A RETROSPECTIVE EVALUATION OF A CULTURALLY SENSITIVE PREVENTION

PROGRAM FOR LATINO/A YOUTH

by

CARLA SUTTON MOORE

(Under the Direction of Rosemary Elaine Phelps)

ABSTRACT

The 2010 U.S. Census Bureau most recently reported that more than half the

growth in the U.S. total population was due to the increase in the Latino population. Georgia,

reportedly, has the third-fastest-growing Latino population of any state and the 6th largest Latino

population in the nation. Latino/a adolescents are the fastest growing ethnic age group in

America. Given the overrepresentation of youth in Latino communities, issues facing youth are

disproportionately going to affect Latinos. Georgia's Latino youth experience problems in

education, the labor force, physical and mental health issues, language barriers, and access to

care and resources. As such, Latino/a youth face multiple risk factors including substance use,

and the need to develop culturally sensitive prevention programs and research continues to be a

prominent issue for the state. The development of substance abuse behaviors in the Latino

population begin as early as pre-pubescent years or early adolescence. This study provided a

retrospective evaluation of the Clinic for Education, Treatment, and Prevention of Addictions

(CETPA) culturally sensitive prevention program employed to Latino/a alumni (N= 78), ages 13-

20. More explicitly, this study examined the impact of the youth's participation in the prevention

program on the youth's reported substance use, and the moderating effects of self-esteem,

acculturation, ethnic identity, and values on the relationship between participation in the program and substance use.

Results of this study suggested that there were no significant differences between the type of program participants were in and their reported substance use. Researcher was unable to determine the effect of number of years in the program on substance use due to multicollinearity. The results also suggested that there were no significant moderating effects on the relationship between number of years in the program and substance use. However, findings revealed a relationship between protective factors, specifically self-esteem and adherence to Latino/a values, and substance use. The current research represents an important social justice initiative in counseling psychology and an initial stride in culturally relevant program development tailored specifically to Latino/a youth in Georgia. Limitations, suggestions for future research, and counseling implications are discussed.

INDEX WORDS: Latino/a, Latino youth, retrospective evaluation, culturally sensitive, prevention program, high risk behaviors, protective factors, substance use, alcohol use, tobacco use, marijuana use, self-esteem, ethnic identity, culture, acculturation, values

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DEDICATION

My dissertation is dedicated to all of my ancestors, both spiritual and physical, who paved the way to make my educational journey possible. It was through your prayers, blood, sweat, and tears that my pursuit was that much easier. I also dedicate my dissertation to my family and friends who have supported me throughout this journey, truly demonstrating the concept of a "village" in African culture.

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INTRODUCTION

In 2006, the United States demographics indicated that the Latino[1] population was growing faster and was younger than the non-Latino population. The Latino population increased by 53 % from 14.6 million in 1980 to 22.4 million in 1990—eight times as fast as the non-Latino population; and increased by 58 % from 22.4 million in 1990 to 35.3 million in 2000 (US Census Bureau, 2000). As of 2007, the estimated Hispanic population constituted 15% (approx. 45.5 million people) of the nation's total population (U.S. Census Bureau, 2007; NCLR Brief Report, 2005), not including the 3.9 million residents of Puerto Rico. The 2010 U.S. Census Bureau most recently reported that more than half the growth in the U.S. total population was due to the increase in the Hispanic population. Furthermore, the Hispanic or Latino population has been declared the largest minority group in the United States, with an estimated total population of 50.5 million, representing 16 % of the total U.S. population (U.S. Census Bureau, 2011).

The growth of the Latino population has been attributed to equal parts immigration and high birth rates in these communities (U.S. Census Bureau, 1990). Latino/a adolescents are the fastest growing ethnic age group in America. In 2007, the median age for Hispanics was 27.6 years, compared to 36.6 years for the total population with more than one-third being younger than 18, compared to approximately one-fourth of the total population. In addition, only 5.5% of

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[1] The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, and Spanish descent; they may be of any race. Both terms are used in the state of Georgia as well. Therefore, both terms will be used in this paper.

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the Hispanic population was 65 and older, compared to 12% of the total population (U.S. Census Bureau; NCLR Brief Report, 2005). Given their overrepresentation of youth in Latino communities, issues facing youth are disproportionately going to affect Latinos.

National research studies suggest that Latino/a youth engage in health risk behaviors at rates equal to or greater than their European American and African American peers (Centers for Disease Control, 2008). Latino/a youth face multiple risk factors including substance use, poor school functioning, early adult role-taking, victims of and perpetrators of violence, teen pregnancy, and sexually transmitted infections (Portes & Rumbaut, 2001; Guilamo-Ramos, 2009; Leidy, Guerra, & Toro, 2006). Further, engaging in these behaviors increased risk for diminished psychological well-being in Latino/a youth such as poor self-esteem, self-identity issues, parent-child conflict, suicide attempts, adjustment disorders, anxiety, and psychotic disorders (Kuhlberg, Pena, & Zayas, 2006; Yeh, McCabe, Hurlburt, Hough, Hazen, Culver, Garland, & Landsverk, 2002; CDC, 2002; Kaufman, Chen, Choy, Peter, Ruddy, & Miller, 2001; Tienda & Kleykamp, 2000). More specifically, females are at particular risk for depressive symptoms and suicidal behaviors and males are at higher risk for alcohol abuse (Yeh et al., 2002). Despite the unprecedented growth of the Latino community, especially youth, there are limited resources providing services to this community, including mental health services. The need for prevention and intervention programs for Latino/a youth and families continues to be a prominent and important issue for the future of the United States.

Statement of Problem

In 2004, Georgia had the third-fastest-growing Latino population of any state (US Census Bureau, 2004 American Community Survey, op. cit.; NCLR Statistical Brief, 2005), and the 6th largest Latino population in the nation. The median age of Georgia's Latino population is 25.6

years; younger than the national average for other racial groups. Likewise, three in five (61.9%) Hispanics in Georgia are 29 years old or younger (NCLR Statistical Brief, 2005) and 37% are 18 years of age and younger (U.S. Census Bureau, 2008). Five major metropolitan Atlanta counties (Gwinnett, Cobb, DeKalb, Fulton, and Clayton) make up more than half of the state's Latino population.

Similar to national statistics, Georgia's Latino/a youth population experience problems in education, the labor force, physical and mental health issues, and access to care and resources. For example, Hispanic students in Georgia do not test or graduate at the same level as other groups with less than half of Latino/a seniors graduating from high school (NCLR Statistical Brief, 2005). Despite high labor force participation rate, the poverty rate of children in Latino families is higher than that of all children in Georgia. High risk behaviors reported by Georgia's Latino/a youth in grades 9-12 include: riding in a car with someone who had been drinking alcohol, smoking tobacco products, and becoming pregnant. The pregnancy rate for Latina teens in Georgia is double the national Latina average. More specifically, over 60 % of all Latina girls become pregnant at least once before they are age 20, compared to 27% of all girls in Georgia. Studies further suggest that Latinas report increased alcohol use and smoking, while Latino boys were more likely to engage in sexual activity (Livaudais, Napoles-Springer, Stewart, & Kaplan, 2007). In addition, nearly one-third (31%) of Latino/a students reported mental health issues such as anhedonia due to sadness and hopelessness; and one in five (13%) reported they considered attempting suicide in the past year (NCLR Statistical Brief, 2005). Other issues reported by Georgian Latino/as include language barriers, access to healthcare, workplace safety, and employment benefits. In addition, anti-immigration laws raise concern and uncertainty in the Latino community. In addition to the aforementioned barriers, immigrant families are met with

compounded challenges such as discrimination and deportation. Systemic issues that affect institutional policies and create more barriers include curtailed access to education and health care by immigrant parents and their children (NCLR Statistical Brief, 2005). For example, in October 2010, the Georgia Board of Regents implemented a new policy that bans undocumented students from attending 5 of the 61 Universities and Technical College Systems in the state of Georgia (University System of Georgia, 2010) beginning fall 2011. Despite the fact that only 501 of the 310,000 Georgia college students were undocumented and paid out-of-state tuition during that time, the Georgia Board of Regents contended that this policy would ensure that Georgia taxpayers are not subsidizing these students through in-state tuition and that undocumented students are accepted in lieu of more academically qualified Georgia resident students. This retaliatory policy was implemented on the heels of a public controversy involving an undocumented Latina student at Kennesaw State University who was arrested for driving without a license and ordered to be deported (CNN U.S., 2010). Georgia's legislators are continuing to implement laws and policies that are oppressive, and further perpetuate the stereotypes and prejudicial practices targeting the Latino population.

As the Latino community continues to face the aforementioned challenges, mental health issues and high risk behaviors are likely to increase (Yeh et al., 2002). More specifically, research studies have highlighted the prevalence of substance abuse problems among various Latinos populations (De La Rosa, Holleran, Rugh, & MacMaster, 2005). Researchers have taken the position that the development of substance abuse behaviors in the Latino population begin as early as pre-pubescent years or early adolescence, and then continues on into adulthood (Behrendt, Wittchen, Höfler, Lieb, & Beesdo, 2009; Guo, Hawkins, Hill, & Abbott , 2001; Marsiglia, Kulis, Hecht, & Sills, 2004). Despite the fact that youth are engaging in behaviors

that put them at risk for mental health difficulties at alarming rates, the development of culturally sensitive prevention programs and research related to preventive interventions with the Latino population is lacking; especially given the drastic growth in the Latino/a youth population (Maldonado-Molina, Reyes, & Espinosa-Hernandez, 2006; Kaufman et al., 2001; Tienda & Kleykamp, 2000; and Rodriguez & Brindis, 1996).

Purpose of Study

The purpose of this study is to explore the efficacy of the prevention program employed by the Clinic for Education, Treatment, and Prevention of Addiction (CETPA) program in reducing substance use behaviors in Latino/a youth in the state of Georgia. More specifically, this study aims to provide a retrospective evaluation of this culturally sensitive prevention program for Latino/a youth who participated and graduated within the past 6 years. Further, this study seeks to inform CETPA about the effectiveness of their program overall. This study specifically, will explore its effectiveness in preventing alcohol, tobacco, and illicit drug use in Latino/a youth. Lastly, this study aims to explore the moderating effects of protective factors (e.g., acculturation, ethnic identity, self-esteem and values) on the relationship between the prevention program and substance use outcomes. The proposed study also seeks to enhance research in the area of prevention in the Latino community and provide implications for practice and future research.

About CETPA

CETPA is a private, non-profit, behavioral health treatment and education program that provides services to Spanish speaking or bilingual Latinos in Georgia, mainly counties in the Atlanta metropolitan area. CETPA was founded in 1999, and was established to address the financial, linguistic, and cultural challenges for the rapidly growing Latino population in the state

of Georgia. CETPA is the only Latino agency in the state of Georgia to earn national

accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), providing

treatment and prevention services in English and/or Spanish. Prior to CETPA, there was a lack of

resources in addiction treatment for Spanish-speaking individuals. CETPA is licensed by the

Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). The

prevention program is funded by the Substance Abuse Prevention and Treatment (SAPT) Block

Grant, which is a grant that provides means for States to comply with the reporting provisions of

the Public Health Service Act, and improve activities and services provided to communities. The

CETPA Prevention Program has partnered with many different coalitions and collaborates with a

variety of organizations. Some provide assistance with material contributions and donations,

while others provide support through consultation, attending events, etc. Such partnerships and

organizations include, but are not limited to: Georgia Coalition to Prevent Underage Drinking,

Hispanic Coalition of Georgia, Gwinnett Multicultural Advisory Committee, The Gwinnett

Coalition for Health and Human Services, Sam's Club, Girls Inc., Jarritos, United Way of Metro

Atlanta, Girl Scouts and Boy Scouts of America, Holy Spirit Catholic Church, Caramelito, Plaza

Fiesta, Latin American Association, Cobb, Gwinnett and DeKalb County Schools, Unavision,

Jabez's Balance Nutrition, Inc., and Gwinnett County Department of Police Services.

The Prevention Program provides intervention efforts targeted toward Latino/a youth

who are at risk of substance abuse or engage in high-risk behaviors. Risk factors are identified as

"characteristics of individuals, their families, schools, and community environments that are

associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school

dropout, and violence" (Arthur, Hawkins, et al., 1994; Hawkins, Catalano, Miller, 1992),

including, but not limited to, availability of alcohol, drugs, and firearms, mobility and transition,

extreme economic deprivation, community disorganization and low attachment, family conflict, academic failure beginning in late elementary school, lack of commitment to school, early and persistent antisocial behavior, gang involvement, and friends who engage in problem behaviors.

The program includes an afterschool program, which is also combined with an alternative activity(for girls – *Soy Latina, Soy Unica*; for boys – *Niño Sano, Hombre Fuerte*), Saturday and summer programs with gender-appropriate curriculums. Youth enter the program through teacher/counselor referral, parent referral, CETPA community/open house recruitment, or on a voluntary basis. Teacher and counselors generally refer students to the afterschool program if the student exhibits self-esteem issues, are new to the school and/or community, and/or are not active in any other extra-curricular activities. Students are also more likely to be referred to CETPA programs if the child's parent has multiple jobs and limited schedule to engage with youth in afterschool activities, lack transportation, and/or limited financial resources (M. Zelaya, personal communication, May 2011). Further, over 85% of school-referred youth are a part of the reduced lunch program (Mancini & Zelaya, October 2010).

The program curriculum is designed to increase awareness and knowledge, as well as enhance protective factors, including music, dance, and soccer. The curriculum modules include the following topics: self-esteem, depression, anxiety, gang activity, sex and pregnancy, alcohol and tobacco use, drugs, health and nutrition, communication, bullying, decision making, conflict resolution, managing emotions, goal setting, Important Men and Women in my Life, bonding relationships, sportsmanship, school violence, HIV/AIDS, and suicide prevention. Protective factors are factors associated with reduced potential for drug use. These factors encompass family, social, psychological, and behavioral characteristics that can provide a buffer for young people. Such factors include opportunities for prosocial involvement in the community, school,

with family and peers, bonding and attachment to family and peers with healthy beliefs and clear standards, and increased social skills. This curriculum is used in combination with the Mendez Foundation Curriculum "Too Good for Drugs and Violence".

The Mendez Foundation Curriculum "Too Good for Drugs and Violence" is a research-based prevention program curriculum that teaches children ages 5-13 that they are "too good for drugs and violence" through a variety of positive, age-appropriate activities including games, stories, and songs. The curriculum consists of 8 components that are interwoven throughout modules and activities. Components include: goal setting, decision making, managing emotions, bonding, communication, conflict resolution, drug awareness, and community involvement. Posters, role-playing, games, and puppets are utilized to help prevention staff teach and emphasize a safe and drug-free message. While the majority of the lessons focus on individual children, some components include activities for parents/caregivers and children to do together. These activities promote bonding and interaction between children and their families, as well as increase discussion of drug and violence prevention. The curriculum also includes a component that promotes community involvement by encouraging children to identify sources of support within the community.

CETPA's afterschool programs are provided free of charge and deliver substance abuse education and other prevention measures in a culturally competent manner to Latino/a boys and girls ranging from ages 9-12 years old. Twice a week, youth receive a bilingual class in prevention topics, some of which are adopted from the "Too Good for Drugs and Violence" curriculum; and can be combined with an alternate activity. Classes are in session for approximately 2 ½ hours, including snack and restroom breaks; then youth engage in the alternate activity time an additional hour. The alternate activities, such as dance, drama, and

soccer are provided to assure engagement and retention of Latino youth in the program as well as build and reinforce life skills. CETPA staff offer transportation, snacks, and classroom materials to the youth. If the youth participates in an alternative activity, boys receive a soccer uniform which includes a t-shirt, shoes, socks, and a ball. The girls are given dance outfits that include a dress, shoes, and accessories. The boys program is provided to 60 Latino boys from two schools in DeKalb County, and the girls program is provided to approximately 150 Latina girls in the DeKalb and Gwinnett County areas. The afterschool program is held from August until March.

The summer camp serves over 160 youth between ages 7-17 years old during the month of June. CETPA staff engages youth in healthy activities and provide them with culturally appropriate substance abuse prevention programming in order to enhance resiliency, decision making, and assertiveness skills. The "Too Good for Drugs and Violence" curriculum and the CETPA bilingual prevention curriculum form the cornerstone of the summer camp program. The summer program serves approximately 80 youth for 2 weeks and another 80 youth for the next 2 weeks. The goal is for the participants to learn about the negative effects of tobacco and other drugs, refusal skills, self-esteem enhancement, ethnic pride, multigenerational kinship (debunking myths), stress and anger management, and volunteer opportunities (Mancini & Zelaya, 2010). During the summer program, youth also participate in recreational activities including culturally based dance, art, or music. Additionally, issues such as body image, nutrition, planning for the future, and making healthy decisions are addressed. Youth are recruited through elementary and middle schools, churches, and community organizations. There is a one-time registration fee of $50 for the summer program.

CETPA's adolescent prevention program initially focused on drug use in high school aged teenagers (age 14-18). However, evidencing an increase in amphetamine use (from 16% to

75% of participants using) from 2001 to 2003, hallucinogen, alcohol, and marijuana use, they expanded their services to include middle school age students prior to the start of high school because they found that high school students were already engaged in substance use behaviors and had a plethora of knowledge, as well as accessibility to drugs, alcohol, tobacco, and other illicit drugs (M. Zelaya, personal communication, October, 2010). Further, the National Institute on Drug Abuse (NIDA; 2010) found that marijuana and ecstasy use among 8th graders increased between 2009 and 2010. Thus CETPA's prevention program places emphasis on substance use and abuse education and awareness and encourage participation as early as 4th grade.

