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

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Boston Children's Hospital
Until every child is well™

HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

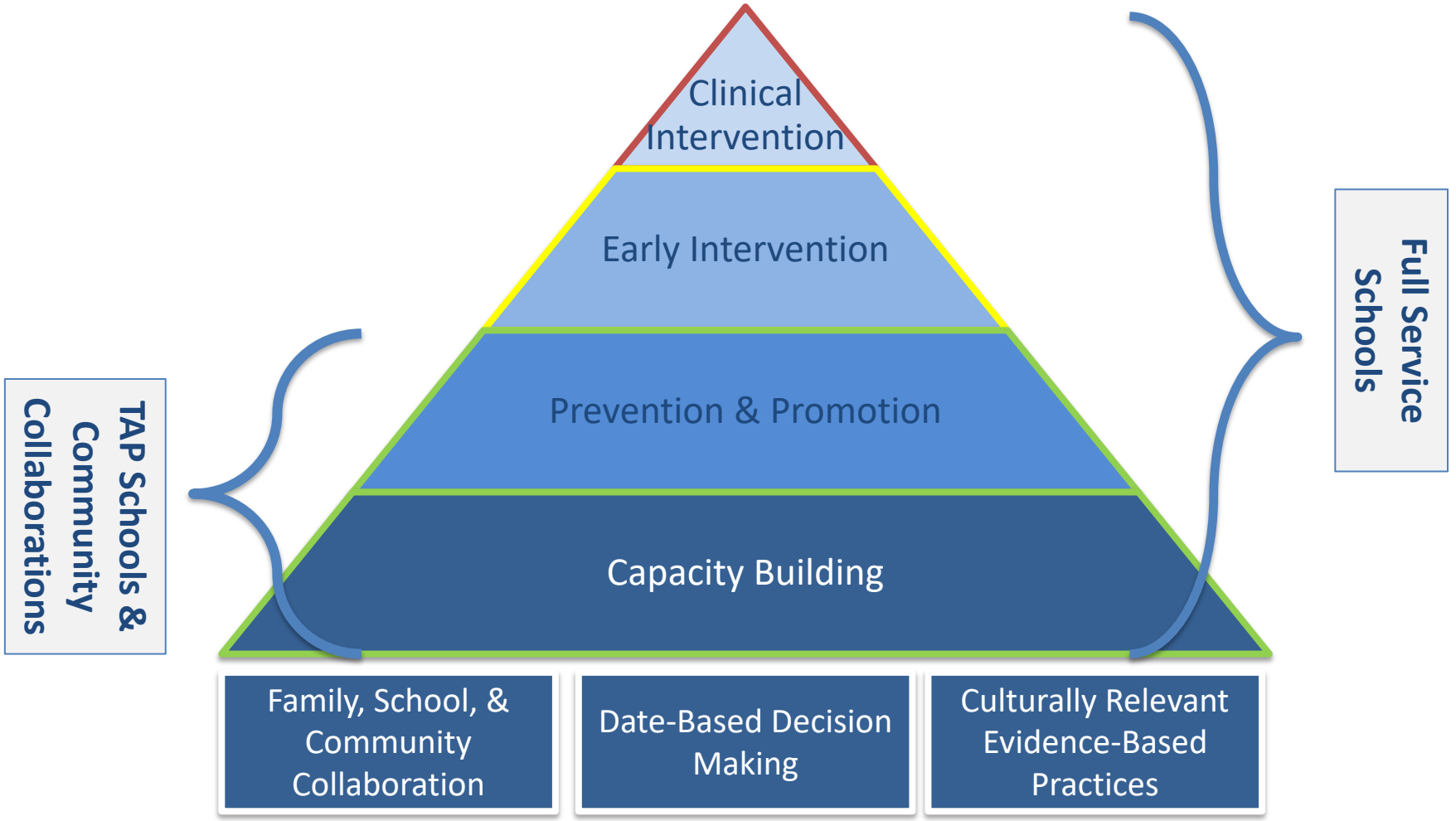
Agenda

- 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.

