



THE BAKER CENTER

FOR CHILDREN AND FAMILIES



HARVARD MEDICAL SCHOOL **AFFILIATE**

**Adaptation and implementation of a cognitive behavioral therapy toolkit
for community clinicians serving racially, ethnically, and
socioeconomically diverse youth and families**

Presenter: Michelle Alto, PhD

Background

- **Increase in child mental health needs** following the pandemic
 - Increase in internalizing problems (depression and/or anxiety) among urban children rose from 5% to 18%
 - March to October 2020, behavioral health-related emergency room visits among youth increased up to 31%
- In the United States, **rates of mental health care utilization among BIPOC communities are significantly lower** than that of White Americans
- Access to **evidence-based mental health services is limited** for youth in communities of color



Aims

Describe the adaptation and implementation of the Behavioral and Emotional Wellness (BE WELL) toolkit within the Exploration, Preparation, Implementation, and Sustainment (EPIS) framework and guided by a community-based participatory approach.

BE WELL



Child-Focused Skills

- Behavioral Activation
- Cognitive Coping
- Cognitive Restructuring
- Coping with Feelings
- Problem Solving

Caregiver-Focused Skills

- Praise
- Quality Time
- Effective Instructions
- Selective Attention
- Rewards
- Responding to Noncompliance

Foundational Skills

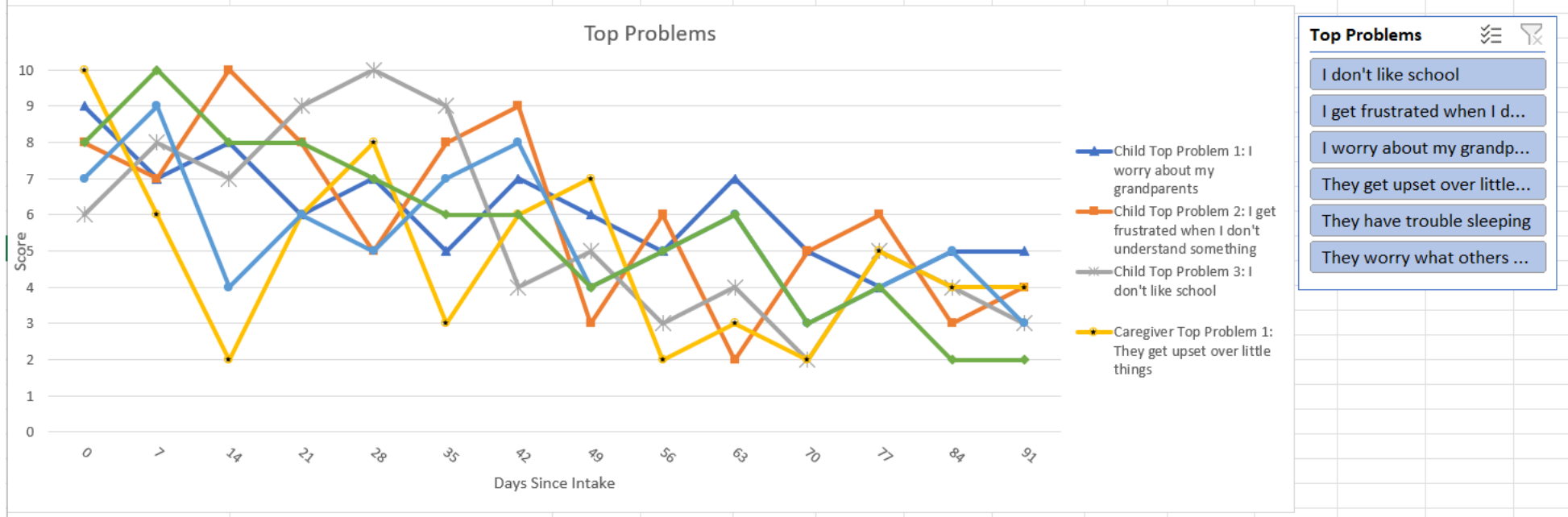
- Engaging Children and Teens
- Engaging Caregivers
- Communication

Progress Monitoring

Progress and Practice Monitoring Tool

Age at intake (in years):	9
Primary Diagnosis:	Other specified depressive disorder
Caregiver:	Aunt

