Research Center). Substance use is a critical issue among Latino youth. According to the latest National Survey on Drug Use and Health, 22.5% of Latino youth aged 12–20 currently drink alcohol and 14% are binge drinkers (SAMHSA, 2012). Substantial evidence suggests that greater frequency and quality of general parent–child communication are negatively associated with adolescent substance use (Kafka and London, 1991). Thus, enhancing parent–child communication is a common target in substance use interventions for adolescents (Beatty et al., 2008; Shortt et al., 2007).

The purpose of this study was to develop parent–child communication activities for an existing substance use prevention intervention for Latino families, *Familias*: preparing the next generation. The *Familias* intervention has been found to be efficacious (Marsiglia et al., 2014). The existing *Familias* intervention curriculum stressed the importance of parent–child communication, but lacked interactive activities where parents could gain strategies to initiate and carry out difficult conversations with youth. Based on feedback from participants and an internal evaluation of the *Familias* curriculum, it was determined that culturally specific parent–child communication activities on difficult topics would benefit parents and youth. Parents participating in the original efficacy trial expressed their lack of experience in communicating with their children about sex and drug use. This article illustrates the use of focus groups, a qualitative method, within a Community-Based Participatory Research (CBPR) process to inform the development of parent–child communication activities. In using qualitative methods, we aimed to ground the parent–child activities in the cultural practices and experiences of this community by engaging Latino parents and youth in defining the problem and engagement strategies that could enhance

their communication process. Here, we describe the implementation of focus groups by applying a CBPR approach with the specific goals of (a) gathering in-depth information about parents and adolescents' perceptions of parent–child communication and possible strategies to strengthen communication with one another, (b) developing culturally grounded parent–child activities to be implemented as part of an intervention program, (c) assessing parents' and adolescents' opinions regarding the parent–child activities that were developed for the intervention, and (d) integrating the newly developed parent–child community activities into the existing prevention program.

Literature review

Culturally grounded interventions

There is a growing need to consider cultural and contextual factors in interventions. The predominant white, middle class focus of existing parenting interventions has limited applicability to other groups, including Latinos (Barrio and Yamada, 2010; Marsiglia and Kulis, 2009). Culturally appropriate interventions are more effective than generalized approaches and have been shown to lead to improved health behavior due to the correlation between strong cultural identification and positive health outcomes (Okamoto et al., 2012).

Culturally grounded interventions allow researchers to focus on the protective and pro-social aspects of a particular culture. Such interventions are able to integrate and accommodate cultural resources, on both a familial and community level, while targeting specific behaviors (Barrio and Yamada, 2010). Culturally grounded interventions must address the core aspects of a culture, while simultaneously remaining sensitive to family migration and relocation history, levels of trauma or loss, financial stressors, and language preferences (Kumpfer et al., 2002). Ethnic populations often experience discrimination and poverty, and often lack access to resources; these experiences are barriers to participating in interventions (Bernal and Saez-Santiago, 2006). Culturally grounded interventions allow such groups to feel empowered (Hurdle, 2002) and promote community engagement and investment due to the community's extensive participation in the process (Okamoto et al., 2012). Methods that engage community members in the intervention development process, such as CBPR and qualitative methods, facilitate grounding interventions in the culture of the population of interest.

CBPR

CBPR is an alternative to expert-driven research which typically engages community members exclusively as study participants (Krueter et al., 2012). CBPR emphasizes an integration of the participant's needs, wants, and cultural context into the research design (Parsai et al., 2011); it involves collaborative partnerships between community members, community organizations, and researchers to generate knowledge and solve local problems (Berge et al., 2009). CBPR is a cyclical process in which problems are identified, solutions are developed within the context of community resources, and interventions are implemented, evaluated, and modified (Berge et al., 2009; Israel et al., 1998).

