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ADAPTATION OF A LEADERSHIP TRAINING PROGRAM FOR LATINAS

by

R. LILLIANNE MACIAS

Under the Direction of Dr. Julia Perilla & Dr. Gabriel Kuperminc

ABSTRACT

Involving community participants in the adaptation of culturally-specific programs has the potential to greatly enhance program fit, particularly for socio-politically distinct implementation sites. Findings from a case study of a leadership-training program for Latina survivors of domestic violence in Atlanta, GA support a participant-centered approach to program adaptation and evaluation. A summary of the adaptation process and themes from a qualitative analysis of structured interviews with program facilitators are presented. Implications for the leadership program and future research in the area of program adaptation are discussed.

INDEX WORDS: Latino/Hispanic, Leadership training, Domestic violence

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R. LILLIANNE MACIAS

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

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R. LILLIANNE MACIAS

Committee Chair: Julia Perilla

Committee: Gabriel Kuperminc

Kelly Lewis

Electronic Version Approved:

Office of Graduate Studies

College of Arts and Sciences

Georgia State University

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1. INTRODUCTION

In the early 1970s, Casa de Esperanza was established in Minnesota by a small group of Latina advocates as a shelter for survivors of domestic violence (DV), also known as intimate partner violence (IPV). At the time, the battered women's movement was in its infancy and Latina advocates in the twin cities region of Minneapolis and St. Paul recognized a need for advocacy and education around issues of DV. In 1989, Casa de Esperanza expanded its focus and the organization began holding community workshops for Latinas who were survivors of domestic violence.

A year later, in 1990, another nonprofit organization providing services to Latinas affected by DV was established in the metropolitan area of Atlanta, GA. Caminar Latino is, to date, the only organization offering comprehensive Spanish language and culturally-relevant DV intervention and education to the Atlanta area community. Casa de Esperanza's philosophy of creating opportunities to "put the work in the hands of the community," is based on the belief that the eradication of interpersonal violence (DV) in Latino communities can only be achieved at the hands of Latino community members themselves (Casa de Esperanza, 2010). Similarly, at Caminar Latino Latina survivors of DV have helped guide the development of services to address DV in their community. For example, early participants requested services that would address the importance of family. At their clients' request, Caminar Latino staff worked with Latina survivors to develop a program specifically tailored to Latina youth witnesses of DV and later established a group for Latino men who had used violence against their families. Caminar Latino now provides a comprehensive array of family-oriented services that are culturally appropriate for the Atlanta Latina population.

Having collaborated since the early 2000s on a number of projects and initiatives responding to Latino families in the United States, Casa de Esperanza and Caminar Latino formed a unique partnership in 2008 that created the possibility of conducting research and applied work using a two-site modality in two distinct Latina populations through the National Latina Research Center on Family and Community Change. A project of Casa de Esperanza's National Latina Network for Healthy Families and Communities, the research center is staffed by Georgia State University's Violence Research and Action Lab (VRA). Under the direction of Julia Perilla, the lab consists of graduate students in clinical, community, and joint psychology programs conducting culturally relevant research and evaluation. Lab members also engage in applied work at Caminar Latino as group facilitators in youth or adult programs. As a graduate student member of the VRA lab, I was invited to participate in the adaptation of a community-based program developed in St. Paul, MN, by Casa de Esperanza. The adaptation was specifically designed for use at Caminar Latino in Atlanta. As a leadership training program designed to capitalize on existing strengths and focused on the self-empowerment of Latina survivors of domestic violence, the *Líderes* program offered an expansion in services consistent with the mission of Caminar Latino.

This collaboration between two organizations located in very different parts of the United States offered a unique research opportunity. The Latino presence in St. Paul, MN dates back to the 1860s, so the multiple generations of Latinos in that state have resulted in a strong and vibrant multigenerational community with strong roots and political and civic engagement. In contrast, the Latino presence in Georgia only dates back to the mid-1990s, around the time of the Olympics, (with the exception of some Cuban refugee families who settled in Georgia in the 1950s and 60s). The recent influx of Latinos from Mexico, Central and South America and the

Caribbean reflects a largely immigrant population that is still in the initial phases of creating a strong and unified Latino community. By documenting and examining the adaptation of a culture-specific program, the present study sought to expand current literature on DV intervention and program adaptation to date, and provide information to both Caminar Latino and Casa de Esperanza to facilitate growth and improvement of services and strengthen the Latino community in their two widely diverse regions.

2. RATIONALE: DOCUMENTING INTERVENTION ADAPTATION

2.1 Synthesis of Fidelity and Adaptation Aims

Intervention adaptation becomes mandatory whenever there are cultural differences between the community for which a program was designed and the new target population where it will be replicated. However, when these cultural or political differences are subtle, adaptation can become controversial and, at times, even adversarial (Castro, Barrera, & Steiker, 2010), particularly when success of the original intervention and similarities between the original and new target populations argue for strict fidelity to the original implementation (Morrison, Hoppe, Gillmore, Kluver, Higa & Wells, 2009). On the other hand, obvious differences between target populations suggest that adaptation is often essential even when populations share similar demographic characteristics. Adaptation may also be essential simply because the host organization differs from the original sponsoring organization in ways that make some components of the intervention impractical or philosophically unacceptable (Sixta & Ostwald, 2008).

Fidelity assessments are also important not only because they increase validity of outcome findings, but because they contribute to the external validity of a program, delineating

the important components of a program for future replication (Mowbray, Holter, Teague, & Bybee, 2003). Effectiveness research on intervention dissemination has become a priority for policymakers and program administrators due to increased demands for prevention programming and greater availability of evidence-based programs ready for replication (Brekke, Phillips, Pancake, Lewis, & Duke, 2009; Glasgow, Lichtenstein, & Marcus, 2003). Interest in program replication and adaptation has increased the need for documentation of process and practical guides (e.g., basic principles, checklists) for conducting adaptation and fidelity review. However, packaged programs do not always fit a new participant population if it differs in important ways from the population the program originally targeted. Fidelity to key components is a critical factor in the implementation of intervention programs, but also a source of considerable tension among evaluators, probably because adaptation and fidelity appear to have conflicting goals. On one hand, fidelity argues for strict adherence to an original program model, while adaptation stresses the importance of modifying programs to fit local needs. While there is consensus that fidelity is a necessary measure for outcome research (Perepletchikova & Kazdin, 2005; Castro, Barrera, & Martinez, 2004; Dobson & Cook, 1980), others caution that cultural modifications are usually necessary to fit the unique needs of a new community (Castro et al., 2010; McKleroy, Galbraith, Cummings, et al., 2006).

Adherence to key components, or the elements that most likely account for intervention outcomes, is generally viewed as striking a balance between fidelity and adaptation (Backer, 2000; McKleroy, et al., 2006), with careful attention to the retention of the most vital original components in a form that is *conceptually* faithful to their intent (Castro et al., 2010). Unfortunately, few intervention adaptations are documented in a precise way or provide

meaningful rationales for each change, and to date none have offered an in-depth, qualitative analysis of the experience (Michie & Abraham, 2004; Wainberg, et al., 2007).

