








## ORIGINAL ARTICLE

# Culturally adapting an evidence-based parenting intervention for the Chilean context: Balancing fidelity, context, and cultural relevance

Rubén Parra-Cardona<sup>1</sup>  | José Miguel Banderas Montalva<sup>2</sup>  |  
Viviana Muñoz Retamal<sup>2</sup>  | Luz Cantizano Rioseco<sup>2</sup>  |  
Raúl Perry Mitchell<sup>2</sup>  | Nancy Amador Buenabad<sup>3</sup>  |  
Melanie Domenech Rodríguez<sup>4</sup> 

<sup>1</sup>The University of Texas at Austin, Austin, Texas, USA

<sup>2</sup>Fundación San Carlos de Maipo, Providencia, Chile

<sup>3</sup>Instituto Nacional de Psiquiatría Juan Ramón de la Fuente, Mexico City, Mexico

<sup>4</sup>Utah State University, Logan, Utah, USA

## Correspondence

Rubén Parra-Cardona, Steve Hicks School of Social Work, The University of Texas at Austin, 1925 San Jacinto Boulevard, Austin, TX 78712, USA.

Email: [rparra@austin.utexas.edu](mailto:rparra@austin.utexas.edu)

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## Abstract

The dissemination of evidence-based parent training (PT) interventions remains extremely limited in Latin American countries. This is concerning when considering the high prevalence of child maltreatment associated with punitive parenting practices across countries in the region. Furthermore, efforts to disseminate PT interventions must be conducted by adhering to the core parenting components that have established effectiveness for such interventions, while ensuring contextual and cultural relevance for focus populations. In this manuscript, we describe the cultural adaptation of an evidence-based PT intervention in the context of Chile. This initial phase of adaptation was informed by the theoretical tenets of the Ecological Validity Model of cultural adaptation (Bernal et al., *J. Abnorm. Child Psychol.*, 23, 1995, 67). According to findings from a qualitative thematic analysis conducted with five interventionists in training, therapists perceived that the intervention's core components were relevant to Chilean caregivers who participated in the parenting program. Interventionists also provided specific suggestions to enhance the intervention's contextual and cultural relevance. This investigation illustrates the importance of culturally adapting evidence-based interventions according to comprehensive cultural adaptation frameworks, prior to engaging in large-scale dissemination of adapted interventions in Latin American contexts.

**KEYWORDS**

GenerationPMTO, Latin American countries, Latino/a parents, parent training, prevention intervention research

## INTRODUCTION

The dissemination of evidence-based parent training (PT) interventions remains extremely limited in Latin American countries (Mejia et al., 2017). This gap in implementation services research is concerning, particularly when considering that although PT interventions constitute a key prevention resource for families, the prevalence of child maltreatment resulting from harmful parenting practices remains notoriously high in low- and middle-income countries (World Health Organization [WHO], 2016).

In this manuscript, we describe the initial phase of a program of cultural adaptation research of the PT intervention known as GenerationPMTO<sup>©</sup>. Specifically, we present retrospective qualitative reports provided by five interventionists, describing initial adaptations conducted to enhance the contextual and cultural relevance of GenerationPMTO for the Chilean context. We also provide reflections highlighting the importance of achieving cultural relevance as a result of the cultural adaptation process, as well as the need to adhere to the core components of efficacious interventions.

### Child maltreatment and mental health in Latin America

According to reports from the World Health Organization (2016), child maltreatment and neglect constitute serious public health problems in Latin American countries (LAC). Although relevant prevention initiatives have been implemented in the region, the dissemination of evidence-based parenting programs continues to be scarce (Mejia et al., 2017). This is detrimental for Latin American countries as parent training (PT) interventions are highly effective for preventing child maltreatment and neglect, as well as reducing child internalizing and externalizing problems (Michelson et al., 2013).

Considerable challenges must be addressed to effectively disseminate PT interventions across Latin America. Among the most salient are the instability of governments, shortage of PT research experts and interventionists, inadequate research infrastructures, scarce funding, implementation of policies not informed by evidence-based knowledge, and prevention parenting initiatives not being considered top public health and mental health priorities (Mejia et al., 2017).

### The Chilean context

Chile has achieved remarkable progress with regard to expanding health care services for underserved populations. For example, *Chile Crece Contigo* (i.e., Chile Grows with You, ChCC), constitutes an internationally recognized health promotion program focused on family health and well-being, family preservation, education, and community development (Monteiro de Andrade et al., 2015).

Despite this progress, the dissemination of preventative evidence-based parenting programs continues to be scarce in the country. This constitutes a significant public health problem, considering that harsh and punitive parenting practices (e.g., yelling) remain common among Chilean families. Specifically, according to the 2017 Childhood Longitudinal Survey (UNICEF-Chile, 2019), six out of ten children between the ages of 5 and 12 (62.5%), were

exposed to harsh forms of discipline. Common disciplinarian practices utilized by Chilean parents included yelling (53.9%), slapping (26.4%) or verbal aggression (18.9%).

Furthermore, Chilean caregivers described parenting responsibilities as emotionally, psychologically, and physically demanding (Novoa et al., 2021). These stressors are exacerbated by strenuous working conditions and persistent economic inequities that affect the Chilean population. In fact, epidemiological research has identified Chile as a country impacted by high rates of mental health disorders in the adult population (Vicente et al., 2016). Furthermore, patriarchal structures and rigid gender role expectations, further exacerbate the parenting burdens and caregiving stress for Chilean mothers (Novoa et al., 2021).

