

# Beyond “*One Size Fits All*”: Adapting Evidence-based Interventions for Ethnic Minorities

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# Overview

- Fitting the model to the data?
  - or fitting the data to the model?
- Arguments for and against adaptation
- Terms and definitions
- Available frameworks and approaches to adapting psychosocial interventions
  - Studies on cultural adaptations
- Preliminary principles on adapting ESTs and EBTs
  - Limits of cultural adaptation



# One Size Fits All?

- Embedded in the suggestion that ESTs and EBTs be used without formal adaptations to culture, language, and context is the notion that the same treatment (manual or protocol) should work with all patients.
- “Standard” CBT, IPT or any EBT should be delivered as designed and tested to different groups with only minor “tailoring” of the intervention to clinical characteristics.
- Some agencies (e.g., SAMHSA, CDC) are now requiring that funded programs document the use of EBTs.
- Thus, clinicians and administrators are presented with the problem of having to “fit” the existing ESTs and EBTs to their patients with little guidance on standards for adaptation for culture, language, and context.

# Procrustean Fit

- Greek mythology
- Early example
  - fitting person to the model



# Procrustean Fit

- Procrustes (he who stretches) was a host who adjusted his guests to his bed.
- He kept a house by the side of the road where he offered hospitality to passing strangers, who were invited in for a pleasant meal and a night's rest in a very particular bed.
- This bed had the an unusual property such that its length exactly matched whomsoever lay down upon it.
- What Procrustes didn't volunteer was the method by which this “one-size-fits-all” was achieved
  - When the guest lay down, Procrustes either stretched him on the rack if he was too short for the bed or chopped off his legs if he was too long.

# Fitting the model to the data

- The reasonable alternative is to adapt, modify, or tailor the model
- In the case of psychotherapy
  - The adaptation should retain its essence (key theoretical constructs, theory of change, and basic procedures).
  - Yet the model of adaptation should take into consideration the unique characteristics of the population group of interest.
  - Some suggest that we develop a new therapy for every and every patient.

# Terms and Definitions

## ■ Culturally...

- *Competent*
- *Sensitive*
- *Responsive*
- *Centered*

- These terms vary in degrees of intensity, but they all have in common the consideration of culture and language-related issues in psychosocial interventions

(Bernal & Sáez, 2006)

## ■ Culturally centered

- Term adopted by the APA (2003) Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists
- Recognition that all individuals, including psychologists, are influenced by different contexts, including historical, ecological, sociopolitical, and disciplinary.

# **Why and why not Adapt EBTs**

## **Pros and Cons of Adaptation**

# Arguments against adapting EST & EBT

- **Universality argument**
  - ESTs & EBT are probably effective with other ethnic groups:
    - Similarities in human behavior across groups
    - Epidemiological and personality data reveal few ethnic differences in psychopathology.
- **Internal validity argument**
  - ESTs should not be altered for design reasons:
    - Adaptation produces confounds if the observed differences are a function of the Rx adaptations or the new population, or both (Hall, 2003).



# Arguments against adapting EST & EBT

- Evidentiary argument:
  - There is *some*, albeit limited research, that *some* ESTs are appropriate for *some* ethnic groups (Miranda et al., 2005; Huey, unpublished).
    - The suggestion is to simply include more ethnic minority patients into efficacy studies.
  - There is limited evidence that culturally sensitive treatment (CST) adaptations are superior to standard treatment.

# Arguments against adapting EST & EBT

- Feasibility argument:
  - It is impractical to adapt and test treatments for every ethnic minority group
    - There are more *within* group differences in ethnic groups than *between* them.
    - High costs of making these adaptations in terms of research, personnel, training, etc.
- Science argument:
  - It's bad science, limits generalization, too specific

# Why adapt EST & EBT

- Singularity - Specificity Argument
  - Treatments need to be made specific to group culture
    - Values of subjective culture need to be considered in treatment of ethnic minorities (Bernal, Bonilla & Bellido, 1995).
    - Three common constructs found to differentiate ethnic minority from majority persons in the US
      - *inter-dependence, spirituality and discrimination* (Hall, 2001).
- External Validity Argument
  - Most EST and EBTs are conducted with White, educated, verbal, and middle class pts and may not generalize to ethnic minority and third world communities (Bernal & Scharrón-del Río, 2001).

