Cultural Adaptation of Behavorial Interventions: Annotated Bibliography

A growing body of literature suggests that lack of cultural adaptation of behavioral interventions is associated with disparities in service use and poor intervention outcomes in minoritized communities (Rathod et al., 2018). Furthermore, research consistently shows that culture and social context influence almost every aspect of assessment and treatment (Bernal et al., 2009). The aim, therefore, is for practice to be grounded in the lived experiences of communities, including their cultural backgrounds. We created an annotated bibliography of published empirical research on culturally adapted and culturally grounded practices with diverse communities. These adaptations range from basic language translation, to the involvement of community members in the provision of services, to more fundamental restructuring of methods of care. The studies illustrate variations on cultural adaptations across a range of behavioral interventions and are based on multiple research methods, including randomized control trials, quasi-experimental design, community-based participatory research, qualitative studies, and systematic reviews. We developed abstracts of the publications extracting the following information: behavioral health condition, target population, intervention, cultural adaption, method, and major finding. The studies are meant to be illustrative; we invite you to critically assess the body of research in your specific field of practice.

Conceptual Issues

In addition to rigorous research methodology, the development and implementation of quality cultural adaptation of evidence-based behavioral interventions requires the consideration of a range of conceptual issues. We begin this resource with selected articles critically assessing key considerations. Issues raised concerning the rationale for the development of cultural adaptations include (a) theoretical, philosophical, and ethical assumptions underlying existing majority-world interventions that may not be compatible with those of ethnocultural groups; (b) the question of whether culture moderates the effectiveness of evidence-based treatments or that the underlying structure of psychopathology differs for individuals from different cultures; and (c) whether or when to adapt an existing treatment for a particular racial, ethnic, or cultural group. Issues raised about the development of cultural adaptations are concerned with processes (a) to take into account the context of diverse ethnocultural groups, such as cultural, linguistic, and socioeconomic contexts; (b) to integrate core therapeutic component modifications as opposed to only peripheral components, such as treatment delivery; and (c) to resolve top-down theoretical approaches versus community-based developmental approaches. Finally,

issues of implementation include (a) the role of community involvement, existing research and literature, and/or consultation from experts; (b) the integration of the fields of implementation science and cultural adaptation; and (c) the sustainability of adapted interventions.

Conceptual Issues in the Cultural Adaptation of Interventions

Barrera, M., Berkel, C., & Castro, F. G. (2017). Directions for the advancement of culturally adapted preventive interventions: Local adaptations, engagement, and sustainability. *Prevention Science, 18,* 640–648. https://doi.org/10.1007/s11121-016-0705-9(Opens in a new window)

Barrera, M., Castro, F. G. (2006). A heuristic framework for the cultural adaptation of interventions. *Clinical Psychology: Science and Practice, 13,*311–316. https://doi.org/10.1111/j.1468-2850.2006.00043.x(Opens in a new window)

Bernal, G. (2006). Intervention development and cultural adaptation research with diverse families. *Family Process, 45*(2), 143–151. https://doi.org/10.1111/j.1545-5300.2006.00087.x(Opens in a new window)

Bernal, G., & Adames, C. (2017). Cultural adaptations: Conceptual, ethical, contextual, and methodological issues for working with ethnocultural and majority-world populations. *Prevention Science, 18,* 681–688. https://doi.org/10.1007/s11121-017-0806-0(Opens in a new window)

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice, 40,* 361–368. https://psycnet.apa.org/doi/10.1037/a0016401(Opens in a new window)

Bridge, T. J., Massie, E. G., & Mills, C. S. (2008). Prioritizing cultural competence in the implementation of an evidence-based practice model. *Children and Youth Services Review, 30,* 1111–1118. https://doi.org/10.1016/j.childyouth.2008.02.005(Opens in a new window)

Brown, C., Maggin, D. M., & Buren, M. (2018). Systematic review of cultural adaptations of school-based social, emotional, and behavioral interventions for students of color. *Education and Treatment of Children, 41,* 431–456. https://doi.org/10.1353/etc.2018.0024(Opens in a new window)

Burlew, A. K., Copeland, V. C., Ahuama-Jonas, C., & Calsyn, D. A. (2013). Does cultural adaptation have a role in substance abuse treatment? *Social Work in Public Health, 28*(3–4), 440–460. https://doi.org/10.1080/19371918.2013.774811(Opens in a new window)

Cabassa, L. J., & Baumann, A. A. (2013). A two-way street: Bridging implementation science and cultural adaptations of mental health treatments. *Implementation Science, 8*(1), 90. https://doi.org/10.1186/1748-5908-8-90(Opens in a new window)

Cardemil, E. V. (2010). Cultural adaptations to empirically supported treatments: A research agenda. *The Scientific Review of Mental Health Practice, 7*(2), 8–21. https://doi.org/b5e9fa03cd85523f3ac219206976c83f91e9c236(Opens in a new window)

Chu, J., & Leino, A. (2017). Advancement in the maturing science of cultural adaptations of evidence-based interventions. *Journal of Consulting and Clinical Psychology, 85*(1), 45. https://doi.org/10.1037/ccp0000145(Opens in a new window)

Escoffery, C., Lebow-Skelley, E., Haardoerfer, R., Boing, E., Udelson, H., Wood, R., Hartman, M., Fernandez, M. E., & Mullen, P. D. (2018). A systematic review of adaptations of evidence-based public health interventions globally. *Implementation Science, 13*. https://doi.org/10.1186/s13012-018-0815-9(Opens in a new window)

Garner, P. W., Mahatmya, D., Brown, E. L., & Vesely, C. K. (2014). Promoting desirable outcomes among culturally and ethnically diverse children in social emotional learning programs: A multilevel heuristic model. *Educational Psychology Review, 26*(1), 165–189. https://doi.org/10.1007/s10648-014-9253-7(Opens in a new window)

Hwang, W.-C. (2009). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice, 40,* 369–377. https://psycnet.apa.org/doi/10.1037/a0016240(Opens in a new window)

Marsiglia, F. F., & Booth, J. M. (2015). Cultural adaptation of interventions in real practice settings. *Research on Social Work Practice, 25,* 423–432. https://doi.org/10.1177%2F1049731514535989(Opens in a new window)

