Supporting Culturally Relevant Evidence-Based Practices in School-Based Behavioral Health

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Boston Children’s Hospital Neighborhood Partnerships
Agenda

• BCHNP Program Overview

• Fostering High Quality of Care
  – Increasing Cultural Awareness, Knowledge, & Skill
  – Engaging in EBP & Culturally Relevant Practice

• Program Implications & Recommendations
BCHNP: Program Goals

• To increase access to high quality, culturally relevant behavioral health services for children
• To promote children’s healthy social-emotional development
• To build the sustainable behavioral health capacity of partner organizations
• To promote systemic change in behavioral health service delivery
• To provide services that achieve a high degree of satisfaction with all stakeholders.
Changing Demographic Trends

- Nearly a quarter of students attending public schools are ethnic minorities

- 25% of children in public schools come from immigrant households

- 10% or 4.7 million students attending public schools are English Language Learners

- Marked increase in economic inequality

- Growing numbers of biracial and multiracial students

(Clauss-Ehlers, Serpell, & Weist, 2013)
History of Mental Health Care Disparities

• History of structural oppression with significant educational and social-emotional consequences
  – Special Education
  – Discipline
  – School-to-Prison Pipeline

• Mental health care providers are not adequately prepared to meet the needs of diverse students

• When services are provided they are often inferior, inappropriate, and ineffective

(Clauss-Ehlers, Serpell, & Weist, 2013)
Mechanisms Contributing to Disparities

Organizational:
- Service fragmentation
- Reimbursement Policies
- Guideline -discordant care
- Lack of appropriate language services
- Limited workforce diversity
- Mismatch of treatment and expectations of patient and social network

Provider:
- Turnover
- Training
- Communication style
- Over/Covert bias
- Culture of biomedicine
- Cultural norms of patient and provider interaction

Client:
- Lack of medical insurance
- High medical cost
- Stigma
- Alternative views of illness
- Limited health literacy
- Cultural mistrust

(Lewis-Fernandez, 2019)
### Evidence-Based Practice (EBP)

- “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2006)
- “stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence.” (SAMHSA, [http://www.samhsa.gov/about-evidence.asp](http://www.samhsa.gov/about-evidence.asp))
- Does not require manuals, but may utilize them.
- List of reviewed EBP protocols are maintained via SAMSHA (National Registry of Evidence-Based Programs and Practices)

### Empirically Supported Treatment (ESTs)

- APA Task Force (1995) originally established this term
- A specific treatment protocol that has been repeatedly validated through the use of experimental research designs
- Well-established
- Probably efficacious
- APA maintains list meeting this very strict criteria:
  - [http://www.div12.org/PsychologicalTreatments/treatments.html](http://www.div12.org/PsychologicalTreatments/treatments.html)
- Requires a manual
- Making changes to the manual requires additional experimental research to revalidate as an EST
• Then… gathered data…

- Individual semi-structured clinician interviews

- Disruptive Behavior
- Depression
- Trauma

- Coping Power ([Lochman, Wells, & Lenhart, 2008])
- Coping With Stress ([Clarke et al., 1995; Clarke et al., 2001])
- Cognitive-Behavioral Interventions for Trauma in Schools (CBITS; [Jaycox, 2004])

- Long
- Limited variety of activities

- “Fit” of the curriculum

- Overly scripted
- Challenges with parent component

- Limited resources

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**Evidence-Based Practices at BCHNP**
Evidence-Based Practices at BCHNP

- Gathering data through Individual semi-structured clinician interviews

Challenges:
- Large amount of didactics / Cognitive demand
- "Fit" of the curriculum
- Overly scripted
- Limited resources

Long

Focus on skills students need

Concrete goals and objectives

Limited variety of activities

Challenges with parent component

Disruptive Behavior

Depression

Trauma

Coping Power (Lochman, Wells, & Lenhart, 2008)

Coping With Stress (Clarke et al., 1995; Clarke et al., 2001)

Cognitive-Behavioral Interventions for Trauma in Schools (CBITS; Jaycox, 2004)

- Individual semi-structured clinician interviews
Professional Development Recommendations

- Efforts to understand clinician experience
- Protected problem-solving time
- Increased opportunities for clinician voice
- Peer coaching
- Wider range of resources & curricula
Evidence-Based Practice
Summer Working Groups

Towards a Common Elements Approach.....