Theoretical approaches

CETPA's prevention programs are designed under the umbrella of the current theoretical approaches, research, and evidenced-based practices developed by Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Prevention (CSAP). Historically, substance abuse prevention programs have been categorized into an Information Provision model or a Social Influence model. Information Provision models, such as Project DARE, founded in 1983, (Drug Abuse Resistance Education; Lyman, Zimmerman, Novak, Logan, Martin, & Leukefeld [1999]) consisted of a standard drug-education curriculum. CSAP and NIDA (National Institute on Drug Abuse) found that the impact of such programs were ineffective. Whereas, programs similar to CETPA that uses a social influence model have been identified as best practice prevention programs. Social influence model programs focuses on risk and protective factors through skills training, and prevention efforts that are geared toward eliminating, reducing, or mitigating negative outcomes and enhancing resiliency. As a result, the DARE program partnered with an evidenced-based program, *keepin it REAL*, and

integrated a cost-effective, multicultural, evidenced-based curriculum that focused more on resisting drug offers and making good decisions.

CSAP states the roles of prevention are to create healthy communities in which people have a quality of life: healthy environments at work and in school, supportive communities and neighborhoods, connections with families and friends, and are drug and crime-free. To achieve this objective, CETPA utilizes SAMHA's Strategic Prevention Framework (SPF). The goals of SPF are: to prevent the onset and reduce the progression of substance abuse, reduce substance abuse related problems, and build capacity and infrastructure. CETPA developed a Prevention Logic Model that implements SPF's goals, risk and protective factors (Arthur, Hawkins, et al., 1994; Hawkins, Catalano, Miller, 1992), CSAPs principles, and the Institute of Medicine's definition of prevention. Additionally, CETPA utilizes the Institute of Medicine's continuum of care model by providing *universal, selective,* and *indicated* prevention efforts (Mancini & Zelaya, 2010).

In adherence to the continuum of care model, first CETPA prevention programs provide universal prevention efforts to the Latino community in an attempt to promote and increase awareness and knowledge about alcohol, tobacco, and other drugs and risk factors. They offer culturally appropriate prevention programming to all individuals in the Latino population that have been identified by mental health and substance abuse professionals, as well as voluntary admissions, on the basis of individual risk. CETPA provides selective prevention efforts by targeting Latino/a youth whose risk of developing substance abuse is significantly higher than others by virtue of belonging to that sub group. This is accomplished through community workshops, educational fairs, and dissemination of information. Finally, CETPA also provides indicated prevention efforts through their afterschool programs targeted to Latino/a youth who

exhibit risk factors, conditions, or abnormalities that identify them individually as being high risk for future development of a disease; or individuals who have been identified as having minimal but detectable signs or symptoms foreshadowing substance abuse or who have biological markers indicating predisposition to addiction. CETPA monitors adherence to the steps and principles outlined by CSAP through a monthly data sheet developed by SAMHSA which records the implementation and on-going evaluation of programs.

Culturally Sensitive Prevention

To articulate culturally sensitive prevention and intervention programs, an inclusive definition that best captures the context this prevention program is outlined by Rescnicow, Soler, Braithwaite, Ahluwalia, and Butler (2000) as "the extent to which ethnic/cultural characteristics, experiences, norms, values, behavioral patterns, and beliefs of a targeted population as well as relevant historical, environmental, and social forces are incorporated in the design, delivery, and evaluation of targeted health promotion materials and programs" (p. 272). Research indicates that prevention programs in the Latino/a community are more effective when they incorporate interventions that are specific to the cultural experiences and values of Latinos (Leidy et al, 2010; Wilkonson-Lee, Russell, & Lee, 2006; & Crunkilton, Paz, & Boyle, 2005). However, the trend of prevention utilizes models developed for European American communities, and then extrapolated to other racial/ethnic groups once adopted by agencies and practitioners (Wilkinson-Lee et al., 2006). Medical and mental health practitioners alike are increasing efforts to adapt and tailor program interventions, and provide culturally appropriate prevention programming given the significant growth in the Latino/a youth population and increased mental health concerns. From a social justice perspective, psychologists suggest the need to incorporate bicultural and

bilingual training into the infrastructure of mental health training programs (Delgado-Romero, Espino, Werther, & Gonzalez, 2010).

Studies have shown that incorporating important values such as *personalismo, familismo, machismo, marianismo, respeto, and simpatia* were useful in preventing violence, alcohol and drug use, teen pregnancy, and high risk sexual behavior in Latino/a youth. (Leidy et al., 2010Mueller et al., 2009; Maldonado-Molina et al., 2006; Wilkinson-Lee et al., 2006; Crunkilton et al., 2005; Sale et al., 2005; Rodriguez & Brindis, 1994; & Botvin et al., 1994). CETPA conducts open houses and host events for Latino communities in the metro Atlanta area and encourage feedback from parents and youth from various nationalities of Latin and Spanish descent. Based on feedback provided, CETPA's emphasis and focus on culturally sensitive prevention is integrated into several aspects of their program. For example, the entire CETPA staff are Spanish speaking and bilingual and services are offered to Spanish speaking and bilingual consumers. Also, staff are sensitive to and aware of the parent's level of education (i.e., mailing application packets as well as offering the opportunity for parents to attend an open house where application materials will be read aloud; providing material in a Spanish version). As a sign of *respeto*, younger staff are reminded to limit direct eye contact when interacting with older parents; whereas lack of eye contact in the dominant culture is seen as rude, inattentive, passive aggressive, or disinterest. Colors reflective of Latino heritage are exhibited throughout the curriculum materials. Images of people who self-identified as Hispanic or Latino are included in literature, pictures/posters hung in classrooms, etc. Also, during classroom interaction, instructors are encouraged to demonstrate the value of *personalismo* - create a welcoming and safe environment by hugging the children, using a closer stance, inviting parents to visit, and allowing the children to speak loud (as long as it is respectful). Lastly, CETPA staff recognize

differences within the culture (i.e., parental expectations of the program for parents of Mexican origin differ from those of Colombian origin) and take into account families' socio-economic status, educational levels, immigration status, and family composition when treating individuals. (Personal communication, Zelaya, M., 2011). These are all examples of culturally sensitive approaches that are implemented in efforts of encouraging open communication and establishing relationships with Latino parents and children in the CETPA prevention program.

Definition of Terms

Allocentrism a term used to describe a sense of identity and commitment to collectives and groups rather than autonomous individuals

Familismo concept that describes Latinas/os orientation to family which signifies an individual's consideration of one's parents, siblings, grandparents, aunts, uncles, and even close friends of the family as well as religious godparents when making decisions; entails an automatic respect for older generations

Personalismo interpersonal relationships with family and friends held in high regard for most Latinas/os and involves warmth, affection, concern about others, and positive regard for those close to the individual

Machismo concept of Latin descent related to male gender role and represents a strong, virile, omnipotent man who takes care of his family by providing food and shelter

Marianismo concept of Latin descent related to female gender role and is distinctive in that it requires a woman to be pure, make sacrifices for the husband's and children's benefit, not engage in premarital sex, and be a nurturing female role model for her daughters

Respeto concept that means respect for elders and authority figures

Simpatia   a value in Latino culture that means accord, agreement, and harmony in relationships, marriage, family, and society; politeness and pleasantness in the face of stress

Culture   the belief of systems and value orientations that influence customs, norms, practices, and social institutions, including psychological processes (language, care taking practices, media, educational systems) and organizations (media, educational systems; Fiske, Kitayama, Markus, & Nisbett, 1998).

Prevention   a term in social science to describe the notion of acting beforehand in reducing risk factors and enhancing protective factors

Acculturation   An interactive process between two groups in which one or both groups adopts beliefs, norms, and traditions from the other; or, an individual's process of cultural change (e.g., in values, attitudes, and behaviors) that results from extended contact with another, usually more dominant, culture.

Ethnicity   As noted in the Multicultural Guidelines (APA, 2002), the term "ethnicity" does not have a commonly agreed upon definition; congruent with the aforementioned, in this study we will refer to ethnicity as the acceptance of the group mores and practices of one's culture of origin and the concomitant sense of belonging

Nationality   a term to describe the status of belonging to a particular nation by origin, birth, or naturalization.

Research Questions and Hypotheses

The proposed study seeks to answer the following questions: 1) Does participation in the prevention program influence Latino/a youth's engagement in substance use, and 2) What are the effects of self-esteem, acculturation, identity, and values on the relationship between

participation in the prevention program and substance use. To that end, the aims of this study are twofold:

Aim #1: Explore the relationship between participation in CETPA's prevention program and current tobacco, alcohol, marijuana, and/or other illegal drug use in Latino/a youth.

- *Hypothesis 1.1*: Latino/a youth participation in CETPA's prevention program will be negatively correlated with alcohol use.

  a. number of years in program will be negatively correlated with alcohol use.

  b. number of programs participated in will be negatively correlated with alcohol use such that participation in numerous program types reduces alcohol use .

- *Hypothesis 1.2*: Latino/a youth participation in CETPA's prevention program will be negatively correlated with tobacco use.

  a. number of years in program will be negatively correlated with tobacco use.

  b. number of programs participated in will be negatively correlated with tobacco use such that participation in numerous program types reduces tobacco use.

- *Hypothesis 1.3*: Latino/a youth participation in CETPA's prevention program will be negatively correlated with marijuana use.

  a. number of years in program will be negatively correlated with marijuana use.

    b. number of programs participated in will be negatively correlated with marijuana use such participation in numerous program types reduces marijuana use.

- *Hypothesis 1.4*: Latino/a youth participation in CETPA's prevention program will be negatively correlated with other illegal drug use.

a. number of years in program will be negatively correlated with other illegal drug use.

b. number of programs participated in will be negatively correlated with other illegal drug use such participation in numerous program types reduces other illegal drug use.

Aim #2: Examine the moderating effects of acculturation, ethnic identity, self-esteem, and values on the relationship between the participation in the prevention program and substance use outcomes.

- *Hypothesis 2.1*: Protective factors will be inversely related to substance use outcomes, thus having an effect on the relationship between program participation and substance use outcomes.

a. Self-esteem will have an effect on the relationship.

b. Identification with and participation in activities of the dominant culture will have an effect on the relationship.

c. Latino/a ethnic identity will have an effect on the relationship.

d. Adherence to Latino/a cultural values will have an effect on the relationship.

CHAPTER 2

REVIEW OF LITERATURE

In the midst of significant growth and changes, the Latino population has encountered several barriers including those related to language and communication, acculturation stressors, medical and mental health care resources, unequal educational opportunities, and disproportionately low household incomes (Crunkilton et al., 2005; Brindis et al, 1995; Schinke et al, 1988). As such, Humes et al (2011) reiterate the importance of accurate census data on Hispanic origin and race, in that census data is fundamental in implementing and evaluating the need for programs, laws such as the Civil Rights Act, Voting Rights Act, Fair Housing Act, Equal Opportunity Act, and the Redistricting Data Program.

Despite the significant proportion of youth in the Latino population, medical and social science research has focused the majority of efforts in the adult population. Studies have shown that Latino/as are disproportionately affected by numerous high risk behaviors including early sexual activity, drug use, gang involvement, as well as mental health issues such as poor self-esteem, parent/child conflict, and suicide attempts (Gilliam, 2007; Kuhlberg et al., 2010; Lee & Hahm, Rojas-Guyler & King, 2007). The aforementioned behaviors have resulted in school drop-out, incarceration, high rates of teen pregnancy, sexually transmitted infections, unwanted sexual intercourse, and HIV/AIDS cases. Loukas and Prelow (2004) found that poverty stricken Latino communities that lack resources and needed support, further exacerbates youth exposure to adverse environmental conditions, and increases risk for emotional and behavioral problems, as well as internalizing and externalizing problems. However, despite their findings, family-level

and individual difference variables counteracted those risks for Latino/a youth (Loukas & Prelow, 2004).

Since the late 1990's drug-use literature for early adolescents has increased. While studies indicate that early adolescent use nearly begins as experimental behavior with drugs such as tobacco and alcohol, by the time they are adolescents, drug use increases (Marsiglia, Kulis & Hecht, 2001). Providing support for the "gateway hypothesis", the severity in drug use increases in that the by late-adolescence teens are using illicit drugs such as marijuana, cocaine, and ecstasy. Moreover, Georgia adolescents have increased experimentation and use with methamphetamines (Zelaya, personal communication 2011).

The significant change in drug use behavior from early adolescence to late adolescence was an observation that raised concern in the CETPA Latino community. While literature discusses prevention measures for adolescents, CETPA noticed the need to capture the early adolescence/pre-teen population; realizing that by late adolescence, youth were demonstrating problem behaviors at home and school, poor academic achievement, gang involvement, poor peer interactions, lack of motivation to engage in extracurricular activities, and poor parent/child interactions, and had been actively engaged in drug use. (M. Zelaya, personal communication, March 2011). Furthermore, in early adolescence youth experience emotional, physical, and social changes that increase risk for exposure to and/or use of alcohol, tobacco, and other drugs. As a result, CETPA's prevention program recruits Latino youth that are in fourth and fifth grades.

<div align="center">

Substance Use

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Given the significant increase in the Latino/a youth population within the past ten years, there has been heightened awareness regarding their mental health, well-being, and their

involvement in risky behaviors (SAMHSA, 2006). With specific regard to substance use behaviors, substance use in adolescence continues to be a prevalent social health issue in today's society. Early substance use in adolescents increases the risk of future substance use disorders, and contributes to other negative outcomes such as poor academic achievement, gang involvement, and early onset of sexual behaviors. Odgers and colleagues (2008) found that even among adolescents with no history of conduct problems, early initiation of alcohol and polysubstance use before the age of 15 increases the risk of substance use dependence and criminal convictions in adulthood, acquisition of sexually transmitted diseases, and early pregnancy in females by at least fifty percent. Similarly, the likelihood of nicotine addiction and difficulties quitting cigarette smoking, and cannabis use and dependence increases with onset of use in adolescents (Behrendt, Wittchen, Hofler, Lieb, & Beesdo, 2009; Breslau & Peterson, 1996). In Latino communities, substance use and abuse begins as early as early adolescence (Marsiglia et al., 2001; Marsiglia et al. 2004). In 2005, nearly 27% of youth aged 14 to 15 and 42% of youth aged 16 to 17 had experimented and/or used an illicit drug during their lifetime (SAMHSA, 2006). In addition to starting young, Latino/a adolescents use drugs over a longer period of time when compared to other racial/ethnic groups. The Center for Disease Control (CDC; 2005) reported that Hispanic/Latino/a adolescents had the highest prevalence of lifetime alcohol, tobacco, marijuana, and methamphetamine use compared to all other ethnicities. According to De La Rosa, Holleran, Rugh, and McMaster (2005), Latinos have higher prevalence rates of substance abuse compared to European Americans and African Americans. Although substance use among Hispanic adolescents was generally lower than among adolescents in the Nation as a whole, certain subgroups of the Hispanic adolescent population had rates of use that exceeded the rates in the general population, and Hispanic adolescents born

in the United States were more likely to use illicit substances than Hispanic adolescents born elsewhere (National Survey on Drug Use and Health; NSDUH, 2011). The CDC (2006) reported that Latino/a students (grades 9-12) are more likely than their Black or White counterparts to use illegal substances such as cocaine, heroin, methamphetamines, and ecstasy. Latino/a students are also equally likely to use cigarettes and marijuana as Black or White adolescents. Moreover, they are more likely to engage in high-risk behaviors such as riding with a driver who had been drinking.

Similarly, CETPA administrators support these findings noting that in 2003, there was a significant increase in use of amphetamines in their adolescent program. All adolescent participants reported using both marijuana and alcohol. Despite increase use, CETPA's participants reported difficulty in accessing treatment facilities, agencies, or providers that provided linguistically and culturally appropriate services (Zelaya, personal communication, 2011). In fact, literature is lacking as it pertains to the effectiveness of various treatment modalities for Latinos who are dependent or abuse substances. Moreover, those who seek treatment are likely to terminate prematurely due to ineffective counseling approaches, lack of bilingual providers, and failed outreach, recruitment, and retention strategies (Glick & Moore, 1990; SAMHSA, 2002)

In response to Latino/a youth involvement in high risk behaviors and emerging public health concerns, the literature has increased its attention to drug use behaviors, and other risks and protective factors in the Latino community (Crunkilton et al., 2005; Torres, Pena, Westhoff, & Zayas, 2008; Wagner, Ritt-Olson, Soto, Rodriguez, Baezconde-Garbanati, & Unger, 2008). Studies have further examined the differences in substance use related to Latino/a youth's place of birth, level of acculturation, ethnicity, gender, and familial/parental involvement (De La Rosa,

Dillon, Ganapati, Rojas, Pinto, & Prado, 2010; Kulis et al., 2007; Torres et al., 2008). For

example, Canino, Vega, Scribney, Warner, & Alegria found that U.S. born Latino/as report

higher prevalence of substance abuse and dependence compared to their immigrant counterparts.

Also, Vega, Kourney, Zimmerman, & Gil (1995) discussed stressors such as association with the

predominant American adolescent culture, which often conflicts with family and cultural values.

As a result, Latino/a adolescents who are more acculturated are inclined to cope with stressors by

using substances such as alcohol and tobacco. Studies exploring gender differences in substance

use in the Latino community found that women generally report lower rates of substance use

than men (Canino et al, 2008; Canino, 2004; Kulis et al., 2007), however, Latinas are more likely

to use inhalants (CDC, 2006). Furthermore studies have shown that Latinas who experience

significant stressors during puberty, low self-esteem, and conflict in gender-role expectations are

more likely to develop mental health issues and experiences that increase the risk for substance

use (Buchanan & Smokowski, 2009; Kulis et al, 2007; Wahl & Eitle, 2010). As for males,

research demonstrated that U.S. Hispanic male youth reported high rates of episodic heaving

drinking than that of Hispanics in the Dominican Republic; and noted that these behaviors may

be due to a combination of initiation into adolescence, legality and availability of alcohol, more

permissive gender roles within the Hispanic (U.S.) culture, and less supervision as a male

teenager (Torres et al, 2008). Cultural values and gender roles in Latino culture may influence

the extent to which substance use and behaviors vary by gender (Kulis, Marsiglia, & Hurdle,

2003). For example, studies indicated that values such as *machismo* grants greater social freedom

for boys and restricts the social experiences as girls; and *marianismo* emphasizes the girls'

family obligations and subject them to a greater degree of parental monitoring (Kulis et al.,

2007).

