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Steve Hicks School of Social Work

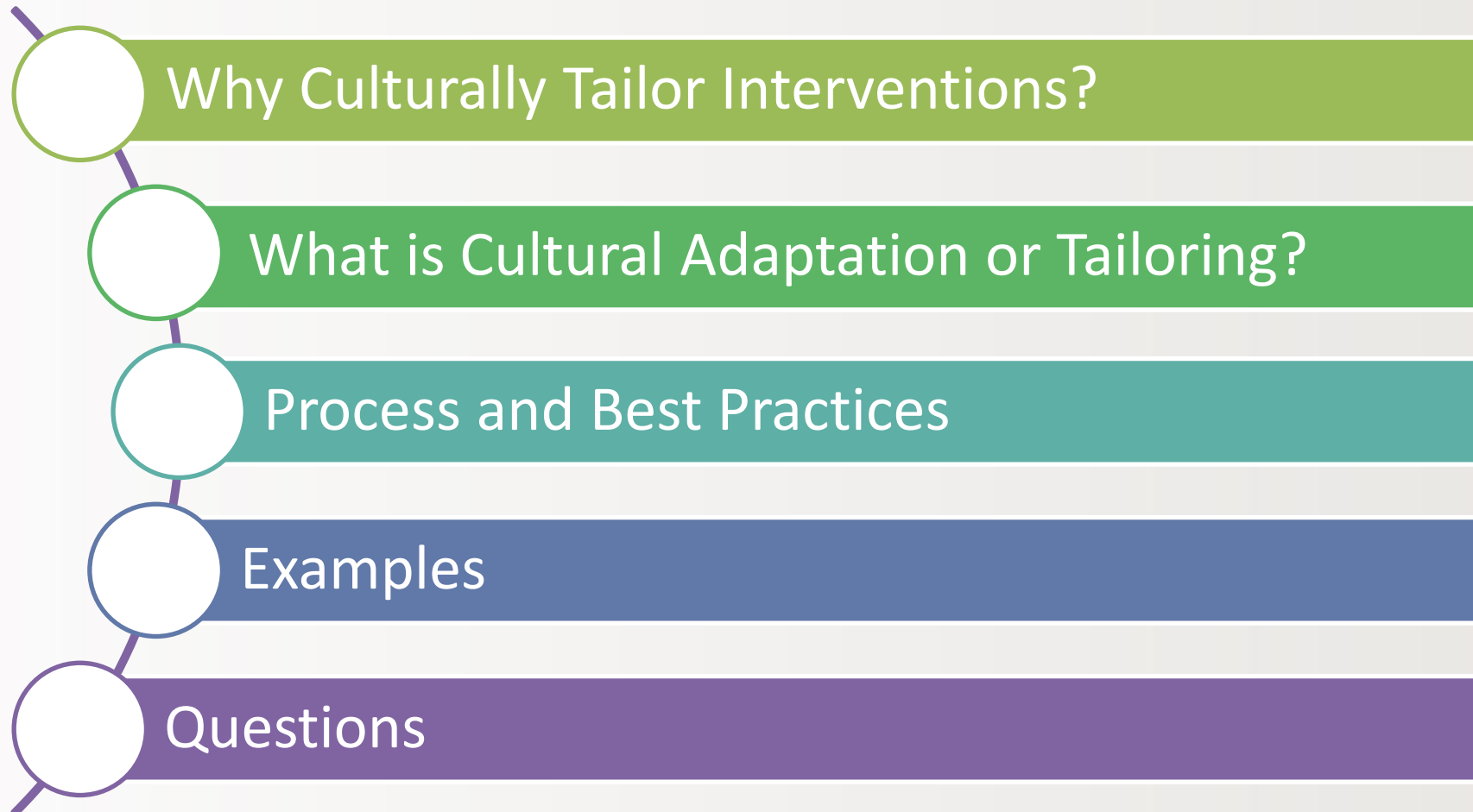
The Process to Culturally Tailoring Interventions

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Overview of presentation





Before we begin..

