Author's response to reviews

Title: A two-way street: bridging implementation science and cultural adaptations of mental health treatments

Authors:

Leopoldo J. Cabassa (ljc2139@columbia.edu)
Ana A. Baumann (abaumann@gwbmail.wustl.edu)

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Author's response to reviews: see over
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Gregory Aarons
Associate Editor
Implementation Science

Revisions to MS: 3638940698063345: “A two way street: bridging implementation science and cultural adaptations of mental health treatments”

Dear Dr. Aarons,
On behalf of my co-author, I would like to thank the editor and reviewers for a thoughtful and thorough review of our revised manuscript. These comments were very insightful and useful. We have revised our manuscript to address the reviewers’ comments. Find below the requested itemized, point-by-point response to these comments. You will also find the revised text underlined throughout our revised manuscript. We believe that our manuscript continues to be strengthened by these revisions.

Sincerely,

Leopoldo J. Cabassa, Ph. D.
Assistant Professor
School of Social Work, Columbia University
1255 Amsterdam Avenue
New York, NY, 10027
Office: 212-851-2272
Fax: 212-851-2204
ljc2139@columbia.edu
Responses to Reviewers’ Comments

Shannon Dorsey

Minor Essential Revisions

1. First, documentation of adaptation—the importance of this mentioned three times (pg 10, 25, 27) but not enough detail in the paper for why this is important (it makes sense, but what exactly [cultural adaptations and other?], and how, should adaptations be documented and by whom….).

See response to Ana’s comment #3. We added the following sentences on page 10: “We advocate, therefore, that teams involved in adapting interventions *document* their adaptations during the implementation of EBTs and make *explicit* the process and methods used to make these adaptations. This documentation of the adaptation process can have several benefits. It can help generate more generalizable knowledge about the type of adaptations that produce better implementation and treatment outcomes in a new context. It can also help clarify processes, steps, and methods used to adapt EBTs to enhance their fit with a new population and/or context. In all, the careful and explicit documentation of the adaptation process can help produce a knowledge base to guide future implementation efforts.”

We also edited the following sentences on page 28 to strengthen the importance of documenting adaptations: “Careful documentation and tracking of the adaptation processes can also help clarify when adaptation happens, how adaptation decisions are made, and when they are most valuable during the implementation process. These are still open questions for the field, and more studies are needed to test which adaptation models produce the best implementation results in moving research into practice and reduce mental health care disparities.”

2. Second, do the authors need to acknowledge IRI in the acknowledgements section, along with the other grants mentioned?

The development of this collaboration and the preparation for this manuscript was supported by the IRI (R25 MH080916) along with the other grants mentioned in the acknowledgment section.

3. Third, and in my opinion the most important needed revision, on page 15, the authors detail one possible personnel-based approach for integrating IS and CA—WHO should implement and who should adapt—by using two individuals to drive/lead adaptation—a facilitator and a Cultural Adaptation Specialist (CAS). I think this is presented proscriptively, as this is the way one would approach integration. Instead, given the novelty of integration, this section should be shortened and this personnel-based approach offered as only one possible example (or this should be only one of a few examples presented). In many circumstances, having one individual ‘responsible’ for cultural adaptation can be problematic, if they are not truly
representative of the population, and there are a few different models of approaching cultural adaptation (as the authors are aware). In addition, on the implementation side—often a team-based approach is used (Aarons’ work), and one individual is not driving the efforts. Therefore, it might be beneficial to acknowledge that how these two areas are actually integrated in practice is still in development/requires further study, but there are a few approaches (this being one of them). Deployment-based adaptation would be another example (Kumpfer’s work). I believe the paper is very strong prior to this section, so just do not want the last section (if presented proscriptively) to take away from the merits of the earlier work.

There were also a few things within this section that were unclear. The heading includes “who should implement” but the section isn’t so much about who should implement, but who should drive both CA and other needed adaptations (may want to revise the header).

Also, champions are mentioned—champions DO tend to have specific knowledge of the intervention being implemented (that is often part of their value), maybe this is a typo/pronoun “who” need for clarity (the champion DOES have knowledge the facilitator does not?). Also, when comparing the skills of the CAS and a facilitator, nowhere in the CAS role description is knowledge of the intervention mentioned (focus is on population knowledge), but then in the comparison paragraph it says that the CAS, unlike the facilitator, needs expertise in the intervention. When shortening this section, clarification on what expertise each role requires would be beneficial.

These are excellent comments and suggestions to strengthen this section of the manuscript. We have edited the section to address these important points, see changes on pages 15-18. To reflect these changes we now titled this section: “Key players driving cultural adaptations and implementation.” We have deleted any reference or mention to champions as this was deemed confusing. We have added “knowledge about the intervention” (p. 16) as a key skill for the CAS. We have shortened the section contrasting the facilitator and CAS skills. We now provide several possible approaches to integrate these two roles (see p. 17-18).

Two optional/discretionary edits include:

4. Page 5—Point #2: should probably, as a separate point or more clearly in #2, include determining IF adaptation is needed and then if so, how, who and when vs just having this included parenthetically as a part of # 3.

We have edited point #2 to on page 5 to include: 2) if adaptations are needed, examining what to adapt in order to balance fidelity and adaptation in the implementation of EBTs.

We did not add the other optional suggestions made here as these are covered in the other sections of the manuscript. For example, point 3 is all about who, and point 5 is all about when.
5. Page 12—In the WHAT to adapt, when faced with need to adapt in multiple areas (which is often the case), how do organizations/ researchers determine which adaptations get them the biggest “bang for buck” in terms of implementation and client outcomes? This is included in discretionary because I don’t think we have the answer to this—but when you think about integrating IS and CA, there may be a few places where adaptation need is identified, but a setting only has so many resources. How might one prioritize?

