

Disclosures

I have no conflicts of interest or disclosures to report.



Please introduce yourself in the chat

- Your name
- Your pronouns
- Your position
- Your affiliation
- One cultural practice of your racial-ethnic group, such as special food, music, or custom



Agenda

Evidence-based treatments (EBTs)

Models of cultural adaptation

Culturally adapted treatments (CATs)

Clinical application



Learning objectives

- 1. Describe three conceptual models of cultural adaptation
- 2. List three clinical situations when it might be appropriate to culturally adapt treatment
- 3. List six ways to culturally adapt treatment for ethnic-racial minoritized youth



race – the categorization of oneself or others to a specific racial group



race – the categorization of oneself or others to a specific racial group

ethnicity – the *categorization* of oneself or others to a group with unique cultural and social heritage and practices



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culture – attitudes, beliefs, norms, roles, and self-definitions shared and practiced by particular social groups



Are evidence-based treatments (EBTs) effective for racial-ethnic minoritized youths?





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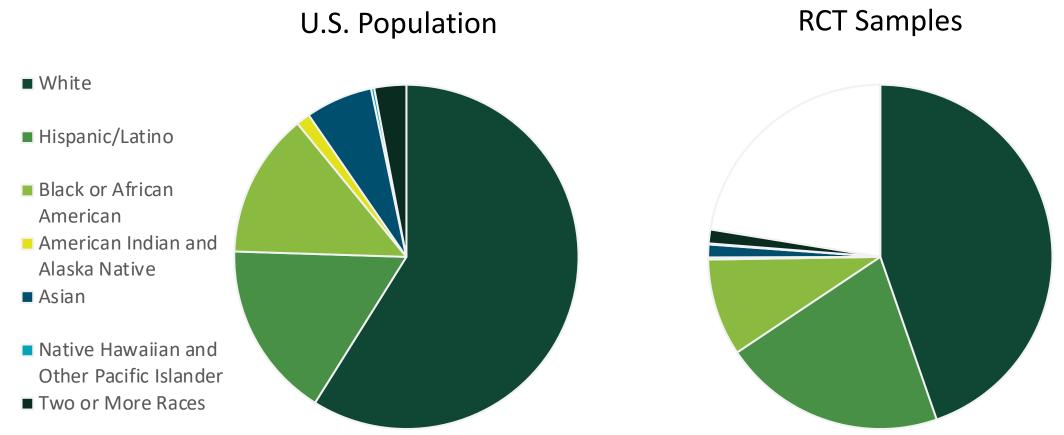
evidence-based treatment – a treatment that research has found to be efficacious





Who is included in youth treatment studies?





Polo, A. J., Makol, B. A., Castro, A. S., Colón-Quintana, N., Wagstaff, A. E., & Guo, S. (2019). Diversity in randomized clinical trials of depression: A 36-year review. Clinical Psychology Review, 67, 22-35.







Which treatments are efficacious for minoritized youth?

Target Problem	Level 1: Well-established	Level 2: Probably efficacious	Level 3: Possibly efficacious	Level 4: Experimental	Level 5: Questionable
Anxiety	CBT (H/L)	None	None	CBT; anxiety management training (AfA)	None
Depression	None	IPT (H/L)	CBT (H/L)	CBT (AfA)	None
Disruptive behavior	MST (AfA) Family therapy (H/L)	CBT (AfA)	Parent training (H/L)	CBT; CCPT (H/L) Parent training (AsA)	None
Trauma	None	Resilient peer treatment (AfA)	Trauma-focused CBT (H/L)	Grief and Trauma Intervention (AfA)	None

Pina, A. A., Polo, A. J., & Huey, S. J. (2019). Evidence-based psychosocial interventions for ethnic minority youth: The 10-year update. Journal of Clinical Child & Adolescent Psychology, 48(2), 179-202.





Which treatments are efficacious for youth?

