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## Exploring the role of Natural Helpers in efforts to address disparities for children with conduct problems

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### Abstract

The incorporation of natural helpers into services has been suggested as an innovative strategy to address disparities for historically underserved children with conduct problems. In order to inform incorporation efforts, this study examined the perceptions of natural helpers serving one U.S. Latina/o community regarding need for services for children with conduct problems, their reactions to a specific parent training intervention, and the training and support needed to deliver this intervention successfully. Participants identified a need for culturally-responsive services for children with conduct problems, and felt that parent training would be appropriate for the families they serve. Participants further identified specific training and support that they would require in order to deliver parent training with fidelity and effectiveness. Findings support the suggestion that natural helpers have the potential to address service disparities among Latina/o children with conduct problems. Recommendations from natural helpers should guide the development of culturally-adapted preventive interventions that help address existing service disparities.

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Although numerous effective mental health interventions exist, most children and families in need do not utilize them (Kazdin, 2008). Families that do use treatment rarely participate fully, and almost half drop out (Kazdin, 2008). Underutilization is more pronounced among children and families from historically marginalized groups such as ethnic and racial minorities. For example, although various interventions for childhood conduct problems exist (Eyberg, Nelson, & Boggs, 2008), African American and U.S. Latina/o children with conduct problems are up to 50% less likely to use services than European American children (Coker et al., 2009).

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Underutilization among ethnic minority children and families has been linked to contextual and cultural factors (Hernandez, Nesman, Mowery, Acevedo-Polakovich, & Callejas, 2009). Contextually, historical patterns of discrimination lead to greater prevalence of utilization barriers—such as being uninsured (Alegria et al., 2012) or living in communities where mental health services are unavailable (Alegria et al., 2004)—among ethnic minority families. Cultural values and beliefs can also prevent service utilization (Hernandez et al., 2009; Lopez & Guarnaccia, 2000). For instance, many Latinas/os ascribe significant stigma to formal mental health care (e.g., Guarnaccia, Lewis-Fernandez & Rivera-Marano, 2003; Vega & Lopez, 2001) and are more likely to seek assistance for mental health problems from individuals without mental health care training in their personal (e.g., friends, family, community members) and formal (e.g., physicians, teachers, church ministers) networks (Callejas, Hernandez, Nesman & Mowery, 2010).

Because of these cultural and contextual influences, addressing underutilization among ethnic minority families requires innovative approaches to service (Kazdin & Blase, 2011; Hernandez et al., 2009). For instance, several lines of research suggest that incorporating natural helpers—individuals to whom underserved families naturally turn for advice, emotional support, and tangible aid (Israel, 1985)—into services for children with conduct problems could address utilization barriers (Acevedo-Polakovich, Niec, Barnett, & Bell, 2013). First, many cultural and contextual barriers preventing service utilization are bypassed because underserved families naturally turn to these individuals for assistance (Calzada et al., 2005; Jain, 2010; Koskan et al., 2012). Second, because of enhanced abilities to establish rapport and communicate effectively with underserved families, natural helpers can successfully facilitate intervention engagement and retention among historically underserved families (Walter & Petr, 2006). Finally, natural helpers with appropriate training and supervision in the delivery of mental health interventions are more effective than passive control conditions and can be as effective as licensed professionals (Christensen & Jacobson, 1994; Durlak, 1979; Hattie, Sharpley, & Rogers, 1984; Montgomery, Kunik, Wilson, Stanley, & Weiss, 2010; Weisz, Weiss, Han, Granger, & Morton 1995).

Who fills the role as a natural helper for Latina/o families can depend on the focus of a need or service. For instance, the individuals that these families naturally turn to for advice, emotional support, and tangible aid regarding immigration may not fully overlap with the individuals that are turned to for advice regarding mental health. The defining features of natural helpers are that they are naturally sought out for assistance on matters in which they may not have been formally trained (Acevedo-Polakovich et al., 2013). Mental health natural helpers for Latina/o families have a broad array of personal and professional backgrounds, and can include professionals and paraprofessionals with limited mental health training (e.g., promotoras/es, educators, clergy, healthcare providers) along with family and/or community members with no formal mental health training (Acevedo-Polakovich et al., 2013).

