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EUDA EUROPEAN UNION DRUGS AGENCY

From Europe to Latin America and the Caribbean: Adapting resources on health and social responses to drug problems

Methodological insights for regional implementation

Author(s)	Recipient(s)	Classification
Débora Álvarez	Recipient(s) here	EUDA use

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Definitions used in this guide

Committee of Experts — Group of experts who were in charge of the development of the contextual adequacy of the drug-related materials.

Contextual adequacy — Drug-related materials should be tailored to regional contexts in order to be effective and to increase their reach and impact in an effective and appropriate way (Maafs-Rodríguez et al., 2022).

Culturally appropriate — Considering the perspectives of a population (Substance Abuse and Mental Health Services Administration (SAMHSA), s. f.).

Cultural competence — Being sensitive to issues of culture, race, gender, sexual orientation, social class and economics. Cultural competence involves more than knowledge acquisition: it involves skills, awareness, encounters, desire and knowledge (Robinson, 2000).

Cultural sensitivity — The richness and the complexity that diversity brings to a situation (Erlen, 1998).

Drug-related materials — Documents, and other types of drug-related material, that address different aspects of drug use.

Evidence-based best practices — Interventions for which there is consistent scientific evidence showing that they improve client outcomes (Drake et al., 2001).

Good practice — The best application of the available evidence to current activities in the drugs field (Ferri, 2015).

Regional adequacy — Regional adequacy can be defined as 'reviewing and changing the structure of a programme or practice to more appropriately fit the needs and preferences of a particular cultural group or community' (Samuels et al., 2009).

Technical team — Working team responsible for writing and editing the guide.

1. Introduction

The *Health and social responses to drug problems: a European guide* examines some of the key public health challenges in the drugs field today and offers timely and practical advice to practitioners and policymakers for designing, targeting and implementing effective responses. The guide is composed of five sets of miniguides focusing on responses to a range of drug problems in Europe. These cover: patterns of use, harms, settings, people with vulnerability and interventions.

The European Union Drugs Agency (EUDA) developed an adapted version of three of these miniguides for the Latin American and Caribbean (LAC) regional context.

The adaptation of the miniguides was produced with financing from the third phase of the Cooperation Programme between Latin America, the Caribbean and the European Union on drug policy (COPOLAD), led by the International and Ibero-American Foundation for Administration and Public Policies (FIIAPP), in consortium with the Italian-Latin American International Organisation (IILA).

This document outlines the process of adapting the three miniguides to the LAC context and illustrates how it was conducted.

1.1. Target groups

The target groups of this document are: those interested in the miniguides and wishing to gain additional insights on how the adaptation was conducted (including its limitations and gaps); and those considering adapting other resources to their regions. In this process, both the aims of the adaptation and the resources available should be carefully considered.

For instance, this was a top-level adaptation with the input of experts, while, in other contexts, a bottom-up approach may be more suitable. It should be pointed out that the adaptation of the miniguides in the context of the COPOLAD project has not been piloted. This document can be useful for:

- **Practitioners**

Drug-related materials offer a broad overview of each of the topics covered, so they can be a useful tool to better understand drug-related issues. In addition, drug-related materials often describe experiences from local interventions (evidence-based best practices), which can be taken as a reference in other settings.

- **Decision-makers**

Drug-related materials contain relevant information to support tackling issues related to drug use. In this sense, drug-related materials give scientific evidence-based information about patterns of use, harms, settings, people with vulnerability and interventions to help decision-makers take informed decisions on how to prioritise and distribute resources.

- **Opinion-makers**

Information about drug use can sometimes be confusing. Drug-related materials provide a reliable foundation on which to build, since they have been developed using the available scientific evidence. The materials can be used as a trustworthy resource when producing information on drug use.

- **Policy-makers**

Policy-makers can find in drug-related materials the required information to support the need to develop policies and interventions related to specific aspects of drug use. In addition, materials often include regional best practices that they can use as a gold standard for the design of national and local public policies and interventions.

