Join the Conversation! Culturally Responsive Evidence-Based & Community-Defined Practices for Mental Health Session 1: Setting the Stage

Jessica Gonzalez: Welcome everyone, thank you for joining us today.

Jessica Gonzalez: we're really happy to have you and we really appreciate your interest in our listening series we'll be getting started in just a few minutes we're letting everyone get locked in.

Jessica Gonzalez: In the meantime, we invite you to go to the chat box and enter your name and let us know where you're joining us from.

Jessica Gonzalez: We also have a few reminders up on the screen, please take a look.

Jessica Gonzalez: We hope everyone can get settled in.

Jessica Gonzalez: For those who just entered the room welcome we're going to get started momentarily.

Jessica Gonzalez: Please get settled in and review the reminders on the screen.

Jessica Gonzalez: You can let us know where you're calling in from.

Jessica Gonzalez: we're really excited for our panelists to see who we have in our audience today.

Jessica Gonzalez: For those who just entered the room welcome we're excited to have you will begin in about a minute.

Jessica Gonzalez: Okay, we are at the top of the hour, and so I am going to go ahead and get us started welcome everyone, we can go to the next slide.

Jessica Gonzalez: so happy to have all of you, with us i'm JESSICA Gonzales a coordinator, with the mental health, technology transfer Center network.

Jessica Gonzalez: And i'm excited to co facilitate today's session, thank you for joining our conversation today on culturally responsive evidence base and Community defined practices for mental health.

Jessica Gonzalez: This listening series as a six part series that's being led by the htc cultural responsiveness working group.

Jessica Gonzalez: And today's session is the first session of the series that's focusing on setting the stage for the remaining listening sessions we're so excited to have a lovely conversation with you all after i've gone through a few housekeeping items.

Jessica Gonzalez: Next slide.

Jessica Gonzalez: We want to let everyone know that we have made every attempt to make today's presentation secure um if we need to end the presentation unexpectedly, we will follow up using your registration information.

Jessica Gonzalez: And the session today is being recorded and it will be posted on our series web page within a week and you will also receive an email within a week with today's session recording the slide deck and information on how to access a certificate of attendance.

Jessica Gonzalez: A reminder that, if you have audio or technical issues during the session the chat box is open for you to communicate with our team, so that we may assist you if you have any resources that you'd like to share with the other attendees you can enter those in the chat box as well.

Jessica Gonzalez: If you have any questions for the presenters please enter those in the question and answer pod.

Jessica Gonzalez: We have our lovely Working Group co chair Christina klay in monitoring the Q amp a pod and so she will ensure that we address your questions throughout the session.

Jessica Gonzalez: We also have scheduled plenty of time for a q&a portion with our guests today, towards the end of the meeting, and so please feel free to submit your questions at any time throughout the presentation and we'll try to get to as many as possible.

Jessica Gonzalez: A quick reminder that we also have closed captioning available for today's session for those who would like to enable or disable the closed captioning please click on the CC button on the bottom of the zoom platform for options.

Jessica Gonzalez: Now, I also want to remind everyone that you all are muted and cannot share video.

Jessica Gonzalez: Except for our panelists and facilitators so you might be wondering how we plan to have you all converse and engage with us today so just letting you know we will be using full everywhere to gather your comments throughout the session and next slide please.

Jessica Gonzalez: For those who are not familiar with poll everywhere, this tool allows us to share a live poll, with everyone in the audience and you can easily participate by following the steps on the screen.

Jessica Gonzalez: will be adding the information to the chat box in a little bit and i'd like to give everyone a minute to either open up your web browser and get logged in to pull everywhere, or you can use your phone and text your way in.

Jessica Gonzalez: If you have any issues getting in there, you can go ahead and enter any questions in the chat box and we'll be happy to assist you.

Jessica Gonzalez: just going to give it another minute.

Jessica Gonzalez: I put the link in the chat box there for you all to click on to get into the poll everywhere platform.

Jessica Gonzalez: If you prefer to text your way in and putting in that information in the chat box as well.

Jessica Gonzalez: In the meantime, while you all are getting signed in I will go ahead and start with a very quick overview of the mh ttc network.

Jessica Gonzalez: So, again welcome if you're new to us, this is a six part series, that is a collaborative effort of the mental health, technology transfer centers, also known as mh ttc.

Jessica Gonzalez: we're a network that's funded by samhsa the substance abuse and mental health services administration.

Jessica Gonzalez: And our network includes 10 regional centers and national American Indian and Alaska native Center a national Hispanic and Latino Center and a network Coordinating Office.

Jessica Gonzalez: Our collaborative network supports resource development and dissemination training and technical assistance for the mental health field.

Jessica Gonzalez: Next slide.

Jessica Gonzalez: After today's session we suggest that you visit our website and find your regional Center to keep in touch with us for more resources and training opportunities which are all free of cost.

Jessica Gonzalez: Next slide.

Jessica Gonzalez: And as part of receiving samhsa funding, we are required to submit data related to the quality of this event, and so, at the end of today's training, we ask that you please take a moment to complete a very brief survey about today's session.

Jessica Gonzalez: All of you will be automatically redirected to the survey upon closing the zoom platform window.

Jessica Gonzalez: And just a really quick disclaimer this presentation was prepared by the M htc network under a cooperative agreement.

Jessica Gonzalez: From samhsa and the opinions that are expressed in this learning session or the views of our facilitators and panelists and do not reflect the official position of the Department of Health and human services or Samsung.

Jessica Gonzalez: Okay, well, I think we're ready to officially get started Thank you so much for your patience, as I went over those reminders and housekeeping items.

Jessica Gonzalez: Again this is session, one of the listening series focused on culturally responsive evidence based and Community defined practices for mental health.

Jessica Gonzalez: This series is being led by the mh ttc cultural responsiveness working group and to share a little bit about our group and why we are putting on this series.

Jessica Gonzalez: i'm happy to introduce you all to our group co chair money, yet a simple total Thank you so much for being with us, Marie i'll pass it on to you.

Maria Restrepo-Toro: Thank you so much Jessica and welcome everybody, it is our pleasure that you're joining on joining the conversation today.

Maria Restrepo-Toro: So what is the culture of responsiveness group we are a collective group of individuals across the network, who came together at the beginning of the mental health, etc.

Maria Restrepo-Toro: It when we all decided to do this work and really our mission is to identify and create new resources that are going to be supporting that entire network.

Maria Restrepo-Toro: We named ourselves cultural responsiveness, for two reasons, the first one is we really believe that, in all the products and dissemination we do we want to create cultural awareness cultural knowledge and also create some skills that we can share with all of you.

Maria Restrepo-Toro: A second part of that name important name that we chose is about cultural inclusive language and next slide please, so our group was actually created.

Maria Restrepo-Toro: The mental health, etc, a framing respect for recovery oriented language.

Maria Restrepo-Toro: This up, we do know that that's a network when we use first person language we inspire hope we have leaf recovery.

Maria Restrepo-Toro: And we are knowledge that every person has their own unique strengths, therefore, we are really in all the activities that we do we convey respect.

Maria Restrepo-Toro: We are sensitive to the difference and we avoid any images or promote any biases biases that are going to promote a stereotype so throughout this session, we invite you to also.

Maria Restrepo-Toro: compile to this language next slide please, so how we got here today, so, as I mentioned before, our group is started from the beginning of the network and immediately, we got together and we decided to.

Maria Restrepo-Toro: Really form this fantastic group to aim and to really provide disseminate culturally appropriate information so to accomplish this things we.

Maria Restrepo-Toro: Really, the tooth very important efforts that are actually very important for to set up the ground for this listening sessions, the first one was to really create a directory across the network of experts in multiple languages.

Maria Restrepo-Toro: Multiple topics throughout the network that you could have access and our website, we create a fabulous web page that you can access as well to the NCO office and, in addition to that.

Maria Restrepo-Toro: After we did a survey, we decided that it was very important for us to really understand evidence based practices when it comes to really the French communities of practices and we created this amazing chart.

Maria Restrepo-Toro: That really identify but immediately we realized that there are two processes.

Maria Restrepo-Toro: that are important to understand, we know that an evidence based practice really integrates the best research with clinical expertise in the context of the individuals.

Maria Restrepo-Toro: But we also discovered that there are very Community if i'm practices that have been used on Community in form of a Community provide positive results, but may not be measured.

Maria Restrepo-Toro: Therefore, our group decided that the next step is what we're actually here to do today is get an understanding from all of you around this topic and we find a fabulous network in a fabulous panelists for today, so what are our goals for today and next slide please.

Maria Restrepo-Toro: So it goes for this session Stan I JESSICA says there's six sessions today we're only setting up the stage.

Maria Restrepo-Toro: Before the first one is to really create an interactive conversation, this is why we're using poll everywhere we wanted to use the chat we wanted to, we need to learn from you, so we can help you.

Maria Restrepo-Toro: In this very important process, we also want to explore strengths and barriers in all those communities, if I practices, so we can then elevate.

Maria Restrepo-Toro: All the cultural, linguistic appropriate services, the standards that we are going to be hearing from one of our panelists today.

