

A culturally adapted parenting intervention for the Chilean context: Qualitative indicators of participant satisfaction and contextual and cultural relevance

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Abstract

Parent training (PT) interventions constitute an empirically demonstrated alternative to promote effective parenting practices and prevent child behavioral and mental health problems. However, the dissemination of evidence-based PT interventions across Latin America remains scarce. This qualitative study had the primary objective of evaluating the level of acceptability of a culturally adapted version of the PT intervention known as GenerationPMTO[®], adapted for the Chilean context. According to qualitative reports provided by 24 Chilean caregivers exposed to the culturally adapted parenting intervention, the intervention was perceived by caregivers as useful for their parenting practices, as well as contextually and culturally relevant. Current qualitative findings indicate that the culturally adapted PT intervention holds promise for larger dissemination in the Chilean context.

KEYWORDS

Chilean families, cultural adaptation, evidence-based parenting interventions, GenerationPMTO[®], parent training

INTRODUCTION

Parent training (PT) interventions constitute an empirically demonstrated alternative to promote effective and emotionally nurturing parenting practices, enhance the quality of parent–child relationships, improve overall family cohesion, and reduce the risk for children developing behavioral and mental health problems (Landers et al., 2020; Michelson et al., 2013). However, although evidence-based PT interventions are widely implemented across the United States, the dissemination of culturally adapted PT interventions across Latin American countries (LACs) remains severely limited due to multiple contextual, political, and economic factors (Leer & Lopez-Boo, 2019; Mejia et al., 2017).

This constitutes a public health problem for countries throughout Latin America, particularly because empirical studies indicate that punitive parenting practices such as yelling and verbal threats continue to be common in the continent (Devries et al., 2019; UNICEF-Chile, 2019). Thus, prevention scholars across Latin America have consistently expressed the need for disseminating culturally adapted evidence-based parenting prevention programs, characterized by contextual and cultural relevance (Mejia et al., 2017). This call for action is pressing, particularly when considering that the consistent use of punitive parenting practices (e.g., yelling) can escalate into harsher parenting behaviors such as verbal insults or physical abuse, resulting in increased risk for serious child mental health and behavioral problems (Michelson et al., 2013).

The Chilean context

Chile is known in Latin America as a nation that has led important intersectoral programs aimed at reducing poverty and promoting health in early childhood. For example, the initiative *Chile Crece Contigo* (Chile Grows with You) has been featured as a model public health program in the continent, according to successful universal health coverage achievements with underserved populations (Monteiro de Andrade et al., 2015).

However, recent social movements have brought to the fore relentless socioeconomic inequities that continue to impact the most vulnerable segments of the Chilean population (Molina Milman et al., 2018). Furthermore, despite advancements in health promotion programs, the wide dissemination of evidence-based parenting prevention programs continues to be an elusive goal in the nation. This is concerning because Chile has significant rates of child maltreatment and neglect. According to the 2017 Early Childhood Longitudinal Survey, Chilean caregivers continued to heavily rely on the use of punitive discipline. Specifically, the use of yelling (53.9%) and insults (18.9%) as disciplinarian tactics remains at concerning levels. Particularly troublesome is the fact that only a minority of survey participants (31.7%) reported familiarity with nonpunitive and emotionally nurturing parenting skills (UNICEF-Chile, 2019).

The current study

The current qualitative study is embedded within a long-term program of prevention parenting research aimed at culturally adapting and disseminating the evidence-based intervention known as GenerationPMTO[®] for the Chilean context. This qualitative investigation was preceded by the implementation of a quantitative study aimed at examining the initial impact

of a culturally adapted version of GenerationPMTO[®] for the Chilean context. Due to budgetary restrictions, the quantitative research design consisted of a single intervention condition, without a control comparison group. A total of 290 families were exposed to the intervention and completed pre–post measurements.¹ According to study findings, caregivers reported statistically significant improvements on all parenting practices compared to baseline self-reports as well as significant reductions of children's externalizing and internalizing behaviors (see Parra-Cardona et al., 2022).

To complement the quantitative study, a subsample of 24 caregivers was recruited for this qualitative investigation to obtain first-person accounts of the participants' level of satisfaction with the adapted intervention. These caregivers reflected on their level of satisfaction after completing the parenting program as well as the perceived usefulness of the parenting skills and their adequacy for the Chilean context and culture. The sample size for this study was limited to 24 caregivers due to budgetary limitations. This program of research has been led by the San Carlos de Maipo Foundation, with support from the original developers of GenerationPMTO (i.e., Implementation Science International Inc.), and cultural adaptation experts (University of Texas at Austin).

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 dissemination of culturally adapted evidence-based prevention interventions. To achieve this goal, the foundation has led the implementation of rigorous randomized-controlled trials (RCTs) aimed at empirically testing the efficacy of culturally adapted interventions. Most of these interventions were originally developed in the United States with support from leading funding agencies such as the National Institutes of Health (i.e., Communities That Care, Familias Unidas, I Can Problem Solve, GenerationPMTO[®]).

The foundation has funded and implemented the adaptation of evidence-based interventions according to a well-defined systematic process. Specifically, the foundation has led the initial cultural adaptation studies of selected interventions. Once adapted, the foundation engages with the public sector in the large-scale implementation of adapted interventions. Scholars have consistently stated that this type of intersectoral collaboration is key for developing a culture of prevention in Latin America because the sustainability of programs does not rely solely on cyclical government funding (Landers et al., 2020; Leer & Lopez-Boo, 2019).

Familias Unidas: A successful case study of large-scale implementation

One of the leading projects implemented by the foundation refers to the Familias Unidas intervention, which is a family based prevention intervention originally developed by researchers affiliated with the University of Miami (Prado et al., 2012). This project was initiated back in 2015, when the foundation engaged in the initial cultural adaptation of the intervention for the Chilean context.

