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What is This?
A Review of Family-Based Programs to Prevent Youth Violence Among Latinos

Melinda S. Leidy,1 Nancy G. Guerra,1 and Rosa I. Toro1

Abstract
At present, there is limited evidence supporting the effectiveness of family-based intervention programs to prevent violence or related behavior problems with Latino youth and families. Although progress has been made, a number of important issues remain. In this article, the authors review several of the more prominent interventions for Latino youth and families, highlighting how they were adapted to or developed for Latino culture. They begin by discussing cultural sensitivity and how it affects the design, implementation, and adaptation of youth violence prevention programs. Following this, the authors review and discuss programs adapted for Latino families followed by programs developed specifically for Latino families. They highlight four primary components of family-based programs that have been linked most frequently to prevention outcomes: (a) improving parental monitoring, (b) increasing family cohesion, (c) increasing networking across families, and (d) empowering families to access resources more effectively.

Keywords
Youth violence prevention, Latinos, parent-child interventions, cultural sensitivity

1University of California, Riverside, CA, USA

Corresponding Author:
Melinda S. Leidy, Department of Psychology, 900 University Avenue, Riverside, CA 92521
Email: melinda.leidy@ucr.edu
Youth violence in the United States is a significant public health problem that results in injury and death. Although the impact of youth violence is not limited to specific ethnic groups, epidemiological data suggest that ethnic minority youth are particularly at risk (Centers for Disease Control and Prevention, 2008). Historically, most official data on youth violence for different ethnic groups have been limited to Black, White, and Other, constraining our ability to understand fully patterns of youth violence beyond these groups. A notable shortcoming has been a limited focus on Latinos, in spite of the fact that they are the largest and fastest growing ethnic minority in the United States with more than 40 million individuals claiming Latino heritage (referring to individuals from Mexico, most of Central and South America, Cuba, the Dominican Republic, and Puerto Rico).

As greater efforts have been made to include Hispanic or Latino ethnic categories in surveys and official data, what is emerging is a pattern of high and disproportionate representation of Latino youth as perpetrators and victims of violence (Anderson, 2002; Vega & Gil, 1999). For example, in the most recent data available from the Youth Risk Behavior Survey, 40% of Latino 9th to 12th graders reported that they had been in one or more physical fights in the past 12 months, compared with 31% of non-Latino White students (Centers for Disease Control and Prevention, 2007). Furthermore, in terms of loss of life, homicide is ranked as the second leading cause of death among Latino youth aged 10 to 24 years. Differences are particularly striking when comparing homicide rates for this age group between Latino males (approximately 20 per 100,000) and non-Latino White males (approximately 3 per 100,000; Centers for Disease Control and Prevention, 2008).

Given these high rates of youth violence and victimization, combined with the increasing population growth among Latinos, at this juncture it is important to examine carefully the evidence base for effective youth violence prevention programs among Latinos. Toward this end, the purpose of this article is to identify and examine family-based programs that have demonstrated some effectiveness in preventing or reducing violence (or hypothesized mediators of violence) for Latino children and youth, discussing how they were adapted or tailored to Latino culture. A secondary purpose is to highlight commonalities and differences across the underlying theories and principles that guided these programs as a template for future research and practice.

We focus on family-based programs for two reasons. First, because programs that are adapted or designed for specific ethnic groups generally cannot be implemented in heterogeneous settings such as schools and youth service agencies, the majority of youth violence prevention research targeting Latino populations has been conducted with families. Second, a focus on families is consistent with the evidence base for youth violence prevention—family-based
programs are among the most effective preventive interventions, particularly with adolescents and more seriously violent youth (Lipsey & Wilson, 1998; Schaeffer & Borduin, 2005).

In the current article, the term family-based is defined broadly to include all programs that involve families as the primary prevention context or ecological setting. This includes efforts to enhance parenting skills and increase parental involvement, as well as more family systems–oriented programs directed at improving family functioning or the quality of the parent-child relationship. Within each of these areas, specific factors have been linked empirically to youth violence prevention across different ethnic groups, including adequate parental monitoring, consistent discipline, open family communication, positive family functioning, and warm relationships (Guerra & Leidy, 2008; Mirabal-Colón & Vélez, 2006; Pettit, Laird, Dodge, Bates, & Criss, 2001). Still, family-based prevention programs vary significantly in terms of their relative emphasis on different family mediators (e.g., some programs are designed to improve parental skills such as monitoring, while others are designed to enhance family communication). Thus, it is important to determine which components of family-based programs are most clearly related to prevention outcomes for Latinos.

To identify studies for inclusion in this review, we searched the scientific literature database (PsycINFO), using keywords, including parenting, Hispanic, Latino, parent-child relations, families, aggression, youth violence, antisocial behavior, interventions, and so on. We included behavioral outcomes such as aggression, externalizing behaviors, delinquency, and negative social behaviors (i.e., coercive or antisocial behaviors) because these are clearly linked with youth violence and share a common etiology (Guerra & Knox, 2002). A few reviews of family-based programs for Latinos were located, and we searched references in these reviews for additional citations. In addition, e-mails were sent to lead authors on all articles identified for inclusion asking for any related reports or articles that were in press. We also searched websites that provide listings of evidence-based youth violence prevention programs, such as Blueprints at the Center for the Study and Prevention of Violence at the University of Colorado at Boulder.

The main criteria for selection were that the preventive intervention had to be published (or in press); identify and target Latino parents of children and adolescents aged 6 to 18 years; include youth violence, related behavioral problems, or family mediators of violence as an outcome; and provide at least a brief discussion of how issues of cultural sensitivity were addressed in program development and implementation. Although we had planned to include all identified prevention programs fitting our stated criteria with Latinos in the
sample, studies that were not designed or applied specifically to Latino families generally did not report the specific number of Latino participants and instead reported the overall number of ethnic minority participants in their study. Some studies also reported a small number of Latino participants but did not report results separately for Latino families or discuss cultural sensitivity. Thus, we discuss only preventive interventions that were either adapted to or were designed specifically for Latino families. Depending on their emphasis, some of the included programs targeted both parents and children, whereas other programs involved only parents.

As a result of this process, we identified 10 programs that met our target criteria and are the focus of this review. We acknowledge that even with our best efforts, the programs identified and selected are not exhaustive of the field. However, they do represent a range of youth violence prevention efforts to date with Latino families and provide a basis for summarizing the current evidence. They also allow us to consider carefully how cultural sensitivity bears on the design, implementation, and adaptation of youth violence prevention programs for Latino populations. With this in mind, we begin by first discussing the concept of cultural sensitivity in general and as specifically applied to youth violence prevention within Latino populations. We then examine prevention programs adapted to Latinos, followed by programs developed specifically for Latinos. We conclude with a discussion of how cultural sensitivity was incorporated into these programs, connections across the preventive interventions reviewed, and suggestions for future research.

