

Engaging African American Faith Leaders as Partners in Ethical Research

Deborah J. Moon, C. Bailey Nichols,
John M. Wallace Jr., and Aliya D. Durham

Abstract

This paper outlines an initiative to adapt the Community Partnered Research Ethics Training (CPRET) for the cultural context of the CHURCH (Congregation as Healers Uniting to Restore Community Health) project. The CHURCH project is a community-partnered participatory research project that seeks to promote the mental well-being of African American populations by developing, implementing, and evaluating a mental health training curriculum for faith leaders in Black churches. Participatory research, in which community stakeholders collaborate with researchers as equal partners to address problems impacting marginalized communities, has recently become more popular in academia. Training is necessary to equip community partners with the skills and knowledge required for full research participation. Community partners frequently encounter ethical issues in participatory research, but limited training resources are available to proactively prevent and address such issues. The CPRET was developed through a collaboration between the Clinical and Translational Science Institute and the Human Research Protection Office and Community Research Advisory Board at the University of Pittsburgh. It surveys research processes and core research ethics principles, and it stimulates discussion regarding best practices by engaging participants in scenario-based exercises in which they identify ethical and unethical research. By describing how we utilized the CPRET in the CHURCH project and presenting a summary of participant feedback, we aim to build resources for community-engaged scholars seeking to engage community members in ethical research.

This paper outlines an initiative to adapt the Community Partnered Research Ethics Training (CPRET) for the cultural context of the CHURCH (Congregation as Healers Uniting to Restore Community Health) project. The CHURCH project is a community-partnered participatory research (CPPR) endeavor that seeks to promote the mental well-being of African American populations by developing, implementing, and evaluating a mental health training curriculum for faith leaders in Black churches.

CPPR, also called community-based participatory research (CBPR), is a partnership model that engages community and academic partners equally to benefit the community and contribute to science, blending health services research with community-based knowledge and practices (Jones et al., 2009). CBPR research frequently involves marginalized groups such as communities of color, sexual and gender minorities, low-income individuals, those with disabilities, children, and women (Rodriguez Espinosa & Verney, 2021).

CBPR focuses on building trusting relationships between researchers and community

members for research collaboration (Fernández et al., 2017; Smith et al., 2018); thus, community members are regarded as core members of the research team (McKenna et al., 2011). Because of their lived experiences and expert knowledge of the community and organizational context, community members can be valuable participants in efforts to recruit participants, administer surveys, conduct strengths and needs assessments, deliver interventions, inform the cultural tailoring of interventions, contribute to relationship building, and shape decision-making regarding research goals, roles, and positionality within a research project (McKenna et al., 2011; Molyneux et al., 2010; Newman et al., 2011; Puffer et al., 2013).

While community partners are expected to fully participate in all aspects of CBPR, participation can be hindered by various issues. The power imbalance between researchers and community members is a major problem that can interfere with establishing equal partnerships (Newman et al., 2011) and significantly undermine the integrity of community-engaged research (Hoekstra et al., 2020). In fact, in a

review of CBPR literature, Hoekstra et al. (2020) found limited evidence of community members' full participation in research processes beyond the initial stage of developing research questions. Similarly, Chandanabhumma et al. (2020) suggested that most existing CBPR studies failed to demonstrate adherence to CBPR principles by fully engaging community members as equal partners in all aspects of research.

To address the issue of power imbalance and to fully integrate community scholars into research processes, researchers should confront histories of exploitation and mistrust (Key et al., 2019) and make conscious efforts to increase awareness of researcher power and privilege to redistribute power among members (Wallerstein et al., 2019). Stakeholders' lived experience should be recognized as expert knowledge and be compensated appropriately (Harrington et al., 2019).

Research Training for Community Scholars in Engaged Research

Power imbalance may also be moderated via trainings that equip community members with the knowledge and skills they need to be fully involved in research activities (Puffer et al., 2013). Various topics can be addressed in such training, including research design, budget planning, grant writing, trust building, addressing conflicts, navigating funding, disseminating research findings, maintaining sustainability, and data ownership (Chau et al., 2007; Jernigan et al., 2015).

Training for community scholars often neglects the important topic of research ethics. Community researchers frequently face ethical dilemmas while collaborating on participatory research, and sufficient instruction on how to handle such issues is critical to equipping and empowering participants (Bastida et al., 2010). Because community members conducting research are intricately connected to the internal community, concerns regarding anonymity and confidentiality may arise related to their dual roles on both sides of a project (Banks et al., 2013). For instance, community members involved in data collection need to understand the importance of obtaining informed consent from all participants, including those who are personal connections (Amico et al., 2011).

Coercion, the implicit or explicit threat of harm presented to solicit research participation, is another potential ethical issue in participatory research (Nyirenda et al., 2020). Building upon this concept, Fisher (2013) proposed *structural*

coercion, defined as a phenomenon in which “the broader social, economic and political context compels individuals to enroll in research” (p. 355). Of particular importance, the presence of authoritarian leadership and unequal power relations among different groups of research stakeholders have been highlighted as potential factors perpetuating structural coercion (Nyirenda et al., 2020). Such concerns are particularly salient in studies conducted in rural or tribal communities where leaders possess formal and informal power to influence individual decisions regarding research participation. Additionally, considering the history of abusive power associated with religious leadership (McGraw et al., 2019; Wright, 2001), studies conducted in religious organizations need to ensure that community researchers clearly understand and explain the voluntary nature of research participation to participants.

Despite its importance, research ethics training is rarely mentioned in the participatory research literature (Lepore et al., 2021). Several research trainings designed for community stakeholders such as The Knowledge for Change CBPR consortium (Lepore et al., 2021) and the Collaborative Institutional Training Initiative Certification for Human Subjects Protection (Whitewater et al., 2016) address ethics in their training, but no details are provided in the paper that described the training. The research ethics training cited in Ebubedike et al. (2023) specifically focused on ethical concerns related to the photovoice method (i.e., consent, addressing photographed individuals' responses). The scarcity of training models that cover research ethics creates challenges for researchers who seek to equip stakeholders with the requisite knowledge and skills to conduct ethical community-engaged research. In the following sections, we introduce the CPRET (Yonas et al., 2016) and explain how we adapted the training to engage African American faith leaders in a CPPR project.

