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CBMCS Multicultural Training Program

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CBMCS Multicultural Training Program

Development and Overview

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Acknowledgements

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ICS

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Good Ethnic Science (GES; Sue & Sue, 2003)

antedates, undergirds, and facilitates all phases of professional practice in mental health agencies. Professional practice, in turn, benefits psychological science (Melchert, 2006).

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Cultural Malpractice

History of mental health services:

1. Originally designed for European Americans
2. Minimized group differences
3. Perceived by multicultural consumers as ineffective
4. Underutilized by consumers

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Clinicians' Competence Deficits

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1. National Surveys describe self-perceived incompetence
2. Demand by consumers for more equitable services
3. National Awareness of inequities publicized in Surgeon General's Report (2001)

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Remediate Cultural Malpractice

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Development of Counseling Psychology remediation strategies:

1. Identify how-to-do multicultural counseling models
2. Delineate competence constructs (D.W. Sue model, 1982)
   - Knowledge, Awareness, Skills
3. Operationalize constructs in five self-report measures
4. Validate measures: positive relationships with correlates; salutary effects on consumer evaluations
5. Criticism of measures: psychometric adequacy, extent, quality of validation

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Development
of the
California Brief Multicultural
Competence Scale
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Reviewed Existing Literature

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- We Identified 5 self-report cultural competence instruments.
  - CCCI-R La Fromboise et al. (1991)
  - MAKSS D' Andrea et al. (1992)
  - MCAS-B Ponterotto et al. (1996)
  - MCCTS Holcomb-McCoy (2000)
  - MCI Sodowsky et al. (1994)
- Most of these instruments were 45-60 items long and developed on university student populations.

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4 of the 5 Scales were combined into 1 questionnaire

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- This combined the strengths (and weaknesses) of the existing measures.
- 1,244 mental health practitioners were conveniently sampled from 12 California counties and completed the questionnaire.
- The questionnaire contained over 150 items, rated on a 4-point Likert Scale with "4=Strongly Agree".

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Statistical Overview

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- We eliminated several items that correlated with the Marlowe-Crowne Social Desirability Scale.
- We split the large sample (1,244 cases) into 3 random samples.
- We then conducted 2 exploratory factor analyses and 1 confirmatory factor analysis.
- This process reduced the 150 items to a 21-item scale.
- We also elicited feedback on the initial factor solution from a panel of multicultural experts and a panel of consumers.

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The Final Solution

Indicated that 4 factors (subscales) best accounted for the underlying structure in our data.

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The California Brief Cultural Competence Scale (CBMCS)

Consists of 21 items – 4 factors

1. Multicultural Knowledge: Issues of acculturation, racial/ethnic identity, language, etc.

Example: I am knowledgeable of acculturation models for various ethnic groups.

2. Awareness of Cultural Barriers: The challenges people of color experience accessing mental health services.

Example: I am aware of institutional barriers that may inhibit minorities from using mental health services.

3. Sensitivity to Consumers: How provider values and communication styles affect mental health consumers of services.

Example: My communication skills are appropriate for my clients.

4. Sociocultural Diversities: (formerly Nonethnic Ability) Issues of gender, sexuality, aging, social class, and disability.

Example: I have an excellent ability to asses accurately the mental health needs of older adults

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Correlations Among the Four Factors

Factors	1	2	3	4
Sociocultural Diversities	(.91)			
Sensitive	.426*	(.72)		
Knowledge	.485*	.287*	(.97)	
Awareness	.366*	.500*	.350*	(.93)

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Reliability and Validity

- Internal consistency was established with Cronbach's alpha:
  - CBMCS Total scale = .89
  - Knowledge subscale = .74
  - Awareness subscale = .78
  - Sensitivity subscale = .72
  - Sociocultural Diversities subscale = .91
- Criterion-related validity was achieved by correlating the CBMCS total scale with the MCI total scale r = .63
- Demographic analyses of the CBMCS showed that:
  - Older participants (55 years +) had lower knowledge scores
  - White practitioners had lower knowledge scores than Latino and African American practitioners
  - Overall, doctorates scored higher on nearly all of the subscales than did other practitioners
  - Practitioners who participated in multicultural counseling programs, coursework, or workshops had higher CBMCS total and subscale scores

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In Summary

- California Brief Multicultural Competence Scale (CBMCS) achieved construct validity
- 21-item CBMCS indicated acceptable alpha coefficients for the four subscales
- Intercorrelations demonstrated discriminate validity
- CBMCS appears an efficient and effective tool for examining self-reported mental health practitioner cultural competency

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Development of the CBMCS Training Program

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Four Training Modules

Flowing from each of the 4 subscales identified by the CBMCS, we have developed an 8 hour Power Point training module. Resulting in 4X8 hours = a 32 hour multicultural training program in four modules.

