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Cultural adaptation of a parenting intervention for parents in multi-ethnic disadvantaged neighborhoods : contextualised content in a built-in module

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General introduction

My parents came to the Netherlands in the 1970s. It was an unknown country to them, a country that they didn't grow up in. Suddenly they had to deal with other people, other standards, and other values. It was a totally different world to them - and, on top of that - they lived in a 'bad' neighborhood. They demarcated their own world for their family with the idea that "this is my world and here I'll determine what's happening". My upbringing was, therefore, very authoritarian. Now, with children of my own, I notice ... I understand why they did what they did - but I want to do it differently. But how do you go about that? How do you do it differently? When I gave birth to my firstborn we had just moved house, and none of my friends had children yet. Although I felt very insecure, I didn't want to ask my mother for advice because I was afraid she would impose her own opinions on me. Therefore, I searched on the internet and also called the child healthcare services and asked various questions. They advised me to contact my local parenting support center - there is a telephone number you can call or you drop by to get some advice. I was very pleased with the suggestion to contact this center - it was comforting to talk with experts and get answers from their experienced viewpoint. What was also good for me - was talking to other mothers. On the internet I had found a local community center that organized parent-child mornings, where parents bring their children to play together, while they can talk to the other parents. I really needed the possibility to ask other parents 'How did you do it ... how did you handle that?' Nowadays, I know many other mothers. It's just nice that you know that you're not the only one who is struggling with certain problems. For example, I learned that it was not only my toddler who sometimes had difficult behavior - but that all mothers have experienced this (Saïda, a 30-year-old Moroccan-Dutch mother, with three children)

Parental concerns

Having concerns about one's children is a general aspect of parenting (Reijneveld et al., 2008). In the general population, about 50% of parents have various types of parental concerns that, in the opinion of these parents, should be discussed with someone outside the family (Glascoe, 2002; Reijneveld, de Meer, Wiefferink, & Crone, 2008). Saïda's story illustrates the type of concerns a parent can have and the context in which these parental concerns exist. Saïda is concerned about parenting in general and, reflecting on her own growing up, she questions her

parenting competence. She feels that she lacks a good example from her own parents, leading to insecurity about her own parenting role. Moreover, her insecurity is further enhanced by a lack of social support due to having few friends with children, as well as having moved to a new neighborhood.

Compared with ethnic majority parents, ethnic minority parents more frequently have concerns and are more vulnerable to the experience of parenting stress (Emmen et al., 2013; Nomaguchi & House, 2013; Pels, Distelbrink, & Postma, 2009; Reijneveld et al., 2008). Moreover, ethnic minority families are more likely to have a lower socioeconomic status (SES) (Prevoo & Tamis-LeMonda, 2017; Shapiro, 2015). Lower SES can affect the parenting experience, directly, through limited access to certain material goods and activities, and indirectly through parenting stress, economic difficulties and a negative neighborhood environment (Emmen et al., 2013; Prevoo & Tamis-LeMonda, 2017). Overall, due to their structural disadvantages, ethnic minority parents experience greater parenting stress than ethnic majority parents (Nomaguchi & House, 2013; Prevoo & Tamis-LeMonda, 2017). In addition, ethnic minority parents also encounter specific parental concerns as a result of structural disadvantages related to their ethnic minority status, including discrimination, acculturation stress, and low social support (Emmen et al., 2013; Leidy, Guerra, & Toro, 2010; Martinez, 2006).

Types of parenting support

There are various types of parenting support, as illustrated by Saïda's story. Parenting support is an umbrella term for family-focused services and programs, encompassing a style of work and a set of activities that provide information, advice and assistance to parents related to the upbringing of their children, in order to maximize their child's potential (Connolly & Devaney, 2017). The continuum of parenting support spans the life course and ranges from home visits, mother and child groups, to parenting programs. Support for parents comes from a variety of sources, often broadly grouped into informal support (e.g. from family, friends, and neighbors, arising from the parents' own social networks), semi-formal support (often provided through community-based organizations and, generally, by the voluntary sector), and formal support (e.g. organized services, often needs-led) (Moran, Ghatge, & Merwe, 2004).