2.2 Strategies for Cultural Adaptation of Interventions

Cultural adaptation is defined as modification that is culturally sensitive and tailored to a cultural group's traditional worldview (Castro el al., 2004; Kumpfer, Alvarado, Smith & Bellamy, 2002). A scientific approach to adaptation has the potential to validate the importance of cultural and social differences from one site to another in important ways, including identifying potential cultural conflicts that can lead to reactivity or resistance (Castro et al., 2004). Barrera and Castro (2006) have discussed cultural adaptation in the context of evidence-based interventions as being justifiable in the presence of ineffective engagement, unique risk or resilience factors, unique symptoms of a common disorder, or non-significant intervention efficacy. In a meta-analysis of 76 studies of cultural adaptations, Griner & Smith (2006) found that common program modifications (over 50% of studies) included incorporating cultural values, native language matching, and group matching of clients to therapists in clinical settings.

Stage models are a preferred method for conducting cultural adaptation. Stage models contain deliberate steps for determining need, elements that might be changed, and estimates of effects of modifications (Castro, et al., 2010). Often, stage models are described within the context of a specific intervention. Substance use and HIV/AIDS prevention are two areas of research that have published comprehensive stage models for adaptation (Backer, 2000; McKleroy, et al., 2006; Wingood & DiClemente, 2008).

In 2002, the Substance Abuse and Mental Health Services Administration (Backer, 2001) proposed seven stages of prevention program implementation based on their review and executive summary. The seven stages included: (1) program adoption, (2) needs and assessment,

(3) readiness assessment, (4) program assessment (i.e., theory and logic model, core component analysis, & developer consultation), (5) program implementation, (6) evaluation, and (7) sustainability.

In another model for adapting evidence-based behavioral interventions, McKleroy et al. (2006) outline the following steps: (1) assessment of risk factors, behavioral determinants, internal logic, stakeholders & collaborators, and agency capacity; (2) selection of treatment based on assessment data; (3) preparation (e.g. make modifications, focus groups); (4) pilot test the adapted intervention; (5) implementation. In their study of another program designed to promote healthy families, Kumpfer, Alvarado, Smith & Bellamy (2002) emphasized cultural relevance of programs by including a step to disseminate results of effectiveness of the culturally adapted program, as well as suggestions for engagement and empowerment evaluation.

The comprehensive stage model described by Barrera & Castro (2006) was used for the adaptation of an intervention for adult Latinas (similar to the current study) with diabetes (Osuna, Barrera, Strycker, et al., 2009). This simplified model posits the essential elements of a cultural adaptation and informed the adaptation study of a peer-intervention training program targeting Latina survivors of domestic violence. In the initial stage, information gathering, a thorough literature review of the relevant issues and assessment of the characteristics of potential participants is recommended. In the adaptation study described by Osuna and colleagues (2009), the information gathering stage also included focus groups with a group of Latina women. Stage 2 of the model is the preliminary intervention design. In this stage, a draft of the adaptation design is prepared as informed by the previous stage. The third stage is the preliminary adaptation test. In this stage a case study of the adapted pilot program can include quantitative assessments and interviews with program agents or participants to examine the impact of the

adaptation and discuss sources of program non-fit, implementation difficulties, and program content/activities. The fourth and final stage, adaptation refinement, involves the revision and implementation of the adapted program as a result of findings from the previous stages, to include a more rigorous research design to examine program effects. It is important to note that Barrera and Castro (2006) encourage a systemic partnership in the initial stages of adaptation to integrate different stakeholder concerns. Due to the nature of this partnership, an adaptation draft may continue to evolve over time.

2.3 Adapting Interventions to Fit Different Latino Populations

Among Latinas, one important consideration for cultural adaptation is acculturation or assimilation, which may reflect a significant loss of traditional cultural practices and family support (Alderete, Vega, Kolody, & Aguilar-Gaxiola, 2000; Reyes, Van de Putte, Falcón, & Levy, 2004). For instance, parental authority is often undermined when children who learn English in school are asked to act as interpreters (Rumbaut, 2005; Weisskirch & Alva, 2002). It is important to note that Latino groups may differ in respect to their level of acculturation on a number of dimensions including language, media use, and social interactions. Still, effectiveness studies on cultural adaptation suggest that effect sizes were up to twice as large as average effect sizes for low-acculturated Latinos than for more acculturated Latinos (Castro, Barrera, & Steiker, 2010; Griner & Smith, 2010). Regarding DV intervention, Latinos' concerns about the stigma of DV, relevant local laws and economic considerations, residential stability and legal status of participants, and the availability of resources, are all potential sources of target population differences that may also call for program modifications.

Because Latina populations may reflect differing rates of acculturation, socio-economic status, and legal status, modifications to key program components may be required prior to

implementation in a different geographic area, even if the ethnic population is similar (Morales, 2009). Additionally, constructs like assertiveness and disclosure may have different meanings for Latina women living in different sociopolitical realities (first-generation immigrants vs. Latinas living in well-established, multi-generation communities). Although empirical studies of cultural adaptation exist, we are unaware of any research on the effectiveness of adapting an ethnic-specific intervention for use with the same ethnic group in a different geographic location.

2.4 Rationale for a Cultural-specific and Adaptive Latina Intervention

Domestic violence is a serious social problem that affects all women. Given the similar prevalence rates across racial groups (Tjaden & Thennes, 2000) it is clear DV is not a problem of a single culture or group of people. However, cultural differences can affect women's experience of DV and the efficacy of intervention for Latina populations. Latina survivors of DV in particular represent a heterogeneous group that may experience unique barriers to receiving assistance, experience unique forms of control by their partners, as well as exhibit strengths in coping with partner violence.

Lifetime prevalence rates for Latina/Hispanic women have been found to range from 13.4% to 25.7% (Kaufman, 2005). A different study found 5.3% of adult women classified as Hispanic had experienced DV in the previous year (McFarlane, Groff, Watson, & Watson, 2005). Additionally, within-group differences in male-to-female DV were reported for Puerto Rican (20.4%), Mexican (10.5%), and Cuban American (2.5%) couples (Aldarondo, Kaufman, Kantor, & Jasinski, 2002). The intersection of multiple cultural identities and factors such as immigration status and acculturation may impact rates of DV in Latino subgroups. Glass and colleagues (Glass, Perrin, Hanson, Mankowski, Bloom & Campbell, 2009) found that Latina women experienced sexual abuse as a control mechanism more often than non-Latinas. Dutton,

Orloff, & Hass (2000) found that married immigrant Latina women were more likely (59.5%) to experience physical and sexual violence than unmarried immigrant Latina women (49.8%), and that immigration status is a common and powerful control mechanism used by partners of immigrant women to force them to stay in a relationship.

Women who experience DV are at increased risk for depression, stress, PTSD, physical injury, HIV infection, and substance use (Hazen, Connelly, Soriano, & Landsverk, 2008; Perilla, Bakeman & Norris, 1994; Rodriguez, Heilemann, Fielder, Ang, Nevarez & Mangione, 2008). For Latinas specifically, lifetime reports of physical symptoms and depression were found to be significantly higher for abused Latinas versus non-abused women (Bonomi, Anderson, Cannon, Slesnick & Rodriguez, 2009). Often the aforementioned socioeconomic, legal, and personal stress experienced by Latina women occurs within a larger societal environment of overt and covert racism and stereotyping. Despite the findings of the deleterious effects of DV, Latina survivors of domestic violence have the potential to draw on both personal and cultural strengths to cope with and prevent further violence. Latina women have reported use of a range of coping responses such as familial support, religion, and talking with their partners (e.g. Brabeck & Guzman 2008).

