

The Strengthening Families Program 10–14 in Panama: Parents' Perceptions of Cultural Fit

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Parenting interventions are recommended strategies for preventing emotional and behavioral problems in adolescents. Little is known, however, about the cultural fit of these interventions outside high-income English speaking countries. This is one of the first studies to explore parental perceptions of cultural fit of a well-known American parenting intervention, the Strengthening Families Program 10–14, in low-resource communities in Panama. A qualitative methodology was used with the aim of exploring parents' perception and recollection of the intervention. Thirty Panamanian parents of adolescents aged 10 to 14 years old who received the intervention between 2010 and 2011 were interviewed in 2012. We were not seeking to assess efficacy of the intervention, but to use the methodology to examine cultural fit. Parents' narratives were analyzed through thematic analysis. They talked about communication, resilience, community-specific concerns such as perceiving their world as dangerous, and concerns commonly experienced by most parents worldwide such as being worried for children's academic performance. Findings can be used to inform adaptations to the intervention if disseminated cross-culturally. This participant-driven approach offers a methodology that can be replicated in real-world service delivery settings to explore the cultural fit of interventions with ethnically diverse populations inside the United States or overseas.

Keywords: parenting interventions, low-resource settings, culture, prevention of substance abuse, adolescent health

It is estimated that 10–20% of adolescents in the world experience behavioral and/or emotional disorders (Kieling et al., 2011). Behavioral problems, such as alcohol and drug abuse, are leading causes of death (Catalano et al., 2012). It is crucial to invest in preventive interventions worldwide.

Positive parenting is key in the prevention of behavioral difficulties in adolescents (Hawkins, Catalano, Kosterman, Abbott, & Hill, 1999), and in the last 30 years, parenting interventions have been developed as preventive strategies (National Research Council and Institute of Medicine, 2009). There is growing evidence on their efficacy for preventing drug abuse (Petrie, Bunn, & Byrne, 2007) and antisocial behavior (Piquero, Farrington, Welsh, Tremblay, & Jennings, 2009). However, most of this evidence comes from high-income English-speaking countries (Mejia, Calam, & Sanders, 2012).

Ninety percent of adolescents live in low- and middle-income countries (LMICs; Collins et al., 2011). The percentage of people in LMICs without access to mental health services has been estimated at 75% to 90% (Patel et al., 2010). Even though international agencies are investing in delivering services in LMICs (e.g., World Bank, World Health Organization [WHO], The United Nations Children's Fund [UNICEF], and United Nations Office of Drugs and Crime [UNODC]) and a global mental health movement receives increased attention (e.g., Patel & Prince, 2010), there is still a need for more evidence on cultural fit of these efforts.

One example of the delivery of a preventive service in a LMIC without systematic evaluation was that of the UNODC in Panama between 2010 and 2011. UNODC coordinated the delivery of the

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Strengthening Families Program 10–14 (SFP 10–14; Molgaard, Kumpfer, & Fleming, 1997) to 120 families in this country to prevent substance use among adolescents 10 to 14 years old.

Panama is a relatively small LMIC with a population of 3 million inhabitants. Around 40% of population live in poverty (World Bank, 2012). According to the last published national statistics, prevalence of substance use from ages 12 to 19 is 57.3% for alcohol, 36.9% for cigarettes, 6.8% for marijuana, and 2.3% for cocaine (CONADEC, 2008).

The SFP 10–14 was developed in Iowa State University to prevent adolescent substance use and strengthen parenting skills (Molgaard et al., 1997). The program is delivered in seven sessions with both parents and adolescents, and strategies are delivered through role-playing, discussions, and family videos. The intervention has shown effective for delaying onset of alcohol initiation (e.g., Spoth, Redmond, Trudeau, & Shin, 2002) and for preventing substance use in the United States (e.g., Spoth, Redmond, Shin, & Azevedo, 2004). Moreover, the intervention has been adapted for underserved populations in the United States such as African American families (Spoth, Gyll, Chao, & Molgaard, 2003).

In Panama, the SFP 10–14 was delivered in between 2010 and 2011 by trained practitioners from *Cruz Blanca*, a local nonprofit that offers services to prevent substance use. The intervention was delivered in low-resource communities that were selected by convenience, depending on existing contacts of *Cruz Blanca* with local churches, schools, and health centers. The intervention was offered to parents (either to a single parent or to the couple) and their adolescents recruited universally from these local community organizations. Families did not receive compensation for taking part in the intervention but in some communities meals and baskets of food were offered to participants. SFP 10–14 was delivered in communities such as *Nuevo Arraiján* in the West of Panama and *Panama Viejo* in the Centre of Panama. Unfortunately, no systematic effort took place to evaluate the efficacy or cultural fit of the intervention during delivery.

