Research and Community approaches to adapting evidence-based interventions for diverse youth and families

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Overview

• The Research-to-Practice Gap in serving Diverse Families
• Limits of the Evidence in EBP
• Adapting EBPs to be culturally responsive
  • Research and Community approaches
• Practice-based evidence
The Research-to-Practice Gap

State of EBP Implementation
The Implementation Cliff - It takes 17 years for 14% of research to make its way into practice

Voltage Drop - Effect sizes fall when EBPs move from research to practice settings, and often do not outperform usual care

(Balas & Boren, 2000; Weisz et al., 2006; 2013)
Voltage Drop – A problem of fit?

EBP fidelity

Client diversity and complexity
The (Ir)relevance of research to practice

Only 4.5% of RCTs treated clinic-referred clients by community therapists.

EBPs may not fare as well with complex, comorbid cases. Racial/ethnic, socioeconomic, linguistic diversity is greater in routine care settings. Implementation conditions and providers vary substantially in routine care settings.

The evidence base from controlled trials of psychotherapies for Depression
Adapting EBP for Diverse Families
Research and Community Perspectives
Debate about the Need for Cultural Adaptation of EBPs

Caveats
- Limited evidence of EBP disparities
- Adaptations may compromise fidelity/effectiveness
- Inefficient proliferation of adapted treatments

Indications
- Reasonable risk of generalization failure
- Differential effectiveness
- Reduced engagement
- Diversity in problem etiology

(Huey & Polo, 2008; Hwang, 2006; Miranda et al., 2005; Lau, 2006)
Indications for Adaptation of Parent Training EBPs

Differential Engagement
Differential Efficacy/Effectiveness
Identified mechanisms of non-response
Parent Training With High-Risk Immigrant Chinese Families: A Pilot Group Randomized Trial Yielding Practice-Based Evidence

Anna S. Lau
Joey J. Fung
Lorinda Y. Ho
Lisa L. Liu
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Group Parent Training With Immigrant Chinese Families: Enhancing Engagement and Augmenting Skills Training

Anna S. Lau and Joey J. Fung
University of California, Los Angeles

Vanda Yung
Chinese Parents Association for the Disabled
PT Adaptation Strategies for immigrant families

Cultural Experience
- Beliefs and Values
- Learning History
- Risk and Resilience

Barriers
- Treatment acceptability
- Pace of skill acquisition
- Relevance of content

Adaptation Focus
- Enhancing engagement
- Intensify practice
- Supplemental skills training
Addressing Mechanisms of Non-Response in the Cultural Adaptation of EBPs: Augmenting adaptations

Engage
- Skills are not culturally native
- Attitudes may limit participation

Supplement
- Skills do not address relevant risk factors
- Persisting risk factors may prevent improvement

Intensify
- Skills are unfamiliar
- Standard PT dose is insufficient for skill acquisition

Supplemental Content
- Controlling upsetting thoughts
- Supporting Children’s Schooling
- Family Communication Training

Lau, 2012
Evidence for Cultural Adaptation of EBPs

Mean weighted effect sizes of Culturally Adapted EBPs:

Overall $g = 0.67$

Vs. No Tx Control $g = .81$

Vs. Standard EBP $g = .52$
Clinical Science: Adaptation as indicated and systematic

Researcher-driven Design-time Adaptations of EBPs

Researcher designed adaptations have been shown to be effective and incrementally more effective.

Resultant adapted EBPs are subject to the same implementation cliff and research to practice challenges

Cabassa & Baumann, 2013, Implementation Science
Community Implementation: Adaptation as necessary and inevitable

Therapist-Driven Run-Time Adaptations of EBPs

When EBPs are implemented in community MH settings how do therapists adapt?

How do spontaneous adaptations align with researcher-driven adaptations and intersect with EBP integrity?
A Natural Process

Context

Intervention

Adaptation is Inevitable...

Chambers, 2016
EBP Adaptations in Community Implementation

The “Value Equation” reconciling the fidelity-adaptation debate

What is the value of the EBP produced for patients, therapists, organizations, and systems?

An adaptation that decreases fidelity might result in more uptake by therapists and engagement among patients, might produce greater value.

von Thiele Schwarz, Aarons & Hasson, 2016
The 4KEEPS Study

A neutral, observational study investigating the sustainment of the multiple EBPs with a system-driven implementation in Los Angeles County.