Maria Restrepo-Toro: And that's why we are doing, then, after all this information we're going to collect the information we received from you and we want to be including i'm promoting the evidence based practices and the community of practice across our network.

Maria Restrepo-Toro: So the agenda for today goes us follow next slide please.

Maria Restrepo-Toro: First, I think we're going to hear from our wonderful expert on evidence based practices and she has actually work with heart, I would introduce her in a moment.

Maria Restrepo-Toro: Then we're going to have a conversation about the classes standards, an overview from another one of our Group members, and then we are going to have a conversation.

Maria Restrepo-Toro: that's live with my fabulous co chair Christina clayton from region 10 so i'm JESSICA let's go back to the next slide please going back to you.

Jessica Gonzalez: hey Thank you so much, Maria for that wonderful welcome an orientation okay everyone get ready for a full coming up next we're adding the instructions on how to join in the chat box.

Jessica Gonzalez: The instructions are also up on the screen, I think that the easiest way for you to join us to open your browser to the web link that we've inserted in the chat box.

Jessica Gonzalez: Or, if you have your phone readily available, you can text nw mh ttc to the number 22333 again we have the information up on the screen there i'll give everyone another 20 seconds to get logged in.

Jessica Gonzalez: Everyone please try using the link that we've inserted in the chat box.

Jessica Gonzalez: See in the Q amp a pod Someone said that their browser is not supporting the poll everywhere Lee.

Jessica Gonzalez: i'll insert it in the chat box again, everyone should see it there.

Jessica Gonzalez: should be live now.

Jessica Gonzalez: We will go ahead and get started with our first full.

Jessica Gonzalez: So how familiar, are you with the term evidence based practices on a scale of zero to five zero being not familiar at all and five being very familiar.

Jessica Gonzalez: wow it looks like the majority of our audience today is saying they're very familiar with evidence based practices that's great we also have some in the middle there.

Jessica Gonzalez: A couple who are not familiar at all.

Jessica Gonzalez: Great it looks like the majority of our audience is very familiar so that's awesome.

Jessica Gonzalez: We have a lot of threes and fours as well.

Jessica Gonzalez: This is great Thank you so much, everyone for participating, we do have several more polls throughout our presentation and so now that you all are logged in there.

Jessica Gonzalez: i'm glad that it'll be a seamless process for you, and if you weren't able to get in please do let us know in the chat box and we'll be happy to assist you.

Jessica Gonzalez: let's go ahead and close this poll it's great to know who we have in the audience to have our first speaker get a really good understanding of who's joining us today.

Jessica Gonzalez: Okay, Mary i'll pass it on to you so that you can introduce us to the wonderful Shannon will see sermon.

Maria Restrepo-Toro: Excellent Thank you any wonderful, I can see there's more people joining so welcome everybody if you just join it we're about to start our conversation, and to do that.

Maria Restrepo-Toro: We have the honor to have and welcome our first panelist is going to be sitting at this stage, Dr Shannon will sister man next slide please.

Maria Restrepo-Toro: Shannon has actually been a consultant for so consultant for our group early on.

Maria Restrepo-Toro: And she is a clinical psychologist and implementation researcher in the dissemination and training division.

Maria Restrepo-Toro: she's also an associate professor at the stopper university department of psychiatry and behavioral sciences.

Maria Restrepo-Toro: Her clinical work and research focus on training, implementation and adaptation of cognitive behavioral therapy for individuals with ptsd depression so see that, so we see that ality and inciting.

Maria Restrepo-Toro: She regulars provide cvt and cognitive process therapy training and consultation to therapists in the Community and in the va, so it is my pleasure to welcome Shannon to our conversation to set up the stage, thank you for being with us.

Shannon Wiltsey Stirman PhD (she/her): Thank you very much for having me today.

Shannon Wiltsey Stirman PhD (she/her): We can.

Shannon Wiltsey Stirman PhD (she/her): Next slide great.

Shannon Wiltsey Stirman PhD (she/her): So it sounds like people are pretty familiar with the idea of evidence based practice.

Shannon Wiltsey Stirman PhD (she/her): Space treatments etc so i'm going to just talk a little bit today and make some distinctions.

Shannon Wiltsey Stirman PhD (she/her): And really these I think are intended to be kind of a starting point, these are some of these are commonly accepted definitions and some of them.

Shannon Wiltsey Stirman PhD (she/her): there's maybe a little less consensus around, but we can use these as a jumping off point and certainly discuss whether and to what extent they really fit it with with your experiences in the settings where you're working so evidence based treatments are treatments that.

Shannon Wiltsey Stirman PhD (she/her): That we have some evidence can work.

Shannon Wiltsey Stirman PhD (she/her): And that is based on both research support and also evidence of effectiveness in the Community.

Shannon Wiltsey Stirman PhD (she/her): And next slide please.

Shannon Wiltsey Stirman PhD (she/her): And so we know that behavioral health practices can fall somewhere on the spectrum of harmful to effective, and you know, in the middle, we also have things that.

Shannon Wiltsey Stirman PhD (she/her): We don't know much about either it's very new and still being kind of developed and refined or we're gathering evidence on it promising might mean that we've got some evidence that it's that it's effective, but not enough to sort of universally say that.

Shannon Wiltsey Stirman PhD (she/her): You know that would that we have a sense that it's effective next slide please.

Shannon Wiltsey Stirman PhD (she/her): Okay, and then evidence events when we have specific treatments that we are calling evidence based means that they're tested and well designed studies and compared to other treatments, so we know that it works, and we know that.

Shannon Wiltsey Stirman PhD (she/her): Well, as established treatments and maybe it's a better fit for some folks or better than a fabulous treatments, in addition to being more effective than nothing, you know we'll see if there's a reason.

Shannon Wiltsey Stirman PhD (she/her): For an advantage to using this or something else and, ideally, they are shown to be effective and improving the kind of the target problem you know the symptoms, the problem that they were designed for and then also that translates into people's lives.

Shannon Wiltsey Stirman PhD (she/her): Improving as a result of the treatment.

Shannon Wiltsey Stirman PhD (she/her): Very often they set specific goals and track progress and there's a clearly specified underlying theory that guides the conceptualization and the treatments next slide please.

Shannon Wiltsey Stirman PhD (she/her): Now there's also and I think there are a couple of animations here there's also the American psychological associations.

Shannon Wiltsey Stirman PhD (she/her): definition of evidence based practice, and this is based in part on the Institute of medicines.

Shannon Wiltsey Stirman PhD (she/her): That it's an integration of the best available research evidence with clinical expertise.

Shannon Wiltsey Stirman PhD (she/her): and

Shannon Wiltsey Stirman PhD (she/her): X of patient or client characteristics, culture and preferences and.

Shannon Wiltsey Stirman PhD (she/her): This has been conceptualized as a three legged stool, and I think what's important here is that we want to make sure that we're not leaning too hard on one side of becoming unbalanced.

Shannon Wiltsey Stirman PhD (she/her): That means not leaning too hard on the research evidence, where it might not be as effective for specific populations are for people with specific backgrounds and experiences.

Shannon Wiltsey Stirman PhD (she/her): That we're not leaning so much on our clinic is that maybe not focus and you know the research evidence is saying.

Shannon Wiltsey Stirman PhD (she/her): And also that you know, we need to integrate what we know from our own experience from our own practice and from the research evidence into what we're hearing from our patients or clients.

Maria Restrepo-Toro: were having some difficulties with Chan of Internet.

Maria Restrepo-Toro: let's wait for a moment of SCI fi she can reconnect and i'm there you go.

Shannon Wiltsey Stirman PhD (she/her): Okay sorry about that.

Shannon Wiltsey Stirman PhD (she/her): It always makes the heart of Silicon Valley, when my when my Internet freezes.

Shannon Wiltsey Stirman PhD (she/her): So yeah so you know we basically we want to make sure that we are keeping this feel balanced and really attending to all three of this for any form of evidence based practice, no matter what intervention underlying intervention that you might be used.

Shannon Wiltsey Stirman PhD (she/her): To all three of these things next slide please.

Shannon Wiltsey Stirman PhD (she/her): So it's become important to to consider community to find practice need to find evidence and at the bottom, there are links to a couple of Nice resources.

Shannon Wiltsey Stirman PhD (she/her): For community to find practices community to find evidence, but these these sort of come through.

Shannon Wiltsey Stirman PhD (she/her): There can complement to evidence based practice, and they are the the evidence that people attend to is not only the research evidence, but also.

Shannon Wiltsey Stirman PhD (she/her): have an effectiveness in communities, so their practices that communities have used and found to yield positive results, these positive results are determined by consensus over time and that's by attending to.

Shannon Wiltsey Stirman PhD (she/her): outcomes that are important to the stakeholders in that community.

Shannon Wiltsey Stirman PhD (she/her): The practices may or may not have been measured empirically but they've reached a level of acceptance within the Community and they integrate that that populations worldview and.

Shannon Wiltsey Stirman PhD (she/her): The social context the historical context, so you know, as I mentioned, this is considered to evidence based practice, and there are many community.

Shannon Wiltsey Stirman PhD (she/her): practices and community to find evidence that have emerged over time and often what kind of do in partnership is kind of kind of use these two kind of traditions, to complement each other and to do that in a way that is in the best of the populations that we're serving.

