



# Vulnerable Youth and Trauma

## How to Leverage Evidence Based Care and Resources in North Carolina

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Culturally Adapted Linking Individuals Needing Care (CA-LINC)  
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# Key Points

- (1) Strategies to culturally adapt evidence-based models for diverse youth
- (2) Seeking culturally inclusive care in the community for vulnerable youth
- (3) Strategies for clinicians engaged with the child welfare system to use affirmative practices and prioritize youth and family input for treatment planning.



# Ubuntu

**I am because we are.  
We are because I am.**



**KASSERIAN INGERA?**



# The Problem<sup>1</sup>

- Racial identity and socialization play an important role for youth of color and teach them how to navigate racial and ethnic adversity (cite).
- Racial socialization has been found to buffer depressive and anxiety-related symptoms and improve self-esteem.
- Extended family members can serve roles as mentors and should be included.
- Religious support helps to buffer discrimination and mental health disorders for Black youth.
- However, the literature is not consistent about how to implement these necessary elements into evidence-based interventions.

# Inclusion of Culture in interventions

- Ethnic matching<sup>2</sup>
- Multicultural Training<sup>2</sup>
- Changing practice manuals to be inclusive<sup>2</sup>
  
- Skills based changes (focused on provider characteristics)<sup>3</sup>
- Process-based changes (focused on the provider-client dynamic)<sup>3</sup>
- Adaptation-based (focused on the infusion of culture into the practice)<sup>3</sup>
  
- Bottom up – grounded in culture<sup>4</sup>
- Top down – outside groups making decisions<sup>4</sup>
  
- Based on a meta analysis, a robust effect size was found for interventions that were culturally adapted.<sup>5</sup>



**Table 1.** Practice recommendations.

Assessment	Treatment
Attitudes/Beliefs <ul style="list-style-type: none"><li>● Stigma</li><li>● Mistrust</li><li>● Experiences with mental healthcare</li><li>● Resilience</li></ul>	<ul style="list-style-type: none"><li>● Talk to families about their prior experiences with therapy and “the system”</li><li>● Openly discuss limits to confidentiality vs. privacy</li></ul>
Access Barriers <ul style="list-style-type: none"><li>● Transportation</li><li>● Childcare</li><li>● Work schedule</li><li>● Finances</li></ul>	<ul style="list-style-type: none"><li>● Provide bus passes or other alternatives for transportation</li><li>● Make reminder calls</li><li>● Help arrange or provide childcare</li><li>● Offer evening and weekend hours or telehealth</li></ul>
Cultural Strengths and Risks <ul style="list-style-type: none"><li>● Racial socialization</li><li>● Racial identity</li><li>● Africentric Worldview</li><li>● Extended Family and Fictive Kin</li><li>● Spirituality</li><li>● Experiences with racism and discrimination</li></ul>	<ul style="list-style-type: none"><li>● Role play responses to racism and discrimination in session</li><li>● Process racial stressors to cognitively reframe and regulate emotions as necessary</li><li>● Assign homework to facilitate racial pride messages and practices</li><li>● Harness Africentric notions of verve and rhythm in therapy room</li><li>● Incorporate prayer/meditation into relaxation and coping (as congruent)</li><li>● Utilize extended family members and fictive kin (e.g., “play aunt”) in treatment</li></ul>

# CA-LINC – Cultural Adaptation

## Community-Engaged Participatory Research Methods

Equitable approach to research that builds community trust, improves community health, enhances the relevancy of the research and application of the data, and uses community expertise to help solve complex problems.

## Consumer and Community Driven

The needs and wants of the consumer and community drive and promotes the intervention.

## Faith-Based Organization (FBO) Involvement

Faith-based organizations (FBO) have successfully mobilized Black communities to promote positive health behaviors; therefore, partnerships with these organizations have the potential to increase access to mental healthcare and decrease health disparities.

