



Advances in the adaptation and implementation of evidence-based interventions for historically marginalized groups[☆]

ABSTRACT

This collection of six articles showcases innovative approaches to adapting and deploying evidence-based interventions with individuals from historically marginalized groups to advance mental health equity. The field of cultural adaptation has matured beyond initial questions about whether specific culturally adapted interventions work, and must now adopt designs that can yield generalizable knowledge concerning how and under what circumstances such adaptations can promote improved engagement and effectiveness with underserved groups. Crucial to this goal is identifying the target mechanisms presumed to underlie poorer clinical and engagement outcomes among minoritized groups that must be addressed by the adaptation. Furthermore, contributors have gone beyond adaptations to EBI therapeutic content and processes, to the mobilization of implementation strategies that increase the reach and impact of EBIs outside conventional service settings. Our featured investigators have also illuminated critical modifications to the entire research enterprise to center community needs in the conduct of intervention research with historically marginalized groups. We are grateful for the opportunity to highlight these contributions spanning intervention science, adaptation science, and implementation science in *Behaviour Research and Therapy*.

The objective of this special issue, *Advances in the Adaptation and Implementation of Evidence-Based Interventions (EBIs) for Historically Marginalized Groups*, was to highlight emerging studies employing novel approaches to the cultural adaptation and community implementation of psychosocial interventions for underserved groups. Our intent was to feature research that has moved beyond initial questions about whether culturally adapted interventions work, to understanding how and under what circumstances such adaptations can promote advances in engagement and effectiveness to promote mental health equity. We expanded our focus beyond adaptations to the intervention content and therapeutic techniques that comprise evidence-based interventions, to consider the application of implementation strategies designed to increase the reach and impact of these interventions for historically marginalized communities who are often underserved in conventional specialty mental health treatment settings. The studies also feature important lessons about adapting the entire enterprise of intervention trials to be culturally responsive and community-partnered, which is particularly critical when entering communities with a legacy of harm by colonization and structural racism. This collection of articles includes studies that span intervention science, adaptation science, and implementation science in the service of improving care outcomes for historically marginalized groups. We were excited to invite contributions from diverse investigation teams that include scholars, interventionists, and thought leaders, whose work has not been well represented in *Behaviour Research and Therapy*.

1. Cultural adaptation

Cultural adaptation has long been recognized as an important consideration when providing mental health care to ethnically diverse populations. Numerous models of cultural adaptation in mental health treatment have been developed over time that vary widely in breadth and scope (Castro, Barrera, & Holleran Steiker, 2010; Chu & Leino, 2017). Central to most models is an emphasis on systematic modification of treatment delivery, process, or components to make treatments congruent with cultural beliefs and practices of target populations (Benish, Quintana, & Wampold, 2011; Bernal, Jiménez-Chafey, & Domenech Rodríguez, 2009; Castro et al., 2010; Chowdhary et al., 2014). These models have had an increasing impact on the field in recent years, with as many as half of studies of culturally-adapted EBIs informed by an existing cultural adaptation framework (Arora et al., 2021). This trend is encouraging because intervention adaptation in some form is now the norm in randomized trials *and* community practice with historically marginalized communities (Huey & Tilley, 2018; Huey, Tilley, Jones, & Smith, 2014; Lau et al., 2017).

Much of the literature has focused on assessing the feasibility and effectiveness of cultural adaptation, with the evidence giving a mixed picture of the overall benefits of adapting treatment (Hall, Ibaraki, Huang, Marti, & Stice, 2016; Huey, Park, Galán, & Wang, 2023). Unfortunately, a major gap is the lack of research identifying and assessing the mechanisms explaining the effects of cultural adaptations (Huey et al., 2023). Even when cultural adaptations are effective, they may not necessarily work for the reasons hypothesized, in which case the “active

[☆] Introduction to the Special Issue in Behavioural Research and Therapy, articles appearing in volumes 159, 161, 165, and 166.

Table 1
Synthesis of study contributions.