BCHNP: Program Model



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

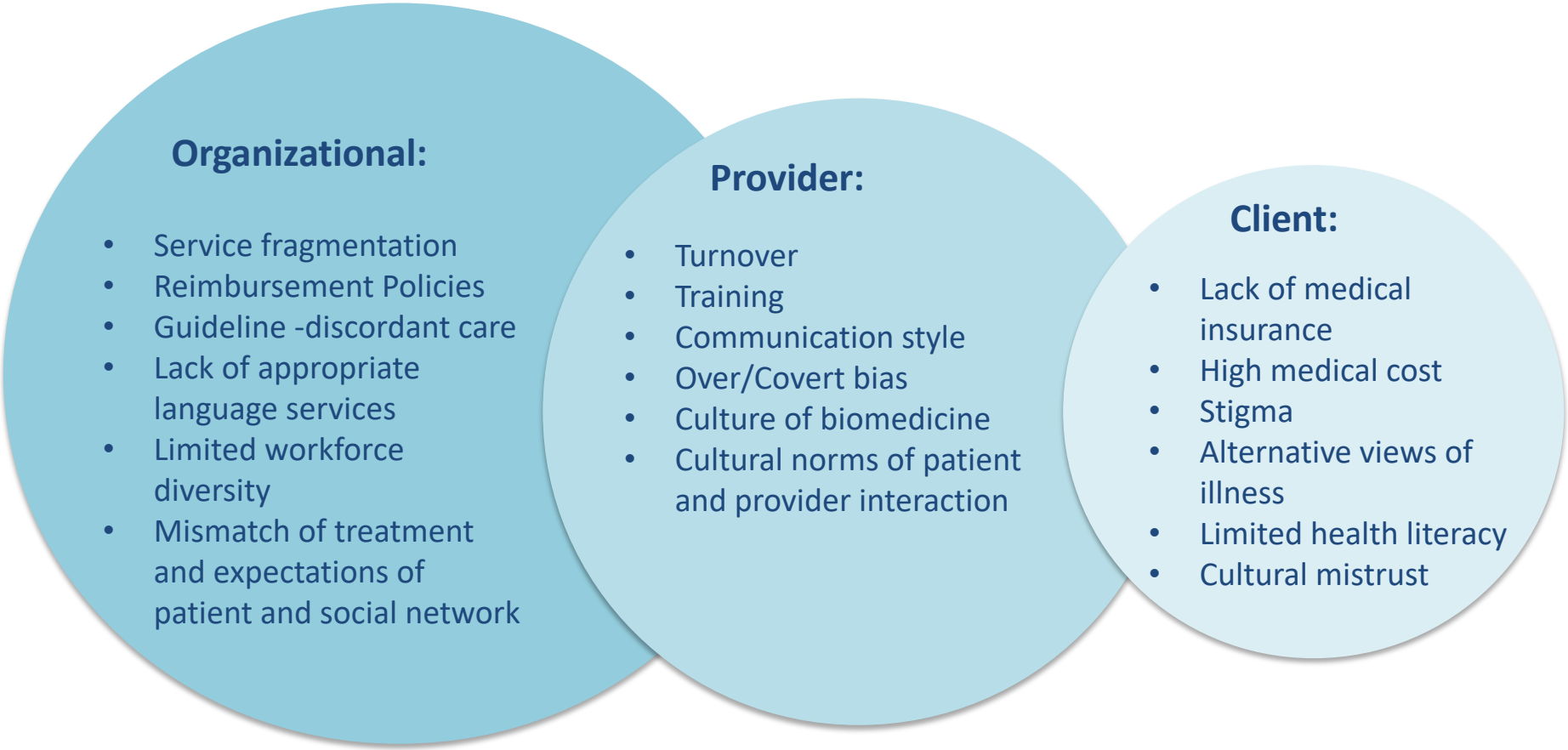
- History of structural oppression with significant educational and social-emotional consequences
  - *Special Education*
  - *Discipline*
  - *School- to-Prison Pipeline*

- 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



(Lewis-Fernandez, 2019)

Evidence-Based Practice

Evidence-Based Practice (EBP)	Empirically Supported Treatment (ESTs)
• "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA, 2006)	• APA Task Force (1995) originally established this term • A specific treatment protocol that has been repeatedly validated through the use of experimental
•	ed
• "stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence." (SAMHSA, http://www.samhsa.gov/about-evidence.asp)	• APA maintains list meeting this very strict criteria: • http://www.div12.org/PsychologicalTreatments/treatments.html
• 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)	• Requires a manual • Making changes to the manual requires additional experimental research to revalidate as an EST