Ollendick, T. H., Lewis, K. M., & Fraire, M. G. (2010). Cultural adaptations to empirically supported treatments: The challenge before us. *Scientific Review of Mental Health Practice, 7*(2), 22–25. https://www.srmhp.org/ (Opens in a new window)

Rathod, S., Gega, L., Degnan, A., Pikard, J., Khan, T., Husain, N., Munshi, T., & Naeem, F. (2018). The current status of culturally adapted mental health interventions: A practice-focused review of meta-analyses. *Neuropsychiatric Disease and Treatment, 14,* 165–178. https://doi.org/10.2147%2FNDT.S138430(Opens in a new window)

Van Rooyen, K., & Nqweni, Z. C. (2012). Culture and posttraumatic stress disorder (PTSD): A proposed conceptual framework. *South African Journal of Psychology, 42*(1), 51–60. https://doi.org/10.1177/008124631204200106(Opens in a new window)

African Americans and Other Blacks

Belgrave, F. Z., Chase-Vaughn, G., Gray, F., Addison, J. D., & Cherry, V. R. (2000). The effectiveness of a culture and gender-specific intervention for increasing resiliency among African American preadolescent females. *Journal of Black Psychology, 26*(2), 133–147. https://doi.org/10.1177/0095798400026002001(Opens in a new window)
Behavioral health condition: Behavioral health risks
Target population: African American girls (10–12 years old)
Intervention: Resiliency activities to increase girls' positive feelings about self and enhance a strong sense of culture
Cultural adaption: Relational and Africentric gender-specific focus (e.g., use of African dance, demonstrations on natural haircare, and remembering one's ancestors)
Method: Quasi-experimental design
Major finding: Compared to the control group, participants in the intervention scored significantly higher on measures of Africentric values, ethnic identity, and physical appearance self-concept.

Belgrave, F. Z., Reed, M. C., Plybon, L. E., & Corneille, M. (2004). The impact of a culturally enhanced drug prevention program on drug and alcohol refusal efficacy among urban African American girls. *Journal of Drug Education, 34*(3), 267–279. https://doi.org10.2190/H40Y-D098-GCFA-EL74
Behavioral health condition: Drug involvement
Target population: African American girls (10–12 years old)
Intervention: Prevention curriculum addressed decision-making skills, assertiveness skills, and peer pressure to increase drug refusal self-efficacy
Cultural adaption: Examples included use of culturally similar positive role models such as African American women in leadership
Method: Quasi-experimental design
Major finding: Girls in the intervention group had higher drug refusal efficacy as measured by the Specific Event Drug and Alcohol Refusal Efficacy scale than did girls in the comparison group.

Coard, S. I., Wallace, S. A., Stevenson, H. C., & Brotman, L. M. (2004). Towards culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of Child and Family Studies, 13*(3), 277–293. https://doi.org/10.1023/B:JCFS.0000022035.07171.f8(Opens in a new window)

Behavioral health condition: Childhood conduct problems
Target population: African American parents of young children from low-income inner-city neighborhoods
Intervention: Design of a parent training course
Cultural adaption: Incorporation of African American culture-based parenting practices
Method: Qualitative study
Major finding: African American parents taught or communicated race-related content to their young children through oral communication, modeling, roleplaying, and exposure.

Flay, B. R., Graumlich, S., Segawa, E., Burns, J. L., Holliday, M. Y., & Aban Aya Investigators. (2004). Effects of 2 prevention programs on high-risk behaviors among African American youth: A randomized trial. *Archives of Pediatrics & Adolescent Medicine, 158,* 377–384. http://doi.org/10.1001/archpedi.158.4.377(Opens in a new window)
Behavioral health condition: High-risk behaviors (e.g., violence, delinquency)
Target population: African American youths
Intervention: Preventive, classroom based, and parental support
Cultural adaption: Examples included use of culturally based teaching methods (e.g., storytelling and proverbs) and teaching about African and African American history.
Method: Randomized control trial
Major finding: The programs reduced multiple risk behaviors for inner-city African American boys but showed no effects for girls.

Hack, S. M., Larrison, C. R., Bennett, M. E., & Lucksted, A. (2019). Experiences of African-American men with serious mental illness and their kinship networks within the mental health care system. *Journal of Ethnic & Cultural Diversity in Social Work, 28*(1), 98–114. https://doi.org/10.1080/15313204.2019.1570888
Behavioral health condition: Serious mental illness
Target population: African American men and their kin
Intervention: Mental health care
Cultural adaption: Methods to better involve family and kin in the mental health care delivery system
Method: Qualitative thematic analysis
Major finding: Although kin were involved in clients' everyday lives, they were largely excluded from the community mental health agency and treatment decisions; barriers to kin involvement included agency gatekeeping, confusion related to who to talk to, and misinformation about confidentiality restrictions.

Kreuter, M., Skinner, C., Steger-May, K., Holt, C., Bucholtz, D., Clark, E., & Haire-Joshu, D. (2004). Responses to behaviorally vs culturally tailored cancer communication among African American women. *American Journal of Health Behavior, 28*(3), 195–207. https://doi.org/10.5993/AJHB.28.3.1

Behavioral health condition: Cancer
Target population: African American women
Intervention: A women's health magazine to communicate health information
Cultural adaption: Inclusion of sociocultural constructs, including religiosity, collectivism, racial pride, and time orientation
Method: Quasi-experimental
Major finding: Responses to all magazines were positive, with the health focus of the magazines initially obscured in the culturally tailored magazines, but this disappeared over time, and culturally tailored magazines were better liked.

Marcus, M., Walker, T., Swint, J. M., Smith, B. P., Brown, C., Busen, N., Edwrds, T., Liehr, P., Taylor, W., Williams, D., & von Sternberg, K. (2004). Community-based participatory research to prevent substance abuse and HIV/AIDS in African American adolescents. *Journal of Interprofessional Care*, *18*, 347–359. https://doi.org/10.1080/13561820400011776
Behavioral health condition: Substance abuse and HIV/AIDS
Target population: African American adolescents
Intervention: Faith-based prevention intervention
Cultural adaption: Students were given opportunities to design media, write and produce plays, compose music, and gather grandparent life histories, guided by an esteemed African American playwright.
Method: Community-based participatory research
Major finding: Adolescents who participated in the intervention reported significantly less marijuana and other drug use and more fear of AIDS than comparison group.