Authors	Population	Intervention	Adaptation/Implementation Mechanism	Adaptation/Implementation Approach	Main innovations
Yeh, Zerr, and McCabe (2022)	Racial/ethnic minority parents of young children with conduct problems.	Parent-Child Interaction Therapy	Patient explanatory models.	Assessment- driven personalization strategy (PersIn).	Benchmarking against prior RCTs
Lu, Yeung, Tsai & Kim, (2023)	Chinese American breast cancer patients.	Expressive Writing intervention	Acceptability of first intervention component.	Re-ordering intervention components.	Isolating intervention order from content.
Giusto et al. (2022)	Families with adolescents in Kenya.	Tuko Pamoja family therapy	Fit of implementation/ intervention theory of change	Integrated Clinical Implementation Mapping (mixed methods)	Developed a mixed-methods approach to explore mechanisms of action
Bogic et al. (2023)	American Indian/Alaskan Native adults with history of suicidal thoughts or behaviors	Caring Contacts	Cultural fit of the intervention AND study methods to the community	Community-based participatory research	Simultaneous focus on adapting intervention features and trial methodology.
Ng et al. (2023)	Black and Latinx adolescents with PTSD	Primary Care Intervention for Post-traumatic stress disorder	Intervention intensity, acceptability, feasibility.	Brief intervention in pediatric integrated care	Scalable brief intervention with minimal provider training.
Haro-Ramos, Rodriguez, and Aguilera (2023)	Latinx and non-Latinx adults coping with the COVID pandemic	StayWell at Home CBT skills	Intervention intensity.	Text messaging program delivery	Mixed methods to interrogate why Latinx users benefited more from StayWell.

ingredients” would need to be refined or perhaps reconsidered. Greater attention to adaptation mechanisms aligns with the National Institute of Mental Health (NIMH) experimental therapeutics approach to clinical research, which focuses on going beyond evaluating clinical improvement to establishing whether interventions activate the targets that directly lead to clinical benefit (NIMH, 2023; White, 2022). Thus, building explanatory mechanisms of cultural adaptation into study designs is a needed advancement in this area to generate data of value to intervention and adaptation science irrespective of the outcome of the trials.

2. Cultural adaptation and implementation science intersection

The basic assumption motivating the cultural adaptation of psychosocial interventions is that, by explicitly integrating cultural factors (e. g., language, values, minoritized stress experiences) into the content and process of intervention delivery, inequities would be narrowed (Baumann & Cabassa, 2020; Bernal & Domenech Rodríguez, 2012; Cabassa & Baumann, 2013; Castro et al., 2010). However, like the original EBIs, these adapted interventions are largely not used in routine care settings (Cabassa & Baumann, 2013). This implementation cliff is now well documented. There are at least three reasons for this lack of impact of culturally adapted EBIs. First, the frameworks and processes from the field of cultural adaptation largely do not explicitly account for multi-level factors, such as context and process on how to disseminate and implement the innovations. Second, as noted above the purported mechanisms of change targeted by EBI adaptations are often not identified or measured, limiting the contributions to adaptation science. Third, most outcome studies do not report the adaptation and implementation process, thereby impairing replication of approaches (Baumann et al., 2015; Wiltsey Stirman, Gamarra, Bartlett, Calloway, & Gutner, 2017). An integration of cultural adaptation research with the field of implementation science could potentially help address some of these shortcomings.

Implementation science is “... the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice and, hence, to improve the quality and effectiveness of health services.” (Eccles and Mittman, 2006). The goal of the implementation science field is, therefore, to identify the factors that increase the uptake of an intervention into routine care (Bauer & Kirchner, 2020). It does so through a multi-level lens that identifies factors at the patient, provider, organization, community, and policy/financing levels that affect the successful implementation of the intervention. Key objectives of the field, therefore, are to identify and

test the implementation strategies, or the processes by which the EBIs are being delivered or integrated in usual care (Proctor, Powell, & McMillen, 2013), and the EBI implementation outcomes (e.g., acceptability, feasibility, fidelity) which are markers of how the intervention is being implemented and - hopefully - sustained in the care setting (Curran, 2020; Proctor et al., 2011).

