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A Culturally Adapted Intervention for Mexican-Origin Parents of Adolescents: The Need to Overtly Address Culture and Discrimination in Evidence-Based Practice

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Abstract

Latino/a populations in the United States are negatively impacted by widespread mental health disparities. Although the dissemination of culturally relevant parent training (PT) programs constitutes an alternative to address this problem, there is a limited number of efficacious culturally adapted PT prevention interventions for low-income Latino/a immigrant families with adolescents. The current manuscript describes the level of acceptability of a version of the GenerationPMTO® intervention adapted for Latino/a immigrant families, with an explicit focus on immigration-related challenges, discrimination, and promotion of biculturalism. Qualitative reports were provided by 39 immigrant parents who successfully completed the prevention parenting program. The majority of these parents self-identified as Mexican-origin. According to qualitative findings, participants reported overall high satisfaction with immigration and culture-specific components. Parents also expressed high satisfaction with the core GenerationPMTO parenting components and provided specific recommendations for improving the intervention. Current findings indicate the need to adhere to the core components that account for the effectiveness of PT interventions. Equally important is to thoroughly adapt PT interventions according to the cultural values and experiences that are relevant to target populations, as well as to overtly address experiences of discrimination that negatively impact underserved Mexican-origin immigrant families. Due to the exploratory nature of this study, the efficacy and effectiveness of the adapted prevention intervention remains to be established in empirical research.

Keywords

Mexican-Origin; Cultural Adaptation; Evidence-Based Interventions; Parent Training; GenerationPMTO

Latino/a populations in the United States (US) are negatively impacted by widespread mental health disparities (SAMHSA, 2015). Empirical research indicates that specific mental health disparities are particularly deleterious for Latino/a immigrant communities and include limited access to culturally relevant mental health services, fear of discrimination, and residence in geographical areas with limited federally sponsored mental health care coverage for low-income populations (Lê Cook et al., 2016; Park, Wang, Williams, & Alegría, 2017).

In response to these challenges, exemplar culturally relevant family-based prevention programs have been developed to benefit low-income Latino/a populations (Gonzales et al., 2012; Hecht et al., 2003; Kumpfer & Alvarado, 2003; Martinez & Eddy, 2005; Prado et al., 2007; Smokowski, David-Ferdon, & Bacallao, 2009). However, the dissemination of this type of interventions continues to be limited among underserved Latino/a immigrant communities throughout the United States (SAMHSA, 2015).

Meta-analytic data indicate that interventions informed according to parent training (PT) principles constitute the gold standard for addressing a variety of externalizing problematic behaviors in children and youth such as rule breaking or defiant behaviors (Michelson, Davenport, Dretzke, Barlow, & Day, 2013). An increasing body of evidence also indicates the positive effects of PT interventions on youth internalizing problems (Perrino et al., 2014). However, the availability of efficacious culturally adapted PT prevention interventions for low-income Latino/a families with adolescents continues to be scarce (Gerdes, Kapke, Lawton, Grace, & Hurtado, 2015; Gonzales et al., 2012).

SCOPE OF THE STUDY

This qualitative investigation is embedded within a randomized prevention controlled trial aimed at empirically testing the implementation feasibility and initial efficacy of a culturally adapted preventative parenting intervention for low-income Latino/a immigrant families with adolescents. This study is relevant as according to principles of community-based participatory research (Castro, Barrera, & Holleran Steiker, 2010), there is a need to confirm that interventions offered in communities adequately address the needs expressed by target populations. Thus, if the adapted intervention is found to be culturally relevant and efficacious, the subsequent goal will be to launch a long-term program of implementation science research, aimed at achieving the large-scale dissemination and long-term sustainability of the adapted intervention in low-income Latino/a immigrant communities in the southern United States.

Within the larger scope of this program of research, the specific objective of this qualitative study was to assess the level of cultural relevance and overall acceptability of a version of the GenerationPMTO[®] intervention adapted for Latino/a immigrant families, with an explicit focus on immigration-related challenges, discrimination, and promotion of biculturalism. The GenerationPMTO intervention has been found to be efficacious in multiple randomized controlled trials, including a rigorous prevention trial with postintervention outcome data spanning over a period of 9 years (Forgatch, Patterson, DeGarmo, & Beldavs, 2009).

Although the intervention was adapted to be relevant to various Latino/a immigrant subpopulations, the majority of the participants in this study self-identified as Mexican-origin. Further, in contrast to the original prevention version of the GenerationPMTO intervention consisting of 14 sessions (Forgatch & DeGarmo, 1999), the current prevention program consists of nine sessions. The abbreviated version of this PT prevention intervention is relevant when considering alternatives to reduce health disparities, particularly because brief efficacious interventions considerably facilitate large-scale dissemination.

Mental Health Disparities Affecting Latino/a Populations

The gap between the development of evidence-based interventions and the permanent uptake in routine care in community-based settings constitutes a major problem in mental health services throughout the United States, with some efficacious interventions lasting 15–20 years before being incorporated into formal mental health services (Boren & Balas, 1999; Proctor et al., 2009). This problem particularly affects low-income Latino/a immigrant populations (Cabassa, Druss, Wang, & Lewis-Fernandez, 2011).

