



The development and validation of the Spanish adaptation of the Protective Factors Survey



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ABSTRACT

Latinos comprise a rapidly growing segment of families seeking child maltreatment prevention services. Children of Latino families face an increased risk of maltreatment due to acculturation and immigration stressors. Currently the child maltreatment prevention field lacks a cadre of valid and reliable Spanish language tools to measure program outcomes and families' resources and needs at service entry. The Protective Factors Survey (PFS) is an evaluation tool used increasingly among child maltreatment prevention programs. The PFS is a measure of five family-level protective factors against child abuse and neglect: Family Functioning/Resiliency, Concrete Support, Social Support, Nurturing and Attachment, & Knowledge of Parenting/Child Development. In this study we test the validity, reliability and stability of a Spanish adaptation of the PFS (S-PFS) among seven agencies and 148 Latino participants across the nation. The results from this study indicate that the S-PFS is a valid, reliable and stable measure. Implications for the child maltreatment prevention field are discussed.

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1. Introduction

Children of Latino immigrants comprise a large and rapidly expanding ethnic group of children in the United States (U.S.). Currently Latinos, who include persons from Central America, Cuba, Dominican Republic, Mexico, and South America, represent 17% of the total U.S. population (U.S. Census Bureau, 2013). Given that Latinos represent a substantial population in the U.S., there are a growing number of Latino families being served by child abuse prevention agencies (U.S. Department of Health and Human Services (DHHS), (2013); Pew Hispanic Center, 2010). Latino immigrants face heightened risk of child maltreatment because of familial stressors associated with acculturation and immigration (Dettlaff, Earner, & Phillips, 2009). Latino children are more likely to experience substantiated cases of maltreatment than White, non-Latino children (Church, Gross, & Baldwin, 2005). Language barriers further compound the unique service needs of Latino families involved in the child welfare system. In 2010, for example, nearly 75% of Latino households spoke a language other than English at home (U.S. Census Bureau, 2011).

As with most government-funded and nonprofit agencies, child abuse prevention programs are required to measure program outcomes. Within the child abuse prevention field, there are few validated instruments in Spanish to measure participants' needs, resources, and progress. The lack of available tools raises concerns related to the cultural, functional, metric, and linguistic equivalence of existing translations of surveys, which ultimately leads to methodological bias (Peña, 2007). These concerns are especially relevant because most instruments that assess wellbeing are standardized with English-speaking populations and not with other language groups.

The present study addresses this problem by examining a Spanish adaptation of the Protective Factors Survey (PFS), a tool commonly used by child abuse prevention programs in more than 40 states. Although other tools measure aspects of family-level protective factors (e.g., Parents' Assessment of Protective Factors), the PFS is the only peer-reviewed tool that demonstrates reliability and multiple forms of validity across six field tests (Counts, Buffington, Chang-Rios, Rasmussen, & Preacher, 2010; FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2013). The purposes of this study are to determine 1) whether the S-PFS is invariant; 2) whether the S-PFS is stable across time, that is, the extent to which values at Time One predict values at Time Two; and 3) whether the S-PFS is a valid and reliable measure among Spanish-speaking families. Here, validity represents the degree to which mounting evidence and theory

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verify a particular interpretation of survey scores within the context of an instrument's purpose (AERA, 1999).

1.1. Background and rationale

The original version of the PFS measures five family-level protective factors against child abuse: Family Functioning/Resiliency (FF); Concrete Support (CS); Social Support (SS); Nurturing and Attachment (NA); & Knowledge of Parenting/Child Development (KOP/CD) (Counts et al., 2010). Each of these subscales contains items that measure attitudes or behaviors associated with the construct (see Table 1). An important note is that the KOP/CD items are not expected to correlate with one another. For this reason, the KOP/CD items are excluded from the analyses in this study.

The Protective Factors Survey (PFS) was developed to help evaluate the effectiveness of child maltreatment prevention programs by measuring factors that protect the family from negative trajectories. Through the course of several years of field-testing, the PFS was found to be a valid and reliable tool (Counts et al., 2010). The PFS demonstrates high internal consistency (CS = .76, NA = .81, SS = .89, FF = .89) and adequate stability (.52 to .75) (FRIENDS National Resource Center for Community Based Child Abuse Prevention, 2013). There are significant negative correlations with the Brief Child Abuse Potential Inventory (−.34 to −.54) (Ondersma, Chaffin, Simpson, & LeBreton, 2005) and the Perceived Stress Scale (PSS) (−.09 to −.54) (Cohen, Kamarck, & Mermelstein, 1983), which is indicative of criterion validity. Regarding content validity, there are moderate correlations between the PFS factors (.22 to .74) (Counts et al., 2010). Although the correlation between CS and NA is smaller than the correlations between the other subscales, there are no theoretical reasons to expect the correlation to be higher. The PSS demonstrates adequate internal consistency ($\alpha = .84-.86$), test–retest validity ($r = .85$), and concurrent validity with the impact of life events ($r = .24-.35$) among samples of college students (Cohen et al., 1983). See the Method section for information on the CAPI's validity and reliability.