Shannon Wiltsey Stirman PhD (she/her): Next slide please.

Shannon Wiltsey Stirman PhD (she/her): So I want to provide some definitions for cultural responsiveness and inclusiveness and these are actually definitions that are maybe a little bit less and less established, so I say that because.

Shannon Wiltsey Stirman PhD (she/her): There are fewer you know, there are fewer you know publications and places that actually.

Shannon Wiltsey Stirman PhD (she/her): Provide working or operational definitions, sometimes these might be things that you know you know what when you see it and the terms are used frequently.

Shannon Wiltsey Stirman PhD (she/her): But they haven't been, you know as clearly defined as why idly so I, there is a definition for culturally rich cultural responsiveness or culturally responsive counseling.

Shannon Wiltsey Stirman PhD (she/her): Just that it includes three components cultural awareness and beliefs.

Shannon Wiltsey Stirman PhD (she/her): And that it's sensitive to the personal value the.

Shannon Wiltsey Stirman PhD (she/her): Personal values and biases and how they might influence their perceptions of the clients, the way they think about the clients problems or challenges and the therapeutic relationship.

Shannon Wiltsey Stirman PhD (she/her): cultural knowledge, which is an understanding or knowledge of the Culture worldview and expectations for treatment.

Shannon Wiltsey Stirman PhD (she/her): And then cultural skills, so the ability to intervene in a manner that is culturally sensitive and culturally relevant so that's a definition that's been provided for culturally responsive counseling.

Shannon Wiltsey Stirman PhD (she/her): Culturally inclusiveness cultural inclusiveness and something term that's been used in defined more in teaching and, and so this is adapted from a way that called that.

Shannon Wiltsey Stirman PhD (she/her): Cultural inclusiveness has been defined in teaching and I think there are other definitions and things out there, but this is a term that.

Shannon Wiltsey Stirman PhD (she/her): i've seen and used without necessarily providing a definition, so I would encourage, given that this is a.

Shannon Wiltsey Stirman PhD (she/her): Listening session, you know, to talk about whether there's a you know, a better.

Shannon Wiltsey Stirman PhD (she/her): definition or a definition.

Shannon Wiltsey Stirman PhD (she/her): that we need to come to consensus on I don't think that these are set in stone.

Shannon Wiltsey Stirman PhD (she/her): But culturally inclusiveness.

Shannon Wiltsey Stirman PhD (she/her): has been defined as recognizing appreciating and capitalizing on diversity using inclusive language incur open on thankful.

Shannon Wiltsey Stirman PhD (she/her): and discouraging instabilities or micro aggressions, and this is particularly important in group contexts.

Shannon Wiltsey Stirman PhD (she/her): And you know settings that serve a community.

Shannon Wiltsey Stirman PhD (she/her): You know it's it's both in the individual meetings but also kind of more broadly in the agencies and the settings that that.

Shannon Wiltsey Stirman PhD (she/her): Are the.

Shannon Wiltsey Stirman PhD (she/her): Patients next slide please.

Shannon Wiltsey Stirman PhD (she/her): So when we think about adapting and there are different reasons that we might adapt.

Shannon Wiltsey Stirman PhD (she/her): And you will be focusing a little bit more on cultural adaptations, but that's not that we adapt it's important to adapt, you know carefully and thoughtfully when necessary.

Shannon Wiltsey Stirman PhD (she/her): Sometimes we assume that we need to adapt and don't sometimes we assume that something's going to work without adapting and it actually doesn't so you know paying paying close attention to why we think we might need to and what would make it necessary.

Shannon Wiltsey Stirman PhD (she/her): With culture in mind and with consult consultation and guidance and this could come from you know treatment developers.

Shannon Wiltsey Stirman PhD (she/her): treatment.

Shannon Wiltsey Stirman PhD (she/her): You know expert in the treatment people in fact had a lot of experience, people who have had experience, providing the intervention or treatment to a specific Community or population and can also and should also.

Shannon Wiltsey Stirman PhD (she/her): include guidance from the Community itself i'm going to turn my camera off to see if that helps with bandwidth.

Shannon Wiltsey Stirman PhD (she/her): To see if that.

Shannon Wiltsey Stirman PhD (she/her): That stops the sound for breaking up, but we can definitely you know consult our consumers and our stakeholders about ways to adapt and so i'm going to talk a little bit about how to do that in the next couple slides next slide please.

Shannon Wiltsey Stirman PhD (she/her): So we know that adaptation is going to need to happen.

Shannon Wiltsey Stirman PhD (she/her): And it's just a part of the implementation process so.

Shannon Wiltsey Stirman PhD (she/her): I think what's important for us to consider is that if we view local adaptations or cultural adaptation or other.

Shannon Wiltsey Stirman PhD (she/her): Efforts to improve fit as flaws and implementation fidelity we're missing an opportunity to learn something about how we can refine or optimize the treatment.

Shannon Wiltsey Stirman PhD (she/her): At best, so at best it's a missed opportunity but at worst it's a recipe for implementation failure if we don't adapt we could be missing really critical things now this doesn't mean you know.

Shannon Wiltsey Stirman PhD (she/her): Like I said you don't have to presume or assume that your how you're going to need to adapt or that you're going to need to.

Shannon Wiltsey Stirman PhD (she/her): adapt everything about it, but if you don't adapt when you see the need, because you're so worried about preserving intervention fidelity then you're going to have probably less of an impact than you would like.

Shannon Wiltsey Stirman PhD (she/her): Next slide please.

Shannon Wiltsey Stirman PhD (she/her): So that said there can be a tension between fidelity and adaptation and.

Shannon Wiltsey Stirman PhD (she/her): What we need to think about is how do we make sure that we are providing the intervention.

Shannon Wiltsey Stirman PhD (she/her): The way that it was designed to preserve what's conceptually or empirically important about the treatment, what makes it the treatment that it is and, more importantly, what makes it effective, so the next couple slides we'll talk about how to do that.

Shannon Wiltsey Stirman PhD (she/her): And next slide please okay.

Shannon Wiltsey Stirman PhD (she/her): So this is just a way of thinking about we haven't we haven't intervention and we might need to modify it so there's there are modifications, these are just any changes that you make improvising.

Shannon Wiltsey Stirman PhD (she/her): You know you get thrown a curveball you make it you make a change a subset of modification is really adaptation, and this is where we are planning.

Shannon Wiltsey Stirman PhD (she/her): One slide back, please where we're you know we're planning that arrow where it says planned ideally data driven should be pointed to the adaptation.

Shannon Wiltsey Stirman PhD (she/her): That green circle so adaptation is sort of a subset of modification that ideally is is data driven in some way, whether quantitative or qualitative data about fit about effectiveness.

Shannon Wiltsey Stirman PhD (she/her): But that we're sort of thoughtful and plan feel about it and to really try to make it fit, as well as possible when we do that.

Shannon Wiltsey Stirman PhD (she/her): We can make sure that they are fidelity consistent so that they're still preserving these core aspects of the Protocol.

Shannon Wiltsey Stirman PhD (she/her): But then, sometimes they're fidelity and consistent just, meaning that you know they depart from the the intervention, the way it was designed in some way, and the next slide.

Shannon Wiltsey Stirman PhD (she/her): So a way to think about kind of making sure that we're preserving the the effective components of the intervention.

Shannon Wiltsey Stirman PhD (she/her): is to think about core elements versus core functions so basically What this means is you want to you want to think about the function behind what you're doing.

Shannon Wiltsey Stirman PhD (she/her): In the intervention and preserve that function or goal, even if you play with the way that it's delivered or provided, so you know you might have an element that is psycho education.

Shannon Wiltsey Stirman PhD (she/her): The function of psycho education is to help the consumer or the client understand.

Shannon Wiltsey Stirman PhD (she/her): Some important things about the problem, the treatment, it might be to help them understand why they're you're going to be kind of encouraging them to do what they would need to do during the treatment, it might help them understand the problem, a little bit better.

Shannon Wiltsey Stirman PhD (she/her): And when.

Shannon Wiltsey Stirman PhD (she/her): And when you do this it can take different forms, it could take the form of.

Shannon Wiltsey Stirman PhD (she/her): A handout it could take the form of group, you know group education, it could take the form of watching a video and then discussing it.

Shannon Wiltsey Stirman PhD (she/her): With the therapist it could take the form of the therapist having a conversation, what matters is that that information is provided in a way.

Shannon Wiltsey Stirman PhD (she/her): That the consumer or client can understand it, that it can resonate for them and that they can really you know understand what they need to about the problem and the treatment.

Shannon Wiltsey Stirman PhD (she/her): So when we're adapting we think about core functions, whatever the form it might take this means you might be able to adapt worksheets to make them simpler.

Shannon Wiltsey Stirman PhD (she/her): You can adapt analogies and you can adapt a lot of things as long as you're preserving the function and it's meeting the kind of end goal of that component or that elements of the intervention next slide please.

Shannon Wiltsey Stirman PhD (she/her): So, as I mentioned core elements are the parts of the intervention that are empirically or theoretically associated with the desired outcomes or impact, so, in other words they're what make it effective.