## San Carlos de Maipo foundation

The San Carlos de Maipo Foundation is a private, not-for-profit organization, with a mission focused on promoting the positive development of children through the adaptation and implementation of culturally evidence-based interventions. Regarding the current program of research, the funding for this investigation was provided by the National Service for Drugs and Alcohol Prevention and Rehabilitation (SENDA), with the San Carlos de Maipo Foundation assuming leadership for all implementation research procedures. To date, the Foundation has already adapted to the Chilean context well established evidence-based interventions, including *Communities That Care*, *Familias Unidas*, *I Can Problem Solve*, and *GenerationPMTO*.

In essence, the foundation seeks to contribute to the Chilean society by contributing towards the reduction of health and mental health disparities in the country, as well as other forms of inequity. In the Chilean context, service-related disparities and inequities are clearly determined by contrasting differences between public and private sector health and mental health systems. To offer a contribution, the foundation is committed to culturally adapting and disseminating evidence-based prevention initiatives for families with children and adolescents. However, for this effort to reduce service disparities, the foundation seeks to focus on families that usually rely on services offered by the government and public sector institutions.

Despite current efforts, the reach of the foundation is limited due to budgetary considerations. Thus, a critical goal for the foundation is to conduct initial studies to demonstrate the impact and relevance of adapted evidence-based interventions (EBIs), with subsequent collaborations with the government and other private and public sector entities, with the long-term goal of promoting long-term sustainment of interventions, as well as public policies aimed at facilitating access to EBIs for underserved Chilean families.

Thus, the foundation considers that continuous alliances between private and public sector institutions are essential to ensure the sustainability of EBIs, however, grounding this effort in cultural and contextual relevance is of the utmost importance, as stated in the foundation's public statement:

Interventions developed in international contexts, must be culturally adapted according to the expertise of Chilean families, interventionists, and leaders of communities. It is also equally important to always ensure the fidelity of implementation to the core components that have established efficacy for EBIs, to achieve the expected impact of adapted interventions. Thus, a delicate balance exists between ensuring cultural and contextual relevance of adapted EBIs, while also ensuring adherence to its core components.

## METHOD

### GenerationPMTO

GenerationPMTO is a clinical and preventative parenting intervention that has evolved over the course of more than 50 years (Forgatch et al., 2013). The long-term positive effects of GenerationPMTO have been confirmed in a longitudinal study with low-income Euro-American families, with findings indicating significant reductions in youngsters' internalizing and externalizing problematic behaviors spanning over nine years (Forgatch et al., 2009). In addition, recent meta-analytic data generated with 3893 families indicate the strong effectiveness of the intervention across six countries, representing contrasting contexts and cultural groups (Cai et al., 2022). The intervention effectiveness holds with regards to multiple forms of presenting issues (e.g., clinical issues, parenting prevention), as well as intervention delivery approaches (e.g., individual therapy, parent training groups).

GenerationPMTO is based on a model of social interaction learning theory, which specifies that effective parenting practices are the most proximal mechanism of child positive adjustment on siblings and other peer interactions following closely. Furthermore, the intervention is informed by coercion theory, which states that coercive behaviors are learned responses used by children when facing parenting situations that they perceive as aversive (e.g., limit setting). For instance, after being asked to follow a rule, a child responds with a tantrum. In order to stop the tantrum, the caregiver responds by either exacerbating conflict through harsh discipline (escalation), or by giving in and not enforcing the rule (negative reinforcement of the child's behavior).

The GenerationPMTO intervention helps parents reduce coercive behaviors, while also increasing positive parenting practices and child pro-social behaviors and skills. The intervention has the goal to coach parents on the following strategies and parentings skills, which represent the core component of the intervention: (a) effective and non-punitive discipline, (b) age-appropriate monitoring and supervision, (c) problem-solving skills to help family members negotiate agreements and implement rules, (d) positive involvement, to help parents provide loving attention to their children, and (e) encouragement skills, to promote self-sufficiency and promote pro-social development in children and youth.

The GenerationPMTO intervention is implemented in an integrated step-by-step approach with each new topic building upon a previously learned skill. The use of role-plays and behavior modeling is a cornerstone of GenerationPMTO. Specifically, interventionists engage with parents in sequential role-plays of various parenting situations, followed by debriefing exercises that allow parents to solidify the principles of each parenting technique. Thus, role plays are continuously tailored according to parents' feedback with regard to how relevant and useful they perceive the role plays for real life application. The parent-based version of GenerationPMTO is a manualized curriculum delivered exclusively to parents. According to a mediational theoretical framework, it is expected that by strengthening parenting skills, children and youth will benefit from a wide range of behavioral and mental health outcomes.

### US-based culturally adapted GenerationPMTO interventions for Latinos/as

The first cultural adaptation of GenerationPMTO for Latino/as was conducted by Domenech Rodríguez et al. (2011). This adapted intervention was titled "CAPAS: Criando con Amor, Promoviendo Armonía y Superación" (Raising Children with Love, Promoting Harmony and Self-Improvement). The intervention was adapted for Latino/a immigrants with young children ages 4–12, residing in Utah, US. The adaptation process followed the premises of the Ecological Validity Model (EVM) and the curriculum consisted exclusively of parent training components.

A subsequent cultural adaptation study was conducted by Parra-Cardona et al. (2012). In this investigation, researchers implemented a randomized controlled trial (RCT) with Latino/a immigrants residing in Michigan, US. The primary objective of this study was to examine the impact of differential cultural adaptation. Specifically, researchers compared a version of the CAPAS intervention exclusively focused on parent training components, in contrast to a CAPAS-Enhanced intervention in which parenting components were complemented by sessions focused on immigration-related challenges, discrimination, and biculturalism. Participant families had one target child, ages 4–12.

