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Adaptation of Community Mental Health Worker Curricula: A Literature Review of Existing Framework and a Proposed Framework for Haitian Americans

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Abstract

Adaptation of Community Mental Health Worker Curricula: A Literature Review of Existing Framework and a Proposed Framework for Haitian Americans

By Bensey Pierre-Louis

Background: The United States is estimated to become more racially and ethnically diverse in the next few decades. The increasing diversification of the United States population places a responsibility on the health systems to ensure their services reach those of different racial backgrounds. Black and Indigenous communities and People of Color (BIPOC) still face extreme health disparities, especially in relation to mental health outcomes. Among Haitian Americans (who represent a unique health disparity population in the U.S.), accessing quality health care remains an important challenge, partly driven by a lack of culturally congruent services. In an effort to address the unmet mental health needs of Haitian American communities, a research team at the Morehouse School of Medicine (MSM) has undertaken a cultural adaptation of the High School and Young Adult Community Health Worker (HSYACMHW) Training Curriculum, originally developed by MSM's Innovation Learning Lab in 2015.

Purpose: The purpose of this thesis is to develop a framework for best cultural adaptation practices for mental health interventions targeting Haitian American young adults. These recommendations will be integrated into the cultural adaptation process that the Morehouse School of Medicine's Innovation Learning Lab will use in tailoring the HSYACMHW program for a Haitian American population.

Methods: This chapter presents a summary and analysis of literature published between 1995 and 2021 on best practices for cultural adaptation for mental health interventions and contexts where it has been implemented. I created a new framework that integrated components from the Ecological Validity Model and the 4 Domain Cultural Adaptation Model.

Results: A new cultural adaptation framework that will aid the cultural adaptation of mental health interventions for Haitian Americans was created. Supplemental materials include a cultural adaptation content checklist and a cultural adaptation template to document recommendations with examples from MSM's program

Discussion: The integrated framework is among the newest cultural adaptation frameworks for mental health interventions within the Haitian American young adult community. Its development and future application to the Haitian American population are promising for the future of Haitian American mental health. This new framework and the supplemental material will help MSM's Innovation Learning Lab to culturally adapt its HSYACMHW curriculum for the Haitian American young adult population. My thesis will also assist organizations in their mission to strengthen mental health.

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Table of Contents

Chapter 1 Introduction 1
Purpose Statement 3
Objectives 3
Significance Statement 4
Key Terms 4

Chapter 2 Literature Review 5
General Cultural Adaptation Frameworks 5
Ecological Validity Model 5
Selective and Directed Cultural Adaptations of Evidence-Based Treatments 7
Integrated Top-Down and Bottom-Up Approach to Adapting Psychotherapy 8
The Cultural Adaptation of Prevention Interventions 10
Development and Testing of the 4-Domain Cultural Adaptation Model (CAM4) 11
Summary 12
Mental Health First Aid Interventions 12
A Feasibility Trial of Mental Health First Aid First Nations: Acceptability, Cultural Adaptation, and Preliminary Outcomes 12
Culturally Adapting Youth Mental Health First Aid Training for Asian Americans 14
Adaptation of the Coping With Stress Course for Black Adolescents in Low-Income Communities: Examples of Surface Structure and Deep Structure Cultural Adaptations 15
Culturally adapted Family Intervention (CaFI) for African-Caribbean people diagnosed with schizophrenia and their families 16
Haitian Specific Interventions 18
Cultural adaptation of a group treatment for Haitian American adolescents. 18
Evaluation of Haitian-American Responsible Teen 20
Conclusion of Literature Review 21

Chapter 3 Methods 23
Figure 1: Categorization of General Adaptation Frameworks 23
Table 1: Ecological Validity Model in Topics, Definition and Elements 24
Table 2: 4-Domain Cultural Adaptation Model (CAM4) 26

Chapter 4 Project Content 29
Integration of the Ecological Validity Model and the 4-Domain Cultural Adaptation Model to the 29
Cultural Adaptation of Mental Health Interventions for Haitian Americans 29
Cultural Adaptation Content Checklist 31
Cultural Adaptation Template for Mental Health Intervention 32

Chapter 5 Discussion 34
Integration of the Ecological Validity Model and the 4-Domain Cultural Adaptation Model to the Cultural Adaptation of Mental Health Interventions for Haitian Americans 34
Culturally Adaptation Content Checklist 35
Cultural Adaptation Template for Mental Health Intervention 35
Application to the Innovation Learning Lab 36
Figure 2: Innovation Learning Lab Young Adult Community Health Worker Training Modules 36
Limitations 37

Implications for Public Health/Recommendations 38
Future Directions/Recommendations 38
Conclusion 39

References 40

Chapter 1 Introduction

The United States is estimated to become more racially and ethnically diverse in the next few decades. The increasing diversification of the United States population places a responsibility on the health systems to ensure their services reach those of different racial backgrounds. (Frey, 2020) Efforts made to engage with diverse populations are strengthened through culturally adapted health-based interventions. Cultural adaptation is the systematic modifications of an evidence-based treatment or intervention protocol to consider language, culture, and context to reach the client's cultural patterns, meaning, and values. (Castro et al., 2010) For example, the Center for Disease Control culturally adapted its Diabetes Prevention Program for the African American population. (Thompson et al., 2015) While efforts to develop culturally adaptive interventions for chronic disease and HIV have been carried out, Black and Indigenous communities and People of Color (BIPOC) still face extreme health disparities, especially in relation to mental health outcomes. (American Psychiatric Association, 2017)

The National Alliance on Mental Illness reports that 1 in 5 U.S. adults experiences a form of mental illness involving significant changes in thinking and/or distress and problems functioning in society. It also reports that 1 in 3 young adults experiences mental illness, and 1 in 6 adolescents aged 12-17 experiences major depressive episodes. (National Alliance on Mental Illness, 2022) BIPOC are more likely to experience lasting consequences of mental illnesses than whites. In addition, BIPOC are less likely to receive mental health services because of barriers that may include: lack of insurance, underinsurance, mental health stigma, lack of diversity among mental health providers, and distrust in the healthcare system. (American Psychiatric Association, 2017) When mental health services are available, they are mostly culturally adapted

for Latinos, Asian American, and African American populations leaving out ethnic subgroups. (Dinos, 2015)

The Haitian population is one subgroup that is experiencing mental health disparities. Approximately over 1 million people of Haitian ancestry live in the United States. 600,000 were foreign-born. About 400,000 were born in the United States. (United States Census Bureau, 2019) Individuals from Caribbean countries reported a higher risk for psychiatric disorders, anxiety, depression, substance abuse, and more. (Lacey et al., 2015) These mental health needs have implications for current and future generations of Haitian Americans. Haitians and Haitian Americans in the United States have been subject to a series of stressful circumstances related to the economic and psychological toll of earthquakes and political unrest in Haiti. (Allen et al., 2016) COVID-19 has raised awareness of mental health disparities and increased calls for equitable access to mental health services for all populations. Low utilization by Haitians and Haitian Americans is due, in part, to a lack of effective cultural adaptation of psychosocial interventions in these populations. A lack of mental health interventions applied to the Haitian-American population living in the United States can create poor health outcomes instead of alleviating mental health illnesses. (Carson et al., 2011) A lack of culturally appropriate psychosocial interventions or guidelines can exclude Haitian-Americans from current efforts to reduce the global burden of mental disorders. The emphasis on equitable public health interventions emphasizes that culturally adapted mental health interventions must include the Haitian American community.