2.5 An Alliance for the Promotion and Study of Latina Empowerment

There remains a scarcity of research examining culturally-specific DV prevention and intervention programs that capitalize on existing strengths of female survivors of DV and methodological issues have limited domestic violence research in Latino populations (Perilla, Lippy, Rosales & Serrata, 2009). Despite the potential complexity in addressing DV within Latina populations, Latina survivors often demonstrate resilience, strength, and insight into ways to strengthen their own families and communities. It is the promotion of awareness among Latina

women of their own ecology and strengths that may be key to addressing the issue of DV on a community level (Perilla, 1999).

Both Caminar Latino and Casa de Esperanza share a similar, early shift from agency-directed to client-directed services. Caminar Latino and Casa de Esperanza are both grounded in the idea of *concientización* (critical consciousness), and both agencies strive to keep alive a philosophy of client self-empowerment and community political activism (Freire, 1994; Martin-Baro, 1994). *Concientización*, which was first proposed by Paulo Freire in 1971 and introduced to mainstream clinical psychology by Ignacio Martin-Baró in 1994, can be succinctly defined as the process of becoming aware of one's place in society and developing both a critical understanding of the history of societal oppression and active opposition to this oppression as it exists in current society (Perilla, 1999). Immigrant Latinas must understand not only the history and current social conditions of their country of residence, but also the history and social conditions they experienced in their country of origin. *Concientización* reminds women that they are not facing these life challenges alone, and this concept is even more powerful when immigrant women are able to see that the answer to oppression is to work together to change the society in which they and their families live (Perilla, 1999).

A focus on culture-specific DV intervention does not eliminate the need for adaptive programming. Rather, the emergence of more programming aimed at specific cultural groups underscores the need for programs that are responsive to community values and needs. The challenge for organizations and program developers is to view communities and cultures as dynamic and changing, as opposed to static, and to recognize community members' unique experience as the best source of information on how to meet community needs.

3. THEORETICAL PERSPECTIVES OF THE CURRENT STUDY

3.1 Adaptation Rationale: Differences between Two Latino Communities

The intervention adaptation under study was initiated to address specific population and economic differences between the original intervention site in Minnesota and the new intervention site in Georgia that suggest a need for planned curriculum change. The 2010 U.S. Census (http://diversitydata.sph.harvard.edu/Data/Profiles) shows that the percentage of Atlanta, Georgia residents who are Hispanic (10%) is about twice the percentage of Hispanics in the Twin Cities area of Minneapolis and St. Paul (5.4%). The Twin Cities area has seen a steady increase in Hispanic residents from 22,400 in 1980, to 99,100 in 2000, to 176,280 in 2010. By comparison, Atlanta's Hispanic population grew from 24,700 in 1980, to 270,400 in 2000, to 547,400 in 2010, a growth rate over the last decade that was four times that of the Atlanta general population (102% vs. 24% increase, respectively). The faster growth rate for Latino residents in the Atlanta area, compared to the Minnesota Twin Cities area, underscores the critical shortage of culturally appropriate Latino family-oriented medical and mental health interventions throughout the southern United States (Odem & Lacy, 2009).

Not only is the Latino population of Georgia more numerous and growing at a faster rate than the Latino population of Minnesota, differences in the political climate suggest Latinos in Georgia are subject to more intense discrimination than the Latino population of the Twin Cities area of Minnesota. Population growth appears to have spurred strong resentment toward Latinos, particularly toward new immigrants, on the part of non-Latino residents in Georgia. This inference is supported by a contrast between recent legislative actions in the states of Minnesota and Georgia. While the state of Minnesota passed a law in 2001 (Statute § 626.951) that forbid

racial profiling (http://www.aele.org/minnprofile.html), as well as a legislative mandate to monitor compliance with this law that produced a 2003 study of racial discrimination (http://www.irpumn.org/uls/resources/projects), the state of Georgia passed a discriminatory law on April 15, 2011 (House Bill 87) similar to the now notorious law passed by Arizona, which authorizes police to demand proof of legal residency for even minor infractions, such as a moving traffic violation.

The greater threat of arrest and deportation to Latino residents of Georgia is evident not only in a contrast of the two states' legislative mandates, but also in the percentage of Latinos in each state who are undocumented immigrants. Notably, Latinos in Georgia were more likely than those in Minnesota to report to 2010 census-takers that they were foreign-born (64% vs. 43%) or spoke Spanish at home (86% vs. 65%). The continuous influx of undocumented immigrants into Georgia has also provided an expanding marriage market for second-generation Latinos, reinforcing their cultural and ethnic identity, and slowing assimilation into more settled, middle-class Latino communities (Lichter, Carmalt & Qian, 2011). Historically, new immigrants have relied heavily on extended family already settled in the host country for social and instrumental support, but today, first-generation Latino immigrants are often at a disadvantage in learning how to navigate social services and educational systems because their extended families are scattered across the United States (Taylor, Lopez, Passel & Motel, 2011). Absence of practical help and social isolation undermine the stability of Latino immigrant families, fueling parental depression, anger, and marital conflict (Martinez, McClure, Eddy & Wilson, 2011). The fact that many children of new immigrants are U.S. citizens does not ameliorate the threat of parental deportation, since these children often have no relative available to care for them when a parent is arrested (Shore, 2010). By comparison, Minnesota's

percentage of Latinos who are naturalized or native-born U. S. citizens is one of the highest in the United States (Owen, 2010).

These site-specific differences between Georgia and Minnesota are important to consider in the adaptation of a culture-specific intervention such as *Líderes* training. Georgia not only has a substantially larger Latino population compared to Minnesota, and much faster rate of population growth, Latinos residing in Georgia are also more likely to be relatively new immigrants with little or no extended family support available to guide them through their adaptation to life in the United States.

3.2 Participatory Research Principles Adopted in this Case Study

Every case study seeks to understand issues intrinsic to a person, group, or event (Stake, 2005), and so this study sought to examine how intervention adaptation manifested itself within Caminar Latino as an agency and was experienced by program facilitators as individuals. This case study of an intervention adaptation was guided by a participatory framework and a number of philosophical and theoretical propositions that differ from traditional research practice in the social sciences in important ways.

3.2.1 Participatory Approach and Qualitative Interpretive Communities

Participatory research was initiated by Kurt Lewin and other hands-on social scientists in the 1940's as part of their action research initiative as a method of engaging practitioners in the study of their own practices (Hart & Bond, 1995). One purpose of participatory research is to empower practitioners by inviting them to engage in research and subsequent development or implementation of new practices. A second purpose is to draw on the expertise of these practitioners to inform the design and facilitate the implementation of new practices (Meyer,

2000). Within this approach, the on-going dialogue between a leader and a group or community can be viewed as a process of intervention adaptation and planning (Freire, 1994; Zachary, 2000). As a strong proponent of participatory research, Zachary (2000) made the following observation when describing a grass-roots leadership-training program: "No matter how well thought-out and field-tested a trainer's curriculum may be, each group of grassroots leaders is genuinely unique" (p. 81). This statement can extend to the study of community-based participatory adaptation of interventions, in that local modifications are informed and sustained by community member participation (Castro et al., 2004). In addition to promoting sustainability, a participatory approach may lead to better program outcomes. In the aforementioned program evaluation of parents' participation in leadership training at public schools in New York, active engagement of parents was found to facilitate children's learning through active listening, sharing, and communicating high expectations (Zachary, 2000).