This is an excellent point and we agree that no current answers currently exist. We have included this point in the discussion section on page 26-27

“CA and IS share their concern in balancing the need to retain the active ingredients of a treatment to maintain its effectiveness while customizing treatments to improve their fit in specific contexts. This balancing act is further complicated by the limited resources, expertise, and capacity that organizations and researchers face when deciding what to adapt in the implementation process. No clear answers currently exist on how to achieve this optimal balance, but the blending of IS and CA perspectives can help address this important issue by specifying what needs to be adapted in order to enhance the implementation of EBTs. The explicit documentation through the use of quantitative and/or qualitative methods (e.g., interviews, surveys, participant observations), wiki sites and other collaborative forums of what is adapted at the level of the EBT and/or context can provide valuable insights into this dynamic process, and clarify not only how adaptation occur but at what level, for what purposes, and how they may impact implementation and client outcomes.”

Ana Lau

I would suggest some discretionary revisions to illustrate or extend some of the points made:

1. I think when mentioning international work, it would be important to cite examples such as Murray, Dorsey et al., (2011) and Kumpfer et al., (2008) on cultural adaptation and implementation/workforce issues, respectively.

   Thank you for these suggestions. We now cite Murray et al and Kumpfer et al when mentioning international work on page 5.

2. On page 9, where the authors state, “In all, the fields of IS and CA cannot continue to operate in isolation of one another”. It might be more effective to make a brief statement of what can be gained for each side, prior to the next general integrative statement.

   We have edited the first sentence of this paragraph on page 8 to help clarify the gains that each field brings to each other: “A stronger integration between IS and CA can help address limitations within these two areas of research and bring valuable gains to both fields.”
3. On page 10, when you state that there should be explicit process and documentation of adaptations during implementation, perhaps the rationale for scientific knowledge can be made clear. E.g., to produce generalizable knowledge about the types of adaptations that may result in better implementation outcomes, generating a taxonomy of adaptations, with implications for research designs in IS and CA research. Perhaps cite Wiltsey-Stirman et al. (in press [?] at Implementation Science on the need to measure spontaneous adaptations).

We have added the following sentences on page 10 to clarify the importance of documenting adaptation during the implementation of EBTs.

“We advocate, therefore, that teams involved in adapting interventions document their adaptations during the implementation of EBTs and make explicit the process and methods used to make these adaptations. This documentation of the adaptation process can have several benefits. It can help generate more generalizable knowledge about the type of adaptations that produce better implementation and treatment outcomes in a new context. It can also help clarify processes, steps, and methods used to adapt EBTs to enhance their fit with a new population and/or context. In all, the careful and explicit documentation of the adaptation process can help produce an knowledge base to guide future implementation efforts.”

4. I think Rescinow’s definition of deep structure adaptations states that these adaptations posit differences in theory of change of the intervention (or at least of subset of distinct presumed mechanisms of action), I think this doesn’t come across very clearly in the way it is described on page 13.

We have edited the following sentence on page 13 to clarify Resnicow’ definition of deep structure adaptations: “This level of adaptation may posit differences in the mechanisms of change of the intervention and incorporates culture-specific conceptualizations of the problem (e.g., explanatory models of illness), social norms (e.g. gender roles), and cultural beliefs into the intervention in order to enhance cultural sensitivity and create the conditions for the desired behavioral change [41].”

5. On page 16, in the discussion of the CAS, I wonder if it worth noting some dissent in the value of a cultural expert who acts as a gatekeeper of culture to represent a whole community. Sanders (2008) cautions against this noting that sometimes mental health professionals or intervention experts may not be the best arbiters of what is culturally acceptable. Instead, Sanders argues that community members vote with their feet and with their response to interventions when implemented.

We have added this point on page 17. “Care should be taken, however, on the selection of the key players that will have the role of CAS, facilitator, or both. In particular, much discussion in the field of cultural adaptation cautions against one single person, particularly a mental health professional or expert, holding the role of the cultural gatekeeper of the community. Community members should be included and engaged in the process of selecting and adapting an EBT as they bring an
insider’s perspective on the needs, preferences, barriers, and the potential response the community may have towards the EBT [64, 65]. Moreover, as far as training of the CAS, discussion in the field still exists as to whether this person should be from academia (which some authors advocate against), from the community or represent and straddle both worlds [10].”

6. To support the point of the value of cultural adaptations from an IS perspective you highlight possible reception from providers being more favorable when an EBT has been tailored. Perhaps there is some indirect support for this from Aarons et al., (2010) who found in their nationwide sample, Latino therapist had more concerns about fit of EBTs for their clients populations compared to White therapists.

   We have added on page 14 Aarons et al (2010) as another citation to support the point.

7. On page 23 when you begin addressing the question of When to adapt, it might be important to mention that other models (e.g., Kumpfer et al., 2008) stress that adaptation should only follow pilot implementation with clear indication through evaluation that the original intervention did not fit with client needs. This is more of a developer perspective privileging fidelity and efficacy.

   We have added on page 23 a description of Kumper et al model to provide another cultural adaptation model to our discussion of when to adapt.

   Several cultural adaptation models provide guidance to answer this important question. For instance, Kumper et al. [10] stipulates that adaptations should follow only when there is empirical evidence from pilot implementation studies and from clients and providers’ feedback that the original intervention does not fit the new population’s needs.

Jane F. Silovsky

1. I would recommend fixing references to the Tables in the text. For example, the first notation to the tables is to Table 3, so perhaps order of the Tables need to be changed.

   We have fixed the references to the tables in the text to correspond with how the three tables are presented. Table 1 is introduced on page 6, Table 2 on page 7 and Table 3 on page 9.