Expanding an Evidence-Based Model for Prevention of Conduct Problems to Mexican Migrant Youth: Cross-Validation of Cultural Adaptations Made in Mexico with Latino Parents and Providers in the US

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Abstract
An evidence-based family intervention model to prevent conduct problems in youth was adapted in Mexico and its feasibility in the United States (US) was examined. The Mexican-adapted model was presented alongside key intervention elements of a conduct problems prevention program originating in the US to Latino parents and to professionals serving Latino families in the US in different focus groups. Based on the adaptation process and the thematic focus group analysis, we present observations and recommendations for optimizing use of conduct problem prevention programs by Latino families in multinational contexts. Specifically, we identified the following key areas of adaptation from the original evidence-based prevention model to the model employed in Mexico: recruitment/enrollment strategies, program delivery format, and program content (child skills, parent skills, child-parent activities, child-parent support). Latino families and professionals preferred the Mexican-based adapted model. For both models they identified strengths, concerns, barriers, and strategies for overcoming concerns and barriers. In the article we summarize the substantive and logistical recommendations offered by study participants to strengthen the effective implementation of a conduct problems prevention model to be received and effective among Latino families in the US. This project demonstrates the strength in bi-national collaborations to cross-validate cultural adaptations of evidence-based prevention programs that could be useful to diverse communities, families, and youth, in the context of very mobile populations.

Keywords: Cultural adaptation, Latino families, parenting, conduct disorders, qualitative
Expanding an Evidence-Based Model for Prevention of Conduct Problems to Mexican Migrant Youth: Cross-Validation of Cultural Adaptations Made in Mexico with Latino Parents and Providers in the US

Conduct disorders are a growing problem among Mexican youth, particularly among those who experience migration themselves or by family members between the United States (US) and Mexico (Breslau, Borges, Saito, Tancredi, Benjet, Hinton et al, 2011). Youth who meet criteria for a conduct disorder diagnosis are at increased risk for, and often demonstrate, problematic behaviors including substance use and school drop-out (Frick, 2012). In the US, Latino youth are among those most likely to drop out of school, with nearly 40% not completing high school (Pew, 2004). As adults, these youth are at increased risk for unemployment, involvement in the criminal justice system, and additional risk factors that contribute to early mortality (Breslau et al., 2011).

It is widely accepted that identifying conduct problems in their early stages of development offers the best chance to intervene and positively influence the life trajectory for these youth (Kazdin, 2011). Many evidence-based conduct problem prevention programs have been developed and tested, mostly in the US, targeting children with early behavior problem expression during the elementary school years. These programs are comprehensive, address multiple areas of risk, and designed to change distal outcomes by influencing a variety of proximal risk and protective factors. Examples of these programs include *Fast Track* (Conduct Problems Prevention Research Group, 2011), the *Montreal Prevention Experiment* (Vitaro, Barker, Brendgen, & Tremblay, 2012), *Coping Power* (Lochman, Wells, Qu & Chen, 2013), and the *Early Risers Conduct Problems Prevention Program* (August, Realmuto, Hektner, & Bloomquist, 2001; Hektner, August, Bloomquist, Lee, & Klimes-Dougan, 2014). These programs have been shown to have short and long-term benefits in terms of reducing problem behaviors, enhancing social and emotional skills and academic behaviors, and improving parenting practices and parent-child relationships. Although conduct problem prevention programs have been found effective in different communities in the US, few programs have been implemented and evaluated for effectiveness with Mexican migrant youth.

It is noteworthy that the US is a primary destination for Mexican migratory families (Diaz Ordaz & Albo, 2011) and that many Mexican family members travel back and forth between the two countries on a regular basis. Most Mexican migrants residing in Minnesota come from one of the Urban Zone of the Valley of Mexico. This is among the most populated metropolitan areas in Mexico, and unfortunately, is also one of the most violent. Over the past ten years this region has ranked among the worst areas in Mexico for child abuse, domestic violence, crime, and murder. This high-risk population is therefore an important one to reach with a goal of preventing conduct problems among the youth.

**Background**

**Overview of the Bi-National Project**

Since 2012, there has been collaboration between researchers from the National Institute of Psychiatry Ramon de la Fuente Muniz in Mexico City, Mexico and the University of Minnesota in Minneapolis, Minnesota, US. This effort is funded by a pilot grant from the “Programa de Investigación en Migración y Salud” (PIMSA). With support from the PIMSA grant, the “Mexican Migrant Youth Partnership (MMYP)” was formed to cooperatively address prevention of conduct problems among Mexican migrant youth in both countries. The aforementioned *Early Risers* program was adopted by MMYP as a potential model to develop and culturally adapt for use in Mexico and the US with migrant Latino families; and a feasibility
study was conducted to provide preliminary data about cultural adaptation and acceptability of the intervention model.

The original Early Risers prevention model has multiple components: (1) a child-focused component providing standardized social skills and academic enrichment curricula and individualized support services and mentoring of children at school; (2) a parent/family-focused component with standardized group-delivered parent education and skills building and delivery of individualized case management and focused parent skills training. The child and parent/family components are delivered in a coordinated fashion by an experienced and well-trained implementer over multiple years. Given this was a feasibility and adaptation study, the goal was not to test efficacy of the adapted program per se, but rather to examine the feasibility and acceptability of an adapted “brief” variation of the full Early Risers program (see Bloomquist, August, Lee, Piehler, & Jensen, 2012) that incorporated key intervention elements (strategies) consistent with the original program August et al., 2001 and determine if a bi-national collaborative practice and research infrastructure could be developed to support cultural adaptations to the program and future efficacy and effectiveness trials.

