



## Integrating Faith-based and Community-based Participatory Research Approaches to Adapt the Korean Parent Training Program



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### ABSTRACT

**Purpose:** Faith and community based inquiry approaches are rarely used to develop research interventions. The purpose of this article is to present how a research team worked with six Korean American Christian churches to revise the prototype Korean Parent Training Program (KPTP), based upon the Bright Futures Parenting Program. The collaboration was sought to better integrate and align the KPTP with Korean culture and faith. The KPTP was developed to promote positive parenting practices and decrease mental health disparities of Korean American children.

**Design and Methods:** Sixteen church participants completed a Delphi survey, a workshop series, Community Theaters, and focus groups.

**Results:** The participants suggested adding Korean traditional parenting virtues, Christian parenting principles, and revising the standardized parent training and program philosophy.

**Conclusions:** Revisions made KPTP sensitive to Korean culture and faith, and promoted program acceptability.

**Implications:** The process demonstrated the importance of working with church volunteers to develop faith-based and community-based health promotion interventions targeting Korean American faith communities. This research presents significant and meaningful implications for working with other faith communities from minority backgrounds.

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### Introduction

Culture and faith are important considerations, which influence the social determinants of health. Social determinants of health are societal conditions that affect health and can potentially be altered by social and health innovations such as policies and programs (Anderson, Scrimshaw, Fullilove, Fielding, & the Task Force on Community Prevention Services, 2003). For Korean Americans (KAs), KA Christian churches (called 'KA churches') form communities that provide reinforcement for KA traditional culture and faith. KA churches also offer spiritual refuge and trustworthy social and health services (Kim-Goh, 1993; Yeh & Inose, 2002).

To improve the health of ethnic minorities, researchers are asked to invest in developing community-based interventions which integrate culture and faith (Graham & Spengler, 2009; Institute of Medicine,

2003). Community-based participatory research (CBPR) is one approach that can empower faith communities and researchers to collaboratively develop community-based prevention efforts that will last (Israel et al., 2008; Wallerstein & Duran, 2010). As faith communities and researchers partner, they learn about and account for the sociocultural factors impacting the health of that community. A faith-based CBPR partnership can be important for KAs because 70 to 85% of KAs regularly attend KA churches and seek assistance for personal issues within churches, including mental health problems (Choi, 1997; Kim, Han, & McCubbin, 2007; Kwon, 2004; Shin, 2002; Yeh & Inose, 2002). KA children suffer from greater mental health disparity than their same-aged European American or other Asian American counterparts (Choi, Stafford, Meininger, Roberts, & Smith, 2002; Nahm, 2006; Nam, 2013; Yeh & Inose, 2002). However, CBPR that incorporates culture, faith, and community-based principles is rarely found in faith organizations serving KAs, and is nonexistent in the extant literature focused on KAs and mental health disparities.

The purpose of this article is to present how a research team revised the prototype Korean Parent Training Program (KPTP), based upon the Bright Futures Parenting Program, by working with six Korean

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American Christian churches. The article is divided into five main sections. First, there is a summary of mental health disparities and parenting factors for Korean American children. The theoretical framework of the intervention is secondly presented. Then, a brief summary of how community-based participatory research is used in faith settings is provided. The study methods, results and discussion are finally presented. The knowledge developed from this research study can be supportive of other translational research endeavors nationally and internationally.

### Possible Roots of Mental Health Disparities for Korean American Children

Mental health disparities in KA children are related to intergenerational acculturation conflict, or conflict resulting from the generational gap between parents and children that is compounded by different levels of acculturation in values and behaviors (Kim & Cain, 2008). Acculturation is the cultural and psychological adaptation into mainstream culture (Berry, 2006). KA families are influenced by two main cultural values (i.e., Korean culture and American culture), and children generally acculturate to the majority culture at a faster rate than their parents, which leads to conflict (Lee, Choe, Kim, & Ngo, 2000).

Intergenerational conflict can result in a host of mental health problems, or the cognitive, emotional, and behavioral problems that prevent children from behaving in a socially acceptable way (AACAP, 2009). Mental health problems are one of the most common causes of functional disability in children (Dretzke et al., 2009a, 2009b). One study found that 41% of KA children experience emotional and behavioral problems (Kim, Guo, Koh, & Cain, 2010), but only 35% of American children experience emotional and behavioral problems (Webster-Stratton & Hammond, 1998). Without intervention, children with emotional and behavioral problems show increased risk for depression, family conflicts, conduct disorders, substance abuse, failure in school, suicide attempt in adolescence (Campbell, 2002; Hale, Van Der Valk, Engels, & Meeus, 2005; Renk, 2007; Saluja et al., 2004; SAMHSA, 2000; Webster-Stratton & Taylor, 2001), and convictions and crimes in adulthood (Albor, Benjet, Mendez, & Medina-Mora, 2017; Hein et al., 2017; Jaffee, 2017). These increased risks raise a concern because studies have found that KA adolescents experience depression at higher rates than American adolescents (39% and 24% respectively) (Choi et al., 2002; Kim & Cain, 2008), and more intergenerational conflict than Chinese or Japanese American adolescents (Yeh & Inose, 2002). Intergenerational acculturation conflict was related to depression among Korean American adolescents (Kim & Cain, 2008). To prevent these later risks, intervention should target families with young children and address the issues related to intergenerational acculturation conflict.