The Present Study

Efforts to implement and deliver evidence-based preventive services in LMICs, such as those by UNODC/Cruz Blanca in Panama, are needed. However, research must assess the impact and appropriateness of these efforts, particularly taking into account the perceptions of those served by the intervention.

Through informal contacts with UNODC, we identified an opportunity to evaluate the SFP 10–14 in Panama 2 years after the intervention was delivered. In real-world service delivery settings, particularly in LMICs, funding for evaluations is scarce and opportunities for evaluation are often identified too late for conducting trials including randomization and control conditions. In this occasion, the time lag between delivery of the intervention and the opportunity for evaluation did not allow assessment of efficacy of the intervention in Panama. However, it was still a valuable opportunity for exploring the cultural fit of this transported parenting intervention in the context of this LMIC.

Transportation of evidence-based interventions across countries possess several challenges. Families in LMICs face different needs and, therefore, it is necessary to assess the extent to which existing interventions developed in the United States and elsewhere are relevant to other cultures and contexts (Kumpfer, Alvarado, Smith,

& Bellamy, 2002). Are these transported interventions appropriate and relevant to the new culture? What kind of adaptations are needed? (Bernal, Jimenez-Chafey, & Domenech-Rodriguez, 2009).

Driven by an interest in collecting in-depth data from parents' perspectives, we designed a qualitative retrospective study to explore the cultural fit of this program for Panamanian parents. This methodology can be replicated in other real-world service-delivery contexts where it is only feasible to design a posteriori assessments of cultural fit.

As mentioned before, the study did not establish efficacy of the program in this setting, as this could only be assessed through a trial designed before delivering the intervention. Instead, the overall aim was to explore parental perceptions of cultural fit. To explore this, we interviewed 30 parents who took part in the intervention and examined their main parenting concerns, living in this low-resource setting. We then explored whether the SFP 10–14 had addressed these concerns when delivered. A fit between parents' concerns and content of the intervention would demonstrate cultural relevance.

Method

Design

This was a qualitative study and data were collected through semistructured interviews. The value of qualitative designs and semistructured interviews in health care research have been previously recognized (Britten, 1995). They allow for in-depth explorations of participants' views about complex issues like cultural fit.

The intervention was delivered by UNODC/Cruz Blanca in between January 2010 and September 2011 and this study was conducted in between September 2012 and December 2012. Therefore, interviews were conducted between 12 months (lowest range) and 35 months (highest range) after participation in the program.

Participants

Participants were eligible to take part if (a) they participated in the SFP 10–14 in between 2010 and 2011, and (b) were still the primary caregiver of the adolescent at the time of the interview. Interviews were designed to be conducted with only one parent and not with the couple, and, therefore, only one parent was invited to take part. Children were not interviewed because the aim of this study was to explore cultural fit specifically from parents' perspective. Figure 1 is a flowchart of participants and reasons for refusing to take part.

In total, 120 Panamanian family units (the adolescent with either a single parent or the couple) participated in the SFP 10–14 between 2010 and 2011. UNODC/Cruz Blanca only retained phone numbers of 65 families out of the 120. There were 18 phone numbers that were wrong or disconnected (i.e., not updated) when conducting this study and it was only possible to contact 47 parents by telephone in 2012. Telephone (either mobile or landline) is the only way to get in touch with parents in Panama as there is no postal system.

