



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

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Society of Clinical Child and Adolescent Psychology

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Overview

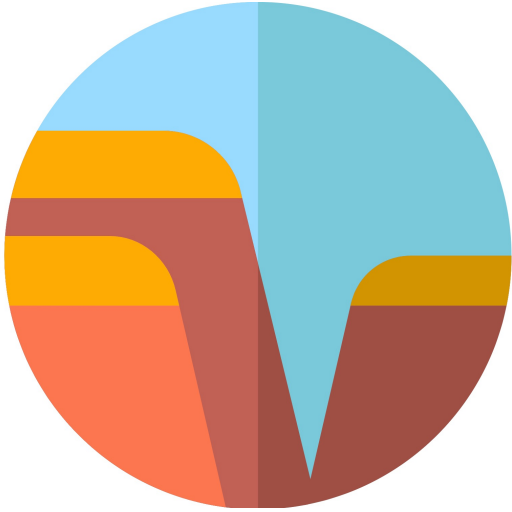
- The Research-to-Practice Gap in serving Diverse Families
- Limits of the Evidence in EBP
- Adapting EBPs to be culturally responsive
 - Research and Community approaches
- Practice-based evidence



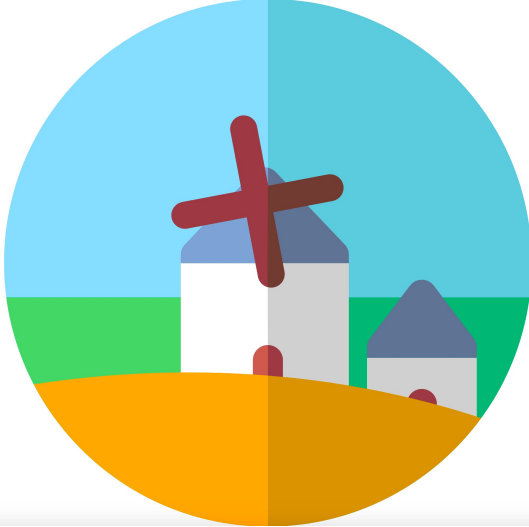


The Research-to-Practice Gap

State of EBP
Implementation



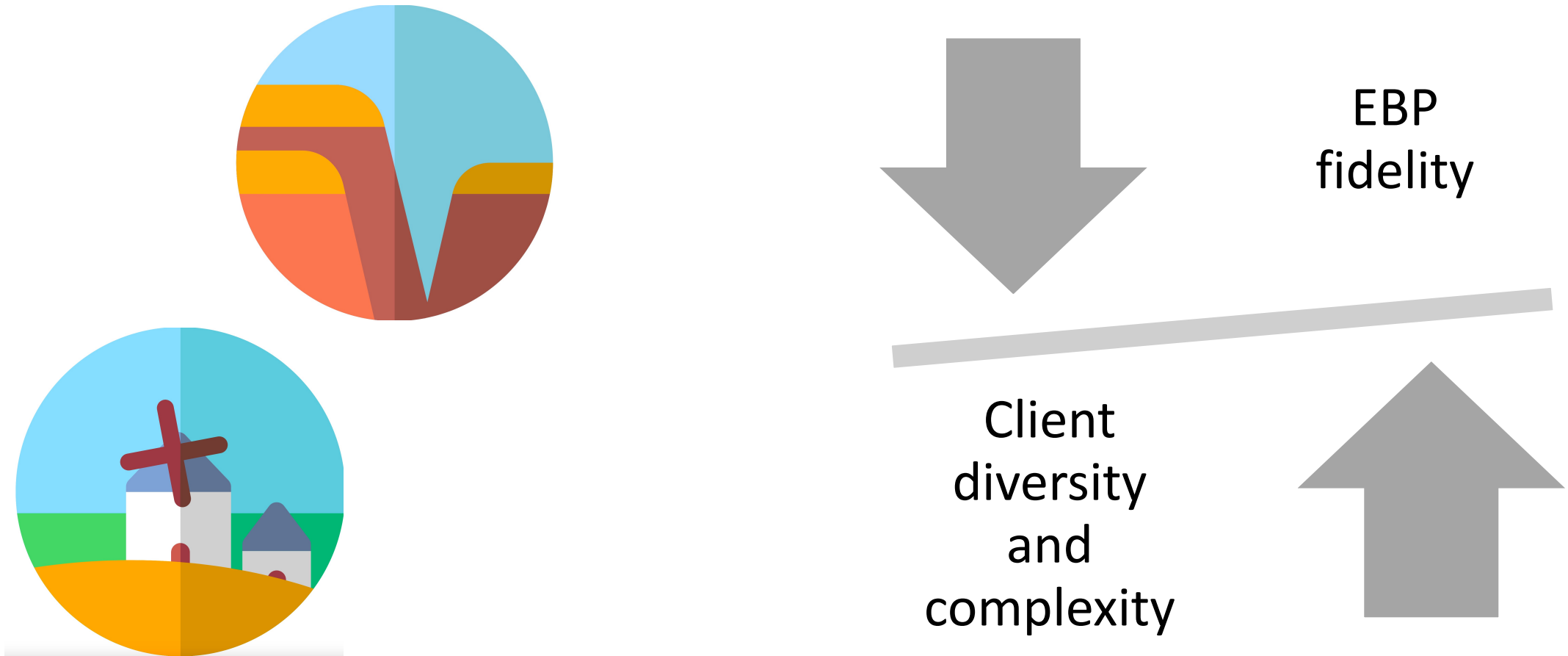
The Implementation Cliff - It takes 17 years for 14% of research to make its way into practice



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?



The (Ir)relevance of research to practice



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

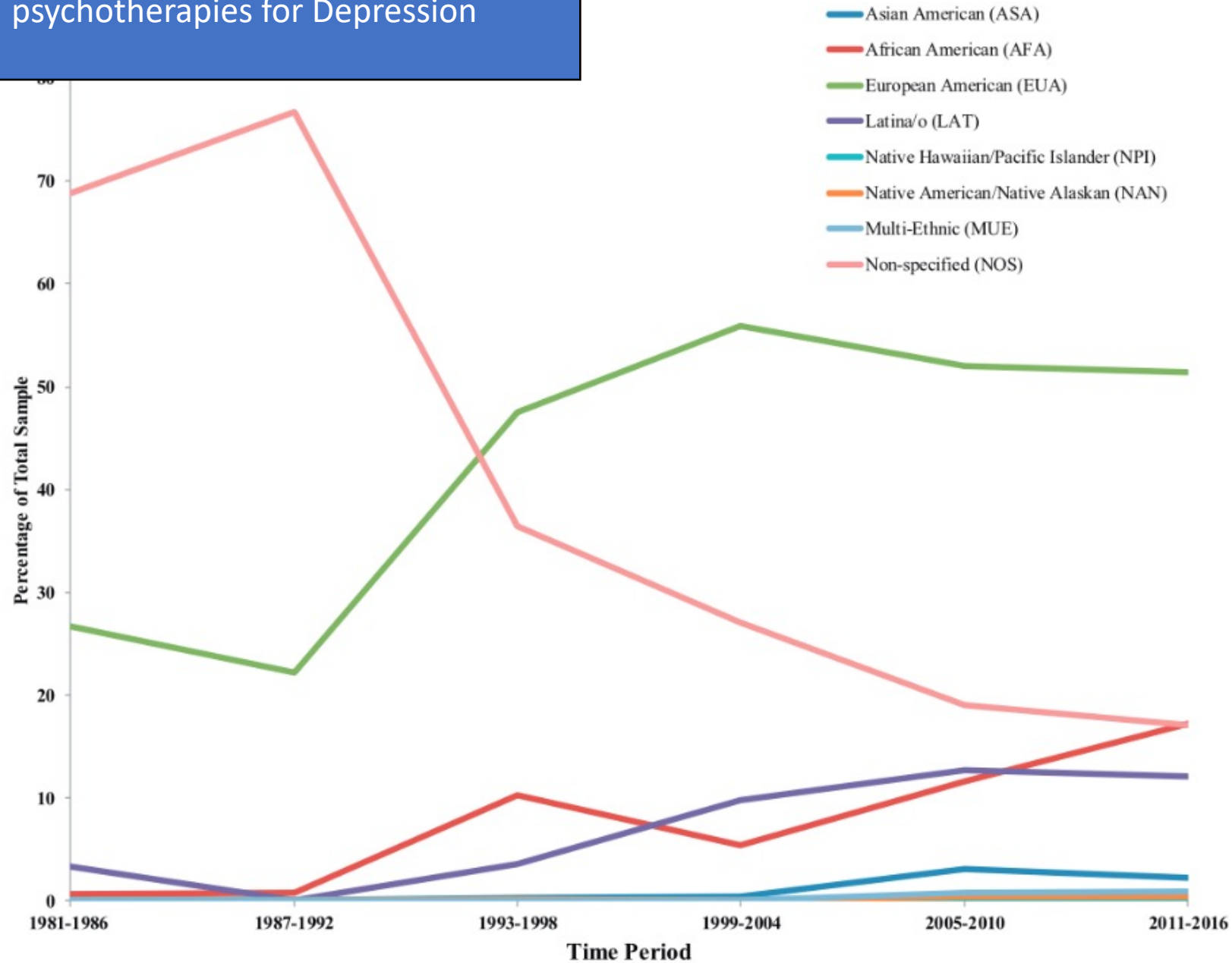
EBPs may not fare as well with complex, comorbid cases.