Despite the many potential advantages of incorporating mental health natural helpers into services for underserved children with conduct problems, doing so also poses significant challenges (Acevedo-Polakovich et al., 2013). Developing training programs that respond to

the wide range of educational backgrounds and experiences represented by natural helpers can be difficult. The elevated rates of comorbidity and family pathology found among children with conduct problems suggest that—in addition to training in specific interventions—natural helpers should receive a broader foundation in mental health triage. Natural helpers might also require training to identify and negotiate the ethical issues that arise when working with historically underserved families.

While it has been suggested that many of the challenges of incorporating natural helpers into services for children with conduct problems are assuaged or eliminated if their involvement is focused on prevention rather than treatment (Acevedo-Polakovich et al., 2013), little research exists to guide this process. In order to address this gap in the research, this study examined the perceptions of natural helpers in one U.S. Latina/o community regarding the need for parenting interventions (a best-practice approach to treating and preventing childhood conduct problems; Eyberg et al., 2008), their reactions to a specific parenting intervention, their own ability to deliver the intervention, and their perception of the training and infrastructure that they might require in order to deliver this intervention successfully. The study was conducted in partnership with a community agency serving U.S. Latinas/os in a mid-sized Midwestern U.S. city and was guided by Community-Based Participatory Research principles (Wallerstein & Duran, 2006).

Parent-Child Interaction Therapy (PCIT; Eyberg & Funderburk, 2011) was selected as the focus of this research because of four key characteristics supporting its appropriateness for adaptation into a prevention program that can be delivered by natural helpers in Latina/o communities (Niec et al., in press). First, PCIT possesses features described by US Latinas/os as desirable aspects of parenting interventions (e.g., emphasis on strengthening parent-child relationships, collaboration between families and interventionists, ability to be simultaneously delivered to multiple family groups; Niec et al., in press). Second, the direct coaching of parents during live interaction with their children that occurs in PCIT is related to increased effectiveness (Kaminski, Valle, Filene, & Boyle, 2008). Third, PCIT addresses key risk factors for conduct problems by targeting parenting strategies and building the parent-child relationship during early development (McNeil, Capage, Bahl & Blanc, 1999). Finally, PCIT is driven by ongoing, direct behavioral assessment of parent-child interactions, which predicts outcomes better than the parent-report that characterizes many other interventions (Patterson & Forgatch, 1995).

## Method

In order to ensure an in-depth exploration of participants' knowledge, experiences, and context that could guide the future adaptation of PCIT into a culturally responsive prevention program that is delivered by natural helpers (Creswell & Plano Clark, 2007; Kitzinger, 1995; Peterson et al, 2013), an exploratory qualitative approach was used to obtain information from natural helpers serving Latinas/os in one mid-sized city in the Midwestern United States.

## Participants

Thirty seven natural helpers serving Latinas/os in the target community were recruited by the agency partnered in this research to participate in one of six focus groups. The agency, a community center providing a range of services for Latina/o families, was asked to recruit individuals to whom local Latian/o families naturally turnfor advice regarding parenting issues. Each group contained between four and eight participants aged 18 to 82 years old ( $M = 37.97$ ). The majority of natural helpers were female (81%) and identified as Hispanic or Latina/o (89%, all remaining participants were European American). Participants' specific Latina/o heritages included Mexican (55.6%), Mexican-American (11.1%), Puerto Rican (11.1%), Dominican (2.8%), Guatemalan (2.8%), and Honduran (2.8%), with the remainder not indicating a specific heritage.