Protective Factors

Research studies examined the role of factors such as positive self-esteem, parent-child relationship, community and school involvement, acculturation, cultural values, and ethnic identity, and deemed that these serve as protective factors in the prevention of substance use behaviors (Eitle et al., 2009; Guilamo-Ramos, 2009, Kuhlberg et al., 2010). Protective factors impact youth engaging in high-risk behaviors. Culturally relevant protective factors among Latino families include ethnic identity, social position, and acculturation (Carter et al, 2007; Rescinow et al., 2000; Wilkinson-Lee et al, 2006). As such, when developing culturally sensitive programs for Latino youth one should examine the role of core values such as *respeto* and *familismo*, which often have protective features. The strong sense of family orientation, obligation, and cohesion appears to improve physical and emotional well-being of adolescent youth (Dumka, Roosa, & Jackson, 1997). *Familismo* involves loyalty, reciprocity, and solidarity toward family members and contends that family is an extension of self. For example, research findings indicate that open-style of mother-daughter communication led to a decreased in sexual activity and fewer partners; and also increased contraceptive use for African American and Latino adolescents at their first and most recent sexual encounter (Miller, Levin, Whitaker, & Xu, 1998; Miller, Forehand, & Kotchick, 2000). Family has a strong influence on sexual behavior and attitudes among Latinos in particular. Leidy et al., 2010 reported that family-based prevention programs are most effective when they include components such as: "improving parental monitoring, increasing family cohesion, increasing networking across families, and empowering families to access resources more effectively" (p. 30) all demonstrative of *familismo*. *Respeto* involves teaching children courtesy in various social contexts with individuals of a particular age, sex, and social status. The emphasis on respect is associated with

deference to parental authority, cooperative behavior, and engaging in less risk-taking behavior that could be detrimental to adolescent's health.

Self Esteem

Early adolescence involves a process of identity formation (Erikson, 1968) involving feelings, core beliefs, and thoughts about being a part of groups, whether it is a peer group or ethnic group. It is a period that encompasses a process of autonomy and independence, and involves many transitions, changes, and challenges such as elementary to middle to high school transitions, puberty, and peer pressure. Given these stressors, a weak sense of self could elevate the chance of engaging in risk behaviors. Early adolescence is a particularly stressful time for girls of many cultural backgrounds (Kulberg et al., 2010; Manago, Brown, & Leaper, 2009; Umaña -Taylor, Vargas-Chanas, Garcia, & Gonzales-Backen, 2008; Umaña -Taylor, Gonzales-Backen, & Guimond, 2009). During adolescence, girls adopt new behaviors and new peer groups in efforts of complying with peer and gender expectations inherent with their culture. Research has demonstrated that a negative relationship exists between self-esteem and health risk behaviors in Latino/a adolescents, such that youth with higher levels of self-esteem engage in fewer risky behaviors related to health (Scheier, Botvin, Griffin, & Diaz, 2000). Additionally, conflict within the family and between the child and parent has been associated with numerous negative outcomes in adolescents in the Latino community, including internalizing behaviors and low self-esteem (Loukas & Prelow, 2004). Furthermore, Davies and Lindsey (2004) reported that female adolescents may be especially sensitive to conflict in the family, in part due to gender socialization and leads to females valuing the maintenance of harmonious relationships more than their adolescent male counterparts.

An abundance of research underscores the importance of focusing on self-esteem especially considering its association with adolescents' general well-being. For example, Zimmerman, Copeland, Shope, & Dielman (1997) concluded that a positive sense of self may promote positive outcomes and protect youth from engaging in problem behaviors. Whereas, adolescents who possess low self-esteem may engage in risky behavior as a way to cope with feelings of low self-worth and emotional distress associated with a low sense of self-esteem (Jessor, Van den Bos, Vanderryn, Costa, & Turbin, 1995). Moreover, studies found that adolescents that demonstrate a strong sense of ethnic pride report higher levels of self-esteem (Phinney et al, 1997; Guilamo-Ramos, 2009). It was also suggested that increased knowledge may facilitate an individual's ability to cope with ethnicity-related stressors, given that they have the tools and knowledge to understand their ethnicity. As a result, the individual may feel more self-assured, self-confident, and develop a higher level of self-esteem. Overall, research has established a positive relationship between Latino/a adolescent's ethnic identity and self-esteem, and the youth's ability to cope with stressors and avoid high risk behaviors (Guilamo-Ramos, 2009; Kuhlberg et al. 2010; Malmberg et al., 2010; Umaña -Taylor et al., 2002).

Ethnic Identity

Ethnic identity has been implicated in the etiology of health risk behaviors among Latino/a youth (Marsiglia, Kulis, Hecht, & Sills, 2004; Marsiglia, Kulis, & Hecht, 2001). Ethnic identity refers to the aspect of an individual's social identity that is defined by members in an ethnic group (Phinney, 1992). Further, ethnic identity has been linked with important aspects of mental health among diverse Latino populations, and encompass a number of dimensions in research literature such as, self-identification, ethnic and cultural practices, a sense of belonging and feelings of affirmation (negative and positive) about one's ethnic group, and the concept of

ethnic pride (Ong et al., 2006; Phinney, 1992), and increased self-esteem (Umaña -Taylor et al., 2009). According to Gil, Wagner, and Tubman (2004), high levels of ethnic pride were associated with greater reductions in substance use; more specifically tobacco use in Latino/a adolescents. In addition, Latino/a adolescents that engage in cultural congruent behaviors and practices, and possess a strong cultural orientation toward their ethnic group exhibited lower levels of substance use (Gil et al., 2004). Each dimension of ethnic identity impacts Latino/a youth's overall health and well-being. Studies also found that adolescents with a strong sense of ethnic pride report higher levels of self-esteem (Phinney, Cantu, & Kurtz, 1997).

Ethnic identity has also been shown to reduce propensity to engage in high-risk behaviors in Latino/a adolescents (Guilamo-Ramos, 2009). For example, Marsiglia et al. (2004) demonstrated that positive ethnic identity was associated with less substance use and stronger anti-drug norms. Similarly, Hecht (2001) reported in a general sense that African American, Mexican American, and mixed-ethnicity middle school students with a strong sense of ethnic pride reported less drug use and exposure, while ethnically proud European American middle school students reported more.

As it relates to drug use with ethnic minority populations, the role of ethnic pride as a mediating, moderating, or a direct factor in ethnic identity and drug use poses a complex question as it relates to drug use in adolescents. Additionally, ethnic pride may have protective effects above and beyond those related to self-esteem.

Acculturation

Research continues to examine the complex determinants of alcohol and drug use among Latino/a adolescents. Studies found that the degree of acculturation in Latino adolescents is associated with the likelihood of engaging in high risk behaviors such as early sexual activity,

substance use and abuse (Buchanan & Smokowski, 2009; Dillon et al., 2010; Kulis et al., 2007 Wahl & Eitle, 2010). Although Hispanic adolescents' tend to exhibit behavioral tendencies of the dominant culture, Hispanic familial values are still maintained (Perez & Padilla, 2000). Additional studies suggest that with less acculturated Latinas, focusing on maintaining the protective factors experienced in their culture of origin is most important. As a result, they challenge behaviors introduced by mainstream culture including pro-drug norms and images in the media, and behaviors exhibited by their non-Latino white peers (Kulis et al, 2007; Dalton, Sargent, Beach, Titus-Ernstoff, Gibson, Aherns, Tickle, & Heatherton, 2003). However, as it relates to Latino boys, from a cultural perspective, substance use/abuse is normalized and maybe even encouraged in that it reflects a sign of *machiasmo* (Marsiglia & Waller, 2002; Randolph, Stroup-Benham, Black, & Markides, 1998)).

On the contrary, the more acculturated Latina youth are, the more likely it is for her to engage in early and high-risk sexual behaviors. Further, less acculturated Latinos that experience rapid cultural and language transitions exhibit more behavior problems, as reported by parents and teachers (Vega et al., 1995). More acculturated Latino boys who report stressors related to prejudicial treatment and perceived discrimination also exhibit more behavior problems. Acculturative strains reported by immigrant and non-immigrant Latino/a adolescents may have a negative effect on role performance and educational aspirations (Vega et al., 1995). Leidy, Guerra, and Toro (2010) further noted important concerns surrounding the impact of the acculturation gap on parenting and child development in immigrant Latino families in the United States. For example, children typically learn to speak English more rapidly than their parents, develop an understanding of and ability to negotiate US rules and institutions, and adapt to new cultural norms in the US more readily than their parents. As a result, this source of stress for

immigrant families may interfere with their efforts to foster positive family interactions.

Similarly, Martinez (2006) found that families experience increased levels of stress and parents

employ ineffective parenting strategies when Latino parents and children have significant

discrepancy in acculturation levels.

The role of acculturation in adolescent substance use is quite complex and seems to be

the topic of various debates. While some studies do not endorse the association between

acculturation and substance use (De La Rosa, 2002; Wagner et al., 2008), others have found

acculturation to be one of the most important predictors of high risk behaviors and recommend

the use of acculturation instrumentation in public health practice with Hispanic populations (Lee

& Hahm, 2010; Thomson & Hoffman-Goetz, 2009; Wahl & Eitle, 2010). Wahl & Eitle, further

noted gender differences, in that Latinas were less likely to use alcohol than their male

counterparts. Similarly, acculturative stress has also been linked to adolescent mental health

problems and substance use (Buchanan & Smokowski, 2009). As a result, it is imperative that

adolescents' cultural orientation or level of acculturation is assessed when considering substance

abuse prevention.

Wahl & Eitle's (2010) findings are consistent with classical assimilation theory which

emphasizes a linear process of adaptation: the longer the contact of the immigrant group with the

host culture, the more acculturated the group becomes. Thus with each successive generation,

Latino/a youth are more likely to engage in behaviors of the dominant culture, which include

risky behavior such as alcohol, tobacco, and drug use.

Values

Sue & Sue (2002) suggest that all interactions are multicultural and underscore the

importance of cultural sensitivity in counseling psychology. As such, cultural value orientations

play a critical role in determining how clinicians relate to worldviews, relationships, and styles of interactions of racial and ethnic minority groups (Carter, 1991; Sue & Sue, 2002).

Latino culture emphasizes values such as family loyalty, solidarity, and cohesion, and is instrumental in early adolescent adjustment (Vega, 1990). Studies confirm that core values, such as *familismo*, are a protective factor for Hispanic youth, especially for females (De La Rosa et al., 2010; Sale et al., 2005). Additionally, researcher suggests that family connectedness and positive parental influences protect adolescence from alcohol use (Maldonado-Molina et al., 2006; Sale et al, 2005). Moreover, Hawkins et al. (1992) reported that the quality of the parent-child relationship as well as parental influence was critical predictors in the initiation and experimentation of alcohol, tobacco, and other drug use among high-risk youth.

For example, employing family routines represent an important component of positive parental influence. Loukas & Prelow (2004) found that family routines are an important factor of family dynamics and demonstrates positive modeling in Latino family culture. Routines were specifically defined as patterned interactions that are repeated on a daily or weekly basis (Wolin & Bennett, 1984). Examples of family routines include mealtimes, homework times, and bedtimes. Maintenance of family routines has been associated with better quality parenting, higher offspring academic achievement, and the emotional well-being of family members (Fiese et al, 2002). Similarly these findings have also been supported in African American samples such that African American youth with strong mother-child relationships exhibited fewer problem behaviors than those who did not (Mason, Cauce, Gonzales, & Hiraga, 1994).

In early adolescence the potential for conflict increases due to the developmental task of asserting one's autonomy, and adolescent's desire to form more individualistic values versus collective values. More specifically, Kulberg et al. (2010) explored the conflict between

traditional Latino/a gender roles and those associated with mainstream U.S. culture between Hispanic girls and their parents. Latina adolescents are more likely to engage in arguments and conflict with their parents if they do not share the same values enforced by parents; and if the Latina adolescent see their male siblings, peers, and female friends from other cultures not held to the same standard by their parents. Even core values such as *marianismo,* which is the Catholic ideal of a virginal self-sacrificing mother as a script for behavior in Latina culture, may contrast with the idea of feminism and discourage Latina girls from striving for personal achievement and independence. However, *machismo* places emphasis and instills a sense of responsibility and accountability for Latino boys.

Cultural values often serve as culturally relevant moderating factors of engagement in high-risk behavior. More specifically, core values such as *personalismo and familismo* are essential components in understanding Latino culture and families, as well as developing rapport and personal relationships with Latinos (Maldonado-Molina et al., 2006; Resnicow et al, 2000). Leidy and colleagues (2010) suggested that even under adverse conditions, parents who were able to communicate openly and effectively with their children and maintain close family connections had children who showed improvements in social competence, particularly in the area of social problem-solving skills and social self-efficacy. Additionally, Leidy et al. (2010) contend that these child social competence outcomes are linked to lower levels of problems behaviors such as aggression and violence during childhood and adolescence. These findings support the value of implementing positive parenting in intervention endeavors with Latino/a youth. As such, CETPA's program seeks to actively involve the parents of their participants through a specialized parent component. In the parent component of the curriculum, CETPA provides a comprehensive prevention program that includes modules on preventing the use of

drugs, supporting their children, and improving education and communication in their children's lives. In addition, CETPA holds several educational parent meetings annually and offers parenting classes (Mancini & Zelaya, 2010).

Prevention Programs

The rationale for culturally sensitive intervention and programming is that individuals from different racial and ethnic backgrounds and nationalities are differentially affected by risk factors. Therefore, interventions and programs require culturally relevant methodologies to address these differences. Culturally sensitive literature related to prevention of substance use/abuse in the Latino population often incorporates a strong family and school component (Botvin et al., 1994; Crunkilton et al., 2005; Kulis et al, 2007; Leidy et al., 2010; Maldonado-Molina et al., 2006; Mueller et al., 2009). Leidy et al. (2010) contends that there are only a small number of family based prevention programs that have been adapted for Latino families. In a review of family-based prevention programs, Leidy et al. (2010) found that programs that emphasized pan-Latino programming—or programming that is generalizable for Latino subgroups-- immigrant experience and adjustment issues, and captured deep structured cultural values were effective in preventing violence in Latino/a youth 6 to 18 years of age. Mental health professionals and educators noted the disparities in the quantity of evidenced based prevention and intervention programs that can be extended to and relevant for immigrant Latino families (Botvin et al, 2001; Maldonado-Molina et al., 2006)). These concerns are generated from the premise that mainstream health promotion programs utilize models that are shown to be effective in non-Latino communities, and attempt to extrapolate these same approaches in the Latino community, which may in turn be ineffective in service delivery to Latino/a clients. Otherwise

stated many of the current prevention models being use in Latino communities, have been developed, implemented, and found to be successful in non-Latino communities.

In a study conducted by Crunkilton and colleagues (2001), culturally specific interventions with Latino families in the area of substance abuse prevention showed improvement of drug knowledge in parents. More specifically, they highlighted the importance of incorporating culturally appropriate language, beliefs, values, and principles in community-based substance abuse education programs for Latino families. Furthermore, research suggested that essential components to risk-reduction include early education and parental involvement, and promoting academic success (Dawkins et al, 1992). Targeting risk factors that precede adolescents' drug abuse, will increase awareness and knowledge in prevention, as well as, enhance protective factors (Dawkins et al, 1992).

Kulis and colleagues (2007) found that gender and level of acculturation plays a role in the efficacy of prevention programs. More specifically, the "keepin it REAL" substance abuse prevention program was more effective in reducing alcohol and cigarette use in boys than girls. Further, interventions were significantly more effective for less linguistically acculturated Latinos than those that were more acculturated. Similar to the CETPA prevention program, "keepin it REAL", is a school-based, substance use prevention program for middle school students that places emphasis on four drug resistance strategies (refuse, explain, avoid, and leave). The curriculum includes 10 classroom lessons, as well as instructional videos, scripts, and activities that employ resistance strategies (Kulis et al., 2007). The program has been shown to be highly efficacious among an ethnically diverse sample of adolescents (Warren, Hecht, Wagstaff, Elek, Ndiaye, Dustman, & Marsiglia, 2006).

Botvin et al. (1994) conducted a study to evaluate the effectiveness of a culturally focused and generic skills program in preventing alcohol and drug use among minority youth. Results indicated that both intervention approaches reduced youth's intention to drink alcohol in the future over those in the control group, who received information only. Similar to this program, CETPA's prevention program not only provides social skills training and culturally sensitive interventions, CETPA's prevention model includes components that encompass Latino cultural values such as parenting sessions (*familismo*) and youth involvement in community service (*colectivsmo*).

The lack of cultural sensitivity demonstrated by non-Latino administrators, program planners, and service delivery staff demonstrate the need for practitioner and agency training and education (Castro et al., 1999). The notion of cultural sensitivity is demonstrated by agencies and clinicians who possess a basic understanding of the role of language and interpersonal and familial factors that are influential in the Latino community---as it relates to both physical and mental health behaviors (Wilkinson et. al, 2006). Castro et al. (1999) reported that cultural sensitivity is further enhanced by practitioners' understanding of variability among Latino subgroups such as immigrant generation, country of origin, and social class. In addition to understanding the variability in these cultural norms, there must be a certain level of mutual *respeto* or "respect" demonstrated by the practitioner.

In conclusion, research is lacking as it relates to gender differences and program efficacy of substance abuse prevention in the Latino population. As practitioners, it is imperative that cultural sensitivity focuses on increased awareness, knowledge, and understanding of the strengths of Latino culture. As such, the challenges in the lives of Latino/a adolescents including, acculturation stress, ethnic identity, maintaining cultural values (i.e., *familismo, personalismo,*

respeto, colectivismo, etc.), and gender roles; as well as the impact on high risk behaviors such as substance use and abuse must be recognized and addressed.

CHAPTER 3

METHODOLOGY AND PROCEDURE

Quantitative research methods will be used to explore the effectiveness of culturally sensitive interventions in reducing substance use behaviors in Latino/a youth. This study is a retrospective evaluation that aims to assess whether CETPA's culturally sensitive prevention program influenced participant's engagement or disengagement in substance use behaviors. In addition, this study will explore the moderating effects of protective factors on the relationship between the prevention program and substance use outcomes. More specifically, protective factors will be operationalized into four components: acculturation, ethnic identity, self-esteem and values. The proposed study will identify and determine the proportion of the measured outcome that can be attributed to the prevention program, and examine the effect of moderator variables.

