Toolkit for Modifying Evidence-Based Practice to Increase Cultural Competence

TA Partnership
CLC Community of Practice Webinar

May 21, 2010
Welcome to Today’s Webinar

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Toolkit for Modifying Evidence-Based Practice to Increase Cultural Competence

Judith Samuels, PhD
Wendy Schudrich, LMSW

The Nathan Kline Institute (NKI) for Psychiatric Research
Center of Excellence in Culturally Competent Mental Health
NKI Center of Excellence in Culturally Competent Mental Health

**What we do:**
- Study the intersection of mental health and culture
- Develop tools to help agencies achieve a high level of cultural competence in the delivery of services
- Train agencies and practitioners to apply tools within their organizations with the goals of engaging consumers and improving outcomes
Today’s Agenda

- Discuss the need for cultural modifications to evidence-based practices (EBPs)
- Provide an overview of the toolkit
- Introduce a case study
- Introduce toolkit methodology
- Share other tools available in the toolkit
- Discuss where we are going from here
There is a need for effective mental health interventions for cultural groups

- EBPs have not been developed for specific cultural groups
- Interventions have been developed, but not tested for effectiveness for specific cultural groups
- EPBs have been developed and tested for specific cultural groups, but materials such as training manuals do not reflect the breadth of cultures served

- SAMHSA’s registry of EBPs include a growing list of effective interventions
- There is no systematic method for considering modifications to EBPs for cultural groups
An Overview of the Process

Figure 1: The EBP Modification Process

Clinical need identified
- Identifying possible EBPs
- Evaluating the cultural appropriateness of EBPs
- Making a final EBP selection

Selecting an EBP
- Breaking down the EBP into its components and determining which components to modify
- The process of modification
- Documenting modifications
- Trying out/piloting the modified EBP
- Evaluating the success of the modification

Modifying EBPs

Working with Communities
- Identifying types of individuals that are needed for a successful working group
- Requesting individuals to serve on the working group
- Encouraging champions within the organization and community
- Establishing the collaborative process—communication and meetings
- Establishing working group goals and processes
- Putting the working group into action

Implementation Issues
- Organizational readiness for change
- Understanding the organization's cultural competence
A Case Study: Waianae Wellness

- Located on the island of Oahu
- About 50,000 residents
  - Majority Native Hawaiian
  - Other racial/ethnic groups: Samoan, Filipino, Vietnamese, Japanese, Korean, White, Vietnamese
- 50% of population < 20
Waianae Wellness – The Clinical Need

- Community agency provides behavioral and mental health services for children and adults
  - Community orientation to interventions
  - Recovery based
  - Culturally matched

- Treatment intervention for people with serious mental illness (SMI)
Questions?

Please press *7 on your phone to unmute your line.

When you are finished, please press *6 to remute.
Goals:
- Increase knowledge about cultural groups and their mental health needs
- Increase acceptance of services

Community involvement hinges on the development and work of a working group:
- Determining who to work with and why
- Working together on modifications
- Working through implementation issues
Agency stakeholders invited to two-day illness management and recovery (IMR) orientation

- Consumers, family members, all staff

Community stakeholders included:

- Traditional healers and community elders

Champions were identified to provide:

- On-site technical assistance
- Guidance
- Mentoring
Selecting an EBP

1. Identify possible EBPs
2. Evaluate the cultural appropriateness of EBPs
   - Determine cultural fit
   - Consider pragmatic concerns
   - Identify the need for cultural modifications
3. Making a final decision
EBP was selected as part of a partnership with the University of Hawaii and the State’s Adult Mental Health Division → Illness Management and Recovery

IMR was deemed appropriate:
- Fit the community’s clinical need for SMI intervention
- Fit agency’s model for focus on recovery
- Working group assessed that modification was possible and consistent with community’s cultural values
Modifying EBPs