With CBPR, community members take an active role in all aspects of the research process, including identifying community concerns, evaluating intervention effectiveness, and

dissemination of research findings (Parsai et al., 2011). Researchers create rapport and trust with community members, which facilitates creating relevant and applicable interventions (Spector, 2012). Furthermore, communities involved in the CBPR process have helped improve the rigor, relevance, and reach of science, contributing to the changes in theory concerning health behaviors in certain ethnic groups (Balazs et al., 2013). Indeed, CBPR can lead to a deeper understanding of health and social problems due to improved cultural relevance of the research methods and better fit of research activities into a local context (Krueter et al., 2012). Most importantly, CBPR gives a voice to communities that have been marginalized due to race, ethnicity, socioeconomic status, gender, or sexual orientation (Israel et al., 1998).

Qualitative methods have made unique contributions to research among diverse populations. When developing contextually relevant interventions for specific ethnic/racial groups, it is essential to understand the group's experiences through methods such as interviews and focus groups (Dumka et al., 1998). One of the benefits of utilizing qualitative methods in CBPR is that it allows the exploration of multiple perspectives (Barrio and Yamada, 2010) and increases the validity of studies, especially new or adapted interventions, for specific ethnic/racial groups (Daley et al., 2010). In the current article, we describe the implementation of focus groups within a CBPR approach to develop culturally grounded parent–child communication activities.

The intervention: “Familias: Preparing the next generation”

The parent–child communication activities were created for the “*Familias*: preparing the next generation” intervention for Latino parents. The *Familias* intervention is an eight session parent education program aimed at strengthening family functioning in an effort to prevent adolescent substance use. The goals of *Familias* are to: (a) empower parents to assist their adolescent children in resisting drugs and alcohol using the REAL strategies,¹ (b) build and strengthen family functioning that can lead to prosocial youth behavior, and (c) increase the family's problem-solving and communication skills. During each workshop, a facilitator delivers a lesson and parents participate in group activities to put into practice the information they learned; parents are also given homework assignments to complete with their youth (Parsai et al., 2011). We utilized the CBPR approach to develop new activities to enhance the original parent–child communication component of the *Familias* intervention.

Substantial evidence suggests that parent–child communication is an important influence on family functioning and adolescent psychosocial well-being and facilitates healthy family relationships (Davidson and Cardemil, 2009; Jackson et al., 1998). Children in families that practice open communication are happier and more satisfied with their lives (Davidson and Cardemil, 2009); accordingly, families are closer, more loving, and flexible in solving family problems (Jackson et al., 1998). Due to the importance of family attachment and unity within Latino families, family communication may serve as a strong protective factor against deviant behavior in Latino adolescents (Pokhrel et al., 2008). Often Latino parents

¹The drug refusal strategies are identified by the acronym “REAL” representing refuse (e.g., direct refusal or saying “no”); explain (e.g., offering an explanation or giving an excuse); avoid (e.g., avoiding the environment where drugs are present); and leave (e.g., leaving the scene) (Hetch et al., 2003).

lack knowledge about adolescent risky behaviors (i.e., substance use and sexual activity) and may be less willing to discuss such topics due to the conservative nature of their traditions, which hinders their ability to engage youth in effective communication (Guilamos-Ramos et al., 2008).

CBPR and the Familias intervention

The *Familias* intervention has been found to be efficacious (Marsiglia et al., 2014), and an effectiveness trial is currently being implemented as a means to increase its translational capacity. The aim of the effectiveness trial is to test if the same effects can be attained with *Familias* when the intervention is implemented by a community partner. The American Dream Academy (ADA) is the community partner leading the implementation as part of their regular school-based parenting program. Within this established community-based partnership, the parent–child communication project was implemented in order to further develop the *Familias* intervention by including parent–child communication activities.

The CBPR team is composed of individuals from three different membership categories (see Figure 1). Community partners include parents and children, the partner agency, and school personnel. The partner agency, ADA, is the link to parents and families who are participating in the effectiveness trial. This organization has substantial experience working with the community of interest, recruiting, and retaining individuals for interventions and has established relationships with other community partners. Parents and youth inform the development of the intervention by sharing their personal experiences regarding strengths and challenges on topics of interest, advising the team on the activity development process, and linking the activities to their cultural context. School personnel support the implementation of the *Familias* school-based intervention, support participant recruitment, and provide a familiar environment for intervention delivery.