Regarding their contact with families, participants served an average of 24.77 ( $SD = 21.75$ ) families each week and spent an average of 20.97 hours ( $SD = 16.23$ ) doing so. Most participants assisted families as part of their employment (75.0%) and reported assisting families for an average of 12.03 years ( $SD = 13.27$ ). The majority of the families served by participants were primarily Spanish speaking (66%). Participants provided a range of services to families including parenting support, crisis management, health services, school consultation, religious services, and youth mentoring. This assistance occurred in a variety of settings including, churches, homes, human service organizations, schools, and childcare facilities.

Participants had a wide range of educational backgrounds. While the highest degree completed or attempted by most was an undergraduate degree (61%), 16.7% had completed a graduate degree, 16.7% obtained a high school degree but not attempted college, 2.8% completed an associate degree and 2.8% had not completed high school. Of the 35 individuals that shared the primary sources of the knowledge and skills that they used in their work with Latina/o families, 29 reported life experience, 26 reported on-the-job training, 11 reported college coursework, and one reported seminars. Eleven of these 35 participants listed only one primary source. Among these 11 participants, five listed life experience, three listed on the job training, two listed college learning and one listed seminars.

## Measures

A background information form with questions about participants' personal (e.g., ethnicity, gender, age) and professional (e.g., types of families served, educational background) background was completed by participants. Focus group discussions followed a guide that sequentially inquired about each of the study's guiding questions. When discussing specific components of PCIT, sample videos were shown to demonstrate these components.

## Procedure

Groups were formed according to the language preferences of participants such that five groups were run in English and one was run in Spanish. Each group lasted approximately 90 minutes. All participants received \$30 compensation for their time. A recording of each group was transcribed in the language in which it was conducted. The accuracy of the

transcriptions was verified by the first author, a native Spanish speaker with a record of professional publications and presentations in both Spanish and English.

### Data analysis

Transcripts were analyzed by bilingual research personnel using a procedure modeled after that of Marshall and Rossman (1995). Two coders independently reviewed the transcripts to identify, define, and record specific instances of themes. Their independent results were then compared to develop a joint list of themes and their definitions. The coders then independently analyzed each transcript for the incidence of themes on this list, agreeing on 82.4% of instances. Remaining disagreements were solved by consensus among the research team.

## Results

### Are parenting interventions needed?

Natural helpers reported that children with conduct problems exist among the Latinas/os they serve, but that parents often lack the skills needed to manage these children and desire help (e.g., *“They need that information and they need to put it in practice. They don’t have the skills”*). Participants suggested that parents’ experiences as children influence their parenting practices, including the use of corporal punishment, but noted that parents’ are motivated to learn alternatives (e.g., *“A lot of the parents never had that positive attitude around them ever in their lives, so it’s gonna be probably like—you know—a process and something appreciated”*). Participants believed that parenting interventions had potential among the families that they serve because these families ascribe responsibility for children’s behavior to the parenting that they receive (e.g., *“...your child is a reflection of you...they are a reflection of how you treat them”*).

Although participants’ attitudes were generally favorable regarding parenting interventions, they also identified several obstacles that might lead to parents’ resistance to these, including stigma (e.g., *“... whenever we mention therapists or counselors, there’s a stigma. ‘There’s nothing wrong with my kid like that.’”*), dislike of mental health professionals, and not wanting to be told what to do. Participants suggested that fathers may be especially difficult to engage because of the influence of cultural gender roles on parenting practices (e.g., *“...with like some of these fathers that are macho or whatever, is, you know, I hear this with some of the fathers ...they will say it, no offense, ‘this damn woman’s movement’”*).