3.2.2 Ecological Theory

Proponents of cultural adaptation suggest ecological theory as framework for tailoring an intervention to fit a particular environment (Castro et al., 2010). In the present study, ecological theory was used to guide assessment of fit for the target population of Latina survivors of DV. As first proposed by Bronfenbrenner (1986), individual development within ecological theory is seen as influenced by multiple environmental systems. When considering domestic violence, each element is viewed as embedded in a series of increasingly larger systems, ranging from the individual to family, community, and larger societal structures (Perilla et al., 1994). In line with this conceptualization of DV, Castro and colleagues (2010) emphasize how levels of culture range from global culture (macro level) to the individual (micro level), while also including temporal factors reflecting how any level of culture may change-over time.

3.2.3 Qualitative Critical Theory

This domain of qualitative research focuses on the oppressive relationships that exist in almost every society, and critical theorists typically study how political power and oppression play out in individuals' everyday lives (Kuper, Reeves & Levinson, 2008). As an epistemology, critical theory also views research design, methods, analyses, and products from the same egalitarian perspective as action research, and with a skeptic's assumption that science is often enlisted by the powerful to legitimize the policies and practices of a dominant segment of society (Torre, Fine, Stoudt, & Fox, 2012). Kress (2011) succinctly describes the critical theory approach as one that reveals, examines, dismantles, and then opens up a fact or finding for democratic discussion and debate.

In summary, the present adaptation study is guided by a community-based, participatory framework. Latina survivors of DV experience multiple cultural identities and can be influenced by multiple systems within their environments (Castro et al., 2004; Perilla, et al., 1994; Zachary, 2000), and, perhaps most significantly, must confront oppression and inequalities in their homes and communities.

4. POSITIONING STATEMENT: REFRAMING THE RESEARCHER ROLE

Because the current study is qualitative in nature, it is important to make explicit the roles and responsibilities of the individuals involved, including my role as an evaluator and colleague to the interviewees. The traditional separation between subject and researcher is challenged in qualitative research. Epistemological assumptions of qualitative research involve lessening the distance between oneself and the persons being studied, and recognizing that qualitative research is value-laden and bias unavoidable (Creswell, 2007).

It is important to clarify my own worldview in approaching this study and to position myself contextually within it. During the program implementation and this study, I held dual roles at Caminar Latino; one was as a facilitator for DV intervention youth groups and also that of a researcher/evaluator within the Violence Research and Action Lab at Georgia State University. Both my research and applied roles at Caminar Latino have shaped my worldview and strengthened my dedication to service in the Latino community. A worldview (or paradigm) in this sense refers to "a basic set of beliefs that guide action" (Guba, 1990, p. 17).

The advocacy or participatory paradigm reflects my global approach to working in communities as a researcher and a clinician/facilitator. This paradigm espouses the belief that an action agenda should be contained within research, opening the possibility for change at the individual and institutional levels (Creswell, 2007). My worldview is also influenced by the philosophy of Paulo Freire described previously (Freire, 1994).

5. METHODS

5.1 Study Design

This qualitative documentation and evaluation of the *Líderes* program in Atlanta, Georgia was designed to be a phenomenological case study of the cultural adaptation of a training intervention for Latina community leaders. Case studies have been described as "bounded systems of action" (Snow & Anderson, 1991, p. 152). In qualitative terms, case study research and inquiry can refer to an approach, method, or product (Padgett, 2012). Because the method is not clearly defined in the manner that other qualitative approaches have been (for example, grounded theory), case studies may describe a range of studies and analytic approaches. Despite

this ambiguity, the case study method has proven particularly useful and holds a long history in the extant literature of program evaluation, having been applied in a variety of disciplines, including public health, psychology, anthropology, and sociology. This is primarily because of this qualitative approach can find meaning in the context of any case, be it person, group, or entity. Social constructs such as power, culture, and gender influences, psychological factors such as decision-making, and political factors all continue to be relevant to studies of larger entities (e.g., programs), and not just the individuals within those large entities.

In the present study, the phenomenon of interest is the cultural adaptation of the *Líderes* program. Phenomenology is defined as a theoretical framework that focuses on meaning of subjective experience and how individuals make sense of the world (Kuper, Reeves, & Levinson, 2008). Phenomenological methods lend themselves to the understanding of individual experience in any complex situation, including the investigation of a collaborative process, such as this case study of the cultural adaptation of an intervention program.

5.2 Study Aims and Research Questions

This proposed study of training adaptation was part of a larger evaluation of the overall effectiveness of the adapted *Líderes* intervention in Georgia. The larger study examined participant outcomes for 9 immigrant Latina survivors of DV who participated in the peer leader intervention training program conducted at Caminar Latino in Atlanta. This *Líderes* training was provided during five, approximately 4-hour sessions conducted weekly over 5 weeks. The nine Latina women were trained as a single group by a doctoral student and a women's advocate who were on staff at Caminar Latino.

The aim of the study was to describe the strategic modification of the *Líderes* training curriculum and to understand the experience of adaptation from the perspective of the training facilitators. A single general question was posed to each training facilitator, and their answers to this initial question then guided the collection of all other interview data:

"Tell me about your experience adapting the Líderes program."

5.3 Data Sources

This qualitative, exploratory case study drew on planning documents, meeting notes, and semi-structured interviews with training facilitators to document the experience of implementing a planned adaptation of a manualized intervention from an organizational standpoint.

5.3.1 Adaptation Documents & Materials

In the information gathering stage, I conducted a literature search to clarify the need for this study. This literature search focused on the prevalence of DV and risk factors among Latinas and identifying barriers that might limit participation and impact the adaptation of the program. This information was used in the preliminary intervention design stage of adaptation (Osuna et al. 2009). During this design stage, potential adaptations were also discussed in several planning meetings at Caminar Latino as they applied to the areas of program staffing and recruitment, and notes from these organization meetings also served as study data.

The manual adaptation component of this study continued to evolve in response to feedback from various stakeholders, similar to what has happened in other studies during this stage of adaptation (Osuna et al., 2009), and this feedback was used as another source of data. Additionally, the development of a component checklist for the original content, trainer observations, and on-going feedback from the *Líderes* trainees themselves collectively informed

a number of strategic modifications to program content. Such changes were carefully documented in meeting notes and audio-recordings to clearly outline process and content.

5.3.2 Program Facilitators and Leadership Training Participants

The *Líderes* program training sessions were facilitated by a women's advocate at Caminar Latino and a doctoral candidate working as a researcher in the Violence Research and Action Lab. At the time of the *Líderes* training, both women worked closely together as facilitators in the women's intervention group at Caminar Latino. To preserve their privacy, pseudo names are used in this document. At the time Graciela, a 29-year old doctoral candidate in Clinical and Community Psychology, worked at Caminar Latino from the fall of 2007 until summer 2011 as a researcher and student clinician (Caminar Latino is also an approved practicum site for Georgia State University's clinical program). Marisa, age 49, is a Mexican immigrant who has resided in the U.S. since 1994 and worked as a women's advocate at Caminar Latino since 2005. Both women facilitated the women's group at Caminar Latino for regular programming at the time of the *Líderes* implementation. My working relationship with both training facilitators was an important source of rapport in the interviewing process because both facilitators were aware of the nature of the study and my intent to gain an understanding of the various aspects of adapting the program from their perspective.