Research team members include the principal investigator, a project coordinator from the partner agency, other investigators, and research assistants. Research team members contribute to the conceptualization, design, and implementation of the research study component. A former parent participant is also part of the research team; the former participant has been involved with the project since its inception. She was a parent participant in the original focus groups that were used to inform the development of the original *Familias* intervention and now participates as a facilitator trainer and fidelity observer/rater. Additional team members included consultants who have expertise in curriculum development. Individuals from each category of team members were involved in developing the communication activities.

Methods

The purpose of the focus groups was to inform the development of parent–child communication activities for *Familias*. Both parent and youth perspectives were included in developing activities to ensure that both parents and youth would benefit and feel engaged in the activities. Two sets of focus groups were completed to support the development of parent–child communication activities. The purpose of the first set of focus groups was to learn from participants about parent–child communication strategies, patterns, and

behaviors. The focus group discussions involved strengths and challenges they face when communicating in general, and when discussing difficult topics (i.e., substance use). This information was used to develop the parent–child activities. The second set of focus groups was completed with parents and youth to pilot the newly developed parent–child communication activities. Participants completed the newly designed parent–child communication activities and provided feedback.

Focus group procedures

Focus groups were used as the primary method of developing the parent–child communication activities, as there is a long tradition of using qualitative methods to inform and modify interventions (Gilgun and Sands, 2012). Team members served as facilitators and note takers, with one to two facilitators and note takers per focus group. Parents and youth participated in separate focus groups. Focus groups with youth were in English while focus groups with parents were in Spanish. For the first set of focus groups, questions were posed and participants were asked to discuss the topic in small groups (groups of three), followed by a large group discussion involving all participants. This technique was used to encourage parents and youth to share their thoughts in smaller groups and ease their participation in larger group discussions. A similar process was used for the second set of focus groups. The topic for the activity was presented to the group followed by large group discussion. Following discussion, the activity was then completed in small groups or dyads, depending on the activity. Following the application of the activity, full group discussions were held to learn about the participants' experiences with the activity.

Participants and recruitment

Participants for the focus groups were recruited by the community partner. Recruitment was completed at a school where the community partner had an existing relationship. The focus groups were held at a community center. Snacks and child care were provided. Both parents and their adolescent children were invited to participate.

The first set of focus groups included one focus group with parents ($n = 17$) and two focus groups with youth ($n = 19$, split between the two groups). The second set of focus groups included one focus group with parents ($n = 14$) and two focus groups with youth ($n = 13$, split between the two groups). The second set of focus groups was composed of returning participants and new participants (approximately 50% were returning participants), that is, a subset of participants in the second focus group had participated in the first set of focus groups. In total, 24 parents and 26 youth participated in the focus groups. Parents' ages ranged between 34 and 44 years and approximately 75% were mothers. All parent participants were married or in a committed relationship. A majority of parent participants were immigrants from Mexico who had lived in the US between 8 and 26 years. Youths' ages ranged from 9 to 14; most of them were 12 years old. Approximately 60% were female and all were born in the US.

Results: Procedures for developing activities

Phase 1: Planning focus group 1

Figure 2 illustrates the process in which team members engaged to develop the parent–child communication activities. In the planning phase, team members discussed best ways to approach developing the activities. The team decided to focus on participants' strengths or their own knowledge and experiences. Procedures for focus groups (small group discussion/ large group discussion) were discussed, as well as the best ways to frame guiding questions. The focus group protocol was finalized and tasks were assigned to team members.

The initial set of focus groups was designed to learn from parents and youth about communication, discussing both the effective components of parent–adolescent communication and the specific challenges. Sample questions for the first focus group session included: Think about a time when you had a great conversation with your child/ parent, what made it work?; and How do you start difficult conversations? Are there times you have tried to talk to your child/parent about something important and it has not worked? Probing questions were used and examples were requested as needed.