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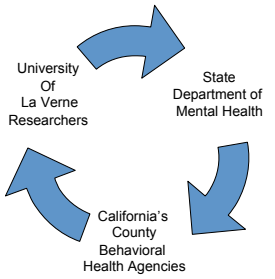
Collaborations and Research to Practice Model



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Development Steps

- Summer 2004, 40 mental health competence experts participated in review of CBMCS Training, representing 14 California counties and California state Department of Mental Health
- CBMCS 4 Modules were revised
- Summer 2005/06 15 experts revised the CBMCS training program from mental health provider input
- Fall 2006 and Spring 2007 Pilot test of CBMCS conducted
- The CBMCS represents a true partnership between state and local mental health and university evidence based research and development

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Pilot Testing
of the
CBMCS Multicultural Training Program

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Training Pilot sites

- 4 counties from original 14 counties that participated in early review participated in the pilot
- Kern County – training completed Oct. 2006
- San Bernardino – training completed Dec. 2006
- Sacramento- training completed Feb. 2007
- Santa Clara – training completed Feb. 2007

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Pilot Results

- > 70% found the content appropriate
- > 95% found the skills of master trainers to be of high quality
- > 70% satisfied with the process & logistics
- 80% indicated training was applicable to their job
- Pre-Post self-report multicultural competence score on the CBMCS
  - Improved significantly on 3 modules:
    - Multicultural Knowledge
    - Awareness of Cultural Barriers
    - Sociocultural Diversities
    - No change on Sensitivity & Responsiveness to Consumers
- Content Mastery Exam scores
  - The average scores varied between 75%-84% across the 4 modules.

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In Summary

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- Outcome measures suggest positive impact of the training and satisfaction with the process.
- Agencies can use the CBMCS scale to target which staff should receive a particular module.

  Or

  Agencies could run staff through all 4 modules.
- The CBMCS scale could be used as a pre-post measure of training effectiveness, along with client outcome or satisfaction measures.

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Overview and Highlights
of
Module 1: Multicultural Knowledge

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Module 1 Overview

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1. CBMCS Development
2. Cultural Competency Defined
3. Historic & Contemporary Overview of the Four Major Ethnic Groups in the U.S.
4. Health Disparities
5. Recognizing Deficiencies in Research Conducted on Minorities
6. Psychosocial Factors to Consider When Providing Services to a Culturally Diverse Consumer Population
7. Providing Culturally Competent Mental Health Assessment and Diagnosis
8. Understanding and Evaluating Wellness, Recovery, and Resiliency

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Overview and Highlights
of
Module 2:
Awareness of Cultural Barriers

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Module 2 Overview

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1. Highlights
2. Context of Barriers
3. Awareness of Self
   a. Cultural Self-Awareness
   b. Worldview
   c. Racial/Ethnic Identity
4. Awareness of Others
   a. Oppression
   b. Racism
   c. Privilege
   d. Gender Differences
   e. Sexual Orientations
5. Clinical Implications

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Overview and Highlights
of
Module 3: Sensitivity and Responsiveness
To Consumers

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Module 3 Overview

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1. Highlights
2. Sensitivity and Responsiveness Defined
3. Communication Styles
4. Stereotyping
5. Racism and Mental Health
6. Racism Effects on Consumers
7. Use of Active Engagement to Ameliorate Effects of Racism
8. Guiding Principles for Sensitive and Responsive Mental Health Practice
9. Clinical Implications

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Overview and Highlights
of
Module 4: Sociocultural Diversities

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Module 4 Overview

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1. Highlights
2. Knowledge, Awareness, and Sensitivity to:
3. Sociocultural Diversities
4. Older Adults
5. Men and Women
6. Sexual Orientation/Identities
7. Socioeconomic Status (SES)
8. Persons with Disabilities
9. Interaction Among Multiple Identities
10. Identifying Sources of Personal-Professional Bias Prejudice/discrimination

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Next Steps

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- Development of train-the-trainer program
- Imbedding skills building strategies post completion of training
- Add Possible Distance Learning tools

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We Are the Change Agent

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- "True justice will never come until those who are not injured are just as indignant as those who are."

Mr. Kweisi Mfume 9/2001-NACCP

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Multicultural Assessment Intervention Process
(MAIP)

Developed by: Richard H. Dana
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Overview of the Model

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MAIP Model provides overall conceptualization of clinical process in public sector mental health services predicated on good ethnic science (see Chap.1, pp.31-48, Costantino, Dana, & Gady, 2007)

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The MAIP originated from theoretical work by Richard Dana (1993,2000)

And empirical community mental health work of Glenn Gamst and Aghop Der-Karabetian beginning in 1999.

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The MAIP provides a means of incorporating multicultural variables into the clinical practice of a community mental health center.

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Today's methodological overview will follow the MAIP components:

- Consumer intake
- Ethnic/Racial Match (consumer-provider)
- Ethnic/Racial Identify/Acculturation Status (Consumer)
- Provider Self-Reported Cultural Competence
- Ethnic-Specific/General Interventions
- Disposition Coordination
- Discharge/Annual Review
- Computerized Tracking System
- Simultaneous Assessment of MAIP Model Parameters

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Future Work

- Simultaneous Appraisal of MAIP Variables.
- Agency pilot testing.

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