This dissertation focuses on parenting interventions belonging to formal support. Parenting interventions are focused, short-term interventions (usually, one 2-hour session per week for 10-12 weeks), provided in a variety of settings (e.g. home, office, community) aimed at improving effective parenting practices and decreasing or preventing a range of child problems (Barlow, Bergman, Kornor, Wei, & Bennett, 2016; Dretzke et al., 2009). The sessions generally involve the use of a manualized and standardized curriculum, and strive to increase the knowledge, skills and understanding of parents (Barlow et al., 2016). Throughout this dissertation the term 'intervention' is used interchangeably with 'program' and 'parent training'. Formal interventions are, of course, only one aspect of the broad matrix from which most parents draw support with regard to their parenting experience (Moran et al., 2004).

Use of parenting support

For Saïda, her concerns were pivotal in seeking parenting support. She actively searched for answers to her questions by contacting professionals and seeking support from other parents; she succeeded in finding both. However, this is not the case for all parents. Having concerns does not necessarily result in seeking support and participation in parenting support (Reijneveld et al., 2008). In fact, compared with ethnic majority parents, ethnic minority parents more frequently have concerns but participate to a lesser extent in preventive parenting support (Baker, Arnold, & Meagher, 2011; Heinrichs, Bertram, Kuschel, & Hahlweg, 2005). These low participation rates in preventive support are problematic. Firstly, parental concerns not only affect parents' feelings of competence, but may also affect parental practices and, thereby, child outcomes and development (National Academies of Sciences & Medicine, 2016). Parents are considered to be the key agents of change in child outcomes (Yap et al., 2016). Parenting support was developed to utilize the parents' influence on their child's development and mental health, based on the assumption that changing parenting (mediators) will, in turn, change a child's risk for developing problems (Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011; Yap et al., 2016). Secondly, parents have an important and facilitating role in the pathways to care of their children, because children rely on adults to recognize their problems and initiate the use of services (Alikaj, Vyshka, Spaho, Skendi, & Suli, 2011; Logan & King, 2001). However, when parents do not seek preventive support, this can result in late identification of problems in children, as well as severe problems later in life (Durlak & Wells, 1998; Pugliese & Tinsley, 2007). This is exemplified by the overrepresentation of ethnic minority groups in compulsory forms of care, such

as the child protection services and forensic mental healthcare services (Lu et al., 2004; Fluke, Yuan, Hedderson, & Curtis, 2003).

Effectiveness of parenting support

There is considerable evidence that preventive parenting interventions can have a positive influence on parenting skills and reduce child behavioral and psychosocial problems, and that the effects can last for many years (Bakermans-Kranenburg, van IJzendoorn, & Juffer 2003; Kaminski, Valle, Filene, & Boyle, 2008; van Aar, Leijten, Orobio de Castro, & Overbeek, 2017; Yap et al., 2016). By supporting parents, changing parents' communication patterns, attitudes towards child rearing, and by teaching them to reinforce positive child behavior and reduce negative behavior, parenting interventions aim to prevent problems and break the coercive cycles in which disruptive child behavior and negative parenting behavior reinforce each other (Patterson, 1982; van Aar et al 2017). Positive, supporting and proactive parenting (e.g. using praise, encouragement, affection) is strongly associated with high child self-esteem and social/academic competence, and is protective against later disruptive behavior and substance misuse (Barlow et al., 2016; Kumpfer & Bluth, 2004). Parenting practices characterized by harsh and inconsistent discipline, little positive parental involvement with the child, and poor monitoring and supervision, is associated with an increased risk of a range of poor outcomes, including child aggression and conduct problems (Barlow et al., 2016; Chang, Schwartz, Dodge, & McBride-Chang, 2003; Patterson, 1982). Therefore, parenting interventions can be effective strategies to prevent and treat disruptive child behavior, including tantrums and rule breaking (McCart, Priester, Davies, & Azen, 2006; Weisz & Kazdin, 2010; van Aar et al 2017).

