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Using Community Based Participatory Research to Create a Culturally Grounded Intervention for Parents and Youth to Prevent Risky Behaviors

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Abstract The principal goal of this article is to contribute to the field of prevention science by providing a sequential description of how Community Based Participatory Research (CBPR) was used to develop a parent education curriculum aimed at preventing and decreasing adolescent drug use and risky sexual behaviors. CBPR principles are outlined, and information is provided on the unique contributions of researchers and community members who came together to develop this parent education program. Focus group information is presented as an exemplar to illustrate how thematic content from focus groups was used to inform the development of this parent education curriculum. A step by step description is given to facilitate replication of this process by other prevention researchers who are interested in applying this CBPR approach to develop a culturally responsive parent education intervention.

Keywords Community based participatory research

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In the past, social and prevention scientists have traditionally approached the study of social phenomena and of communities experiencing social problems with an "outsider's approach," which typically distanced this research from the daily lives of the participants. Accordingly, these kinds of research studies often produced research findings that were disconnected and out of context from the life experiences of many of the study participants. This commonly used "outsider's approach" was thus questioned by post-modernist thinkers (e.g., Kurt Lewin 1947; Paulo Freire 1994) who proposed more participatory and inclusive approaches to research and intervention development. These perspectives sought to address the complexity of the human experience and the power differential that exists between research investigators and research participants. Thus, a new perspective emerged that facilitated a dialogue between researchers and participants making community members partners in the development and conduct of community based research studies. This perspective, described as Community Based Participatory Research (CBPR) emphasizes a conscious integration into the research design of the participants' needs and wants as well as their socioeconomic and cultural contexts (Ratzan 2001; Minkler and Wallerstein 2003). Jaccard and Jacoby (2010) have conducted an analysis of cultural, contextual and constructionist perspectives within a scientific framework.

CBPR is a collaborative approach to the design and implementation of use-inspired research. It equitably

involves community and academic/research partners and integrates the unique strengths that each brings to the research enterprise. Two important principles of community participatory approaches to empower community members and to make an intervention culturally relevant to them are the *Principle of Relevance* and the *Principle of Participation* (Frankish et al. 2007). The *Principle of Relevance* asserts that activities must be relevant to the needs and interests of the consumer group in order for consumers to attend to those activities. The *Principle of Participation* asserts that persons learn by doing, and as such, active "hands on" activities are important to make learning more meaningful. These are two important principles that guided our approach to community participatory research.

In CBPR, community members take an active role in all phases of the research process: (a) in identifying community needs or concerns, (b) in the evaluation of intervention effectiveness, and (c) in the dissemination of research findings, while researchers contribute a theoretical framework as well as scientific methodological and data analytic methods that guide the research process (Higgins and Metzler 2001; May and Law 2008). Researchers and the community based partners are regarded as experts in their own right, as they contribute unique sets of skills that can complement each other. One can infer that CBPR is well designed and implemented when the participants' needs, beliefs, and behaviors concerning their wellbeing are incorporated into the research design. In other words, this approach acknowledges and integrates the participants' cultural traditions, religious beliefs, aspects of their socioeconomic status, and their culturally grounded ways of helping and healing. Moreover, these participatory community activities are integrated into a scientifically designed and community grounded methodology, a methodology that combines rigor and community relevance to the task of conducting community based participatory research (Castro et al. 2007a).

CBPR has been utilized in many settings and with a variety of communities from studies on environmental justice (such as poverty, air pollution, and housing) to studies focusing on low income and medically underserved populations (Fowles 2007; Postma 2008). CBPR uses an iterative methodology that aims to tailor interventions to the priorities, needs and preferences of the targeted population. Within this approach, scientists, community key informants/leaders, and other community stakeholders work in partnership in the development and evaluation of the intervention, thus jointly identifying and addressing cultural and economic gaps (Cross et al. 1998).

This article discusses how a parent education curriculum aimed at preventing and decreasing adolescent drug use and risky sexual behaviors was developed using CBPR. The unique social context of the Southwestern U.S. provides a setting and unique cultural backdrop for the development of this parent education and training intervention, as designed to meet the needs of Mexican, Mexican American and other Latino parents within the local community.

Background

Effects of Differential Acculturation Among Latino populations, health disparities are evident in many health outcomes including the rates and health-compromising consequences of drug use and the disproportional infection rates of HIV/AIDS and other sexually transmitted diseases among Latino adolescents (Lescano et al. 2009; Vega et al. 2002). Among Latinos and other ethnic minority populations, factors such as acculturative adaptation and acculturation stress frequently operate as risk factors and pathways to adverse health outcomes (Suarez-Morales and Lopez 2009).

Latino parents and their children often undergo the process of acculturation at a different pace. Under this *differential acculturation*, children generally learn the language of the dominant culture, and adapt to mainstream society faster than their parents. Differential acculturation often prompts communication problems that negatively affect the parent–child relationship and in turn this can lead to negative outcomes (Farver et al. 2002; Tseng and Fuligni 2000), where this process generally introduces significant stressors for Latino families (Dinh et al. 2002). Furthermore, protective factors that families bring with them when they migrate are often eroded by this acculturation process. In studies conducted with Latino youth in the Southwest, linguistic acculturation has been identified as a risk factor for alcohol, cigarette, and marijuana use among females (Castro et al. 2009b; Portes and Rumbaut 2005; Voisine et al. 2008). A similar study of parenting and religious involvement has shown that Latino youth who were more acculturated were also more at risk of having stronger pro-drug norms (Parsai et al. 2008).

Effective Prevention Interventions with Latino Populations In the development of prevention interventions, cultural competence and strengthening families have been identified as important approaches that may help counter the eroding effects of differential acculturation on family and youth-based protective factors (Castro et al. 2007b; Guerra and Smith 2006; Prado et al. 2009; Roosa et al. 2002). There is also abundant empirical evidence regarding the usefulness of family based interventions for the prevention of various youth problem behaviors, and there is much support regarding the need for prevention and intervention programs that take into account various cultural factors that are important to members of a target population, including race, ethnicity, and culture (Kaftarian and Kumpfer 2000).

Among Latinos more specific cultural factors that are important include acculturation, traditionalism, familism, *respet* (respect for others), *simpatia* (friendliness, understanding), and several others (Castro and Hernandez-Alarcon 2002; Sterk 2002). In addition, there has been a growing interest in evidence-based programs (EBP's) that are guided by a manualized curriculum, specified activities, and behaviorally based strategies (Ringwalt et al. 2008; Small et al. 2009). EBP's are programs that have been rigorously tested in experimental studies, have peer-reviewed publications of their findings, and have been found to be effective. In the U.S., federal policy and funding that supports school-based prevention programs are closely linked to the EBP movement (Hallfors et al. 2007).