Evidence-Based

BCHNP-

Clinician Experience Documentation

Curriculum Adaptations
Common Elements Approach

• Practice elements derived from the evidence base (PDEBs; Higa-McMillan, Nakamura, Morris, Jackson, & Slavin 2015; Chorpita, Daleiden, & Weisz, 2005)
  – MATCH-ADTC (Chorpita & Weisz, 2009)
  – Other modular treatment approaches (Ehrenreich-May et al., 2017; Queen, Barlow, & Ehrenreich-May, 2014; Weisz et al., 2012)

• Training efforts have:
  – Reduced barriers to EBP in schools
  – Improved EBP knowledge and attitudes (Lim et al., 2012; Jensen-Doss, Hawley, Lopez, Osterberg, 2009)
Professional Development in Common Elements Approach

• Managing and Adapting Practice (MAP, Chorpita et al., 2017)

• 2 Introductory Workshops
  – Intro to MAP Tools
    • Searchable Database of Practice Elements
    • Practice Guides
    • Process Guides
    • Dashboard Tools
Ongoing Consultation in Common Elements Approach

Practice Element / Article of the Month
Ongoing Consultation in Common Elements Approach

Practice Element / Article of the Month

Summer Committees
Ongoing Consultation in Common Elements Approach

- EBP Peer Supervision Group
- Practice Element / Article of the Month
- Summer Committees
Ongoing Consultation in Common Elements Approach

- EBP Peer Supervision Group
- Practice Element / Article of the Month
- Summer Committee
- EBP Case Conference
BCHNP Quality Improvement Project

Primary Research Question: How does BCHNP staff understand, experience, and utilize culturally responsive behavioral health practices?

• **Mixed-methods design:**
  – Quantitative: Organizational Assessment & Self-Assessment
  – Qualitative: Semi-Structured Focus Groups

• **Project Findings:**
  – Definitions & Context
  – Organizational & Individual Identity
  – Clinical Knowledge & Practice
Culturally Responsiveness Implementation Plan: BCHNP
BCHNP Program Values

• Diversity & Equity
• Community Centered
• Building Trust Across Differences
• Building a Community
• Engaged Learning
• *High Quality Care*
Core Value: High Quality Care

- **High Quality Care**: *We strive to provide the highest quality of care to ensure clinical responsiveness for each and every community member by:*
  - Making data informed decision
  - Incorporating community voices to guide our practice
  - Utilizing creative and culturally responsive methods
  - Examining our own beliefs, attitudes and practices as well as systemic practices and how they impact the communities we serve
High Quality of Care: 
*Building Awareness, Knowledge, & Skill*

- Monthly Workshops Series:
  - Diversity Definitions: Who am I?
  - Circles of My Multicultural Self
  - *The Danger of a Single Story*, Chimamanda Adichie
  - My Culture Drawing
  - The Cultural Genogram & Clinical Application

(Hardy, K.V., & Laszloffy, T.A., 1995; Pope, M., Pangelinan, J., & Coker, A.D., 2011)
## High Quality of Care:
### Building Awareness, Knowledge, & Skill

<table>
<thead>
<tr>
<th>Summer Training Series: <em>English Language Learners</em></th>
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<tbody>
<tr>
<td>Overview of English Language Learners</td>
</tr>
<tr>
<td>Navigating Cultural Identities Across Development</td>
</tr>
<tr>
<td>Know Your Rights 101</td>
</tr>
<tr>
<td>Engaging and Working with ELL’s and their Families in Clinical Practice: Panel Discussion</td>
</tr>
<tr>
<td>Book Club: Learning to Die in Miami</td>
</tr>
<tr>
<td>Best Practices for Working with Interpreters</td>
</tr>
<tr>
<td>School Policy &amp; Practice with English Language Learners</td>
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*Boston Children's Hospital*  
*HARVARD MEDICAL SCHOOL TEACHING HOSPITAL*
High Quality Care:
Sample Activity

(Culturagram Questions)

- Values about family structure, power, myths, and rules:
  - Are there specific gender roles and expectations in your family?
  - Who holds the power within the family?
  - Are family needs more important than, or equally as important as, individual needs?
  - Whom do you consider family?

- Reasons for relocation or migration:
  - Are you and your family able to return home?
  - What were your reasons for coming to the United States?
  - How do you view the initial reason for relocation?
  - What feelings do you have about relocation or migration?
  - How often do you and your family return to your homeland?
  - Are you living apart from your family?

- Legal Status and SES:
  - Has your SES improved or worsened since coming to this country?
  - Has there been a change in socioeconomic status across generations?
  - What is the family history of documentation? (Note: Clients often need to develop trust before discussing legal status; they may come from a place where confidentiality is unfamiliar.)

- Time in the community:
  - How long have you and your family members been in this community?
  - Are you and your family actively involved in a culturally based community?

- Languages spoken in and outside the home:
  - What languages are spoken at home and in the community?
  - What is your and your family’s level of proficiency in each language?
  - How dependent are parents and grandparents on their children for negotiating activities surrounding the use of English? Have children become the family interpreters?

