

Cultural Adaptation of Evidence Based Practices: State, Tribal and Private Foundation Experiences

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EBP Challenges

- Widening disparities and shrinking dollars
- Fast growing policy trend calling for EBPs
- Increased funding mandate requiring EBPs as part of clinical treatment
- Communities deserve the best the field can offer, but EBP without cultural context?
- Cultural competence and EBPs conversation at different tables

Intersection of EBP and Cultural Competence

- *The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental Health* (2005)
- Focused a cultural competence lens on EBPs
- Reviewed definitions & challenges of CLC
- Discussed role of culture in help seeking, engagement, diagnosis, treatment and outcome
- Reviewed challenges of EBPs

EBP Challenges

"Evidence-Based" may not equal "Effective" for minority populations


- Lack of inclusion of ethnic minorities in study samples
- Lack of analyses of impact of culture
- Lack of resources for research of culturally specific practices
- Lack of theory development re: relationship between culture and mental health disorders, treatment, and treatment outcomes
- Lack of diversity among researchers

Potential Positives About EBP

- All depends on how one defines "evidence", but . . .
- Attempts to increase quality of care
- Attempts to increase effectiveness of care
- Attempts to increase accountability
- Raises the bar for treatment providers

Questions to Solve

- How to bridge worlds of cultural competence and evidence based practices?
- Can EBPs be culturally adapted?
- What happens to EBP fidelity if culturally adapted?
- How can local communities own the process?
- How can we re-define evidence?



**Minnesota Department of
Human Services**

*Cultural Adaptation: Motivational Interviewing
with American Indians*


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Minnesota's Perspective on Motivational Interviewing

- Minnesota Department of Human Services (DHS) acknowledged the necessity to have American Indian program staff to address the critical needs of American Indians in MN
- American Indian Chemical Health Unit explored the recommended approach identified by Isaacs, Huang, Hernandez & Echo-Hawk (2005)
- Minnesota's (DHS) Chemical Health and Mental Health Divisions collaborated with partners to introduce MI:
 - Metro State University,
 - MN Community & Technical College,
 - Prairieland Addiction Technology Transfer Center
 - Motivational Interviewing Network Trainers (MINT)

Cultural Value System Spirit of Motivational Interviewing

- Respect, listening and learning
- Moving to a more "relational" place
- Partnership between client and counselor versus techniques
- "Spirit" a feeling/sensing style of communication
- Non-confrontational approach; empathic



Cultural Value System Spirit of Motivational Interviewing Core Elements


Core Elements	Native Values
• Collaboration: partner-like relationship	• Collaboration: partner-like relationship based on acceptance, tolerance, encouragement (internal vs external)
• Evocation: drawing out, eliciting info	• Evocation: listening, learning, respecting, honoring the person, respect for one's ability to make their own choices, appreciation of individual differences, conveying these messages; responses are positive
• Autonomy: respect for one's autonomy	• Autonomy: dignity, respect for one's choices; non-interference-guidance system approach

Motivational Interviewing

- Diverse Communities / Culture Matters
- Train the Trainers (TOT)
 - Recruitment of professionals from diverse communities to be a part of the MI TOT
 - Chemical and Mental Health professionals recipients of this basic training in MI
 - Technical assistance, including training and support, from the Motivational Interviewing Network Trainers (MINT) to be provided

Challenges: Delivery of Motivational Interviewing

- Developing competencies through continued supervision, coaching and mentoring
- Need to recruit Native American trainers & others from diverse communities
- Exploring learning through interactive TV
- How to better identify, contract and train professionals and paraprofessionals on a particular supervision style to ensure fidelity and competence in implementing MI



**Hogg Foundation
for Mental Health**

*Cultural Adaptation Initiative:
Providing Evidence-Based Practices to Populations of
Color*

*Rick Ybarra, MA
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**Hogg Foundation Objectives:
Cultural Adaptation Initiative**



1. To increase the availability of effective mental health services for people of color in Texas
2. Generate knowledge about the process of culturally adapting Evidence Based Practices (EBPs) for use by mental health providers and researchers.

Cultural Adaptation Initiative Grantees

Community Family Centers – Houston to culturally adapt **CBT** for Latino adolescents diagnosed with depressive disorders.

DePelchin Children's Center – Houston to modify their delivery of **trauma-focused CBT** to reflect the culture of Latino children and their parents.

Family Service of El Paso – El Paso to adapt the provision of **CBT** for depression in adults to fit the culture of its Latino service population.

Lena Pope Home, Inc. – Forth Worth to adapt the **Defiant Child model** for treating African American children with attention-deficit hyperactivity disorder and oppositional defiant disorder.

Tropical Texas Center for MHMR – Edinburg to modify the delivery of **CBT behavior and exposure therapies** for the treatment of anxiety disorders in Latino children and adults.

Program Implementation Steps

- Grantees selected an EBP
- Grantees receive training and supervision in the EBP; will implement a cultural adaptation(s) of the EBP to overcome the cultural barriers of their treatment population
- Cultural adaptation to occur at the *administrative, service delivery, and clinician levels*
- Grantees will assess the outcomes of the culturally adapted treatment and participate in an evaluation to understand how the cultural adaptations were developed and implemented
- Foundation will support grantees with a variety of resources and TA to help them achieve their goals
- Findings will inform research and other organizations in Texas and throughout the country interested in cultural adaptations

Lessons Learned – Year 1

CAI Annual Grantee Meeting, November 13, 2007, Austin, TX

Successes

- Community outreach (taking service to home or school)
- Parent advisory board to provide feedback to grantee
- Integrating cultural beliefs (respecto/respect, confianza/trust, familia, use of "dichos"/sayings and "cuentos"/stories) into engagement
- Importance of MH education

Challenges

- Recruitment/Retention of bilingual/bicultural staff
- More time to deliver service (rapport; confianza)
- Education of families RE: MH beliefs ("medication is poison")

Year 2 of CAI

- UTHSC-SA Faculty Team – Needs Assessment
- Independent Program Evaluator
- Continued EBP supervision by consultants at all sites; monthly conference calls; Annual Grantee Meeting

Conclusions

- CAI Year 1 – continue investigation with a focus on three levels: administration, service delivery, and clinical
- Difficult to study
- EBP/CA/PBE must:
 - Have content that is welcoming;
 - Be relevant to the host culture;
 - Be validated and endorsed;
 - Be individualized for your community