Effectiveness in ethnic minority and lower SES groups

Although parenting interventions are effective in improving the quality of parenting practices, not all families benefit equally, because effectiveness is influenced by both the participants' characteristics and the intervention characteristics (Lundahl, Risser, & Lovejoy, 2006). Compared to ethnic majority groups, ethnic minorities are not only more likely to underutilize interventions and discontinue interventions prematurely, but ethnic minority and low-income status are associated with poorer intervention outcomes (Griner & Smith, 2006; Miranda et al., 2005; Reyno & McGrath, 2006). Therefore, the mere selection of an evidence-based intervention does not necessarily ensure positive outcomes (Webster-Stratton, Reid, & Marsenich, 2014).

There is ongoing concern about the effectiveness of parenting interventions among ethnic groups (Lau, 2006). Researchers warn of the dangers of disseminating evidence-based interventions among diverse populations, when such programs were originally developed for and tested on middle-income and ethnic majority samples (Calzada, 2010; Cardona et al., 2009; Forehand & Kotchick, 2016; Gross et al., 2009). Indeed, many of the empirically-supported interventions used to support ethnic minority and lower SES parents were originally developed to meet the needs of middle-class white, British, European and/or American parents (Coard, Wallace, Stevenson, & Brotman, 2004; Gross et al., 2009). One of the concerns is that parenting interventions may fail to reflect and, thereby, fail to respect the values/traditions of parents, as well as the needs and stressors associated with ethnic minority backgrounds and socioeconomic disadvantage (Lau, 2006). Therefore, intervention developers need to improve efforts to promote the participation, satisfaction and results in ethnic minority and low-income groups by being aware of the (potential lack of) cultural sensitivity and relevance of parenting interventions (Barlow, 2004; Bernal, Jiménez-Chafey, & Domenech Rodriguez, 2009).

Challenges in practice

The challenge regarding low participation rates and poor outcomes in relation to cultural sensitivity of interventions for ethnic minorities is also experienced in practice. The present dissertation was triggered by a policy officer in a multi-ethnic city in the Netherlands, who approached a team of researchers for assistance in providing preventive parenting support to ethnic minority parents. In anticipation of a forthcoming policy change, he had several concerns:

Although we need to take care of all families, some vulnerable groups might need a bit more attention than we give on average. We lack insight - we require information on what the ethnic minority groups need and want - and we need to know what works, to be able to integrate this in the existing services

In that municipality, selective parenting support was provided to a number of ethnic minority groups with known risk factors regarding parenting practices and child outcomes, e.g. overrepresentation in child protection services, youth criminality, and school dropout among children (de Boom, van Wensveen, Hermus, Weltevrede, & van San, 2014a, 2014b; Vandenbroucke, Braam, Pels, & Steketee, 2008; VROM,

2009). Parenting support was offered on a small scale, including culturally-specific support consisting of individual advice and group-based parenting support provided by stakeholders, to parents with corresponding ethnic, linguistic and cultural backgrounds, in community centers and other locations in the multi-ethnic disadvantaged neighborhoods. However, from 2013 onwards, selective parenting support targeting ethnic minority groups was no longer financially supported by the national government (Gemeente Den Haag, 2009). On the municipality level, this meant that 'universal' support had to be provided to all parents, irrespective of their ethnic minority background. Practitioners and policymakers were confronted with the challenge to make these universal services also suitable to provide parenting support to ethnic minority groups. Questions were raised about the appropriateness and effectiveness of the existing universal parenting support for all types of parents, in addition to the challenges related to the low participation rates of ethnic minority parents.