The Innovation Learning Laboratory for Population Health at Morehouse School of Medicine has recognized that mental health disparities exist in interventions within the Haitian American population. The Innovation Learning Lab has created a High School and Young Adult

Community Health Worker Training (HSYACMHW) program that consists of 20 modules that train students to serve as community mental health workers to engage their family, peers, and community in strategies to achieve better mental health. (Morehouse School of Medicine, 2022) In their efforts to respond to the needs of Haitian Americans around health and mental health care access, the Innovation Learning Lab is working to culturally adapt the original HSYACMHW program into a Young Adult Community Mental Health Worker (YACMHW) Training program targeting Haitian American young adults between the ages of 18 – 24 years old.

Purpose Statement

The purpose of this thesis is to develop a framework for best cultural adaptation practices of mental health interventions for Haitian American young adults. These recommendations will be integrated into the cultural adaptation process Morehouse School of Medicine's Innovation Learning Lab will use in implementing and evaluating the YACMHW curriculum for Haitian Americans.

Objectives

- Objective 1: Identify best cultural adaptation practices for mental health interventions
- Objective 2: Develop a framework for cultural adapting mental health interventions for Haitian Americans
- Objective 3: Develop recommendations for culturally adapting the YACMHW program for use with young adult of Haitian descent.

Significance Statement

The development of a best cultural adaptation framework for Haitian Americans will aid community organizations and program managers in creating culturally adapted interventions. It will serve as a model that can be used and replicated for other contexts.

Key Terms

Cultural Adaptation: systematic modification of an evidence-based treatment to consider language, cultural, and context in such a way that it is compatible with the client's cultural patterns, meaning, and values

Health Disparities: preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations

YACMHW: Young Adult Community Mental Health Worker Training Curriculum for Haitian American young adults

Chapter 2 Literature Review

This goal of this literature review is to gauge the landscape of best cultural adaptation practices for the Haitian American population. This chapter presents a summary and analysis of literature published between 1995 and 2021 on best practices for cultural adaptation for mental health interventions and contexts where it has been implemented. The review is divided into three themes: general cultural adaptation frameworks, cultural adaptation frameworks applied to First Aid Mental Health Trainings, and cultural adaptation frameworks applied in the Haitian American population. The following criteria were used to determine eligibility for inclusion: peer reviewed journals and a primary focus on cultural adaptation. Peer-reviewed articles were identified using PubMed, APA PsychArticles, Web of Science, and Academic Search Complete. Search terms were "cultural adaptation practices" "psychosocial interventions" "mental health" "Haitian-American."

General Cultural Adaptation Frameworks

Ecological Validity Model

One of the prominent cultural adaptation theories is the Ecological Validity Model (EVM). Ecological validity states that results from research should be a representative of conditions in the wider world. (Andrade, 2018) Bernal et al., (1995) believed that cultural sensitivity concerning mental health treatment can increase ecological validity thus increasing the success of treatment outcome research. Bernal conducted a literature analysis around cultural sensitivity and ecological valid interventions with the purpose of creating a culturally sensitive framework for the development or adaptation of treatment manuals for the Hispanic population. (Bernal et al., 1995) As a result, Bernal created a framework of eight major

dimensions of treatment interventions and their culturally sensitive elements for cultural adaptation of psychosocial treatment. This framework includes: language, persons, metaphors, content, concepts, goals, methods, and context. Language refers to culturally appropriate language and includes language that captures emotional experiences related to the target population. Persons refers to the considering ethnic and racial similarities and differences between the therapist and patient. Metaphors are the use of symbols and concepts that the target population would understand. Content is defined as cultural knowledge. An example of this would be understanding target population's health beliefs. Bernal records that treatment should incorporate cultural values. Concepts refer to how constructs are phrased in the cultural context. How things are conceptualized within the psychosocial model needs to be communicated with cultural sensitivity. The goals of any treatment should be framed within the values, customs, and traditions of the target population. Methods for achieving goals set in treatment should be compatible or acceptable to the client's culture. Bernal's last dimension is context. Treatment should also be aware of the context in which the individual is living and developing. This can range from stress, environmental changes, developmental stage, and socioeconomic status.

This framework suggested by Bernal provides a holistic way of looking at what should be considered within the context of the cultural adaptation for Haitian Americans. Though this is a solid framework because of the dimensions it contains, it is limited in that it does not provide directions on how to adapt interventions for individuals who are facing stressors such as migration, refugee status, and acculturation. It may be difficult to make content cultural adaptation of individuals navigating the intersection of different identifies. The Ecological Validity Model and explain how these dimensions can keep high fidelity to the original intervention.

Selective and Directed Cultural Adaptations of Evidence-Based Treatments

Anna Lau (2006) argues that there has been insufficient dissemination of evidence-based treatment(EBT) with minority populations. Evidence-based practice is the integration of the best available research with clinical expertise. (American Psychiatric Association, 2008) Lau proposes a selective adaptation of EBT for targeted communities. Two approaches would be the selective identification of target problems and target communities and the direct design of treatment adaptation. From a literature review, Lau suggested that target problems in need of adaptation are those that exist within a sociocultural context of risk and resilience. An approach for these problems would be to focus on mobilizing or exploiting community-specific protective factors. Community-specific risk factors are characteristics such as community, or cultural level that are associated with the higher likelihood of negative outcomes. Protective factors are characteristics that lower negative risk factors and outcomes. Treatment may not be beneficial in communities that view the treatment strategies as irrelevant. The strategy to combat this is identifying barriers to engagement and creating efforts to enhance treatment engagement strategies. Lau recommended a dual approach adaptation, (a) contextualizing content which is accommodating contextual factors related to the presenting problem and (b) enhancing engagement with EBT with adaptations that promote participation but do not undermine the therapeutic value of the original intervention. A strength of Lau’s approach is that she does not elevate her framework above previous interventions but acknowledges it as another way of reaching minority communities. She acknowledges that a problem in EBT is the application of it in the practice context and suggests that clinicians must be able to tailor interventions according to the circumstances of patients or communities.

Another strength of Lau's article is that she identifies specific considerations for targeting problems and communities and treatment design. These factors include the identification of barriers to engagement and mobilization of community-specific protective factors. A limitation of this study is that the framework was only applied in the case of parent training. It might be worthwhile to explore how this framework might be combined with others for implementation around other concerns outside of parent training.

