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Mixed-methods feasibility study on the cultural adaptation of a child abuse prevention model

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ABSTRACT

The current study utilized mixed-methods analyses to examine the process of adapting a home-based parenting program for a local Latino community. The study examined the: (a) acceptability and cultural congruence of the adapted SafeCare® protocol, (b) adherence to the core components of SafeCare® while adapting to local community culture, and (c) social validity of the new model in addressing SafeCare® target areas (parenting, home safety, and child health). Participants were 28 Latino mothers and eight providers. After training in the adapted model, providers demonstrated improved knowledge and skills. All providers reached national certification standards for SafeCare®, demonstrating fidelity to the core components of the original model. Positive consumer–provider relationships were developed as reflected by the results on the Working Alliance (collaboration between caregivers and parents). Themes from the integrated results of the social validity measures and individual interviews with parents were perceived benefits of the program on targeted areas and cultural congruency of the approach. Recommendations are to consider using adaptation guidelines as outlined to promote local culturally congruent practices.

Introduction

With an increased recognition of racial disparities in the access and availability of social services, literature has emerged to reduce barriers by creating culturally congruent services (Atkinson, Bui, & Mori, 2001; Bernal & Scharron-Del-Rio, 2001; Whaley & Davis, 2007). Culturally congruent services refer to those services that recognize the importance of the adaptation of interventions to meet the unique cultural needs of communities (Whaley & Davis, 2007). Although cultural and ethnic diversity in the United States continues to grow, there is limited research on the best strategies to achieving cultural congruence. Examining and addressing relevant and unique cultural factors is important to increase treatment acceptability (Rogler, 1999; Vega, 1992).

Culturally congruent approaches may be particularly important for acceptability, initial engagement, and retention in services. Cultural adaptation of engagement strategies and services has improved recruitment and retention rates (Botvin, Griffin, Diaz, Miller, & Ifill-Williams, 1999; Harachi, Catalano, & Hawkins, 1997; McCabe, Yeh, Garland, Lau, & Chavez, 2005;

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McKay, Stoewe, McCadam, & Gonzales, 1998). Important next steps are to examine the process of adaptation within the context of the local culture and to assess the cultural congruency of adaptations.

The current study was designed to use mixed qualitative-quantitative methods to examine the social validity, acceptability, and cultural congruency of an evidence-based parenting program adapted for a local Latino community. Social validity refers to the consumers' perceptions of the social importance and acceptability of treatment goals, procedures, and outcomes (Foster & Mash, 1999). Kazdin (1981) recommends three core aspects of treatment acceptability: appropriateness for the specified problem, alignment with popular beliefs of what treatment should look like, and coherence as just, sensible, and nonintrusive.

Impact of Culture on Service Acceptance and Attrition

Secondary prevention programs for child abuse and neglect target vulnerable and underserved populations who are at high-risk for child maltreatment (Geeraert, Van den Noortgate, Grietens, & Onghena, 2004). Research on the impact of culture within service acceptance and attrition for high risk families has had varied results. Ethnic minority status has been found to be related to improved parental involvement in some research on home visitation programs (Daro, McCurdy, Falconnier, & Stojanovic, 2003; McCurdy et al., 2006; McGuigan, Katzev, & Pratt, 2003a, 2003b), but other research has found opposite results (Ammerman et al., 2006; Raikes et al., 2006). Parent perceptions of service approach matched to family beliefs have been found to have a stronger impact on engagement than ethnic match and most other demographic factors alone (McCabe, 2002). This finding supports adaptations that address consumer perceptions rather than surface-level differences alone.

Cultural Adaptation Framework

A multilevel cultural framework addresses both surface and deep structure (Resnikow, Soler, Braithwaite, Ahluwalia, & Butler, 2000). Surface structure is described as the creation of service materials (e.g., brochures, reading material) that match the observable characteristics of a population, while deep structure refers to the inclusion of cultural factors that influence the target behavior within the proposed population. Deep structure factors can include aspects of the community, its members and history, and other factors that might affect the target behavior (Castro, Barrera, & Martinez, 2004; Kumpfer, Alvarado, Smith, & Bellamy, 2002; Resnikow et al., 2000). For example, within the Latino communities, taking into consideration acculturation levels, cultural values and traditions, as well as cultural practices are key deep structure factors (Broyles, Brennan, Herzog, Kozo, & Taras, 2012).

Lau (2006) highlights creating culturally congruent, evidence-based practices (EBP) through dual approaches for treatment adaptation including contextualizing content and enhancing engagement. Contextualizing content is identifying the distinct cultural context of the presenting problem within the target community and may involve creating innovative treatment adaptations. Enhancing engagement involves adaptations to increase engagement while maintaining fidelity to the intervention (Lau, 2006). Individual-level perceptions of social validity of EBP have significant implications for both engagement and outcomes (Kazdin, 2000; Kazdin, Holland, & Crowley, 1997; Kazdin & Wassell, 1999). The current study examines the social validity and cultural congruency of an adaptation of SafeCare® (SC), a home-based parenting program.

SafeCare®

SC is an evidence-based model designed to prevent child maltreatment and increase protective factors, including positive parent–child interactions. It emphasizes training caregivers in three areas to reduce child neglect: home safety, infant and child health care, and parent–child bonding (Lutzker & Bigelow, 2002; Lutzker, Bigelow, Doctor, & Kessler, 1998). SC is provided in the family's natural environment, targets proximal skills and behaviors, utilizes a structured skills-based approach with ongoing measurement of observable behaviors, skill modeling, practice and feedback, and trains parents to criterion in observable skills. This approach is also used in the training, supervision, and coaching of the providers.

SC has demonstrated support for child maltreatment prevention, reduced recidivism, and parent behavior change across a series of studies (Chaffin, Hecht, Bard, Silovsky, & Beasley, 2012; Lutzker, 1984; Lutzker & Bigelow, 2002; Lutzker et al., 1998; Lutzker & Rice, 1984, 1987; Silovsky et al., 2011). SC augmented (supplemented with Motivational Interviewing and safety planning for intimate partner violence) meets the Department of Health and Human Services (DHHS) criteria for Home Visiting Evidence of Effectiveness (homvee.acf.hhs.gov). SC is rated as both highly relevant for child welfare and is supported by research evidence by the California Evidence-Based Clearinghouse for Child Welfare (www.cebc4cw.org). Additional details can be found on the SC website (www.nstrc.org).

Previous qualitative research has examined providers' impressions of the cultural sensitivity of SC and need for adaptation for other cultures (Self-Brown et al., 2011). Self-Brown et al. (2011) interviewed 11 SC providers from six states to determine the possible need for adaptation. Overall, SC was perceived to be readily accepted by diverse families. Themes emerged regarding the importance of providers being knowledgeable about aspects of the culture and community in relation to program targets. Specific suggestions for working with families in the Latino community were to spend more time developing relationships with family members, understanding local home remedies and health care practices, lowering literacy level

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