Case ID:	12345	Clinician Name:	Terry Pist
Gender:	Female		
Ethnicity:	Puerto Rican		
Race:	Multiracial		



Consultation

Four virtual drop-in group consultation calls

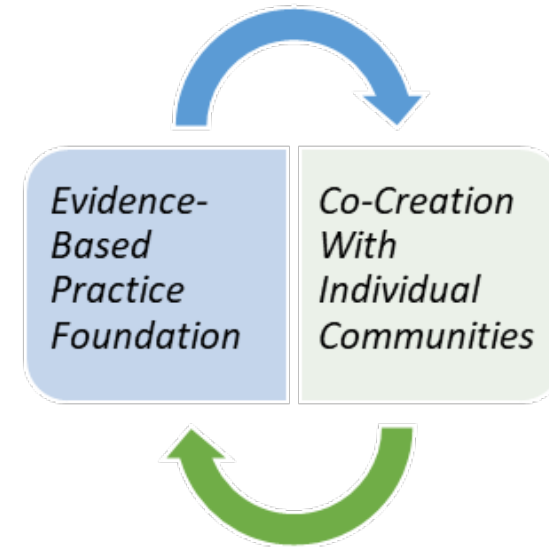


Community-Based Participatory Approach (CBPA)

CBPA emphasizes the value of community and implementation partners' needs and expertise through:

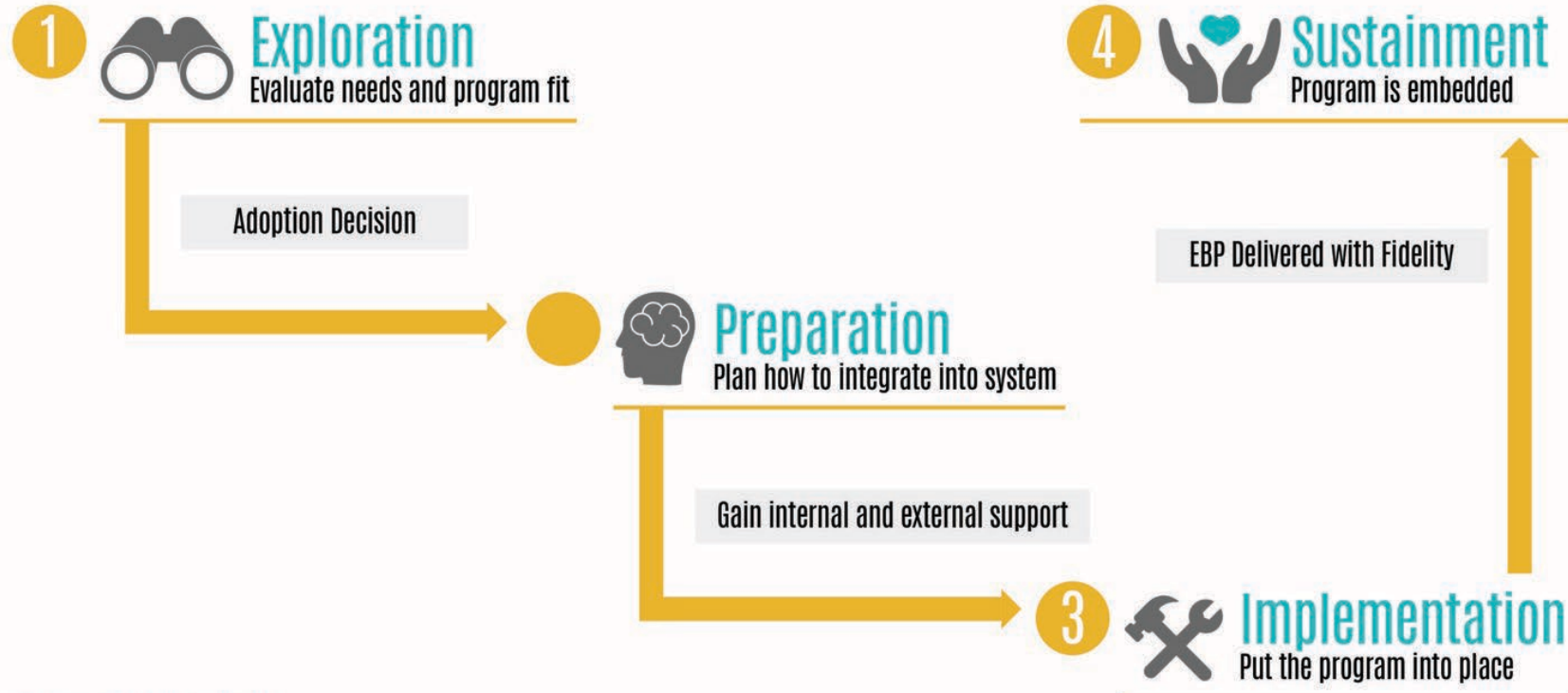
- Open collaboration
- Active problem-solving
- Shared decision-making