Mikle, K. S., & Gilbert, D. J. (2019). A systematic review of culturally relevant marriage and couple relationship education programs for African-American couples. *Journal of Ethnic & Cultural Diversity in Social Work, 28*(1), 50–75. https://doi.org/10.1080/15313204.2019.1570892
Behavioral health condition: Marriage and couple relationships
Target population: African American heterosexual couples
Intervention: Education programs focused on couples who desired to prevent or resolve relationship conflict, discord, or dissolution.
Cultural adaption: Examples included focusing on language used in African American community, African American presenters, content and the impact of racism, and strong emphasis on praying for partner.
Method: Systematic literature review
Major finding: African American couples benefited from the incorporation of culturally relevant programs to establish healthier relationships and couple satisfaction through improved relationship skills and communication.

Montgomery, L., Burlew, A. K., Kosinski, A. S., & Forcehimes, A. A. (2011). Motivational

enhancement therapy for African American substance users: A randomized clinical trial. *Cultural Diversity and Ethnic Minority Psychology, 17*, 357–365. https://doi.org/10.1037/a0025437
Behavioral health condition: Substance abuse
Target population: African American adults
Intervention: Motivational enhancement therapy versus counseling as usual
Cultural adaption: Cross cultural intervention without cultural adaptations
Method: Randomized clinical trial
Major finding: Although there were higher retention rates in motivational enhancement therapy than counseling as usual (among women but no difference among men), participants in motivational enhancement therapy self-reported more drug-using days per week than did participants in counseling as usual.

Wechsberg, W. M., Lam, W. K., Zule, W. A., & Bobashev, G. (2004). Efficacy of a woman-focused intervention to reduce HIV risk and increase self-sufficiency among African American crack abusers. *American Journal of Public Health*, *94*, 1165–1173. https://doi.org/10.2105/AJPH.94.7.1165
Behavioral health condition: HIV
Target population: African American women who abuse crack
Intervention: Psychoeducational information and skills training
Cultural adaption: Culturally tailored program with personalized change plans incorporating problems associated with living in the inner city (i.e., pervasive poverty, violence)
Method: Randomized field experiment
Major finding: Compared with subjects receiving standard intervention and a delayed treatment control group, woman-focused intervention participants were less likely to engage in unprotected sex.

Latinas/Latinos

Barkin, S. L., Gesell, S. B., Po'e, E. K., Escarfuller, J., & Tempesti, T. (2012). Culturally tailored, family-centered, behavioral obesity intervention for Latino-American preschool-aged children. *Pediatrics*, *130*, 445–456. https://doi.org/10.1542/peds.2011-3762(Opens in a new window)
Behavioral health condition: Obesity in children
Target population: Latino parent-child dyads
Intervention: Short-term skill-building sessions to improve family nutritional habits and increase physical activity
Cultural adaption: Examples included reframing norms around "gordito=healthy" and healthy pairing of culturally relevant foods (e.g., rice and beans).

Method: Randomized control trial
Major finding: Reductions in absolute body mass index across the 3-month study period

Barrio, C., & Yamada, A. M. (2010). Culturally based intervention development: The case of Latino families dealing with schizophrenia. *Research on Social Work Practice*, *20*, 483–492. https://doi.org/10.1177/1049731510361613
Behavioral health condition: Schizophrenia
Target population: Mexican American families with a relative diagnosed with schizophrenia
Intervention: Family intervention
Cultural adaption: Incorporation of five specific Latino family cultural resources: familism, spirituality and religiousness, interpersonal warmth, biculturalism, and cross-border resources
Method: Randomized control trial (pilot)
Major finding: Increased illness knowledge and reduced family burden

Dillman Carpentier, F. R. D., Mauricio, A. M., Gonzales, N. A., Millsap, R. E., Meza, C. M., Dumka, L. E., Germán, M., & Genalo, M. T. (2007). Engaging Mexican origin families in a school-based preventive intervention. *Journal of Primary Prevention*, *28*, 521–546. https://doi.org/10.1007/s10935-007-0110-z
Behavioral health condition: Mental illness
Target population: Mexican origin families with school-aged children
Intervention: Family-focused school-based preventive intervention
Cultural adaptation: Strategies included aligning with traditional family values, incorporating culturally syntonic instructional activities (e.g., video modeling using Latino actors), ethnically matched staff, and inclusion of a school liaison.
Method: Randomized control trial
Major finding: Increased participation rates in preventive intervention

D'angelo, E. J., Llerena-Quinn, R., Shapiro, R., Colon, F., Rodriguez, P., Gallagher, K., & Beardslee, W. R. (2009). Adaptation of the preventive intervention program for depression for use with predominantly low-income Latino families. *Family Process*, *48*(2), 269–291. https://doi.org/10.1111/j.1545-5300.2009.01281.x
Behavioral health condition: Depression
Target population: Low-income Latino families
Intervention: Family-talk intervention
Cultural adaptation: Use of language of preference, cultural metaphors, and a strength-based, family-centered approach
Method: Randomized control trial (pilot study)
Major finding: Although the family talk intervention had the same positive effects as the standard intervention, families who received the family talk intervention perceived it as

less stressful and more helpful compared to the control group who received the standard approach.

Domenech Rodríguez, M. M., Baumann, A. A., & Schwartz, A. L. (2011). Cultural adaptation of an evidence-based intervention: From theory to practice in a Latino/a community context. *American Journal of Community Psychology*, *47*(1), 170–186. https://doi.org/10.1007/s10464-010-9371-4
Behavioral health condition: Child behavioral outcomes
Target population: Spanish-speaking Latino parents
Intervention: Parenting skills training
Cultural adaption: Used both process (e.g., engaging parents and other stakeholders) and content adaptations (e.g., language, concepts, methods, goals)
Method: Three stages: a pilot study to ensure feasibility, focus groups to establish appropriate format and goals, and a test of the intervention
Major finding: Improved service delivery, 85% retention rate, which matched interventions with White American families

Duarté-Vélez, Y., Bernal, G., & Bonilla, K. (2010). Culturally adapted cognitive-behavior therapy: Integrating sexual, spiritual, and family identities in an evidence-based treatment of a depressed Latino adolescent. *Journal of Clinical Psychology*, *66*, 895–906. https://doi.org/10.1002/jclp.20710
Behavioral health condition: Depression
Target population: Self-identified gay Puerto Rican adolescent
Intervention: Cognitive behavioral therapy
Cultural adaption: Integration of the patient's values, preferences, and contexts
Method: Case study (part of a randomized clinical trial)
Major finding: Enabled identity formation and integration, with remission of the patient's depression and better family outcomes