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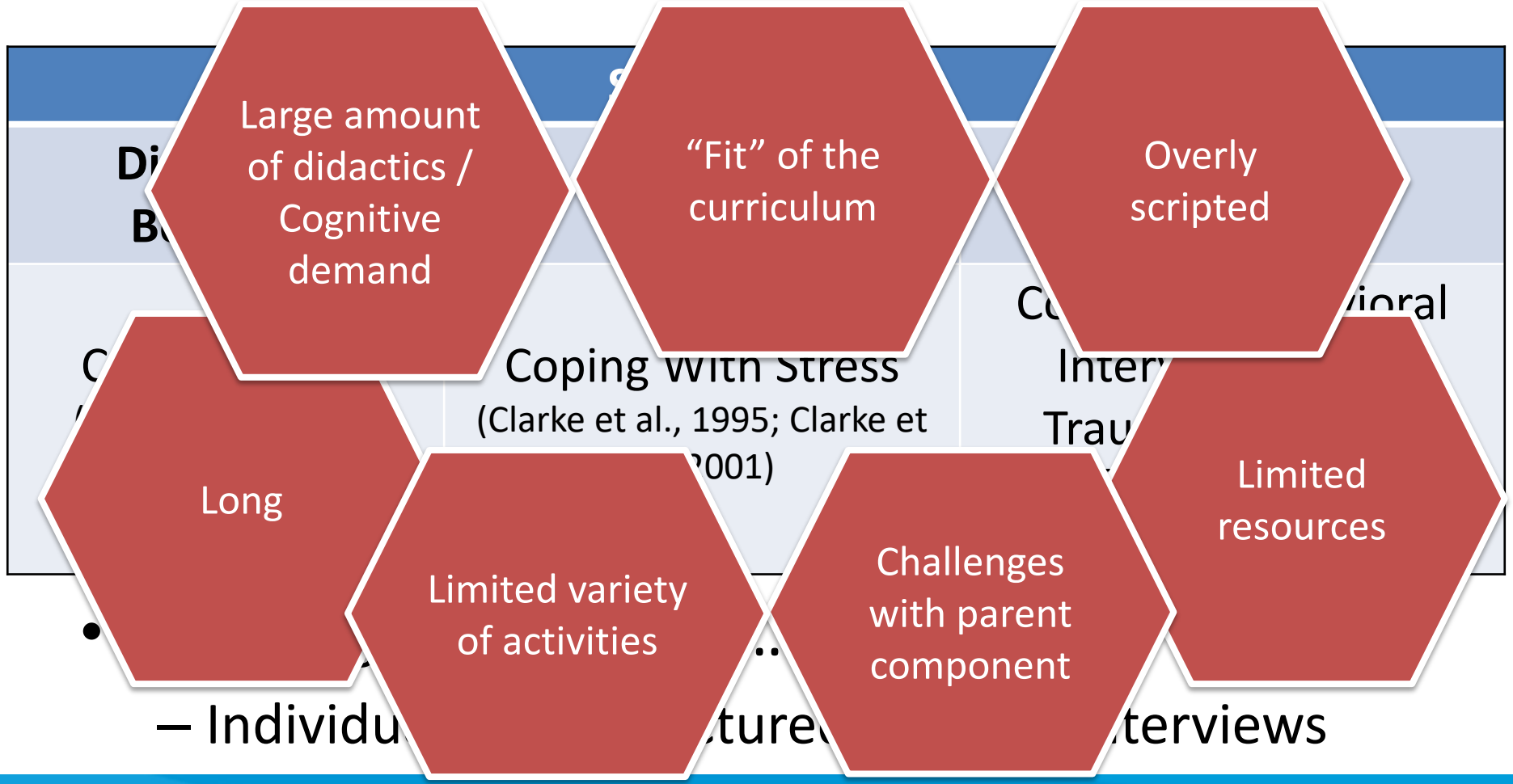
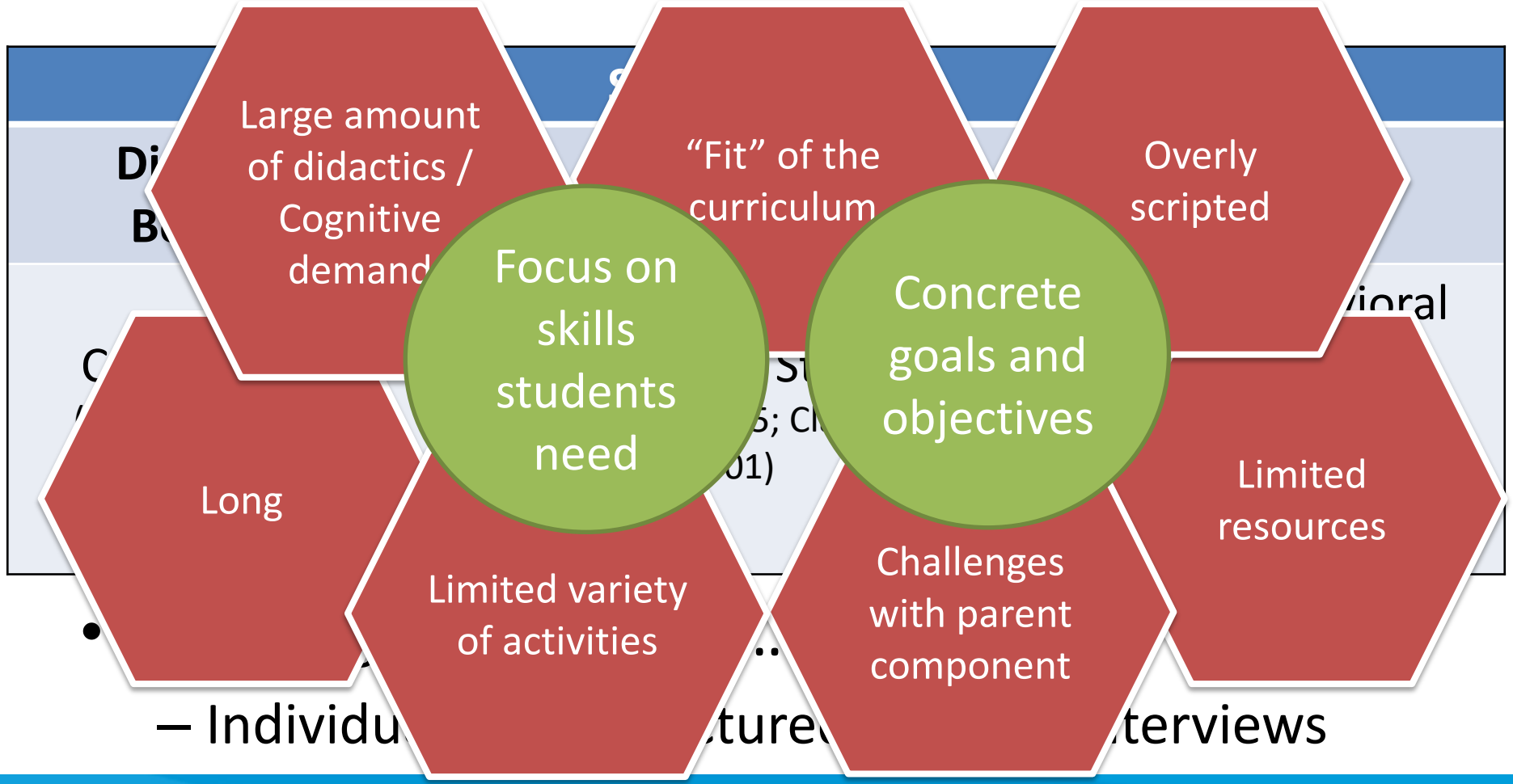
Evidence-Based Practices at BCHNP