Keepin' it REAL (*kiR*) is one of a few evidence-based programs that was developed using a CBPR approach. This drug prevention program was designed to be culturally responsive for Latino youth and serves as a valuable resource in the efforts to reduce health disparities (Marsiglia and Hecht 2005). However, despite demonstrated program efficacy (Hecht et al. 2003; Marsiglia et al. 2005), the Arizona-based developers in partnership with parents, students, teachers, and school principals and superintendents (community partners, stakeholders and key informants who participated in the development of the kiR program) understood that more could be done to increase the size and duration of kiR program effects. Thus, these partners proposed the development of a supplemental parent education intervention to complement the existing classroom-based kiR intervention, with the aim of increasing program effects (effect sizes) on targeted outcomes.

Theoretical and Curricular Foundations of Familias: Preparando la Nueva Generación

Prior to discussing the use of CBPR to develop the new parent program it will be useful to review the theoretical framework that guided this process. The development of this new supplemental parent education intervention was guided by Ecodevelopmental Theory and was called, *Familias: Preparando a la Nueva Generacion* (Families: Preparing the New Generation). Ecodevelopmental Theory supports the strategy of improving *family function* as a means of preventing youth substance use (Castro et al. 2009a; Coatsworth et al. 2002; Perrino et al. 2000; Szapocznik and Coatsworth 1999). Ecodevelopmental Theory also posits that as parents play a primary role in the socialization of their children they can therefore exert a strong impact in preventing youth problem behaviors.

Models that are derived from Ecodevelopmental Theory provide broad-based frameworks for investigating risk and protective factors in Latino youths' drug use, as these models can account for important familial and parent–child influences that characterize Latino youth and families, especially as they experience the effects of acculturation. Among these influences is parent–child communication, which can operate as a safeguard against risky behaviors, although effective parent-youth communication is limited by many Latino parents' cultural reluctance to discuss certain "adult" matters with their children. Conversely, parental monitoring appears to operate as an activity that forestalls problem behaviors. However, the noted parent–child gap in communication resulting from differential acculturation can interfere with effective parenting, can induce social isolation among immigrant parents, and can compromise their ability to attain adequate social support. This process can be exacerbated by parents' needs to rely on their children to navigate social situations in which English proficiency may be required. When the disruptions imposed by acculturation are managed effectively, such as when Latino parents maintain an active involvement in their child's activities, fewer acculturation-based behavioral problems would occur (Pantin et al., 2003a).

Development of Familias: Preparando a la Nueva Generación

The Keepin it REAL Intervention kiR is an evidence-based drug prevention program designed to (a) increase drug resistance skills among middle school students; (b) promote conservative substance use norms and attitudes; and (c) develop effective drug resistance decision making and communication skills to reduce the use of alcohol, cigarettes, marijuana and other drugs (Gosin et al. 2003). A grant from the National Institute on Drug Abuse of the National Institutes of Health (R01-DA-05629) supported the development and evaluation of this intervention. This prevention intervention is recognized as a National Model Program by the Substance Abuse and Mental Health Services Administration (SAMHSA) (Schinke et al. 2002).

Three theories served as guiding frameworks for this intervention: Communication Competence Theory (Spitzberg and Cupach 1984), the Focus Theory of Norms (Hansen, 1991), and Narrative Theory (White 1981). Communication Competence Theory focuses on how well people interact with one another, and to what extent communication is clear and appropriate. When effective communication occurs, the individuals involved accomplish their own goals during this interaction in a respectful and empathic manner. The Focus

Theory of Norms distinguishes between descriptive, injunctive, and personal norms (Cialdini et al. 1991). *Descriptive norms* refer to what people *actually do* in similar situations; *injunctive norms* refer to what people *should do*; and *personal norms* refer to what an individual believes as related to socially appropriate behaviors. Finally, Narrative Theory is the study of written or oral stories.

kiR teaches students communication and life skills, with the aim of building their personal strengths including refusal skills, and it also builds the cultural strengths of youths and their families. Students learn how to say **NO** to substance use through easy-to-use strategies represented by the acronym **REAL**—**R**efuse, **E**xplain, **A**void, and **L**eave. A key component of the 10-lesson curriculum is a series of five videos produced for youth by youth that demonstrate how students can use these REAL strategies to resist drug use in real-life situations. The curriculum provides opportunities for students to engage in activities that are culturally relevant to them, and allows them to discuss with and present to other students their cultural roots and the culture of their own communities (the neighborhoods where they live, the schools they attend), as well as how and why these cultural roots are important to them. The program was tested initially in a randomized trial of 35 schools with 6,035 youth participants. Relative to the control group, the intervention group reported better behavioral outcomes (use of alcohol, cigarettes and marijuana) and better psychosocial outcomes (personal norms) (Hecht et al. 2003). This program was found to reduce use of alcohol, tobacco, and marijuana among youth and to increase anti-drug attitudes and personal norms (Kulis et al. 2005). The effects were found to be particularly strong among the Latino participants, in this case mostly Mexican-heritage students (Marsiglia et al. 2005).

The Familias Unidas Intervention Familias Unidas is a parent-centered intervention that aims to reduce adolescent problem behavior within the Hispanic community, including the prevention of drug use and the spread of HIV through unsafe sex (Coatsworth et al. 2002). *Familias Unidas* is the only program identified that was designed to target Latino families specifically and has also been used in a variety of settings including schools (Castro et al. 2006; Pantin et al. 2003a, b). For this reason, it was identified as an ideal program on which to base the new *Familias: Preparando a la Nueva Generación* parent education intervention.

The *Familias Unidas* curriculum focuses on enhancing parental involvement in working with their children, while also strengthening family functioning by increasing parental supervision of their children, and increasing family communications about drug abuse and risky sex-related behaviors. This program is guided by Ecodevelopmental Theory (Pantin et al. 2004; Szapocznik and Coatsworth 1999). This general systems approach highlights the importance of understanding an adolescent's development within the contexts of their social environment, for an ecologically sound understanding of youth problem behaviors. Within this overall context, to promote healthy development a proposed intervention needs to increase protective factors and reduce risk factors, while also improving the connections between the adolescent's worlds: parents, peers, school, and media (Hawkins et al. 1992).

An evaluation of *Familias Unidas* showed that it is an efficacious intervention for increasing parental involvement and decreasing youth problem behaviors; in other words, via a controlled community trial the program has been shown to be efficacious in reducing risks among Hispanic families (Pantin et al. 2003b).

The *Familias: Preparando a la Nueva Generación* parent curriculum draws on these two efficacious programs (Coatsworth et al. 2002; Marsiglia and Hecht 2005), while also incorporating the voice of the local community. Core elements from both curricula were identified and used as the basis of *Familias Preparando a la Nueva Generación* (see Table 1). Community members provided feedback and guidance on the content of the workshops, the activities, the attractiveness, and readability of each workshop, and other important areas that will be discussed later in this article.