Phase 2: Activity development, findings from focus group 1

Following the first set of focus groups, several team meetings were held to discuss team member observations and brainstorm ideas for activities. In vivo coding (i.e., the use of words or short phrases directly drawn from interactions with participant) or examples shared by participants were used to frame major themes. We used this approach to ensure that the activities stayed as close as possible to participants' experiences, thus allowing us to ground the activities in the participants' culture. Focus group transcripts were also analyzed using grounded theory methods: open and focused coding and a constant comparative approach within and between focus group transcripts (Charmaz, 2006). Smaller teams of two or three were created, and each team was assigned one of the potential activities to develop a concrete structure and more in-depth detail concerning the process for participants. After those activities were designed, the larger group met again to discuss the activities and make any changes based on this collaboration.

Three activities were suggested based on the information gathered from the focus groups. The following section illustrates how parent–child communication activities were grounded in participants' responses to questions during the first set of focus groups. In most cases, parents and children agreed or shared similar examples.

Activity one: *Agarra el Momento/Seize the moment*—Participants shared that many conversations about difficult topics (e.g., substance use) often occurred when they witnessed or were faced with a difficult situation. That is, they took these moments as learning opportunities to initiate important discussions. Parents shared examples that served as initiators of conversation, such as TV shows that presented a situation where youth were using drugs, family parties where individuals were inebriated, or situations in their neighborhood. Parents said that often they did not know how to start difficult conversations

and therefore had to use real-life situations as an opportunity to bridge that conversation. Parents shared,

The girls tell me, 'look mommy they're being offered some' you know like they show on television ... on [the show] la Rosa de Guadalupe. So then I tell them, no well you ignore them, don't pay attention to them ... it's better that you stay away from them. So I'm saying that a lot of the times I take the conversation from the television. You seize the moment [*agarras el momento*] ... meaning, as a parent you don't know how to initiate the conversation ... So here's a program, you use it to start the conversation.

We're going to a supermarket there is a homeless person laying there, there's alcohol and he's smoking and the kids are going to ask you ... They even say, 'ew he stinks, why does he smell like that?' So, you want to tell them the right information, who is he, what is he doing. Or would you prefer telling them don't look and come here. That is the moment one has to communicate with them about alcohol ... or if we see that someone is stealing. I mean, the right moment, you have to see it, so the communication works.

Similarly, youth stated that their parents often initiated conversations about drugs or alcohol in specific situations, "like when we are passing by a liquor store." Another youth stated: "Yeah people are smoking or they're drunk and stuff ... " " ... mmm my dad ... or my mom [will say] it's bad for you because of this ... "

Activity two: Hay que adelantarnos: Better sooner than later—Often parent participants stated that it was critical to have conversations about difficult topics (e.g., drugs and alcohol, sex) sooner than later; engaging youth early in their development would help prepare them to effectively respond when confronted with situations.

Look, when my daughter was in the seventh grade I told her that one day she would be offered drugs ... You have to say no, but you don't need to be scared or show fear, don't worry. When she went to high school a group of girls gave her a bag of marijuana ... and she said, 'no, not me'. And then I tell the other one, the fifteen-year-old, look at what happened to your sister ... And yes, it did help him, the moment came and yes [he was prepared].

At the same time, the team observed that a handful of parents were not as verbal and did not approach having difficult conversations in the same way as the parents in the above quotes. This observation was confirmed by some of the youths' narratives. While several youth reported that their parents talk to them about everything, a few youth said, "They don't talk to me about that" when they were asked how parents talk to them about drugs and alcohol. Other youth shared examples of parents who avoided conversations. One youth stated, "... if it was like ... something sexual my mom would tell me to cover my eyes ... or turn around or something like that." Another youth shared an example of a group of teenagers who were "smoking weed" in the neighborhood. His mom told him to go inside, but never discussed with him her reasons for telling him to go inside, and why it was important that he not be involved in a similar situation.

Youth shared various tactics that they used to bring up difficult or critical topics with parents. These included starting a conversation on a positive note and then ending with the difficult part of the conversation, using jokes, or starting the conversation with “would you be mad if ... “.

Like ‘Oh yeah what would you do if I just like bring drugs’ and they’ll be like ‘why are you saying that’ and I be like ‘I’m just playing’ and they start getting all mad and stuff. And that’s when their like ‘you are not supposed to do that because it’s bad’ and stuff like that ...