One-on-one interviews with these two Líderes training facilitators were conducted in private offices at Caminar Latino prior to a post-training program meeting. I constructed a semi-structured protocol that was intended to be only a guide for the interviews and not to be followed rigidly. Both interviews began with my asking the facilitator in an open-ended manner, "*Tell me about your experience adapting the Líderes program.*" After the facilitator responded to this

broad opening question, and I had probed to clarify details about the interviewee's initial narrative of the adaptation experience, I showed each facilitator an agenda for each of the five training sessions and asked her to describe each session individually. The visual-cues of the agendas provided a reminder of the components planned for each session.

The average age of the nine training participants was 36 years and the average number in years of completed education was 10.6. All of the participants were born outside of the United States. Four Latin American countries were represented: Colombia (1), El Salvador (1), Honduras (1) and Mexico (6). Eight had children, with an average of two children per trainee. All participants were employed and occupations reported were home cleaning, childcare (nannies), restaurant worker, teacher and hair stylist. On average, participants attended Caminar Latino for 3.6 years, with the shortest attendance time being six months and the longest being 11 years. At the time of the intervention, three participants regularly attended the Caminar Latino weekly support groups.

All nine training participants, facilitators and researchers involved in the Caminar Latino *Líderes* program training had childhood and/or adult histories of DV. These histories are significant to note for understanding the experience and factors contributing to the adaptation of a program, given the program's nature as a community-level and individual intervention for DV.

5.3.3 Protection of Human Subjects

This case study was conducted as part of a larger evaluation of the study's impact on training participants' wellbeing, leadership development, and knowledge regarding domestic violence. The larger study research protocol was approved by the Institutional Review Board of Georgia State University. The confidentiality of all interview data and program records remains protected by the author and stored on a password-protected computer.

5.4 Data Analysis Plan

5.4.1 Qualitative Methodology

To examine the goals and motivations underlying the adaptation process, audio recordings of interviews with the two training facilitators were transcribed and analyzed post-intervention utilizing phenomenological methods (Creswell, 2007, Moustakas, 1994). Interviews with program delivery staff have been reported in similar adaptation studies with a participatory focus and also linked to positive changes in perspectives and delivery of services, possibly because the interview process further engages staff (Fraenkel, 2006; Osuna, 1999). First, the data were transcribed and Spanish text was translated to English and verified by a second translator. While it would have been ideal to analyze portions of the text in Spanish to retain the nuances of the language (approximately half of the transcription text was in Spanish), a translation was necessary due to my limited fluency in Spanish. I then began by reading each transcript in its entirety in order to become familiar with the content (Riemen, 1986). My own personal experiences with the project were then written down (as presented previously) in order to facilitate the epoche process of setting aside my own suppositions regarding the study. I then highlighted and coded a list of significant statements (horizontalization of the data), treating each separate non-overlapping, non-repetitive statement as having equal worth (i.e., phenomenological reduction). The qualitative data analysis software NVivo 9 (QSR International 2010) was used to assist with this step and the final synthesis of meanings to create a set of the salient themes.

5.4.2 Data Synthesis

This case study utilized multiple sources of archival data (i.e. audio/video recordings, interview and meeting notes) to provide a description of the adaptation and implementation process. I describe the adaptation process in this paper using adaptation terminology illustrated by Osuna and colleagues (2009), and by examining adaptation in a sequential manner based on data collected from trainees, facilitator notes, comparison of the original and adapted curriculum, and trainer qualitative accounts of how and why specific components were adapted (Barrera & Castro, 2006). The interviews with the facilitators that were conducted at the end of the five training sessions to evaluate their personal perspectives on the adaptation process (e.g. motivations for adapting certain elements, sources of non-fit) were integrated with other data sources.

6. RESULTS

6.1 Documentation of *Líderes* Adaptation

Results of a triangulation of planning notes, session recordings, and facilitator interviews provide a detailed picture of the adaptation process of the *Líderes* program. A significant modification to the program curriculum was the addition of an "adaptation session" (a term used by Graciela in her interview and planning notes). While components of the original program were included in this adaptation session (e.g., a stone sharing activity), the purpose and focus of the session was on soliciting feedback from the leadership training participants. Table 1 lists the adapted program components.

The initial stage involved information gathering. Graciela consulted the literature to-date, clarifying the need for the intervention. This included obtaining prevalence data about DV and

risk factors among Latinas, and summarizing what is known regarding leadership, empowerment, and peer support. This information was used in the preliminary intervention design (Castro, et al., 2010). For this stage, adaptations were discussed as they applied to the areas of program staffing and recruitment. The content of the program was initially modified for the purpose of participatory-focused adaptation, namely by adding an additional session before the original training modules. Additionally, a childcare component was planned because most participants were working mothers who had to care for their children when they were not in school. During the first half of the training, I coordinated the childcare and attended planning meetings. Later, we were able to recruit an adequate number of volunteers to take over childcare, and I joined the training sessions to observe and help the facilitators.

In this preliminary adaptation the manual components continued to evolve as described in previous studies on adaptation (Osuna et al., 2009). The development of a key component checklist for the original content, trainer observations, and ongoing feedback from the *Líderes* trainees themselves collectively informed strategic modifications to program content. The key component checklist can be viewed under a larger umbrella of interaction with the original program site. My process notes, Graciela's planning meeting notes, and audio recordings of a planning meeting between Graciella, Marisa, and I all document how we used feedback from the *Líderes* program facilitators in Minnesota to decide what components to delete or retain at Caminar Latino. For example, we discussed the feasibility of spending so much time on training modules that address the various types of leadership, and how highly rated these sessions were by staff at Casa de Esperanza. Ultimately, the facilitators at Caminar Latino decided to retain these components, but they broke the material into two sessions so there would be sufficient time to cover all the material.

The description of the *Líderes* Key Components Fidelity Checklist was taken directly from the original (Minnesota) curriculum. The components (i.e., training activities) listed in this instrument were derived solely from the *Líderes* manual provided by Casa de Esperanza. Each session activity is listed in the order in which it appears in the training schedule. Two experienced staff members at Casa de Esperanza were asked to rank components within each of the four training sessions according to how critical that activity was to the intervention's success (e.g., 1: 'most critical component' to 7 'most adaptable').

6.2 Themes Emerging from the Interview Data

Thematic coding of the interviews with facilitators revealed important aspects of their experience of the adaptation during planning and implementation, as well as their perceptions of their own relationships with trainees.

6.2.1 Participant-Driven Programming

One consistent theme across interviews with the training facilitators was that the experience of adapting the program was driven largely by concerns and questions from the training participants themselves in the adaptation session and subsequent training sessions. Many of the adaptations were intended to increase trainee engagement and participation in shaping the program environment. One of the interviewees made the following observation in explaining the addition of a rule-making activity at the beginning of the training program:

> *Casa Esperanza shares its material with us. Caminar Latino gives support to the ladies. But in reality the program is them, right? The objective of the program is that they should be, or from the beginning, the ones who will manage the program, the ones who will do their workshops, the ones who will program, the ones who will be in charge of logistics,*

ok? So the rules have to come from them. Because then it's "to what will I commit myself?" right, and it's not "to what will they commit me?" because we don't commit anyone. We are here to support the ladies. So that was the reason that the rules came from them.