To accomplish the project goals, we used an iterative participatory process to adapt Early Risers to the unique migrant-related needs of Mexican families. First, the program was culturally adapted using a collaborative process involving families and implementers (Castro, Barrera, & Holleran Steiker, 2010) and then piloted in urban Mexico City schools. The culturally adapted model developed in Mexico City was then cross-validated through a focus group methodology with Latino parents and providers in Minnesota to explore potential use of the prevention model with migrant Latino families in the US. This foundational adaptation project was undertaken to set the stage for a future powered bi-national efficacy trial testing the adapted prevention program with Latino migrant families residing in Mexico and Minnesota. This project has potential to (a) develop a culturally acceptable model to prevent conduct disorders among at-risk migrant Latino children and their parents, and (b) develop a methodology for adapting evidence-based prevention programs to be used successfully by migrant families and professionals working with those families.

**Cultural Adaptation Frameworks Guiding this Study**

If interventions lack sensitivity to the cultural environment (e.g., do not consider the particular needs and preferences of the population), participants are less likely to engage (Castro et al., 2010), and subsequently, the interventions are less effective (Benish, Quintana, & Wampold, 2011; Griner, & Smith, 2006; Smith, Domenech Rodriguez, & Bernal, 2011). Before adapting evidence-based interventions, program developers need to understand the culture in which the interventions will be implemented (Barrera, Castro, & Holleran Steiker, 2011; Castro et al., 2010). This understanding is gained through processes that include building partnerships and engaging in collaborative processes with members of the respective communities, cultures, or populations.

Cultural adaptations, broadly defined, are program modifications that are sensitive to the worldview of a cultural group (Barrera et al., 2011). These include modifications at surface and deep levels (Resnicow, Soler, Braithwaite, Ahluvalia, & Butler, 2000). Superficial, or surface, adaptations maximize the fit with the target population’s experiences and behaviors and include modifications in the language, music, foods, delivery settings, or in other observable aspects of an intervention. Deep structure adaptations integrate the cultural, social, psychological, environmental, and historical factors of the target population, determining the salience of the
intervention. These can include core values and beliefs that are significant to the target population.

Evidence-based interventions that are adapted should maintain the core-components and elements that drive program outcomes and should incorporate features that are relevant for the target population (Falicov, 2009). Potential sources of mismatch between fidelity to the original program and cultural adaptations can occur at three levels: a) group characteristics (e.g., language, socio-economic status, urban-rural context, etc.), b) program delivery staff (e.g., type and culturally competency), and c) administration/community (e.g., community consultation and readiness; Castro, Barrera, & Martinez, 2004). Effective cultural adaptations should identify any potential sources of mismatch and introduce adaptations that can resolve or minimize these discrepancies (Barrera et al., 2011; Castro et al., 2004, Castro et al., 2010).

Many models to develop cultural adaptations of evidence-based interventions have been proposed (see Backer, 2001; Barrera, Castro, Strycker, & Toobert, 2013; Bernal, Bonilla, & Bellido, 1995; Domenech Rodriguez, Baumann, & Schwartz, 2011; Kumpfer, Pinyuchon, de Melo, & Whiteside, 2008; McKleroy, et al, 2006; Parra Cardona, et al., 2012; Wingood, & DiClemente, 2008). All cultural adaptation models propose the following processes: 1) assessing community risks, interests and resources, 2) selecting an evidence-based intervention that matches the community, 3) introducing the adaptations, 4) conducting pilot studies and refining the intervention based on the findings, and 5) testing the culturally adapted program with thorough fidelity checks.

To our knowledge, no cultural adaptations of evidence-based interventions have been cross-validated to different contexts for similar target populations, respectively. By cross-validation, we refer to a process, whether qualitative or quantitative, that yields critiques and reflections of the adapted intervention or program by potential users who are similar to the target population but residing in a different context. For example, an evidence-based program culturally adapted and contextualized for use by migrant families in Mexico City might not be inherently useful to similar families residing in Minneapolis; cultural cross-validation, therefore, can be helpful in identifying the extent to which an adapted intervention might be useful in other contexts. In this manuscript we describe the cultural adaptation process of the Early Risers program in Mexico City, and the findings from a qualitative cross-validation process using focus groups with Latino families and professionals residing in the US.

Adapting and Piloting a Culturally Contextualized Early Risers Program in Mexico

Since Early Risers has not been used with Mexican migrant or Latino families in a targeted manner, there was an initial formative phase that took place prior to it being adapted and delivered in Mexico. The US-based partners extracted out key intervention elements consistent with the original program (from Bloomquist et al., 2012) and then conducted a two-day workshop training with the Mexico-based colleagues in Mexico City. The Mexican partners, including researchers and experienced community mental health providers, translated the manuals and the training materials into Spanish prior to the training workshops. These key collaborators then conducted additional training workshops for staff working with migrant families in Mexico City and at Tonatico (State of Mexico). These training sessions were attended by researchers, mental health providers, and community health workers (e.g., average 20 participants per training). After the workshops, the Mexican research team met regularly, with community member input, to make socio-cultural adaptations to the Early Risers program. Most community providers approved the structure and content of the program, but adaptations were made regarding which specific curriculum components to use, screening and selection of
potential families, and when to deliver the joint parent-child skills training. In addition, some of
the parenting techniques (e.g., the use of time-out as discipline) were contextualized, and
Mexican cultural values were incorporated into the case examples and explanations of specific
curricular content. Table 1 summarizes intervention elements derived from the Early Risers
program (Bloomquist et al., 2012) and the adaptation made to the intervention model in Mexico.

