## "Evidence-Based" for Whom?

Dialogue Leaders: Catherine Waye (she/her), BA & Michaela Harris (she/her), MPH

The Baker Center for Children and Families





## **Discussion Ground Rules**



- We value....
  - Discussion over debate
  - O Participation from everyone in attendance!
  - Listen and be respectful
  - Try our best to assume best intentions



## Who's in the Room?



Please enter the code

8489 5666

Submit

The code is found on the screen in front of you



## **Dialogue Objectives**

- 1. Reflect on the potential implications of "evidence-based" practices for Black, Indigenous, and People of Color (BIPOC) communities
- 2. Explore potential advantages of contextual adaptations over large-scale cultural adaptations of evidence-based practices (EBPs)
- 3. Discuss best practices in co-creating culturally humble, evidence-based mental health practices through true community partnership and collaboration
- 4. Develop actionable next steps to integrate key takeaways from this dialogue into own work



## What do you think of when you hear the term "evidence-based"?



Please enter the code

3276 8646

**Submit** 

The code is found on the screen in front of you



### The Baker Center for Children and Families

- Our role: As an intermediary organization, we aim to bridge the gaps between research, policy, and practice.
- Intermediaries provide support to facilitate the implementation of evidencebased practices and build agency capacity to sustain such practices with fidelity.
- We primarily do this through the Learning Collaborative Model but can adapt to fit different contexts and capacities beyond training and consultation.















### What *does* work







Step 3: Develop interventions based Step 1: Collect evidence from the Step 2: Synthesize the evidence on identified best-practices

Step 5: Intervention evaluation and Step 4: Real-world application of continuous quality improvement

## Introduction to The Behavioral and Emotional Wellness (BE WELL) Initiative

A Case Study in Co-Adaptation of A Culturally Sensitive, Evidence-Based Toolkit

 Initiative developed under grant funding efforts to increase access to evidence-based practices (EBPs) for mental health providers working in underserved communities





## Introduction to The Behavioral and Emotional Wellness (BE WELL) Initiative

- BE WELL Toolkit: culturally responsive, customizable toolkit drawing on evidence-based skills foundational to cognitive behavioral therapy (CBT)
  - Baker Center team intended to co-adapt toolkit and training curriculum in collaboration with community partners and consultants
- Free, 2-3 day training in the "BE WELL Toolkit" for providers serving BIPOC youth and families



## What does work







Step 3: Develop interventions based Step 5: Intervention evaluation and Step 1: Collect evidence from the Step 4: Real-world application of Step 2: Synthesize the evidence continuous quality improvement on identified best-practices





## Step 1: Collect evidence from the research



The Contribution of Cultural Competence to Evidence-Based Care for Ethnically Diverse Populations

Stanley J. Huey Jr., Jacqueline Lee Tilley, Eduardo O. Jones, and Caitlin A. Smith

Department of Psychology, University of Southern California, Los Angeles, California 90089; email: hueyjr@usc.edu

Annu. Rev. Clin. Psychol. 2014. 10:305-38

First published online as a Review in Advance on January 15, 2014

The Annual Review of Clinical Psychology is online at clinpsy.annualreviews.org

This article's doi: 10.1146/annurev-clinpsy-032813-153729

Copyright © 2014 by Annual Reviews. All rights reserved

#### Keywords

cultural competence, cultural tailoring, ethnic diversity, ethnic minority, evidence-based treatment

#### Abstrac

Despite compelling arguments for the dissemination of evidence-based treatments (EBTs), questions regarding their relevance to ethnically diverse populations remain. This review summarizes what is known about psychotherapy effects with ethnic minorities, with a particular focus on the role of cultural competence, when implementing EBTs. Specifically, we

- Literature supports the efficacy of evidencebased practices for BIPOC youth and families
- Mixed support for the efficacy of cultural tailoring/adaptation of standard EBPs
  - Some studies suggest that tailoring may unintentionally compromise the efficacy of evidence-based treatments