According to efficacy indicators, both adapted interventions significantly improved the quality of all parenting practices when compared to the control condition at the 6-month follow-up. However, when compared to CAPAS and control conditions, the CAPAS-Enhanced intervention had the most significant impact on reducing child internalizing (e.g., depression, anxiety) and externalizing behaviors (e.g., conduct disorders). Based on qualitative data, the CAPAS-Enhanced incremental effects were associated with parents being able to adapt their parenting practices more effectively by remaining aware of the ways in which immigration and cultural stressors negatively impacted their parenting practices. This study has been one of the very few differential quantitative studies reported in the cultural adaptation literature (Parra-Cardona et al., 2017).

## **Our approach to cultural adaptation research in the Latin American context**

Cultural adaptation refers to the modification of evidence-based interventions to ensure their cultural and contextual relevance when delivered to diverse populations (Bernal & Domenech Rodríguez, 2012). Because the cultural adaptation process is grounded in the modification of interventions that were usually developed with a majority of Euro-American populations, the risk of engaging in ethnocentric practices that privilege US values and perspectives is always present.

For this reason, we followed the principles suggested for the international implementation of prevention and cultural adaptation initiatives (see Parra-Cardona et al., 2021).

Specifically, the first principle states that cultural adaptation research should always be grounded in genuine co-leadership. In this study, our Chilean colleagues assumed full leadership for the cultural adaptation process of GenerationPMTO, with the US-based team acting as expert consultants. The cultural relevance and linguistic appropriateness of intervention materials were also reviewed by the adapters of GenerationPMTO for Mexico City (Amador Buenabad et al., 2019) and Latino/a immigrant populations in Utah (Domenech Rodríguez et al., 2011). This approach to co-leadership goes in line with a history of successful participatory research experiences in Chile, such as those related to the promotion of health care initiatives among underserved Chilean populations (Monteiro de Andrade et al., 2015).

Foundation and community leaders supported the adaptation of GenerationPMTO for the Chilean context because the parent intervention is grounded in robust empirical evidence that clearly demonstrates its effectiveness. Further, the fact that this intervention was promoted by schools, provided families with an increased sense of trust in the potential of the intervention to support their parenting practices.

Second, short- and long-term goals should be defined according to context and culture, always guided by local leaders. In this project, the research collaboration was initiated by the San Carlos de Maipo foundation, which extended an invitation to the GenerationPMTO research group to adapt the intervention to the Chilean context. They reached this decision after conducting a rigorous review of evidence-based parent training programs and identifying GenerationPMTO as the intervention most suited to address the needs of the populations they serve.

Following the implementation of the pilot study described in this research report, the foundation coordinated a subsequent study, which consisted of the delivery of the adapted intervention

to 281 families to evaluate its initial impact. Findings from this study indicated a positive impact of the adapted intervention on caregivers' parenting skills, as well as reduced child internalizing and externalizing problematic behaviors (Parra-Cardona et al., 2022).

As defined by Chilean leaders, the foundation is currently funding a “full transfer” of the intervention, which consists of supporting a group of Chilean professionals to achieve multiple levels of GenerationPMTO certification (e.g., coaches, trainers). This full transfer will allow the foundation to become an independent entity capable of training the next generation of GenerationPMTO interventionists and trainers for the Chilean context.

Finally, foundation leaders carefully monitored the adaptation process to ensure that the adapted intervention maintains high contextual and cultural relevance for the Chilean families. This process was complemented by US-based researchers ensuring adequate rigor to the cultural adaptation process.

## Adapting GenerationPMTO according to the ecological validity model (EVM)

The adaptation of GenerationPMTO for the Chilean context has closely adhered to the adaptation dimensions outlined in the Ecological Validity Model (Bernal et al., 1995). Briefly, the EVM model is used by researchers to examine the need for cultural adaptations according to eight dimensions of adaptation. The adaptation dimensions include *surface* and *deep-structure* modifications. Surface-level adaptations refer to minor adaptations that increase the cultural relevance of an intervention (Wang-Schweig et al., 2014). For example, visual materials and cultural metaphors are utilized to increase cultural fit with target populations. Deep-structure adaptations refer to substantial changes to an evidence-based intervention (Wang-Schweig et al., 2014). For instance, adding content-specific sessions to address specific cultural themes of relevance to target populations.

The dimensions of the EVM model are clearly delineated. Specifically, *language* refers to presenting interventions in the native language of the target population, as well as considering the cultural relevance of the linguistic expressions utilized in the intervention curriculum. *Persons* refers to examining the extent to which the characteristics of the agents delivering interventions constitute a good fit with target populations, including ethno-cultural matching. *Metaphors* refer to the utilization of culturally relevant symbols and concepts. The dimension of *content* refers to the cultural relevance of the knowledge communicated in adapted interventions.

*Concepts* make reference to the cultural relevance of theories and assumptions underlying specific interventions. For instance, the GenerationPMTO intervention was developed according to principles of Social Interaction Learning Theory, which identifies parents in a position of high influence in the lives of children by ways of social modeling. The dimension of *goals* refers to the objectives that are pursued through interventions that are culturally relevant to focus populations. *Methods* refers to ensuring that the intervention delivery approach is culturally relevant. For instance, cultural sensitivity should inform all phases of intervention delivery. Finally, *context* refers to adapting interventions by considering the focus population's greater economic, social, and political environments. Two meta-analyses have revealed that using these eight components of cultural adaptation accurately predicts positive treatment outcomes (Smith et al., 2011; Soto et al., 2018).

