PROMOTING WELL-BEING AND PREVENTING BEHAVIORAL HEALTH PROBLEMS AMONG MULTICULTURAL POPULATIONS: EFFECTIVE PROGRAMS AND THE NEED FOR ONGOING RESEARCH

Increasingly, States and communities are implementing evidence-based programs designed to prevent behavioral health problems and promote healthy functioning. Ensuring that these programs are culturally appropriate for the populations being served is of tremendous importance to the ultimate success of such initiatives. In fact, cultural factors are often the most significant non-medical factors that influence health-related knowledge, attitudes, beliefs, and health-seeking and help-seeking behaviors.¹

This fact sheet highlights examples of certain interventions to prevent behavioral health problems that have been evaluated for use with diverse populations, and outlines the need for enhancing the existing research base. By supporting ongoing research in this critical area, policymakers can ensure that programs designed to improve behavioral health will achieve their optimal intended effects.

Examples of Evidence-Based Interventions Shown to be Successful with Diverse Groups

INCREDIBLE YEARS PARENT PROGRAM

This parenting program is designed to strengthen parenting competencies, encourage positive caregiver-child interactions and communications, and enhance children's social and academic skills. In an interactive group format, a trained leader facilitates conversations with parent participants. Videotaped vignettes of common parenting situations (portraying children and caregivers from multiple cultural backgrounds) are shown as a means of initiating dialog. While the program content is generic, cultural sensitivity is fostered in that parents set their own individual goals for their children and share their own situational examples, with respect being shown for diverse perspectives and experiences. The program has been found to improve positive parenting practices and reduce problem behaviors for a variety of racial and ethnic groups (including Asian American, African American, Latino, and Caucasian) in studies conducted in cities such as Seattle and Chicago.²,³
GOOD BEHAVIOR GAME (GBG)

GBG is a classroom-based behavior management strategy for elementary school that is designed to increase cooperation and reduce aggressive or disruptive classroom behavior. It has been successfully implemented across racially/ethnically diverse settings (including Asian American, African American, Latino, American Indian, and Caucasian youth) and has been shown to increase academic engagement, reduce disruptive behavior, and to reduce the later development of conduct disorder and substance abuse. This model has been successfully implemented in diverse school settings across several States, including Maryland, New York, Ohio, Arizona, Illinois, California, and Wyoming, among others.

Examples of Culturally Specific Adaptations of Evidence-Based Programs

BEARDSLEE PREVENTIVE INTERVENTION PROGRAM FOR DEPRESSION (PIP)

PIP is a psychoeducational intervention for parents and children in families where a parent is depressed, and it is designed to enhance youth resilience and positive family communication. The PIP was adapted for use with predominantly low-income Latino families by using culturally and linguistically appropriate metaphors and examples, and the intervention was made available in both Spanish and English. To provide participants with increased flexibility, the sessions could be held either in the clinic or at the family home. Researchers studying the adapted version in the Boston area found that it was beneficial for parents and children and that it produced similar results as the original version, demonstrating that it was culturally appropriate while maintaining fidelity to the model.

LIFE SKILLS TRAINING PROGRAM

The Life Skills Training (LST) Program is designed to provide adolescents with the knowledge and skills needed to resist the social influences associated with substance use (alcohol, tobacco, and other drugs). Youth are taught drug refusal techniques, antidrug norms, and self-management skills. A modified version of LST was created for use with multi-ethnic student groups using various examples that were more culturally relevant to the populations served. Research on the use of the culturally modified version in New York City (with a sample that was 61 percent African American, 22 percent Latino, 6 percent Asian American, 6 percent Caucasian, and 5 percent multiethnic/other students) found that the intervention had an impact on reducing smoking, drinking, inhalant use, and polydrug use and also had positive effects on students' beliefs and attitudes affecting substance use avoidance.

What is prevention? Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.

What is promotion? In the context of mental health, promotion interventions aim to enhance individuals' ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion, and strengthen their ability to cope with adversity.

Source: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.
THE PENN RESILIENCY PROGRAM (PRP)
PRP is designed to help prevent depression by teaching middle school students to think about life’s challenges and problems in healthy ways. The children learn to make connections between feelings, beliefs, and behaviors, as well as techniques for negotiation, decision-making, social problem-solving, and relaxation. A modified version of PRP was used in a low-income school in Philadelphia in which approximately 77.2 percent of the children were Latino. The PRP manual was revised to make it culturally appropriate for Latino youth while still maintaining its foundation. The results showed both immediate and long-term beneficial effects on depressive symptoms for these youth.

