

ORIGINAL ARTICLE

Building bridges through cultural adaptation: Examining the initial impact of a culturally adapted parent training intervention for the Chilean context

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Abstract

Child exposure to maltreatment and neglect constitutes a significant public health problem throughout Latin American and Caribbean (LAC) countries. Although evidence-based parent training (PT) interventions constitute an empirically demonstrated alternative to prevent child maltreatment and neglect, multiple implementation barriers have prevented the large-scale dissemination of evidence-based PT interventions across LAC countries. This selective prevention study consisted of an exploratory quasi-experimental design implemented in Chile, aimed at examining the initial impact of a culturally adapted version of the evidence-based PT intervention known as Generation-PMTO©. The parenting intervention was adapted in a previous pilot study, according to a rigorous model of cultural adaptation. Based on self-reports completed by 281 caregivers, when compared to baseline measurements, significant improvements at intervention completion were observed in the majority of caregivers' parenting practices, as well as child internalizing and externalizing problematic behaviors. This study provides promising initial empirical evidence that efficacious PT interventions developed in the US can be transported to Latin American contexts, as long as they are thoroughly adapted to achieve high contextual and cultural relevance. The rates of child maltreatment across LAC

countries constitute an urgent and permanent call for strongly promoting this line of prevention research.

KEYWORDS

Chilean parents, cultural adaptation, parent training, prevention

INTRODUCTION

According to the United Nations International Children's Emergency Fund (UNICEF), 3 in 4 children experience a continuum of punitive parenting practices by their caregivers on a regular basis (Landers et al., 2020; UNICEF-Chile, 2019). Extreme forms of punitive parenting practices (e.g., verbal threats, physical punishments), as well as parental neglect, represent significant public health problems throughout Latin American and the Caribbean (LAC) countries (Devries et al., 2019; UNICEF-Chile, 2019). Although important initiatives have been promoted throughout LAC to address these issues, punitive parenting practices, child maltreatment, and neglect continue to be widespread problems in the continent (Landers et al., 2020; Mejia et al., 2017). Effectively addressing this public health problem is of great importance, particularly because if parenting practices deteriorate into physical and emotional abuse, they can lead into long-term deleterious consequences for children and adolescents (Hagborg et al., 2020; Hong et al., 2018; Michelson et al., 2013).

Considering that the most common forms of punitive parenting and violence affecting children occur in family settings, evidence-based parent training (PT) interventions constitute a key alternative to prevent child maltreatment and neglect, as demonstrated by meta-analytic research (Errázuriz et al., 2016; Michelson et al., 2013). However, multiple contextual barriers continue to impede the dissemination of evidence-based PT prevention interventions across LAC countries (Leer & Lopez-Boo, 2019; Mejia et al., 2017).

In this manuscript, we report the initial impact of a culturally adapted PT intervention for the Chilean context. We consider the current investigation to be a selective prevention study according to the proposed definition by the Society for Prevention Research (SPR), which categorizes interventions as selective if they are designed for populations with elevated levels of one or more risk factors (SPR, 2022).

Accordingly, this study meets the definition of selective prevention because the focus population is at high risk of engaging in punitive parenting practices (e.g., verbal threats, physical punishments), based on exposure to contextual adversity, as well as limited knowledge of effective, non-punitive, and nurturing parenting practices. In the sections below, we provide epidemiological data describing the concerning rates of punitive parenting practices, including child maltreatment, in the Chilean context.

Punitive parenting practices, child maltreatment and mental health in Latin America and the Caribbean

Determining with precision the prevalence of punitive parenting practices, as well as child maltreatment and neglect in LAC countries constitutes a significant challenge due to serious underreporting across nations (Mejia et al., 2017). According to a 2016 cross-national report involving collaborations among UNICEF, the Pan American Health Organization (PAHO) and the World Health Organization (WHO), the prevalence of child maltreatment across Latin American countries was notoriously high. This study included the analysis of child maltreatment reports from 22 Latin American countries including Chile. The country with

the highest number of child maltreatment intervention and prevention studies was Brazil, with Chile being notorious for the scarce dissemination of prevention interventions (Wirtz et al., 2016).

A subsequent review co-authored by the Pan American Health Organization (PAHO) and UNICEF, corroborated that Latin America and the Caribbean remain among the most violent geographic areas in the world for children and youth (Devries et al., 2019). According to this systematic review, the prevalence of emotional abuse by caregivers ranged at 40%–55% for children 2–3 years of age, remaining relatively constant as age increased.

The impact of punitive parenting, child maltreatment, and neglect

Empirical reports from the World Health Organization (WHO, 2021) indicate that the impacts of punitive parenting, maltreatment, and neglect have a wide range of deleterious consequences for children and youth, irrespective of country of origin or ethnic backgrounds. These consequences include, but are not limited to physical harm, long-term disability or death, as well as a variety of mental health problems such as anxiety disorders, depression, hopelessness, low self-esteem, and risk for self-harm and suicide attempts. Additional consequences include externalizing problematic behaviors that may continue into adulthood, including alcohol and drug dependency, and hostility. Similarly, exposure to maltreatment and neglect can be associated with impaired cognitive and socio-emotional development, deficits in emotion regulation and conflict problem-solving skills, which can result in significant impairments associated with intimate and family relationships (WHO, 2021).

Punitive parenting, child maltreatment, and neglect in Chile

According to recent epidemiological estimates (UNICEF-Chile, 2019), up to 62.5% of Chilean children between the ages of 5 and 12 are exposed to punitive and harsh parenting practices, such as yelling (53.9%), slapping (26.4%) or verbal aggression (18.9%). Studies also indicate that Chilean caregivers frequently report that parenting responsibilities constitute a challenge to their mental health due to the emotional and psychological demands associated with caregiving, as well as the emotional toll associated with utilizing punitive parenting practices (Novoa et al., 2021; UNICEF-Chile, 2019). These findings are particularly concerning when considering that Chile has been categorized as a country with a high prevalence of adult psychiatric morbidity (Vicente et al., 2016).

