

Understanding the Needs, Preferences, and Feasibility for Parent Training in Hmong Americans

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To provide a culturally competent parent training program for Hmong American parents, we sought to identify their cultural preferences and parenting needs, as well as to culturally adapt an evidence-based parent training program—Incredible Years (Webster-Stratton, 2006). Using a community-based participatory research framework, the study consisted of the following four distinctive phases: (a) gather stakeholders and identify the problem through a survey and focus group, (b) obtain qualitative data from Hmong American parents through theater testing and feasibility groups to elicit their feedback on the Incredible Years curriculum, (c) culturally adapt the Incredible Years curriculum based on thematic analysis of the qualitative data, and (d) pilot test the revised parenting curriculum and reflect upon the process of conducting community-based research.

What is the public significance of this article?

It remains a challenge to effectively engage communities of color that underutilize mental health services. The authors present a cultural adaptation process to the Incredible Years parent training program for Hmong American parents. Using a community-based participatory research design, the authors offer a step-by-step, culturally responsive approach to engage and empower a local community receiving parent training.

Keywords: Hmong Americans, community-based participatory research, cultural adaptation, parent education, Incredible Years

Hmong people fled ethnic persecution after the Vietnam War and eventually resettled as refugees throughout the United States (Hein, 2006; Vang, 2010). According to the 2010 U.S. Census, Hmong Americans are one of the fastest-growing ethnic groups, and the Minneapolis–Saint Paul metropolitan area, where the current study takes place, has the largest concentration of Hmong American populations in the country (Lor, 2009). Despite war trauma and acculturative stress, Hmong Americans have demonstrated remarkable resilience and achievements in literacy, education, and economic progresses (Lee et al., 2004). Nevertheless,

they continue to face numerous challenges. Hmong Americans have the lowest per capita income of any racial or ethnic groups (\$10,949); have the highest poverty rate (26%), including nearly one third of children living in poverty; and have the lowest rates of educational attainment (14% have a bachelor's degree or higher, and 61% have a higher school degree or higher; Asia Pacific American Legal Center & Asian American Justice Center, 2011). These disparities place Hmong American children at persistent risk for a broad range of physical and mental health problems, as well as academic difficulties (Aber, Jones, & Cohen, 2000).

Evidence-based parent training is a possible solution to address these disparities in Hmong American children. Evidence-based parent training has been demonstrated to have long-term effect to affect children's mental, emotional, and behavioral disorders as well as achievement of developmental competencies (Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011). However, there are no published studies, known to the authors, on Hmong American parent training. This study aimed to fill in this critical gap by presenting the cultural adaptation and implementation process of an evidence-based parent training program to Hmong American parents. Before the implementation of an evidence-based treatment, it is important to determine the cultural fit of current evidence-based parent training programs, as well as what adaptation mechanisms are needed to meet the needs of Hmong Amer-

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ican families, given the strengths and resilience of the community. Using a community-based participatory research (CBPR) approach, we describe an ongoing preventative intervention program, Incredible Years (IY; Webster-Stratton, 2006), that seeks to address the cultural preferences, needs, and feasibility issues in parent education training among Hmong Americans.

Parent Training

Evidence-based parent training has been found to alter the negative developmental trajectories of children's academic and behavioral outcomes (Landry, Smith, Swank, & Guttentag, 2008; Sandler et al., 2011). In a systematic review of 46 random controlled trials of preventative parent training programs (Sandler et al., 2011), parent training was found to be effective in improving a wide range of long-term outcomes for youths, such as decreasing the likelihood of mental disorders, substance use, delinquency, risky sexual behaviors, and academic difficulties. Parent training is also effective in improving parental psychosocial health, which in turn has a significant effect on parent-child relationship (Barlow, Smailagic, Huband, Roloff, & Bennett, 2014).

Many current parenting programs were originally developed for White middle-class urban families; thus, implementation with a more diverse population whose preferences and needs may vary remains challenging (Lee, Vu, & Lau, 2013). Some of those challenges include difficulties in recruitment, low enrollment, lack of engagement, and high attrition. Ethnic and racial minority families are less likely to even participate in parenting programs (Ingoldsby, 2010). Baker, Arnold, and Meagher (2011) found that invited African American and Puerto Rican families enrolled at moderate rates in the evidenced-based parent training programs (30%–41%), whereas invited White families enrolled at double the rate (78%). Furthermore, even when families sought services, regardless of race, 20% to 80% of them prematurely dropped out, receiving less than half of the prescribed intervention (Ingoldsby, 2010).

There is emerging evidence to indicate the importance of tailoring evidence-based programs and services to the cultural characteristics, needs, and preferences of the target community (Bernal & Domenech Rodríguez, 2012). Meta-analytic studies highlighted the benefits of culturally adapted interventions when working with historically disadvantaged racial and ethnic groups. In fact, studies found culturally adapted interventions were four times more effective than traditional treatments (Griner & Smith, 2006; Smith & Trimble, 2016). A recently published meta-analysis on culturally adapted parent trainings also indicated small to moderate effect

sizes on positive parenting behaviors, parent-child interactions, and child psychosocial development (van Mourik, Crone, de Wolff, & Reiss, 2017). Given the robust findings regarding the effects of culturally adapted interventions, it is critical to assess the needs, preferences, and feasibility for parent training with Hmong American families before cultural adaptation.

