

What Latina Mothers Think of Evidence-Based Parenting Practices: A Qualitative Study of Treatment Acceptability

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Parent training has great potential to alter the developmental trajectories of young Latino children with or at risk for behavior problems. However, traditional parent training programs may seem culturally irrelevant or inappropriate to Latino parents as they promote practices that are based on white, middle class standards. The current study of treatment acceptability used focus group and key informant interviewing methodology to investigate Latina mothers' views on the causes of young children's misbehavior and the acceptability of evidence-based parenting strategies. The sample consisted of Spanish- and English-speaking Latina mothers of 3- to 6-year-olds recruited from day-care centers and preschools in New York City. Focus groups were conducted with 34 mothers, and key informant interviews with 5 mothers whose children had behavior problems. Results showed that the most commonly viewed causes of child misbehavior were child temperament, fighting in the home, and negative peer influence. Mothers found some evidence-based parenting strategies acceptable (e.g., the use of praise, social rewards) and others objectionable (e.g., selective ignoring in public situations, the elimination of spanking). For some strategies, there was little consensus on its acceptability (e.g., time-out). Taken together, results highlight the critical need for aligning parent and clinician goals at the outset of treatment, and of including a strong psychoeducational component in parent training programs because not all of its components are consistent with Latino cultural norms and beliefs.

ACROSS various indicators, Latino youth are at high risk for poor behavioral functioning. For example, relative to non-Latino Whites and African Americans, Latinos have the highest rates of carrying a weapon at school, being injured in a fight, and being threatened or injured with a weapon (Centers for Disease Control and Prevention, 2008). In addition, Latino adolescents have higher rates of illicit substance use and initiate other risky behaviors, such as smoking and drinking, at earlier ages compared with other groups of adolescents (Centers for Disease Control and Prevention). Prevalence estimates for behavior disorders are high (Bird et al., 2001) and Latino boys enter the juvenile justice system at disproportionately high rates (Snyder & Sickmund, 1999). The early identification and treatment of childhood behavior problems is essential to alter the trajectories of at-risk Latino youth (Arnold, O'Leary, Wolff, & Acker, 1993) and to reduce the mental health disparities that are well-established by adolescence.

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Parent training programs are considered the gold-standard treatment for early childhood behavior problems (Brestan & Eyberg, 1998; Kazdin, 2005; Serketich & Dumas, 1996) and represent a promising approach to addressing the mental health needs of Latino children. Yet several questions must be addressed if parent training programs are to be broadly disseminated to Latino populations. First, although a robust literature documents the efficacy and effectiveness of parent training programs with non-Latino White families, scholars caution against assumptions that such evidence can be generalized to diverse populations (Bernal & Scharron-Del Rio, 2001; Chambless & Hollon, 1998; Eyberg, 2005; Forehand & Kotchick, 1996; Hall, 2001). In addition to the need for methodologically rigorous trials to establish efficacy in new populations, parent training programs must be widely accessed by Latino families. There has been growing concern over the significant underutilization of mental health services by ethnic minority populations, and particularly Latinos and Asians (Alegría et al., 2007). According to a national survey on past year mental health treatment (American Psychiatry Association, 2010), less than 7% of Latinos accessed mental health services, compared with 16% of non-Latino Whites. These low rates have been attributed to a host of factors, including cost/lack of health insurance, lack of knowledge of the health-care system, and lack of services

in Spanish (Kouyoumdjian, Zamboanga, & Hansen, 2003). Beyond these practical barriers, ethnic minority parents appear less likely to identify child behavior problems (Roberts, Alegria, Roberts, & Chen, 2005) and more likely to rely on trusted family and community members, alternative medicines, and spiritual practices to deal with mental health problems when they are recognized (Yeh et al., 2005), in part because of the stigma associated with mental illness and its treatment (Rojas-Vilches, Negy, & Reig-Ferrer, 2011).