- I would like for you to think about these two points as we go along:
 - How you might use the ideas/concepts presented in your studies, or future/current professional practice
 - Additional ideas or examples that you've observed

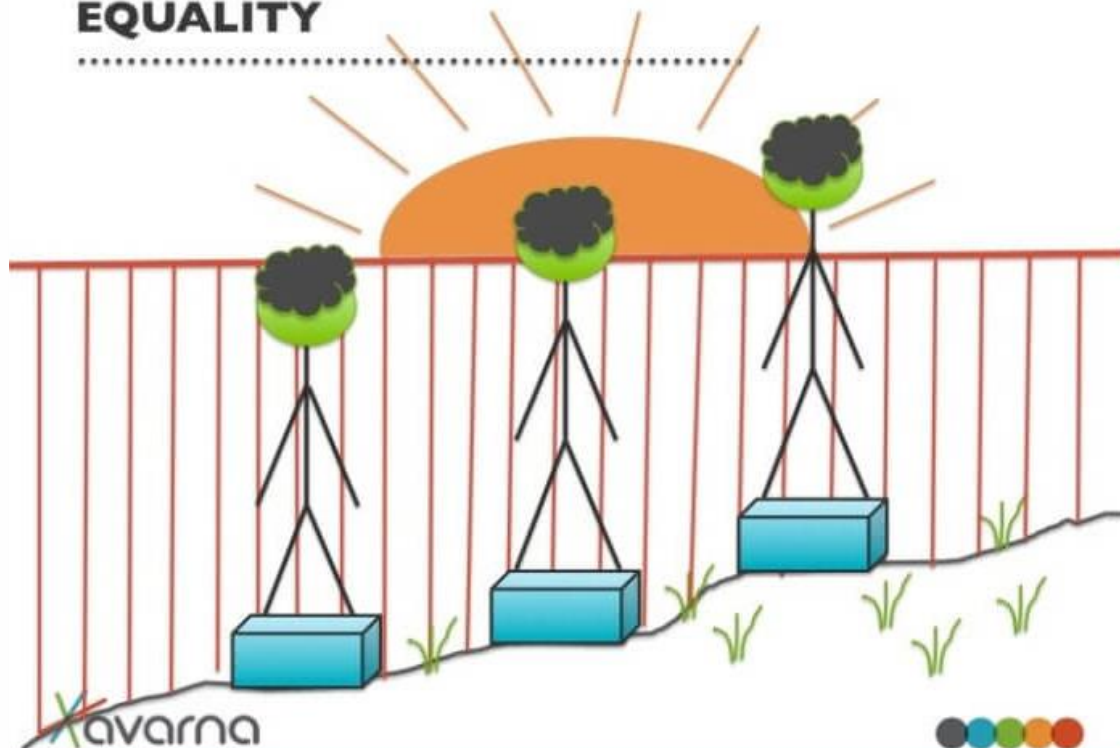


Why culturally tailor interventions?

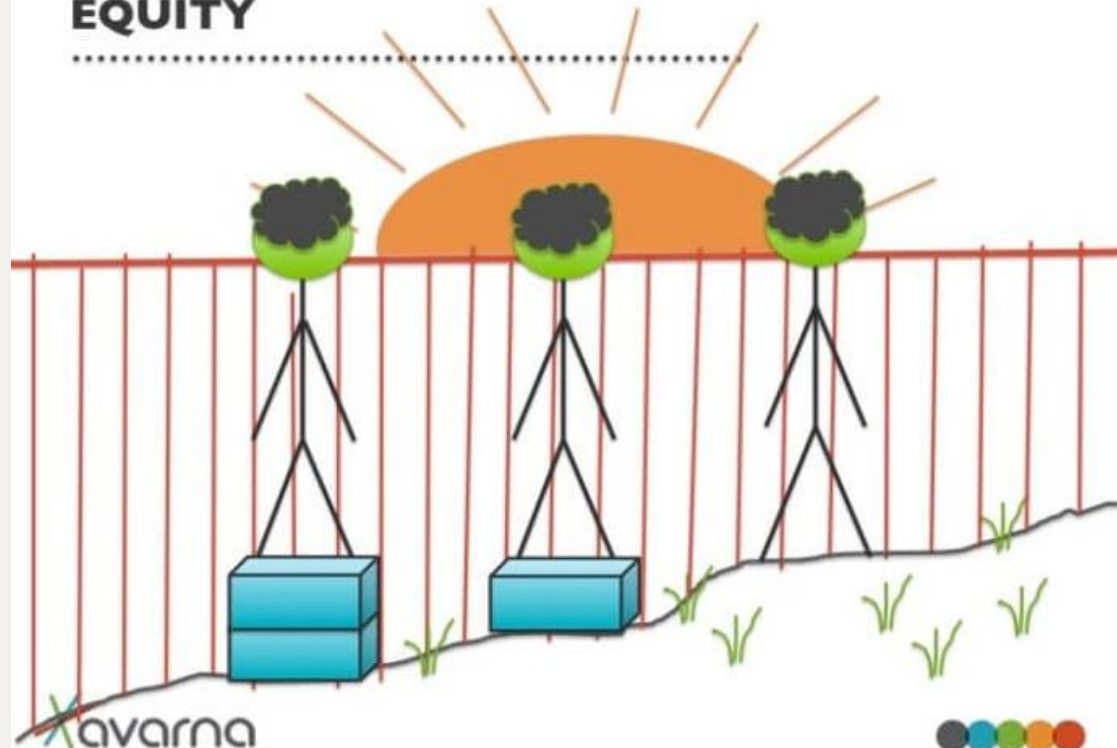
- Most evidence-based interventions are not tested with culturally diverse populations
- Diverse groups have unique needs and often fall through the cracks of service and healthcare systems
- Interventions tailored for specific populations, needs and outcomes can address these needs and reduce disparities



