

Mentored  
Internship  
Program



# Behavioral Health Evidence-Based Practices with Historically Excluded Communities

**Presented by:**

Nyla Christian, NCIP, CPRSS, NCLC  
Founder, LivingWell Project



# Indigenous Land Acknowledgement

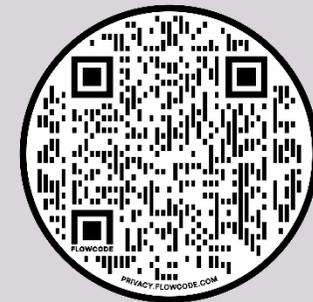
- We respectfully acknowledge that we live and work in territories where indigenous nations and tribal groups are traditional stewards of the land. Our California office resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

## Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code





# Advocates for Human Potential, Inc. (AHP) MIP Team



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# Nyla Christian

- Founder and Chief Director of LivingWell Project, Women's Recovery Development Network
- Founding lead, Las Vegas Mayor's Faith Initiative on Addiction
- Lead facilitator, NAMI Sharing Hope
- Nationally certified interventionist, peer recovery support consultant, and empowerment coach
- Founding board member, Center for African American Recovery Development



Image source: [The LivingWell Project](#)

# Our Learning Objectives

Participants will be able to:

- Understand the need for culturally relevant behavioral health practices.
- Identify different levels and types of cultural adaptation.
- Learn about successful cultural case studies.

# Our Safety Agreements

- Open-mindedness
- Respect
- Encouragement



# What Defines an “Excluded” or “Marginalized” Community?

- A marginalized or excluded community is a group of people who are denied access to the opportunities, benefits, and privileges that the majority of society enjoys, by way of systemic barriers.
- Poverty, race, ethnicity, language, and geography all contribute to community marginalization.



# How and Why Are Communities Marginalized?

## Cause & Effect

- Unequal power relationships across economic, political, social, and cultural dimensions.
- Individuals in underserved groups may have limited access to health care, adequate education, and other essential services.

## Result & Solution

- Significant impact on health and well-being causes generational carryover of inequities and lack of equity.
- Including the customs and traditions of historically marginalized communities enhances how we interpret and present behavioral health advances.

# Evidence-Based Practices

## Advantages

- Identify effective interventions based on reviews of studies.
- Evidence-based practice (EBP) services receive support from a broad research base.
- Identification of EBPs may allow funders to direct limited resources.

## Disadvantages

- Limiting services to EBPs may fail to incorporate models supported by consumers.
- Many existing services or programs have yet to be included in research.
- Evidence that examines the long-term effects of some EBPs does not exist.

