CDP – AAFEN Bicultural Parent Education Program

Terry S. Gock, Ph.D., M.P.A.

CIBHS Fifth Annual Evidence-Based Practices Symposium
April 24, 2015
Topics to be covered:

- **Conceptual Clarification:** the relationship between CDP and EBP

- **CDP Resources:** Selection and fit

- **AAFEN Bicultural Parent Educ. Prog.:** An incremental approach to CDP Development
PEI at LAC/DMH

• Those interventions developed primarily by academic and research institutions (usually with a high level of empirical evidence) are considered to be “Evidence Based Practice (EBP) Programs.” Some examples are: Triple-P, IPT, PCIT, MAP, ART, & Trauma Focused CBT.

• Those interventions developed by local communities (usually with a lower but acceptable level of evidence) are considered to be “Community Derived/Defined Evidence (CDE) Programs.” Some examples are: AAFEN (bicultural parenting), SCALE (delinquency prevention), IMPACT! (positive youth development), REEACH (youth violence prevention), & Asian MASTERY (youth mentoring).
Conceptual Clarification

• **Both PEI program designations are, by definition, “Evidence Based Practice (EBP)” Programs.**

• Those developed by academic and research institutions should perhaps be more accurately called “Lab Derived Evidence (LDE)” Programs or “Lab Derived Practices (LDP)”.

• Those developed from the local community have accurately been called “Community Defined/Derived Evidence (CDE)” Programs or “Community Defined Practices (CDP).”
Evidence Based Practice (EBP)

Definition

Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.*

*American Psychological Association, 2005
Community Defined Practice (CDP): Definition

Community defined practice is a set of practices that
• communities have used and
• determined to yield positive results as determined by
• community consensus over time and
• which may or may not have been measured empirically but have reached a level of
• acceptance by the community*

*Martinez (2008)
Lab Derived Practice (LDP):
Definition

Lab derived practice is a set of practices that
• Have been developed mostly at academic and research institutions and
• Determined to yield positive results as measured by
• Empirical data but
• which may or may not have been tested for applicability in the community
Evidence Based Practice (EBP) Programs

Based on the definition of EBP, Lab Derived Practices (LDP) and Community Defined Practices (CDP) are both EBP Programs, and they differ only in the level of:

- **Empirical Evidence**
- **Fit with Community Client Needs**
## Evidence Based Practice (EBP) Programs

### Level of Evidence

<table>
<thead>
<tr>
<th>Randomized Control Trial</th>
<th>Rigorous Program Evaluation Data (quantitative/replicated)</th>
<th>Some Program Evaluation Data (quantitative/qualitative/not replicated)</th>
<th>Minimal or No Program Evaluation Data (community consensus)</th>
</tr>
</thead>
</table>

### Designation

<table>
<thead>
<tr>
<th>Lab Defined Practices (LDP)</th>
<th>Community Defined Practices (CDP)</th>
</tr>
</thead>
</table>

**API-CRDP Community Defined Promising Program & Strategy Categories**

<table>
<thead>
<tr>
<th>Level 2 &amp; 4</th>
<th>Level 1 &amp; 3</th>
</tr>
</thead>
</table>
# Evidence Based Practice (EBP) Programs

## Level of Fit with Community Client Needs

<table>
<thead>
<tr>
<th>Strong Fit</th>
<th>Good Fit</th>
<th>Some Fit</th>
<th>Low Fit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(intervention has been developed to address the intervention needs of a specific client population in a specific community)</td>
<td>(intervention has been used for a similar client population and adapted to address the intervention needs of the current client population in a specific community)</td>
<td>(intervention has been used for similar clients and utilized with minimal adaptation to address the intervention needs of the current client population in specific community)</td>
<td>(intervention has used for other client populations and now utilized with minimal adaptation to address the intervention needs of the current client population in specific community)</td>
</tr>
</tbody>
</table>

### Designation

| Community Defined Practices (CDP) | Lab Defined Practices (LDP) |
Dynamic Tension of EBP Programs

Lab Defined Practices
* Experimental Design
* Implementation Fidelity

Community Defined Practices
* Community/Client Relevance
* Clinical/Creative Acumen
CDP – Some Resources

• LAC/DMH PEI Resource Guide (over 20 Community Defined Practices included)

• California Reducing Disparity Project (CRDP) API Population Report (55 “CDP” Programs for API populations included)

• National Network to Eliminate Disparities (NNED) in Behavioral Health “NNEDshare” website http://share.nned.net/ (web-based list of “interventions that aim to improve and/or reduce behavioral health care disparities and promote behavioral health equity among culturally diverse populations” across the country)
Three criteria of fit to consider when selecting a CDP (or, for that matter, a LDP) for treatment and preventive intervention:

• Community/Client Relevance (adaptation needs)
• Level of Evidence (effectiveness confidence)
• Theory of Change (intervention objective match)
Theory of Change

• An articulation of how and why a program or practice works for an identified problem or challenge with a specific group of people

It is both...