To illustrate the centrality of the EVM model in the adaptation process, detailed descriptions of the adaptations conducted for each intervention component are presented in Tables S1 through S8. The implemented adaptations are described according to the eight dimensions of cultural adaptation outlined in the EVM model.

## Training of interventionists

Five clinicians affiliated with the San Carlos de Maipo Foundation were selected to complete training for certification through Implementation Science International, Inc. (ISII), the independent not for profit organization that coordinates the dissemination of GenerationPMTO. All interventionists participated in two intensive 5-day workshops. The first training was completed in person at the ISII headquarters in Eugene, Oregon. Due to the emergence of the COVID-19 pandemic, the second training was completed via Zoom. Both trainings prioritized active teaching through modeling of GenerationPMTO parenting skills, video demonstrations, and role plays. Therapists delivered the intervention to individual families with the support of weekly supervision provided by certified GenerationPMTO coaches.

Interventionists in training provided video recordings of their sessions with families. Coaching was based on the rating of these sessions according to the five categories outlined in the Fidelity of Implementation Rating System, which was developed to assess adherence to the core GenerationPMTO components (Forgatch et al., 2005).

## Participants

### Interventionists

The five interventionists who participated in this study were female Chilean professionals, ranging in age between 25 and 35 years of age. All interventionists had academic degrees in mental health-related disciplines and were completing GenerationPMTO training at the time of this study. The participants' years of experience in the mental health field range from 2 to 11 years. All interventionists had a Bachelor's degree in Psychology and two interventionists had completed master's degrees in clinical intervention at the time of this study.

The foundation prioritized selecting professionals with a strong commitment to working on community-based projects. Thus, a rigorous selecting process was implemented to ensure an adequate fit of interventionists with this project. Specifically, the first step consisted of a rigorous review of CVs to ensure that the candidates' professional trajectories were consistent with a commitment to work with underserved populations. The evaluation of written materials was complemented with small group interviews to make the first selection of professionals who had the necessary skills to implement the program.

Finally, individual interviews with top finalists were conducted to select the candidates with the strongest skills and strongest commitment to serve families in challenging contexts. In these interviews, candidates were evaluated on their willingness and capacity to engage in programmatic activities implemented in communities impacted by violence and other contextual challenges. Even though the interventionists in this study ranked similarly to other professionals with regard to core mental health training, the most distinctive characteristic of the candidates chosen for this project referred to their demonstrated commitment to participate in initiatives focused on underserved communities and challenging community contexts.

All interventionists are committed to completing the rigorous training required to achieve GenerationPMTO certification, as well as human subjects research training. With regards to the level of receptivity towards EBIs originally developed in the United States (US), our Chilean colleagues expressed that the interventionists' expressed frustration with past clinical experiences, particularly as it referred to utilizing interventions not grounded in empirical evidence. Thus, by being exposed to EBIs, interventionists were hopeful that their clinical work would have the impact that was not achieved with previous interventions. This expectation was confirmed when caregivers in this study reported the positive impact of the culturally adapted version of GenerationPMTO.

TABLE 1 Participants' demographic information

Family characteristics	<i>n</i>
Participating mothers	12
Age	
30 years of age/younger	2
30–39 years of age	9
51 years of age	1
Level of Education	
High School	6
Technical School	4
Incomplete Bachelor's	1
Bachelor's	1

## Caregivers

With regards to the recipients of the adapted intervention, 12 mothers were exposed to the GenerationPMTO parenting curriculum. Caregivers were recruited from a local school with a history of collaboration with the San Carlos de Maipo Foundation. Mothers were selected to participate if they reported living with at least one focal child (FC), aged 4–12, who exhibited minor to moderate internalizing (e.g., anxiety) and/or externalizing (e.g., rule breaking) problem behaviors. The sample selection criteria allowed interventionists to deliver the intervention within a preventative framework.

All participant mothers were Chilean citizens. Because this study was preventative in nature, only families with children exhibiting mild to moderate behavioral problems were selected for this pilot study. No families were mandated to participate in the study.

All mothers had to self-identify as primary caregivers for the FC, be at least 18 years of age, and not have an active case of a serious psychiatric condition (e.g., schizophrenia) or a pending child maltreatment/abuse investigation. All mothers in this study completed all core components of the adapted intervention. Detailed characteristics of participants are presented in Table 1.

The intervention was delivered in an individual format to accommodate multiple contextual challenges faced by families. Thus, families completed the parenting program within a range of 3–4 months, according to their specific set of circumstances. The perceptions of the mothers exposed to the intervention were recorded by interventionists throughout intervention delivery through detailed case notes and video recordings of sessions. Table 1 provides a summary of the demographics of participant mothers.

## Cultural adaptation for the Chilean context and intervention delivery

The cultural adaptation process was multi-faceted. First, fully bilingual therapists affiliated with the foundation engaged in training for GenerationPMTO certification. In addition, a manual for caregivers was fully prepared in Spanish by foundation staff, interventionists, and co-investigators. This manual was adapted for the Chilean context by using as a guide two Spanish-based caregiver manuals utilized in the delivery of group versions of GenerationPMTO with Mexican-origin immigrants in Detroit, as well as Mexican nationals in Mexico City (Parra-Cardona et al., 2021).