Once a preliminary version of the program was finalized, it was piloted in one school in
the Delegación Iztapalapa, Federal District, between September and December in 2012. The
Mexico-based researchers collected information from these initial program delivery efforts to
make additional socio-cultural adaptations of the program. The process used to collect
acceptability and preliminary outcome data included individual interviews with the mothers who
participated in the pilot program regarding what they learned in the parent meetings, and pre-post
intervention surveys assessing outcomes including parenting practices, children’s behaviors,
mood, and interpersonal relationships. In brief, parents reported that their children benefited
from the child-focused programming and the topics presented in the parent groups were very
useful and some mothers reported they had applied the new strategies in their family life; the pre-
post assessment data demonstrated some positive changes in the child’s mood and parenting
practices. Detailed findings from this pilot study are being presented in a separate publication.

Cultural Cross-Validation Study Aims

The purpose of this study, within the context of the overarching bi-national adaptation project,
was to identify the preferences of Mexican and other Spanish-speaking parents and professionals
working with migrant Latino families in Minnesota regarding the culturally adapted Early Risers
Mexican-based model. To move forward in delivering and testing the efficacy of an intervention
to prevent conduct disorders in migrant Latino youth in the US, it was necessary to understand
which logistical and substantive characteristics from the two models were appealing or posed
challenges to potential program recipients. The US-based partners conducted focus groups in the
Minneapolis area with parents born in Mexico or other countries in South America, and with
professionals serving migrant Latino families in order to explore their reactions to Early Risers
and the adaptations made by the Mexican partners. In addition, these focus groups identified
potential barriers and solutions to the implementation of the adapted Early Risers program with
migrant Latino families in the US.

Methods

Participants

Migrant Latino parents and professionals working with migrant Latino families were
invited to participate in focus groups, held separately for parents (PFG1 and PFG2) and for
professionals (PrFG). Parents with children who would potentially enroll in an adapted version
of Early Risers were invited to participate in focus groups at a community center in Minneapolis,
Minnesota. These parents were identified from an existing community-based program serving
migrant Latino families; a community-based co-investigator invited parents to participate, with a
high level of acceptance. Socio-demographic description is presented in Table 2. Most of the 24
parent participants were mothers from Mexico who have lived in the US for about 12 years, and
report a perceived family income that is lower than other families.

Seven professionals who worked with migrant Latino families in settings where an
adapted version of Early Risers could be implemented participated in a focus group at a
convenient location in St. Paul, Minnesota. The professionals were employed as teachers, school
therapists/social workers, educational leaders, and community organizers. Of the 9 professionals invited, seven attended the focus group; the other two were interested but declined due to time constraints. Professionals were mostly women with an average of 15±7.5 years working with Latino families (Table 3).

[Insert Table 3 here]

**Procedures**

The University of Minnesota Institutional Review Board approved all study procedures. Two focus groups were conducted with the parents and one focus group with the professionals. Each focus group followed a similar process. First, participants were invited to have dinner and casually conversed. Second, prior to formally beginning the focus group discussion, introductions were made and the consent form was read aloud then individually signed. An experienced focus group facilitator led the audio-recorded discussion, which lasted approximately an hour for each group. The parent groups were conducted in Spanish, facilitated by a bilingual Latina co-investigator; Early Risers was described at the onset of the parent focus groups in English, which was translated by the facilitator into Spanish. The professional focus group was conducted in English. All participants received a $25 gift card as a token of appreciation for their time.

Both the parent and professional meetings began with a brief overview of the MMYP project. They were informed of the original Early Risers model and the culturally adapted Early Risers procedures derived in Mexico. All groups followed a similar interview guide (see Table 4) and a process recommended by Krueger and Casey (2008).

[Insert Table 4 here]

**Data Analysis**

Audio-recorded focus groups were transcribed in their original language. A quasi-inductive analytic approach was used (Thomas, 2006; Saldaña, 2009). The research team expected data to be organized somewhat intuitively based on the interview guide (deductive organization) yet the codes themselves were created inductively during the analysis process. Data were coded by a native Spanish speaking graduate student with experience in qualitative research, with faculty supervision and support through regular meetings to discuss coding progress, coding decisions, and subsequent data organization. Bilingual fluency enabled the graduate student to complete analysis of the focus group transcripts in the language originally conducted (Spanish for parents and English for professionals). Coding the data in their original language avoided potential modifications to participant’s opinions or different interpretations of translations (Temple & Young, 2004). An analytic memo was maintained throughout the coding process to provide documented reflections on unanswered questions, insightful connections, and emergent patterns during the analysis process (Saldaña, 2009). The analytic memo process contributes to the trustworthiness of the study’s findings, because it documents steps taken to be self-aware of factors that might have influenced data interpretation (Thomas, 2006).

