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Prepared By:

Catalina Booth, J.D.
Kathy Lazear, M.A.

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Cultural Adaptation

Purpose of this Resource Brief

This resource brief is designed to introduce the concept of cultural adaptations to evidence based practice and to provide resources for cultural adaptation and implementation into systems of care and children’s behavioral health. The brief includes the following:

1. Definitions of key concepts;
2. Discussion of the need for cultural adaptations of evidence based practices;
3. Explanation of the process for cultural adaptation of evidence based practices;
4. Examples of cultural adaptations to evidence based practices; and
5. List of resources.

What is an evidenced based practice?

An Evidence Based Practice (EBP) is an “intervention which has been consistently shown in several research studies to assist consumers in achieving their desired goals of health and wellness.”¹ This contrasts with practices and programs based on “tradition, convention, belief, or anecdotal evidence.”²

The U.S. Department of Health and Human Services Substance Abuse & Mental Health Services Administration (SAMHSA) maintains a searchable online registry of these interventions on the National Registry of Evidence Based Programs and Practices (NREPP). The registry can be accessed at <http://www.nrepp.samhsa.gov/>. EBP’s are subject to rigorous scientific testing. Therefore, they produce “consistent outcomes for consumers when they are implemented as designed and lead” and “they improve the quality of mental health services.”³

What is a cultural adaptation?

Cultural adaptation involves “reviewing and changing the structure of a program or practice to more appropriately fit the needs and preferences of a particular cultural group or community.”⁴ It is a process of “adjusting the delivery of mental health services to be consistent with the consumer’s culture.”⁵ It involves modification of mental health service delivery at the administrative, service delivery and clinical level so that the service or program is culturally competent.⁶

Put another way, cultural adaptation involves modifications to service delivery and/or modifications to context, structure and practice to meet the particular language, communication, spiritual, sexual identity, geographical, social and other needs of the population of focus.⁷

Example of Cultural Adaptation

The ParentCorps program is one example of a cultural adaptation to an EBP. ParentCorps is a family-centered intervention designed to foster healthy development and school success among families living in low-income communities.⁸ The program focuses on promoting effective parenting practices and preventing “behavior problems” among children attending pre-kindergarten programs in low-income neighborhoods.⁹ Previous school based intervention programs had failed to fully engage the African American or Hispanic/Latino populations they served. Therefore, the structure and practice of the program were changed in order to meet the specific needs and beliefs of the population of focus. For example, the program directly addresses the impact of culture with each participant by having the facilitator ask questions such as “What might your grandmother say about praising children for good behavior?”¹⁰ Furthermore, program facilitators (trained classroom teachers from the school) use a “collaborative approach aimed at empowering parents to select the strategies most relevant to their goals and consistent with their values.”¹¹ Rather than take a prescriptive approach to a discipline strategy, such as spanking, facilitators “guide participants through an exploration of their goals for discipline” and then help them align the parenting skills and strategies with their values.¹²

Cultural accommodation occurs when the way a practice is delivered is modified so that it can be utilized with a particular culture or community (e.g. translating documents or using interpreters). Culturally grounded EBPs are a bottom-up approach based on the perspective of cultural group members. Culturally grounded approaches value cultural validity over widespread generalizability.¹³ Examples of culturally grounded EBPs include The Keepin’ it REAL program¹⁴ and the American Indian (or Zuni) Life Skills Development Curriculum.¹⁵ There are also a growing number of programs and practices that reflect promising approaches (sometimes referred to as “practice-based evidence” or “community defined evidence”), which have not yet had the benefit of scientific research but ones where families and practitioners are experiencing effective outcomes.

Why are cultural adaptations to EBP’s needed?

The United States is home to a cornucopia of cultures. The number of cultural minorities in this country continues to increase. The National Center for Cultural Competence explains that the “make-up of the American population is changing as a result of immigration patterns and significant increases among racially, ethnically, culturally and linguistically diverse populations already residing in the United States.”¹⁶ Indeed, more than half of the growth in the total population of the United States between 2000 and 2010 was due to the increase in the Hispanic population. In 2010, there were 50.5 million Hispanics in the United States, composing 16% of the total population.¹⁷ Similarly, the Asian population grew by 43.3% — faster than any other major race group, to make up about 5% of the total U.S. population.¹⁸ The Native Hawaiian and Other Pacific Islander population also grew substantially in this time period with a 35.4% growth rate. Likewise, the American Indian and Alaska Native population grew by 18.4% and the Black or African American population grew by 12.3%.¹⁹ On the other hand, the White race group grew by only 5.7%.²⁰ Experts expect the high growth rates for minority groups to continue. They project that by 2050, the demographic makeup of the U.S. will include 47% non-Hispanic Whites, 29% Hispanics, 13% Black and 9% Asian.²¹