Cultural adaptation

There is growing interest in whether and how to adapt interventions to take into account the cultural, linguistic, and socioeconomic context of diverse groups (Bernal et al., 2009). Cultural adaptation is a promising approach to increase the cultural fit of interventions to various settings and target groups (Baumann et al., 2015). Cultural adaptation is defined as the systematic modification of an evidence-based intervention to consider language, culture and context in such a way that it is compatible with the cultural patterns, meaning and values of the target population (Bernal et al., 2009). This can be accomplished by the adaptation of existing interventions, the development of new interventions, or by extracting components of existing interventions to create culturally-tailored parenting interventions (Chorpita, Daleiden, & Weisz, 2005; Lachman et al., 2016a, 2016b; Mejia, Leijten, Lachman, & Parra-Cardona, 2016).

RESEARCH OBJECTIVE

The aim of the work in this dissertation is to explore what adaptations are needed to improve the fit of a parenting intervention for use in multi-ethnic disadvantaged neighborhoods. This research used a bottom-up and systematic approach to assess parents' perspectives regarding their parenting experiences, and to identify their

needs and stressors. Each chapter in this dissertation is a part of this stepwise approach that led to the selection of an intervention, and its adaptation for and evaluation in a multi-ethnic disadvantaged neighborhood in the Netherlands. Before outlining this work in each chapter, we first briefly describe the research context.

RESEARCH CONTEXT

Parenting support in the Netherlands

In the Netherlands, child healthcare services aim to monitor the physical, social, psychological and cognitive development of children (aged 0-23 years), and to identify problems in order to offer timely interventions (Reijneveld et al., 2008; Theunissen, 2013). As part of the child healthcare system, children in the Netherlands undergo 18 routine examinations during their preschool and school-age period. These assessments consist of a physical examination and an interview by a child healthcare nurse or physician with the parents and with older children (aged ≥ 13 years) themselves. Access is universal and independent of insurance status (Reijneveld et al., 2008).

The child healthcare organizations generally function as front offices for the provision of parenting support, which is the responsibility of the local municipalities (Hilverdink, Daamen, & Vink, 2015). Parenting support can be actively offered during or subsequent to routine assessments, and parents can request support or sign-up for planned workshops and courses by contacting the child healthcare organizations. The availability of parenting support for parents depends on local policies and competencies and varies between the various municipalities. Both evidence-based and practice-based parenting interventions are provided. Parenting support is generally offered for free, although a small fee is sometimes requested for program materials.

Ethnic minorities in the Netherlands

In this dissertation, ethnicity is an important construct and is defined as a group of people who share a common culture, religion, language, or nationality (Hughes et al., 2006). There are a variety of ethnic minority groups in the Netherlands, with different migrant histories. In the early 1960s, the Netherlands became an immigration country due to increased prosperity that occurred simultaneously

with reduced emigration, which induced new immigration flows (Zorlu & Hartog, 2000). Immigrants can be divided into three main categories: i) those who were recruited for unskilled jobs, ii) immigrants from former colonies, and iii) more recently, refugees (Zorlu & Hartog, 2000). From the mid-1950s until the mid-1970s, the shortage of unskilled laborers was compensated by the inflow of so-called 'guest workers' (Helberg-Proctor, Meershoek, Krumeich, & Horstman, 2017; Zorlu & Hartog, 2000). These workers were actively recruited (or came spontaneously) from countries such as Italy, Spain, Portugal, Turkey, Greece, Morocco, Yugoslavia and Tunisia. Whereas the chain-migration from Turkey and Morocco has continued during the last decades, the number of south European immigrants largely stagnated after the end of formal recruitment (Zorlu & Hartog, 2000). A more recent rise in the number of labor migrants from Central and Eastern European countries took place with the continuing expansion of the European Union (Friberg & Eldring, 2013).

