

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

Summary of Expert Panel #1 Discussion

Cultural adaptation – a process that involves testing the generalizability of empirically supported treatments with culturally diverse population; or deriving a treatment approach from successful outcomes with a specific cultural group using a set of particular clinical techniques. These approaches may involve direct input from consumers and their families in the process.

Cultural competence is best conceptualized as including therapy-related factors, organizational factors, and clinician-related factors.

Therapy-related factors: therapeutic alliance, therapeutic principle of behavior change, treatment goal-setting, explanatory models of health/illness (cultural validity); social support systems, cultural identity, indigenous healing approaches (culture-specific); individual differences and experiential (or learning) history (idiographic).

Organizational factors: board composition & structure, ethnic/racial minority representation in organizational leadership, diversity of staff, language capability of service providers, nature of relationship with local community, number and type of partnerships with academic and community organizations, availability and use of cultural competence training, formal arrangements with cultural consultants, mission statement reflects commitment to multiculturalism, financial resources devoted to the promotion of multiculturalism and cultural competence, planning & implementation strategy for the delivery of culturally adapted services, formal community advisory group, organizational responsiveness to community needs (e.g., patient advocacy, flexible scheduling, reimbursement mechanisms for uninsured and underserved populations), cultural issues addressed in accountability and program evaluation plans, cultural pivoting (i.e., promoting community empowerment and cultural self-determination), continuous cultural quality improvement.

Clinician-related factors: awareness of self as a cultural being; cultural credibility derived from balance of personal identity and professional identity; knowing when to seek supervision or consultation for culture-related issues; knowledge and skills that reflect cultural sensitivity; recognizing and applying cultural empathy; deals with cultural countertransference (e.g., acknowledge historical oppression, aware of own prejudices, etc.); respect for the role of culture and cultural differences in mental health; collaborative and open approach to working with culturally different clients; recognizing and participating in multiple life domains of the client, especially in working with children; continual self-reflection and self-evaluation.

Elements of a successful proposal:

- Conceptualization of project should address all three cultural competence domains of therapy-related, organizational, and clinician-related factors
- A plan should be presented for continuous cultural quality improvement
- Demonstrated capacity in at least one of the cultural competence domains (i.e., therapy-related, organizational, or clinician-related factors)
- Should contribute to the advancement of knowledge in mental health and cultural competence areas
- Expressed commitment to the exchange of information with other grantees
- A clear plan to evaluate culturally competent mental health services

- Detailed description of nature and extent of community involvement in programs and services
- Evidence of partnership with other community organizations and/or academic institutions
- Clear rationale and description of method of adapting services for culturally diverse groups
- Inclusion of theory or model of culture change
- Clear description of plan for outreach and engagement of community to increase service utilization of culturally diverse population
- Outcomes for evaluation should address core areas covering therapy-related factors (e.g., premature termination, client satisfaction, community engagement and involvement, psychosocial functioning, no show [days]); organizational factors (e.g., changes in budget allocation for cultural competence training); and clinician-related factors (e.g., multicultural competence).

What constitutes evidence?:

- Hypothesis-testing approach that examines culture-specific versus universal approach to a empirically supported treatment
- Single case design
- Longitudinal study of treatment adherence (i.e., visits) over time
- Archival studies
- Randomized assignment to treatments in a university/community partnership
- Indigenous treatments studied in randomized control trial
- Component that is qualitative in a treatment outcome study
- Study of change process in clinicians

Considerations in presenting evidence of effective treatment:

- Definition of evidence of efficacy or effectiveness (e.g., restoration of health in terms of individual vs community functioning)
- Learning to see evidence in multiple ways (client perspective vs clinician perspective vs community norms)
- Including feedback from the community through advisory groups or key informants
- Both universal and culture-specific measures of treatment outcome
- Connectedness to institutions as evidence of therapeutic outcomes (e.g., schools for children)
- Disorganized involvement in multiple systems as evidence of poor treatment outcomes
- Distinguishing between symptom relief versus therapeutic change

- Need to include types of universal evidence (e.g., productive activity, size and complexity of social network, demoralization, sense of well-being, symptom reduction, harmony with community, sample across levels of functioning)

Policy implications of culturally adapted EBP:

- Insurance companies will eventually reimburse select EBP
- Natural alliance with recovery movement and consumer/provider movement (e.g. peer support intervention as an EBP)
- Policy-making often top-down and the culturally adapted EBP movement could provide a bottom-up approach as an alternative
- Stories from communities and data on effectiveness that could be used to influence legislators
- Individuals and communities can have input into the policy process
- Cost-effectiveness related to cultural adaptations of EBPs
- Cultural benefits equal quality care which, when delivered in timely manner, prevents the development of more chronic conditions that are more costly
- The unavailability of culturally adapted treatments may contribute to the disparities in healthcare and unequal access to quality treatments
- Lack of access to culturally competent treatments may be a violation of civil rights laws and Americans with Disabilities Act
- Economic burden on the state may be reduced in the long-term with culturally adapted EBPs

Implications of workforce development:

- Financial support for retraining and learning new information to enhance culturally competent mental health care
- Accreditation and credentialing bodies need to establish cultural competence as a skill requirement
- Cultural competence will impact the cultural diversity of the workforce by incorporating community members
- The “prosumer” and “semi-prosumer” will reflect the diversity of the community in the workforce
- Recruitment of community members into paraprofessional jobs will also expand the workforce; paraprofessionals are also a resource for recruitment of members of culturally diverse communities for professional training programs; paraprofessionals facilitate connections to the community