Cultural Sensitivity and Preventive Interventions

There are many different approaches to addressing issues of cultural sensitivity in preventive interventions. A first step is to articulate clearly what is meant by cultural sensitivity. One of the most widely cited definitions, provided by Resnicow, Soler, Braithwaite, Ahluwalia, and Butler (2000), is that cultural sensitivity is

the extent to which ethnic/cultural characteristics, experiences, norms, values, behavioral patterns, and beliefs of a target population as well as relevant historical, environmental, and social forces are incorporated in the design, delivery, and evaluation of targeted health promotion materials and programs. (p. 272)

It is important to note that in this context, “culture” typically refers to ethnic heritage, in spite of many variants of cultural influences (e.g., religion,
socioeconomic status, and region within a country) that may also be influencing behavior (Cohen, 2009).

A further distinction that is useful in reviewing preventive interventions involves the distinction between “surface structure” and “deep structure” (Castro, Barrera, & Martinez, 2004; Resnicow et al., 2000; Wright & Zimmerman, 2006). Surface structure as applied to ethnic heritage refers to the external characteristics of a culture included in an intervention—for example, food, language, and music familiar to and preferred by a specific ethnic group. Surface structure refers to how well interventions “fit” a target population’s culture, experience, and behavioral patterns. Having a good fit with the culture generally increases the receptivity, comprehension, or acceptance of the messages being delivered. In contrast, deep structure reflects how significant cultural values, beliefs, norms, and historical circumstances related to worldviews and lifestyles influence behavior differently across ethnic groups. This incorporates understanding how individuals in a specific population perceive the cause, course, prevention, and treatment of a behavior. Deep structure also includes individuals’ perceptions of the determinants of the specific behavior, such as how religion, family, society, economics, and the government influence the target behavior.

In practice, these distinctions have been translated primarily into guidelines for program implementation. That is, cultural sensitivity has been considered in terms of how it affects the receptivity of the target population to both the logistics of program delivery and the underlying premise on which the program is based (e.g., whether a particular style of discipline recommended by the program is consistent with cultural beliefs). Less emphasis has been placed on whether the etiology of the targeted outcomes and appropriate prevention responses may vary according to the specific practices and beliefs across ethnic groups. Many prevention programs are grounded in empirical risk research, developed with mainstream participants in mind, although studies may have found similar relations for targeted ethnic groups. What often is missing is a specific focus based on cultural beliefs and practices within the participant group as they uniquely predict risk. For example, machismo (discussed in the next section) has long been highlighted as a particularly strong cultural belief among Latinos emphasizing male dominance (with obvious links to violence), yet it has rarely been studied specifically in studies of risk and prevention of youth violence.

Other unique predictors of risk may be linked to the particular conditions of subgroups within different cultural or ethnic populations. For example, recent immigrant parents in the United States often find that an imbalance of power results from their children learning English before they do—yet whether this
imbalance of power increases risk for violence has not been addressed empirically and is not considered in prevention programs based on extant research with nonimmigrant groups (Guerra & Knox, 2008; Pantín, Schwartz, Sullivan, Coatsworth, & Szapocznik, 2003). Of course, developers of preventive interventions for Latinos based on risk research are constrained by the limited number of empirical studies focused exclusively on risk for violence within Latino populations.

**Culturally Sensitive Youth Violence Prevention for Latinos**

The distinction between surface structure and deep structure provides a framework from which to examine how cultural sensitivity has been addressed in youth violence prevention programs for Latino families. A related issue is the extent to which variation within Latino subgroups affects the appropriateness and relevance of prevention programming. Because Latino families differ with respect to country of origin, generational status, time of stay in the United States, acculturation, assimilation, economic conditions, and so on, it is important to specify commonalities and differences that can affect the design and implementation of youth violence prevention programs. In other words, what are the shared characteristics that cut across different subgroups and what features are more constrained by local circumstances?

Consistent with the distinction between surface structure and deep structure, variation within Latino subgroups is linked most closely to surface structure characteristics that can be adjusted through a participatory process of program adaptation. For instance, recent immigrant populations are most likely to face the greatest challenges in adapting to a new environment in the United States (Pantin, Coatsworth et al., 2003). From the perspective of surface structure characteristics, preventive interventions for non-English speakers must be translated into Spanish, also being mindful of regional variations in dialect. Beyond this obvious task, the stressors of daily life for some recent immigrant Latino families may interfere with their ability to effectively parent their children or even take advantage of prevention programs (Guerra & Knox, 2008). This is particularly problematic in urban settings characterized by high levels of crime and violence, escalating housing costs, substandard living conditions, and poor transportation (Leyendecker & Lamb, 1999).

Beyond these surface structure characteristics, there are several core cultural values within Latino populations (and cutting across subgroups) that are often maintained across multiple generations. These represent deep structure characteristics that should be addressed in youth violence prevention programming
because they can affect both the causes and prevention of youth violence (although discussed earlier, few empirical studies to date have examined these relations), and how receptive participants will be to specific programs (Castro et al., 2004; Wright & Zimmerman, 2006). Among the cultural values most relevant for pan-Latino (i.e., across multiple subgroups) youth violence prevention programming are colectivismo, familismo, respeto, simpatía, personalismo, religiosidad, machismo, and marianismo (Mirabal-Colón & Vélez, 2006).

Colectivismo involves mutual empathy where the interests of the group are greater than the interests of the individual. This can be seen as contrary to the individualistic, competitive society in the United States. Colectivismo carries with it a sense of belonging that is connected to being part of a larger group. Familismo refers to the central role of the family in an individual’s life. Both the nuclear and extended family provides a strong support system that includes both material and emotional support. Respeto places great social worth and decision-making power on authority figures. This can be seen in attitudes and behaviors toward decisions of elders, parents, teachers, physicians, politicians, law enforcement personnel, and other higher-status positions (Mirabal-Colón & Vélez, 2006). Simpatía is the general tendency to avoid interpersonal conflict by emphasizing positive behaviors in agreeable situations and deemphasizing negative behaviors in conflictive circumstances (Triandis, Marin, Lisanky, & Betancourt, 1984). Similarly, personalismo emphasizes the valuing and building of interpersonal relationships, as well as an unspoken expected reciprocity between individuals (Santiago-Rivera, Arredondo & Gallardo-Cooper, 2002: Arredondo, 2006). Religiosidad, primarily Roman Catholicism, implies that an individual’s view of the world is heavily influenced by God’s will, the spirit world, miracles, and folk healing. Individuals see hardship, suffering, and death as inevitable and integral parts of life (Mirabal-Colón & Vélez, 2006).

