Modifying Evidence-Based Practices to Increase Cultural Competence: An Overview

Why adapt evidence-based practices (EBPs) for different cultural groups?

**Culture is key.**
Social factors related to culture, such as poverty, racism, and discrimination, may impact mental well-being. Culture also affects how patients show symptoms of mental illness and help-seeking behaviors. For providers, cultural factors may impact how they diagnose or treat consumers.

**EBPs aren’t always effective across cultural groups.**
While EBPs meet rigorous criteria, they aren’t always designed for a variety of cultural groups or tested among different populations. To achieve the desired outcomes, cultural-specific needs may need to be addressed further.

Working with Communities

Organizations must engage community stakeholders to appropriately identify and incorporate cultural beliefs and values. It’s important to devote dedicated staff time and resources for community engagement and to treat community stakeholders with patience and respect. While community engagement is the first step, it should be continued throughout the process to stay connected.

1. **Identify the types of individuals needed for a successful working group**
   Make a list of the attributes, organizations, professions, and community member roles that will understand the unique characteristics of the cultural group and the relevant mental health issue.

2. **Request individuals to serve on the working group**
   Clearly identify the working group’s purpose, goals, time commitment, as well as the reasons why the person is being asked to join and potential benefits of participation.

3. **Encourage champions within the organization and community**
   Enlist champions from the community and organization who represent the cultural group, have strong relationships with others, and are well-respected leaders to increase the likelihood of project success.

4. **Establish the collaborative process**
   Plan meetings and communications based on group members’ preferences, and conduct regular meeting evaluations to assess member satisfaction with the process.

5. **Establish working group goals and processes**
   Begin working by creating mutually agreed upon goals and processes for the work group.

6. **Put the working group into action**
   Discuss relevant behavioral health issues and the barriers to addressing these issues through prevention or treatment. Then, begin the process to select an EBP.

Selecting an EBP

When choosing an EBP, it is important that it meets the clinical and cultural needs of the community. To determine appropriateness, be sure to consider the intervention’s method or format, role of service providers, setting(s), and people involved in services (e.g., individuals, families, etc.). Kleinman’s Exploratory Model, which asks probing questions about the cultural group’s understanding of mental illness, and the Kluckhohn’s Value Orientation Model, which evaluates communities and EBPs across five dimensions to identify core cultural differences or preferences, may serve as useful tools to determine if an EBP is a “cultural fit.”

1. **Identify possible EBPs**
   Draft a list of EBPs that address the clinical issue. SAMHSA’s National Registry of Evidence-based Programs and Practices and state registries are good sources for EBPs.

2. **Evaluate the cultural appropriateness of EBPs**
   Assess whether each EBP meets the needs of the community and if cultural modifications are needed.

3. **Make a final EBP selection**
   Consider the clinical and cultural needs, as well as issues like cost and resources required, ability to bill for services, and experiences of other organizations with this EBP.
Modifying EBPs

If needed, the workgroup may modify the intervention based on cultural factors that can influence an EBP’s success. Different components of the intervention can be adjusted to increase access to care and treatment adherence. When modifying EBPs, carefully consider any changes made in order to maintain the integrity of the intervention and produce predictable outcomes.

1 Break down the EBP and determine which components to modify

Review the EBP materials and identify the components of the intervention related to initial engagement between consumers and providers, direct intervention through clinical work, and separation through termination/discharge.

2 Develop modifications

Seek input from providers, community members, and consumer representatives to identify which modifications they believe would be necessary and effective.

3 Document modifications

Revise or draft documents, including manuals, working group meeting minutes, and training documents, to fully detail changes that were made to the EBP.

4 Try out the modified EBP

Test the cultural modifications to see if they meet the clinical and cultural needs of consumers. Solicit feedback about benefits and challenges of the cultural modification.

5 Evaluate the success of the modification

Assess the effectiveness of the modified EBP and its impact on outcomes, including those that reflect service utilization and drop-out rates.

Cultural Factors to Consider

<table>
<thead>
<tr>
<th>View of Mental Illness</th>
<th>holistic health view, attribution, degree of stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Positioning</td>
<td>discrimination, equality, stereotypes, acculturation, formality</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>housing, education, social class, development through life, age, gender, dating, marriage, divorce, sexual activity, sexual orientation</td>
</tr>
<tr>
<td>Health</td>
<td>use of drugs and alcohol, specific health problems</td>
</tr>
<tr>
<td>Family/Kin Relationships</td>
<td>family constellation, disciplining children, power in relationships, communication</td>
</tr>
<tr>
<td>World View</td>
<td>religion, spirituality, concepts of self, control, outlook</td>
</tr>
</tbody>
</table>

Intervention Components to Consider

<table>
<thead>
<tr>
<th>Structural</th>
<th>location, transportation, building, hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process/ Operational</td>
<td>hours, language, payor, provider, intervention-specific training and materials, who is included in treatment</td>
</tr>
<tr>
<td>Engagement</td>
<td>initial relationship building, assessment—diagnostic and cultural, contracting</td>
</tr>
<tr>
<td>Clinical Work</td>
<td>intervention content, homework, medication, internalization and generalization, feedback to consumer/rewards, duration/number of sessions, outside resources</td>
</tr>
<tr>
<td>Termination/ Discharge</td>
<td>conclusion of work, evaluation of work, planning for aftercare</td>
</tr>
</tbody>
</table>

Implementing EBPs

Organizational readiness for change: Determine how ready the organization is to implement an EBP by considering factors such as the motivation and personality of program leaders and staff, available institutional resources, and organizational climate. If some areas within the organization require additional support, offer further consultation and technical assistance to help prepare them.

Understanding the organization’s cultural competency: Cultural competence is critical for the EBP to be successfully implemented and supported. Use the Cultural Competency Assessment Scale to evaluate the organization’s current cultural competence and to identify suggestions in which an organization can become more culturally competent.

This fact sheet is based on the Toolkit for Modifying Evidence-based practices to Increase Cultural Competence developed by the Nathan Kline Institute for Psychiatric Research.

SAMHSA’s Program to Achieve Wellness | paw@prainc.com
https://www.samhsa.gov/wellness-initiative/program-achieve-wellness