

# Issues in Cultural Adaptation of “Best Practice” Interventions

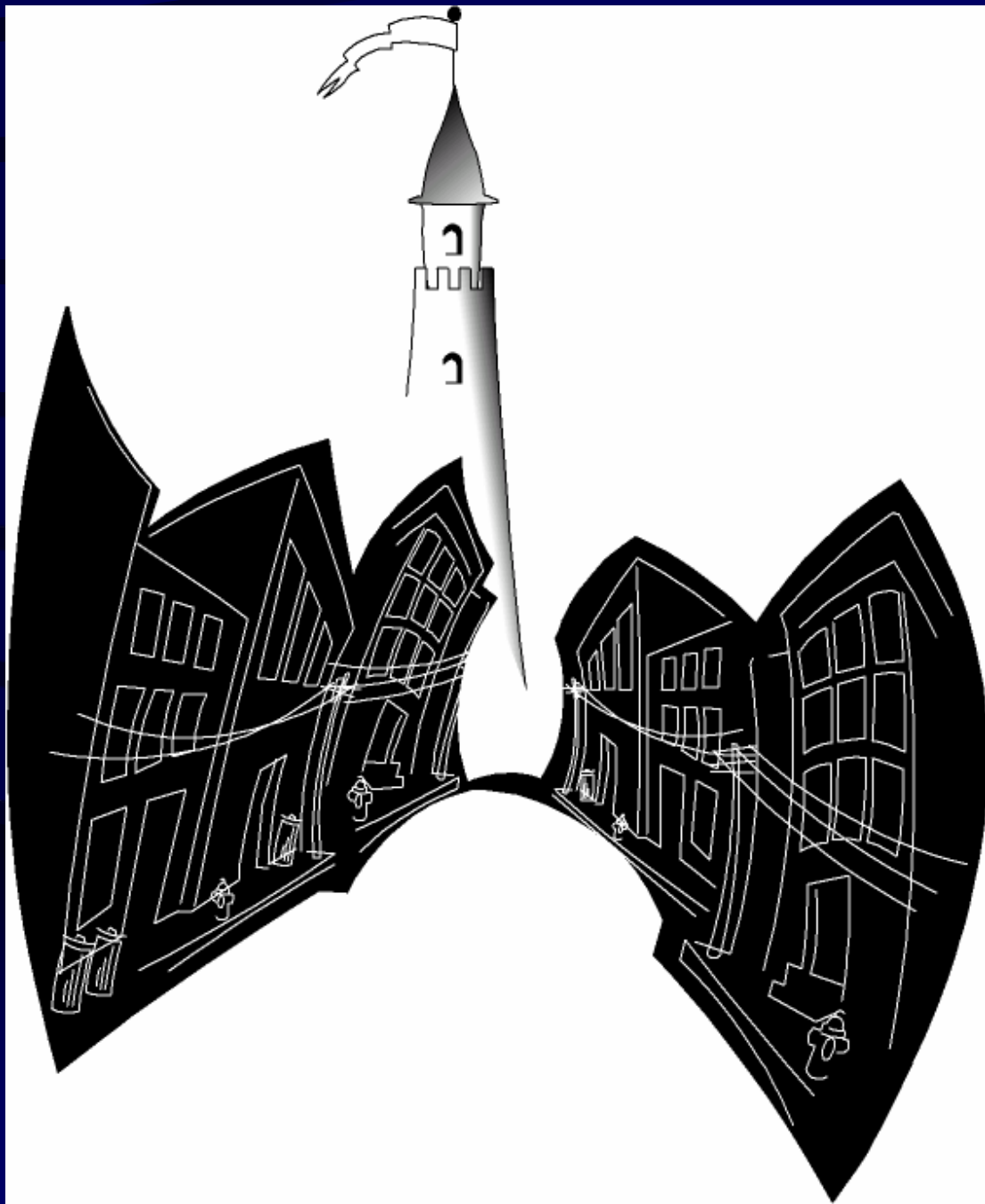
Dr. Charles R. Martinez, Jr.