Racial/ethnic, socioeconomic, linguistic diversity is greater in routine care settings.

Implementation conditions and providers vary substantially in routine care settings.

(Weisz et al, 2013; 2019; Southam-Gerow et al., 2003, 2012)

The evidence base from controlled trials of psychotherapies for Depression





Adapting EBP for Diverse Families

Research and Community
Perspectives

(Past) 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

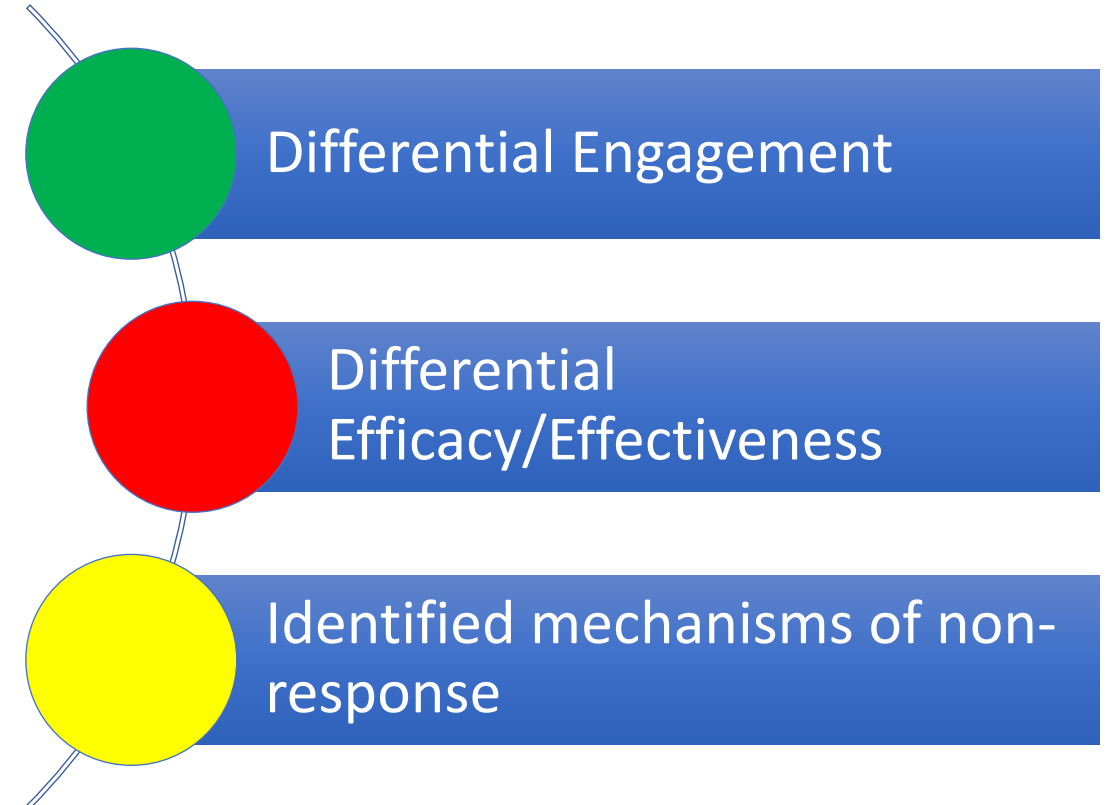
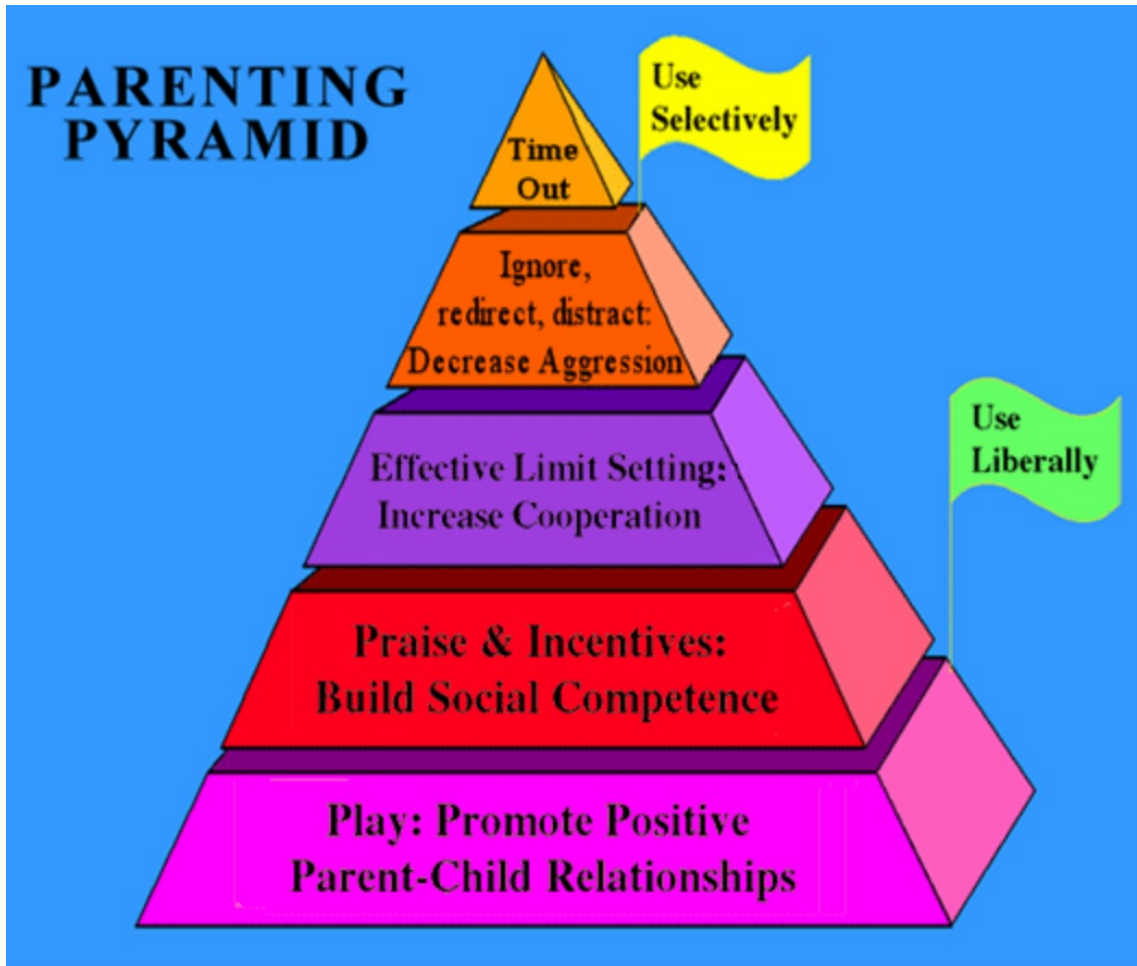
Differential effectiveness

