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Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

**JOIN THE CONVERSATION:
Culturally Responsive Evidence-Based
and Community-Defined Practices for Mental Health**

We will begin soon!

- This **webinar is being recorded** and will be posted with slides to our website within a few weeks. You will receive notification by email.
- **Participants are muted** with video off.
- Take note of the Zoom toolbox at the bottom of your screen.
 - Use Chat for tech issues
 - Use Q&A feature to ask questions
- **Certificates of attendance** will be available for those who attend.
- We are **not able to offer CEUs** for this webinar.
- We will be using **Poll Everywhere** today.
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 - Download the mobile app and use your phone to participate;
 - Or you can send a text to **22333** with **nwmhttc** in the body of the message.

JOIN THE CONVERSATION: Culturally Responsive Evidence-Based and Community-Defined Practices for Mental Health

**A listening series led by the
MHTTC Cultural Responsiveness Working Group (CRWG)**

Session 1: Setting the Stage



May 20, 2021



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Housekeeping Items

- We have made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we will follow-up using your registration information.
- All attendees are muted and cannot share video.
- Have a question for the presenters? Use the Q&A Pod, our co-chair is managing the pod and will address questions throughout the session!
- Have an audio or tech issue? Use the Chat Box
- You will receive an email following the presentation on how to access a certificate of attendance
- Closed captioning is available!
- Follow us on social media:   @MHTTCNetwork
- Series webpage: <http://bit.ly/join-the-convo>

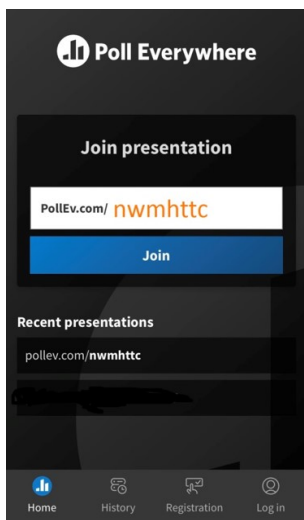
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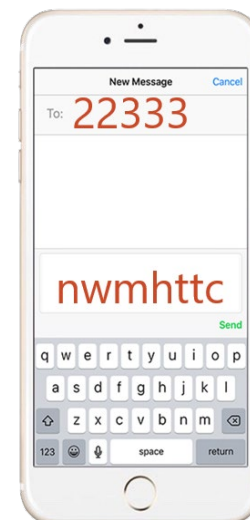
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- The MHTTC Network accelerates the adoption and implementation of mental health related evidence-based practices across the nation
 - Develops and disseminates resources
 - Provides free local and regional training and technical assistance
 - Heightens the awareness, knowledge, and skills of the mental health workforce
- 10 Regional Centers, a National American Indian & Alaska Native Center, a National Hispanic & Latino Center, and a Network Coordinating Office