The Community Partnered Research Ethics Training (CPRET)

The CPRET was developed through a collaboration between the Clinical and Translational Science Institute (CTSI) and the Human Research Protection Office and Community Research Advisory Board at the University of Pittsburgh (Yonas et al., 2016). It is a 2-hour training that contains didactic and interactive modules related to ethical research. The didactic module introduces community

members to the purpose and history of research, the development of research ethics principles, IRB regulations, the research process, and rules of research conduct for human subjects protection.

In the interactive module that follows, the trainer engages community partners with both ethical and unethical research scenarios to stimulate discussion regarding best ethics practices. These scenarios are adapted to make them relevant to the specific research objectives, settings, and populations of interest. Following the adaptation of scenarios and development of vignettes, the trainer facilitates role-plays in which participants apply the principles of ethical research within the given scenarios. The PowerPoint slides of the CPRET training are available through the CTSI website at the University of Pittsburgh and can be accessed via this link: [Community Partners Research Ethics Training](#) (Pitt Clinical and Translational Science Institute, 2019). CPRET has been used with a variety of populations, including youth with asthma and their health care providers, people with HIV, hospital emergency workers, and geriatric populations (Yonas et al., 2016).

To date, two studies have discussed cultural adaptations of the training content focusing on communities of color. Documet et al. (2020) adapted CPRET to train community health workers who delivered an intervention to increase health care access and promote healthy behaviors among Latin American populations. Cultural adaptation included translating training materials into Spanish, using pictures of local families and familiar places in the neighborhood, and incorporating personal relationships and storytelling in dialogue (Documet et al., 2020). Additionally, Miller (2016) used CPRET in her study of interpersonal violence and reproductive coercion among Native American women, but their work did not detail specific cultural adaptation efforts. To further disseminate the CPRET, more studies are needed that fully describe its adaptation and use among diverse stakeholder groups.

The CPRET in the CHURCH (Congregations as Healers Uniting to Restore Community Health) Project

Launched in March 2020 as a CPPR initiative, the CHURCH project united African American clergy and diverse doctorate-level academics of faith committed to building Black churches' capacity to address the mental health of African American churchgoers; meetings commenced irrespective of nationwide shelter in place orders

(Durham, 2020). The project team included three African American pastors, all of whom were senior pastors serving various denominations of Black churches in Homewood, PA, a predominantly Black community in Greater Pittsburgh. All research team members, including academic researchers, identified as people of color as well as people of faith representing multiple denominations within Christianity. This was crucial in gaining trust and buy-in from the faith leaders, particularly in light of concerns around research participation in African American faith communities, including fears of being taken advantage of, of researchers not valuing or respecting their priorities and culture, and of being treated as a research subject rather than a participant or partner (Ammerman et al., 2003). The interdisciplinary academic team members from the University of Pittsburgh included both tenure-stream faculty with intensive research training as well as appointment-stream faculty with no prior research experience.

While the project was not formed explicitly in response to the unprecedented and disproportionate mental, financial, educational, and social devastation that COVID-19 would exact on the African American community, project members recognized the complexity of the systemic, economic, cultural, and racial barriers experienced by African Americans coping with or caring for someone with mental illness (Earl et al., 2011; Walton et al., 2021; Ward et al., 2013). Within this context, Renew Your Mind (RYM), an evidence-based intervention blended Biblical scripture with cognitive behavioral therapy, and sacred music was developed for Black pastors to supplement Bible study, small group counseling, and related ministry activities. RYM aims to increase Black pastors' knowledge and skills in their roles as informal sources of support to their congregation members.

Many African Americans report religion to be central to their lives and regularly attend religious services (Mohamed et al., 2021). Moreover, research indicates that African Americans prefer to seek support for their mental health needs from clergy and other faith leaders rather than seeking professional mental health treatment through traditional clinical settings (Scribner et al., 2020). The limited availability of culturally competent mental health professionals as well as the issues of mental health stigma and access add important value to Black churches as venues for reaching African Americans with mental health challenges (Hays, 2015). The CHURCH project

was intended to leverage existing resources within Black churches and further build on their capacity to promote African American populations' mental wellness. The project was approved by the institutional review board at the University of Pittsburgh in May 2021.

There are specific ethical concerns relevant to research in a church setting. Corbie-Smith et al. (2010) completed focus groups with African American pastors in North Carolina to discuss the process of research partnerships with African American churches. Pastors indicated that their leadership could be an ethical concern because parishioners view pastors as authority figures, and it may be considered coercive if pastors are recruiting for research. Pastors also reported that negative experiences with research projects could negatively impact a pastor's ability to lead and exercise spiritual authority (Corbie-Smith et al., 2010). Additionally, pastors and church members might be skeptical about the compatibility of scientific research and faith, which could create barriers to research partnerships (Corbie-Smith et al., 2010). Because of these specific ethical issues, it was important to modify the CPRET to ensure that it addressed CHURCH project-related concerns.

To our knowledge, we made the first attempt to adapt the CPRET to engage Black faith leaders. Because of restrictions imposed due to COVID-19, the CHURCH CPRET training was delivered via Zoom. Since all of our research team meetings prior to the training had been held via Zoom, participants were familiar with the online format. Six members of the research team participated in the training, including three community members and three academicians with limited exposure to research. The training was delivered by the principal investigator of the CHURCH project, who had a doctoral degree and significant research experience in addition to being an African American senior pastor of a local Black church.

The trainer followed the original format of the CPRET, covering both the didactic and interactive training modules. The training began with the definition of research, roles, and an overview of the process of conducting research. Next, the trainer engaged participants in the interactive learning module, which was adapted to fit the context and topics of our project. The trainer adapted four scenarios from Hankerson et al. (2018) to increase their relevance to the CHURCH project. The trainer used the scenarios to engage the participants in interactive learning through exercises to identify: (a) research participants

and researchers, (b) areas of ethical and unethical research behaviors demonstrated, and (c) ethical principles applicable to the CHURCH project. The scenarios are presented below.