Shannon Wiltsey Stirman PhD (she/her): There are the necessary parts of the intervention.

Shannon Wiltsey Stirman PhD (she/her): And so, when we attend to function, rather than form that gives us more flexibility.

Shannon Wiltsey Stirman PhD (she/her): What makes the intervention, effective and what's necessary might not be the same, and all contexts, you could have you know you could be working.

Shannon Wiltsey Stirman PhD (she/her): with people who have grown on the Internet and learn every single thing that they can about the problem they have researched the treatment they have figured out exactly what they want, what they think will be a good fit for themselves or their child or their loved one.

Shannon Wiltsey Stirman PhD (she/her): And, and the so they know all about how it works, etc, they might not need the education piece in the same way, you might abbreviate it.

Shannon Wiltsey Stirman PhD (she/her): For them and make sure that you have a shared understanding, whereas for.

Shannon Wiltsey Stirman PhD (she/her): You know, for other people or for other populations, it might be a bit of a paradigm shift, it might be something they don't know as much about and there you might need to really preserve, you know that that function and and really attend to the psycho education piece so.

Shannon Wiltsey Stirman PhD (she/her): So you know, one of the things we might learn is what is and what's not.

Shannon Wiltsey Stirman PhD (she/her): necessary.

Shannon Wiltsey Stirman PhD (she/her): and effective in different contexts next slide please.

Shannon Wiltsey Stirman PhD (she/her): So when we're adapting.

Shannon Wiltsey Stirman PhD (she/her): It can be useful to think about you know, ideally we're staying in this upper right quadrant right we're staying in this theoretically optimal you're planning your adaptations and they are preserving those kind of core functions of the intervention.

Shannon Wiltsey Stirman PhD (she/her): Now, sometimes we get thrown a curveball and we are not able to.

Shannon Wiltsey Stirman PhD (she/her): To do everything every aspect of the intervention or we have to make some changes when we're thrown a curveball and we're dealing with unplanned.

Shannon Wiltsey Stirman PhD (she/her): adaptations, these are things that you know, at the outset, you don't know that you're going to need to do.

Shannon Wiltsey Stirman PhD (she/her): Ideally we'd stay in the lower right quadrant right where we're remaining fidelity consistent and sometimes we have unavoidable challenges lower left.

Shannon Wiltsey Stirman PhD (she/her): Where we're fidelity inconsistent and unplanned so let me give you an example, during covert everybody had to switch to Tele health and some of these interventions were dealing with worksheets.

Shannon Wiltsey Stirman PhD (she/her): And unplanned fidelity consistent adaptation or, let me start with the unplanned fidelity and consistent.

Shannon Wiltsey Stirman PhD (she/her): might be dropped all components of the treatment that had anything to do with the worksheet because you couldn't figure out how to to deal with it over Tele health right, so you just said we're going to stop doing worksheets.

Shannon Wiltsey Stirman PhD (she/her): Now you might have been dropping core functions of the intervention, because now people weren't getting to practice that the new skill.

Shannon Wiltsey Stirman PhD (she/her): And so, so it would be fidelity inconsistent over on the lower right side there, there might be a way to do it, that is fidelity consistent.

Shannon Wiltsey Stirman PhD (she/her): For example, if you're dealing with and cognitive behavioral therapy.

Shannon Wiltsey Stirman PhD (she/her): You know, cognitive restructuring, instead of a worksheet if you teach someone catch check change you're preserving the core function, where they are still going through the process of catching their thought checking their thought, and you know kind of.

Shannon Wiltsey Stirman PhD (she/her): Seeing if it's true it's helpful if.

Shannon Wiltsey Stirman PhD (she/her): If there are other perspectives and then you know, making the change that's most you know best reflects their reality and is most helpful for them so.

Shannon Wiltsey Stirman PhD (she/her): If you do that you're being fidelity consistent you're preserving that core function of helping people use and practice that skill.

Shannon Wiltsey Stirman PhD (she/her): If you drop that skill, all together, it could be fidelity inconsistent now whatever you end up on this left hand side and.

Shannon Wiltsey Stirman PhD (she/her): If you're if you're really tracking how are we are we adapting and what kind of outcomes are we getting.

Shannon Wiltsey Stirman PhD (she/her): Then you have opportunities for learning, you know, maybe, maybe we actually find out that for you know some particular population.

Shannon Wiltsey Stirman PhD (she/her): or for a segment of a population you don't actually need this thing you can still get just as good outcomes, without it, for others, we might learn that, when we dropped it.

Shannon Wiltsey Stirman PhD (she/her): People didn't do as well, so we're learning possibly refining or learning, you know how far we can bend the treatment without breaking it next slide please.

Shannon Wiltsey Stirman PhD (she/her): This is a very fancy way of saying when we're adapting we want to first appear at the top, we want to figure out.

Shannon Wiltsey Stirman PhD (she/her): What makes us think we're going to need to adapt if we have a reason, whether it's stakeholder input or some data, where it needs assessment that tells us, we need to adapt.

Shannon Wiltsey Stirman PhD (she/her): We want to find out, can we preserve these core elements or functions and if we can't we want to pilot the change before we roll it out and tell everybody drop all the worksheets.

Shannon Wiltsey Stirman PhD (she/her): You know, we want to pilot and see how it goes, if we can, if we're not able to if we don't have that kind of timeframe.

Shannon Wiltsey Stirman PhD (she/her): We want to evaluate closely so that we can learn as fast as possible when we drop the worksheets it wasn't working we got to go back to the drawing board, or you know what we dropped the worksheets that work just fine so pilot when we can, if we can at least evaluate and then.

Shannon Wiltsey Stirman PhD (she/her): Think of it as an iterative process where you're taking you know the outcomes as you're tracking and evaluating you're taking it back to your stakeholders and you're looking down here at box he.

Shannon Wiltsey Stirman PhD (she/her): That we're looking at whether or not the outcomes that we're interested in whether it's engagement symptom change functioning.

Shannon Wiltsey Stirman PhD (she/her): Access whether they're what we hope they're if they're not.

Shannon Wiltsey Stirman PhD (she/her): Are they good enough, are they good enough, you know where you can say well you know if we do it this way, we can get the treatment to more people, it might not work quite as well, but more people can benefit, on the whole.

Shannon Wiltsey Stirman PhD (she/her): Or we say nope this isn't acceptable we've got to figure out a way to make it more effective and then you know we keep refining.

Shannon Wiltsey Stirman PhD (she/her): Or we decide this this treatments not really going to fit here if we can't do it and it's adapted form and have it be as effective as we want, we might need to figure out something else.

Shannon Wiltsey Stirman PhD (she/her): Next slide please.

Shannon Wiltsey Stirman PhD (she/her): Okay, so now we have a poll.

Shannon Wiltsey Stirman PhD (she/her): So if you can go over to the polling part of the website or the the polling website.

Shannon Wiltsey Stirman PhD (she/her): And the question is how familiar, are you with the term evidence base nope nope That was the That was the last one, what are the challenges of culturally adapting or being culturally responsive.

Shannon Wiltsey Stirman PhD (she/her): While doing an evidence based practice so as people are kind of thinking about this and typing into the pole.

Shannon Wiltsey Stirman PhD (she/her): will be sort of hearing from you what are some of the challenges that you find so when we think about these you know these processes these tensions between fidelity and adaptation and thinking about how to make an intervention fit.

Shannon Wiltsey Stirman PhD (she/her): How what are some of the challenges that you'll see.

Shannon Wiltsey Stirman PhD (she/her): And I know, especially for people who are texting instead of using.

Shannon Wiltsey Stirman PhD (she/her): The desktop might take a second to type in those responses.

Shannon Wiltsey Stirman PhD (she/her): Some things are popping up though cultural knowledge.

Shannon Wiltsey Stirman PhD (she/her): cultural groups are not homogenous absolutely you can't assume that you're going to make a change and it's going to work for everyone, from a particular population so many other things can matter level of acculturation.

Shannon Wiltsey Stirman PhD (she/her): You know degree to which people identify with you know that particular culture versus Maybe other cultures or groups or spiritual practices, etc, and making it relatable depending on the age to a younger audience.

Shannon Wiltsey Stirman PhD (she/her): You know, dealing with fidelity right how complex, it can be to maintain fidelity while making these adaptations and.

Shannon Wiltsey Stirman PhD (she/her): Finding the right evidence based practice that can be adapted, or that you know, a program or practice.

Shannon Wiltsey Stirman PhD (she/her): For whatever the issue is that you're wanting to work with.

Shannon Wiltsey Stirman PhD (she/her): And yeah some some evidence based practices were developed and tested with more homogenous populations than others not getting support in the adaptation process or efforts.

Shannon Wiltsey Stirman PhD (she/her): Absolutely, making sure that the adaptations don't have negative effects, so you know, one of the things that can happen is, you can have a self fulfilling prophecy where people say.

Shannon Wiltsey Stirman PhD (she/her): You know what it's not going to work with this population, so we need to adapt you adapt, but maybe you adapt and you do sort of remove or fundamentally change, one of the effective elements.