Level 1: Level 2: Level 3: Level 4: Level 5: **Target Problem** Well-established **Probably efficacious Possibly efficacious Experimental** Questionable Attention Training and CBT, Contingency Attention Training, Cognitive Behavior Therapy Assertiveness Training, Assessment/Monitoring, Behavioral Activation and Exposure, Exposure Attachment Therapy, Attention **Anxiety** (CBT), CBT and Medication, CBT for Child and Attention, Attention Training and Biofeedback Management (CM), Expression, Group Therapy, and PMT, Expressive Play, Psychoeducation: Training and CBT with Parents, Mindfulness and Physical Exercise, for Parent, CBT with Parents, Education, and Exposure, Behavior Therapy, Biofeedback, Parent Attention Training and Exposure, Modeling CBT and Expression, CBT and Family Therapy, Psychoeducation: Family Exposure, Attention Training CBT and Joint Attention/Empathetic & and Psychoeducation: Family, Emotional Engagement, CBT and Mindfulness, Biofeedback and CBT, CBT and Parent Management Training (PMT), Biofeedback and Relaxation, CBT with Parents and Medical Care, CBT with Case Management, CBT and Parents and Social Skills, CBT with Parents and Supportive Listening for Parent, Supportive Listening for Parent, CBT with Client Centered Therapy, Client Parents Only, Cognitive Training, Cultural Centered Therapy and Medical Storytelling, Hypnosis, Mindfulness, Care, Cognitive Behavioral Mindfulness and Motivational Interviewing Psychoeducation and (MI)/Engagement, Play Therapy, PMT, Medication, Exposure and Psychodynamic, Rational Emotive Therapy, Relaxation, Exposure and Social Relaxation, Self Verbalization, Social Skills, Skills, Eve Movement Stress Inoculation Desensitization and Reprocessing, Joint Attention/Empathetic & Emotional Engagement, Peer Pairing, Problem Solving, Psychoeducation, Psychoeducation: Teacher, Relationship Counseling

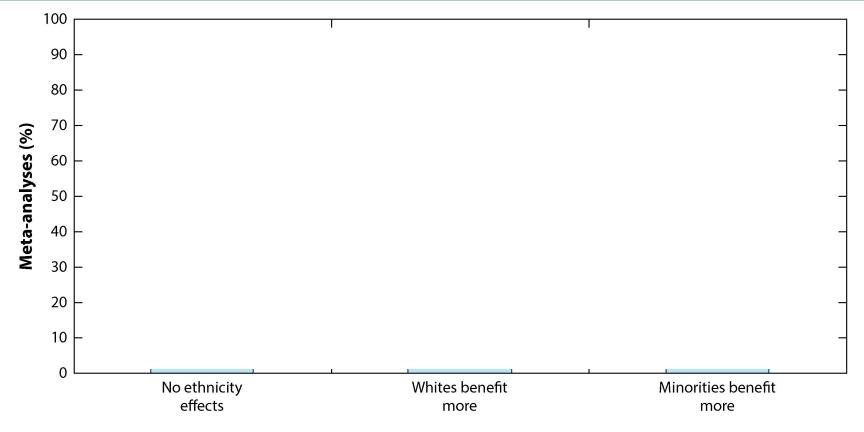
PracticeWise. (2024). Blue menu of evidence-based psychosocial interventions for youth. https://www.practicewise.com/Community/BlueMenu





Are EBTs effective for ethnic-racial minoritized youth?



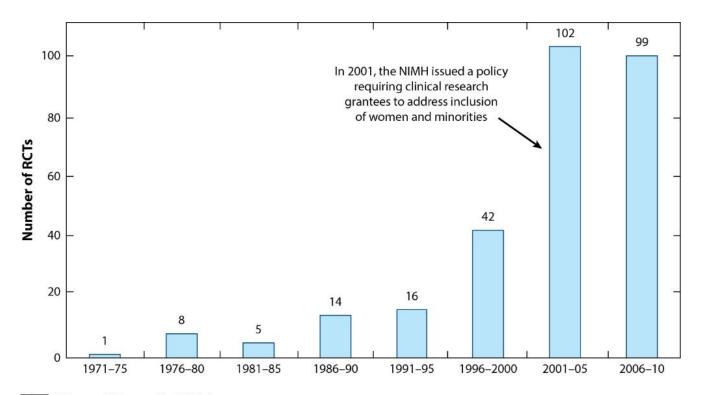


Huey SJ, et al. 2014.
Annu. Rev. Clin. Psychol. 10:305–38





Are EBTs effective for ethnic-racial minoritized youth?