Cultural values related to gender roles, although quite relevant for understanding and preventing youth violence, typically have not been considered carefully in preventive interventions for Latino children and families. Specifically, machismo stresses the man’s role as head of the household, powerful, strong, and in control. In adolescent male Latino youth, it is associated with a justification of violence by linking it to gender roles, sexuality and biology, in order to perpetuate heterosexual male dominance (Asencio, 1999). Recently, researchers have identified two dimensions of machismo: (a) traditional machismo, which is described as aggressive, sexist, chauvinistic, and hyper-masculine, and (b) caballerismo, which is described as nurturing, family centered and chivalrous (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). In contrast, marianismo, based on the Catholic ideal of the Virgin Mary,
emphasizes the woman’s role as mother, and honors the mother’s suffering and self-sacrifice for her children (Cauce & Domenech-Rodríguez, 2002). This distinction often exacerbates gender differences, with clearly defined roles for men (power and control) and women (submission and sacrifice).

Family-Level Preventive Interventions Adapted for Latinos

Given these important cultural influences and potential significance for youth violence prevention, it is important first to ask whether existing evidence-based programs have been successfully adapted for Latino families. From our literature searches, we identified six comprehensive family-level interventions with a specific focus on youth violence prevention that have been adapted to Latinos and that have been found to have at least some significant preventive effects for youth violence and behavior problems. These interventions and related research studies are described in detail (with citations) in Table 1. They are (a) Schools and Homes in Partnership (SHIP), (b) Bridges to High School, (c) Parent Management Training (PMT), (d) Families and Schools Together (FAST), (e) Brief Strategic Family Therapy (BSFT), and (f) Structural Family Therapy (SFT). Let us now turn to a brief description of each program’s content and outcomes, followed by a discussion of how these interventions were adapted for Latino children and families.

Summary of Interventions and Outcomes for Programs Adapted to Latino Families

*Schools and Homes in Partnership.* The SHIP intervention provided parent training, social behavioral interventions, and a reading intervention over a 2-year period in order to reduce child behavioral problems for at-risk early elementary school children (grades K-3). For parent training, the intervention used 12 to 16 sessions of the Incredible Years parent training program for families. For social behavioral intervention, the program used a 1-month contingency management social skill program (CLASS; Hops & Walker, 1988) plus the 20-hour Dina Dinosaur social skills program for children (Webster-Stratton, 1992). For supplemental reading instruction, the program used Reading Mastery and Corrective Reading. In an evaluation study with a high percentage (59%) of Latino participants (of predominantly Mexican heritage), intervention children showed lower levels of parent-rated coercive and antisocial behavior than their control counterparts at posttest and at the 2-year follow-up (Barrera et al., 2002; Smolkowski et al., 2005). Program
Table 1. Interventions Adapted to Latino Families

<table>
<thead>
<tr>
<th>Intervention/Citation</th>
<th>Sample (Child Characteristics)</th>
<th>Method</th>
<th>Intervention Description</th>
<th>Results</th>
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<tr>
<td><strong>Schools and Homes in Partnership (SHIP)/Barrera et al. (2002)</strong></td>
<td>Risk status: Children with either aggressive or reading difficulties N: 284 Age: K-3rd graders Ethnicity: 59% Latino and 41% European American Gender: 45% girls, 55% boys</td>
<td>Children were recruited through school districts and were screened for aggressive behavior or reading difficulties. Children were eligible if they were above the 95th percentile on the teacher’s rating of the CBCL aggression measure or if they scored in the lowest 5% of the reading score distribution in their grade level at their school. Those who met the criteria for at least one of these areas were randomly assigned to receive or not receive the intervention.</td>
<td>SHIP focused on reducing behavioral problems during the early elementary school years through parent training, social skills training, and a reading intervention. The comprehensive intervention consisted of 3 components: (a) Parent training through the Incredible Years Program, which consisted of 12-16 group sessions and video tapes; (b) social behavior interventions using the Dina Dinosaur Social Skills program for children, which teaches cognitive and social skills in small groups; and the Contingencies for Learning Academic Social Skills (CLASS), which aims to reduce acting out behaviors by teaching and reinforcing appropriate classroom behavior; and (c) supplemental reading instruction. The intervention met weekly in groups and was provided over a 2-year period.</td>
<td>At posttest, children in the intervention group displayed less negative social behaviors than controls (F(1, 193) = 7.049; p &lt; .01). At the end of the 1-year follow-up, children in the intervention group showed less parent-rated coercive (F(1, 190) = 5.603; p &lt; .05) and antisocial behavior than controls (F(1,194) = 11.078; p &lt; .001).</td>
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<tr>
<td><strong>Schools and Homes in Partnership (SHIP)/Smolkowski et al. (2005)</strong></td>
<td>Risk status: Children with either aggressive or reading difficulties</td>
<td>See above.</td>
<td>See above.</td>
<td>At the end of the 2 year follow-up, those in the intervention group displayed lower levels of parent reported child</td>
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<th>Intervention/Citation</th>
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</table>
Age: K-3rd graders  
Ethnicity: 52% Latino and 48% European American  
Gender: 47% girls, 53% boys | | | |
| | Risk status: Universal, families with children transiting to junior high the following year | | Children and families were recruited from 2 schools. Families were selected on a random basis to be contacted and invited to participate. Families must have a child transitioning to junior high the following year. There was no control group. | The Bridges to High School intervention was designed to increase protective factors and reduce risk factors associated with low academic engagement and mental health among urban children transitioning to junior high school. This intervention brought families to schools for a 9-session program that consisted of (a) parent skills training aimed at increasing parents' use of effective parenting skills in 3 domains—appropriate discipline, adequate monitoring, and support; (b) adolescent coping skills training designed to increase |
| | N: 22  
Age: 6th graders (average age 11.55 year)  
Ethnicity: 4.5% African American, 4.5% Anglo, 86.5% Mexican American, and 4.5% other | | | antisocial behavior ($t(985) = -2.06, p < .05$), and coercive behavior ($t(940) = -2.39, p < .05$). Parents of boys in the intervention group also experienced greater declines in use of coercive discipline ($t(932) = -2.65, p < .01$). At posttest, adolescents showed increased use of active ($t = -3.15; p = .003$) and distractive coping strategies ($t = -2.86; p = .005$), decreased depressive symptoms ($t = 2.32; p = .016$). At posttest, changes in mothers’ parenting skills emerged, specifically increased monitoring ($t = -2.67; p = .008$), and decreased inconsistent discipline ($t = 2.91; p = .005$). Maternal caregivers reported |

