

A Dialogue Regarding Cultural Adaptation of Interventions

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K. Holleran Steiker: In May 2005, a panel entitled “Moving Toward State of the Art Culturally Relevant Prevention Interventions for Minority Youth” was convened at the Society for Prevention Research annual meeting (Holleran et al., 2005). The perspectives shared by the new investigators and seasoned researchers prompted energetic and thoughtful discussion of the topic of cultural adaptation. It has been a sincere regret of mine that I did not tape that session and transcribe it, not only for the rich, informative presentations, but also for the pertinent and even poignant questions raised by the respondents and audience. Several years have passed since that discussion and this dialogue has given the opportunity for these and other colleagues with expertise in this area to revisit the question of cultural adaptation. Each of the following six participants was asked to share his or her perspective.

Felipe González Castro: The fidelity–adaptation issue has highlighted the boundary conditions involved in the cultural adaptation of existing and efficacious (tested and effective) interventions (prevention and treatment interventions). The *fidelity-only* view asserts that no changes should ever be made to an intervention that has been shown empirically to work; that is, to produce the intervention outcomes that it was designed to deliver. Clearly, if an intervention is shown to work well for a specific population, then the intervention should be delivered as designed, and thus with fidelity, to attain the prescribed effect. By contrast, the *adaptation perspective* asserts that effective programs are often

lacking in relevance and fit for special populations whose needs were never considered during the design of that particular intervention. Special populations include those of differing cultural or ethnic and racial backgrounds, those living in significant poverty, or those having other special characteristics. Relative to mainstream cultural populations, these special populations are often compromised by significant needs that are more severe or difficult to treat. Intervention adaptation is thus necessary to adequately address these significant needs and issues that, if not addressed, will surely erode the efficacy of the intervention, despite being delivered with complete fidelity. In an extreme case, a tested-and-effective intervention delivered with complete fidelity, but irrelevant for a special population, will likely yield zero effectiveness. That is, it will not yield the outcomes it was designed to deliver. Adaptation aims to make the intervention truly relevant and responsive to the needs of a special population for the intervention to work; that is, to make it truly efficacious in attaining the targeted outcomes in that special population.

The major strategy in resolving this fidelity–adaptation issue is to design a new generation of interventions describable as *hybrid interventions*. Such approaches have a built-in preintervention adaptation phase, which allows the identification of program conflicts and sources of irrelevance in preparation for strong fit and sound delivery to a specific special population. Then, these “adjusted interventions” can and should be delivered with complete fidelity, to attain the strongest effect when

delivered to members of this special population. In the future, a more explicit statement of intervention assumptions, putative mechanisms of effect, limitations, and other intervention specifications will be provided, specifying how a given intervention fits or does not fit as applied with a variety of populations. This will include the identification of the core elements of the intervention, those that should not be changed versus those elements that can be modified to promote a better fit and relevance for members of a special population. In addition, greater clarity is needed in describing the targeted special population. Finally, this assessment process must be conducted under the guidance of the original and evolving theoretical framework that has governed the design of that specific intervention. Such theory should also be culturally sensitive to demonstrate relevance for the identified special population, and to guide the design of new intervention elements that explicitly address important needs and preferences of members of that special population.

Karol Kumpfer: There is a dearth of research concerning whether evidence-based (EB) programs need to be culturally adapted, considering the additional cost of doing so for each major ethnic group (Kazdin, 1993). However, there is also an ethical imperative to maximize positive outcomes while also assuring that programs developed for a dominant culture do not negatively affect the cultural values and practices of study participants (Sanders, 2000).

For example, believing that cultural adaptations are needed to improve outcomes for ethnic families, researchers tested the Strengthening Families Program (SFP) in four separate 5-year, phase-in design studies for rural or urban African Americans, Hispanic/Latino, Pacific Islander/Asian, and Native Americans. The results suggested equivalent participant behavior change outcomes for both versions, but a 40% better recruitment and retention rate for the culturally adapted versions (Kumpfer, Alvarado, Smith, & Bellamy, 2002). The cultural adaptations addressed only the “surface structure.” Well-conceived “deep structure” cultural adaptations, however, could result in outcomes showing even greater effect size. Only one of these four studies, designed for the Asian/Pacific Islander population, attempted a “deep structure” change. Unfortunately, this adaptation resulted in worse outcomes because the researchers attempted a deep structure change by adding 10 sessions on traditional values, followed by only 10 sessions of the original 14-session EB program. Eliminating four sessions violated a “core principle” of SFP fidelity and weakened the outcome results while also increasing attrition, because the

resulting version was 20 sessions long (Kameoka, 1996).

This research suggests that cultural adaptations are critical to engaging and retaining participants who will attend if the program honors their cultural values. However, an adapted program does not need to focus heavily on participants’ cultural values, which they already know and espouse. Interspersing culturally relevant material, language, and exercises that matched the same lesson objectives as the original intervention produced the best results.

