Webinar Agenda

- Overview of SAMHSA/OBHE, NNED, and NNEDLearn
  - Tenly Pau
    SAMHSA Office of Behavioral Health Equity
  - Rachele Espiritu and Suganya Sockalingam
    NNED National Facilitation Center
- Culturally Adapted Cognitive Behavioral Therapy
  - Richard Salcido, LPC
    Executive Director, Family Service of El Paso
  - Griselda Villalobos, PhD, LCSW
    Therapist, Family Service of El Paso
    Assistant Professor, University of Texas at El Paso
- Q & A
SAMHSA’s Vision & Mission

- **Vision:** SAMHSA provides leadership and devotes its resources toward helping the Nation act on the knowledge that:
  - Behavioral health is essential for health
  - Prevention works
  - Treatment is effective, and
  - People recover from mental and substance use disorders

- **Mission:** To reduce the impact of substance abuse and mental illness on America’s communities

What do we know?

People of color
- Represent one-third of the total U.S. population.
- Comprise more than 50% of the uninsured population.
- Worse access to health care
- Receive lower quality when they are able to access care
- Experience worse health outcomes than non-Hispanic whites
Office of Behavioral Health Equity

**Vision:** “All populations have equal access to high quality behavioral health care.”

**Mission:** “To reduce the impact of substance abuse and mental illness on populations that experience behavioral health disparities by improving access to quality services and supports that enable these individuals and families to thrive, participate in and contribute to healthy communities.” (draft)

OBHE Functions

1. Leadership
2. Policy and Practice
3. Data Strategy
4. Communications Strategy
5. Quality Practice and Workforce Development

OBHE Function #5

**Quality Practice and Workforce Development**

- National Network to Eliminate Disparities in Behavioral Health ([www.nned.net](http://www.nned.net)) supports nearly 1200 community-based organizations and affiliates serving c/r/e minorities and LGBTQI2-S populations; resource sharing, communities of practice and learning communities
- Identify exemplary programs/practices/policies in communities and community-based organizations, exchange on network
How do we capture the pockets of excellence in disparities reduction and culturally competent, community-driven interventions that serve our communities well?

National Network to Eliminate Disparities in Behavioral Health (NNED)
www.nned.net

Vision: Striving for behavioral health equity for all individuals, families, and communities

Mission: To build a national network of diverse racial, ethnic, cultural and sexual minority communities and organizations to promote policies, practices, standards and research to eliminate behavioral health disparities.

National Network to Eliminate Disparities in Behavioral Health

www.nned.net
What does NNED do?

- LINK community providers, organizations, research/training centers and networks in diverse communities
- IDENTIFY and LINK pockets of excellence; support peer-to-peer exchanges and trainings
- FOSTER provider-researcher collaborations
- DEVELOP an infrastructure for collecting, analyzing and disseminating information, data, best practices, research, and policy
- BUILD CAPACITY through learning collaboratives, communities of practice, and community action
- SUPPORT WORKFORCE development
- IMPACT DISPARITIES through community collaboratives and targeted actions

NNED Structure

Community & Ethnic-based Organizations & Networks

Knowledge Discovery and Diffusion Centers

National Facilitation Center

National Network to Eliminate Disparities (NNED) 2008-2011

2008 – 35 Partners
2009 – 85 Partners
2010 – 323 Partners
2011 – 464 Partners
4 Communities of Practice

Building Best Practices in over 60 Communities

13 NNED Learning Clusters

Linking over 165 pockets of excellence
First in-person professional development opportunity held in Washington DC, June 2011.

2 day in-person training (follow-up webinars and discussion forums for 4 months).

- Committed to Authentic Peer Support Services
  - Lisa Goodale and Olga Wuerz
- Culturally Adapted Cognitive Behavioral Therapy
  - Griselda Vilalobos and Richard Salcido
- Empowering our Spirits: ASIST
  - Mary Cwik, Francene Larzelere-Hinton and Novalene Goklish
- Motivational Interviewing
  - Jennifer Frey
- Strengthening Families Program: For Parents and Youth 10-14
  - Beth Fleming Billings and Janet Brown
- The Four Cs of Collaboration
  - Elizabeth Waetzig and Suganya Sockalingam

Pre-onsite training activities
- surveys, webinars, discussion forums

On-site training
- 2.5 day training
  - Plenary presentation
  - Innovations Collaboratory

Post-training Follow-up
- extensive follow-up training for 6 months through webinars and discussion forums
Culturally Adapted Cognitive Behavioral Therapy for Hispanics
Cultural Adaptation - Defined

- Cultural adaptation is the process of making mental health service delivery culturally competent. Whaley and Davis (2007) define cultural adaptation as:
  any modification to an evidence-based treatment that involves changes in approach to service delivery, in the nature of the therapeutic relationship, or in components of the treatment itself to accommodate the cultural beliefs, attitudes, and behaviors of the target population (pg. 570).

Why Cultural Adaptation?