Collaborative and iterative process



EPIS Framework

EPIS Exploration, preparation, implementation and sustainment



Source: Aarons, Hurlburt and Horowitz, 2011

Exploration

Evaluate the needs and fit of the EBP

Method: Focus groups and a key informant interview, rapid qualitative analysis

Participants:

- Clinicians from a community agency of BIPOC clinicians serving BIPOC families in Boston (Group 1: N = 7; Group 2: N = 3)
- Members of a local Baptist church
 - Parents/caregivers (N = 11)
 - Youth ages 12-14 (N = 7)
 - Youth ages 15-17 (N = 3)
 - A school-based clinician (key informant interview)

Aim: Assess youth mental health and clinical training needs of community partners

Preparation

Planning and outreach to develop a successful implementation climate

Key partners: a community clinician consultant and a Diversity, Equity, and Inclusion consultant

Adaptations:

- 1) the clinician toolkit of cognitive behavioral and behavioral parent training skills
- 2) the implementation approach
- 3) the training model

Qualitative Theme: Caregiver-Child Relationship

“I think a lot of parents is having issues with appropriate discipline. One, because you know I grew up you know we got spankings. [...] And now, since you can get arrested or go to jail for that now, a lot of parents feel like their hands are tied, and sometimes they don't know what to do. [...] So how do you help parents navigate that arena?” – Clinician

“It's not what they say that makes me upset. It's more like their intention. [...] Being misunderstood makes me so upset. I hate that.” –Youth, age 12-14

“My grandmother, she was the only person you talked to [...] I love my mom, but I can't talk to her like that. [...] [My grandmother] always understood, she always listened, she told me to speak the truth, she's been there my whole life.” –Youth, age 15-17

“Even just starting with, spending time with your child doing something they like. Re-learning what your child likes. That's a way to express your love and interest—just to gain their attention” –Caregiver

COMMUNICATION



WHEN TO USE THIS SKILL

Strategies for effective communication can help families who experience a lot of verbal conflict and have frequent disagreements. These strategies can also help families navigate and successfully discuss sensitive topics. Although this skill can be used with children alone and caregivers alone, it is most effective when children and caregivers can practice together.

KEY POINTS

- Discuss the family context
- Set the stage for discussing effective communication
- Teach active listening skills
- Explain how to use I-statements
- Practice an effective communication style
- Discuss how to create a safe space
- Talk about the importance of taking a moment to cool off
- Encourage the client to reflect on the conversation
- Model ineffective and effective communication
- Practice effective communication

Caregiver Skills

Praise

One-on-One Time

Selective Attention

Effective Instructions

Rewards

Responding to Noncompliance

Qualitative Theme: Trust and Engagement

“I’ve been to guidance counselors before and they all kinda suck. [...] They didn’t listen to what I was saying. That’s a really important part.” –Youth, age 15-17

“I had a white woman as my therapist...I told her about a racist thing that happened to me, and she was just apologizing. She can’t relate to me ‘cause I’m black. Finding the right therapist is just too much work.” –Youth, age 15-17

“In this line of work, the family has to see that you care. The key word is care. And once they see that you care, they’ll open up to you.” – Clinician

ENGAGING CAREGIVERS



WHEN TO USE THIS SKILL

Engaging Caregivers can be used at the beginning of treatment with a new client and throughout treatment as needed to re-engage caregivers who are struggling to consistently attend or participate in sessions. Engaging Caregivers is particularly important for clients or families who are mandated to attend treatment to build their motivation to participate. Caregiver participation in counseling will help children and teens make quicker and more sustainable progress. Engaging Caregivers is also an important part of building a strong therapist-client relationship.