### Is PCIT appropriate for the needs of the community?

Throughout the focus groups, participants were presented with descriptions of PCIT and video demonstrations of its components. Participants reacted favorably to PCIT’s focus on enhancing the parent-child relationship (e.g., *“And the more that he feels like you love him, the more he’s gonna respond to the things that you ask him to do”*) and to the use of live parent coaching (e.g., *“I feel [coaching] is going to be very good, and that kind of support because we have many parents that want to be better parents”*). As a group, natural helpers were ambivalent about specific behavior modification techniques that are part of PCIT such as time-out and ignoring. While some participants viewed them unfavorably (e.g., *“When I*

*first came across [time-out], when I had my daughter...I was like this is for white kids.”), others did not (e.g., “It works on my kids...my kids hate being in the time-out corner”).*

Natural helpers identified a variety of ways to make PCIT engaging and accessible to Latinas/os. They suggested that offering the program in multi-family groups would be valuable to enhance a sense of community, and that extended and fictive kin should be included in treatment given that many of them are involved in raising the children (e.g. “...it has to do with whoever the caretaker is, because we have a lot of grandmas, we have a tía (aunt), we have all sorts of people who are watching these kids”).

Participants highlighted the importance of ensuring that the intervention and the natural helpers were responsive to similarities and differences among the various Latina/o groups (e.g., “You will get parents that are from Guatemala, that are from Panama, Ecuador, Puerto Rico, Santo Domingo...from here that were raised here...you have really have to be able to be familiar with who they are and how they think”). Participants also highlighted the importance of providing the intervention using language that parents understood (“take into account the like language differences ... Do you have materials developed for Spanish-language coaches and, and knowing what’s the appropriate thing to say in the, in the Spanish language versus in the English language?”). Natural helpers also suggested that respect is an important Latina/o value and should be incorporated into the interventions an include getting feedback from parents(e.g., “If I was a mom that was like, you know, asked to go through this kind of coaching, they would say... ‘but what about respect? Am I going to take that away from him by trying to work with him on this level...is that gonna take the respect value away from me?’”).

### **Do natural helpers feel capable of delivering a PCIT-based intervention?**

Natural helpers felt that proper training and support would allow them to provide a PCIT-based preventive intervention in a manner that is palatable to the families that they work with (e.g., “That’s where the natural helpers come in, because they understand the community the best”). They suggested that the natural helpers who are selected to deliver these interventions should demonstrate community involvement and be parents themselves (e.g., “Whoever would be the coach, it would be good, like, if it would be someone who is a parent or who has had their kids, so they see, ‘oh, they’re a good parent’”). Overall, participants felt that natural helpers should have backgrounds that are similar to those of the parents receiving the intervention, which would facilitate strategic self-disclosure in the interest of enhancing rapport and increasing the credibility of the intervention (e.g., “I want to make it clear to them... some of the techniques that I’ve used, I’ve used...with my little one... I tell them things that I use myself”).

Eight specific suggestions for the training and supervision of natural helpers were gleaned from participants’ discussions. First, participants suggested that natural helpers initially be trained through intensive workshops lasting from one to five days. Second, participants emphasized that the language used in all aspects of training should be accessible to natural helpers, reflecting the language that they will use when communicating with families. Participants also suggested that seasoned natural helpers with experience both in the community and with the intervention should be integrally involved as trainers. A fourth

suggestion was that natural helpers be trained in scripted responses that could be provided to commonly encountered situations. Fifth, participants suggested that workshops include video demonstrations that are also made available in an ongoing fashion to natural helpers such that they may refresh their skills. Participants also suggested that workshops incorporate extensive role playing and practice that allow natural helpers to develop skills in a supportive and safe environment. Seventh, subsequent to initial training, participants suggested that follow-up mini-workshops on challenging topics might be offered. Finally, participants suggested that parents who had successfully completed the prevention program might be recruited for training as interventionists.

In addition to training, participants identified several issues that would facilitate natural helpers' success as interventionists. They recommended paying natural helpers, pointing out that volunteers are not always reliable (e.g., “[parents] get there and they're ready to learn and then the volunteer teacher does not show”). They also suggested that natural helpers would be most likely to be successful if ongoing training were incorporated into the intervention (e.g., “do it by yourself the first time, have somebody watching you, and then let you know what parts you did wrong or how to go about it a different way and then try it the second time and see how that worked out”).