Visit our website at www.mhttcnetwork.org

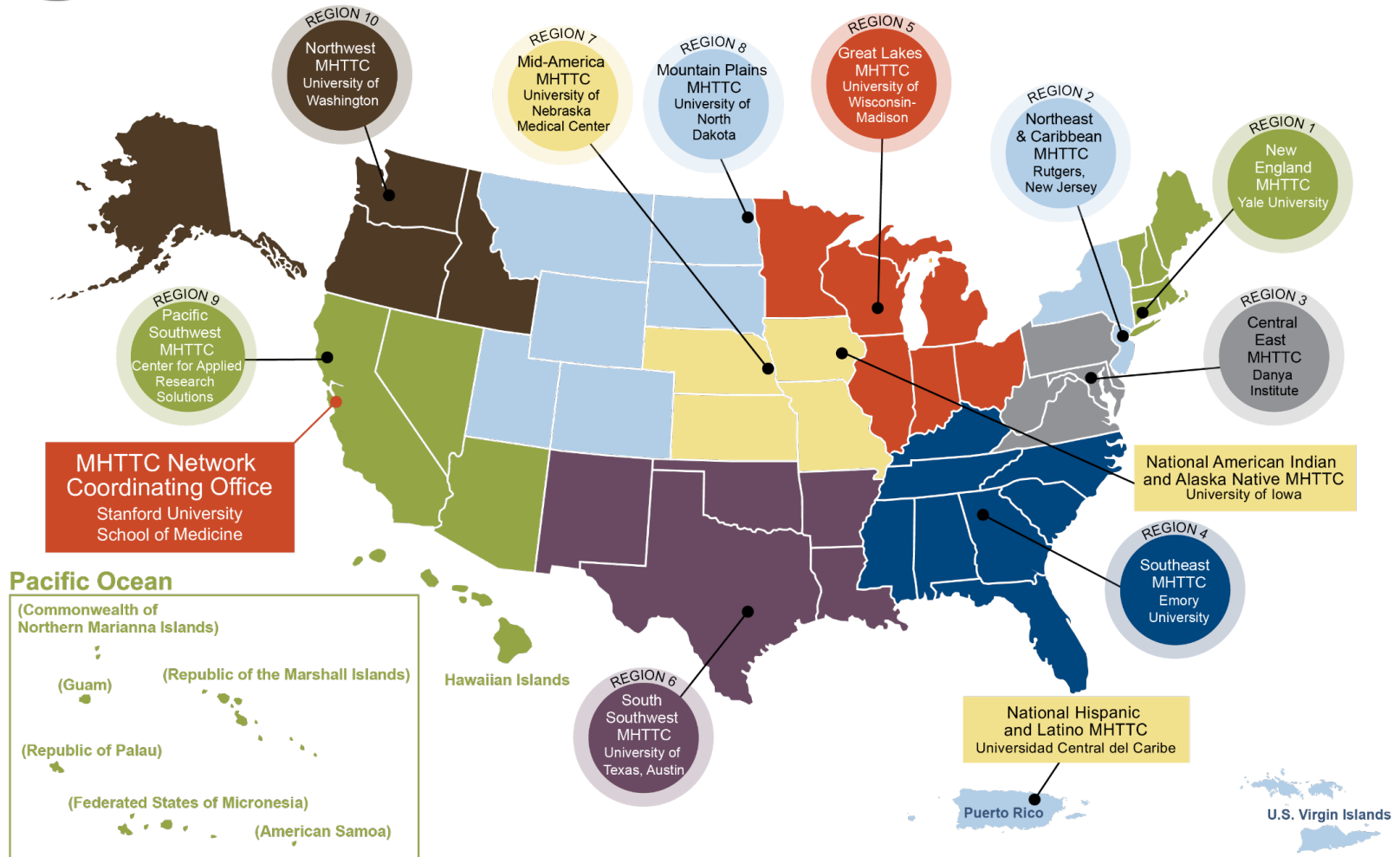


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Evaluation Information

The MHTTC Network is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



<http://bit.ly/mhttc-culturally-responsive-session1-survey>

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At the time of this presentation, Tom Coderre served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the moderator and panelists and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

JOIN THE CONVERSATION: Culturally Responsive Evidence-Based and Community-Defined Practices for Mental Health

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MHTTC Cultural Responsiveness Working Group (CRWG)**

Session 1: Setting the Stage

May 20, 2021



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The MHTTC Network uses
affirming, respectful and
recovery-oriented language in
all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

The MHTTC Cultural Responsiveness Working Group

The Cultural Responsiveness Working Group (CRWG) aims to disseminate culturally appropriate information and provide technical assistance for the mental health field to improve access to culturally responsive mental health services.

Recognizing the importance of Evidence-Based Practices (EBPs) in the work across the MHTTC Network, the CRWG began exploring how to adapt the principles of EBPs for diverse and underserved communities.

Through this work, the CRWG discovered the importance of also acknowledging and promoting additional culturally inclusive mental health practices that exist in the mental health field.

Therefore, the CRWG is conducting a 6-part series of 90-minute listening sessions to...

Listening Series Goals

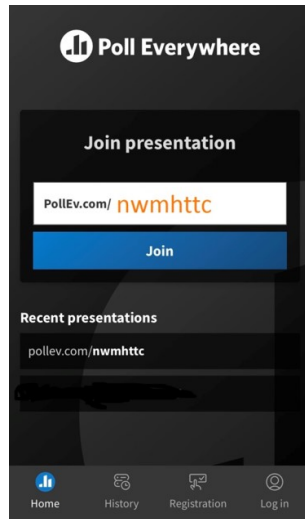
- Engage constituents in an interactive conversation about culturally inclusive mental health practices, including Evidence-Based Practices (EBPs) and Community-Defined Practices
- Explore strengths and barriers of Community-Defined Practices and elevate them as Culturally and Linguistically Appropriate Services (CLAS) Standards
- Identify ways to increase promotion of EBPs and Community-Defined Practices in technical assistance and trainings offered by the MHTTC Network



Session 1 – Agenda

- Setting the Stage:
 - What are Evidence-Based Practices?
 - Defining “Cultural responsiveness” and “cultural inclusiveness”
- Conversation Starter:
 - Strengths and challenges of the term “EBP”
 - Community values and perspectives that should inform any practice, including EBPs
- CLAS Standards Overview
- Conversation Starter:
 - EBPs and additional practices (i.e. home-grown/ community-defined) being implemented and/or adapted in our communities
- Wrap up

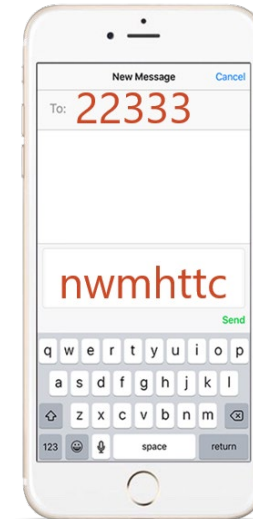
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How familiar are you with the term "Evidence-Based Practices" on a scale of 0 to 5? (0=not familiar at all, 5=very familiar)



Setting the Stage

Welcome our Panelist



Shannon Wiltsey-Stirman, PhD Shannon Wiltsey Stirman is a clinical psychologist and implementation researcher in the Dissemination and Training Division, and an Associate Professor at Stanford University's Department of Psychiatry and Behavioral Sciences. Her clinical work and research focus on training, implementation, and adaptation of cognitive behavioral therapies for individuals with PTSD, depression, suicidality, and anxiety. She regularly provides CBT and Cognitive Processing therapy training and consultation to therapists in the community and in the VA.

What are evidence-based treatments?

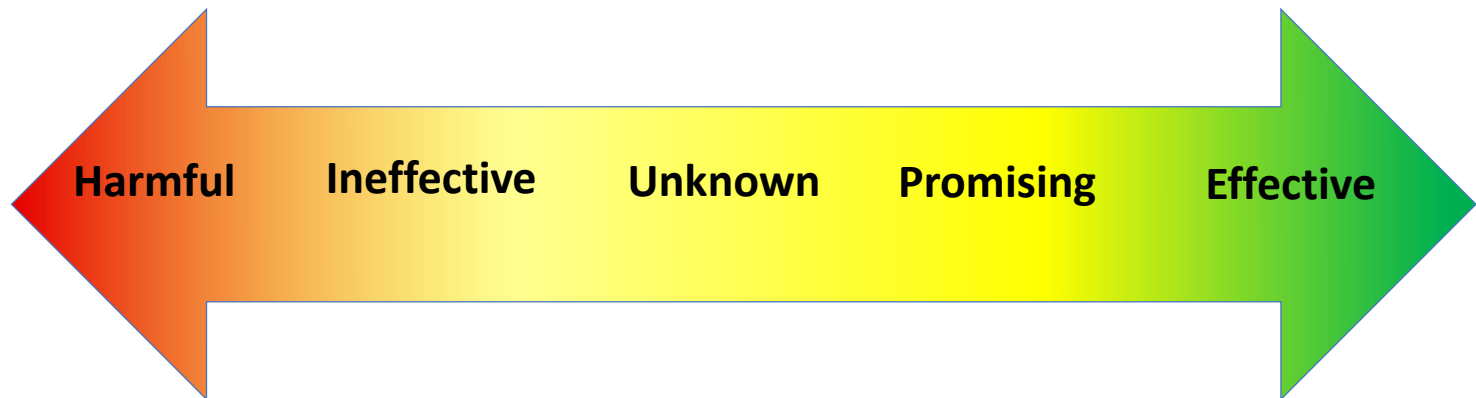
Treatments that work!

