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MOVING PSYCHOLOGICAL SCIENCE TOWARD A POPULATION HEALTH APPROACH:

CULTURALLY-ADAPTIVE INTERVENTIONS FOR POPULATION HEALTH SCIENCE

TRANSCRIPT

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Ashanti Brown: Hi, welcome. My name is Ashanti Brown. I'm a clinical psychology PhD candidate and one of the contributors to APA's population health science initiative. With the help from my advisor, Dr. Isha Metzger, today, I'm going to be discussing the importance of advancing population health through a culturally-informed approach and lens. What we'll be talking about today is really highlighting the urgent need for a shift in psychological sciences to address disparities and mental health across historically marginalized communities.

When we talk about historically marginalized communities, these are groups of people who have been historically and currently excluded from or denied full participation in society's cultural, economic, political, and social activities, but also those advances as well. What we'll be talking about is how traditional interventions that have been rooted in Western ideologies have failed to serve those populations adequately.

What this calls for is more culturally-adaptive approaches to intervention and mental health care. Throughout this video, I'm really going to be addressing why a shift to population health perspectives is crucial and the need for culturally-informed interventions specifically design research questions for future scholarship across various subfields in psychology. Getting into population health perspectives.

First off, what is population health? [chuckles] Population health really emphasizes the health outcomes of groups of individuals, including the distribution of how such outcomes are within that specific group. Rather than focusing solely on an individual, we really want to consider how societal, systemic, and community factors often can shape health disparities. This is really essential when we're thinking about reducing mental health inequities specifically.

How population health shows up. It can show up in a myriad of ways, right? One way or two ways we often think about it is how it can address historical disparities, but also how it highlights community-level interventions. What we do know under addressing historical disparities are that there are pervasive disparities in mental healthcare access and its effectiveness across racial and ethnic minoritized groups.

We do know there's an underrepresentation in mental health services, specifically with Black, Latino, and Indigenous communities. Studies have shown that those specific groups are less likely to receive mental health treatment compared to their white counterparts. Often, this can be to a number of reasons, right? However, some reasons can be distrust of the healthcare system or a lack of culturally sensitive providers that are giving treatment.

Another way that we can think about common disparities in mental health treatment are culturally-inappropriate treatments. Many mental health interventions are developed based on predominantly

white populations, which can lead to treatments that don't technically resonate with cultural values or the experiences of minoritized groups. For example, standard talk therapy may not account for the collective or family-centered perspective or experience that is typically common in Black and Latino communities.

Another way that we see this is language barriers. A lot of non-English-speaking individuals such as many Latino or Asian immigrants, for example, they may face significant challenges when accessing mental health care because there's a lack of bilingual providers or translated resources that may be accessible to them, but that includes reducing that effectiveness of care, right?

Another way that we can think about mental health disparities in general are higher or lower misdiagnosis rates. What we do know, for example, is that Black individuals are more likely to be misdiagnosed with severe mental health conditions such as schizophrenia instead of mood disorders like depression or anxiety. This can be due to racism, cultural biases, and misunderstandings from providers who are not following a more culturally-adaptive lens.

Another way that disparities can show up is based on economic and geographical locations. We do know that many racial and ethnic minoritized groups can live in under-resourced communities, where mental health services and physical health services are scarce. What that means is this can lead to then having limited access to transportation, limited access to funds to afford this care, which leads to lower treatment rates.

Another way that we can think about this is discrimination and stigma. How does that show up? This can be experiences of racism, discrimination, stigma that contributes to chronic stress and trauma for minoritized groups. In addition to that, this can show up in the therapy room or the healthcare system, so accessing care, coming across providers who are not culturally informed, or completing harm towards those specific individuals in those groups.

This contributes to the chronic stress and trauma for minoritized groups. When we talk about this, we want to also understand that minoritized populations may receive care. However, that care may often overlook the impact of racial trauma, the impact of racial stressors that are predominantly prevalent in minoritized groups' experiences of life. I want to go back to the previous slide because I want to really emphasize that culturally-informed adaptations impact everyone.