Scenario 1: Mental Health Screenings Conducted With Church Members

The primary investigator (PI) contacted senior pastors of churches and met with them to discuss their church's participation in a depression screening assessment. During these meetings, the pastors reviewed the depression screening instrument and chose whether or not their church would participate. Pastors who agreed signed a letter of support to the IRB to authorize their church as a study site. The pastors announced the dates of the screenings during a Sunday service but emphasized that members' participation was completely voluntary. Prior to the screenings, the PI conducted a mental health educational workshop at each church.

Each week, for 3 weeks before the screening, the ushers put a sheet in the bulletin that thoroughly explained the study's risks and benefits, and it was read during the announcements. Eligible participants were not required to sign informed consent forms, as determined by the IRB, because the survey was anonymous, and no identifying data were collected. Participants received \$25 Giant Eagle gift cards.

Over 67% of church members volunteered to participate in the study. Participants were instructed to discuss any concerns about survey responses with the PI or her MSW research assistants before they left the church and were given a list of mental health resources in their community. Safeguards, including a psychiatric assessment and a Safety Plan, were planned if participants expressed suicidality or needed urgent care. The PI and her co-investigators worked with the pastors and their small group leaders to launch mental health ministries at the churches that were interested.

Scenario 2: Pastor Nhoj Ecallaw Wants to Assess the Impact of His Church's Learning Hub

In response to COVID-19, Pastor Nhoj Ecallaw and the members of Bible Way Church of God AMEZ in Homewood turned their sanctuary into a learning hub. The hub gave children high-speed internet for their online classes, tutors to assist with their schoolwork, and nutritious meals. The hub also enabled their parents, most of whom were essential workers, the ability to work, knowing that their children were safe and receiving academic support.

Pastor Ecallaw wanted to know if the program was helping children and their families, so he reached out to Pitt to get someone to evaluate the program. Dr. Bonnie Tonya Johnson and Dr. Blessing Anne Smith agreed to help. They and their social work intern, Mark Joe Williams-Brown, worked with Dr. Aihntyc Ecallaw, the director of the program, to design interview instruments for the parents and children. The research team prepared a recruitment flyer, and a detailed description of the project was sent home with each child. Two family dinners were held to clearly describe the purpose, methods, risks and benefits of the project and to recruit interested parents. Parents were consistently reminded that their participation, and their children's participation, was completely voluntary. Consent was obtained from parents and assent from their children to be interviewed. They were assured that their responses would be kept confidential.

Overall, 75% of parents and 90% of children participated. They received \$25 Target gift cards for participating. The Ecallaws were not informed which parents chose to participate so there would be no negative repercussions if parents chose not to participate. The results of the interviews were shared with the parents, a list of recommendations was provided to the Ecallaws, and a parent council was formed to provide ongoing engagement and information flow between parents and church leaders. The research team

also met with parents to provide them with best practices to help them help their and their children's mental health during the pandemic.

Scenario 3: Focus Groups With Pastors About Mental Health Needs During the Pandemic

An interdisciplinary team of social work and psychiatry faculty and several African American clergy from a Hill District-based ministerium are concerned about the level of distress and burnout that they see among African pastors as a result of additional stress and strain that pastors are under as a result of racial, economic, and COVID-19 pandemics our city and nation are experiencing. The research team wants to understand what pastors are going through in order to develop, pilot, and evaluate an evidence-informed intervention to help Black pastors in the Hill District and beyond.

They decide to conduct a series of focus groups with African American pastors from around the region to inform the intervention development process. The academics and the pastors decide to develop a community-partnered participatory research partnership to undertake their work.

The research team combined evidence from the research literature and the lived experience of the team's pastors to codevelop the focus group interview guide. The team implemented a purposive sampling strategy that used the pastors' personal networks to recruit other clergy into the study. Specifically, the research team attended the monthly meetings of local ministerial groups to describe the study to potential participants. All clergy were invited to participate, regardless of their gender, denominational affiliation, or other distinguishing characteristics. Members of the research team prepared a detailed description of the study's purpose and methods along with informed consent forms that described the benefits and potential risks of the study, as well as assurance that the clergy members'

responses would be kept confidential. Clergy were given \$100 gift cards for their participation.

Overall, 45% of the clergy ($N = 38$) agreed to participate in the focus groups. After the data were collected, cleaned, coded, and analyzed, each participating member received a report of the results. The research team also assembled materials and put together a training for the participating pastors on how to avoid burnout.

Scenario 4: A Pastor Recruits Participants for a Relationship Study

I am a 32-year-old married woman and member of Greater Holy Ghost Episcopal Pentecostal Missionary Baptist Fellowship. My husband and I had been having some marital challenges and I scheduled an appointment to meet with my pastor, Reverend Dr. Willie Williams, and First Lady, Bessy Mae Williams. While I was waiting for Reverend Williams to finish an earlier meeting, First Lady Williams began to ask me a series of questions, things like my husband's name, how long we had been married, and whether we had problems in things like communications, finances, infidelity, child-rearing practices, sharing work responsibilities at home, and so forth.

After we talked for a bit, Reverend Williams finished his earlier meeting and invited me and First Lady Williams to come into his office. He then told me that he was part of a national study to improve marriages in churches and that he wanted me and my husband to participate in the study. Then he said that we should pray about my decision. Before I could say anything, he and First Lady Williams grabbed my hand and prayed that I would agree to be a part of the study.

Of course, I want to help my pastors and ultimately other couples who will benefit from the results of the research. So, I eventually agreed to participate, but something just didn't feel right. I almost felt like I didn't have a choice.

Cultural Adaptation of the CPRET in the CHURCH Project

Our cultural adaptation in the interactive module entailed: (a) referencing neighborhoods and landmarks familiar to participants, such as a local grocery store; (b) using traditional southern African American names in the scenarios; and (c) including the names of training participants as well as the names of the churches represented by the participating pastors in the vignette. The names in the scenarios presented in this paper have been deidentified to protect the confidentiality of the training participants.