The field of implementation science has advanced considerably, with flagship journals, several influential frameworks, methodological innovations, and measures of implementation mechanisms and outcomes (Bauer & Kirchner, 2020). Recently, the field has attended to the importance of explicitly outlining equity constructs and to culturally adapting EBIs and their accompanying implementation strategies to decrease inequities (Baumann & Cabassa, 2020; Shelton, Adsul, Oh, Moise, & Griffith, 2021). Relatedly, scholars have advocated for the advancement of an adaptation science, with the goal of understanding what needs to be adapted (vs. what cannot), how, when, and for whom. This research could examine the consequences of adaptation for clinical outcomes (i.e. client-level engagement and improvement) and implementation outcomes (e.g., EBI fidelity, reach, and sustained use at the organizational and provider levels). Based on these data, decision trees could help guide implementation science scholars about what type of data are needed to inform when to adapt and how (Escoffery et al., 2019; Kirk, Moore, Wiltsey Stirman, & Birken, 2020; Miller, Wiltsey-Stirman, & Baumann, 2020), as well as how to document, classify and track adaptations of EBIs (FRAME; Wiltsey Stirman, Baumann, & Miller, 2019) and of implementation strategies (FRAME-IS, Miller, Barnett, Baumann, Gutner, & Wiltsey-Stirman, 2021). The underlying assumption of this work is that, by tracking and making explicit the adaptation decisions along the implementation continuum we will be able to identify the core components of EBIs and practices required to reproduce their effects across different settings and for different populations (Chambers and Norton, 2016).

3. This special issue

Given the state of the field and the historical and contemporary challenges faced by investigators in securing funding for this work, we opted to include contributions that reported on open trial feasibility studies which may not yet yield tests of effectiveness or relative effectiveness. We saw contributions as valuable in terms of mixed methods analysis of implementation and patient-level response that inform directions for future definitive trials. In evaluating developmental efforts and feasibility trials (Beets, von Klinggraff, Weaver, Armstrong, & Burkart, 2021), we sought to amplify these studies and their success in:

(i) recruiting members of historically marginalized communities that have largely been invisible in randomized controlled trials, (ii) demonstrating feasibility in assessing EBI outcomes and purported mechanisms targeted by adaptations, (iii) establishing intervention and implementation feasibility (adherence, fidelity, participant engagement, retention, perceived acceptability and helpfulness), and (iv) offering preliminary evidence of clinically significant change in primary and/or secondary outcomes.

We invited authors to contribute articles related to the following topics: (a) cultural adaptations designed to target hypothesized mechanisms of non-response to EBIs among minoritized groups, (b) adaptations of the EBI and/or implementation strategy that improve the fit with the targeted patient population, organizational, or service system context, (c) research designs that support inferences about the relative effectiveness of adapted EBIs versus standard versions, or (d) research designs that inform for whom and under what circumstances EBI adaptations or novel implementation strategies generate improved outcomes. We were fortunate to curate articles that made multiple contributions across these areas (see [Table 1](#)).

4. Next generation of cultural adaptation of EBIs - focus on mechanisms and theory-driven adaptations

Two of the studies showcased discrete approaches to culturally adapting EBIs, each isolates a mechanism by which the adapted intervention is proposed to enhance cultural fit to improve engagement and clinical outcomes. In one case, the mechanism was improved cognitive fit of the EBI with the patient's causal beliefs about the presenting problem, and in the second case the mechanism was improved acceptability of the first intervention module delivered. In the second study, the investigators provided a direct test of incremental effectiveness of the adaptation.

Consistent with an experimental therapeutics paradigm guiding cultural adaptation, [Yeh et al. \(2022\)](#) posited that personalizing Parent-Child Interaction Therapy to align with culturally diverse parents' explanatory models of child behaviour problems would enhance engagement and child symptom outcomes. Their assessment-driven personalization approach is innovative and dramatically widens the potential applicability of the adaptation across diverse cultural groups. Assessing individual differences in explanatory models to tailor care reduces the need to rely on the incomplete evidence base using aggregate-level data to derive adaptations based on cultural variation in preferences and values about parenting skill interventions.