One way that this can show up is even in the power of community, individuals are serving the broader scale of community. If one person is not able to access care, how does that show up in the broader scale? When we think about community-level interventions, we really want to address, again, the root causes of those. When we think about traditional treatments, this has often overlooked the social determinants of health.

Social determinants of health, very briefly, are individual-focused interventions that often fail to account for broader economic, environmental, social factors. Examples like poverty, housing instability, racial discrimination. This often significantly influences mental health outcomes. When we focus solely on the individual, these interventions may miss key contributors to distress.

Another way that this shows up in traditional treatments is a limited cultural relevance. Traditional interventions are usually designed with what we would call a one-size-fits-all approach. This often reflects Western individualistic values that prioritize personal autonomy and self-reliance. While there are pros to that, this can often may not align with the values of many cultures that emphasize community or family or collective healing in their experience of wellness and healing.

Another reason that there are a lot of limitations in traditional treatment is that they often omit systemic inequities. A lot of individual-focused models often neglect the impact of structural and systemic inequalities such as racism, sexism, socioeconomic disparities, or mental health. As a result, they may even pathologize individuals without addressing those external forces that help contribute to those challenges.

When we think about accessibility and accessibility barriers, traditional individual interventions often take place in clinical settings. This can mean individuals may have trouble accessing certain treatment areas, which can be super intimidating for those specific populations. Again, geographical location, financial, cultural barriers may often prevent marginalized groups from receiving care, further exacerbating mental health disparities in general.

Then the last thing I want to point out in traditional treatments are they often miss community support. There's an omission of community support. Many cultures view healing as a communal or collective process. Individual-focused interventions are often ignoring the role of social support systems like family, friends, community, which can be crucial for recovering and well-being.

I just wanted to briefly introduce the bioecological model, the Bronfenbrenner model. What this model is entailing is not really only the individual health, but its surrounding cultural, social, and institutional environments. On the left here, you'll see a more broad, general idea of what that model looks like. On the right, you'll see a more detailed, fully more explained picture that shows how all of these systems are working together to impact set individual.

Even here, you'll see systemic racism, neighbors, the mass media. This is an example of how different systems across different geographical locations, different systems, different historical contributions are all really impacting this one individual here. That is super important when we're thinking about how we are tailoring our interventions to address all the needs of people who do not fall primarily in that majority group.

Moving on to culturally-informed interventions, I feel as though I've been saying that throughout this entire video, and I think it's super important that I probably emphasize or just explain what are culturally-informed interventions, right? Culturally-informed interventions integrate techniques that consider communities' values, their history of traumas, and their strengths. While we can also focus on things that are lacking, we also want to focus on their strength and resiliency.

These are not just about making tweaks to existing models. It really also requires deep collaborations with communities and community leaders. Culturally-informed interventions are often therapeutic and health-related approaches that are specifically designed to respect, incorporate, and reflect the cultural identities, values, and experiences of individuals or communities that they aim to serve.

These interventions typically will acknowledge the cultural factors such as race, ethnicity, religion, someone's language, for example, and their traditions that deeply influence that person's worldview, their behaviors, and their responses to treatment. When we talk about culturally-informed interventions, how does that look? A lot of ways this can show up is cultural awareness and sensitivity.

Practitioners being knowledgeable about the cultural backgrounds of their clients, the people that they serve, the community their clients come from. All of these sorts of things are super important. What this does is help communities recognize that they are being seen in a light that reflects their culture, their beliefs, their values. What this includes is recognizing the role of cultural stigma

across mental health, traditional healing practices, and culturally specific expressions of distress or wellness.

Another way this can show up or how to do it is culturally tailoring the intervention. Again, as I previously mentioned, a lot of standard treatment protocols are adaptive. They do not reflect the specific needs and preferences of different cultural groups. When we think about an adaptive intervention, this could mean involving modifying the language or the metaphors that we use or specific therapeutic activity that we may have integrated in the specific protocol or intervention that is meaningful to that population.

For example, we may incorporate more spiritual or community-based healing practices that really resonate with members of that particular group. Another way I often think about how to really integrate culturally-informed care is taking a lot of time to build that trust and rapport for the people in the community that you desire to serve. Culturally-informed interventions really prioritize establishing trust by, one, understanding the historical and contemporary experiences of discrimination, but also understanding the racism and the marginalization that these populations are still currently facing.