Interventionists conducted session-by-session adaptations as they engaged in the initial delivery of the parenting program. Specifically, interventionists kept session-by-session records of surface-level adaptations they conducted, as well as areas that they considered, were in need of

TABLE 2 GenerationPMTO curriculum

Session	Session	Type of component
1	Introduction: Family Strengths and Goals	N/A
2	Good Directions and Cooperation	Supportive
3	Regulating Emotions	Supportive
4	Skills Encouragement—Token System	Core
5	Skills Encouragement—Token System	Core
6	Active Communication	Supportive
7	Setting Limits	Core
8	Family Problem Solving	Core
9	Family Problem Solving	Core
10	Monitoring and Supervision	Core
11	Skills Encouragement – Incentive Charts	Core
12	Promoting Academic Achievement	Supportive

deeper adaptation. Detailed adaptations were recorded in cultural adaptation grids that delineated the eight dimensions of the EVM model. Tables S1 through S8 present the session-by-session cultural adaptation grids with therapists' observations and reflections.

After the delivery of the intervention to caregivers, interventionists participated in individual in-depth interviews with the first author to provide retrospective reflections on all surface-level adaptations, as well as perceived areas in need of in-depth adaptations. With regards to areas in need of additional cultural adaptation, conversations centered on whether these were initial reactions to the intervention or consistent concerns shared by all therapists throughout intervention delivery. Finally, the original adapters of GenerationPMTO for studies in the US with Latina/o immigrants and with Mexican nationals in México City engaged interventionists to discuss and reach a consensus about terminology to be used to refer to the core GenerationPMTO concepts (see File S2).

## Rigorous adaptation according to the EVM model

The adaptation process for this study followed a rigorous protocol. As reported in Tables S1 through S8, detailed session-by-session adaptations were carefully documented according to the eight dimensions of adaptation of the EVM model. All adaptations were participant-centered as they were conducted based on participants' recommendations to increase the cultural and contextual relevance of the intervention.

For example, considering the discipline component as an illustrative example, interventionists provided detailed reflections about the terminology used to ensure an adequate fit with Chilean cultural idiosyncrasies (i.e., language dimension). Interventionists also reframed discipline as a learning experience for children, rather than presenting limit setting skills as punitive practices to eliminate child misbehavior (i.e., concepts dimension), a notion that according to our Chilean colleagues, continues to be widespread in the Chilean parenting culture. This level of adaptation was essential to prevent caregivers from feeling inadequate or ashamed about their caregiving practices. Interventionists also generated metaphors to frame this parenting component within culturally relevant frameworks, such as normalizing the challenging nature that child misbehavior represents for parents (e.g., “estirando el chicle,” stretching the gum) (Table 2).

## Analytical strategy

Following the thematic analysis (TA) approach, a coding scheme consisting of 46 parent nodes was initially created, with parent nodes corresponding to the core and supporting components of the intervention, key elements of the teaching approach of the GenerationPMTO intervention, and areas in need for contextual and cultural adaptation. The number of codes is lower than those characteristic of qualitative studies implemented following alternative methodologies such as phenomenology or grounded theory. This is due to the fact that according to the TA approach, previously identified themes of interest constitute the focus of coding (Braun & Clarke, 2006), rather than coding categories that are defined as data are generated (e.g., grounded theory).

With regard to analytical procedures, the first author shared the coding scheme with one Chilean independent evaluator to ensure consistency between the codes and areas of inquiry. Next, the first author proceeded to code all transcripts and coded transcripts were reviewed by the independent evaluator to ensure that themes were adequately coded. Finally, all interventionists reviewed the final selection of themes and selected quotes to ensure adequate reporting of the most relevant findings. All data collection and analytical procedures were completed entirely in Spanish.

Due to its exploratory nature, this investigation does not meet criteria of comprehensive qualitative studies, such as reaching saturation of reported themes. Notwithstanding current limitations, findings from TA were highly relevant to confirm the adequacy of initial adaptations, as well as the need for additional adaptations to increase the contextual and cultural relevance of the intervention. TA is an ideal approach when predetermined areas of inquiry are explored (Braun & Clarke, 2006).

## RESULTS

The primary objective of this study was to document retrospective qualitative reports provided by five interventionists who reflected on the relevance of cultural adaptations of the Generation-PMTO intervention for the Chilean context. Thus, the data reported in this study consists of interventionists' accounts of caregivers' reactions to the intervention, as well as the interventionists' individual reflections on the adapted intervention. An alternative publication is focused exclusively on reporting first-person caregivers' reflections who participated in the adapted intervention (Parra-Cardona et al., 2021).

### Core intervention components

Overall, participants reported that the core adapted intervention components were perceived as relevant by caregivers. As interventionists, providers also perceived the adapted core components to be relevant to their parenting intervention practices. Furthermore, whereas the majority of intervention components required minor adaptations (e.g., cultural tailoring of language used in the manual), a few components such as limit setting, required adaptation at various levels to ensure a strong fit with Chilean cultural idiosyncrasies. Below, the perceived relevance associated with the core intervention components are reported.

### Positive involvement

A cornerstone of the GenerationPMTO intervention consists of promoting the positive involvement between parents and children, which results in the strengthening of the parent-child

emotional bond. Thus, across the various intervention components, interventionists emphasized the importance of nurturing the parent–child emotional connection, rather than focusing on parenting as a set of practices primarily focused on controlling children's problematic behaviors. A therapist provided her insight on these issues, which illustrates reflections shared by all interventionists in the study:

As Psychologists trained in Chile, we are used to focus on problems too much. So, it is beautiful to start this intervention from a place of family strengths. The model helps you adopt a very different vision...That was very illuminating...We are always looking for strengths in the family.