Each Student Successful: Exploring Policies to Address Health Disparities  
and the Academic Achievement Gap. Seattle, WA, May 18, 2007

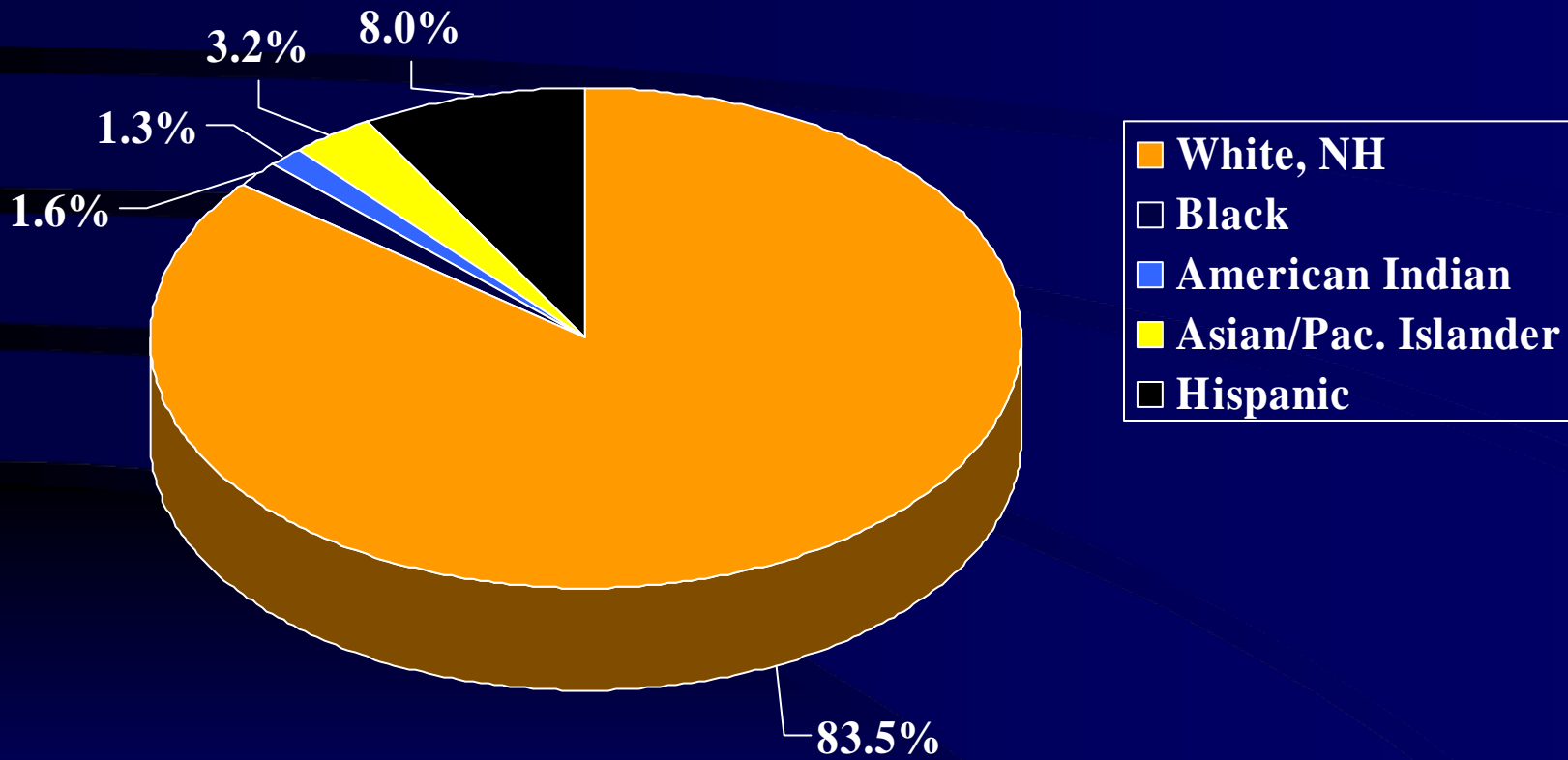
**OREGON SOCIAL LEARNING CENTER**



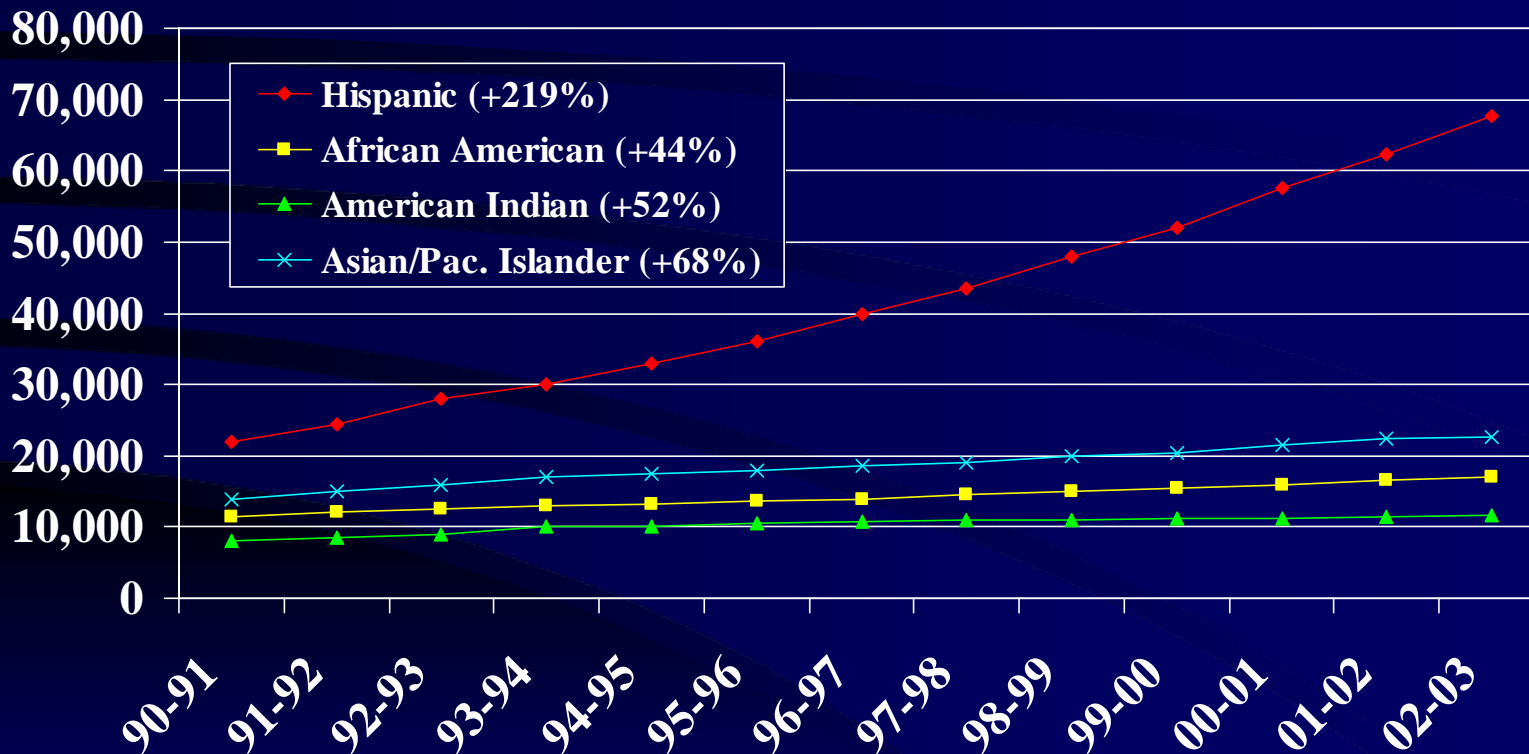


Are “special” populations so special that they require a specialized intervention approach?

# Oregon Population 2000



# Oregon Public School Minority Enrollment



Source: Oregon Report Card 2002-2003: An Annual Report to the Oregon Legislature on Oregon Public Schools. Oregon Department of Education.

# Local Sociodemographic Features of Latino Families

- 80-95% of adults are recent immigrants
- 95% of adults are monolingual Spanish speaking
- 95% trace family roots to Mexico
- 70% of adults have education of eighth grade or less
- At least 55% of youth born in the U.S.
- Most youth are bilingual
- Large percapita yearly income disparity (\$5973 vs. \$13,527)

# Results of Rapid Growth

- Social, health, education, and political systems are unprepared leading to discrimination and access problems
- Increased risk for behavioral health problems. Latino youth at greater risk for:
  - Substance use, delinquency, depression, and suicidality (especially U.S. born and highly acculturated youth)
  - Juvenile justice system involvement
  - School dropout