KEY POINTS

- Set expectations
- Review confidentiality
- Get to know the caregiver
- Assess the family’s strengths and needs
- Ask about the caregiver’s perspective on counseling
- Set treatment goals
- Explain the program
- Identify and problem-solve barriers to treatment
- Show empathy, support, and interest

ENGAGING CHILDREN & TEENS



WHEN TO USE THIS SKILL

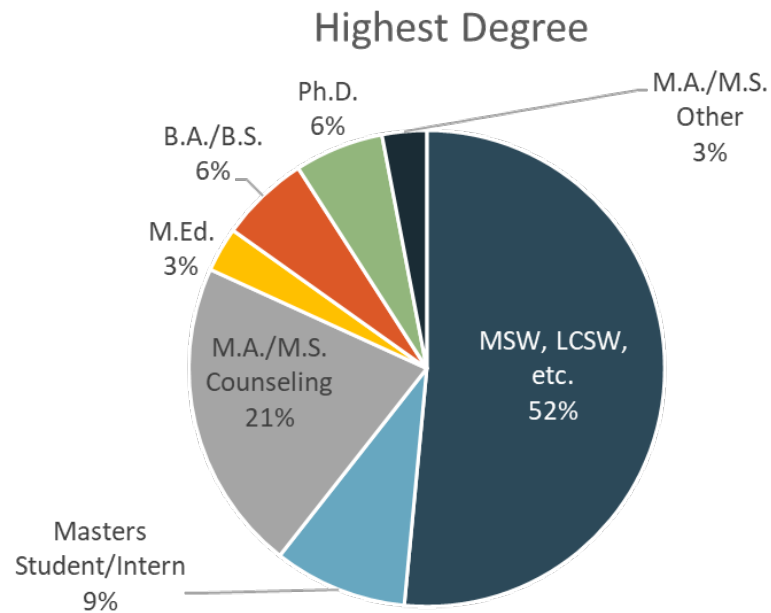
Engaging Children and Teens can be used at the beginning of treatment with a new client and throughout treatment to re-engage clients who are struggling to attend or participate in sessions. Engagement is particularly important for clients who are required to attend treatment by systems or their caregivers to build their motivation to participate. Engagement is also an important part of building a strong therapist-client relationship. Cultivating engagement may take several sessions. Remember to go at the client’s pace.

KEY POINTS

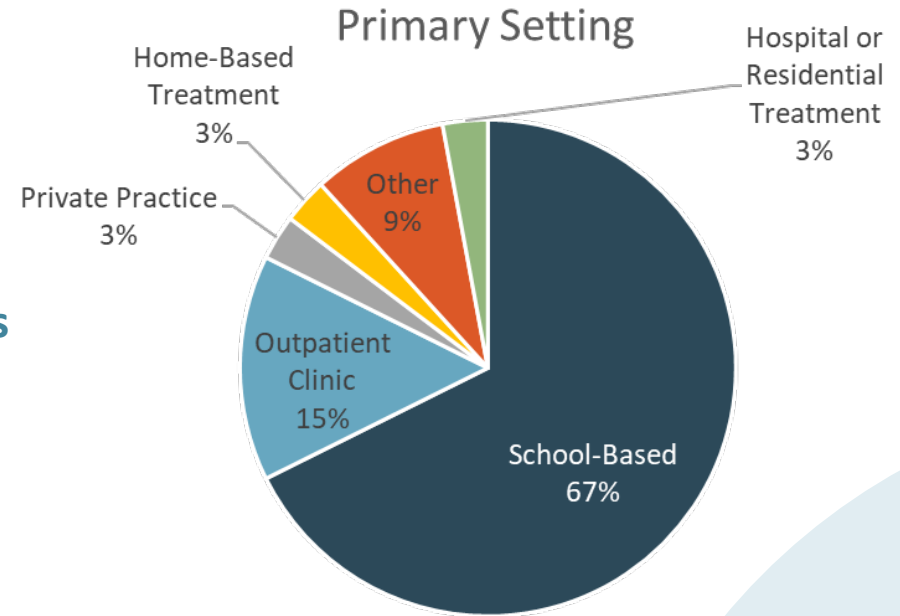
- Set expectations
- Review confidentiality
- Establish rapport
- Get to know the client
- Assess the family’s strengths and needs
- Ask about the client’s perspective on counseling
- Set treatment goals
- Explain the program
- Identify and problem-solve barriers to treatment