Activity three: Setting rules and expectations—Another theme that emerged in the focus groups was a need to set clear rules and expectations. The narratives of both parents and youth addressed setting rules and expectations. Although parents directly stated that rules and expectations were needed, youth shared their own rules, including strategies they use to get their parents’ attention. In the following quote, a mother shared her experience in setting rules, and how this process has encouraged healthy conversations and a strong relationship with her children.

[We have a routine] ... Every day when we have dinner, they have to tell me about their day. What they did ... at school ... I want to know what happened to them. So I ask them every day how was your day because that is a way to find out if they had a good day or a bad day. Or if they were offered things that should not have been offered ... Now my son is the one who says who will speak first at the table and asks the question, ‘how was your day Susy?’ or ‘now daddy, how was your day today’. [She goes on to state the rules] We need to talk more than five minutes. They can’t only say it was good, because if they only say it was good they are not telling me anything. They have to say everything clearly and another thing is that as a mom you have to give clear instructions. If I tell the little girl ‘I want you to clean your room’ ... I have to say ‘I want the bed made, I want no toys under the bed, put the garbage where it goes and to vacuum the room,’ those are clear instructions from me.

Youth shared strategies they used to identify best times to talk to their parents, as well as ideal conditions for parent–child conversations. Youth often shared the need to take cues from their parents; that is, observing their parents to identify if it is a good time to talk. The following interaction illustrates this finding.

Facilitator (F): okay so you guys can tell beforehand when’s a good time ... when’s a bad time?

Participant 1(P): Yeah we know our parents.

F: so how can you tell?

P2: Their faces.

P3: Their expression.

P1: Sometimes when they’re angry it’s like a volcano exploding. [Laughs]

P1: and it's like lava is coming out and that's when you like can see [it's not a good time].

P2: ... you can talk to them the next day if they don't cool down that day.

Several youth stated that they wanted to have conversations in private; that is, when their siblings were not around. A youth stated, "... when you're trying to have a private conversation and they're [siblings] like 'nobody cares,' and you're like 'you're not in this conversation, get out of here.'" This finding varied by birth order; youth who were the eldest in the family were more likely to feel this way, while youth who were lower in the birth order reported that having an older sibling present helped facilitate difficult conversations.

Phase 3: Piloting focus group activities

Next, the parent–child communication activities were piloted during the second set of focus groups. The second set of focus groups was composed of a subsample of participants from the initial focus groups and new participants. This approach allowed us to assess if activities were connected to what participants from the initial set of focus groups had shared, as well as to determine if activities would resonate with or be accessible to other individuals. During the second set of focus groups, we wanted to assess participants' engagement and application of the activity. We also asked participants for feedback; sample questions included: What was your experience like in this activity?; and, Do you think this type of activity would be helpful to parents/youth who may not know how to initiate a conversation about alcohol or drugs with their children?

Activity description—Activity one: *Agarra el Momento/Seize the moment*. For this activity, the parent and youth brainstormed everyday situations that could be used as potential teaching moments. Examples of such situations were listed on the board. Then participants broke up into groups of three where they role-played initiating a difficult conversation with youth/parent. The participants were reminded to select one of the listed situations and use it as an example in their discussion. This activity supported grounding the intervention in participants' culture, as the "potential teaching moments" identified by participants happened within their familial and cultural context.

Activity two: *Hay que adelantarnos*: Better sooner than later. For this activity, participants brainstormed topics that were important to discuss with youth and then developed a strategy (e.g., identifying issues, best time and place to have discussion, gather necessary information to have an informed discussion) for initiating the conversation. This activity supports parents who find speaking to their children about sensitive issues more difficult by helping them develop a strategy while receiving feedback from other parents who do not experience the same trepidation, thus encouraging mutual help and support.

Activity three: *Setting rules and expectations*. This activity involved brainstorming rules for youth and parents that each should follow in order to have healthy and effective conversations. Participants were asked to consider rules that they would include for themselves and for their child/parent. Participants were broken up into groups of three to develop rules. Participants were provided a worksheet to list rules (see Figure 3 for example of worksheets completed by participants). Then they role played using the rules with one

participant as the parent, one as the child and the other as an observer. Two scenarios were used as prompts. The scenarios were based on examples shared by participants in the first set of focus groups.