Challenges associated with parenting practices also need to be situated within an array of contextual challenges that are likely to affect Chilean caregivers, including the transgenerational trauma of totalitarian regimes, persistent economic inequities, limited access to evidence-based mental health services, and the rapid influx of immigrants from Latin America that continue to flee countries impacted by poverty, violence, and other intense contextual challenges in Central and South America, as well as the Caribbean and Africa. Furthermore, the rapid increase of the immigrant population which accounted for nearly 9% of the Chilean population by the end of 2020, compared to 1% back in 1992, has exposed social welfare and immigration systems that continue to fall short of meeting the demands of the rapidly growing immigrant population (Freier & Doña-Reveco, 2022). This rapid growth has created a demand for services on agencies and non-governmental agencies that were not originally designed to serve immigrant populations.

Furthermore, rigid patriarchal structures and oppressive gender-based narratives continue to permeate the Chilean society, increasing the caregiving burdens for mothers who are directly impacted by rigid gender expectations and stressors that are uniquely deleterious for Chilean women (Novoa et al., 2021).

Addressing punitive parenting, child maltreatment, and neglect with parent training interventions

Disseminating parenting prevention programs in Latin America remains a highly elusive goal due to several factors, such as significant contextual barriers for the implementation of evidence-based parenting programs, limited availability of culturally adapted parenting interventions, and overall, governments not considering the dissemination of parenting prevention programs as public health priorities (Heikkilä et al., 2021; Mejia et al., 2017).

Despite these challenges, the World Health Organization (2021) has repeatedly stated that supporting parents with the necessary knowledge and skills represents a key strategy to eliminate all forms of violence and neglect towards children, including punitive parenting practices (e.g., yelling, slapping). Among existing alternatives, PT interventions are particularly suited to address this goal because this type of interventions consist of didactic instruction, modeling of parenting skills, and home practice assignments to promote nurturing parenting.

Based on these considerations, the problem being addressed in this investigation refers to the high need to disseminate culturally adapted PT prevention interventions in Latin American contexts. However, for PT interventions to be effective in contexts where they were not originally developed, they must be contextually and culturally relevant. Thus, by implementing this study, we seek to offer a contribution by evaluating the implementation feasibility and initial impact of a culturally adapted PT intervention in the Chilean context. For this exploratory investigation to be considered relevant, Chilean parents must be satisfied with the contextual and cultural relevance of the intervention. In addition, caregivers must consider that the intervention is effective by helping them improve their parenting skills, and that such improvements are associated with noticeable reductions of problematic behaviors for children and youth.

The Chilean context

Chile is notorious in Latin America as a country with comprehensive programs aimed at reducing poverty and increasing access to educational opportunities and health. For example, the program *Chile Crece Contigo* (Chile Grows with You) has been internationally recognized as a model intersectoral program for promoting universal health coverage and sustainable development (Molina Milman et al., 2018; Monteiro de Andrade et al., 2015). However, despite remarkable progress in the area of health promotion, there is extremely limited availability in the country of evidence-based PT prevention programs.

San Carlos de Maipo foundation

As previously reported (Parra-Cardona et al., 2022), 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 cultural adaptation and implementation of evidence-based interventions. The foundation has specific areas of research and implementation focused on the cultural adaptation, implementation, and dissemination of these interventions.

The San Carlos de Maipo Foundation has established strategic collaborations with various government agencies, non-government organizations, and private and public universities. For example, an existing collaboration with La Universidad de los Andes (Andes University), has led to the adaptation and implementation of a variety of evidence-based interventions. Furthermore, the research team from this Chilean university has played a leadership role in the implementation of relevant prevention programs in Chile, in close collaboration with key government agencies. For example, the foundation has adapted to the Chilean context

robust evidence-based interventions originally developed in the United States (US), including Communities That Care, Familias Unidas, I Can Problem Solve (Gaete et al., 2019), and GenerationPMTO®.

Regarding the current program of research, the funding for the 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. The funding award was provided following a grant application jointly prepared by the foundation and Chilean researchers.

The current research collaboration and prevention study

The current collaboration was initiated at a regional meeting in 2018 in Quito, Ecuador, organized by the Pan American Health Organization. The objective of the meeting was to bring together developers and cultural adapters of evidence-based PT interventions, as well as government and private sector leaders from Central and South America. According to Latin American presenters, even though remarkable success has been achieved in certain countries in the areas of health promotion, with Chile serving as a model country (Monteiro de Andrade et al., 2015), the dissemination of PT prevention programs in the Latin American context remains scarce.

In the case of Chile, highly relevant initiatives have been implemented, including the cultural adaptation and dissemination of efficacious family-based prevention programs (e.g., Familias Unidas) and parent-based prevention programs (e.g., Triple P). According to Chilean leaders, increasing the programmatic offering of evidence-based parenting interventions across all segments of the Chilean population constitutes an urgent need for the nation. For this reason, and after a careful evaluation of studies aimed at culturally adapted the GenerationPMTO parenting intervention for Latino/a immigrants in the US (Parra-Cardona et al., 2017, 2019), the San Carlos de Maipo (FSCM) Foundation extended an invitation to the GenerationPMTO research group to culturally adapt the intervention for the Chilean context.

Throughout this collaboration, the foundation has maintained leadership in all cultural adaptation and research implementation activities, with US-based partners providing scientific and programmatic support based on the experience gained in the US-based cultural adaptation studies. We consider that the foundation's leadership in all facets of this collaboration has been key to ensuring the contextual and cultural relevance of this initiative for the Chilean context. This collaboration resembles previous intersectoral research alliances in Chile that have resulted in large-scale health care promotion initiatives (Monteiro de Andrade et al., 2015).