An alternative to address these issues refers to culturally adapting efficacious mental health clinical and prevention interventions to facilitate uptake by community-based agencies and organizations (Cabassa & Baumann, 2013; Cabassa et al., 2011). However, such a goal remains out of reach for many communities as several efficacious parenting programs charge prohibitive fees for training and implementation (Cluver et al., 2016). In the case of low-income Latino/a immigrants in the United States, the need to access affordable mental health services is particularly urgent when considering the increasing antiimmigration climate in the nation, as well as drastic immigration enforcement practices that have translated into a permanent state of emotional distress for low-income Latino/a immigrant families (Cardoso, Scott, Faulkner, & Lane, 2018).

Cultural Adaptation and Parent Training Preventive Interventions

Cultural adaptation refers “to the systematic modification of an evidence-based treatment (EBT) or intervention protocol to consider language, culture, and context in such a way that is compatible with the clients’ cultural patterns, meaning, and values” (Bernal, Jimenez-Chafey, & Domenech Rodríguez, 2009; p. 362). Meta-analytic studies indicate that culturally adapted interventions, including parenting interventions, are effective in promoting positive mental health outcomes among diverse and underserved populations (Hall, Ibaraki, Huang, Marti, & Stice, 2016; Michelson et al., 2013).

Parent training consists of the use of didactic instruction and behavior modeling to promote effective parenting practices (Martinez & Eddy, 2005). According to meta-analytic data, positive outcomes are associated with exposure to PT interventions, such as improvements in parent-child relationships, nonpunitive parenting, and successful child and youth development (Michelson et al., 2013). However, there are a limited number of studies focused on empirically testing culturally adapted PT interventions for underserved Latino/a immigrant families with adolescents (Allen et al., 2013; Estrada et al., 2017), and particularly scarce when referring to Mexican-origin families (Gerdes et al., 2015).

Addressing this gap in research is necessary when considering the mental health disparities that negatively impact Latino/a immigrants in the US (Alegria, Atkins, Farmer, Slaton, & Stelk, 2010; Johnston, O'Malley, Bachman, Schulenberg, & Miech, 2016; Park et al., 2017).

Addressing Biculturalism and Discrimination in PT Interventions

Family therapists must remain cognizant of systemic issues impacting underserved families exposed to specific cultural and contextual challenges. With regard to Latino/a immigrant families in the United States, Szapocznik and Kurtines (1993) first documented parent-youth conflicts resulting from within-family cultural differences in first generation Latino/a immigrant families. This type of family conflict was hypothesized to be originated by an "acculturation gap" (Szapocznik & Kurtines, 1993). Specifically, researchers observed that foreign-born parents expressed a preference for speaking Spanish and adherence to traditional Latino cultural values and traditions, whereas their US-born children reported a preference for speaking English and adhering to US-oriented cultural values and practices.

The acculturation gap hypothesis is complex as not all immigrant families are impacted by parent-youth cultural gaps in similar ways and acculturation gaps can have multiple manifestations (Cox, Zapata Roblyer, Merten, Shreffler, & Schwerdtfeger, 2013; Telzer, 2011). However, prevention studies also indicate that parenting interventions for Latino/a immigrant families with a focus on biculturalism can increase family cohesion, improve parenting practices, and reduce parent-youth conflict (Smokowski et al., 2009). However, qualitative reports documenting the impact of culturally adapted PT interventions for Latino/a immigrant families with a focus on biculturalism remain limited (Stein & Guzman, 2015).

Discrimination—Experiencing ethnic-racial discrimination as an acute or chronic stressor has been consistently associated with poor mental health outcomes (Park et al., 2017). However, although many prevention interventions adequately address relevant cultural issues, few prevention interventions overtly address issues of discrimination (Unger, 2015). Most recently, Cardoso et al. (2018) thoroughly documented the need to inform parenting interventions for Latino/a immigrant families according to the deleterious effects associated with the current anti-immigration climate in the country, as well as new immigration enforcement policies that have resulted in considerable distress for low-income Latino/a immigrant communities. Therefore, in an effort to identify alternatives to reduce mental health disparities experienced by these populations, the current manuscript describes the level of acceptability of a version of the GenerationPMTO intervention adapted for Latino/a immigrant families with an explicit focus on immigration-related challenges, discrimination, and promotion of biculturalism.

METHOD

Participants

The majority of participants in this study self-identified as Mexican-origin. All families had a target youth (TY) between 12 and 14 years of age who exhibited mild to moderate behavioral problems when initially screened for the investigation. Due to the preventive

nature of the intervention, families with children that exceeded the behavioral problems criteria were not included in this study and were referred to community mental health services. All participating parents had to self-identify as Latino/a or Hispanic and be Spanish-language dominant. Children could be Spanish- or English-dominant. With regard to country of origin, the majority of parents in the intervention and control conditions identified Mexico as their country of origin (95%, $n = 92$), with the remainder (5%, $n = 5$) reporting Central American countries as their country of birth. The majority of families in both intervention conditions (i.e., CAPAS-Youth vs. wait-list control), reported exposure to considerable financial challenges with 66% of families stating a combined family annual income of \$30,000 or less. Detailed characteristics of RCT participants are presented in Table 1.