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<th>Intervention/Citation</th>
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<td><strong>Parent Management Training (PMT)/Martinez and Eddie (2005)</strong></td>
<td>Gender: 46% girls, 54% boys</td>
<td>Recruitment was done through word of mouth and direct contact. Half of the families were randomly assigned to the PMT intervention condition and half of the families to the control condition. Participants were split by nativity status with 50% of youth born in the United States and 50% were foreign born.</td>
<td>PMT uses didactic instruction, modeling, role playing and home practice to teach parenting skills in encouragement, monitoring, discipline, and problem solving. The intervention group comprised 12-15 parents per group. One hour was devoted to a meal and time for social interaction among families to build social support networks. The remaining time was facilitated by the entranadores or coaches. Each week parents received new information about the session topic and assigned home practice exercises for the week. Content for each session was</td>
<td>At posttest, the intervention group demonstrated increased effective parenting ($F(1, 51) = 2.79; p &lt; .05$), general parenting ($F(1, 51) = 3.53; p &lt; .05$), and skill encouragement ($F(1, 51) = 3.83; p &lt; .05$) among parents. Results also revealed benefits in adolescent aggression ($F(1, 50) = 5.40; p &lt; .05$), externalizing behaviors ($F(1, 50) = 5.30; p &lt; .05$), and likelihood of smoking</td>
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### Families and Schools Together (FAST)/McDonald et al. (2006)

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<td>Gender: 56% boys and 44% girls</td>
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<td>delivered through discussion in either small groups or couples, as well as through role-plays. During the week, the entrenadores telephoned each parent to review the past session material, check on their progress with the home assignment, offer support, and answer questions. The intervention consisted of 12 weekly group sessions that lasted 2.5 hours each.</td>
<td>(F(1, 50) = 2.85; ( p &lt; .05 )). A marginal decrease in use of alcohol marijuana and other drugs (F(1, 50) = 2.04; ( p &lt; .10 )) was found.</td>
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<td>Risk status: Universal.</td>
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<td>N: 130 children (80 assigned to FAST, 50 assigned to FAME)</td>
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<td>Age: 1st to 4th graders</td>
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<td>Ethnicity: 100% Latino, most were Mexican in origin.</td>
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<td>Gender: FAST—54% boys, 46% girls.</td>
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<td>FAST is an after-school, multifamily support group aimed at increasing parent involvement in schools and improving child well-being. Teams provide home visits and lead weekly multifamily sessions (with 5-15 families) that take place at school. There is no formal curriculum or instruction. The first hour is a multifamily session, where parents lead communication at their family table while sharing a meal, singing group songs, and playing family games. During the second hour, participants separate into peer groups with the children playing together and the parents meeting in small groups. The</td>
<td>At the 2-year follow-up, results indicated that teachers rated students assigned to FAST as having significantly more social skills (F = 4.45; ( p &lt; .05 )), less aggressive behavior in the classroom (lower externalizing behaviors overall; F = 4.68; ( p &lt; .01 )), and better academic performance (F = 3.06; ( p &lt; .05 )) than those assigned to FAME.</td>
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<td>FAME—28% boys, 72% girls</td>
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<td>Classrooms in 10 urban elementary schools were matched by grade and then randomly assigned to either the treatment (FAST) or the comparison, Family Education (FAME). A universal recruitment strategy was used by recruiting all families with children in the treatment or comparison condition classrooms.</td>
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<tr>
<td>Brief Strategic Family Therapy (BSFT)/Santisteban et al. (1997)</td>
<td>Risk status: Universal N: 122 Age: 12- to 14-year-olds, mean age 13.1 years Ethnicity: 84% Latino and 16% African American. Of the Latinos 47% were Cuban</td>
<td>Families were assigned to a basic one-group pretest/posttest/follow-up design. Families were self-referred or referred by a school counselor and met 1 or more of the following criteria: externalizing behavior problems, internalizing behavior problems,</td>
<td>The aim of BSFT is to reduce behavior problems among 12- to 14-year-olds and improve family functioning. BSFT assumes that transforming the ways in which the family functions will produce reductions in the teen’s presenting problems. BSFT is a flexible model that is tailored to the needs of each family. The therapist “joins” the family, “diagnoses,” and then “restructures.” In most cases, it</td>
<td>At posttest, adolescents who received BSFT showed significant improvements in conduct disorder ($F(1, 121) = 65.81; p &lt; .000$), socialized aggression ($F(1, 121) = 11.99; p &lt; .001$), and family functioning ($F(1, 121) = 41.8; p &lt; .000$). Those already using drugs</td>
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<td>Intervention/Citation</td>
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<td><strong>Brief Strategic Family Therapy (BSFT)</strong>/Santisti-ban et al. (2003)</td>
<td>Gender: 66% boys and 34% girls</td>
<td>academic problems (except learning disabilities), initiation of alcohol or drug use. There was no control group.</td>
<td>consists of 12-16 weekly family sessions that last 60-90 minutes and takes place within a 4- to 6-month period.</td>
<td>showed decrease in drug use ($t(22) = 2.11; p &lt; .05$).</td>
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<tr>
<td>Risk status: Universal</td>
<td>N: 126</td>
<td>See above. Families were randomly assigned to the BSFT or a group control (GC) condition</td>
<td>See above. GC consisted of a participatory learning group intervention in which adolescents were led by a facilitator and were encouraged to discuss and solve problems among themselves. Only the adolescent was involved in therapy and each group consisted of 4-8 adolescents. The number of sessions received by any given group participant in the GC was between 6 and 16 weekly sessions. Each session lasted approximately 90 minutes.</td>
<td>At posttest, adolescents who received BSFT showed significantly greater pre- to postintervention improvement in parent reports of adolescent conduct problems ($t(52) = 3.76; p &lt; .01$) and socialized aggression ($t(52) = 3.57; p &lt; .001$) adolescent reports of marijuana use, ($t(69) = 2.64; p &lt; .02$) and adolescent reports of family cohesion, ($t(49) = 3.13; p &lt; .005$) than those in the group control condition.</td>
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<td>Age: 12-18 years, mean age 15.6 years</td>
<td>Ethnicity: 51% Cuban, 14% Nicaraguan, 10% Colombian, 6% Puerto Rican, 3% Peruvian, 2% Mexican, and 14% other Latino nationalities Gender: 75% boys, 25% girls</td>
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<td><strong>Structural Family Therapy (SFT)</strong> versus Individual Psychodynamic Child Therapy</td>
<td>Risk status: Universal. Initial assessment: 32% ODD, 30% anxiety disorders,</td>
<td>Families were recruited through school counselors and media campaigns on Spanish television and</td>
<td>The aim of SFT was to reduce problem behaviors in children and improve overall family functioning. With SFT, families were seen conjointly. This intervention emphasized modifying</td>
<td>At posttest, SFT and IPCT equally reduced child emotional ($t = 34.70; p &lt; .001$), behavioral problems ($t = 47.14; p &lt; .001$).</td>
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<tr>
<th>Intervention/Citation</th>
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<tr>
<td>(IPCT)/Szapocznik, Rio, et al. (1989)</td>
<td>16% conduct disorders, 12% adjustment disorders, 10% other disorders</td>
<td>radio. Families were randomly assigned to SFT, IPCT, or the control condition. All families were seen and evaluated in the same setting. Boys must be from two-parent families and must have lived in the United States for 3 or more years</td>
<td>maladaptive patterns of interactions. With IPCT, the child was seen in a playroom. This intervention emphasized the expression of feelings, limit setting, transference interpretations, and insight as a mechanism for change. The control condition consisted of recreational activities, such as arts and crafts, music, and games. All conditions lasted no longer than 6 months and had a minimum of 12 and a maximum of 24 contact hours.</td>
<td>p &lt; .001), and psychodynamic functioning (t = 124.7; p &lt; .001). At the 1-year follow-up, those in the BSFT condition showed significant improvement in family functioning from pretest to follow-up (t(22) = 2.26; p &lt; .05), while family functioning in the IPCT group deteriorated (t(20) = 2.03; p &lt; .05).</td>
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Note: CBCL = Child Behavior Checklist. ODD = oppositional defiant disorder.
effects did not vary by ethnicity of participants, suggesting that the program worked well for both Latino and non-Latino families.