# Yalom on psychotherapy

*“Often, when I think about the successful ingredients of psychotherapy, this cooking incident comes to mind. It is not the systematic protocols or the procedural cookbooks that underlie successful therapy, but the extras that experienced therapists throw in when no one is looking.” (p. xi)*

*“The idea of inventing a therapy de novo for each patient flies in the face of current trends in therapy.*

*After all, these are the 1990s – the days of standardized brief therapy protocols, days of managed care administrators who expect therapists to follow a prescribed script for each therapy session, to set treatment goals for each session, and to measure the progress toward that goal.*

*These are the days in which professional task forces devote considerable resources and energy to customizing therapy approaches for each of the standard diagnostic categories.*

*Inventing a new therapy for each patient? What a fantastical notion, yet a notion that grows less bizarre when we inquire deeper into the idea of genuineness.” (p. xv)*

(Yalom, 2000)

# Why adapt EST & EBT

- Evidentiary argument (symptoms and diagnosis)
  - *“If there are systematic differences in the empirical connection between symptoms and disorders by race, ethnicity, or other factors, then failing to take these into account will result in more diagnostic and treatment referral errors for minority populations, contributing to disparities in services and in outcomes....”*

(Alegria & McGuire, 2003).
  - Significant differences in the relation of key symptoms to disorders across groups were found.
    - Data from the National Comorbidity Survey
  - The authors encourage re-thinking the universal framework for viewing the psychiatric symptom-disorder relationship, and encourage testing relativistic frameworks in diagnostic nosology.

# Why adapt EST & EBT

## ■ Evidentiary Argument

- Clinical literature on including culture, race, & ethnicity.
- Little *empirical* evidence that ESTs are effective with minority populations (Hall, 2001; Sue, 1998).
  - Few efficacy studies to guide treatment and research with ethnic minorities (Miranda et al., 2005)
  - Some literature suggests that EST for Parent management training, ADHD, and depression care may generalize to Latino and African Americans.
- Ethnic match is associated with less premature termination, dropouts, & better outcomes (Sue, 1998).
- Studies on service utilization, treatment preference, and health beliefs suggest that ethnic minorities may respond differently to psychotherapy (Bernal & Scharron del Río, 2001).

# Why adapt EST & EBT

- **Feasibility-Practicality Argument**
  - **Demographics**
    - Racial and ethnic minorities will soon be the numerical majority
  - **Engagement**
    - Culturally adapted ESTs are practical way of engaging minorities and retaining them in treatment
  - **Sustainability**
    - More likely if treatments were culturally congruent and community involvement was used to carry out the adaptations
  - **Relevance**
    - ESTs without culture are not likely to be relevant to minority patients

# Why we should adapt EST & EBT

## ■ Science Argument

- Ethnic science is good science
- Will enable tests of efficacy with other groups
  - Evaluate generalization of ESTs and EBTs
  - Test for moderators and mediators
    - a test of the theory itself

*“Ethnicity should not be treated as a nuisance variable. Understanding ethnic differences is not only helpful to ethnic groups, it is good for science. The United States is one of the most diverse societies in the world. Why not take advantage of that fact by promoting external validity and by testing the generality of theories?” (Sue, 1999)*

# More support for adapting EBTP

- Over 20 years ago, psychologists began to recognize and address cross-cultural issues (Arredondo & Pérez, 2006).
  - First multicultural competencies document listing 10 competencies “Position Paper: Cross-cultural Counseling Competencies” (D. Sue et al., 1982)
  - Models with specific guidelines for the inclusion of cultural processes in clinical practice were proposed, particularly from the family therapy literature (McGoldrick, Pearce & Giordano, 1982).
- Since then there is a wealth of information on clinical practice that points toward the need to adapt or tailor therapy to patients’ culture, as well as to other individual characteristics such as educational level, developmental stage, diagnosis, sexual orientation, among others (Celano & Kaslow, 2000; LaRoche & Maxie, 2002; Sue, 1998; D. Sue, 1990).
- Multicultural Education, Training, Research and Practice Guidelines have been created and revised (APA, 1993, 2003).
- Graduate training programs have incorporated cultural competence as necessary clinical skill.

The background is a vibrant green with a pattern of small, semi-transparent circles. Overlaid on this are several larger, semi-transparent circles of varying shades of green and light green, creating a layered, abstract effect. The text is centered in a bold, black, sans-serif font.

# **Adaptations in Psychotherapy**

# History of Psychotherapy Adaptations

- Psychotherapy has a long history of adaptations
  - Structure
    - From the couch to the chair to the phone and the Web
  - Intensity
    - 4-5 sessions a week - to 1 session a week
  - Format
    - From individual to Group, to Family, Couples, Networks
  - Adaptations respond to changing socio cultural context.