Phase 1: Evidence Gathering and Stakeholder Involvement

The origin of *Familias: Preparando a la Nueva Generación* was the perceived need expressed by various parents and teachers for an intervention that would help parents to better communicate with and guide their children. Based on this need, the first phase in the development of the parent education curriculum, *Familias: Preparando a la Nueva Generación* (Families Preparing the New Generation) involved evidence gathering that began with a review of current evidence-based parent programs (see Fig. 1). In this manner, community members and researchers could start by examining what already had been done, and what was effective in the prevention of drug use and risky sexual behavior among Latino families. Then, they could work together on aspects of these programs that the community could adopt or adapt in order to meet their local needs. In this regard, Castro and colleagues identified a few substance abuse prevention interventions that exhibited evidence of effectiveness when implemented within a Latino community. Among these interventions, two of the best were *kiR* and *Familias Unidas*.

Table 1 Core elements of kiR, Familias Unidas and shared elements

Keeping' it REAL core elements	Shared elements	*Familias Unidas* core elements
	Communication skills	
	Participatory learning	
	Increasing social support	
Principles of multiculturalism (inclusion, representation)		Parental involvement in child's world
Life skills		Parent Skills Development
a. Good decision making skills		a. Effective behavior management
b. Problem solving		b. Effective monitoring
		c. Nurturing parent–child communication
c. Ability to identify risks		d. Effective parent–child communication
d. Handing conflict		Transfer of skills from parent to child
Four practical drug resistance strategies		

Figure 1 presents the four phases involved in the development of the Familias parent education intervention. As indicated in Fig. 1, within each phase several actors engaged in multiple interactions among themselves (arrows not shown). These interactions served to inform the activities and actors involved in the subsequent phase as indicated by the horizontal arrow (left to right horizontal arrows). Also, in some instances, certain actions generated in a subsequent phase operated as feedback to inform actors and activities from a prior phase (right to left horizontal arrows).

The process of initial curriculum development began with the Phase 1 tasks of evidence gathering and stakeholder involvement. In this phase, research investigators and community stakeholders including key informants identified significant community needs, and identified the core elements of the *kiR* and *Familias Unidas* curricula. The developers of

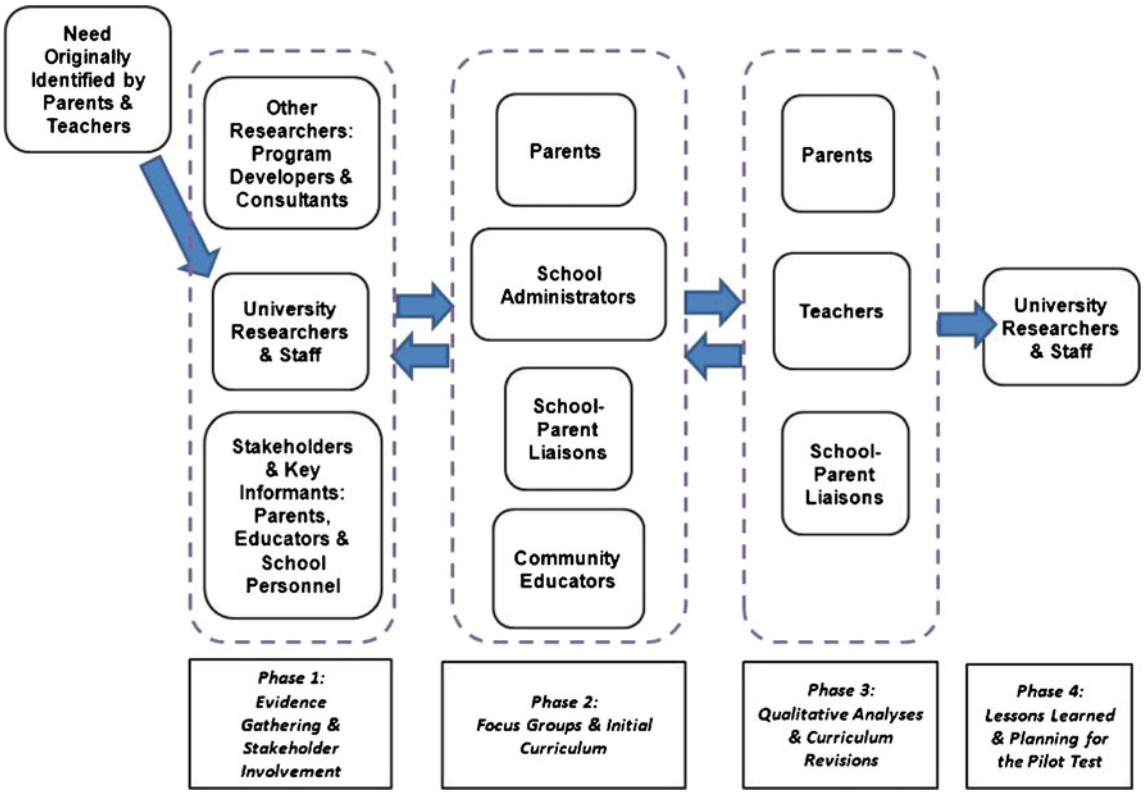

Fig. 1 Phases and "Actors" in developing the Familias parent education intervention

these two original interventions were actively engaged with the rest of the research team and the community representatives throughout this initial phase.

In addition to the original requests from parents and teachers, epidemiological data served to answer the question of "why" the parent intervention was needed and provided direction regarding the specific intervention strategies to be used. As informed by this original request, and under an equitable partnership, the research investigators proposed an initial course of action regarding "what" needed to be done (curriculum development and research design) as guided by the theoretical foundations of the two initial interventions. In complementary fashion, the stakeholders advised the "how," and this was used to propose ways in which to help participants make behavioral changes, increase their knowledge, and how to effectively communicate with and engage their children. Later in this article we present additional details concerning how this was achieved (see Fig. 1, Phase 1).

Within this Phase 1, the first step was to identify the target community of consumers for *Familias: Preparando a la Nueva Generación* program. Demographic and epidemiological information was collected for the targeted area by reviewing local health surveillance sources and Census statistics. The research team, which has extensive experience working with this target population, conducted discussions about what they already knew regarding families from this local community. The participating community is located in a large metropolitan city of the Southwestern U.S. The target population consists of parents and guardians (grandparents, aunts, and step-family) of children enrolled in 7th grade at urban schools within the community. The age range of the biological parents (which are the great majority of adults in charge of these adolescents) is between 32 and 45 years. The schools, which are located in the heart of the city, are all Title I schools, which means that they provide free or reduced cost lunches to students whose families qualify based on need criteria. About 75% of the students qualified for this program, an indication that most families are from a low-socioeconomic level. In general, parents are working in physically demanding jobs such as construction, housekeeping, landscape maintenance, factories, and restaurants.

Within Phase 1, the second step was to identify the *core elements* of both *kiR* and *Familias Unidas,* and to discuss them with the original intervention developers of each curriculum to assure that the identified components were indeed the most important. Core elements were conceptualized as the theory-based constructs that help reduce behavior problems, and the intervention strategies that help achieve the goals of the intervention. Tables 1 and 2 summarize the core elements of each curriculum and the elements that are common to both interventions.

