



Use of Co-Development and Testing to Culturally Tailor an Internet-Based Cognitive Behavioral Therapy Intervention through Delivery of Guided Support by Peers

Jill Nault Connors^a, Ernani Magalhaes^b, Kevin Prather^a, Nida Khan^a, Claire Draucker^c, Johanne Eliacin^{a,d,e}, Chet Montgomery^b, Julie Hayden^{b,f}, Michael Millard^g, Paul Musey^a

Summary

- Cultural tailoring of self-help, internet-based cognitive behavioral therapy (iCBT) through delivery of guided support by peers can result in individualized application of learned CBT skills to the lived experiences of a culturally heterogeneous social identity group of Black Americans.
- Guided support delivered by peers is optimized when discussion focuses on application of CBT skills that resonate most with participants' lived experience of common mental health problems like anxiety.
- Feeling comfortable talking with a peer who understands through shared lived experience can decrease feelings of being alone or alienated from others.
- Inclusion of diverse patient groups in the development and testing phases of interventions improve their acceptability.
- Cultural tailoring of interventions through constituent involving strategies (i.e., peer delivery of guided support) to meet diverse groups' needs may be a scalable and effective strategy to reduce disparities in use of mental health services.

Background

- Approximately 160 million Americans live in mental health professional shortage areas.¹ Based on 2021 estimates from the National Survey on Drug Use and Health, less than half of US adults with any mental illness received mental health services with significant disparities by race and ethnicity.²
- Digital mental health services are a promising way of improving access to treatment and iCBT has a strong evidence base for improving symptoms of anxiety and depression.^{6,7,8,9}
- Cultural tailoring is a health equity strategy that often involves constituents with shared lived experience to deliver individualized treatment. It is specifically recommended for groups with diverse social identities due to high cultural heterogeneity.^{4,5}
- Peer support when combined with internet-based interventions (e.g., psychoeducation) across multiple mental health conditions, including symptoms of anxiety and depression, has been shown to improve treatment participation and adherence.^{12,13,14}

Methods

- Public and Patient Involvement:
 - Patients and stakeholders were first involved in the planning phase for a comparative effectiveness study called **Patient-Centered Treatment of Anxiety after Low-Risk Chest Pain in the Emergency Room (PACER)**.
 - A Patient Advisory Committee (PAC) was developed, mainly comprising Black Americans, and provided insights into research areas, recruitment, and outcome selection.
- Intervention Design
 - The TWU GAD program was chosen based on literature review and psychologist recommendation.^{8,20}
 - The peer support component included video calls with a certified peer recovery specialist who had lived experience of anxiety and non-white social identity.
- Implementation
 - Beta tested with 6 PAC members. The majority were Black Americans (5/6), male (4/6) with an even distribution of age from 19 to 34 (2/6), 35 to 49 (2/6), 50 or above (2/6) and income below (2/6), at (2/6), or above (2/6) sufficiency.
- Evaluation
 - Weekly virtual debriefing sessions with PAC members were used to evaluate the treatment. The recordings of group meetings were transcribed, coded, and organized into a data table by research team members.

Results (continued)

EXPERIENCE WITH PEER CALLS

<i>Peer support specialist has a positive disposition</i>	"I can really open up to him, and really he understands what I am going through – even if it is not about the [anxiety] program." "Anybody that you tell in your family or your friends are gonna be judgmental. Like, 'Ah, here we go.' So to have somebody that's not judgmental that you're able to talk to is really good."
<i>Peer support specialist helps partners feel less alone</i>	"I think talking to [the peer] is very beneficial.... Talking to [the peer] reinforces, 'Hey, we've all got something in common...' and let's me know I'm not in this alone. Again, I've said that before. There's someone whose understanding what's going on."
<i>Peer support specialist helps partners apply TWU lessons</i>	"Talking with the [peer] reinforces what's been said in the lesson and being able to relate it to my own circumstances in life...most of us are probably having those same feelings, but just maybe about different things and different situations." "I told [the peer] about how my week was going and how I tried to put some of the things we talked about week one into the week." "I think I woulda got through them [the lessons] but it wouldn't have been as fun or exciting to understand it and make sense of it without the examples with somebody that's going through the same thing or him being able to help me or me being able to help him."

Conclusions

- Overall, the content provided in the TWU lessons resonated reasonably well with the diverse group of patient partners and was applicable to a variety of lived experiences with anxiety.
- Patient partners' feedback refined the peer-guided support component of the iCBT course used in the PCORI study.
- Cultural tailoring through guided peer support led to individualized application of CBT skills. Co-development and testing with representative partners provided confidence in the intervention's acceptability for diverse populations, including Black Americans.
- Cultural tailoring via guided peer support may effectively reduce disparities in mental health service use. Further research should explore additional factors impacting implementation potential.

Affiliations

- ^aIndiana University School of Medicine, Indianapolis, IN, United States
- ^bPatient & Community Advisory Committee, Community Member, Indianapolis, IN, United States
- ^cIndiana University School of Nursing, Indianapolis, IN, United States
- ^dNational Center for PTSD, VA Boston Healthcare System, MA, United States
- ^eRegenrief Institute, Inc., Indianapolis, IN, United States
- ^fNational Alliance on Mental Illness (NAMI) of Greater Indianapolis, Inc., Indianapolis, IN, United States
- ^gClinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, Australia

Results

CONDENSED RESULTS: Qualitative Findings of Partner Experiences with This Way Up and Peer Calls Organized by Categories Derived from Codes

Categories	Exemplar Quotes
EXPERIENCE WITH THIS WAY UP	
<i>Aspects of the TWU lessons that resonated with partners' experiences</i>	"Due to those lessons I have a better understanding now exactly what anxiety is, and perhaps myself have been going through some of that, and I was able to relate to Liz and Rob...that [first] lesson helped me, it sort of set off a light bulb." "I really thought this lesson [five] got into some really good meats and potatoes, the challenging your core beliefs, 'cause I feel like that is at the root of the problem with most people's anxiety. There is a core belief that they can't shake, or that is toxic for them in some way, shape, or form."
<i>Aspects of TWU lessons that did not resonate with partners' experiences</i>	"Coming up with a worry story didn't resonate with me at all. It's like, yeah, you know, you got all the time in the world to sit down and write a narrative about it and it's like, no."
<i>Opportunities to apply CBT principles and skills</i>	"I've got a habit of pulling over to the next business place just to lose the fear of having a cop behind me...so what I've tried to do is proceed to my original destination when a cop gets behind me and see if that helps me lose my fear somewhat. So that part of that lesson [exposure stepladder] was very helpful to me as it pertains to that." "I'm using more of the physical part of it, like doing the exercises. You know, I try to go three times a week to the track, and I do at least 40 minutes of walking. And the [breathing] exercise as it pertains to the breathing in and out. I'm doing that a little bit more than I had been in the past. And it helped me get through."
<i>Barriers and facilitators to participation in TWU</i>	"I had not gotten to all of my reading just 'cause a lot of stuff's been going on this week."
<i>Recommendations for improvement</i>	"I think lesson 5 felt a little redundant so I thought 5 [lessons] in total would have made a little bit more sense. I think you could have cut out some of the other bits and pieces here and there and made it work."

Appendix and References