Integrated Top-Down and Bottom-Up Approach to Adapting Psychotherapy

Hwang (2012) proposed how theory and community-based formative approaches can be used in adapting psychotherapy. This draws on two frameworks created by Hwang, the Psychotherapy Adaptation and Medication Framework (PAMF) and the Formative Method for Adapting Psychotherapy (FMAP). (Hwang, 2006) (Hwang, 2009) The PAMF approach is theory-driven and gathers the knowledge for clinicians and research on which EBTs are appropriate for treatment. There are three main premises of PAMF: Domain, Principles, and Rationales. Domains include the following: "understanding dynamic issues and cultural complexities, orienting clients to psychotherapy and increasing mental health awareness, understanding cultural beliefs about mental illness, its causes, and what constitutes appropriate treatment, improving client-therapist relationship, understanding cultural differences in the expression and communication of distress, and addressing cultural issues specific to the target population." Formative Method for Adapting Psychotherapy (FMAP) is a community-based approach that includes five phases: generating knowledge and collaborating with stakeholders, (b) integrating the information with theory and empirical and clinical knowledge, (c) reviewing the initial culturally-adapted clinical intervention with stakeholders and revising the culturally adapted intervention, (d) testing the culturally adapted intervention, and (e) finalizing the culturally adapted intervention. Hwang combined both the PAMF and FMAP approaches for use

in adapting a cognitive-based treatment for Chinese Americans. Each phase of FMAP was set according to the different domains. Domain one is understanding dynamic issues and cultural complexities. Within FMPA phase one, focus groups discussed the dynamic issues and intersectionality within the Chinese American population. Domain two (orientation to therapy), focus groups were introduced to the concept of therapy and explained the purpose and history, facts and myths, and the goals of therapy. Domain three (cultural beliefs), focus groups, and pilot testing bridged the goals of therapy with general cultural Chinese beliefs about health. Domain four (client-therapist relationship), simple vocabulary allowed for discussions in the focus groups. Domain five (cultural differences in expression and communication), the cultural preference for nonverbal and indirect communication was implemented in the intervention. Domain six (cultural issues of salience), issues such as cultural transition and acculturation that were researched were discussed in the focus group and used to develop a training session.

Hwang's approach is unique in addressing cultural adaptation. He addresses it as a flexible approach and recommends that it be reviewed and adapted for future use. Hwang's article has great implications for the work of cultural adaptations. It combines top-down and bottom-up approaches that incorporate clinical expertise and community voice in the cultural adaptation process. This also provides some programmatic considerations for adaptations as well. A potential limitation of this work is that both approaches were only applied to Chinese Americans. An exploration of its application with Haitian-American populations might be an important next step.

The Cultural Adaptation of Prevention Interventions

Cultural Adaptation of Prevention Interventions requires addressing fidelity-adaptation tensions. Castro et al., (2004) states that there are two aims of fidelity-adaptation tensions: develop prevention interventions and implement them with fidelity and design prevention interventions that are culturally adaptive to the target community. This can be achieved by ensuring the adapted program is as effective as the original program. Castro's cultural adaptation process moves from surface structure (changing ethnicity) to deep structure such as values, beliefs, norms of the targeted population. Dimensions of this deep structure are understanding (a) cognitive information processes characteristics – language and age/developmental factors, (b) affective-motivational characteristic – gender, religious background, socioeconomic status, ethnic background, (c) environmental characteristics such as the local community. Cognitive-information adaptation is when the content is unclear to the target population. This would not be necessary for the context of the project. Affective-motivation adaptation is modifying activities that might cause resistance that might be incongruent with the culture's attitudes and values. Similar to other studies, this study also emphasizes the need to consider language, beliefs, values, community norms, acculturation stressors, and other cultural factors and adapt the models as necessary while sticking to the true intent of the original module.

Castro presents another aspect of cultural adaptation and addresses the issue of fidelity, which is not addressed in Bernal's article. The emphasis of a local adaptation at a surface and deep structure adaptation even with a general population consideration was a prominent focus of this article. In reference to this thesis, Castro's work suggests it might be important to analyze the local Haitian American community in which the project will be implemented and decide which elements of a program will be preserved and which ones will be culturally adapted.

Development and Testing of the 4-Domain Cultural Adaptation Model (CAM4)

There has been a consensus on the need for cultural adaptation for diverse populations. Sorenson and Harrell in their article (2021) integrated general principles from various models into the 4-Domain Cultural Adaptation Model (CAM4). The four domains are (a) development and equivalence processes, (b) cultural context and content (c) engagement efforts, and (d) cultural competence. The article describes this as a model of best practices comprised of studies included above and remains flexible and comprehensive. Development and equivalence refer to bottom-up processed and need-focused mechanisms that can be changed and designated for preservation. Similar to previous studies, this process stresses that adaptation is co-created with stakeholders of the population for the intended community. Content and context are the incorporation of values, beliefs, cultural understandings of health and wellness, local and community factors, identity, socioeconomic status, environment, religion and spirituality, visuals, and culturally explanatory models. Engagement efforts should address barriers and facilitation of the intervention. Components include types and style of communication, orientation to therapy, structural barriers, community-based interventions stigma-reducing word choices, pretreatment orientation sessions, use of technology, the inclusion of extended family/community members, and addressing a cultural legacy of mistrust. Cultural competence refers to the therapist's beliefs and attitudes towards the target population. It also includes the therapist's knowledge and understanding of the community's culture. Components are in alignment with general cultural competence guidelines such as engagement with the community, a constant acquiring of cultural knowledge, matching language and national origin in the treatment process, and awareness of cultural differences and attitudes.

A noteworthy limitation of the CAM4 model is that it does not describe each component in-depth but rather provides an overview of several considerations under each domain. Sorenson also mentions that the domains were created based of the literature analysis from one reviewer. Additional reviewers would have provided more strength to the creation of the four domains. However, I strongly believe that this article provides a comprehensive summary of an overarching framework for cultural adaptations.

Summary

These general cultural adaptation frameworks are the basis of many studies around cultural adaptations. Each theory has its strengths (e.g., providing contextual considerations for adaptation) and limitations such as potential issues of generalizability to other populations. Next, we will examine the cultural adaptation of mental health first aid training interventions

Mental Health First Aid Interventions

A Feasibility Trial of Mental Health First Aid First Nations: Acceptability, Cultural Adaptation, and Preliminary Outcomes

In this intervention, a Mental Health First Aid Basic training that focused on addressing mental health literacy and stigmatizing attitudes was adapted to meet the context of the indigenous population in Canada also known as First Nations. (Crooks et al., 2018) This training became known as the Mental Health First Aid First Nations. (MHFAFN) The focus of the MHFA training is to train community members as mental health advocates – recognizing and responding to mental health problems and creating a first aid action plan and building self-efficacy. The Mental Health Commission of Canada utilized a bottom-up approach similar to Hwang’s study that incorporated stakeholder feedback from indigenous individuals and organizations to guide the implementation. Three components of the adaptation are (a) walking in two worlds – the integration of the Western and Indigenous perspective about mental well-

being, (b) circles of support – community mapping exercises to train participants to identify local support and resources (c) cultural adaptation the ALGEE model into the word EAGLE which would resonate more with the indigenous population. ALGEE five steps are: Approach, assess for risk of suicide or harm, L – Listen nonjudgmentally, G – give reassurance and information, E – Encourage appropriate professional help E – Encourage self-help and other support strategies. (Mental Health First Aid USA, 2020) Crooks's main aims of the study were to assess the acceptability of the intervention and cultural adaptation using a mixed-method evaluation that measured acceptability of the course, cultural adaptation satisfaction, and individual level impacts on knowledge, awareness, stigma, self-efficacy, and skills. Results showed high acceptability of the curriculum, satisfaction with the adaptation noted for its inclusion of cultural context, values, and intersectionality between western and indigenous culture. Increased knowledge on mental health, understanding of stigma belief, gains in self-efficacy and skill development in active listening and non-judgmental conversation and non-verbal cues, self-awareness through self-reflection on both the participants and facilitators were described through qualitative interviews as well.