Shannon Wiltsey Stirman PhD (she/her): And, and then it doesn't actually work and you say you see it doesn't really work at the treatment doesn't work with this population, we need to adapt more and then pretty soon, though, too many of those important elements of the treatment are.

Shannon Wiltsey Stirman PhD (she/her): are changed and it's not as effective now other times you can adapt and it can work just as well, or better and.

Shannon Wiltsey Stirman PhD (she/her): Understanding the information thinking about the stigma and addressing that and just being able to kind of address those things.

Shannon Wiltsey Stirman PhD (she/her): Cultural biases.

Shannon Wiltsey Stirman PhD (she/her): Sometimes, yes, sometimes people don't fit neatly into you know one particular culture, and you know we're really working about you know thinking about blending of different cultures in a way that's very, very.

Shannon Wiltsey Stirman PhD (she/her): sporadic and thinking about how much you need to design EDP is to be culturally responsive responsive.

Shannon Wiltsey Stirman PhD (she/her): You know, can you sort of conceptualize the treatment in a way that addresses some of these individual needs.

Shannon Wiltsey Stirman PhD (she/her): variation within what what might be seen as a broader culture.

Shannon Wiltsey Stirman PhD (she/her): You know.

Shannon Wiltsey Stirman PhD (she/her): and making assumptions about that not understanding the nuances absolutely getting adequate Community and foot.

Shannon Wiltsey Stirman PhD (she/her): These are some great really great responses that people are putting out there, that really do.

Shannon Wiltsey Stirman PhD (she/her): kind of capture some of the complexity.

Shannon Wiltsey Stirman PhD (she/her): Funding for adaptation and having the time to really do a thoughtful process and the central citizen after centers ethnocentrism sorry.

Shannon Wiltsey Stirman PhD (she/her): Not incorporating de polonium or anti oppressive paradigms absolutely.

Shannon Wiltsey Stirman PhD (she/her): centering the dominant paradigm.

Shannon Wiltsey Stirman PhD (she/her): being sensitive to consumer feedback.

Shannon Wiltsey Stirman PhD (she/her): yeah these are some really helpful thoughts and thank you for so many of you for chiming in about this and I know I didn't get to everything, but you know we can we can see some of the different challenges and some of the different things that we're seeing that.

Shannon Wiltsey Stirman PhD (she/her): That really are important considerations important nuances and you know and important really key and central issues and challenges when we're doing evidence based practices and how do we hold all of these things, how do we attend to these things.

Shannon Wiltsey Stirman PhD (she/her): And you know figure out how to preserve the pieces that do still apply the pieces that are enhance still be helpful and effective.

Shannon Wiltsey Stirman PhD (she/her): While attending to all of these other important important elements, and this is where you know getting the stakeholder input is really, really, really critical, so let me move along.

Shannon Wiltsey Stirman PhD (she/her): and pressures from payers to use them and not understanding the need for adaptation absolutely got to bring them along their stakeholders to so having them involved in the process, but not having them be the only ones.

Shannon Wiltsey Stirman PhD (she/her): make sense, so if we go to the next slide I want to show you one example of an mvp a couple of examples briefly.

Shannon Wiltsey Stirman PhD (she/her): Of ED piece that have been adapted successfully, this was a couple papers were written one was an evaluation and what was the description adapting cognitive processing therapy for Bosnian refugees.

Shannon Wiltsey Stirman PhD (she/her): So they they come to the United States about two thirds have been tortured and experienced war related traumas.

Shannon Wiltsey Stirman PhD (she/her): The treatment was delivered through interpreters, they were translators, but not cultural brokers, they had to lengthen the sessions.

Shannon Wiltsey Stirman PhD (she/her): They could do it in home they consider the cultural context they really integrated the importance of dealing with factor, you know issues like grief and acculturation resettlement.

Shannon Wiltsey Stirman PhD (she/her): Within the cognitive behavioral framework and they added some things they thought about how to do the impact statement and the trauma account.

Shannon Wiltsey Stirman PhD (she/her): And they added some things to exposure to address fears of going out and it wasn't safe where people live before and needed to you know do both cognitive restructuring and some exposure.

Shannon Wiltsey Stirman PhD (she/her): So that's one example where they had nice outcomes they made these adaptations and they were able to use the treatment successfully and saw improvements in both ptsd symptoms and functioning for this group of folks that they worked with next slide please.

Shannon Wiltsey Stirman PhD (she/her): This is a more recent study of cpt adapted for native American women who abused alcohol or used alcohol alcohol use disorder.

Shannon Wiltsey Stirman PhD (she/her): And it had higher HIV sexual risk behaviors so they had a Community advisory board with really key stakeholders people from the Community.

Shannon Wiltsey Stirman PhD (she/her): They removed the jargon, they made it more readable they adapted the concepts and all the definitions and handouts, and they added a pre session to promote engagement.

Shannon Wiltsey Stirman PhD (she/her): They added some content to deal with really key issues for this particular group of women.

Shannon Wiltsey Stirman PhD (she/her): And they changed the way that they thought about you know stuff points became unhelpful thoughts talked about balancing thoughts and emotion and some of the concepts and cpt were.

Shannon Wiltsey Stirman PhD (she/her): changed to things like respecting and caring and intimacy and they added a closing ceremony, because that was important, the next slide and the punch line is that they.

Shannon Wiltsey Stirman PhD (she/her): saw I think i'm the next slide we've got.

Shannon Wiltsey Stirman PhD (she/her): yeah you know that the punch line really is that they saw some nice changes compared to their their control around.

Shannon Wiltsey Stirman PhD (she/her): changes and ptsd alcohol use and high risk sexual behaviors.

Shannon Wiltsey Stirman PhD (she/her): outperformed the waitlist they haven't compared it to another treatment, but this was this was a place where getting a lot of input at the outset really did help them develop this in a way that resonated with the with the people that they were working with.

Shannon Wiltsey Stirman PhD (she/her): And next slide.

Shannon Wiltsey Stirman PhD (she/her): think that might be it for me, yes.

Maria Restrepo-Toro: Right so much Nano, this was fantastic at this point, the setting up the stage for us, I think of one of the really big takes away for.

Maria Restrepo-Toro: For us as we keep in mind and have this conversation is the importance of really presenting the core per serving the core elements of an evidence based practice and perhaps.

Maria Restrepo-Toro: Adopting the core functions so in the interest of time I think we're going to move over to our next panelist on financial survival, who is actually.

Maria Restrepo-Toro: One of the members of our cultural responsiveness group any questions that were related to this session will be addressing at the at the end of our session.

Maria Restrepo-Toro: So.

Maria Restrepo-Toro: i'm Fred oh next slide please, I want to welcome i'm Fred on several out though he is this.

Maria Restrepo-Toro: Senior cultural workforce development officer I think Great Lakes, technology transfer Center and he manages the Center for health and has miss systems of the University of Wisconsin medicine he's a national certified training on culture, an integral part of mental health services.

Maria Restrepo-Toro: He has been a part of the national Hispanic and Latino mental health, technology transfer Center in Puerto Rico.

Maria Restrepo-Toro: And he sold to a national training for the National Association for alcoholism and drug abuse counselor.

Maria Restrepo-Toro: He has 25 years of international relations, experience and specializes in cross cultural communication conflict resolution process improvement topics.

Maria Restrepo-Toro: And Fred oh it's also a member, as I mentioned, of our group, and he is started this process when we first created the me show us chart that I mentioned to you all, at the beginning of the session, he was one of the.

Maria Restrepo-Toro: The you know work with others off the group as well.

Maria Restrepo-Toro: We are unfortunately nice into the Vienna khadija, who is a project manager than New York state psychiatric institute I Columbia University medical Center she had a las manos.

Maria Restrepo-Toro: Company, but she will be advising and continue to work with us in all the materials that were compiling together in this conversation so Fred oh we're looking forward to your session so we talked about the importance of the national the classes thunders.

Alfredo Cerrato Lanza: Radio Thank you very much, I think we're going to be starting off with a poll if that's right i'm just going to pull that up.

Jessica Gonzalez: So everyone, please get ready to participate in our next poll we wanted on federal to start his session with an idea of how many of you are familiar with the standards.

Jessica Gonzalez: Also, known as the culturally and linguistically appropriate services standards go to that next slide and will officially launch the poll, again we have the instructions in the chat box for you, if you want to join via text or via web browser.

Jessica Gonzalez: Okay Well, this is helpful right on the federal you get to see who we have in the audience, those who are not familiar at all with the class standards, and we have a few that are very familiar also good range of their good diversity.

Alfredo Cerrato Lanza: Right, yes, this is incredibly helpful because it allows me to either go a little bit into detail, and also the one thing I want to mention JESSICA just for everybody's sake, is that.

Alfredo Cerrato Lanza: We will be providing a lot of resource material to the group, and so, if I do not cover something today because of time we will definitely come back and.

Alfredo Cerrato Lanza: provide this material to you either via email or via the chat there is one document that I want to share with you and Jessica is going to share that document, at least the link for it, so that you can get.

Alfredo Cerrato Lanza: The class standards for yourself and you it's it's over 100 pages, it might be good to view this in digital form, but if you are very interested in this particular.

