

# “BE WELL” – The necessity of contextual adaptations to enhance behavioral and emotional wellness in communities of color

## Introduction

The child and adolescent mental health crisis has disproportionately impacted Black and Brown communities (AAP, 2021). In response, funding to support programs that enhance access to high-quality, evidence-based mental health treatments (EBMHTs) has grown. However, **few programs share best practice in adapting and scaling treatments widely, such as Cognitive Behavioral Therapy (CBT), in a culturally competent and collaborative manner (Huey et al., 2023).**

## Description

The Behavioral and Emotional Wellness (“BE WELL”) Training is a 2–3-day CBT training collaboratively adapted with community partners and families. Feedback collected from provider, caregiver, and youth focus groups and consultants drove training adaption (e.g., skills guides and training format), which was designed for community and school-based clinicians of color and/or those who service Black and Brown families.

Upon qualitative analysis, developers enhanced skills for identified needs and further adapted (using contextual and cultural adaptations) to include strategies for effective communication and parenting, and structured training to be more flexible and accessible for clinicians in various practice settings.

### Contextual

“How can we make BE WELL more useful for clinicians?”

- Tailor recruitment and outreach initiatives to populations of focus.
- Consider accessibility in training delivery (duration, format)
- Offer training materials in multiple languages
- Consider practice settings in implementation guidance (school based vs. community based)

### Cultural

“How can we implement these skills with families?”

- Adapt skills guides to meet cultural preferences
- Incorporate discussion regarding the roles of values and cultures in working with families.

# For evidence-based mental health interventions, **contextual adaptations** play a key role in ensuring cultural fit and applicability

KEY TAKEAWAYS FROM FOCUS GROUPS	FEEDBACK INTEGRATION
<p><b>Community mental health and school-based clinicians</b> were most aware of their position in relation to the family unit and wanted strategies to build trust and rapport with parents and caregivers while providing services to their children.</p>	<p>Training structure was modified to dedicate an entire day to <b>enhancing parenting skills</b>. Additionally, feedback from school-based providers led to skills guide translation into multiple languages (e.g., Spanish, Haitian-Creole, Mandarin, and others).</p>
<p><b>Parents and caregivers</b> realized that the approaches their parents used to manage behaviors are less effective with children today and were open and eager to use new tools and strategies. However, many parents expressed difficulty navigating the mental health system, identifying a pathway to care for their child, and connecting their child with a provider well suited to address their needs.</p>	<p>Community clinician feedback <b>endorsed clinical skills that were initially planned to be taught within BE WELL (e.g., Praise Selective Attention, Identifying Effective Commands)</b>. Giving caregivers more tools to manage behaviors at home. Additionally, more discussion regarding <b>navigating pathways</b> to care were integrated into training.</p>
<p><b>Youth</b> expressed feeling misunderstood by adults and wanted help identifying a safe space to share their mental health challenges without feeling judged. They also expressed an array of perceived barriers to receiving culturally relevant care. Identified youth mental health challenges varied by age, but included themes of academic pressures, bullying, discrimination, community violence, and the impact of COVID-19.</p>	<p>This feedback helped trainers to develop <b>role-playing activities, communication skills guide</b>, and facilitate discussion in training around <b>topic areas that were most applicable to youth in the community</b>.</p>



Scan to get citations and more information!



## Lessons Learned

Collaborative adaptation is a promising and feasible method to better service underrepresented groups. Developers partnered with providers, faith-based organizations, and families to assess their mental health needs and available resources.

Contextual and cultural adaptations both play a key role in the development, active implementation, and sustainability of programs. For EBMHT interventions, contextual adaptations may be effective to meet the needs of community members while maintaining model integrity.

Training developers implemented modifications to demonstrate the importance of contextual adaptations (i.e., format, setting, personnel, population) in delivering a CBT

## Recommendations

**Center community partnership, youth, and family voice** into training initiatives that aim to reach historically underserved communities.

**Incorporate contextual adaptations to meet the needs of historically underserved communities** in a culturally competent and collaborative manner. In program development - use the FRAME adaptation framework as a guide to document adaptations.

### FRAME Adaptation (Wiltsey Stirman S, 2019):

- WHEN and HOW did the modification occur?
- Was the modification PROACTIVE or REACTIVE?
- WHO determined to make the modification?
- WHAT is modified and at what LEVEL OF DELIVERY?
- Does the modification preserve MODEL INTEGRITY?

Michaela L. Harris, MPH<sup>a</sup>, Catherine Waye, BA<sup>a</sup>, Rachel E. Kim Ph.D. <sup>a</sup>, Jessie Fitts, Ph.D. <sup>a</sup>, Michelle Alto, Ph.D. <sup>a</sup>, Rick Pinderhughes, PsyD<sup>b</sup>, Darryl Elow, D.Min.<sup>c</sup>, Noemie Bechu, MSW, MPH<sup>a</sup>, Kaitlin Haupt, MPH<sup>a</sup>

<sup>a</sup>The Baker Center for Children and Families

<sup>b</sup>Visions Inc,

<sup>c</sup>Osiris Institute