#### **Are other service modifications required to maximize accessibility?**

Natural helpers identified a variety of barriers that may impede the ability for parents to attend a program. These included a lack of transportation, time constraints related to work schedules, and having large families. Participants had many suggestions for how to improve accessibility in the community, including providing transportation, providing childcare (e.g., “You're gonna invite one family member with 12 kids to come and coach only one, you have to have childcare at least available for the other kids”), providing food, and providing services at locations where Latinos are comfortable (e.g., “...they want to know if it's a safe place. That's like the first thing, ‘well what is this place?’ ...a central location that is pretty accessible...that's another thing”).

## **Discussion**

The first question examined by this study was whether natural helpers believed parenting interventions were needed among the Latina/o families they serve. Consistent with available research, participants reported that children with conduct problems in their community often are not receiving services (e.g., Coker et al., 2009) and that service disuse is driven by a perceived lack of culturally-responsive services (e.g., Parra-Cardona et al., 2009). Reflecting the research on *familismo*—a Latina/o cultural value that emphasizes the importance of the family for identity and well-being (Cauce & Domench-Rodriguez, 2002)—participants suggested that parenting interventions would be appealing to the families that they serve. However, natural helpers cautioned that, as a result of the stigma that many Latinas/os ascribe to mental health care (e.g., Guarnaccia, Lewis-Fernandez & Rivera-Marano, 2003; Vega & Lopez, 2001), framing parenting interventions as such might hamper utilization. Finally, reflecting prior research on parenting interventions for children with conduct problems (Lundahl, Tollefson, Risser, & Lovejoy, 2008), participants believed that engaging



fathers into treatment would be difficult. Overall, findings suggest that culturally-responsive parenting interventions are needed and of interest to the families the participants serve.

The second question examined in the current study was whether natural helpers believed that PCIT would be appropriate for the families in their community. Natural helpers' positive reactions to the coaching component of PCIT are encouraging, as prior research suggests that coaching significantly enhances the effects of parent training (Kaminski, Valle, Filene, & Boyle, 2008) and can foster improved parent-child interactions even in the absence of didactic training (Shanley & Niec, 2010). Participants believed that parent training would be most effective in their communities if delivered in a multifamily format suggesting that the group adaptation of PCIT (e.g., Niec, Yopp, Hemme, & Brestan, 2005) might be preferable to its original single-family approach. Although reservations regarding specific parenting tactics incorporated into PCIT (e.g., time-out) are not uncommon and usually dissipate as families and practitioners gain proficiency with these tactics (McCabe et. al, 2005; McCabe & Yeh, 2009), it will be important for future research to examine whether the reservations expressed by participants in the current research also follow this pattern.

Natural helpers also suggested that PCIT-based preventive interventions would need to respond to cultural and linguistic differences both among Latinas/os and between Latinas/os and non-Latinas/os. This is consistent with meta-analytic evidence suggesting that mental health interventions have significantly larger effects among historically underserved populations when culturally and/or linguistically adapted (Griner & Smith, 2006). Overall, findings suggest that the coaching component of PCIT might be an attractive feature in Latina/o communities, but that some degree of cultural and linguistic tailoring—such as delivering the intervention in multi-family groups and incorporating cultural values—might increase the likelihood of the intervention's success.

The third question examined in the current study was whether natural helpers believed that they could be trained to deliver a PCIT-based intervention. Consistent with prior research on the advantages of training natural helpers to work with historically underserved populations (e.g., Calzada et al., 2005; Jain, 2010; Koskan et al., 2012; Waltr & Petr, 2006), participants felt that they could deliver such an intervention and pointed to potential advantages of delivering the intervention through natural helpers including bypassing mental health care stigma and the ability to credibly communicate with underserved families. Participants' suggestions that the natural helpers who are selected to deliver this intervention demonstrate community involvement and have been parents themselves expand on research documenting the general characteristics of effective natural helpers, which include empathy, flexibility, patience, comfort with the subject matter and belief in an intervention's effectiveness (Acevedo-Polakovich et al., 2013).