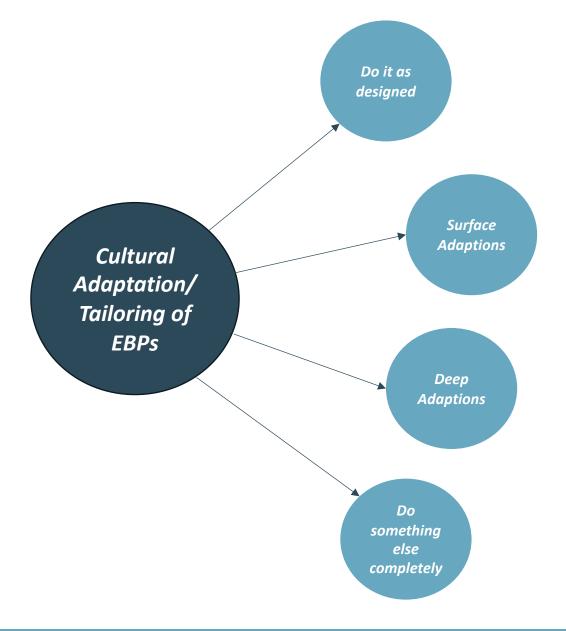


## What do we mean by tailoring?

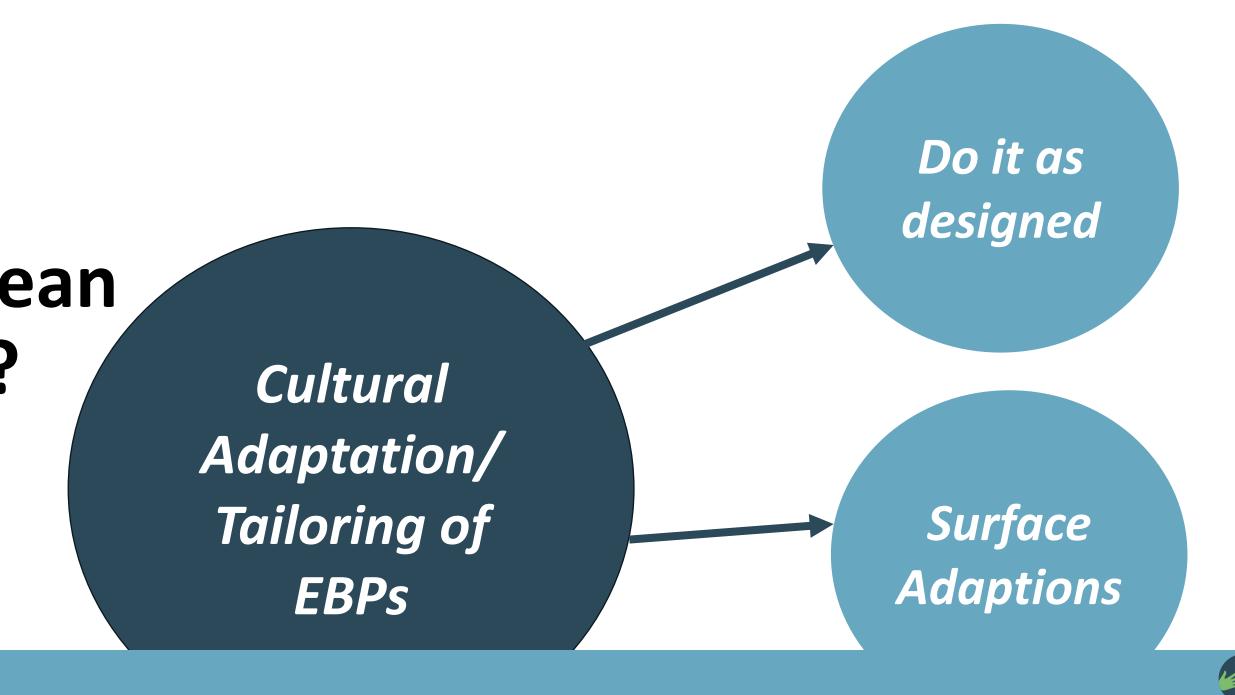




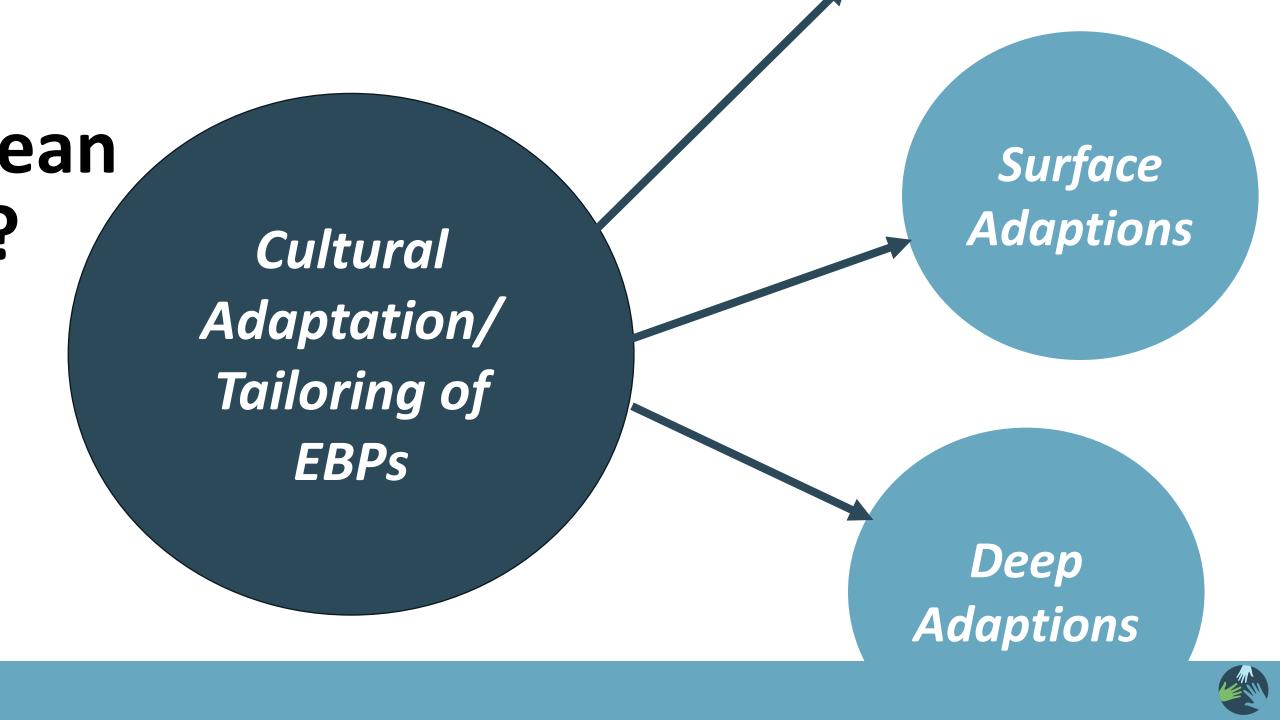
## What do we mean by tailoring?













Deep Adaptions

Do something else completely





## Step 1: Collect evidence from the research

- Reflecting on the evidence
  - O How do the trends in the literature align with or contradict your expectations?
- A refresher:
- Literature supports the efficacy of EBPs for BIPOC youth and families
  - Mixed support for the efficacy of cultural tailoring/adaptation of standard EBPs
    - Some studies suggest that tailoring may compromise the efficacy of EBTs



## What does work







Step 1: Collect evidence from the

Step 3: Develop interventions based Step 5: Intervention evaluation and Step 4: Real-world application of Step 2: Synthesize the evidence on identified best-practices

continuous quality improvement

## Step 2: Synthesize the evidence

- Evaluating our options
  - Given some of the discrepancies between research findings and perceptions of EBPs among BIPOC communities, what is the path forward?