A highlight of the current collaboration refers to the fact that Chilean leaders have determined the direction for all the facets of this program of research. For example, the FSCM prioritized the recruitment and training of interventionists with extensive experience in community-based initiatives with underserved Chilean populations. In addition, the foundation remains committed to funding and completing a “full transfer” of the intervention, which will result in Chilean professionals achieving multiple levels of GenerationPMTO certification (e.g., coaches, trainers). This full transfer process will ensure that the foundation becomes an independent entity capable of training the next generation of Chilean GenerationPMTO interventionists and trainers, with the potential of supporting additional Central and South American countries interested in replicating this initiative.

With regard to the process of cultural adaptation, foundation leaders in close collaboration with Chilean researchers and interventionists, have guided the cultural adaptation process of the intervention, assisted by US-based cultural adaptation researchers. This approach to adaptation has ensured the highest level of cultural and contextual relevance of the adapted intervention for the Chilean context, particularly as it refers to addressing the needs of underserved Chilean families.

Objective of the study

The primary objective of this investigation was to implement an exploratory study with Chilean families, aimed at evaluating the implementation feasibility and initial impact of a culturally adapted version of the PT intervention known as GenerationPMTO for the Chilean context. Because the outset of this project was impacted by the COVID-pandemic, this study was considered exploratory in nature as we evaluated the feasibility of implementing assessment and intervention delivery procedures according to internet and phone-based approaches, rather than the original in-person approach outlined in the original study design.

METHOD

Research design and hypotheses

Considering the significant challenges resulting from the COVID pandemic, an exploratory and quasi-experimental design was selected to evaluate two primary outcomes: (a) implementation feasibility as determined by participants' satisfaction with the adapted intervention, as well as retention of participants in the study, and (b) initial impact of the intervention as indicated by changes on specific parenting, family cohesion, and child behavioral outcomes.

Participants were recruited from 20 schools throughout the Santiago de Chile metropolitan area. Due to COVID-19 restrictions, all data collection and intervention delivery activities were conducted via virtual approaches. To ensure internet accessibility, all participant families were offered a SIM chip with 4G LTE service at no cost. Participants completed measurements at baseline (T1) and intervention completion (T2).

The guiding research hypotheses resemble those stated in scientific reports of previous cultural adaptation studies of the GenerationPMTO intervention with Latino/a immigrant populations in the US (Parra-Cardona et al., 2017, 2019). Specifically, hypotheses were divided into two major categories of evaluation: (a) implementation feasibility, and (b) initial impact of the intervention on family cohesion, parenting skills, and child outcomes.

With regard to implementation feasibility, two hypotheses guided this study. First, we hypothesized that parents exposed to the adapted intervention would report high levels of satisfaction according to session satisfaction aggregate scores (i.e., average satisfaction higher than 4.0 on a 1–5 scale). The second hypothesis referred to completion rates. Specifically, we hypothesized that sixty percent of participant families would attend at least 6 of 10 parenting sessions and complete T2 assessments (60% completion rate). Even though completion rates in our previous US-based cultural adaptation studies with Latina/o immigrants have been consistently higher than 70%, resembling successful non-mandatory parent training studies reported in the empirical prevention literature (Michelson et al., 2013), we hypothesized a lower session completion rate due to multiple COVID-related implementation challenges reported by participants (e.g., conflicting work schedules, health problems).

Hypotheses related to the initial impact of the intervention involved evaluating outcomes on family cohesion, parenting skills, and children's problematic behaviors. The expected outcomes for these hypotheses were informed by previous cultural adaptation studies of the Generation-PMTO intervention with Latino/a immigrants in the US (Parra-Cardona et al., 2017, 2019), with Mexican nationals (Amador Buenabad et al., 2020), as well as outcomes reported in the empirical literature focused on alternative PT adapted interventions with Latino/a populations (Garcia-Huidobro et al., 2018). Furthermore, due to the anticipated session completion rate (60%), we hypothesized small effect sizes for intervention outcomes as we expected these to be affected by level of intervention dosage.

With regard to family cohesion, we hypothesized that compared to baseline scores, parents would report statistically significant higher scores of family cohesion at T2. For parenting skills, we hypothesized that compared to baseline scores, parents would report statistically significant higher scores at T2 across all core parenting practices, with the exception of discipline. No significant differences on discipline at T2 were expected given the null findings reported on this variable at posttest in the original GenerationPMTO prevention trial (Forgatch et al., 2009). In such a study, the initial positive impact on limit setting was identified at 6-month follow-up. According to coercion theory, when children first become exposed to non-punitive limit-setting practices, it is likely for them to persist on old patterns of aversive behaviors (e.g., tantrums), until they realize that parents will remain consistent on the implementation of non-punitive limit-setting practices. This sleeper effect associated with limit-setting practices has been consistently reported in the PT literature (van Aar et al., 2017).

Finally, resembling our previous cultural adaptation trials and other PT studies in the general prevention literature (Michelson et al., 2013; Parra-Cardona et al., 2017), we hypothesized that at T2 measurements, parents would report significant reductions on child internalizing (e.g., anxiety) and externalizing (e.g., aggression) problematic behaviors. It is important to clarify that relying on parental reports to determine this outcome carries the risk of parental self-reporting bias, in contrast to measurement approaches that triangulate data, such as utilizing teachers' reports of children's behaviors (Forgatch et al., 2009). However, obtaining these reports from teachers was not feasible due to the exploratory nature of this study, the limited funding available, and logistical challenges associated with the COVID-19 pandemic (e.g., teachers being overwhelmed with online instruction). We hope to enhance this assessment approach in the future, once we can secure alternative funding sources.