# 2004 NSDUH: Past Month Use of Any Illicit Drug (Ages 12-17)

26.0% American Indian

12.2% Multiracial

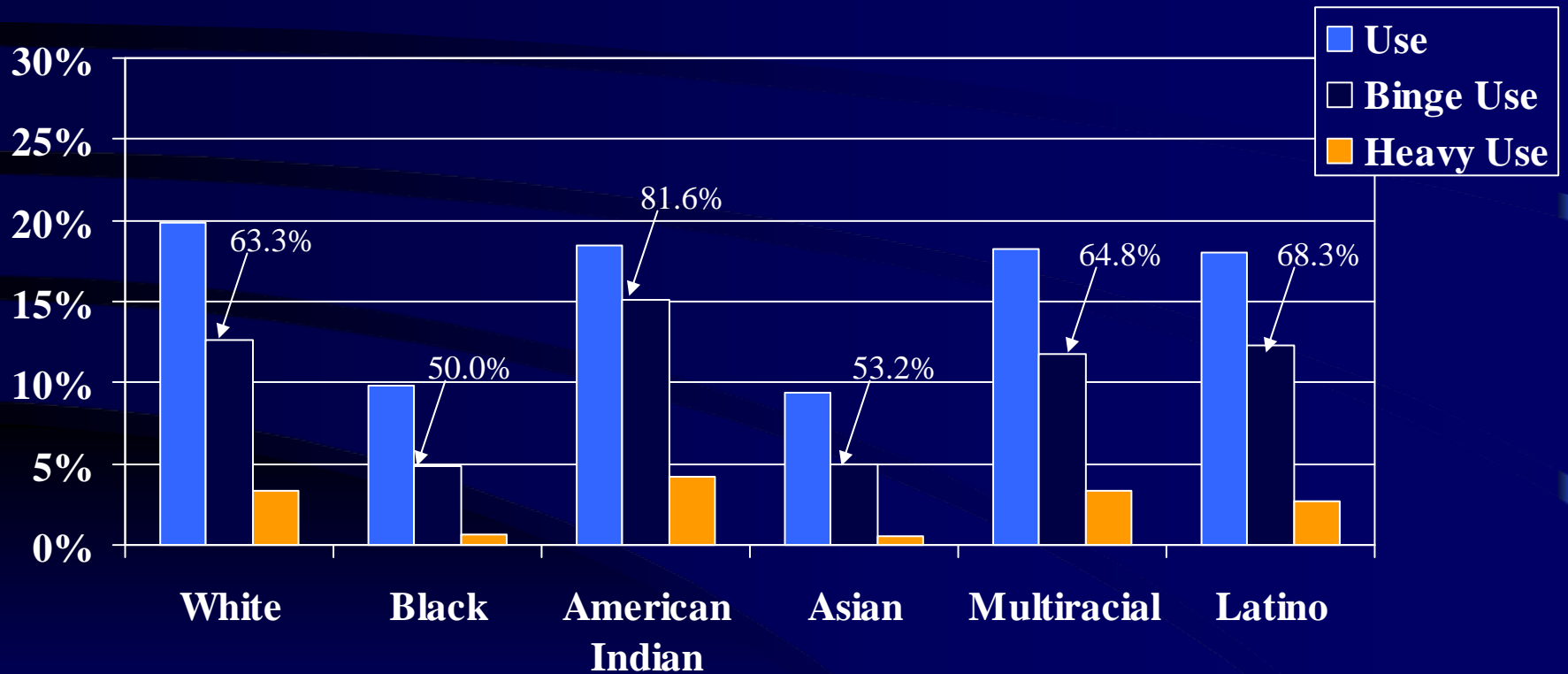
11.1% White

10.2% Latino

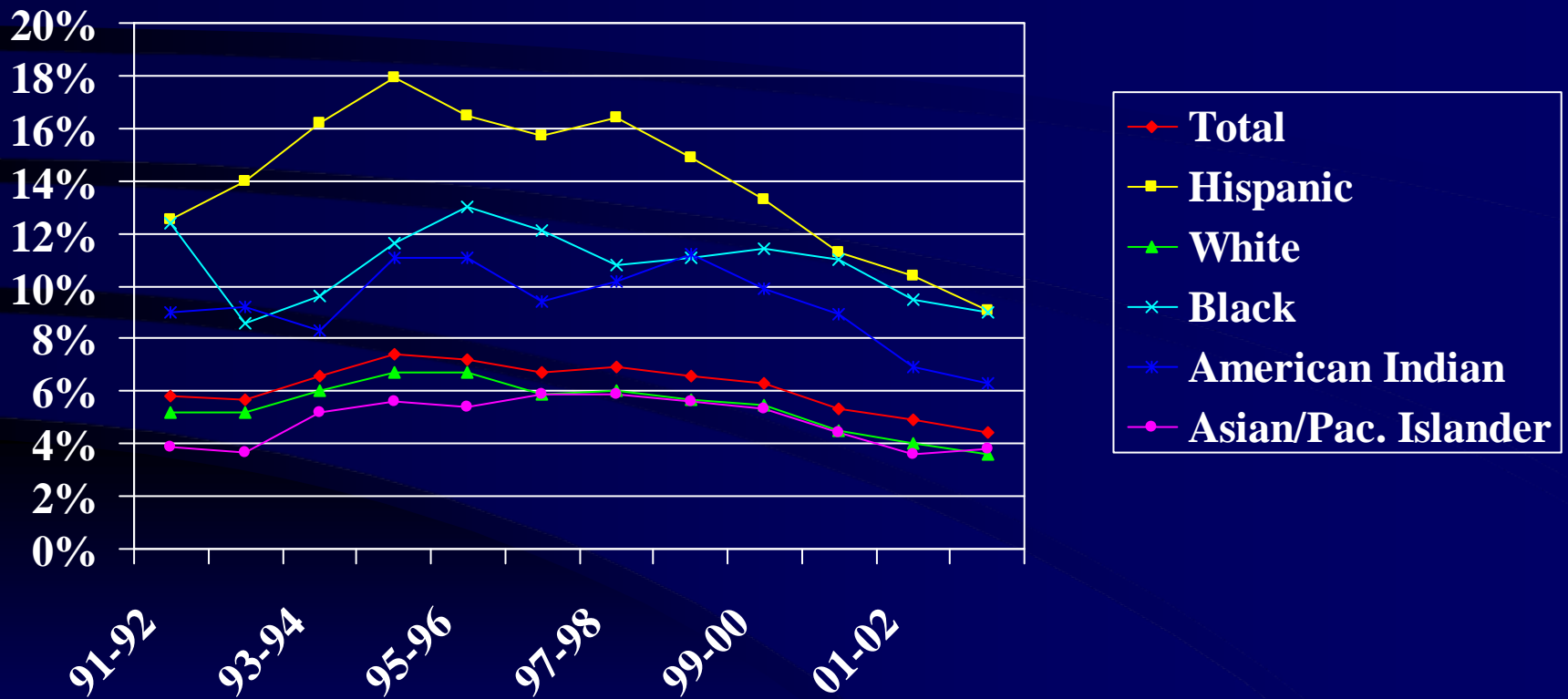
9.3% Black

6.0% Asian

# 2004 NSDUH: Percent Using Alcohol in Past Month

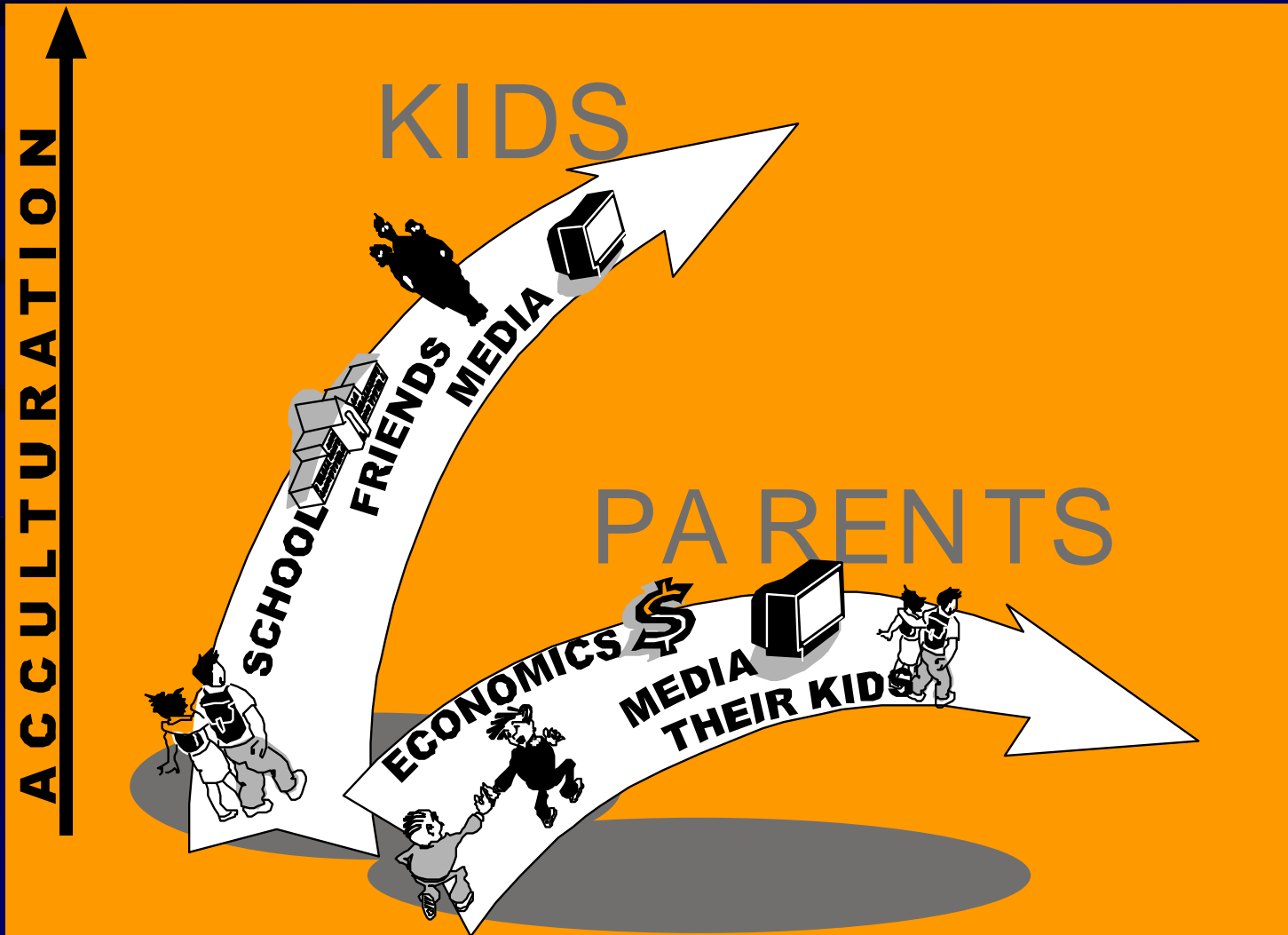


# Oregon Dropout Rate Trends



Source: Oregon Dropout Report: 2002-2003. Oregon Department of Education.

# Acculturation Gap



# Roots of Health Disparities

- Access to services
  - Lack of ability (will) of systems to accommodate sociodemographic change
  - Stigma
  - Distrust in service delivery systems
- Effectiveness of services
  - Focus on “band aid” approach rather than comprehensive care and widespread preventive care
  - Lack of access to empirically validated practices
  - Lack of cultural specificity in intervention models
  - Lack of cultural competency among providers

# Are Adapted Programs more Effective?

- Maybe [e.g., Botvin et al. (1995); Harachi et al. (1997); Catelano et al. (1993)]
- Little evidence overall (Kazdin, 1993)
- While jury is still out, some level of adaptation is inevitable (Castro, Barrera, & Martinez, 2004)
- We need to begin to measure adaptation process