As the number of cultural minorities increases, adaptations to EBP’s are needed because culture impacts how people exhibit symptoms of mental illness, the use of coping mechanisms, social supports, and the willingness to seek care.²² Thus, culture affects access to, use of and effectiveness of behavioral health services. One specific way in which culture affects behavioral health is by impacting whether individuals seek services. Racial and ethnic minorities are less likely than whites to seek treatment from mental health specialists and more likely to turn to their primary health care provider. They also turn to “informal sources of care such as clergy, traditional healers, and family and friends.”²³ For example, engaging ethnic minority parents in family support

programs and services is often a challenge. Research has shown that, in the past, ethnically diverse families are less likely to use behavioral health services and that ethnic minority parents are less likely to be involved in school programs than white parents.²⁴

These differences in cultural practices and beliefs often lead to behavioral health disparities.²⁵ According to the Surgeon General’s Report, *Mental Health: Culture, Race and Ethnicity*, minorities are less likely to have access to available mental health services; are less likely to receive necessary mental health care; often receive a poorer quality of treatment; and are significantly underrepresented in mental health research.²⁶ Financial barriers, alone, do not explain these gaps. For examples, studies have found that Hispanics/Latinos are less likely to use behavioral health services even when insurance coverage and socio-economic status are held constant.²⁷ Experts believe that language barriers, socioeconomic restraints, and a “mismatch between a program’s goals and the cultural values and beliefs of the population of focus” likely cause these differences.²⁸ Therefore, cultural adaptation of EBPs is needed address existing health disparities.

In summary, EBPs decrease disparities and produce tangible positives such as increased quality of care, increased effectiveness of care, and increased

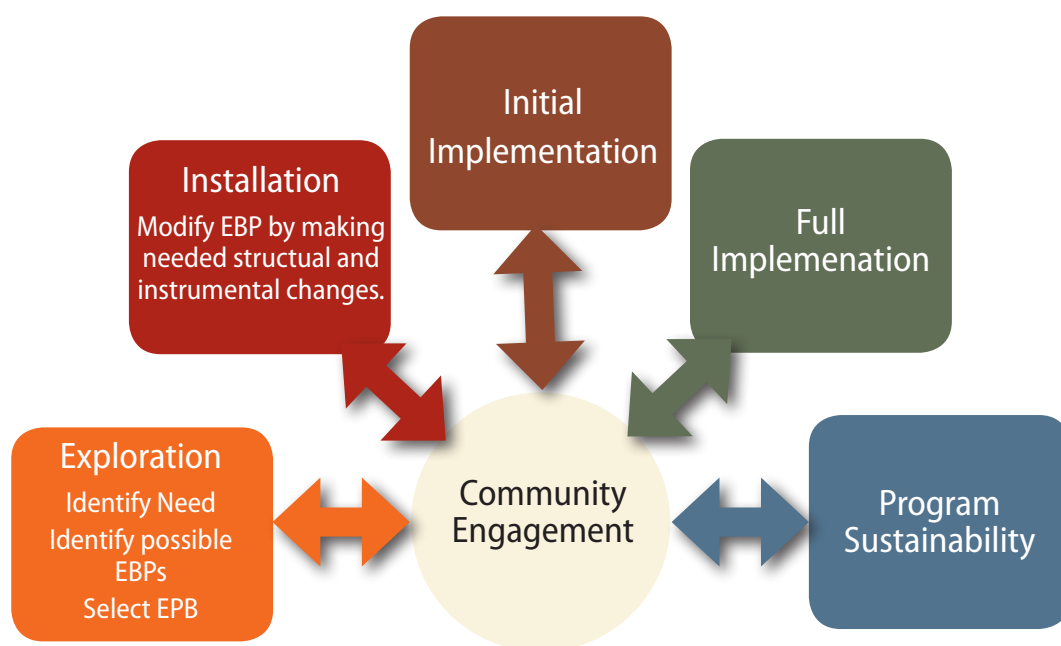
accountability. Put another way, EBP’s raise the bar for treatment providers.²⁹

Cultural Adaptation Process

Research findings support the treatment benefits of culturally adapted interventions for children and their families, if disseminated and implemented appropriately.³⁰ While various models of the cultural adaptation process exist, they share many common characteristics. For example, NREPP describes successful implementation of program that fits a communities needs and reduces behavioral health disparities as an ongoing process that occurs over five main stages:³¹

1. Exploration;
2. Installation;
3. Initial Implementation;
4. Full Implementation; and
5. Each stage must involve the community.

Engagement of the community is essential when addressing cultural needs and health disparities.³² Therefore, the process of cultural adaptation and implementation of an evidence based practice looks like this:³³



Community engagement serves as the hub of this process because community input and involvement enable the service provided to understand the cultural needs and beliefs of the population of focus and, thereby, adapt the practice to address those needs.