Research
Support

Effective in
the
community

Treatment Effectiveness

In summary, behavioral health practices will fall somewhere on this spectrum:



Evidence-based treatments

Tested in well-designed studies,
compared to other treatments

Shown to improve symptoms &
functioning

Set goals and track progress

Clearly specified underlying theory
guides conceptualization and treatment

What is evidence-based practice?



Community-Defined Evidence

Practices that **communities** have used and found to yield positive results.

Positive results as determined by **community** consensus over time

These **practices** may or may not have been measured empirically

Have reached a level of acceptance by the **community**

A population's worldview and historical and social contexts

Considered a complement to evidence-based practice

Cultural Responsiveness and Inclusiveness

- **Cultural Responsiveness** includes 3 components

- 1) Cultural awareness and beliefs: The provider is sensitive to her or his personal values and biases and how these may influence perceptions of the client, the client's problem and the therapeutic relationship.
- 2) Cultural knowledge: knowledge of the client's culture, worldview, and expectations for treatment.
- 3) Cultural skills: The provider has the ability to intervene in a manner that is culturally sensitive and relevant.

- Jones-Smith, 2020

- **Cultural Inclusiveness** includes

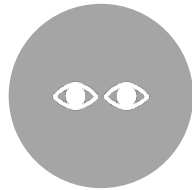
- 1) Recognizing, appreciating and capitalizing on diversity
- 2) Using inclusive language, encouraging open, honest and respectful class discussion and discouraging incivilities or microaggressions

- Adapted from Barker et al., 2016

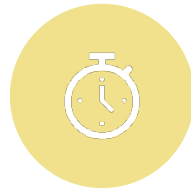
Adapt



THOUGHTFULLY



CAREFULLY



ONLY WHEN
NECESSARY



WITH CULTURE
IN MIND



WITH
CONSULTATION
AND GUIDANCE

Adaptation happens

Adaptation is inherent – perhaps crucial –
to the implementation process

Viewing local adaptations, cultural
adaptation, and other efforts to improve fit
as flaws in implementation fidelity is:
a missed opportunity
a recipe for implementation failure



Baumann, A. A., Cabassa, L. J., & Stirman, S. W. (2017). Adaptation in dissemination and implementation science. *Dissemination and implementation research in health: translating science to practice*, 2, 286-300.

Baumann, A., Mejia, A., Lachman, J., Parra-Cardona, R., Lopez-Zeron, G., Amador Buenabad, N. G., ... & Domenech Rodríguez, M. M. (2018). Parenting programs for underserved populations: Issues of scientific integrity and social justice. *Global Social Welfare*.

Parra-Cardona, R., Leijten, P., Lachman, J. M., Mejia, A., Baumann, A. A., Buenabad, N. G. A., ... & Ward, C. L. (2018). Strengthening a culture of prevention in low-and middle-income countries: Balancing scientific expectations and contextual realities. *Prevention Science*, 1-11.

Barrera, M., Berkel, C., & Castro, F. G. (2017). Directions for the advancement of culturally adapted preventive interventions: Local adaptations, engagement, and sustainability. *Prevention Science*, 18(6), 640-648.

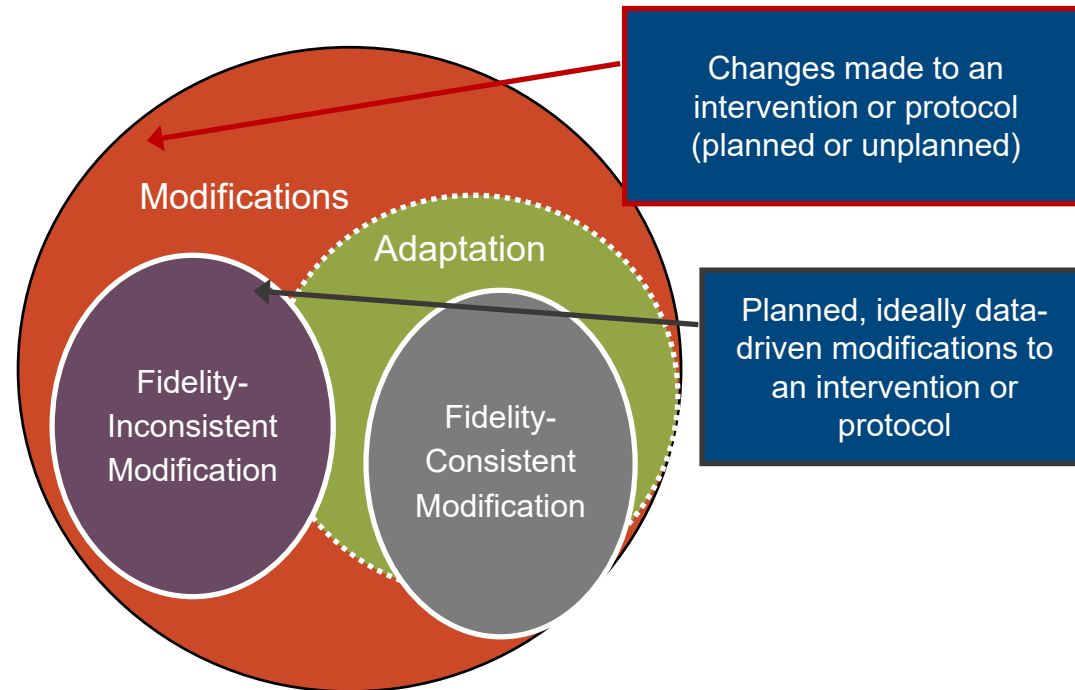
Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40(4), 361.