Using NVivo 10.0.303.0 (QSR International, Melbourne, Australia), raw data were organized into three hierarchical levels of codes (Thomas, 2006): codes, sub-categories, and categories. Each level collapses the previous data into fewer units, resulting in categories that are broad and reflect the study purposes. Descriptive coding (also referred to as topic coding) was used to inductively generate the first-level codes (Saldaña, 2009) within each pre-specified category (deductive organization). After reading the complete transcript of the first focus group, the coder developed a coding schema, and then coded the data. Coding schemas for subsequent transcripts were based on the codes developed for the previous focus group, while remaining
open for new topics to be identified. In those cases, the previous transcripts were revisited to ensure the new topic/code did not exist, or to code the concept if it had been overlooked. Once the three focus groups were coded, second-level (sub-categories) coding was developed to organize the first-level codes according to common themes (Saldaña, 2009) and presented to research team members who attended the focus groups but did not participate in the coding process. This peer-debriefing and checking procedure was implemented to ensure the trustworthiness of the data analysis (Morse, Barrett, Mayan, Olson, & Spiers, 2008).

Combining the reports of participants and professionals facilitated triangulation of the data, which is another strategy that can validate focus group findings (Creswell, Hanson, Clark Plano, & Morales, 2007). To represent what participants expressed in the focus groups, certain quotations from were selected and reported in the results section. If these came from focus groups conducted in Spanish, these were translated to English by a native Spanish speaker, and revised by a native English speaker to ensure proper translation.

Results

Focus group results were organized into four broad, descriptive categories: 1) Perceived Strengths of Early Risers and its Mexican adaptation, 3) Perceived Concerns with Early Risers and its Mexican adaptation, 3) Barriers towards the implementation of an adapted version of Early Risers, and 4) Recommendations to address the identified concerns and implementation barriers. General reactions to Early Risers and its Mexican adaptation were included in the above categories, detailing the perceived strengths and weaknesses of the program and its adaptation. These four categories and their subcategories are presented in Table 5 and are described in detail below.

[Insert Table 5 here]

Perceived Strengths of Early Risers and its Mexican adaptation

Overwhelmingly, parents perceived this intervention model, original and adapted, as a positive program that could be of benefit to their families and community. Five sub-categories represented the positive perceptions of parents and professionals towards the program (Table 5). First, parents and professionals considered that Early Risers and its adaptation focused on a very real need for some migrant Latino families. This opinion was based on various perceptions, including that there are few programs, services or resources allocated for migrant Latinos, that some parents do not know how to communicate with or control their children, and that some parents need parenting training and opportunities to exchange parenting advice with one another. As examples, parents mentioned:

“I think that is much needed because I have heard that parents do not know how to respond to their children, how to help them, how to understand them, and .... Well, I had some help from the church... My son is a good boy, and wherever I go, people tell me ‘You have a good son’, but because of those lessons, I tried to help him, and helped him and me. Now, I have a daughter and it is important to help her” (participant PFG1). [Spanish: “Para mi pienso que es muy necesario porque he oido padres como no saben cómo responderles a sus hijos, como entenderlos, y... bueno yo tuve un poco de ayuda en la iglesia... Mi hijo es un buen chico, por donde quiera que yo llego me dicen “tiene un buen hijo” pero por esas pláticas yo traté de ayudarlo a él, tanto para mi como para mi hijo. Ahora tengo mi niña y si se me hace muy interesante poder ayudarla”].

“I think that everything that is there is perfect and believe that out Hispanic community needs all of that... Needs the parents to learn, needs the children to learn, because we want healthy children, right?” (participant PFG2). [Spanish: “Yo pienso que todo...
Because of these needs, participants perceived that many Mexican migrant and Latino families would participate in the program. In addition, professionals recognized that Mexican migrant and Latino parents are under high stress and “are looking for guidance of how to help their kids to preserve their culture”, which could be offered in an Early Risers’ adapted intervention model. Parents also viewed the importance of the program in helping meet a need to promote the healthy development of their children. Finally, parents recognized their limitations in reacting to certain situations in the US, because they were raised in a culture different from the dominant US culture. Many, therefore, felt a skills building and support program culturally contextualized for migrant Latinos could provide specific benefits such as clarifying social expectations of parents in the US.

Second, another perceived strength of Early Risers and its Mexican adaptation was focus on the whole family rather than solely on the child with behavioral problems, or his/her parents. Parents and professionals were aware that many behavioral problems of children were a response to family conflict and stress. Therefore, they recognized that having a family orientation is an extremely important attribute of an intervention model. As a parent recognized:

“Sometimes kids don’t behave well or are aggressive, and from my perspective, some say that parents don’t know how to parent, but what they don’t really know is what is going on inside their home. For example, a divorce, or the death of a family member, or sometimes children observe the violence between older siblings or between parents, the domestic violence” (participant PFG2). [Spanish: “Y a veces hay niños que no se comportan bien o que son agresivos y para mi parece, algunos dicen que los padres no los saben educar, pero realmente no saben qué es lo que hay adentro del hogar, por ejemplo, un divorcio, la muerte de algún familiar. O muchas veces los niños ven el maltrato entre los hermanos mayores o también entre los padres la violencia doméstica”].

Third, parents and professionals acknowledged that the program intervenes with both parents and children, addresses family issues related to the behavioral problems of the child, promotes better parent-child communication, and instructs parents about different parenting techniques (e.g., setting rules, using time out). Parents recognized their responsibility in educating their children and supporting their healthy development. As one parent mentioned, “We cannot leave the children, as adults we should help them and set an example” (participant PFG2). [Spanish: no podemos solamente dejar los niños que ellos, o sean se ayuden sino uno como adultos debemos de ayudarles y o sea, ponerle el ejemplo].