In the fidelity versus adaptations debate, our advice to practitioners is that fidelity to the model EB program means taking the program to a higher development level by locally and culturally adapting it. This includes making changes in terms of adding culturally appropriate welcomes, blessings, songs, stories, dances, exercises, examples, pictures, videos, and other materials. However, the dosage of the intervention or the number of sessions should not be cut or rearranged unless the participants are at lower risk than those that the program was originally designed for and tests on. Even then, such changes should be evaluated by comparing the outcomes with those obtained using the original program with this special population.

Cultural adaptations should follow a well-thought-out adaptation process and be ongoing, involving considerable trial and error until the best changes are made as documented by the evaluation. One excellent way to begin is to hire culturally matched implementers who also understand class differences. If that is not possible, involve the participants in helping with the first cut of the changes by having them provide feedback on the recommended adaptations. We do not recommend finalizing a culturally adapted program prior to actually pilot testing it with the target population. Many times, implementers are greatly surprised at how well culturally diverse participants respond and improve with experiential exercises that were developed for the original generic program version.

Flavio Francisco Marsiglia: Culture is an emerging area of emphasis in the field of program adaptation that aims to modify existing tested-and-effective prevention programs for use with new populations for which a program has not yet been tested or validated. Delivering a tested-and-effective program to a new population requires attention to potential sources of nonfit or conflict with the new population that, if left unattended, could compromise the validity of the program, even when that program is delivered with high fidelity. One of our main interests in the field of cultural adaptation is related to the question of cultural fit. In other words, is

adaptation possible across cultures and social contexts? At Southwest Interdisciplinary Research Center we follow a culturally grounded approach and as such we like to start from the ground up. During the development and testing of our *Keepin' it REAL* program we worked with the cultures of the youth and their key cultural norms that acted as protective factors against drug use. Once those norms, values, and behaviors were identified, we created the intervention around them. Our concern is related to the feasibility of adapting an intervention from one culture to another or adapting from one subgroup to another within a cultural group. Is it possible to conduct adaptation studies following a culturally grounded approach? In an ideal world we would say "no." We would prefer to start from the culture(s) of the targeted population. In the resource-limited world we live in, cultural adaptation appears to be necessary in part because it is more cost effective and timely. To create culturally tailored interventions is very time consuming and resource intensive. There are ethical considerations, as well, related to delaying access to a prevention intervention until it is developed and tested. Program adaptation appears to be a necessary and relevant public health strategy that aims to improve the delivery of effective prevention intervention programs. However, adaptations need to address sources of nonfit in advance of program delivery to ensure that the program is both culturally relevant and cognitively comprehensible for members of a new population, while also ensuring that the best evidence-based science is delivered to members of that population as soon as possible and at the lowest cost possible.

Stephanie Coard: Increased effort has been placed on developing more contextually focused preventive interventions that target ethnic minorities and the multiple environments in which they operate. However, the focus has tended to be on "surface" modifications rather than the consideration of "deeper" structural cultural adaptations that move interventions beyond cultural acceptability or sensitivity toward direct cultural relevance and even specificity. For example, consideration of critical values and traditions of a particular ethnic group, as well as the unique historical, present, and future conditions of the group have largely been ignored in the development of parenting interventions. Although a number of evidence-based parenting programs that address parenting and childrearing are used with African American families, these programs have given little consideration to race-related issues. African American families experience unique parental challenges and utilize childrearing strategies (e.g., racial socialization) that are culturally,

ethnically, and racially based, valued and influenced by the societal realities (e.g., racism, prejudice, discrimination).

Racial socialization, a construct applied primarily to families of color (with emphasis on African American families) involves teaching children values and norms associated with race/ethnicity, and problem-solving skills that enable children to be flexible in their approach to race-related situations without having them lose a core sense of self. Findings from cross-sectional investigations suggest that racial socialization is related to good mental health, academic and social outcomes in African American children. This construct may be a key factor in providing the foundation for the development of informed, theoretically driven interventions with African American parents.

The addition of culturally specific content and delivery strategies, designed to foster parental racial socialization strategies, influences overall effectiveness of the program when applied to economically disadvantaged African American families in the community. Specifically, findings from my pilot study (Coard, Foy-Watson, Zimmer, & Wallace, 2007) indicate that a culturally adapted intervention Black Parenting Strengths and Strategies (BPSS) is successful in improving aspects of parenting associated with the early development of children's conduct problems and the promotion of social and cultural competence. This pilot study provides overall support for the feasibility, acceptability, and potential efficacy of the BPSS intervention program. These results are consistent with the extant literature highlighting the potential benefit of culturally tailored services in both the amelioration of risk and fostering of resilience in African American families (Kumpfer et al., 2002; U.S. Department of Health and Human Services, 2001).