Sampling Procedures

Families were recruited from local churches, health care settings, and mental health offices. Recruitment was also conducted by word-of-mouth referrals from parents who completed the intervention. Families were screened according to Bird et al.'s (2001) screening instrument of child externalizing behaviors. This measure allows for the classification of youths' problematic behaviors ranging from mild to severe. Parents and youth were individually compensated for their participation in each assessment of the randomized design, specifically, US \$30 at the baseline measurement (T1) and US \$40 at intervention completion (T2). This study was reviewed and approved by the Michigan State University and the University of Texas at Austin Institutional Review Boards.

Research Design

A small pilot study with five families (five mothers, four fathers) was implemented to test the acceptability of implementation procedures and content of the intervention. Based on participants' feedback, the intervention manual was revised to increase cultural and contextual relevance. The second phase of the study consisted of a randomized controlled trial (RCT) with two intervention conditions: (a) a 9-week culturally adapted version of GenerationPMTO for families with adolescents, or (b) a wait-list control condition. Parents in the control condition received the adapted intervention after all families in both intervention conditions completed T2 assessments. Block randomization by gender of the target youth was used to balance representation of adolescents in both intervention conditions.

Data collection—Parents who successfully completed the intervention were invited to participate in a focus group interview aimed at evaluating their overall satisfaction with the intervention. According to a semistructured interview guide, participants were initially asked an open-ended question aimed at identifying the intervention components that they perceived were most relevant to their parenting practices. After participants answered this question, interviewers asked follow-up probes on specific components that were not addressed by parents in response to the initial open-ended question. All focus group interviews were audio-recorded and transcribed for data analysis. A total of three focus groups were conducted in Spanish with 12–14 parents per group, each lasting between 60 and 90 minutes. A detailed interview guide is available from the first author upon request.

Intervention

The GenerationPMTO intervention is delivered exclusively to parents as it operates according to a mediational model. That is, the theoretical assumption is that parents are the primary agents of change. Thus, by strengthening the caregivers' parenting practices, positive outcomes will be observed in youth (Forgatch et al., 2009).

The first cultural adaptation of GenerationPMTO for Latino immigrant populations was conducted by Domenech Rodríguez, Baumann, and Schwartz (2011). This GenerationPMTO manual was titled "CAPAS: Criando con Amor, Promoviendo Armonía y Superación" (Raising Children with Love, Promoting Harmony and Self-Improvement). The cultural adaptation process followed the Cultural Adaptation Process Model (Domenech-Rodríguez & Wieling, 2004) and incorporated the Ecological Validity Model of cultural adaptation (EVM; Bernal, Bonilla, & Bellido, 1995). The CAPAS intervention was originally adapted for Latino/a immigrant families with children ages 4–11 and consisted exclusively of the core parenting components of the GenerationPMTO intervention. Thus, although the intervention was adapted to ensure cultural relevance according to various dimensions (e.g., language, metaphors), the intervention did not include components explicitly focused on immigration-related issues, discrimination, and biculturalism.

CAPAS-Youth—The CAPAS-Youth intervention was adapted to address the needs of Latino/a immigrant families with adolescents (ages 12–14). The parenting program consists of nine parenting group sessions with specific goals and objectives.

Intervention curriculum—Session 1 consists of a general introduction and provides a framework of the parenting intervention within the context of immigration. Specifically, parents are encouraged to discuss their motivations to become immigrants, the immigration-related challenges that negatively impact their parenting practices, and the strategies they have developed to cope with immigration-related challenges such as work exploitation or discrimination.

Session 2 continues the immigration-focused conversations but with an expanded focus on biculturalism. Thus, the construct of biculturalism is defined, followed by a brief discussion focused on the ways in which biculturalism can act as a protective factor in immigrant families. These concepts are illustrated by interventionists engaging in role plays aimed at demonstrating parent-youth conflictual interactions associated with cultural differences between parents and youth. Finally, parents are engaged in role plays aimed at practicing skills to help them engage their adolescent children in conversations aimed at promoting biculturalism. For instance, parents encourage their children to reflect about the benefits of being bilingual, such as the opportunity to compete for better quality jobs and aspire to higher standards of living. This session was developed according to principles of existing prevention interventions aimed at promoting biculturalism with Latino/a immigrant families (Gonzales et al., 2012; Martinez & Eddy, 2005; Prado et al., 2007; Smokowski et al., 2009).

The remainder of the curriculum consists of the core GenerationPMTO parenting components informed by frameworks of immigration and biculturalism. For example, the skills encouragement component is presented as a set of parenting skills that will help

adolescents become self-sufficient in a society that privileges independence, in contrast to community-oriented values that are common in Latin American societies (Stein & Guzman, 2015).

Throughout the intervention, parents are encouraged to reflect on key premises of youth development and the importance of adjusting parental expectations accordingly. To increase relevance for the target population, the session on monitoring and supervision has an emphasis on technology, adolescent sexuality, and drug use prevention. All families enrolled in the program are offered advocacy services in parallel to the parenting intervention. Specifically, an interventionist conducts a needs assessment with each family to facilitate access to resources, which can range from referrals to immigration legal services to specialized mental health services. Table 2 presents a comparative outline of the original CAPAS intervention and the CAPAS-Youth intervention.