Within their randomized trial, [Lu, Yeung, Tsai, and Kim \(2023\)](#) tested a theory-driven cultural adaptation of an expressive writing intervention with Chinese American cancer survivors to test an elegant and understudied form of cultural adaptation - the reordering of standard components ([Wiltsey Stirman et al., 2019](#)) based on their hypotheses concerning the cultural congruence of intervention strategies. Drawing from tenets of cultural psychology suggesting that interdependent orientations discourage open emotional expression and disclosure, Lu et al. posited that starting with emotion expression focused writing instructions may be more culturally dystonic for Chinese Americans limiting benefits. As such, they manipulated the order of cognitive restructuring versus emotion expression focused writing instructions and uncovered notable impacts on patient engagement and symptom outcomes.

5. Advances in adapting the research process to inform the design and delivery of culturally responsive EBIs

The next two studies provided an illustration of how an approach to cultural adaptation permeates the entire process of research, as well as the design of the adapted EBIs.

[Giusto et al. \(2022\)](#) presented an approach to capture the mechanisms of change of a family intervention, the Tuko Pamoja. By exploring

mechanisms of change during intervention development and pilot studies, the authors aimed to identify how the implementation process intersects with the clinical delivery of the intervention to accelerate the refining of both the intervention and implementation strategies to bridge the research-to-practice gap. The team developed the Integrated Clinical and Implementation Mapping (ICIM), a method that fosters integration, synthesis and diagramming of multiple data sources (surveys, interviews, fidelity checklists, clinical competency assessment, family engagement assessment, supervision notes) and three stages to understand the implementation and clinical mechanisms of change. The team developed a detailed case pathway for each of the families in their case series (Phase 1) to then integrate the change pathways within cases (Phase 2), and finally to map patterns across cases (Phase 3). Although time intensive, the authors posit that only a small number of cases is needed to identify the causal pathways and mechanisms of change that can be targeted by the intervention. In other words, using ICIM in pilot studies provides answers to the question: "how does this intervention work?". This deep analysis of each participants' pathway accelerated intervention development to increase its probability of effectiveness, adoption, and sustainment in context ([Leon, Davis, & Kraemer, 2011](#)).

[Bogic et al. \(2023\)](#) reported on the adaptation of Caring Contacts, a suicide prevention intervention, to American Indian/Alaska Native (AI/AN) communities. Caring Contacts fosters social connectedness through sending brief messages focused on expressing care and interest to people at risk of suicide and has been found to prevent subsequent attempts and deaths. Focusing on the Phase 1 of a community-based participatory approach, this paper reports on the results of culturally adapting the intervention prior to launching the randomized controlled trial. This study reports the findings of 155 focus groups and 19 interviews conducted across four communities and the input of a Community Advisory Board, to culturally adapt Caring Contacts. [Bojic and colleagues](#) report that the core components of Caring Contacts (i.e., promotion of social connectedness) were compatible with AI/AN community needs, but important adaptations were made to the process of implementation. For example, adaptations focused not only on types of messages, but also the design of eligibility criteria, recruitment processes, instruments (e.g., adding local methods of suicide), and engagement strategies (e.g., increase trust and rapport before collecting personal data). This study highlighted approaches to center the community to adapt not only the EBI, but also the entire research process to increase the local relevance and success of the trial.

6. Implementation strategies to expand reach, access, and engagement in EBIs

The final two studies began largely with the premise that barriers to receipt of EBIs among historically marginalized groups represent the largest threat to realizing their benefits at the population-level. These investigators thus approached the challenge of increasing access to EBIs for the underserved through integrated care and digital interventions. In so doing, these investigators sought to understand how the critical components of EBIs may be packaged for scaling and reduced in intensity to make them viable for implementation in low-resourced contexts.

