



Exploring the role of natural helpers in efforts to address disparities for children with conduct problems

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ABSTRACT

The incorporation of natural helpers into services has been suggested as an innovative strategy to address disparities for historically underserved children with conduct problems. In order to inform incorporation efforts, this study examined the perceptions of natural helpers serving one U.S. Latina/o community regarding need for services for children with conduct problems, their reactions to a specific parent training intervention, and the training and support needed to deliver this intervention successfully. Participants identified a need for culturally-responsive services for children with conduct problems, and felt that parent training would be appropriate for the families they serve. Participants further identified specific training and support that they would require in order to deliver parent training with fidelity and effectiveness. Findings support the suggestion that natural helpers have the potential to address service disparities among Latina/o children with conduct problems. Recommendations from natural helpers should guide the development of culturally-adapted preventive interventions that help address existing service disparities.

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1. Introduction

Although numerous effective mental health interventions exist, most children and families in need do not utilize them (Kazdin, 2008). Families that do use treatment rarely participate fully, and almost half drop out (Kazdin, 2008). Underutilization is more pronounced among children and families from historically marginalized groups such as ethnic and racial minorities. For example, although various interventions for childhood conduct problems exist (Eyberg, Nelson, & Boggs, 2008), African American and U.S. Latina/o children with conduct problems are up to 50% less likely to use services than European American children (Coker et al., 2009).

Underutilization among ethnic minority children and families has been linked to contextual and cultural factors (Hernandez, Nesman, Mowery, Acevedo-Polakovich, & Callejas, 2009). Contextually, historical patterns of discrimination lead to greater prevalence of utilization barriers—such as being uninsured (Alegria et al., 2012) or living in communities where mental health services are unavailable (Alegria et al., 2004)—among ethnic minority families. Cultural values and beliefs can also prevent service utilization (Hernandez et al., 2009; Lopez & Guarnaccia, 2000). For instance, many Latinas/os ascribe significant stigma to formal mental health care (e.g., Guarnaccia, Lewis-Fernandez, & Rivera Marano, 2003; Vega & Lopez, 2001) and are more likely to seek assistance for mental health problems from individuals without mental health care training in their personal (e.g., friends, family, community members) and formal (e.g., physicians, teachers, church ministers) networks (Callejas, Hernandez, Nesman, & Mowery, 2010).

Because of these cultural and contextual influences, addressing underutilization among ethnic minority families requires innovative approaches to service (Hernandez

et al., 2009; Kazdin & Blase, 2011). For instance, several lines of research suggest that incorporating natural helpers—individuals to whom underserved families naturally turn for advice, emotional support, and tangible aid (Israel, 1985)—into services for children with conduct problems could address utilization barriers (Acevedo-Polakovich, Niec, Barnett, & Bell, 2013). First, many cultural and contextual barriers preventing service utilization are bypassed because underserved families naturally turn to these individuals for assistance (Calzada et al., 2005; Jain, 2010; Koskan, Hilfinger Messias, Friedman, Brandt, & Walsemann, 2012). Second, because of enhanced abilities to establish rapport and communicate effectively with underserved families, natural helpers can successfully facilitate intervention engagement and retention among historically underserved families (Walter & Petr, 2006). Finally, natural helpers with appropriate training and supervision in the delivery of mental health interventions are more effective than passive control conditions and can be as effective as licensed professionals (Christensen & Jacobson, 1994; Durlak, 1979; Hattie, Sharpley, & Rogers, 1984; Montgomery, Kunik, Wilson, Stanley, & Weiss, 2010; Weisz, Weiss, Han, Granger, & Morton, 1995).

Who fills the role as a natural helper for Latina/o families can depend on the focus of a need or service. For instance, the individuals that these families naturally turn to for advice, emotional support, and tangible aid regarding immigration may not fully overlap with the individuals that are turned to for advice regarding mental health. The defining features of natural helpers are that they are naturally sought out for assistance on matters in which they may not have been formally trained (Acevedo-Polakovich et al., 2013). Mental health natural helpers for Latina/o families have a broad array of personal and professional backgrounds, and can include professionals and paraprofessionals with limited mental health training (e.g., promotoras/es, educators, clergy, healthcare providers) along with family and/or community members with no formal mental health training (Acevedo-Polakovich et al., 2013).

Despite the many potential advantages of incorporating mental health natural helpers into services for underserved children with conduct problems, doing so also poses significant challenges (Acevedo-Polakovich et al., 2013). Developing training programs that respond to the wide range of educational backgrounds and experiences represented by

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natural helpers can be difficult. The elevated rates of comorbidity and family pathology found among children with conduct problems suggest that—in addition to training in specific interventions—natural helpers should receive a broader foundation in mental health triage. Natural helpers might also require training to identify and negotiate the ethical issues that arise when working with historically underserved families.

While it has been suggested that many of the challenges of incorporating natural helpers into services for children with conduct problems are assuaged or eliminated if their involvement is focused on prevention rather than treatment (Acevedo-Polakovich et al., 2013), little research exists to guide this process. In order to address this gap in the research, this study examined the perceptions of natural helpers in one U.S. Latina/o community regarding the need for parenting interventions (a best-practice approach to treating and preventing childhood conduct problems; Eyberg et al., 2008), their reactions to a specific parenting intervention, their own ability to deliver the intervention, and their perception of the training and infrastructure that they might require in order to deliver this intervention successfully. The study was conducted in partnership with a community agency serving U.S. Latinas/os in a mid-sized Midwestern U.S. city and was guided by Community-Based Participatory Research principles (Wallerstein & Duran, 2006).