When we're thinking about how we can do this, especially integrating it into population health, practitioners really need to actively work to build rapport by acknowledging these experiences and really working to provide a safe and non-judgmental space for healing in those specific communities. Another way I often think about integrating culturally-informed care or having a culturally-informed lens. A lot of communities see healing as a communal effort, so not just as an individual trek.

Culturally-informed interventions often involve family members or community leaders or spiritual figures that are really integral in their therapeutic process and recognizing that these relationships play a critical role in the well-being of that person. This may be a designated religious leader in a specific population or a trusted elder person, elderly person. All of these sorts of things are super critical and super important to understand and have awareness around when dealing with individuals from underserved populations.

One way I wanted to focus in on what are some examples of culturally-informed interventions and adaptations. Trauma-focused CBT adaptation for racial socialization is a program from Dr. Isha Metzger. This program specifically is an evidence-based trauma treatment for children and adolescents. This program really does include racial socialization or the process of transmitting culture attitudes and values to help youth overcome stressors associated with being from a minoritized group.

Another example of a culturally-informed intervention is something called the EMBRace program. EMBRace is the first reported racial socialization intervention for adolescents and their parents. Additionally, EMBRace uses RECAST. This is a culturally-informed or culturally-relevant theoretical model to explain how racial socialization practices are both stressful for families to initiate and use to cope with the racial stress youths experience. These trainings are often offered through programs if parents are interested and their kids are often interested. This is usually allowing them to build racial socialization skills that allow for parents to process individual and parent-child dynamics. I just wanted to show a very short example of what those two packages or interventions look like.

Moving on to research priorities. After all of these long examples of how to integrate culturally-informed approaches and their meaningful purpose, culturally-informed adaptations are not just the

purview of clinical psychologists. Scholars across various subfields, we're really calling on you to also have this awareness because you do include or have a role to shape the future of population health.

Scholars across developmental, cognitive, social sciences really also play a hand. We also had to ask the question, how do culturally-adaptive interventions impact the developmental trajectory, especially for youth exposed to systemic racism and trauma? What role does racial socialization play in fostering that resilience among children from marginalized communities? How do cultural context shape cognitive processes like decision-making and emotional regulation in stressful environments? What cognitive biases may exist in traditional therapies when applied to minoritized groups and how can those be addressed?

When we're thinking about the social part of psychology, how do group dynamics or community identity or social support networks influence mental health outcomes and culturally-adaptive interventions? What are those effects of systemic discrimination on the collective psychological health? All of these are super important examples of how we can ask these questions and how everyone really does play a role specifically in contributing to the population health's future. One way that we really want to prioritize population health's future is encouraging research that calls for the consultation and collaboration with members from those communities.

Again, reaching back to the elders, the people who are super respected in those communities, individuals who are super open to sharing about their experiences of being underserved or underrepresented, and so really hearing those voices and amplifying those voices with the power that we have to change. What this means is we can also advocate for participatory research methods where the community is not just the subject but a partner in the research and a partner in the research process.

As we're wrapping up, I just want to highlight again some very brief key points. The future of psychological research and science and the practice in general. We have to really integrate culturally-informed adaptations to be effective at the population level. When we work across different disciplines, whether it's developmental, cognitive, social, clinical, these psychological sciences really help inform and create culturally sensitive interventions that benefit everybody.

This is really the call to urge all scholars and practitioners to take up space and ask those research questions that prioritize culturally-informed lenses and culturally-informed methods into their own work. I do think as soon as we will have that awareness and also the awareness of how to approach it, together we all can push the field of psychology toward a more equitable and forward pace that impacts all communities and outcomes. That is a more equitable approach.

Thank you all so much for listening to me talk about the future of psychological sciences. We really want to know and understand the why, the how, and have a clear call to action for all psychological scientists. Really, what this will do is inform a lot of our research towards the future in advancing culturally-informed interventions. Let's keep pushing the boundaries of science so we can all benefit from the advancements in population health. Thank you.