Interventionists and Fidelity

The lead intervention team for this study was integrated by a female master's level clinical social worker and a male professional with a background in community organizing. Interventionists co-delivered the intervention with the lead author, who is a Generation PMTO certified specialist. The two Detroit-based lead interventionists are Latinos/as, fully bilingual, and residents of the target community.¹ The lead author is of Latino heritage and fully bilingual. Interventionists had extensive training in Generation PMTO with 6 years of experience delivering the intervention to Latino/a families with young children.

Two main strategies were implemented to address issues of intervention fidelity. First, the lead author codelivered the parenting groups and provided live supervision to interventionists. The first author has over 10 years of experience delivering the GenerationPMTO intervention in clinical and prevention settings. He was the principal investigator of an NIMH-funded randomized controlled trial of the CAPAS intervention with low-income Latino/a immigrant families with young children, ages 4–11 (Parra-Cardona et al., 2017). In addition, he was the principal investigator and lead supervisor of a study aimed at testing the feasibility of implementation of the intervention in Monterrey, Mexico, with families affected by child maltreatment (Parra-Cardona, Aguilar, Wieling, Domenech Rodríguez, & Fitzgerald, 2015).

A second strategy consisted of consultation with the leadership team of Implementation Science International, Inc. (ISII), the independent organization that coordinates the national dissemination of the GenerationPMTO intervention. Specifically, the ISII Founder and Executive Director and the Director of Implementation and Training reviewed with the first author the cultural adaptations made to the original GenerationPMTO core components. This process involved evaluating the contextual and cultural relevance of the intervention, while ensuring that the core GenerationPMTO principles and method of delivery were maintained. Although the ideal method for fidelity checks consists of reviewing video recordings of

¹The process of GenerationPMTO certification is a lengthy process that can take up to two years. Such a certification must be granted by Implementation Sciences International, Inc., or a certified implementation site. The GenerationPMTO intervention disseminated in this study closely adheres to the core components of the original intervention. However, because two of the interventionists have not yet completed certification requirements, we consider this study to be *Generation PMTO-Informed*.

parenting sessions, such a strategy was not implemented because parents requested interventionists to abstain from video or audio recording parenting sessions. Due to the heightened fear experienced by immigrant communities, this request was immediately honored and participants were assured that confidentiality of group conversations would be maintained by all members of the intervention team.

Analytical Strategy

Overview—Because data consisted of audio recordings of focus groups interviews, it was not possible to achieve a precise identification of individual statements by group participants. Thus, the best indicator of perceived relevance of intervention components consisted of responses to the initial open-ended section of the interview guide, which asked parents to identify the parenting sessions and skills that were most relevant to their parenting practices. Audio data and transcriptions of participants' answers to the open-ended questions were carefully reviewed to ensure that responses were not monopolized by a few parents. Parenting components that were not initially reported by participants were explored through specific probes. The specific pattern of responses according to type of questions asked by interviewers is reported in the results section (i.e., open-ended vs. probes).

Analysis—The data analytical strategy resembled the approach previously reported in a similar qualitative study of a randomized trial of the CAPAS intervention for families with children ages 4–11 (see Parra-Cardona et al., 2016). Briefly, descriptive analyses were conducted to analyze levels of attendance and satisfaction with individual intervention components. A thematic analysis approach was implemented to analyze qualitative data gathered through focus groups (Braun & Clarke, 2006). In contrast to data analytical strategies characteristic of alternative qualitative traditions such as grounded theory, our approach was highly specific as we focused primarily on evaluating the impact of the components included in the parenting program. This specific focus was a key characteristic of this study as the long-term goal of this program of prevention research is to scale up the dissemination of a brief and manualized culturally adapted version of the GenerationPMTO intervention. However, a limitation of this approach is that additional relevant areas of inquiry were not explored unless explicitly addressed by respondents.

The first author led the initial coding of the data by following a coding guide that included parent and subparent codes associated with each core component of the intervention. Additional codes were added if participants' responses could not be categorized according to the initial coding scheme. The initial coding process resulted in 65 codes that were integrated into two major subsets of data: (a) core GenerationPMTO components, and (b) context and culturally focused sessions. To address trustworthiness of the data (Morrow, 2005), the second author reviewed the coded transcripts to ensure consistency according to the coding scheme. The first and second authors conferred to clarify coding criteria for 15% of the codes that showed some level of discrepancy. The first author also kept an audit trail and journaling to increase trustworthiness of the data (Morrow, 2005).

To complement analyses, the third author reviewed the coded themes to confirm adequacy of coding. This author conducted focus groups interviews and explored the components and

characteristics of the program that parents considered were in need of improvement. The third coauthor did not have any interactions with participants throughout the intervention delivery process, which increased the likelihood for parents to express recommendations to improve the program. All data analyses were conducted in Spanish utilizing NVivo version 10.0 software.

RESULTS

Retention

To be considered a successful retention case, each parent had to attend at least one of the two initial engagement sessions focused on cultural themes, middle sessions addressing core parenting components, and at least one of the final two sessions focused on reviewing all core parenting components. These criteria ensured adequate intervention dosage. Thus, mothers without external employment were considered successfully retained if they attended a minimum of six out of nine parenting sessions. Due to long working hours and strict expectations by employers, we adjusted the retention criterion for parents experiencing stringent employment regulations to five out of nine sessions. This strategy allowed for adequate exposure to the intervention by at least one parent, without putting at risk the participants' relationship with their employers. The majority of mothers, 35 out of 37, who attended the initial session completed the parenting program (94.5%). Nine out of 12 fathers who attended the initial session completed the intervention (75%). Remaining parents attended 1–3 sessions.