Alfredo Cerrato Lanza: platform or framework, I would suggest printing it and getting familiar with it, I can see that um there's quite a few of you, that are not familiar with it so.

Alfredo Cerrato Lanza: i'll get started and start sharing and maybe in the middle of it or even in doing the question and answer period, you can ask more specific questions if I do not get to a particular thought.

Alfredo Cerrato Lanza: That you may have, and so.

Alfredo Cerrato Lanza: let's go on to the next slide JESSICA just for time sake.

Alfredo Cerrato Lanza: So this is actually going to be my only slide and i'm going to be talking briefly and all these points, the the national class standards.

Alfredo Cerrato Lanza: They have a particular intent and that intent is to advanced health equity improve quality.

Alfredo Cerrato Lanza: and help eliminate health care disparities, by establishing a blueprint and that's, the key word for the class standards that it is a blueprint.

Alfredo Cerrato Lanza: it's not going to give you specific examples, although the good news is that some folks have already taken the blueprint and developed enough of it that it does, there are many documents out there that actually give you very specifics.

Alfredo Cerrato Lanza: Of what can be done in a particular field, now the focus of the.

Alfredo Cerrato Lanza: Class standards is to advance health equity improve quality of care and help eliminate health disparities that's the focus of it, and so what I do want to say about this is that there are four.

Alfredo Cerrato Lanza: settings that the committee that develop these standards had, and the first setting is ambulatory care so.

Alfredo Cerrato Lanza: If you want walk in and out of our particular practice this is something that they had in mind hospital settings is the second.

Alfredo Cerrato Lanza: Public health is the third and then behavior health our field was the fourth setting that was developed by them, and so the intentions of the entire 15.

Alfredo Cerrato Lanza: standards is focused on these four settings and so today i'm going to be focusing on the last, which is behavioral health just because that's what we're all about and give you an overall.

Alfredo Cerrato Lanza: perspective on how that can be applied and and what we can do in order to kind of facilitate some of the.

Alfredo Cerrato Lanza: The the applications that class can actually offer and so and i'll start off with a little bit of history, the class standards actually got started in the year 2000 and.

Alfredo Cerrato Lanza: And so, today we have what we call the enhance class standards because there was an adaptation of those standards in 2013 however in 2003 there were two reports that came out.

Alfredo Cerrato Lanza: And the two reports are the specific to hold on one, second, let me grab that there were specific to hhs and they pointed out the disparities that were already in place and there was also an inequality report that was put out those two reports in.

Alfredo Cerrato Lanza: Actually became the catalyst for making class standards, a little bit more relevant to work in those particular four fields that I mentioned earlier.

Alfredo Cerrato Lanza: And so um and the The one thing I want to mention about the class standards is that the language is that is used there is.

Alfredo Cerrato Lanza: used from 2013 so it hasn't necessarily caught up to the language we use today it doesn't necessarily use responsive as a word it use more.

Alfredo Cerrato Lanza: The language that he uses this more competency and and a lot of folks are not necessarily in favor of that particular word, but my colleague who's not here today.

Alfredo Cerrato Lanza: She actually.

Alfredo Cerrato Lanza: did a training and she used the word competency, not as a noun but as a verb and I just love that idea for us to be able to take what was developed and actually make it more active and so.

Alfredo Cerrato Lanza: The the idea behind this is to get us to to a point where we can start thinking culturally.

Alfredo Cerrato Lanza: And and be able to apply some of the things that are, I think more difficult to understand and culture, unfortunately, is one of them for the for the US.

Alfredo Cerrato Lanza: We have not thought that, historically, but now we're starting to do that, and so what happened was they developed four parts to the class standards, the first one was the principal standard and and that standard is the one that.

Alfredo Cerrato Lanza: Everything is driven to it is something that we focus on as if we develop any of the other standards, it is actually fulfilling that first standard, and let me read this to you, it says, the principal standard.

Alfredo Cerrato Lanza: is to.

Alfredo Cerrato Lanza: Help understand the the essential goals of three things one is the first theme is governance leadership and workforce, the second theme is communication and language assistance and the third theme is engagement and continuous improvement and accountability.

Alfredo Cerrato Lanza: And so they wrap all this up in that first standard and then the other three as they're being fulfilled, they are focusing on i'm making sure that we're all.

Alfredo Cerrato Lanza: Fulfilling that first one now the first one Just to give you a part of the structure is governance leadership and workforce like I mentioned, and so.

Alfredo Cerrato Lanza: In general terms, we need to be able to have a bias and so influencing your governance systems and your leadership is key, and also.

Alfredo Cerrato Lanza: Getting a buy in from the workforce and so that basically all has to do with human resource and it's hard on both hands, just to let you know.

Alfredo Cerrato Lanza: The the governance piece is difficult, if you happen to be a change agent, that is not in leadership already.

Alfredo Cerrato Lanza: And and, unfortunately, a lot of the people that we actually end up training are in middle management or below.

Alfredo Cerrato Lanza: And so the the leadership is not necessarily coming to the table for this kind of training and that's something that we need to facilitate and change the workforce, the issue with that is related to more of a recruitment and retention piece the it's.

Alfredo Cerrato Lanza: A lot of folks do not look like the people that they're serving and so therefore they're having difficulty serving them because they do not necessarily one there they may not be trained.

Alfredo Cerrato Lanza: For that particular culture or they may not have the staffing that represents that culture and so those are that's a theme that.

Alfredo Cerrato Lanza: In order to get started in class standards, I think you have to first deal with that particular theme before you go on to the next to, and so, when I do training on this I I usually tell folks that are not to get overwhelmed with the class standards because there's guite a bit.

Alfredo Cerrato Lanza: In the in the studies that we've done there's literally over 500 pages of examples and categories that you need to study in order to implement these, however.

Alfredo Cerrato Lanza: I encourage people to start with one thing and that one thing is by him, and that is very critical for theme, one that we go after that going to theme, to which is communication and language assistance now.

Alfredo Cerrato Lanza: The the.

Alfredo Cerrato Lanza: This particular piece has a lot to do with the infrastructure, if the organizations that are trying to fulfill this particular standard.

Alfredo Cerrato Lanza: do not have a good infrastructure in order to be able to.

Alfredo Cerrato Lanza: REACH, the Community or or even more so, invite the Community in there will be a whole lot of difficulty and we've seen a lot of this with covert.

Alfredo Cerrato Lanza: covert 19 has shown us that we need to be ready and the good part is that Kobe has actually helped us in in this particular area because we're now getting a lot more.

Alfredo Cerrato Lanza: Computer friendly and and being able to access systems that meanness that may be outside of our particular organization and and so that that's a very good thing.

Alfredo Cerrato Lanza: And then the the third theme is engagement and continuous improvement and the the whole thing about this particular theme is that we need to keep everyone accountable and so.

Alfredo Cerrato Lanza: It brings it to the personal level as a particular staff or as a board member or as the Executive Director of the organization, am I fulfilling my duties in the overall scheme and structure.

Alfredo Cerrato Lanza: of class as we're trying to implement these and so continuous improvement and accountability are key to this particular thing, so I want to give you those particular structures.

Alfredo Cerrato Lanza: Because I think it's key for you to be able to understand it wants to read it and and again we we put the link in your your chats so that you are able to.

Alfredo Cerrato Lanza: read it for yourself and.

Alfredo Cerrato Lanza: The whole point of US bringing up class standards for this particular session is that, as you look.

Alfredo Cerrato Lanza: All these evidence based practices and Community defined practices you're going to have to think in class terms in order to be able to implement these and so.

Alfredo Cerrato Lanza: We found it as a group to be critical, on the fact that class standards is a necessity.

Alfredo Cerrato Lanza: And in, and it can have a huge impact in what we do and so just to give you an idea of the type of impact that this is already having there are 10 states in the entire us that are now mandating class training for their particular state and there's another 11 that are.

Alfredo Cerrato Lanza: Proposing a mandate for for these trainings so that's already 21 of the States that are very interested in the class standards as a sa a footprint as.

A.

Alfredo Cerrato Lanza: In order for them to be able to do good work in relation to culture and language now again there's there's 31 additional states that do not have this, however, that does not mean that they're not doing training and cultural linguistics but.

Alfredo Cerrato Lanza: I would say, I would make the argument for us to be able to have an impact with class standards more and more States need to adopt and practice.

Alfredo Cerrato Lanza: What the standards relay and so, and then the last piece is the ethical business and legal case now there there's there's quite a bit here in terms of us being able to look at class standards in a way that we can respond to demographics, as an example.

Alfredo Cerrato Lanza: That the immigrant population is changing on a regular basis, and so we need to be as a workforce be ready for those changes, so there is a a.

Alfredo Cerrato Lanza: A an ethical piece behind that that in order for us to meet the need we need to be ready there's just the general sense that we need to be able to eliminate disparities.

Alfredo Cerrato Lanza: Kovac 19 again has is shining a light on all these disparities and for us to be able to fight those disparities, we need to put a system in place and I consistently make the argument that in order for us to find fight systemic and structural issues with.

Alfredo Cerrato Lanza: Social justice that we need to fight it with.