1.2. The importance of drug-related evidence

Drug-related materials are essential for raising awareness of the current thinking about the response process to drug-related problems.

In line with this, evidence-based materials, such as the miniguides on health and social responses to drug problems, provide:

- an overview of the most important aspects to consider when planning or delivering health and social responses to specific drug-related problems (e.g. infections related to drug use and drug-related responses in different settings);
- a review of the availability and effectiveness of the responses; and
- a description of implications for policy and practice.

Below are some examples of what the process of adequacy of drug-related materials to regional contexts can achieve:

- **Improve effectiveness** — Drug-related materials adapted to regional contexts are more likely to be relevant to the targeted audience and to be useful to them. It means that materials would be more likely to have a positive impact on the target audience and they would be considered as an appreciated material to support the health and social response-building to drug-related problems.

- **Build a relationship based on reciprocity, trust and credibility among key stakeholders** — Developing adequate materials is important because of their sensitivity to diverse realities and the complexity of each regional and sub-regional context when generating a health and social response to drug-related problems. In this sense, the role of stakeholders in the adaptation process is key to ensuring that shared goals are achieved in an appropriate way.

- **Reduce stigma and discrimination** — Drug-related materials, adapted to the regional context with the help of regional stakeholders, ensure that the regional perspective is represented in a respectful and accurate way. This should contribute to reducing stigma and discrimination associated with drug use and to building health and social responses to drug problems in a more supportive environment for people who use drugs (PWUD).

2. Contextual adequacy

Drug-related materials should be tailored to regional contexts in order to be effective and to increase their reach and impact in an effective and appropriate way (Maafs-Rodríguez et al., 2022).

These guidelines and standards can be used, updated and adapted by decision-makers to address their own national contexts (Ferri, 2015) and to elaborate further local adaptations of materials, if needed.

Regional adequacy can be defined as ‘reviewing and changing the structure of a programme or practice to more appropriately fit the needs and preferences of a particular cultural group or community’ (Samuels et al., 2009).

For this guide, references to elements related to culture have been avoided; its goal is to help in the adequacy of documents to regional and sub-regional contexts, taking into account the population diversity within areas. This starting point considers that the 'culture' is within a wider, structural framework, focusing on social position to explain health outcomes (Williamson & Harrison, 2010). However, the adaptation of documents should be developed with culturally sensitivity: taking into account ‘the richness and the complexity that diversity brings to a situation’ (Erlen, 1998).

Furthermore, this document can be useful to countries in the process of further adapting documents to national and sub-national contexts in order to include all the diversity and cultural richness of local settings.

Broad evidence is available on the benefits of taking into account social characteristics of communities in order to improve results when designing care, programmes and services (Lee et al., 2008) that should be effective, equitable (SAMHSA), s. f.) and culturally competent. This means that they should be sensitive to issues of culture, race, gender, sexual orientation, social class and economics. (Robinson, 2000).

Addressing the diversity of the population to which these documents are directed is also a key factor that should be considered (Hernandez et al., 2019).

There is abundant scientific literature on how to adapt interventions and clinical guidelines to different contexts, but there is little evidence on how to adapt guides and other kinds of drug-related materials aimed at decision- and policy-makers.

This adaptation will have the following specific goals (World Health Organization [WHO], 2022):

- ensure that contents are understandable, in accordance with social diversity, and relevant to local participants;
- ensure that the drug-related materials are responsive to the local socio-economic, political and cultural context;
- ensure that drug-related materials meet the needs of participant countries.

For the methodology used in this adaptation, the process design was based on the methods used for intervention adaptations (Barrera et al., 2013) and adapted as needed.

There were two dimensions to this adaptation process: 'Surface structure' and 'Deep structure':

- Surface structure refers to adequate materials and messages to observable social and behavioural characteristics of the target population.
- Deep structure reflects how cultural, psychological, social, political, environmental and historical factors may affect the target population (Resnicow et al., 1999).