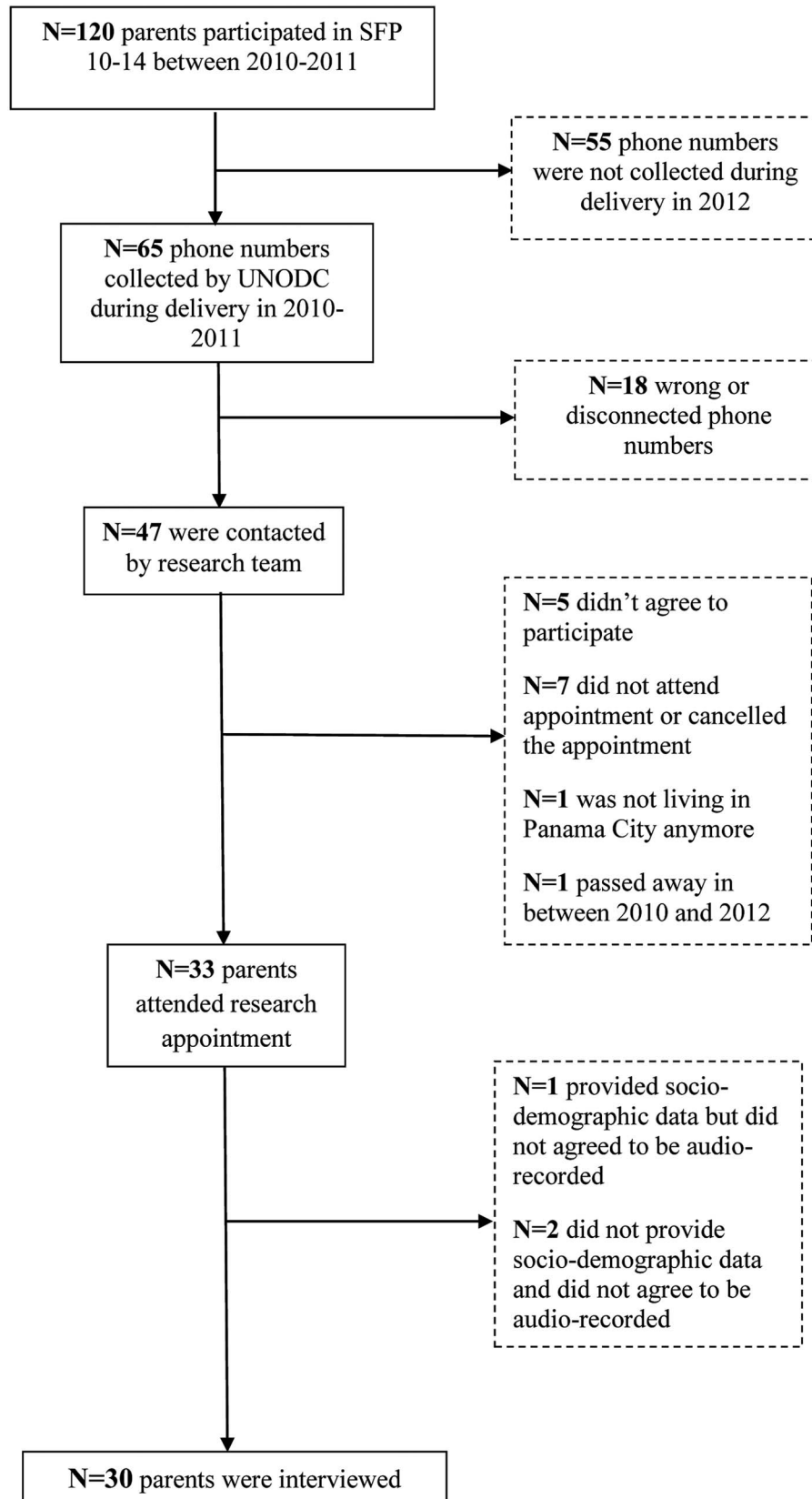


Figure 1. Flow of participants.

Thirty-three parents agreed to take part over the phone and attended the research appointment. However, three parents did not agree to be audio-recorded once in the appointment. The final sample is composed of the 30 parents who agreed to be interviewed and audio-recorded. Table 1 shows sociodemographic characteristics of the final sample.

Measures

The interview schedule consisted of 16 questions organized under two main topics: main parental concerns and cultural relevance of the intervention. Parents were only given a broad description of the interview's aims, which was to explore their experiences after taking part in the SFP 10–14. See Appendix 1 for the complete interview schedule.

The schedule was developed by the first author (A.M.) and reviewed by three experts in the topic, including a qualitative researcher. It was piloted with three parents not related in any way to the project. No changes were made after piloting.

Table 1
Socio-Demographic Characteristics of the Sample

	<i>N (%)</i>
Age (years)	42.13 (<i>SD</i> 6.54)
Child age (years)	13.30 (<i>SD</i> 2.18)
Child gender	
Male	23 (76.7%)
Female	7 (23.3%)
Relationship to child	
Mother	27 (90.0%)
Stepmother	1 (3.3%)
Aunt	2 (6.7%)
Marital status	
Married	15 (50.0%)
Divorced	1 (3.3%)
Single	5 (16.7%)
Cohabiting	8 (26.7%)
Widow	1 (3.3%)
Educational level	
Primary	3 (10.0%)
Some high	9 (30.0%)
Finish high	11 (36.7%)
UG degree	5 (16.7%)
PG degree	2 (6.7%)
Working status	
Full time	9 (30.0%)
Part time	2 (6.7%)
Looking	3 (10.0%)
From home	6 (20.0%)
Not working	10 (33.3%)
Monthly income (in USD) ^a	
Less than 100	2 (7.1%)
100–249	5 (17.8%)
250–599	12 (42.8%)
600–999	3 (10.7%)
above 1,000	6 (21.4%)
Year of participation ^a	
2010	23 (82.1%)
2011	5 (17.8%)