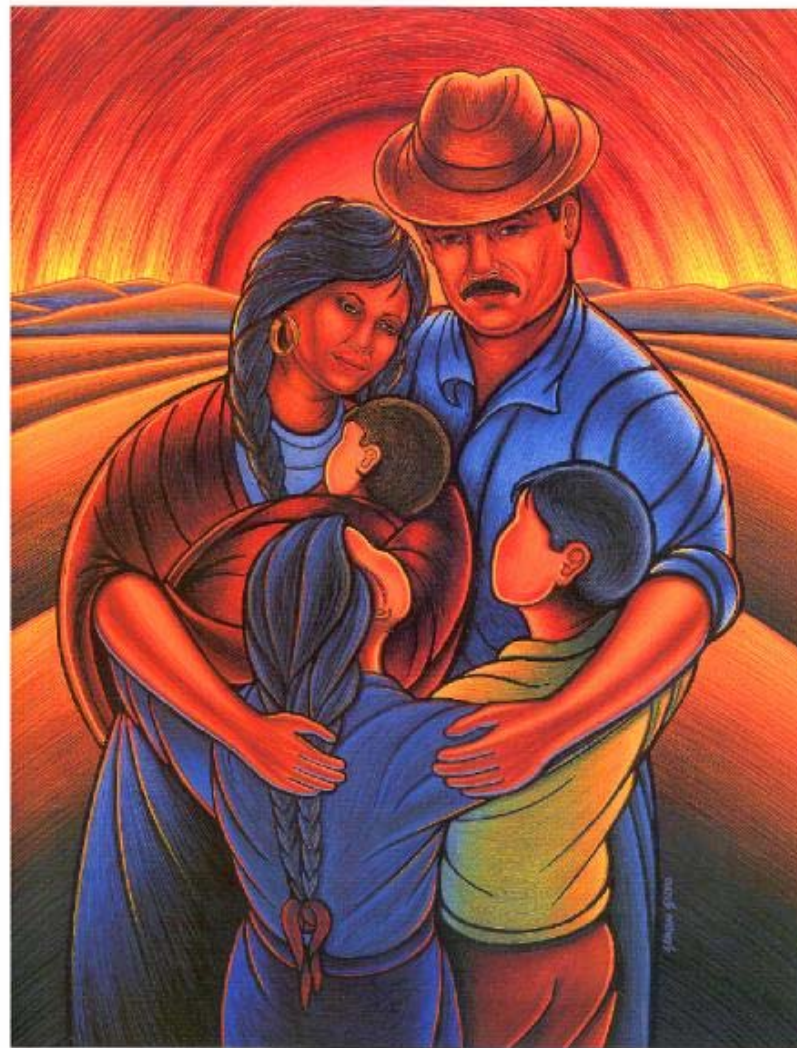
# Models of Culturally Sensitive Dissemination

- Cookie-Cutter Model
  - Fidelity is essential
  - Assumes universality
  - Extension sample
  - May involve translations
- Additive model
  - Fidelity of core components is essential
  - Modular approach
  - May involve cultural consultants

# Models of Culturally Sensitive Dissemination (cont.)

- Adaptation model
  - Fidelity not essential
  - Core components serve as foundation
  - All ingredients subjected to critical review
  - New components must be developed from scratch
  - Cultural experts key to process
- “Square one” approach
  - Assumes no generality
  - All intervention components developed within a culturally specified framework
  - Resultant program may have limited external validity

# NUESTRAS FAMILIAS ANDANDO ENTRE CULTURAS



"Familia" González, 17" x 30", Simón Silva © 1995

# Latino Youth and Family Empowerment Project (LYFE Project)

- N = 73 families with middle-school youngsters (82% two-bio-parent families; 18% stepfamilies)
- Randomized efficacy trial blocked by youth nativity
- Youngsters
  - 56% boys; 46% girls
  - 12.74 years old (SD = 1.05)
  - 6.56 years in U.S. for foreign born (SD = 4.56)
  - 67% of assessments conducted in English
- Parents
  - Mothers' age = 36.38 (SD = 5.56); fathers' age = 39.29 (SD = 7.47)
  - 100% of mothers and 99% of fathers were foreign born
  - Mothers' years in U.S. = 10.22 (SD = 5.98); fathers' = 11.75 (SD = 8.22)
  - 20% of mothers and 13% of fathers completed HS