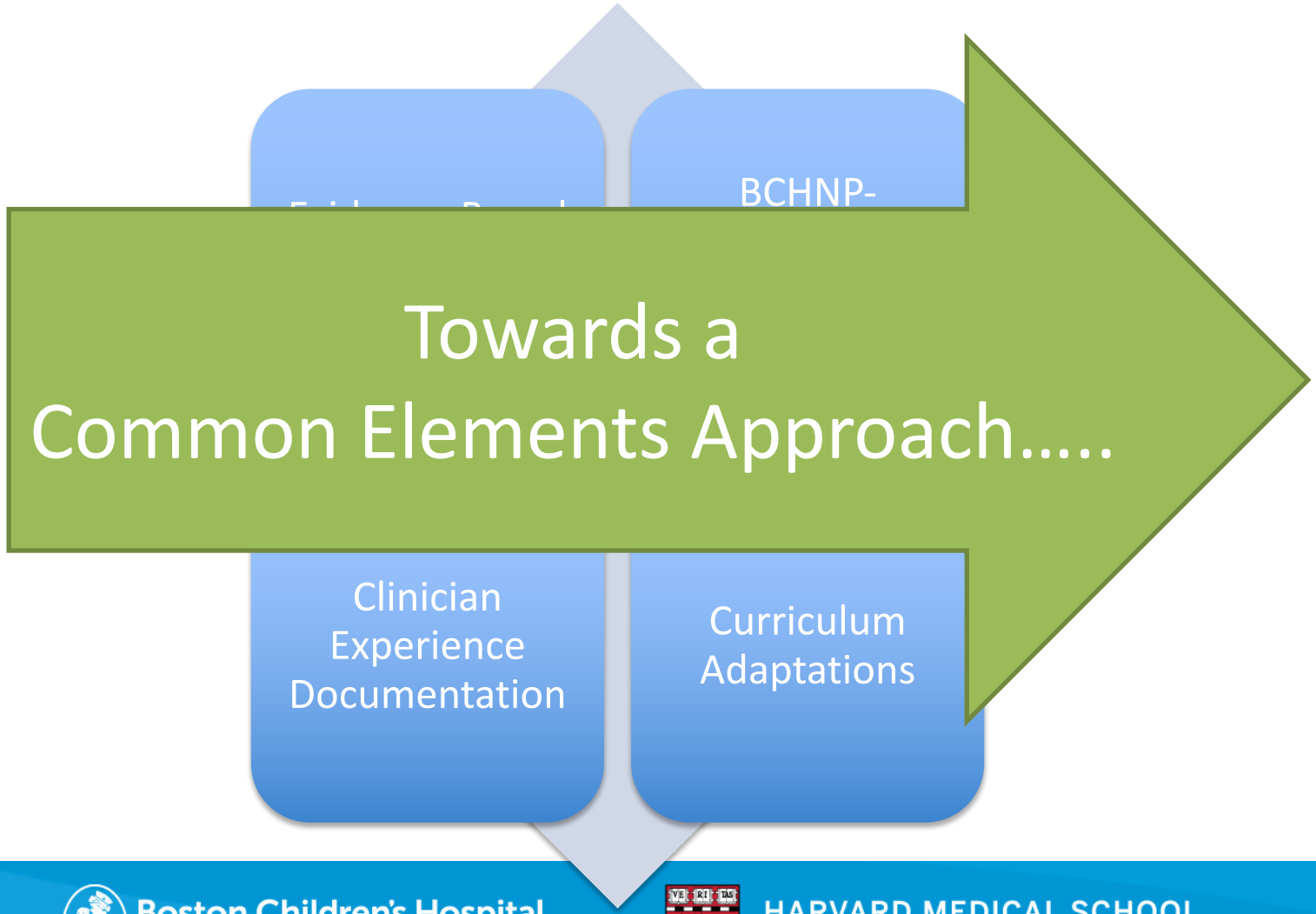


Evidence-Based Practices at BCHNP



Professional Development Recommendations

Evidence-Based Practice Summer Working Groups



Common Elements Approach

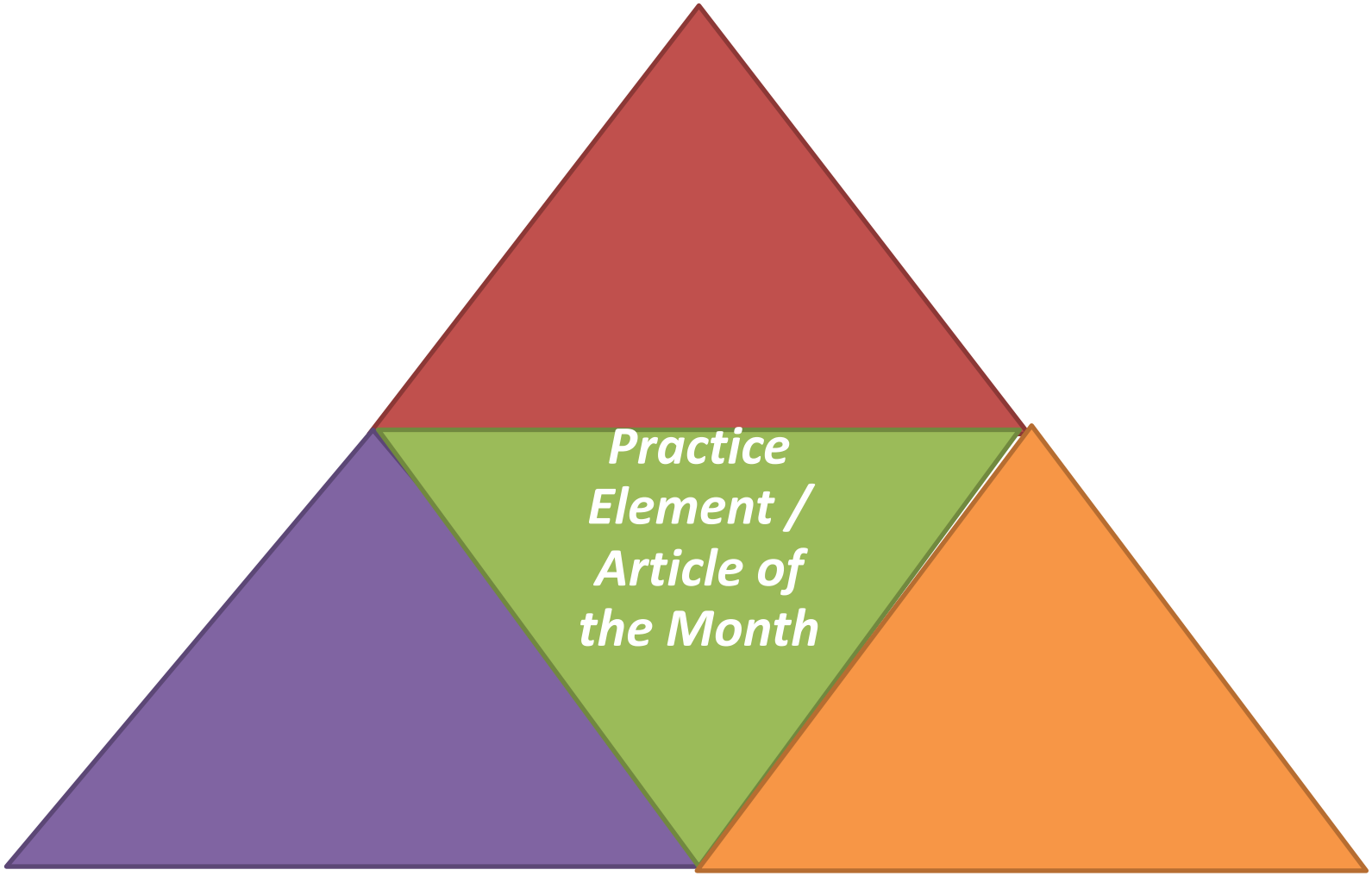
- Practice elements derived from the evidence base (PDEBs; Higa-McMillan, Nakamura, Morris, Jackson, & Slavin 2015; Chorpita, Daleiden, & Weisz, 2005)
  - MATCH-ADTC (Chorpita & Weisz, 2009)
  - Other modular treatment approaches (Ehrenreich-May et al., 2017; Queen, Barlow, & Ehrenreich-May, 2014; Weisz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