Cabassa, L. J., & Baumann, A. A. (2013). A two-way street: bridging implementation science and cultural adaptations of mental health treatments. *Implementation Science*, 8(1), 90.



Fidelity-Adaptation Tension

Modification, Adaptation, Fidelity



Stirman et al. (2015) Implementation Science

Implementation: Adaptation



Core elements vs. Core functions



Mittman et al.

What do we mean by core elements?



Parts of the intervention that are empirically or theoretically associated with desired outcomes/impact



Parts of the intervention that are effective and necessary

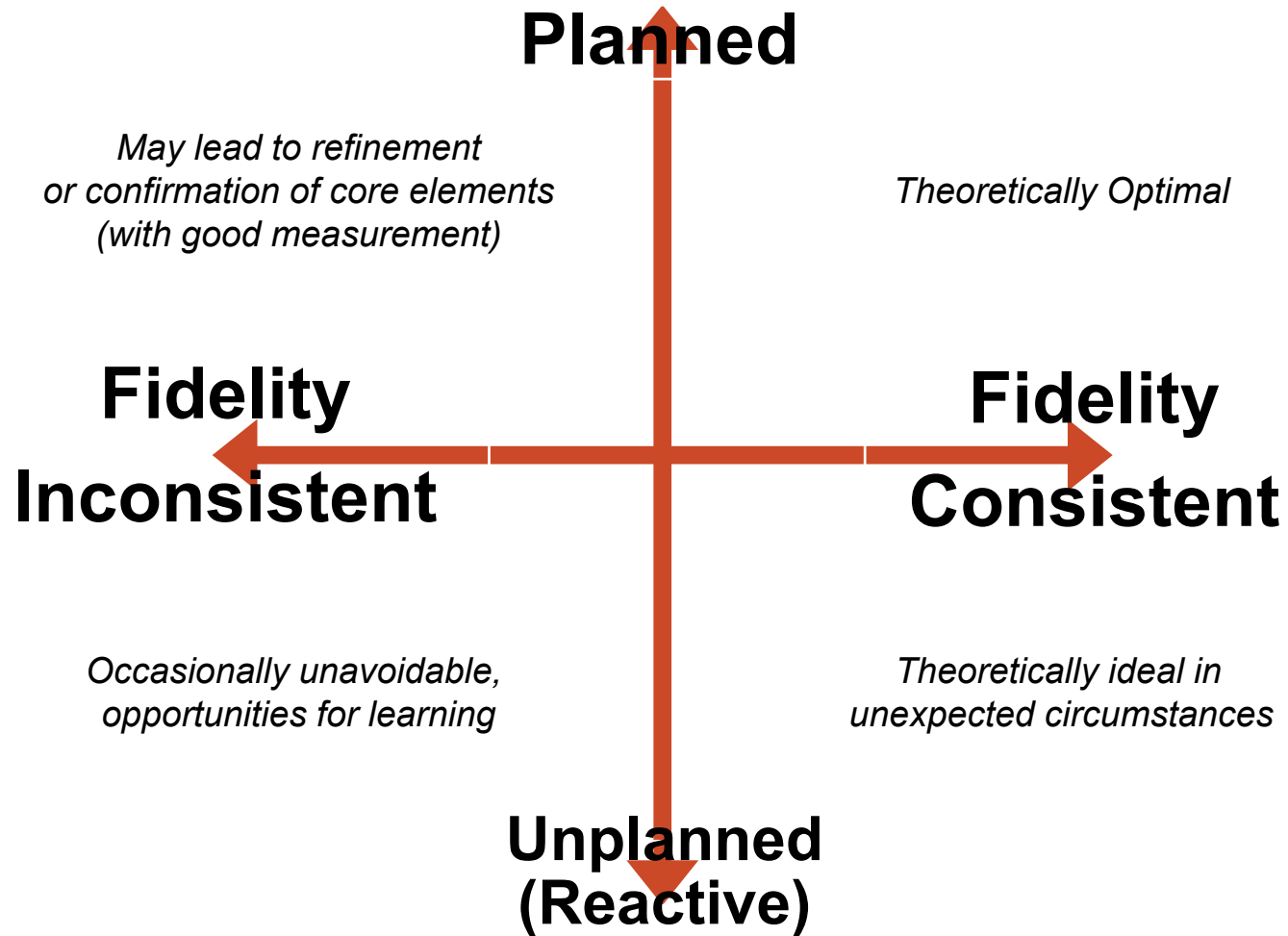


Might mean attending to *function*, rather than *form* in complex settings and interventions (c.f., Mittman, 2018)