Examples of Culturally Specific Programs

STRONG AFRICAN AMERICAN FAMILIES (SAAF) PROGRAM
SAAF is a family-centered program specifically designed to prevent alcohol use/abuse among rural African American youth age 10–12 and to enhance the positive parenting practices of their caregivers. The framework of the program was based upon another model, Strengthening Families Program for Parents and Youth 10–14 (SPF-10-14), a family-based program to develop the skills, values, and interactions needed to help reduce substance use, aggression, and other problem behaviors among 10- to 14-year-olds. Studies on SAAF conducted in Georgia have shown a decrease in alcohol initiation, improved parenting practices, and a reduction in conduct problems.

AMERICAN INDIAN LIFE SKILLS (AILS)
The AILS program was designed for use with American Indian communities to address the problem of suicidal behavior among youth. The program was developed in collaboration with a Tribal community. It is school-based with a curriculum that includes numerous lesson plans covering topics such as building self-esteem, identifying emotions, developing communication skills, learning problem-solving techniques, and setting personal and community goals. The program is broadly designed so that it may be adapted to a range of tribes while remaining respectful of distinctive cultural beliefs and practices. Research on this program has shown that it is effective in reducing suicidal ideation, feelings of hopelessness, and self-destructive behavior.

HUI MALAMA O KE KAI (HMK)
HMK is a culturally specific positive youth development program developed for rural Native Hawaiian communities. This after-school program for 5th and 6th graders emphasizes Native Hawaiian values and has shown positive results in enhancing self-esteem, school success, and reduced substance use and aggressive behavior.
Building a Stronger Evidence Base across Multi-Ethnic Populations

The programs featured in this fact sheet have been shown to make a positive impact on behavioral health for youth in different racial/ethnic groups, but there is a need for significantly more research in this area. Not every evidence-based intervention works equally well for all populations due to specific community and cultural needs, values, worldviews, and behaviors. The seminal 2009 Institute of Medicine (IOM) report, *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*, underscores the tremendous need for additional research about interventions that are culturally and linguistically relevant for different groups.

The authors note several issues that professionals in the field are grappling with, including:15

- For a given intervention, are its components generic enough for it to be effective with diverse cultural groups?
- When making culturally specific adaptations to an existing evidence-based model, what are the key elements of the program that must be maintained for it to have fidelity, as well as cultural relevancy, in order for it to keep its positive effects?
- Are there existing culturally specific community-developed practices that may be highly effective or promising, even though they are not considered to be “evidence-based” because they have not yet had the benefit of a formal research trial?

One method suggested by the IOM for enhancing our knowledge base is to support community-based participatory research (CBPR). CBPR entails a strong collaboration between researchers and communities in all aspects of the research process (e.g., formulation of research questions, design, interpretation of results, etc.) with all partners contributing their expertise so that practices and evaluation measures reflect community-identified goals, needs, and priorities.16 Ideally, researchers from within the community itself should be engaged to conduct such efforts. Additionally, funding to formally test existing models that have been in use for a long time and are believed to be working well in local communities can greatly expand our Nation’s understanding of effective strategies to support healthy youth development among diverse groups.

There is currently a solid foundation of evidence-based interventions overall, as well as an increasing number of community-based promising practices that are waiting to be studied through research trials. Now is the time to build upon this foundation with additional efforts to expand our knowledge base so that we can better support all communities who are in need. Policymakers and those working in the field have a unique opportunity—and responsibility—to drive the research ahead.
Resources

If you want more information about the programs mentioned in this document, please see the following:


**Beardslee Preventive Intervention Program for Depression**, [http://www.jbcc.harvard.edu/research/intervention.htm](http://www.jbcc.harvard.edu/research/intervention.htm)

**The Good Behavior Game**, [http://www.paxis.org/content/goodbehavior.aspx](http://www.paxis.org/content/goodbehavior.aspx)

**Hui Malama O Ke Kai (HMK)**, [http://www.huimalamaokekai.org](http://www.huimalamaokekai.org)

**The Incredible Years Program**, [http://www.incredibleyears.com](http://www.incredibleyears.com)


**The Penn Resiliency Program**, [http://www.ppc.sas.upenn.edu/prpsum.htm](http://www.ppc.sas.upenn.edu/prpsum.htm)


References

4. Ibid.