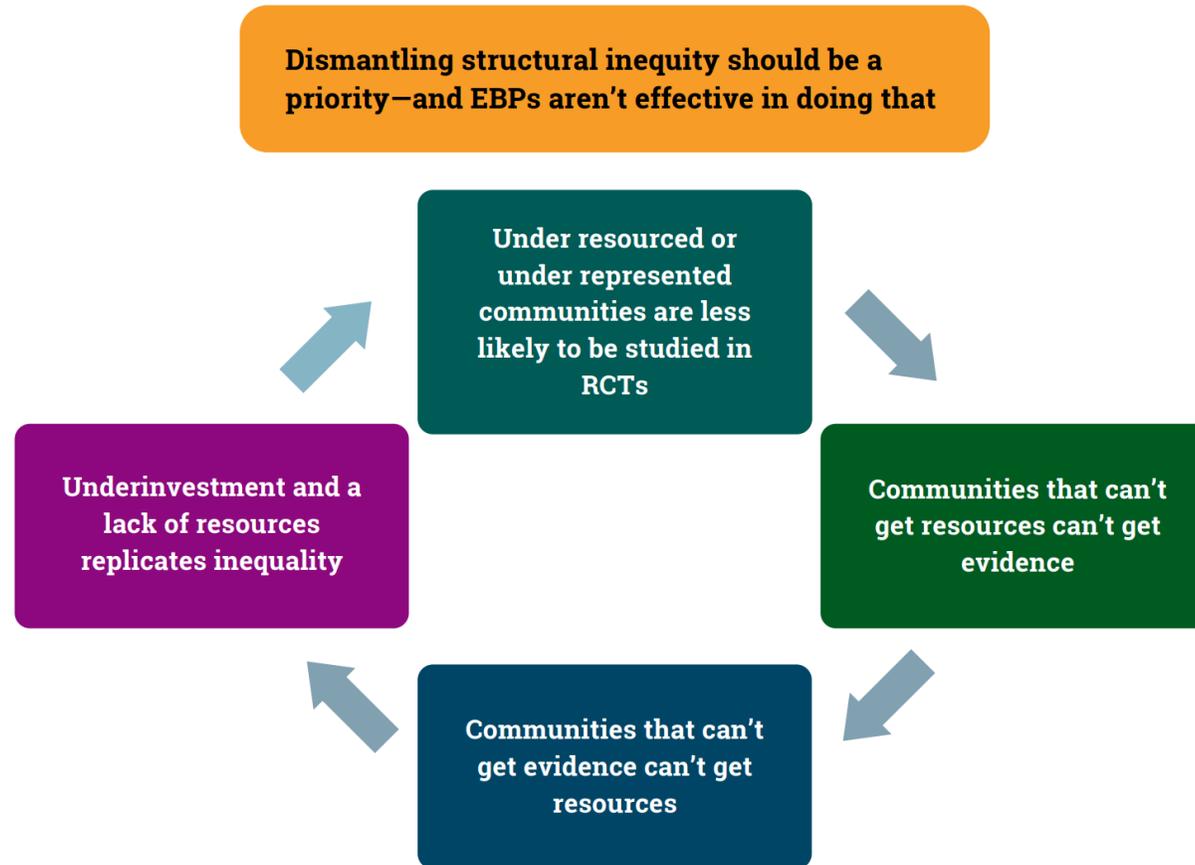
# Why Don't EBPs Work for Underserved Communities?

EBPs are often prepared for the general population without taking into account the specific requirements and cultural variations of underprivileged populations.



As a result, these initiatives may be ineffective for these populations, who may have distinct health beliefs, cultural practices, and health care access methods. (SAMHSA, 2022)

# Evidence-Based Programs



# Evidence-Based Practice vs. Practice-Based Evidence

EBP allows for accountability to consumers, their families, and the communities in which they live.

PBE allows for the cultural context and characteristics that represent those consumers, families, and communities.



Photo by Siviwe Kapteyn on Unsplash

# Cultural Adaptation



The practice of changing an evidence-based program to better match the requirements and cultural context of a given community.