Intervention Satisfaction

High levels of participant satisfaction were reported by parents across all waves of parenting groups. On a 1–5 satisfaction scale (1 = lowest satisfaction, 5 = highest satisfaction), satisfaction ratings across all waves averaged 4.71 ($SD = 0.74$). Internal consistency coefficients of the satisfaction measure across all waves ranged from $\alpha = .95$ to $\alpha = .98$.

With regard to perceived satisfaction and suggestions for improvement, nine parents offered specific recommendations. Two parents expressed that the parenting program should be offered during the months with less risk for cancellations due to inclement weather and school breaks. One parent recommended shortening the parenting program to fewer sessions. Two parents expressed that the encouragement component would be easier to accomplish by inviting adolescents in the session to help parents brainstorm options for incentives, rather than assigning this task to parents as home practice assignment. Two participants suggested having additional back up plans as they expressed frustration that one group session was canceled because the child care providers were unable to attend. Finally, two fathers suggested offering groups on Saturdays due to conflicting work schedules.

Focus Groups Findings

Participants reported high satisfaction with immigration- and culture-specific components. The majority of parents also expressed high satisfaction with the core parenting intervention components, with the exception of two parents who were dissatisfied with role plays. However, the lack of qualitative reports of dissatisfaction could be associated with the fact

that the focus groups methodology does not facilitate the expression of opinions that dissent from the group consensus. Considering this limitation, the themes reported in the following sections correspond to conversations in which several statements were expressed by parents across all focus groups. We specify whenever a theme was addressed by a limited number of parents.

GenerationPMTO core components—When prompted with the initial open-ended question aimed at assessing the perceived relevance of the parenting components, parents identified positive involvement, skills encouragement, effective limit setting, and emotional regulation as the most relevant components to their parenting practices. Monitoring and supervision and family problem solving were addressed by parents after specific probing by interviewers.

Positive involvement: Positive involvement is a core intervention component focused on promoting close relationships between parents and youth. This topic was consistently identified by participants as highly relevant to their parenting efforts. A father's account illustrates reflections shared by parents across all groups:

I used to say that our children were the ones with the problem, but I realized that if we are doing things wrong, they will do things wrong as well. It's about learning that our children are only the reflection of our actions.

Parents also reflected on how their experiences growing up have influenced the type of involvement they have with their children. One mother stated:

I learned to see the chains of education we have from our parents and how we want to do the same. They made us do things with one intimidating look, but communication and respect are better. Rather than picking up fights with our kids, you teach them there will be a consequence for their mistakes. My old ways were wrong and now I am closer to my daughter.

Parents frequently emphasized the importance of positively impacting their children by changing their own behaviors, as one mother said:

I used to yell at my children a lot. It was me who was wrong. Now I have changed and I keep working on it. Now I focus on understanding them, which is what matters the most so we can live in harmony.

Some mothers reported increased father involvement. However, this feedback was only provided by mothers partnered with fathers who either participated in the intervention or were supportive of mothers attending the program. One mother stated:

After coming to group, my husband got closer to my daughter. ... She has appreciated her father being closer to her. She told me, "Even though he has so much work, he takes time to be with us as a family. ... He is even taking time to reward us for what we do right!"

Skills encouragement: This core component refers to helping youth become self-sufficient by mastering various behaviors (e.g., daily chores at home). Incentive charts adapted for

adolescents were used as a tool to motivate youth and promote positive behaviors. A father's account describes a reaction commonly shared by parents across all groups:

It was always a fight to make my son do his homework. Now, we use the charts and he knows there is a reward at the end of the week. So, he is very motivated to do what he is supposed to do because he chooses his prizes.

A mother's account illustrates how the acquisition of this skill represented a personal challenge. This theme was addressed by parents across all focus groups:

I used to think, "Why do I need to pay them for something they are supposed to do?!" ... We were not raised like that. I'm learning that by motivating them, they can keep learning new good behaviors. They cannot do what I want, right in the moment I want it.

Limit setting: Parents reported that the most significant impact of this intervention component referred to learning that effective discipline is characterized by mild, short, and consistent consequences for misbehavior. One father illustrated the type of feedback reported by parents across all focus groups:

I learned that discipline must be brief and mild to be effective, rather than something that hurts too much. Just like we talked in group, when he misbehaves I tell him, "OK, no tablet tonight." But then, the next morning is a new day and he gets the tablet back, and everything else is left behind.

Parents also reflected about how effective discipline strengthens the parent-youth relationship, as one mother expressed:

The discipline we are learning here works really well. Discipline by being firm but without fighting with them, offending them, disrespecting them. We keep calm and they learn that there are consequences for what they do. Now they are learning rules but also respect.

A father further illustrated this issue:

I learned that discipline is about communication and respect. Rather than engaging in a fight with my children, I communicate to them that there will be consequences for their misbehaviors. Rather than fighting them face-to-face, I tell them, "OK, there is a consequence for that behavior."