Reduced engagement

Diversity in problem etiology

(Huey & Polo, 2008; Hwang, 2006; Miranda et al., 2005; Lau, 2006)

Indications for Adaptation of Parent Training EBPs



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

University of California, Los Angeles

Omar G. Gudiño

New York University School of Medicine

Group Parent Training With Immigrant Chinese Families: Enhancing Engagement and Augmenting Skills Training



Anna S. Lau and Joey J. Fung

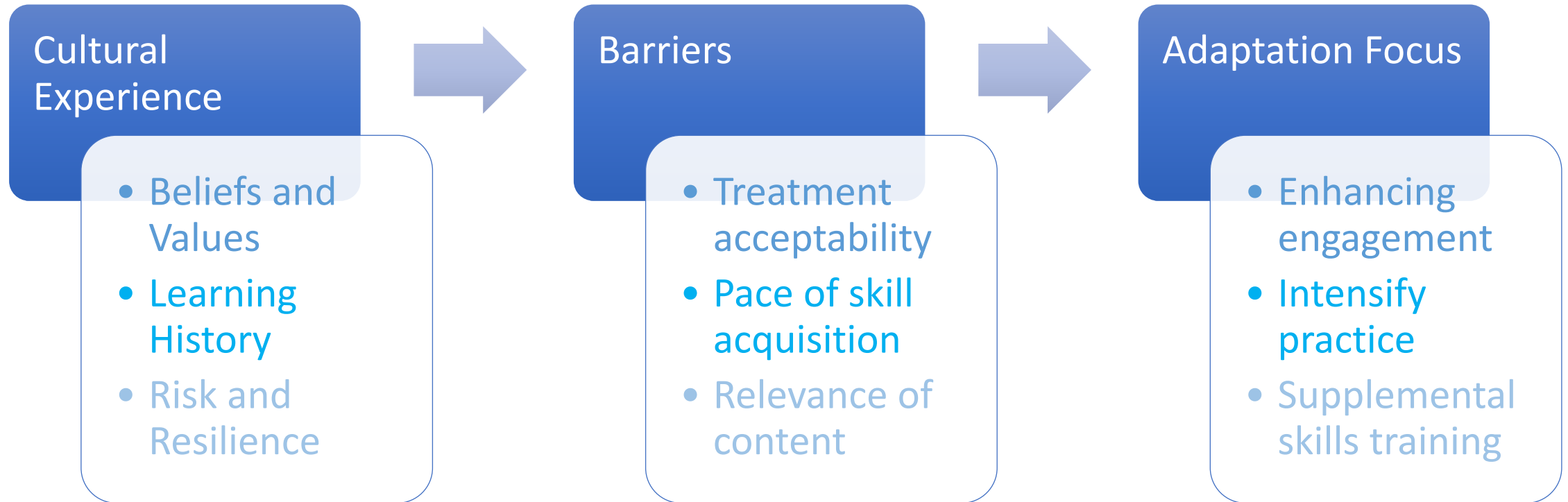
University of California, Los Angeles



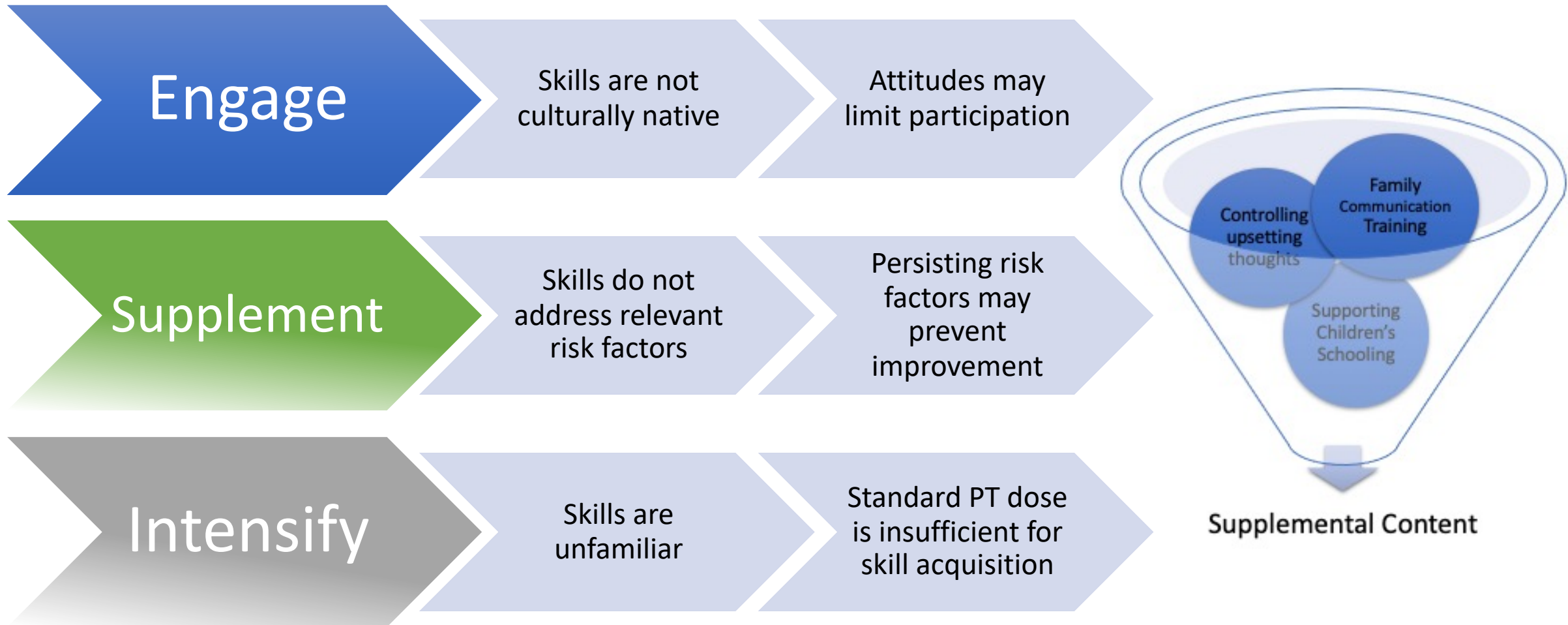
Vanda Yung

Chinese Parents Association for the Disabled

PT Adaptation Strategies for immigrant families



Addressing Mechanisms of Non-Response in the Cultural Adaptation of EBPs: Augmenting adaptations



Evidence for Cultural Adaptation of EBPs

A Meta-Analysis of Cultural Adaptations of Psychological Interventions

Gordon C. Nagayama Hall

Alicia Yee Ibaraki

Ellen R. Huang

University of Oregon

C. Nathan Marti

Eric Stice

Oregon Research Institute

Mean weighted effect sizes of Culturally Adapted EBPs:

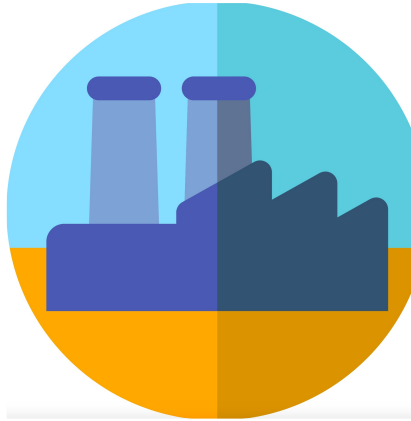
Overall $g = 0.67$

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



Community Implementation: Adaptation as necessary and inevitable

Therapist-Driven Run-Time Adaptations of EBPs



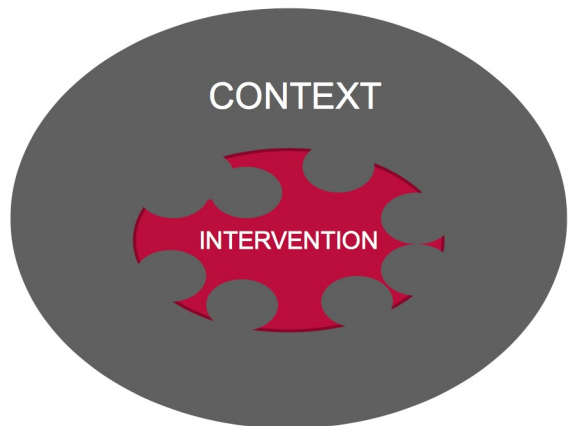
When EBPs are implemented in community MH settings how do therapists adapt?