Independent or predictor variables of interest include the youth's participation in the CETPA prevention program, more specifically number of years and type of program. Dependent or predictor variables of interest include substance use outcomes. The proposed study will focus on alcohol, tobacco, marijuana and/or other drug use. Studies have found that the aforementioned substance use behaviors increase the likelihood that Latino/a youth may further develop problem behaviors such as addiction, teen pregnancy, criminal involvement, poor academic, and acquiring sexually transmitted infectious diseases (De La Rosa, Holleran, Rugh, & MacMaster, 2005; Brindis, C., Wolfe, A.L., McCarter, V., Ball, S., Starbuck-Morales, S., 1995).

Sample

Participants (N=78) included Latino/a youth ages 13-20, who graduated from the CETPA

Prevention Program between 2004-2010. An *a priori* power analysis was conducted to determine

the minimum number of participants necessary (Soper, 2004). The power analysis indicated that

a total of 103 participants is necessary to detect good model fit with power of .80 (d = .15, α =

.05) (Cohen, 1988). Upon completion of data collection and analyses, the observed effect size

was smaller than what was proposed, increasing the chances of Type II error. The *post hoc*

power analysis indicated that at a small effect size (r = .1), the power to detect a significant result

is .67. Although this is reasonable power, it is not sufficient to safely assume that there is not a

small effect. The sample comprised of 55 females and 23 males. In terms of ethnicity/country of

origin, participants self-identified as the following: Mexican (48.7% , *n*=38), Latino (24.4%,

n=19), Colombian (9%, *n*=7), Peruvian *(*6.4% , *n*=5), Puerto Rican (5.1% , *n*=4), Honduran

(1.3% , *n*=1), Dominican (1.3% , *n*=1), Uruguayan (1.3% *n*=1), Guatemalan (1.3% , *n*=1), and El

Salvadorian (1.3% , *n*=1). Participants' level of education while in the program ranged from third

grade to 1st year college student (*M*=7.69/ seventh grade, six months, *SD*=2.167). Age of

participants ranged from 13-20 years old (*M*=15.10, *SD*=1.965). Participants indicated that they

lived in the United States ranging from 6 years to 20 years (*M*=12.72, *SD*=2.167). Demographic

information detailed in Table 1.

The majority of participants (43.6%) indicated being in the program for one year (*n*=34).

Additionally, 29.5% reported being in the program for 2 years (*n*=23), 9% for 3 years (*n*=7),

5.1% indicated they were in the program 4 years (*n*=4), 1.3% reported being in program 5 years

(*n*=1), and 1.3% indicated they were in the program 11 years (*n*=1). Eight participants (10.3%)

did not report the number of years they participated in the program. Forty-two participants

(53.8%) indicated that they participated in the activity and curriculum-based afterschool program (*Soy Unica Soy Latina*/Afterschool or *Nino Sano Hombre Fuerte*/Afterschool). Fifteen participants (19.2%) reported that they participated in the Summer program only. And 15 participants (19.2%) indicated that they participated in the activity and curriculum-based afterschool program plus the Summer program. Program type information descriptives can be viewed in Table 2.

Data Collection Procedures

Research indicates that the recruitment, data collection, and retention process is strongly influenced by cultural values when conducting research with the Latino population (Skaff et al., 2002). More specifically, the Latino population places emphasis on values such as *simpatia* (the need for pleasant and social relations), *respeto* (respect toward those in power), *allocentrism* (personal interdependence), and *familismo* (strong identity with attachment to family). Therefore, participants were contacted by CETPA staff and volunteers via phone (see phone script, Appendix A), and volunteers invited alumni to attend a 10-year reunion banquet and asked permission to forward their information to the researcher for this study. Initially, the researcher sought Latina alumni only for the study. However, in efforts of increasing potential sample pool, the researcher extended potential participants of interest to Latino boys as well. The researcher obtained demographic information (name, phone number, address) from the CETPA prevention program coordinator of those alumni who verbally consented to attend the alumni reunion and/or expressed an interest in participating in the study (N=519). Of the 519, only 203 had working phone numbers and updated addresses; and were able to be contacted and consented to participate in the study. It is noteworthy to mention that Georgia's immigration law HB87 was signed by the state's governor on Friday, May 13, 2011, which was one day prior to CETPA's

prevention program alumni reunion and the start of the investigator's data collection process. As a result, few parents and alumni showed up for the reunion event.

Participants received an informational letter (Appendix B); and instrumentation packets included a consent form (Appendix C) or minor assent form (Appendix D), English and Spanish version of parental permission form (Appendix E & F), demographic questionnaire (Appendix G), Rosenberg Self- Esteem Scale (RSE; Rosenberg, 1965; Appendix H), the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992; Appendix I) the Vancouver Index of Acculturation (VIA; Ryder, Alden, & Paulhus, 2000; Appendix J), and the Latino/a Values Scale (LVS; Kim, Soliz, Orellana, & Alamilla, 2009; Appendix K) and Drug History Questionnaire (Appendix L). Alumni who did not attend the event, received research protocol via mail.

Other documents in the mailed packet included: a statement of consent for participants that are 18 years of age and older (Appendix C); an assent for participants that are minors (Appendix D); and a Spanish version of information and consent provided to the parent(s)/guardian(s) regarding limits of confidentiality (Appendix F). Researcher provided a stamped return envelope in all packets in efforts of eliminating costs of participation for participants. Approximately two weeks after mailing packets, the researcher and bilingual volunteers followed up with potential participants via phone to confirm that packet was received and reviewed instructions with participant regarding items to be returned. Fifty-two participants indicated that they had moved, never received the packet, and/or misplaced the packet. Therefore, researcher mailed participants a second packet. A second round of follow-up calls was made to potential participants that had not yet returned packet, and potential participants who received a second packet. Instructions for returning packet were reviewed, and when participants requested researcher to pick up survey from their home, researcher agreed to do so.

Researcher and volunteer picked up surveys (per participants request) in the Gwinnett County area.

 The researcher utilized three methods of administering and collecting data, and participants returned completed measures as follow: 64.1% by mail (n=50), 3.8% in person at alumni reunion (n=3), or 32.1% by pick up at participant's residence (n=25).

Data was collected and stored, and a unique code number was assigned to each participant for the purpose of de-identification and confidentiality. Data was compiled and exported into Microsoft Excel spreadsheet and merged to appropriate data files in SPSS 19 for data analysis. Modest compensation was provided to all participants that completed battery of instruments; as well as debriefing/thank you letter (Appendix M).

Instrumentation

CETPA Alumni Demographic Questionnaire: The CETPA Alumni Demographic Questionnaire is a self-report instrument that was used to collect up-to-date information on CETPA graduates/alumni. This demographic questionnaire provided potential participant's name, age, grade (while in program), ethnicity/country of origin, contact information, year of graduation from CETPA program, specific programs participated in, method of administration(via mail, in person at the alumni reunion by researcher, or pick up at participant's residence per their request) and the date the survey was completed.

Protective factors in this study were assessed as the cumulative measure of self-esteem, ethnic identity, acculturation, and values. The aforementioned factors were measured by the Rosenberg Self Esteem Scale (RSES; Rosenberg, 1965), the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992) the Vancouver Index of Acculturation (VIA; Ryder et al., 2000), and the Latino/a Values Scale (LVS; Kim et al., 2009) respectively.

Self-esteem was assessed using the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965). The RSES is a 10-item self-report measure, assessing global self-esteem. Using a 4-point Likert scale, participants answered questions such as "I feel I am just as good as other kids". The 10 items were rated on a scale ranging from 4 = *strongly agree* to 1 = *strongly disagree*). Scores on the RSES range from 10 to 40, with higher scores being indicative of a higher level of self-esteem. Studies report that the RSES showed strong convergent validity for men and women, for different ethnic groups, and has received more psychometric analysis and empirical validation than any other self-esteem measure (Robins et al, 2001; Gray-Little et al., 1997; Wylie, 1989). The RSES has been shown to have adequate reliability for use with diverse Latino/a adolescents samples (α = .79 to .86) (Kuhlberg et al., 2010, Supple & Plunkett, 2010, & Guilamo-Ramos, 2009). The RSES demonstrated adequate reliability in this sample: RSES, α=.81.

Ethnic identity was assessed using the *Multigroup Ethnic Identity Measure* (Phinney, 1992). The MEIM consists of 12-items, where respondents were asked to indicate their level of agreement with items on a 4-point Likert scale with response items ranging from "*strongly disagree*" (1) to "*strongly agree*" (4). The MEIM is divided into 2 subcomponents: Ethnic Identity (EI) and Other-Group Orientation (OGO), one assessing ethnic identity exploration and the other assessing ethnic identity commitment. Higher scores are indicative of greater identification with an individual's ethnic group. The MEIM has been used across ethnic/racial groups with adolescents and young adults and show reliability, typically with Cronbach's alpha values above .80 across a wide range of ethnic groups and ages (Ponterotto, Gretchen, Utsey, Stracuzzi, and Saya, 2003). Specific to the Latino population as a whole, studies have demonstrated moderate to strong reliability coefficients (α = .80-.91) (Cavazos-Regh & DeLucia-

Waack, 2009; Ong, Phinney, & Dennis, 2006; & Umaña -Taylor & Fine, 2001). The reliability

estimate for this sample for the total MEIM is α=.80.

Acculturation was measured using the *Vancouver Index of Acculturation* (Ryder, Alden,

& Paulhus, 2000); a 20-item questionnaire designed to assess the extent to which one participates

in and identifies with the dominant culture. The VIA is a bidimensional measure that was

developed for use with all ethnic groups (Huynh, Q., Howell, R.T., & Benet-Martinez, V., 2009).

The VIA is composed of 2 cultural orientation subscales: dominant culture and nondominant

culture. Each subscale has 10 items and assesses acculturation across three domains: values,

social relationships, and adherence to traditions. Items are identical in wording except for the

culture referenced. Items on the VIA are rated on a 9-point Likert scale. Ratings range from

"*strongly disagree*" (1) to "*strongly agree*" (9). Strength of VIA is that this scale is aligned with

current conceptualizations of acculturation as a bi-dimensional process, such that individuals can

have independent orientations toward their heritage and dominant culture. The VIA yielded an

alpha above .80 on both the non-dominant and dominant culture scales across several samples

(Huynh et al, 2009; Ryder, Alden, Paulhus, & Delroy, 2000). VIA subscales produced the

following reliabilities: heritage, α= .82 and mainstream, α=.85.

The *Latino Values Scale* (LVS; Kim et al., 2009) was utilized to assess for participant's

adherence to Latino/a cultural values. The LVS consists of 35 items (14 reverse-scored).

Respondents used a 10-point Likert scale (1 = not at all, 10 = always) to rank the degree to which

traditional cultural values of their ethnic background is followed. The LVS consists of four

dimensions: cultural pride, simpatia, familismo, and espiritismo. The LVS was found to have

internal reliability among studies including Latina/os and European American adult college

students and yielded a Cronbach's alpha value for LVS Total ranging from .85 to .88 (Kim et al.,

2009). Of the four dimensions, two subscales were developed: Cultural Pride and Familismo. Of the three studies conducted in the development of the LVS, the results yielded coefficient alphas of .89, .88, and .61 for Cultural Pride; and .88, .89, and .53 for Familismo (Kim et al., 2009). The LVS total reflected a similar reliability coefficient in this sample (α=.85).

Substance use outcome was operationalized as drugs (cigarettes/tobacco, marijuana, and other illegal substances) and alcohol use as measured by a Drug History Questionnaire. To assess for frequency, type of substance, and use while in program, participants completed a Drug Use History Questionnaire. This questionnaire gathers information on the aforementioned substances used in the past 12 months. More specifically, the questionnaire inquired about tobacco, marijuana, alcohol, and other illegal drug use. Further, the questionnaire gathers information regarding use while participating in the CETPA program.

Statistical Plan

The proposed study seeks to answer the following questions: 1) Does the prevention program participation influence youth's engagement in substance use, and 2) What are the effects of self-esteem, acculturation, identity, and values on the relationship between participation in the prevention program and substance use? To address issues of multicollinearity, continuous predictor and mediator variable were centered (Aiken & West, 1991; Cohen and Cohen, 1983). The researcher combined programs for the sake of parsimony while also considering the effects of using moderated multiple regression analysis on statistical power (Aguinis & Gottfredson, 2010). Programs included: *Soy Unica Soy Latina*, Summer program only, *Nino Sano Hombre Fuerte*, Afterschool curriculum only, *Soy Unica Soy Latina* plus Summer, and *Nino Sano Hombre Fuerte* plus Summer. After reviewing the distribution of the data for type of program, the researcher combined and re-categorized programs based on

participants involvement in the activity and curriculum based program, curriculum only afterschool, or activity and curriculum based program during afterschool and summer.

Multiple regression analyses were utilized to test and evaluate how much variance in the dependent variable is accounted for by linear combination of the independent variables. Multiple regression allowed the investigator to identify the set(s) of independent variables which together provided a useful estimate of a participant's likely outcome/scores on the dependent variables. Because human behavior is difficult to predict given that our actions, thoughts, and emotions are influenced by various factors, utilizing more than one predictor was useful and allowed investigators to analyze sets of variables influencing behavior without manipulating the IV (Brace, Kemp, & Snelgar, 2009). As such, in the proposed study the natural occurring levels of variability in program participation and number of years in the program was measured to assist the investigator in determining the outcome on the participant's behavioral outcomes. To test Hypotheses 1.1, 1.2, 1.3, and 1.4, a one-way ANOVA was used to explore relationships between program type and substance use. In addition, correlation analyses were conducted to investigate individual significant relationships between variables.

Tests of moderation were used to analyze researcher's proposed model in Hypothesis 2.1. Test of moderators address questions such as "when" or "for whom" and examines the relationship between the predictor and outcome variable (Baron & Kenny, 1986). Interaction effects, or the effect of one variable on the level of another, are important to examine in intervention studies. Recent trends in counseling psychology research seek to understand relations between important predictors and outcomes in efforts of developing appropriate treatment and evaluation effectiveness of interventions (Frazier, Tix & Barron, 2004). In the proposed study, the investigator examined how protective factors such as self-esteem,

acculturation, ethnic identity, and values moderated the relationship between CETPA's prevention program and substance use outcomes. When using continuous predictor and moderator variables, multiple regression is the recommended statistical analysis for tests of moderation (Frazier, Tix, & Baron, 2004) given its flexibility in coding continuous variables and as such will be used here for number of years in program.

CHAPTER 4

RESULTS

This study examined 1) the impact of the youth's participation in the CETPA prevention program on the youth's self-reported substance use, and 2) the moderating effects of self-esteem, acculturation, ethnic identity, and values on the relationship between participation in the program and substance use. This chapter will provide detailed information about the results of the analyses conducted for this study. First, the demographics of the sample population is presented. Next, preliminary statistical analyses are presented to provide descriptive statistics and correlations for the variables of interest relevant to the research questions: program type, years in the program, substance use, self-esteem, acculturation, ethnic identity, and values. Finally, the results of the research questions and hypotheses tested are presented.

Demographic Data

Surveys were collected from CETPA prevention program alumni who were Latino/a youth ages 13-20, from various parts of the northern Atlanta metropolitan area (N=78). The researcher utilized three methods of administering and collecting data, and participants returned completed measures as follow: 64.1% by mail (n=50), 3.8% in person at alumni reunion (n=3), or 32.1% by pick up at participant's residence (n=25). The sample comprised of 55 females and 23 males. In terms of ethnicity/country of origin, participants self-identified as the following: Mexican (48.7% , n=38), Latino (24.4%, n=19), Colombian (9%, n=7), Peruvian $($6.4% , n=5), Puerto Rican (5.1% , n=4), Honduran (1.3% , n=1), Dominican (1.3% , n=1), Uruguayan (1.3% n=1), Guatemalan (1.3% , n=1), and El Salvadorian (1.3% , n=1). Participants' level of education

while in the program ranged from third grade to first year in college (*M=*7.69/ seventh grade, six months, *SD=*2.167). Age of participants ranged from 13-20 years old (*M=*15.10, *SD=*1.965). Participants indicated that they had lived in the United States ranging from 6 years to 20 years (*M=*12.72, *SD=*2.167). Demographic information detailed in Table 1.

As it pertains to number of years of participation in the CEPTA program (see Table 2), the majority of participants (43.6%) indicated being in the program for one year (*n=*34), 29.5% reported being in the program for 2 years (*n=*23), 9% for 3 years (*n=*7), 5.1% for 4 years (*n=*4), 1.3% reported for 5 years (*n=*1), and 1.3% indicated they were in the program 11 years (*n=*1). Eight participants (10.3%) did not report the number of years they participated in the program.

Participants were asked to identify the specific CEPTA program (s) they participated in during their CETPA involvement. Forty-two participants (53.8%) indicated that they participated in the activity and curriculum-based afterschool program (*Soy Unica Soy Latina*/Afterschool or *Nino Sano Hombre Fuerte*/Afterschool). Fifteen participants (19.2%) reported that they participated in the Summer program only. And 15 participants (19.2%) indicated that they participated in the activity and curriculum-based afterschool program plus the Summer program. Program type information descriptives can be viewed in Table 2.

In regards to substance use, participants were asked to identify the type and frequency of substance use *within the last year*. For tobacco use, 89.7% (*n=*70) indicated that they *did not use,* 5.1% (*n=*4) indicated that they used *once per year*, 2.6% (*n=*2) indicated that they used *6 times per year*, and 1.3% (*n=*1) indicated that they used *twice per month.* One participant (1.3%) did not respond to question. In terms of alcohol use, 75.6 % (*n=*59) reported that they *did not use,* 16.7% (*n=*13) reported that they used *once per year,* 5.1% (*n=*4) reported that they used *6 times per year*, and 1.3% (*n=*1) reported using *once per month.* Alcohol use was unreported by 1

participant (1.3%). Nearly 89% percent (*n*=69) of participants indicated that they *did not use* marijuana, 3.8% (*n*=3) reported using marijuana *once a year,* 3.8% (*n*=3) indicated that they used *6 times per year,* 1.3% (*n*=1) indicated that they used *once per month,* and 1.3% (*n*=1) indicated they used *once per week.* One participant (1.3%) did not endorse frequency of marijuana use. For other illegal drugs, 96.2% (*n*=75) reported that they *did not use,* 1.3% (*n*=1) reported using *once per year,* and 1.3% (*n*=1) reported using *6 times per year.* One participant (1.3%) did not respond to question. Overall, of the participants who reported substance use, 9% (*n*=7) reported using tobacco, 23.4% (*n*=18) reported using alcohol, 10.4% (*n*=8) reported using marijuana, and 2.6% (*n*=2) reported using other illegal drugs.