Fourth, it was also valued that Early Risers was orientated towards children with behavioral problems and promoted individual emotional regulation. Even though many parents were interested in participating regardless of a problem existing in their child, they also recognized that families that had children with behavioral problems had a greater need for the program, and should have priority to receive services. A parent shared, “… and it is OK that it is focused in those with more problems, and then make it open for everyone…” (participant PFG2). [Spanish: “y está bien que se enfocen en los que tienen más problemas, y después que haga para todos…”].

Parents noted the specific focus on emotional regulation as very important. As an example, a parent from the first focus group shared:
Participant 2: For me this is the most important because I have an 8 year old child in school and always tells me about things that happen, and there are many children, lots of violence and he tells me that when he goes to the restroom he sees how children look for a fights in the restroom ... I think children need help to control themselves and to fight against violence and learn to solve things in a different way” (participants PFG1).

[Spanish: “Para mí es lo más es importante porque tengo un niño de 8 años en la escuela y siempre me viene a estar contando cosas que pasan en la escuela y hay muchos niños, mucha violencia y me dice que cuando va al baño ve como buscan pelea en el baño y digo no sé... Yo digo, pienso, que los niños necesitan ayuda para controlarse y combatir a la violencia y buscar resolver las cosas de otra manera”.]

Fifth, parents and professionals liked logistical modifications of the Mexican version of Early Risers. Examples of the adaptations they identified as positive were having longer times to share with other parents and to interact with their children in the program activities. As an example, a participant in the focus group with professionals mentioned:

“I can see the parent-child interactions as something that boost the joy of participating, giving it some of the meaning. Right there, you’re doing something positive with the child and experiencing a positive feeling… I can see why given the Latino focus on family and children, and values the children have, the action for that [increasing the time of parent-child interactions]. And, so I think that would be a big component” (participant PrFG).

Perceived Concerns with Early Risers and its Mexican Adaptation

Parents and professionals were concerned about the required selection criteria that children exhibit behavior problems to participate in the intervention, the process for participation, some curricular content of Early Risers, and the absence of attention to specific issues that are often experienced by immigrant parents (Table 5). First, parents were worried if children with special conditions (e.g., with disabilities) would be allowed to participate in the program. Professionals brought attention to the reality that there are children with important problems at home or children who might struggle at school and could potentially benefit from this program, but do not misbehave so they would be overlooked by the teachers who typically make referrals to the program for participation. If the program focuses exclusively on children with observable behavioral problems, then a sub-group of children would not be identified despite having potential need for the program. In addition, parents wanted the program to be available to everyone who wanted to participate, including children without behavioral problems. Parents were not supportive of the teacher-based referral and screen system and preferred a system that allowed for parents or families to self-enroll.

Related to the content of the program parents considered that the program did not include the instruction of values, such as respect, caring for each other, loyalty, and honesty, which are important for migrant Latinos. They expected that the instruction of these needs to be included because it is hard for them to teach them to their children, who are immersed in the US culture, which parents consider that does not promote them in the educational system. In addition, one parent mentioned that the strategies presented were not new, but “hard to apply in daily life”. He expanded his comment explaining:

“I know what respect means but sometimes when the other misbehaves I don’t respect him and I am disrespectful and lose control, and cross the line” (Participant PFG 1). [Spanish: “Conozco las enseñanzas pero es dificilísimo aplicarlas en la vida. Para mí especialmente con esto de los hijos. Para mi implica mucho. Sé lo que es respetar pero a veces cuando el otro se porta mal no lo respeto y le falto el respeto y pierdo el control y me paso de la línea.”]
Finally, parents recognized that because they were immigrants in the US, they did not have the support of extended family members to raise and educate their children, as they did in their country of origin. Therefore, an adaptation of any prevention intervention model used in the US should consider and address needs related to the isolation experienced by many immigrant families.

**Barriers towards the implementation of an adapted version of Early Risers**

Parents and professionals identified challenges for the implementation of the program that grouped in two subcategories: cultural and logistical (Table 5). It was first identified that Latinos are many different communities with different values, needs and ways to parent their children. As a professional mentioned:

“I can see why all the adaptations and the changes according to the community in the South of Mexico. Even within Mexico, that will not work for the northwest of the country. They totally have different needs. The population at Saint Paul, most of, they are from the south, center south, but there are people from other countries who don’t share their needs” (participant, PrFG).

In addition, professionals identified that there were cultural differences according to the time living in the US. “There are newcomers and the ones who are being here for three generations... and again, different issues...” (participant, PrFG)

Also, parents and providers recognized that parents were raised with a different parenting style to the one proposed by Early Risers, and “…there is conflict about that” (Participant, PFG1) [Spanish: “y si, si hay conflictos acerca de eso”]. Important differences relate to physical punishments, which are considered allowed at their home countries, but forbidden in the US and not part of Early Risers.

Without intending to generalize to all migrant Latinos, parents identified that many fathers do not like to be told how to parent, do not like to talk about personal problems, and that not everyone values parenting programs in a similar way. These issues could affect enrollment, participation and attendance in the program. Finally, parents considered that some migrant Latinos tend to be reactive to problems, rather than to focus on prevention. As a participant in mentioned, “…we are waiting the there is a problem to fix it. I think that if we plant a seed, put sun and soil, it will grow, and could be the way to not wait for the problem to happen” (Participant PFG2). [Spanish: “… que estamos esperando que haya un problema para resolverlo. Y yo pienso que si echamos ahorita una semilla, tierra y sol, va a crecer, y podría ser el camino de no esperar al problema.”]