The strength of this study is that it promotes engagement with participants by integrating western and cultural perspectives and includes practical exercises such as community mapping and role play. Despite having a low sample size, the results were positive. The reported benefits by participants and easy implementation from facilitators who were not trained professionals show the feasible and potentially effective approach for mental health literacy. Some of the activities and the lesson on the ALGEE model might be useful additions to the young adult Haitian community health worker training.

Culturally Adapting Youth Mental Health First Aid Training for Asian Americans

Culturally Adapting Youth Mental Health First Aid Training for Asian Americans by Cixin Wang is a continuation of the adaptation of the Mental Health First Aid Training for diverse populations. (Wang et al., 2021) Wang adopted this curriculum for Asian-American adolescents in part because of the mental health problems that are unaddressed at a systematic level and not sought after in this community. Asian Americans struggle with: suicide, depression and anxiety, low mental health literacy, attitudinal barriers in mental health – stigma, lack of culturally competent mental health resources and access, and a lack of parental support and communication. (Kelly Guanhua Yang et al., 2020) As a result, this intervention was adapted for use by parents and young adults, and youth workers. The cultural adaptation of YMHFA began with two adaptations (a) development of a curriculum engagement session (b) contextualization of curriculum content for Asian Americans. Similar to Anne Lau's framework, mental health challenges, solutions, and strengths were shared and discussed between facilitators, parents, and adolescents to raise awareness of these taboo topics and introduced the curriculum as a means to meet the community's mental health needs. The curriculum included: discussions around these challenges, risk and protective factors, minority stress, discrimination, academic stress, model minority myth in the academic setting and communication barriers, case vignettes, and role-play alongside a resource list. While the curriculum was well received by participants, participation suggested the following additional adaptations can combat the challenges of real-life implementation: a deep dive into risk factors around academic stress, lack of parental understanding of Asian American culture, cultural dissonance, and communication barriers in-home, cultural stigma, identity, presenting data on the effectiveness of mental health approaches, personal stress management education and dissemination to peers, strategies to enhance protective factors such as resilience, and capitalizing on strengths. The inclusion of feedback and

suggestions from participants strengthens the potential of YMHFA. While the recommendations are from Asian-American parents, it would be useful to analyze similar cultural patterns among Haitian Americans to determine whether they can be incorporated into the Young Adult Haitian Community Health Worker Training program and curriculum.

Adaptation of the Coping With Stress Course for Black Adolescents in Low-Income Communities: Examples of Surface Structure and Deep Structure Cultural Adaptations

Among cultural strategies, this study is one of the few that focuses on cultural adaptations of the stress of Black adolescents in low-income communities. Clarke focused on the cultural adaptation of the Coping with Stress course, originally developed for those at risk for depression in non-Hispanic White adolescents. (Clarke et al., 2021) The goal of the CWS course is to develop cognitive skills that will change irrational thoughts and unrealistic thoughts. As noted in previous cultural adaptation strategies, there must be both surface and deep structure adaptations. While there was another adaptation of CWS for black adolescents it focused on surface adaptations. Clarke sought to expand deep structure adaptations for this curriculum. The adapted version of the program became RISE and consisted of 9 sessions on cognitive-behavioral prevention interventions to be led by graduate leaders and undergraduate student assistants. Surface structure cultural adaptations for RISE included promotion of the program among a group setting, small group discussions, and engagements with undergraduate students who had similar backgrounds. Content included examples, video clips, cartoons that were consistent with black urban adolescent life. Deep structure cultural adaptations included three components: cognitive restructuring, coping flexibility, and problem-solving. Clarke et. Al added the concept of flexibility and problem-solving. This maintains fidelity to the original program therapeutic value of cognitive restructuring. Coping flexibility refers to the ability to cope based on different life circumstances instead of a one size fits all approach and distinguish which situations one can

control vs. those that cannot be controlled. To supplement this addition, participants were encouraged to generate examples of stressful events among their peers and divide them into problems they could control or fix vs. problems they cannot fix. The limitation of this study is that the results of the program were not published. However, as one of few studies focused on black adolescents, this framework is worth further examination and evaluation.

Culturally adapted Family Intervention (CaFI) for African-Caribbean people diagnosed with schizophrenia and their families

This last study focuses on African-Caribbean's engagement with mental health services. (Edge et al., 2018) The lack of culturally sensitive treatments, coercive care, mistrust, avoidance turns away African-Caribbean populations who are diagnosed with mental illnesses in this case, schizophrenia. Literature shows that family interventions can improve engagement, timely care, and improve the overall experience with healthcare providers. (Mackintosh et al., 2017) Family intervention as treatment includes relatives into the treatment plan of the client through psychoeducation, problem-solving, cognitive appraisal, crisis management, and self-care. To culturally adapt the curriculum, Edge conducted focus groups to help guide the content, outcome, and delivery of the intervention, and input was solicited from various stakeholders. The intervention is divided into five components: engagement and assessment, shared learning, communication, stress management, coping and problem-solving, (5) maintaining gains and staying well. Engagement and Assessment include the following strategies: developing trust, identifying problems and needs and priorities, outlining the purpose and structure of the intervention, setting realistic goals and expectations, and planning future sessions. Shared Learning is the sharing of beliefs and information about mental health, providing alternative explanations of mental illness, providing positive ways of coping. Communication refers to the communication between clients and relatives and therapists. It includes identifying positive and

negative approaches to communication, barriers, how to build effective communication, expression, and facilitating the negotiation of needs. The fourth component focuses on normalizing stress, assisting relatives to determine their role in stress and the client's life, positive thinking, and creating SMART goals. Maintaining gains and staying well and the practice of identifying signs of relapse and coping strategies, consolidating their learning, dealing with difficult feelings, and communicating positive experiences were recommended. Twenty-four out of twenty-six participants finished all the sessions and found the curriculum beneficial.

The limitations of this study are that it relied heavily on family participation in the sessions which could be timely and costly. However, a strength is that it included family participation as a premise of intervention. There are not many studies published on family participation in psychosocial interventions, particularly within the African-Caribbean population. Lack of family support can lead to negative views of therapy and seeking. While the YHCHW curriculum is geared towards young adults who will be trained to go into their communities, it would be beneficial to explore this theme of family and social support in mental health.

After gathering specific cultural adaptation strategies in mental health first aid training, the last step is to analyze existing cultural adaptations of CBT (or lack thereof) focusing on Haitian-American populations.

Haitian Specific Interventions

Cultural adaptation of a group treatment for Haitian American adolescents.

Dr. Guerda Nicolas's article (2009) "Cultural Adaptation of a group treatment for Haitian-American adolescents" is among the first article published about mental health treatments for the Haitian population and is the most cited. Understanding the lack of literature on mental health treatments for Haitian immigrants, Nicolas uses Bernal's ecological validity, Bonilla's culturally sensitive framework, and Hwang's formative method for adapting psychotherapy as guideline frameworks for the cultural adaptation of the Adolescent Coping With Depression Course (ACDC). (Bernal et al., 1995) (Hwang, 2012) ACDC is a psycho-educational, cognitive-behavioral intervention for treating adolescents' depression over 8 weeks. Topics include relaxation, pleasant events, negative thoughts, social skills, communication, and problem-solving. The methods used for the adaptation were: a) creation of an advisory board, (b) developing a partnership with the community, (c) training the focus group leaders, (d) conducting focus group sessions with Haitian adolescents, and (e) integration of focus group data to modify the treatment manual. For the focus of this literature review, we will focus on the process of content adaptation. Focus group leaders were identified and trained on diversity and research. They shared their experiences and fears around working with this population. An overview was provided on key aspects of Haitian culture, values, immigration history, and personal experiences. Participants were asked about depressive symptoms among Haitian adolescents, perception, and possible treatments. The participants were given the ACDC to review and asked to come back with suggestions. Additional sessions focused on the evaluation of the intervention with regards to 8 elements of the ecological validity model, barriers to mental health treatment, challenges that mental health professionals face with Haitian youth and strategies for treatment adherence and engagement.