Note. *N* = 30 for age, child age, child gender, relationship to child, marital status, educational level, and working status.

^a *N* = 28 for monthly income and year of participation; *N* = 2 missing for these variables.

Procedure

Parents were contacted by telephone by the first author (A.M.) and the study was explained in detail. If parents were interested in participating, an appointment was made for an interview. Interviews took place individually, in the community center in which the program was delivered, were audio-recorded and carried out in Spanish by the first author who is a native Panamanian Spanish speaker. Before the interview, written consent was taken after participants had the chance to read an information sheet with details about the study and ask questions. The average time for each interview was 40 min. Participants also completed a brief sociodemographic questionnaire before or after the interview.

Analysis

Data were analyzed using thematic analysis, which is defined as a method for identifying patterns and making sense of complex presentations of data (Braun & Clark, 2006). For the purposes of this study, thematic analysis was used as an essentialist method, which means that we aimed to report the experiences, meanings, and the reality of the participants (Potter & Wetherell, 1987). Data were coded at a manifest level and inductively. A descriptive account of the data was sought rather than interpretations for the discourse, and the themes evolved from the data instead of being theoretically defined. Authors had very little knowledge of the SFP 10–14 and its content. Therefore, themes and codes emerged directly from the data and the analysis was not carried out with a preconceived framework regarding the program, but rather from a nonexpert standpoint.

The analysis was conducted by the first author (A.M.) and supervised by the second author (F.U.) who is an expert in qualitative research. First, interviews were transcribed and simultaneously translated into English by the first author. Translations were conducted trying to maintain local meaning and expressions. Confidential information was removed from the transcripts and participants were identified with a number. Half of the interviews were reviewed and coded within Nvivo v9. A first thematic map was developed and reviewed based on feedback and team discussions. The other half of the interviews was then analyzed. Following review of the data in these interviews, the thematic map was modified and revised. Data analysis continued in an iterative manner until (a) a comprehensive thematic structure was achieved and (b) all authors agreed that the thematic structure captured the data.

To determine whether the program was culturally relevant, parents' narratives were explored to answer two main questions: (a) what are parents' main concerns regarding their son/daughter, their context, and their parenting practices, and (b) are the program content and activities addressing these concerns? Negative case analysis was conducted and contradictions between participants were also identified, coded, and analyzed.

Results

A thematic map is presented in Figure 2. The first two themes referred to aspects that seemed to be important for parents in this context: communication and resilience. The last two themes reflect main parental concerns, including those that can be considered context-specific and those that can be considered cross-cultural (Garcia-Coll & Pachter, 2005).