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



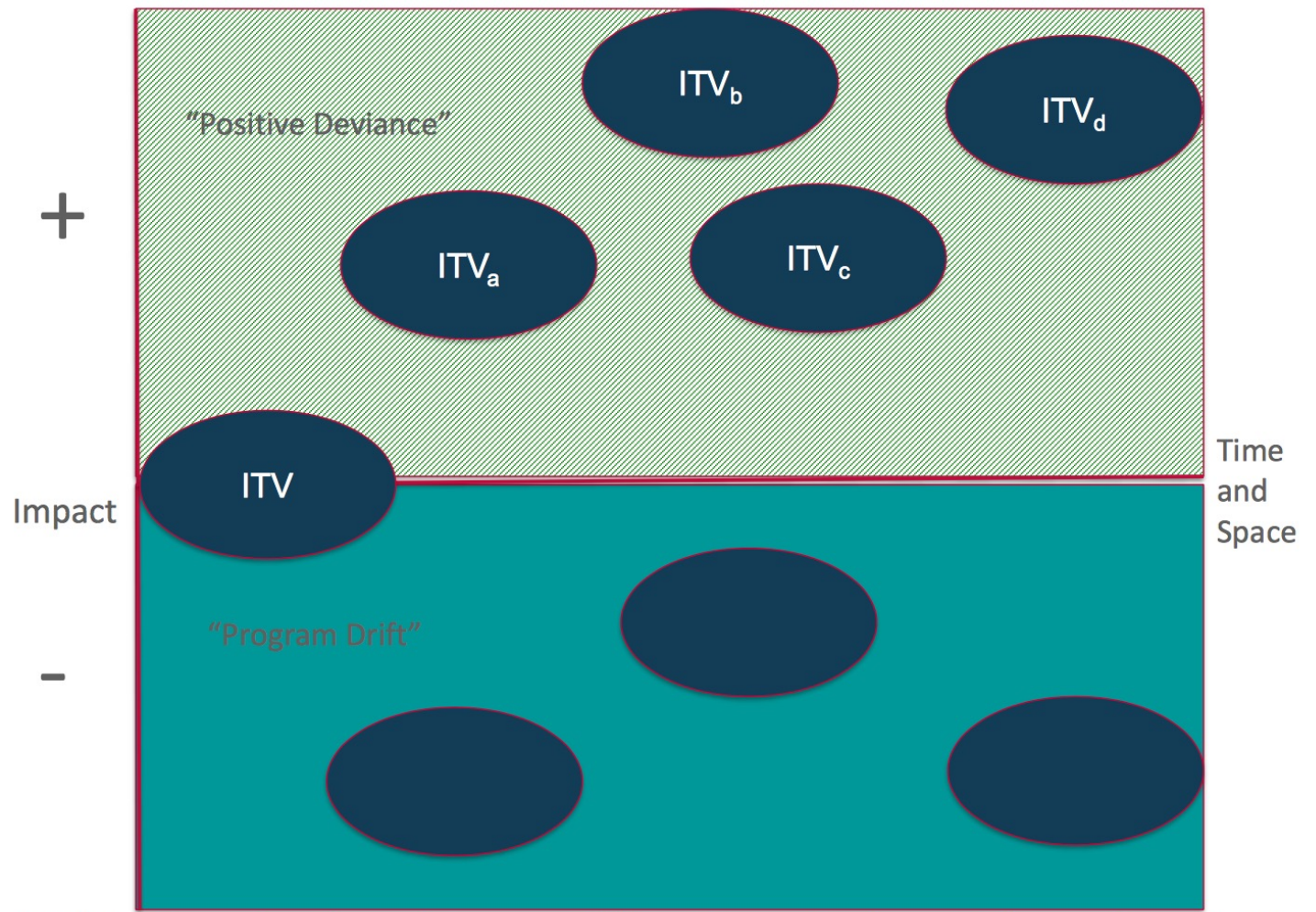
EBP Adaptations in Community Implementation

A Natural Process



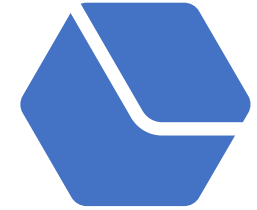
Adaptation is Inevitable...

Chambers, 2016



KEY: ITV = Intervention, Time and Space = variability of intervention characteristics over time and setting
NIH NATIONAL CANCER INSTITUTE

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

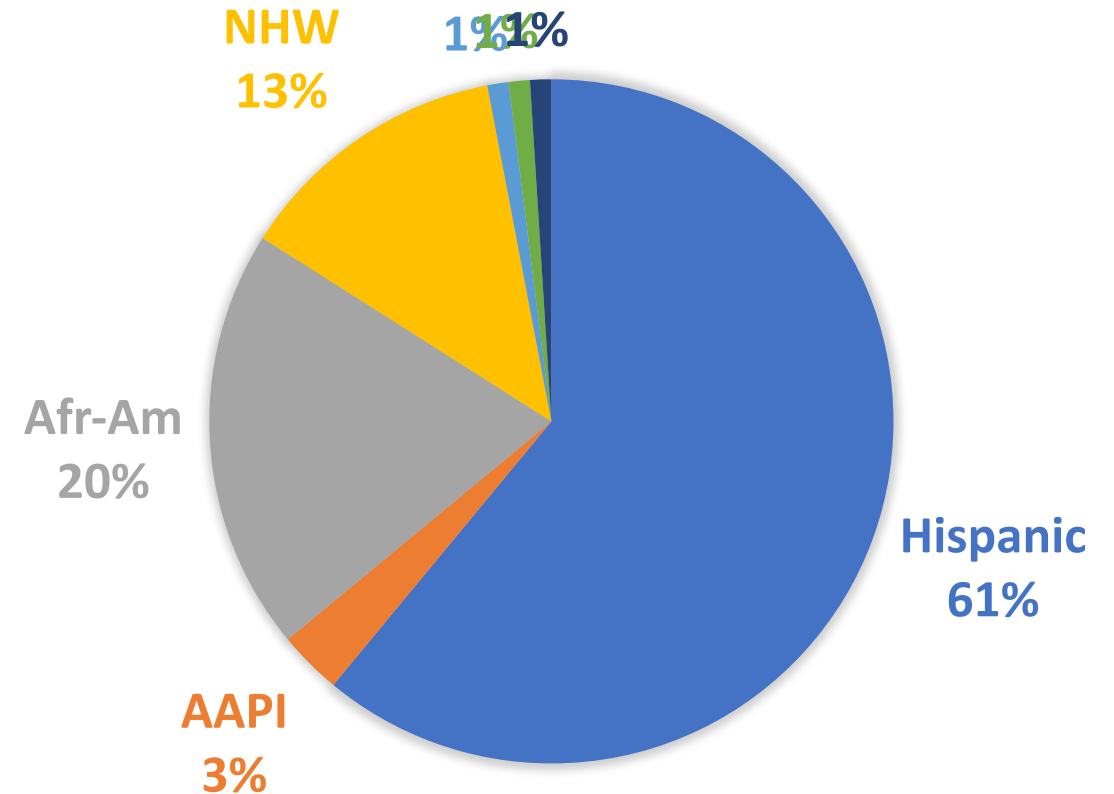
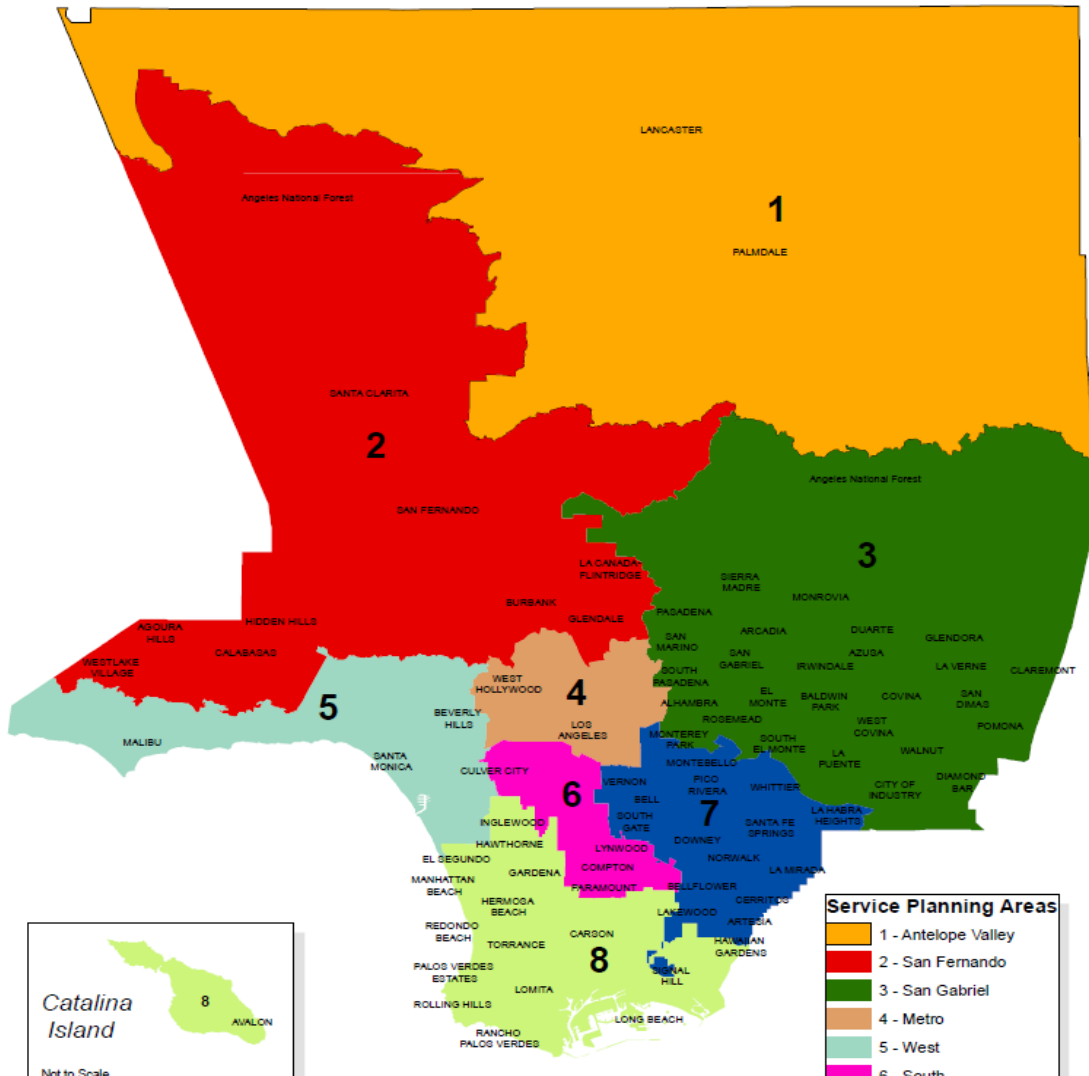
The 4KEEPS Study