Also underlying the problem of underutilization are the culturally rooted, often disparate views held by Latinos and their service providers about mental health problems, their causes and their solutions (Alegria et al., 2002). Originating from Western psychological theory, parent training programs are based on shared assumptions from a social learning perspective about what causes and maintains behavior problems (Brestan & Eyberg, 1998), and target culturally influenced childrearing goals, values, and practices (Dumas, Arriaga, Begle, & Longoria, 2010; Forehand & Kotchick, 1996). Yet important variations in parenting exist across cultural groups. For example, relative to non-Latino Whites, Latinos tend to value obedience and respect more than assertiveness and independence in children, and to rely on physical discipline and hierarchical parent-child relationships to instill these values (Calzada, Fernandez, & Cortes, 2010). Thus, parent training programs may promote practices that are based on White, middle-class standards, and which in turn may be viewed as culturally irrelevant or inappropriate by Latino parents (Parra Cardona et al., 2012). Such standards may also make Latino parenting seem deficient (Peters, 1988; Slaughter & McWorter, 1985).

One approach to addressing the cultural relevance of parent training programs for Latinos is to examine their social validity. Social validity refers to the acceptability of and satisfaction with an intervention and its outcomes (Wolf, 1978). For parent training programs, social validity would be supported if Latino parents agreed with the social significance of its goals; the social appropriateness of its procedures (i.e., treatment acceptability); and the social importance of its outcomes (i.e., client satisfaction). Most treatment outcome research includes measures of *client satisfaction*, providing evidence that parents of diverse sociocultural backgrounds, including Latinos, report high consumer satisfaction with parent training interventions (Dumas et al., 2010; Eyberg & Robinson, 1982; Forehand, Wells, & Griest, 1980; Patterson, 1982; Webster-Stratton, 1989). Importantly, though, these studies rely on samples of parents who were successfully engaged and retained in parent training programs, and who, given the low rates of service utilization seen among Latino families, may not be representative of the larger

Latino population. An important goal is to examine issues of social validity with a sample of Latino parents who are not currently accessing mental health services.

Existing studies of the *treatment acceptability* of parent training generally show that reinforcement strategies (e.g., positive reinforcement, token economy) are more acceptable than punishment strategies (e.g., time-out, spanking, differential attention; Calvert & McMahon, 1987; Heffer & Kelley, 1987; Ho, Yeh, McCabe, & Lau, 2011; Jones, Eyberg, Adams, & Boggs, 1998; Kazdin, 1980a, 1980b; Miller & Kelley, 1992). These studies have relied on quantitative methods in which parents are presented with vignettes that depict a defiant and disruptive young child and are asked to rate the acceptability of responding to the child's misbehavior with specific parenting strategies such as *positive reinforcement, positive practice, time-out, response cost, differential attention, spanking, and medication*. Such questionnaires require participants to share their perspectives using a Likert scale, and thus limit the form, content, and complexity of participant responses. In contrast, qualitative data has the potential to contribute to understanding of the beliefs and attitudes that undergird parenting strategies, which ultimately allows clinicians to offer more engaging and effective services to an underserved population such as Latinos. Yet while scholars have issued a call to "have Latino parents inform us about the 'what' and 'why' of parenting behaviors and techniques" (Zayas & Rojas-Flores, 2002, p. 236), no qualitative studies of the acceptability of parent training have been conducted to date.

Quantitative studies of the treatment acceptability of parent training programs focused on the Latino population are similarly lacking. In a notable exception, Borrego and colleagues (2007) showed that acculturated, English-speaking Mexican American parents found response cost the most acceptable, followed by time-out and positive reinforcement, and found medication the least acceptable, followed by differential attention and spanking, of the strategies to deal with child misbehavior. The clinical implications of this study are significant for both treatment engagement and adherence; it is unlikely that Mexican American parents who find certain strategies objectionable will commit to an intervention based on that approach. It is not clear, however, whether these findings would generalize to other Latino subgroups, to Spanish-speaking Latino parents or to Latino parents of children with elevated levels of behavior problems.

This paper examines the treatment acceptability component of social validity of parent training programs with Spanish- and English-speaking Latina mothers of young children between 3 and 6 years old. We recruited a community sample and also identified mothers of children with behavior problems to serve as key informants. Using

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