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Evaluating the contributions of culture and cultural fit in evidence-based programs: A commentary

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Over the past three decades, the fields of preventive and treatment interventions have soared with programs demonstrating efficacy and effectiveness in the promotion of positive mental and emotional health among youths, as well programmatic effectiveness in protecting youth from the onset and escalation of behavioral problems. In fact, the salutary effects of numerous family-focused, evidence-based programs on social and behavioral outcomes of youths through the promotion of positive parenting, emotional well-being, and pro-social behavior have been well documented (Murry et al., 2007; Spoth, Kavanagh, & Dishion, 2002; Stromshak et al., 2011). Another area of progress has been the recognition that cultural adaptation of effective preventive intervention programs may offer greater benefits to families of varying racial/ethnic group. Despite the recognizable advancements prevention scientists and mental health professionals continue to grapple with the following issues: 1) how to effectively conceptualize and operationalize culture; 2) which methodological approaches to use to evaluate, with precision, if programs met the ecological and culture niche of targeted population, that is the program “culturally fit?; and, 3) are there measures and analytical tools available to effectively assess culture and cultural fit, in order to evaluate their contributions in changing the identified targets in evidence-based programs. Each of these questions is often raised when programs target racial/ethnic populations. In this special section, four articles addressed these conceptual, methodological, and analytical challenges, giving specific attention to examining the extent to which culture and cultural fit are active ingredients for developing and establishing culturally robust preventive interventions for children and families of color.

The first study by Smith et al. evaluates the effects of the Family Check-Up (FCU) to reduce coercive parenting interactional patterns known to increase youths’ vulnerability to engaging in antisocial behaviors. The article proposes that coercive family dynamics may have similar negative consequences on youth regardless of racial/ethnic background. As such, identifying ways to reduce family conflict, through family-based preventive interventions should be universally beneficial for all children and families. Smith et al., utilized data from two large scale randomized prevention trials that included African American, European American, and Hispanic/Latino parents and adolescents, to test the effects of the FCU in strengthening family management strategies theorized to decreased family conflict by reducing the use of coercive interactional patterns. In the intervention model, these parenting/family processes

were hypothesized to be the primary mechanisms for protecting youths from engaging in antisocial behaviors with confidence in the FCU's cultural based on two noteworthy program components. First, the FCU was developed and designed to allow flexibility and adaptation necessary to meet the needs of diverse families. In addition, program implementers/therapists received training and ongoing supervision on culturally relevant issues to gain competencies to deliver the program to families from diverse backgrounds effectively. Because the FCU was specifically designed to be culturally responsive in design, development, and implementations, the robust response of each racial/culture group's to the program should not be surprising. And, as demonstrated, the FCU was indirectly "effective" in buffering youth from antisocial behavior through reduction in family conflict, which was observed among all three groups of diverse adolescents. These findings are very promising, demonstrating the widespread benefit of being attuned to issues of culture at the initial stage of development and design; being attentive to ensuring that program content, activities, and implementation are flexible enough to allow participants to integrate their own values, worldviews, language, and other cultural and contextual processes germane to the internalization of programmatic goals. Because the FCU was found to have cultural robustness while maintaining fidelity and program effectiveness, findings confirm that the FCU can serve as a model for resolving many questions and issues regarding how to develop culturally relevant programs that are sufficiently generic to be effective for diverse groups.