**Bridges to High School.** The Bridges to High School intervention was designed to increase protective factors and reduce risk factors associated with low academic engagement and mental health among urban children transitioning from elementary school to junior high school (Gonzales, Dumka, Deardorff, Carter, & McCray, 2004). The intervention focused on teaching effective parenting skills and increasing family cohesion as well as helping adolescents to improve their adaptive coping skills. Families participated in nine group sessions at their child’s school and received one individualized home visit. In an evaluation study with a predominantly Latino sample (86.5%) of Mexican descent, youth participants showed improved coping strategies as rated by self-reports and fewer parent-rated behavior problems at post-test (Gonzales et al., 2004). Adolescents also reported increased maternal parenting skills, specifically less inconsistent discipline and increased monitoring (Gonzales et al., 2004).

**Parent Management Training.** PMT is a well-known family intervention developed by researchers at the Oregon Social Learning Center (Forgatch & Martinez, 1999; Reid, Eddy, Fetrow, & Stoolmiller, 1999). An important emphasis is on effective parental monitoring and rewards for appropriate behaviors. Although initially evaluated with non-Latino White samples, in recent years it has been extended to more diverse ethnic groups including Latinos. The 12-week intervention includes weekly group sessions that provide time for social networking and parenting information led by coaches or “entrenadores” (as adapted for Latino families). During the week, the entrenadores also telephone each parent to review the past session material, offer support, answer questions, and check on their homework progress. In a recent evaluation with an entirely Latino sample (predominantly Mexican), the families that received the intervention showed increased effective parenting and parents reported decreased aggressive behavior among their adolescent children (Martinez & Eddy, 2005).

**Families and Schools Together.** FAST is an afterschool, multifamily support group aimed at increasing parent involvement in schools and improving child well-being (McDonald et al., 2006). FAST does not include a set curriculum, but instead allows families to come together, engage in supervised parent-child interactions, and build social networks. Families meet together and then separate into child and parent groups. Meetings are held once a week over the course of 8 weeks. Parent graduates of the program then lead monthly meetings for 2 years, FASTWORKS. In a recent study with an exclusively Latino sample (predominantly of Mexican descent), teachers rated FAST students as having significantly better social skills, less aggressive behavior, and better
academic skills than the control group (McDonald et al., 2006). However, in another study with a more marginalized, immigrant Mexican population, FAST resulted in higher levels of social cohesion but did not directly affect children’s aggressive behavior (Knox, Guerra, Williams, Toro & Leidy, 2009).

**Brief Structural/Strategic Family Therapy.** The aim of BSFT is to improve the level of family functioning in order to reduce behavior problems among adolescents (Santisteban et al., 1997). BSFT is a flexible model that is tailored to the needs of each family. It consists of 12 to 16 weekly family sessions over the course of 4 to 6 months where the interventionist creates an effective collaboration with the family, identifies interaction patterns that are central to the problem behaviors, and restructures family interactions by facilitating alternate family organizations and modifying family roles. In a recent study with an entirely Latino sample (with a high percentage of Cuban-born participants), BSFT was effective in reducing behavior problems (both parent-rated conduct disorder and aggression), and improving family functioning (Santisteban et al., 1997, 2003). In addition, those who were already using drugs prior to the intervention showed a decrease in drug use (Santisteban et al., 1997, 2003).

**Structural Family Therapy.** In SFT, families are seen conjointly, and sessions emphasize modifying maladaptive patterns of interactions among family members. In addition to enhancing family functioning, a goal of SFT is to reduce child problem behaviors. The intervention provides 12 to 24 contact hours over a maximum 6-month time period. In a study with boys from two-parent Latino families (predominantly from Cuba), Szapocznik, Rio, et al. (1989) compared SFT with Individual Psychodynamic Child Therapy (IPCT) and a control group. IPCT is a nondirective approach emphasizing insight, limit setting, and expression of feelings. Both SFT and IPCT reduced mother-rated behavioral and emotional problems and improved psychodynamic ratings of child functioning as rated by a psychologist. However, at the 1-year follow up, families that were in the IPCT group deteriorated in their general family functioning over time, while SFT families demonstrated improved family functioning as rated by independent observers (Szapocznik, Rio, et al., 1989).

**How Cultural Sensitivity Was Incorporated Into Interventions Adapted for Latinos**

At the surface structure level, all of the interventions that were adapted to Latino families translated their materials into Spanish. Of course, this is the most basic level of adaptation that essentially is required for implementation with limited or non-English speakers. Beyond this, several programs also
employed bilingual facilitators from the target cultural group (SHIP, Bridges to High School, FAST, and SFT). Presumably, matching facilitators and clients based on cultural background enhances the effectiveness of communication, even in Spanish, because of shared nuances in dialogue. Furthermore, facilitators from similar cultural backgrounds should bring to their work a cultural perspective reflecting understanding of deep structure concerns.

The design and content of the interventions also specifically addressed deep structure characteristics relevant to Latino families. To begin with, centering the intervention at the family level was compatible with the Latino cultural value of *familismo*. In addition, *familismo* was integrated into the interventions in other ways. For example, the Bridges to High School program worked at increasing family cohesion, and thus reducing parent-child conflict. FAST engaged all family members in the intervention and valued their perspectives. Both BSFT and SFT are family-focused interventions that focus on correcting maladaptive patterns within the family and strengthening interpersonal relationships.