An analysis of the qualitative data from the focus groups revealed that language, content, concepts, and metaphors were the most difficult domains in the curriculum. (Nicolas & Schwartz, 2012) For language: these adolescents reported having difficulty understanding the language used. It is recommended that words are reflective of Haitian-American background and/or experiences. For content; participants reported an absence of cultural representation and perceived a "talk down" approach. Future suggestions for this are the integration of cultural knowledge and the strengths of the participants. Concepts refer to the framing of the problem and treatment into the context of the culture. There was difficulty in making meaning of the concepts about defining the problem and strategies. For metaphors, participants did not resonate with the metaphors which shows a generational and cultural gap. They recommend that content should include examples, pictures, and stories relevant to adolescence and Haitian culture. The spiritualization of mental illness and emphasis on natural treatments in the Haitian culture was reported to be contradictory to the ACDC treatment. Participants also felt that goals and homework assignments for each model might contain action items that are not familiar to or engaged in by Haitian adolescents. The focus group findings provide a wealth of information on the need for a critical review of content adaptation of cognitive-based treatments. The article acknowledges the limitation of the findings as it may not have been representative of the population of all Haitian-Americans. Nicolas's article serves as an important example of an evidence-based practice cultural adaptation framework that was tested in the field. Within the following domains, these questions from Nicolas can be helpful for future work. (Nicolas & Schwartz, 2012)

A. Language:

1) Is the vocabulary of the treatment manual clear and understandable?
2) Do Haitian American adolescents understand the language, idioms, and words used?

B. Content

1) Do the treatment manual use case examples that reflect common values and other issues presented by Haitians (e.g., lakou [family], respect, spirituality, and gender roles)?
2) Does the adolescent feel understood by the therapist?
3) Does the adolescent feel that the therapist respects his or her cultural values?

C. Concepts

1) Are treatment concepts framed within acceptable cultural values?
2) Does the patient understand the problem and the reason for the treatment?
3) Is the patient in agreement with the definition of the problem and the specific treatment?

D. Metaphors

1) Are sayings that are common to Haitians or adolescents part of the treatment manual?
2) Are symbols associated with Haitians part of the treatment?

Evaluation of Haitian-American Responsible Teen

The second major intervention for the Haitian-Adolescent population is the cultural adaptation of a cognitive-behavioral HIV risk reduction intervention known as Becoming a Responsible Teen or BART. (Ruwe et al., 2016) Facilitated discussions were around: Natural remedies by Haitian families, historical denial about HIV/AIDS among the Haitian community, acculturation stress, teaching participants about initiating discussion about what they learned with parents to improve communication about sexual issues, encouraging adolescents to develop and practice how they would teach others about preventing HIV infection. While this intervention is not solely focused on first aid training, it is 1 of 3 studies that focus on cultural adaptation of interventions for this population. This article highlights an important challenge that exists among the Haitian-American population with the lack of conversation around sexual infections. This intervention would be of great use in the adaption of modules that discuss mental health and sexual education.

Conclusion of Literature Review

Cultural adaptions in psychosocial interventions are critically needed. This is especially true now with the rise of new and pre-existing stressors influenced by the ongoing COVID-19 pandemic. The Haitian-American population is not considered in a majority of currently available psychosocial interventions. The literature has shown that there are a series of cultural adaptation frameworks that exist and have been tested on Latino, Indigenous, Chinese and Black populations for minority groups. Literature shows culturally adapted interventions that modify components such as language, integrate both cultures, and organize sessions in a way that sensitizes the target population and leads to positive outcomes. While this initial work has provided a solid foundation, there are major gaps when it comes to the diaspora populations such as those who identify as Haitian and American in the United States.

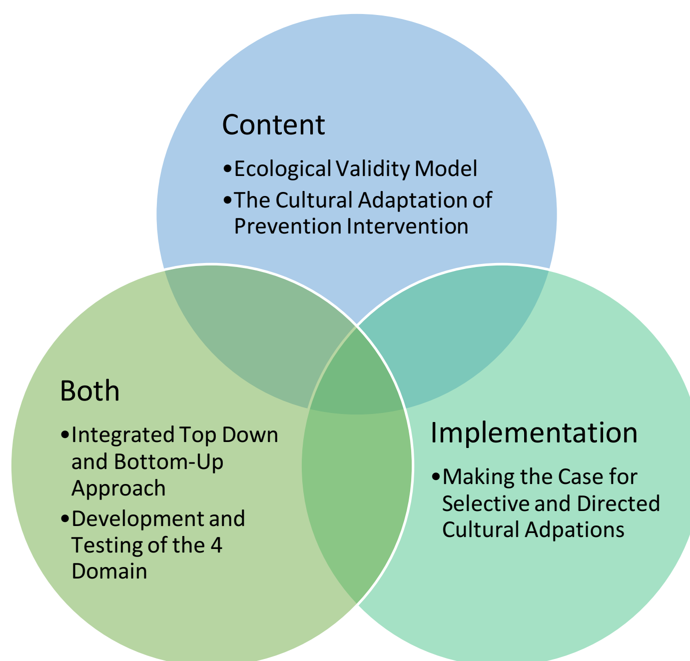
There have not been sufficient interventions aimed at the reduction of mental health disparities in a holistic way or that consider topics such as mental health and communication or mental health and personal health. What few interventions that do exist in the literature have largely relied on the ecological model for adaptation. Many of these adapted interventions only consider content, while largely neglecting the aspect of delivery of the interventions. It would be beneficial to better understand how to engage with the Haitian American population. Some of the topics that were discussed in the focus groups focused on individual stressors and not group societal stressors such as Haiti's political unrest and vulnerability to natural disasters. Another prominent theme is that Haitian Americans have not been viewed as agents of change in their community. As a result, interventions are delivered to them in a way that focuses on their individual needs but fails to empower them to serve their community. The YACMHW training has the potential to fill in these gaps. However, doing so will require that the modules are effectively culturally adapted for the Haitian American Young Adult population while keeping

fidelity to the original modules. The lessons and recommendations emerging from the cultural adaptation of the YAHCW will contribute greatly to the existing literature and ultimately advance access to evidence based and culturally responsive health interventions for the Haitian American population.

Chapter 3 Methods

To determine the best cultural adaptation framework for mental health interventions for the Haitian American population, I first conducted a literature search on cultural adaptations frameworks. Adaptations of evidence-based practices fall under two categories: content and implementation adaptations. (Gonzales, 2017) I divided the frameworks from the literature review into content adaptation, implementation adaptations, and a category that contained frameworks that had adaptation and implementation components. This is indicated in Figure 1.

