FEATURE

A Marriage of Research and Practice:

Adapting Evidence Based Practices for Diverse Populations

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EDITOR'S NOTE: Drs. Huey and Wood are two of the invited Master Lecturers for the CPA 2014 convention. Their presentation, ***EBTs for Children and Adolescents: What We Know, What We Don't Know and Why It Matters***, will be Friday, April 11 from 2:00 to 3:30 p.m.

Over the past few years there has been increased utilization of evidence-based practices (EBPs) across the state. While this expansion of effective services is a welcomed change by many, the implementation of EBPs has also been met with some resistance and skepticism. One particular reservation voiced by many concerns the utility of EBPs for culturally diverse populations. To some extent, a critical view of the application of EBPs to ethnic minorities is warranted as the literature is inconclusive about the importance of cultural adaptations when treating diverse populations. However, there remains considerable misinformation concerning the research supporting EBPs for diverse cultural groups across varied treatment settings. As psychologists who are intimately familiar with (and often debate) the challenges of translating research into practice, we will address some of the concerns about the relevance of EBPs for culturally diverse clients, particularly those receiving services in community based settings, while also providing practical suggestions for immediate use. Thus, the aim of this article is to offer strategies for clinicians, supervisors, and training programs on how to best address cultural issues when implementing EBPs or specific Evidence Based Treatment (EBT) models.

First, psychologists should not assume that adaptations are needed simply because a clinician is working with ethnic minorities. Because "standard" EBTs with no apparent cultural elements seem to work fairly well with minorities (Huey & Polo 2008; Huey et al., in press), supervisors and instructors are encouraged to think critically about why a cultural adaptation is being considered. While adapting an EBT to fit a specific cultural or ethnic group may seem intuitive, there may not be a true clinical need to provide such adaptations. As a resource for researchers and clinicians, Lau (2006) outlined several guidelines for determining when cultural adaptations should be considered. The overarching recommendation is that cultural adaptations be applied selectively only when there is evidence of a poor fit between an existing EBT and the client population (Lau, 2006). If after careful consideration, there does appear to be a clinical need to adapt an EBT or EBP, the supervisor and supervisee should then consult the literature to determine what strategies can possibly enhance treatment.

Second, many EBTs already incorporate elements that maximize generalizability to diverse populations (Huey et al., in press), so formal adaptation may not be required. The Incredible Years (IY) intervention, for example, includes elements that increase its sensitivity to cultural differences; videotaped vignettes used in intervention materials include diverse groups of parents, and individualized treatment goals (elicited from parents) are incorporated into parenting principles that are taught by clinic staff. This focus on individualizing treatment goals and processes to match the client's specific background and needs is indeed a hallmark of many established EBTs, including Acceptance and Commitment Therapy (ACT), Multisystemic Therapy (MST), and Parent Child Interaction Therapy (PCIT).

Third, clinicians should be mindful that while cultural adaptations can be helpful at times, they can also harm by reducing the effectiveness of standard treatments (Huey et al., in press). For example, Kliewer and colleagues (2011) tested the effects of

culturally enhanced expressive writing compared to standard expressive writing for violence-exposed African American youth. Surprisingly, culturally enhanced writing was actually less effective than standard writing at reducing aggressive behavior at post-treatment. Why might cultural adaptations sometimes diminish treatment effects? One possibility is that an excessive or unstructured focus on cultural adaptations could make treatments less efficient by distracting from core treatment elements. It is also possible that cultural adaptations could elicit negative reactions from minority clients who prefer not to deal with ethnocultural issues in treatment, or who believe that their cultural background is irrelevant with regard to their presenting problems (Huey et al., in press).

Thus, clinicians and supervisors should consider the possibility of unintentional harm when deciding whether cultural adaptation of an EBT is warranted. The need for cultural adaptation is an intuitive response to implementation of EBTs but the literature may not support automatic adaptations without careful review or consideration. Because the data on cultural adaptation effects is mixed, it is important that supervisors engage supervisees in thoughtful decision making that involves ongoing assessment of treatment outcomes.

Fourth, supervisors or administrators should consider allowing clinicians who are highly effective with ethnic minority clients to coach less competent clinicians. The literature suggests that some therapists are consistently better at achieving positive outcomes with ethnic minorities, whereas others are less effective (Imel et al., 2011). Disparities such as these in the effectiveness of clinicians are probably present in many mental health agencies across the state. Researchers, however, do not yet know how these "culturally competent" therapists achieve such outcomes (Huey et al., in press). One possible strategy is to use these therapists as coaches when it comes to training, supervision, or implementation of EBTs. These clinicians can serve as role models and may be able to teach less effective clinicians certain strategies or practices that work well with diverse client populations. As agency resources, these clinicians can harness their own strengths in a way that better serves ethnic minority clients. A clinician in private practice may want to join a consultation group that is focused on a specific EBT for support and coaching as well.

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Fifth, if recruiting and retaining ethnic minorities in treatment are primary concerns, attention should be given to mainstream engagement strategies that are efficacious with minorities. These strategies include phone and letter prompting, addressing practical barriers to treatment (e.g., transportation, resistant family members), role induction (i.e., clarifying client/staff role demands and addressing misperceptions about treatment), and motivational interviewing (Huey et al., in press; Lefforge et al., 2007).

Sixth, as with all interventions, it is important to routinely and consistently assess throughout treatment. When modifying an EBT protocol, it should never be assumed that cultural adaptations are necessarily achieving desired outcomes. Clinicians should not only track outcomes to see whether the treatment approach is having the desired effect; supervisors should also pay careful attention to whether or not cultural adaptations alter or interfere with core treatment elements. Supervisors should monitor, along with staff and trainees, whether the adaptation is achieving the intended goal for which it was selected. Has client engagement improved? Is the family participating and completing all homework assignments? Does the adaptation assist in meeting the goals of treatment or overcoming client-identified treatment barriers? Does the family agree that therapy goals are consistent with the needs of the family? These questions can help guide or evaluate the need, use, or benefit of any modification being incorporated into a treatment model. Finally, supervisors should also be careful to evaluate the level of comfort the supervisee has with both the treatment model and any adaptation under consideration.

The increased use of EBPs and EBTs provides an excellent opportunity to improve the quality of services delivered in both private practice and community mental health settings. Careful and cautious application of adaptations to these models helps to ensure that all consumers, regardless of background or culture, will receive optimal care. Dispelling misconceptions concerning the utility of EBPs is a critical first step toward that goal.

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