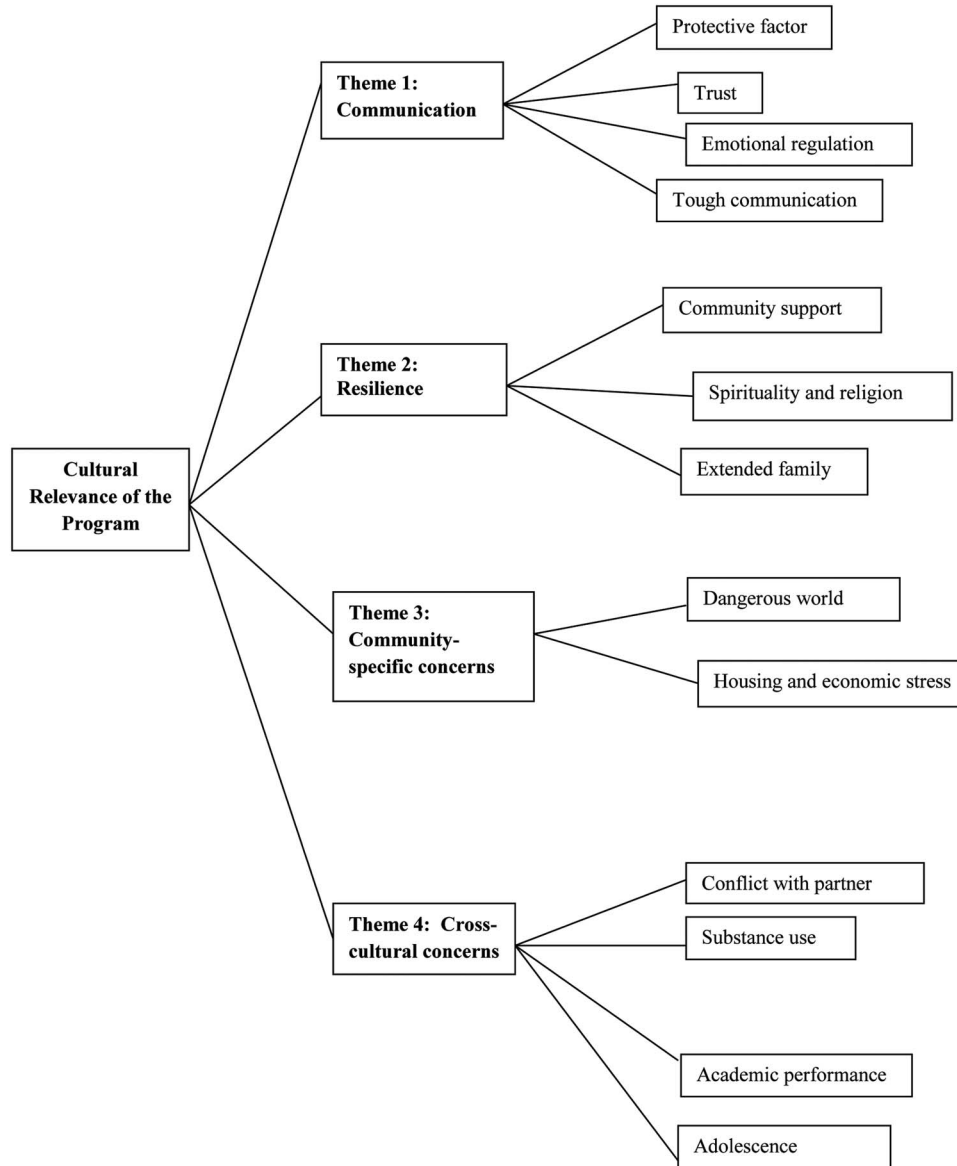


Figure 2. Thematic map.

Theme 1: Communication

Communication as a protective factor. Parents referred to communication as a way of protecting their children against risky behaviors. Parents reported that children might find inappropriate support elsewhere if they did not foster communication at home.

We communicate a lot with our kids so that they know that we are the first person they need to talk to in a difficult moment [...] so that they do not look in the streets for support. (Participant #19)

Some others recognized the value of communication across relationships in life.

Communication is at the foundation of everything. And it will help her when she is an adult. (Participant #12)

Parents considered communication training as a priority.

Trust. Parents also mentioned the importance of building trust in the relationship with their children. In relation with the previous code, it seems that parents considered trust as a buffer against a dangerous world.

For me it is important that we both trust each other, because today our surroundings are rotten. (Participant #12)

Related to trust is honesty and openness. Some parents reported worrying because their child is too reserved and did not share information with them.

[...] I feel he is always hiding something from me. (Participant #19)

Trust and honesty was also addressed in the program.

Communication for emotional regulation. Expressing feelings was considered important for overcoming difficulties.

I speak up. I do not reserve my feelings. I talk quickly and efficiently so that I do not keep resentment. (Participant #12)

Some parents also recognized that spanking is the only strategy they knew for communicating with their children.

We are too emotional. We do not sit down with our kids and talk. Today we just hit them and do not put into practice communication. (Participant #18)

Further training on strategies for regulating their emotions and avoiding spanking seem to be requested by parents. This is also clear in the next code.

Tough communication. Several parents acknowledged that they communicated with their children through yelling.

When I get mad I yell and that is not correct. I need to change. (Participant #13)

They reported that the videos used in SFP 10–14 should be adapted, as they do not portray the “tough way” in which parents in Panama communicate with their children.

The videos were not relevant. We will not have the softness to tell a boy “come here and do this.” We are going to be tough and yell. (Participant #18)

According to parents, building family communication was covered in the program. They were trained in listening skills to solve problems together as a family. However, by reviewing the parent data it became clear that they would like more training to deal with difficulties in terms of emotional regulation and tough communication patterns.