EQUALITY



EQUITY





What do we mean by cultural tailoring an intervention?

- Ensuring an intervention is culturally responsive to the group you plan to serve
- Can be creating or developing a new intervention that is culturally tailored or culturally adapting an existing intervention to a specific group





Models of Cultural Adaptation

- Surface level adaptation
 - Identified sociocultural needs of the family
 - Use bilingual/bicultural staff
 - Use of culturally specific interpersonal styles
- Deeper structure approach
 - Also embed values, practices, traditions that reflects help-seeking behaviors and view of the world
 - How social, cultural, environmental and historical factors influence health related behaviors & practices

(Barrio & Yamada, 2010; Resnicow & Baranowski, 1999)



Best Practices in Developing or Adapting Culturally Tailored Interventions

- Involve Stakeholders
- Consider using peer-based recruitment and delivery methods
- Create/adapt/translate materials for the specific group
 - Ensure content is relevant and salient to group
- Ensure accessibility and reduce effort and barriers
- Consider using the Ecological Validity Framework



Involve Stakeholders

Stakeholder advisory board

- Families/individuals who would benefit from the intervention
- Community & school practitioners working with the population
- Community advocates

Adoption is increased by compatibility and level of complexity



Diffusion of Innovation (DOI) Framework (Rogers, 2003)



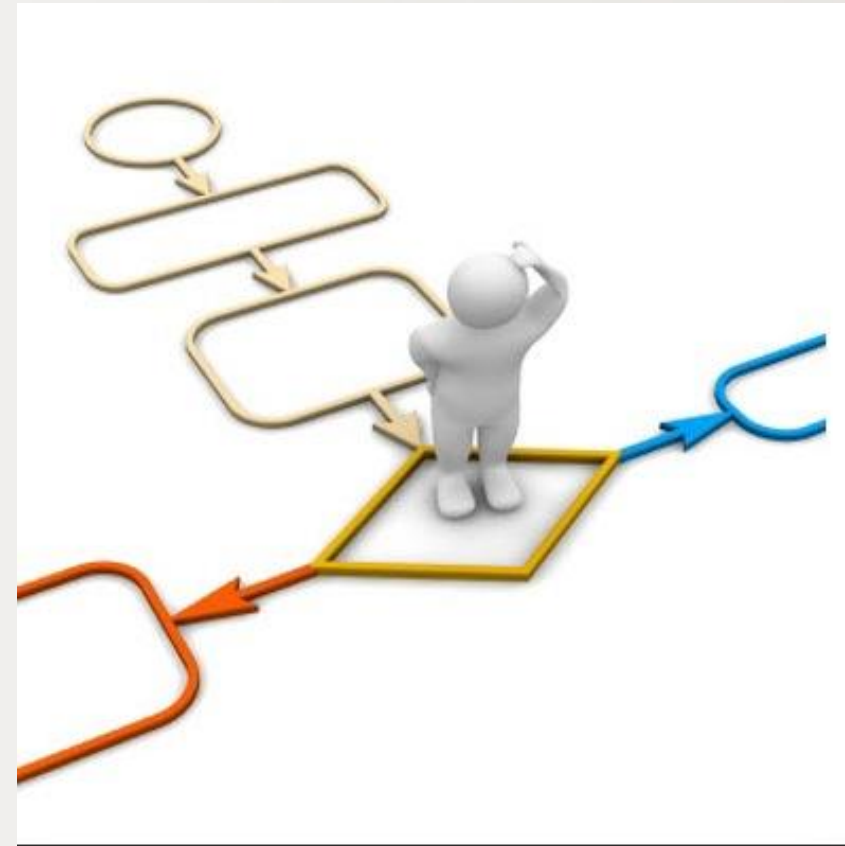
Include a Paid Bilingual and Bicultural Peer Mentor, Navigator or Interventionist