Alfredo Cerrato Lanza: systems and structural change and not necessarily be pointing fingers at people, but rather the systems and and the structures themselves, and so I would make a case that that is a very good.

Alfredo Cerrato Lanza: path to take if you are an organization that's interested in class now, we can also use class to meet legislative demands and mandates our accreditation mandates, we can.

Alfredo Cerrato Lanza: also gain a competitive edge and that's something that I think when I do the trainings that organizations tend to miss is that the better prepared, we are to receive all sorts of people into our midst.

Alfredo Cerrato Lanza: The more competitive we're going to be in the marketplace they're going to come to us instead, and so there is a business case behind that I think and so and there's also.

Alfredo Cerrato Lanza: A mitigation of liability piece, the more your staff is trained on treating people from all this different cultures, the better prepared, you are to mitigate the liability that comes from mistreating people.

Alfredo Cerrato Lanza: Out of even a mistake that's been made by one of your staff members, and so I want to give you that particular holistic approach of what class can do.

Alfredo Cerrato Lanza: And I will open it up now to another poll question that JESSICA, is going to pull up so that we can get to the question and answer period and and i'll be looking at these questions.

Alfredo Cerrato Lanza: That you are providing now and and see if we can get a conversation going so Maria and Jessica i'll turn it over to you guys.

Jessica Gonzalez: hey Thank you so much on federal, I know that it's so hard to pack everything into a short period of time, and I know we're sharing.

Jessica Gonzalez: The stage today with Shannon and we also want to encourage our audience to continue to plug in any questions you may have in the question and answer pod again we're trying to have some time before the end of.

Jessica Gonzalez: To respond to those questions, but in case we don't get to those we are putting together an faq document that will include any questions that we didn't respond to live today.

Jessica Gonzalez: And I fitted on Shannon will be providing written responses to those along with any resources that we've shared today so you'll be getting that document within a week.

Jessica Gonzalez: let's see here, we want to make sure that we launch this poll, and so gabrielle if you don't mind we'll go ahead and get that up there, I will put in the instructions again in the chat box For those of you who wants to log back into window or text.

Jessica Gonzalez: got the question there, how do the class standards need to inform any evidence base or Community defined practice, please share your thoughts with us and I felt a little help us engage.

Alfredo Cerrato Lanza: Something just to.

Alfredo Cerrato Lanza: Just to go just to let everybody know I went quickly through the standards, just because I know that we had an issue with time.

Alfredo Cerrato Lanza: And I want to be able to give everyone an opportunity to ask questions, so I did a broad overview.

Alfredo Cerrato Lanza: However, I know that we're going to get deeper into the subject as the questions appear and as people give a lot of their you know perspective on how class can influence evidence based practice and Community five practices, as we are looking at them through this series so.

Alfredo Cerrato Lanza: It says seems like a basic common sense, you know that that is um that's one of the comments that I was just put up and.

Alfredo Cerrato Lanza: I would say yes, but when when you start trying to practice class standards you suddenly realize that it's really a very systemic and and culture in a as a as a whole is incredibly systematic.

Alfredo Cerrato Lanza: And so, when I study culture, I see all the differences and I start analyzing all the different steps that they're taking in order to be able to get to an end goal.

Alfredo Cerrato Lanza: And and i'll give you an example of that for the person that wrote that particular comment is that in the US, as an example, we we tend to say.

Alfredo Cerrato Lanza: For an apology, as an example, we tend to say sorry and that ends the conversation right, but in most other cultures it's a it's a three step process we actually have to have.

Alfredo Cerrato Lanza: A sense of of being sorry and then reciprocity, allowing for forgiveness to happen and then reparation and so are these cultural pieces, although they seem to be common sense unless you line them up somehow and in an outline it becomes incredibly difficult.

Alfredo Cerrato Lanza: So I read validate that there's Community based practice, instead of lonely ABP yes, and I think that the more we apply class, the better that light will shine upon That very fact in that.

Alfredo Cerrato Lanza: Class will will help everyone in each of the States that I mentioned those particular systems will suddenly realize that.

Alfredo Cerrato Lanza: That we do need a Community for them to give us the answer and I spoke with a friend, the other day about motivational interviewing, which is one of the.

Alfredo Cerrato Lanza: The topics that we're going to be covering in the series and it's like macro motivational interviewing, we have to go out into the Community.

Alfredo Cerrato Lanza: And for the most part they will give us the answer of what they need, and so that's a very cultural piece and class actually help us.

Alfredo Cerrato Lanza: towards that and in the application of these so again helpful to effective communication care our personal.

Alfredo Cerrato Lanza: life in general, by providing processing engagement continuous improvement and accountability, yes.

Alfredo Cerrato Lanza: I would suggest that people developing abt programs use class standards, while creating education programs yes and and one of the things that I would say is that.

Alfredo Cerrato Lanza: If you have class as a blueprint, you can actually extrapolate any program on to that blueprint, and you can start designing a programming, that is actually.

Alfredo Cerrato Lanza: At the core.

Alfredo Cerrato Lanza: Very culturally and linguistically sound, and so one of the things that I imagine when when.

Alfredo Cerrato Lanza: The the class standards are expressed in as a blueprint, I imagine, the foundation of a home, you know you have this blueprint That gives you the.

Alfredo Cerrato Lanza: The how to put this Foundation in but then you have you come to the design part right and that's the beauty of it as an organization, you can look.

Alfredo Cerrato Lanza: a bunch of different ways, and so the types of windows, the roof, the plumbing all these things are really up to the organization, however, if you have this foundational piece, which is class, I feel that you're in a very good spot and so um.

Alfredo Cerrato Lanza: And, and then i'm going to allow Shannon to chime in and some of these because they're there they're very specific to evidence based so Shannon if you have any comments on these, I will welcome your input as well.

Shannon Wiltsey Stirman PhD (she/her): yeah I mean.

Shannon Wiltsey Stirman PhD (she/her): I think you know, one of the big things that we sort of wrestle with in this this broad field is what we mean by evidence right and what kind of evidence we privilege and thresholds around evidence so when we talk about evidence base, you know expanding and considering that definition.

Shannon Wiltsey Stirman PhD (she/her): And and having a way of doing it to make evidence as inclusive as possible while still recognizing the need.

Shannon Wiltsey Stirman PhD (she/her): To.

Shannon Wiltsey Stirman PhD (she/her): get better at it and evaluate that it's working and how we know it's working, what are we attending to I mean, I think that those are important things to consider when we talk about evidence based practice, especially in relation to you know to standards like this and it it.

Shannon Wiltsey Stirman PhD (she/her): I think it challenges us to to broaden the perspective, while still sort of keeping this this North Star and improving people's lives right so.

Shannon Wiltsey Stirman PhD (she/her): You know, and I hope that, for this listening tour that this is a place where you know we get some input and and really good thinking about how to balance these types of things, so you know.

Shannon Wiltsey Stirman PhD (she/her): I love being culturally specific mvp is, do we start with an mvp and adapt it, or do we start with what what seemed to be a Center the culture and build something.

Shannon Wiltsey Stirman PhD (she/her): That can work and test it and what do we do based on our timeline you know other needs of the Community resources, etc, and you know, there are.

Shannon Wiltsey Stirman PhD (she/her): A lot of there a lot of tensions that sort of pull between some of these different things, some of these different factors right as if we do develop culturally specific EDP is starting point.

Maria Restrepo-Toro: Oh, thank you both and for Thank you so much, unfortunately we're not gonna have time to really go.

Maria Restrepo-Toro: over each common but, as we said before we're going to be compiling everything.

Maria Restrepo-Toro: And we now need to really move to the last session, which is really, really important and has been a big priority for our group and i'm going to invite both afraid and Shannon to stay.

Maria Restrepo-Toro: Here and we're going to combine it with some questions so let's please go back to the Community, they find evidence lie.

Maria Restrepo-Toro: And because clearly us we from the beginning, when we set up the stage, and if we can move it to the next slide please.

Maria Restrepo-Toro: We have the connection and we understand this dilemma so Shannon was just responding in a freighter was just describing how would you this, how we merged this and, and we know that.

Maria Restrepo-Toro: Just to put up the definition again some of this practices have we know that communities are have are using them, they have found that they are very positive.

Maria Restrepo-Toro: And they are determined by them, you know there's some consensus over them and this practice may not have been measured but it's really important for us when we think about this issues.

Maria Restrepo-Toro: How we then work with this and how we also equally provide importance and how we consider this the very important question so to do that we're going to break out into our question and answer.

Maria Restrepo-Toro: session in our culture Christina is going to be leading this with that I think JESSICA i'm going to turn it over to you there as opposed to more polls that we need to answer before we get into the discussion so go ahead, please.

Jessica Gonzalez: yeah so again everyone, please get ready to participate, be a poll everywhere we have Shannon and unsettle still with us here to respond and engage with the next two poles, so if we can go to the next slide and get that launched, that would be great.

Jessica Gonzalez: So, based on the information share today by unfair, though, and Shannon you know, please share with us the Community values and perspectives that you think should inform.