# Types of Adaptations

## 1. Individual Characteristics

- Disorder/diagnosis
  - (Markowitz, Skodol & Bleiberg, 2006; Wilfley, Frank, Welch, Spurrell & Rousaville, 1998; Ramsay et al., 2005; Whitehouse, Tudway, Look & Kroese, 2006)
- Age
  - (Bernal & Rosselló, 1996; Chan, 2005; Rathus & Miller, 2002)
- Population
  - (Martell, Safren, & Prince 2004)

## 2. Cultural Processes

- Language
- Values, belief systems, customs

# Types of Adaptations

## ■ **Surface/superficial structure**

- Translation of the intervention
- Changing ethnicity or appearance of role models
- Therapist/pt ethnicity match
- Intervention setting
- Engagement strategies

## ■ **Deep structure**

- Address the values, beliefs, norms, world view, lifestyle of the ethnic group in the intervention
- Tailor the intervention to cultural norms/values

# Strategies of Action

- The combined use of protocols/guidelines that consider culture and context with EBT is likely to facilitate engagement in treatment and probably enhance outcomes.
- Areas of research that need immediate attention:
  - **Methodologies** for tailoring EBT for specific populations
  - **Strategies for actively engaging** ethnic minorities in treatment



# **Frameworks for Culturally Adapting Interventions**

# Four Models

- **Ecological Validity Model**
  - (Bernal, Bonilla & Bellido, 1995)
- **Ecological Validity plus Process (OP)**
  - (Domenech-Rodriguez, 2004)
- **Psychotherapy Adaptation and Modification Framework – PAMF**
  - (Hwang, 2006)
- **Guide to Program Fidelity and Adaptation**
  - (Backer, 2001)

# Cultural Sensitive Elements and Dimensions of Treatment for Clinical Research Interventions

- Language
- Persons
- Metaphors
- Content
- Concepts
- Goals
- Methods
- Context

# Cultural Sensitive Elements

<b>Elements</b>	<b>Criteria for Cultural Sensitivity</b>
<b>Language</b> Culturally syntonic	Do patients understand language, idioms, & words used?
<b>Persons</b> Ethnic/racial similarities & differences client & therapist	Is the patient comfortable with the similarity (or difference) in the ethnicity of the therapists?
<b>Metaphors</b> Symbols & concepts shared;	Are sayings or “dichos” common to ethnic group part of the intervention?
<b>Content</b> Cultural knowledge (values, traditions) & uniqueness of groups (social, economic, historical, & political)	Does the patient feel understood by the therapist? Does the patient feel that the therapist respects his/her cultural values (e.g., familismo, respect, personalismo, gender roles)?

# Cultural Sensitive Elements

<b>Elements</b>	<b>Criteria for Cultural Sensitivity</b>
<p data-bbox="208 451 498 508"><b>Concepts</b></p> <ul data-bbox="21 529 658 889" style="list-style-type: none"><li data-bbox="21 529 658 889">■ Treatment concepts consonant with culture &amp; context (dependence vs. independence)</li></ul>	<ul data-bbox="730 451 1866 889" style="list-style-type: none"><li data-bbox="730 451 1866 582">■ Are treatment concepts framed within cultural values?</li><li data-bbox="730 604 1866 735">■ Does the patient feel understood by the therapist?</li><li data-bbox="730 756 1866 889">■ Is the patient in agreement with the definition of the problem &amp; Rx?</li></ul>
<p data-bbox="266 929 440 986"><b>Goals</b></p> <ul data-bbox="21 1008 639 1360" style="list-style-type: none"><li data-bbox="21 1008 639 1360">■ Transmission of positive adaptive cultural values; support of adaptive values from culture</li></ul>	<ul data-bbox="730 929 1866 1360" style="list-style-type: none"><li data-bbox="730 929 1866 1061">■ Are treatment goals framed within adaptive cultural values of patient?</li><li data-bbox="730 1082 1866 1213">■ Are treatment goals consonant with cultural expectations of therapy?</li><li data-bbox="730 1235 1866 1360">■ Does the patient agree with the goals of treatment?</li></ul>

# Cultural Adaptation Process Model

- Domenech-Rodríguez & Weiling (2004)
- Opinion Leaders (OL) in the community and Change Agents (researchers) collaborate in a three phase process of tailoring and adapting an intervention
  - On-going process of evaluation and revision