Figure 1: Categorization of General Adaptation Frameworks



Content frameworks such as the Ecological Validly Model (EVM), the cultural sensitivity model, and the cultural adaptation of preventive place an emphasis on what is to be adapted. Examples are language, context, and metaphors. Implementation frameworks focus on preservation, delivery, and methods needed to deliver those interventions. These would be "The Cultural Adaptation of Prevention Interventions: Resolving Tensions Between Fidelity and Fit" and "Making the Case for Selective Directed Treatments". An example would be not culturally

adapting an assessment to maintain the original intent of the intervention. Frameworks that fell under both categories were the Integrated Top-Down and Bottom-Up Approach and 4-Domain Cultural Adaptation Module (CAM4). Both models provide recommendations for content adaptation and implementation adaptation. It also emphasizes the need to be flexible in each core domain to maintain the therapeutic aspect of the original intervention.

I created a new framework that integrated components from the Ecological Validity Model and the 4 Domain Model. (Bernal et al., 1995; Sorenson & Harrell, 2021) The Ecological Validity Model (**Table 1**) has eight essential elements to consider when conducting a cultural adaptation: language, persons, metaphors, content, concepts, goals, methods, and content. Within each topic are elements that provide specific things to be considered. For example, some elements within the content topic are values, customs, and traditions.

Table 1: Ecological Validity Model in Topics, Definition and Elements

Culturally Sensitive Topics	Bernal and Sáez-Santiago's EVM definition	Elements
Language	A mechanical translation of the program with consideration of the dialect and word choice by country of origin and current living environment. The emotional expression of language and mannerisms should also be considered.	• Culturally Appropriate Language
Persons	The cultural understanding of the participant-facilitator relationship in a program.	• Role of ethnic/racial similarities and differences between client and therapist in shaping therapy relationship
Metaphors	The procedures and activities to follow for the achievement of the program goals.	• Symbols and concepts shared with the population; sayings or' dichos" in treatment
Content	The values, customs, and traditions held by a cultural group to be considered when delivering and assessing a program.	• Cultural knowledge • Values • Customs • Traditions; uniqueness of groups (social, economic, historical, political)

Concepts	How theoretical constructs of the program are conceptualized and communicated to participants.	• Treatment concepts consonant with culture and context: dependence vs. interdependence vs. independence
Goals	Agreement between the intervention's intended goals and participant's understanding of the goals of the program. Consideration should be made of participants' values, customs, and traditions.	• Transmission of positive and adaptive • Cultural values; • Support adaptive values from the culture of origin
Methods	The procedures and activities to follow for the achievement of the program goals.	• Development and/or cultural adaptation of treatment methods.
Context	The overarching socio-economic background of the participant, social support and relationship to their culture of origin.	• Changing contexts in assessment during treatment in intervention: acculturative stress, phase of migration; developmental stage; social supports and relationship to country of origin

Note: This table was created from the Ecological Validity Model. Adapted from "Ecological validity and cultural sensitivity for outcome research: issues for the cultural adaptation and development of psychosocial treatments with Hispanics" by G.Bernal, 1995,23(1),67-82.

The 4-Domain Cultural Adaptation Model (CAM4) consolidates best cultural adaptation practices into four domains: a) development and equivalence processes, (b) cultural context and content, (c) engagement efforts, and (d) cultural competence. (Table 2) The development and equivalence domain focuses on "how" the cultural adaptation will occur where content and context, engagement, and cultural competencies domains are "what" will be adapted.

Table 2: 4-Domain Cultural Adaptation Model (CAM4)

Domains	Domain Description	Topics/Themes
Development and Equivalence	Adaptation design integrates clinical/research-derived knowledge with a bottom-up approach that includes community stakeholders Conceptualization includes why adaptation is required and identifies the change agents within the original EST that are designated for preservation (i.e., fidelity). The data collected from community members inform the creation of the intervention, which is then piloted, re-examined, and refined	• Integration of research/clinical and community perspectives. • Use of adaptation literature. • Provisions for fidelity • Cultural review/consultation process
Content and Context	Adaptations that relate, specifically, values, beliefs, cultural understandings of wellness/illness, cultural ontology of symptoms, unique community factors, issues related to intersectionality or within-group differences, and linguistic differences. Adaptations in this category can include both "shallow" changes (e.g., visual images portraying an ethnic match) as well as deep changes (e.g., incorporation of indigenous wisdom traditions)	• Values • Beliefs • Cultural Understanding of Wellness/Illness, • Cultural Ontology of Symptoms • Community Factors • Intersectionality, • Within-Group Differences, • Linguistic Differences, Visual • Contextually Specific Issues • Religion and Spirituality • Culturally Relevant explanatory models • Modifications to reflect literacy • Elimination of inappropriate Western concepts
Engagement	This domain addresses barriers and facilitates engagement within the intervention. It considers communication style differences between client and therapist, role expectations, orienting clients to the therapy process, addressing stigma and discomfort in therapy, and increasing the acceptability of psychological intervention in communities in which there is mistrust, stigma, and/or unfamiliarity	• Addressing structural barriers and increasing flexibility. • Facilitators of Mental Health, • Inclusion of extended family/community members • Community-based interventionists • Stigma reducing word choices • Co-location within (nonmental health) setting • Pretreatment orientation session(s) • Use of technology Communication Style • Modifications • Addressing cultural legacy of mistrust

Cultural Competence	Cultural competence includes the therapist's beliefs and attitudes, knowledge, and skills, as well as cultural humility.	• Ongoing investment in the community • Use of community brokers, • acquiring cultural knowledge, • utilizing community-based interventionist • Matching of ethnicity, language, national origin • Utilizing vertical relationship, • adjustment of treatment goals; • addressing skepticism and past negative experiences; • dynamic sizing efforts; nonhierarchical collaboration • Use of/reflection on APA guidelines; • assessment of agency competence; increased self-disclosure and flexibility on gifts • Awareness of differences; antiracism stance

Note: This table was reproduced from "4-Domain Cultural Adaptation Model Development and testing of the 4-Domain Cultural Adaptation Model (CAM4)." By C. Sorenson and S. P. Harrell Professional Psychology: Research and Practice, 52(3), 250-259. https://psycnet.apa.org/record/2021-46055-001 Copyright 2021 by the American Psychological Association

I chose the Ecological Validity Model because it has been the most cited model used in Young Mental Health Interventions due to its success in reducing depression among diverse populations. (Arora et al., 2021) The Ecological Validity Model was used in the last major cultural adaptation of a mental health intervention for Haitian Americans living in the United States by Dr. Guerda Nicolas.(Nicolas & Schwartz, 2012) The CAM4 was chosen because it consolidates best cultural adaptation practices across 101 articles from 2000 to 2017. The CAM 4 presents specific themes for research team and program implementers to consider for content and implementation adaptations not found in the Ecological Validity Model.

To create an integrated framework that organizations can use, I decided to split the development and equivalence into six stages: (1) stage setting and expert consultation, (2)

preliminary content adaptation (3) content adaptation with community members (4) finalized adaptation with community feedback meetings (5) implementation and (6) evaluation. The eight elements of the ecological validity model were the lens through which the content adaptation with community members was executed. The subtopics under the following CAM4 domains: the cultural context and content, engagement efforts, and cultural competence domains, were integrated within the Ecological Validity Model.