The adaptation process included two small pilot studies to adapt program content, refine intervention delivery procedures, and achieve interventionists' adherence to the core

components of the intervention. The pilot studies were evaluated by conducting focus groups with participants to ensure that the intervention had acceptable cultural and contextual relevance for the Chilean context.

The foundation has implemented this project by adopting a “full transfer approach.” That is, training and technical assistance have been offered by the Familias Unidas group to train professionals in various categories of training and intervention delivery, with the objective of facilitating the independent implementation and dissemination of the intervention in Chile. Thus, the foundation has trained professionals in the following Familias Unidas categories: interventionists, supervisors, trainers, and implementation fidelity evaluators. These training achievements have allowed the foundation to reach an infrastructure that is allowing its large-scale dissemination.

In addition to the funding provided by the foundation, additional funding support has been provided by the Undersecretary for Crime Prevention (SPD), a government entity within the Ministry of the Interior. The Undersecretary adopted Familias Unidas to be included in the public offering of evidence-based interventions. This selection by the Undersecretary has been instrumental for the dissemination of the intervention at a national level. Currently, after 4 years of implementation, Familias Unidas continues to be a selected intervention of the SPD and is categorized as a family intervention for families with children and youth experiencing low to moderate behavioral problems. The intervention is currently being offered in 16 communes (sectorial units), distributed across eight regions of the country, with an approximate annual coverage of 1536 families.

The GenerationPMTO[®] intervention

Parent Management Training Oregon (e.g., GenerationPMTO[®]) is an evidence-based intervention focused on promoting effective parenting practices, which have been proven to reduce childhood behavioral and mental health problems (Forgatch et al., 2009). The GenerationPMTO[®] intervention is based on a model of social interaction learning theory (SIL), which specifies that effective parenting practices and positive parent–child interactions are the most proximal mechanisms of child adjustment. The intervention is also informed by coercion theory (Patterson & Yoerger, 2022).

Briefly, coercive behaviors are defined as aversive tactics that children use to gain control over aversive circumstances. For instance, after being asked to follow a rule, a child responds with a frown, to which the parent may respond by giving in and not enforcing the rule (negative reinforcement of child's behavior). Parents may also respond by engaging in escalating behaviors, which increase the risk for punitive parenting (e.g., yelling and scolding). The goal of GenerationPMTO[®] is to interrupt coercive cycles by utilizing nurturing, nonpunitive, and effective parenting practices.

Culturally adapting GenerationPMTO[®] for Latina/o populations: Preliminary studies

Cultural adaptation refers to the systematic tailoring of an evidence-based intervention to ensure its contextual and cultural relevance for diverse populations (Bernal et al., 2009).

According to meta-analytic studies, culturally adapted interventions are effective for promoting positive mental health outcomes among ethnically diverse populations (Hall et al., 2016).

As previously reported (Parra-Cardona et al., 2022), 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, USA. The adaptation process followed the premises of the Ecological Validity Model (EVM), and the adapted intervention consisted exclusively of parent training components.

A subsequent cultural adaptation study was conducted by Parra-Cardona et al. (2017) with Latina/o immigrants residing in Michigan. This investigation consisted of an RCT and had the primary objective of examining the impact of differential cultural adaptation. Specifically, researchers compared a version of the CAPAS intervention exclusively focused on parent training components (i.e., CAPAS-Original), in contrast to a CAPAS-Enhanced intervention in which parenting components were complemented by sessions focused on immigration-related challenges, discrimination, and biculturalism.

According to 6-month follow-up indicators, both adapted interventions significantly improved the quality of all parenting practices for caregivers in both adapted interventions compared to the control condition. However, the reduction of child mental health problems in families allocated to the CAPAS-Enhanced intervention was statistically higher than that in families allocated to CAPAS-Original. According to qualitative reports of parents exposed to CAPAS-Enhanced, overtly addressing immigration-related challenges such as experiences of racial discrimination or persecutorial activities by immigration authorities allowed caregivers to reflect about the ways in which contextual adversity negatively impacted their parenting practices. By reaching this awareness, parents were able to implement strategies such as emotional regulation to prevent such stressors from negatively impacting their parenting practices (Parra-Cardona et al., 2017).

Establishing a program of cultural adaptation research in Chile: Guiding principles

This program of research has been informed by proposed guidelines for the international implementation of prevention research initiatives (see Parra-Cardona et al., 2017). Accordingly, the initial step consisted of establishing a solid co-leadership relationship among San Carlos de Maipo Foundation leaders, the developers of GenerationPMTO, and cultural adaptation researchers affiliated with the University of Texas at Austin. This working group uniformly agreed for foundation team members to assume the leadership of this program of research, with U.S.-based investigators acting as programmatic and cultural adaptation consultants.

Thus, the foundation defined short- and long-term goals, which include a multiyear strategy to achieve a “full transfer” of the intervention. This transfer will be achieved by supporting a group of Chilean professionals to achieve multiple levels of GenerationPMTO certification (e.g., coaches, trainers), which will allow the foundation to gain independence for the future dissemination of culturally adapted GenerationPMTO in Chile. In the next section, we provide a description of the cultural adaptation process, which includes the current qualitative study.

METHODS

Adapting GenerationPMTO[®] for the Chilean context

The initial culturally adapted version of GenerationPMTO[®] for the Chilean context was developed by utilizing as a guide the cultural adaptation dimensions of the Ecological Validity Model (Bernal et al., 1995). As previously reported (Parra-Cardona et al., 2022), the EVM model consists of eight dimensions of adaptation that guide researchers through the adaptation process. We selected the EVM model based on its demonstrated impact, as documented in two meta-analyses confirming that utilizing the EVM model in adapted mental health interventions accurately predicts positive treatment outcomes (Soto et al., 2018).