Additional exploratory questions were included from questions on the Drug Use History Questionnaire, asking participants to identify if they ever used tobacco, alcohol, marijuana, or other illegal drugs *prior* to participating in the CETPA program, *while* participating in the CETPA program, and *after graduating* from the CETPA program. More than 87% (*n*=68) indicated that they *did not use* substances *prior* to program, 88.5% (*n*=69) indicated that they *did not use* substances *during* the program, and 83.3% (*n*=65) indicated that they *did not use* substances *after* the program. However, 12.8% (*n*=10) reported that they *used prior* to the program, 11.5% (*n*=9) reported that they *used during* the program, and 15.4% (*n*=12) reported that they *used after* the program. One participant (1.3%) did not respond to question regarding use after the program. Detailed information regarding frequency of substance use, type, and time period of use is detailed in Table 2.

Summary of Demographic Data

Descriptive analysis (based on comparison of means) indicated that the average participant was a 15-year-old Mexican female. The majority of participants were in middle

school (7th & 8th grade) when they were in the program, and had participated in the summer and afterschool programs for one year. Most participants completed the measures and mailed them in to the researcher. Most participants indicated that they did not use tobacco, alcohol, marijuana, or other illegal drugs. Further, the majority of participants reported that they did not use substances prior, during, or after participating in the program. Of the participants that reported substance use, the majority reported using alcohol.

Table 1. Demographic Characteristics of Total Sample

Variable		N (%)
Survey Administration	Mail	50 (64.1)
	Alumni reunion	3 (3.8)
	Home visit	25 (32.1)
Gender	Female	55 (70.5)
	Male	23 (29.5)
Ethnicity/Country of Origin	Latino/a	19 (24.4)
	Mexican	38 (48.7)
	Honduran	1 (1.3)
	Colombian	7 (9.0)
	Dominican	1 (1.3)
	Puerto Rican	4 (5.1)
	Peruvian	5 (6.4)
	Uruguayan	1 (1.3)
	Guatemalan	1 (1.3)
	El Salvadorian	1 (1.3)
Program Type	Afterschool	42 (53.8)
	Summer	15 (19.2)
	Both	15 (19.2)
Time Period of Substance Use	DHQ 1ar (prior)	10 (12.8)
	DHQ 2ar (during)	9 (11.5)
	DHQ 3ar (after)	12 (15.4)
	Mean	SD
Age	15.10	1.97
Grade level during program	7.69	2.17
Years lived in U.S.	12.72	3.08

Preliminary Statistical Analysis

An assessment of scale reliabilities was completed using Cronbach's alpha to determine the reliability of scales within this population. The table below (2) provides information on means and standard deviations of each scale used in this study; as well as the means and standard deviations of variables of interest obtained from the demographic form and Drug Use History Questionnaire.

Table 2. Descriptive Statistics for Predictor and Outcome Variables, and Moderators for Total Sample

	M	SD	Cronbach α
DHQ1 tob	1.16	.57	--
DHQ2 alc	1.31	.63	--
DHQ3 marij	1.22	.77	--
DHQ4 other	1.04	.25	--
DHQTotal	4.73	1.83	--
Yrs_Prog	1.90	1.46	--
RSES Total	21.31	4.62	.81
VIA heritage subscale	77.45	9.87	.82
VIA mainstream subscale	71.27	12.33	.85
Multigroup Ethnic Identity Total Score	38.75	4.53	.80
LVS Total Score	103.06	11.40	.85
LVS Cultural Pride	30.99	4.89	.84
LVS Familismo	15.29	2.62	.62

Descriptive Statistics

Substance Use

Substance use was measured using a Drug Use History Questionnaire (DHQ). Participants received an overall score for questions 1-4 (DHQ1, DHQ2, DHQ3, DHQ4) than included a possible range of 1-9. DHQ1 pertained to tobacco use (smoke, chew, snuff); DHQ2 pertained to alcohol use (beer, wine, liquor); DHQ3 pertained to marijuana use (pot, hash, hash oil); and DHQ4 pertained to other illegal drugs. Mean scores and measure of standard deviation were as follows: DHQ1 (*M*= 1.16, *SD*=.586), DHQ2 (*M*=1.31, *SD*=.63), DHQ3 (*M*=1.22, *SD*=.77), and DHQ4 (*M*=1.04, *SD*=.25). In order to decrease the number of statistical tests, and thus decrease the likely hood of type 1 error, all four variables of substance use were summed to create a variable of total substance use. This score included a possible range from 4-36 and had a mean of 4.73 (*SD*=1.83).

Participation in Program

Participants identified the number of years they participated in the program on the basic demographic form. Participants' involvement in the program ranged from 1 year to 11 years. The mean and standard deviation were as follow: *M*=1.90, *SD*=1.46.

Participants identified the type of program they participated in by checking one of the following on the demographic form: (1) *Soy Unica, Soy Latina*, (2) Summer Program, (3) *Niňo Sano Hombre Fuerte*, (4) Afterschool only, (5) *SUSL* & Summer, (6)*NSHF* & Summer. Responses included a range of 1-6. Mean score for the total sample was 2.35, *SD*=1.59.

Instrumentation

Participants' level of self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965). Scores on RSES range from 10 to 40, with higher scores being

indicative of a higher level of self-esteem. The average self-esteem score for the entire group of participants was 21.31 (*SD*=4.62), which the lowest score being 12 and the highest score being 30.

Acculturation was measured using the Vancouver Index of Acculturation (VIA; Ryder, Alden, & Paulhus, 2000). The VIA is composed of 2 cultural orientation subscales: heritage subscale (non-dominant culture) and the mainstream subscale (dominant culture). Each subscale score on the VIA range from 10-90. Higher subscale scores for the VIA represent higher levels of identification with the culture represented. Mean scores and measure of standard deviation were as follows: Heritage (*M*=77.45, *SD*=9.89), Mainstream (*M*=71.27, *SD*=12.33). The scores the heritage subscale range from 36-90, and scores on the mainstream subscales range from 28-90.

Ethnic identity was measured using the Multiethnic Identity Measure (MEIM; Phinney, 1992). Participants received an overall score for the scale, and scores included a possible range of 12-48. For the total score and for each factor, higher scores indicate greater identification with one's ethnic group. Mean score for the overall sample was 38.75, *SD*=4.53.

The Latino Values Scale (LVS; Kim et al., 2009) was used to assess for the participant's adherence to Latino/a cultural values. Participants received a score for each of the two subscales of the LVS: cultural pride and familismo; as well as a LVS total score. Cultural pride scores range from 10-40, familismo scores range from 5-20, and total score range from 35-140. Mean scores and measure of standard deviation were as follows: cultural pride (*M*=30.99, *SD*=4.89), familismo (*M*=15.29, *SD*=2.62), and total score (*M*=103.06, *SD*=11.40). Higher scores are associated with greater adherence to Latino/a cultural values.

An assessment of scale reliabilities was completed using Cronbach's alpha to determine the reliability of the scales within this population. The overall internal consistency for each scale was as follows: RSES, α=.81; VIA heritage and mainstream subscales, α= .82 and α=.85, respectively; MEIM, α=.79; and LVS α=.84.

Primary Analyses

Pearson Product Moment Correlations were calculated and examined for scores equal to or greater than .80 in efforts of investigating the multicollinearity in the presence of the regression models of this study that employed more than one independent variable. None of the correlation values of the variables exceeded .80 indicating that the assumption of multicollinearity had not been violated in this study. Bivariate correlates of substance use (DV) were analyzed to assess correlations between level of participation in the program (IV) and protective factors (moderators). Pearson *r* correlations between variables and corresponding *p* values can be found in Table 3.

Table 3. Pearson correlations for program participation, protective factors, and substance use

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Yrs_Prog	1.00														
2 3-group programs	-0.07	1.00													
3 DHQ1-tob	-0.06	-0.03	1.00												
4 DHQ2-alc	0.17	-0.22	.505**	1.00											
5 DHQ3-marij	0.13	0.06	.883**	.423**	1.00										
6 DHQ4-other	-0.10	.272*	.401**	0.09	.494**	1.00									
7 DHQ1ar-before	-0.11	.286*	0.16	.238*	0.19	.400**	1.00								
8 DHQ2ar-during	0.12	.383**	.250*	.269*	.370**	.425**	.702**	1.00							
9 DHQ3ar-after	-0.09	.341**	.376**	.366**	.467**	.360**	.473**	.675**	1.00						
10 RSES Total	0.22	-0.08	0.01	0.14	0.04	-0.15	-.286*	-.315**	-0.02	1.00					
11 VIAheritage	-0.10	0.16	0.05	-0.01	0.06	0.03	0.01	-0.07	0.11	.271*	1.00				
12 VIAmainstream	-0.14	0.16	0.08	0.05	0.08	0.04	0.10	0.08	0.15	.251*	.444**	1.00			
13 LVS Total	0.07	-0.19	-0.05	-0.05	-0.13	-.281*	-.445**	-.519**	-.408**	.657**	.334**	0.15	1.00		
14 LVS CulturalPride	0.15	-0.21	0.01	0.10	-0.02	-.286*	-.476**	-.498**	-.365**	.573**	.340**	0.07	.874**	1.00	
15 LVS Familismo	0.04	0.03	0.00	0.06	-0.03	-0.16	-.291*	-.307**	-0.18	.467**	.284*	0.14	.605**	.412**	1.00

*. Correlation is significant at the 0.05 level (2-tailed). **. Correlation is significant at the 0.01 level (2-tailed).

Hypothesis 1.1: Latino/a youth participation in CETPA's prevention program will be negatively correlated with underage drinking; *Hypothesis 1.2*: Latino/a youth participation in CETPA's prevention program will be negatively correlated with tobacco use; *Hypothesis 1.3*: Latino/a youth participation in CETPA's prevention program will be negatively correlated with marijuana use; *Hypothesis 1.4*: Latino/a youth participation in CETPA's prevention program will be negatively correlated with other illegal drug use.

To investigate Hypotheses 1.1, 1.2, 1.3 & 1.4 , Pearson *r* statistics revealed there were no significant correlations between number of years in the program and tobacco use, alcohol use, marijuana use, or other illegal drug use. Further, there were no significant correlations in number of years and program type (see Table 3). To explore the impact of program type on current substance use, an analysis of variance was conducted to assess for any mean differences for the use of tobacco, alcohol, marijuana, other, and total substance use among the three aforementioned program types (gender-specific activity and after school, summer only, and both). Results revealed no significant group differences on tobacco use, F (2, 68) $=.63$, $p=.54$; alcohol use, F (2, 68) $=1.73$, $p=.19$; marijuana use F (2, 68) $=1.01$, $p=.37$; and total substance use F (2, 68) $=.66$, $p=.52$. Results did show significant group differences for "other" drug use F (2, 68) $=.66$, $p=.03$; however, there was not enough variability to interpret these findings given that only 2 of the 70 participants endorsed any "other" drug use. Thus, there were no significant differences between type of program they participated in and their reported substance use.

In summary, results revealed no significant differences between the type of program participants were in and their reported substance use. Further, correlation analyses failed to support significant correlations in regards to substance use and participation in the program, thus not supporting Hypotheses 1.1, 1.2, 1.3 & 1.4.

Prior to running the further analyses for the study, a regression diagnostic was performed. Overall, there were no violations of the basic assumptions of regression. The distributions of the error terms did not deviate significantly from normalcy; heteroskadsticity was not evident from the plots of the standardized residuals and the corresponding predictor values. Additionally, there were no correlations between the standardized residuals and the associated predictor values, therefore suggesting an absence of specification error. All predictor variables of interest were mean centered prior to creating their respective interaction terms following the outlines described by Aiken and West (1991) to decrease the impact of multicollinearity. However, the centered variable for the primary predictor value, number of years, was still significantly correlated with all four interaction terms ($r = -.34-.57$, $p<.01$) possibly indicating some potential multicollinearity within the sample. Thus, results should be interpreted with caution.

Moderated multiple regression analysis was utilized to investigate _Hypothesis 2.1_: Protective factors (self-esteem, acculturation, ethnic identity, and values) will be inversely related to substance use outcomes. Moderated multiple regression analysis was used to determine whether a moderating effect is present. Conceptually, the null hypotheses test whether the amount of change in the slope of the regression of the level of program participation (independent variables) on the level of substance use (dependent variable) that results from a unit of change in self-esteem, acculturation, ethnic identity, and values (moderator variables) is greater than would be expected by chance alone.

Years in Program x Self-Esteem Interaction

In order to investigate the potential moderating effect of self-esteem on the relationship between number of years in the program and substance use, a hierarchical multiple linear regression was conducted (Table 4). There were two steps in this analysis. In the first step, total substance use was regressed upon the centered main effects of number of years in the program and self-esteem. Then, in the second step, the two-way interaction between number of years and self-esteem was entered. Results of this analysis revealed no significant main effects $(R^2_{changeStep1} = .01; F_{change}(1,65) = .41, p = .52);$ $(R^2_{changeStep2} = .00; F_{change}(1,64) = .18, p = .67);$ or interaction $(R^2_{changeStep3} = .01; F_{change}(1,63) = .39, p = .53).$

Table 4

Hierarchical Linear Regression Analyses to Examine the Potential Main Effects and Interaction between Years in Program and Self Esteem predicting Substance Use

Predictors	β@final	ΔR^2
Step 1:		.01
Years in Program	.01	
Step 2:		.01
Self Esteem	.03	
Step 3:		.02
Years in Program x Self Esteem	.05	

*$p<.05$, **$p<.01$

Years in Program x Heritage Acculturation Interaction

In order to investigate the potential moderating effect of heritage acculturation on the relationship between number of years in the program and substance use, a hierarchical multiple linear regression was conducted (Table 5). There were two steps in this analysis. In the first step, total substance use was regressed upon the centered main effects of number of years in the program and heritage acculturation. Then, in the second step, the two-way interaction between number of years and acculturation was entered. Results of this analysis revealed no significant main effects ($R^2_{changeStep1} = .01$; $F_{change}(1, 67) = .46$, $p = .50$); ($R^2_{changeStep2} = .00$; $F_{change}(1,66) = .15$, $p = .70$); or interaction ($R^2_{changeStep3} = .01$; $F_{change}(1,65) = .79$, $p = .38$).

Table 5

Hierarchical Linear Regression Analyses to Examine the Potential Main Effects and Interaction between Years in Program and Heritage Acculturation Predicting Substance Use

Predictors	β@final	ΔR^2
Step 1:		.01
Years in Program	.03	
Step2:		.00
Heritage	.01	
Step 3:		.01
Years in Program x Heritage	-.02	

* p<.05, **p<.01

Years in Program x Mainstream Acculturation Interaction

In order to investigate the potential moderating effect of mainstream acculturation on the relationship between number of years in the program and substance use, a hierarchical multiple linear regression was conducted (Table 6). There were two steps in this analysis. In the first step, total substance use was regressed upon the centered main effects of number of years in the program and mainstream acculturation. In the second step, the two-way interaction between number of years and mainstream acculturation was entered. Results of this analysis revealed no significant main effects ($R^2_{changeStep1} = .01$; $F_{change}(1,65) = .62$, $p = .43$); ($R^2_{changeStep2} = .01$; $F_{change}(1,64) = .97$, $p = .33$); or interaction ($R^2_{changeStep3} = .01$; $F_{change}(1,63) = .42$, $p = .52$).

Table 6

Hierarchical Linear Regression Analyses to Examine the Potential Main Effects and Interaction between Years in Program and Mainstream Acculturation Predicting Drug Use

Predictors	β@final	ΔR^2
Step 1:		.01
Years in Program	.07	
Step 2:		.01
Mainstream	.01	
Step 3:		.01
Years in Program x Mainstream	-.01	

*p<.05, **p<.01

Years in Program x Ethnic Identity Interaction

In order to investigate the potential moderating effect of ethnic identity on the relationship between number of years in the program and substance use, a hierarchical multiple linear regression was conducted (Table 7). There were two steps in this analysis. In the first step, total substance use was regressed upon the centered main effects of number of years in the program and ethnic identity. Finally, in the second step, the two-way interaction between number of years and ethnic identity was entered. Results of this analysis revealed no significant main effects ($R^2_{changeStep1} = .03$; $F_{change}(1,55) = 1.78$, $p = .19$); ($R^2_{changeStep2} = .00$; $F_{change}(1,54) = .02$, $p = .89$); or interaction ($R^2_{changeStep3} = .02$; $F_{change}(1,53) = 1.08$, $p = .30$).

Table 7

Hierarchical Linear Regression Analyses to Examine the Potential Main Effects and Interaction between Years in Program and Ethnic Identity Predicting Substance Use

Predictors	β@final	ΔR^2
Step 1:		.03
Years in Program	.05	
Step 2:		.00
Ethnic Identity	-.01	
Step 3:		.02
Years in Program x Ethnic Identity	-.04	

*$p<.05$, **$p<.01$

Years in Program x Latino Values Interaction

In order to investigate the potential moderating effect of values on the relationship between number of years in the program and substance use, a hierarchical multiple linear regression was conducted (Table 8). There were two steps in this analysis. First, total substance use was regressed upon the centered main effects of number of years in the program and values. Secondly, the two-way interaction between number of years and values was entered. Results of this analysis revealed no significant main effects ($R^2_{changeStep1} = .01$; $F_{change}(1, 55) = .36$, $p = .55$); ($R^2_{changeStep2} = .01$; $F_{change}(1,54) = .72$, $p = .40$); or interaction ($R^2_{changeStep3} = .02$; $F_{change}(1,53) = 1.20$, $p = .28$).