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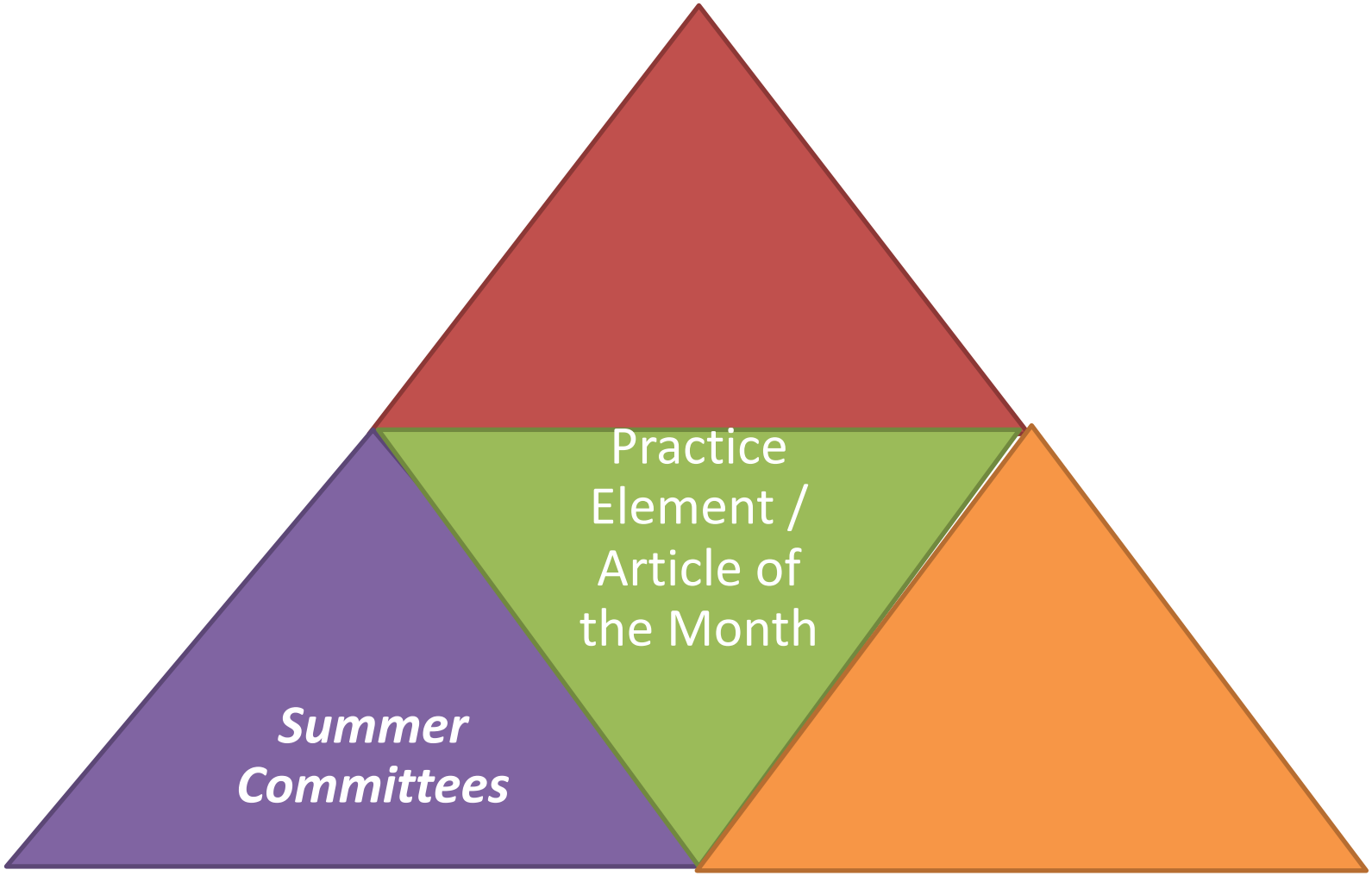

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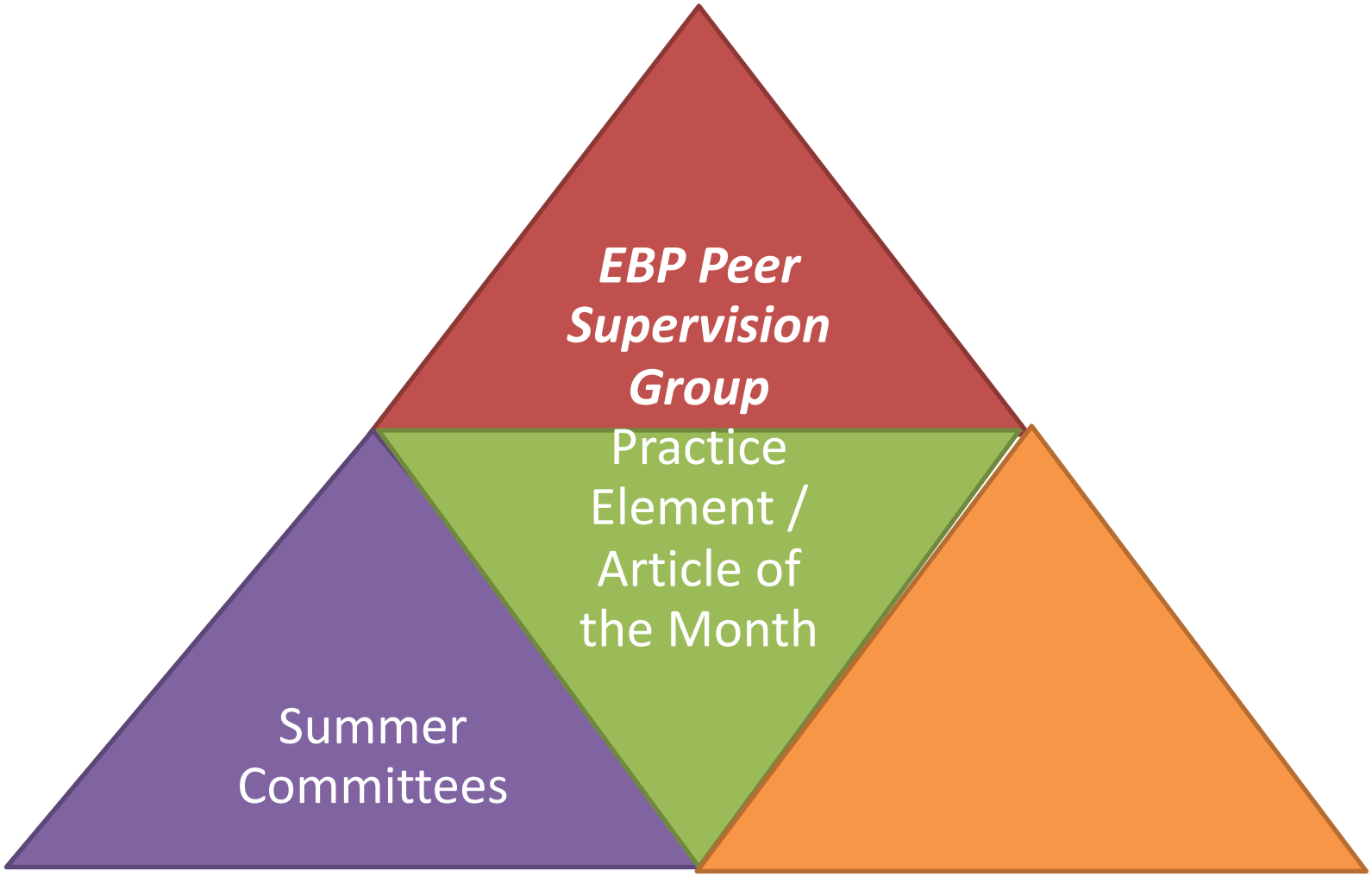