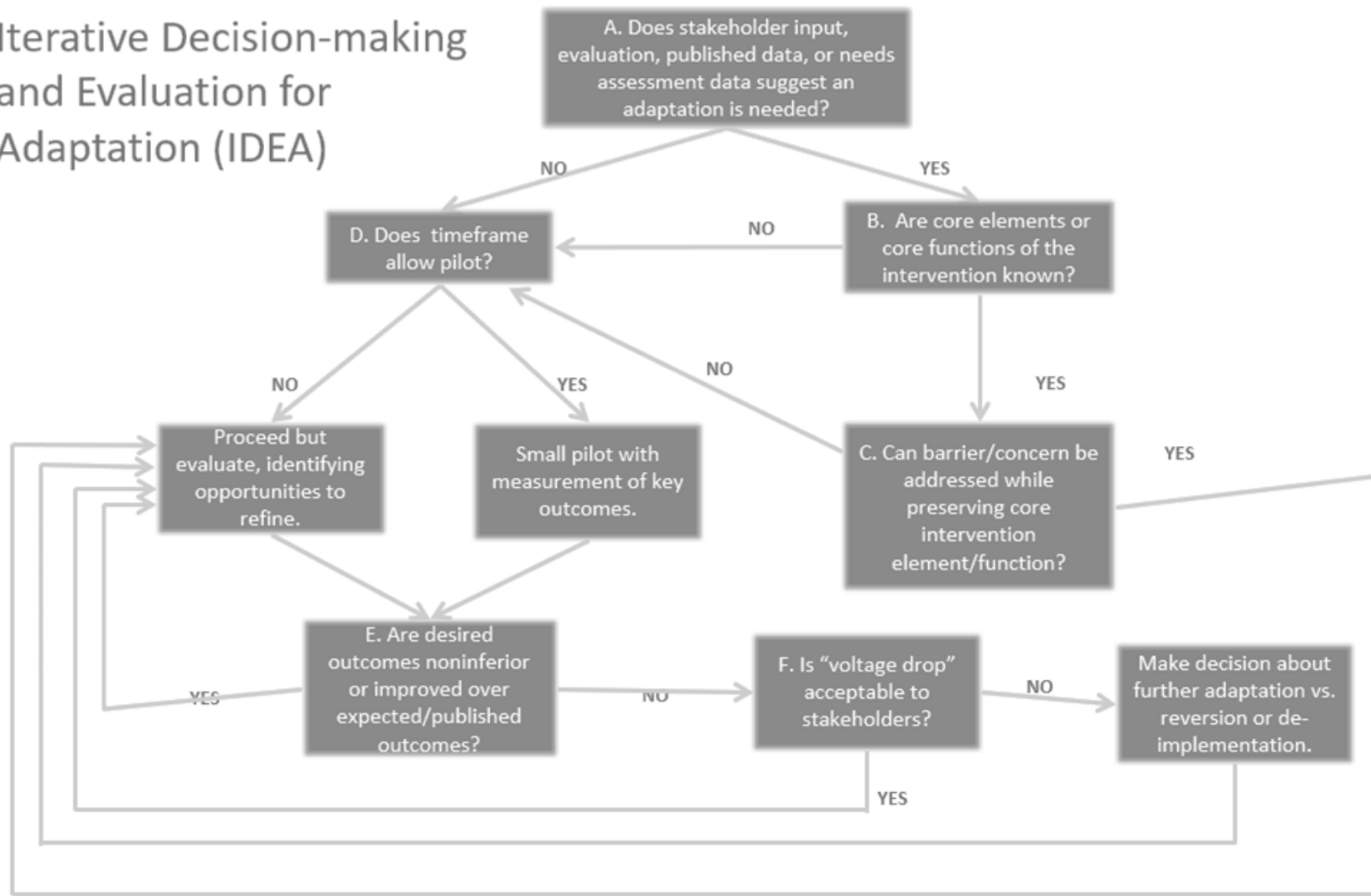


These may not be the same in all contexts

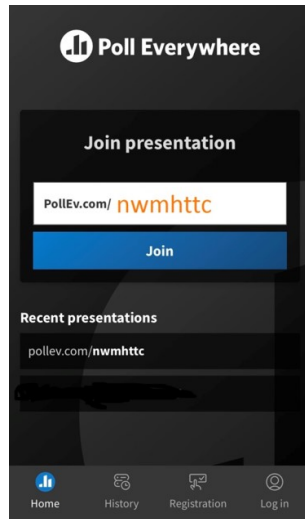




Iterative Decision-making and Evaluation for Adaptation (IDEA)



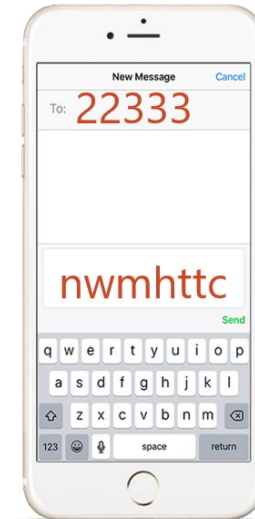
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What are the challenges of culturally-adapting or being culturally-responsive while doing an Evidence-Based Practice?