In the following paper, Jensen et al., examined the extent to which targeting family conflict reduction in a preventive intervention works similarly to reduce mental health problems for Mexican American youths, as previously shown in research with White families. This second article explored whether deescalating family conflict through a culturally competent, family-focused preventive intervention has sustaining programmatic effects for youths as they transition from middle childhood to high school. Jensen and colleagues also considered the extent to which heterogeneity within Mexican Americans concerning mother and adolescent acculturation contributed to higher levels of conflict or differential program effects. To tests these possibilities, data from the *Bridges to High School/Puentes a la Secundaria* were used, a program designed specifically for Latino families, incorporating strength-based family processes in content and activities. Armed with these data, the overarching conceptual foundation of Jensen et al. study is that intercultural/ intergenerational conflict is a salient risk factor and an important intervention target in Mexican American families. Furthermore, as the acculturation gap between Mexican American parents and youths increase, family distress heightens, increasing the likelihood of the onset and escalation of maladaptive adjustment among youth. While these theoretical connections have been suggested in past research, explanations have not been empirically tested in a randomized control prevention trial. Jensen et al. sought to increment knowledge by focusing on the cultural relevance of family conflict and more importantly acculturation for changing the mental health and behavioral outcomes of Mexican American youths. However, findings showed no language (English, Spanish) effects on expected outcomes, nor any differences in program effects based on mother or youth acculturation level. In fact, targeting family conflict within Mexican American families had a similar mediating effect as observed in Smith et al. That is, *Bridges to High School/Puentes a la Secundaria* indirectly reduced externalizing and internalizing problem, and deescalated substance use

experimentation among Mexican American adolescents through intervention induced changes in mother-adolescent conflict. The positive promotive patterns evinced through program exposure were observed among youths five years later, compared to behaviors and adjustment observed among youths in the control group. Although the acculturation-gap-distress model was not supported, it is important to note that the evidence has been very mixed in prior research (Telzer, 2010). Nevertheless, youths did show a pattern of increased externalizing behavior problems as a function of parent reported higher levels of acculturation. Cultural shifts, including mother's adoption of less traditional values and parenting practices, have been linked to higher levels of externalizing problems in prior research. It is possible, however, that in Jensen et al., the selected acculturation measure may not have adequately captured the nuances, challenges, and experiences of mothers and adolescents adaptation to the U.S. culture. It also is possible that the conflict measure may not have been sensitive to the specific types of struggles that occur as the result of mother-child acculturation gaps. For these reasons, additional research in this area is warranted. Nevertheless, Jensen et al. make significant contributions in several ways. First, the research offers support for the universality of targeting family conflict in family-focused preventive interventions, as reduced family conflict evinced positive developmental outcomes for Mexican American youths. Second, the study's methodological approach for evaluating within-group efficacy recognizes the importance of considering diversity as a way to understand more fully the unique and similar needs of subgroups of families, rather than assuming that one size fits all families within a given racial/ethnic group. Finally, the inclusion of culture at the onset of program development probably increased program satisfaction, which in turn can promote positive outcomes from engaging in the intervention targets. As such, *Bridges to High School/Puentes a la Secundaria* can serve as a model for developing programs that specifically target culturally relevant mechanisms theorized to lead to adolescent adaptive and maladaptive outcomes in the context of within family cultural orientation heterogeneity.

The third article describes efforts to close the gap between newly developed, evidence-based, HIV/AIDS programs and widespread dissemination contexts with the purpose of reaching and affecting the health outcomes of those in treatment and care services settings. McKay et al. adapt, modify, and package an existing universal evidence-based family-focused youth HIV prevention program, CHAMP, for implementation and dissemination to perinatally infected HIV+ youth and their adult caregiver. CHAMP pHIV+ is the first comprehensive, contextually adapted for medical setting delivery, family-based preventive intervention program, specifically designed to address multidimensional needs of pHIV+ youth and their families. Modifications of the original CHAMP program were guided by numerous social/structural, health care service, and family and individual factors. To address diffusion barriers and challenges, the adaptation process included principles of community participatory research. While many of the core program elements of the original CHAMP program were maintained, other intervention targets relevant to promoting positive development and adjustment among pHIV+ youths were included in the tailoring process. Also included was the identification of non-normative stressors confronting pHIV youth beyond normative adolescence, and unique processes related to HIV, for example, targeted behaviors to increase medication adherence. Following the adaptation, a pilot test of