Field, C. A., Cabriales, J. A., Woolard, R. H., Tyroch, A. H., Caetano, R., & Castro, Y. (2015). Cultural adaptation of a brief motivational intervention for heavy drinking among Hispanics in a medical setting. *BMC Public Health*, *15*(1), 724. https:/doi.org/10.1186/s12889-015-1984-y
Behavioral health condition: Heavy drinking
Target population: Mexican origin men
Intervention: Brief motivational interviewing in a medical setting
Cultural adaptation: Focused on risks (i.e., acculturative stress), protective factors (i.e., familism), and help-seeking and treatment use
Method: Randomized control trial (pilot study)
Major finding: No results yet from the pilot study (will measure drinking outcomes, treatment use, social support, temptation and confidence, readiness to change, and

therapeutic alliance)

Kulis, S., Marsiglia, F. F., Elek, E., Dustman, P., Wagstaff, D. A., & Hecht, M. L. (2005). Mexican/Mexican American adolescents and keepin'it REAL: An evidence-based substance use prevention program. *Children & Schools*, *27*(3), 133–145. https://doi.org/10.1093/cs/27.3.133(Opens in a new window)
Behavioral health condition: Substance use
Target population: Mexican heritage middle-school students
Intervention: Education curriculum
Cultural adaption: Culturally specific communication competence, narrative knowledge, motivating norms, social learning, and resistance skills using a Mexican American cultural version versus three other cultural versions (European American, African American, and multicultural)
Method: Randomized control trial
Major finding: Compared to the other groups, students in the Latino version reported less overall substance use and marijuana use, stronger intentions to refuse substances, greater confidence they could do so, and lower estimates of substance-using peers.

Lopez, K., Magaña, S., Morales, M., & Iland, E. (2019). Parents Taking Action: Reducing disparities through a culturally informed intervention for Latinx parents of children with autism. *Journal of Ethnic & Cultural Diversity in Social Work*, *28*(1), 31–49. https://doi.org/10.1080/15313204.2019.1570890
Behavioral health condition: Autism spectrum disorder
Target population: Latinx parents of children with autism spectrum disorder
Intervention: Parent psychoeducation program
Cultural adaption: Use of native Spanish speaking community health workers
Method: Randomized control trial
Major finding: Significant improvement in parent knowledge, which also translated to improvements in child behavioral outcomes

Martinez, C. R., Jr., & Eddy, J. M. (2005). Effects of culturally adapted parent management training on Latino youth behavioral health outcomes. *Journal of Consulting and Clinical Psychology, 73*, 841–851. https://doi.org/10.1037/0022-006X.73.5.841(Opens in a new window)
Behavioral health condition: Behavioral health
Target population: Latino youths and their families
Intervention: Parenting training
Cultural adaption: Use of *entrenadores* (parent coaches), community-building social time, parent empowerment, and parental self-efficacy addressing shift due to acculturation of children
Method: Randomized control trial (pilot study)

Major finding: Improvements in parenting outcomes, including general parenting, skill encouragement, overall effective parenting; and improvements in youths' outcomes, including aggression, externalizing behaviors, likelihood of smoking and use of alcohol, marijuana, and other drugs

Perez, L. G., Arredondo, E. M., Elder, J. P., Barquera, S., Nagle, B., & Holub, C. K. (2013). Evidence-based obesity treatment interventions for Latino adults in the US: A systematic review. *American Journal of Preventive Medicine*, *44*, 550–560. https://doi.org/10.1016/j.amepre.2013.01.016
Behavioral health condition: Obesity
Target population: Latino adults
Intervention: Community-based treatment for physical activity or diet behavioral changes
Cultural adaption: Bicultural/bilingual professionals and community health workers and culturally based services in community clinics/centers and churches
Method: Systematic review
Major finding: Interventions with strong or enough evidence generally included community-based, church-based, and *promotora*-led interventions

Robles, E. R., Maynard, B. R., Salas-Wright, C. P., & Todic, J. (2018). Culturally adapted substance use interventions for Latino adolescents: A systematic review and meta-analysis. *Research on Social Work Practice, 28*, 789–801. https://doi.org/10.1177/1049731516676601
Behavioral health condition: Substance use
Target population: Latino adolescents
Intervention: Education or skills training, brief structured family therapy, and cognitive behavioral therapy
Cultural adaption: Change in program title and mission, incorporation of cultural values, use of Spanish, and cultural-specific psychological and wellness factors
Method: Systematic review and meta-analysis
Major finding: Positive but clinically insignificant effects of culturally adapted substance use interventions on substance use outcomes

Villarruel, A. M., Jemmott, L. S., & Jemmott, J. B. (2005). Designing a culturally based intervention to reduce HIV sexual risk for Latino adolescents. *Journal of the Association of Nurses in AIDS Care*, *16*(2), 23–31. https://doi.org/10.1016/j.jana.2005.01.001
Behavioral health condition: Sexually transmitted HIV
Target population: Latino adolescents
Intervention: Education curriculum to reduce risk by addressing attitudes, behavioral and normative beliefs, and self-efficacy regarding HIV risk-reduction behaviors
Cultural adaption: Strategies included using a Spanish name for the program, using Latino music, using Spanish language (with Latino actors), integrating cultural concepts of gender

roles
Method: Process and feasibility study
Major finding: Curriculum was effective in changing attitudes, behavioral beliefs, and intentions of adolescents

Weisman, A. (2005). Integrating culturally based approaches with existing interventions for Hispanic/Latino families coping with schizophrenia. *Psychotherapy: Theory, Research, Practice, Training, 42*(2), 178–197. https://doi.org/10.1037/0033-3204.42.2.178(Opens in a new window)
Behavioral health condition: Schizophrenia
Target population: Hispanic/Latino patients and families
Intervention: Psychoeducational family-focused interventions
Cultural adaption: Intervention included the integration of five areas: family cohesion, education, spiritual coping, communication training, and problem solving
Method: Literature review (not exhaustive) and description of new intervention
Major finding: Intervention in the pilot stage; primarily aiming to create a home environment that is empathic and lower levels of critical and hostile attitudes

Woodruff, S. I., Talavera, G. A., & Elder, J. P. (2002). Evaluation of a culturally appropriate smoking cessation intervention for Latinos. *Tobacco Control*, *11*, 361–367. http://doi.org/10.1136/tc.11.4.361
Behavioral health condition: Smoking
Target population: Latinos
Intervention: Home-based intervention using Spanish-speaking community health workers
Cultural adaption: Strategies included use of Spanish-speaking *promotores* (community health workers), modifications to address linguistic barriers for low literacy population, and consideration of communication style and values (e.g., *familismo*, collectivism, *simpatía*, *personalismo*, and *respeto*)
Method: Randomized control trial
Major finding: Intervention facilitated abstinence in the short term.