*Personalismo*, the cultural value of personal relationships, was integrated into all of the interventions by providing face-to-face interactions, as well as focusing on the importance of interpersonal relationships among family members. The cultural value, *respeto*, was integrated into SHIP, PMT, FAST, BSFT, and SFT by recognizing the difficulty parents have in maintaining their children’s respect and the hierarchical family structure due to the differing rates of acculturation between parents and children. FAST modeled *respeto* to children by school staff being respectful toward their parents who have minimal English language skills. PMT focused on parental empowerment as a way of increasing effective parenting. However, it is interesting to note that none of the interventions integrated the cultural values of *religiosidad*, *machismo*, or *marianismo* into their intervention.

In terms of the process of cultural adaptation, many programs were modified in a collaborative fashion with community “experts” assessing the appropriateness of different models for Latino families in general as well as for the target sample. For example, PMT consulted with community experts, trained interventionists, and project staff to ensure that the core content and components of the intervention were both theoretically and operationally relevant to the Latino culture and the specific participant subgroup. PMT also then conducted focus groups with the modified intervention to determine the saliency and cultural validity of the adapted intervention. In essence, a modified version of the PMT program was developed for Latino families, incorporating key components of the evidence-based program but also refining these components and addressing new issues to maximize cultural fit.


Family-Level Preventive Interventions Developed for Latinos

Four family-level preventive interventions were identified that were developed specifically for Latino families with the aim of reducing youth violence and behavior problems. These interventions and related research studies are described in detail (with citations) in Table 2. They are (a) Padres Trabajando Por La Paz (PTP), (b) Familias Unidas, (c) Bicultural Effectiveness Training (BET), and (d) Family Effectiveness Training (FET). We turn to a brief description of each of program content and outcomes, followed by a discussion of how programs were tailored to Latino families.

Summary of Interventions and Outcomes for Programs Designed for Latino Families

Padres Trabajando Por La Paz. PTP consisted of bilingual newsletters that incorporated role model stories that were theoretically derived to increase parental monitoring (Murray, Kelder, Parcel, Frankowski, & Orpinas, 1999). PTP was part of a pilot for the parent education component of a comprehensive violence prevention program for middle school children called Students for Peace project. This was evaluated by a randomized trial, with Latino parents (predominantly of Mexican descent) in the intervention group receiving four newsletters over a 2-week period, while those in the control condition did not receive the newsletters. Results revealed that children of parents in the intervention group reported a modest increase in parental monitoring behaviors posttest across baseline levels, whereas parents of control children who reported moderate to high levels of monitoring at pretest reported lower levels of parental monitoring posttest (Murray et al., 1999).

Familias Unidas. Familias Unidas is designed to bring together groups of recently immigrated Latino parents in order to empower them to take leadership in structuring their adolescent’s social ecology (Coatsworth, Pantin, & Szapocznik, 2002; Pantin, Coatsworth et al., 2003). Familias Unidas strives to assist parents in developing parenting skills to help them reduce risks and enhance protection in important developmental domains for adolescents such as schools, peers, and family. Five general techniques were used to promote changes within the family: problem posing and participatory exercises, group discussions, parent-adolescent activities, visits by the adolescents’ school counselors, and parent-adolescent discussions. Multiparent groups meet weekly over a 9-month period. In a recent study of Latino families from diverse backgrounds (Cuban, Central American, South American, and Puerto
### Table 2. Interventions Developed for Latino Families

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<td>Padres Trabajando por la Paz (PTP)/Murray, Kelder, Parcel, Frankowski, and Orpinas (1999)</td>
<td>Risk status: Child reported moderate aggression. Age: 8th graders, mean age of the intervention group was 13.79 years Ethnicity: 100% Latino. 73.7% of parents were born in Mexico, 23.7% were born in the United States, and 2.6% were born in Central America. Gender: 63% boys, 37% girls</td>
<td>Parents of 8th graders from the Students for Peace intervention were called by bilingual telephone interviewers. Parents were randomized into the intervention condition at the conclusion of the pretest interviews and 10-12 weeks later, completed the posttest telephone interview</td>
<td>PTP aimed to increase parental monitoring and, thus, reduce child problem behaviors. PTP consisted of bilingual newsletters incorporating role model stories theoretically derived to increase parental monitoring in Latino parents. Four newsletters were mailed to parents in the intervention group over 2 week intervals during the 3rd and 4th months of the school year.</td>
<td>At posttest, parents in the intervention condition who had lower social norms for monitoring at baseline reported higher norms after the intervention than parents in the control condition (p = .009). Children of parents in the intervention group reported slightly higher levels of monitoring at posttest across baseline values, whereas control children who reported moderate to high levels of monitoring at pretest reported lower levels at posttest (p = .04).</td>
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<td>Familias Unidas/ Pantin, Coatsworth, et al. (2003)</td>
<td>Risk status: Universal N: 167 Age: 6th and 7th graders, mean age was 12.4 years</td>
<td>Families were recruited from 3 public schools. Adolescents must have no history of psychiatric</td>
<td>Familias Unidas strives to assist parents in developing skills to help reduce the risks and enhance protection for their adolescent. Five techniques were used: (a) problem posing and participatory</td>
<td>A mixed model analysis of variance revealed a significant time × condition interaction on parental investment</td>
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Intervention/Citation

Sample (Child Characteristics)

Ethnicity: 39% Cuban, 29% Central Americans and 17% South Americans, 5% Puerto Ricans/Dominicans

Gender: 61% boys, 39% girls

Method

hospitalization and must reside with at least 1 Latino immigrant parent. Families were randomly assigned to intervention and no-intervention control conditions.

Intervention Description

exercises, (b) group discussions to increase parents’ understanding of their role in protecting their adolescents from harm and facilitate parental investment in their adolescents, (c) activities to allow parents to interact with their adolescents’ peers, (d) visits by adolescents’ school counselors, and (e) a home-based family session with planned parent-adolescent discussions. The multiparent groups met weekly for 9 months with a trained facilitator. Control families were only contacted to complete assessments.