Within Phase 1, the third step was guided by the principles of CBPR and actively involved 16 parents/guardians, 5 community educators, and 10 school personnel as stakeholders and key informants who participated as advisors in the development of the new curriculum for parents. Initially, the research team drafted the content of workshops as based on four factors: (a) a community assessment that was completed before receiving funding for the current study, (b) the information derived from the kiR and *Familias Unidas* interventions, (c) by the three relevant theories, and (d) by the researchers' own cultural knowledge and experiences as gained from working with this targeted population. A team of four program staff members worked on developing the initial outline of the workshops and met regularly to assess progress and to discuss how the lessons and activities were tied to the theories used to guide the program. Once the lessons were drafted, the team received feedback from an expert consultant. After the consultant's suggestions were incorporated, the team proceeded to conduct focus groups with community members.

This initial phase created a draft of the initial interactive workshops, and in these workshops, parents could participate actively in discussions and in in-class work groups, and could then practice newly learned skills with their families at home. All this was accomplished in a culturally sensitive manner and in an environment of inclusiveness that promoted dignity and respect for participants' personal and cultural values, norms, and world view.

The process of designing the parent curriculum was guided by the following CBPR principles: (a) the community is a unit of identity; (b) CBPR recognizes that there are strengths and resources within the community; (c) CBPR is centered in an equitable partnership between all parties involved in the research; (d) CBPR allows for capacity and knowledge building among all partners; (e) CBPR focuses on interventions that will benefit all partners; (f) CBPR focuses on social and health problems and uses an ecological perspective; (g) CBPR uses an iterative process; (h) CBPR involves partners in the dissemination process; and, (i) CBPR commits to sustainability (Israel et al. 2003).

Phase 2: Focus Groups and Initial Curriculum

The data gathering for this process of partnership involvement predominantly utilized a focus group methodology and key informant interviews (stakeholder involvement), as a means to assure the cultural appropriateness of the involvement of community based experts. These stakeholders included as key informants: parents, professionals such as school administrators and school-parent liaisons who work with the target population. The stakeholders thus

Table 2 Project stages and use of CBPR

CBPR Principle	Study phase	Actors in this phase	Strategy	Information Collected
1. the community is a unit of identity	Phase 1	a. University researchers	The identification of the target community was based on: a. Previous school-based studies completed by the research team b. Review of epidemiological and demographic data c. Field studies of the neighbor-hoods and community	Neighborhood information: 1. Residential versus commercial spaces in the community 2. Services available to the community (e.g. number of agencies, hospitals) (secondary demographic and epidemiological data were reviewed)
2. CBPR recognizes that there are strengths and resources within the community	Phase 1 and 2	a. Parents/guardians b. Community educators c. District and school personnel d. Researchers	a. Formal and informal discussions between the researchers and community members b. Discussions among researchers (e.g. collective knowledge about the community, community receptivity to working with the researchers)	Identification of community strengths and resources (e.g. parents' involvement with schools, student's academic achievement, openness of teachers and other school personnel to work with the researchers, availability of space in the schools to meet with parents and/or conduct parent groups, services already available for families with children of school age)
3. CBPR is centered in an equitable partnership between all parties involved in the research	Phase 2 and 3	a. Parents/Guardians b. Community educators c. District and school personnel d. Researchers	Focus Groups	a. Identification of problems and challenges in the community (e.g. gang activity, parents lack information to talk to their children about drug use and/or unsafe sex) b. Information relevant to the implementation phase of the study (e.g. possible challenges working with parents in the community)
4. CBPR allows for capacity and knowledge building among all partners	Phase 3	a. Parents/guardians b. Community educators c. School personnel d. Researchers e Focus groups' observers	a. Focus Groups b. Small group discussions (e.g. researchers and observers, researchers and community educators)	a. Information, ideas, feedback, useful during the development of the eight workshops b. Ideas and feedback about printed materials, in-class and take-home activities for parents and families c. Information related to successful recruitment of parents in community programs
5. CBPR focuses on interventions that will benefit all partners	Phase 2 to 4	a. Parents/guardians b. Community educators c. School personnel d. Researchers	a. Focus groups b. Discussions with researchers that had been involved in the *kiR* and the *Familias Unidas* curriculum development	a. Information, ideas and feedback related to each workshop (e.g., was the workshop addressing the community concerns? Was the workshop developmentally appropriate for parents?)
6. CBPR focuses on social and	Phase 2 to 4	a. Researchers	a. Review of focus groups data (recordings	Community context (e.g. information about the families, the

health problems and uses an ecological perspective		and observers notes)	schools and services in the community, and the interaction between them.
		b. Review of demographic and epidemiological data.	
		c. Review of previous studies conducted in the community of interest.	
7. CBPR uses an iterative process	Phase 2 to 4	a. Focus groups	All phases of the study use an iterative approach. The information gather using this approach is delineated above.
		b. Small group discussions	
		b. Community educators	
		c. School personnel	
		d. Researchers	
		e. Focus groups' observers	
8. CBPR involves partners in the dissemination process	These CBPR principles will lead future study phases.		
9. CBPR commits to sustainability			

consisted of parents, teachers, and school administrators and staff who are aware of and are concerned about the high rates of drug abuse and HIV/AIDS infection within their communities. Some of these stakeholders became active members of the research team with the purpose of conducting participatory research capable of generating genuine change (Green et al. 2003). In relation to these activities, Institutional Review Board approval was obtained from the Arizona State University and from the NCMHD/NIH.

The Focus Groups Traditional social science focus group methodology was used (Morgan, 1988) with the inclusion of certain cultural adaptations for the parent groups in order to assure the highest levels of comfort and participation. The sessions with school personnel took place at a Community Education Center, although the sessions with parents took place at the Research Center because the Center is located close to the schools that were targeted, and it offers easier access to community members, as well as offering a warm and comfortable atmosphere. Signs in Spanish and English were set up in the parking garage, lobby, elevators, and hallways indicating where the focus groups were to take place. Parents were also given a cell phone number to call in case they needed assistance in finding the meeting place.

The meeting rooms where the focus groups took place were furnished with comfortable chairs, had recording equipment, along with writing pads, pens, and pencils for the participants. A buffet dinner was offered as a reception, so that families could have dinner prior to the focus group session. This allowed parents to attend along with their small children. Once the focus groups were to start, children moved to a separate but nearby room that was set up with games and appropriate movies delivered under the guidance of two child care assistants. Each focus group was also staffed by two observers (social work masters students), who took notes about participants' comments, reactions, and feedback. The Principal Investigator and the Curriculum Developer were both in attendance at every focus group. A facilitator followed a focus group protocol, and presented the objectives and agenda for each session, discussed the suggested curriculum topics, and invited the focus group parents to participate in the curriculum activities.

Parents were asked to provide feedback on the content of all materials presented, as well as on their format and readability. Some of the questions that the research team used to elicit information from the participants were: (a) Is this lesson relevant to you? (b) What would you change about this lesson? (c) What are the things you liked/enjoyed from this lesson? (d) Are the proposed activities appropriate? (e) Would you participate in them? If not, why? (f) What can we change to improve the program? (g) Are any of the materials offensive? Or, are there any materials culturally inappropriate?