Asian and Pacific Islanders

Descilo, T., Vedamurtachar, A., Gerbarg, P. L., Nagaraja, D., Gangadhar, B. N., Damodaran, B., Adelson, B., Braslow, L. H., Marcus, S., & Brown, R. P. (2010). Effects of a yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 South-East Asia tsunami. *Acta Psychiatrica Scandinavica*, *121*, 289–300. https://doi.org/10.1111/j.1600-0447.2009.01466.x
Behavioral health condition: Mental illness
Target population: Southeast Asians with posttraumatic stress disorder and depression

Intervention: Yoga breath intervention alone and in combination with exposure therapy
Cultural adaption: Use of native-speaking specialists and a traditional Southeastern yoga
Method: Quasi-experimental study
Major finding: Yoga breath-based interventions significantly decreased measures of posttraumatic stress disorder compared to no treatment control (6-week wait list).

Fang, L., & Schinke, S. P. (2013). Two-year outcomes of a randomized, family-based substance use prevention trial for Asian American adolescent girls. *Psychology of Addictive Behaviors, 27*, 788–798. https://doi.org/10.1037/a0030925
Behavioral health condition: Substance use
Target population: Asian American adolescent girls and their mothers
Intervention: Web-based parent-child prevention program
Cultural adaption: Cross cultural intervention without cultural adaptations
Method: Randomized controlled trial
Major finding: At posttest, relative to girls in the control group (no intervention), girls in the intervention group showed less depressed mood; reported improved self-efficacy and refusal skills; had higher levels of mother–daughter closeness, mother–daughter communication, and maternal monitoring; and reported more family rules against substance use.

Fox, P. G., Rossetti, J., Burns, K. R., & Popovich, J. (2005). Southeast Asian refugee children: A school-based mental health intervention. *International Journal of Psychiatric Nursing Research*, *11*, 1227–1236. https://www.ncbi.nlm.nih.gov/pubmed/16268232
Behavioral health condition: Mental illness and school adaptation
Target population: Southeast Asian refugee children
Intervention: School-based program
Cultural adaption: Examples included use of bilingual teachers and nurses and the exploration Southeast Asian traditions
Method: Pretest–posttest design
Major finding: Children's depression scores had a significant decrease between Screening Times 1 (approximately 1 month before the intervention) and 2 (fourth week of the intervention), 1 and 3 (eighth week of the intervention) and 1 and 4 (1 month following the intervention).

Hou, S. I., Sealy, D. A., & Kabiru, C. W. (2011). Closing the disparity gap: Cancer screening interventions among Asians—a systematic literature review. *Asian Pacific Journal of Cancer Prevention*, *12*, 3133–
3139. https://pdfs.semanticscholar.org/ebb7/21ed39790a4732d8596be08e4ea316184367.pdf
Behavioral health condition: Cancer
Target population: Asian Americans

Intervention: Breast, cervical, and colorectal cancer screening
Cultural adaption: Examples included use of culturally appropriate written printed materials, alternative settings (e.g., churches), and bilingual outreach workers
Method: Systematic literature review
Major finding: Culturally appropriate community-based interventions and lay health worker strategies improved cancer screening behaviors.

Joo, J. Y. (2014). Effectiveness of culturally tailored diabetes interventions for Asian immigrants to the United States: A systematic review. *Diabetes Educator*, *40*, 605–615. https://doi.org/10.1177/0145721714534994
Behavioral health condition: Diabetes
Target population: Asian immigrants to the United States
Intervention: Community-based diabetes interventions
Cultural adaption: Examples included use of bilingual community health workers and addressing culture-specific health myths
Method: Systematic literature review
Major finding: Improved patient objectively measured clinical outcomes and psychobehavioral outcomes

Lu, M., Moritz, S., Lorenzetti, D., Sykes, L., Straus, S., & Quan, H. (2012). A systematic review of interventions to increase breast and cervical cancer screening uptake among Asian women. *BMC Public Health*, *12*. https://doi.org/10.1186/1471-2458-12-413
Behavioral health condition: Cancer
Target population: Asian women
Intervention: Breast and cervical cancer screening education programs
Cultural adaption: Examples included the use of ethnic subgroup health workers and print materials.
Method: Systematic literature review
Major finding: The effectiveness of education programs increased when additional supports, such as assistance in scheduling/attending screening and mobile screening services, were provided.

Maxwell, A. E., Bastani, R., Glenn, B. A., Taylor, V. M., Nguyen, T. T., Stewart, S. L., Susan, L., Burke, N. J., Chen, M. S., Jr. (2014). Developing theoretically based and culturally appropriate interventions to promote hepatitis B testing in 4 Asian American populations, 2006–2011. *Preventing Chronic Disease, 11*, E72. https://doi.org/10.5888/pcd11.130245
Behavioral health condition: Hepatitis B
Target population: Asian Americans (Hmong and Cambodian, Korean, Vietnamese)
Intervention: Hepatitis B screening health promotion
Cultural adaption: Intervention approaches included mass media in the Vietnamese community, small-group educational sessions at churches in the Korean community, and

home visits by lay health workers in the Hmong and Cambodian communities.
Method: Community-based participatory research
Major finding: Intervention group participants were significantly more likely to report hepatitis B testing than control group participants at postintervention in the Hmong study (24% vs 10%), in the Cambodian study (22% vs 3%), and in the Korean study (19% vs 6%).