Community-Based Participatory Research

The current study used a CBPR framework. CBPR was developed in response to etic approaches in research that were disconnected from the lived experiences of the studied populations (Minkler & Wallerstein, 2011). Specifically, CBPR is an orientation or framework, rather than a particular set of methodologies, to research that emphasizes participation among community members, organizational representatives, and academic researchers. All stakeholders mutually share control over the research process, with agreed-upon principles of colearning, mutual benefit, and long-term commitment. CBPR is especially beneficial when working with historically disadvantaged communities to address the inherent power dynamics between the community members and the researchers (Wallerstein & Duran, 2006). As such, CBPR has been proposed to be an appropriate venue of research with Asian American communities, given the complex migration history and mental health disparities (Okazaki, Kassem, & Tu, 2014).

We adopted a CBPR framework to investigate the Hmong American community's parenting and parent training concerns, as well as their social and cultural dynamics. CBPR emphasizes the ecological model (Bronfenbrenner, 1979) to examine a locally relevant issue—disparities in the Hmong American community—from individual, family, and societal levels, taking into consideration social, historical, economic, cultural, and environmental factors (Minkler, & Wallerstein, 2011). CBPR also is inherently translational (Rhodes, Malow, & Jolly, 2010), which is consistent with the goal of the current study to transfer the knowledge gained into actions (e.g., interventions, policy change) to improve the health and well-being of the community members (Israel et al., 2003).

As indicated in Table 1, we present four phases of the study, a format used in previous research that sought to highlight the process of CBPR (Lau, 2012; Bermúdez Parsai, Castro, Marsiglia, Harthun, & Valdez, 2011). The first phase of the current study was to identify the cultural preferences and parenting needs of Hmong American parents. This was accomplished through involving all the stakeholders and gathering background information. The second and third phases sought to determine the cultural appropriate-

Table 1
Phases and Methodology

Phase	Methodology
1. Stakeholder involvement and evidence gathering	<ul style="list-style-type: none"> • Conduct preliminary need assessments with Hmong American parents • Conduct focus group interview with Hmong American clinicians
2. Theater testing and feasibility study	<ul style="list-style-type: none"> • Administer theater testing to Hmong American parents • Administer IY to Hmong American parents and elicit their feedback about IY
3. Qualitative analysis and cultural adaptation	<ul style="list-style-type: none"> • Analyze the results of theater testing and feasibility study • Develop culturally adapted IY curriculum
4. Pilot study and lessons learned	<ul style="list-style-type: none"> • Administer culturally adapted IY to Hmong American parents and elicit their feedback • Analyze the feedback on culturally adapted IY

ness and feasibility of the IY parent training; the information gained from the qualitative analyses was used to culturally adapt the IY program. In the fourth phase, culturally adapted IY parent training program was pilot tested with Hmong American families, and we ended with our reflections for the research collaborative (i.e., all stakeholders) on the CBPR process.

Phase 1: Stakeholder Involvement and Evidence Gathering

It is important, under a CBPR framework, to identify and involve all the stakeholders during the initial process (Minkler & Wallerstein, 2011). In this study, one of the primary stakeholders was the Amherst H. Wilder Foundation (henceforth, Wilder). This organization is a nonprofit health and human service organization and its mission is to address the needs of vulnerable populations in the Saint Paul, Minnesota, area. Wilder staff, which included Hmong American mental health providers, Hmong American facilitators, and White American organizational administrators, worked alongside the Asian American research team and Hmong American parents recruited from the community. Working together, the research collaborative sought to culturally adapt the IY program.

Wilder has offered the IY (Webster-Stratton, 2006) parent training programs since 2004. IY consists of a series of evidence-based programs, targeting parents, teachers, and children. The length of IY series curriculums range from four to 18 sessions, depending on the implementation model (i.e., prevention vs. intervention), target populations (i.e., parent, children, or teacher), the risk level, and other factors. The program promotes emotional, social, and academic competence. IY has been demonstrated to prevent, reduce, and treat behavioral and emotional problems in young children (see meta-analytic review by Menting, Orobio de Castro, & Matthys, 2013). In this current study, the IY parent training refers to the 12-session version preschool curriculum offered at Wilder. This curriculum is designed for parents who have children between the ages of 3 and 5 years. As manualized in the treatment, parents are first exposed to skills-related promotive factors and positive development (e.g., child-directed play, positive attention), before moving on to directly address the management of disruptive child behaviors (e.g., limit setting, timeout). A variety of strategies such as vignettes, role-plays, and coaching are used for teaching these parental skills.

In 2009, Wilder received a Science and Service Award from the Substance Abuse and Mental Health Service Administration for its exemplary implementation of IY as an evidence-based service. Despite Wilder's early success with IY, only one Hmong American parent had participated in the program prior to 2011. This statistic was especially concerning given that the Minneapolis–Saint Paul area has the largest concentration of Hmong Americans in the United States, as well as the disparities of the Hmong American community. Wilder's mission is to promote the social welfare of individuals and communities in the greater Saint Paul metropolitan area. Therefore, the third author, who is the director of parenting training at Wilder, invited university researchers to provide cultural consultations to increase Hmong American parents' participation in IY.