The Nathan Kline Center of Excellence in Culturally Competent Mental Health developed two resources of particular note in this area. The first resource – Cultural Elements in Community-Defined Evidence-Based Mental Health Programs – closely examines the promising practices of three New York State programs and “the ‘what’ and ‘why’ of the program components as they are fluidly delivered to cultural groups.”

The second resource is a toolkit that carefully explains each step of the community engagement process

in cultural adaptation of EBPs.³⁴ The *Toolkit for Modifying Evidence-Based Practices to Increase Cultural Competence* identifies a three-step process that is summarized below.

Another important resource for Cultural Adaptations of EBP’s is the Hogg Foundation for Mental Health Cultural Adaptation Initiative. The Hogg Foundation completed a three-year initiative to improve mental health services for populations of color in Texas. The Hogg foundation awarded grants to community mental health providers across Texas to adapt and implement evidence based practices. A description of their program and the cultural adaptations made can be found at http://www.hogg.utexas.edu/initiatives/cultural_adaptation.html.

Creating a working group

- » Identify community collaborators
- » Engage community collaborators
- » Identify project champions within the community and the organization
- » Establish the collaboration process- communication and meetings

Selecting an EBP

- » Identify possible EBPs
- » Evaluate the cultural appropriateness of the EBP’s – Is there a Cultural Fit?
- » Make a final EBP selection

Modifying EBP

- » Breakdown the selected EBP into its components and determine which components to modify
- » Interactive process of modification by analyzing cultural factors that affect program components
- » Document modifications
- » Try out (pilot) the modified EBP
- » Evaluate

Cultural Adaptation Resources

The following is a list of resources to aid you during the process of cultural adaptation. As you explore and begin the process of cultural adaptation of evidence based practices, we encourage you to use the list of resources that follows this section. While this is not an exhaustive list, these resources are designed to provide you with current information and possible next steps in the process of a cultural adaptation of an EBP. In addition to the direct links provided, all resources can be accessed from the CLC Hub Library: Resources for Eliminating Behavioral Health Disparities (http://cfs.cbcs.usf.edu/projects-research/CLChub_EBP.cfm). If you need additional technical assistance please contact the authors of this brief: Catalina Booth at csbooth@cfclinc.org or Kathy Lazear at klazear@usf.edu.

Online course

A Road Map to Implementing Evidence Based Programs
http://www.nrepp.samhsa.gov/Courses/Implementations/NREPP_0101_0010.html

Search engine/directory

National Registry of Evidence Based Programs and Practices
<http://www.nrepp.samhsa.gov/Search.aspx>

Brief outlining successful adaptations to early childhood programs

Culture Counts: Engaging Black and Latino Parents of Young Children in Family Support Programs
<http://www.childtrends.org/wp-content/uploads/2014/10/2014-44BCultureCountsFullReport1.pdf>

Toolkit for cultural adaptation process

Toolkit for Modifying Evidence Based Practices to Increase Cultural Competence
http://nop.chess.wisc.edu/sites/default/files/Cul_Adaptation_ToolkitEBP.pdf

List of registries of EBPs

Program Registries Resources and Tools
<http://www.nrepp.samhsa.gov/Courses/Implementations/resources/registries.html>

Powerpoint Presentation – Access through Google search by title

How to Culturally Adapt EBT's: Tools, Guidelines, and Clinical Examples

Various resources for implementation

Toolkit for Implementing EBPs
<http://www.nrepp.samhsa.gov/Courses/Implementations/resources/organization.html>

List of resources and tools for fidelity and adaptation

Fidelity and Adaptation Resources and Tools
<http://www.nrepp.samhsa.gov/Courses/Implementations/resources/fidelity.html>

Guidelines for making adaptations to EBPs serving Hispanic and Latino children and families

Adaptation Guidelines for Serving Latino Children and Families Affected by Trauma
<http://www.chadwickcenter.org/WALS/wals.htm>

Program utilizing culture-based wraparound

<http://nwi.pdx.edu/NWI-book/Chapters/Palmer-2.6-%28culture-based-wrap%29.pdf>

Literature review to help develop recommendations on the most promising approaches for engaging racial and ethnic minorities and persons with LEP in integrated health care

https://www.ucdmc.ucdavis.edu/newsroom/pdf/Latino_mental_health_report-6-25-2012-1.pdf or
http://www.hogg.utexas.edu/uploads/documents/OMH%20Report_FINAL-FINAL.pdf

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Endnotes

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- ⁶ Id.
- ⁷ The U.S. Department of Health and Human Services- Office of Minority Health defines culture as “the integrated pattern of thoughts, communications, actions, customs, beliefs, values and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics” (National Standards for CLAS in *Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*, 2013 at page 24).
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