According to Bernal et al.'s (1995) ecological validity model (EVM), these strategies can be considered *language adaptation*, which refers to the act of including words or phrases specific to a given culture (Bernal et al., 1995). EVM is a framework consisting of eight domains— language, persons, metaphors, content, concepts, goals, methods, and context—that can guide the process of cultural adaptation in developing and adapting social-behavioral interventions for communities of color (Bernal et al., 1995). Constructs from the EVM have been applied to adaptations targeting various populations (Martinez-Torres, 2021; O'Connor et al., 2020; Orellano-Colón et al., 2017; Perera et al., 2020; Sit et al., 2020).

We also made *content adaptations*, which means incorporating traditions as well as cultural and generational values that are relevant to the training participants (Bernal et al., 1995). For example, the trainer incorporated terms and practices relevant to the church context, such as church bulletins, offerings, and “First Lady,” a descriptive term for a pastor's wife.

Finally, the trainer was a person of the same race as the participants, which is relevant to the *persons* domain in the EVM framework (Bernal et al., 1995). The persons domain references racial and ethnic similarities and differences between service providers and recipients, which was applicable to our project context. Although results are not conclusive, positive impacts of racial matching between providers and participants have been reported in studies related to teacher-student relationships (Dee, 2004; Eddy & Easton-Brooks, 2011; Lindsay & Hart, 2017; Redding, 2019; Woodson & Bristol, 2020), therapist-client relationships (Cabral & Smith; 2011), and supervisor-supervisee relationships (Ladany et al., 1997). For example, Cabral and Smith's (2011) meta-analysis found that clients generally showed a higher view of and a “moderately strong” preference

for therapists of their own race. Similarly, shared values around racial identity between the trainer and trainees in our program were likely conducive to learning. In addition to the trainer's racial identity, his position as a pastor and a researcher is also important to consider within the persons domain. His intimate knowledge of Black church culture may have uniquely equipped him to address common ethical concerns regarding church-based research, such as using prayer as a persuasive mechanism to encourage study participation or inappropriate use of pastoral authority in research recruitment (Corbie-Smith et al., 2010).

After the trainer reviewed all four scenarios and engaged participants in learning exercises, he encouraged participants to reflect on their past experiences and think of one or two ethical and unethical research practices to share with the group. Additionally, the trainer discussed how to apply the principles covered in the didactic portion of the training through role-plays to practice the informed consent process. The training concluded with a discussion of the IRB's role in ensuring ethical research conduct.

Feedback From Training Participants

We solicited feedback from participants about the training experience through an online survey and follow-up interviews. All six participants completed the survey, and five participants completed the interviews. In response to the survey questions, most participants agreed that the information presented in the training was valuable and well organized, that concepts were clearly presented and easy to understand, and that examples were relatable. Regarding knowledge gained, community members indicated they learned new information, whereas faculty noted the information was a general review. Opinions about the duration of the training were mixed; some felt the training should have been shortened, while others felt the training was rushed and should have created opportunities for further role-play and discussion.

In their narrative responses, participants noted that the training provided a space to discuss the intersection of research ethics and faith, which is an important topic. Additionally, participants appreciated learning about CPRET as a tool for research ethics training and applying principles discussed in the training to scenarios through role-play. Interviews were analyzed using the thematic analysis technique (Braun & Clarke, 2006), which generated three main themes related to the impact

of the training, training facilitators, and directions for future training.

Training Impact. Participants indicated that CPRET increased their knowledge of research in general, provided guidelines for ethical research, and facilitated understanding of the necessity and importance of establishing and following protocols for ethical research, as stated below:

- “[The training] didn’t change my perception of it [research], it gave me a new language to talk about it.”
- “[It was] helpful to see it [ethical standards] spelled out.”
- “I didn’t appreciate the value of the process the university has. ... But when we actually took the training, I had a greater appreciation about why that is necessary.”

Training Facilitators. Participants mentioned the training structure, learning environment, and expertise of the trainer as facilitators. All participants noted that the role-plays and vignettes helped them learn theoretical concepts in practical ways. As one participant stated, “to have a diverse group of both faculty and community partners be a part of these role-plays and to then share their reflection from their respective lenses is very illuminating.” Regarding the learning environment, participants noted that the preexisting relationships among participants and with the trainer were conducive to learning. One participant said that “the fact that [the training] was with our group” was beneficial. “We already had relationships with everybody. It ... made it like another meeting for us but it was an enjoyable meeting.”

Participants also mentioned the effectiveness of the trainer and his collaborative and engaging teaching style as important facilitators. Overall, the trainer was described as a naturally gifted teacher who can “get information across in a way that is going to be unforgettable.” One participant stated that the trainer “went step by step” actively engaging community partners in learning exercises and “bridged the gap of the research context and [the] CHURCH project to show us what it [ethical research behavior] really is.” Lastly, multiple participants recognized humor as a key contributor to the positive training experience. As one participant stated, “humor does add a lot to the process.”

Recommendations. Finally, the participants provided recommendations for future training. Concerning the training structure, participants stressed the importance of contextualizing the

content within the given study and actively engaging trainees through multimedia and interactive activities such as vignettes or role-plays. Regarding the training format, some participants preferred in-person training, stating that online training can be “draining” and “limited.” Opinions regarding the training’s duration and pacing were mixed; some recommended lengthening the training time to include more interaction and reflection, while others felt the training could have been shortened.

Regarding the trainer, participants underscored the importance of leveraging trainees’ strengths and incorporating unique expertise, “valu[ing] who is at the table.” One participant stressed that trainers should “know [the] audience” and “be able to come in and have foreknowledge about people’s area of expertise and educational training.” Participants also recommended that trainers be perceptive of nonverbal feedback from the audience and willing to adapt the training to improve participants’ understanding and experience.

Discussion

The purpose of this paper was to describe the CPRET in the context of a CPPR project that engaged African American faith leaders in the development and implementation of a mental health training program. CPRET enabled us to fully engage community partners in all aspects of research by training community members with limited research experience in best practices for ethical research. Additionally, by adapting the scenarios in CPRET’s interactive learning module, we tailored the training content according to the values, customs, and cultures of the African American churches. Based on our training experiences and participant feedback, we suggest that CPRET can be a valuable tool to engage Black faith leaders in participatory research, and we encourage future researchers to consider the following guidelines.