Results

\( (F(4, 577) = 2.68; p < .04) \) and adolescent behavior problems \( (F(3, 424) = 4.25; p < .006) \). Specifically, the control condition exhibited more parental investment during the first 3 months, but then flattened out and began to decrease sharply at 9 months. The intervention group evidenced its greatest increase in parental investment between 3 and 6 months, with a milder decline between 9 and 12 months. The invention group also exhibited a steady decline in adolescent behavior problems, while the control group evidenced a sharp increase between 3 and 6 months and then declined. Thus, Familias

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<td>Bicultural Effectiveness Training (BET)/ Szapocznik, Rio, et al. (1986)</td>
<td>Risk status: Cuban American families who had immigrated within the last 20 years. High number of adolescent conduct/behavior problems</td>
<td>Participants were recruited through public service announcements, referrals from the school system, juvenile court, and other social service agencies. Participants were randomly assigned to BET and SFT conditions.</td>
<td>BET aims to bring about a reduction in individual and family dysfunction while also moderating cultural conflict. BET includes 2 change strategies: (a) detour family conflict by placing the focus of both the intergenerational differences and the cultural differences on the culture conflict, (b) development of alliances in order to bring about new crossed alliances between family members and cultures. SFT—facilitator works with family; family enacts, facilitator restructures. Similar but SFT is more process oriented and may use any content that emerges from the family. BET uses culture as content. Goal to compare</td>
<td>Unidas increased parental investment and decreased adolescent behavior problems but did not significantly affect adolescent school bonding/academic achievement ($F(4, 576) = 1.11; p &lt; .35$). At posttest, both intervention groups showed decreased child conduct problems ($F(1, 29) = 8.30; p &lt; .01$), inadequacy-immaturity ($F(1, 29) = 6.72; p &lt; .02$), and socialized delinquency ($F(1, 29) = 7.48; p &lt; .01$). Family functioning also improved ($p &lt; .001$). Thus, BET proved to be effective.</td>
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<td>Family Effectiveness Training (FET)/ Szapocznik, Santisteban, et al. (1989)</td>
<td>Gender: 48% boys, 52% girls</td>
<td>Participants were randomly assigned to a minimal contact control group and the Family Effectiveness Training condition. All families had to meet 2 criteria for the High Risk Syndrome (potential for intergenerational and intercultural conflict). Families were also admitted if they presented two or more of the following problems: marital problems, a mother who is depressed/withdrawn/lonely, older sibling who is a drug abuser, child aged 6-12 years showing any signs of substance use.</td>
<td>BET (new intervention) with SFT. Both groups received the intervention over 12 sessions. FET aims at correcting maladaptive family interaction patterns. Didactic and intervention material was presented by a facilitator in a classroom-like atmosphere to the entire family. FET contains 3 components: a family development component, a bicultural effectiveness training component, and a brief strategic family therapy component. Intervention consisted of 13 weekly sessions that were approximately 1.5-2 hours long. The minimum contact control condition was told to wait 13 weeks and was contacted an average of 1.9 times during the 3 month waiting period. After the completion of the intervention for the FET group, those in the minimum contact control condition were offered the intervention.</td>
<td>At posttest, families in the FET showed a significantly greater improvement than the control families on measures of structural family functioning ($p &lt; .04$), child self-concept ($p &lt; .01$), and problem behaviors, specifically conduct problems ($p &lt; .01$) and personality problems ($p &lt; .04$).</td>
</tr>
<tr>
<td>Gender: 48% boys, 52% girls</td>
<td>Risk status: Had to have the potential for intergenerational and intercultural conflict. Adolescents who were at risk for future drug use</td>
<td>Age: 6-12 years, mean age 9.44 years</td>
<td>Ethnicity: 100% Latino with 76% Cuban</td>
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Hispanic, parent and adolescent ratings showed increased parental investment and decreased adolescent behavior problems (Pantin, Coatsworth et al., 2003).

**Bicultural Effectiveness Training.** BET was created as an attempt to develop a culturally sensitive psychoeducational and relatively easy to implement intervention that would be as effective as traditional family therapy models in bringing about a reduction in individual and family dysfunction while also moderating cultural conflict. BET is delivered in 12 sessions to family groups. It emphasizes two change strategies. The first strategy is to temporarily detour family conflict by placing the focus of both intergenerational and cultural differences on culture conflict. The second strategy focuses on the development of alliances, which aims to bring about new crossed alliances between family members (Szapocznik et al., 1986). In a study with predominantly immigrant Cuban families comparing BET and SFT, both BET and SFT reduced parent-rated child conduct problems, inadequacy-immaturity, socialized delinquency, and overall family functioning as rated by the whole family (Szapocznik et al., 1986).

**Family Effectiveness Training.** The goal of FET is to correct maladaptive family interactions to prevent drug use and behavior problems in adolescents (Szapocznik, Santisteban, et al., 1989). It strives to teach the family prevention strategies designed to strengthen the family to overcome future stressors such as intergenerational and intercultural conflicts successfully. FET contains three components: a family development component, a bicultural effectiveness training component, and a brief strategic family therapy component. The weekly intervention is delivered to the entire family over the course of 13 weeks. In a randomized trial comparing FET with a minimal contact control condition with predominantly Cuban participants, families in the FET condition showed greater improvements in independent observer-rated family functioning, child-rated self-concept, and fewer mother-rated child behavior problems than those in the control condition (Szapocznik, Santisteban, et al., 1989).

**How Cultural Sensitivity Was Incorporated Into Interventions Designed for Latinos**

In terms of maximizing cultural sensitivity, the interventions described above designed specifically for Latino families had many common features with the adapted interventions described previously. First, all of the interventions were offered in Spanish. Furthermore, all of these interventions were selected, in part, in recognition of the importance of familismo and the viability of using families as an entry point for child behavior change. Many of the interventions
in both groups worked with the whole family, further validating the importance of the family unit within Latino culture. Given the importance of *personalismo*, both adapted and tailored programs emphasized face-to-face contact and the importance of personal relationships. This affects adapted programs because programs can be selected or modified to include more personal contact. The tailored programs can be specifically developed to rely on relationship building as an integral conceptual foundation of the program. This was seen particularly in BET and FET.

Similarly, both the adapted programs and the programs specifically designed for Latino families addressed *respeto* and how this affects parents’ ability to maintain their children’s respect, particularly when acculturation is faster among youth. Although this concern was integrated into SHIP, PMT, FAST, BSFT, and SFT (the adapted programs), it was specifically targeted by some of the tailored programs. For example, BET was developed with a particular focus on responding to the problems caused by children’s more rapid acculturation within the family system. However, consistent with the interventions adapted to Latino families, none of the interventions developed for Latino families mentioned integrating the cultural values of *religiosidad, machismo*, or *marianismo* into their intervention.

Some of the interventions made note of other precautions that were taken to ensure that the intervention was culturally sensitive. PTP used stories that represented Latino culture and integrated those into the intervention. PTP also noted that they gathered role model stories from the population about parental monitoring and adapted those stories for the newsletter. Thus, the stories were drawn from a Latino population (and a specific Puerto Rican subgroup), reflective of the values and characteristics of Latino families, such as *familismo* and *respeto*, as well as the local variations for the Puerto Rican group.