Table 8

Hierarchical Linear Regression Analyses to Examine the Potential Main Effects and Interaction between Years in Program and Latino/a Values Predicting Substance Use

Predictors	β@final	ΔR^2
Step 1:		.01
Years in Program	.19	
Step 2:		.01
Latino Values	-.01	
Step 3:		.02
Years in Program x Latino Values	.04	

*$p<.05$, **$p<.01$

In conclusion, the results of the main effects and interactions of number of years in the program and moderator (protective factors), analyses revealed that there were no significant main effects or interactions present; thus this study was unable to reject the null hypothesis. In addition, type of program did not have an effect on protective factors. Despite statistical efforts (e.g., mean centering variables), researcher was unable to determine the effect of number of years in the program due to multicollinearity.

Secondary Analyses

In further exploration of statistical analyses, Pearson r statistics revealed significant correlations between substances used, such that if participant reported using one drug, they are more likely to reporting using another. Tobacco use was highly correlated with marijuana use ($r=.883$, $p<.01$). Pearson r statistic also revealed significant correlations between tobacco and alcohol use ($r=.505$, $p<.01$), and tobacco and other illegal drug use ($r=.494$, $p<.01$) Participants' substance use before the program is significantly correlated with substance use during the program ($r=.702$, $p<.01$); substance use during the program is correlated with substance use after the program ($r=.675$, $p<.01$); and substance use before the program is correlated with substance use after the program ($r=.467$, $p<.01$). As such, participants' use may not be impacted by participation in the program in the event that they used substances prior to entering the program. LVS cultural pride is negatively correlated with other illegal drug use($r=-.286$, $p<.01$), such that the participants reporting to be less proud of their Latino culture, reported that they are more likely to engage in illegal drug use.

RSES is correlated with VIA heritage ($r=.271$, $p<.05$); the higher the participant's self-esteem, the more connected they are with their culture. Participants' reported substance use before or during program was negatively correlated with self-esteem, $r=-.286$ ($p<.05$) and $r=-$

.315 (*p*<.01), respectively; thus participants were more likely to report having lower self-esteem if they had engaged in substance use. The higher LVS, the less likely the participant will report using substances before(*r*=-.445, *p*<.01), during*(r*=-.519, *p*<.01) or after program(*r*=-.408, *p*<.01).

Pearson *r* correlations between moderating variables are positively correlated. The higher the participant's self-esteem, the more likely they are to report adherence to Latino/a cultural values (*r*=.657, *p*<.01). Further, the more the participant identify with their heritage, the more likely they are to report having high self-esteem (*r*=.271, *p*<.05).

CHAPTER 5

SUMMARY, CONCLUSION, IMPLICATIONS, AND FUTURE DIRECTIONS

Summary

The purpose of this study was to examine the efficacy of the prevention program aimed at reducing substance use behaviors in Latino/a youth in the state of Georgia being employed by the Clinic for Education, Treatment, and Prevention of Addiction (CETPA). More specifically, this research aimed to provide a retrospective evaluation of this culturally sensitive prevention program for Latino/a youth between ages 13-20, living in the metropolitan Atlanta area, who had participated in the program within the last 6 years. Additionally, this study examined the moderating effects of self-esteem, acculturation, ethnic identity, and values on the relationship between the prevention program and substance use outcomes. As Georgia has the third-fastest-growing Latino population of any state (US Census Bureau, 2004 American Community Survey, op. cit.; NCLR Statistical Brief, 2005) and the 6th largest Latino population in the nation, the need to develop culturally sensitive prevention programs and research continues to be a prominent issue for the state.

Research questions that guided this study were as follow: (1) Does participation in the prevention program influence Latino/a's youth engagement in (a) tobacco use, (b) alcohol use, (c) marijuana use, and/or (d) other illegal drugs?; and (2) What are the effects of (a) self-esteem, (b) acculturation, (c) ethnic identity, and (d) values on the relationship between participation in the prevention program and substance use?

The sample for this study consisted of 78 Latino/a youth, ranging from age 13-20. The participant group included 55 females and 23 males. The average grade for participants while in the program was 7th grade. Thirty-four participants indicated that they were in the program for 1 year, 23 participants were involved in the program for 2 years, and 13 were in the program for 3 or more years. The majority of participants were involved in the activity and curriculum-based afterschool program; while the remaining participants were in the summer program only, or participated in both the activity and curriculum-based afterschool program, in addition to the summer program.

Conclusions

Results indicated that most participants reported that they did not use tobacco, alcohol, marijuana, or other illegal drugs within the past year. Further, the majority participants denied substance use before, during, or after participating in the prevention program. Due to the sensitive nature of substance use behavior disclosure, it should be noted that socially desirable responding, and/or fear of the government may be reflected in participants self-report of past and current use. It is noteworthy to mention that results revealed significant correlations between substances used, especially tobacco and marijuana use; such that if participants reported substance use for one, they may likely report using another. Of those that reported substance use, the majority of participants reported using alcohol. Additionally, if participants reported use prior to participating in the program, they were more likely to report continued use during and after the program, thus the intervention was less effective in changing existing substance use behavior.

In addressing the research questions, correlation analyses failed to support significant correlations in regards to substance use and participation in the program, including number of years and type of program. In addition, type of program did not have an effect on protective

factors. Despite statistical efforts (e.g., mean centering variables), researcher was unable to determine a unique interaction effect of number of years in the program with protective factors due to multicollinearity. Subsequently, the lack of a baseline measure to compare substance use prior to participation in program decreased variability in the outcome measure. In other words, substance use outcome was positively skewed because there was a high baseline level of participants who denied using substances.

The results of the main effects and interactions of number of years in the program and moderator (protective factors) analyses revealed that there were no significant main effects or interactions present; thus this study was unable to reject the null hypothesis. Given the high level of multicollinearity between the main effects and interaction term, it is possible that one factor that impacted this study's ability to find an effect was the lack of variability when running the primary study analyses.

The researcher conducted exploratory analyses to examine the relationship between the moderator variable (protective factors) and substance use outcome; as well as the relationship amongst moderating variables. Findings suggest that participants are more likely to engage in illegal drug use if they report less pride in their Latino/a culture. Additionally, as expected an inverse relationship between cultural pride and substance use was evidenced. Such that, the greater cultural pride reported, the less likely participants were to engage in substance use before, during, or after the program. Further, participants who reported that they engaged in substance use prior to the program were also more likely to report lower self-esteem. These findings are consistent with extant literature which demonstrates that a negative relationship exists between self-esteem and health risk behaviors in Latino adolescents, such that youth with higher levels of self-esteem engage in fewer risky behaviors related to health (Scheier, Botvin, Griffin, & Diaz,

2000). While results are not specifically indicative of participation in the program, this information is useful, in that, self-esteem and the Latino/a values components/activities of CETPA's curriculum could be expanded to increase participant self-esteem. Results revealed that several of the protective factors of interest were positively correlated. For example, the higher the participant's reported level of self-esteem, the more likely they are to adhere to Latino/a cultural values; and the more likely they will identify with their Latino/a heritage. Results corroborate existing literature that identify values as culturally relevant moderating factor of engagement in high-risk behaviors; and describes core values such as *personalismo* and *familismo* as essential components in understanding Latino culture and families, as well as developing rapport and personal relationships with Latinos (Maldonado-Molina et al., 2006; Resnicow et al, 2000). The latter is further reflected in the fact that nearly one-third of participants were more responsive and more apt to return surveys when the researcher agreed to personally pick up the survey from their home.

Implications

Although there are several substance use education and prevention programs for youth, few have incorporated culturally relevant components that potentially influence the outcome of substance use. Multicultural issues have generally not been explicitly addressed in substance use prevention, programming, and intervention studies. Fortunately, research literature has expanded and addresses such issues, particularly for at-risk groups and underserved populations. Equally important is the integration of research findings and clinical practice (Delgado-Romero, Lau, & Shullman, 2012; Packard, 2009), which is commonly employed by other psychology professions. For example, recent studies indicate that prevention programs in the Latino community are more effective when they incorporate interventions that are specific to the cultural experiences and

values of Latinos (Leidy et al, 2010; Wilkonson-Lee, Russell, & Lee, 2006; & Crunkilton, Paz, & Boyle, 2005 Wilkinson-Lee et al., 2006). CETPA's prevention program intently focuses on culturally sensitive interventions and activities, and incorporates components in their curriculum that are believed to be protective factors in the Latino community. Congruent with universal drug prevention approaches (Hawkins, Catalano, & Miller, 1992), CETPA's prevention program targets elementary and middle school aged youth, and focuses on enhancing protective factors and reducing risk factors prior to being exposed to or initiated into substance use. As demonstrated in this study, the majority of participants were middle-school aged youth. Unfortunately, youth reported that they used substances prior to entering the prevention program, and subsequently engaged in substance use during and after the program; hence the rationale for CETPA's program recruitment as early as elementary school. While early recruitment in the program is effective, numerous years in the program is not necessarily better; but content of the program.

Although there were no significant relationships between participation in the program and substance use outcome, the results indicated that protective factors were correlated. Additionally, protective factors may have impacted the likelihood and/or timing of youth's initial use. These findings suggest that CETPA's early intervention approach and utilization of a universal based approach, which focuses on knowledge and behavioral skills training to resist, as well as affective insight to include self-esteem, cultural pride, and values may enhance protective factors and deter or delay the onset of substance use. Specific to self-esteem, these findings underscores literature suggesting that an inverse relationship exists between self-esteem and high risk health behaviors in Latino/a adolescents, such that youth with higher levels of self-esteem engage in fewer risky behaviors related to health (Scheier, Botvin, Griffin, & Diaz, 2000). Thus,

self-esteem "buffered" substance use. This study also suggests that the more participants adhere to Latino values, the less likely they were to use substances. Such findings are important in reiterating CETPA's emphasis on positive parenting in interventions, specialized parent trainings and classes, and ongoing meetings with parents in efforts of receiving input and feedback. CETPA would benefit from including measures in their initial packet that would define and track parental involvement and what parents are reporting.

The findings in this study suggest specific implications for future substance use prevention programs for Latino/a youth. Prevention programs such as CETPA would benefit by continuing to increase awareness and knowledge of issues that face Latino/a youth, as well as understand the role of culturally relevant risk and protective factors. Emphasis on culturally sensitive and effective assessment, program development, and evaluation may involve the implementation of pre- and post- measure for modules that encompass protective factors. Consistent with counseling psychology's core values and focus on strengths and prevention, CETPA would benefit from expanding strengths-based interventions in programming. For example, literature encourages counselors and other mental health professionals to reiterate the asset of bilingualism to Latino/a youth (Villalba, 2007). CETPA staff should continue to implement bilingualism in classroom instruction, interaction, and activities. Furthermore staff could assist youth in reframing their bilingual skills as an asset and promote self-efficacy. Also, by employing the resiliency paradigm (Arbono & Coleman, 2008; Masten & Powell, 2003), programming would emphasize strengths rather than deficits as well as identify and examine factors that influence youths' personal attributes, enhance protective factors, and foster resilience.

Additionally, program coordinators should use caution in the adaptation of generalizable strategies and models of substance use prevention. The prevention program may benefit by evaluating the prevalence of use with one substance over another. Specifically related to the findings of the present study, the alcohol use prevention module could be expanded to further explore, identify and address risks factors that may lead to early onset of alcohol use in efforts of directly counteracting the "gateway hypothesis". Finally, conducting pre- and post-tests are needed to assess for the effect and differences in protective factors, as well as quantity and frequency of substance use before and during the program, and upon graduation. Overall, CETPA should focus on assessing more frequently, specifically defining interventions, and utilizing measures to assess change.

This research is essentially important in further developing CETPA's prevention program curriculum, as well as increasing funding resources to expand agency programming and bi-lingual providers overall. Moreover, this research is relevant to the Latino community from a social justice perspective. The researcher considers this study to be of utmost importance in counseling psychology's commitment to altruism and embraces a commitment to social justice. As implied in Whitmore's Transformative Participation Evaluation model (1998), CETPA alumni participation in research increases the relevance and utilization of the research. Findings could be used to assist program staff, clinicians, and program directors in planning and organizational decision making. Moreover, research findings and implications could be presented to policy makers and promote social action. Literature contends that Transformative Participatory Evaluation research align with ideologies in counseling psychology and promote "political empowerment, emancipation, and social justice for marginalized communities" (Vera & Speight, 2003, p. 266).

Finally, for counseling psychologists, emphasis is placed on facilitating normal growth and development of individuals and families of all ages, ethnic and cultural backgrounds, with problems of everyday life whether the concerns are based on emotional, social, vocational, educational, health-related, developmental, or organizational issues. Further, as a profession, counseling psychology has evolved and engages in research and practice with a sensitivity to multicultural issues; a discipline that demands respect for dignity of human kind, and celebrates diversity (Packard, 2009). Thus, the goal in the present study as well as other prevention research related to ethnic minorities explored the impact of racial and ethnic-group specific concerns that are generated from socio-historical backgrounds, racialized experiences such as prejudice and discrimination, immigration status, poverty, acculturation, and cultural values and beliefs. Such research is congruent with counseling psychology's core value that reiterates a holistic approach and consideration of one's worldview. As a future counseling psychologist, it is my hope that these research findings will serve as a tool to develop more comprehensive curriculums and advance current prevention programs, as well as increase funding sources, create organizational change, and address public health policies and legislative entities with agencies such as SAMHSA and NADA. The current study reflects counseling psychology's themes and cores values such that it facilitates positive relationships with other agencies and assists in systemic changes. In summary, these implications highlight the influence, emergence, and core values of counseling psychology in research, practice, and social change.

Limitations

The results in this study must be interpreted within the context of its limitations. First, all experimental research has its limitations, and is susceptible to flaws and imperfections that are inherent in the process. Gelso's (1979) "bubble hypothesis" highlights the aforementioned,

referring to the difficulty that arises when a researcher's procedures may be compromised in their attempt to control one type of variance and potentially causing problems for another type of variance. The term originates from what happens when applying a sticker to a windshield. When an air bubble appears, it cannot be eliminated; and if pressed down, it appears elsewhere. Threats to validity can be easily managed in a laboratory setting. However, in studying human subjects, human behavior infrequently happens in strictly controlled laboratory settings. It is important for researchers to recognize and accept these limitations. Moreover, it is important for reviewers and consumers of research to evaluate the quality and relevance of results in clinical practice, training, and future research.

Secondly, the size of the sample on which the moderate multiple regression analysis was performed was less than 100. Research studies have found that small effect size was typically undetected when sample size was as large as 120 (Stone-Romero & Anderson, 1994). Thus, a sample size less than 100 further reduces the likelihood of establishing significance and the ability to detect a moderating effect. However, the results of the regression analysis reveal that adequate power was still achieved in the present study.

With regard to the evaluation of program outcomes, the retrospective self-reporting nature of this study could present challenges related to accuracy of report. In addition, the year of graduation from the program could possibly have influenced DHQ measure outcomes. Participants may experience limited recollection or skewed notions of use before, during, after; depending on when youth graduated from program (more recent or years ago).

Additionally, the researcher was unable to support the null hypotheses due to issues of multicollinearity. Additionally, a baseline did not exist thus the investigator did not have a

comparison for current substance use. Furthermore, less variability in outcome measures existed due to the majority of participants reporting no history of substance use.

Next, the researcher chose to use the Vancouver Index of Acculturation (VIA) to assess acculturative strategies in the sample because it was developed for use with all ethnic groups. Whereas, most bidimensional scales have been developed for use with specific ethnic groups. However, literature (Huynh et al., 2009) suggests investigators use caution when using the VIA with Latino populations. Further, the VIA's subscales are highly correlated thus making it unlikely for participant to demonstrate opposing orientations toward one culture versus the other; and therefore marginalized and bicultural. Also, the Latino Values Scale (LVS) is a newly developed scale that has not been normed on adolescent population; college students only. However, the LVS focuses on measures of cultural values for various ethnicities within the Latino population. The LVS represents the Latino individual's worldview as well as social interaction. Additionally, it represents various dimensions of cultural values—not just child and family.

Last, but not least, this study was conducted solely with Latino/a youth from the metropolitan Atlanta areas of Georgia; a state that has implemented immigration law HB87. It is important to note that possible distrust in the government and University systems of Georgia may have served to increase participants' reluctance to respond in a forthcoming and accurate manner. The researcher encountered a major challenge in conducting this research during the recruitment process. The number of potential participants for recruitment that were identified in CETPA database equaled 519 prevention program alumni. Of the 519, only 203 had working phone numbers and updated addresses; and were able to be contacted and consent to participate in the study. The Latino community in the metropolitan Atlanta area has been identified as a

transient population. Moreover, the high mobility rate is further exacerbated by Georgia's immigration law HB87 that was signed by the state's governor on Friday, May 13, 2011, which was one day prior to CETPA's prevention program alumni reunion and the start of the investigator's data collection process. Immigration must be viewed as a process of change that challenges the survival mechanisms of Latino families, regardless of their socioeconomic resources. Theoretical approaches designed for family intervention point to the fact that changes such as those imposed by immigration weaken family structures in part by undermining parental authority and control. It becomes evident that the disruptions of immigration and the acculturation process must be confronted systematically to address cultural adjustment problems, perceived discrimination, environmental hazards, loss of family network support and social status, and the stressors involved in the reestablishment of homeostasis for the family; further increasing potential risk for mental health issues.

Future Directions

Over the past decade, the Latino population in the United States has grown tremendously. Georgia has one of the fastest-growing rates, with one the largest Latino population. Further, Latino/a adolescents are the fastest growing ethnic age group in America. In the midst of this significant growth and change, Latino/a youth experience numerous barriers and challenges including, but not limited to, acculturation stressors, discrimination, lack of medical and mental health resources, unequal educational opportunities, and low household incomes. Despite the unprecedented growth in the Latino community, there are limited resources available, including mental health and substance abuse services. Given the aforementioned, Latino/a youth face multiple risk factors, such as substance use and engage in health risk behaviors. Engaging in these behaviors diminishes psychological well-being such as poor self-esteem, identity issues,

parent-child conflict, adjustment disorders, depression and anxiety. Latino/a youth engage in substance use as early as pre-pubescent years and may use over a longer period of time compared to other racial/ethnic groups. The CDC (2005) reported that Hispanic/Latino adolescents had the highest prevalence of lifetime alcohol, tobacco, marijuana, and methamphetamine use compared to other ethnicities.