PLANNING  
DESIGN  
IMPLEMENTATION

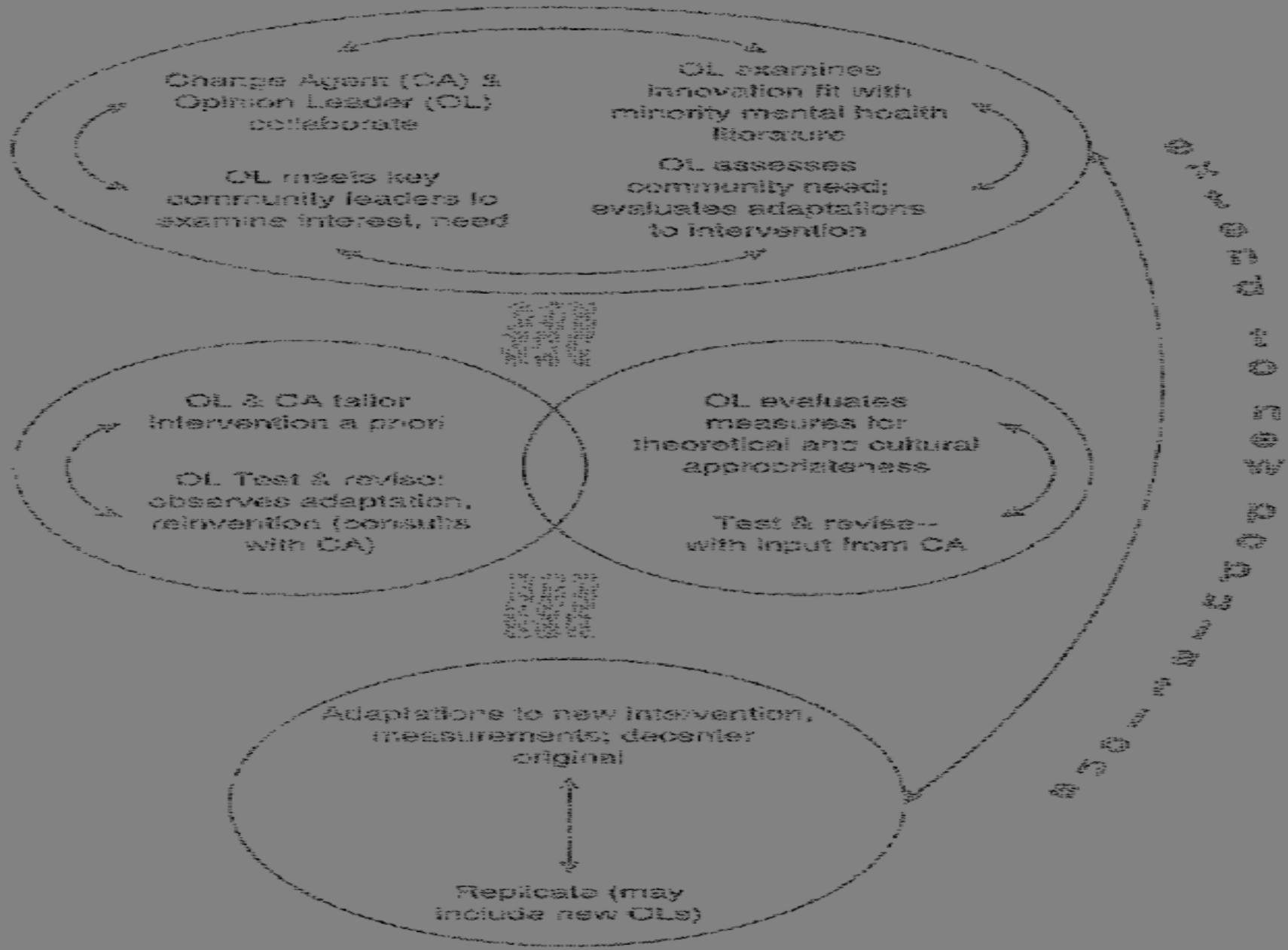


Figure 18.1

Cultural Adaptation Process Model

(Domenech-Rodríguez & Weiling, 2004)

# Psychotherapy adaptation and modification framework - PAMF

Developed for use with immigrant or less acculturated Asian Americans

## Six domains:

1. dynamic issues and cultural complexities,
2. orientation,
3. cultural beliefs,
4. client-therapist relationship,
5. cultural differences in expression and communication,
6. cultural issues of salience

25 therapeutic principles across these 6 domains and the rationale for treating Asian Americans

# *Finding the Balance*

A guide for program fidelity and adaptation for prevention programs  
12 steps:

1. Define fidelity/adaptation balance,
2. Assess community concerns,
3. Review targeted program to determine fidelity/adaptation issues,
4. Examine program's theory of change, logic model and core components,
5. Determine needed resources,
6. Consider available training,
7. Consider how to document adaptation efforts,
8. Consult with program developer,
9. Involve the community,
10. Integrate all prior steps into plan,
11. Include fidelity/adaptation issues into program evaluation,
12. Conduct ongoing analysis of fidelity/adaptation issues