Interventionists also consistently reported the positive outcomes they witnessed from helping parents learn to give effective and nurturing commands to their children, in contrast to the use of intimidation. One therapist's insights summarized a reaction shared by interventionists:

Here in Chile, we are very focused on the negatives with children... “Don't run! Don't Yell!”...It's very normalized in our society...But when parents do role plays on bad directions using those ways of relating to children, they say, “Oh, I do that for my children!” And then they learn how to give good directions to their children and it is like magic, because parents respond very well and start to change the ways in which they relate to their children. It has a big impact.

## Skills encouragement

The skills encouragement component is focused on promoting children's abilities to develop self-sufficiency (e.g., cleaning the room on their own). As reported in Table S3, the interventionists relied on parents' feedback to utilize the most appropriate terms to convey the principles of encouragement, particularly because the terminology utilized in previous adaptations of GenerationPMTO for Latinos/as were not highly relevant to the Chilean culture. In addition, interventionists carefully took into consideration the participants' multiple learning styles to ensure a smooth assimilation of concepts and mastery of this parenting skill. Finally, the pace at which this component was delivered was carefully monitored by interventionists as encouragement skills such as incentive charts, required extensive planning, coaching, and troubleshooting.

One therapist summarized the sentiment expressed by all interventionists, resulting from the successful delivery of this component:

The effects of this skill were clearly evident. Parents reported their children being happier with the encouragement practices and parents also worked hard on adapting the encouragement systems according to the personalities of their children. Families understood that it is not only about giving out incentives, but about connecting as a family at an emotional level.

## Setting limits

As reported in Table S5, interventionists reported that many caregivers considered this parenting skill to represent a significant contrast with punitive disciplinarian practices that they experienced as children. Thus, adaptations were made to emphasize the ways in which effective discipline represents a learning experience for children. To support this process, culturally relevant metaphors were consistently used by interventionists.

Of interest, interventionists also reflected about their own struggles to initially accept the GenerationPMTO limit setting skills, particularly because they perceived specific techniques,

such as time out or privilege removal, to be too US-centric. However, as they implemented the skills with families, interventionists reported that parents expressed high satisfaction with the limit setting practices because they found them useful to regulate their emotions and avoid the use of punitive approaches. This gradual change in perspective was consistently reported by all therapists, as one interventionist affirmed:

Accepting this component was very difficult in the beginning. I was like, “that is gringo [US-based] stuff, how is that going to work here?”... But then families were very grateful for these skills and I learned their usefulness. Techniques such as “time out” prevent difficult parenting situations from escalating, so parents can avoid yelling and hitting their children...It's a learning process of non-harmful consequences for misbehaviors.

## Family problem solving

As described in Table S6, interventionists reported that this component was well accepted by families because they perceive this parenting skill to be particularly useful to promote family cohesion and interaction. For this component, adaptations were made to ensure that concepts were easily assimilated by parents according to Chilean cultural idiosyncrasies. Adaptations to language and generation of metaphors were essential to ensure the cultural relevance of this component. One therapist summarized shared reactions by interventionists related to this component:

Family problem solving helps families create opportunities for family interaction that they do not seek by themselves. I remember one case in which the father was recovering from drugs and mom worked from Tuesdays to Sundays. It was very difficult for them to have family reunions. So, this skill helped them a lot.

## Monitoring and supervision

As described in Table S7, this component required minimal adaptations, particularly because monitoring and supervision practices were already widely practiced by Chilean caregivers. As one interventionist recalled:

Families in Chile tend to be very protective of their children as they are fully aware of the risks in their communities. So, many of the families were already using many of the supervision skills. However, it was very helpful to help them adapt their skills by discussing various ideas for effective monitoring, as well as the supervision experiences that parents experienced as children.

## GenerationPMTO teaching approach

The delivery of GenerationPMTO is centered on active teaching (e.g., role plays), and the use of Home Practice Assignments (HPA). One interventionist highlighted the importance of active teaching, which summarizes similar reports shared by all interventionists:

I have never used role plays in my clinical practice. It was difficult for me to do this as a therapist as I heavily relied on verbal interventions. But I broke my resistance when I saw the impact that role plays had on families...The ways I saw how parents reacted to seeing their parenting styles by saying things like, “Uf! I do that??!”... or starting to laugh by seeing how they acted with their children...And seeing how well

families reacted to all this way of learning...Hearing parents say, "I see a reflection of myself when I do that role play!"

The positive impact of HPAs was also shared by all therapists, as described by one therapist who reflected on the emotional regulation parenting session:

The session on emotional regulation was intense. So, I realized that the home practice assignment is very important for parents to keep monitoring their emotions... They can reflect on issues like, "What did I feel in specific situations?".... "I felt that emotion and I was able to regulate myself!".... And then you can process home practice assignments in session and that is very helpful.

## **Adapting to context and culture**

### **Adapting to context**

Interventionists agreed about the need to carefully adapt the intervention according to multiple contextual challenges experienced by Chilean families such as continuous financial stressors, community violence, and housing conditions. For example, interventionists reported the challenges associated with implementing time out when living spaces represent a considerable challenge for families, as one therapist expressed:

With one family, I experienced that they were very poor and had lot of people living in the same house. Thus, it was very difficult to find a space for time out as there was intensity all around. Engaging in these parenting skills can be very hard for these families.

Thus, interventionists agreed that continuous refinements are needed to ensure that the GenerationPMTO intervention remains relevant for families exposed to intense contextual stressors. This issue was clearly summarized by one therapist:

Many of the families we work with are exposed to intense problems in their neighborhoods such as gang violence and drug trafficking...Many of these families live in contexts with too many stressors. So, our work with this intervention will be greatly determined by the communities in which the families we serve live.