With regard to the types of adaptations, these can be surface level or deep structure in nature. Surface-level adaptations refer to minor adaptations with regard to core intervention components, such as ensuring an adequate translation of intervention materials or adding cultural metaphors to increase the cultural relevance of intervention content (Domenech Rodriguez et al., 2011). In contrast, deep-structure adaptations refer to substantial changes to an evidence-based intervention, such as adding sessions to address cultural themes of relevance to the focus population (e.g., promoting biculturalism in immigrant families).

As previously reported (Parra-Cardona et al., 2022), the dimensions of the EVM model are clearly operationalized. First, *language* refers to ensuring the linguistic appropriateness of intervention materials and method of delivery. *Persons* refers to confirming that the characteristics of interventions represent a good fit with focus populations, including ethno-cultural matching whenever possible. *Metaphors* consists of the utilization of culturally relevant symbols and concepts in manuals and throughout the intervention delivery process. *Content* highlights the importance of grounding intervention content according to contextual and cultural relevance.

A closely related dimension, *concepts*, refers to ensuring the cultural appropriateness of theories underlying specific interventions. For instance, the GenerationPMTO[®] intervention was developed according to the 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. *Goals* refers to confirming that the objectives of the intervention are culturally relevant to focus populations. *Methods* consists of ensuring the cultural appropriateness of intervention delivery approaches. Finally, *context* refers to adapting interventions according to a thorough understanding of the ways in which salient contextual issues (e.g., economic challenges) impact families exposed to interventions.

Cultural adaptation process

The cultural adaptation process in this program of research has been sequential. First, five bilingual therapists affiliated with the foundation engaged in training for GenerationPMTO[®] certification. In parallel, the original GenerationPMTO[®] manual for caregivers was translated into Spanish by foundation staff, interventionists, and Chilean investigators. Translators used as a guide two Spanish versions of manuals utilized in GenerationPMTO[®] cultural adaptation studies with Latina/o immigrants in the United States and Mexican nationals in México City (Parra-Cardona et al., 2017, 2021).

The translated manual was first utilized by the five interventionists in training as they delivered the adapted intervention to 12 Chilean caregivers. The process of delivery consisted of individual sessions with families. All interventionists kept detailed session notes describing the appropriateness and relevance of surface-level adaptations, as well as reflections about potential deep structure adaptations. The reader is referred to a published source that describes in detail the implemented adaptations according to session-by-session cultural adaptation grids that delineate the eight dimensions of the EVM model (see Parra-Cardona et al., 2022).

After delivery of the parenting program to the 12 selected 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 for in-depth adaptations. These data were then processed with the adapters of GenerationPMTO[®] for prevention initiatives implemented in the United States with Latina/o immigrants and with Mexican nationals in México City. Next, meetings with the foundation leaders were held to reach consensus about the content to be included in the adapted manual, which was then utilized in a subsequent phase of implementation, consisting of group delivery of the adapted intervention to 290 families.

The training team that implemented the quantitative study consisted of 20 mental health Chilean professionals. These interventionists were trained by the five foundation interventionists trained for certification, as well as trainers affiliated with Implementation Science International Inc. (ISII), the independent organization that coordinates the international dissemination of GenerationPMTO[®].

All trainings sessions and parenting groups with caregivers were held in virtual formats due to COVID-19 pandemic restrictions. The trainings consisted of didactic instruction and a heavy emphasis on active teaching (e.g., role plays of parenting skills, role plays of group delivery). Once trainees completed the core training, they delivered the parenting sessions in group formats. Video recordings of parenting sessions were used to provide weekly consultation according to the five categories of implementation described in the Fidelity of Implementation Rating System, which is used to assess adherence to the core GenerationPMTO[®] components (Forgatch et al., 2005).

Fidelity of implementation

In the GenerationPMTO[®] model, adherence to the core intervention components is assessed by utilizing the Fidelity of Implementation (FIMP) rating system (Forgatch et al., 2005). This scale is divided into five categories: GenerationPMTO[®] knowledge, session structure, teaching skills, process skills, and overall quality. The scale has a range from 1 = poor adherence to 9 = high adherence. In this project, evaluations were categorized according to colors to facilitate the use of the scale in future studies. The ranges were associated with the following colors: red (1–3, “needs work”), yellow (4–6, “acceptable”), and green (7–9, “good work”).

Of the sessions evaluated corresponding to the participants in this qualitative study, 67.5% of the sessions were rated in the green category and 30% were rated in the yellow category. Only 2.5% of the sessions rated were categorized in the low yellow range, indicating that additional adherence work was needed. The GenerationPMTO[®] developers performed all fidelity evaluations.

Culturally adapted intervention

The majority of adaptations to the intervention for the larger study ($n = 290$ families) consisted of surface-level adaptations, aimed at ensuring the linguistic appropriateness of the Spanish language utilized in the manual, as well as the utilization of cultural metaphors and idioms to increase fit with Chilean cultural idiosyncrasies (see Parra-Cardona et al., 2022).

The few deep-structure adaptations that were implemented were aimed at addressing salient cultural challenges identified by Chilean team members. For example, interventionists devoted a substantial amount of time to reframing the delivery of the discipline component of the intervention. According to our Chilean colleagues, discipline continues to be commonly conceptualized among Chilean families primarily as a punitive experience (e.g., verbal threats and harsh punishments), rather than mild limit-setting consequences for children. As our Chilean colleagues expressed, “la cultura del castigo” (a culture of punishment) continues to be widespread among Chilean families. However, it is critical to highlight that this approach to parenting is also a reflection that only a minority of Chilean parents who have participated in parenting surveys (31.7%) reported familiarity with nonpunitive and emotionally nurturing parenting skills (UNICEF-Chile, 2019). Thus, even though a strong sense of commitment to the family characterizes Chilean families, few initiatives in the country have disseminated evidence-based knowledge to help parents enhance their parenting practices.