The adaptation process would have two main components: the translation of the documents into the language(s) of the target population and their adaptation to the specific context (Lira & Caballero, 2020). It would be performed according to the process outlined in Figure 1:

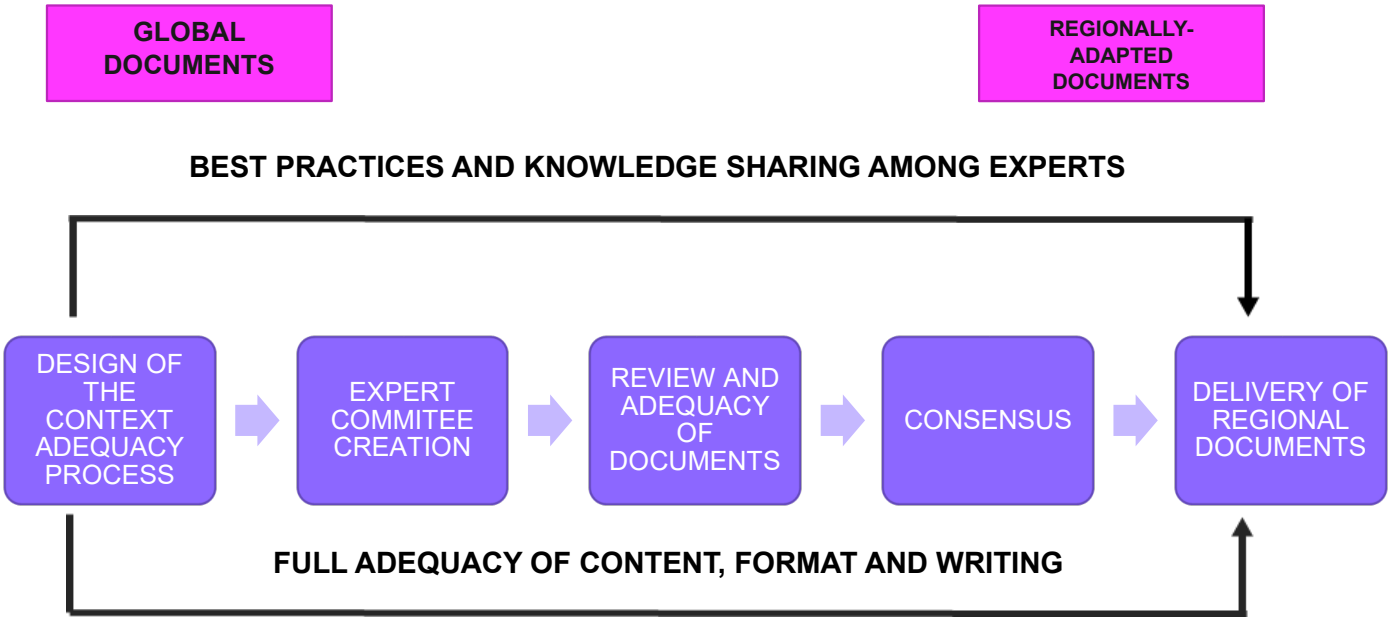

Figure 1. Based on (Ferri, 2015).

The adaptation of the miniguides was an iterative process involving experts with different backgrounds and from different sectors, such as government, civil society, academia and private sector, among others (Sit et al., 2020).

Experts can have different types of role and background:

- policy-makers in national, regional and/or local government agencies;
- technicians/researchers of drug use observatories, drug research centres, universities, etc.;
- coordinators of national and local drug prevention programmes;
- directors and technicians of public and private treatment centres for problem drug use;
- consultants/experts in the field of drugs;
- leaders of non-governmental organisations working on the prevention or treatment of problem drug use.