Therapists also expressed that specific intervention components such as skills encouragement, are complex and challenging to assimilate. Thus, it is necessary to ensure that families assimilate the content and can put into practice the newly learned parenting skills with sufficient support from interventionists. One therapist summarized a concern shared by all therapists when reflecting on the delivery of the skills encouragement component, "It is challenging to ensure that families fully understand these skills, the incentive charts and token systems. It is a lot of information and you want evidence that families are able to incorporate them correctly into their parenting practices."

In addition, therapists reflected on the considerable impact of the strenuous lifestyles that Chilean families have, which significantly reduce the time and energy caregivers have to implement consistent parenting practices. This issue was summarized by one therapist, "Families here in Chile work too much and have very difficult lives. That is why these parenting practices [problem solving] can be hard for many families. It's just hard for them to find the time to be together."

## Adapting to culture

All interventionists expressed the need to carefully consider the Chilean cultural idiosyncrasies when engaging in intervention delivery. For example, interventionists highlighted the more introvert nature of the Chilean culture, in contrast to alternative Latina/o sub-groups such as Mexicans and Cubans (groups of reference provided by therapists). The reflections of one therapist highlight this issue, which was shared by all therapists:

We Chileans tend to keep things to ourselves in contrast to other Latino groups. Like when we brought a parenting program implemented in Miami, wow!!...Watching the Cuban families was like watching a TV show with a lot of energy!...We always need to find the balance to slowly engage families according to the Chilean style. We need to remain attentive to the level of energy so we don't create discomfort for families.

All interventionists also discussed the importance of carefully addressing distressing emotions in the Chilean culture, which also represents another contrast with alternative Latina/o groups, as one therapist summarized:

In Chile, families tend to hide distressing emotions. We are very prone to judgements with these emotions...“Why are you afraid of that?,” “How is it possible that you get depressed for that?” So, we need to be very tactful when addressing emotions such as fear, shame, and sadness with families. We are different than other Latinos in this regard.

Interventionists also reflected about the need to focus on nurturing parenting as a cultural theme, which according to participants is not strongly emphasized in the Chilean culture. One therapist summarized this issue, which was reported by all interventionists:

It is about encouraging instead of constantly criticizing children. This is a cultural theme as we are not used in the Chilean culture to emphasize the positive behaviors. It has a great impact when families focus on their children's strengths. It's like an experience of awakening for families. It is a lot of growth for us as therapists as well.

## Embracing cultural strengths

Interventionists consistently highlighted that in the Chilean culture, the family is perceived as the primary social system of protection. Thus, parenting practices should always be presented according to this view of the Chilean family, as one interventionist affirmed:

In Chile, the family is perceived as the most important place for children to learn and socialize. The vast majority of families in this project were highly cohesive, even if parents had strenuous work demands. They always were striving to remain involved with their children.

Interventionists also agreed that Chilean families oftentimes embrace a “quiet” expression of resilience in the face of adversity. This understanding of resilience should inform parenting programs. One interventionist elaborated on this issue:

The Chilean family fights adversity by relying on itself. “Aperrar con la familia” is a common phrase in Chile that denotes that no matter the source of adversity, chal-

allenges are always embraced head on for the sake of family. In a way, families know they have to strive by themselves and move forward without relying on external sources of support.

Participants also highlighted that it is common for Chilean families to pursue alternatives to improve parenting practices for new generations. One therapist reflected on this issue:

A shared characteristic of the families in this study is their desire to change their parenting practices. It is for this reason, that it is common for Chilean families to be very open to consulting with health and school professionals about ways in which they can improve their parenting practices, as a way of moving away from autocratic childrearing practices.

Finally, interventionists reflected on the fact that Chilean institutions are becoming increasingly progressive. For example, they discussed the important role that the San Carlos de Maipo Foundation has had in fully funding evidence-based parenting and prevention initiatives, as well as the Chilean government's commitment to scale up such adapted interventions and programs. One therapist summarized these ideas:

The Chilean government is becoming increasingly aware of the high need to invest in prevention. And the foundation's role here is essential as many efforts have been made to bring prevention programs to Chile, which demand the involvement of several actors such as schools, families, communities, and political institutions. At the same time, the civil society also has a critical role in this process of change. There is definitely an increasing change in perspective rooted in civil society, which impacts other areas of the Chilean society.

## **Families' strengths**

Interventionists consider that the caregivers' strengths and strong commitment to become better parents, were critical factors for them to improve their parenting practices after being exposed to the adapted intervention. One therapist's reflections summarized a sentiment shared by all interventionists:

Parents reported seeing their children being much happier, and parents worked very hard to make sure they adapted the skills to each child's unique characteristics. It's like when mothers would say they felt validated in session whenever we encouraged them and then they would do the same at home with their children. This mother who said to me, "I felt very good when you gave me a sticker in session [encouragement incentive]". Then I went home and gave stickers to my kid and was able to see how good he felt about it.

## **DISCUSSION**

### **Lessons learned**

Several lessons were learned in this pilot study. The first set of lessons refers to the attributes of the people involved in the cultural adaptation process. A second set of lessons are related to the

importance of achieving fidelity to the core components of evidence-based interventions, while also ensuring high contextual and cultural relevance of adapted interventions.

## The essential role of families, interventionists, and organizational leaders

A key factor for the success of this pilot study refers to the foundation's commitment to select interventionists with strong backgrounds in community service. This was essential as interventionists had to engage in cultural adaptation activities by thoroughly respecting and validating the experiences of parents, even if such experiences represented a contrast to their worldviews and comfort zones.