This period also saw large streams of people arriving from Suriname and the Netherlands Antilles (former Dutch colonies) as a result of the decolonisation process, political events, and economic conditions (Helberg-Proctor et al., 2017; van Niekerk, 2007). In addition, in the 1950s, migration was also due to 'repatriation' from the former Dutch East Indies (the Moluccan islands), and to refugees arriving in the Netherlands from eastern Europe, Vietnam, and Latin America (Helberg-Proctor et al., 2017). Immigration streams are now increasingly dominated by political refugees and asylum seekers. Meanwhile, in the Netherlands, Surinamese, Antilleans, Turks and Moroccans have become the largest ethnic minorities; this population is gradually increasing due to a combination of continuous immigration, family reunification, and a relatively high birth rate (Zorlu & Hartog, 2000).

Of the current inhabitants of the Netherlands, around 20% has an ethnic minority background (defined by the country of birth of a person and his/her parents) (Statistics Netherlands, 2017). The majority of ethnic minorities live in urban areas of the Netherlands, such as Amsterdam, Rotterdam and The Hague (Statistics Netherlands, 2001, 2016). Population censuses in The Hague show that around half of the population has an ethnic minority background, with between 90-95% of this group living in disadvantaged districts characterized by low incomes and low housing prices (Gemeente Den Haag, 2017). This is consistent with the overrepresentation of ethnic minorities in the lower SES groups in many countries (Crul & Doornik, 2003; Emmen et al., 2013). Therefore, this dissertation focuses on parents living

in multi-ethnic disadvantaged neighborhoods, thereby including families of both ethnic minority and lower SES.

OUTLINE OF THIS DISSERTATION

Part 1 of this dissertation addresses issues related to parental concerns and participation in parenting support.

Chapter 2 presents a study assessing factors associated with parental concerns and help-seeking behavior. Whether or not parents experience concerns about their child is an important explanation for the differences in help-seeking behavior; this investigation focuses on the need for and use of support among parents with children at risk for developing problem behavior. Based on research indicating that ethnic minorities are less inclined to report parental concerns, a comparison is made between parents with native Dutch and ethnic minority backgrounds.

Chapter 3 aims to provide an in-depth understanding of parents' beliefs about the parenting problems they encounter and their motivation to seek support. Parents are considered moderators for desirable changes in their children's behavior; therefore, it is important to have an understanding of parents' emic perspectives that may influence their help-seeking behavior. A qualitative approach is used to explore parents' perspectives on undesired parenting situations. Attention is also paid to beliefs about the cause and controllability of parenting problems, and the influence of these beliefs on the intention to participate in parenting support.

Part 2 of the dissertation focuses on the cultural adaptation of parenting interventions.

Chapter 4 explores the effectivity of cultural adaptation of parenting interventions. While various culturally-adapted interventions have been developed, there is no single correct way to culturally adapt an intervention, and little is known about the impact of cultural adaptations (Baumann et al., 2015). This chapter presents a meta-analysis of the adaptations made in group-based parenting interventions targeting ethnic minorities, to determine the type of adaptations made, the process that

informed these adaptations, and to establish whether cultural adaptation enhanced effectiveness.

Chapter 5 describes a three-stage design applied to the selection and adaptation of a parenting intervention for a multi-ethnic group of parents. The mere provision of an intervention to a multi-ethnic group of parents does not guarantee effectiveness if the needs and stressors associated with ethnic minority backgrounds and socioeconomic disadvantage are not taken into account (Lau, 2006). The design of this study (informed by the Intervention Mapping approach) was used to guide the selection of an existing parenting intervention, assess the fit of the intervention with the needs of the target group, decide whether adaptation is necessary, and then (if required) adapt the intervention while safeguarding the core components.

Chapter 6 examines the relevance of the intervention module that was developed to make an existing evidence-based intervention sensitive to the needs and stressors of parents living in multi-ethnic disadvantaged neighborhoods. The module addresses coping strategies and parenting stress and was developed to be incorporated in the Group Triple P intervention. The evaluation aimed to examine the appreciation and relevance of the module by providers and participants, as well as the possibilities to improve the module's content and materials.

Finally, **Chapter 7** presents the main findings emerging from this research, compares the results with other relevant studies, and discusses implications for practice and future research.

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