In 2011, Wilder, in consultation with university researchers, interviewed 12 Hmong American parents in their preferred language (Hmong or English) regarding their parenting challenges, cultural concerns, and interests in parent training services. "Have you experienced any other challenges specifically related to being a Hmong parent in the U.S.?" and "What is the best way to introduce parent education services to the Hmong community?" were the sample questions that were included in the interview. Parent responses were compiled and coded for thematic analysis. The results from these initial assessments indicated that Hmong American parents perceived their main roles and responsibilities were to ensure a good education for their children. A series of parenting concerns was also raised in these initial parent surveys, such as the need to balance between discipline and communication with children, along with parenting in a large household with multiple children and generations. Parents voiced other concerns related to finances, poverty, and lack of education. They also conveyed a need for parent education programming. In addition, parents expressed interest and willingness to attend parenting education.

Next, researchers conducted a focus group with six Hmong American clinicians in English at Wilder who mainly worked with Hmong American families by providing mental health and social services. The researchers asked clinicians to provide responses to similar questions that were surveyed in Hmong American parents. In addition, clinicians were asked for input regarding the IY curriculum, its cultural appropriateness for Hmong American families, and strategies to recruit and engage Hmong American families. Although Hmong American clinicians generally agreed the IY curriculum could be beneficial to Hmong American families, they expressed several barriers for parents to join the IY parent training at Wilder, including logistics, financial, linguistic, and cultural concerns. For instance, clinicians conveyed that some parents might not be able to understand IY's core concepts such as child-directed play, as it might be culturally discordant. Overall, the initial input from Hmong American clinicians and Hmong American parents in Phase 1 highlighted the parenting needs of the Hmong American community and the gaps between their needs and the services offered at Wilder.

Phase 2: Theater Testing and Feasibility Study

The objective of Phase 2 was to further identify and clarify the parenting needs and preferences as well as to receive feedback on IY curriculum from Hmong American parents through theater testing and a feasibility study. To achieve this goal, the research collaborative used an innovative approach to treatment adaptation known as theater testing. Theater testing is traditionally used in marketing and advertising but has been used in the context of health communication and treatment adaptation (Wingood & DiClemente, 2008). In theater testing, participants are invited to preview a new treatment program or health product and share their feedback and input afterward (National Cancer Institute, 2004). Theater testing was used to examine Hmong parents' reactions to the IY curriculum in a relatively short period. Following theater testing, a feasibility study was conducted to further determine if IY could be successfully implemented with Hmong Americans. During the feasibility study, parents participated in the IY curriculum, rather than critiquing the curriculum as "audiences" during theater

testing. These two different methodologies were used to ensure the robustness of the data collected during Phase 2.

Theater Testing

Hmong American parents were recruited for a six-session theater-test group from January to March of 2012. Flyers were posted at multiple Wilder locations, local mental health agencies, and community centers in the Saint Paul area. The flyers were written in both Hmong and English. To remove logistical barriers, the recruitment flyers indicated free childcare services, meals, transportation, and a \$25 gift card compensation for each session attended. Eligibility criteria for the study were self-identified Hmong American parent with at least one child between 3 and 5 years old. This age range was targeted because the IY preschool curriculum was specifically design for this age-group. Referrals and recommendations were made by Wilder case managers, Hmong health care coalition staff members, and employees at state and county agencies. A Hmong-English bilingual staff member provided additional information about the study for interested parents via telephone. Sixteen parents reached out to us, and six of them did not return our phone calls.

The final sample included 10 Hmong American parents, including three heterosexual couples and four mothers (one single parent), with an average age of 32.7 years ($SD = 5.81$). The majority of these parents ($n = 9$) were born in Laos or Thailand. Participants reported having lived in the United States from 5 to 32 years, which served as a proxy for the varied acculturation levels among participants. Six parents completed or received some college-level education, and four parents had a high school degree or no formal education. The average number of children in these families was 4.3, with children's ages ranging from 1 to 16 years. All of these demographics, except the education attainment, were consistent with characteristics of a local community sample collected during 2005 in Saint Paul (Xiong & Lee, 2005). In Xiong and Lee's (2005) report, 22% of the participants received college-level education, 16% of the participants graduated from high school, and 62% received less than high school-level education. In addition, four IY facilitators (two White and two Hmong Americans) and one researcher (Korean American) participated in these focus groups. The primary reason to include the White facilitators for the theater testing was due to their robust experience as facilitators of the IY curriculum. They cofacilitated with the Hmong American facilitators as part of the capacity-building process until the Hmong American facilitators gained more experiences conducting the IY curriculum independently. Eight parents completed the theater-test group and they attended 4.5 sessions on average. One couple who only spoke Hmong dropped out after the first session, thus further indicating the need to provide linguistic competent service even during the engagement stage.

To give a brief outline of the six-session theater-test group, the first session focused on introducing the objective of the study and establishing the ground rules among group members. Participants shared their lived experiences, strategies, and challenges in parenting their children. The four subsequent sessions consisted of facilitators presenting the content and activities of the IY parent training preschool curriculum and eliciting feedback from parents about applying each component in their own family (e.g., child-directed play, IY pyramid, academic coaching, praise, limit setting,

video vignettes, and homework assignments). These four sessions constituted as a preview of the program is a hallmark of theater testing. "Was this lesson relevant to you?" "How was the lesson on praise and encouragement relevant to you?" and "What would you change about this lesson?" were the sample questions posed to the parents during these four sessions. These questions were mostly open-ended and specific to the IY content. The final session focused on discussing the effectiveness of IY program delivery. Specifically, participants provided critiques on the promotional flyers, additional topics to be addressed, the overall structure of the IY curriculum, and recruitment and retention strategies for other Hmong American families. These focus groups were conducted in a mixture of Hmong and English.