**Conclusion and Future Directions**

It is evident that preventive interventions with families of youth aged 6 to 18 years can be effective youth violence prevention strategies with Latino populations. In both the adapted and tailored programs, a focus on families provided a culturally appropriate and well-matched starting point for pan-Latino prevention programming—that is, programming relevant more generally for Latino populations regardless of subgroups. In addition to building on the concept of *familismo* or the importance of families, the core components of successful programs were also well-suited to the deep structure cultural dimensions of *colectivismo, respeto, simpatía*, and *personalismo* described earlier.
Two clear examples of effective pan-Latino youth violence prevention programs are Familias Unidas and FAST. Familias Unidas was shown to be effective with a Latino sample that included Cubans, Central Americans, South Americans, and Puerto Ricans/Dominicans (Coatsworth et al., 2002). A primary emphasis was on building parenting skills to address the particular challenges of raising an adolescent child in general and as specifically linked to challenges faced by immigrant families. FAST also provides an additional example of how to reach a diverse group of families while being culturally sensitive. FAST does not have a specific set curriculum but rather uses parent-led groups, social time, and parent-child activities to help improve child outcomes (McDonald et al., 2006). This allows the intervention to adapt to the needs of each group, and thus, reach a larger, more diverse population. Therefore, if the target population was in fact immigrant families, it is likely that issues related to immigration and acculturation would be discussed in the parent-led groups. In contrast, a nonimmigrant group of families may raise different issues.

In addition to highlighting deep structure characteristics of effective pan-Latino programming, it is also important to consider whether effective prevention programs shared a common focus on specific family processes of relevance to youth violence. As noted earlier, family-focused programs cover a broad range of strategies bound primarily by using the family as the ecological context for prevention. The programs we discussed also ranged in emphasis and intensity.

A common feature across programs was a focus on improving participants’ parenting skills, specifically parental monitoring (a robust correlate of youth violence). In some cases, this was taught via newsletters (PTP), but in most cases programs were more comprehensive. All of the programs included some mechanism to build alliances among families. A unique feature of some of the programs was a specific family therapy orientation (BSFT, SFT, BET, FET), with an emphasis on improving family interactions, reducing parent-child conflict, and empowering families to leverage resources. Because research studies did not compare parent training with family therapy, we cannot say whether one approach is recommended—rather, the extant literature suggests that a range of family-focused interventions can be effective with Latino families and that these programs reflect the theoretical underpinnings of effective family-based prevention programs that have been implemented more broadly (Tolan & Guerra, 1994).

From the studies discussed above, four primary areas of emphasis cut across effective family-based prevention programming with Latinos: (a) improving parental monitoring, (b) increasing family cohesion, (c) increasing networking across families, and (d) empowering families to access resources more...
effectively. Monitoring and cohesion are cornerstones of many family-based prevention programs that have been effective in preventing youth violence across multiple ethnic and cultural groups. These principles are also consistent with many of the deep structure characteristics of Latino culture discussed previously emphasizing the importance of *respeto*, *simpatía*, and *personalismo*. Increasing networking and utilization of resources are important family strengths that have been addressed in related treatment programs not discussed in this article (e.g., Multisystemic Family Therapy; Henggeler, Schoenwald, Borduin, & Cunningham, 1998). They are also consistent with the cultural value of *colectivismo*. In addition to being relevant to both youth violence prevention and Latino cultural values, all of these dimensions of effective programming also are significant for families coping with stressors associated with immigration, economic disadvantage, and other types of marginalization, because the overarching theme is one of strengthening and empowering families to be more effective in daily life.

Of course, these commonalities and directions for pan-Latino programming should not mask the fact that surface structure adaptation (language, rituals, examples used) may need to be done within a narrow cultural context reflecting unique subgroup and local differences (Cohen, 2009). As illustrated in several of the programs reviewed, this can be done by consulting with community experts and project staff to determine relevance for the specific participant subgroup as well as conducting focus groups with participants before, during, and after program implementation. The use of paraprofessional lay health workers from the community (entrenadores, promotoras) can also increase the match between program and participants (although there is very little research comparing this method of prevention with standard professional delivery). Just as the evidence-base suggests that family-focused preventive interventions are among the most effective youth violence prevention strategies, evidence-based guidelines for adaptation can enhance our ability to effectively translate research for Latino families and other cultural groups.

What is missing from the studies discussed above is a focus on other aspects of culture that may be uniquely linked to the etiology of youth violence (and prevention) among Latinos. As we mentioned, it is noteworthy that none of the preventive interventions addressed the role of *machismo* and *marianismo*. In part, this is due to a general tendency for risk research to be conducted with mainstream populations and then extended to different ethnic groups. Certainly, future research with Latinos should explore the role of these gender-linked constructs to both youth violence and family dynamics. *Religiosidad* also was not incorporated into prevention programming, in spite of the obvious potential to bring families together for a common purpose. Rather, most
programs adapted to or developed specifically for Latinos emphasized the immigrant experience and adjustment to the unique conditions linked to recent immigration. Perhaps the next generation of prevention programs will incorporate a wider range of deep structure cultural values, building on research that examines their relation with youth violence and highlighting their promise for pan-Latino prevention programming.

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The authors declared no potential conflicts of interests with respect to the authorship and/or publication of this article.

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References


**Bios**

**Melinda S. Leidy** received her Ph.D in developmental psychology at the University of California, Riverside. Her research interests include how marital conflict and marital satisfaction influence child social and behavioral outcomes. She is also interested in how acculturation influences family processes and child outcomes among immigrant Latino families. She recently completed a postdoctoral research fellowship at the Southern California Academic Center of Excellence on Youth Violence Prevention at the University of California at Riverside where she worked on linking her past research related to family processes to the prevention of youth violence among Latino immigrant families. Currently, she is serving as a Congressional Fellow with the Society for Research in Child Development.
Nancy G. Guerra is a professor of psychology at the University of California at Riverside. She received her doctorate in human development and psychology from Harvard University. She is the author of several recent books on youth violence prevention and treatment of juvenile offenders. For the past 10 years, she has been the director and principal investigator for the Southern California Academic Center of Excellence on Youth Violence Prevention, funded by the Centers for Disease Control and Prevention. Her research interests focus on the development and evaluation of programs to promote positive youth development and prevent problem behaviors among at-risk adolescents. She also has been involved in several international research and development projects for the Inter-American Development Bank and the World Bank in Latin America and the Caribbean.

Rosa I. Toro is a fifth-year graduate student at the University of California, Riverside, working with Dr. Nancy Guerra at Southern California Academic Center of Excellence on Youth Violence Prevention. Her research interests include intervention work within the realm of youth violence, family systems, minority populations, and preadolescent development. She has investigated the effects of household chaos in Latino family households. Currently, she is collaborating in the data analytic phase of an implementation of an intervention program, FAST (Families and Schools Together), that was done with Latino families in the Santa Ana, California area. One of her future research interest includes investigating the effect of acculturation gaps between parents and children and its utility in prevention work.