Caveats

- Relatively few treatment studies include racial-ethnic minoritized participants
- Racial-ethnic minoritized samples have been largely Latine and Black
- Treatment studies have primarily used placebo or waitlist controls

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Models of cultural adaptation



race – the categorization of oneself or others to a specific racial group

ethnicity – the *categorization* of oneself or others to a group with unique cultural and social heritage and practices

culture – attitudes, beliefs, norms, roles, and self-definitions shared and practiced by particular social groups

evidence-based treatment – a treatment that research has found to be efficacious

culturally adapted treatment – a treatment that has been systematically modified to be more culturally compatible with a racial-ethnic group's beliefs, values, and practices





Selective and directed model



Selective
using evidence to
inform when to
culturally adapt
treatment



Directedusing evidence to
inform **how** to
culturally adapt
treatment

Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. Clinical Psychology: Science and Practice, 13(4), 295.







Heuristic model



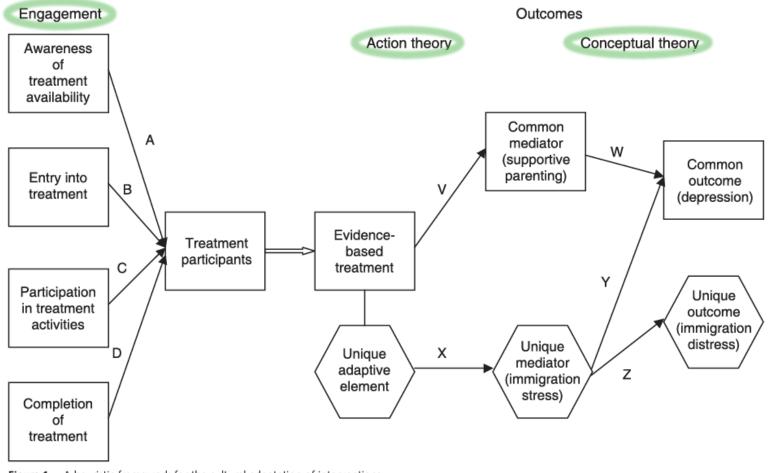


Figure 1. A heuristic framework for the cultural adaptation of interventions.

Barrera, M., Jr., & Castro, F. G. (2006). A Heuristic Framework for the Cultural Adaptation of Interventions. Clinical Psychology: Science and Practice, 13(4), 311–316.





Heuristic model



Selective

Directed

- -Engagement
- -Action theory
- -Conceptual theory

Barrera, M., Jr., & Castro, F. G. (2006). A Heuristic Framework for the Cultural Adaptation of Interventions. *Clinical Psychology: Science and Practice*, 13(4), 311–316.





Heuristic model



Selective



Directed

- -When client is at risk of low engagement
- -When client is not progressing as expected
- -When cultural factors influence progress

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Selective

- -When client is at risk of low engagement
- -When client is not progressing as expected
- -When cultural factors influence progress

Directed

- -Conceptualization
- -Message
- -Procedures
- -Therapeutic style
- -Communication
- -Change agents









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How information is framed (e.g., strengths based)







Selective

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Directed

- -Conceptualization
- -Message
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What is said by the clinician
(e.g., culturally appropriate label, metaphor)









Selective

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Directed

- -Conceptualization
- -Message
- -Procedures
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- -Communication
- -Change agents

What the clinician asks the client to do (e.g., communication skills, racial socialization)







Selective

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Directed

- -Conceptualization
- -Message
- -Procedures
- -Therapeutic style
- -Communication
- -Change agents

How the clinician behaves with the client (e.g., directive, collaborative)







Selective

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Directed

- -Conceptualization
- -Message
- -Procedures
- -Therapeutic style
- -Communication
- -Change agents

How the clinician delivers the message (e.g., storytelling, culturally relevant handouts)









Selective

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Directed

- -Conceptualization
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- -Communication
- -Change agents

Who is involved in treatment (e.g., grandparents, neighbors)





Are culturally adapted treatments (CATs) effective for racial-ethnic minoritized youths?