CHAMP pHIV+ was conducted and initial findings are reported in the article. Results show promising support for future implementation. Observed differences from baseline to post-intervention revealed increases in intervention induced changes in caregivers' reports of behavioral and emotional problems, as well as reductions in functional impairment among youth. Further, there was evidence of increase parental supervision and monitoring albeit evidence of programmatic effects on intervention-targeted youth behaviors was not reported. Thus, McKay et al. provide a model for transferring an existing program for use in diverse settings and effective ways for advancing a universal program for implementation as a tertiary prevention program, identifying malleable targets for reducing the consequences of being HIV+, including factors and processes that increase the likelihood of positive adolescent development, health functioning, and quality of life among youth living with HIV. The work presented here primed the pump for wanting to know formative information regarding challenges and lessons learned, such as program delivery, implementation and fidelity, attendance adherence, and assessment. In addition, the inclusion of basic protocol and procedural description regarding the implementation structure, including program implementers training and response and acceptability of the program in medical settings would provide valuable insights about the process of scaling up CHAMP to CHAMP pHIV+.

Efforts to guide innovative ways to measure and evaluate the contributions of culture and cultural fit in evidence-based programs are illustrated in the fourth paper by Pina et al. Drawing on previous research with Hispanic/Latino families and children, Pina et al. focused on developing strategies and approaches to guide decisions about when and how to adapt content and process that may be culturally relevant in tailoring programs and culturally-specific adaptations that may be warranted in existing evidence-based programs. Merging Collins adaptive approach with Rivera's control systems of engineering, Pina and colleagues describe an exciting innovative study that holds the potential to advance the field of prevention science and clinical practice in numerous ways. Of great importance to advancing the science and practice of preventive interventions is Pina and colleagues' conceptual framework for defining and operationalizing parameters of culture, and then proceeding to utilize an analytical tool that tracks the complexities of diverse families. The underlying principle of this tool usage is its person-centeredness, which allows the client to "act as a cultural broker" initiating decisions about when and how program content and processes need to be modified to achieve targeted programmatic goals. An expansive application of the process for optimizing cultural adaptation through personalization and control systems engineering is discussed in this article wherein Pina et al., draw on examples from their intervention work with Mexican American families.

What is particularly appealing about Pina et al., is that they acknowledge that clients do not come to preventive interventions as "blank slates". They are active agents in the preventive intervention process and make decisions about their level of engagement and internalization of programmatic information. There are numerous advantages that program developers and participating families can reap through the use of personalized, person-centered approach to infuse culture into preventive intervention programs. First, the approach described and illustrated by Pina et al. provides greater assurance of cultural fit. Second, the personalized-centered approach reduces the likelihood of the occurrence of negative consequences that

may emerge if clients are subjected to a program or treatment that is inappropriate or lacks cultural fit to meet their needs. Third, their personalized prescriptive approach may facilitate program/treatment adherence by increasing program relevance and client/participant satisfaction; and, fourth it can be cost effective, eliminating unnecessary use of resources, increase compliance, and enhance programmatic effectiveness. For these reasons, the personalized approach presented by Pina and colleagues can serve as a model of innovation and a much needed shift in efforts to secure evidence-based prevention and treatments for children and families of color.

Conclusions

The articles in this Special Section address the role of culture and cultural fit in programs targeting diverse families and children. The “take-home” message from these articles is – there are various approaches, possibly by level of need, for considering culture in prevention and intervention science. If a program is designed to change universal patterns that occur in all groups, then culture and cultural fit could be broadly specified and considered. Illustrating this point, Smith et al. reported that use of the Family Check-Up to facilitate reduction in family conflict had similar positive outcomes for African American, European American, and Hispanic/Latino youths, with sustaining effects over a 10-year period. Jensen et al. showed a similar pattern of findings in their within group evaluation of the effectiveness of a Spanish vs. English implemented protocol. That is, the *Bridges to High School/Puentes a la Secundaria* program reduced mental health problems and substance use among Mexican American youths, an outcome that was sustained five years post program exposure. Clearly, the intended program outcomes were ascertained when universal (or transcultural) components were targeted, such as family conflict under conditions of broad cultural sensitivity to ensure cultural fit. A finding that is consistent with theory and research showing that while families and children’s experiences are influenced by culture (Murry, Hill et al., in press), decisions to guide when and how culture and cultural fit matters are based on the degree that program elements are sensitive to cultural influence, such as parenting strategies and racial/ethnic socialization (Kumpfer, Alvarado, Smith, & Bellamy, 2002; Murry, Berkel, et al., 2009).