• An iterative process to develop the articulation and refine it as experience and evidence are accumulated, and

• A product from that process for others to understand and use our program or practice.
Articulating the Theory of Change

- How Do You Know?
- What For?
- What Is Done?
- Why?
Articulating the Theory of Change for a CDP:

- **What for?**
  - Problems/issues/imbalance for a particular population that a practice or program wants to address (i.e. goals)

- **What is Done?**
  - Specific interventions or actions that a practice or program uses to address the problems identified (i.e. interventions)

- **Why?**
  - Explanation or reason for how the interventions or actions will address the problems (i.e. cultural appropriateness, plausibility)

- **How Do you Know?**
  - Methods used to find out whether the practice or program works for the reasons stated (i.e. “if-then” LOGIC Model and program evaluation)
Theory of Change Framework

- **Problems**
  - Issues
  - Imbalance

---

1. **Target Population**
2. **Goals:** Intended outcomes for identified problems
3. **Resources:** Staff & Service Settings
4. **Intervention:** Core Components
5. **Indications of Effectiveness**
CDP Development - An Incremental Approach

• Theory of change framework is used to guide the CDP development

• Practice development is an iterative process

• Cultural/Community Relevance is infused in every element and aspect of the “Theory of Change” framework throughout the development process
Introducing…

AAFEN Bicultural Parent Education Program
5 of our Youth & Family Programs
have been recognized as
“Community Derived (or Defined) Evidence Programs”
among the 22 such programs
(out of over 300 submissions)
included in the
Los Angeles County Dept. of Mental Health
PEI Resource Guide

— Bicultural Parenting (AAFEN)
— Positive Youth Development (IMPACT)
— Youth Violence Prevention (REЕACH)
— Youth mentoring (Asian MASTERY)
— School, Community & Law Enforcement (SCALE)
Pacific Clinics Asian Pacific Family Center

Has been awarded a total of 11 Competitive Federal Service Demonstration & Program Evaluation Enhancement Grants out of 11 submissions in the past 20 Years to address:

- Substance Abuse Prevention
- Positive Youth Development,
- Youth Mentoring,
- Youth Violence Prevention,
- Bicultural Parenting,
- Bicultural Family Management
- HIV/AIDS Prevention
AAFEN – Work in Progress

Moving Up the Level of Evidence & Community/Client Relevance
AAFEN – Brief Description

Asian American Family Enhancement Network (AAFEN) Program

- Bicultural parenting education program
- 10 weekly and interactive sessions (approx. 2 hours each)
- Curriculum based manual (with specific session objectives and suggested contents to address these objectives)
- Target population: Chinese and Korean immigrant parents with teenage children;
- Currently piloting with Spanish-speaking parents through our Multicultural Services Team at APFC
- Program is specifically designed to:
  - Enhance bicultural parenting competency
  - Increase positive family communication and bonding of immigrant parents with teenage children at risk for behavioral (e.g. oppositional) behaviors and substance use
## AAFEN – Developmental Journey

<table>
<thead>
<tr>
<th>Year</th>
<th>Milestone</th>
<th>Note</th>
</tr>
</thead>
</table>
| 2000 | **Chinese American Family Enhancement Network (CAFEN) Program:**  
  - Community stakeholders (parents) built consensus on family management program to adapt;  
  - Chose and made cultural adaptation to Dr. Steele’s “Strengthening Multi-Ethnic Families and Communities” Program;  
  - Piloted & implemented with Chinese immigrant parents (graduated 352 parents in 10 months);  
  - *Did not find many pre-post outcome differences when comparing CAFEN participants with those in AAFEN (a parenting program developed by APFC)*  
  
  **Funded by SAMHSA “Family Strengthening” Initiative** | |
| 2003 | **Asian American Family Enhancement Network (AAFEN) Program:**  
  - Piloted and Implemented AAFEN Program version 1.0 (combining the APFC parenting program & CAFEN Program contents)  
  - Expanded to include both Chinese & Korean immigrant parents  
  - Continue to conduct pre-post outcome data although not required  
  