(h) Are the materials easy to understand? Easy to read? (i) Are the lesson objectives clear? (j) If we were to change the title of this activity, what would you call it? (k) If you were to add something to the workshop, what would that be?

Focus Group Samples The research team planned several meetings and four focus groups to obtain valuable feedback from parents as well as from professionals and paraprofessionals who worked with parents and their children, and therefore, had a direct knowledge of the targeted community's needs and concerns. Sampling for these groups utilized a purposive sampling methodology (Kalton 1983).

The first focus group included the Director of Community Resources at the Community Education Center which is located within the school district where the study was to take place. This focus group also included other staff members who worked directly with the parents in various capacities. Some of the staff served as liaisons between the parents and the community education center, while others facilitated classes/seminars/workshops (e.g., English classes, computer classes). The total number of people in that group was five.

A second focus group was later conducted that included all community resource school liaisons. The school liaisons (sometimes called "parent coordinator" or "parent liaison") are paraprofessionals placed by the school district in each school, and part of their responsibility is to get to know the school parents, plan activities to keep parents involved, and coordinate classes, seminars, and workshops for parents. These school liaisons usually have a good knowledge of the parent population within their own school, their needs, assets, and general willingness to participate in school-related activities. This group was composed of nine individuals.

The remaining two focus groups were formed exclusively by parents. The researchers used the help of the school liaisons to recruit parents. Informational flyers, printed in English and Spanish, were distributed to parents from each of the qualifying schools within the district. Schools qualified if they offered 7th grade classes. Parents who were interested in participating were asked to register by calling the research Project Director who is bilingual and bicultural. Parents were offered $30.00 for each focus group attended (each parent was invited to attend two focus groups); child care services for children under 12 years of age were provided, along with dinner for the parents and children in attendance, and parking validation was available to parents who drove to the meetings. The attendance of these parents was also facilitated by paying their taxi fare if they did not have transportation to get to the meeting place, although no parents used this option. The necessary number of parents were recruited within one week.

Two focus group sessions were conducted with parents who spoke only Spanish, and two sessions were conducted with parents who spoke only English or were bilingual. Participants in the English-language focus group consisted of two male and four female parents. In the Spanish-language focus group, participants consisted of two male and eight female parents.

Phase 3: Qualitative Analyses and Curriculum Revisions

The recordings from all focus groups were reviewed separately by two team members. Grounded Theory (Strauss and Corbin 1998) and a triadic coding scheme (open, axial, and selective coding) as well as the constant comparative method were used to analyze the qualitative data. Each team member identified emerging themes and the emerging themes were contrasted to existing concepts from the literature framework (Fassinger 2005). One team member listened to the tapes two more times to identify quotes that exemplified the emerging themes, and to listen to any comments that may contradict the themes. The themes and quotes were then compared to observation notes, taken by two students during the focus groups, for consistency.

Results The first focus group composed of school administrators provided the research team with aggregated results from a community assessment that parents in the school community had completed the previous month and that focused on what parents needed and wanted to learn to improve family relations in their own families. This first focus group with school personnel served as the "grand tour" questions for the study (Brown 2009). This information was treated as a preamble to the main study and served as a means of developing emerging questions to be explored with the parents. The group members shared their own experience working with parents and the strategies that have or have not worked for them in the past. For example, they gave specific information on the types of activities parents like and ways in which to engage parents during the proposed sessions (e.g., learning by doing, role play). We also explored strategies that they found effective for participant retention (e.g., having participants sign a "commitment contract" at the time of enrollment).

The school liaisons provided important feedback concerning various aspects of implementing a program: (a) successful ways to recruit parents from this particular community to the program (e.g., information flyers sent home through the students); (b) challenges that the research team could expect to encounter based on the school team's previous experiences with the parents in their district (e.g., low parent-literacy); (c) what the community education team was already offering to parents including parental concerns that had not been addressed by any of the

programs offered (e.g., how parents may address physical changes with a child); and (d) worries and concerns the parents had expressed to the Community Resources team (e.g., helping children to set goals for themselves, drug use, peer pressure).

The research team also learned the need to model activities for the parents, and to send home to parents specific assignments that would require them to interact with their children in positive and constructive ways, as a way to reinforce lessons learned during the sessions and to encourage parents and children to get to know one another better. Once this feedback was discussed among the research team, the lessons were revised to include the information collected. The new lesson drafts were then ready to present to a sample of parents. These events underscore the iterative process involved in integrating "bottom up" content (consumer feedback from the field), to "top down" content originally incorporated into early drafts of the proposed curriculum.

Illustrative Parental Narratives for Key Themes Parents shared valuable information with the research team during these focus group sessions. Several key themes emerged from the analysis. Although some of these themes were already addressed in the draft curriculum, the specific information collected during the focus groups was important for the research team in revising the curriculum. Five emerging key themes that were generated from these thematic analyses of the parental focus groups were: (a) My child doesn't like school, (b) You must study, (c) I want to know more about drugs, (d) I do not know how to speak with my children about drugs, and (e) Youths don't have anything to do after school.

1. *My child doesn't like school.* Parents were concerned about their children's educational achievement and how to help, especially when the child loses interest in school work. One mother said,

"Mi hijo es un adolescente y no le llama mucha atención la escuela. El me dice, 'es que no me gusta mamá!' El dice, 'a mi no me gusta la escuela.' Yo le digo, 'pero tienes que estudiar m'hijo, para que puedas tener un trabajo mejor, mejor situación económica y todo eso que uno ahorita no te puede ofrecer.' [El me dice] 'Si, pero, son muy aburridas las clases! [Yo veo que] ¡de la escuela no le llama nada la atención a el!'"

"My son is an adolescent, and school doesn't arouse his attention. He tells me, 'I do not like it mom!' He says, 'I don't like school.' I say, 'but you need to study son, so you can have a better job, a better economic situation and for all those things that we cannot give to you now.' [He says], 'Yes, but classes are very boring!' [I see that] regarding school, nothing interests him!"

2. *You must study.* Parents talked about the importance of education and how it relates to their children's future. A participant shared:

"Tengo una niña de 12 años que me esta dando muchos problemas, y no se como hacerle entender que la educación es lo mejor para ella. [Yo le digo] 'tu tienes que estudiar porque es una manera en la que en el futuro tu te vas a poder defender; [así] vas a tener un buen trabajo.'"

"I have a daughter who is 12 years old who is giving me many headaches, and I don't know how to make her understand that education is what is best for her. [I tell her] 'you must study because this is the only way that you will be able to defend yourself in the future; in this way you will have a good job.'"

3. *I want to know more about drugs*. Parents were interested in learning how to protect their children from bullying, drug availability and use, and gang activity. A father contributed:

"Como [podemos] hablar con ellos de las drogas? Lo que pasa es que ahora hay muchas mas drogas, muchas mas… sintéticas, ¿verdad? Entonces ahora es mas difícil descubrirlas y [de saber] que tipos de drogas son, y que efectos tienen. Esa es la información que necesitamos mucho los padres para podérsela llevar a los hijos. A lo mejor por curiosidad, o porque miran, quieren ellos también probar. Una vez que (los hijos) están inmersos usando drogas, debemos saber que efectos [tales drogas] pueden causar."