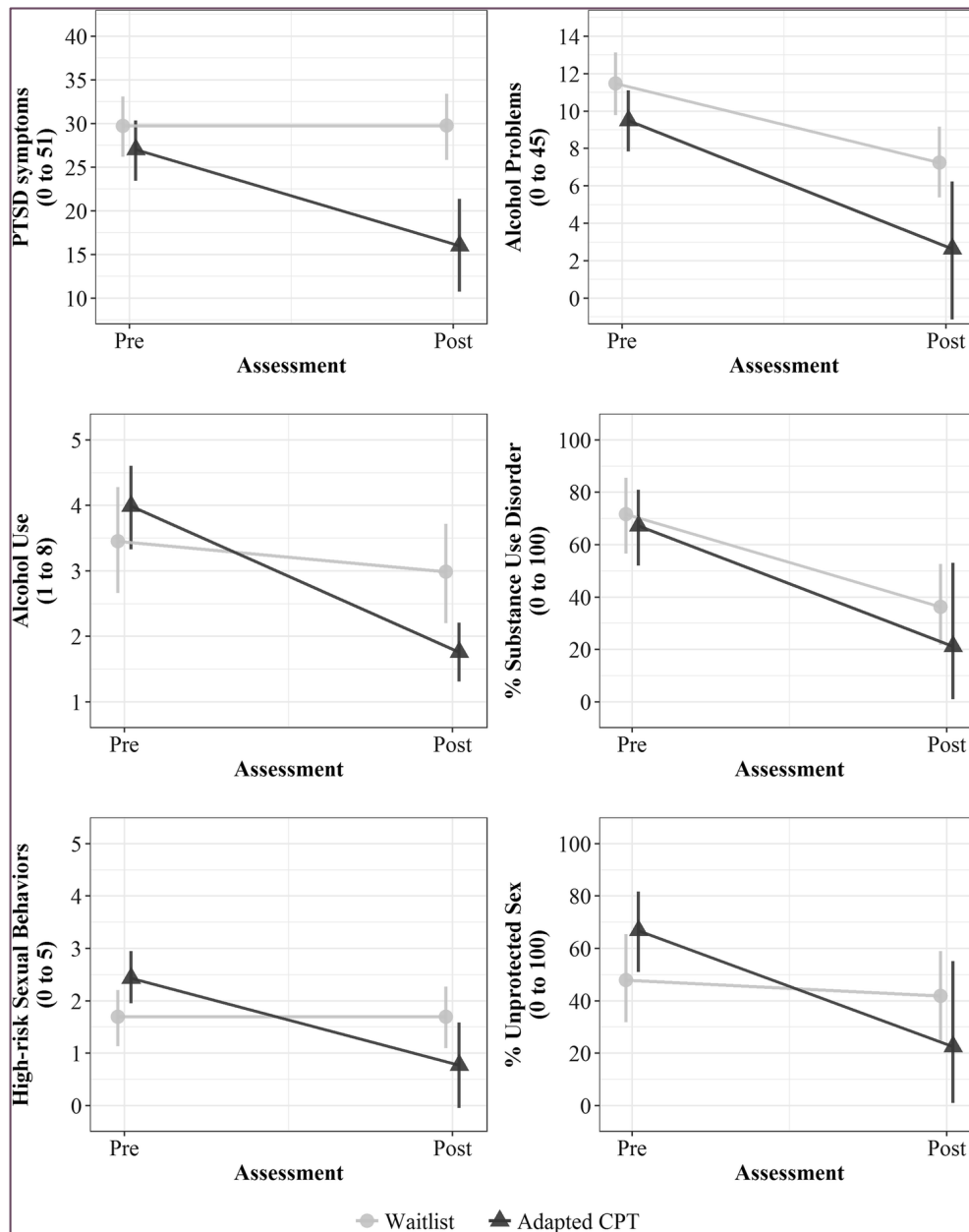
Example: CPT for Bosnian Refugees

- 53 Refugees
- 2/3 had been tortured
- Experienced multiple war-related traumas
- Delivered through interpreters
 - Translators, not “cultural brokers”
- Longer sessions (1.5-2 hours)
- ~17 sessions, including 3-4 for intake and assessment
- Delivered in-home or in an office
- Consideration of cultural context, gender roles
- Grief, acculturation, resettlement addressed within cognitive behavioral framework
- Relaxation training at Session 1
- Verbal impact statement, option of verbal trauma account
 - In native language if needed
- Graded exposure to address agoraphobia (cognitive restructuring first)

CPT with Native American Women

- Women who abused alcohol and HIV sexual risk behavior
- Community advisory board
 - Removed scientific jargon
 - Improved readability/grade level
 - Culturally adapted concepts, definitions, and handout materials
 - Pre-session to promote engagement and therapy rationale
 - Content on relationships, safer sex behaviors, and substance use
 - “Unhelpful thoughts”, “Balancing thoughts and emotions”, “Respect”, “Caring and Intimacy”
 - Closing ceremony
 - RCT (n=73), wait list control

Pearson, Kaysen, Huh, Bedard-Gilligan, 2019



Culturally Adapted CPT was effective



[AIDS and Behavior](#)

March 2019, Volume 23, Issue 3, pp 695–706 | [Cite as](#)

Randomized Control Trial of Culturally Adapted Cognitive Processing Therapy for PTSD Substance Misuse and HIV Sexual Risk Behavior for Native American Women

Authors

[Authors and affiliations](#)

Cynthia R. Pearson , Debra Kaysen, David Huh, Michele Bedard-Gilligan

Overview of the National Culturally and Linguistically Appropriate Services (CLAS) Standards

Welcome our Panelists

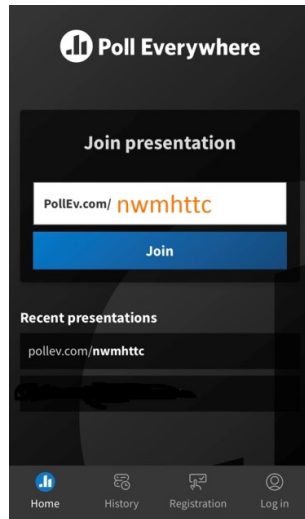


Alfredo Cerrato is the Senior Cultural and Workforce Development Officer for the Great Lakes Technology Transfer Centers, managed by the Center for Health Enhancement Systems Studies at the University of Wisconsin-Madison. He is also a nationally certified trainer on Culture: An Integral Part of Mental Health Services, Clinical Application of Cultural Elements in Mental Health Treatment for Hispanic and Latino Populations by the National Hispanic and Latino Mental Health Technology Transfer Center in Puerto Rico, and a national trainer for the National Association for Alcoholism and Drug Abuse Counselors (NAADAC) on cultural topics. Mr. Cerrato has 25 years of international relations experience and specializes in cross-cultural communications, conflict resolution, and process improvement topics. He has conducted advocacy, policy, and disaster relief work in Northern Ireland, Honduras, Peru, Brazil, Japan, Sri Lanka, and other locations across the globe.