Logistical barriers to the implementation of Early Risers, or an adapted version of the model, included the following: 1) work and many other commitments of parents, 2) the perception that children with behavioral problems do not like going to school and therefore, would not like to attend a school-based program, 3) having accurate referrals from school teachers, and 4) the perception that educational leaders do not like new school programs and that they put many administrative barriers that will make it difficult to implement Early Risers.

Because teacher referrals and screenings are the entrance mechanism to the Early Risers intervention, parents and professionals were concerned about the accuracy of these referrals and the implied school collaboration needed for youth to get help they need. Parents expressed that many times teachers did not know about certain programs and that they did not like to recognize that some children have behavioral problems and that require special services. In addition, parents were also concerned that teachers do not necessarily understand aspects of culture that are valued among migrant Latino and as a result, the teachers might inaccurately label some Latino children...
as “hyperactive”, “with behavioral problems” or “needing special attention”. Professionals were concerned about the burden of extra work involved in generating referrals that could lead to low levels of teacher collaboration or engagement.

**Recommendations to Address the Identified Concerns and Implementation Barriers**

Table 6 lists the suggestions that parents and professionals provided to address the identified challenges with the program and its implementation. Important to highlight are recommendations that promote preserving the migrant Latino culture such as incorporating the instruction of values that are relevant for migrant Latino families, having activities that preserve the cultural origin of participants, and addressing family challenges associated to immigration to the US.

[Insert Table 6 here]

**Discussion**

This study aimed to identify the preferences of Mexican and other Spanish-speaking parents, and professionals working with migrant Latino families, regarding Early Risers and its culturally adapted model from Mexico. Through focus groups, we were able to identify perceived strengths and concerns towards Early Risers and its Mexican adaptation, barriers towards program implementation, and recommendations to address concerns and implementation barriers (Tables 5 and 6). Strengths were addressing a need of migrant Latino communities, focusing on the family, reaching children with behavioral problems, and promoting emotional control in youth. Concerns included the use of specific selection criteria by teachers to identify or target children, intervention content not being “new” or offering enough new strategies for some parents, and that the program does not specifically incorporate some key cultural or experiential issues that are relevant for migrant families. Barriers that might negatively affect the success of the program were cultural-based (e.g., parents were raised in different parenting styles to the one proposed by Early Risers, Mexican migrant and Latino parents perceptions that the program tells parents how to parent, among others) and logistical-based (e.g., work, having accurate referrals, etc.). Recommendations were offered to address many of the concerns and implementation barriers (Table 6).

These research findings are particularly relevant for the cultural adaptation of conduct problems prevention programming originating in US, and also offer insights useful to other evidence-based programs being implemented in settings or with populations where they have not been formally tested. Our study findings support previous research recognizing the critical need for adapted interventions to reflect the cultural environment and preferences of potential participants (Castro et al., 2010). Parents and professionals stated a need for intervention adaptations that consider cultural values and practices, and identify possible cultural differences between, for example, teachers responsible for screening, and potential participating families. It’s possible a non-teacher-based screening process would be preferable and these types of modifications to evidence-based intervention programs warrant exploration so that program participation is optimized. In addition, this study reinforced the need for cultural adaptations that would occur at both surface and deep levels (Resnicow, et al., 2000).

Though challenging, deep structure adaptations (i.e., integration of cultural, social, environmental factors) are necessary for migrant Latino families to feel the program is going to be of value and will respect their core belief systems and values, while appreciating their lived experiences as migrant families. When implementing programs for migrant Latinos, clinicians and researchers need to be aware that participants from diverse cultures have distinct worldviews, needs and preferences (Vesely, Ewaida & Anderson, 2014). Perceiving that a
program will be useful is critical to families engaging and sustaining involvement in the program; our study identified possible areas of mismatch (Barrera et al., 2011; Castro, Barrera, & Martinez, 2004, Castro et al., 2010) in the original evidence-based program and identified key ways in which the program might be adapted to optimize value, participation, and possible outcomes. Finally, our study implemented a cultural adaptation process that is consistent with previous literature (i.e., Domenech Rodriguez, Baumann, & Schwartz, 2011; Kumpfer, Pinyuchon, de Melo, & Whiteside, 2008; McKleroy et al, 2006); next steps in the process include testing the culturally adapted program in a larger study with procedures that include thorough fidelity checks. This bi-national study has yielded important information needed for successful cultural adaptation of Early Risers to become a program relevant to and useful for migrant Latino families in the US and Mexico.

Even though the presented findings are important, there are some limitations to consider. First, we only conducted two focus groups with parents and one focus group with professionals in Minnesota. Even though qualitative research does not aim to generalize research findings (Creswell, 2007), it is often recommended to conduct at least three focus groups for each subgroup (Krueger & Casey, 2008). Because we observed high concordance in the opinions of parents and professionals, we decided to conduct a simultaneous analysis that included triangulation of the data from parents and from professionals. This triangulation process contributes to establishing the trustworthiness of the information received from our participants, and minimizes the weakness associated with conducting few focus groups (Creswell, et al., 2007).