[Ng, Miller et al. \(2023\)](#) assessed the feasibility of the Primary Care Intervention for Posttraumatic stress disorder (PCIP) for pediatric primary care patients. PCIP is a brief, 3-session intervention implemented by social workers as part of routine primary care. No explicit efforts at cultural adaptation of the intervention were included. However, the authors argue that PCIP's relative brevity and integration into standard care might be particularly beneficial for low income youth of color because it reduces existing barriers to timely treatment for PTSD. Overall they found high levels of treatment engagement and satisfaction among their predominantly Black and Latinx sample, in addition to evidence for symptom reduction at post-treatment and follow-up.

[Haró-Ramos et al. \(2023\)](#) assessed the impact of StayWell, a 60 day

CBT-based texting intervention to better cope with anxiety and depression during the COVID pandemic, and compared outcomes for Latinx and non-Latinx White (NLW) adults. Because Latinx individuals are particularly reliant on mobile phones for internet access and experienced greater COVID-era social isolation, a text-based approach was considered an ideal approach to reducing logistical barriers to mental health care access. In addition, text messages were translated and culturally adapted into Spanish, and social support messages were integrated into treatment based on prior work with Latinx samples. Quantitative and qualitative data suggested that StayWell worked better for Latinx compared to NLW participants. For example, Latinx participants showed greater symptom reduction than NLWs, although no ethnic differences in treatment completion were found.

7. Concluding remarks

The six studies included in this Special Issue illuminate multiple approaches to intervention adaptation and implementation strategies that target hypothesized mechanisms that underlie the limited reach and impact of EBIs among historically marginalized populations. Adaptations to EBIs ranged from re-ordering of intervention components in descending order of theorized cultural congruence (Lu et al., 2022), to assessment-driven tailoring to promote fit with patient explanatory models (Yeh et al., 2022). Adaptations to the entire research endeavor were illustrated by Guisto et al. (2023) who sought to refine their intervention by illuminating mechanisms of change through mixed methods structured case reports, and by Bogic et al. (2023) who centered community perspectives to ensure compatibility and acceptability of EBI, implementation and research approach, efforts that are essential given the legacies of harm done to Indigenous communities. Finally, Ng et al. (2023) and Haro-Ramos et al. (2023) incorporated few intervention adaptations focusing instead on implementation strategies to promote scalability and reach to historically marginalized communities with the assumption that improved access to EBIs was the critical barrier to equity. In summary, these studies show the importance of adapting the EBI guided by theorized target mechanisms, implementing with close attention to service system context and/or modifying study procedures with community input early on to increase the probability of success.

The goal of this special issue was to showcase studies fostering the science of adaptation. Taken together, the articles illustrate examples of how to conceptualize the mechanisms of change by which intervention adaptations and implementation strategies can exert effects to advance equity for underserved groups. A next series of empirical questions are related to: How to track adaptations without adding burden to the community/providers? How to effectively examine mechanisms of action in feasibility trials? Do adaptations early in the research process, such as in these studies, increase engagement and effectiveness in the next stages? We hope that such future studies apply a systematic articulation and codification of adaptations, that contribute to a synthesis of data on the impact of various types of adaptations on mechanisms and outcomes (“the adaptome”) that can guide interventionists and implementers in evidence-based approaches to optimizing EBI fit and effectiveness (Chambers and Norton, 2016). Ultimately, a well-functioning adaptation science can help the field move beyond post hoc processes of adaptation and implementation and accelerate gains in mental health equity for historically marginalized communities.

References

Arora, P. G., Parr, K. M., Khoo, O., Lim, K., Coriano, V., & Baker, C. N. (2021). Cultural adaptations to youth mental health interventions: A systematic review. *Journal of Child and Family Studies*, 30(10), 2539–2562.

Bauer, M. S., & Kirchner, J. (2020). Implementation science: What is it and why should I care? *Psychiatry Research*, 283, Article 112376.

Baumann, A. A., & Cabassa, L. J. (2020). Reframing implementation science to address inequities in healthcare delivery. *BMC Health Services Research*, 20, 1–9.

Baumann, A. A., Powell, B. J., Kohl, P. L., Tabak, R. G., Penalba, V., Proctor, E. K., ... Cabassa, L. J. (2015). Cultural adaptation and implementation of evidence-based parent-training: A systematic review and critique of guiding evidence. *Children and Youth Services Review*, 53, 113–120.