This study received approval from the Ethical Scientific Committee (CEC202065, July 21st, 2021) (Institutional Review Boards) at La Universidad de los Andes in Santiago and the University of Texas at Austin.

Cultural adaptation of GenerationPMTO

Although GenerationPMTO can be delivered as a family-based intervention to parents and children (Forgatch et al., 2013), the adapted intervention evaluated in this study consists of a manualized version of the intervention delivered exclusively to caregivers in a group setting. According to a mediational theoretical framework, it is expected that by strengthening parenting skills, children and youth will benefit on a wide range of behavioral and mental health outcomes. With regard to the empirical evidence of its effectiveness, recent meta-analytic data generated with 3893 families indicate the positive impact of the intervention across six countries, representing contrasting contexts and cultural groups (Cai et al., 2022). The intervention effectiveness holds with regard 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). Furthermore, rigorous randomized trials have demonstrated the efficacy of the intervention with Mexican-origin immigrant families residing in the United States (Domenech Rodríguez et al., 2011; Parra-Cardona et al., 2017, 2019), and with Mexican nationals in México City (Amador Buenabad et al., 2020).

Cultural adaptation for the Chilean context

Over the course of 18 months, the GenerationPMTO intervention was adapted to ensure cultural and contextual relevance for the Chilean context. This cultural adaptation process was informed by the Ecological Validity Model (EVM; Bernal et al., 1995), which was also

TABLE 1 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

utilized in the previous adapted version of GenerationPMTO for Latino/a immigrants in the US (Domenech Rodríguez et al., 2011; Parra-Cardona et al., 2017).

Briefly, the EVM model consists of the following eight dimensions that serve as a guide to researchers throughout the cultural adaptation process: *language, persons, metaphors, content, concepts, goals, methods, and context*. The dimensions of the EVM model are clearly operationalized to assist the cultural adaptation process. For example, language does not only refer to presenting interventions in the native language of the target population, as it also consists of ensuring that relevant cultural norms and expectations are associated with linguistic expressions utilized in the intervention curriculum.

Each of the eight dimensions of the EVM model informed the cultural adaptation of all intervention components of the intervention for the Chilean context. This process was multi-faceted. First, the foundation hired a professional translator to complete the translation into Spanish of the original English-based materials for the group version of GenerationPMTO (i.e., Parenting Through Change). Next, foundation staff and co-investigators corroborated the adequacy of manual and intervention materials by comparing the translated versions with the Spanish manuals utilized in the group versions of GenerationPMTO delivered with Mexican-origin immigrants in Detroit, as well as Mexican nationals in Mexico City (Amador Buenabad et al., 2020). Finally, two bilingual certified trainers completed a thorough revision of the Spanish version of parent materials to ensure their cultural relevance and linguistic appropriateness. The final translated manual consisted of a 10-week parenting curriculum delivered in a virtual group format to Chilean families. Table 1 presents the themes addressed in each session of the adapted intervention.

To evaluate the contextual and cultural relevance of these adaptations, a qualitative study was conducted with 24 Chilean families. According to qualitative findings, caregivers indicated high satisfaction with all components of the adapted intervention and offered additional recommendations to refine the cultural and contextual relevance of the intervention (Parra-Cardona et al., 2022).

A strengths-based approach to cultural adaptation

The delivery of the adapted intervention is heavily informed by a strengths-based approach and full recognition that parents and primary caregivers are the best educators for their children. Intervention delivery is also characterized by the continuous reframing of adverse childhood experiences lived by parents. For example, caregivers are invited to recast challenging past experiences as children (e.g., physical corporal punishment used by their parents), by considering the limited options their own parents had with regard to accessing resources to help them improve

their parenting practices. Thus, parents are encouraged to retain the valuable parenting experiences they lived with their own parents, while also defining their own parenting practices according to their worldviews and values. As stated in the treatment manual, *“the storyline of GenerationPMTO must be integrated with the storyline of your family. As parents and best educators of your children, you are the leaders of your family as you integrate these stories through your parenting practices.”*

Training of interventionists

The training team was led by a group of certified GenerationPMTO interventionists and trainers affiliated with Implementation Science International, Inc. (ISII), the independent organization that coordinates the international dissemination of GenerationPMTO. The training team also included five clinicians affiliated with the San Carlos de Maipo Foundation who had recently completed training requirements as GenerationPMTO interventionists and trainers.

A total of 20 mental health professionals participated in 10 training sessions, each lasting 8 h. All training sessions were held in a virtual format due to COVID-19 pandemic restrictions. The GenerationPMTO training approach is characterized by active teaching through the use of role plays and related techniques. 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).

Participants and sampling procedures

Chilean families were recruited through non-probabilistic sampling. Specifically, primary caregivers were recruited by phone from a roster of potential participants whose children were enrolled across 20 schools, distributed across six urban municipalities. A rigorous screening protocol was implemented according to the prevention focus of this study (Parra-Cardona et al., 2017). Specifically, one focal child (FC) per family was recruited if the following inclusionary criteria were met: (a) FC between ages 4–12, (b) Spanish speaking, and (c) parental reports of child exhibiting mild-to-moderate externalizing problem behaviors. Eligibility criteria for caregivers included: (a) living in a single or two-caregiver household, (b) Spanish speaking, (c) 18 years of age or older, (d) being able to use an electronic device for assessments and intervention delivery activities (e.g., phone, tablet), (e) expressed commitment to attend the virtual parenting sessions, (f) no history of severe psychiatric diagnosis for the past three years, (g) not being currently enrolled in alternative parenting interventions, and (h) no reports of active substance abuse or dependence. Families not meeting the full eligibility criteria were referred to appropriate mental health services.