Since the PFS's release in 2006, the developers have received numerous requests for a reliable and valid Spanish translation that was both culturally and linguistically appropriate. In response, in 2012, FRIENDS National Resource Center contracted with the University of Kansas Center for Public Partnerships and Research (CPPR) to develop a Spanish adaptation of the PFS (S-PFS). Based on feedback and suggestions from the field, CPPR designed a study to develop a culturally and

linguistically relevant Spanish version of the PFS and to evaluate the S-PFS's validity and reliability.

2. Method

2.1. Development of the S-PFS

Between July and September 2012, CPPR convened two committees to translate, revise, and provide feedback on the S-PFS using rigorous translation methods (Harkness, 2003; World Health Organization, 2015). To strengthen our findings of validity, we employed forward and backward translation techniques to ensure that similar words and meanings were used across the English and Spanish versions of the PFS (Peña, 2007).

The first committee, comprised of internal CPPR researchers and bilingual/bicultural colleagues, selected a Spanish version of the PFS to revise, provided measurement expertise, resolved discrepancies between the first and second committees, and held final decision-making authority. The second committee, tasked with providing feedback and backward and forward translation, was a nationally representative group of bilingual/bicultural parent-consumers and direct service providers from child maltreatment prevention programs.

As the initial step in the development process, the first committee collected every known Spanish translation of the PFS. Of the 12 versions collected, the committee selected a Spanish translation of the PFS from Kansas because the translators deemed this version most clear, understandable, and similar to the English PFS. Next, the second committee translated Kansas's Spanish version of the PFS into English, often providing two to four different translations for each item. The first committee reviewed the second committee's suggestions and selected statements for inclusion based on their clarity, intent, and simplicity. Then the second committee translated the items into Spanish, and the first committee chose items for inclusion. Ultimately, the efforts made by both committees resulted in seven translation drafts and several changes to the S-PFS.

Based on feedback from the two committees, CPPR included a question about the caregiver's country of origin in the demographics section. The S-PFS also added two items to CS ("I go to the hospital for routine medical care" and "My household bills [telephone, electricity] are canceled because I cannot afford them"), and two items to KOP/CD ("It is hard to know what to do as a parent" and "I am confident in my role as a parent") and simplified the wording of the three CS items ("I know where to go if my family needs food or housing", "I know where [or with whom] to go if I have financial difficulties", and "I know where to go if I need help finding a job") (please see Appendix A for a complete list of items). Previously, these items used negative, conditional language: "I would not know...". In addition, the S-PFS exclusively uses a frequency scale (never to always) instead of using both a frequency and an agreement scale as used by the PFS. Frequency scales are more concrete and easier to understand than agreement scales (N. Kingston, personal communication, July 7, 2012).

2.2. Participant characteristics and sampling procedures

2.2.1. Participating agencies

Between June 2012 and April 2013, agencies were recruited through several means: National email listservs (e.g., Community-Based Child Abuse Prevention), regional and national conferences (e.g., American Evaluation Association, Network for Action), and webinars. Interested agencies contacted CPPR staff members who determined whether the agencies were eligible for participation. Of the 40 agencies that expressed interest, only seven agencies participated due to the study's selection criteria and stringent Institutional Review Board (IRB) approval process. To be eligible for participation, agencies agreed to complete a one-hour training on the rights of human subjects and survey administration procedures, to provide 12 h of direct service, and to serve a

Table 1
PFS factors and operational definitions in English and Spanish.

Reprinted from *The Protective Factors Survey User's Manual* (p. 1), by FRIENDS National Resource Center for Community Based Child Abuse Prevention (2013), Chapel Hill, NC: Chapel Hill Training Outreach Project, Inc. Reprinted with permission.

Factor	Operational definition
Family Functioning/Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve, and manage problems.
Social Support	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development/Knowledge of Parenting	Understanding and using effective child management techniques and having age-appropriate expectations for children's abilities.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

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