Diana Padilla is a Research Project Manager at New York State Psychiatric Institute, Columbia University Medical Center, and Senior Staff Trainer and the SBIRT, (Screening, Brief Intervention, and Referral to Treatment) Intensive Technical Assistance program manager for the Northeast & Caribbean Addiction Transfer Technology Center Network (NeCATTC). Ms. Padilla managed and trained nationally on Cultural Proficiency in Drug Court Practice, statewide Cultural Competency in HIV Prevention, and Culturally Informed Practice in addiction treatment and recovery services. She is a faculty/trainer for the National Association for Drug Court Professionals providing expert trainings on the Hispanic, Latino, Latinx communities.

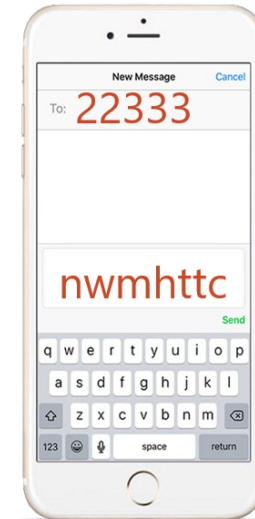
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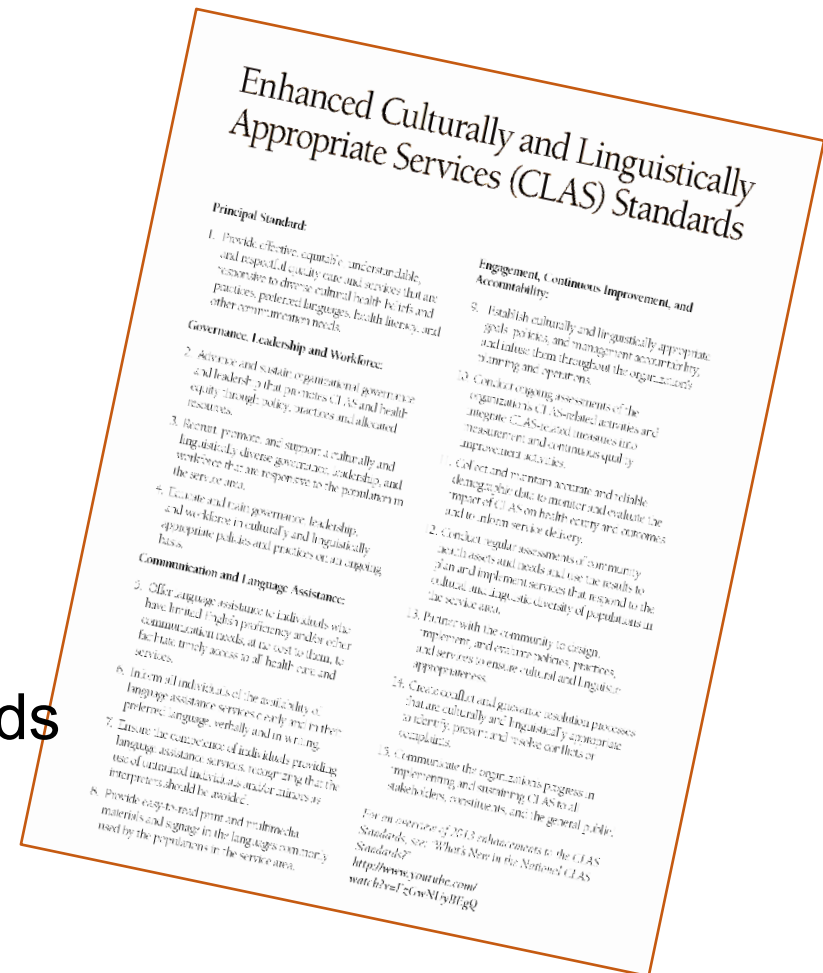
How familiar are you with the Culturally and Linguistically Appropriate Services (CLAS) Standards on a scale of 0 to 5? (0=not familiar at all, 5=very familiar)



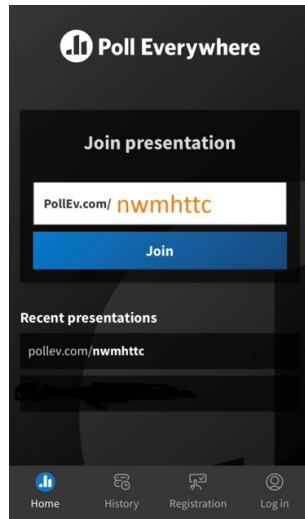
OVERVIEW of the National Culturally and Linguistically Appropriate Services (CLAS) Standards

The National CLAS Standards and **purpose**

- The **four settings**
- The **history and need**
- The **structure and practical applications**
- The **potential impact of CLAS**
- The **ethical, business, and legal cases for CLAS Standards**



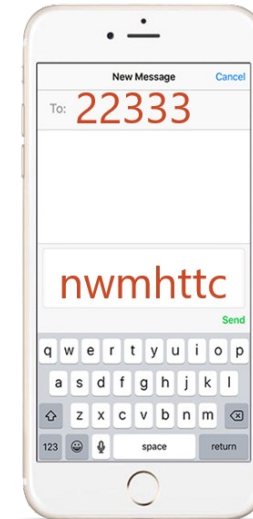
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How do the CLAS standards need to inform any Evidence-Based or Community-Defined Practice?



Let's talk about Community-Defined Practices

Community-Defined Evidence

Practices that **communities** have used and found to yield positive results.