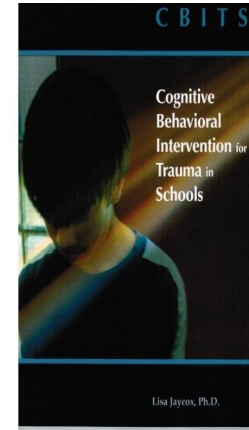
A neutral, observational study investigating the sustainment of the multiple EBPs with a system-driven implementation in Los Angeles County.

How do therapists adapt EBPs in this context?



Los Angeles County





**Cognitive Behavioral
Intervention for Trauma
in Schools**



**Managing and
Adapting Practice**



**Child-Parent
Psychotherapy**



Seeking Safety



**Trauma-focused
CBT**



**Positive Parenting
Program**


Learning about EBP Adaptations from LACDMH Therapists

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2017, Vol. 85, No. 7, 664–675

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0022-006X/17/\$12.00 <http://dx.doi.org/10.1037/ccp0000215>

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DOI: <https://doi.org/10.1080/15374416.2018.1485107>

 **Routledge**
Taylor & Francis Group

 Check for updates

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



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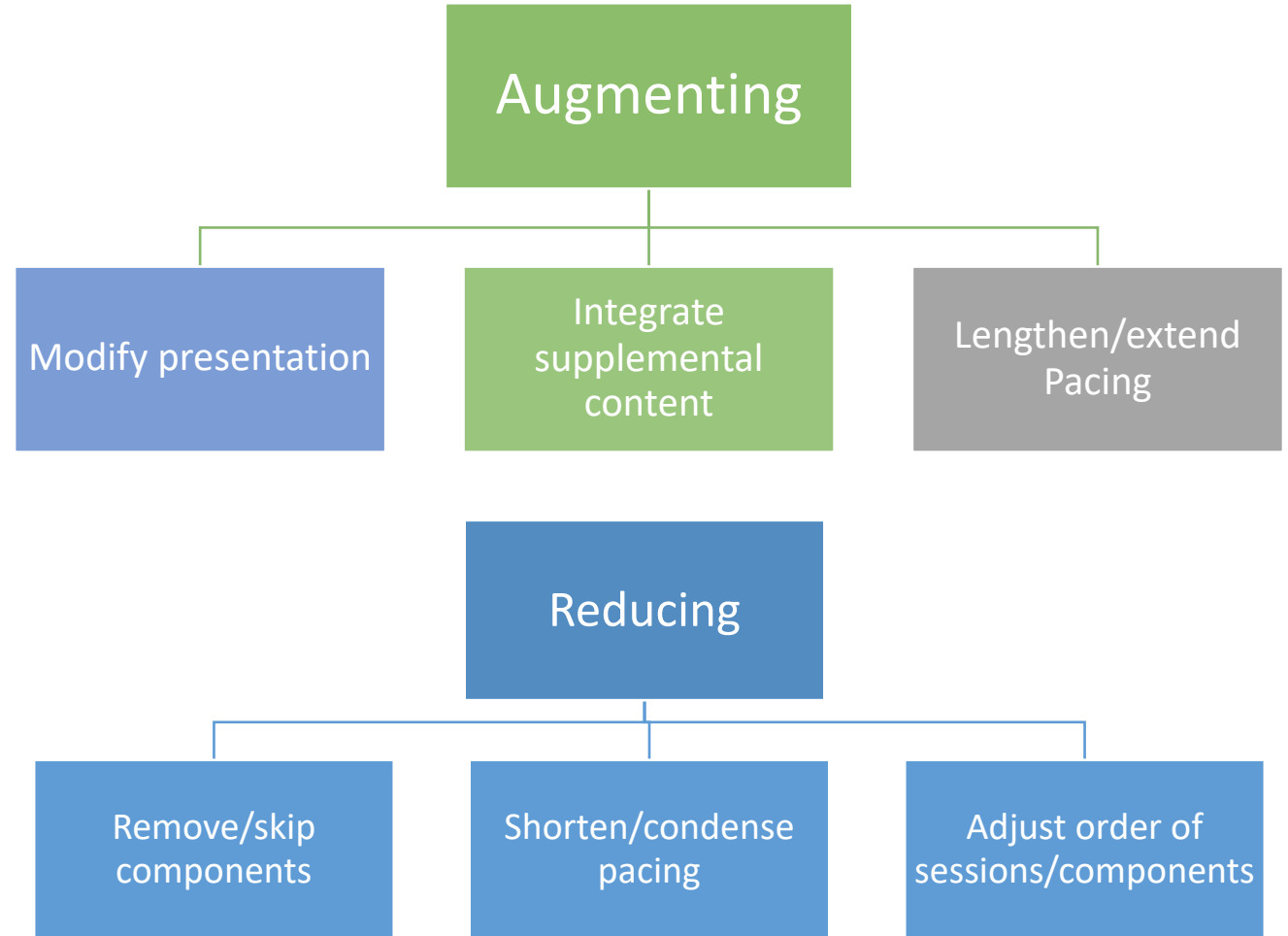
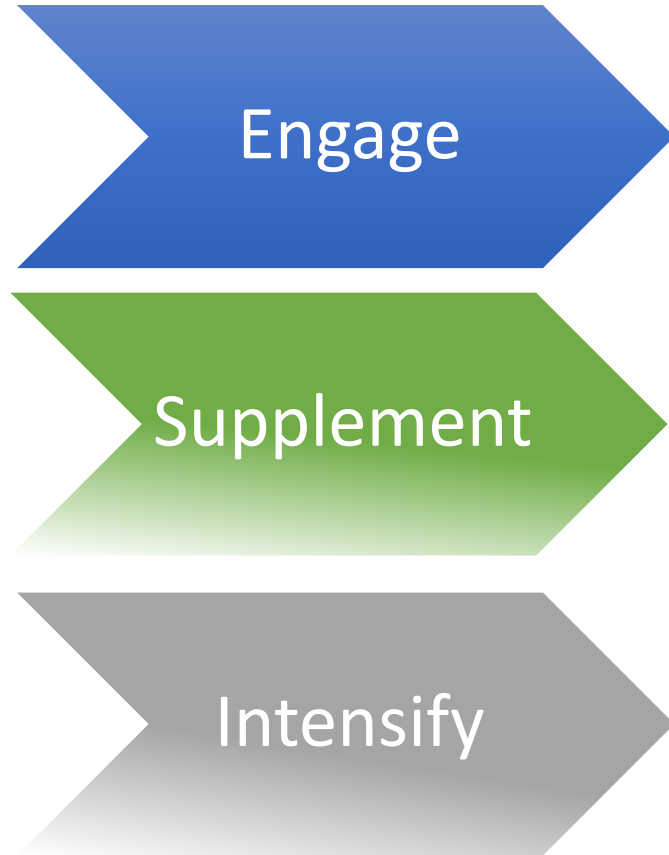
Therapist Adaptations to Evidence-Based Practices and Associations With Implementation Outcomes in Child Therapy Sessions