The process included the review and adaptation of the following (World Health Organization [WHO], 2022):

1. **Text, wording, language:** Translation into the local language, including culturally appropriate language use (writing, vocabulary, phrasing…). Ensuring that technical terms are explained in culturally and linguistically appropriate terms.
2. **Adequacy to the national/regional context:** For a deeper adaptation, it is important to encompass the terminology from different countries and cultures (Maafs-Rodríguez et al., 2022).
3. **Content:** Content is changed to make it more appropriate and familiar to the target population, including local activities and initiatives. One example could be the inclusion of evidence-based national best practices.

The added value of sharing evidence-based best practices

One of the main goals of ensuring the adequacy of materials to the local context is to exchange regional and local best practices. Sharing and implementing best practices is widely acknowledged as a crucial approach for enhancing the efficacy of drug-related interventions and maximising the utilisation of limited resources (Ferri, 2015).

3. Regional adequacy

Five steps to regional adequacy of the miniguides on health and social responses

Step 1. Preparation and presentation of the project to experts

Experts from the COPOLAD working group on drug demand reduction (Component 2) were invited to an online kick-off meeting. This meeting had four main objectives:

1. Present the European miniguides and the initiative of adjusting them to the LAC regional context.
2. Explain the adaptation process in detail, including the objectives and timeline.
3. Select from the available list of miniguides the three most relevant to adapt.
4. Create a Committee of Experts (CE) composed of the experts most motivated to carry out the document review.

For Objectives 2 and 3, an online questionnaire was sent to a COPOLAD list of experts on health and social responses. Each of these was invited to select the three miniguides to be adapted, as well as to express interest in integrating the CE, if applicable.

For this adaptation process, three specific sub-committees of experts were created:

- South-American region (Spanish);
- Caribbean region (English);
- Central American region and other Spanish-speaking countries (Spanish).

The division of professionals by the above-mentioned sub-committees took into account, not only the language, but also regional characteristics.

Role of the Committee of Experts

The Committee of Experts was made up of professionals specialised in the area of knowledge of each document and who were part of the target audience addressed by these documents.

The role of the CE was to actively participate in the review of drug-related materials, in order to achieve consensus on the necessary adjustments and their adaptation to regional contexts (Lira & Caballero, 2020). The methodology was designed ad hoc for this process.

Profile of the members of the Committee of Experts

Professional background

Experts who participated in the process as part of the CE were professionals with extensive experience in responding to drug problems, and who worked in different organisations. They had also expressed their interest in revising these specific documents. A broad range of professional profiles was included:

- policy-makers in national and local government agencies;
- researchers from drug use observatories, drug research centres, universities;
- coordinators of national and local drug prevention programmes;
- directors and technicians of public and private treatment centres for problem drug use;
- consultants who are experts in the drugs field;
- leaders of social organisations working in the prevention or treatment of problem drug use.

CE members were asked to commit to providing comprehensive, accurate and up-to-date information on problems associated with drug use, and to develop effective strategies for addressing these issues.

Competences and skills

The experts should have the following competences and skills:

- **Knowledge of drug use associated problems** — Experts should have a deep understanding of the causes, consequences and treatment of drug use and addiction. It would be very beneficial if they understood local experiences and best practices, in order to improve the usefulness of the final products.
- **Data source knowledge or research skills** — Experts should identify reliable data sources and/or understand research data and statistics. This would be useful in order to prioritise drug associated problems in specific local contexts, and to ensure the final product was updated with local/regional data, as applicable.
- **Writing and communication skills** — Experts should be able to write clearly and concisely, and to communicate complex information in a way that is accessible to a wide audience. They should be able to communicate with a wide range of stakeholders, including policymakers, health professionals and general public, among others.
- **Team work skills** — Experts should work collaboratively with others to achieve common goals.
- **Sensitivity to diversity** — Experts should know the characteristics of the target population, and take into account the diverse needs of different groups

Tasks developed by the Committee of Experts

The tasks that were assigned to the Committee of Experts were the following:

- **Participation in the three rounds of document review** — CE members should participate in the first online meeting for the general overview of documents, in the second round of in-depth document review, and the last review of the final versions of the documents.