Chapter 4 Project Content

This chapter contains a new cultural adaptation framework that will aid the cultural adaptation of mental health interventions for Haitian Americans. The framework is listed below in outline form. Supplemental materials include a cultural adaptation content checklist and a cultural adaptation template to document recommendations with examples from Morehouse's YACMHW training curriculum.

Integration of the Ecological Validity Model and the 4-Domain Cultural Adaptation Model to the Cultural Adaptation of Mental Health Interventions for Haitian Americans

A. **Stage One: Stage Setting and Expert Consultation**
   a. Identify stakeholders that will be a part of steering group to implement the study
      i. Examples:
         1. Haitian
         2. Haitian American mental health professionals
         3. Organization with ties to Haitian American population
         4. Churches
   b. Determine why cultural adaptation is needed within Haitian-American populations
   c. Conduct literature review on best cultural adaptation processes.
   d. Conduct formative research to understand target population based.
      i. Examples:
         1. Qualitative Interviews with Target Population
         2. Key Informant interviews
         3. Literature Search on Haitian American populations
   e. Determine which elements in curriculum will be preserved.

B. **Stage Two: Preliminary Content Adaptation**
   a. Conduct preliminary content adaptation with steering committee stakeholders
   b. Determine if translation of content from English to Creole is necessary

C. **Stage Three: Content Adaptation with Community Members** (Haitian-American)
   a. **Language:** A mechanical translation of the program with consideration of the dialect and word choice by country of origin and current living environment. The emotional expression of language and mannerisms should also be considered
      i. Language
      ii. Dialect
      iii. Word Choice
   b. **Persons**: The cultural understanding of the participant-facilitator relationship in a program.
      i. Attitude of clients towards therapist
      ii. Attitudes, proficiencies and association of therapist towards clients
      iii. Characteristics of Facilitators should match with target audience

c. **Metaphors**: The procedures and activities to follow for the achievement of the program goals.
    i. Metaphors
    ii. Proverbs
    iii. Sayings
d. **Content**: The values, customs, and traditions held by a cultural group to be considered when delivering and assessing a program.
    i. Values
    ii. Beliefs
    iii. Cultural Understanding of Mental Health
    iv. Cultural Ontology of Symptoms
e. **Goals**: Agreement between the intervention's intended goals and participant's understanding of the goals of the program. Consideration should be made of participants' values, customs, and traditions.
    i. Goals of Original Intervention.
    ii. Goals of Clients
f. **Methods**: The procedures and activities to follow for the achievement of the program goals.
    i. Development of culturally adapted methods
    ii. Consideration of Facilitators of Health Behavior and Barriers and methods that address them
    iii. Pretreatment Sessions Orientation to Therapy
g. **Context**: The overarching socio-economic background of the participant, social support and relationship to their culture of origin.
    i. Background of Participants
    ii. Identity
    iii. Geographic Location
    iv. Local Cultural
    v. Relationship to Culture of Origin
    vi. Social Support
    vii. Culturally Specific Issues

D. Stage Four: Finalized Adaptation with Community Feedback Meetings
  a. Community Feedback Meetings

E. Stage Five: Implementation

F. Stage Six: Evaluation

G. Considerations:
  a. Aspects that relate to personal characteristics of the therapist
    i. Match Haitian therapists to Haitian clients
    ii. Consider language proficiencies of therapists and clients
    iii. Consider association with Haitian culture
  b. Engagement with Community
    i. Ongoing investment in the community
    ii. Use of community brokers
    iii. Acquiring cultural knowledge
    iv. Utilizing community-based interventionists

Cultural Adaptation Content Checklist

Instructions:

Use this checklist as you review each content to determine which components will be culturally adapted and how it should be adapted.

- Goals
  - ☐ Does the goal of the program or module reflect the original goals of the intervention and the goal of the clients/participants?
- Concepts
  - ☐ Are the components of the program conceptualized and communicated in a way that reflects the lived experience of Haitian-Americans?
- Methods:
  - ☐ Are the methods used throughout the module engaging to Haitian Americans?
  - ☐ Do the methods address barriers and facilitators mental Haitian-Americans might face to achieve positive mental health?
  - ☐ Does the presentation of material orients Haitian Americans in a culturally appropriate way?
  - ☐ Are pretreatment orientations sessions employed before the intervention?
- Content:
  - ☐ Does this material consider the values and beliefs of the Haitian population?
  - ☐ Does this material reflect an understanding and acknowledgement of Haitian views on mental health and wellness?
  - ☐ Are videos, narrative, illustrations, and visuals relevant to Haitian Americans?
- Persons:
  - ☐ Are attitudes of participants towards facilitators explored?
  - ☐ Are facilitators trained to examine their own attitudes and association towards the participants and the Haitian culture?
- Metaphors
  - ☐ Are these sayings common to Haitians Americans?
  - ☐ What are some proverbs that Haitian Americans would understand?
- Language
  - ☐ Is the vocabulary of the treatment manual clear and understandable?
  - ☐ Do Haitian Americans adolescents understand the language and words used?
  - ☐ Is the word employed best appropriate towards Haitian Americans?
  - ☐ Are stigma reducing words used?
  - ☐ Does the material's presentation consider information such as language, age, developmental factors gender, religious background, socioeconomic status, and ethnic background?
- Context:
  - ☐ Are the identity, geographic location, socioeconomic status, and relationship to Haitian culture of the participants considered?
  - ☐ Does the content that addresses the intersectionality of Haitian American identities?
  - ☐ Does this curriculum discuss important topics relevant to Haitian American

Cultural Adaptation Template for Mental Health Intervention

Instructions:

As you review the module, use this template as a module to document your recommendations for cultural adaptations.

1. Under Curriculum/Module, list the module that will be culturally adapted
2. Component refers to the specific example to be adapted. Please be sure to be specific
3. Issue is the rationale for change. Refer to the checklist to determine which element needs to be adapted
4. Recommendation for adaptation is where recommendations will be documented
5. Notes will be for any additional thoughts or comments

Curriculum/Module	Component	Issue	Recommendations	
Insert Curriculum Section Here	Example To Be Adapted	What is the Issue Behind Adaptation	Recommendation for Adaptation	Notes
Example: Module 1: The role of the CMHW in Health Promotion, Introduction to Community Mental Health Work, the Role of the CMHW, Qualities of CMHWs, Self-care	Video: What is Community Mental Health. Order of Module.	Video: Context and Content; Order: Methods	Video: Examine mental health within Haitian American context. This can be done through discussion board post or premodule orientation strategic thinking video	Great introduction to the curriculum and what a MHW is. The pre-test is a great engagement method to have the participants start to think about their roles as CHW

Example: Module 2; The US Health Service System	Welcome Video on "What is Mental Health:	Method and Context	Method and Context: Engage participants to think about their own experience with the health system or families near the beginning of the module	I love the cartoon for introduction of the US Health System. It does a great job at an overview.
Example: Module 4 Effective Communication, Interpersonal Communication, Motivational Interviewing	Video on interpersonal communication	Language and Persons ad Methods	Include relevant videos from Haitian American comedians that makes jokes on Haitian communication styles. Include a section around communication with family because this is something important to our population.	This module is in depth and includes every type of communication style. Motivational interviewing is my favorite part of this module
Example: Module 10: Sexual Health and Mental Health	Video on Sexual Health – Menstrual Cycle and Contraceptives	Context and Content	Context: Include content that will also consider Haitian American young adult male. An example would how men can practice safe sexual behaviors	A majority of the module is targeted towards women. The topics are important but it needs to incorporate men in a way.