The final study sample consisted of 351 Chilean caregivers with an average age of 36.5 years old ($SD = 8.06$). The majority of the sample consisted of mothers ($n = 312$, 88.9%), and 64.4% of them reported working outside the home. Focal children ranged in age from 4 to 12 years of age. The average age for participant children was 8.1 years old ($SD = 2.36$). The largest group of children were in third or fourth grades ($n = 93$, 26.6%). Additional demographic characteristics of participants are presented in Table 2. The description of the flow of participants through the study is presented in Figure 1.

TABLE 2 Family characteristics

	T1 (n = 351)		T2 (n = 281)	
	n	%	n	%
Municipality				
Estación Central	79	22.5%	61	21.71%
Melipilla	20	5.7%	14	4.98%
Peñalolén	66	18.8%	51	18.15%
Providencia	54	15.4%	46	16.37%
Pudahuel	55	15.7%	41	14.59%
Santiago	77	21.9%	68	24.20%
Caregiver Characteristics				
Participating Caregivers				
Mother	312	88.9%	250	88.97%
Father	19	5.4%	16	5.69%
Step mother	3	0.90%	2	0.71%
Step father	2	0.6%	1	0.36%
Grandparent	10	2.8%	7	2.49%
Uncle/Aunt	2	0.60%	2	0.71%
Brother/Sister	2	0.60%	2	0.71%
Legal Guardian	1	0.3%	1	0.36%
Average Caregiver Age	36.47 (8.06)		36.63 (8.13)	
Education Level				
Did not finish elementary school	—		3	1.03%
Graduated elementary school	—		13	4.45%
Did not finish secondary school	—		15	5.14%
Graduated secondary school	—		94	32.19%
Did not finish high school	—		6	2.05%
Graduated high school	—		48	16.44%
Did not finish college	—		19	6.51%
Graduated college	—		67	22.95%
Graduated graduate school	—		16	5.48%
Child Characteristics				
Average Age	8.07 (2.35)		8.21 (2.33)	
Gender of Child				
Male	234	66.7%	190	67.62%
Female	117	33.3%	91	32.38%

Assessment procedures and measures

All caregivers signed consent forms prior to completing baseline assessments. All data were collected virtually through Qualtrics, and the data collection platform was programmed to not allow missing data. Participants were assisted via phone as they completed virtual assessments.

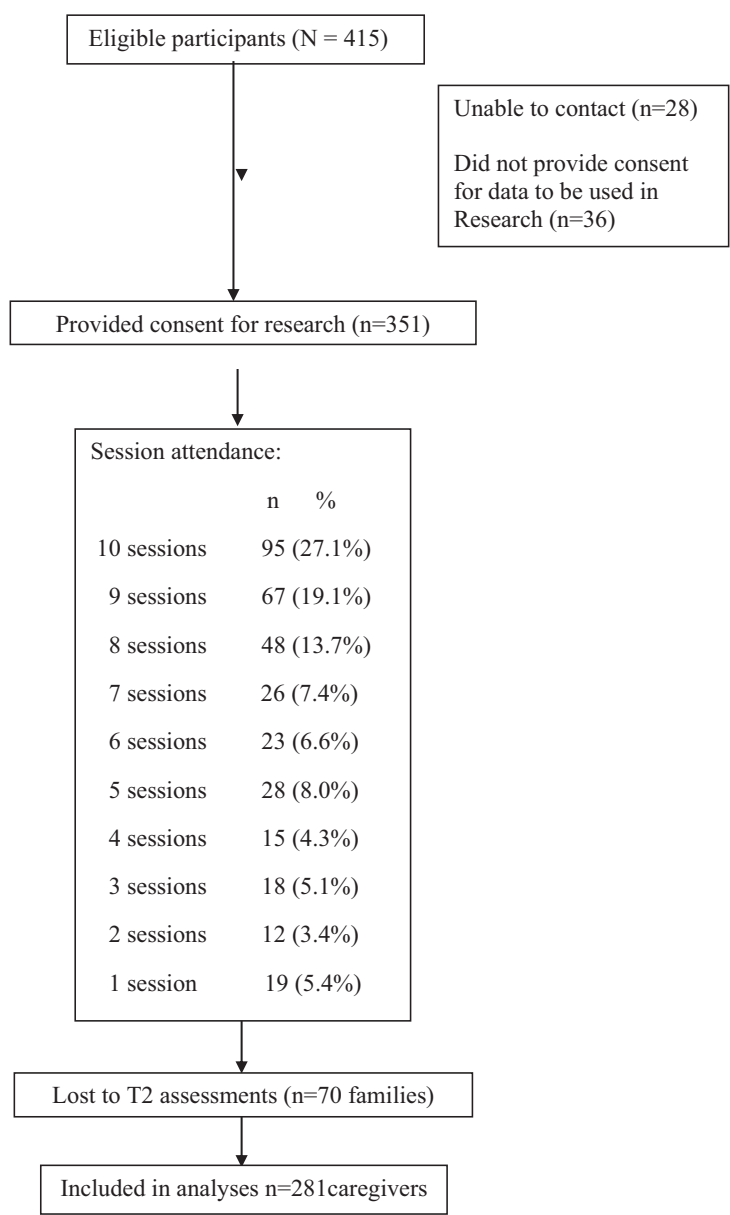


FIGURE 1 Flowchart of participating families through each stage of the pilot clinical trial

Session satisfaction

Caregivers completed a global session satisfaction questionnaire (Forgatch et al., 2005). The questionnaire consists of 7 items (e.g., “In general, I found the group was useful”), presented on a Likert-type scale, where 1 = *lowest satisfaction* and 5 = *highest satisfaction*. The internal consistency of the measure in this investigation was $\alpha = 0.94$.