RESEARCH ARTICLE

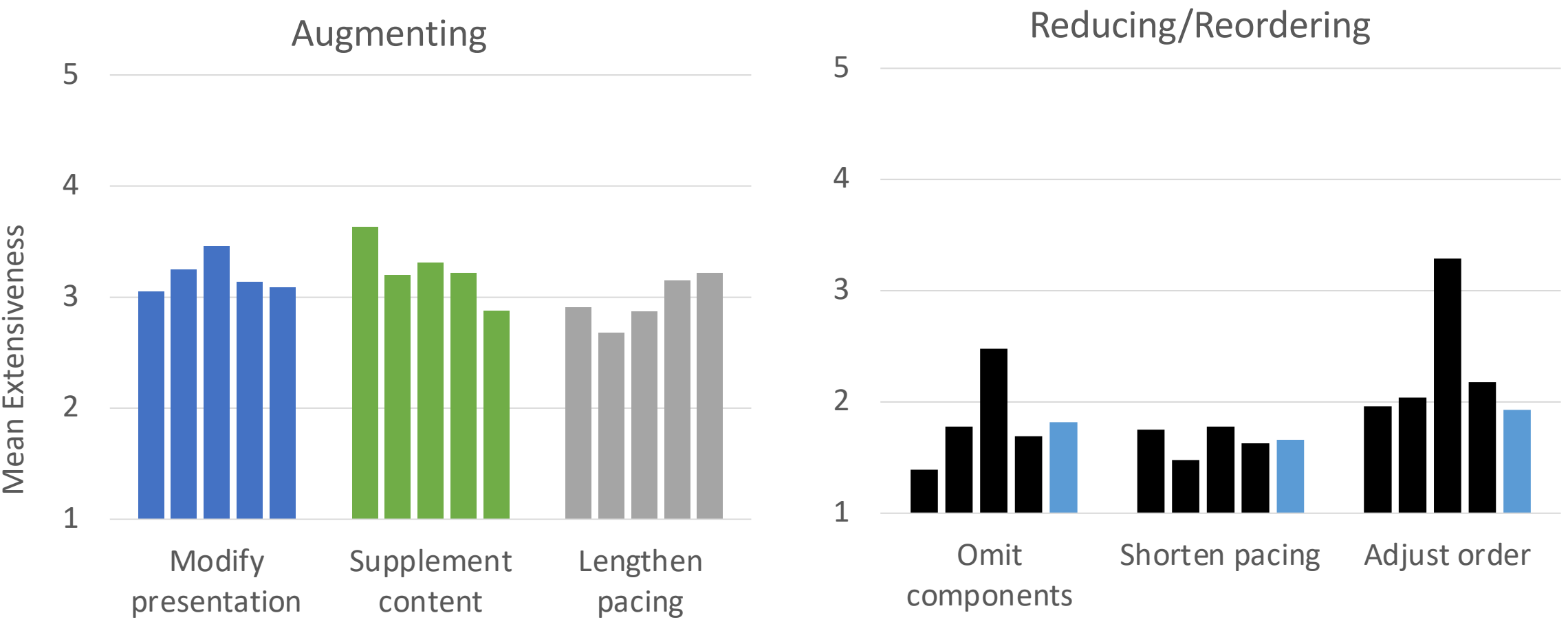
 **WILEY**

How community therapists describe adapting evidence-based practices in sessions for youth: Augmenting to improve fit and reach

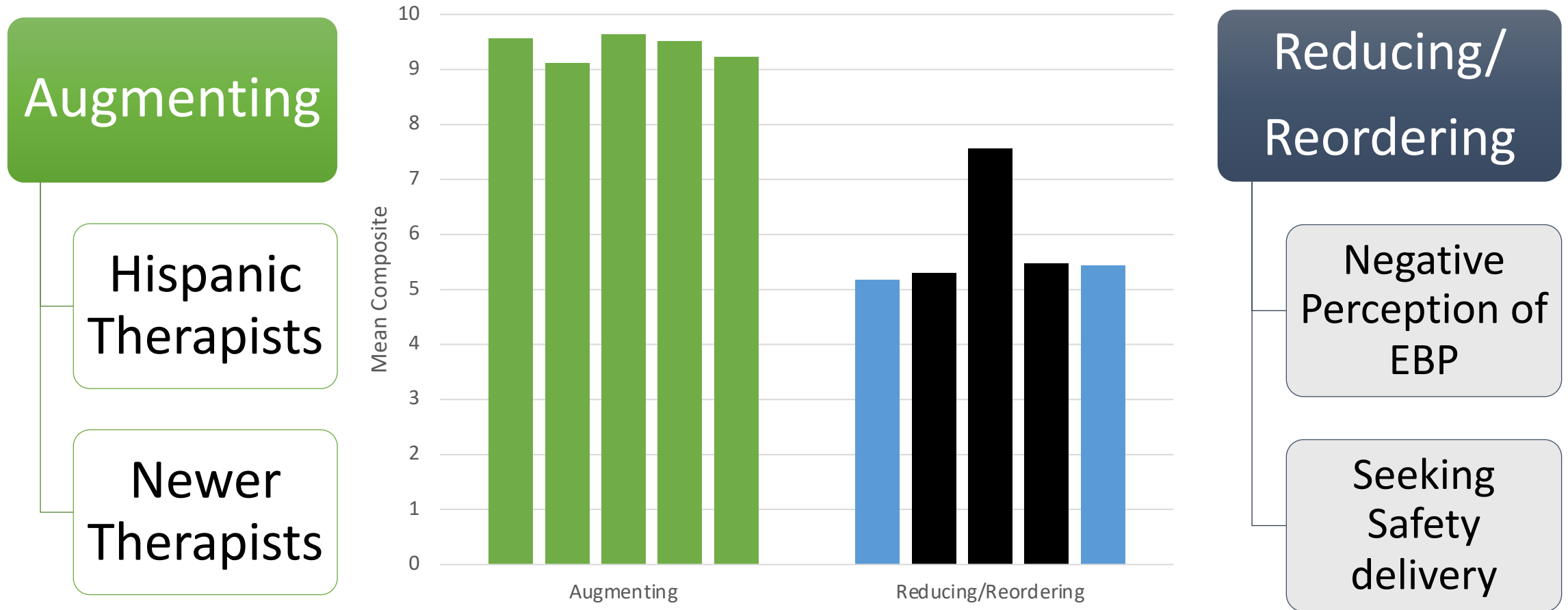
Study 1: Surveying LACDMH Therapists about Adaptations