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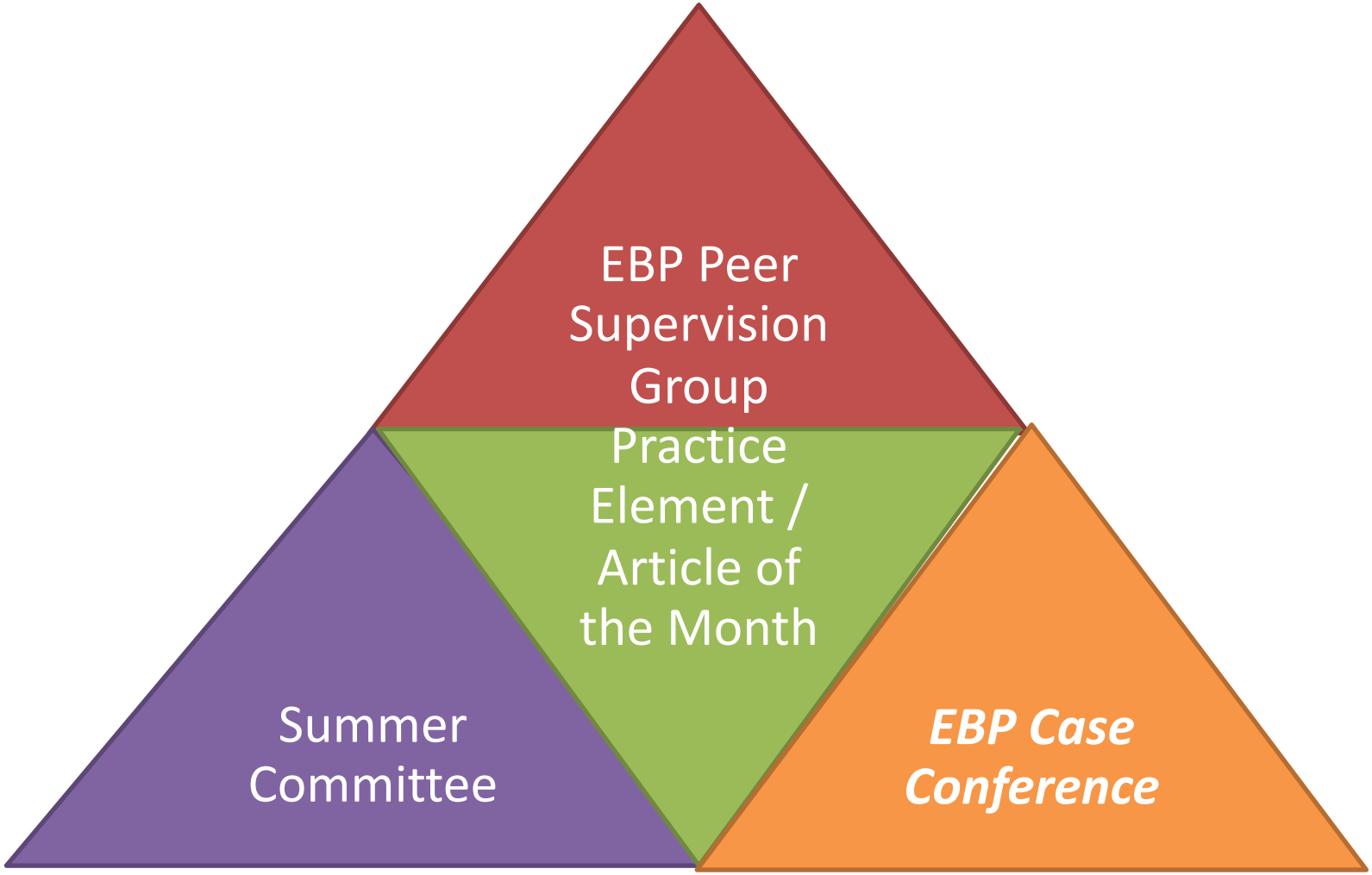