Second, parent participants in our sample were mostly mothers (96%), from Mexico (75%). Because of this, the reported findings might not represent the opinions of fathers, or mothers born in South or Central America or even from different areas of Mexico. In addition, even though the Early Risers program is designed to reach vulnerable families with a history of migration and children displaying aggressive-disruptive classroom behaviors (Table 1), we did not make these criteria for participating in the focus groups. We were purposefully inclusive in order to hear perspectives from parents who might or might not have youth who met criteria for the original intervention but would potentially have interest in participating in the adapted program. In fact, our study findings demonstrated that parents found the program extremely attractive and felt that all families should be able to participate (universal prevention intervention) rather than limiting participation to families identified through teacher referral or youth screening (indicated prevention intervention).

**Conclusion**

Behavioral disorders are prevalent in the US and in Mexico among youth, including internalizing and externalizing risk behaviors and disorders. Prevention during childhood has potential to positively alter the life trajectory of many youth. As far as we are aware, some evidence-based mental health and conduct disorder prevention programs have shown efficacy and effectiveness at reducing these problems among youth in the US, but not necessarily among Latino youth who are residing in the US nor among youth in Latin American countries including Mexico. Our study findings provide an important foundation for the development of bi-national intervention initiatives that address the mental health and parenting needs of families in culturally appropriate and meaningful ways.
References


Frick, P.J. (2012). Developmental pathways to conduct disorder: Implications for future
Bi-national Youth Intervention


### Table 1
Description of Early Risers Intervention Elements and the adapted program implemented in Mexico

<table>
<thead>
<tr>
<th>Program Characteristic</th>
<th>Proposed Early Risers Intervention Elements (_1)</th>
<th>Mexico-adapted Model</th>
</tr>
</thead>
</table>
| **Recruitment / Enrollment** | - Community health promoters work with school officials to identify children in grades K-4 (ages 6-10) that come from vulnerable families, with a history of migration and with aggressive-disruptive classroom behaviors  
- Classroom teacher complete the Strengths and Difficulties Questionnaire (SDQ-T) for referred students  
- Community health promoter recruits family to the program and research project | - Teachers and parents make referrals  
- A community health promoter recruits family to the program |
| **Delivery Format** | - Number of sessions: 12  
- Duration: 1.5 hours  
- Time of the day: Evening/night  
- Max. number of families: 10 | - Number of sessions: 12  
- Duration: 2 hours  
- Time of the day: Morning or evening/night  
- Max. number of families: 10 |
| **Child Skills** | - Number of staff: 2  
- Duration: 60 minutes  
- Curriculum: *Second Step*  
- Learning strategy: Didactic teaching and active participation  
- Activities: behavior management point system, modeling and role-playing and goal attainment | - Number of staff: 2  
- Duration: 60 minutes  
- Curriculum: Translated *Second Step*  
- Learning strategy: Primary emphasis on active participation  
- Activities: Modeling and role-playing |
| **Parent Skills** | - Number of staff: 1 with optional co-leader  
- Duration: 60 minutes  
- Curriculum: English and Spanish Early Risers Parents Excited About Kids (PEAK) Success Plans  
- Learning strategy: emphasis in emotional support and encouragement  
- Activities: Modeling and role-playing, goal attainment and discussions of successes and challenges using PEAK Success | - Number of staff: 1 with optional co-leader  
- Duration: 60 minutes  
- Curriculum: Spanish Early Risers Parents Excited About Kids (PEAK) Success Plans. Time-out strategy was not always presented because it did not always fit with parenting in the Mexican culture  
- Learning strategy: contextualize Success Plans in personal stories, social support and connection |
<table>
<thead>
<tr>
<th>Plans</th>
<th>Activities: Modeling, role-playing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Leader: Parent Skills practitioner</td>
<td>• Leader: Parent Skills practitioner</td>
</tr>
<tr>
<td>• Duration: 30 minutes</td>
<td>• Duration: 60 minutes</td>
</tr>
<tr>
<td>• Curriculum: Early Risers Manual</td>
<td>• Curriculum: informal activities</td>
</tr>
<tr>
<td>• Learning strategy: structured and fun</td>
<td>• Learning strategy: family celebration</td>
</tr>
<tr>
<td>• Activities: Parents and children share activity that dovetails with skill focused on in parent group. Occasionally it can be entertaining like children putting on a show, etc.</td>
<td>• Activities: discussions and activities</td>
</tr>
</tbody>
</table>

**Child-Parent Support**

| Individualized assistance to children and families | Informally working with mothers and children to solve problems of family relationships and those occurring within the classroom and school |
| Number of contacts 3 or more for *School Success* (depending on need) and 3 or more for *Family Success* (depending on need) | |

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1 Based on a brief Early Risers model (Bloomquist, et al., 2012) incorporating key intervention elements of the full Early Risers program (August et al., 2001).
Table 2
Demographics of Parent Focus Group Participants (n=24).