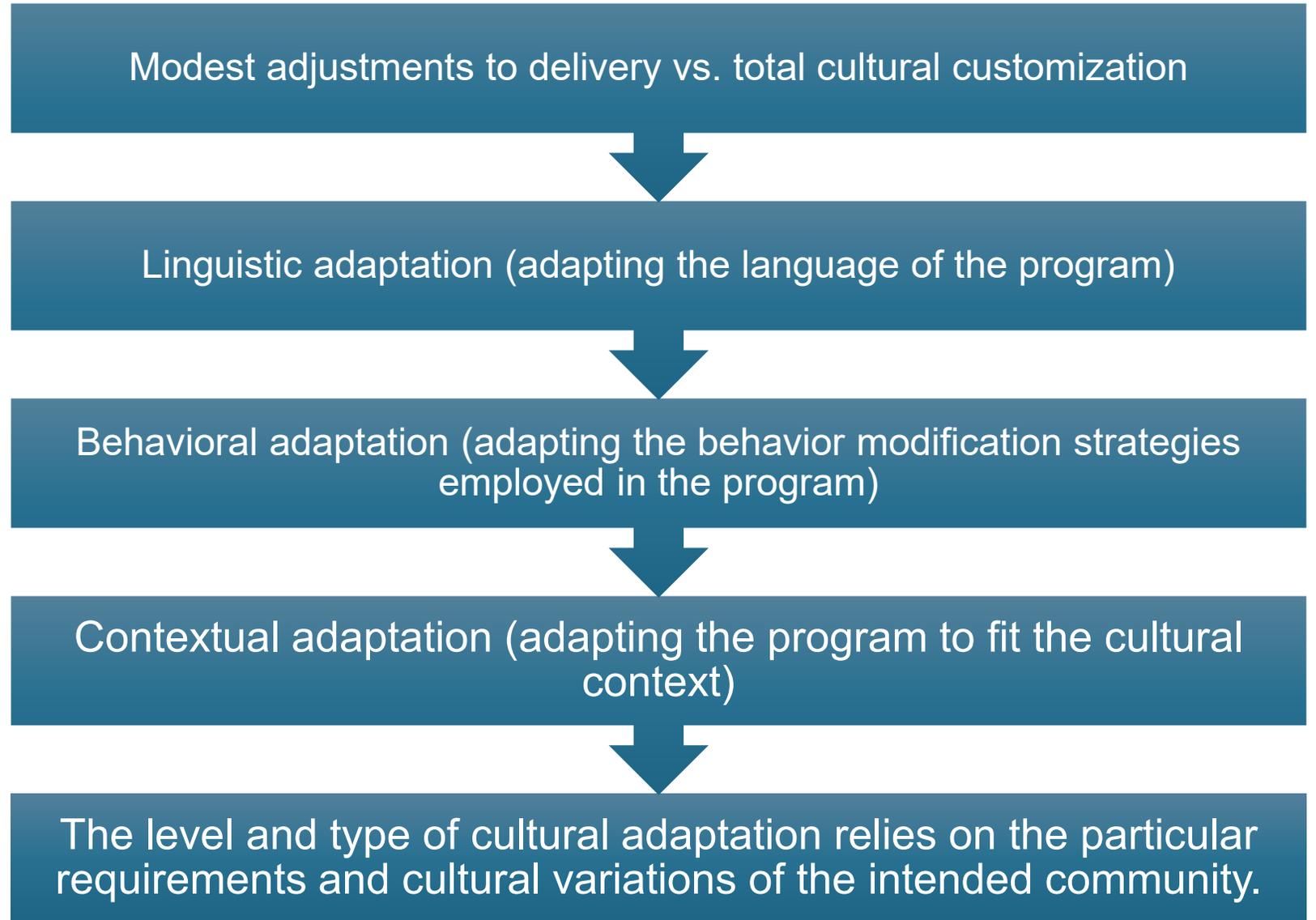
Cultural adaptation of EBPs can increase their efficacy and effectiveness by taking into consideration the intended population's specific demands and cultural variations.



Culturally adapted EBPs have been proven in studies to enhance health outcomes, boost patient satisfaction, and increase treatment participation. (Gray, 2021; SAMHSA, 2021)

# Levels & Types of Cultural Adaptation

(SAMHSA, 2022)



# Documenting Culturally Effective Programs and Practices

<b>Be</b>	Be informed by multiple sources of evidence, including quantitative and qualitative research, theory, practice, and evaluation.
<b>Allow</b>	Allow those who implement the program to make changes and improvements based on what they are learning.
<b>Understand</b>	Understand that “evidence-based” doesn’t have to mean based in experimentation.

# Process: Culturally Adapting EBPs

1

Conduct research to comprehend the intended population's particular requirements, cultural beliefs, and behaviors.

2

Participate in the adaptation process with members of the intended population to ensure that the program is culturally appropriate and fits their requirements.

3

Adapt the program's content and delivery to the cultural context and needs of the intended audience.

4

Evaluate the program's efficacy and cultural applicability to determine any required modifications. (SAMHSA, 2022)

# Steps to Culturally Adapting an EBP

- Make a cultural analysis: Learn the norms that people in the area hold dear.
- Get involved in your neighborhood: To make sure the program is suitable for the culture, it's important to involve members of the community in the adaptation process.
- Program change: Include cultural norms and assumptions in the program's structure and presentation.
- Evaluation of the program: Keep an eye on the program to make sure it's working as intended and fitting in with the culture.
- Note the steps taken: Documenting the cultural adaptation process is essential if it is to be used as an EBP in the future.