Many strides have been made in recent years to understand the extent of substance use in Latino/a youth. Current studies continue to lack the prevalence of substance use specific to Latino subgroups; explore within group differences between nationalities and/or identified country of origin. Although the majority of participants identified as Mexican, it is important to acknowledge the diversity amongst Latinos as it pertains to nationality, immigration status, generation status, and experience in the United States. Of note in this study was that the second largest participant group identified with the pan-ethnic term "Latino" rather than a specific nationality (Diaz McConnell & Delgado-Romero, 2004). Thus acknowledging and investigating these within group differences may inform variation in validity and reliability of scales across subgroups. Studies should further explore differences/similarities of the onset and patterns of substance use among U.S. born and foreign-born Latino/a youth. Additionally, clinicians would benefit from broadening their knowledge and understanding of protective factors and culturally relevant constructs that serve as protective factors. In the future, CETPA would benefit from exploring identified risk factors for each subgroup, and further assess what each subgroup reports. Future research for the CETPA program could use a control group to observe a trajectory and differences across time, as well as compare subgroups.

It is equally important for psychologists to engage in multidisciplinary work with other professionals such as social workers and medical providers, to further inform research and

practice, and work together to develop fundamentally sound prevention and intervention programs across the lifespan, while considering the complexity of ethnic and cultural factors that influence Latino/a youth, families, and communities. Such disciplines would include public health in efforts of incorporating findings with overall health and wellness interventions.

Finally, methodological issues impacted the study and should be considered in future research studies. In the future, researchers may consider socio-political factors that may influence responsiveness to participate in scientific research in the Latino community. Several vehicles of recruitment and administering measures should be considered. A quantitative research design may not adequately examine the unique experiences of Latino/a youth and in receiving preventive mental health and substance abuse services, as the self-report survey format may be limiting in exploring the wide range of multicultural and psychological wellness dynamics experienced in the U.S. and more specifically in Georgia, with specific regard to complex understandings of culture. As such, similar studies might be designed as mixed-methods, using both quantitative and qualitative research methods, and solicit written comments and/or feedback from program alumni. Qualitative research captures an entity that addresses issues of context, power and privilege, oppression, and voice concerns particularly related to marginalized peoples (Morrow, Rakhsha, Castaňeda, 2001). It provides an opportunity for the researcher to explore questions and constructs specific to each component of the prevention program that cannot be examined with traditional methods, or that have been previously unexplored. Qualitative data will capture and make meaning of the participants' lived experiences from their worldview and in the context of their social, historical, and political surroundings in Georgia, as opposed to the Eurocentric worldview that has been assembled in more traditional research methods and implemented in generalizable prevention program

curriculums. Furthermore, as outlined in the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (2003), qualitative research challenges the researcher to engage in the process of self-awareness and self-reflection in efforts of challenging their own attitudes and beliefs that may influence their perception of individuals who are racially and ethnically different from themselves.

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APPENDIX A

PHONE SCRIPTS

Primary Investigator Initial Contact Phone Script

"Hello, my name is Carla Moore, am I a student at the University of Georgia in the Counseling Psychology doctoral program. Thank you for allowing CETPA to forward your information to me.

 I would like invite you to participate in a research study entitled "Retrospective evaluation of a culturally sensitive prevention program for Latino/a youth". The purpose of this study is to evaluate the effectiveness of the Clinic for Education , Treatment, and Prevention of Addiction, Inc. (CETPA) Prevention Program in helping Latino/a youth make healthier choices and avoid risky behaviors. Although, I obtained your name and contact information from CETPA, this research study is not a part of the CETPA program, but is a part of my dissertation research project in my program

Are you willing to be a part of my research project?"

(If no… say "Thank you so much for allowing us to contact you. Please feel free to give us a call if you have any questions or concerns: 706-542-1812)

(If yes…. Continue with description of packet dialogue)

"Thank you. A packet will be mailed to (confirm address). The packet will include a description of the study, consent form, (if minor… parental permission form and assent form), demographic questionnaire, a list of survey questions, and 2 stamped envelopes. If you want to participate, please complete the packet. Some forms will be labeled with a number. **You will put the consent form and demographic form, which are highlighted at the top in GREEN, in the envelope with the GREEN label; and the surveys, which are highlighted in PINK, in the envelope with the PINK label, and return both of them to me.** Forms with your name on them will be in a separate place from your survey answers so that your identifying information will not be linked to your survey answers.

"Do you have any questions?...(if no) Thank you again"!

Primary Investigator Follow up Contact Phone Script

"Hello, my name is Carla Moore, and I am the student from the University of Georgia that had previously contacted you regarding your participation in my study. Again, the purpose of the study is to evaluate the effectiveness of CETPA's (Clinic for Education, Treatment, and Prevention of Addiction, Inc.) Prevention Program in helping Latino youth make healthier choices and avoid risky behaviors. Thanks again for allowing CETPA to forward your information to me.

I am calling to confirm receipt of the packet for my study.

(If no… "Can I please verify your mailing address?"; "May we send another packet"?)

(If yes…. Review instructions for returning packet)

"Thank you. The packet should include a description of the study, consent form, (if minor… parental permission form and assent form), demographic questionnaire, a list of survey questions, and 2 stamped envelopes. If you want to participate, please complete the packet. Some forms will be labeled with a number. **You will put the consent form and demographic form, which are highlighted at the top in GREEN, in the envelope with the GREEN label; and the surveys, which are highlighted in PINK, in the envelope with the PINK label, and return both of them to me using the stamped envelopes that are included in the packet.** Forms with your name on them will be in a separate place from your survey answers so that your identifying information will not be linked to your survey answers.

"Do you have any questions?... (if no) Thank you again"!

(IF PARTICIPANT REQUEST THAT PACKET BE PICKED UP FROM THEIR HOME, INVESTIGATOR WILL AGREE TO DO SO).

APPENDIX B

INFORMATION LETTER

May 14, 2011

Dear CETPA Alumni:

Hello, my name is Carla and I am a graduate student under the direction of Dr. Edward Delgado-Romero and Dr. Rosemary E. Phelps in the department of Counseling and Human Development Services at The University of Georgia.   I invite you to participate in a research study entitled "Retrospective evaluation of a culturally sensitive prevention program for Latino/a youth". The purpose of this study is find out if the Clinic for Education, Treatment, and Prevention of Addiction, Inc. (CETPA) Prevention Program help Latino/a youth make healthier choices and avoid risky behaviors. Although, I received your name and contact information from CETPA, this research study is not a part of the CETPA program, but is a part of my research project in my program at school.

In order for you to participate in this study you must be Latino/a, age 13-20, who graduated from the CETPA Prevention Program between 2004-2010. Participants will be identified by the CETPA database.

Hopefully, what I find out from this research project will help me add information on prevention programs that are made to help minorities, and are sensitive to their culture. The research will also help Latino families in building and improving parenting skills, children's self esteem, and overall mental health. And lastly the project will add to current information that talks about ways to provide mental health treatment to Latino/as and best practices that focus on prevention and creating healthy communities.

A $5 gift certificate will be provided to you for answering questions on the demographic form and surveys. Please review consent forms. If you want to participate in the research project, please return the consent form (if minor, assent and parental permission form) along with the demographic form and surveys. If you are attending the alumni reunion, I will collect your packet at the event. The consent forms, demographic form, and surveys will be labeled with a number and collected separately so that your identifying information will not be linked with your survey. If you will not be attending the reunion, you will receive a packet that will contain the consent forms, demographic form, surveys, and two stamped envelopes. After completing all forms, please put the consent form and demographic form in one envelope, the surveys in the second envelope, and mail both envelopes back to me.

If you have any questions about this research project, please feel free to call me, Carla S. Moore or Dr. Edward Delgado-Romero at (706) 542-1812 or send an e-mail to csmoore@uga.edu. Questions or concerns about your rights as a research participant should be directed to The Chairperson, University of Georgia Institutional Review Board, 629 Boyd GSRC, Athens, Georgia 30602-7411; telephone (706) 542-3199; email address irb@uga.edu.

Thank you for your consideration! Please keep this letter for your records.

Sincerely,

Carla S. Moore, Ed.S., NCC
Doctoral Candidate
Counseling Psychology Program

APPENDIX C

CONSENT FORM

I, _____, agree to participate in a research study titled "RETROSPECTIVE EVALUATION OF A CULTURALLY SENSITIVE PREVENTION PROGRAM FOR LATINO/A YOUTH" conducted by Carla S. Moore, Doctoral Candidate from the Department of Counseling and Human Development Services (706-542-1812) under the direction of Dr. Rosemary Phelps and Dr. Delgado-Romero, Department of Counseling and Human Development Services, University of Georgia (706-542-1812). I understand that my participation is voluntary. I can refuse to participate or stop taking part at anytime without giving any reason, and without penalty or loss of benefits like access CETPA resources. I can ask to have all of the information that can be identified as mine returned to me, removed from the research records, or destroyed.

The reason for this study is to find out if the Clinic for Education, Treatment, and Prevention of Addiction, Inc. (CETPA) Prevention Program helps Latino/a youth make healthier choices and avoid risky behaviors. In order to make this study a valid one, some information about my participation will be withheld until the end of the study. If I volunteer to take part in this study, I will be asked to do the following things:
1)   Answer questions on an Alumni Demographic Form and a survey that ask about things such as my contact information, length of time I participated in the program, my self-esteem, attitudes and beliefs about my Latino culture, my identity, my values, and drug/alcohol/tobacco use.
2)   It should take about 60-90 minutes to complete the demographic form and survey.
3)   The researcher will call me to follow up and check to see if I have any questions and see if I have mailed the packet back to them (if it was not returned at alumni reunion).

The benefits for me are that I may better understand if the program helped me to make healthy choices, avoid drug, alcohol, and tobacco use, get along better with my parents and peers, become more involved in my community, and feel better about myself. I may also have access to CETPA resources and program enhancements that result from any funding produced from this research. The researcher also hopes to share information with others to help start or improve other prevention programs that are designed to help minorities, and are sensitive to the Latino culture; help Latino families in building parenting skills, children's self esteem, and overall mental health; and lastly to add to current information that talks about ways to provide mental health treatment to Latino/as and best practices that focus on prevention and creating healthy communities.

I may be uncomfortable answering questions about alcohol and drug use. Also, giving my name and place of birth could cause me to feel uncomfortable. However, the researcher will not ask any questions or make any conclusions about immigration issues or my status as a U.S. citizen. No questions on the demographic form or survey are mandatory and I can skip questions if I choose.

I will receive a $5 gift certificate for answering questions on the demographic form and surveys.

Any individually-identifiable information obtained during this study will be kept confidential. The consent and demographic forms, and survey will be labeled with a number and collected separately so that my name is not linked with my answers. My survey answers will be entered into a password-protected computer. The researcher will have a sheet with my name and address on it that will be used to show that my gift card has been mailed. This sheet will not have a number on it that links my name with my answers. A copy of that sheet will be given to CETPA. My number will be blacked out on the demographic form before the researcher forwards it to CETPA. CETPA will store the demographic form

in a locked and secured office so that my information can be updated in CETPA's database. The demographic form will be shredded within 90 days. At the end of the study, any information that identifies me or links me to my answers will be destroyed. My survey answers will be stored on the researcher's computer for potential future research related to this study.

The investigator will answer any further questions about the research, now or during the course of the project (see contact information below).

I understand that I am agreeing by my signature on this form to take part in this research project and understand that I will receive a signed copy of this consent form for my records.

Carla S. Moore_____   _____
        _____
Name of Researcher   Signature   Date
Telephone: 706-542-1812_____
Email: csmoore@uga.edu or clsutto@yahoo.com

_____   _____
        _____
Name of Participant   Signature   Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

APPENDIX D

May 14, 2011

Minor Assent Form

Dear Participant,

You are invited to participate in my research project titled, "Retrospective evaluation of a culturally sensitive prevention program for Latino/a youth". Through this project we will find out if CETPA's prevention program helps Latino/a youth make healthier choices and avoid risky behaviors.

If you decide to be part of this, you will answer questions on a survey. This is a voluntary process. You can quit at anytime. Your participation in this project will not affect your relationship with CETPA. You will still be able to access resources offered by CETPA. Because of your participation you may better understand the effect of CETPA's prevention program on your well-being. I hope to learn something about prevention programs that are sensitive to your culture, and hope it will help other minority children in the future.

As a minor, you may feel uncomfortable because parents may be able to see your answers, especially if you get the packet and return it by mail. If you complete the packet at the alumni reunion, your parent(s)/guardian will sign the assent and permission forms. We will ask that parent(s)/guardian give you privacy to answer questions, but we cannot guarantee that they will. It should take about 60-90 minutes to answer the questions in your packet. You may be uncomfortable answering questions about alcohol and drug use. Also, giving me information that has your name and place of birth on it could cause you to feel uncomfortable as it relates to immigration status. However, I will not ask any questions or make any conclusions about your immigration issues or your parent(s)' status as a U.S. citizen. You can choose not to answer questions that you don't want to answer.

You will receive a $5 gift card once your packet has been completed and received by the researcher.

Any individually-identifiable information obtained during this study will be kept confidential. The consent and demographic forms, and survey will be labeled with a number and collected separately so that your name is not linked with your answers. Your survey answers will be entered into a password-protected computer. The researcher will have a sheet with your name and address on it that will be used to show that your gift card has been mailed. This sheet will not have a number on it that links your name with your answers. A copy of that sheet will be given to CETPA. Your number will be blacked out on the demographic form before the researcher forwards it to CETPA. Your demographic form will be forwarded to CETPA, kept in a locked and secured office, updated in CETPA's database, and shredded within 90 days. At the end of the study, any information with your name on it or information that links you to your answers will be destroyed. Your survey answers will be stored on the researcher's computer for research projects she may have in the future that are related to this study.

If you have any questions or concerns you can always ask me or call my teacher, Dr. Phelps or Dr. Delgado-Romero at the following number: 706-542-1812.

Sincerely,

Carla S. Moore, Ed.S., NCC
Counseling Psychology Doctoral Candidate
University of Georgia
Counseling and Human Development Services
Ph: 706-542-1812
Email: csmoore@uga.edu

I understand the project described above. My questions have been answered and I agree to participate in this project. I have received a copy of this form.

_____
Signature of the Participant/Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

APPENDIX E

PARENTAL PERMISSION FORM

I agree to allow my child, _____, to take part in a research study titled, "Retrospective evaluation of a culturally sensitive prevention program for Latino/a Youth", which is being conducted by Carla S. Moore, from the Counseling and Human Development Services department at the University of Georgia (706-542-1812) under the direction of Dr. Rosemary E. Phelps, and Dr. Edward Delgado-Romero of the Counseling and Human Development Services department. I do not have to allow my child to be in this study if I do not want to. My child can refuse to participate or stop taking part at any time without giving any reason, and without penalty or losing benefits that he/she was already going to receive from CETPA or the researcher. I can ask to have the information that can be identified as my child's returned to me, removed from the research records, or destroyed.

- The reason for the study is to find out if the Clinic for Education, Treatment, and Prevention of Addiction, Inc. (CETPA) Prevention Program helped my child make healthier choices and avoid risky behaviors.

- Children who take part may better understand how the program helped them to make healthy choices, avoid risky behaviors, improve their relationship with parents, friends, and teachers, and help them feel better about themselves and their Latino culture. The researcher also hopes to give more information to prevention programs that are designed to help minorities, and consider their culture; help Latino families in building and improving parenting skills, children's self esteem, and overall mental health; and lastly to add to current information that talks about ways to provide mental health treatment to Latino/as and best practices that focus on prevention and creating healthy communities.

- If I allow my child to take part, my child will be asked to answer questions on a demographic form and to complete a survey. The researcher will ask my child to complete this survey once, and that I allow my child privacy to complete the surveys. This activity will take place once my child has received the survey either in the mail or at the reunion.   My child should be able to finish that packet within 60-90 minutes.

- My child may be uncomfortable answering questions about alcohol and drug use. Also, giving the researcher information that has my child's name and place of birth on it could cause my child to feel uncomfortable. However, the investigator will not ask any questions or make any conclusions about my or my child's immigration issues or status as a U.S. citizen. No questions on the demographic form or survey will be mandatory and my child can skip questions if she chooses to. My child can quit at any time. My child's well-being and relationship with CETPA will not be

affected if my child decides not to participate or to stop taking part, and my child may continue to use CETPA resources.

- My child will receive a $5 gift card for answering questions on the demographic form and surveys.

- Any individually identifiable information obtained during this study will be kept confidential. If my child is attending the alumni reunion, the researcher will collect the packet at the event. The consent forms, demographic form, and surveys will be labeled with a number and collected separately so that my child's identifying information will not be linked with her survey. If my child will not be attending the reunion, we will receive a packet that will contain the consent forms, demographic form, surveys, and two stamped envelopes. After we have signed the consent forms and my child has completed the survey and the demographic forms, my child should put the consent forms (Parental Permission Form and Minor Assent Form) and the demographic form in one envelope, the surveys in the second envelope, and mail both envelopes back to the researcher. My child's survey answers will be entered into a password-protected computer. The researcher will have a sheet with my child's name and address on it that will be used to show that his/her gift card has been mailed. This sheet will not have a number on it that links my child's name with her answers. A copy of that sheet will be given to CETPA. My child's number will be blacked out on the demographic form before the researcher forwards it to CETPA. His/Her demographic form will be forwarded to CETPA, kept in a locked and secured office, updated in CETPA's database, and shredded within 90 days. At the end of the study, any information that identifies my child or links him/her to his/her answers will be destroyed. The survey answers will be stored on the researcher's computer for research projects she may have in the future that are related to this study.

- The researcher will answer any questions about the research, now or during the course of the project, and can be reached by telephone at: 706-542-1812.   I may also contact the professors supervising the research, Dr. Rosemary E. Phelps and Dr. Edward Delgado-Romero, Counseling and Human Development Services department at 706-542-1812.