Based on these considerations, Chilean adapters conducted several iterations of revisions to the discipline component to ensure its cultural relevance. Adapters also placed great emphasis on delivering this component by preventing caregivers from feeling inadequate or ashamed, particularly if they reported utilizing harsh parenting practices. Table 2 presents an outline of the 10-session adapted intervention.

Participants

Participants were selected for this study if they successfully completed the adapted parenting program, including attendance of all sessions in which the core components of the adapted intervention were delivered. Participants also had to have a focus child (FC) between 4 and 12 years of age who showed mild to moderate behavioral problems. Because this study was preventative in nature, families with children showing serious behavioral problems were referred to alternative community services. Participants also had to self-identify as a primary caregiver 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. With regard to country of origin, 20 participants identified Chile as their country of origin (83%), with the remainder (16.6%, $n = 4$) reporting South American countries (Venezuela = 2, Peru = 2) as their country of birth. The majority of participants reported exposure to considerable financial challenges. Detailed characteristics of the participants are presented in Table 1.

Sampling procedures

An invitation to participate in this study was sent to former participants across six schools in which the larger pre–post intervention study was implemented. Participation in this study was

TABLE 1 Children's and caregivers' demographic information ($n = 24$ caregivers)

Characteristics	%
Children's characteristics	
Average age	8.3
Sex of the child	
Female	66.7%
Male	33.3%
Caregivers' characteristics	
Mothers	87.5%
Grandparents	8.3%
Fathers	4.2%
Level of education	
Less than high school degree	16.7%
High school degree or equivalent	29.2%
Some college education but without degree	33.3%
Bachelor's degree	20.8%
Country of origin	
Chile	83.3%
Venezuela	8.3%
Perú	8.3%
Average age	37.21
School and municipality characteristics	
Average School Vulnerability Index ^a	68.3%
Average Municipality Vulnerability Index	76.6%
Participating school municipalities ^b	
Estación Central	4.2%
Santiago	16.7%
Providencia	20.8%
Peñalolén	25.0%
Pudahuel	33.3%

^aThe School Vulnerability Index (IVE, by its Spanish initials “Índice de Vulnerabilidad Escolar”) is an indicator utilized in Chile within the context of School Food Assistance Programs (PAE, by the Spanish initials “Programas de Alimentación Escolar”), which measures the risk of school dropout according to a socioeconomic evaluation of students' families. The IVE has criteria for assigning PAE resources. The IVE is a percentage indicator (on a scale of 0%–100%, where 0% is less risk and 100% is greater risk). The percentage reflects the total number of students with a demonstrated priority to be enrolled in the food assistance program.

^bAll participating schools are located in the urban area of the metropolitan of Santiago de Chile (the capital of Chile).

TABLE 2 Culturally adapted GenerationPMTO[®] curriculum

Session	Intervention component
1	Introduction: Family Strengths and Goals
2	Good Directions and Cooperation
3	Skills Encouragement—Token System
4	Regulating Emotions
5	Active Communication
6	Setting Limits
7	Following Through
8	Family Problem Solving
9	Skills Encouragement—Incentive Charts
10	Monitoring and Supervision, review, and closing Review and Closing

strictly voluntarily without any type of financial compensation. Following Chilean research ethical standards, families were not offered compensation for their participation in this follow-up study as Chilean researchers considered that receiving the intervention at no cost was a significant incentive. According to our Chilean colleagues, offering an incentive to participant families would have resulted in inequity issues with families who received the intervention but could not be invited to participate in this study. This study was approved by the corresponding Institutional Review Board (i.e., University of Texas at Austin, IRB protocol # 00000660).

Research design

Twenty-four caregivers expressed an interest in participating after the first wave of invitations. These participants were invited to participate in one focus group interview, aimed at obtaining first-person accounts of perceived satisfaction with the culturally adapted parenting intervention.

Thematic analysis (TA) was selected as the approach for this qualitative study as it is an ideal method for exploring predetermined areas of inquiry (Braun & Clarke, 2006). Specifically, we sought to explore perceived caregiver satisfaction with various interventions components, as well as suggestions for improving the intervention. We have successfully implemented this approach for the implementation of qualitative studies embedded in randomized prevention trials with Latina/o immigrant parents in the United States, aimed at evaluating participant satisfaction with various culturally adapted versions of GenerationPMTO[®] (Parra-Cardona et al., 2022). A copy of the interview guide is available in the Online Supporting Information.

Data collection

Due to COVID-19 restrictions, all focus group interviews were conducted and recorded via zoom. Audio recordings were transcribed for data analysis. A total of 6 focus groups were conducted in Spanish with 3–6 caregivers per group, each lasting 90 min. Semistructured

interviews included general open-ended questions to elicit answers from participants according to their most salient experiences in the parenting program (e.g., “Please tell us which parenting skills of this program were most relevant to you”). Follow-up probe questions were used to ensure that all intervention components were evaluated (e.g., “Please tell us how useful you consider were the discipline parenting skills of this parenting program,” “Please tell us how adequately this intervention takes into consideration Chilean cultural traditions”). A detailed interview guide is available from the first author upon request.

Analytical strategy

Qualitative data provided by 24 caregivers consisted of zoom recordings of focus group interviews. For a more precise identification of perceived satisfaction across participants, a brief survey satisfaction questionnaire was distributed among participants. The response rate for these surveys was 87.5%. Overall, participants reported high levels of satisfaction with all intervention components. Table 3 provides a summary of the indicators of satisfaction.