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, n (%)</td>
<td>23 (95.8)</td>
</tr>
<tr>
<td>Age, mean (SD)</td>
<td>36 (7.4)</td>
</tr>
<tr>
<td>Country of birth, n (%)</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td>18 (75)</td>
</tr>
<tr>
<td>Ecuador</td>
<td>4 (16.7)</td>
</tr>
<tr>
<td>United States</td>
<td>1 (4.2)</td>
</tr>
<tr>
<td>Venezuela</td>
<td>1 (4.2)</td>
</tr>
<tr>
<td>Years in the United States, mean (SD)</td>
<td>12 (3.56)</td>
</tr>
<tr>
<td>Employment status, n (%)</td>
<td></td>
</tr>
<tr>
<td>Full time</td>
<td>4 (16.7)</td>
</tr>
<tr>
<td>Part time</td>
<td>6 (25)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>14 (58.3)</td>
</tr>
<tr>
<td>Number of children, mean (SD)</td>
<td>3.1 (1.7)</td>
</tr>
<tr>
<td>All children born in United States, n (%)</td>
<td>16 (66.7)</td>
</tr>
<tr>
<td>Both biological parents in the household, n (%)</td>
<td>14 (58.3)</td>
</tr>
</tbody>
</table>
Table 3
Professional Focus Group Participant Demographics (n=7).

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Female, n (%)</td>
<td>5 (71.4)</td>
</tr>
<tr>
<td>Age, mean (SD)</td>
<td>49.6 (12.3)</td>
</tr>
<tr>
<td>Ethnicity, n (%)</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5 (57.1)</td>
</tr>
<tr>
<td>United States</td>
<td>2 (28.6)</td>
</tr>
<tr>
<td>Years in current occupation, mean (SD)</td>
<td>16.4 (13.7)</td>
</tr>
<tr>
<td>Years working with Latino families, mean (SD)</td>
<td>15 (7.5)</td>
</tr>
</tbody>
</table>
Table 4
Focus group interview guide.

1. *Please share your reactions about the program*
2. *What parts of the program would work well with Latino parents/children?*
3. *What parts of the program would not work well?*
4. *For those pieces you feel would not work well, how might we change them so that goals are reached in another way?*
5. *What are the key cultural- or belief- barriers you perceive for immigrant Latino families to participate in a program such as Early Risers?*
6. *Probes: Do these vary by Latino family characteristics? How?, and Are these different for non-immigrant Latino parents/families? How so?*
Table 5
Categories and subcategories of parent and provider participants’ opinions towards Early Risers and its adaptation in Mexico.

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived strengths of Early Risers and its Mexican</td>
<td>Addresses a need of Latino communities</td>
</tr>
<tr>
<td>adaptation</td>
<td>Focuses on the family</td>
</tr>
<tr>
<td></td>
<td>Targets children with behavioral problems</td>
</tr>
<tr>
<td></td>
<td>Promotes emotional control</td>
</tr>
<tr>
<td></td>
<td>Logistical</td>
</tr>
<tr>
<td>Perceived concerns with Early Risers and its Mexican</td>
<td>Selection criteria</td>
</tr>
<tr>
<td>adaptation</td>
<td>Content</td>
</tr>
<tr>
<td></td>
<td>Does not incorporate [all] issues important for immigrant families</td>
</tr>
<tr>
<td>Barriers towards the implementation of an adapted version</td>
<td>Cultural</td>
</tr>
<tr>
<td>of Early Risers</td>
<td>Logistical</td>
</tr>
<tr>
<td>Recommendations to address the identified concerns and</td>
<td>Substantive</td>
</tr>
<tr>
<td>implementation barriers</td>
<td>Logistical</td>
</tr>
</tbody>
</table>
Table 6
Recommendations provided by parents and professionals to address program and implementation challenges.

<table>
<thead>
<tr>
<th>Substantive</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus on the families and not the child (PrFG)*</td>
</tr>
<tr>
<td>• Emphasize the parent’s interest of helping their children (PFG1)</td>
</tr>
<tr>
<td>• Teach the use of time out as time to make the children reflect on what they did rather</td>
</tr>
<tr>
<td>than a punishment (PFG2)</td>
</tr>
<tr>
<td>• Include children with wider age ranges (PFG1 &amp; 2, PrFG)</td>
</tr>
<tr>
<td>• Have alternative programs for children with and without behavioral problems (PFG2)</td>
</tr>
<tr>
<td>• Include parent referral not just teacher referral (PFG2, PrFG)</td>
</tr>
<tr>
<td>• Include the instruction of values relevant for Latino families (PFG1)</td>
</tr>
<tr>
<td>• Include activities that promote the preservation of Latino cultural roots (PrFG)</td>
</tr>
<tr>
<td>• Incorporate challenges related to immigration (PFG1 &amp; 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Logistical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Make sure that parents want the program (PFG1, PrFG)</td>
</tr>
<tr>
<td>• Avoid labeling children (PrFG)</td>
</tr>
<tr>
<td>• Treat families with care and love (PrFG)</td>
</tr>
<tr>
<td>• Build a trusting group among participants (PFG1)</td>
</tr>
<tr>
<td>• Include facilitators with expertise in family dynamics (PFG2)</td>
</tr>
<tr>
<td>• Involve school teachers, administration and staff (PFG1, PrFG)</td>
</tr>
<tr>
<td>• Deliver the program at locations and schedules that are appropriate for participants</td>
</tr>
<tr>
<td>(PFG1, PrFG)</td>
</tr>
<tr>
<td>• Deliver the program in Spanish (PFG1 &amp; 2, PrFG)</td>
</tr>
<tr>
<td>• Develop attractive activities (PFG1 &amp; 2, PrFG)</td>
</tr>
<tr>
<td>• Consider the community resources (PrFG)</td>
</tr>
</tbody>
</table>

*PFG1: first focus group with parents, PFG2: second focus group with parents, PrFG: focus group with professionals