# **Cultural Adaptation Studies**

Study	Sample	Intervention	Adaptation method
<b>COGNITIVE-BEHAVIORAL THERAPY</b>			
Rosselló & Bernal, 1996; 1999	PR adolescents w/ depression n=71	CBT & IPT	Ecological Validity Model (Bernal, Bellido & Bonilla 1995)
Rosselló, Bernal & Rivera, 2006	n=112	Group CBT & IPT	
Rosselló & Bernal, 2006	n = 71+	CBT + Parent Psycho-educational Intervention	
Reyes 2006	PR women w/ Bulimia Nervosa n=20	CBT-BN	Ecological Validity Model (Bernal, Bellido & Bonilla 1995)
Kohn, et al 2002	Low income African American women w/ depression n=10	Group AACBT	Literature revision, consultation with therapists w/ experience w/ African American women Structural and didactic adaptations
Devieux et al 2004	HIV+ minority recovering drug abusers	CB Stress Management (CBSM)	Ecological Validity Model (Bernal, Bellido & Bonilla 1995)

Study	Sample	Intervention	Adaptation method
<b>PARENT TRAINING</b>			
McCabe et al 2005	Mexican American families w/ children w/ behavior problems	Parent Child Interaction Therapy (PCIT) → Guiando Niños Activos (GANA)	Ecological Validity Model (Bernal, Bellido & Bonilla 1995) Survey relevant info, Develop proposed modifications, Review of modifications by experts
Matos et al, 2006	PR families w/ children w/ behavior problems n=9	PCIT	Ecological Validity Model (Bernal, Bellido & Bonilla 1995)
Domenech-Rodríguez & Weiling 2004	Mexican American families w/ young children	Parent Management Training (PMT-O)	Ecological Validity Model (Bernal, Bellido & Bonilla 1995)
<b>SCHIZOPHRENIA</b>			
Weissman et al, 2006	Latino families w/ schizophrenia	Culturally Informed Therapy for Schizophrenia (CIT-S)	Ecological Validity Model (Bernal, Bellido & Bonilla 1995) Target familism/collectivism as treatment goal (focus on ethnic minority strengths) Addition of 4 segments – Family cohesion, Spiritual Coping, Communication Training & Problem Solving

# Examples of Cultural Adaptations

Study	Protocol changes
Matos et al, 2006 - <b>PCIT</b>	<ul style="list-style-type: none"> <li>■ Modified Time-Out procedures for children who actively refused or required excessive force (alternative – loss of privileges)</li> <li>■ Extended session duration to 1.5 hours</li> <li>■ Incorporated discussion on extended family participation in child-rearing process</li> </ul>
Kohn, et al 2002 - <b>Group AACBT</b>	<ul style="list-style-type: none"> <li>■ Use of closed group to facilitate cohesion</li> <li>■ Added experiential meditative exercises</li> <li>■ Added 4 culturally specific sections of content: Healthy relationships, Spirituality-religiosity, African American Family Issues, African American female identity</li> </ul>
McCabe et al, 2005 - <b>PCIT</b>	<ul style="list-style-type: none"> <li>■ Re-frame program as educational vs. therapeutic (Teacher/Expert vs. Therapist, Program name – GANA – <i>Guiando a Niños Activos</i>)</li> <li>■ Comprehensive engagement protocol – incorporate extended family members, removal of barriers to treatment</li> </ul>
Rosselló & Bernal, 2006 - <b>CBT, TEPSI</b>	<ul style="list-style-type: none"> <li>■ Familismo &amp; cultural values of absolute parental authority and respect               <ul style="list-style-type: none"> <li>■ Additional meeting with parents</li> <li>■ Addressing positive aspects of familismo value in therapy</li> <li>■ Address acceptable balance between dependence, interdependence and independence</li> </ul> </li> <li>■ Therapist/patient ethnicity match</li> </ul>

# Summary of Studies

- Promising data on culturally adapting ESTs
  - Use of guidelines/frameworks
  - Use of manuals
  - Detailed information on adaptation process
- Nonetheless, almost all cultural adaptation studies were in the pilot or feasibility study phase, very few report results.
  - Does this mean that the field is in its infancy, or that there is no funding for carrying out studies of cultural adaptations, or both?
- The Miami group (Szapocznik) has had an interesting research trajectory with adapting and developing interventions.
  - EBTs

# The Miami Group – Szapocznik and collaborators

- Three decades of work with poor, inner-city Hispanic and African American families (Muir, Schwartz & Szapocznik, 2004).
- Adapted and further developed interventions based on cultural values for a particular ethnic group (structural and strategic family therapy).
- Keep refining interventions to tailor them to population needs and changing cultural context.
- Conducted studies to see if the interventions generalized to other ethnic groups – i.e. Hispanic to African American
- Developed ESTs using ethnic minority groups
- Future directions in research –
  - develop mechanisms to develop, manualize and test new innovative treatments that address specific client characteristics among ethnic groups,
  - design “flexible” manuals to tailor interventions to specific life situations, culture related stressors and other unique characteristics.