Reviewed 93 RCTs testing psychosocial treatments with racial-ethnic minoritized youths



Coded treatment groups for:

- Cultural adaptation
- "Winning" status



45% of CATs achieved "winning" status

Cultural adaptation was **not** associated with "winning" status

- Any cultural adaptation, p = .49
- Conceptualization, p = .87
- Message, p = .06
- Procedures, p = .38
- Therapeutic style, p = .11
- Communication, p = .85
- Change agent, p = .48





Meta-analysis	Design	Results
Benish et al. (2011)	21 studies comparing CATs with unadapted treatments for racial-ethnic minoritized youths and adults	CATs improved psychological functioning more than unadapted treatments (<i>d</i> = 0.32)
Griner & Smith (2006)	76 studies testing CATs for racial-ethnic minoritized youths and adults	CATs were associated with improved outcomes ($d = 0.45$) – moderated by age, racial diversity of sample, and language
Hodge et al. (2010a)	21 studies testing CATs for racial-ethnic minoritized youths with behavior problems	CATs achieved small beneficial effects ($g = 0.24$)
Hodge et al. (2010b)	11 studies testing CATs for Latine youths with behavior problems	CATs achieved small beneficial effects ($g = 0.18-0.20$)
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Huey (2013)	10 studies comparing CATs with unadapted treatments for racial-ethnic minoritized youths and adults	No differences in symptom reduction (d = 0.01) between CATs and unadapted treatments – explicit cultural adaptations were detrimental (d = -0.42)
Jackson et al. (2010)	7 studies testing CATs for reducing high risk behaviors among Black youths	CATs achieved moderate beneficial effects ($g = 0.35$)
Smith et al. (2011)	65 studies testing CATs for racial-ethnic minoritized youths and adults	CATs were associated with improved outcomes ($d = 0.46$) – moderated by age, sample diversity, and type of adaptation
Yuen (2004)	87 studies testing culturally adapted prevention programs for racial-ethnic minoritized youths	CATs were associated with positive effects (<i>d</i> = 0.31) – cultural adaptation was negatively related to positive effects





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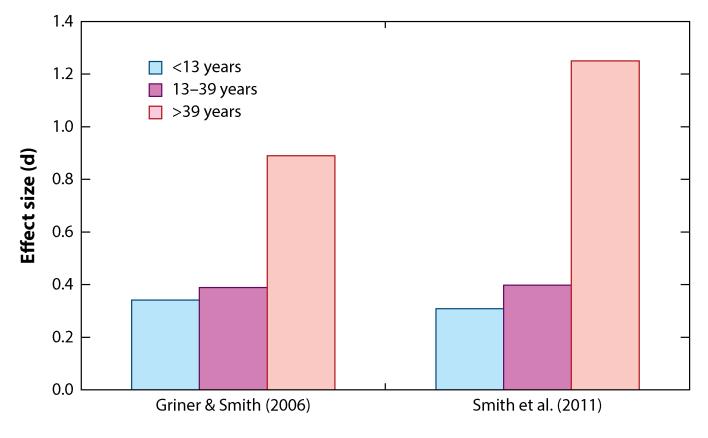


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Clinical application





Deliver evidence-based treatment



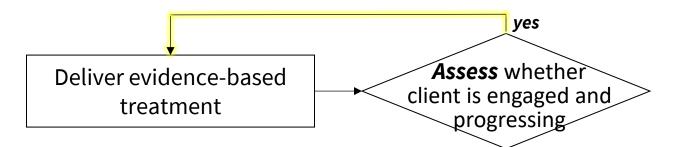


Deliver evidence-based treatment

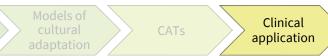
Assess whether client is engaged and progressing