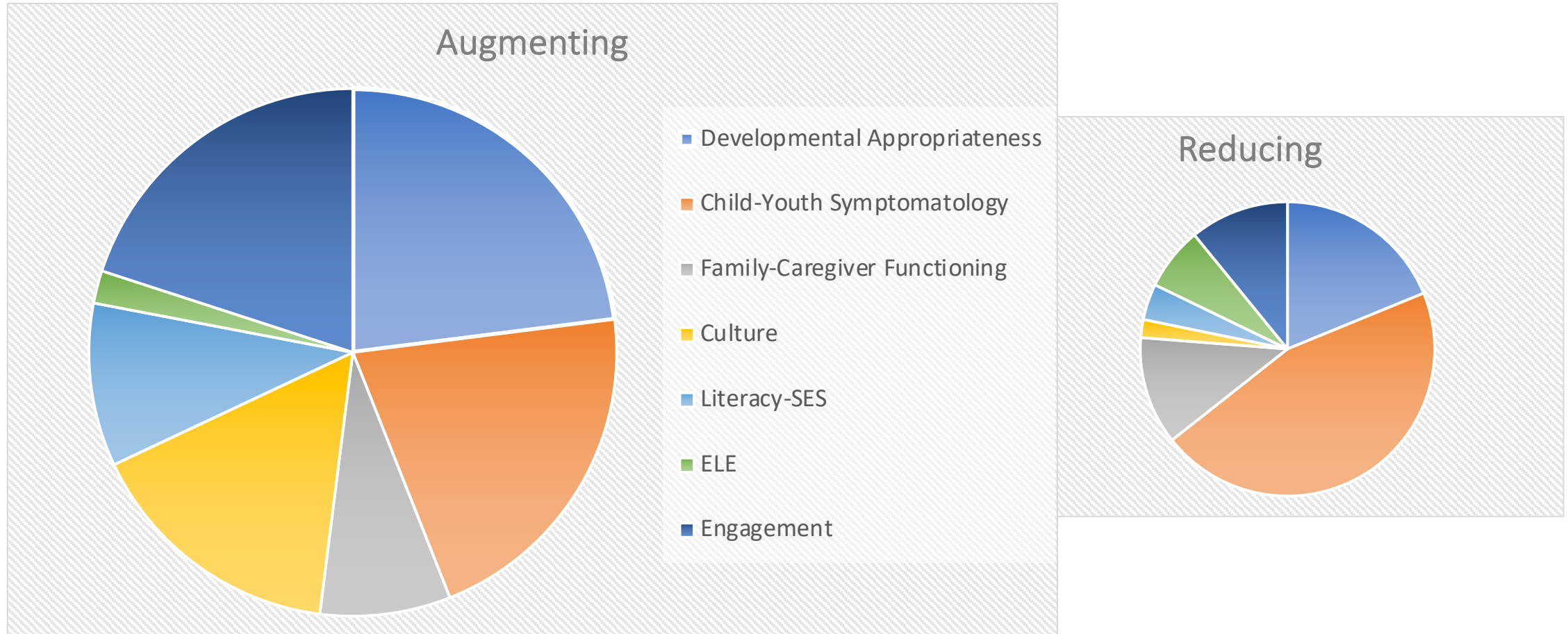
Therapists Reported More Augmenting Adaptations



Predictors of Therapist Reported Adaptations



Study 2: LACDMH Therapists' Reasons for Adapting



(Barnett et al., 2018, *Journal of Clinical Child and Adolescent Psychology*).

Therapist Interviews

Culture

Modify
Presentation

Developmental
Level

Extend Pacing

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

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.

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?