It is one of my primary goals to facilitate awareness of the importance of examining and understanding the role of culture and related concepts, such as ethnicity and race. These factors contribute to the complexities of psychological processes, and are of vital importance to the understanding of culturally diverse populations. As evidence-based interventions are applied to children within communities of color, the understanding of culture and how specific culture-related factors influence implementation and acceptance become paramount.

Laura M. Hopson: Creating a culturally grounded intervention may require adaptations that are relevant for diverse groups within their environmental contexts. Under the mentorship of Dr. Holleran, I worked with alternative school students to

create and implement adapted versions of the *Keepin' it REAL* curriculum (Hecht et al., 2003). Creating adapted curricula for alternative school students provides the opportunity to build on years of methodologically strong research while incorporating aspects of the students' culture and experiences. Because alternative schools differ in their mission and structure from traditional schools, materials designed for a traditional school curriculum might seem irrelevant for alternative school students. In addition, differences among alternative schools might necessitate different types of adaptations. Some alternative schools serve as an alternative to expulsion for students who have violated school policies, whereas others seek to provide a more effective and supportive educational environment for students who do not succeed in traditional schools (Raywid, 1994). Students in one disciplinary alternative school wanted their adapted curriculum to reflect that some drug use is considered normal in their experience. In fact, most of them had been referred to the disciplinary school because of drug use. In one student's words, "Why would you choose to put a 'Say No To Drugs thing' at a place where all of the kids are on drugs already?"

Some of the difficulty in discussing culturally grounded adaptations is that the term *culturally grounded* often means different things. As Dr. Kumpfer notes, a culturally grounded intervention needs to honor participants' cultural values but "does not need to focus heavily on their cultural values because they already espouse or at least know their own traditional cultural values." Dr. Coard emphasizes the importance of parental racial socialization strategies in culturally grounded curricula. Dr. Holleran discusses the importance of reflecting participants' life experiences in curriculum materials. Because the concept of culturally grounded intervention is so complex, it is critical to engage with our participants to determine the types of adaptations that will make an intervention relevant for them.

Lori K. Holleran Steiker: My perspective grows from and resonates with my mentors and colleagues. I have focused on what Dr. Castro has referred to as the creation of "hybrid interventions" with a built-in preintervention adaptation phase. With this model as a guide, Dr. Hopson, myself, and our team's research revolves around the cultural adaptation of the *Keepin' it REAL* (Hecht et al., 2003; Marsiglia & Hecht, 2005) curriculum for high-risk youth in community settings. Our work includes a Phase I, which involves having the youth in unique settings (e.g., homeless youth, alternative schools, incarcerated youth, Gay,

Lesbian, Bisexual, Trans-gender, and Questioning (GLBTQ) youth, youth on the border, etc.) ground the program in their life experiences, language, and culture by (a) rewriting the scenarios in the youth workbooks, and (b) remaking the drug resistance videos. This method allows the core curriculum to stay intact (no changes are made to the "teacher manual") while integrating cultural aspects of the specific groups utilizing the curriculum. *Keepin' it REAL* was established as culturally grounded for Latino and Latina youth. Our research has suggested that further tailoring the curriculum to the specific life experiences of high-risk youth in community settings increases not only interest in the program, but potentially the outcomes as well. The findings include the following: that adaptation processes engage youth who are often adverse to prevention programs and messages, that the *Keepin' it REAL* curricula (both original and adapted versions) help youth shift attitudes and at times behaviors with regard to substance use, and that adapted versions are more effective than the original curricula (especially at reducing alcohol intake) with certain groups, such as youth in alternative schools.

The most surprising qualitative finding is that youth that participate in the process of adapting the curricula to their unique high-risk groups, despite their perception that "it is too late for us," show changes in their attitudes about substance abuse. These findings support the adaptation processes to improve the curriculum. Moreover, we found that the actual act of adapting the evidence-based program for others shifts attitudes and possibly behaviors regarding drugs and alcohol (Holleran Steiker, 2008). Due to this innovative project, it is emerging that involving youth in cultural adaptation is not only helpful to curricula, but might be a positive intervention in and of itself.

In summary, all of the respondents agree that there is value in cultural adaptation, but great care (and much more research) is needed to determine the specific mechanisms, theoretical grounding, and extent of these adaptations. Many agencies instinctively adapt existing curricula and some are truer to the core curricula than others. Perhaps there will be a point in the future when evidence-based curricula are nationally disseminated with systematic and clear directions for cultural adaptation.

We invite readers to join this discussion with your own comments and responses. You can direct your e-mails to Dr. Holleran Steiker (lorikay@mail.utexas.edu), who will be sure to forward them to all the discussants in this Special Topics section to continue this dialogue.

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