It is also essential for parents and families to always have the leading voice when conducting the adaptations that will ensure the contextual and cultural relevance of adapted interventions. In this study, caregivers guided adapters in the process of generating an adapted intervention that resulted in all intervention components being grounded in the contextual and cultural realities of participating families.

Organizational leaders are also essential to the cultural adaptation process. Specifically, a solid infrastructure of support and trust must be offered by organizational leaders, as well as a commitment to true collaboration and co-leadership (Escobar & Gorey, 2018). In this project, organizational leaders were essential to facilitate the co-implementation of a collaborative adaptation process, which included caregivers, interventionists, foundation leaders, the original developers of GenerationPMTO, and cultural adaptation researchers. Furthermore, organizational leaders were consistently committed to ensuring the well-being of interventionists and families (e.g., protected time for interventionists), while also expecting a rigorous process of cultural adaptation that recognized and incorporated multiple perspectives as the adaptation process unfolded.

Finally, the San Carlos de Maipo Foundation leadership has been essential to secure the long-term sustainability of this prevention initiative. That is, even though funding from government sources has varied across the past few years, the foundation continues to invest in the training of the next generation of Chilean professionals by supporting multiple levels of GenerationPMTO certification among Chilean professionals (e.g., interventionists, coaches), as well as the implementation of the adapted intervention in underserved communities.

## The need to achieve fidelity to core intervention components

Interventionists highlighted the importance of engaging in an iterative process of cultural adaptation with optimal fidelity to the core intervention components, which is the key to achieve the expected intervention outcomes (Domenech Rodríguez & Bernal, 2012). However, it is essential for adapters and local experts to remain aware that the initial steps of this process may not be smooth.

For example, interventionists clearly articulated their hesitation associated with specific foreign parenting techniques such as time out. This was related to the fact that typical talk-based psychotherapy in Chile, clearly contrasts with the active learning approach used in Generation-PMTO (i.e., role plays). Thus, interventionists were essential to successfully adapt this learning approach, particularly by modulating role plays by ensuring a level of intensity acceptable to the Chilean families.

## The need for adaptation according to context and culture

This study confirms the empirical cultural adaptation literature that highlights the importance of utilizing a multi-faceted cultural adaptation process (Bernal & Domenech Rodríguez, 2012).

Specifically, interventionists first engaged in a set of initial adaptations to increase the cultural relevance of the intervention manual. This level of adaptation was complemented by a mutual learning approach. For example, interventionists were essential to help the US-based research team understand that Chileans tend to be more introverted, even when compared to other Latina/o groups previously exposed to GenerationPMTO. Thus, this example of collaborative adaptation clearly demonstrates the essential role that local experts have in the process of cultural adaptation.

## Chilean parents' receptivity to culturally adapted parenting programs

By reflecting on the caregivers' experiences as reported by interventionists, the receptivity of parents to the adapted intervention was significantly influenced by the caregivers' commitment to embrace nurturing and effective parenting skills, in contrast to punitive parenting practices. Furthermore, Chilean leaders and adapters considered that the caregivers' receptivity was a result of the newly learned parenting skills being applicable and relevant to their daily parenting practices.

This conclusion corresponds with existing evidence indicating that the core components of parent training interventions, such as those included in the GenerationPMTO intervention, are relevant across various cultural and ethnic groups in the US and abroad (Cai et al., 2022; Kaminski et al., 2008; Michelson et al., 2013; van Mourik et al., 2017). Thus, whereas adapting to context and culture continues to be essential to prevent ethnocentric practices, current findings add to the body of meta-analytic literature highlighting the cross-cultural relevance of core components commonly associated with parent training interventions (van Mourik et al., 2017). This finding also corresponds with core parenting intervention components identified as cross-culturally relevant by UNICEF in recently published guidelines for the development and dissemination of parenting programs in the international context (2021).








## Limitations of the study

This study has three major limitations. First, this investigation is exploratory in nature as does not meet key criteria for rigorous qualitative studies (e.g., saturation of selected themes). In addition, research findings remain tentative as data consisted of interventionists' accounts of caregivers' reactions to the intervention, as well as the interventionists' individual reflections of the adapted intervention. We refer the reader to an alternative source, reporting the perceptions of 24 caregivers exposed to the adapted intervention (Parra-Cardona et al., 2021). It is important to note that the qualitative data reported in that study, resemble the findings reported in this manuscript. Finally, because of the small sample size of this study, current results must be considered tentative and should be confirmed in future studies.

## CONCLUSION

Findings from this investigation confirm that the process of cultural adaptation of PT interventions for the Latin American context should be multi-faceted in nature, while ensuring that the cultural and contextual expertise of local adapters is always prioritized. Although such a process is time consuming and requires considerable resources, the end result is likely to be the high satisfaction with adapted interventions by families benefiting from these interventions, as well as ensuring that parents embrace effective and nurturing parenting skills.

## ORCID

Rubén Parra-Cardona  <https://orcid.org/0000-0003-0250-1012>  
 José Miguel Banderas Montalva  <https://orcid.org/0000-0003-1169-0206>  
 Viviana Muñoz Retamal  <https://orcid.org/0000-0001-8000-7699>  
 Luz Cantizano Rioseco  <https://orcid.org/0000-0002-0939-2026>  
 Raúl Perry Mitchell  <https://orcid.org/0000-0002-6819-9234>  
 Nancy Amador Buenabad  <https://orcid.org/0000-0002-9517-5158>  
 Melanie Domenech Rodríguez  <https://orcid.org/0000-0002-6610-6890>

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Additional supporting information can be found online in the Supporting Information section at the end of this article.

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