Analysis

The data analytical strategy resembled the approach previously reported in similar qualitative studies of qualitative evaluations of randomized trials of adapted GenerationPMTO[®] for Latina/o families (see Parra-Cardona et al., 2019). Briefly, a thematic analysis approach was used to analyze qualitative data gathered through focus groups (Braun & Clarke, 2006). TA was particularly useful for this evaluation as we focused on evaluating the intervention components of the adapted intervention, rather than more exploratory qualitative approaches (e.g., grounded theory, phenomenology).

TABLE 3 Satisfaction with individual components of culturally adapted GenerationPMTO[®]

Session	Intervention component	Satisfaction level (1 = lowest, 5 = highest)
1	Introduction: Family Strengths and Goals	N/A
2	Good Directions and Cooperation	4.80
3	Skills Encouragement—Token System	4.09
4	Regulating Emotions	4.80
5	Active Communication	4.90
6	Setting Limits	4.66
7	Following Through	N/A
8	Family Problem Solving	4.66
9	Skills Encouragement—Incentive Charts	4.47
10	Monitoring and Supervision, Review and Closing	4.61

Note: No satisfaction scores on sessions 1 and 7 are reported as those sessions were supportive sessions, rather than sessions focused on delivering core GenerationPMTO[®] components.

Resembling previously reported methodologies of qualitative evaluations of adapted GenerationPMTO[®] for Latinas/os (Parra-Cardona et al., 2019), the first author led the initial coding of the data by following a coding guide that included parent and sub-parent codes associated with the core components of the intervention. Additional codes were added if participants' responses could not be categorized according to the initial coding scheme. The coding scheme consisted of 56 codes that were integrated into three major subsets of data: (a) core GenerationPMTO[®] components, (b) cultural and contextual relevance of the intervention, and (c) suggestions for improving the intervention. To increase trustworthiness of the data, the second author reviewed the coded transcripts to ensure consistency according to the coding scheme. Minimal discrepancies were identified by the second author and discussed with the first author to reach consensus. The first author also maintained an audit trail and journaling (Morrow, 2005).

To complement analyses, the five lead Chilean trainers reviewed preliminary results to ensure the accuracy and integrity of the themes being reported. This final level of analysis increased the trustworthiness of the data by ensuring that the findings were accurately reported (Morrow, 2005). All data analyses were conducted in Spanish utilizing NVivo version 10.0 software.²

RESULTS

Session attendance

Of the 24 families that participated in this qualitative study, 4% ($n = 1$) attended 2 sessions, 4% ($n = 1$) attended 6 sessions, 25% ($n = 6$) attended between 7 and 9 sessions, and 67% ($n = 16$) attended all 10 sessions. A mother who only attended one session reported health issues and internet connectivity difficulties. In the focus group interview, this mother expressed that she liked the approach of the intervention and although her attendance was limited to two sessions, she reported satisfaction with the parenting skills that she learned and implemented them with positive results.

Participants' qualitative reports of satisfaction

Participants reported satisfaction with all intervention components. However, the saliency of intervention components differed according to the following frequencies of individual mentions of themes across groups: (a) increasing positive involvement through encouragement ($n = 83$), (b) limit-setting ($n = 40$), (c) regulating emotions ($n = 35$), monitoring and supervision ($n = 19$), (d) good directions ($n = 17$), family problem solving ($n = 17$), and communication ($n = 16$). With regard to intervention delivery themes, the following were identified as salient by participants: (a) role plays ($n = 22$), (b) role of interventionists ($n = 17$), (c) home practice assignments ($n = 16$), and midweek calls ($n = 14$).

Participants across groups also discussed the cultural relevance of the intervention and appropriateness of cultural adaptations ($n = 19$), the convenience of offering the intervention exclusively or predominantly through online delivery methods ($n = 12$), and recommendations for improving the intervention ($n = 19$).

GenerationPMTO[®] components

Positive involvement through encouragement

Positive involvement refers to the importance of strengthening the parent–child emotional bond. Interestingly, participants consistently highlighted the ways in which the utilization of encouragement skills greatly facilitated the enhancement of such bonding experiences with their children. For example, one mother affirmed that by using incentives, she became more aware of the importance of connecting at an emotional level with her children: “what I found more important than giving them a material reward, was to express love, to say ‘I love you,’ to give them a hug.”

A mother further elaborated on the ways in which the encouragement parenting practices were useful to reduce conflict and increase the positive involvement with her son:

The techniques [encouragement] were very useful. I have a son who tends to be lazy and he always cried when I asked him to do his homework. And these tools help me because now my parenting has become more joyful, we have a more emotional connection.

Token systems

Encouragement techniques consists of two major parenting skills: token systems and incentive charts. Both systems are designed to help children become self-sufficient by mastering various behaviors. Token systems are focused on incentivizing a wide range of positive child behaviors selected by caregivers. Participants agreed about the positive impact of this parenting practice, as one mother affirmed:

It is an incentive system that gets children motivated and they do the behaviors because they are expecting the rewards, even if they are small. So, my daughter goes to bed excited as she knows she is winning tokens that will earn her the right for a movie night.

Another mother shared a testimony, commonly reported by caregivers:

He started to behave well all week because he knew there was going to be a prize at the end of the week. And he loves whenever we congratulate him and that we praise him for his good behavior. And he gets to choose what we will eat as a family on sunday and he is happy with that.

Incentive charts

Incentive charts are the second encouragement method delivered in the intervention. In contrast to the token systems, charts are focused on promoting a set of related behaviors associated with daily routines (e.g., behaviors associated with taking a shower). Caregivers across groups reflected on the relevance of this skill, as one mother affirmed:

Incentive charts are useful because I explained to my child the behaviors she had to accomplish and she knew there were incentives if she accomplished them. Things like making her bed, cleaning her bedroom, and doing her homework. It has worked super well for us because she helps me with all that now. You just need to work with them on these charts everyday.