**Situation within
organization**

**Outreach,
Recruitment**

**Endorsement by
community member
can support adoption
in community**

**Help with delivery of
intervention**





Adapt and translate materials/intervention

Consider length, number of sessions

- Cost

Engaging materials

- Minimize text, visuals

Culturally relevant themes

- Family activities
- Images
- Content specific to group

Diffusion of Innovation (DOI) Framework (Rogers, 2003)





Accessibility/reduce effort

Family homes or near where families live

Close to public transportation

Snacks, childcare provided

Smaller groups of families to promote connection/discussion

Consider home visits which overcome several barriers



Cultural Adaptation Process



EXAMPLES OF CULTURALLY TAILORING AND ADAPTING INTERVENTIONS



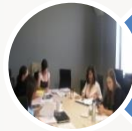
Parents Taking Action

- Intervention created to address disparities for Latino immigrant parents of children with Autism





Advisory Committee



Community Partner staff



Local social service & medical professionals



Investigators and research staff



Latino parents of children with Autism



Autism expert

- Met several times to review & give feedback on program content



Advisory Committee in Milwaukee





Ecological Validity Framework for Cultural Adaptation (Bernal)

Dimension	Incorporation into intervention and materials
Language	Materials created in Spanish and English, promotoras native Spanish speakers
Persons	Promotoras from same cultural and geographic community
Metaphors	Common Spanish sayings or “dichos as well as storytelling were incorporated into the manual
Content	Incorporated cultural values such as familism and personalismo
Goals	Goals for parent and child that take into account sociocultural context
Methods	Flexible and foster relationship building and including the family
Context	Home-visit model overcomes barriers to participation such as transportation and child care



Curriculum: 14 Sessions

Psychoeducation	Advocacy & Parent Support	Evidence-based strategies to help children learn
Understanding child needs, autism, evidence-based practices, and challenging behaviors	Parent advocacy in schools & community, reducing stress, and increasing social support	Using play, enhancing communication, reducing challenging behaviors

Promotora Model





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- Training of Promotoras
- Held in group format, 4-to-8-hour blocks
- Total of 32 hours of training
- Provided meals and compensated promotoras for training time





Promotoras role

- Being a role model and having shared experiences
 - “I believe the most effective aspect was to have someone to talk to about the problems they are facing, someone who understands them and doesn’t criticize them.”
- Having discussion and dialogue with participants
 - “It’s a very mutual conversation.”
- Providing emotional support
 - “it is possible for them to cry and talk with me about what is going on and how they feel.”



Promotoras role

- Teaching advocacy skills and providing resource information
 - A promotora indicated that the participant did not know they had the right to ask for services for their children
 - They reported that some parents knew of certain services but did not know how to access



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Materials & Structure

Parents Taking Action



Promotora Manual

Padres en Acción



Manual Para Promotoras

Parents Taking Action



Participant Manual

Padres en Acción



Manual Para Participantes

- 2-hour sessions
- In-home weekly visits
- Manuals (English and Spanish, promotora and participant)
- Videos & Novelas
- Visual resources
- Session activities
- Home activities
- Community resource guides
- CDC materials



Session Two

Understanding Child Development

Key Terms

- *Motor Milestones
- *Typical Development
- *Reciprocity

Key Terms

- *Shared Attention
- *Direct Attention
- *Imitation

Key Terms

- *Imaginary Play
- *Communication
- *M-CHAT



Check-in:

Greet the participant and welcome him or her to session two:
Understanding Child Development

Thank you for keeping our appointment. Today we will learn about the way young children grow and develop, which is called child development. Some of the information that we will see today will also be helpful in thinking about the development of _____'s (the child's name) brother, sisters, or cousins.

Say

Today we are going to look at three tools that will help us understand how children between 1 and 3 years of age develop. The first tool is a picture dictionary. We will look at this picture dictionary to understand the development of young children. In particular, we are going to pay special attention to how babies learn to relate to others, communicate, and play. We will notice the age

- Key terms
- Instructions to Promotora
- Check in with participant
- What promotora should say



- Objectives of session
- Framing of issue
- Saying or “dicho” as icebreaker

range in which certain skills usually develop. Then, we will test our understanding with a matching activity.