- Health beliefs and beliefs about help seeking:
  - What are the family beliefs about drug and alcohol use? Mental illness? Treatment?
  - Do you and your family uphold traditional healing practices?
  - Do help-seeking behaviors differ across generations and genders in your family?
  - How do you and your family define illness and wellness?
  - Are there any objections to the use of Western medicine?
## High Quality Care: Culturally Relevant Evidence-Based Practice

<table>
<thead>
<tr>
<th>Hays (2008) Model</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>A</td>
<td>Age/generational</td>
</tr>
<tr>
<td>D</td>
<td>Developmental Disabilities</td>
</tr>
<tr>
<td>D</td>
<td>Disabilities acquired later in life</td>
</tr>
<tr>
<td>R</td>
<td>Religion and spiritual orientation</td>
</tr>
<tr>
<td>E</td>
<td>Ethnic and racial identity</td>
</tr>
<tr>
<td>S</td>
<td>Socioeconomic status</td>
</tr>
<tr>
<td>S</td>
<td>Sexual orientation</td>
</tr>
<tr>
<td>I</td>
<td>Indigenous heritage</td>
</tr>
<tr>
<td>N</td>
<td>National origin</td>
</tr>
<tr>
<td>G</td>
<td>Gender</td>
</tr>
</tbody>
</table>
“The field of cultural adaptation brings together the best of the multicultural and the evidence-based movements in the service of offering psychological treatments that are based on the best available research and that consider culture and context in a thoughtful, documented, and systematic way (Bernal & Domenech Rodriguez, 2012, p. 3).”
<table>
<thead>
<tr>
<th>Universalistic Hypothesis</th>
<th>Cultural Compatibility Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>We should test EBTs as they are across groups to find evidence</td>
<td>We should develop entirely new interventions</td>
</tr>
</tbody>
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Cultural Adaptations to EBTs
Models and Frameworks

• Ecological Validity Model (EVM; Bernal et al., 1995)
• Cultural Adaptation Process Model (CAPM; Rodriguez & Weiling, 2004)
• Psychotherapy Adaptation and Modification Framework (PAMF; Hwang, 2006)
• Formative Method for Adapting Psychotherapy (FMAP; Hwang, 2009)
## Ecological Validity Model \( (Bernal \ et \ al., \ 1995) \)

<table>
<thead>
<tr>
<th>Component of Model</th>
<th>Considerations for Your Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language</strong></td>
<td>Considerations with regard to utilization of student/family’s native language</td>
</tr>
<tr>
<td><strong>Persons</strong></td>
<td>Considerations based on interaction between clinician and student/family/staff’s personal characteristics (e.g., race, gender, ethnicity, sexual orientation, etc). Refer to what considerations you will make based on points brought up in “Clinician/Personal Influences” slide.</td>
</tr>
<tr>
<td><strong>Metaphors</strong></td>
<td>Integration of symbolism and concepts shared by the student/family/staff’s culture</td>
</tr>
<tr>
<td><strong>Content</strong></td>
<td>Integration of knowledge of values, customs, and traditions within the student/family/staff’s culture</td>
</tr>
<tr>
<td><strong>Concepts</strong></td>
<td>Considerations regarding how the need is conceptualized in the student/family/staff’s culture</td>
</tr>
<tr>
<td><strong>Goals</strong></td>
<td>Framing of goals within the context of the student/family/staff’s values, customs, traditions (e.g., focus on encouraging respect instead of obedience)</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>Involvement of others in the plan (e.g., grandparents, extended family); Involvement of traditional healing practices</td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td>Considerations based on how acculturative stress, poverty, immigration concerns may be impacting student/family/staff</td>
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Example: EBP Case Conference Format

- Consultation Questions – 1 Culture or EBP specific
- ADDRESSING model
- Clinician/Personal Influences
- Risk/Protective Factors
- Data Summary – strengths, growth areas, inconsistencies
- Connection to the literature
- Ecological Validity Model
- MAP Treatment Plan
## Context:

### Biopsychosocial Model

<table>
<thead>
<tr>
<th>Personal:</th>
<th><strong>Protective Factors</strong></th>
<th><strong>Risk Factors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Genetics; Physical Health; Temperament; Puberty; Intelligence; Problem solving and coping activities; Self reflection, self-understanding, higher internal control</td>
<td></td>
</tr>
</tbody>
</table>

| Family: | **Family environment; Poverty; Abuse; Parental mental health; Parental substance use; Parenting skills; Monitoring and supervision** |                  |

| Peer:   | **Peer relations; Bullying; Positive and reciprocal nature of relationships; Social support** |                  |

| School: | **Bonding to school; Academic achievement; Relationships with adults I at school** |                  |

| Community: | **Neighborhood; Residential stability; Availability of illegal activities/substances; Community resources** |                  |
High Quality Care: Culturally Relevant Evidence-Based Practice Evaluation

• Spring 2019 Survey
  – EBP Case Conference: 16/16 staff members wanted to continue
  – Practice Element of the Month: 15/16 staff members wanted to continue

• Integration of question about cultural responsiveness into every BCHNP satisfaction survey
  – “The BCHNP clinician was respectful of my culture”: 93% or higher agreement across all service types

• Satisfaction Survey
Reflections: Lessons Learned

• Recognizing it starts with us: Awareness, knowledge, & skill
• Taking into account all systems: organizational, provider, client
• Ongoing reflection through qualitative & quantitative approaches
• Acknowledging and adapting to ever-changing needs and supports
• Thinking and responding *creatively* and *critically*
Helpful Resources

- DiAngelo, R. White Fragility. Beacon Press, Boston, MA.