Mock, J., McPhee, S. J., Nguyen, T., Wong, C., Doan, H., Lai, K. Q., Nguyen, K. H., Nguyen, T. T., & Bui-Tong, N. (2007). Effective lay health worker outreach and media-based education for promoting cervical cancer screening among Vietnamese American women. *American Journal of Public Health*, *97*, 1693–1700. https://doi.org/10.2105/AJPH.2006.086470
Behavioral health condition: Cancer
Target population: Vietnamese American women
Intervention: Combined lay health worker outreach and media-based education
Cultural adaption: Recruited Vietnamese lay health workers and conducted a large-scale Vietnamese language media education campaign, including the use of ethnically matched health providers and the distribution of Vietnamese language booklets
Method: Randomized control trial
Major finding: Testing increased among women in both the combined intervention (65.8% to 81.8%; p<.001) and media-only (70.1% to 75.5%; p<.001) groups, but significantly more in the combined intervention group (p=.001).

Morelli, P. T., Fong, R., & Oliveira, J. (2000). Culturally competent substance abuse treatment for Asian/Pacific Islander women. *Journal of Human Behavior in the Social Environment*, *3*(3–4), 263–280. https://doi.org/10.1300/J137v03n03_16
Behavioral health condition: Substance abuse
Target population: Asian/Pacific Islander women (pregnant and postpartum)
Intervention: Women-centered residential treatment program
Cultural adaption: Examples included use of Hawaiian healing practices or deep cultural therapy, and infant-mother bonding guided by kupuna (elders) of the community.
Method: Qualitative interviews
Major finding: Women identified these factors as important to success in the program: having their children with them in a nonpunitive, mutually respectful treatment milieu; working with consistent, competent residential staff and culturally sensitive interdisciplinary professionals; and involvement in a range of substance abuse interventions, including cultural healing practices.

Indigenous and Tribal Communities

Berns, R. M., Tomayko, E. J., Cronin, K. A., Prince, R. J., Parker, T., & Adams, A. K. (2017). Development of a culturally informed child safety curriculum for American Indian

families. *Journal of Primary Prevention, 38*(1), 195–205. https://doi.org/10.1007/s10935-016-0459-y
Behavioral health condition: Child safety (e.g., unintentional injuries)
Target population: American Indian families
Intervention: Family-based educational curriculum as part of a larger randomized control trial targeting childhood obesity
Cultural adaption: Examples include the use of images of children to resemble American Indian children, awareness of the portrayal of animal images and health beliefs, and caution in referencing mortality (given the belief that talking or thinking about mortality could create an environment that could damage well-being and even lead to death).
Method: Randomized control trial
Major finding: Findings indicated that 94% of participants were either satisfied or very satisfied with the child safety curriculum, 69% reported spending more than 15 minutes with the curriculum materials each month, and 83% thought the child safety newsletters were either very helpful or helpful in making changes to improve their family's safety.

Elliott-Groves, E. (2019). A culturally grounded biopsychosocial assessment utilizing Indigenous ways of knowing with the Cowichan Tribes. *Journal of Ethnic & Cultural Diversity in Social Work, 28*(1), 115–133. https://doi.org/10.1080/15313204.2019.1570889
Behavioral health condition: Mental illness
Target population: Cowichan youths with a history of suicide ideation
Intervention: Biopsychosocial assessment
Cultural adaption: Use of art therapy, narrative interview, and nature walks with a focus on traditions
Method: Ethnographic study
Major finding: Found that the protocol, in addition to gathering standard clinical information, tapped important elements of indigenous knowledge systems that can help in diagnosis and treatment; in addition, the youths were able to reflect on resources from Cowichan traditions, including multigenerational support and the healing power of indigenous views on the cycle of life.

Kattelmann, K. K., Conti, K., & Ren, C. (2009). The medicine wheel nutrition intervention: A diabetes education study with the Cheyenne River Sioux tribe. *Journal of the American Dietetic Association, 109*, 1532–1539. https://doi.org/10.1016/j.jada.2010.03.003
Behavioral health condition: Diabetes
Target population: Cheyenne River Sioux tribe adults
Intervention: Nutrition education lessons in addition to usual dietary education
Cultural adaption: Examples included use of Talking Circles (common practice in tribal communities) as a reflection of space and focus in traditional dietary patterns of Northern Plains Indians
Method: Randomized control trial

Major finding: The education group had a significant weight loss and decrease in BMI from baseline to completion, and the usual care group had no change in weight or BMI.

Kelley, A., Fatupaito, B., & Witzel, M. (2018). Is culturally based prevention effective? Results from a 3-year tribal substance use prevention program. *Evaluation and Program Planning, 71*, 28–35. https://doi.org/10.1016/j.evalprogplan.2018.07.001
Behavioral health condition: Substance use
Target population: American Indian youths
Intervention: Prevention program to reduce binge drinking by 30% and increase community readiness to support prevention
Cultural adaption: Activities included healing rides, traditional sweat lodge, Sundance, talking circles, pow wows, beading, and preparation of traditional foods.
Method: Quasi-experimental evaluation
Major finding: Although the intervention youths reported higher levels of social support and community connections than did nonintervention group youths, substance use was similar among intervention and nonintervention youths.

Kulis, S. S., Ayers, S. L., Harthun, M. L., & Jager, J. (2016). Parenting in 2 worlds: Effects of a culturally adapted intervention for urban American Indians on parenting skills and family functioning. *Prevention Science, 17*, 721–731. https://doi.org/10.1007/s11121-016-0657-0
Behavioral health condition: General parenting skills and family functioning
Target population: American Indian parents/families
Intervention: Parenting intervention
Cultural adaption: Incorporated American Indian cultural values and common intertribal cultural elements, distinctive worldviews on rearing children, and family challenges specific to their urban experience
Method: Randomized control trial
Major finding: Compared to the control group, participants in the intervention group reported significantly larger increases in parental self-agency and positive parenting practices and fewer child discipline problems.

Pearson, C. R., Kaysen, D., Huh, D., & Bedard-Gilligan, M. (2019). Randomized control trial of culturally adapted cognitive processing therapy for PTSD substance misuse and HIV sexual risk behavior for Native American women. *AIDS and Behavior, 23*, 695–706. https://doi.org/10.1007/s10461-018-02382-8
Behavioral health condition: Mental illness, substance use, and HIV risk
Target population: Native American women
Intervention: Cognitive processing therapy versus 6-week waitlist
Cultural adaption: Examples included incorporating indigenous beliefs reflective of community values pertaining to spirituality, death, family, tribal specific historical trauma, and role of elders and cultural activities as support networks.