Emotional regulation: Parents reflected on the importance of consistently practicing emotional regulation as they were implementing various parenting skills. A mother said, "the class on emotion regulation was very important because I learned how to not yell at my children ... I yelled at them a lot but rather than bringing them close to me, I was pushing them away." Parents also expressed that this was a challenging skill to acquire, as one mother stated:

It was really difficult for me to control myself but I started to change little by little. ... I was always yelling at my kids, "do this, do that!" ... But now, I speak calmly

and request things calmly and they respond. ... Their bad reactions were a response to how I was asking the wrong way.

Monitoring and supervision: Participants expressed that this intervention component helped them refine monitoring practices they already had in place, as one mother affirmed, “Before, I was afraid of checking more on my daughter. But now I tell her that I just want to keep checking on her to prevent problems and make sure she is OK.”

Parents also expressed the need to refine their skills based on specific contextual risks, as one mother said, “I started monitoring my daughter better. One day I followed her walking alone after she told me that she was going to be with friends. I am so glad I followed her because I was always afraid for her.”

Family problem solving: The goal of this component is to engage family members in a collaborative process aimed at identifying solutions to unmet family needs and problems. The component was delivered by coaching families to plan activities aimed at strengthening family interactions (e.g., planning a fun family night). Parents consistently reported this component to be beneficial, as one mother expressed, “Doing this helps because our kids feel important and taken into consideration. They know that they have a voice and a role on what we do ... they know what they say matters and that makes them feel important.” A mother’s account resembles similar reactions by other parents:

After taking these classes, rather than me saying, “We are going to do this!”, now I tell my kids, “OK, what would you like to do? Let’s do a plan together.” And whenever they have a role and they do it right, they feel so proud!

Supportive skills/teaching tools—When parents were asked about the most relevant in-class exercises, participants across all focus groups consistently identified giving good directions and role plays. Parents referred to these two components as providing a “mirror effect” of their parenting behaviors. The role of interventionists was assessed by active probing by the interviewers. When prompted about suggestions for improving the intervention content, parents across all focus groups recommended an increased focus on issues related to drugs and adolescent sexuality.

Giving good directions: Practicing how to give good directions was a consistent theme reported by parents, as illustrated by one mother:

I always asked my children by yelling at them. ... Practicing how to give good directions helped me a lot and I’m surprised at how well they follow through on what I ask them to do. ... I was the problem because I was always angry. ... We are basically learning how to be parents.

Fathers provided similar reports, as one father affirmed, “Whenever I did it my way, it never worked. I was wrong. Now I give directions like we learned here and they understand me!”

Role plays: Parents reported that the use of role plays helped them become more empathic toward their children, as well as to gradually master new parenting skills. One father’s account resembles feedback commonly reported by parents, “the role plays helped me

because is like seeing myself in a mirror. I have a strong temper and after the role play, I toned it down and that has helped because my children now get closer to me.” A mother’s report further illustrates similar reactions shared by parents across groups, “Role plays are like cold water falling all over you. I was like, ‘Wow, I’m messing up!’ ... I realized that I was not giving my daughter a chance, and it was a challenge to be her in the role play.”

Some parents also expressed that role plays helped them to gradually become comfortable with new parenting strategies, as one mother affirmed, “Role plays helped a lot because when we first practiced them in the group, we were anxious. But then you go home more relaxed and can practice the new skills with your children being more relaxed.” Two parents reported dissatisfaction with role plays because they did not resemble parenting situations at home, as one mother expressed, “Role plays were somewhat helpful, but everything changes when you are in front of your children at home.”

Role of interventionists: Parents identified two key attributes in group leaders. First, the interventionists’ level of expertise, as one mother affirmed, “It was very important the group leaders’ training. They always spoke to us in ways we could understand. ... The way they presented the information was very clear and the exercises were very helpful. ... I always felt respected and supported.”

Parents also reflected on the interventionists’ ability to connect with parents, as one mother stated, “The group leaders transmitted trust to us, like we could make any type of questions to them. ... They are trustworthy and humble and that is very important to make this program successful.”

Areas of improvement: sex and drugs: Parents expressed the relevance of addressing the topics of drug use and adolescent sexuality and highlighted that more time was needed to address these themes. They also considered that talking with youth about drugs was easier than communicating about sex, as one mother stated:

The information on drugs was very good but we need more time in group to learn about how to talk with our kids about drugs. ... It is much easier to talk about drugs than talking about sex, but we would benefit from having more time to talk about drugs too.

Parents emphasized the need to improve the intervention by having sessions fully focused on how to address issues of adolescent sexuality.

A mother’s account reflects feedback provided by parents across all groups:

We really need classes focused on sex. ... It is hard to talk about that and our children many times don’t want to talk about it. ... Many of us were raised with the idea that you have to be a virgin until marriage. ... We cannot continue with that way of thinking. They need to have information and we need to learn how to talk to them about sex.

Immigration and culture-specific components—The intervention components focused on immigration and biculturalism were identified as relevant by participants across all groups and generated active conversations.

Immigration: Across all focus groups, participants reflected about the importance of discussing immigration-related challenges and benefits, as well as strategies for coping with discrimination related to immigration status. The feedback provided by one mother illustrates the reflections commonly shared by other participants:

The classes on immigration were very important because they are like a little push for us to talk about our struggles. Many times, we don't want to tell our children what we have suffered by being immigrants, but it's important for them to know about the sacrifices we've made so they can have what they have. It is important for them to know what we've gone through. We cannot pretend to hide the sun with a finger and pretend that we have not struggled. They have to know.