Guidelines for Cultural Adaptation

Consistent with previous literature, we found that the trainer’s familiarity with the trainees’ cultural background and the matching racial identity of the trainer and trainees were instrumental in culturally tailoring the training. Thus, researchers may want to consider racial matching or familiarizing trainers with trainees’ culture through cultural exploration and emersion, literature review, or focus groups and interviews

with potential trainees. Additionally, collaborating with individuals familiar with the trainees’ culture to adapt the training content or cofacilitate trainings can be helpful; community partners should be compensated and credited for their contributions (Bernal & Adames, 2017; Documet et al., 2020).

Additionally, we found that the EVM framework (Bernal et al., 1995) helped us reflect upon our cultural adaptation process and identify specific areas of adaptation. As Bernal and Adames (2017) suggested, using a theoretical framework to systematically guide the adaptation process can be beneficial for documenting and tracking adaptations to ensure all important areas are addressed and to evaluate the impact of adaptations on training outcomes.

Guidelines for CPRET Delivery

Based on our findings from participant interviews, we developed the following guidelines for CPRET delivery that may be helpful for other researchers seeking to utilize CPRET in their research projects.

Know the Audience. We found that preexisting relationships among the trainees as well as between the trainer and trainees created a safe space to cultivate connection and communal learning. Therefore, researchers may want to consider the phase of the study and the status of group development when introducing the training. Additionally, inviting participants to discuss expectations and concerns in the beginning and tailoring training content to acknowledge and incorporate trainees’ perspectives can foster comfort and connection among participants (McNeill et al., 2018). Although participants in our training did not mention this, it is also important for trainers to be mindful that some trainees may have developed mistrust toward researchers due to previous experiences involving unethical research practices. When engaging communities of color, the trainer should be knowledgeable about historical events that impacted specific cultural groups, such as the Tuskegee experiment, and tailor the training content in consideration of the historical context (Pearson et al., 2019).

Reveal Relevancy. It is important that trainees find the training content relevant to the context of the specific research project they are involved in. In our training, building the interactive learning module around ethical dilemmas that could plausibly occur within the CHURCH project helped trainees feel the training was important

and applicable. Therefore, as Anderson et al. (2012) suggested, training should be tailored to the trainees' current level of knowledge, and skills taught should be transferrable to their roles.

Read the Room. In our study, participants spoke favorably about the way our trainer was attuned to the audience and did not shift to the next topic until participants fully understood the materials. It is important to be responsive to participants and notice nonverbal cues such as a puzzled look or a shift in posture that may signal the need for additional discussion or a break. Additionally, eliciting feedback throughout the training can help trainers stay in tune with participants and tailor the training according to trainees' varying levels of exposure to research (Anderson et al., 2012).

Harness Humor. The CHURCH project CPRET training illustrated that mandatory research training does not need to be dry and painfully dull. Our trainer incorporated a personal sense of humor throughout the training, which made it more enjoyable for participants. Literature supports that humor used appropriately can create an emotionally safe learning environment and thereby improve training outcomes (Kher et al., 1999; Korobkin, 1988). Occasionally lightening the mood by leveraging a sense of humor and personality can improve engagement and attentiveness (Savage et al., 2017).

Modality Matters. With the onset of the pandemic, we have learned that technology can create both challenges and opportunities. When planning virtual training, trainers should be mindful of how prolonged screen time may impact participant learning experiences. Scheduling breaks, adjusting presentation time, and using technology to create smaller discussion groups could improve engagement (Serembus & Kemery, 2020).

Strengths, Limitations, and Future Directions

This paper captures the perspectives of a team of participants from both academic and nonacademic backgrounds, which provided depth to the data that was collected and reported. Likewise, the researchers used two data collection modalities (interviews and surveys), which provided a greater breadth of information. However, the sample size was a limitation. Additionally, the work could have been strengthened by developing the cultural adaptations via a more structured, previously established dissemination and

implementation framework for adaptations, such as the dynamic adaptation process (Aarons et al., 2012), and questions could have been developed to specifically measure the effectiveness of the adaptations. Moreover, the ecological validity model was used to classify the types of adaptations we made, but it was not used as a template prior to the adaptation process, which is an additional limitation. Future research should consider measuring the effectiveness of adaptations for the CPRET model in larger samples of African American faith leaders and with faith leaders of other ethnic and racial contexts.

Conclusions

This paper describes the first attempt to adapt the CPRET to engage Black faith leaders in a CPPR project. Educating community members via a culturally relevant research ethics training is the first step to building a successful research partnership. Based on our training experiences and participant feedback, we suggest CPRET can be a useful tool for engaging and educating African American church leaders about ethical research. This paper can also inform future efforts to adapt and deliver CPRET for studies engaging various cultural groups, including those who might have experienced oppression and developed mistrust of researchers, in inclusive and culturally sensitive ways.

References

- Aarons, G.A., Green, A.E., Palinkas, L.A., Self-Brown, S., Whitaker, D.J., Lutzker, J.R., Silvosky, J.F., Hecht, D.B., & Chaffin, M.J. (2012). Dynamic adaptation process to implement an evidence-based child maltreatment intervention. *Implementation Science*, 7(1), 1–9. <https://doi.org/10.1186/1748-5908-7-32>
- Amico, K.L., Wieland, M.L., Weis, J.A., Sullivan, S.M., Nigon, J.A., & Sia, I.G. (2011). Capacity building through focus group training in community-based participatory research. *Education for Health: Change in Learning and Practice*, 24(3), 638.
- Ammerman, A., Corbie-Smith, G., St. George, D.M., Washington, C., Weathers, B., & Jackson Christian, B. (2003). Research expectations among African American church leaders in the PRAISE! project: A randomized trial guided by community-based participatory research. *American Journal of Public Health*, 93(10), 1720–1727. <https://doi.org/10.2105/ajph.93.10.1720>