## **BE WELL Co-Creative Process**

- Feedback from collaborators highlighted the need for contextual flexibility
  - Skill guides adapted for easier application of CBT-based skills
- Training curriculum included discussion questions to solicit participant self-reflection and cultural/context considerations
  - Ex: "How could you use this skill in your work? Or how do you use it already", "How might this skill be adapted for kids of different ages and backgrounds?", "How might this skill be adapted for different family constellations"

#### elp for Parents

#### **Active Ignoring**

#### What Is Active Ignoring?

Sometimes kids do things to get attention, to get out of doing things they don't like, or even just to get their parents upset. "Active ignoring" means purposely not paying attention to these kinds of behaviors in order to make them go away. Active ignoring can quickly stop many types of problem behaviors. It does not cause any emotional harm to your child, and it also can help parents feel less angry and upset with their children. It is easy to learn, and with a little practice, it becomes easy to use.



#### Use active ignoring for:

Fussiness Complaining Pouting

#### Don't use active ignoring for

Hitting, slapping, or pinching Throwing or breaking things Being mean to animals or people

#### **SELECTIVE ATTENTION**



#### WHEN TO USE THIS SKILL

Selective attention is a skill for decreasing the frequency of minor, attention-seeking misbehavior and increasing the frequency of positive behavior. Selective attention involves two important caregiver behaviors:

1) active ignoring, and 2) praise.

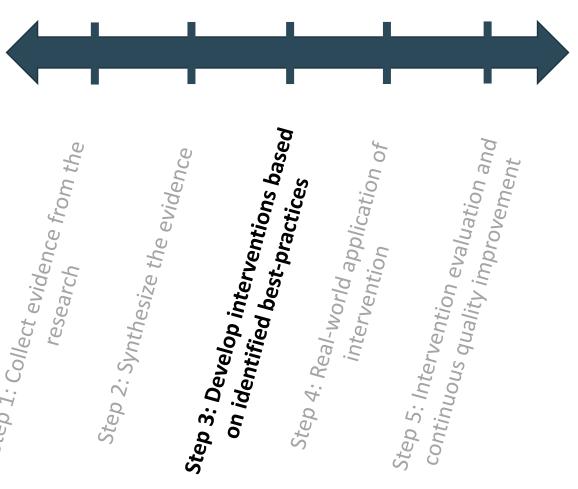
#### KEY POINTS

- ☐ Review attention-seeking as a function of behavior
- Explain selective attention
- Discuss active ignoring
- Discuss praising the positive opposite behavior
- □ Brainstorm target behaviors
- ☐ Practice selective attention in session



## What does work







Step 3: Develop interventions based Step 1: Collect evidence from the Step 4: Real-world application of Step 2: Synthesize the evidence on identified best-practices



## Step 3: Develop interventions based on identified best-practices

## Reflecting on our own work

- How might you currently incorporate culturally competent strategies into evidence-based research and/or practice?
- O How might we adapt the framing of EBPs as a whole to account for these nuanced perceptions of EBPs (especially among BIPOC communities)?





## What *does* work







Step 3: Develop interventions based Step 5: Intervention evaluation and Step 4: Real-world application of Step 1: Collect evidence from the Step 2: Synthesize the evidence continuous quality improvement on identified best-practices



## **BE WELL Project Timeline**

Phase 1: Community Engagement & Pre-Implementation Planning

Identification of core components of BE WELL Toolkit

Hiring of Diversity, Equity, and Inclusion (DEI) Consultant

Focus groups with community mental health clinicians

Recruitment and outreach planning

Phase 2: BE WELL Adaptations/Co-creation & Community Trust Building

BE WELL Toolkit adaptations

Focus groups with parents/caregivers and youth

Hiring of community mental health clinical consultant

Continued recruitment and outreach

Q&A calls with training registrants

Phase 3: BE WELL Training and Implementation

Administration of BE WELL Training (March 2023)