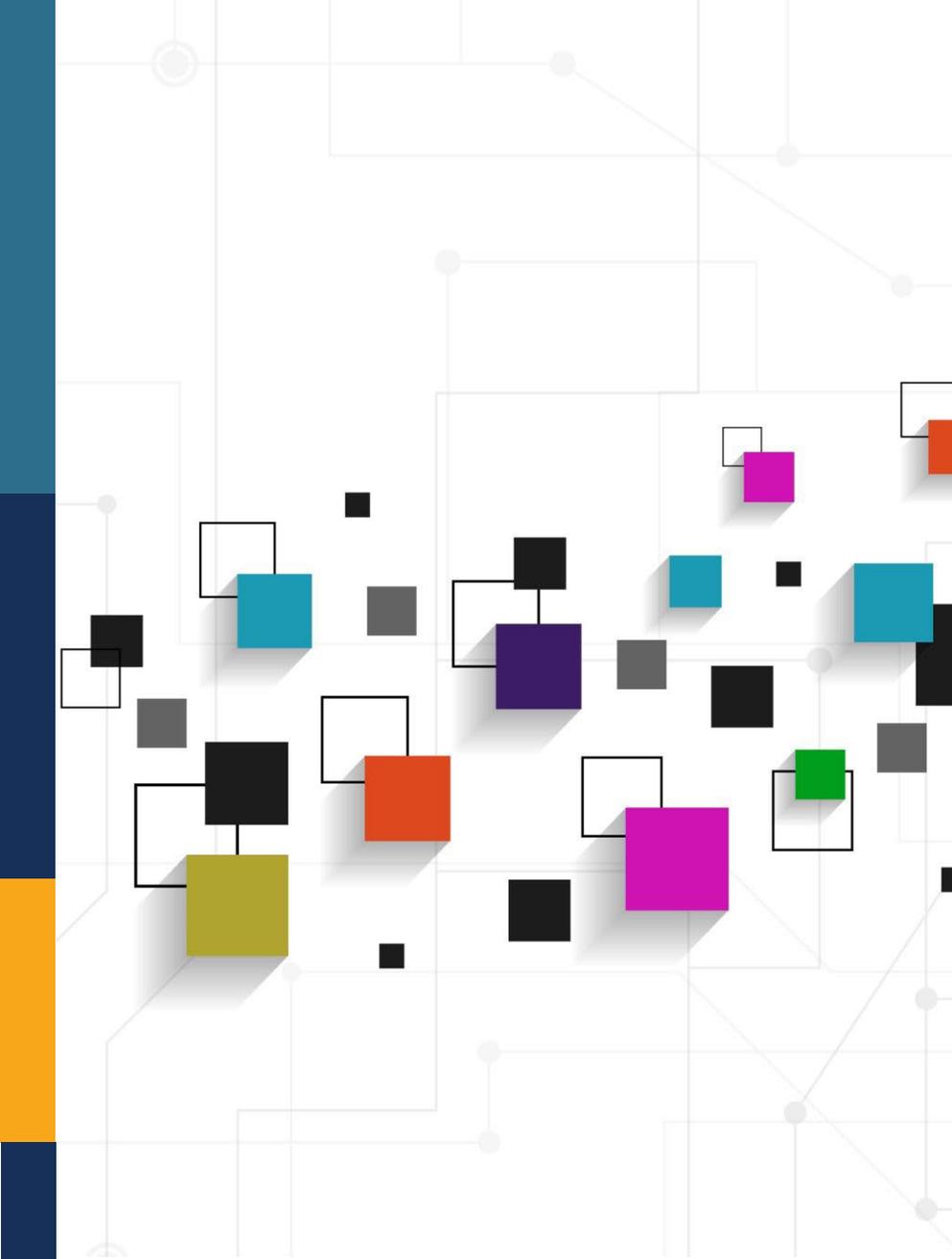
# Documenting Research and Culturally Rooted Work

