

Effective Interventions for Underserved Populations

In recent years, there has been increased pressure on the developers of mental health programs and interventions to demonstrate that their approaches are effective. In turn, service providers have felt pressure to increase their use of programs and interventions with evidence of effectiveness. Developers and providers have responded to this challenge, increasing the availability of programs and interventions whose effectiveness has been documented by rigorous research.

Overall, this trend is undeniably a positive one. Providers and consumers of services alike benefit when their work together produces positive outcomes. Members of the general public benefit when their insurance premiums and tax dollars pay for services that produce desired results. And yet, despite the overall progress, it is important to remember that existing evidence-based programs and interventions have demonstrated effectiveness only for certain populations. If an intervention for treating depression is shown to be effective for middle class white adolescents, does that evidence matter when the need is for a program to treat depression with Hispanic pre-teens, homeless young adults, gay and lesbian youth, or adolescents who simultaneously struggle with substance abuse?

One response in the face of such questions is to test existing interventions in new populations. Sometimes the interventions “translate” well and appear to be effective for a new population. Other times, “translation” of existing interventions does not work so well, and expected outcomes are not realized. Still other times, trying to translate an intervention “as is” simply doesn’t make sense: The needs or situations of a new population are just too different from those of the



original population.

How then should we respond to the needs of underserved populations—those for whom there is a shortage or even a complete absence of well-researched programs? This issue of *Focal Point* describes a number of interventions and programs that have been designed to respond to the specific needs of populations that have been historically underserved. But it is not just the programs themselves that deserve attention. Perhaps of even greater interest is the range of creative strategies that the developers and researchers have used to design their approaches and/or to adapt existing practice strategies into new approaches tailored to the needs and experiences of the target populations.

For example, Natasha Slesnick and Amber Letcher describe how differences between two sets of homeless youth—those living on the street and those living in shelters—led them to develop two very distinct therapies, each adapted from a different existing approach. In one of the TeleKidCare studies described by Eve-Lynn Nel-

son, the treatment approach itself (cognitive behavioral therapy) was not significantly adapted, but it was made accessible to rural populations using televideo. Daniel Santisteban and Maite Mena describe their use of a “flexible treatment manual,” which allows clinicians to select treatment modules or components based on child and family needs. The components they are currently evaluating include a module focused on co-occurring disorders and a module responding to the needs of Hispanic families and youth facing acculturation- and immigration-related stressors.

In contrast, several of the other approaches featured in this issue—such those described by Aminufu Harvey and by Terry Cross, Barbara Friesen and Nichole Maher—were developed from “practice-based evidence.” These programs draw from the cultural foundations of a particular population, and are designed to resonate with the beliefs and values of those they are trying to reach. These kinds of programs are often most obviously successful because they can engage and retain children, youth, and families from populations that are typically reluctant to attend or complete programs or treatments (regardless of how well researched those treatments may be).

The emerging approaches highlighted in this issue hold promise for meeting the needs of particular populations. Of course, there are many other populations and sub-populations that are also underserved. Our hope is that the articles in this issue offer assistance there as well, by providing inspiration and creative strategies for developing new, effective approaches.

Janet S. Walker and L. Kris Gowen, editors.