Parenting measures

Five parenting measures were utilized to evaluate the quality of parenting skills. All measures have been reported to have linguistic appropriateness and content validity with Spanish speaking Latina/o populations (Domenech Rodríguez et al., 2007).

Monitoring and supervision

This measure was adapted from Martinez and Eddy (2005) and validated with a Spanish speaking sample by Domenech Rodríguez et al. (2014). The 3-item scale is aimed at assessing awareness and supervision of children's activities and was adjusted to the contextual challenges of the COVID-19 pandemic (e.g., "You ask your child about who they chat with over the phone or internet"). The scale is presented in a 5-point Likert-type scale, ranging from (1 = *never* to 5 = *always*). Cronbach's alpha for the scale was $\alpha = 0.77$.

Skills encouragement

This measure was adapted from Martinez and Eddy (2005) and validated with a Spanish speaking sample by Domenech Rodríguez et al. (2014). The 9-item measurement evaluates parental support as children develop new skills (e.g., "You help your child accomplish a difficult task"). The scale is answered using a 5-point Likert-type scale ranging from 1 = *never* to 5 = *always*. The measure consists of two subscales, "closeness" ($\alpha = 0.74$) and "directions" ($\alpha = 0.60$). Cronbach's alpha for the total scale was $\alpha = 0.77$.

Negative discipline

This measure was adapted from Martinez and Eddy (2005) and validated with a Spanish speaking sample by Domenech Rodríguez et al. (2014). The 4-item scale evaluates negative discipline (e.g., "You scream at or threaten your child when they challenge you") and is answered with a 5-point Likert-type scale ranging from 1 = *never* to 5 = *always*. Cronbach's alpha was $\alpha = 0.70$.

Family problem solving

This 9-item measure was adapted from the scale developed by Domenech Rodríguez et al. (2007). Scale items measure family problem-solving behaviors (e.g., "We get together to talk about possible solutions to the problem"). The measure consists of a 5-point Likert-type scale ranging from 1 = *never* to 5 = *always*. Cronbach's alpha for the scale was $\alpha = 0.94$.

Parental involvement and positive parenting

Two parenting domains were measured using the Alabama Parenting Questionnaire Short Form, which was previously validated with a Chilean sample by Cova et al. (2017). Parental involvement was measured by eight items (e.g., "You talk with your children about their friends"), and positive parenting was measured by five items (e.g., "You congratulate your children when they do something right"). Items are answered using a 5-point Likert-type scale ranging from 1 = *never* to 5 = *always*. Cronbach's alphas for the parental involvement and the positive parenting scales were $\alpha = 0.78$ and $\alpha = 0.79$, respectively.

Family cohesion and adaptability

Both outcomes were measured using the FACES20 questionnaire, which was validated with a Chilean sample by Martínez-Pampliega et al. (2011). Family cohesion was measured with 10 items (e.g., "In our family, we regularly do things together"), and adaptability was measured with 10 items (e.g., "Family members are free to express one another"). Items are answered using a

5-point Likert-type scale ranging from 1 = *never* to 5 = *always*. Cronbach's alphas were acceptable for the family cohesion ($\alpha = 0.87$) and the adaptability ($\alpha = 0.88$) scales.

Child internalizing and externalizing behavior problems

Due to the exploratory nature of this study, Chilean researchers determined relevant to utilize two questionnaires to measure child internalizing and externalizing behavior problems. This decision was determined to test the measurement properties of both questionnaires and select the most robust measure for a future randomized controlled trial, aimed at testing the effectiveness of the intervention.

Thus, the first measure utilized was the brief version of the *Pediatric Symptom Checklist* (PSC-17; Gardner et al., 2007). The measure was previously validated in Chile by Leiva et al. (2019). The internalizing behavior scale consists of 5 items (e.g., “My child worries a lot”), and the externalizing behavior scale consists of 7 items (e.g., “My child disobeys rules”). All items were answered using a 5-point Likert-type scale ranging from 1 = *never* to 5 = *always*. Corresponding Cronbach's alphas were $\alpha = 0.76$ for the child internalizing scale and $\alpha = 0.64$ for the externalizing scale.

The second measure utilized was a modified version of the *Strengths and Difficulties Questionnaire* (Goodman et al., 2000), which was validated in Chile by Gaete et al. (2019). The internalizing behaviors scale consisted of 8 items and the externalizing scale consisted of 9 items. All items were answered using a 5-point Likert-type scale ranging from 1 = *never* to 5 = *always*. Corresponding Cronbach's alphas were $\alpha = 0.75$ for the child internalizing scale, and $\alpha = 0.74$ for the externalizing problem scale.

Data analytic strategy

Only families that attended at least one session, completed T1 and T2 assessments, and provided consent to participate in the study were included in analyses ($n = 281$). As an initial step, we conducted normality and descriptive analyses. Upon confirming data properties and statistical assumptions, we proceeded with analytical procedures of intervention outcomes. To identify potential confounders to include in the main analysis, we conducted a MANCOVA analysis on parenting and child problem behavior baseline data, controlling by neighborhood risk and age of the parent.

Our main analyses consisted of a series of repeated measures ANOVAs. As a result of baseline equivalence tests, the following covariates were included in analyses: (a) level of education, (b) the number of children per family, and (c) sex of the child. Effect sizes (η^2) with 95% confidence intervals were computed for each intervention effect (Feingold, 2009). Effect sizes are interpreted according to the standard benchmarks proposed by Cohen (1988), indicating small ($\eta^2 = 0.01$ – 0.05), medium ($\eta^2 = 0.06$ – 0.14) and large effects ($\eta^2 > 0.14$). To protect against type I error, we conducted false discovery rate (FDR) analyses on all ANOVA outcomes by implementing the Benjamini-Hochberg procedure (1995). This analytical procedure was conducted to increase the rigor and precision of analyses, particularly when considering the exploratory nature of the study. Analyses were conducted with SPSS v.25 and JASP 0.14.1.