Clinical consultation calls

Ongoing Continuous Quality Improvement (CQI)

Policy and systems level recommendations

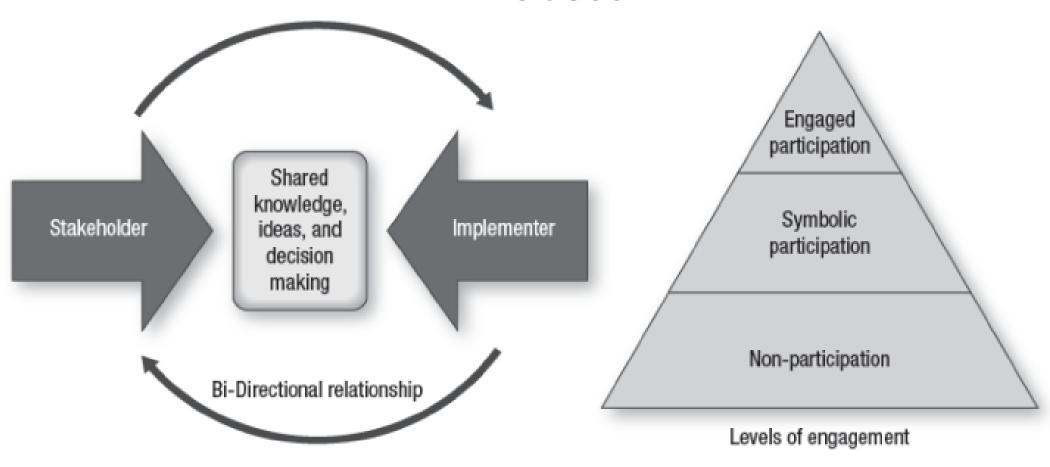


## **BE WELL Program Evaluation: Lessons Learned**

- Training participants had positive feedback about the program and culturally relevant discussions
- Several critical areas of growth identified by the Baker Center team post-training
  - Sustainability of the program: lack of staying power
  - Questions about depth and quality of co-creation
  - Dedicated time to true relationship building with community members



## Co-Creation and Adaptation as an Iterative Process



# Step 4: Real-world application of intervention Step 5: Intervention evaluation and continuous quality improvement

## Identifying areas of growth and enhancing our work

- In what ways can co-creation be incorporated more into the development and dissemination of EBPs? What are identified best practices (or frameworks) to foster community collaboration when developing interventions?
- What strategies can we use to recognize and validate difference within communities?
   How can we reflect that difference in our strategies and interventions?
- Who are your allies and champions in the community? Do you have strong community relationships? If not, how might you build authentic partnerships with the community?







- Discussion Takeaways and Reflections
  - O What are your main takeaways from this discussion?
  - How might we act upon some of the solutions and ideas discussed during this dialogue?





## Thank you for participating!

We'd love to hear from you after this discussion

- Catherine Waye (cwaye@bakercenter.org)



## **Works Cited**

- Huey Jr, S. J., 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.
- Olswang, L. B., & Prelock, P. A. (2015). Bridging the gap between research and practice: Implementation science. *Journal of Speech, Language, and Hearing Research*, 58(6), S1818-S1826.
- Park, A. L., Rith-Najarian, L. R., Saifan, D., Gellatly, R., Huey, S. J., & Chorpita, B. F. (2023). Strategies for incorporating culture into psychosocial interventions for youth of color. *Evidence-Based Practice in Child and Adolescent Mental Health*, 8(2), 181-193.
- World Health Organization. (2004). Special Theme: Bridging the Know-Do Gap in Global Health. Geneva: WHO, 82(10), 719-810.