Objectives

- Talk about child development
- Practice the stages of child development with a picture dictionary
- Review information from the Center for Disease Control
- Talk about the M-CHAT

Say

Latino families of children with developmental delays or autism face many obstacles in getting help for their children. Latino children do not always get the help they need, or get help after many more doctor visits than white children. In fact, Latino children are under-diagnosed and underserved in school and service systems across the country. One of the main obstacles is the lack of knowledge about child development and warning signs for autism.

Before we talk more about child development and the red flags of autism, I would like to share a saying that says,

“Little by little, one goes far”.



Do you agree with this saying, why or why not?



Questions to generate discussion



Results of study: Compared to the control group


Parents feel more empowered/confident



Parents use more evidence-based strategies



Children access more EB services
Reduction in social communication problems





Adaptations of PTA

For Black community in Baltimore

In California to reduce disparities in
Regional Center system, San Diego

Internationally in Bogota Colombia

For Chinese immigrant families in Chicago



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Adaptation of PTA to Serve Parents of Black Children with ASD





Baltimore Team

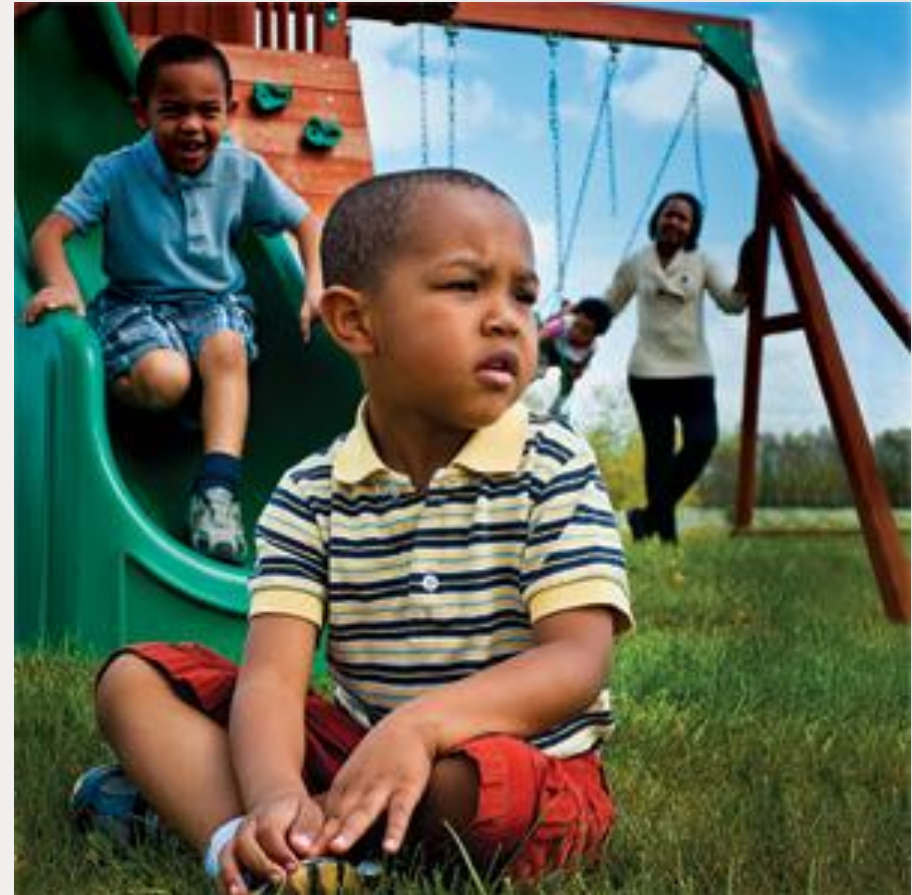
- Lead by Sarah Dababnah at the University of Maryland, Baltimore
- Primary collaborators
 - UMB Social Work Community Outreach Service; Dr. Wendy Shaia
 - Community Advisory Board
 - Collaboration with local initiative, *Brown on the Spectrum*





Pilot Study Aims & Methods

1. Engage key stakeholders in the local adaptation and implementation of *PTA* for caregivers of Black children with autism in low-income Baltimore neighborhoods; and
2. Pilot *PTA* and identify participation barriers and facilitators.





Aim 1: Advisory Group Engagement and *PTA* Adaptation

- Changes to *PTA* program manual
 - Modified first session to begin with a story of an individual with autism in Baltimore
 - Added photos of Black children and families
 - Reorganized manual to present child-directed play, communication and child behavior earlier
 - Recorded new video narrations
 - Included resources on police interactions
 - Revised manual with Baltimore-specific resources



Meet Malcolm & Wendy



Objectives

- Read Malcolm's story
- Familiarize yourself with the general information and topics that we will explore during the program



Malcolm's Story

Say

To continue, we will talk about the story of Malcolm, a young man with autism who is on the way to success and a happy life.