Study source	Sample	Intervention	Adaptation method Changes to protocol	Results
Szapocznik et al, 1988  Santisteban et al., 2003	Hispanic Families w/ adol w/ behavior problems & drug abuse	Brief Strategic Family Therapy (BFST)	- Responsive to cross-cultural surveys given to Cuban immigrants & White Americans  - Address behavior problems accompanied by strong parent-adolescent cultural conflicts	- BFST as effective as individual psychodynamic child therapy, had longer lasting effects  - BFST was more efficacious than Group counseling
Santisteban 1997	Hispanic & African Am adol w/ behavior problems	BFST		- Differential effects by ethnic group  - Af Am ↑ fa functioning  - Hispanic ↓ association w/ antisocial peers
Szapocznik et al. 1983	Hispanic adol w/ drug abuse	One person BFST	75% of sessions are individual therapy	One person BFST was just as efficacious as conjoint BFST

Study source	Sample	Intervention	Adaptation method Changes to protocol	Results
Szapocznik et al 1984	Hispanic adol w/ parent-child acculturation gap issues	Bicultural Effectiveness Training (BET) Prevention Program	- Achieve the same goals as BFST through a psycho-educational intervention - Address intergenerational and intercultural conflicts	Outcomes similar to BFST Less stressful for families
Szapocznik, Santisteban et al 1989	Hispanic pre-adol w/ behavior problems	Family Effectiveness Training (FET)	Combine the preventive & psycho-ed focus of BET with techniques used in BFST	FET was more efficacious than no-intervention control condition in reducing behavior problems
Robbins et al 2004	Hispanic & African Am adol & their families	Structural Ecosystems therapy (SET)	- Ecological extension of BFST - Work within family-peer, family-school, and family-juvenile justice system mesosystems	Currently being tested
Pantin, Coatsworth et al 2003	Hispanic adol & families	Familias Unidas (FU)	Prevention program to reduce risk & increase protection at multiple ecodevelopmental levels	Outcome study - FU was more efficacious than no-intervention control in ↓behavior problems & ↑parental investment

Study source	Sample	Intervention	Adaptation method Changes to protocol	Results
Szapocznik et al 2004	African American women w/ HIV	Structural Ecosystems Therapy (SET)	Based adaptation on prior case & descriptive studies w/ this population	<ul style="list-style-type: none"> <li>- SET reduced psychological distress more than Person Centered Therapy or Community control condition</li> <li>- Not efficacious in increasing family support</li> <li>- Not so efficacious for highly distressed pts</li> </ul>
Dakof et al 2003	African American substance abusing post-partum moms	Engaging Moms Program	<ul style="list-style-type: none"> <li>- Based on descriptive studies</li> <li>- Aims to engage Moms in drug abuse treatment in order for them to be able to keep their babies</li> <li>- Enlist family members support</li> </ul>	<ul style="list-style-type: none"> <li>- 80% moms enrolled in drug abuse treatment vs. 46% in the services as usual condition</li> </ul>

# Different types of studies that address ESTs with ethnic minorities

- **Cultural adaptations - pre-post (pilot & feasibility studies)**
  - CBT-BN (Reyes, Rosselló & Matos, 2006)
  - PCIT (Matos et al., 2005)
- **Cultural adaptations – RCTs**
  - CBT & IPT (Bernal & Rosselló, 1996; 1999; 2006)
  - BFST (Szapocznik et al. 2003)
- **Cultural adaptations against ESTs – CST vs. EST**
  - AACBT vs. CBT pilot study (Kohn et al., 2002)
  - No RCT studies comparing CST with ESTs (Miranda et al 2005)
- **Studies that compare outcomes of ESTs by ethnic group**
  - Very limited, although increasing since reporting of ethnicity has become a common practice and mandated by the NIMH
- **Articles that describe the process of culturally adapting EST – pilot or feasibility studies in progress**
  - PMT-O (Domenech-Rodríguez & Weiling, 2004)
  - PCIT (McCabe et al., 2005)
  - CIT-S (Weissman et al. 2005)