Parent–Child Interaction Therapy (PCIT; Eyberg & Funderburk, 2011) was selected as the focus of this research because of four key characteristics supporting its appropriateness for adaptation into a prevention program that can be delivered by natural helpers in Latina/o communities (Niec et al., in press). First, PCIT possesses features described by US Latinas/os as desirable aspects of parenting interventions (e.g., emphasis on strengthening parent–child relationships, collaboration between families and interventionists, ability to be simultaneously delivered to multiple family groups; Niec et al., in press). Second, the direct coaching of parents during live interaction with their children that occurs in PCIT is related to increased effectiveness (Kaminski, Valle, Filene, & Boyle, 2008). Third, PCIT addresses key risk factors for conduct problems by targeting parenting strategies and building the parent–child relationship during early development (McNeil, Capage, Bahl, & Blanc, 1999). Finally, PCIT is driven by ongoing, direct behavioral assessment of parent–child interactions, which predicts outcomes better than the parent-report that characterizes many other interventions (Patterson & Forgatch, 1995).

2. Method

In order to ensure an in-depth exploration of participants' knowledge, experiences, and context that could guide the future adaptation of PCIT into a culturally responsive prevention program that is delivered by natural helpers (Creswell & Plano Clark, 2007; Kitzinger, 1995; Peterson et al., 2012), an exploratory qualitative approach was used to obtain information from natural helpers serving Latinas/os in one mid-sized city in the Midwestern United States.

2.1. Participants

Thirty seven natural helpers serving Latinas/os in the target community were recruited by the agency partnered in this research to participate in one of six focus groups. The agency, a community center providing a range of services for Latina/o families, was asked to recruit individuals to whom local Latina/o families naturally turn for advice regarding parenting issues. Each group contained between four and eight participants aged 18 to 82 years old ($M = 37.97$). The majority of natural helpers were female (81%) and identified as Hispanic or Latina/o (89%, all remaining participants were European American). Participants' specific Latina/o heritages included Mexican (55.6%), Mexican-American (11.1%), Puerto Rican (11.1%), Dominican (2.8%), Guatemalan (2.8%), and Honduran (2.8%), with the remainder not indicating a specific heritage.

Regarding their contact with families, participants served an average of 24.77 ($SD = 21.75$) families each week and spent an average of 20.97 hours ($SD = 16.23$) doing so. Most participants assisted families as part of their employment (75.0%) and reported assisting families for an average of 12.03 years ($SD = 13.27$). The majority of the families served by participants were primarily Spanish speaking (66%). Participants provided a range of services to families including parenting support, crisis management, health services, school consultation, religious services, and youth mentoring. This assistance occurred in a variety of settings including, churches, homes, human service organizations, schools, and childcare facilities.

Participants had a wide range of educational backgrounds. While the highest degree completed or attempted by most was an undergraduate degree (61%), 16.7% had completed a graduate degree, 16.7% obtained a high school degree but not attempted college, 2.8% completed an

associate degree and 2.8% had not completed high school. Of the 35 individuals that shared the primary sources of the knowledge and skills that they used in their work with Latina/o families, 29 reported life experience, 26 reported on-the-job training, 11 reported college coursework, and one reported seminars. Eleven of these 35 participants listed only one primary source. Among these 11 participants, five listed life experience, three listed on the job training, two listed college learning and one listed seminars.

2.2. Measures

A background information form with questions about participants' personal (e.g., ethnicity, gender, age) and professional (e.g., types of families served, educational background) background was completed by participants. Focus group discussions followed a guide that sequentially inquired about each of the study's guiding questions. When discussing specific components of PCIT, sample videos were shown to demonstrate these components.

2.3. Procedure

Groups were formed according to the language preferences of participants such that five groups were run in English and one was run in Spanish. Each group lasted approximately 90 min. All participants received \$30 compensation for their time. A recording of each group was transcribed in the language in which it was conducted. The accuracy of the transcriptions was verified by the first author, a native Spanish speaker with a record of professional publications and presentations in both Spanish and English.

2.4. Data analysis

Transcripts were analyzed by bilingual research personnel using a procedure modeled after that of Marshall and Rossman (1995). Two coders independently reviewed the transcripts to identify, define, and record specific instances of themes. Their independent results were then compared to develop a joint list of themes and their definitions. The coders then independently analyzed each transcript for the incidence of themes on this list, agreeing on 82.4% of instances. Remaining disagreements were solved by consensus among the research team.

3. Results

3.1. Are parenting interventions needed?

Natural helpers reported that children with conduct problems exist among the Latinas/os they serve, but the parents often lack the skills needed to manage these children and desire help (e.g., “*They need that information and they need to put it in practice. They don't have the skills*”). Participants suggested that parents' experiences as children influence their parenting practices, including the use of corporal punishment, but noted that parents are motivated to learn alternatives (e.g., “*A lot of the parents never had that positive attitude around them ever in their lives, so it's gonna be probably like—you know—a process and something appreciated*”). Participants believed that parenting interventions had potential among the families that they serve because these families ascribe responsibility for children's behavior to the parenting that they receive (e.g., “*...your child is a reflection of you...they are a reflection of how you treat them*”).

Although participants' attitudes were generally favorable regarding parenting interventions, they also identified several obstacles that might lead to parents' resistance to these, including stigma (e.g., “*... whenever we mention therapists or counselors, there's a stigma. There's nothing wrong with my kid like that.*”), dislike of mental health professionals, and not wanting to be told what to do. Participants suggested that fathers may be especially difficult to engage because of the

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