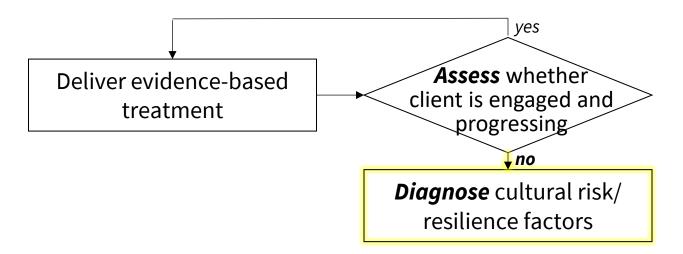






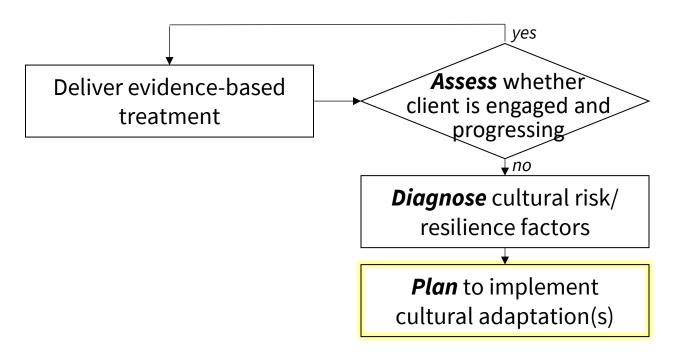






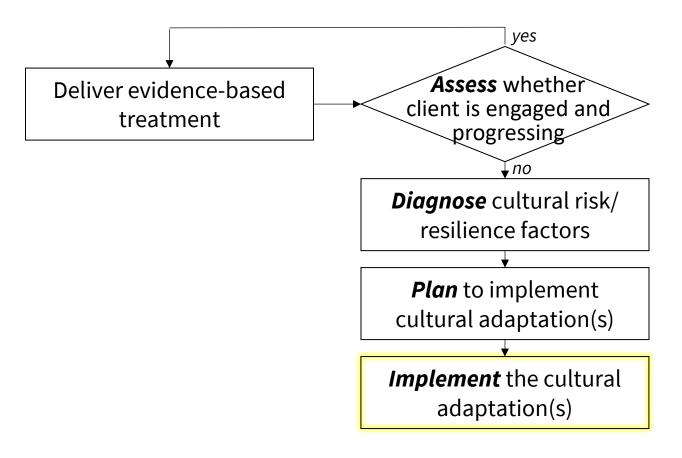






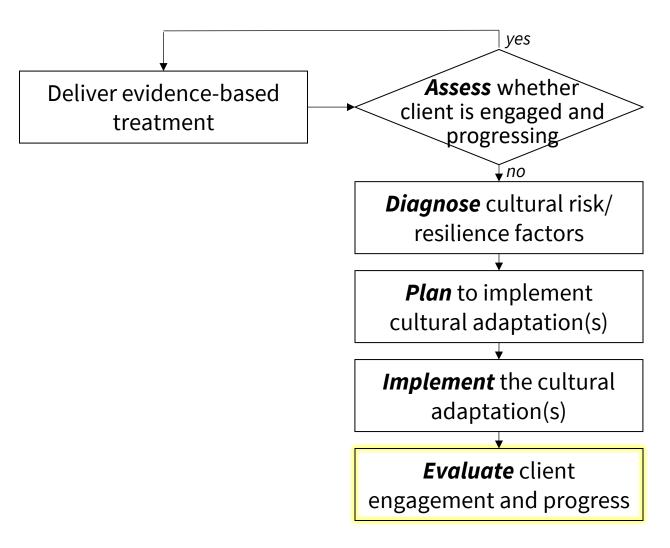








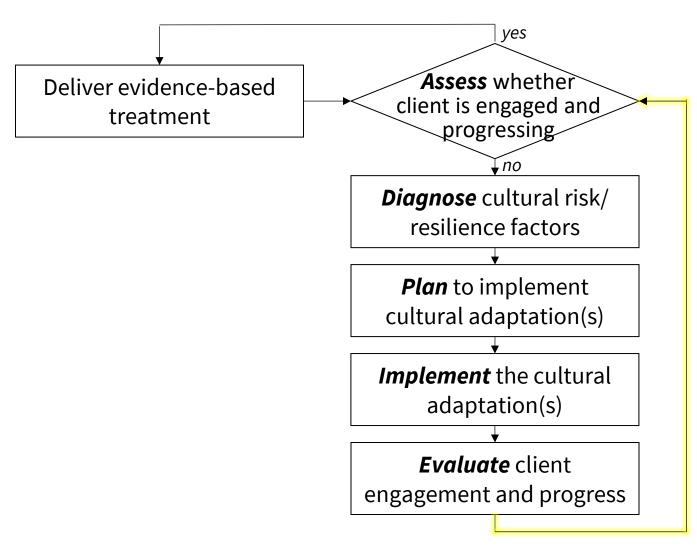








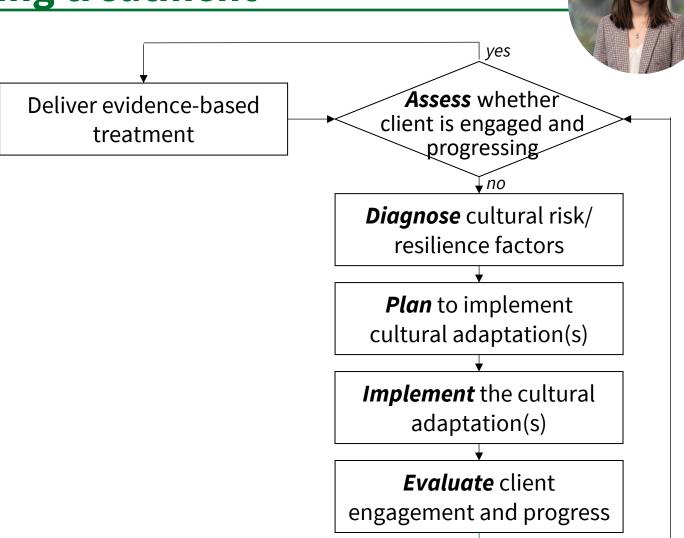






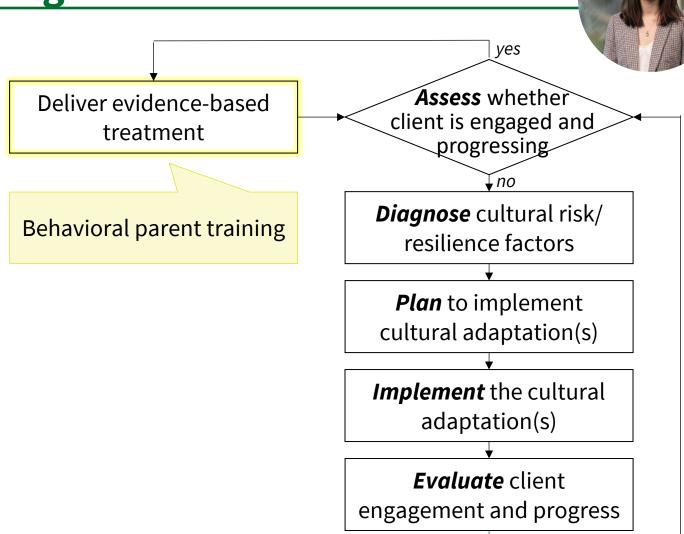


Daniela is a 7-year-old, Latina girl presenting with oppositional defiant disorder. After four weeks of working with Daniela's mother on reflecting, describing, and praising appropriate behavior, you recently shifted to working on ignoring temper tantrums. Daniela's mother and stepfather have noticed a recent increase in Daniela's temper tantrums, and Daniela's stepfather is concerned about whether treatment is helping.





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Deliver evidence-based treatment

Working Alliance Inventory (Hatcher & Gillaspy, 2006) scores decreased from 44 (prior session) to 37 (current session) Assess whether client is engaged and progressing

ves

Diagnose cultural risk/ resilience factors

no

Plan to implement cultural adaptation(s)

Implement the cultural
 adaptation(s)







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Deliver evidence-based treatment

- Familismo value that emphasizes being loyal to family
- Machismo men should protect and defend their families
- Marianismo women should be nurturing

Assess whether client is engaged and progressing

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Diagnose cultural risk/ resilience factors

Ino

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Deliver evidence-based treatment

- Invite stepfather to join treatment sessions (change agent)
- Provide psychoeducation about disruptive behavior to stepfather (procedures)
- Say "delaying attention" instead of "ignoring" (message)

Assess whether client is engaged and progressing

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ves **Assess** whether Deliver evidence-based client is engaged and treatment progressing no **Diagnose** cultural risk/ Working Alliance Inventory resilience factors scores increase from 37 (prior session) to 41 **Plan** to implement (current session) cultural adaptation(s) *Implement* the cultural adaptation(s) **Evaluate** client engagement and progress





Thank you! Questions?