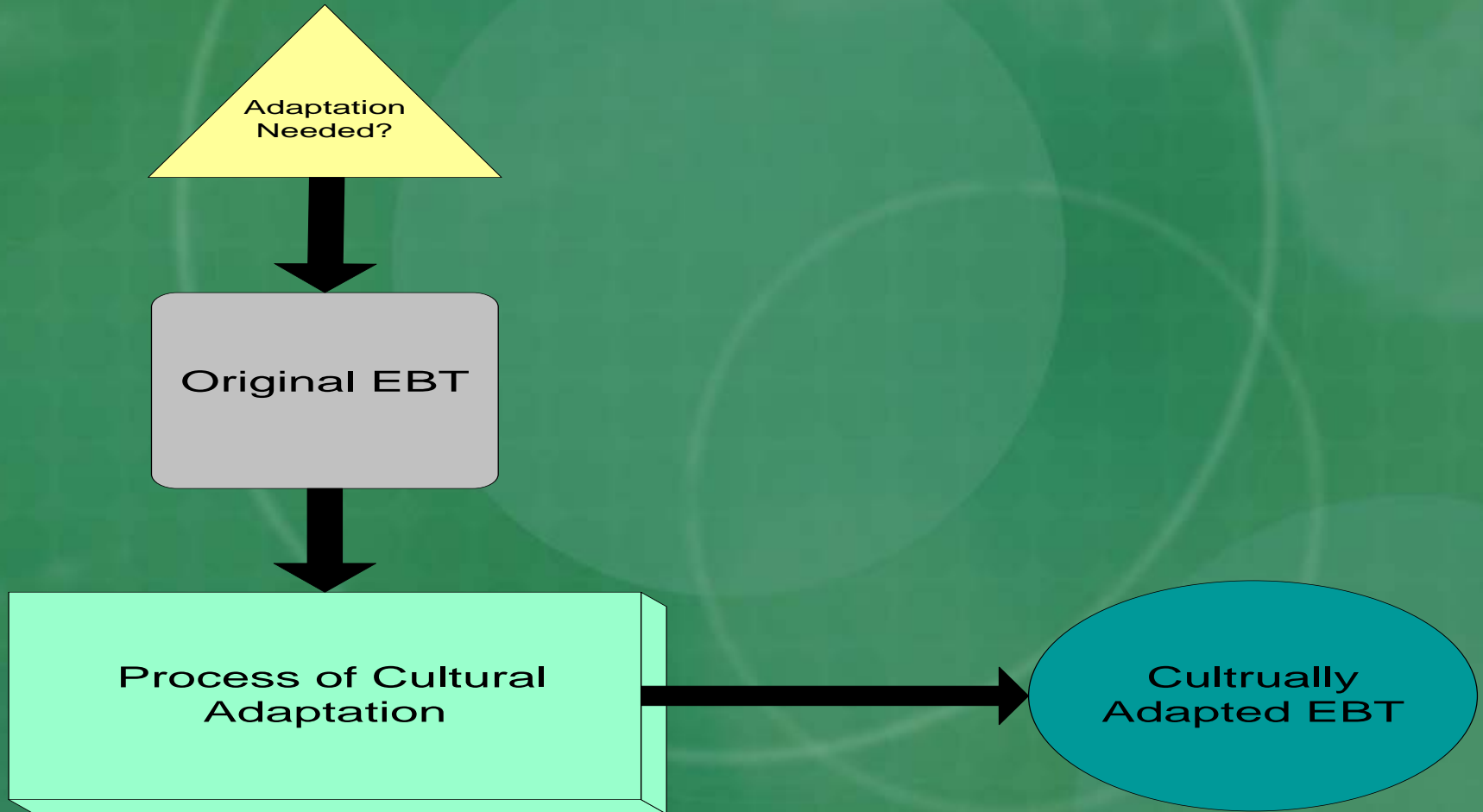
# Cultural adaptation frameworks and research studies

- Lack of uniform guidelines for cultural adaptations
- Frameworks do exist for Latinos and Asian Americans
- Several studies provide detailed descriptions of the cultural adaptation process used
- However, some principles seem to be “universal” or recurrent in the existing frameworks and adaptation studies.