Mothers were particularly appreciative of this technique as it lessens the burden of daily chores, as one mother affirmed, “I believe mothers are overburdened with daily chores. So, mothers feel overwhelmed and they need help. This skill is super important because it generates a structure, you develop habits in your children.”

Caregivers also used humor to describe children who had not developed self-sufficiency according to their age, as well as the ways in which this parenting skill helped them address such deficiencies. One mother shared her experience:

David is like the handsome guy [laughter]. I would even warm up the hot water for him in the shower! [laughter]. I used to think that the more things I did for him, the better. This intervention helped me because I don't do that anymore. Now the more things he does on his own, the better he feels about himself. He is definitely more independent now.

Limit setting

Caregivers were appreciative of learning alternatives to nonpunitive parenting. The reflection of one mother illustrates a sentiment shared by other caregivers with regard to changing their approach to discipline:

I have always been strict. But I was wrong about my ways. Now I have learned that being relaxed and calm is easier and they understand much better than saying things to them over and over. She was frustrated [daughter] and I was frustrated. I am still strict but now I say things to them in the right way. I learned to change my ways.

Time out

The limit-setting GenerationPMTO component consists of two practices: time out and privilege removal. Time out is applicable to younger children and consists of placing children for a limited period of time (i.e., 5–10 min) in a physical location that is safe, boring, and without distractions. Caregivers reflected on how this skill was useful when preventing negative escalations with their children:

Time out was wonderful for me. Rather than yelling, “come and sit at the table!” I just say to him now, “go to time out.” And the effect was immediate! It was gratifying to see how a few simple words can have a positive impact.

Caregivers consistently highlighted the ways in which time out helped them eliminate punitive limit-setting practices, as one mother recalled, “time out helps

you remember that you cannot get to the situation and unload. I would slam the doors, not anymore. And because of that, time out is staying with us.”

Privilege removal

Privilege removal is a limit-setting technique that involves not allowing children to engage in behaviors that they enjoy for leisure but that are not essential for their development (e.g., watching a favorite TV show). Many caregivers reported the use of privilege removal as their primary limit-setting strategy. One caregiver reflected on the positive impact of using this skill:

I started removing privileges because she was lying a lot and even hitting her sister. So, I started taking away the tablet for a little while or not allowing her to watch a cartoon on the TV. Rather than getting mad at her, I would just remove the privilege.

Of importance when applying this technique is to ensure that caregivers exclusively remove privileges that are not essential for child development (e.g., playing video games), but that are highly pleasurable to children. Caregivers frequently reflected on this characteristic of privilege removal, as one father reflected:

We had to identify what he liked the most. Like using the tablet or the phone. Those are privileges and it is the worst for them if we take them away for short periods of time. So, if you want to set a limit, you take away the tablet or the phone and they learn that is a consequence for their misbehavior. They learn that they are doing something wrong.

Regulating emotions

Regulating emotions was a salient theme for caregivers, as one participant said: I only have one son but I was always angry. Always struggling with my anger and trying to get even with him or other people. I would just explode and I would scream at everyone. And with what I learned here in group, now I can tell people, “I’m angry...give me my space.” This way I never hurt anyone, I let the anger pass, and I regulate myself.

Some caregivers identified emotional regulation as a critical skill that constitutes a constant reminder that children are citizens with rights, with the expectation that they should be protected by their caregivers, as one mother affirmed, “We have to think about the children first. We have to listen to them, validate their emotions and not judge them. All this helps us see our children as human beings and citizens with legal rights.”

Across groups, caregivers also reflected about the critical importance of regulating emotions during the COVID-19 pandemic. A father reflected on a sentiment commonly shared by caregivers across groups:

COVID has been like fighting a war and we did not know where the enemy was. We have had so much fear. None of us wanted to get infected but we also did not want to get ideas in our children’s heads because we did not want them to stop being kids. It was impossible to not be affected at an emotional level by COVID.

Everything was difficult and managing emotions was essential throughout the time we were locked down.

Monitoring and supervision

Most participants expressed that this parenting skill was highly valued by them and that they benefited from the intervention because they were able to refine supervision practices that they were already implementing, as one mother affirmed:

Chilean caregivers tend to be very involved with their kids. It is easier with the young kids. With the older ones we are like, “where are you going? Who is going with you? Who will be with you?” I thought I was wrong because I was constantly on them. Thanks to this group, I understood that I was not wrong. It is OK to be like that with my kids.

Giving good directions

Coaching caregivers on giving good directions to their children is at the cornerstone of GenerationPMTO[®] as, according to the empirical base of the intervention, whenever caregivers give ineffective directions to their children, the likelihood of children’s lack of compliance significantly increases, as well as the risk for parent–child escalating interactions (e.g., yelling, screaming). One mother reflected on the benefits of this parenting skill:

I used to say to myself, “Why do I do everything wrong with my kids?” So, I started to apply how to give good directions. He even said to me, “Mom, the classes are helping you” [group laughter]. Giving good directions is very important and the attitude that comes with it because when we talk to them angry, we get into a vicious cycle with them.

Caregivers also reflected about the ways in which giving good directions significantly improved the quality of interactions with children, as one parent affirmed:

I tended to be too tough with my children. Giving orders just because I wanted to. In these classes, we learned how to talk to them and it helped me so much. Children need help. So, we need to learn how to talk with them, be attentive to them, and help them.

Family problem solving

This parenting skill is focused on helping family members engaged in collaborative problem solving to address unmet family problems and needs (e.g., planning a weekly fun family night). The positive impact of this component can be illustrated by one mother’s reflections:

This session helped us a lot as a family. How to integrate our child in the decision making as a family. As adults, we were like, “let’s do this” and we made decisions without his input. Now we include him and carefully take his opinion into consideration.