Jessica Gonzalez: Any practice, including evidence based practices and Community defined practices and, as we see some responses pop up on the screen i'm Shannon and a federal will share a little bit more their thoughts about.

Jessica Gonzalez: comments that we're getting in let's see we try to put in the.

Jessica Gonzalez: Information for joining into full everywhere, again on this chat box here.

Alfredo Cerrato Lanza: You know just because someone put in a family and and you know, as we do the training on class one of the examples we use is when when there's a child that has to translate for their mother.

Alfredo Cerrato Lanza: And, and the doctors telling the mother that as an example that she has cancer, and then the child is the first to hear that, in order to translate that to the to the mother.

Alfredo Cerrato Lanza: Issues like that are big and in terms of relation to family that.

Alfredo Cerrato Lanza: That really affects children in a big way, and so I I really liked the fact that family was the first input for for from everyone, because I think that that's an impact that is not necessarily considered on a regular basis when when putting any practice into play.

Maria Restrepo-Toro: Shannon any comments some anything you would like to comment.

Shannon Wiltsey Stirman PhD (she/her): yeah you know, I think that.

Shannon Wiltsey Stirman PhD (she/her): really about.

Shannon Wiltsey Stirman PhD (she/her): You know the the biggest things that are really key values.

Shannon Wiltsey Stirman PhD (she/her): You know relationships certain traditions.

Shannon Wiltsey Stirman PhD (she/her): You know understanding how to sort of fit in terms of speech patterns, you know, some people, you know might have a more circular way of thinking and relating that may not fit an EDP that was developed to be super linear and so adapting is.

Shannon Wiltsey Stirman PhD (she/her): is really critical to ensure that people understand where we are, but to to have that kind of fit and you know so they're really thinking about.

Shannon Wiltsey Stirman PhD (she/her): worldview values, you know.

Shannon Wiltsey Stirman PhD (she/her): The way that people relate can be really crazy and it's not a it's not a an all or none it's really a, how can we, and so I think that having.

Shannon Wiltsey Stirman PhD (she/her): Not just having a bunch of people who have even you know, have done the treatment before with particular cultures certainly that's critical.

Shannon Wiltsey Stirman PhD (she/her): or the people who developed the treatment, but also people met community and provide those perspectives and share their reactions is really so important, when we are adapting because there might be things that we just miss if we don't have that perspective, and you know.

Shannon Wiltsey Stirman PhD (she/her): You know, it might be longer sessions slower sessions, you know things that really are important for a Community and so it's a, how can I can we can we question and getting the right people at the table to answer that question is really critical.

Maria Restrepo-Toro: Thank you so much, both of you, so I want to make sure we have time to go to our next question, so we can then we'll turn it over to Christina to answer any final questions and wrap it up and and learn about what's next so JESSICA.

Jessica Gonzalez: yeah so we have our last poll, or do you use any culturally defined culturally adapted or Community developed practices.

Jessica Gonzalez: And if so, please share the name and the population that it was designed for we're really interested in again getting to know our audience, and this will really help inform us in our upcoming sessions, that will be truly focused on specific evidence based community defined practices.

Jessica Gonzalez: So we're seeing a lot of no's.

Alfredo Cerrato Lanza: Good JESSICA that's you know.

Alfredo Cerrato Lanza: And I know that a lot of people would maybe consider all these notes as something that is a negative, but when it comes to the class standards that's actually and if you if you were to do an assessment of your organization or your school district Whatever the case may be.

Alfredo Cerrato Lanza: up on class, it will give you the evidence that there's nothing there in order for you to be able to use that as a buying point for your leadership.

Alfredo Cerrato Lanza: And if if you use the numbers in terms of population of the people that you're serving compared to the evidence of of what's not there.

Alfredo Cerrato Lanza: That would be, I think, a very good assessment in order to prove the point if you happen to be a change agent in in class and so.

Alfredo Cerrato Lanza: And that will open the door for evidence based practices once that is documented and so I just want to encourage those of you that are saying no at this point to continue with this series, because it will allow you to gain perspective on how.

Alfredo Cerrato Lanza: The the adaptations and how the different Community dynamics can can also influence your particular work and so.

Alfredo Cerrato Lanza: I know that it's actually quite a bit discouraging to see that, but I have to be able to turn that around and say that that is probably the best case.

Alfredo Cerrato Lanza: For the majority of the people in the audience, to be able to get class and evidence based practices into their particular arena.

Maria Restrepo-Toro: and seeing wonderful examples I just see one on the Nepalese case managers, working with Napoli clients gay affirming therapy Hispanic Latino talk about soul sickness so there's a lot of great resources that people are commenting channel, do you have a comment.

Shannon Wiltsey Stirman PhD (she/her): yeah I think.

Shannon Wiltsey Stirman PhD (she/her): I mean it's just it's nice to see you know people are starting to you know share some of the different practices that they are using.

Shannon Wiltsey Stirman PhD (she/her): That they're aware of, and as well as some of that culturally adapted.

Shannon Wiltsey Stirman PhD (she/her): You know, practices and you know, I think that some of what we see and.

Shannon Wiltsey Stirman PhD (she/her): But maybe but probably not enough of it is you know when we do research on adapting evidence based practices, you know, there is some integration of Community defined practices that are really key So how do we, you know honor and respect.

Shannon Wiltsey Stirman PhD (she/her): traditions and perspectives and you know and key values well you know, bringing in these other elements, how do we integrate in a way that.

Shannon Wiltsey Stirman PhD (she/her): doesn't water down either, and where they can really be synergistic I think is critical when you're thinking about using https and integrating with culturally defined practices.

Shannon Wiltsey Stirman PhD (she/her): And then I also think you know I wonder to you know the the goals of the culturally defined practices can be really critical to and a lot of times you know they may they may not be you know the same goals that we have for EDP you know to.

Shannon Wiltsey Stirman PhD (she/her): To you know, reduce symptoms of post traumatic stress disorder, you know might be very different from what a culturally defined practices doing and that.

Shannon Wiltsey Stirman PhD (she/her): You know, paying attention to what what the goals and what the purposes behind each can be really important and can give us some clues about when weather and when and how even to integrate and you know use these two things as compliments when appropriate.

Maria Restrepo-Toro: Thank you so much, so now we move to in the last five minutes four minutes at this point Christina I want to turn it over to you there any major question and answers I know there's been a lot of activity.

Maria Restrepo-Toro: As JESSICA just put out we're going to produce a document would continue this conversation that's what we have serious we love to hear from you, we want to work with you that's exactly what we exist and we're here to do that so Christina.

Christina, Co-Chair CRWG, MHTTC: Can you hear me okay.

Christina, Co-Chair CRWG, MHTTC: We Unfortunately, this has been such an interactive session, which was exactly what we hoped for, we had no idea when we were planning this.

Christina, Co-Chair CRWG, MHTTC: What their response would be and how you all might.

Christina, Co-Chair CRWG, MHTTC: interact with us in this virtual way, so I just want to thank everyone for your fantastic questions we have run out of time to answer them live.

Christina, Co-Chair CRWG, MHTTC: But the good news is we keep all of this on record, we will absolutely review this as a workgroup and make sure that we answer each of your questions in the faq.

Christina, Co-Chair CRWG, MHTTC: I think we'll just at this point, need to move on, but I really appreciate the poll answers and all of our panelists for responding to those in real time it's about as interactive as we can get.

Christina, Co-Chair CRWG, MHTTC: So I apologize to those we we begged you for questions and then we didn't get to answer them live, but they are important, it is a listening session and as well as our informing our next step, so I really appreciate all your time, so thank you for your great information.

Maria Restrepo-Toro: Thank you Christina very much for keeping up with all those questions, and I really want to thank our two speakers for today Shannon and afraid oh i'll fabulous to have here to help us set up the stage for this on next six conversation so i'm going to turn it over to JESSICA to.

Maria Restrepo-Toro: Tell about what's coming up next and, of course, to complete the survey that we always have and we in behalf of the cultural response in that group we thank you very much for attending and we hope to stay in touch with you.

Jessica Gonzalez: Thank you so much, again, thank you, I said oh and Shannon for sharing your expertise with us, and thank you to our lovely co chairs Maria and Christina who have led the planning for the series.

Jessica Gonzalez: Just to wrap us up here, I want to remind you that we do have five remaining sessions in the series and it's not too late to register for one.

Jessica Gonzalez: some or all of them our next session is on June 10 and we will focus on the evidence based practice familiar or the London focusing on multi risk reduction behavioral health, prevention for Latino youth and families.

Jessica Gonzalez: Next slide for information about mental health, training and technical assistance activities available in your region and nationally, please visit our website, you can connect with the Center in your region to learn more.

Jessica Gonzalez: And really quickly again, you know we're so thankful for your time today we really want to hear what you think about today's event on this next slide here you'll see that there's a qr code.

Jessica Gonzalez: For our quick survey, it really is only two minutes long we really encourage you to please help us by giving us your feedback, let us know what you thought of today's event.

Jessica Gonzalez: As soon as you close out the webinar window, you should be directed to your browser and you'll see the survey pop up there, so thank you again everyone we really hope that you'll join us again in two weeks have a beautiful rest of your day Thank you so much.