"How [can we] talk to them about drugs? What happens now is that now there are many more drugs, many more… synthetic ones, right? So, now it is more difficult to detect drug use and to know what types of drugs they are, and what effects they have. That's the information that parents very much need to pass it along to our children. Perhaps out of curiosity, or because they observe, they also want to experiment. Once they [our children] are already using drugs, we need to know what type of effects these drugs can produce."

4. *I don't know how to speak with my children about drugs*. Parents also expressed concerns about their not knowing how to talk to their children about high-risk situations, including: drug use, bullying, gangs, and especially about sex education. A mom said: *"Para mi es un poquito mas difícil [hablar con sus hijos] porque*

mis adolescentes son varones. Pero, se abren un poco más conmigo que con su papá." ("For me is a little bit more difficult [to talk to my boys] because my adolescents are males. Nonetheless, they do respond more to me than to their father." Another participant said, *"De niña, no tuve esa comunicación con mi mamá y mi papá. Yo vengo de padres alcohólicos…y lo que yo siempre mire fueron pleitos."* As a child, I did not have that [good] communication with my mother and father. I was a product of alcoholic parents… and what I often saw was fights."

5. *Youths don't have anything to do after school*. Finally, parents also lamented the lack of pro-social activities available for their children in the community where they live. This is what a female participant said,

"Sería importante incrementar los deportes en las escuelas, porque hay deportes pero solo en las mañanas. Hay muy poco apoyo de deportes en la tarde después de la escuela. Entonces, sería también importante que haya deportes en la tarde."

"It would be important to offer more sports activities in the schools because there are sports activities but only in the mornings. There is very little support for afternoon sports activities after school. Therefore, it would also be important to have sports activities in the afternoon."

Curriculum Content Modifications As a result of these thematic comments and feedback, the partners (researchers and community members) made many changes to the originally drafted sessions. For example, they prepared a number of activities that were included in the sessions, and that consisted of role plays, so that parents could practice ways to talk with their children about sensitive issues (such as drugs and sex). The team also incorporated discussions about how and where parents could find help from qualified people who could talk about these issues with their children or support the parents during these talks, if the parents felt that they could not do this on their own. The team also developed a list of community resources to help parents find free or low-cost pro-social community activities and events for their children. The resource list is continuously updated every six months. Another example was the addition of a discussion session about how parents may help children succeed in school. During this workshop the school principal, social worker, and/or counselors were invited so that parents could meet them in person, ask questions, and learn how to get more involved in their children's education.

Curriculum Structural Modifications In addition to topics that parents wanted to see included in the curriculum, they also commented on the structure of the lessons. Each lesson was designed to facilitate discussion among participants, to provide structures for parents to interact with each other, to empower parents to discuss and solve problems that are of interest to them, and to learn from the facilitator and from each other. The facilitators were trained to support parents to think about the issues discussed during the sessions and to assist parents in planning to achieve workshop goals by providing motivation to participate and to utilize the skills learned into their personal and family life. In essence, facilitators were trained to use one of the most important principles of social work: creating the conditions to allow individuals and families to empower themselves. This involved allowing participants to have a voice, and to speak and make decisions for themselves. In the context of the parent sessions/workshops, facilitators actively listened to parents, and provided a framework in which parents could discuss possible solutions to their problems and/or challenges and could identify the solutions that best fit their families and their own lives. Facilitators worked with parents as guided by the notion that parents are experts within their own families, and within their own communities.

Within the focus groups, parents participated in several lesson activities and reacted positively to the opportunity to share their ideas, listened to others' perspectives, and worked together in problem solving activities. Observers noted that parents were very engaged in the small group activities and took turns sharing their ideas. They acknowledged each other's parenting concerns and often referred to each other by name when reporting back after activity discussions. For example, during an interesting and deep conversation about how and when to talk about sex with their children, parents offered many personal examples, asked questions, and shared experiences about their conversations with their children. They also expressed their concerns and the challenges faced in talking with their children about sensitive subjects such as sex.

Given the opportunity, parents and other community members shared their concerns, worries, and ideas as related to keeping adolescents in the community away from risks such as drug use and unsafe sexual activities. Parents, especially enjoyed the process of coming together and discussing sensitive issues within a safe environment. They felt proud of participating in the development of a program that they believed was very much needed within their community.

The researchers themselves also benefited from these sessions. The researchers obtained a deeper understanding of major concerns among parents from the local community, about unique local conditions, and they learned new ways to interact with others from their own community. The process of developing the parent curriculum, in partnership with the community, solidified the already existing connection between parents, thus reducing possible

mistrust of community residents towards the researchers, thereby also increasing the conditions that would facilitate the conduct of future research.

Conclusions

Integrating Science and Culture

Integrating Top-Down and Bottom-Up Approaches The use of a CBPR approach during early stages of our randomized controlled community study offered community participants and researchers the opportunity to work together collaboratively in the development of a parent curriculum. This curriculum aimed to addresses parents' concerns, while also utilizing using a "top-down" approach that involved the culturally informed application of theory and academic knowledge from prior research studies, thus applying established evidence-based principles of prevention research aimed at reducing or eliminating risky behaviors among the Latino adolescents from the local communities. Moreover, as a "bottom-up" approach, this collaborative process added value to the parent curriculum by eliciting and incorporating important information and ideas as voiced by the parents themselves, thus ensuring that the parent curriculum was culturally appropriate and sensitive to the needs and wants of parents from the local community in which this intervention would be tested.

Based on this local tailoring (Castro et al. 2010), this curriculum is expected to be more appealing to the local community of Latino parents, and thus more likely to be utilized by parents and other sectors of the local community. This community-researcher collaboration also helped in establishing trust between the community and the researchers, and provided the opportunity to share knowledge. Under this collaborative process, each person involved contributed in accord with their own area of expertise. The research team provided scientific knowledge and guidance based on their command of prevention theory and its application to program development (Castro et al. 2007a), while community experts/participants supplied insightful information about what was appropriate, desirable, and culturally sensitive based on their own needs and desires.

Phase 4: Lessons Learned and Planning for the Pilot Test

Discovering Details About Sensitive Issues Beyond the important feedback that parents provided about content for the workshops, there were other practical lessons that were learned. We learned that most parents talked to their children about the negative consequences of using drugs, but did not include alcohol consumption in these conversations. Also, parents did not discuss risky sexual behaviors, not because this was considered unimportant, but because they did not know how to initiate and conduct this sensitive conversation with their adolescent children. Therefore, in time, we changed the focus of the workshops slightly to incorporate strategies that parents could use to talk with their children about sex, and to allow time for role play to reinforce these newly learned skills.