Beets, M. W., von Klinggraff, L., Weaver, R. G., Armstrong, B., & Burkart, S. (2021). Small studies, big decisions: The role of pilot/feasibility studies in incremental science and premature scale-up of behavioral interventions. *Pilot Feasibility Studies*, 10, 173. <https://doi.org/10.1186/s40814-021-00909-w>

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology*, 58(3), 279.

Bernal, G., & Domenech Rodríguez, M. M. (2012). *Cultural adaptations: Tools for evidence-based practice with diverse populations*. Washington, DC: American Psychological Association.

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40(4), 361.

Bogic, M., Hebert, L. E., Anna, E., Wright, B. D., Petras, A., Jansen, K., et al. (2023). Keep up the messages, sometimes it was a lifesaver”: Effects of cultural adaptation on a suicide prevention clinical trial in American Indian/Alaska Native communities. *Behaviour Research and Therapy*, 166, Article 104333.

Cabassa, L. J., & Baumann, A. A. (2013). A two-way street: Bridging implementation science and cultural adaptations of mental health treatments. *Implementation Science*, 8, 1–14.

Castro, F. G., Barrera, M., Jr., & Holleran Steiker, L. K. (2010). Issues and challenges in the design of culturally adapted evidence-based interventions. *Annual Review of Clinical Psychology*, 6, 213–239.

Chambers, D. A., & Norton, W. E. (2016). The adaptome: Advancing the science of intervention adaptation. *American Journal of Preventive Medicine*, 51(4), S124–S131.

Chowdhary, N., Jotheeswaran, A. T., Nadkarni, A., Hollon, S. D., King, M., Jordans, M. J. D., et al. (2014). The methods and outcomes of cultural adaptations of psychological treatments for depressive disorders: A systematic review. *Psychological Medicine*, 44, 6 1131–1146.

Chu, J., & Leino, A. (2017). Advancement in the maturing science of cultural adaptations of evidence-based interventions. *Journal of Consulting and Clinical Psychology*, 85(1), 45.

Curran, G. M. (2020). Implementation science made too simple: A teaching tool. *Implementation Science Communications*, 1(1), 1–3.

Escoffery, C., Lebow-Skelley, E., Udelson, H., Böing, E. A., Wood, R., Fernandez, M. E., et al. (2019). A scoping study of frameworks for adapting public health evidence-based interventions. *Translational Behavioral Medicine*, 9(1), 1–10.

Giusto, A., Friis-Healy, E. A., Kaiser, B. N., Ayuku, D., Rono, W., & Puffer, E. S. (2022). Mechanisms of change for a family intervention in Kenya: An integrated clinical and implementation mapping approach. *Behaviour Research and Therapy*, 159, Article 104219.

Hall, G. C. N., Ibaraki, A. Y., Huang, E. R., Marti, C. N., & Stice, E. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy*, 47 (6), 993–1014.

Haro-Ramos, A. Y., Rodriguez, H. P., & Aguilera, A. (2023). Effectiveness and implementation of a text messaging intervention to reduce depression and anxiety symptoms among Latinx and Non-Latinx white users during the COVID-19 pandemic. *Behaviour Research and Therapy*, 165, Article 104318.

Huey, Park, A. L., Galán, C. A., & Wang, C. X. (2023). Culturally responsive cognitive behavioral therapy for ethnically diverse populations. *Annual Review of Clinical Psychology*, 19, 51–78.

Huey, S. J., Jr., & Tilley, J. L. (2018). Effects of mental health interventions with Asian Americans: A review and meta-analysis. *Journal of Consulting and Clinical Psychology*, 86(11), 915.

Huey, S. J., Jr., Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology*, 10, 305–338.

Kirk, M. A., Moore, J. E., Wiltsey Stirman, S., & Birken, S. A. (2020). Towards a comprehensive model for understanding adaptations’ impact: The model for adaptation design and impact (MADI). *Implementation Science*, 15, 1–15.