- Research and best practices in cultural adaptation must be documented to serve as a guide for future efforts and to ensure that the highest standards are maintained.
- What works and what doesn't in reaching out to various communities can be better understood in this way. Successful culturally adapted EBPs can be disseminated to more people in need because the process of adaptation can be documented and shared with others.
- Documenting work with deep cultural roots can help shape the evolution of evidence-based practices for the future.
- Researchers and practitioners can improve upon what has worked in the past when it comes to cultural adaptation, shorten the time it takes to adapt EBPs, and make them more effective overall by incorporating lessons learned from previous cultural adaptation efforts.

# CULTURE CASE STUDIES

## African American Women





# Culture Case Studies

## *Best Practice Highlights: African Americans/Blacks* by Rahn K. Bailey, M.D.

- People who identify as Black, including African Americans and more recent African and Caribbean immigrants, constitute around 13.2 percent of the U.S. population, or 42 million people.
- In terms of mental health, this community faces various obstacles, including greater rates of psychological discomfort, poverty, and exposure to violence. Slavery, segregation, and prejudice from the past have contributed to the socioeconomic inequities that exist now.

### **Key Takeaways:**

- Black adults are 20 percent more likely than White adults to have serious psychological distress.
- In the Black community, social variables such as poverty, race, and victimization can have an effect on mental health.
- Slavery, segregation, and prejudice have contributed to socioeconomic inequities and distrust in the health care system. (Bailey, n.d.)

# Evidence-Based Practice: Peer Support Model

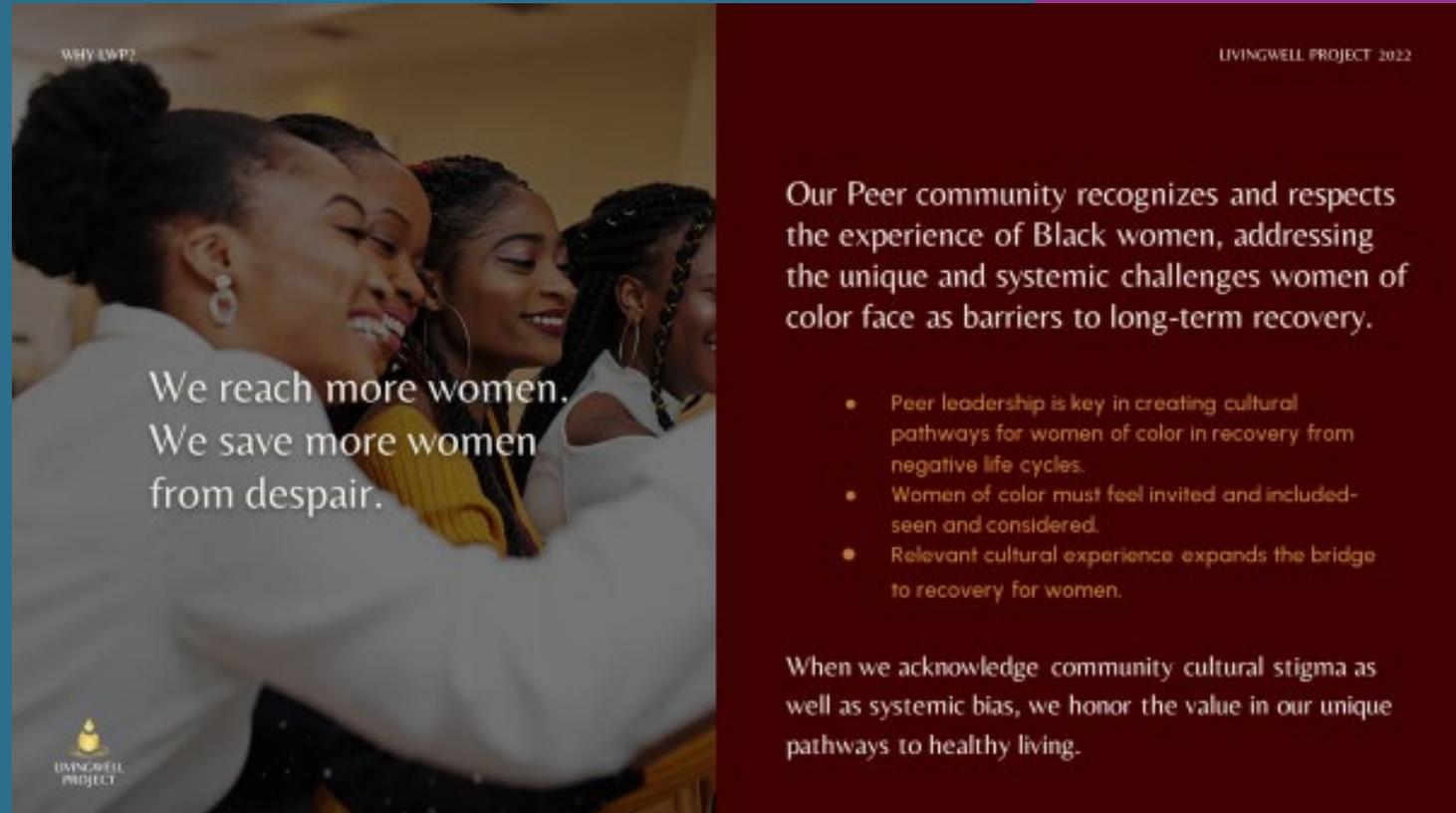
- Peer support encompasses interactions between people who have shared similar experiences of being diagnosed with mental health conditions.
- Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships. (Mead & McNeil, 2006)
- By sharing their own lived experience and practical guidance in a supportive rather than directive nature, peer workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building functional lives. (Promise Resource Network, 2016)
- Peer support has a humanizing effect on care, and individuals feel their challenges are better understood. (Repper & Carter, 2011)
- People appreciate the way peer support provides a personal connection to understanding their health and expanding their own self-management. (Peers for Progress & the National Council of La Raza, 2014)
- Peer support was declared an evidence-based practice by the Centers for Medicare & Medicaid Services in 2007.