Feasibility Study

After the theater testing, a 14-week feasibility study was conducted from March to June of 2012 with a total of eight Hmong American parents. Five parents were from the theater-test group and three new parents joined the theater-test group. There were two heterosexual couples and four mothers (one single mother) with an average age of 32.9 years ($SD = 5.94$). Six parents were born in Laos or Thailand and lived in the United States from 5 to 32 years. Notably, all parents in the feasibility study group reported to have received some level of college education, with one parent having a master's degree. Due to the high educational attainment in our sample, extrapolation of the findings from the current study to a more diverse and lower socioeconomic sample should be made with caution. Six parents completed the feasibility study for a 75% completion rate and they attended 10 sessions on average. One parent dropped out after the second session, and another parent attended only five sessions.

The 14-week feasibility study was composed of 12 sessions of IY parent training for parents with 3- to 5-year-old children and two sessions of parents' evaluation and feedback on the IY curriculum. All 12 sessions were delivered by two Hmong-English bilingual IY facilitators. Per IY protocol, a weekly session checklist was used to ensure fidelity to the IY curriculum. The two feedback sessions took place after the ninth and the 12th IY session, during which parents evaluated the parenting skills from the IY curriculum, as well as the overall structure of the program delivery.

Phase 3: Qualitative Analysis and Cultural Adaptation

Thematic Analysis

The recordings from the 6-week theater-test group and the two evaluative sessions of the 14-week feasibility study were transcribed by Hmong American professional transcribers into English and reviewed by research assistants. On the basis of these eight transcripts, the aim of Phase 3 was to explore the needs, preferences, and feasibility for parent training in Hmong Americans via thematic analysis.

Thematic analysis is a qualitative method for identifying and reporting patterns within the data (Braun & Clarke, 2006). It was used because the thematic analysis technique is not theoretically bounded compared with other qualitative methodologies such as grounded theory and phenomenological approaches (Creswell,

2012). Data were coded by four independent research assistants, who were all Hmong American women. The coders adhered to Braun and Clarke's (2006) protocol to thoroughly generate initial codes at first.

During this initial phase, research assistants independently read and reread each transcript to immerse themselves in and familiarize with the data. Second, they generated an exhaustive list of pithy labels (i.e., codes) for the data, guided by the research question to understand the needs, preferences, and feasibility for parent training among Hmong American parents. These codes were subsequently collated into potential themes, and these themes and codes were reviewed through an iterative process to ensure its internal homogeneity within each theme and external heterogeneity among the themes (Patton, 1990). In other words, the data were repeatedly categorized and classified into codes that were exhaustive within that given theme while mutually exclusive between each of the themes. For example, "family structure" used to be the sixth theme and it was recategorized into the "stress" and "cultural dynamics" after the team noticed that parents either discussed "family structure" in the context of general parenting stressors or the relation to Hmong culture and their parenting practices. The coders met with the second author, who was the lead principal investigator on the study, to discuss their coding process and the rationale for grouping codes into themes. Discrepancies among coders were addressed to reach a consensual list of themes and codes. The following five consensual themes emerged from the data: (a) parenting skills, (b) child development, (c) stress, (d) cultural dynamics, and (e) program delivery. The delineation between child development and cultural dynamics was particularly challenging, due to the inherent interplay between development and culture in this study. During coding, we acknowledged this challenge but recognized the importance of keeping these two themes separate. When the emphasis was on child development and culture was secondary, quotes were coded as child development. When the emphasis was on culture in the context of child development, quotes were coded as cultural dynamics.

Finally, the transcripts were recoded on the basis of the consensual themes and codes. Secondary codes were assigned in addition to the primary codes when applicable. Throughout the coding process, the discrepancies among the coders were settled by the first and the fourth authors during the weekly project meetings.

Results

Parenting skills. This theme was defined as when parents shared effective or ineffective methods to engage with their children. These methods included were as follows: (a) coercive parenting, for example, use of fear, tone, controlling, and physical punishment; (b) play with children; (c) negative reinforcement, such as bribes and extrinsic motivations; (d) positive reinforcement, such as reward, praise, and affection; and (e) Hmong American parents served as an authority or teacher to provide structure and a role model to their children. Due to the scope of this article, only selective quotes and codes are presented in the following text. In the following quote, Parent 7 from Theater-Test Group Session 1 shared his current parenting view and practice on coercive parenting (a):

Whoever is being naughty, we tell him to come here and we use a rubber to snap at their ear and they understand and quietly go to their room. Then he understands that he did something wrong.

Parents varied in their understanding and acceptability of different parenting skills. Parent 7 in the abovementioned quote expressed his reliance on the effectiveness of coercive parenting, which indicates a potential barrier to engage parents because the IY curriculum begins with positive parenting skills. The skills that are accessible to many Hmong American parents (e.g., discipline, house rules, and limit setting) are not discussed in IY until the later section of the curriculum, by then parents may have become disengaged or even dropped out from the group. Similarly, Parent 2 from Theater-Test Group Session 5 emphasized the importance of respecting parents (e) in socializing her children:

To respect parents as authority figures. I think that might be a good introduction for them going into their later years for them to respect authority figures.