Some parents reported feeling surprised to learn about their children's reflections related to advocacy when discussing immigration challenges. One mother affirmed:

After talking with my daughter about immigration, she told me, "Mom, I'm going to be a social worker when I grow up. ... There are too many injustices against Latinos in this country. ... That is why I'm going to be a social worker, so I can help."

Parents also reflected on the importance of exposing their children to the challenges that people experience in Mexico, as a way of helping them become aware of the privileges they have in the United States. One mother stated:

When we visited Mexico, my daughter said, "Oh, these people are very poor. ... they are really in need. ... Now I understand everything you have done for us." Before, she did not see this. It is very hard for them to understand these problems if they don't see them.

Some parents reported challenges experienced by their children based on their parents' immigration status. A mother described the discrimination experienced by her son at school:

My son was bullied at school because I am an immigrant. It got to the point of him saying that he wanted to die. ... The school helped us with the bullying because he was suffering. We suffer by being immigrants but our children suffer even more. Now my son tells me, "Mom, I know you came here to offer us a better future."

Biculturalism: Parents highlighted across focus groups the benefit of framing parent-youth cultural conflicts as a "cultural gap" between generations. They also expressed that promoting biculturalism in the family was a useful alternative to address these issues. One mother's reflection illustrates similar reports shared by other parents:

The problem is that we want to impose a culture that in reality is not theirs. I learned here that I need to accept that they are growing up in this country and I need to learn from the American culture. Our children interact with Americans and

the problem is when we only want for them to learn what we learned, and that is not possible.

A mother further elaborated on this issue:

Our children have lived all their lives here and we want to educate them like we were raised. We need to become aware that we live in two cultures. We need to find a way to keep both cultures as we raise our kids.

Parents also expressed feeling surprised by learning about their children's perspectives on cultural issues. One mother's reflection resembles accounts shared by other participants:

After having the conversation on culture, I was surprised by my son's response. He told me, "Mom, I won't leave everything I have here to go and live in Mexico." But he also told me that a benefit of being here is that he has the best from the US and Mexico. ... It's like we talked in group, that we can be bicultural.

A father also reported:

I was surprised by my daughter's response to the biculturalism question. She said to me, "We get a lot of things. I can learn about Mexico by speaking Spanish with you. But because I also speak English, many doors will open here for me. We can interpret and we can help people who don't speak English, and that is very good."

DISCUSSION

Current findings indicate that participants perceived the culturally adapted parenting intervention to be relevant to their caregiving efforts. Study results also highlight the importance of informing this type of interventions by overtly addressing issues of immigration, contextual adversity, discrimination, and biculturalism. These findings are encouraging when considering that brief culturally adapted PT prevention interventions constitute an alternative to reduce mental health disparities experienced by Latino/a populations, particularly because brief interventions are more likely to be adopted by mental health agencies and community-based organizations with scarce resources (Cabassa et al., 2011; Cluver et al., 2016). Thus, current results are in line with exhortations by mental health disparities researchers indicating the need to develop prevention interventions characterized by cultural relevance, cost-effectiveness, and high likelihood for community uptake and scalability (Cluver et al., 2016).

The Prominence of Culture and Context

Current findings confirm previous research indicating the positive impact of promoting biculturalism with immigrant families experiencing parent-youth cultural conflicts (Gonzales et al., 2012; Prado et al., 2007). However, in contrast to existing interventions consisting of multiple sessions focused on biculturalism (see Smokowski et al., 2009), qualitative findings indicate that salient cultural issues can be addressed in a brief parenting intervention as long as the content is strategically addressed.

Qualitative findings also offer evidence indicating the importance of overtly addressing discrimination in prevention interventions targeting underserved diverse populations

(Arellano-Morales et al., 2015; Unger, 2015). This issue is particularly salient when considering the increasing nationalist and anti-immigration social discourses in the nation, which have profound deleterious impacts on the mental health of low-income Latino/a immigrant families (Cardoso et al., 2018). In reference to these issues, participants reported the benefits resulting from processing in parenting groups the ways in which immigration-related stress and associated experiences of discrimination negatively impact their lives and parenting practices. Thus, current findings indicate the need to continue to adapt parenting prevention interventions according to the adverse anti-immigration context currently experienced by vulnerable Latino/a immigrant families across the United States (Cardoso et al., 2018).

In addition, an important implementation lesson refers to the need to embrace advocacy activities beyond the delivery of parenting interventions (Smith, Chambers, & Bratini, 2009). Although this component was not evaluated in the focus groups interviews to protect the participants' confidentiality, we engaged in a variety of actions to help families cope with immigration-related challenges. For example, we supported the preparation of immigration petitions by providing summaries of parents' improvements on the quality of their caregiving practices. This is a relevant reflection for family therapists engaged in this line of service, as active advocacy constitutes a key alternative to address the deleterious impact of contextual adversity experienced by low-income diverse populations (Smith et al., 2009).