# Bringing Culture to Recovery



# Peer Support in the Black Community

- Helps people maintain well-being and prevent illness.
- Helps people “cope with stress or emotional and psychological challenges.”
- “Engage[s] those who are poorly reached by health care systems and interventions.”



“[Women] appreciate the way peer support provides a personal connection to understanding their health and expanding their own self-management.”

(Mental Health America Center for Peer Support, n.d.)

# Community-Based Participatory Research

Collaborative research approach that establishes participation of:

- Historically underserved communities affected by unique issues.
- Representatives of organizations that are directly involved in their own communities.
- Researchers who are studying the issue—resulting in co-learning and reciprocal transfer of expertise.

RESEARCH LIVINGWELL PROJECT 2022



Over 50 Black women attended the LWP Our Voices: Black Women, Wellness & Wisdom (February 2022). A focus group of 12 participated in our survey asking participants to list barriers to wellness.

According to these women they had personally witnessed the following barriers in terms of cultural adaptability, affordability and acceptability:

- Poor Cultural Competency Among Non Black Clinicians (75%)
- Cost of Treatment (67%)
- Family & Community Shame around Behavioral Health/Cultural Stigma/ Lack of Diversity in Healthcare (58%)

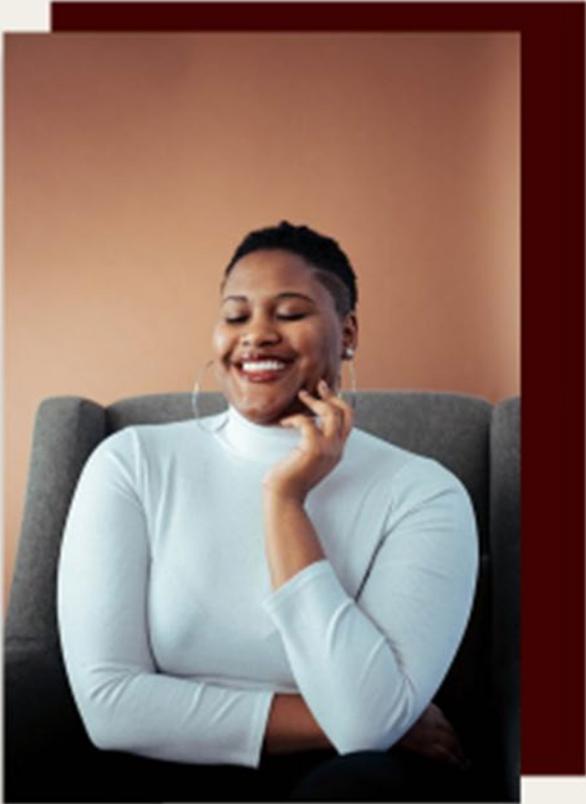
Industry says:

*"African American women...have a need for more treatment than they are seeking or receiving and little is known about how they engage in the treatment seeking process." (Schmidt, et al. 2006)*

# Community-Based Participatory Research

RESEARCH

LIVINGWELL PROJECT 2022



Respondents in the same survey also listed the following elements as essential to success in long term recovery:

- Peer Support Services (83%)
- Alternative Healing Therapies/ Substance Use Disorder Treatment (75%)
- Mental health Treatment (67%)

Industry says:

*“Rapidly changing demographics will challenge mental health professionals to provide culturally relevant services that match the needs, values, and beliefs of a more culturally diverse society.”*

Social Work Public Health, 2013; 28(0): 440–460. doi:10.1080/19371918.2013.774811

# Community-Based Participatory Research

RESEARCH

LIVINGWELL PROJECT 2022



**LWP Focus Group research shows that Black women express interest in support solutions:**

- Addressing the Trauma of Racism in Addiction Services
- Peer Support Services- Creating LifeBridges
- The Myth of The Black SuperWoman: Functioning High, Spiritually Low
- Carceral System Challenges- Activism & Advocacy
- Suicide Prevention-Individual and Community Training

**Industry says:**

*"The culture of recovery is an informal social network in which group norms (prescribed patterns of perceiving, thinking, feeling, and behaving) reinforce sobriety and long-term recovery from addiction."* "Drug Cultures and the Culture of Recovery:  
<https://www.ncbi.nlm.nih.gov/books/NBK248421/>

(Research Data Source: LWP Participatory Research Poll- Our Voices: Black Women, Wisdom & Wellness- Conversations about Recovery, February

# Bringing Culture to Recovery

LIVINGWELL PROJECT 2022

A Recovery Community Organization, A Sisterhood, A Lifeline



## WE ARE WOMAN KING

### Our Voices: Black Women, Wellness & Wisdom

SisterHood Networking & Conversation Series

Promoting culturally competent wellness supports to empower Black Women

*"Sisterhood is a life-line. Our Sisters remind me who I am, why I am, and what I'm here to do. My Sisters reflect my power, my truth and our shared identity. Black Women need and deserve a space to heal. We are the only ones that will create space for ourselves."*