- I understand the study procedures described above. My questions have been answered to my satisfaction, and I agree to allow my child to take part in this study. I have been given a copy of this form to keep.

Carla S. Moore___   _____

Name of Researcher   Signature   Date
Telephone: 706-542-1812
Email: _csmoore@uga.edu or clsutto@yahoo.com

_____   _____
_____
Name of Parent or Guardian   Signature   Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your child's rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

APPENDIX F

PARENTAL PERMISSION FORM (SPANISH VERSION)

PARENTAL PERMISSION FORM

Yo doy permiso a mi hija_____, para que participe en un estudio de investigación Titulado "Evaluación Retrospectiva de un Programa Culturalmente Sensitivo para Jóvenes Latinas" El cual está siendo conducido por Carla Moore, del Departamento de Servicio de Consejería y Desarrollo Humano de la Universidad de Georgia (706 542-1812 bajo la dirección de la Dra. Rosemary E. Pehels, y el Dr. Edward Delgado- Romero del Departamento de Servicio de Consejería y Desarrollo Humano. Yo no tengo que permitir que mi hija participe en este estudio si yo no lo quiero. Mi hija puede rehusar participar o parar de tomar parte en cualquier momento sin tener que dar ningún tipo de explicación y sin sufrir ninguna penalidad o perder algún beneficio que ella ya haya obtenido de CETPA o de la investigadora. Yo puedo preguntar y pedir que la información que puede identificar a mi hija sea devuelta removida o ser destruida de los archivos de esta investigación.

La razón de este estudio es averiguar si los programas de prevención de la Clínica de Educación Tratamiento y Prevención de la Adicción, Inc., (CETPA) ayudaron a mi hija a tomar decisiones sanas y evitar conductas alto riesgo. Para poder hacer este estudio valido alguna información estará retenida hasta que el estudio termine.

Las niñas que han tomado parte pueden entender mejor como este programa les ayudó a ellas a tomar decisiones sanas evitar conductas de alto riesgo, mejorar las relaciones con padres, amigos, maestros, y ayudar a las niñas a sentirse mejor sobre ellas mismas y su cultura Latina. La investigadora también tiene esperanza de proveer más información a los programas de prevención que han sido diseñados para ayudar minorías y considerar su cultura; y ayudar a las familias Latinas a construir y mejorar las habilidades de los padres para educar a sus hijos y la autoestima de las niñas y sobretodo ayudar con la salud mental; y lo ultimo para añadir información a la ya existente que habla sobre maneras de proveer tratamiento de salud mental a los Latinos/ como las mejores prácticas que se enfocan en la prevención y en crear comunidades saludables.

Si yo permito que mi hija participe, a mi hija se le pedirá que conteste preguntas de la forma demográfica y un cuestionario. La investigadora le preguntará a mi hija que complete este cuestionario una vez y yo permitiré que complete el cuestionario en privado. Esta actividad se llevará a cabo solamente una vez, mi hija recibirá este cuestionario por correo e en la reunión.

A mi hija le será posible terminar este paquete dentro de 60 a 90 minutos.

Mi hija podría sentirse incomoda contestando algunas preguntas sobre alcohol, y uso de drogas. También dando a la investigadora información que lleva el nombre de ella o lugar de nacimiento y pueda que eso la haga sentir incomoda. De cualquier manera, la investigadora no preguntará o llegará a ninguna conclusión sobre el estatus legal o de inmigración mía o de mi hija. No es mandatorio contestar las preguntas en la forma demográfica o en el cuestionario y mi hija se puede saltar o dejar de contestar las preguntas si ella desea en cualquier momento. El bienestar y la relación de mi hija con CETPA, no se verá afectada si mi hija decide no participar o parar su participación y mi hija continuara recibiendo los servicios de CETPA.

Una vez que la investigadora reciba las formas demográficas y el cuestionario. La información que identifica a su hija será reemplazad por códigos, de esa manera las respuestas de mi hija no serán documentadas con su nombre. Pero llevara los números que le corresponden a ella.

Las respuestas del cuestionario de mi hija serán guardadas en la computadora y tendrá un código de seguridad para la protección.
La forma que contiene información y que une su nombre con el número de código será guardado en un lugar separado de sus respuestas.

La investigadora solamente necesitará esa forma para crear otra forma que lleve record de las tarjetas de regalo que ella ha haya enviado por correo. Una copia de esos record se le dará a CETPA. CETPA también recibirá copia de las formas demográficas y se mantendrá en una oficina segura bajo llave y esa información será actualizad en la base de datos de CETPA y será destruida en forma segura después de los 90 días. Al final de estudio cualquier información que identifique su hija o la relacione con las repuestas de su hija serán destruidas.
Las respuestas de las formas serán guardadas en la computadora de la investigadora del proyecto y será usado en algún otro proyecto relacionado con este estudio.

La investigadora contestará cualquier pregunta acerca de la investigación ahora y durante el curso del proyecto, y puede ser contactada por teléfono al 706 542 1812.
También usted puede contactar a los profesores que supervisan esta investigación, Dra. Rosemary E. Phelps and Dr. Edward Delgado-Romero, Departamento de Servicio de Consejería y Desarrollo Humano de la Universidad de Georgia 706-542-1812.

Entiendo el estudio y el procedimiento que explicaron arriba. Mis preguntas han sido contestadas satisfactoriamente y le doy permiso a mi hija a que participe en este estudio y he recibido una copia de esta forma

Carla S. Moore

_____   _____

Nombre de la investigadora   Firma   Fecha
Teléfono: 706-542-1812
Correo Electrónico: _csmoore@uga.edu o clsutto@yahoo.com

_____   _____

Nombre del Padre o Guardián   Firma
Firma
    Por favor firme las dos copias y devuelva una a la investigadora.

Preguntas adicionales o algún problema relacionado con los derechos de su hija como participante de esta investigación puede ser dirigida a el presidente de la junta directiva de institución de Revisión de la universidad de Georgia 629 Institutional Review Board, University of Georgia, 629 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Teléfono (706) 542-3199; correo electronic IRB@uga.edu

APPENDIX G

CETPA ALUMNI DEMOGRAPHIC FORM

NAME / **NOMBRE** _____ LAST NAME / **APELLIDOS** _____

AGE / **EDAD** _____ BIRTHDAY / **FECHA DE CUMPLEAÑOS** _____

GRADE / **GRADO** & SCHOOL / **ESCUELA** (while in program) (Cuando participo en el program).
_____

ETHNICITY/COUNTRY OF ORIGIN/**PAIS DE ORIGEN**_____

HOW LONG HAVE YOU LIVED IN THE U.S.? ¿**CUANTO TIEMPO USTED HA VIVIDO EN USA**? _____

WHERE WERE YOU BORN? / ¿**EN QUE PAIS NACIO?** _____

 HOW MANY YEARS DID YOU PARTICIPATE IN THE PROGRAM?/ ¿**POR CUANTOS AÑOS PARTICPO USTED EN EL PROGRAMA?**_____

WHAT YEAR DID YOU GRADUATE FROM THE PROGRAM?/ ¿ **EN QUE AÑO SE GRADUO DEL PROGRAMA?**_____

I PARTICIPATED IN THE FOLLOWING PROGRAM(S): **YO PARTCIPE EN LOS SIGUIENTES PROGRAMAS.**
Soy Unica, Soy Latina _____   SUSL & Summer _____
Summer Program   _____   NSHF & Summer _____
Niño Sano, Hombre Fuerte _____
Afterschool only _____

HOW WAS THE SURVEY ADMINISTERED TO YOU? (please check) ¿ COMO LE FUE ADMINISTRADO A USTED ESTE CUESTIONARIO?
_____by mail/ **por correo**
_____at CETPA Alumni reunion (May 14, 2011)/ **En la reunión de ex alumnas de CETPA. Mayo 14,2011**
_____pick up by researcher

DURING YOUR PARTICIPATION IN THE CETPA PREVENTION PROGRAM, WERE YOU INVOLVED IN ANY ACTIVITIES OUTSIDE OF CETPA?/ **DURANTE SU PPARTICIPACION EN EL PROGRAMA ¿ PARTICIPO EN ALGUNA OTRA ACTIVIDAD FUERA DE CETPA?**
_____YES/ **S**I _____NO/**NO**

IF YES, WHAT TYPE OF ACTIVITIES DID YOU PARTICIPATE IN? **SI LO HIZO¿ EN QUE TIPO DE ACTIVIDADES PARTICIPO?**_____

APPENDIX H

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**. If you agree with the statement, circle **A**. If you disagree, circle **D**. If you strongly disagree, circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

APPENDIX I

Multigroup Ethnic Identity Measure (MEIM)

In this country, people come from many different countries and cultures, and there are many different words to describe the different backgrounds or <u>ethnic groups</u> that people come from. Some examples of the names of ethnic groups are Hispanic or Latino, Black or African American, Asian American, Chinese, Filipino, American Indian, Mexican American, Caucasian or White, Italian American, and many others. These questions are about your ethnicity or your ethnic group and how you feel about it or react to it.

Please fill in: In terms of ethnic group, I consider myself to be _____

Use the numbers below to indicate how much you agree or disagree with each statement.

(4) Strongly agree   (3) Agree   (2) Disagree   (1) Strongly disagree

1- I have spent time trying to find out more about my ethnic group, such as
          its history, traditions, and customs.
2- I am active in organizations or social groups that include mostly members
          of my own ethnic group.
3- I have a clear sense of my ethnic background and what it means for me.
4- I think a lot about how my life will be affected by my ethnic group membership.
5- I am happy that I am a member of the group I belong to.
6- I have a strong sense of belonging to my own ethnic group.
7- I understand pretty well what my ethnic group membership means to me.
8- In order to learn more about my ethnic background, I have often talked
          to other people about my ethnic group.
9- I have a lot of pride in my ethnic group.
10- I participate in cultural practices of my own group, such as special food,
          music, or customs.
11- I feel a strong attachment towards my own ethnic group.
12- I feel good about my cultural or ethnic background.

13- My ethnicity is
          (1) Asian or Asian American, including Chinese, Japanese, and others
          (2) Black or African American
          (3) Hispanic or Latino, including Mexican American, Central American, and others
          (4) White, Caucasian, Anglo, European American; not Hispanic
          (5) American Indian/Native American
          (6) Mixed; Parents are from two different groups
          (7) Other (write in): _____

14- My father's ethnicity is (use numbers above)
15- My mother's ethnicity is (use numbers above)

Roberts, R., Phinney, J., Masse, L., Chen, Y., Roberts, C., & Romero, A. (1999). The structure of ethnic identity in young adolescents from diverse ethnocultural groups. <u>Journal of Early Adolescence</u>, <u>19</u>, 301-322.

APPENDIX J

Vancouver Index of Acculturation (VIA)

Please circle *one* of the numbers to the right of each question to indicate your degree of agreement or disagreement.

Many of these questions will refer to your *heritage culture*, meaning the original culture of your family (other than American). It may be the culture of your birth, the culture in which you have been raised, or any culture in your family background. If there are several, pick the one that has influenced you *most* (e.g. Irish, Chinese, Mexican, African). If you do not feel that you have been influenced by any other culture, please name a culture that influenced previous generations of your family. Your heritage culture (other than American) is: _____

Disagree

Agree

1.	I often participate in my *heritage* cultural traditions.	1 2 3 4 5 6 7 8 9
2.	I often participate in mainstream American cultural traditions.	1 2 3 4 5 6 7 8 9
3.	I would be willing to marry a person from my *heritage culture*.	1 2 3 4 5 6 7 8 9
4.	I would be willing to marry a white American person.	1 2 3 4 5 6 7 8 9
5.	I enjoy social activities with people from the same *heritage culture* as myself.	1 2 3 4 5 6 7 8 9
6.	I enjoy social activities with typical American people.	1 2 3 4 5 6 7 8 9
7.	I am comfortable interacting with people of the same *heritage culture* as myself.	1 2 3 4 5 6 7 8 9
8.	I am comfortable interacting with typical American people.	1 2 3 4 5 6 7 8 9
9.	I enjoy entertainment (e.g. movies, music) from my *heritage culture*.	1 2 3 4 5 6 7 8 9
10.	I enjoy American entertainment (e.g. movies, music).	1 2 3 4 5 6 7 8 9
11.	I often behave in ways that are typical of my *heritage culture*.	1 2 3 4 5 6 7 8 9
12.	I often behave in ways that are typically American.	1 2 3 4 5 6 7 8 9
13.	It is important for me to maintain or develop the practices of my *heritage culture*.	1 2 3 4 5 6 7 8 9
14.	It is important for me to maintain or develop American cultural practices.	1 2 3 4 5 6 7 8 9
15.	I believe in the values of my *heritage culture*.	1 2 3 4 5 6 7 8 9
16.	I believe in mainstream American values.	1 2 3 4 5 6 7 8 9
17.	I enjoy the jokes and humor of my *heritage culture*.	1 2 3 4 5 6 7 8 9
18.	I enjoy white American jokes and humor.	1 2 3 4 5 6 7 8 9

19. I am interested in having friends from my *heritage culture*.   1   2   3   4   5   6   7   8   9

20. I am interested in having white American friends.   1   2   3   4   5   6   7   8   9

APPENDIX K

Latino/a Values Scale

INSTRUCTIONS: Use the scale below to indicate the extent to which you agree with the value expressed in each statement.

1 = strongly disagree   2 = disagree   3 = agree   4 = strongly agree

_____1.   One does not need to follow one's cultural customs.
_____2.   One does not need to be loyal to one's cultural origin.
_____3.   One's bond with one's cultural group must be very strong.
_____4.   One must preserve one's cultural heritage.
_____5.   One should never lose one's language of origin.
_____6.   One should work to preserve the language of one's ethnic group.
_____7.   A man must provide for his family financially.
_____8.   One should be able to question one's elders.
_____9.   One should never bring shame upon one's family.
_____10.   One does not need to practice one's cultural celebrations.
_____11.   A man's strength comes from being a good father and husband.
_____12.   One does not need to be emotionally affectionate to familiar individuals.
_____13.   A woman should sacrifice everything for her family.
_____14.   One's successes should be attributed to one's family.
_____15.   A mother must keep the family unified.
_____16.   One does not need to always present oneself as likeable to others.
_____17.   A woman is considered the backbone of the family.
_____18.   One's family is the main source of one's identity.
_____19.   One must not offend others.
_____20.   One does not need to always be cordial to others.
_____21.   One must defer to one's elders for advice.
_____22.   One does not need to have faith in premonitions.
_____23.   One must maintain a sense of interdependence with one's group.
_____24.   One does not need to trust a higher being.
_____25.   One does not need to maintain one's cultural traditions.
_____26.   One does not need to always support one's group.
_____27.   One must help one's group to achieve its goals.
_____28.   One does not need to always avoid conflict with others.
_____29.   A woman must be a source of strength for her family.
_____30.   One should be respectful to people who have a higher status.
_____31.   One should never offend one's elders.
_____32.   A woman does not need to successfully endure all adversity.
_____33.   A woman should be the spiritual leader in the family.
_____34.   One does not need to preserve the customs of one's cultural background.
_____35.   One must be proud of one's cultural group.

APPENDIX L

DRUG HISTORY QUESTIONNAIRE

Directions: Within the last year, about how often have you used the following substances? Please be as honest and accurate as possible. Only choose one response for each item.

	Did Not Use	Once per Year	6 Times per Year	Once per Month	Twice per Month	Once per Week	3 Times per Week	5 Times per Week	Every Day
1. Tobacco (smoke, chew, snuff)………………	1	2	3	4	5	6	7	8	9
2. Alcohol (beer, wine, liquor)…………………	1	2	3	4	5	6	7	8	9
3. Marijuana (pot, hash, hash oil)………………	1	2	3	4	5	6	7	8	9
4. Other illegal drugs…………………………...	1	2	3	4	5	6	7	8	9

Directions: Please choose YES or NO for the following questions. Please be as honest as possible. Only choose one response for each item.

1. Have you ever used tobacco, alcohol, marijuana, or other illegal drugs prior to participating in the CETPA program?..................   Yes   No

2. Have you ever used tobacco, alcohol, marijuana, or other illegal drugs while participating in the CETPA program?..................   Yes   No

3. Have you ever used tobacco, alcohol, marijuana, or other illegal drugs since graduating from the CETPA program?..................   Yes   No

APPENDIX M

DEBRIEFING/THANK YOU LETTER

DEBRIEFING FORM

Thank you for participating in the study entitled "A Retrospective Evaluation of a Culturally Sensitive Prevention Program for Latino/a Youth". The purpose of this study is to find out if the Clinic for Education, Treatment, and Prevention of Addiction, Inc. (CETPA) Prevention Program helps Latino/a youth make healthier choices and avoid risky behaviors. In this study we asked participants, CETPA Latino/a alumni ages 13-20, to answer questions regarding their basic demographic information and participation in the program and complete surveys that ask questions pertaining to participant's self-esteem, attitudes and beliefs about Latino/a culture, ethnic identity, values, and drug/alcohol/tobacco use.

We expect to find that CETPA's prevention program helped Latino/a youth avoid or delay drug, alcohol, and/or tobacco use. We will also look at how the participant's self-esteem, cultural pride, and how they relate to their Latino values, help them make healthier choices. You may have learned about substance abuse education and prevention in the Latino community in CETPA's program or at school. This research talks more about that. Previous research has shown that prevention programs for youth are useful and help youth make healthier decisions.

If at any point and time you would like to withdraw from this study, you can do so without penalty or loss of benefits to access CETPA resources. You can ask to have all of the information that can be identified as yours returned to you, removed from the research records, or destroyed.

If you would like to learn more about this topic, please let me know and I can give you some references. If you would like to receive a copy of the results we can email them to you at the end of the study. Also, if you have any questions or would like to make any suggestions or give feedback about how we conducted the study, you can speak with me at the alumni reunion or you can call me at a later date at 404-791-9257. Again, thank you for your participation in our research.

Sincerely,

Carla S. Moore, Ed.S.
Counseling Psychology Doctoral Candidate
University of Georgia