

Hogg Foundation for Mental Health
1st Expert Panel on Cultural Adaptations of Evidence-Based Practices
November 8-9, 2005

Questions for Discussion

1. How should “cultural adaptation” in applying the term to empirically supported treatments?
2. Have there been past attempts to culturally adapt empirically supported treatments
3. Should cultural adaptation apply to treatments (e.g., manuals), clinicians (e.g., training), organizational factors (e.g., flexible scheduling), or all of the above?
4. What degree of adaptation is needed to achieve cultural competence?
5. How would we expect cultural adaptations to be different for children versus adults seeking mental health services?
6. Are some empirically supported treatments more amenable to cultural adaptations than others?
7. What are the characteristics of a mental health service program that is ready to culturally adapt empirically supported treatments?
8. What should be included in process and outcome evaluations to determine whether the cultural adaptation was successful?
9. What would organizations need to do to convince you that they are committed to cultural competence and will continue using the culturally adapted treatment once funding has ended?
10. Should guidelines for cultural adaptations be different for agencies that serve multiple ethnic/racial groups versus a single group?
11. Are general guidelines sufficient or should they be tailored to the specific ethnic/racial groups (or subgroups) and address the variability within cultural groups?
12. How should demographic variables, such as cultural identity, level of acculturation, multiracial identity, gender, SES, etc. be considered in the development of guidelines?
13. Is a university-community program partnership necessary for successful development and implementation of culturally adapted empirically supported treatments?
14. How should the Foundation involve policy makers in the promotion of cultural adaptations of evidence-based practices?