Chapter 5 Discussion

Integration of the Ecological Validity Model and the 4-Domain Cultural Adaptation Model to the Cultural Adaptation of Mental Health Interventions for Haitian Americans

This deliverable is a new cultural adaptation framework that combines the Ecological Validity Model (EVM) and the 4-Domain Cultural Adaptation Model (CAM4). Individuals will follow the stages to culturally adapt a curriculum/program for the Haitian American population effectively. Phase one is stage setting and expert consultation. During this time, program managers would identify stakeholders to join a steering group to implement the program. An example would include Haitian American young adults, Haitian American mental health professionals, and organizations with strong ties to the Haitian American population. Meetings with stakeholders will determine if a cultural adaptation is necessary and which components are adaptable in case it is. A literature review would assist with choosing the best cultural adaptation process. Formative research is recommended to understand the target population's perception of mental health. For instance, holding interviews with Haitian American young adults about their views on mental health is a great way to gain insight. Stage two is the preliminary content adaptation. Steering committee stakeholders will review the curriculum and make general recommendations for culture adaptations. Stage three is the content adaptation with community members from the Haitian American young adult community. Selected community members will review the program and develop recommendations for adaptation. The Ecological Validity Model was used as the main criteria to view the program's content. Topics within the CAM4 framework applicable toward content adaptation were embedded within the Ecological Validity Model. For example, methods are a component of the Ecological Validity Model. I included pretreatment sessions in methods as a suggested element under the CAM4 framework. Stage four

is the finalized adaptation with community feedback meetings. During this phase, the steering committee and community members will decide on the final adaptations for the curriculum. Stage five is the implementation and supervision of the program along with process evaluation to determine whether participants find the program engaging. Stage six is to conduct an outcome evaluation of the program after the program is complete. A few considerations are added from the CAM4 model near the end of the new framework.

Cultural Adaptation Content Checklist

Stage three is the content adaptation of the framework. The checklist was built on the work of Dr. Guerda Nicolas.(Nicolas & Schwartz, 2012) She posed guiding questions for future work done in the Haitian American community in one of her studies. Subtopics from the 4-Domain Cultural Adaptation model helped create additional questions as well. The checklist provides considerations on what elements in a cultural adaptation. Organizations and individuals should use the checklist while scanning the curriculum and make recommendations in these dimensions.

Cultural Adaptation Template for Mental Health Intervention

The cultural adaptation template is a template that can be used to track cultural adaptations for community stakeholders and participants who are reviewing a program or module. The template follows the following categories: (1) Curriculum/Module Section (2) The Identified Component (3) Rationale for Change (4) Recommendations (5) Notes. Stakeholders who will be reviewing the curriculum should have this template along with the Cultural Adaptation Checklist.

Application to the Innovation Learning Lab

As previously mentioned, the Innovation Learning Lab at Morehouse School of Medicine has created a Young Adult Community Mental Health Worker Curriculum, which consists of 20 modules that train students to serve as community mental health workers to engage their family, peers, and community in strategies to achieve better mental health. (Morehouse School of Medicine, 2022)

Figure 2: MSM Young Adult Community Mental Health Worker Training Curriculum Modules

List of Modules

1-Introduction to Community Health Work, Stress Management & Self Care	11 Data Science
2- The US Health System, Population/Community Health, Social Determinants/Barriers to Compliance/Public Health	12 Taking Vitals, Case Management & Motivational Interviewing
3-Bioethics, Privacy, Confidentiality, HIPAA & SBE Research Training	13 Community Assessment, Community Engagement & Windshield Survey
4- Effective Communication, Interpersonal Communication, & Motivational Interviewing	14 Health and the Environment
5- Cultural Competency & Advocacy	15 Integrative Health & Physical Activity
6-Module 6: Public health, Health 101 & Immunization	16 Shadowing
7 Beginning Anatomy & My Health	17 Community Health Projects
8 Chronic Disease & Taking Vital Signs	18 Public Speaking
9 Mental Health	19 Family & Community Monitoring
10 Sexual Health & Doula	20 COVID-19 & Contact Tracing

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Note: This table was reprinted from the Innovation Learning Laboratory at Morehouse School of Medicine

The Innovation Learning Lab has adopted a general cultural adaptation strategy similar to the six stages laid out in the adapted framework. MSM is currently preparing to enter stage three of the content adaptation with community members. Community members and internal staff will

go through each of the twenty modules and develop recommendations to culturally adapt the material for the Haitian American population. To demonstrate the utility of the template, I have included examples of what a cultural adaption might look like for three modules.

The first example would be an adaptation of the first module on The Role of The Community Mental Health Worker in Health Promotion. The component that I identified to be adapted is a video on the introduction to Community Mental Health Work. I suggested this adaptation because the context and content were not relevant to the Haitian American population. Video relevant to Haitian Americans can serve as an introduction to the curriculum. My adaptation recommendation would be to include an introduction video to address the role of the Haitian American Community Mental Health Worker within the context of Haitian Americans through a welcome video with staff members (methods and people).

The second example would be module five on effective communication, interpersonal communication, and motivational interviewing. The component that I identified to be adapted is a video on interpersonal communication. I suggested this adaptation because the language and characters in the videos could be more relevant. My adaptation recommendation was to include short videos on Haitian American comedians speaking on Haitian communication styles to make it more engaging. I have included two additional examples. Stakeholders can make recommendations using the cultural adaptation framework, checklist, and template.

Limitations

There are several limitations in the development of the integrated framework of the EVM and CAM4. This framework has not yet been implemented. Although it has not been a tested model, it draws from frameworks that have been validated. The implementation of a cultural

adaptation framework is iterative and requires heavy resources such as staff, participants, and time.

Implications for Public Health/Recommendations

The integrated framework is among the newest cultural adaptation frameworks for mental health interventions within the Haitian American young adult community. Its development and future application to the Haitian American population are promising for the future of Haitian American health and mental health. It will more immediately be beneficial to the Morehouse Innovation Learning Lab in culturally adapting the YACMHW Training program for Haitian American young adults. However, this framework also provides healthcare systems and organizations with additional direction on culturally adapting mental health interventions for the Haitian American population. This framework and supporting materials thus represent important contributions towards addressing the gap in existing mental health intervention frameworks for this population.

Future Directions/Recommendations

The next step would be implementing this framework in the Haitian American young adult population and evaluating its effectiveness. Morehouse Innovation Learning Lab will consider these materials for use in their current cultural adaptation project. The next step for the Innovation Learning Lab is curriculum review, content adaptation, recruitment, and implementation of the project within the Haitian population. I'd also recommend for organizations evaluate their cultural adaptation efforts and continue to find new innovative ways to reach underserved communities.

Conclusion

A lack of culturally adapted health interventions is a significant barrier to equitable health care, especially concerning mental health. As a member of the Haitian American community, I have witnessed the disparities that exist in health interventions. After a critical literature review, I have identified a best practice model for cultural adaptation and created a new framework that combines the Ecological Validity Model and the 4-Domain Cultural Adaptation model. This new framework and the supplemental material will help the Morehouse Innovation Learning Lab culturally adapt its young adult mental health curriculum for the Haitian American young adult population. I aspire that my thesis will assist organizations and health professionals in their mission to strengthen mental health.

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