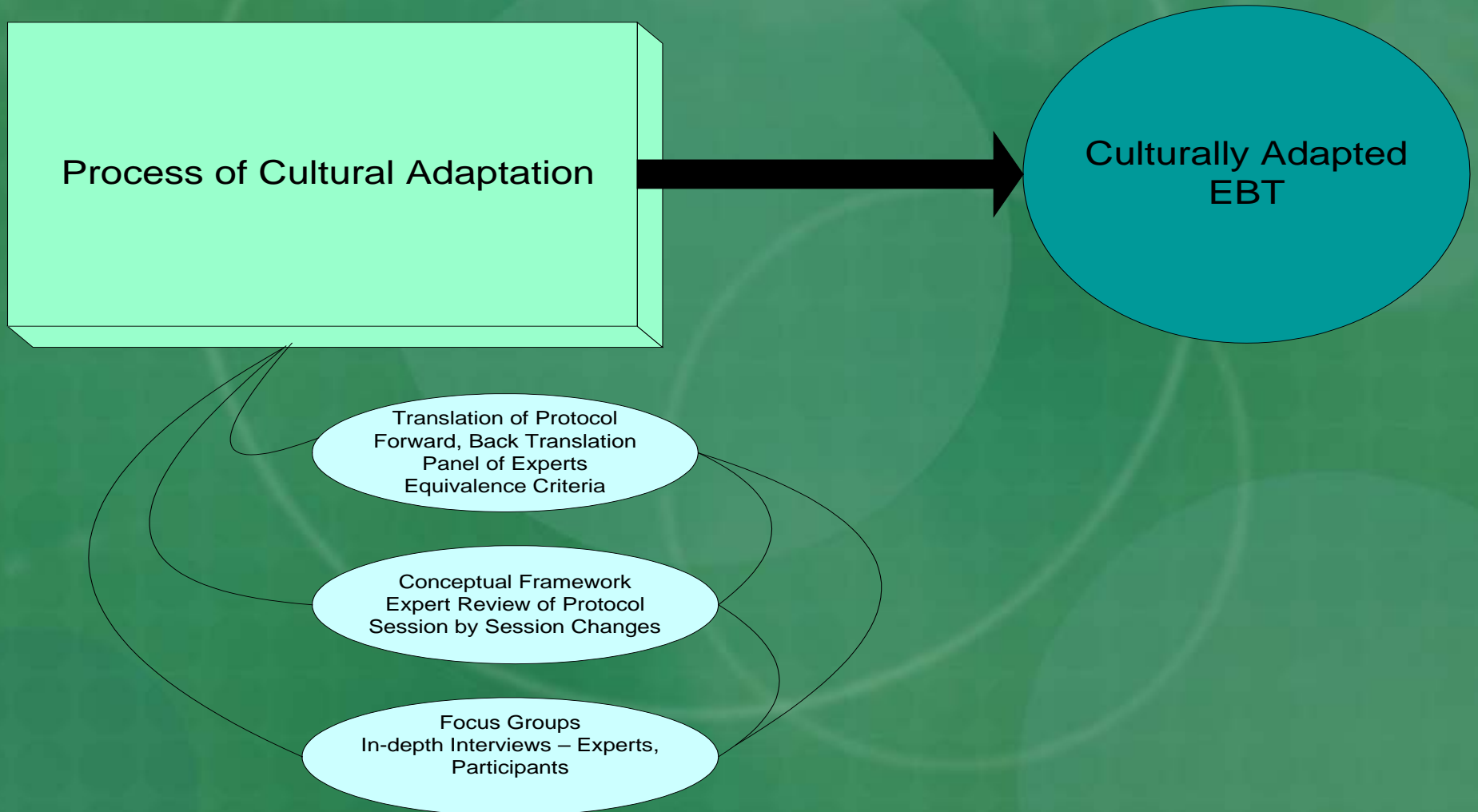


# **Process of Cultural Adaptation**

# Cultural Adaptation Process



# Cultural Adaptation Process





# **Principles of Adapting EBTs**

# Principles for Adapting of EBTs

- Applying the criteria of ecological validity
  - Is the environment as experienced by the patient/client the same as the therapist assumes it is experienced in treatment?
  - Does the target population require a Rx adaptation?
    - Evidence of engagement in Rx
    - Evidence of remaining in Rx
- Culturally centering the intervention
- Contextually grounding all procedures
- Use of a conceptual frameworks to identify key elements in the adaptation

# Principles of Adapting EBTs

- Develop procedures to involve target population in the process of adapting EBTs
  - In-depth interviews, focus groups, use of Opinion Leaders, etc.
- Documentation of all adaptations
- Evaluate adapted version: Test its effectiveness
- Evaluate the integrity of the original treatment vis-a-vis the adapted version
  - Does the adaptation alter the propositional model?
  - Does the adaptation alter the procedural model?

# Limits of adaptations...

- Where are the limits between adapting an intervention and changing it into something different?
- Issues of fidelity and fit
  - Do adaptations change the theoretical propositional model or the implied theory of change?
  - Is change still a function of the therapeutic techniques that respond to a particular theoretical model? Or are there other mediating factors that might be due to the adaptation?
  - Do the adaptations change the procedural model?

# Summary

- One size does not fit all.
- Ethnic science is good science.
- Research with ethnic minorities has shown that there are definite differences in responses to therapy, as well as in engagement and retention.
  - There is preliminary evidence that some ESTs are efficacious with ethnic minority groups.
  - Growing body of research on cultural adaptations of ESTs is contributing to our knowledge of the universality/specificity of ESTs and theoretical change models.
- Psychotherapy adaptation models/frameworks are useful in guiding cultural adaptations.
  - General principles can be extracted from existing frameworks.
- Limits of adaptations.
  - When does an adaptation become something different?

# Closing Comments

- Adaptability is not imitation. It means power of resistance and assimilation.
  - Mahatma Gandhi
- The reasonable man (*person*) adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself (*herself*). Therefore, all progress depends on the unreasonable man (*person*).
  - George Bernard Shaw

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