Parents Are Willing to Participate Given Viable Opportunities The team also learned some practical issues concerning the process of collaborative research. First, as multistage focus groups (Morgan, 1988), the parent focus groups were conducted in two sessions for each of the two groups of parents. However, the research team could have used one more session per group, which would have allowed more time to review more lessons to obtain a better sense of parental views regarding the curriculum's materials and activities. The eagerness of participants to contribute to this project seemed to indicate that it would have been feasible to ask these groups to meet one more time, or to meet for longer periods of time.

Second, most of the parents who participated in the focus groups had more than two children. Since the focus groups had to be conducted in the evenings to allow working parents the opportunity to participate, providing child-care and meals was not an option but an essential component necessary to afford parents with the opportunity to participate in these focus groups.

The Revised Curriculum and Preparing for the Pilot Test In this phase involving appraisal and planning, the team reviewed the curriculum lesson drafts to incorporate feedback from the focus groups. The initial goals and key outcomes of the program were taken into account: (a) empowering parents to be more effective in helping their children resist drugs, (b) building family relationships that lead to positive adolescent behavior, and (c) improving the family's skills and abilities to solve problems. A pilot-ready draft of the curriculum was created that included seven 2.5 hour workshops, plus a final graduation ceremony, thus with session content that consists of: (a) the role of parents, (b) the adolescent's world, (c) techniques for effective communication, (d) effective management of a child's behavior, (e) promoting academic achievement, and (f) talking to teens about risky sexual behavior. In these sessions/workshops, parents would learn about the core strategies of the *kiR* curriculum, Refuse, Explain, Avoid, and Leave, so that they could reinforce

the lessons their children would learn from the *kiR* adolescent curriculum. The curriculum was then submitted to one of the team members, an expert in graphic design, who created curriculum logos and eye-appealing materials that would be handed out to participants.

At this stage the parent curriculum was ready to be pilot-tested.

References

Brown, L. (2009). A failure of communication on the cross-cultural campus. *Journal of Studies in International Education, 31*, 439–454.

Castro, F. G., Balcazar, H., & Cota, M. (2007). Health promotion in Latino populations: Program planning, development, and evaluation. In M. V. Kline & R. M. Huff (Eds.), *Promoting health in multicultural populations* (2nd ed., pp. 222–253). Thousand Oaks, CA: Sage.

Castro, F. G., Barrera, M., Pantin, H., Martinez, C., Felix-Ortiz, M., Rios, R., et al. (2006). Substance abuse prevention intervention research with Hispanic populations. *Drug and Alcohol Dependence, 84S*, 29–42.

Castro, F. G., Barrera, M., & Holleran-Steiker, L. (2010). Issues and challenges in the design of culturally-adapted evidence-based interventions. *Annual Review of Clinical Psychology, 6*, 213–239.

Castro, F. G., Garfinkle, J., Naranjo, D., Rollins, M., Brook, J. S., & Brook, D. W. (2007). Cultural traditions as "protective factors", among Latino children of illicit drug users. *Substance Use & Misuse, 42*, 621–642.

Castro, F. G., & Hernandez-Alarcon, E. (2002). Integrating cultural variables into drug abuse prevention and treatment with racial/ethnic minorities. *Journal of Drug Issues, 32*, 783–810.

Castro, F. G., Shaibi, G. Q., & Boehm-Smith, E. (2009). Ecodevelopmental contexts for preventing type 2 diabetes in Latino and other racial/ethnic minority populations. *Journal of Behavioral Medicine, 32*, 89–105.

Castro, F. G., Stein, J. A., & Bentler, P. M. (2009). Ethnic pride, traditional family values, and acculturation in early cigarette and alcohol use among Latino adolescents. *Journal of Primary Prevention, 30*, 265–292.

Cialdini, R. B., Kallgren, C. A., & Reno, R. R. (1991). A focus theory of normative conduct: A theoretical refinement and reevaluation of the role of norms in human behavior. *Advances in Experimental Social Psychology, 24*, 201–234.

Coatsworth, D., Pantin, H., & Szapocznik, J. (2002). Familias Unidas: A family-centered ecodevelopmental intervention to reduce risk for problem behavior among Hispanic adolescents. *Clinical Child and Family Psychology Review, 5*, 113–132.

Cross, T. L., Brown, B. J., Dennis, K. W., & Isaac, M. R. (1998). *Towards a culturally competent system of care. Monograph on effective services for minority children who are severely emotionally disturbed*. Washington, DC: Child and Adolescent Center, Center for Child Health and Mental Health Policy.

Dinh, K. T., Roosa, M. W., Tein, J.-Y., & Lopez, V. A. (2002). The relationship between acculturation and problem behavior proneness in a Hispanic youth sample: A longitudinal mediation model. *Journal of Abnormal Child Psychology, 30*, 295–309.

Farver, J. A., Narang, S. K., & Bhadha, B. R. (2002). East meets west: Ethnic identity, acculturation, and conflict in Asian Indian families. *Journal of Family Psychology, 16*, 338–350.

Fassinger, R. E. (2005). Paradigms, praxis, problems, and promise: Grounded theory in counseling psychology research. *Journal of Counseling Psychology, 52*, 156–166.

Fowles, E. R. (2007). Collaborative methodologies for advancing the health of underserved women. *Family & Community Health, 30*, 553–563.

Frankish, C. J., Lovato, C. Y., & Poureslami, I. (2007). Models, theories, and principles of health promotion: Revisiting their use with multicultural populations. In M. V. Kline & R. M. Huff (Eds.), *Health promotion in multicultural populations: A handbook for practitioners and students* (pp. 57–101). Los Angeles, CA: Sage.

Freire, P. (1994). *Pedagogy of hope: Reliving pedagogy of the oppressed*. London: Continuum.

Gosin, M., Marsiglia, F. F., & Hecht, M. L. (2003). Keepin 'it REAL: A drug resistance curriculum tailored to the strengths and needs of pre-adolescents of the Southwest. *Journal of Drug Education, 33*, 119–142.

Green, L., George, M., Daniel, M., Frankish, C., Hebert, C., Bowie, W., et al. (2003). Guidelines for participatory research in health promotion. In M. Minkler & N. Wallerstein (Eds.), *Community based participatory research for health* (pp. 419–428). San Francisco, CA: Jossey-Bass.

Guerra, N. G., & Smith, E. P. (2006). *Preventing youth violence in a multicultural society*. Washington, DC: American Psychological Association.

Hallfors, D. D., Pankratz, M., & Hartman, S. (2007). Does Federal policy support the use of scientific evidence in school-based prevention programs? *Prevention Science, 8*, 75–81.

Hansen, W. B. (1991). School based substance abuse prevention: a review of the state of the art in curriculum, 1980-1990. *Health Education Research, 7*, 403–430.

Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*, 64–105.

Hecht, M. L., Marsiglia, F. F., Elek, E., Wagstaff, D. A., Kulis, S., Dustman, P., et al. (2003). Culturally grounded substance use prevention: An evaluation of the *keepin' it* REAL curriculum. *Prevention Science, 4*, 233–248.