Implementation

Use of the EBP within the identified setting with ongoing monitoring



38 providers trained



Population Served



Title 1 school district



42 languages spoken



93 countries represented



9.6% African American, 8.9% Asian, 60.3% Hispanic, 17.3% White, 3.6% multi-race non-Hispanic

*Approximately 1 social worker for every **250** students*

26 school-based clinicians trained



6500 students with better access to evidence-based care

Training Feedback

I also liked the opportunity to learn and have examples from the team before role playing with our colleagues at our tables. (MSW, 2 years in the field)

I learned how to apply CBT techniques to specific issues that arise in the population that I serve. (MSW, 4 years in the field)

The training kept us engaged and interested. I loved the role playing the instructors did. (LMHC, 11-20 years in the field)

Learned new ideas about working with both teachers and parents. I plan to do a parent group using/teaching these skills. (LCSW, 20+ years in the field)

Consultation & Progress Monitoring

1 out of 38 clinicians attended consultation

0 clinicians used progress monitoring tools

Flexible, low demand training initiative →

- ✓ Increased accessibility of content and resources, BUT
- ✗ Loss of structured implementation supports

Post-Training Adaptations

All materials translated into Spanish

Handouts and worksheets
translated into:

- Haitian Creole
- Cape Verdean Creole
- Portuguese
- Somali
- Cantonese
- Mandarin



Sustainment

Continued use of EBP for broader public health impact

Recruitment and
outreach

Training content

Progress monitoring
and consultation

Recruitment and Outreach



Training Content

Administer a pre-training survey to assess providers' familiarity and comfort with the presented clinical skills, then tailor training content based on feedback.

Level of experience

- Current materials may be of more interest to newer clinicians
- More advanced and nuanced training examples may be relevant for more experienced providers

Setting and population served

- Conduct focus groups with key trainee populations to adapt curriculum and training content
- Adapt a *co-creation* rather than *consultation* model of adapting content with partners

Progress Monitoring and Consultation



Senior Leaders

- Involve senior leaders in implementation to support the needed buy-in to uptake measurement-based care strategies