In contrast, Parent 3 from Theater-Test Group Session 3 indicated how she learned to play with children (b). Unlike other parents in the group, due to her prior parent training experience, playing became "normal" to her:

It [playing] feels normal. The reason why I said that is because I have been doing kids activities with my kids, especially the younger one—5 years old. That is because I started parenting class almost a year ago and I have been doing that for a year now. At first it felt kind of awkward because it's really nothing that we're used to doing before but it's pretty normal now.

This positive view on playing with children indicates the openness of the parent to learn and willingness to change. Therefore, it is critical for culturally adapted parent training to help facilitate, empower, and reinforce these changes.

Child development. Qualitative data were coded under child development when Hmong American parents expressed their understanding about child development knowledge (or lack thereof) varying by age and individual differences. Data were also coded as child development when the parents stated the need to recognize developmentally appropriate parenting and how it can contribute to child well-being and school readiness. This theme comprised the following three codes: (a) knowledge of child development, in which parents were able to recognize developmentally appropriate needs from each child; (b) acknowledging developmental differences among children; and (c) concern for children's future, particularly the importance of education and success. For instance, Parent 2 from Theater-Test Group Session 2 expressed her understanding in applying learned skills on the basis of the developmental milestones of the child (a):

Sometimes not knowing the words to use or the ways different children communicate. Or communicate in the language of children. Learn about how to discipline children effectively that is appropriate to the age of the child.

Developmental differences are particularly relevant in many high-density Hmong families (i.e., families with a large number of children close in age range per household). Parent 3 from Theater-Test Group Session 1 commented on her experiences in parenting children of different ages (b):

Getting the kids to understand that each of their needs are important and that the older ones have to understand that the younger ones are younger and need more attention.

Finally, as an exemplary quote about concern for child future (c), Parent 2 from Theater-Test Group Session 2 emphasized the importance of higher education for her children to escape poverty in her family:

I want to learn how to support children so they can go to higher education so they do not drop out of school so they do not end up being poor like me. I want them to be able to help themselves as well as help their children to succeed. I want to learn new ideas so I can help my child in the future.

This is consistent with findings from interviews with Hmong American adolescents who expressed the high expectations from their parents in stressing the importance of education (Juang & Meschke, 2017; Moua & Lamborn, 2010).

Stress. Stress was defined as when parents discussed individual and environmental stressors affecting their parenting. These stressors included the following: (a) parental stress and emotional struggles with parenting, (b) time constraints (e.g., work schedule, time with children), (c) lack of energy, (d) focus on basic needs and survival, and (e) family structure (i.e., number of children, marital status, multiple caregivers, and living with in-laws). For example, Parent 2 from Feasibility Study Session 10 shared the importance to have alone times as parents (a):

Take a break or a timeout for yourself as a parent to rethink about the situation because that's what I learn. As parents you need your time out too. Right at that spur of moment, you are losing patience and yelling, it doesn't do anything.

Parent 9 from Theater-Test Group Session 2 shared various barriers she encountered, including the lack of time to play with her children (b):

Barrier—finding the time to play with the kids especially when both parents work and we are traveling from work to home. Another barrier would be the responsibility around the house. Working parents have to adjust between that and being with the kids.

Similarly, due to time constraints, Parent 4 from Theater-Test Group Session 2 stated that Hmong American parents have to focus on basic needs and survival (d). Notably, this quote also fitted into the theme of cultural dynamics, as the parent made the connection to the broader Hmong American community.

I guess, we as Hmong parents, we do not play with our baby or the kids because there is a lack of time. You're out in the field and when you get home, everyone is hungry. You just get and go to bed. It's survival skills as the priority. It's about food and safety and it takes over our luxury and many people do not have the time to do that.

Finally, in terms of family structure (e), Parent 2 in Theater-Test Group Session 1 described her struggle in navigating different ways of discipline in an intergenerational household:

My husband's parenting style and mine is fairly different. I'll talk to my husband's first as we also have childcare from my mom. My husband and my mom, they teach my children about consequences and that if you do something that they do not like or is considered wrong then you'll get a spanking or the use of rubber band to scare my 1-year-old.

Cultural dynamics. Cultural dynamics were coded as such when parents reflected on Hmong cultural values and practices that influenced their parenting. The following four codes emerged under this theme: (a) cultural identity, assimilation, and acculturation; (b) Hmong perspective on parenting and child development; (c) gender roles and inequities; and (d) intergenerational struggles.

Parent 2 from Theater-Test Group Session 6 described the shared experiences of Hmong American parents and children in navigating Hmong and American culture simultaneously (a):

I think it is something that kids struggle with and parents themselves, if they are a younger generation then they struggle with that, themselves, being caught into two different cultures, being Hmong and American. Trying to make it work the two cultures work together.

Another code under cultural dynamics was Hmong perspective on parenting and child development, including their cultural and emotional restraint, public perception of parent and child, and cultural role expectations. For example, Parent 2 from Theater-Test Group Session 2 indicated impatience was a struggle for many Hmong American parents (b):

It's something that in the Hmong community, I hear that a lot. That you have to have patience with your children and try to have that skill ongoing. Sometimes as a parent it is a struggle because how do you get more patience when you're running out of patience.