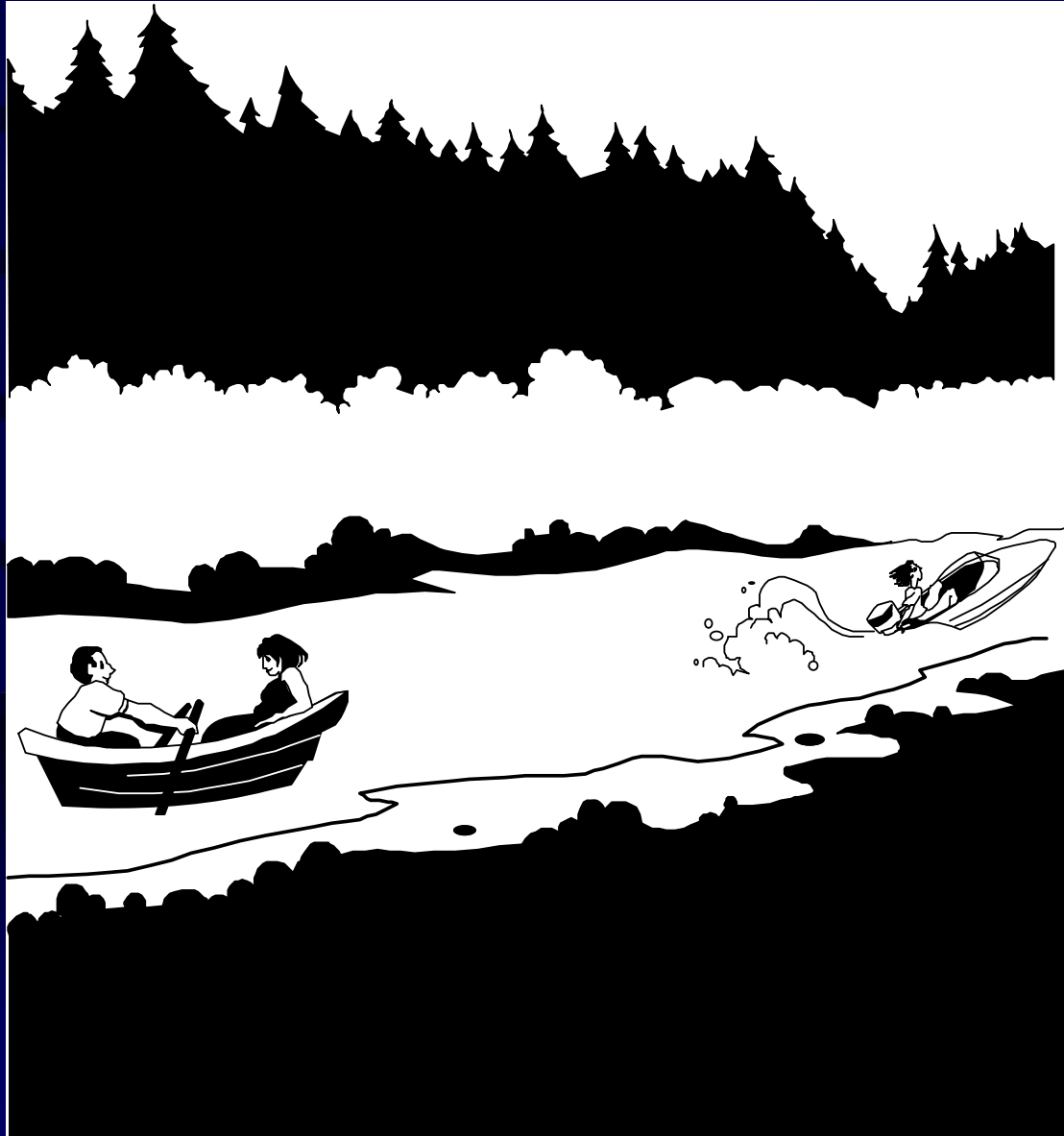
# Intervention Curriculum

- Latino Roots, Values, and Strengths
- Latino Parent and Spouse Roles
- Effective Family Communication
- Family Problem Solving
- Coping with Acculturation Stress and Conflict
- Giving Good Directions
- Skill Encouragement
- Discipline and Limit Setting
- Monitoring and Supervision
- Promoting School Success
- Dealing with Structural Barriers
- Planning for the Future

# Intervention Foundations

- Family empowerment
- Therapist as “entrenador”
- Focus on practicing skills in session
- Family tailoring through trial and error
- Home practice
- Social support

# Bridging Cultures



# LYFE Intervention Outcomes

- Intervention related improvements in parenting practices:
  - General Parenting,  $F(1,51) = 3.53^*$
  - Skill Encouragement,  $F(1,51) = 3.83^*$
  - Overall Effective Parenting,  $F(1,51) = 2.79^*$
- Intervention related improvements in youngster outcomes:
  - Aggression,  $F(1,50) = 5.40^*$
  - Externalizing,  $F(1,50) = 5.30^*$
  - Likelihood of smoking,  $F(1,50) = 2.85^*$
  - Likelihood of marijuana and other drug use,  $F(1,50) = 2.04^t$
- 3-way interactions with nativity status:
  - Appropriate Discipline,  $F(1,51) = 5.04^*$
  - Skill Encouragement,  $F(1,51) = 3.64^*$
  - Depression,  $F(1,50) = 8.32^{**}$

# Next Steps

- Adolescent Latino Acculturation Study (ALAS)
  - New 5-year prospective longitudinal study (R01)
  - N = 225 recently immigrated Latino families
  - Captures data across 14 years of time in residency cross-sectionally and follows individual families for three years
  - Multiple methods and agents (including family observations)
- LYFE-II
  - Randomized efficacy trial with longitudinal follow-up
  - N = 240 families (mixed family structure types)
  - Family observations