- **In-depth review of documents** — For their adaptation to the regional context, in each round, experts should be committed to an in-depth review of documents, with particular attention to the following:
    - content, text and the detection of gaps within documents;
    - identification of relevant data on the regional context.
- **Search and identification of regional good practices** — Experts should search for national and local good practices related to drug problems or responses, and describe them. Interventions, policies and good practices should preferably be scalable to other areas, and should be evidence-based.

The Technical team provided support, assistance and answered questions that arose during the iterative review process.

Step 2. Preliminary adaptation of contents and delivery to the CE

The Technical team drafted a proposal for the pre-adaptation of each drug-related material, before delivering documents for review to the CE participating in the process. This pre-adaptation of the drug-related materials was undertaken for all relevant languages.

At the second step, the miniguides on health and social responses were delivered to the CE.

The questionnaire sent to all COPOLAD experts identified three miniguides to be adapted in both Spanish and English. These were:

- Action framework for developing and implementing health and social responses to drug problems;
- Cannabis: health and social responses;
- Women and drugs: health and social responses.

In addition, three specific sub-committees of experts were created:

- South American group (18 experts);
- Caribbean group (15 experts);
- Central America and other Spanish-speaking countries group (16 experts).

The three miniguides were sent to each CE member. Furthermore, a questionnaire was drawn up to support the review of the miniguides. This document aimed at guiding experts in the first round of the review process.

Examples of questions included the following:

- What elements of the content do you think need to be changed to adequately reflect the LAC context?
- What documents do you think are most relevant to include here and reflect your regional context?

- Could you, please, indicate good practices from your region that you would want to highlight?
- Could you, please, indicate any changes necessary to the translation?

Step 3. Starting focus group with the Committee of Experts

For this review, and the adaptation of drug-related materials, an iterative process (Sit et al., 2020) was initiated in collaboration of the CE. This iterative process started with a focus group with the CE members.

What is a focus group?

A focus group is 'a research technique that collects data through group interaction on a topic determined by the researcher' (Morgan, 2003) and participated by an 'expert' group of users, customers or specialists (University of Cambridge, s. f.). The group size will depend on how many people have relevant information to share (Ritchie et al., 2014) and it may be conducted online (Ritchie et al., 2014).

To develop a focus group, researchers use a 'discussion guide' composed by open-ended questions, with the aim of stimulating an informal discussion among participants (Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja, s. f.).

This is a form of group interview in which people are encouraged to talk to one another, to exchange experiences, to comment on each other's experiences and to ask questions.

It capitalises on communication between research participants in order to generate information (Kitzinger, 1995) that is called 'group dynamic' (Ritchie et al., 2014). In this sense, focus groups are a cost-effective way of gathering evidence from multiple participants about the diversity of their views, experiences or beliefs (Willis et al., 2009), and are particularly interesting when working with experts.

Why were focus groups needed?

Focus groups aim to obtain information from a deliberately selected group of people.
(O. Nyumba et al., 2018) who share certain characteristics and knowledge (Redmond & Curtis, 2009), including, but not limited to, their professional profile and area of intervention.

Focus groups can be conducted online (Murray, 1997), which is particularly interesting in contexts in which it is necessary to achieve consensus from experts located in distant geographical areas.

Objectives of the focus groups

The objective of this first phase was to develop a first major review of the content of the drug-related materials. For the first virtual meeting, a discussion guide was developed.

For the first focus group, the experts focused, on the one hand, on the review of the language, the concepts and the way in which the documents were written and translated. It was important that the language reflected the correct way of expression in the area, including the vocabulary used. In cases where there were divergences between the members of the CE, the Technical team searched for alternatives in order to present multiple options in the document.

Secondly, the experts reviewed the content to be addressed for context adaptation.
The CE evaluated whether the content was relevant, appropriate and necessary for their regional context, and if it fitted the diversity of their populations. In this sense, experts could suggest both changes to the content scheme offered in the drug-related materials, and to the content itself.