Parent 3 from Theater-Test Group Session 4 commented on the impact of public perception and emotional restraint on Hmong American parents' uptake in praising (b):

Sometimes parents might be ridiculed for having too much praise for their child because the community, meaning the Hmong community, might ridicule that one individual or belittle the praise. As a parent, you might be very proud of your child's accomplishment and give them the praise in that sense. The community might ridicule and say that, oh that child, what they did was nothing. So as a Hmong parent, you are somewhat torn about giving praise.

Gender divide in parenting was also discussed. For instance, Parent 11 from Feasibility Study Session 10 shared her husband's gender role perception in parenting (c):

Yeah for my husband, he doesn't want to take the kids out to the store by himself, because he feels that's a lady job, is to take your kids with you. If he goes, he'd just take my son. Otherwise, he'd feel like he was a stay at home dad or something.

Finally, the topic on intergenerational struggles resonated with many Hmong American parents because of the difficulties in navigating parenting and enforcing the boundaries when grandparents are part of the family structure. This code was selected when parents made the connection between their parenting practices and Hmong culture. For example, as Parent 2 from Feasibility Study Session 14 stated,

That is especially true because a lot of Hmong families, there is a lot of generations that live together. I think from our parent discussion, there was a lot of talk about how parenting styles are different from a different generation. How it is different from your in-laws, your mother, or grandparents if you have them watch your children. The things that they are teaching your children are contrasting.

Program delivery. The theme program delivery was coded when parents offered their feedback on how to present and deliver

IY to the Hmong American community, including (a) things they liked and disliked about IY, as well as things they learned from the IY curriculum; (b) program logistics, such as labeling terms, handouts, definitions, and available resources; (c) parental support from each other; (d) marketing, such as Hmong American videos or newspapers as outlets; and (e) cultural fit, including learning style and communication preference and need for guidance or direction of parent activities and practices. Parents offered feedback about strategies to make IY concepts relevant to Hmong American culture. Specifically, they suggested the use of testimonials to explain long-term effects of good parenting, elaborating on the cause and effect between parenting and child outcome, connecting parenting skills with results, and using vicarious or indirect learning.

In the next quote, Parent 2 from Feasibility Study Session 14 indicated many new things she learned through IY curriculum (a):

I guess learning the differences between traditional [values] and what we learned here, what is more helpful for the child? I had some thought into it with everything I've learned. I grew up with traditional [values] so it's always been really harsh. I didn't have the mindset of if I have kids I'm gonna discipline them differently . . . And me being here I learn a lot and my son is good enough to have him express back by teaching him these skills too . . .

Parent 4 from Feasibility Study Session 10 also gave positive feedback on the connection and peer support among Hmong American parents during the program (c):

It is, like you know, together like this we understand that yeah this is an issue that we all have. Not just me, it's something that we all share, we find challenging. You know, try to brainstorm together is one of the best we can try to handle the situation. Especially when the situation is like praising your child in front of other people, like they feel like you are over doing it.

Participants also presented critiques on the IY curriculum. For example, Parent 2 from Theater-Test Group Session 6 expressed concerns about the delivery of IY in Hmong language as well as the overarching IY metaphor in structuring the curriculum (e).

I think a lot of these terminologies with the English definition, it seems comprehensible but when you translate itself into Hmong. For example, the word self-esteem, when I looked it up in the dictionary and then I was thinking. If I was to interpret this into Hmong, there would be 4–5 different meanings for self-esteem . . . Then I was thinking about how to make that simplify and I think this pyramid is [also] a big key concept in the program.

These qualitative findings informed the cultural adaptation of the IY curriculum as well as implementation. Researchers, facilitators, and the parent advisory group, which was established after Phase 2 and comprised seven parents, were all involved in the cultural adaptation process. In particular, the advisory group met in July and December 2012 to discuss cultural adaptation of the IY materials before the next pilot group was launched.

Cultural Adaptation

Cultural adaptation, in our study, falls broadly into two categories that targeted engagement and treatment outcome (Lau, 2006, 2012). The first approach aimed to enhance the engagement and retention of Hmong American families in current parent training.

The second approach aimed to contextualize curriculum content to ensure the cultural sensitivity and fit with these families.

Before the delivery of the IY curriculum, two sessions were added to augment the curriculum engagement. The first session drew on a narrative approach to address the *cultural dynamics* and *stress* identified in the thematic analysis. This narrative approach in the first session helped parents to develop a sense of continuity between the self and their families' past, present, and future (Norris, Kuiack, & Pratt, 2004). We used a narrative approach because we were surprised to learn that five of the theater-test parents wanted to stay for the full feasibility study. Upon being asked for their reasons to continue with the study, they stated their appreciation for having the space to share stories with each other and their motivation to learn new parenting skills. The parent advisory group cited that personal storytelling, especially having people listen and not interrupt, helped them make sense of the world and learn from one another. During the first session, parents focused on sharing their own upbringing and their current approaches to parenting (e.g., "what's working for you and not working for you as a parent"). The facilitators then used parents' narratives to connect each parent's own past and present. Similar themes from these narratives were also used to build connection among parents. During this process, the intentions were to affirm Hmong American parents' cultural narratives and to empower their identities. The second session was developed to primarily address the *child development* identified in the thematic analysis. Information about child developmental milestones for the target age-group (i.e., 3–5 years) was provided to parents, in balance with the importance of cultural beliefs, values, and practices. For instance, facilitators acknowledged the strengths of Hmong ways of parenting especially in the context of homeland and emphasized that adapting and learning new strategies did not mean giving up the Hmong ways.