Perceived Relevance of Core Parent Training Components

Results from this investigation constitute a contribution to the literature because previous reports of satisfaction with the target intervention were limited to Latino/a immigrant families with young children (Parra-Cardona et al., 2016, 2017; Domenech Rodríguez et al., 2011). Specifically, when asked open-ended questions aimed at identifying the parenting components with the most relevance to their parenting practices, participants across focus groups identified positive involvement, skills encouragement, effective limit setting, and emotional regulation. These findings correspond with results from an efficacy study of the GenerationPMTO intervention with Latino/a immigrant families with young children (Parra-Cardona et al., 2016, 2017). Upon probing, participants also identified the problem solving and monitoring and supervision components as relevant to their parenting practices, resembling previous reports in the parent training literature with Latinos/ as (Domenech Rodríguez et al., 2011).

Participants' qualitative reports also corroborate findings from previous GenerationPMTO trials, indicating the saliency of giving good directions and role plays (Björknes & Manger, 2013). Finally, parents expressed the critical role of interventionists as content experts and guides for the acquisition of new skills, as well as the importance for interventionists being able to establish warm and genuine connections with parents in order to facilitate a process of change (Stein & Guzman, 2015).

Limitations of the Study

Important limitations of this investigation must be noted. First, due to the large number of parents who participated in each focus group interview and the fact that interviews were audio-recorded, it was not possible to determine precise frequencies of mention of specific individual themes. Thus, the main narratives in group interviews were likely provided by the parents who felt most comfortable in the focus group settings, with parents holding dissenting opinions most likely abstaining from sharing contrasting experiences.

This exploratory investigation constitutes the first study aimed at empirically examining the relevance of a culturally adapted version of GenerationPMTO with a majority sample of Mexican-origin families with adolescents. Thus, additional efficacy and effectiveness studies are necessary to make generalizability claims with regard to the impact of the intervention with various Mexican-origin and Latino/a subpopulations. In addition, the timeline of the study prevented us from offering the intervention in months that are more conducive to increased father participation in the parenting program. In a previous prevention trial, we carefully matched offering parenting groups during months characterized by decreased job opportunities for fathers due to inclement weather, which resulted in significantly higher enrollment of fathers (see Parra-Cardona et al., 2017). Finally, the prevention focus on the adapted intervention requires empirically testing the relevance of this model in clinical settings, as well as conducting the necessary adaptations to meet the needs of families with more complex presenting problems.

CONCLUSION

Although the effectiveness of the intervention remains to be demonstrated in future studies with various Latino/a immigrant subpopulations, lessons learned in this investigation are relevant given the current anti-immigration climate and immigration policies that are seriously impacting vulnerable immigrant populations throughout the United States. Thus, family therapists have a unique opportunity to embrace social justice by disseminating prevention programs characterized by an integration of evidence-based knowledge, cultural relevance, and an overt focus on discrimination.

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Table 1**Participants' Demographic Information^a**

	Control	Intervention
Family characteristics		
Participating families	34	37
Annual family income		
<\$10,000	5 (14.71%)	11 (29.73%)
\$10,000–\$20,000	6 (17.65%)	4 (10.81%)
\$21,00–\$30,000	7 (20.59%)	14 (37.84%)
\$31,000–\$40,000	5 (14.71%)	3 (8.11%)
>\$40,000	5 (14.71%)	3 (8.11%)
Average number of children in household	2.65 (± 1.32)	2.76 (± 1.14)
Individual characteristics		
Participating parents	48	49
Average parent age	38.53 (± 5.63)	38.49 (± 5.64)
Average years living in	17.34 (± 4.77)	17.07 (± 5.02)
United States		
Fathers	14 (29.17%)	12 (24.49%)
Mothers	34 (70.83%)	37 (75.51%)
Birth country of parents		
Mexico	44 (91.67%)	48 (97.96%)
Others	4 (8.33%)	1 (2.04%)
Education level		
Without school grade	2 (4.17%)	1 (2.04%)
Grade 1–11	32 (66.67%)	30 (61.22%)
High school graduate	10 (20.83%)	6 (12.24%)
Some years of college/technical education	2 (4.16%)	2 (4.08%)
University graduate	0 (0.00%)	2 (4.08%)
Youth characteristics		
Participating youth	34	37
Average age	13.44 (± 1.05)	13.36 (± 1.13)
Average years living in United States	13.00 (± 1.09)	12.39 (± 1.66)
Gender of youth		
Male	19 (55.88%)	21 (56.76%)
Female	15 (44.12%)	16 (43.24%)
Country of origin		
Mexico	1 (2.94%)	4 (10.81%)
USA	33 (97.06%)	33 (89.19%)

Note.

^aSome total percentages do not add up to 100% due to nonresponse by parents.

Table 2

CAPAS and CAPAS-Youth Curricula

Session no.	CAPAS curriculum Session topic	CAPAS-Youth Session topic
1	Introduction to CAPAS	Introduction to CAPAS-Youth Being an immigrant family: benefits, challenges, and coping strategies
2	Giving good directions I	Becoming a bicultural family Introduction to emotional regulation
3	Giving good directions II	Giving good directions
4	Encouragement I	Encouragement I
5	Encouragement II	Family problem solving: creating opportunities for biculturalism
6	Limit setting I	Encouragement II: incentive charts
7	Limit setting II	Setting limits I
8	Family problem solving	Setting limits II
9	Monitoring and supervision	Booster & monitoring and supervision: a focus on technology, sex, and drug use prevention
10	Graduation	Graduation