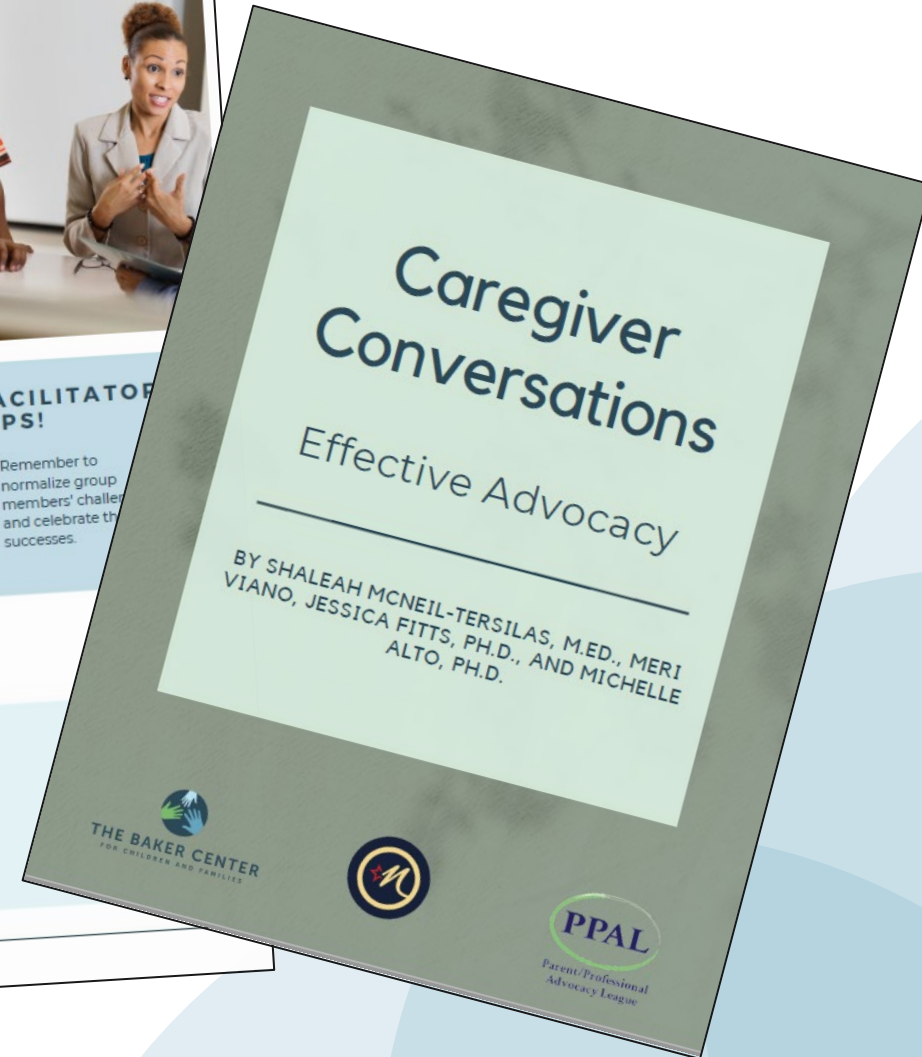
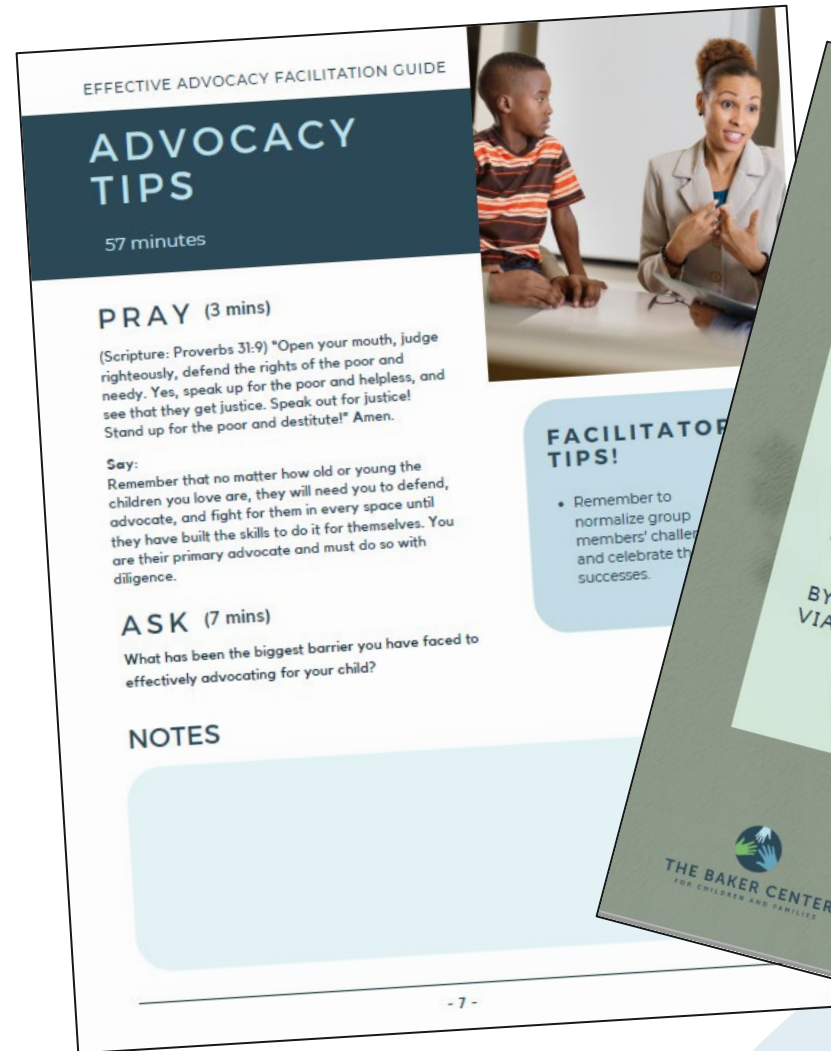


Additional Training

- Offer additional training for clinicians on the value and use of progress monitoring

Next Steps: Caregiver Conversations

“A group like this can support us as a family, especially mothers and fathers, [...] just to know that someone out there feels the same way that I do. I was brought up in church—and the church was always a place that we got some support. [...] To be able to come to church is a good thing—and if we can find that support here, we should keep it going.”



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Thank you!

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