Additionally, in this phase, experts were asked to identify and choose at least one 'Evidence-based good practice' related to the content of the specific subject of the drug-related material that they consider relevant in their context. An 'Evidence-based good practice' can be defined as an intervention for which there is consistent scientific evidence showing that it improves client outcomes (Drake et al., 2001).

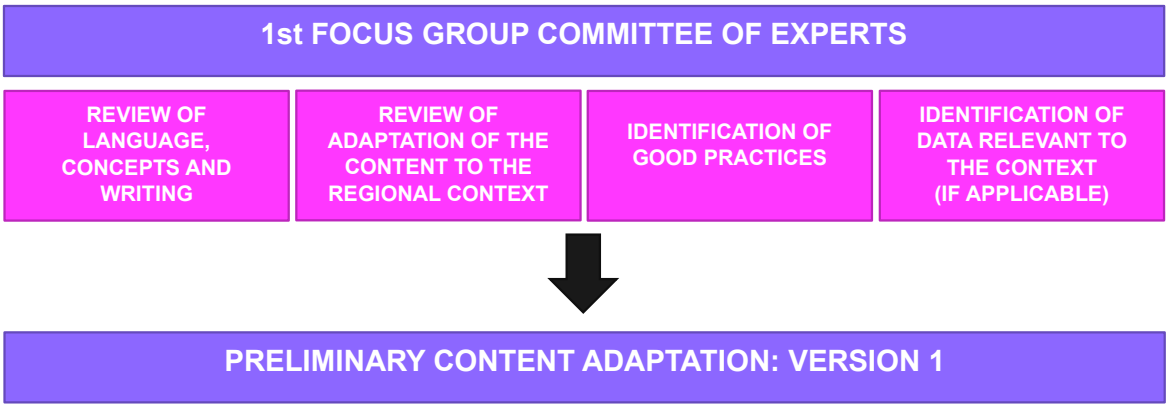

Figure 2. STEP 3: Starting focus group with the Committee of Experts.

Finally, when the miniguides included information about relevant data on a specific issue (mainly from secondary data sources), experts were asked to identify the data relevant to their context and/or official data sources.

Once this first phase was concluded, the Technical team incorporated the suggestions collected from the focus group discussion with the CE, pointing out the sections in which there had been divergences. The Technical team also contacted specific experts if clarifications were needed or to request additional information.

We held three different focus groups with experts from each of the above-mentioned regions. As expected, not all people participating in the CE participated in the focus groups, mainly due to issues related to personal availability.

In this stage, the Technical team focused the interaction on:

- explaining the drug situation of each country, including the main drug-related problems in each context;
- sharing concerns about new substances and new ways of administration;
- sharing best practices and experiences regarding prevention of drug use, treatment for people with problem drug use;
- identifying official data sources about the specific drug problem in each country.

Step 4. In-depth individual review of the miniguides

The second version of the miniguides, that included the agreements of the first meeting, was provided to the CE, which was asked to perform an in-depth review of the documents.

To provide guidance to the CE, the Technical team requested that they would:

- add/delete any type of information that they considered relevant or irrelevant;
- correct/change any concepts to make them appropriate to their contexts;
- add any comments that they considered appropriate;
- contribute with local/national examples and experiences in order to offer valuable information for the area;

Additionally, the Technical team highlighted specific sections of the documents in order to promote a more thorough review by the CE.

Experts were also requested to review the text and illustrations used in the materials, in order to assess their suitability, and to decide on their relevance and adequacy.