Theme 2: Resilience

Community support. Parents reported strong connections with other members of the community.

I came to the school and another mother asked me what was going on [. . .] after talking with her, I felt a lot better. (Participant #27)

However, not all parents had strong ties with their community. Some did not make any reference to their community, while others referred to it in a negative way, saying most people around them live in an individualistic fashion nowadays. Communities in the study had their own microculture that might explain this variability.

We only take care of our families and we do not care about others. I am the only one who is always caring about others. (Participant #3)

The program seemed to indirectly enhance community networks. However, parents were unable to refer to the specific activities in the program that enhanced community support.

Spirituality and religion. Most parents reported having a strong faith in God. Looking for support in religion seemed to help them overcome problems.

When you have faith in God there is no difficulty which you cannot overcome. (Participant #19)

For example, references to God were embedded in their narrative. One participant mentioned that after the program she felt

closer to her religion. However, she was not able to mention the activities through which the program enhanced spirituality.

The program reinforced my faith in God. (Participant #16)

The intervention was delivered in churches in some communities, and families were recruited from those who attended regular services, which might explain why it strengthened faith and spirituality in some cases.

Support from extended family. Parents reported looking for support in their own parents and siblings. They mentioned frequent sharing between family members and a sense of closeness to their extended family.

I only live with my daughter, but my parents are a strong support. They are always present in my family. (Participant #12)

Nevertheless, this same participant also reported disliking the over-involvement of grandparents in parenting their children, as conflict in styles tends to arise.

My mom spoils her. And my daughter says “If you are not going to buy it for me, my grandma will.” So I have conflicts with my mom. (Participant #12)

The program did not address co-parenting. However, strategies for effective communication with other family members were discussed in the program, and these skills could be applied to conflicts between caregivers.

Theme 3: Community-Specific Concerns

Participants reported several concerns regarding their role as parents, their context and their children. However, two of these concerns were considered as specific to the communities in which the program was delivered.

Dangerous world. Parents mentioned that their parenting style was influenced by the dangerous world in which they live.

In this community, in order to go to a party, you have to go with a bullet-proof jacket. (Participant #27)

Parents seemed to be afraid of their children getting hurt or involved in this dangerous world.

I was watching the news and they were talking about the gangs . . . so I just thought “I don’t want this for my kid [. . .] I am afraid.” (Participant #23)

This belief in turn dictates some of the parenting strategies they use. Most parents reported using strategies such as overprotection and discipline to prevent their children from experiencing this dangerous world.

My kids, I have always kept them home. (Participant #3)

As in the “tough communication” code, some parents mentioned that the program materials should be adapted to portray the dangerous reality they are experiencing in their community and that the content should be expanded to include more context-specific preventive strategies for their children.

It should include images of families struggling with drugs, of dysfunctional families that are going through difficult times. (Participant #7)

Impact of housing and economic stress. Parents often mentioned that poverty has an impact in their parenting practices.

I do not even have money for their lunchbox. We do not have a mattress, our little house is made from zinc and when it rains, water leaks in. It is difficult to be a parent without a roof. (Participant #10)

Some parents reported feeling hopeless regarding this economic reality.

Sometimes you need to be creative, everything cannot be money because there will never be money. Because, when are we going to have money? Maybe when we win the lottery. And that is almost impossible. (Participant #22)

Financial and economic concerns were not directly addressed in the intervention. However, some parents mentioned that providing food after each session was a motivation to attend.

There was a day I did not have anything to eat and SFP 10–14 gave me a bag of food. The bag was huge and it lasted for an entire month. (Participant #6)

Incentives to parents during delivery, specifically those incentives that help them cope with external difficulties such as financial difficulties, seem to increase engagement and satisfaction with the intervention.

Theme 4: Universal Parenting Concerns

Several universal concerns were also identified. These concerns were defined as cross-cultural, as they are present across contexts, regardless of socioeconomic reality, and are commonly addressed in most parenting interventions (Garcia-Coll & Pachter, 2005).

Impact of relationship conflict and divorce. Some parents considered separation and divorce as a risk factor for behavior difficulties in children.

There are a lot of separated families here in Panama. That is why there is so much delinquency. (Participant #20)

Some parents referred to their partner as a source of support in their life rather than as a source of conflict.

My husband is my support. He helps me a lot. (Participant #27)

However, some mothers expressed having difficulties implementing the strategies if the father did not attend the intervention.