### Parenting Factors Related to Korean American Child Mental Health

While research studies amplify the existence of multiple factors impacting children's mental health, many point to negative parenting practices, such as low parental warmth; high parental rejection; ineffective discipline; hostility; high parent-child conflict; and lack of emotion coaching for children (Bonin, Middleman, & Torchia, 2009; Campbell, 2002; Gonzales-Tajera et al., 2005; Gottman, DeClaire, & Goleman, 1998; Havinghurst, Harley, & Prior, 2004; Heaven, Newbury, & Mak, 2004; Kim et al., 2007; McLeod, Weisz, & Wood, 2009; Rohner & Britner, 2002; Zuniga de Nuncio, Nader, Sawyer, Guire, et al., 2003). For KAs in the Puget Sound and Midwest regions, low parental warmth, high parental rejection, harsh discipline, and intergenerational conflicts were significantly linked to KA adolescent depression (Kim & Cain, 2008), psychological adjustment (Kim, 2008), and psychosocial problems among KA children (Kim, Guo, et al., 2010).

### Parent Training: A Widely Used, Cost-effective Intervention

Parent training, or the systematic intervention for teaching child management skills to parents, is a widely used tool for promoting positive parenting, reducing child mental health problems, and promoting child social competence (Dretzke et al., 2009a, 2009b; Havinghurst et al., 2004). Teaching parents how to coach a child's emotion is also effective in decreasing children's psychosocial problems and increasing social competence (Havinghurst et al., 2004; Wilson, Havinghurst, & Harley, 2012). However, most of the U.S. based standardized parent trainings are developed for non-minority parents born in the U.S. and familiar with Western parenting practices. These programs do not accurately reflect or address the experiences and culture of foreign-born, ethnic minority parents living in the US. For example, researchers tested a standardized parent training program with KA parents without any adaptation and found the treatment effect differed according to parental acculturation (Kim, Cain, & Webster-Stratton, 2008). Parents noticed cultural differences in the parenting practices and skills taught. Parents also reported negative feelings about watching program videotapes featuring English speaking European Americans. Participants then suggested researchers develop a parent training that reflected KA culture, parenting practices, language, and life experiences (Kim, Choe, & Webster-Stratton, 2010). These findings led to the development of the KPTP prototype.

### Theoretical Framework and Content of the Bright Futures Parenting Program

The first author developed the Bright Futures Parenting Program, a prototype Korean Parent Training Program (KPTP), to promote positive parenting practices and decrease mental health disparities of KA children. The program curriculum was developed using research findings related to KA parenting and child mental health disparities. Table 1 depicts the multiple theoretical frameworks underlying the Bright Futures Parenting Program, which was designed to help parents express parental warmth, coach their child's emotion regulation, and use effective discipline. The program helps KA parents understand how living in two cultures can cause intergenerational conflicts. Using the parental acceptance-rejection theory (Rohner, Khaleque, & Cournoyer, 2009) and the raising an emotionally intelligent child framework (Gottman et al.,

**Table 1**  
KPTP content according to theoretical framework and definition.

Content	Theoretical frameworks and definition
1. Impact of living in two cultures	<ul style="list-style-type: none"> <li>◆ Individualism/collectivism (Hofstede, 2001): collectivism emphasizes the group, such as family, more than individual; individualism value individual more than group (Hui &amp; Triandis, 1986).</li> <li>◆ The acculturative family distancing theory: different rates of acculturation between parents and children may lead immigrant families to experience cultural value conflicts, which may, in turn, lead to poor mental health (Hwang, 2006).</li> </ul>
2. Parental warmth	◆ Parental acceptance-rejection theory (Rohner, Khaleque, & Cournoyer, 2007): parental warmth: the affectionate tie between parents and their children
3. Parental control	<ul style="list-style-type: none"> <li>◆ Bright Futures in Practice: Mental Health (Jellinek, Patel, &amp; Froehle, 2002): a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community.</li> <li>- Positive discipline (e.g., playing), appropriate discipline (e.g., sticker charts, timeouts)</li> </ul>
4. Emotion coaching	◆ Five steps of emotion coaching (Gottman et al., 1998): 5 steps to help parents listen and recognize emotions that children are experiencing, validate emotions, and help children to solve problems that cause emotional outbursts

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