Title of Paper/Presentation: Community-Based Clinician’s Experiences with an Evidence-Based Treatment

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(a) Background: The historic 1999 and 2001 Surgeon General’s reports on mental health and the mental health of ethnic-racial minorities highlighted the presence of efficacious treatments for most mental health disorders. However, these same reports also underscored a conspicuous gap between research and clinical practice suggesting that the identification of an evidence-based treatment (EBT) is necessary but not sufficient to assure its implementation and effectiveness in real world settings. In addition, it has been estimated that it takes 10-20 years to understand the effects of an EBT originally developed and tested in university-based efficacy studies in the real world setting of community-based mental health clinics (CMHCs). One possible explanation for this lag between research and practice is that clinicians from CMHCs and the ethnic-racial minorities they predominantly serve are typically underrepresented in the research providing the evidence-base for these treatments.

This poster will present preliminary data on the first phase of an NIMH-funded mixed-method longitudinal study of clinicians’ response to and use of an evidence-based behavioral parent training program -validated on non-Latino and non-immigrant samples- when using it with predominantly Spanish speaking Mexicans immigrants. Data will be presented on the experiences of six mental health clinicians with EBTs in general and with the intervention being tested.

(b) Method: Clinicians will participate in semi-structured interviews at baseline and at the end of the intervention, and their use (adherence and adaptations) of the intervention will be carefully monitored through the use of fidelity checklists and coding of video-taped sessions.

(c) Results: Results are pending. Interviews are scheduled for January and February 2010.

(d) Conclusions: Conclusions are pending. However, we predict that clinicians will vary in their adherence and adaptations of the treatment protocol as a function of their perception of the intervention’s a) appropriateness (i.e., to a distinct social-cultural context) and b) responsiveness (i.e., acceptability and feasibility of procedures) to the experiences of Latino immigrant children and families.