[. . .] one day I asked “what do I do if you are teaching me something and my husband comes with a contradictory idea?” (Participant #1)

One participant suggested that flexible ways of delivery, such as home visits, might be a way for involving working fathers into the program.

Maybe they can visit the houses and talk to the dads. (Participant #10)

Substance use. All parents were asked if they thought their children were at risk of substance use. None of the parents reported that this was a possibility in the near future. However, some

reported concerns about their children being victims of drug trafficking.

Right now the problem is drugs. I tell him: “. . . if someone offers you something, don’t take it.” (Participant #28)

During the program, parents and children had the opportunity to directly discuss the topic of substance use. According to parents, this concern was appropriately addressed in the program. Parents were trained to recognize early signs of involvement in substance use and children were trained in ways for rejecting drugs and managing peer-pressure.

We were trained to recognize changes in character when they are into drugs. And they taught the children how to say “no” politely. (Participant #25)

Parents recognized themselves as role models and understood the impact they can have in modeling their children’s behavior regarding substance use.

My child doesn’t drink or smoke because my husband doesn’t drink or smoke, and children do what they see. (Participant #18)

Academic performance. The vast majority of the sample said they were concerned about their children failing school.

I need to nag on him because he doesn’t like to study. (Participant #1)

Some parents considered academic achievements as a shield against “a difficult life.”

You only need to study and obey and you are going to be okay. If you do not study, you will have a more difficult life. (Participant #8)

Some of them said they came to the program looking for academic support for their children.

I came because they said they were going to help him with his studies. (Participant #2)

Academic performance was not addressed in the program according to the manual.

Adolescence and transition into adulthood. Parents mentioned that as their children grew up they experienced different types of challenges.

As teenagers grow up they begin to be disobedient and you do not know how to communicate with them. (Participant #8)

Some parents noticed a negative change in their children’s behavior as they approached adolescence.

She has always been rebellious, but not as much as when she got into 7th grade [approximately 12 years old]. (Participant #24)

Views on whether the program addressed transitions were mixed. Some parents mentioned that the program made them aware of children’s different needs as they grow up and provided them with strategies for managing these changes.

The program made me understand that adolescence is not the same stage as childhood. When she was a child, I could take the belt and shut her up but in adolescence you cannot handle it like that. (Participant #12)

Other parents, as in the following example, reported that the program fell short in supporting them with changing needs, and suggested follow-ups at different developmental stages.

They need to do a follow up when kids grow up. There are other stages and maybe the parent will not know what to do then. (Participant #9)

An important question to be furthered explored is whether the program is providing parents with strategies that can be generalized to different situations and developmental stages, and whether it is developing parental self-sufficiency.

Discussion

How readily does existing evidence-based psychological interventions, including parenting interventions, transfer to lower resource settings? This is one of the first studies to explore parental concerns in a LMIC and the cultural fit of the Strengthening Families Program 10–14 in addressing these concerns.

Several authors have highlighted the need to explore cultural relevance of evidence-based interventions when they are delivered across cultures mainly inside the United States (Bernal et al., 2009). Even though implementation of parenting manuals is becoming more popular in LMICs, to our knowledge no studies have empirically evaluated cultural fit.

In this study, cultural relevance was considered as a correspondence between parents' concerns and the program addressing them. In general, most parents' concerns were addressed in the program. The main aim of the program was to prevent substance use, and according to parents, this was addressed in a culturally sensitive manner. They commented that they were trained in how to recognize early signs of substance abuse and children were trained in ways of rejecting drugs. However, some other parental concerns such as academic performance were clearly not addressed. Providing support for academic performance is not necessarily included in most parenting interventions, but our data suggest that parents consider there is a link between poor academic performance and substance use, a link that has also been empirically established (Cox, Zhang, Johnson, & Bender, 2007).

Even though the SFP 10–14 provided training on communication skills, context-specific patterns of tough communication were not clearly portrayed in videos. Parents also reported needing more training on strategies for regulating their emotions. Future implementation efforts should include adaptations to make materials relevant to "tough communication" patterns which are particular to this context.

Some parents discussed concerns which are common across cultures, while other concerns seemed to be specific to their own community. Community-specific concerns provide information on aspects of the program that should be adapted to meet the needs of this particular population. For example, most parents reported perceiving the outside world as dangerous. This was considered as particular to the social context in which these parents were living, but might be shared among parents from many different cultures and countries worldwide (Andvig & Fieldstad, 2008). Identification of the components of parenting interventions that are universal and should not be adapted versus those components which are context-specific is key during cross-cultural dissemination.