Method: Randomized control trial
Major finding: Among immediate intervention participants, compared to waitlist participants, there were large reductions in PTSD symptom severity and high-risk sexual behavior and a medium-to-large reduction in the frequency of alcohol use.

Tingey, L., Chambers, R., Rosenstock, S., Lee, A., Goklish, N., & Larzelere, F. (2017). The impact of a sexual and reproductive health intervention for American Indian adolescents on predictors of condom use intention. *Journal of Adolescent Health, 60*(3), 284–291. https://doi.org/10.1016/j.jadohealth.2016.08.025
Behavioral health condition: Sexual and reproductive health
Target population: American Indian adolescents
Intervention: Sexual and reproductive health intervention, Respecting the Circle of Life, involving sports activities and an educational program
Cultural adaption: Examples included integrating spiritual health, using scenarios relevant to American Indian communities, and changing the title of the program to reflect the community's values.
Method: Randomized control trial
Major finding: Changes in condom use intention compared to baseline, with greater differences among younger sexually inexperienced adolescents

Walters, K. L., Johnson-Jennings, M., Stroud, S., Rasmus, S., Charles, B., John, S., Allen, J., Keawe'aimoku Kaholokula, J., Look, M. A., de Silva, M., Lowe, J., Baldwin, J. A., Lawrence, G., Brooks, J., Noonan, C. W., Belcourt, A., Quintana, E., Semmens, E. O., & Boulafentis, J. (2018). Growing from our roots: Strategies for developing culturally grounded health promotion interventions in American Indian, Alaska Native, and Native Hawaiian communities. *Prevention Science*, *21*, 54–64. https://doi.org/10.1007/s11121-018-0952-z
Behavioral health condition: Alcohol/suicide risk, cardiovascular disease, smoking, and substance use
Target population: Youths and adults
Intervention: Five exemplar community-based native health promotion approaches based on interventions originally designed for native communities (prioritized over adapted interventions designed for non-native populations)
Cultural adaption: A set of complex approaches, including mapping and rewalking the Trail of Tears, to develop a curriculum, incorporating kindredness and community activities (as opposed to individualized approaches), dance and stories, and others
Method: Included community-based research, comparative effectiveness studies, and pilot randomized clinical trials
Major finding: Population health improves when local indigenous knowledge and health-positive messages are prioritized in individual through multilevel community interventions.

Walters, K. L., LaMarr, J., Levy, R. L., Pearson, C., Maresca, T., Mohammed, S. A., Simoni, J. M., Evans-Campbell, T., Frederiksen-Golden, K., Fryberg, S., Jobe, J. B., & həli?dxʷ Intervention Team. (2012). Project həli?dxʷ/Healthy Hearts Across Generations: Development and evaluation design of a tribally based cardiovascular disease prevention intervention for American Indian families. *Journal of Primary Prevention*, *33*(4), 197–207. https://doi.org/10.1007/s10935-012-0274-z
Behavioral health condition: Cardiovascular disease, diabetes, and obesity
Target population: American Indian adult parents residing in the Pacific Northwest
Intervention: Prevention
Cultural adaption: Multilevel approach focused on family, integrating motivational interviewing counseling based on a tribal intervention (identifying cultural and familial values, identifying rituals and routines for families, cultivating family connectedness and communication skills, developing strengths among individual family members, and increasing play and fun time within families) and personal coaching incorporating the following activities: creating family scrapbooks or photo journals, family kite making, drum making, and basket weaving classes
Method: A tribally based randomized controlled trial run by American Indians and Alaska Natives
Major finding: The results will be published after completion of the study and dissemination to the tribal council.

Muslims

Bjørknes, R., & Manger, T. (2013). Can parent training alter parent practice and reduce conduct problems in ethnic minority children? A randomized controlled trial. *Prevention Science, 14*(1), 52–63. https://doi.org/10.1007/s11121-012-0299-9
Behavioral health condition: Conduct problems in children
Target population: Muslim mothers
Intervention: Parent management training
Cultural adaption: Examples included creating ethnically homogeneous groups and using trained bilingual assistants
Method: Randomized control trial
Major finding: Results showed that the intervention was effective in enhancing parent practices, with a decrease in harsh discipline and an increase in positive parenting. However, teacher reports showed that there were no significant intervention effects on conduct problems and social competence in kindergarten or school.

Mir, G., Meer, S., Cottrell, D., Kanter, J., McMillan, D., & House, A. (2016). Culturally adapted therapy for the treatment of depression in Muslims. *European Journal of Public Health*, *26* (suppl.1, 485). https://doi.org/10.1093/eurpub/ckw175.137

Behavioral health condition: Depression
Target population: Muslims (no age specification)
Intervention: Behavioral activation (psychosocial intervention)
Cultural adaption: Adaptation included a religious values assessment addressing stigma, family dynamics, and supernatural understandings of depression.
Method: Case studies
Major finding: Increased service use and improved treatment outcomes for service users

Padela, A. I., Malik, S., Ally, S. A., Quinn, M., Hall, S., & Peek, M. (2018). Reducing Muslim mammography disparities: Outcomes from a religiously tailored mosque-based intervention. *Health Education & Behavior, 45*, 1025–1035. https://doi.org/10.1177%2F1090198118769371
Behavioral health condition: Breast cancer
Target population: Muslim American women
Intervention: Mosque-based peer-led group education program to increase mammography rates
Cultural adaption: An example of an adaptation was the reframing of messages; for example, reframing the pain involved in getting a mammogram as "The pain incurred on the path to completing a good deed (e.g., caring for my body) is rewarded by God."
Method: Mixed methods
Major finding: A significant increase in self-reported likelihood of obtaining a mammogram coinciding with a positive trend in confidence

Walpole, S. C., McMillan, D., House, A., Cottrell, D., & Mir, G. (2013). Interventions for treating depression in Muslim patients: A systematic review. *Journal of Affective Disorders*, *145*(1), 11–20. https://doi.org/10.1016/j.jad.2012.06.035
Behavioral health condition: Depression
Target population: Muslims (no age specification)
Intervention: Various depression interventions
Cultural adaption: Various adaptations, such as awareness of therapist's gender, appropriate use of medications, and exploration of religious values
Method: Systematic literature review
Major finding: Much of the evidence identified by this review was considered methodologically weak or including assertions made without qualification.