When Malcolm was born in January 1995, his mother Yolanda felt he was the perfect baby. As an infant, Malcolm was hitting all his milestones typically. However, around 14 months, all his vocalizations stopped and he became a very picky eater. He would also scream and flap his hands. Yolanda asked Malcolm's pediatrician to advise her what to do. The pediatrician told Yolanda, "Give it time." After three visits, Yolanda demanded answers. The doctor referred the family to Mt. Washington Pediatric Hospital, where a panel of professionals tested Malcolm. They diagnosed Malcolm with autism. Yolanda had never heard of autism, nor knew anyone with the disability. Mt. Washington set up speech appointments and sensory food appointments. Malcolm then started the Program for Artistic Learners (PALS) at a local elementary school. Yolanda was happy Malcolm was receiving the help he needed, and decided to go back to work. However, no daycare centers were willing to accommodate his special needs. The family continued with PALS and Baltimore Infant & Toddler program until he was three years old, when he transferred into Baltimore City Public Schools.

At their first Individualized Education Program (IEP) meeting, Yolanda insisted on the correct classification. The school recommended he be classified as "developmentally delayed." Yolanda stood firm and Malcolm was classified as having autism. With this diagnosis, she applied for the



Aim 2: *PTA* Pilot Delivery

- Three Parent Leaders delivered the program to seven caregivers. All parents received case management from a LCSW or master's level social work intern.
- Caregiver characteristics:
 - All Black mothers
 - Two mothers were single; the remaining lived with someone or were married
 - Majority of participants had a high school education or less and had household incomes less than \$35,000



Program facilitators: Parent support & Relevance to Black families

- In-home service delivery often revealed and allowed us to address material needs (e.g., food insecurity).
- Regular program and Parent Leader check-ins were commonly cited as facilitators to participation:
- *“We normally try to maintain life by ourselves. So, I mean, even when we didn't have a meeting, [my Parent Leader] would reach out...Sometimes we just need that little question....”*
- All parents reported the program was relevant for their family, with most citing the focus on Black families:
- *I think [PTA] was relevant because a lot of the times in African American communities, the disparities...I feel it get pushed under the rug in this country....[my Parent Leader] and I...actually spoke about that, not enough attention is put on African American families, and what we go through...*



Program Challenges

- Caregivers frequently canceled or missed appointments (41%) and only three completed all 14 sessions (mean completion = 10 sessions).
- COVID-19 related shutdowns and other challenges exacerbated existing barriers. Financial incentives to keep scheduled appointments were ineffective



Common reasons for cancellations:

- appointments for child and household needs (e.g., child therapy, SNAP benefits)
- caregivers' health issues, which included routine illnesses (e.g., colds) as well as extended hospital visits due to childbirth and surgeries for life-threatening medical conditions, gun violence, and other emergencies
- moving and housing instability (e.g., evictions)
- busy work schedules
- school closures
- lack of reliable transportation (e.g., which extended their time doing errands such as grocery shopping)



Flexible Scheduling: Barrier, facilitator, or both?

- All caregivers reported *PTA's* flexible scheduling (e.g., meeting on weekends or in community locations) facilitated their participation:
“95% of programs won't [offer times outside of typical weekday work hours]. It's either, ‘You do it the time that I can give you, because that's the time that I have opening, or you can't do it at all.’ And that's just how it is. And that doesn't work.”
- The average time between sessions was 35 days (ideally seven).
- Some parents felt it was unnecessary to be on a weekly schedule:
- *“[PTA] give[s] us time to actually embrace it, learn it, fill it out and see if it works, if it doesn't work...as a single mother doing this, it takes a lot of patience. And with patience, you need that space in between to actually be able to cooperate with the child but incorporate everything that you need inside.”*



Next Phase now in progress: Scale up with Developmental Behavioral Clinic on project to recruit from waitlist

Developmental Behavioral
Pediatricians actively involved

- in recruitment through the DBP waitlist
- In helping families with arranging care for additional needs
- and in participating in the analysis and interpretation of data





Other Cultural Adaptations

For families in Bogota,
Colombia



For Chinese immigrant families
Yue Xu at University of Illinois
Chicago





Questions?

How might you use ideas of developing culturally tailored interventions in your profession or future profession?



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