Lau, A., Barnett, M., Stadnick, N., Saifan, D., Regan, J., Wiltsey Stirman, S., ... Brookman-Frazee, L. (2017). Therapist report of adaptations to delivery of evidence-based practices within a system-driven reform of publicly funded children’s mental health services. *Journal of Consulting and Clinical Psychology*, 85(7), 664.

Leon, A. C., Davis, L. L., & Kraemer, H. C. (2011). The role and interpretation of pilot studies in clinical research. *Journal of Psychiatry Research*, 45(5), 626–629. <https://doi.org/10.1016/j.jpsychires.2010.10.008>, 2011.

Lu, Q., Yeung, N. C., Tsai, W., & Kim, J. H. (2023). The effects of culturally adapted expressive writing interventions on depressive and anxiety symptoms among Chinese American breast cancer survivors: A randomized controlled trial. *Behaviour Research and Therapy*, 161, Article 104244.

Miller, C. J., Barnett, M. L., Baumann, A. A., Gutner, C. A., & Wiltsey-Stirman, S. (2021). The FRAME-IS: A framework for documenting modifications to implementation strategies in healthcare. *Implementation Science*, 16, 1–12.

Miller, C. J., Wiltsey-Stirman, S., & Baumann, A. A. (2020). Iterative decision-making for evaluation of adaptations (IDEA): A decision tree for balancing adaptation, fidelity, and intervention impact. *Journal of Community Psychology*, 48(4), 1163–1177.

National Institute of Mental Health. (2023). *National Institute of mental health strategic plan for research (NIH publication No. 20-MH-8096)*. U.S. Department of Health and Human Services, National Institutes of Health. Retrieved July 18, 2023, from https://www.nimh.nih.gov/sites/default/files/documents/about/strategic-planning-reports/NIHM_Strategic_Plan_for_Research_2023_Update.pdf.

- Ng, L. C., Miller, A. N., Bowers, G., Cheng, Y., Brigham, R., Tai, M. H., et al. (2023). A pragmatic feasibility trial of the primary care intervention for PTSD: A health service delivery model to reduce health disparities for low-income and BIPOC youth. *Behaviour Research and Therapy*, 165, Article 104310.
- Proctor, E. K., Powell, B. J., & McMillen, J. C. (2013). Implementation strategies: Recommendations for specifying and reporting. *Implementation Science*, 8(1), 1–11.
- Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38, 65–76.
- Shelton, R. C., Adsul, P., Oh, A., Moise, N., & Griffith, D. M. (2021). Application of an antiracism lens in the field of implementation science (IS): Recommendations for reframing implementation research with a focus on justice and racial equity. *Implementation Research and Practice*, 2, Article 26334895211049482.
- White, S. W. (2022). Introduction to the special issue: experimental therapeutics in clinical child and adolescent psychology: Identifying mechanisms and moving the needle. *Journal of Clinical Child & Adolescent Psychology*, 51(3), 261–263.
- Wiltsey Stirman, S., Baumann, A. A., & Miller, C. J. (2019). The FRAME: An expanded framework for reporting adaptations and modifications to evidence-based interventions. *Implementation Science*, 14, 1–10.
- Wiltsey Stirman, S., Gamarra, J. M., Bartlett, B. A., Calloway, A., & Gutner, C. A. (2017). Empirical examinations of modifications and adaptations to evidence-based psychotherapies: Methodologies, impact, and future directions. *Clinical Psychology: Science and Practice*, 24(4), 396.
- Yeh, M., Zerr, A., & McCabe, K. (2022). Personalizing PCIT for culturally diverse families: Outcomes from a pilot trial utilizing the PersIn framework. *Behaviour Research and Therapy*, 159, Article 104204.

Anna S. Lau, Ph.D.*

Department of Psychology, University of California Los Angeles, USA

Stanley J. Huey Jr., Ph.D.

Department of Psychology, University of Southern California, USA

Ana A. Baumann, Ph.D.

Department of Surgery, Washington University School of Medicine, USA

* Corresponding author.

E-mail address: alau@psych.ucla.edu (A.S. Lau).