Higgins, D., & Metzler, M. (2001). Implementing community-based participatory research centers in diverse urban settings. *Journal of Urban Health, 78*, 488–494.

Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., & Guzman, R. J. (2003). Critical issues in developing and following community based participatory research principles. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health* (pp. 53–76). San Francisco, CA: Jossey-Bass.

Jaccard, J., & Jacoby, J. (2010). *Theory construction and model building skills: A practical guide for social scientists*. New York: Guilford.

Kaftarian, S. J., & Kumpfer, K. L. (2000). Bridging the gap between family-focused research and substance abuse prevention practice: Preface. *Journal of Primary Prevention, 21*, 169–183.

Kalton, G. (1983). *Introduction to survey sampling*. Beverly Hills, CA: Sage.

Kulis, S., Marsiglia, F. F., Elek-Fisk, E., Dustman, P., Wagstaff, D., & Hecht, M. L. (2005). Mexican/Mexican American adolescents and *keepin' it REAL*: An evidence-based, substance abuse prevention program. *Children and Schools, 27*, 133–145.

Lescano, C. M., Brown, L. K., Raffaelli, M., & Lima, L. (2009). Cultural factors and family-based HIV prevention intervention for Latino youth. *Journal of Pediatric Psychology, 34*, 1041–1052.

Lewin, K. (1947). Frontiers in group dynamics: Concept, method and reality in social science; social equilibria and social change. *Human Relations, 1*, 5–41.

Marsiglia, F. F., & Hecht, M. L. (2005). *Keepin' it REAL: An evidence-based program*. Scotts Valley, CA: ETR.

Marsiglia, F. F., Kulis, S., Wagstaff, D., Elek, E., & Dran, D. (2005). Acculturation status and substance use prevention with Mexican and Mexican-American youth. *Journal of Social Work Practice in the Addictions, 5*, 85–111.

May, M., & Law, J. (2008). CBPR as community health intervention: Institutionalizing CBPR within community based organizations. *Progress in Community Health Partnerships: Research, Education, and Action, 2*, 145–155.

Minkler, M., & Wallerstein, N. (2003). *Community-based participatory research for health*. San Francisco, CA: Jossey-Bass.

Morgan, D. L. (1988). Focus groups as qualitative research. Newbury Park, CA: Sage.

Pantin, H., Coatsworth, J. D., Feaster, D. J., Newman, F. L., Briones, E., Prado, G., et al. (2003). Familias Unidas: The efficacy of an intervention to promote parental investment in Hispanic immigrant families. *Prevention Science, 4*, 189–201.

Pantin, H., Schwartz, S. J., Sullivan, S., Coatsworth, J. D., & Szapocznik, J. (2003). Preventing substance abuse in Hispanic Immigrant adolescents: An ecodevelopmental, parent-centered approach. *Hispanic Journal of Behavioral Sciences, 25*(4), 469–500.

Pantin, H., Schwartz, S. J., Sullivan, S., Prado, G., & Szapocznik, J. (2004). Ecodevelopmental HIV prevention programs for Hispanic adolescents. *American Journal of Orthopsychiatry, 74*, 545–558.

Parsai, M., Marsiglia, F. F., & Kulis, S. (2008). Parental monitoring, religious involvement and drug use among Latino and non-Latino youth in the Southwestern United States. *British Journal of Social Work, 40*, 110–114.

Perrino, T., Gonzalez-Soldevilla, A., Pantin, G., & Szapocznik, J. (2000). The role of families in adolescent HIV prevention: A review. *Clinical Child and Family Psychology Review, 3*, 81–96.

Portes, A., & Rumbaut, R. G. (2005). Introduction: The second generation and the children of immigrants longitudinal study. *Ethnic and Racial Studies, 28*, 983–999.

Postma, J. (2008). Elucidating empowerment in El Proyecto Bienestar (the Well-Being Project). *Journal of Advanced Nursing, 62*, 441–450.

Prado, G., Schwartz, S. J., Maldonado-Molina, M., Huang, S., Pantin, H., Lopez, B., et al. (2009). Ecodevelopmental intrapersonal risk: Substance use and sexual behavior in Hispanic adolescents. *Health Education & Behavior, 36*, 45–61.

Ratzan, S. C. (2001). Health literacy: Communication for the public good. *Health Promotion International, 16*, 207–214.

Ringwalt, C., Vincus, A. A., Hanley, S., Ennett, S. T., Bowling, J. M., & Rohrbach, L. A. (2008). The prevalence of evidence-based drug use prevention curricula in U.S. middle schools in 2005. *Prevention Science, 10*, 33–40.

Roosa, M. W., Dumka, L. E., Gonzales, N. A., & Knight, G. P. (2002). Cultural/ethnic issues and the prevention scientist in the 21st century. *Prevention & Treatment, 5*, 1–13.

Schinke, S., Brounstein, P., & Gardner, S. (2002). *Science-based prevention programs and principles, 2002*. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. DHHS Pub No. (SMA) 03-3764.

Small, S. A., Cooney, S. M., & O'Connor, C. (2009). Evidence-informed program improvement: Using principles of effectiveness to enhance the quality and impact of family-based prevention programs. *Family Relations: Interdisciplinary Journal of Applied Family Studies, 58*, 1–13.

Spitzberg, B. H., & Cupach, W. R. (1984). *Interpersonal communication competence*. Beverly Hills, CA: Sage.

Sterk, C. W. (2002). The Health Intervention Project: HIV risk reduction among African American women drug users. *Public Health Reports, 117*, 88–95.

Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.

Suarez-Morales, L., & Lopez, B. (2009). The impact of acculturative stress and daily hassles on pre-adolescent psychological adjustment: Examining anxiety symptoms. *Journal of Primary Prevention, 30*, 335–349.

Szapocznik, J., & Coatsworth, J. D. (1999). An ecodevelopmental framework for organizing risk and protection for drug abuse: A developmental model of risk and protection. In M. Glantz & C. R. Hartel (Eds.), *Drug abuse: Origins and interventions* (pp. 331–366). Washington, DC: American Psychological Association.

Tseng, V., & Fuligni, A. J. (2000). Parent-adolescent language use and relationships among immigrant families with East Asian, Filipino, and Latin American backgrounds. *Journal of Marriage and the Family, 62*, 465–476.

Vega, W. A., Gil, A., & Kolody, B. (2002). What do we know about Latino drug use? Methodological evaluation of state databases. *Hispanic Journal of Behavioral Science, 24*, 395–408.

Voisine, S., Parsai, M., Marsiglia, F. F., Kulis, S., & Nieri, T. (2008). Effects of parental monitoring, permissiveness, and injunctive norms on substance use among Mexican and Mexican American adolescents. *Families in Society: The Journal of Contemporary Social Services, 89*, 264–273.

White, H. (1981). The value of narrativity in the representation of reality. In W. J. T. Mitchell (Ed.), *On narrative* (pp. 1–23). Chicago, IL: The University of Chicago Press.