- Anderson, E.E., Solomon, S., Heitman, E., DuBois, J.M., Fisher, C.B., Kost, R.G., Lawless, M.E., Ramsey, C., Jones, B., & Ross, L.F. (2012). Research ethics education for community-engaged research: A review and research agenda. *Journal of Empirical Research on Human Research Ethics*, 7(2), 3–19. <https://doi.org/10.1525/jer.2012.7.2.3>
- Banks, S., Armstrong, A., Carter, K., Graham, H., Hayward, P., Henry, A., Holland, T., Holmes, C., Lee, A., McNulty, A., Moore, N., Nayling, N., Stokoe, A., & Strachan, A. (2013). Everyday ethics in community-based participatory research. *Contemporary Social Science*, 8(3), 263–277. <https://doi.org/10.1080/21582041.2013.769618>
- Bastida, E.M., Tseng, T.S., McKeever, C., & Jack, L., Jr. (2010). Ethics and community-based participatory research: Perspectives from the field. *Health Promotion Practice*, 11(1), 16–20. <https://doi.org/10.1177/1524839909352841>
- Bernal, G., & Adames, C. (2017). Cultural adaptations: Conceptual, ethical, contextual, and methodological issues for working with ethnocultural and majority-world populations. *Prevention Science*, 18(6), 681–688. <https://doi.org/10.1007/s11121-017-0806-0>
- Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatment with Hispanics. *Journal of Abnormal Child Psychology*, 23(1), 67–82. <https://doi.org/10.1007/BF01447045>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Cabral, R.R., & Smith, T.B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, 58(4), 537–554. <https://doi.org/10.1037/a002566>
- Chandanabhumma, P.P., Duran, B.M., Peterson, J.C., Pearson, C.R., Oetzel, J.G., Dutta, M.J., & Wallerstein, N.B. (2020). Space within the scientific discourse for the voice of the other? Expressions of community voice in the scientific discourse of community-based participatory research. *Health Communication*, 35(5), 616–627. <https://doi.org/10.1080/10410236.2019.1581409>
- Chau, T.S., Islam, N., Tandon, D., Abesamis, N., Ho-Asjoe, H., & Rey, M. (2007). Using community-based participatory research as a guiding framework for health disparities research centers. *Progress in Community Health Partnerships: Research, Education, and Action*, 1(2), 195–205. <https://doi.org/10.1353/cpr.2007.0007>
- Corbie-Smith, G., Goldmon, M., Isler, M.R., Washington, C., Ammerman, A.A., Green, M.M., & Bunton, A. (2010). Partnerships in health disparities research and the roles of pastors of Black churches: Potential conflict, synergy, and expectations. *Journal of the National Medical Association*, 102(9), 823–831. [https://doi.org/10.1016/S0027-9684\(15\)30680-5](https://doi.org/10.1016/S0027-9684(15)30680-5)
- Dee, T.S. (2004). Teachers, race, and student achievement in a randomized experiment. *The Review of Economics and Statistics*, 86(1), 195–210. <https://doi.org/10.1162/003465304323023750>
- Documet, P.I., Louth, W., Smith-Tapia, I., Jaime, M.C., Miller, E., & Taverno Ross, S.E. (2020). Pedagogic tailoring of a human research ethics training for community-engaged research with Latinos. *Health Promotion Practice*, 23 (1), 98–108. <https://doi.org/10.1177/1524839920954122>
- Durham, A.D. (2020). *If not us, then, who? The Homewood Children's Village: A case study of applied collective impact theory* (Publication no. 29256712) [Doctoral dissertation, Point Park University]. Point Park University ProQuest Dissertations Publishing.
- Earl, T., Williams, D., & Anglade, S. (2011). An update on the mental health of Black Americans: Puzzling dilemmas and needed research. *Journal of Black Psychology*, 37(4), 485–498. <https://doi.org/10.1177/0095798410396077>
- Ebubedike, M., Akanji, T., Kunock, A.I., & Fox, A. (2023). Ethics for educational research in regions of protracted armed conflict and crisis: A participatory community project in the Lake Chad region. *Community Development Journal*, 58(1), 102–120. <https://doi.org/10.1093/cdj/bsac040>
- Eddy, C.M., & Easton-Brooks, D. (2011). Ethnic matching, school placement, and mathematics achievement of African American students from kindergarten through fifth grade. *Urban Education*, 46(6), 1280–1299. <https://doi.org/10.1177/0042085911413149>
- Fernández, M.E., Heredia, N.I., McNeill, L.H., Fernández-Esquer, M.E., Le, Y.C.L., & McGauhey, K.G. (2017). Special issues in conducting community-based participatory research studies with ethnic and racial minorities. In S.S. Coughlin, S.A. Smith, & M.E. Fernández (Eds.), *Handbook of community-based participatory research* (pp. 81–114). Oxford University Press.
- Fisher, J.A. (2013). Expanding the frame of “voluntariness” in informed consent: Structural coercion and the power of social and economic context. *Kennedy Institute of Ethics Journal*, 23(4), 355–379. <https://doi.org/10.1353/ken.2013.0018>