RESULTS

Despite the significant challenges associated with the COVID pandemic, results associated with implementation feasibility and the impact of the intervention resemble outcomes reported in

previous GenerationPMTO cultural adaptation studies with Latino/a immigrants in the US (Domenech Rodríguez et al., 2011; Parra-Cardona et al., 2017), as well as with Mexican nationals in México City (Amador Buenabad et al., 2020). Pending confirmation in future randomized trials, current findings appear to indicate that improvements on Chilean caregivers' parenting practices can have a positive impact on children's behaviors.

Intervention feasibility and satisfaction outcomes

Of the original 351 families, 81.7% attended a minimum of five or more parenting group sessions, 73.7% at least six sessions, and 67.2% seven or more group sessions. All families received weekly follow-up calls to monitor progress with the parenting skills, receive coaching support for the newly learned parenting practices, and address barriers to participation in the group sessions. With regard to assessment completion, of the original 351 eligible and consenting families, 281 families (80.0%) completed T2 assessments. Average satisfaction was high across all parenting groups with an average satisfaction score of 4.75 (SD = 0.39), on a 1–5 scale.

Intervention outcomes

Prior to conducting main analyses, a MANCOVA analysis was computed to determine baseline mean equivalence, as well as to identify potential covariates to include in intervention effects analyses. Thus, children's level of education was incorporated as a covariate for the monitoring and supervision repeated measures ANOVA model (Robust omnibus test: $V = 0.42$, $F(80, 1824) = 1.27$, $p = 0.049$, $\eta^2 = 0.05$ and intervention completion ANOVA: $F(8, 230) = 3.06$, $p = 0.003$, $\eta^2 = 0.09$). Similarly, number of children at home was incorporated in the PSC externalizing problem behaviors model ($V = 0.28$, $F(12, 255) = 2.21$, $p = 0.01$, $\eta^2 = 0.09$; $F(4, 85) = 10.45$, $p = 0.04$, $\eta^2 = 0.11$). Sex of the child was incorporated in the SDQ externalizing problem behaviors model ($V = 0.07$, $F(2, 103) = 3.62$, $p = 0.03$, $\eta^2 = 0.07$; $F(1, 104) = 6.72$, $p = 0.01$, $\eta^2 = 0.06$). Observed power for all variables was above the 0.80 threshold (i.e., $1 - \beta > 0.94$). In general, all but one of the intervention outcomes presented statistical differences at post-test and in the hypothesized direction. Main effects, effect sizes with confidence intervals, and adjusted p values are presented in Table 3. Specific domains are discussed below.

Parenting outcomes

Statistically significant intervention effects by time of measurement were identified for all parenting outcomes except for monitoring and supervision. However, a significant effect on this parenting skill was identified when controlling by municipality of implementation. Repeated measures ANOVA intervention effects for parenting outcomes are detailed in Table 3.

Overall, research findings indicate that caregivers significantly improved their parenting skills at T2. The effect sizes for the majority of parenting outcomes were in the small to medium range ($\eta^2 = 0.02$ to $\eta^2 = 0.08$), yet family adaptability and problem solving presented medium to large effect sizes ($\eta^2 = 0.12$ to $\eta^2 = 0.15$). Furthermore, the 95% confidence intervals for effect sizes did not contain zero, adding certainty that significant effects were identified between measurements.

Child outcomes

Statistically significant differences in the hypothesized direction were observed for child internalizing and externalizing problematic behaviors. As presented in Table 3, medium to large

TABLE 3 Descriptive statistics by wave, repeated measures ANOVA with time as main effect, adjusted p values and effect sizes with 95% C.I.

Variable		M	SD	F	df	p	Benjamini-Hochberg p	Effect size η^2	η^2 CI (95%)	
									LL	UL
Monitoring and supervision	T1	12.63	2.84	0.04	(1, 219)	0.84	0.84	0.00	NS	
	T2	13.35	2.44							
Closeness in new skills encouragement	T1	22.49	2.48	10.57	(1, 269)	0.00	0.00	0.04	0.01	0.09
	T2	23.29	1.89							
Directions in new skills encouragement	T1	12.44	2.13	6.43	(1, 269)	0.01	0.02	0.02	0.001	0.08
	T2	13.20	1.52							
New skills encouragement	T1	34.93	4.03	12.55	(1, 269)	0.00	0.00	0.05	0.01	0.12
	T2	36.48	2.91							
Harsh discipline	T1	8.87	2.52	23.77	(1, 269)	0.00	0.00	0.08	0.04	0.14
	T2	7.58	2.61							
Family problem solving	T1	34.61	6.96	40.86	(1, 269)	0.00	0.00	0.13	0.07	0.19
	T2	38.49	5.23							
Parental Involvement	T1	33.29	4.21	12.03	(1, 269)	0.00	0.00	0.04	0.01	0.09
	T2	34.44	3.41							
Positive Parenting	T1	27.11	3.01	8.22	(1, 269)	0.00	0.00	0.03	0.01	0.07
	T2	27.80	2.42							
Family cohesion	T1	41.72	6.07	21.59	(1, 269)	0.00	0.00	0.07	0.03	0.13
	T2	43.78	5.37							
Family adaptability	T1	38.22	6.90	35.04	(1, 269)	0.00	0.00	0.12	0.06	0.18
	T2	41.64	6.05							
Internalizing problem behaviors (PSC)	T1	9.44	2.30	36.94	(1, 121)	0.00	0.00	0.23	0.11	0.35
	T2	8.05	1.90							
Attentional problem behaviors (PSC)	T1	8.74	2.15	17.09	(1, 121)	0.00	0.00	0.12	0.05	0.22
	T2	7.92	2.10							
Externalizing problem behaviors (PSC)	T1	9.99	2.09	10.96	(1, 99)	0.00	0.00	0.10	0.03	0.20
	T2	8.66	1.84							
Internalizing problem behaviors (SDQ)	T1	13.19	3.38	9.76	(1, 138)	0.00	0.00	0.07	0.01	0.14
	T2	12.27	3.19							
Externalizing problem behaviors (SDQ)	T1	17.56	3.25	53.09	(1, 136)	0.00	0.00	0.28	0.17	0.38
	T2	15.49	3.21							