In the adaptation session, the training participants specifically identified a need to deal with emotions in discussing DV and anxieties related to public speaking. Program activities were added to address this need. A Frida Kahlo exercise was added to help the group identify and recognize emotions, as well as a subsequent exercise to manage anxiety during presentations (refer to Table 1 for specific additions).

6.2.2 Emotions and Histories of Violence

Because the *Líderes* program at Caminar Latino was designed originally within the context of a domestic violence intervention, the facilitators' narratives revealed emotions and feelings as being a salient aspect of their own experience and motivations for change. Content on managing feelings of anxiety and emotional triggering was also tied to the women's personal histories of violence.

We would ask them, "What did you see? Give us three items you saw in the room?" What was happening, that I noticed was happening at the beginning, they were getting overwhelmed during their presentations, ...which for trauma survivors, that's not good, to be doing that, so we wanted them to be grounded, so that's why we drove this point home and had them practice it.

The facilitators also identified anxiety in the trainees related to presenting and addressing DV in their communities, but also revealed their own feelings of excitement and anxiety surrounding the implementation of the program:

Ok, well I think that first I was very excited, I was really happy , ok, because, er . . . well, but when I started to see the material, when I started to see all that I felt a little scared.

6.2.3 Personal Growth and Identity

Despite these mixed feelings of anticipation in the early part of the program, the facilitators' narratives also reflected a positive experience of transformation, both personal and observed. The program facilitators identified themselves according to their different roles in the community. For Graciela, seeing the program from the perspective of a researcher and her more applied role as a facilitator were important aspects of her experience. For Marisa, identifying with her co-facilitator and the training program participants as a Latina and survivor of DV was of personal significance. Both interviews revealed a theme of personal growth and observations of a similar paradigm shift in the training participants:

And now I see that, in the beginning the feeling that "I can't do it," the feeling "no, this isn't for me, this is for another who truly will be a leader, and not me." And to see them now so involved, so ready to give to the community, bringing up subjects/issues that I don't know at all, that I have no information for… and that they want to learn more, their concern to know more about computation/computers, their concern to know more things in order to have more tools to continue with their workshops, they can do positive things, first for themselves and then for the community, right, which in the end, affects us all.

One way to interpret this finding is that the process of change (e.g. adaption) on a macro level can facilitate a process of change and growth on the individual level. This may explain why previous studies have found adaptation to be particularly effective for immigrant groups, whose

status precludes adaptation to a new culture, political systems, and environments (Castro, Barrera, & Steiker, 2010; Griner & Smith, 2010).

7. DISCUSSION

As a group of advocates, researchers, and members of the Latina community in Atlanta, we approached the *Líderes* adaptation purposefully and with an established familiarity with the community. Despite this preexisting level of knowledge as researchers and facilitators at Caminar Latino, the present analysis of the implementation provided a more critical understanding of the complex dynamics involved in participatory research and facilitation and revealed important themes underlying the experience of adapting a community-level intervention for DV. Findings from this study are incorporated in the updated manual available through Casa de Esperanza (www.casadeesperanza.org).

7.1 Implications for the Design of Program Adaptation Research

One way to conceptualize the manual component changes is by distinguishing between deliberate or planned modifications (i.e. the addition of the first adaptation session to solicit needs and input from participants) and accidental modifications (i.e. reduction of content in the leadership material due to time constraints). Additionally, the original program trainers in Minnesota were consulted to help guide the *Líderes* training adaptation in Georgia. This helped decision-making for the facilitators by providing information regarding what components the previous implementers believed were most essential to program success. However, qualitative interviews with the training facilitators revealed that documented adaptations to manual elements tell only part of the story. In fact, it is often more less interesting to know *what* was modified

during the adaptation than *why* certain elements were modified or added. A notable strength of this study was the qualitative exploration of the motivations behind program modifications and the impact on facilitators and training participants. Factors that influenced the adaptation included participant feedback and management of emotions, histories of violence, and socioeconomic differences in program sites. Results of thematic analysis also suggest that personal growth was an important outcome for both facilitators and training participants.

Finally, the inductive process of synthesizing the various sources of study data was informed by my own intimate knowledge of the training sessions and, perhaps more importantly, interactive collaboration with the training facilitators and trainees who provided invaluable input to the emergent themes and abstractions. My own familiarity with the organization and intervention enriched not only the analysis of interview data, but also increased awareness of the interactive influence of research activities on the intervention adaptation process being studied. The epoch process described previously meant that in the analysis of my interviews with Graciela and Marisa, I had to be aware of my own suppositions regarding the adaptation. From my perspective as a researcher and auxiliary role in the training, environmental factors (such as loss of electric power during one training session) and feasibility issues (time constraints on implementing the training sessions, space and resources that were available) seemed most salient. However, remaining open to the trainer's perspectives and treating each piece of information as equally weighted during coding (horizontalization) greatly enhanced the thematic analysis. In this way, the resulting theme of personal growth also encapsulated my own growth as a researcher, facilitator, and Latina. It may be that researcher reflection and growth has important implications for the program evaluation process. Future studies should consider the benefits of qualitative theory in participant-centered research in order to facilitate a fuller

participation of all parties, to include researchers in exploring the impact and change of programs.

7.2 Study Limitations

The present study also has a number of limitations that should be addressed in future research. For understanding the experience and motivations behind program adaptations, it was appropriate to limit qualitative interviews to the training facilitators. However, future studies might attempt to broaden the depth of understanding when more staff members are involved with program implementation. In retrospect, it also would have been valuable to interview Marisa and Graciela at multiple time points to see how their experience evolved over the course of the evaluation.

7.3 Recommendations for Future *Líderes* Adaptation and Research

The study findings have a number of important implications for *Líderes* implementation and research, and will inform the continued refinement of the *Líderes* program manual. For the present *Líderes* program sites, the results can inform the creation of an adaptive manual component. In turn, the refinement of the *Líderes* manual can inform other program development and adaptations in a variety of service settings. Specifically, study findings support the addition of a preliminary adaptation session to promote trainee engagement and participation in the adaptation process. Planned additions should be explored, conceptualized, and continuously evaluated collaboratively with training participants. The findings build on the literature to date on program adaptation and evaluation and provide support for participatory-centered adaptation.

Future studies are needed to test the efficacy of the program. This may include an evaluation of the outcomes associated with participation in *Líderes* community workshops, or a cross-site study of the impact of training participation on the development of leadership skills.

8. EPILOGUE

Since the training of the first cohort of *líderes* at Caminar Latino, the program has grown exponentially. Now seven of the nine graduating *líderes* meet monthly to plan community activities, expand their roles within Caminar Latino, and increase their own knowledge about topics relevant to the Latina community by inviting guest speakers from a range of organizations and professionals, including the Mexican consulate, psychologists, and lawyers. Graciela left for a clinical internship shortly after completing the training of the first cohort of *líderes*, but returned to present her work on the program at Georgia State. She invited the *líderes*, Marisa, and me to hear the results of the larger study and provide their own comments. In this way the *Lideres* program continues to retain the participatory collaboration that was so central to the adaptation process. Marisa and I continue to collaborate with the *líderes* by attending the monthly meetings. On January 29, 2010, the *líderes* held their first community workshop on domestic violence. Since that time, they have been invited to give two more community workshops at churches and community organizations.