Positive results as determined by **community** consensus over time

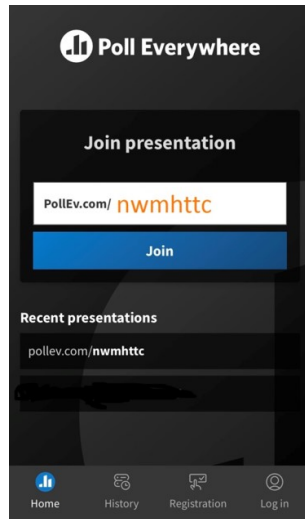
These **practices** may or may not have been measured empirically

Have reached a level of acceptance by the **community**

A population's worldview and historical and social contexts

Considered a complement to evidence-based practice

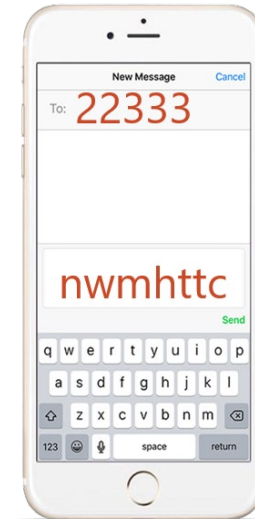
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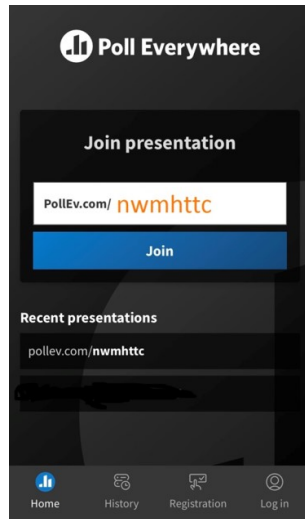




Please share community values and perspectives that should inform any practice, including EBPs.



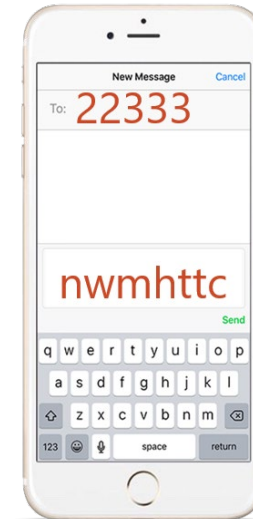
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Do you use any culturally-defined, culturally-adapted or community-developed practices? If so, please share the name and population(s) it was designed for.



Q&A with Panelists

Coming up in this Listening Series:



Register here:

<http://bit.ly/join-the-convo>

Session 2: June 10 | Familia Adelante: Multi-risk Reduction Behavioral Health Prevention for Latino Youth & Families

Session 3: June 24 | Project Venture: Positive Youth Development for American Indian & Alaska Native Youth

Session 4: July 8 | Motivational Interviewing

Session 5: July 22 | Achieving Whole Health: Balancing Mind, Body and Spirit (AWH)

Session 6: August 5 | Preventing Long-term Anger and Aggression in Youth (PLAAY)

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Centers Across The Network

		
National American Indian and Alaska Native MHTTC	National Hispanic and Latino MHTTC	New England MHTTC
University of Iowa College of Public Health 145 N Riverside Dr Iowa City, IA 52246 United States 319-335-5564 native@mhttcnetwork.org	Universidad Central del Caribe Laurel, Av. Sta. Juanita Bayamon, PR 00960 United States 787-785-5220 hispaniclatino@mhttcnetwork.org	PRCH 319 Peck Street New Haven, CT 06513 United States 617.467.6014 newengland@mhttcnetwork.org States Served CT, ME, MA, NH, RI, VT

<https://mhttcnetwork.org/centers/selection>

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Internal Agenda for Session 1 – 90 min (this slide will be removed before Thursday)

- Welcome and housekeeping items/language slide (Jessica, 2 Min)
- MHTTC Network Overview (Jessica, 3 Min)
- CRWG Overview (Maria, 2 Min)
- Purpose and goals of series and specifically session 1 (Maria, 3 Min)
 - Poll question 1a: How familiar are you with the term Evidence-Based Practices? (LIVE poll sharing on screen)
 - Scale 0 to 5 (0=not familiar at all, 5=very familiar)
- Introduce Shannon (Maria)
- Getting oriented / providing overarching ideas for the session discussion (Shannon Wiltsey Stirman, 20 min?)
 - Discuss what evidence-based and community-defined practices are
 - Terms to define: Culturally responsive and culturally inclusive
 - Discuss the strengths and challenges of the term “EBP”
 - Fidelity - Importance of keeping values of EBPs while meeting needs of diverse populations via cultural adaptations
 - Poll question 1b as Shannon is speaking: What are the challenges of culturally-adapting or being culturally-responsive while doing an Evidenced-Based Practice?
 - Free form
 - Shannon can respond to what is coming up on screen
- Introduce Alfredo and Diana (Maria)
 - Poll question 2a: How familiar are you with the Culturally and Linguistically Appropriate Services (CLAS) Standards? (LIVE poll sharing on screen)
 - Scale 0 to 5 (0=not familiar at all, 5=very familiar)
- Framework of the CLAS Standards and how it is relevant for this series/discussion (Alfredo and Diana, 20 min)
 - Overview of CLAS Standards (2 slides) and putting into context for this series
 - Poll question 2b: (ask during CLAS Standards presentation, LIVE poll sharing on screen) How do the CLAS standards need to inform any Evidence-Based or Community-Defined Practice?
- Community-Defined Practices Conversation (Maria, 15 min)
 - Maria will bring all speakers together to engage in conversation for this portion
 - Poll question 3: Please share community values and perspectives that should inform any practice, including EBPs.
 - As values come up on the wall, each presenter will respond to what's showing up on the wall or share, in their experience, the values and perspectives they keep in mind
 - Poll question 4: Do you use any culturally-defined, adapted or community-developed practices? If so, please share the name and population(s) it was designed for.
- Live Q&A portion of the session (Alfredo, Diana, Maria, Shannon, 20 min)
 - Speakers respond to a few questions from the audience submitted via the Q&A pod in Zoom (Christina will get these questions ready to ask of the speakers)
- Wrap up (Jessica, 5 min)
 - Let everyone know that an FAQ and Resources Document will be put together to address any questions audience submitted via Q&A pod that were not addressed due to time limits; we can also add any resources mentioned during the session / any resources we think would be helpful for participants
 - Next session coming up: Familia Adelante
 - Evaluation reminder