Gay, Lesbian, Bisexual, Transgender, or Two-spirit Communities

Craig, S. L., & Austin, A. (2016). The AFFIRM open pilot feasibility study: A brief affirmative cognitive behavioral coping skills group intervention for sexual and gender minority youth. *Children and Youth Services Review, 64*, 136–

144. https://doi.org/10.1016/j.childyouth.2016.02.022
Behavioral health condition: Mental illness
Target population: Sexual and gender minority youths
Intervention: Cognitive behavioral coping skills group intervention
Cultural adaption: Examples included acknowledging and validating the unique struggles experienced by sexual and gender minority youths and exploring how they have learned to cope with identity-specific stressors.
Method: One group pre–post design
Major finding: Significant reductions in depression and appraising stress as a threat, significant increases in reflective coping and perceiving stress as a challenge, participants assessment of the intervention as valuable, and useful in skills acquisition

Eliason, M. J., Dibble, S. L., Gordon, R., & Soliz, G. B. (2012). The last drag: An evaluation of an LGBT-specific smoking intervention. *Journal of Homosexuality*, *59*, 864–878. https://doi.org/10.1080/00918369.2012.694770
Behavioral health condition: Smoking
Target population: LGBT adults
Intervention: Education and support intervention
Cultural adaption: Education within an LGBT-supportive group using LGBT-specific innovative activities and smoking information
Method: Pre- and posttest design
Major finding: Success rate of 60% end of intervention, 36% 6-months post, which is comparable to or better than many mainstream smoking cessation interventions reported in the literature

Garbers, S., Friedman, A., Martinez, O., Scheinmann, R., Bermudez, D., Silva, M., Silverman, J., & Chiasson, M. A. (2016). Adapting the Get Yourself Tested campaign to reach Black and Latino sexual-minority youth. *Health Promotion Practice, 17*, 739–750. https://doi.org/10.1177%2F1524839916647329
Behavioral health condition: Sexually transmitted diseases (STDs)
Target population: Black and Latino sexual-minority youths
Intervention: Awareness through images and messages
Cultural adaption: Used images and messages that included photographs and illustrations representing a variety of individuals and couples, including young Black males, male–male couples, and female–female couples
Method: Preexperimental study design
Major finding: During the 3-month campaign period, the number of STD tests conducted at select campaign venues increased from a comparable 3-month baseline period.

Matthews, A. K., Li, C. C., Kuhns, L. M., Tasker, T. B., & Cesario, J. A. (2013). Results from a community-based smoking cessation treatment program for LGBT smokers. *Journal of*

Environmental and Public Health, *2013*, 1–9. https://doi.org/10.1155/2013/984508
Behavioral health condition: Smoking
Target population: LGBT adults
Intervention: Community-based cognitive behavioral program
Cultural adaption: Examples included a discussion of health concerns for LGBT smokers (e.g., HIV/AIDS, hormone use among transgender smokers), the role of smoking in the LGBT culture, stress due to homophobia as triggers for smoking and relapse.
Method: Descriptive study
Major finding: Overall quit rates ranged from 23.3% to 39.1% at the end of treatment, which is in the expected range for community-based smoking cessation treatments.

Pérez, A., Santamaria, E. K., & Operario, D. (2018). A systematic review of behavioral interventions to reduce condomless sex and increase HIV testing for Latino MSM. *Journal of Immigrant and Minority Health, 20*, 1261–1276. https://doi.org/10.1007/s10903-017-0682-5
Behavioral health condition: HIV
Target population: Latino men who have sex with men
Intervention: Behavioral interventions to reduce condomless sex and increase HIV testing
Cultural adaption: Examples included incorporating surface structure cultural features, such as bilingual study recruitment, and deep structure cultural features, such as machismo and sexual silence.
Method: Systematic literature review
Major finding: Four studies reported reductions in condomless anal intercourse and one reported reductions in number of sexual partners.

Cross-cultural

Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., Smarth, C., Jenckes, M. W., Feuerstein, C., Bass, E. B., Powe, N. R., & Cooper, L. A. (2005). Cultural competency: A systematic review of health care provider educational interventions. *Medical Care*, *43*(4), 356–373. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3137284/
Behavioral health condition: General health status
Target population: Health professionals
Intervention: Cultural competence training related to educational interventions
Cultural adaption: Focused on effects of provider knowledge, skills, attitudes on patient satisfaction, and adherence related to specific cultures
Method: Systematic literature review
Major finding: Training improves the knowledge, attitudes, and skills of health professionals and affects patient satisfaction.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-

analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*, 531–548. https://psycnet.apa.org/record/2006-23019-014
Behavioral health condition: Mental illness
Target population: Mental health professionals
Intervention: Training on culturally adapted mental health interventions
Cultural adaption: Review identified 10 adaptations, such as explicit incorporation of cultural content/values into the intervention, racial/ethnic matching of client and therapist, and provision of services in clients' native language if other than English.
Method: Systematic literature review and meta-analysis
Major finding: Interventions targeted to a specific cultural group were four times more effective than interventions provided to groups consisting of clients from a variety of cultural backgrounds, and interventions conducted in clients' native language (if other than English) were twice as effective as interventions conducted in English.

Truong, M., Paradies, Y., & Priest, N. (2014). Interventions to improve cultural competency in healthcare: A systematic review of reviews. *BMC Health Services Research*, *14*. https://doi.org/10.1186/1472-6963-14-99
Behavioral health condition: Health
Target population: Providers in various health-care settings
Intervention: Cultural competence training (e.g., workshops to increase cultural awareness for hospital leadership)
Cultural adaption: Review identified various adaptations across settings, such as culturally adapted educational materials and use of patients' native language.
Method: Systematic literature review
Major finding: Interventions to improve cultural competency can improve patient/client health outcomes.

References

Bernal, G., & Adames, C. (2017). Cultural adaptations: Conceptual, ethical, contextual, and methodological issues for working with ethnocultural and majority-world populations. *Prevention Science*, *18*, 681–688. https://doi.org/10.1007/s11121-017-0806-0
Rathod, S., Gega, L., Degnan, A., Pikard, J., Khan, T., Husain, N., Munshi, T., & Naeem, F. (2018). The current status of culturally adapted mental health interventions: A practice-focused review of meta-analyses. *Neuropsychiatric Disease and Treatment*, *14*, 165–178. https://doi.org/10.2147/NDT.S138430

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