Overall, the methodology used in this study allowed for a comprehensive exploration of parents' perceptions of cultural fit of the SFP 10–14. It was feasible given limited available data 2 years after the intervention was delivered. The design also allowed capture of participants' own points of view. Similar methodologies could be used by practitioners and researchers working within lower-resource or ethnically diverse settings inside the United States, to assess cultural relevance of evidence-based psychological interventions a posteriori (i.e., after the intervention has been delivered).

The present study has several strengths. The final sample was diverse in terms of age, working status, family income, educational level, and community. Interviews and analysis were carried out by nonexperts in SFP 10–14 who were independent from those who facilitated the program, thus reducing the possibility of parents providing what they considered as desirable responses or imposing a preconceived framework into the analysis.

However, the study also present limitations. First, sociodemographic characteristics of the original pool of 120 parents were not available. Parents in this study might not be representative of this original pool. However, following guidelines for qualitative analysis (Denzin & Lincoln, 2011), we interviewed a diverse sample of parents, including one stepmother and one aunt, with diverse educational levels, working status, and income. Fourteen parents were contacted and refused to participate, and therefore, those interviewed might be the ones who were most satisfied with the program. Most were parents of male adolescents ($N = 23$), but this might reflect the higher prevalence of behavioral difficulties in boys than in girls in the general population (Crijnen, Achenbach, & Verhulst, 1999). Moreover, it was not possible to interview fathers. Four fathers were contacted over the telephone, but none agreed to take part in the study because of work commitments. Fathers in Panama, like in most places around the world, have limited involvement in parenting (Nomaguchi & Johnson, 2014). Therefore, researchers usually encounter difficulties recruiting fathers (Bayley, Wallace, & Choudhry, 2009). In the present study, traveling to the assessment center was time consuming for participants, especially for working fathers. In future research, alternative assessment methods should be used to engage fathers, such as home visits or telephone interviews.

Another limitation is the time lag in between delivery of the intervention and the present study (12–35 months), which could bias perceptions of participants about the intervention. However, it can be argued that we collected those lasting impressions of the program that parents did retain. A final limitation is that no information on dosage was collected. Parents were included in this study regardless of the number of sessions they completed.

Conclusion and Implications

The present study offers a participant-driven methodology for exploring cultural fit of an existing parenting intervention in a low-resource setting. Findings suggest that this American parenting program was relevant to the needs of parents from low-resource communities in Panama. However, if implemented again in similar communities in Panama, some adaptations are recommended such as adding training for reducing tough communication patterns which are common in this context and portraying in the videos the dangerous reality where most families live in. Future

studies should assess efficacy/impact of the intervention in this setting through randomized controlled trials. Future studies should compare the cultural fit of SFP 10–14 in different countries and contexts.

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Appendix

Interview Schedule (Translated to English)

The following questions are indicative of the areas to be covered in the interview. Not all questions were asked in all cases.

Content in parenthesis refers to prompts and follow-ups.

Section 1: Main Parental Concerns

1. How is it like to be a parent in Panama?
2. What are the main difficulties you currently face as a parent?
3. How did you end up coming into the program? (*How long ago? Who suggested?*)
4. How was your relationship with your son/daughter before taking part in the program? (*Main difficulties, concerns, worries, problems affecting the family in general*)

Section 2: Cultural Relevance of the Intervention

5. How was your experience of the program? (*Can you tell me positive experiences and negative experiences about it?*)
6. Did the program differ from the parenting information you normally get? (*How?*)
7. Overall, do you think that the program helped you? (*How?*)
8. Has the program met your expectations? (*If yes, to what extent has the program met your expectations? If no, why?*)
9. Have you seen any change in your child's behavior or in the relationship with your child? (*If yes, what changes? If no, why do you think there hasn't been any changes?*)

10. Which new skills you are putting into practice with your family?
11. What other things you might put into practice in the future?
12. Can you bring to mind an occasion when you became angry or frustrated with your child recently? (*If yes, what happened? And after it was over? Is this different from before you took part in the program? If so, how?*)
13. What do you think of the materials and the way they were presented? (*How attractive were the materials? Were they relevant to you and your family? Were they understandable?*)
14. If there was anything you could modify from the program, what would you modify?
15. How relevant or appropriate do you think the content was to you as a parent in Panama? (*To people in your community? To people in Panama in general?*)
16. Do you think there are any modifications to be made for this program to work with people in Panama? (*What would you modify to make it more relevant to you? To people in your community? To people in Panama in general?*)

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