The purpose of these two pre-IY engagement sessions was multifold. First, these two sessions addressed the parents' concerns of child development, stress, and cultural dynamics in parenting as identified in the thematic analysis. Second, these sessions affirmed Hmong American parents' cultural values and identities, validated their ambivalence and frustration in parenting, and simultaneously pointed out the disconnect between their motivations and practices. Thus, facilitators prepared Hmong American parents to learn new parenting skills in a culturally sensitive way. Third, these two sessions differed markedly from the first session of most parent training programs (e.g., IY, Triple P Positive Parenting). The first session of most current parenting training programs consists of instructing parenting skills along with completing programming paperwork. In contrast, the present two pre-IY sessions provided Hmong American parents the much-needed space to share their stories and raise their concerns. Therefore, these two engagement sessions served to booster the group cohesion, individualize the program, and ultimately increase the engagement and retention in the IY curriculum.

Besides creating two engagement sessions for treatment augmentation, researchers, facilitators, and parent advisory group members developed additional strategies to contextualize the content of IY curriculum and implementation. Some key information was presented in alternative ways by culturally and linguistically competent facilitators to address the cultural fit of IY program delivery as identified in the thematic analyses. As an example of

addressing cultural fit, rather than using the pyramid analogy in the IY curriculum to describe different parenting skills, the facilitators used a gardening or a house imagery instead. In the context of a gardening analogy, positive reinforcement and playing with children need to be practiced liberally like watering and soiling, whereas punishment and boundary setting need to be practiced with caution like pruning. In addition, information about parenting with multiple caregivers was added as well as parenting challenges and tips for parents with high-density families (as reflected in the quote for intergenerational struggles).

In addition to curriculum augmentation, other implementation strategies were used to recruit and engage parents, as well as to sustain the relationships among researchers, community members, and organizations. For example, as a community agency in the Saint Paul Promise Neighborhood, Wilder hired a cultural navigator to connect these available parent training resources to the Hmong American community. Frequent meetings between stakeholders were held to foster and sustain ongoing collaboration and relationships. Wilder also set up more IY facilitator trainings to increase their service capacity.

Phase 4: Pilot Test and Lessons Learned

Pilot Test

Subsequent to the creation of two engagement sessions and revising the 14-week IY curriculum, the culturally adapted IY curriculum was pilot tested with Hmong American parents. The 16-week culturally adapted IY curriculum was tested with a new group of Hmong American parents. The objective of the pilot testing was to examine its cultural fit or the extent to which Hmong American parents would be satisfied with the content and delivery of the revised IY curriculum in addressing their cultural concerns (Mejia, Ulph, & Calam, 2016). Nine mothers were recruited to participate in this pilot-test group that started in January 2013. The average age of the parents was 29.2 years ($SD = 3.88$). Four identified as being a single parent. Six parents reported their educational background—three stated receiving college or equivalent level of education, and three reported receiving high school or equivalent level of education. Two English–Hmong bilingual IY facilitators were trained to facilitate the revised IY curriculum. In addition to the culturally adapted curriculum, one additional session was held to elicit feedback from the parents. This additional session was then transcribed into English and analyzed by the coding team using the same process on the basis of the themes and codes from Phase 3.

Similar to the thematic analysis results, participants shared about the things they liked or disliked as well as lessons they learned from the revised IY parenting curriculum. For example, Parent 1 stated,

For me it'd be limit setting, the commands, the rewards, and tangible rewards. Like what we talked about I have a problem with giving too many commands at one time and expecting him to do it. I still find myself doing it, so I think it's almost a good reminder for me to kind of give him one command at a time and then follow through. I'm still working on following through with commands. And rewards, knowing when to give rewards, when not to, and how it will affect his behavior.

Parents also offered feedback on program logistics such as scheduling and expressed their appreciation to learn from and be supported by other parents. Parent 3 commented on the booster sessions:

Yeah. I like the idea that during the first two weeks [pre-IY engagement sessions] you talk about what you do daily as a parenting, so that you can learn from other parents, too.

In terms of cultural fit, Parent 2 elaborated on the culturally sensitive delivery of the content of parent training curriculum:

I also feel that with this group, thanks all you guys for not being judgmental about my issue. But, you know, the number one thing [with parenting] is, I think with our [Hmong] parents as well, maybe I might be wrong, but I know that pride is a big issue. And you know, just being here with, Hmong people is actually pretty good because then, I do not have to have that pride. I have somebody I can relate to. They will not judge me, because we probably grew up the same way, compared to being with other ethnic groups. They'd be like, "oh, that's like child abuse," you know, but they do not understand that that's how we've been disciplined. They look at it differently and there's like an argument there and then there will not be any help there. They do not want to help you out or they just think bad things about you. So I really like this Hmong parenting group, we all can relate to each other.