Scenario 1: Your child casually mentions at the dinner table that some of their friends at school were bragging about smoking marijuana.

Scenario 2: You and your child arrive home one evening and see that your underage neighbors are drinking with their friends on their front porch.

Participant feedback—Youth and parents were engaged and supportive of all three activities. Both parents and youth provided a number of examples/responses for each activity. Parents stated that the activities would be beneficial to other parents and help prepare children. A parent said, “For us it’s very good, I think it will be even better for children.” Youth stated that they enjoyed the activities “because...it’s close to how it would happen in your life, so it’s good example.” In regards to the rules and expectations activity, youth agree that setting rules may help improve conversation with parents “because as I said it helps set guideline.” There was mixed feedback on role playing. Some youth found the activities more challenging when role playing was involved, as they believed their parent would respond differently or they did not know how their parent would respond. Other youth found the role playing to be helpful because it was an opportunity to practice. “I think it would be helpful because the experience, and with somebody acting and you pretend like how you would have the conversation with your parent.” We observed that parents were engaged in role playing without any difficulties.

Phase 4: Finalizing activities

We adapted the activities piloted during the second set of focus groups to fit the structure of the existing *Familias* intervention. During this phase of the project, the consultant, who has expertise in program planning, took the lead as she designed the original *Familias* intervention. In this final adaptation process, we had more flexibility and opportunities to break up the activities into group discussion followed by homework and follow up. The structure of the curriculum, how the concepts and skills of each workshop were presented and practiced during the workshops and then applied in real-life settings, is based on research on learning as it relates to teaching (Leinhardt, 1992). Four principles serve as the framework: (1) new learning is shaped by the learner’s prior knowledge; (2) much learning occurs through social interaction; (3) learning is closely tied to particular situations; and (4) learning involves the use of numerous strategies. Introductory activities in each workshop were structured to tap participants’ prior knowledge about the workshop topics to help them make the connection to their own experiences, and to give workshop facilitators an opportunity to find out what participants were thinking. Parents were treated as a community and they learned from each other. During workshop sessions, participants rehearsed new skills in role-play activities and then created plans on how they intended to integrate their new skills into “real life.” Their “To-Do List,” between workshop sessions included using their new skills in the context of their family dynamics, reflecting on them, and then being prepared to share those experiences at the next session. Facilitators led participants in discussions about what worked and what needed tweaking, and they helped participants

identify additional skills that could be integrated into their “tool-box” to promote healthy family communication and interaction.

Discussion and implications

Three parent–child communication activities were developed for the *Familias* intervention. *Agarra el momento* or seize the moment uses an everyday situations as opportunities to initiate conversations about substance use, including the impact and potential consequences. *Hay que adelantarnos* or better sooner than later, stresses the need to be proactive about addressing critical issues with youth. In this activity, parents identify critical issues they have not discussed with children and develop a strategy for initiating and carrying out the conversation with youth. The final activity, setting rules and expectations, engages parents brainstorming rules and setting expectations for healthy and effective conversations with youth. The three activities were well received and supported by parent and youth participants.

The activities developed for the *Familias* substance use prevention intervention can be used in a number of settings to address parent–child communication in general. Parent–child communication is a critical issue for family well-being as it fosters strong bonds and trust among family members and is a protective factor against a number of youth risk behaviors (Velleman et al., 2005). These activities can easily be translated from group intervention context to other treatment contexts, including family counseling and individual counseling. Concomitantly, the procedures described in this study for developing parent–child activities can be used to develop interventions for other issues and populations served by social workers. With the increasing diversity in the US, tailoring interventions for diverse populations is crucial; this article presents a model for developing culturally grounded activities and interventions.