Four major disparities in mental health treatment are identified in the supplement:

- Minorities have less access to, and availability of, mental health services.
- Minorities are less likely to receive needed mental health services.
- Minorities in treatment often receive a poorer quality of mental health care.
- Minorities are underrepresented in mental health research.

(U.S. Department of Health and Human Services, 2001)

Selective & Directed Framework of Cultural Adaptation - Lau

- Lau (2006) proposes a selective and directed framework of cultural adaptation in which she outlines conditions for when cultural adaptation may be warranted.
- This selective approach focuses on evidence of poor fit and advocates for treatment adaptations that do not change the integrity of the evidence-based practice. The first condition is when “there is evidence that a clinical problem emerges within a distinctive socio-cultural context in a given group” (p. 297). The second condition is when there is “evidence suggesting that certain communities may respond poorly to certain approaches” (p. 299).
Cultural Adaptation Process – Barrera and Castro

• Barrera and Castro’s framework (2006) supports Lau’s proposal and adds steps that investigators should take in the cultural adaptation process. These steps are: 1) information gathering, 2) preliminary adaptation design, 3) preliminary adaptation tests, and 4) adaptation refinement.

Cultural and Linguistic Competence Policy Assessment

• The CLCPA is intended to support community health centers on: (1) improve health care access and utilization, (2) enhance the quality of services within culturally diverse and underserved communities, and (3) promote cultural and linguistic competence as essential approaches in the elimination of health disparities.

CLPA

Cultural and Linguistic Competence Policy Assessment can be found at:
http://www.clcpa.info/

The guide to the CLCPA can be found at:
http://gucchd.georgetown.edu/nccc
CLCPA

- The CLCPA captures a wide range of data in its seven subscales including:
  - Knowledge of Diverse Communities
  - Organizational Philosophy
  - Personal Involvement in Diverse Communities
  - Resources & Linkages
  - Human Resources
  - Clinical Practice
  - Engagement of Diverse Communities.

Cultural Competence

- The NCCC embraces a conceptual framework and model of achieving cultural competence adopted from the Cross et al. (1989) definition. Cultural competence requires that organizations:
  - have a defined set of values and principles, and demonstrate behaviors, attitude policies and structures that enable them work effectively cross-culturally
  - have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of the individuals, families and communities they serve.
  - incorporate the above in all aspects of policy making, administration, practice, service delivery and systematically involve consumers, families, and communities.

Linguistic Competence

- The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.
- Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served.
- The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.
Completing the CLCPA

- **Policy** is defined for the purposes of this instrument as a high level overall plan embracing the philosophy, general goals and acceptable procedures within an organization.

- Formal policy is written and codified. Informal policy is shared and understood verbally, however, compliance may or may not be enforceable and adherence may vary.

CLCPA-Sample Questions

- Is your agency able to identify the culturally diverse communities in your service area?
- Is your agency familiar with current and projected demographics for your service area?
- Is your agency able to describe the social strengths (e.g., support networks, family ties, spiritual leadership, etc.) of diverse cultural groups in your service area?
- Is your agency able to describe the social problems (e.g., dispersed families, poverty, unsafe housing, etc.) of diverse cultural groups in your service area?
- Is your agency able to describe health disparities among culturally diverse groups in your service area?
- Is your agency able to describe the languages and dialects used by the following culturally diverse groups in your service area?
CLCPA Pre-Conference Activity
1) Register – National Center for Cultural Competence
2) DOWNLOAD CLCPA
3) COMPLETE CLCPA
4) SELECT TWO QUESTIONS THAT YOUR ORGANIZATION CAN TARGET FOR POSSIBLE CHANGE
   • CONSIDER COSTS
   • CONSIDER FEASIBILITY
   • CONSIDER TIME FRAME
   • CONSIDER EVALUATION METHOD

Cognitive Behavioral Therapy Basics

Recommended Text: Judith Beck, Basics and Beyond

Beck’s Cognitive Triad for Depression

• People who are depressed have developed depressogenic patterns of thinking

\[ \text{SELF} \quad \text{FUTURE} \quad \text{WORLD} \]
THE CBT MODEL

STIMULUS → APPRAISAL → REACTION

- Emotion
- Physiology
- Behavior

THE CBT MODEL

NO PHONE CALL → SHE HATES ME → I'M A LOSER → REACTION

- Depression
- Fatigue
- Isolation

TREATMENT OUTLINE:
I. PSYCHOEDUCATION
II. COGNITIVE THERAPY
III. BEHAVIOR THERAPY
IV. SOCIAL SKILLS TRAINING
Culturally Adapted CBT Therapy - Articles


Thanks!

Questions

Submitting Questions: Type your question into the Questions Dialogue box and press Send.
NNED Discussion Forum

For access to webinar recordings and slide handouts please visit the NNED forum space at:
http://nned.net/index-nned.php/forums/viewforum/78

To access the forum space you need a username and password. If you haven’t already, please register at:
http://nned.net/index-nned.php/nned_members/member_registration

Contact: info@nned.net