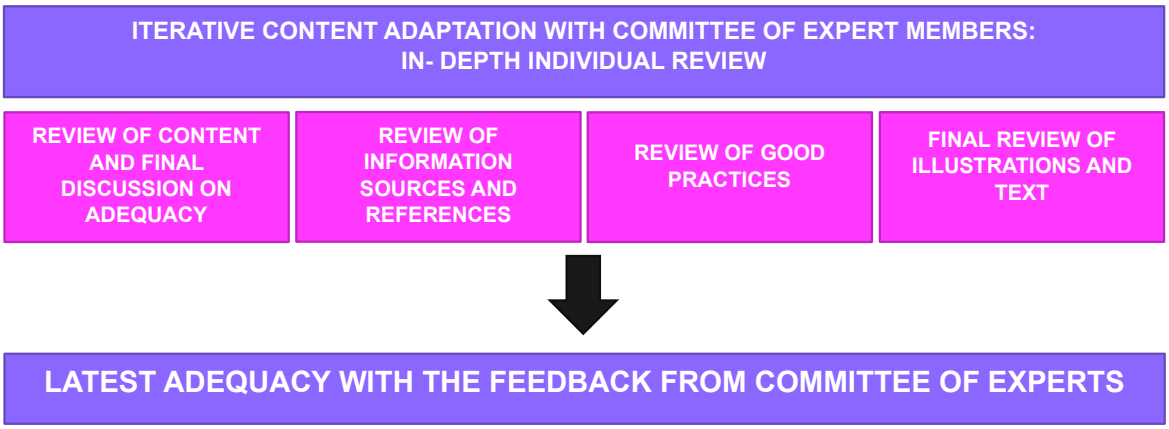

Figure 3. STEP 4: In-depth individual review of drug-related materials.

After this phase, a short report on the changes was produced. The Technical team incorporated the experts' revisions, and had an internal discussion to wrap up the final revisions, after which the third version of the miniguides was generated.

Step 5. Final focus group with the Committee of Experts and final version of the drug-related materials

The third version of the documents was shared with all experts, including additional experts who had not participated in the focus groups.

In one last online focus group with the experts, a general review of the materials was carried out, to develop a final, consolidated version. At this stage, experts were asked to provide an overall appreciation of the regionally adapted materials.

Furthermore, relevant issues, such as next steps for publication and dissemination of the materials, were addressed. Based on the needs that arose during the process, agreements about next steps and further reviews of the materials were reached.

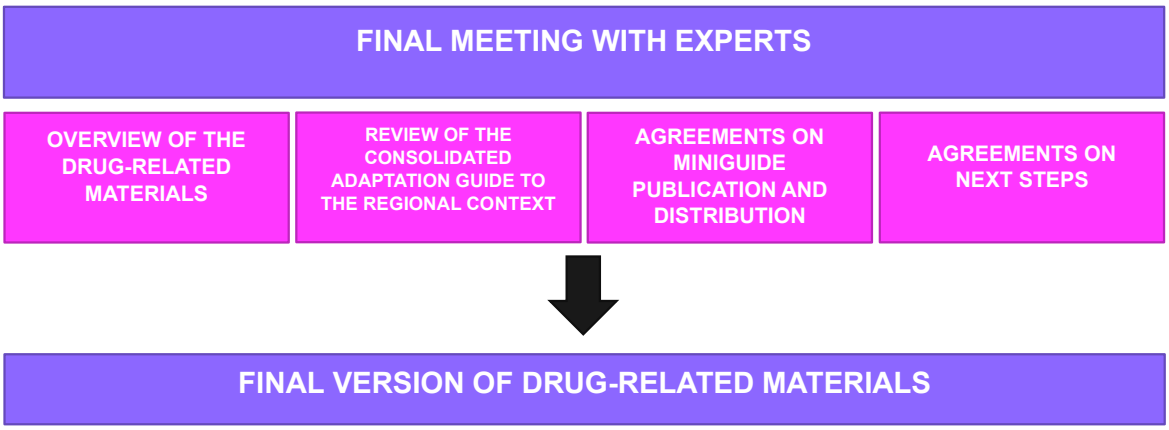

Figure 4. STEP 5: Final focus group with the Committee of Experts and final version of the drug-related materials.

The final adapted versions of the miniguides are published on the EUDA website, in English and Spanish.

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