— Nyla Christian, NCIP, NCLC, CPRSS- Founder, LivingWell Project



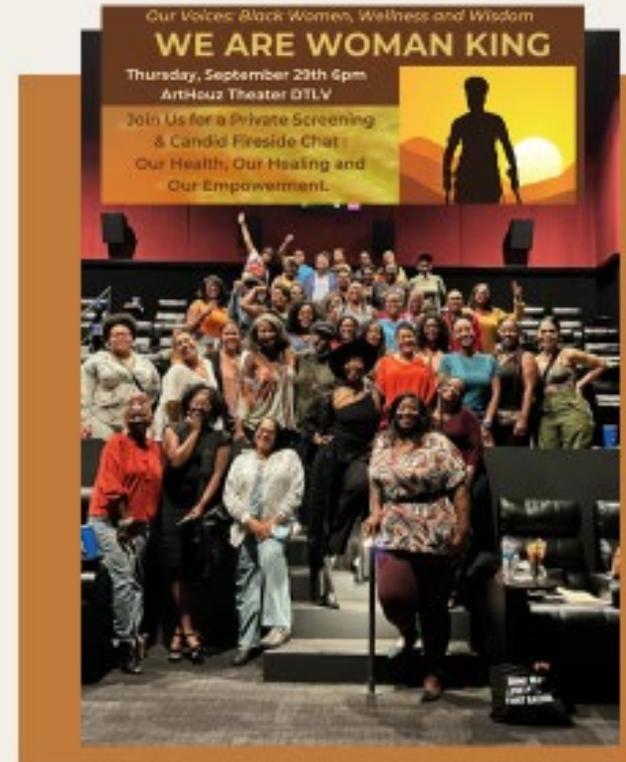
# Bringing Culture to Recovery

LWP RESEARCH

LIVINGWELL PROJECT 2022

**LWP We Are Woman King September 2022**  
Focus Group research shows that Black women express interest in wellbeing solutions:

- Mental Health Treatment & Support
- Holistic Healing Therapies
- Building Community Bridges
- Public Health Awareness
- Depression and Anxiety Treatments



A group of African American men are gathered outdoors, possibly at a social event. In the foreground, a man in a grey t-shirt with a circular logo that says 'SENIOR CLASS OF 78' and a star is looking towards the camera. To his right, another man in a red hoodie is looking towards the right. In the background, several other men are visible, some smiling and looking upwards. The lighting is bright, suggesting a sunny day.

# EBPs: CULTURE CASE STUDIES African American Men

# Culturally Relevant Behavioral Health Interventions

- Designed to meet the unique daily customs of underserved populations.
- Incorporate cultural components.
- Consider the efficacy of culturally adapted therapies.



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# Conclusion

Culturally modifying EBPs for underprivileged groups is essential for delivering effective and culturally acceptable support.

These cultural case studies illustrate the efficacy of culturally tailored EBPs and the significance of comprehending the distinctive needs and experiences of distinct communities.



Continued deployment and investigation of culturally tailored EBPs are essential for ensuring that underprivileged groups receive the highest quality care available.

It is essential to recognize the obstacles and difficulties experienced by these communities and to seek to overcome them using culturally customized EBPs.



The call to action for continuing study and implementation of culturally adapted EBPs is essential to ensuring that underprivileged communities receive the treatment and support they require to live healthy, fulfilled lives.

# Breakout Rooms



**Ed Partner:** What do you think your educational institute does well to prepare students in diversity, equity, and inclusion? And do you believe it prepares them for the workforce? How can we ensure that our Evidence-Based Practices are sensitive to cultural differences and responsive to the needs of underprivileged communities?



**Behavior Health Organizations:** What do you think your organization can do to focus more on cultural influence in Evidence Based Practice (EBP)? What difficulties have you faced while exploring and adapting Evidence-Based Practices for underprivileged communities?



**Mentors:** How do you believe cultural adaptation can enhance the efficacy of Evidence-Based Practices for marginalized communities?



**Interns:** Call to Action! In the immediate, what can you do personally to infuse culture in your current work/school/community setting or practice?

# Upcoming Events and Important Reminders

<b>March MIP Events:</b>		
Lunch & Learn—Supporting Mentors	3/21/23	12–1 p.m.
<b>April MIP Events:</b>		
Webinar—Sustainability	4/4/23	12–1 p.m.
Webinar Series: Continuing the Conversation—Sustainability	4/5/23	1–2 p.m.
Mentor Open Office Hour	4/13/23	12–1 p.m.
Intern Open Office Hour	4/13/23	2-3 p.m.
Lunch & Learn: Grant Writing: How to write a grant and identify funding	4/18/23	12-1 p.m.
Continuing the Conversation : Grant Writing	4/19/23	1-2 p.m.

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