- Hankerson, S.H., Wells, K., Sullivan, M.A., Johnson, J., Smith, L., Crayton, L.S., Miller-Sethi, F., Brooks, C., Rule, A., Ahmad-Llewellyn, J., Rhem, D., Porter, X., Croskey, R., Simpson, E., Butler, C. Roberts, S., James, A. & Jones, L. (2018). Partnering with African American churches to create a community coalition for mental health. *Ethnicity & Disease*, 28(Sup2), 467–474.
- Harrington, C., Erete, S., & Piper, A.M. (2019). Deconstructing community-based collaborative design: Towards more equitable participatory design engagements. *Proceedings of the ACM on Human-Computer Interaction*, 3(CSCW), Article 216. <https://doi.org/10.1145/3359318>
- Hays, K. (2015). Black churches' capacity to respond to the mental health needs of African Americans. *Social Work & Christianity*, 42(3), 296–312.
- Hoekstra, F., Mrklas, K. J., Khan, M., McKay, R.C., Vis-Dunbar, M., Sibley, K.M., Nguyen, T., Graham, I.D., SCI Guiding Principles Consensus Panel, & Gainforth, H.L. (2020). A review of reviews on principles, strategies, outcomes and impacts of research partnerships approaches: A first step in synthesising the research partnership literature. *Health Research Policy and Systems*, 18, Article 51. <https://doi.org/10.1186/s12961-020-0544-9>
- Jernigan, V.B.B., Jacob, T., Tribal Community Research Team, & Styne, D. (2015). The adaptation and implementation of a community-based participatory research curriculum to build tribal research capacity. *American Journal of Public Health*, 105(S3), S424–S432. <https://doi.org/10.2105/AJPH.2015.302674>
- Jones, L., Meade, B., Forge, N., Moini, M., Jones, F., Terry, C., & Norris, K. (2009). Begin your partnership: The process of engagement. *Ethnicity & Disease*, 19(4 sup6), 8–16.
- Key, K.D., Furr-Holden, D., Lewis, E.Y., Cunningham, R., Zimmerman, M.A., Johnson Lawrence, V., & Selig, S. (2019). The continuum of community engagement in research: A roadmap for understanding and assessing progress. *Progress in Community Health Partnerships: Research, Education, and Action*, 13(4), 427–434. <https://doi.org/10.1353/cpr.2019.0064>
- Kher, N., Molstad, S., & Donahue, R. (1999). Using humor in the college classroom to enhance teaching effectiveness in “dread courses.” *College Student Journal*, 33(3), 400–406.
- Korobkin, D. (1988). Humor in the classroom: Considerations and strategies. *College Teaching*, 36(4), 154–158. <https://doi.org/10.1080/87567555.1988.10532139>
- Ladany, N., Brittan-Powell, C.S., & Pannu, R.K. (1997). The influence of supervisory racial identity interaction and racial matching on the supervisory working alliance and supervisee multicultural competence. *Counselor Education and Supervision*, 36(4), 284–304. <https://doi.org/10.1002/j.1556-6978.1997.tb00396.x>
- Lepore, W., Hall, B.L., & Tandon, R. (2021). The Knowledge for Change Consortium: A decolonising approach to international collaboration in capacity-building in community-based participatory research. *Canadian Journal of Development Studies/Revue canadienne d'études du développement*, 42(3), 347–370. <https://doi.org/10.1080/02255189.2020.1838887>
- Lindsay, C.A., & Hart, C.M.D. (2017). Exposure to same-race teachers and student disciplinary outcomes for Black students in North Carolina. *Educational Evaluation and Policy Analysis*, 39(3), 485–510. <https://doi.org/10.3102/0162373717693109>
- Martinez-Torres, K., Boorum, O., Peredo, T. N., Camarata, S., & Lense, M.D. (2021). Using the Ecological Validity Model to adapt parent-involved interventions for children with autism spectrum disorder in the Latinx community: A conceptual review. *Research in Developmental Disabilities*, 116, Article 104012. <https://doi.org/10.1016/j.ridd.2021.104012>
- McGraw, D.M., Ebadi, M., Dalenberg, C., Wu, V., Naish, B., & Nunez, L. (2019). Consequences of abuse by religious authorities: A review. *Traumatology*, 25(4), 242–255. <https://doi.org/10.1037/trm0000183>
- McKenna, S.A., Iwasaki, P.G., Stewart, T., & Main, D.S. (2011). Key informants and community members in community-based participatory research: One is not like the other. *Progress in Community Health Partnerships: Research, Education, and Action*, 5(4), 361–362. <https://www.muse.jhu.edu/article/462763>
- McNeill, L.H., Reitzel, L.R., Escoto, K.H., Roberson, C.L., Nguyen, N., Vidrine, J.I., Strong, L.L. & Wetter, D.W. (2018). Engaging Black churches to address cancer health disparities: Project CHURCH. *Frontiers in Public Health*, 6(191), 1–11. <https://doi.org/10.3389/fpubh.2018.00191>
- Miller, E. (2016, July 31). *Partner violence and reproductive coercion among Native American women*. University of California Davis. <https://web.archive.org/web/20220121012623/https://ucdavis.pure.elsevier.com/en/projects/partner-violence-and-reproductive-coercion-among-native-american->