REFERENCES

Aldarondo, E., Kaufman Kantor, G., & Jasinski, J. L. (2002). A risk marker analysis of wife assault in Latino families. *Violence against Women, 8*(4), 439-454.

Alderete, E., Vega, W. A., Kolody, B., Aguilar-Gaxiola, S. (2000). Effects of time in the United States and Indian ethnicity on DSM-III-R psychiatric disorders among Mexican Americans in California. *Journal of Nervous and Mental Disease, 188*(2), 90-100.

Backer, T. E. (2000). The failure of success: Challenges of disseminating effective substance abuse prevention programs. *Journal of Community Psychology, 28*(3), 363-373.

Backer, T. E. (2001). Finding the balance: Program fidelity and adaptation in substance abuse prevention. Rockville, MD: Center for Substance Abuse Prevention, SAMHSA Model Programs (www.samhsa.gov).

Barrera, M., & Castro, F. G. (2006). A heuristic framework for the cultural adaptation of interventions. *Clinical Psychology: Science and Practice, 13*(4), 311-316.

Bonomi, A. E., Anderson, M. L., Cannon, E. A., Slesnick, N., & Rodriguez, M. A. (2009). Intimate Partner Violence in Latina and Non-Latina Women. *American Journal of Preventive Medicine, 36*(1), 43-48.

Brabeck, K. M., & Guzmán, M. R. (2008). Frequency and perceived effectiveness of strategies to survive abuse employed by battered Mexican-origin women. *Violence Against Women, 14*(11), 1274-1294.

Brekke, J. S., Phillips, E., Pancake, L., O, A., Lewis, J., & Duke, J. (2009). Implementation practice and implementation research: A report from the field. *Research on Social Work Practice, 19*(5), 592-601.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology, 22*, 723–24.

Casa de Esperanza. (2010). *The Latina Peer Education Initiative*. Casa de Esperanza: McNeely.

Castro, F. G., Barrera, M. Jr, & Martinez, C. R. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science*. *5,* 41–45.

Castro, F. G., Barrera, M., & Steiker, L. K. H. (2010). Issues and challenges in the design of culturally adapted evidence-based interventions. *Annual Review of Clinical Psychology, 6*, 213–239.

Collins, P. H. (1998). "It's all in the family": Intersections of gender, race, and nation. *Hypatia, 13*(3), 62-82.

Crenshaw, K. (1994). Intersectionality and identity politics: Learning from violence against women of color. In M. A. Fineman & R. Mykitiuk (Eds.), *The public nature of private violence*. New York, Routledge, 178-193.

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches.* (Second ed.). Thousand Oaks, California: Sage Publications, Inc.

Denzin, N. K. (2010). Grounded and indigenous theories and the politics of pragmatism. *Sociological Inquiry, 80*(2), 296-312.

Dobson, L. D., & Cook, T. J. (1980). Avoiding Type III error in program evaluation: Results from a field experiment. *Evaluation & Program Planning, 3,* 269-276.

Dutton, M. A., Orloff, L., & Hass, G. A. (2000). Characteristics of help-seeking behaviors, resources, and services of battered immigrant Latinas: Legal and policy implications. *Georgetown Journal on Poverty Law and Policy, 7*(2). 245-303.

Fraenkel, P. (2006). Engaging families as experts: Collaborative family program development. *Family Process, 45*(2), 237-257.

Freire, P. (1994). *Pedagogy of the Oppressed (1973).* New York: Continuum.

Glasgow, R. E., Lichtenstein, E., & Marcus, A. C. (2003). Why don't we see more translation of health promotion research to practice? Rethinking the efficacy-to-effectiveness transition. *American Journal of Public Health, 93*(8), 1261-1267.

Glass, N., Perrin, N., Hanson, G., Mankowski, E., Bloom, T., & Campbell, J. (2009). Patterns of partners' abusive behaviors as reported by Latina and non-Latina survivors. *Journal of Community Psychology, 37*(2), 156-170.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health interventions: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, 43*, 531–548.

Guba, E. G. (1990). The alternative paradigm dialog. In E. G. Guba, E. G. Guba (Eds.) , *The paradigm dialog*. Thousand Oaks, CA US: Sage Publications, Inc. (pp. 17-27).

Hart, E., & Bond, M. (1995). *Action research for health and social care: a guide to practice.* Buckingham: Open University Press.

Hazen, A. L., Connelly, C. D., Soriano, F. I., & Landsverk, J. A. (2008). Intimate partner violence and psychological functioning in Latina women. *Health Care for Women International, 29*(3), 282-299.

Kaufman, J. M. (2005). Explaining the race/ethnicity-violence relationship: Neighborhood context and social psychological processes. *Justice Quarterly, 22*(2), 224-251.

Kress, T. M. (2011). Stepping out of the academic brew: Using critical research to break down hierarchies of knowledge production. *International Journal of Qualitative Studies in Education, 24*(3), 267-283.

Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science, 3*, 241–246.

Kuper, A., Reeves, J. S., & Levinson, W. (2008). An introduction to reading and appraising qualitative research. *British Medical Journal,, 337*(288), 404-409.

Lichter, D. T., Carmalt, J. H., & Qian, Z. (2011). Immigration and intermarriage among Hispanics: Crossing racial and generational boundaries. *Sociological Forum, 26*(2), 241-264.

Martin-Baro, I. (1994). *Writings for a liberation psychology*. Cambridge, MA.: Harvard University Press.

Martinez, C. R., McClure, H. H., Eddy, J., & Wilson, D. (2011). Time in U.S. residency and the social, behavioral, and emotional adjustment of Latino immigrant families. *Hispanic Journal of Behavioral Sciences, 33*(3), 323-349.

McFarlane, J. M., Groff, J. Y., Watson, O., & Watson, K. (2005). Prevalence of partner violence against 7,443 African American, White, and Hispanic women receiving care at urban public primary care clinics. *Public Health Nursing, 22*(2), 98-107.

McKleroy V. S., Galbraith, J. S., Cummings, B., Jones, P.,…Harshbarger, C., et al. (2006). Adapting evidence-based behavioral interventions for new settings and target populations. *AIDS Education & Prevention. 18*(Suppl. A), 59–73.

Meyer, J. (2006). Action research. In C. Pope, N. Mays (Eds.) , *Qualitative research in health care (3rd ed.)* (pp. 121-131). Malden Williston, VT: Blackwell Publishing.

Michie, S., & Abraham, C. (2004). Identifying techniques that promote health behavior change: evidence based or evidence inspired? *Psychology & Health, 19*(1), 29-49.

Morales, E. S. (2009). Contextual Community Prevention Theory: Building interventions with community agency collaboration. *American Psychologist*, 805-816.

Morrison, D. M., Hoppe, M. J., Gillmore, M. R., Kluver, C., Higa, D., & Wells, E. A. (2009). Replicating an intervention: The tension between fidelity and adaptation. *AIDS Education and Prevention, 21*(2), 128–140.