Communication

Caregivers consistently expressed the benefits of improving communication with their children, particularly as it was associated with regulating emotions, as one mother affirmed:

This session helped me a lot to understand her better, to listen to her [daughter], and give her time to respond. We learned here that we need to stop and make a pause for them and tell them, “Talk to me, what is going with you?” So, it helped me so much because I was not really listening to her. Our children talk to us but we don’t listen to them.

Intervention delivery

Role plays

The GenerationPMTO[®] intervention is characterized by an active teaching approach, which includes role playing with families focused on various parenting skills before they implement them at home with their children. One mother shared her perception about the usefulness of this skill:

You see the result when you give an order with a good tone, which is completely different than when you do it yelling. That is why role plays were so useful to me. You learn how to be empathic with your children.

Similarly, another mother emphasized:

Role plays are very important. You put yourself in your children’s shoes. Like me, I learned that I used yelling a lot. Like, “come and eat!” rather than saying, “Please come down to the kitchen to eat.” And she obeys now. So, role plays make you have much more empathy for your children. You just put yourself in your children’s place.

Role of interventionists

Caregivers emphasized the critical role that interventionists played in the success of the intervention. The reflections by one father reflect a sentiment commonly expressed by caregivers across groups:

The interventionists were always motivated in group, with a lot of enthusiasm. They were always concerned about answering questions and if you missed a

session, they would meet with you to update you on the material. They were always concerned about us.

A mother further elaborated on the key role that interventionists played:

They were always concerned about how things went at home with our children. They even helped us address things that were not directly related to the group. They always made us feel important and they did not do it because it was their work. They were really concerned for us.

Home practice assignments and midweek calls

Across groups, parents highlighted the importance of being assigned weekly home practices, as well as receiving midweek calls, aimed at helping them refine their parenting skills. The reflections by one mother illustrate a common perception shared by parents across groups: “Home practice assignments were super useful. They would help you set objectives and goals and you would work towards them. They were practical and we could talk in group about them every week.”

Caregivers were also enthusiastic about the importance of midweek calls. One mother illustrates the perception shared by parents across groups: The calls were super important. Like something would happen during the week and they would offer us support and cheer us up. I would always wait for that call to talk about what I did or what I was not able to do and she would always give me tips.

Cultural relevance and cultural adaptation

Participants stated that the intervention was relevant to the Chilean context and culture. They also had suggestions for increasing such relevance. The perception of relevance can be illustrated by the reflections provided by one mother:

The intervention fits perfectly with our culture. These parenting tools increase our quality of family life and we can successfully solve small family conflicts. I would not add or take away anything from the intervention. In my view, it is perfect.

Caregivers further elaborated on the ways in which the intervention constitutes a fit with Chilean cultural idiosyncrasies, as one participant stated, “The intervention fits with our Chilean temperament, which is more sensitive. The intervention is also a good fit with our daily lifestyle.”

A participant further elaborated on the contextual relevance of the intervention:

I think the intervention is very useful. Here in Chile, poor and vulnerable families, are very tired, do not have patience, and can get angry with their children easily and hit them.

With this intervention, family relations improve a lot.

Recommendations for future programs

Participants had specific recommendations to improve the intervention's potential for larger dissemination as well as its relevance. First, there was strong consensus among caregivers about the importance of continuing to deliver the intervention primarily in virtual formats, as one mother expressed:

Like many parents here, I prefer a virtual intervention because you do not worry about children and transportation. The online alternative works much better for time management because as mothers, we have too much going. It also helps fathers because they can come home straight from work and participate in the session. So, I much rather prefer for parenting groups to be online. It is much more convenient for us.

Parents across groups also emphasized the need for ongoing cultural adaptations, particularly when considering the rapid influx of immigrants from South America. One father who relocated to Chile from Venezuela reflected on this issue:

We are from Venezuela and our child-rearing practices are very different from the Chilean customs. There are things children do that we see as normal and here people consider that they are not. Our culture does not entirely fit with the Chilean culture and this intervention should address that.

Finally, a salient theme addressed by mothers referred to the need to increase the gender focus of the intervention, particularly when considering that mothers tend to be the primary recipients of the intervention. One mother reflected on this issue, "It is very important to empower mothers in these groups. We are mothers but we do not stop being women. As women, we always will need our own time."

Mothers emphasized the need to be perceived as women with needs and rights, rather than only homemakers, as one mother affirmed:

In Chile, you are labeled the "woman of the house." But women start getting drained by being mothers. All mothers have a name. And mothers here in Chile are overwhelmed. Being a mother is very hard in this country. So, many mothers feel left alone. But as a mother, it is my obligation to work, to feed my children. But in the end, I end up being frustrated. So, mothers need to be supported in these parenting groups.

DISCUSSION

The current findings constitute evidence of the caregivers' perceived satisfaction with the adapted intervention. Below, we discuss the cultural and contextual implications derived from the participants' reflections.

Cultural satisfaction and relevance of cultural adaptations

Although participants' reports were not uniform with regard to the extent to which caregivers implemented the various parenting skills (e.g., use of time out vs privilege removal), overall

reports indicate participants' satisfaction with the core intervention components as well as their usefulness for daily parenting practices.

These findings highlight the potential for culturally adapted versions of GenerationPMTO® to be disseminated at a larger scale in the Chilean context. If such future dissemination is successful, such studies would add to the body of empirical literature documenting the cross-cultural relevance of GenerationPMTO® with Latina/o populations, as reported in parenting prevention trials with Latino/a immigrant in the United States and Mexican nationals in México City (Domenech Rodríguez et al., 2011; Parra-Cardona et al., 2017, 2021).