  **Funded by LAC/DCFS** | |
| 2009 |  
  - AAFEN was designated as Community Defined Evidence (CDE) Program by the California Institute of Mental Health (CiMH) [now CIBHS]  
  - Included in LAC/DMH PEI Resource List as CDE | |
| 2012 |  
  - Pre-post outcome data collected from 2005-2010 AAFEN parenting class cohorts (N=110) were presented at the Asian American Psychological Assn. Convention:  
    *Increased parenting confidence and parenting ability  
    *Improved communication/interaction with child  
    *Increased knowledge and access to supportive community resources  
    *High satisfaction with curriculum content and delivery | |
<table>
<thead>
<tr>
<th>Year</th>
<th>Milestone</th>
<th>Note</th>
</tr>
</thead>
</table>
| 2013 | • AAFEN designated as Level 4 Promising Practice in the API California Reducing Disparities Project Report  
• SAMHSA Technical Assistance Consultation to:  
  * Better articulate theory of change and LOGIC model  
  * Develop program evaluation implementation strategies that balance experimental design rigor with community/client appropriateness and agency capacity  
• Revised AAFEN curriculum manual and prepared new session presentation materials (in CD):  
  * Based on past program delivery experience  
  * To better align with articulated theory of change and LOGIC model | Funded by SAMHSA “Service To Science” TA Initiative |
| 2014 | • Implemented quasi-experimental program evaluation design with “intervention” and “waitlist comparison” groups with AAFEN version 2.0 (after piloting revised curriculum)  
• Completed 2 cohorts of Chinese and Korean immigrant parents  
• Completed 6-month follow-up with Cohort 1 (86% return rate)  
• Begin 3rd cohort of Chinese and Korean immigrant parents  
• Begin the piloting of the AAFEN Program with Spanish-speaking parents | Funded by SAMHSA “Service To Science” Program Evaluation Enhancement Initiative |
| 2015 | • Completed program evaluation report based on Cohort 1 pre-test, post-test, and 6-month follow-up data |  |
AAFEN – Program Evaluation 2014

Compared to those in the “waitlist comparison” group, Asian immigrant parents who completed the AAFEN program improved to a significantly greater extent (p < .05 or less) on 9 out of the 10 outcome measures, including:

- Increased parent/child empathy and safety
- Reduced family conflict
- Increased authoritative parenting style (e.g. clear communication, values and respects child’s opinions & feelings, etc.)
- Reduced authoritarian parenting style (e.g. use of criticism, yelling, strict discipline, etc.)
- Increased parent-child bonding
- Reduced parental stress level
- Reduced parental need for control (e.g. feels the need to push their child or control their choices)
- Increased positive parenting behaviors
- Increase perceived self-efficacy as parents (e.g. ability to manage anger, provide physical affection, express care, teach child right from wrong, etc.)

*Only outcome measure that did not show significant difference was in “parental guilt” (i.e. feels responsible for child’s success or failure)
Asian immigrant parents who completed the AAFEN program retained their improvement 6 months after program completion, and, compared to those in the “waitlist comparison group,” improved to a significantly greater extent ($p < .05$ or less) on 7 out of the 10 outcome measures, including:

- Increased parent/child empathy and safety
- Reduced family conflict
- Increased authoritative parenting style (e.g. clear communication, values and respects child’s opinions & feelings, etc.)
- Increased parent-child bonding
- Reduced parental stress level
- Reduced parental need for control (e.g. feels the need to push their child or control their choices)
- Increased perceived self-efficacy as parents (e.g. ability to manage anger, provide physical affection, express care, teach child right from wrong, etc.)

*Outcome measure that did not show significant difference was in: (1) Reduced “parental guilt” (i.e. feels responsible for child’s success or failure); (2) Reduced authoritarian parenting style (e.g. use of criticism, yelling, strict discipline, etc.); (3) Increased positive parenting behaviors (e.g. use verbal or physical affection for rewarding desired behavior)
Lessons Learned from AAFEN Story

Increasing the Evidence Level & Client Fit of a Community Evidence Based Program Requires:

• **Organizational Readiness**
  • Resource Commitment
  • Learning Culture

• **Staff Readiness**
  • Service vs Science
  • Fidelity vs Flexibility

• **Program Readiness**
  • Theory of Change
  • Cultural Relevance
  • Evidence of Effectiveness
Questions? Thoughts?
THANK YOU