There are several benefits to using focus groups within a CBPR approach to develop intervention activities. CBPR gives communities a voice. In this case, the Latino community, whose point of view has been excluded in the development of many interventions, is the foundation for the parent–child communication activities. Integrating multiple perspectives facilitated the mixing of expertise in developing the parent–child communication activities. While the purpose of the focus group study was to develop parent–child communication activities for a parent intervention, including the youths’ perspective was critical. Often youths’ perspectives are not included in the development of interventions (Delgado, 1996). In the present study, youths’ narratives often paralleled parents’ narratives; however, youth also offered rich information about challenges and strategies used to initiate difficult conversations with their parents. Similarly, the team members brought diverse perspectives, creating a space that enriched and prompted creativity in the activity development process. The community partners had experience in delivering interventions, with strong ties to community members and community institutions, while the research team members contributed vast knowledge on research methods and intervention development experience with diverse communities. The curriculum development consultant supported the process of making the activities accessible for facilitators and future participants.

The use of focus groups created the opportunity to collect rich data from participants, gather different perspectives, and pilot the parent–child communication activities. There were diverse perspectives and experiences, not only between parents and children, but within parent/youth focus groups. For example, some parents were indiscriminately verbal and openly approached parent–child communication while other parents’ openness varied by topic and some parents were not open. The use of small group discussion followed by large group discussion facilitated the process of engaging parents who were not as vocal; thus allowing us to learn from their reports in the larger group discussion that parents had different points of view on topics. The ability to capture such diversity helped inform our approach in developing the parent–child communication activities and the various roles participants can play; for example, learners within the intervention process, as well as parent–teachers (i.e., for those who have effective parent–child communication skills already). Participants’ narratives were integrated into the parent–child communication activities in multiple ways.

All activities were directly informed by an example or quote shared by youth or parents. In the final activity, setting rules and expectations, participants are asked to practice implementing rules; the scenarios used as prompts were directly derived from participants’ quotes from the first focus group session. By grounding the activities on participant responses, it is likely that the Latino community will find activities more accessible because they will reflect their culture. As Latino immigrant families are likely to experience differential acculturation (Schwartz et al., 2012), involving both parents and youth in the focus groups was critical in assessing if the parent–child communication activities would be effective. The activities reflect the values and experiences of Latino families, while also encouraging them to be proactive about addressing a critical issue that impacts Latino families in the US—substance use. Grounding interventions in the needs and cultural realities of families facilitated creating activities that will resonate with families, help parents build effective communication skills, and engage them in preventing substance use among their children.

Although the focus groups were effective in meeting our goal, to learn from parents if the general idea for the activities was conceptually sound and applicable to their experience, there were some limitations to what could be accomplished within a focus group context (e.g., time frame and structure). Furthermore, we were unable to pilot the activities within the families’ natural environment; the activities were introduced and applied only within the focus group context. An additional step in this process would involve parents completing the activities with their children within their home environment and following up this home activity with a third set of focus groups. During the third set of focus groups, parent and youth (in the same focus group) could discuss their experiences with each activity and recommend changes or improvements as needed. The CBPR process is meant to be fluid and adaptable based on the goal of each project; thus, adding the third set of focus groups would be consistent with this approach. The first focus group with parents was large ($n=17$); due to space constraints, we were unable to split parents into two focus groups. However, using small group discussion followed by large group discussion facilitated the participation of most parents. There are few documented studies that expound upon the intervention

development process within the CBPR framework. Thus, future efforts are needed to document existing processes used to develop community-based culturally grounded interventions that are informed through a CBPR process.

Acknowledgments

Funding

This research was supported by funding from the National Institutes of Health/National Institute on Minority Health and Health Disparities (NIMHD/NIH), award P20 MD002316 (F. Marsiglia, P.I.).

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Figure 1.
Team members.

Figure 2.
Phases in developing parent-child communication activities.

Rules for Youth	Rules for Parents	Rules for Youth	Rules for Parents
Serious time ✱	lighter tone	Ask every question	To explain well
Ask questions	fully listening ✱	Don't talk back	don't be in Rush
not playing around ✱	Ask questions	use Polite words	
No judgement.	eye contact		
No jumping to conclusions.	Don't put things off		
	ask questions		
Rules for Both Youth and Parents		Rules for Both Youth and Parents	
No distractions - NO cell/phones		Don't stay silent	Take it seriously
No yelling -	No attitude	listen carefully	to look at each other
detail	body language	use example	Be Respectful
use examples -	take turns	sybilless distractions	Talk in a private place

Figure 3.
Female and male youth participant worksheets.