In this quote, Parent 2 expressed feelings of being connected with and supported by others along with being empowered in her cultural identity through her participation in the group. Taken together, these quotes provided some preliminary evidence for the cultural fit of the culturally adapted IY curriculum.

Lessons Learned

Reflecting across different phases of the current study, there are several noteworthy points and important collective lessons for the collaborative of researchers, community agency and providers, and parents and other members from the Hmong American community. Cultural adaptation typically involves an iterative process with feedback loops (Lau, 2012). For example, in adapting evidence-based HIV interventions, Wingood and DiClemente (2008) developed a framework that consisted of eight sequential phases and three drafts of adapted interventions for a systematic adaptation. The current study consists of a full feedback loop from identifying the problem (theater testing) and gathering feedback (feasibility study) to informing cultural adaptation and further gathering feedback (pilot test) across four phases. Qualitative findings from the pilot group indicated satisfactory cultural fit of the revised IY curriculum (Mejia et al., 2016). This cyclical approach to research is consistent with CBPR principles that value the long-term commitment and full collaborations among stakeholders (Israel et al., 2003).

However, as part of the iterative process in cultural adaptation, the efficacy and effectiveness of the culturally adapted IY were not evaluated in this study. Future studies can compare the outcomes of both culturally adapted interventions and nonculturally adapted interventions (i.e., treatment as usual). The information from treatment efficacy and effectiveness studies will further inform cultural adaptations, thus creating more feedback loops. Although parents' subjective reports from the pilot study provided preliminary support for satisfaction with the culturally adapted IY curriculum, future studies can also gather quantitative evidence about the engagement (e.g.,

satisfaction) and retention (e.g., attendance, attrition) in treatment efficacy and effectiveness studies. Intermittently, Wilder received the Social Innovation Fund to expand and implement the revised IY curriculum to serve at-risk populations based on the findings from the initial cultural adaptations. This grant could provide an opportunity to test for treatment efficacy and effectiveness and give more information regarding the treatment engagement and retention of culturally adapted treatments.

In reflecting upon other CBPR principles proposed by Israel and her colleagues (2003), we have also facilitated a colearning and power-sharing process, during which Hmong American parents took ownership of the group. Hmong American community members expressed more feelings of self-efficacy and empowerment. There was a natural evolution from the focus group to the theater-test group and eventually to the formation of the parent advisory group. At the same time, organizational representatives and academic researchers learned from Hmong American community members about the local theories of parenting and parent training programs. This process fostered trust among three parties, which paved the way for the next stage of implementation and dissemination to a larger number of families in the community.

CBPR also emphasizes an equitable involvement of all stakeholders—researchers, community agency and providers, and parents and other members from the Hmong American community—in *all* research phases (Israel et al., 2003). However, the boundaries of these roles were crossed, for instance, when Hmong American community members served as community agency staff members or worked on the research team. At the same time, there were great variations in the application process of CBPR principles of equitable partnerships in *all* research phases. It is not uncommon that community members are less frequently engaged in data analysis and interpretation than in other phases of research (Cashman et al., 2008). To that end, a potential limitation of this study was the seemingly unequal distribution of efforts at different phases that posed as inequitable participation among stakeholders in the CBPR process. Given that Hmong American parents have expressed concerns about time constraints in balancing their work and family, it was challenging to request a significant amount of time from parents on data analysis (i.e., coding) and manuscript writing, beyond their input from the parent advisory group. This could pose a limitation to our interpretation of data gathered and the ecological validity of the study's findings. The lack of full participation in all phases of the research process was an important lesson learned. It is vital to be transparent and collaborative in CBPR and to establish an equitable partnership unique to each project.

Last but not least, CBPR emphasizes the issues of local relevance as well as ecological perspectives that recognize and attend to the multiple determinants of the identified issue (Israel et al., 2003). Before the initiation of this study, both national (Lee et al., 2004) and local advocacy (Karcher-Ramos, MartinRogers, Mueller, & Mattessich, 2011) organizations have reported the disparities and needs of the Hmong American community. To address the needs of Hmong American children embedded in the contexts of an ecological model (Bronfenbrenner, 1979), we targeted both the microsystem (i.e., parents) and the exosystem (i.e., Wilder). Reflecting upon the macrosystem, the influence of the increasing visibility and political influence of Hmong Americans in the Minneapolis–Saint Paul metropolitan area could trickle down to influence other systems and the process of the CBPR. For instance,

the Wilder's outreach to Hmong parents was welcomed and supported by other community agencies and the school systems. We have also witnessed the openness and willingness of all stakeholders, especially the readiness of Hmong American parents to change and make an active contribution in the CBPR process.

Conclusion

This CBPR project started with involving all stakeholders to identify a locally relevant issue. In addressing the disparities in the Hmong American community, we decided to assess the needs, preferences, and feasibility for parent training with Hmong American parents. We further provided a culturally adapted IY curriculum, informed by the qualitative findings from theater testing and feasibility study with Hmong American parents. Pilot test results indicated some preliminary evidence for the cultural fit of the culturally adapted IY curriculum. Finally, we reflected upon lessons learned for all stakeholders. We highlighted the CBPR principles about the needs for future research through an iterative process; empowerment and equitability of all stakeholders, especially the Hmong American parents; as well as the ecological model in the local context. Through these CBPR stages, we offered a possible solution to the disparities of Hmong Americans built upon the wisdom and resilience of the local community.

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