effect sizes were identified for both internalizing and externalizing behaviors on both measures ($\eta^2 = 0.07$ to $\eta^2 = 0.28$). However, large effect sizes were identified for child externalizing according to the SDQ measure ($\eta^2 = 0.28$) and large effect sizes for child internalizing when using the PSC measure ($\eta^2 = 0.23$).

False discovery rate

To increase the rigor of analyses, we used correction for false discovery rate according to the Benjamini and Hochberg (1995) method, with an alpha level = 0.05. The resulting p values are presented in Table 3, indicating that even with a false discovery rate of 5%, all of our effects remain statistically significant.

DISCUSSION

Feasibility outcomes

An overall retention rate of 80% was achieved when considering families that provided consent to participation in the study and completed T2 assessments ($n = 281$). With regard to intervention dosage, our retention hypothesis of 60% of families completing at least six parenting group sessions and T2 assessments was exceeded by 13.7%. Average satisfaction scores were high across all parenting groups.

These outcomes are promising, particularly when considering the intense nature of COVID-related challenges that negatively impacted the implementation of this study. We attribute feasibility achievements to several factors. First, the data collection team was thoroughly trained in strategies to effectively assist families with COVID-related challenges. Mid-week calls were also conducted with all families to monitor progress with the newly acquired parenting skills, as well as to address contextual challenges that represented barriers to participation in the program. Finally, make-up sessions were also offered to caregivers who missed group sessions.

Parenting outcomes

Effect sizes for all parenting outcomes corresponded with published outcomes of efficacious PT prevention interventions (Michelson et al., 2013). These results are promising and constitute evidence of the high relevance of culturally adapting PT interventions for dissemination in Latin American contexts (Garcia-Huidobro et al., 2018).

Furthermore, current results justify the need to adhere to the core components of PT interventions to enhance protective and nurturing parent skills (Parra-Cardona et al., 2017). Considering the persistent high rates of child maltreatment, neglect, and punitive parenting practices in Latin America and the Caribbean (Devries et al., 2019; UNICEF-Chile, 2019), these findings indicate that the adoption of culturally adapted PT prevention interventions constitutes a relevant alternative to prevent this serious public health problem in the continent (Mejia et al., 2017).

However, because the current research design lacked a control group and distal follow-up measurements, results cannot be used to claim the efficacy of GenerationPMTO in the Chilean context. Such a standard must be met by implementing a randomized controlled trial with at least one control intervention condition and at a minimum, one long-term follow-up assessment to examine the distal effects of the intervention (Gottfredson et al., 2015).

Child outcomes

Study findings supported our hypotheses related to child outcomes. As previously stated, the positive intervention impacts on child outcomes highlight the importance of adhering with fidelity to the core parenting components of original PT interventions (Forgatch et al., 2005). However, fidelity adherence must always be associated with indicators of high contextual and cultural relevance of adapted intervention for focus populations (Domenech Rodríguez et al., 2011).

Furthermore, the large effect sizes on intervention outcomes constitute promising empirical evidence of the positive impacts associated with PT prevention interventions adapted for the Latin American context (Garcia-Huidobro et al., 2018). In the case of Chile, the large-scale implementation of PT prevention interventions is urgent, considering that only a minority of parents (32%) who participated in the 2017 Early Childhood Longitudinal Study, reported having knowledge of non-disciplinarian parenting methods (UNICEF-Chile, 2019).

STUDY LIMITATIONS

Important limitations must be noted. First, this study consisted of a pre-post and quasi-experimental design without a control condition nor distal follow-up measurements that would allow for the identification of potential sleeper effects. Thus, definitive claims of effectiveness can only be made until a control condition and at least one distal measurement are included. Current results also carry the risk of reporting bias as parental reports of child behavior were not triangulated with alternative sources (e.g., teachers' reports of child behaviors) nor measurement approaches (e.g., behavioral observations of parent–child interactions). In addition, because the study was underpowered, we were not able to implement moderation studies to examine the role of key variables such as municipality of residence and gender. Finally, more rigorous recruitment and screening procedures should be implemented in future trials to ensure that research participants are at clear risk for engaging in child maltreatment and neglect. Addressing this issue is essential to justify the preventative nature of the adapted intervention with populations that are at demonstrated risk for engaging in child maltreatment and neglect. In closing, the aforementioned considerations constitute major methodological limitations that should be thoroughly addressed before any claims for intervention efficacy can be made. We hope to address these limitations in future studies with alternative funding sources that will allow us to offset the cost of a more rigorous research design.

CONCLUSION

Notwithstanding considerable study limitations, current findings are promising and constitute evidence that culturally adapted PT interventions can have a relevant impact in Latin American contexts, as long as they are thoroughly adapted to achieve high contextual and cultural relevance. Furthermore, this investigation demonstrated the high feasibility of implementing these interventions with low-income populations through virtual intervention delivery methods. Considering the high rates of child maltreatment and punitive parenting across Latin America and the Caribbean, promoting these lines of research remains an urgent and permanent call for strongly promoting these lines of research.

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