## Community Health Workers

Lay and professional health advisors who have been recruited from diverse communities and trained in evidence-based approaches



# Lessons Learned from Adaptations

## Community-Engaged Participatory Research Methods

- Community Collaborative Board
- Research Fundamentals Training
- Creating an Ecosystem
- Identifying Gatekeepers and Building Trust

## Consumer and Community Driven

- Focus Groups
- Soliciting Feedback
- Identifying needs
- Word of Mouth Support and Validation
- Validating the Knowers
- Paying participants for labor

## Faith-Based Organization (FBO) Involvement

- Flow through FBOs
- Zip Codes and Demographics
- Community-Based
- Psychoeducation/Outreach

## Community Health Worker or Peer Support Model

- Member of the Local Community
- Training
- Trained as Mental Health First Aid  
Train the Trainer

# Help Families Build a Community of Care

My Family



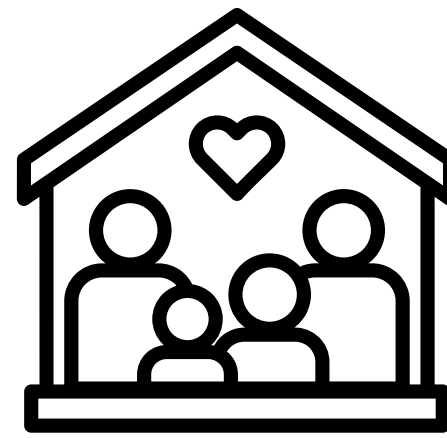
Coaches



Rec  
Center



Mentoring  
Agency



CCS Teachers  
and Staff



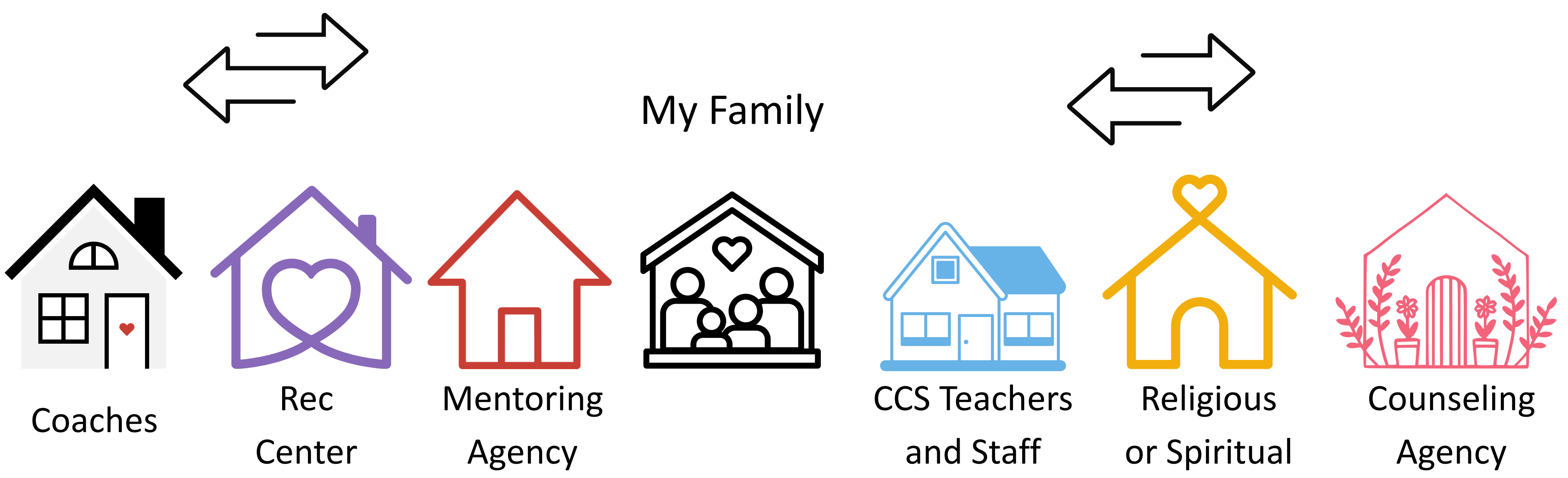
Religious  
or Spiritual



Counseling  
Agency

- Will you become a part of my community?
- What is the best way for us to contact you?
- Is there a fee for your services?

# Help Families Engage with a Community of Care



- 1 My family needs help.
2. How can you help us?
3. Do you have other recommendations?

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# References

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