How do therapists adapt EBPs in this context?
Child-Parent Psychotherapy

Seeking Safety

Cognitive Behavioral Intervention for Trauma in Schools

Managing and Adapting Practice

Trauma-focused CBT

Positive Parenting Program
Learning about EBP Adaptations from LACDMH Therapists

Therapist Report of Adaptations to Delivery of Evidence-Based Practices Within a System-Driven Reform of Publicly Funded Children’s Mental Health Services

Qualitative Reports of How and When Therapists Adapt Children’s Evidence-Based Practices during Community Implementation

How community therapists describe adapting evidence-based practices in sessions for youth: Augmenting to improve fit and reach
Study 1: Surveying LACDMH Therapists about Adaptations

Engage

Supplement

Intensify

Augmenting

Modify presentation
Integrate supplemental content
Lengthen/extend pacing

Reducing

Remove/skip components
Shorten/condense pacing
Adjust order of sessions/components

Lau et al. 2018
Therapists Reported More Augmenting Adaptations

Mean Extensiveness

**Augmenting**
- Modify presentation
- Supplement content
- Lengthen pacing

**Reducing/Reordering**
- Omit components
- Shorten pacing
- Adjust order

Lau et al., 2018 JCCP
Predictors of Therapist Reported Adaptations

Augmenting
- Hispanic Therapists
- Newer Therapists

Reducing/Reordering
- Negative Perception of EBP
- Seeking Safety delivery

Mean Composite

Augmenting
- Hispanic Therapists
- Newer Therapists

Reducing/Reordering
- Negative Perception of EBP
- Seeking Safety delivery

Lau et al., 2018 JCCP
Study 2: LACDMH Therapists’ Reasons for Adapting

(Barnett et al., 2018, *Journal of Clinical Child and Adolescent Psychology*).
some of the original [treatment] design might not fit well for our clients, so we’re trying to figure out how to translate the words in a way that is more meaningful, more easy to understand for my clients.

There’s a lot of traditional Chinese values that we need to take into consideration. Let’s say, how do they want to process the trauma. Do they feel comfortable with the process with us, or they feel more comfortable with their own supporting network so that we need to change our approach?

I have little kids go through trauma. A lot of things like cognitive processing, those things, it will be a little bit tricky to do it, because we need to meet his developmental level. Some of it is really too hard.

we talk about a lot of cultural issues but in terms of trauma, really, we just kind of take their pace, which is really to slow down. We slow down.
Study 3: Therapists Describe Adapting in Session

How do therapists describe adaptations to EBPs at the session-level?

How are distinct types of therapist adaptations associated with EBP strategy delivery at the session-level?
Study 3: Methods

1. 103 therapists described adaptations in 680 sessions for 273 clients

2. Therapists indicated whether or not they adapted the EBP
   - “In this session, did you adapt ____ for this client? If yes, please describe how you adapted ____ for this session:”
   - Session-level Adaptations Coding Manual included 13 codes

3. Coded extensiveness of EBP strategy delivery via EBP Concordant Care Assessment (ECCA)
Results: Frequency of Adaptation Types

680 sessions

- Adaptation: 393 (58%)
  - Modifying: 144 sessions (37%)
    - Modify: 141 (98%)
    - Translate: 8 (5%)
  - Integrating: 88 sessions (22%)
    - Integrate: 69 (78%)
    - Psycho-education: 17 (19%)
    - Combine services: 4 (5%)
  - Extending: 46 sessions (12%)
    - Repeat: 33 (72%)
  - Reducing: 77 sessions (20%)
    - Remove: 22 (29%)
  - Generalizing: 53 sessions (13%)
    - New problem focus: 10 (19%)
    - Modified setting: 43 (81%)

- No Adaptation: 286 (42%)
  - Unclassifiable: 46 sessions (12%)

Kim et al., 2020 Journal of Community Psychology
Yu et al., (2021)
Examples Modifying Presentation

“Created an art activity to give a visual of cognitive restructuring.”

“I used a board game, Candyland, to practice "I" statements; each color on the board was assigned a feeling state. We took turns – on my turn "I" modeled using "I" statements, on his turn I provided coaching after he shared an "I" statement.”

“I utilized a video to assist client in understanding the three parts of anxiety and teach about CBT.”
Examples of Extending Adaptations

“This client takes a lot of time to engage in creating her trauma narrative, especially in doing her own art/drawing for the narrative since she is so young. Due to this it will take longer for her to complete the narrative than typically needed for TF-CBT.”

“I had to go over skills several times, practice, model and work on focusing and client still appeared confused at times and disinterested.”

“…spending more time on cognitive practice skills due to client's difficulty grasping concepts.”
Practice Based Evidence: The Wisdom of Community Therapists

- Community therapists make similar adaptations to EBPs as Clinical Researchers
  - Augmenting > Reducing
- When attending to culture, community therapists Augment EBPs
  - Modifying presentation, Extending
- Modifying presentation was linked to more extensive EBP strategy delivery, but Extending was linked to less
- Therapists may need support to respond to client difficulties with EBP skills by leaning into rather than away from active teaching
In admiration of the hardworking therapists across Los Angeles County serving families and children
With website link


Without website link