BCHNP Quality Improvement Project

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

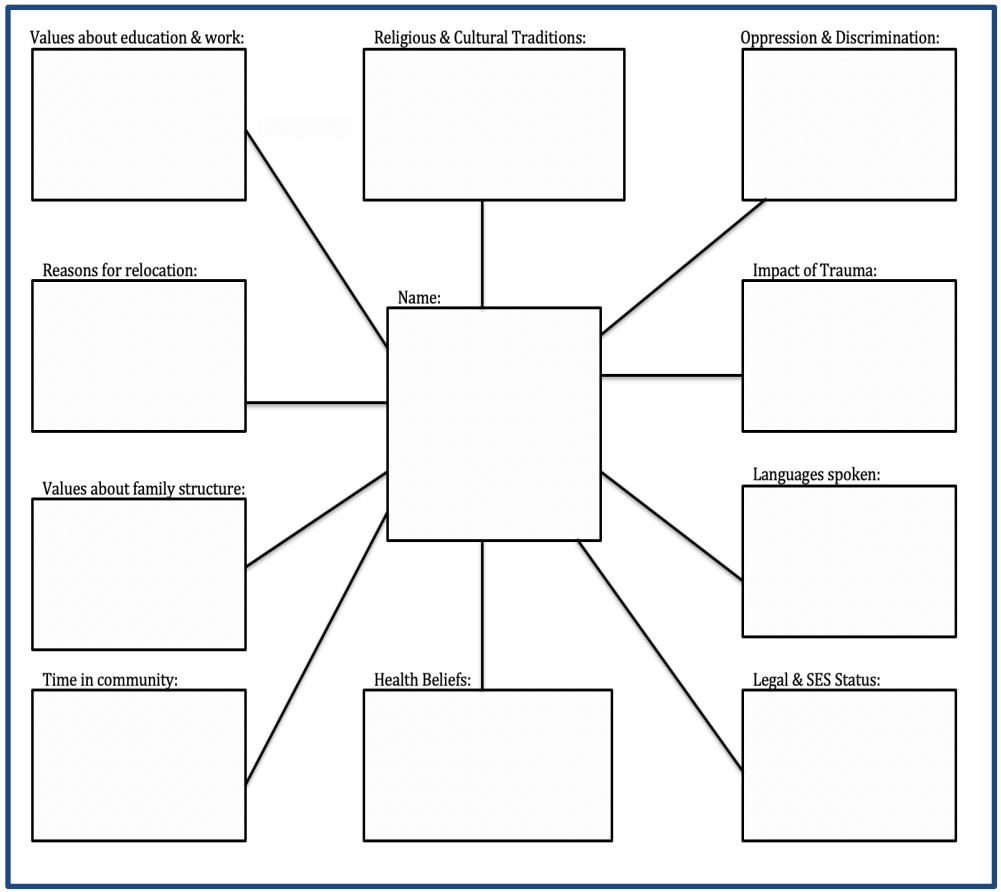
(Hardy, K.V., & Laszloffy, T.A., 1995; Pope, M., Pangelinan, J., & Coker, A.D., 2011)

High Quality of Care:

Building Awareness, Knowledge, & Skill

Summer Training Series: *English Language Learners*
Overview of English Language Learners
Navigating Cultural Identities Across Development
Know Your Rights 101
Engaging and Working with ELL's and their Families in Clinical Practice: Panel Discussion
Book Club: Learning to Die in Miami
Best Practices for Working with Interpreters
School Policy & Practice with English Language Learners

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 Unites States?
  - How do you now 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?
  - How 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?

(Hardy, K.V., & Laszloffy, T.A., 1995)

High Quality Care:
Culturally Relevant Evidence-Based Practice

Hays (2008) Model	
A	Age/generational
D	Developmental Disabilities
D	Disabilities acquired later in life
R	Religion and spiritual orientation
E	Ethnic and racial identity
S	Socioeconomic status
S	Sexual orientation
I	Indigenous heritage
N	National origin
G	Gender

"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)."*

Universalistic Hypothesis	Cultural Compatibility Hypothesis
We should test EBTs as they are across groups to find evidence	We should develop entirely new interventions

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)*

Component of Model	Considerations for Your Treatment Plan
Language	Considerations with regard to utilization of student/family's native language
Persons	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.
Metaphors	Integration of symbolism and concepts shared by the student/family/staff's culture
Content	Integration of knowledge of values, customs, and traditions within the student/family/staff's culture
Concepts	Considerations regarding how the need is conceptualized in the student/family/staff's culture
Goals	Framing of goals within the context of the student/family/staff's values, customs, traditions (e.g., focus on encouraging respect instead of obedience)
Methods	Involvement of others in the plan (e.g., grandparents, extended family); Involvement of traditional healing practices
Context	Considerations based on how acculturative stress, poverty, immigration concerns may be impacting student/family/staff

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

	Protective Factors	Risk Factors
Personal:	*Genetics; Physical Health; Temperament; Puberty; Intelligence; Problem solving and coping activities; Self reflection, self-understanding, higher internal control*	
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 l 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

- Altschul, D., Samuel, J., & Zeitlin, W. 2008. Toolkit for modifying EBPS to increase cultural competence. Nathan Kline Institute.
- Clauss-Ehlers , Serpell, Z. N., & Wesit, M.D. 2012. Culturally responsive school mental health: Advancing research, training, practice, & policy. Springer, New York, NY.
- DiAngelo, R. White Fragility. Beacon Press, Boston, MA.
- Pope, M., Pangelinan, J.S., & Coker, A.D. (2011). Experiential activities for teaching multicultural competence in counseling. American Counseling Association, Alexandria, VA.
- Pollock, M. 2008. Everyday antiracism: Getting real about race in schools. The New Press. New York, NY.