However, to be successful, the future dissemination of GenerationPMTO® across various Chilean regions and subpopulations (e.g., urban vs. rural, Chilean born vs. foreign nationals) must be carried out by engaging in continuous cultural adaptation and tailoring processes. For example, in this study, the initial cultural adaptation process lasted 6 months and consisted of sequential interactions of adaptation according to key contextual and cultural considerations, while ensuring fidelity to the core GenerationPMTO® components. This approach was essential to achieve a necessary adaptation/fidelity balance, particularly because fidelity to the core components of PT interventions ensures that caregivers embrace effective parenting practices. Similarly, caregivers must experience the intervention content and proposed parenting skills to be culturally syntonic (Domenech Rodríguez et al., 2011). For example, participants expressed the need to tailor the intervention according to the changing cultural landscape of the Chilean society, resulting from the rapid influx of immigrants and refugees from various Latin American countries.

Furthermore, we consider that the participants' perceived satisfaction with the adaptation process is a result of Chilean team members assuming leadership for the cultural adaptation process, with international scholars engaging in a supportive role as parenting and cultural adaptation consultants. An example of this success consists of the ways in which interventionists adequately presented the discipline component to parents, highlighting the relevance and usefulness of nonpunitive limit-setting approaches, while also ensuring that the delivery approach was cooperative and nonjudgmental. Thus, although discipline is a core component of the GenerationPMTO® intervention, it was the interventionists' deep understanding of the Chilean culture and their cultural sensitivity that ensured that parents were highly receptive to this intervention component.

Within the adaptations of this component, language was essential. For example, the term "time out" in Chile has a negative connotation. For this reason, the term was replaced with "pausa segura" (safe pause), as it conveys a limit-setting skill characterized by a nurturing approach. Interventionists and parents agreed that the adopted term reflected in better ways a positive connotation that aligns with Chilean caregiving values and cultural idiosyncrasies.

An additional example of adaptation refers to ensuring a supportive stance by interventionists as they engaged in mid-week check-in calls with caregivers. Based on participants' feedback, such calls were supportive and caring in nature, which resulted in stronger working alliances with caregivers as they refined the utilization of new parenting skills at home.

A final example of adaptation refers to the revision of the acronym "PMTO" (Parent Management Training, Oregon), which did not make sense to Chilean families. To address this issue, adapters used feedback from families and proposed a new meaning to the PMTO acronym by using the following words in Spanish: Parentalidad (Parenting, P) que motiva (that motivates, M) con Ternura (with Tenderness, T), and y Optimismo (and optimism, O). The proposed new meaning of the acronym was fully supported by the original developers of GenerationPMTO®.

The need to achieve contextual relevance

A key conclusion of this study is that interventions must be implemented by thoroughly considering issues of sociohistorical oppression that impact the lives of focus populations. For instance, women in this study emphasized the importance of adapting parenting programs by empowering mothers and offering them resources to better cope with the stressors of patriarchal contexts. This is extremely useful feedback for future adaptations of the intervention for the Chilean context. That is, even though parenting components can be enhanced by adding reflections focused on women's parenting experiences in a patriarchal society, we consider that the mothers' feedback needs to be addressed by adding advocacy components to the intervention, aimed at helping women cope with contextual challenges that are common in patriarchal contexts.

As an example, in the field of gender-based violence, empirical studies indicate that advocacy-focused interventions are essential to support survivors of domestic violence. In a ground-breaking study for the domestic violence field, Sullivan and colleagues (Sullivan & Bybee, 1999) demonstrated that pairing survivors with an advocate who assisted women to acquire the resources that they needed (e.g., legal assistance, housing) to reach their preferred living situation (i.e., leaving the abuser, staying with a partner but without abuse) was associated with better mental health outcomes compared to women who only participated in traditional mental health services but without advocacy support.

Thus, even though the feedback by women in this study must inform revisions of the parenting curriculum to address issues of patriarchy as it refers to child-rearing practices, we consider that a critical adaptation to the intervention will be to add an advocacy component aimed at helping participants cope with various forms of contextual adversity, with an emphasis on supporting women as they cope with the multiple manifestations of patriarchy in the Chilean society.

The essential role of local leaders

Scholars concur that the large-scale promotion of prevention parenting programs across Latin America requires solid collaborations and long-term commitments with focused communities and local leaders (Mejía et al., 2017). As such, the resolved commitment embraced by the San Carlos de Maipo Foundation has been essential for the success of this program of cultural adaptation research. In essence, they have supported the comprehensive training of their teams in the GenerationPMTO[®] intervention, offered clear alternatives for interventionists to become certified in the intervention, and have embraced leadership throughout the cultural adaptation process. In addition, the resolved collaboration of community and institutional leaders is essential, such as the support offered by the schools and other municipal entities that participated in this investigation.

LIMITATIONS OF THE STUDY

This exploratory study has three major limitations. First, qualitative findings should be considered tentative as the sample size of the current study is small. Thus, conclusiveness about the relevance of the adapted intervention can only be reached by an increased number of

parents exposed to refined culturally tailored versions of the intervention. In addition, future studies should include qualitative evaluation components consisting of individual in-depth qualitative interviews rather than focus group approaches, which may carry the risk of some participants withholding from freely expressing their views. Finally, future studies must include an adequate representation of fathers to expand the nature of results and study implications.

CONCLUSION

There is a pressing need to promote the cultural adaptation and dissemination of evidence-based parenting programs across Latin America, including preventative PT interventions. The current findings indicate that a culturally adapted version of GenerationPMTO[®] holds promise for large-scale dissemination in the Chilean context. However, expanding the dissemination of the adapted intervention in Chile must be achieved by ensuring contextual and cultural relevance across various Chilean contexts and subpopulations. Promoting these lines of applied research is highly relevant in an effort to offer Chilean families an important resource to ensure the mental health and positive development of Chilean children and youth.

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ENDNOTES

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² Data and study materials may be shared on an individual basis, only upon establishing a research or publication agreement with the San Carlos de Maipo foundation. Due to the international nature of this project and because no US funders were involved, this study has not been listed in any existing registry.

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