1. Breaking down the EBP into components using the helping process model and determining which components to modify
2. The process of modification
3. Documenting modifications
4. Piloting the modified EBP
5. Evaluating the success of the modification
A Framework for Identifying Components

- Engagement
- Work
- Termination/Discharge

Access

Specific cultural factors
Identifying Relevant Specific Cultural Factors

- Views of mental illness
- Social positioning
- Lifestyle
- Health
- Family
- Worldview

One place to get more information about specific cultural groups:
http://ssrdqst.rfmh.org/cecc/
<table>
<thead>
<tr>
<th>INTERVENTION COMPONENT</th>
<th>REASONS FOR CULTURAL MODIFICATIONS</th>
<th>SELECTED EXAMPLES OF MODIFICATIONS</th>
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</thead>
<tbody>
<tr>
<td><strong>Location</strong></td>
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<tr>
<td></td>
<td>This is where the intervention is physically located and includes where consumers have to go in order to participate in the intervention.</td>
<td>The location of an intervention can be an absolute determinant of whether consumers can access services.</td>
</tr>
<tr>
<td></td>
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<td>A mental health clinic located in the heart of a community may be convenient, but may create stigma for those seen entering the facility. For some cultures, it may be more acceptable to co-locate services at locations that are not labeled “mental health clinics” such as churches or community centers.</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
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<td>This includes how consumers get to the intervention site, such as access via public and private transportation.</td>
<td>Lack of adequate transportation to the intervention site can be a barrier to entry or continuation of care.</td>
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<td>Consumers who live in the city may not own vehicles to drive to mental health care facilities, so it is important to consider locating intervention sites near bus, train or subway lines or to provide taxi/bus/shuttle vouchers. For private use of cars, ample free or inexpensive parking must be available. Consumers may prefer the use of private cars if they do not want others in their community to know that they are going to a mental health services location.</td>
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<tr>
<td><strong>Building</strong></td>
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<td>This includes the internal and external design of the intervention site.</td>
<td>The exterior access to a building and interior design (including waiting areas) can be inviting or a barrier to entry or continuation of care.</td>
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<td>Pictures hanging in the office or in waiting areas should be representative of the community served and not portray images that are offensive to community members. Pictures that contain members of the cultural group are desirable.</td>
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</tbody>
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Modifying EBPs at Waianae Wellness

- Kick-off meeting began with university personnel and working group
- Working group met regularly to determine what components needed modification and changes were made
- Specific cultural factors that impacted modifications: family relationship, religion/clergy, concepts of time, gender roles, acculturation, and cultural values and beliefs regarding mental illness and stigma
Modifying EBPs at Waianae Wellness

- Specific components to be modified included:
  - Access: Language, provider characteristics
  - Engagement: Addition of Talk Story Module, contracting
  - Work: Intervention content - Adaptation of toolkit to include use of imagery
  - Termination: Aftercare planned with individual needs of consumers in mind with knowledge of available culturally-appropriate resources

- Modified intervention piloted with various providers and adjusted accordingly
Questions?

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Implementation

- Evaluating organizational readiness for change
- Evaluating the organization’s current level of cultural competence
- Final implementation
This agency was experienced with cultural modifications and change.

Implementation consisted of full staff training and ongoing support.
Checklist and workbook to help users complete the process

Annotated bibliography

Specific instruments for helping organizations change:

- Organizational cultural competency assessment
- Organizational readiness for change assessment
- In progress: program-level measure of cultural competence
Where We Are Going

- Disseminate toolkit in written and electronic format:
- Implement project and study
- Develop on-line training for continuing education credits
- Develop a second tool to provide a methodology for modifying mental health practices for culturally diverse consumers
- Develop a tool to assess program-level cultural competence
Thank You!

Please feel free to contact us:

The Nathan Kline Institute for Psychiatric Research, Orangeburg, NY

Judith Samuels, PhD
samuels@nki.rfmh.org

Wendy Schudrich, LMSW
wschudrich@nki.rfmh.org
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