- Mohamed, B., Cox, K., Diamant, J., & Gecewicz, C. (2021, February 16). *Faith among Black Americans*. Pew Research Center. https://www.pewresearch.org/religion/wp-content/uploads/sites/7/2021/02/PF_02.16.21_Black.religion.report.pdf
- Molyneux, S., Kamuya, D., & Marsh, V. (2010). Community members employed on research projects face crucial, often under-recognized, ethical dilemmas. *The American Journal of Bioethics*, 10(3), 24–26. <https://doi.org/10.1080/15265161003708623>
- Newman, S.D., Andrews, J.O., Magwood, G.S., Jenkins, C., Cox, M.J., & Williamson, D.C. (2011, April 8). Community advisory boards in community-based participatory research: A synthesis of best processes. *Preventing Chronic Diseases*, 8(3), Article 70. http://www.cdc.gov/pcd/issues/2011/may/10_0045.htm
- Nyirenda, D., Sariola, S., Kingori, P., Squire, B., Bandawe, C., Parker, M., & Desmond, N. (2020). Structural coercion in the context of community engagement in global health research conducted in a low resource setting in Africa. *BMC Medical Ethics*, 21(1), Article 90. <https://doi.org/10.1186/s12910-020-00530-1>
- O'Connor, T.M., Perez, O., Beltran, A., García, I.C., Arredondo, E., Cardona, R.P., Cabrera, N., Thompson, D., Baranowski, T., & Morgan, P.J. (2020). Cultural adaptation of 'Healthy Dads, Healthy Kids' for Hispanic families: Applying the ecological validity model. *International Journal of Behavioral Nutrition and Physical Activity*, 17(1), Article 52. <https://doi.org/10.1186/s12966-020-00949-0>
- Orellano-Colón, E.M., Morales, F.M., Sotelo, Z., Picado, N., Castro, E.J., Torres, M., Rivero, M., Varas, N. & Jutai, J. (2017). Development of an assistive technology intervention for community older adults. *Physical & Occupational Therapy in Geriatrics*, 35(2), 49–66. <https://doi.org/10.1080/02703181.2017.1283656>
- Pearson, C.R., Parker, M., Zhou, C., Donald, C., & Fisher, C.B. (2019). A culturally tailored research ethics training curriculum for American Indian and Alaska Native communities: A randomized comparison trial. *Critical Public Health*, 29(1), 27–39. <https://doi.org/10.1080/09581596.2018.1434482>
- Perera, C., Salamanca-Sanabria, A., Caballero-Bernal, J., Feldman, L., Hansen, M., Bird, M., Hansen, P., Dinesen, C., Wiedemann, N., & Vallières, F. (2020). No implementation without cultural adaptation: A process for culturally adapting low-intensity psychological interventions in humanitarian settings. *Conflict and Health*, 14(1), Article 46. <https://doi.org/10.1186/s13031-020-00290-0>
- Pitt Clinical and Translational Science Institute. (2019). *Community partners research ethics training*. <https://ctsi.pitt.edu/education-training/community-partners-research-ethics-training/>
- Puffer, E.S., Pian, J., Sikkema, K.J., Ogwang-Odhiambo, R.A., & Broverman, S.A. (2013). Developing a family-based HIV prevention intervention in rural Kenya: Challenges in conducting community-based participatory research. *Journal of Empirical Research on Human Research Ethics*, 8(2), 119–128. <https://doi.org/10.1525/jer.2013.8.2.119>
- Redding, C. (2019). A teacher like me: A review of the effect of student–teacher racial/ethnic matching on teacher perceptions of students and student academic and behavioral outcomes. *Review of Educational Research*, 89(4), 499–535. <https://doi.org/10.3102/0034654319853545>
- Rodriguez Espinosa, P., & Verney, S.P. (2021). The underutilization of community-based participatory research in psychology: A systematic review. *American Journal of Community Psychology*, 67(3–4), 312–326. <https://doi.org/10.1002/ajcp.12469>
- Savage, B.M., Lujan, H.L., Thipparthi, R.R., & DiCarlo, S.E. (2017). Humor, laughter, learning, and health! A brief review. *Advances in Physiology Education*, 41, 341–347. <https://doi.org/10.1152/advan.00030.2017>
- Scribner, S.S., Poirier, R.F., Orson, W., Jackson-Beavers, R., Rice, B.T., Wilson, K., & Hong, B.A. (2020). Bridges to care and recovery: Addressing behavioral health and mental health needs through the faith community. *Journal of Religion and Health*, 59, 1946–1957. <https://doi.org/10.1007/s10943-020-00992-y>
- Serembus, J.F., & Kemery, D.C. (2020). Creating dynamic learning with Zoom. *Nurse Educator*, 45(6), 291–293. <https://doi.org/10.1097/NNE.0000000000000915>
- Sit, H.F., Ling, R., Lam, A.I.F., Chen, W., Latkin, C.A., & Hall, B.J. (2020). The cultural adaptation of Step-by-Step: An intervention to address depression among Chinese young adults. *Frontiers in Psychiatry*, 11(650), 1–14. <https://doi.org/10.3389/fpsy.2020.00650>
- Smith, A., Vidal, G.A., Pritchard, E., Blue, R., Martin, M.Y., Rice, L.J., Brown, G. & Starlard-Davenport, A. (2018). Sistas Taking a Stand for Breast Cancer Research (STAR) study: A community-based participatory genetic research study to enhance participation and breast cancer equity among African American women in Memphis, TN. *International Journal of Environmental Research and Public Health*, 15(12), 1–12.

Wallerstein, N., Muhammad, M., Sanchez-Youngman, S., Rodriguez Espinosa, P., Avila, M., Baker, E.A., Barnett, S., Belone, L., Golub, M., Lucero, M., Mahdi, I., Noyes, E., Nguyen, T., Roubideaux, Y., Sigo, R. & Duran, B. (2019). Power dynamics in community-based participatory research: A multiple-case study analysis of partnering contexts, histories, and practices. *Health Education & Behavior*, 46(1_suppl), 19S–32S. <https://doi.org/10.1177/1090198119852998>

Walton, Q.L., Campbell, R.D., & Blakey, J.M. (2021). Black women and COVID-19: The need for targeted mental health research and practice. *Qualitative Social Work*, 20(1–2), 247–255.

Ward, E., Wiltshire, J.C., Detry, M.A., & Brown, R.L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, 62(3), 185–194. <https://doi.org/10.1097/NNR.0b013e31827bf533>

Whitewater, S., Reinschmidt, K.M., Kahn, C., Attakai, A., & Teufel-Shone, N.I. (2016). Flexible roles for American Indian elders in community-based participatory research. *Preventing Chronic Diseases*, 13(E72), Article 150575. <https://doi.org/10.5888/pcd13.150575>

Woodson, A.N., & Bristol, T.J. (2020). Male teachers of color: Charting a new landscape for educational research. *Race Ethnicity and Education*, 23(3), 281–287. <https://doi.org/10.1080/13613324.2019.1663912>

Wright, K. (2001). *Religious abuse: A pastor explores the many ways religion can hurt as well as heal*. Wood Lake Publishing Inc.

Yonas, M.A., Jaime, M.C., Barone J., Valenti, S., Documét, P., Ryan, C.M., & Miller, E. (2016). Community partnered research ethics training in practice: A collaborative approach to certification. *Journal of Empirical Research on Human Research Ethics*, 11(2), 97–105. <https://doi.org/10.1177/1556264616650802>

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About the Authors

All authors are affiliated with the University of Pittsburgh's School of Social Work. Deborah J. Moon is an assistant professor. C. Bailey Nichols is a PhD candidate. John M. Wallace Jr. holds the David E. Epperson Endowed Chair and is a professor. He also serves as the vice provost for faculty diversity and development and the interim director of the Center on Race and Social Problems. Aliya D. Durham is an assistant professor, director of community engagement, and faculty affiliate for the Center on Race and Social Problems.