Mowbray, C. T., Holter, M. C., Teague, G. B., & Bybee, D. (2003) Fidelity criteria: Development, measurement, and validation. *American Journal of Evaluation, 24*(3), 315-340.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Odem, M. E., & Lacy, E. (2009). *Latino immigrants and the transformation of the U.S. South.* Athens: University of Georgia Press.

Osuna D., Barrera, M. Jr., Strycker, L. A., Toobert, D. J., Glasgow, R. E., Geno, C. R., Almeida, F., Perdomo, M., King, D., Doty, A. T. (2011). Methods for the cultural adaptation of a diabetes lifestyle intervention for Latinas: An illustrative project. *Health Promotion Practice, 12*(3), 341-348.

Owen, G. (2010). *New age of immigrants: Making immigration work for Minnesota.* Minneapolis, MN: Minneapolis Foundation.

Padgett, Deborah K. (2012). *Qualitative & mixed methods in public health*. Thousand Oaks, CA: Sage Publications.

Perilla, J. L. (1999). Domestic violence as a human rights issue: The case of immigrant Latinos. *Hispanic Journal of Behavioral Sciences, 21*, 107-133

Perilla, J. L., Bakeman, R., & Norris, F. H. (1994). Culture and domestic violence: The ecology of abused Latinas. *Violence and Victims, 9*, 325-339.

Perilla, J. L., Lippy, C., Rosales, A. & Serrata, J. (2009). Domestic violence prevalence: Philosophical, methodological, and cultural considerations. In J. White & M. Koss (Eds.). *Violence against women and children: Consensus, critical analyses, and emergent priorities*. Washington, DC: APA.

Perepletchikova, F., & Kazdin, A. E. (2005). Treatment integrity and therapeutic change: Issues and research recommendations. *Clinical Psychology: Science and Practice, 12*(4), 365-383.

Reyes, C., Van de Putte, L., Falcón, A. P., & Levy, R. A. (2004). *Genes, culture & medicines: Bridging gaps in treatment for Hispanic Americans.* Washington, DC: National Alliance for Hispanic Health.

Riemen, D. J. (1986) The essential structure of a caring interaction: Doing phenomenology. In Minhall, P. M. and Oiler, C. J. (eds), *Nursing Research: A Qualitative Perspective.* Appleton-Century-Crofts, Norwalk, CT, pp. 85–108.

Rodriguez, M. A., Heilemann, M. V., Fielder, E., Ang, A., Nevarez, F., & Mangione, C. M. (2008). Intimate partner violence, depression, and PTSD among pregnant Latina women. *Annals of Family Medicine, 6*(1), 44-52.

Rumbaut, R. G. (2005). Turning points in the transition to adulthood: Determinants of educational attainment, incarceration, and early childbearing among children of immigrants. *Ethnic and Racial Studies, 28*(6), 1041-1086.

Sixta, C. S., & Ostwald, S. (2008). Strategies for implementing a promotores-led diabetes self-management program into a clinic structure. *The Diabetes Educator, 34*(2), 285- 298.

Shore, E. S. (2010). *Immigration enforcement and its impact on Latino children in the state of Georgia.* Atlanta, GA: Sapelo Foundation.

Snow, D. A., & Anderson, L. (1991). Researching the homeless: The characteristic features and virtues of the case study, In J. R.. Feagin, A. M. Orum, & G. Sjoberg (Eds.), A case for the case study. Chapel Hill, NC: University of North Carolina Press. pp 148 -173.

Stake, R. E. (2005). Qualitative case studies. In N. K. Denzin, Y. S. Lincoln, N. K. Denzin, Y. S. Lincoln (Eds.) , *The Sage handbook of qualitative research* (3rd ed.) (pp. 443-466). Thousand Oaks, CA: Sage

Taylor, P., Lopez, M. H., Passel, J., & Motel, S. (2011). Unauthorized Immigrants: Length of Residency, Patterns of Parenthood. Washington, DC: Pew Research Center, Hispanic Research Center.

Tjaden, P., & Thoennes, N. (2000). *Full report of the prevalence, incidence, and consequences of intimate partner violence against women*: *Final Report from the National Violence Against Women Survey.* Washington, DC: U.S. Department of Justice.

Torre, M., Fine, M., Stoudt, B. G., & Fox, M. (2012). Critical participatory action research as public science. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, K. J. Sher, & K. J. Sher (Eds.) , *APA handbook of research methods in psychology, Vol 2: Research designs: Quantitative, qualitative, neuropsychological, and biological.* (pp. 171-184). Washington, DC US: American Psychological Association.

Wainberg, M. L., McKinnon, K., Mattos, P. E., Pinto, D., Mann, C., dos Santos de Oliveira, C., & ... Cournos, F. (2007). A model for adapting evidence-based behavioral interventions to a new culture: HIV prevention for psychiatric patients in Rio de Janeiro, Brazil. *AIDS and Behavior, 11*(6), 872-883.

Weisskirch, R. S., & Alva, S. A. (2002). Language brokering and the acculturation of Latino children. *Hispanic Journal of Behavioral Sciences, 24,* 369-378.

Wingood, G. M., & DiClemente, R. J. (2008). The ADAPT-ITT Model: a novel method of adapting evidence-based HIV interventions. *Journal of Acquired Immune Deficiency Syndrome. 47* (Supplment 1), S40–46.

Zachary, E. (2000). Grassroots leadership training: A case study of an effort to integrate theory and method. *Journal of Community Practice, 7*(1), 71-93.

Table 1.

Original and New Components of the Líderes Curriculum

	Original Components [a]	Adaptations	Added Components
Session 1	Introduction & journal gift	**Group rules & group names**	
	Stone Sharing	**Impromptu Talks**	
			General Overview for Skills Building
			Group-Solicited Adaptations
	Overview of Feedback Process	**Group Discussion**	
			Evaluation Survey [b]
Session 2	Intervention overview	(*originally in Session 1*)	
	Role of leaders	(*originally in Session 1*)	
	Circle of community	(*originally in Session 1*)	
	Collage of circles	(*originally in Session 1*)	
			Frida Kahlo Exercise
Session 3	Identify Own Leader Skills		
	Leadership Styles	*Some deletions*	**Explore Leadership**
	Leader Style Scenarios	**What is Community Leadership?**	
	Risks & Benefits of Leadership	**Responsibilities/Expectations**	
	What Makes You a Good Leader?	**Impromptu Talks**	
	Homework: Presentation Outline	*originally in Session 4*	
	Process Feedback	**Group Discussion**	
Session 4	How to Plan a Presentation		
	Homework: Presentation Outline		
	Reports on Leader Skill Practice	**Impromptu Talks**	
	Brainstorm How to Build Skills	**Leadership Skills**	

	Are you a Latina leader?	**Latina Perspective**	
	Review of Presentation Outlines	**Revise Homework**	
	Speaking Skills / Body Language	**Communication Skills**	
	Facilitating a Group Discussion		
	Homework: 3-min Presentation		
	Trainer Models Presentation	**Process Feedback/ Group Discussion**	
Session 5	Report on Insights Gained	**Report on Homework**	
			Emotions during Presentations
	Trainee Presentations / Feedback		
	Domestic Violence Facts		
	How to Discuss		
	Domestic Violence		
	Circle of *Líderes*		

[a] Original components implemented with full fidelity to *Líderes* intervention manual unless otherwise noted

[b] Evaluation survey administered at end of every session