The available literature has emphasized three key components to the training of natural helpers as parenting interventionists: Didactic training adapted in response to varying educational levels; Direct in vivo feedback, and; Ongoing supervision until natural helpers achieve mastery (Acevedo-Polakovich et al., 2013). Participants' eight recommendations for the training of natural helpers in a PCIT-based preventive intervention can help guide the future implementation of these three components. For instance, participants' responses

suggest that the didactic training might be best structured as an initial intensive workshop lasting from one to five days with follow up mini-workshops on challenging topics offered later in training.

Developed for individuals with graduate training in mental health care who practice in licensed treatment settings, existing guidelines for training therapists in PCIT require forty initial hours of didactic training (covering specific foundational content), followed by up to a year of supervision until a trainee meets specific mastery criteria (PCIT International, 2013).

In conjunction with the three key components to natural helper training previously described in the literature (i.e., Acevedo-Polakovich et al., 2013), participants' current responses regarding the structure and content of training will also help to inform the manner in which training can be adapted for natural helpers. For example, current results suggest that this initial didactic training might require adaptations such as modifying the language used in training and providing scripted responses to commonly encountered situations. Overall, natural helpers believed that with adequate selection, training, supervision, and support from established service networks, they could effectively deliver the model as a preventive intervention with certain advantages over traditional mental health service providers.

A final goal of this study was to identify service infrastructure issues that might need to be addressed in order for natural helpers to successfully deliver a PCIT-based preventive intervention. Participants discussed issues related both to existing services (e.g., affiliating natural helpers with an existing service organization) and to outside infrastructure that would facilitate service access (e.g., service times and locations, providing transportation and daycare, etc.). These results are consistent with conceptual and empirical work guiding the development of culturally-responsive services, which emphasize innovations to existing service infrastructure and interventions that directly facilitate service access (e.g., Acevedo-Polakovich et al., 2011; Callejas et al., 2010; Hernandez et al., 2009). For example, current participants believed that the incorporation of trained natural helpers as paid parenting interventionists would foster increased access to parent training among the Latina/o families that they serve. These beliefs are consistent with emerging research literature documenting that paid natural helpers can eliminate service access barriers for Latina/o families both broadly (e.g., Elder, Ayala, Slymen, Arredondo, & Campbell, 2009) and in the specific case of parenting interventions (e.g., Calzada et al., 2005).

## Limitations

Characteristics of this study's research design and method should inform the interpretation of its findings. Although a focus on Latinas/os in one U.S. community increases the local relevance of findings, the degree to which they generalize to other historically underserved groups is an important direction for future research. This study's operationalization of natural helpers as individuals who are naturally sought out for assistance—while consistent with a focus on improving service access—lead to inclusion of a broader set of participants than studies focused on other types of helpers including lay health advisors, promotoras/es or community health workers. The degree to which findings may transfer to these more specifically defined groups is an important direction for future research. Finally, the current

exploratory design was implemented in order to identify and document relevant cultural and contextual factors (Peterson et al., 2013); however, the findings from such a design are best interpreted as hypotheses to be tested in future research.

## Conclusions

Findings support the potential for natural helpers to be incorporated into efforts to address service disparities among children with conduct problems, specifically as providers of a PCIT-based preventive intervention. While results identify factors that should guide the cultural-adaptation of PCIT and the selection and training of natural helpers, the exploratory nature of the current study warrants further research that examines the feasibility and initial effectiveness of training natural helpers in such PCIT-based intervention. At a time when the vast majority of children with conduct problems who belong to historically marginalized populations do not receive services, such research is urgently needed.

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### Highlights

- Describes natural helpers' perspectives on their role in addressing service disparities.
- Natural helpers' saw a useful role in addressing disparities in parenting interventions.
- Natural helpers described the support they would require to deliver parenting interventions.
- Recommendations are made for developing interventions that address service disparities.