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

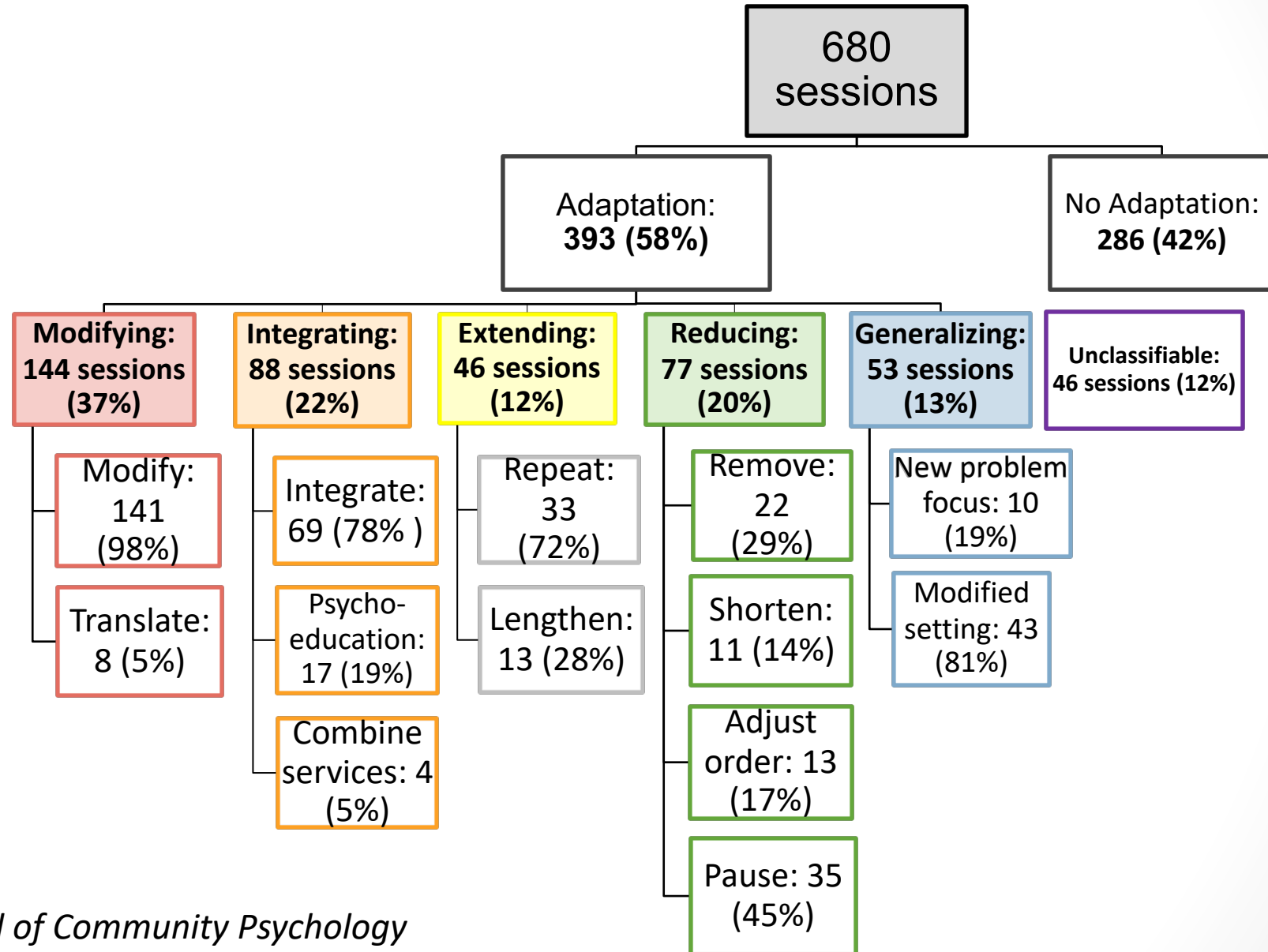
2

- 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

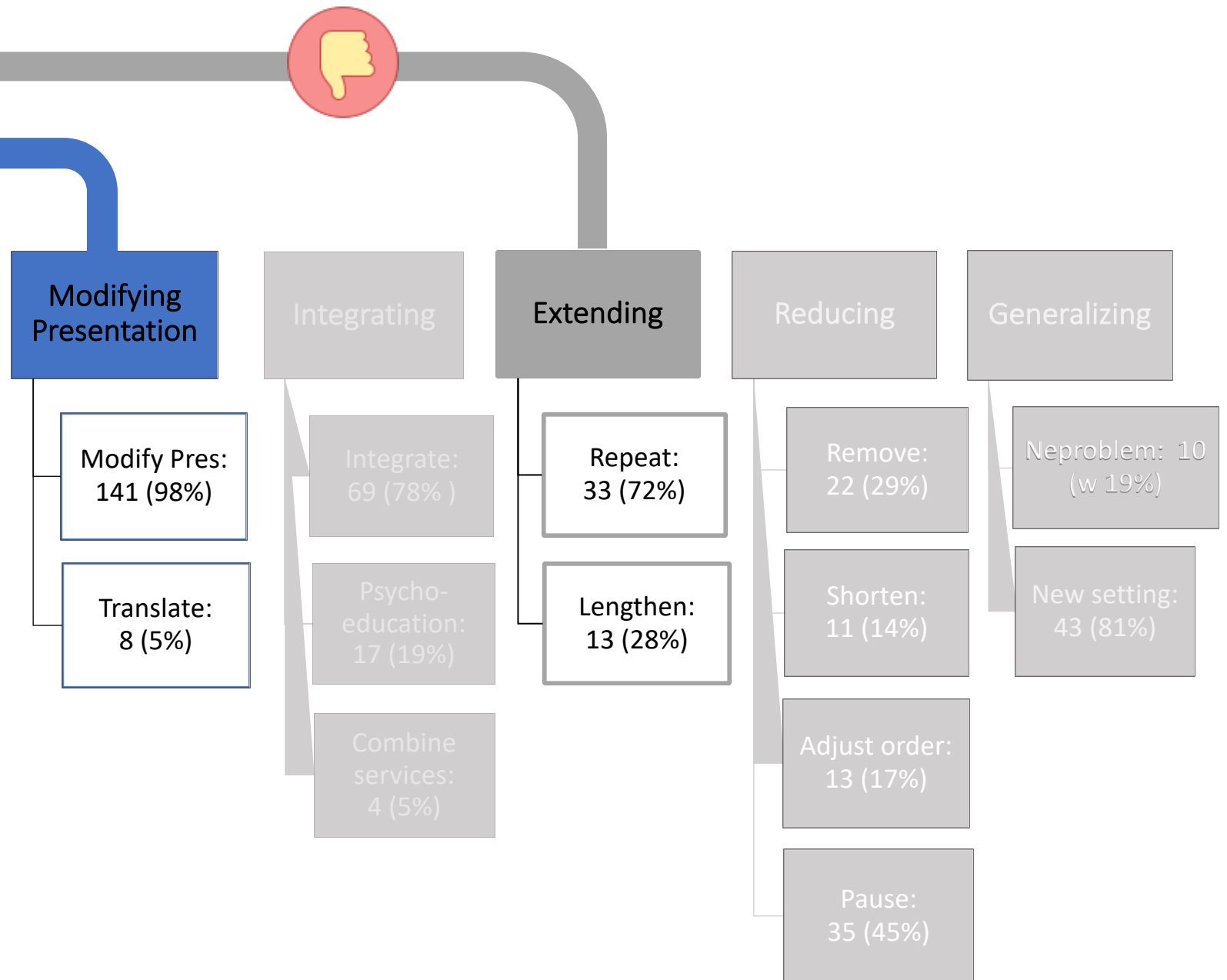
- Coded extensiveness of EBP strategy delivery via EBP Concordant Care Assessment (ECCA)

Results: Frequency of Adaptation Types





Extensive EBP Strategy Delivery



Yu et al., (2021)

Examples Modifying Presentation

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

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

“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.”

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."

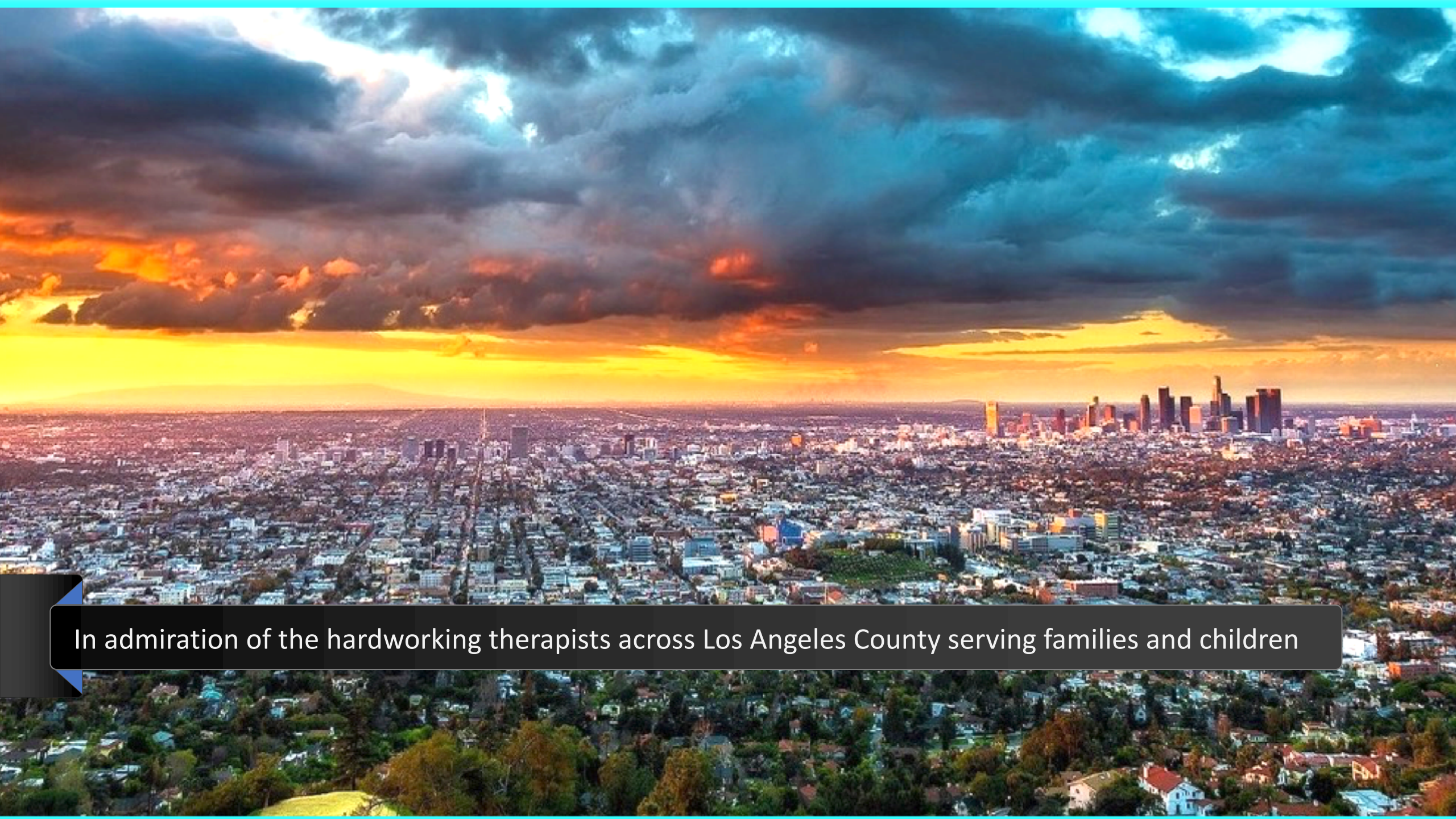
"...spending more time on cognitive practice skills due to client's difficulty grasping concepts."

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



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

Source Citation for this Presentation



With website link

- Lau, A.S. (2022). ***Research and Community Approaches to Adapting Evidence-based Interventions for Diverse Youth and Families*** [PowerPoint slides]. Retrieved from <https://sccap53.org/resources/education-resources/webinars/>

Without website link

- Lau, A.S. (2022). ***Research and Community Approaches to Adapting Evidence-based Interventions for Diverse Youth and Families*** [PowerPoint slides]. Webinar sponsored by the Society of Clinical Child and Adolescent Psychology, Division 53 of the American Psychological Association. New York, NY.