Moving to another approach for capturing and working in the contexts of culture, McKay et al.’s article reflects efforts to improve public health through a “cultures of health systems that support healthy lifestyles” (Anderko, et al., 2012). To help eliminate health disparities, McKay et al., provide a model for transferring an existing evidence-based program for use in medical settings to enhance the quality of life of pHIV+ youth. Their work holds promise to guide efforts to expand preventive health care services to address the needs outlined in the Affordable Care Act, with regard to the inclusion of preventive care, in medical settings, as an option in the Marketplace. Similarly focused on translational research for real word clinical practice, Pina and colleagues have moved the bar closer to personalization in a way that reflects prescriptive medicine. By providing a prescriptive theory and method, Pina et al., set the stage for the next phase of work that will be necessary to more efficiently and effectively document and understand the role of culture and cultural fit in preventive interventions and treatment. Through the use of more sophisticated methodologies and analytical tools researchers and practitioners will be able to develop and implement

protocols designed to capture the nuances of culture that add value to program effectiveness. In conclusion, the field of prevention science and treatment continue to advance in ways that reflect traditional approaches (e.g., the use of focus groups to assist in the development of “culturally tailored or adapted programs”, such as the programs evaluated in this special section, as well as the Strong African American Families; Brody, Murry et al., 2004; Pathways for African American Success, Murry & Liu, under review). The four papers presented here have identified challenges confronting the fields of clinical and preventative sciences. At the same time, there is much to look forward to as new generations of programs are designed, developed, and implemented, applying principles and approaches to determine programmatic effectiveness with greater accuracy — when and how culture and cultural fit should be included, and more importantly for whom.

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References

- Anderko L, Roffenbender JS, Goetzel RZ, Millard M, Wildenhaus K, Novelli W. Promoting Prevention through the Affordable Care Act: Workplace wellness. *Prevention Chronic Disease*. 2012; 9:1–5.
- Brody GH, Murry VM, Gerrard M, Gibbons FX, Molgaard V, McNair L, et al. The Strong African American Families Program: Translating research into prevention programming. *Child Development*. 2004; 75:900–917. [PubMed: 15144493]
- Kumpfer KL, Alvarado R, Smith P, Bellamy N. Cultural sensitivity and adaptation in family-based preventive interventions. *Prevention Science*. 2002; 3:241–246. [PubMed: 12387558]
- Murry VM, Berkel C, Brody GH, Miller SJ, Chen Y. Linking parental socialization to interpersonal protective processes, academic self-presentation, and expectations among rural African American youth. *Journal of Culture Diverse Ethnicity Minority Psychology*. 2009; 15:1–10.
- Murry VM, Berkel C, Brody GH, Gerrard M, Gibbons FX. The Strong African American Families program: Longitudinal pathways to sexual risk reduction. *Journal of Adolescent Health*. 2007; 41:333–342. [PubMed: 17875458]
- Murry, VM., Hill, NE., Witherspoon, D., Berkel, C., Bartz, D. Children in diverse contexts. In: Bornstein, M., Leventhal, T., editors. *Handbook on Child Psychology*. 7th. Vol. 4. Blackwell Wiley Press; in press
- Spoth RL, Kavanagh KA, Dishion TJ. Family-centered preventive intervention science: Toward benefits to larger populations of children, youth, and families. *Prevention Science*. 2002; 3:145–152. [PubMed: 12387551]
- Stromshak EA, Connell AM, Veronneau M, Myers MW, Dishion TJ, Kavanagh K, Caruthers AS. An ecological approach to promoting early adolescent mental health and social adaptation: Family-centered intervention in public middle schools. *Child Development*. 2011; 82:209–225. [PubMed: 21291438]
- Telzer EH. Expanding the acculturation gap-distress model: An integrative review of research. *Human Development*. 2010; 53:313–340.
- Prewit, K. *What is your race? The Census and our flawed efforts to classify Americans*. Princeton, NJ: Princeton University Press; 2013.