

## Innovation Brief

# The Cultural Enhancement Model for Evidence-Based Practice

Interest in developing and testing cultural adaptations has grown in proportion to the widespread adoption of policies to support the implementation of evidence-based practice (EBPs). One significant challenge for EBP dissemination is the perception that EBPs are not responsive to cultural needs and preferences and thus conflict with standards of culturally competent best practice. The University of Washington Division of Public Behavioral Health & Justice Policy developed the Cultural Enhancement Model to provide feasible guidance to agencies and practitioners for how to incorporate culturally-relevant strategies into evidence-based practice to improve both community and client-level engagement.

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### The Issue

Several common challenges exist within multiple service sectors that work against the wide availability of adherent, evidence-based practices in community settings.

**EBPs are seen as inflexible.** A fundamental value within social work and psychology is the tailoring of practices to the unique needs and diversity of family systems and individual cases. Consequently, to the degree that evidence-based practices are seen as rigid, inflexible and “one size fits all” approaches to treatment, there is pushback and reluctance to adopt or even seriously investigate these programs. This concern is compounded when discussing minority populations. Skeptics voice concern that EBP clinical trial populations lack cultural diversity and the practices therefore cannot be generalized to minority clientele.

**EBPs don’t allow practitioners’ to exercise clinical judgment.** Practitioners have concerns

about the ability to exercise clinical judgment within a manualized framework that accounts for complexity of real life cases. Practitioners may also be skeptical and even offended when implementation is perceived as a “top down” approach with little effort towards collaboration, even when the practice under discussion has good evidence of effectiveness with the targeted population.

### Innovations

The Cultural Enhancement Model (CEM) addresses engagement factors at the community and individual-level in order to overcome barriers to EBP dissemination and program retention. It is built on the assumption that the core components of the program are viable across multiple cultural groups and that the program can be effectively enhanced through therapist matching, using appropriate language, incorporating culturally relevant metaphors and improving therapist knowledge of culturally appropriate therapeutic strategies.

The five phases of the CEM best apply if a program has already been implemented for more than six months. However, they are also relevant for selecting and implementing an EBP. Areas are identified for enhancement based on the local experience of therapists and clientele rather than a theoretically-driven set of recommendations.

• **Phase 1: Identify community advisory team and agree on a work plan.**

Assemble an enhancement team to develop and agree upon a work plan for the process. The team includes both a larger advisory group and a smaller working group. Members making up the working team include, at a minimum, the funding agency, the implementing agency, at least one individual that represents the community/culture of interest, a consultant or supervisor that oversees the program practitioners (therapists/coaches) and one of the practitioners. The first task of the working group is to develop a work plan for the project. As the project moves forward, this work plan can be reviewed and amended as necessary so that all partners are kept informed about the project's progress.

• **Phase 2: Information gathering.**

This phase involves an assessment of what elements of the program are working or not working well with the target clientele. After information about program functioning is collected from both purveyors and clients, the information is put together in a way that outlines a clear strategy for addressing identified needs. The CEM model suggests organizing this strategy in the context of three areas of focus: Policy, Training and Conceptual Translation. The policy focus relates to the engagement goals that require changes in administrative-level policies around funding or contract language. Training might include cultural sensitivity modules, consultation and booster sessions. Conceptual translation refers to the way in which program concepts are presented and explained to families. Once the areas for enhancement are identified, a document that summarizes the results of the information gathering phase and areas for improvement

can be circulated to the advisory group for comment and approval.

• **Phase 3: Development.**

The development process takes place primarily among the working group members to keep the process moving along quickly. A key task in the phase of development is deciding how the needs will be met through either training, policy change or product development. Once the objectives are outlined, the working team can move quickly to develop or contract for the identified enhancement products.

• **Phase 4: Implementation.**

Implementation includes providing the enhancement training to therapists/coaches and supervisors as well as any policy-level changes identified in the work plan.

• **Phase 5: Evaluation.**

Evaluation should focus on both process and outcomes and serves at least two primary purposes. First, an evaluation will provide process-related information regarding the usefulness of the training, allowing the development team to alter aspects of the enhancement if necessary, and/or learn lessons to apply to booster sessions and additional enhancement projects. Second, an evaluation will provide feedback on whether the enhancement led to changes in therapist proficiency and was well-received by clients. The primary purpose of the enhancement process is to increase community uptake and client engagement. Consequently, evaluating whether the program led to significant improvements in client outcomes in comparison to treatment as usual is not a central focus of the model.

**Cultural Enhancement Model – Phases**

**1. Identify community advisory team and agree on a work plan.**

**2. Information gathering.**

**3. Development.**

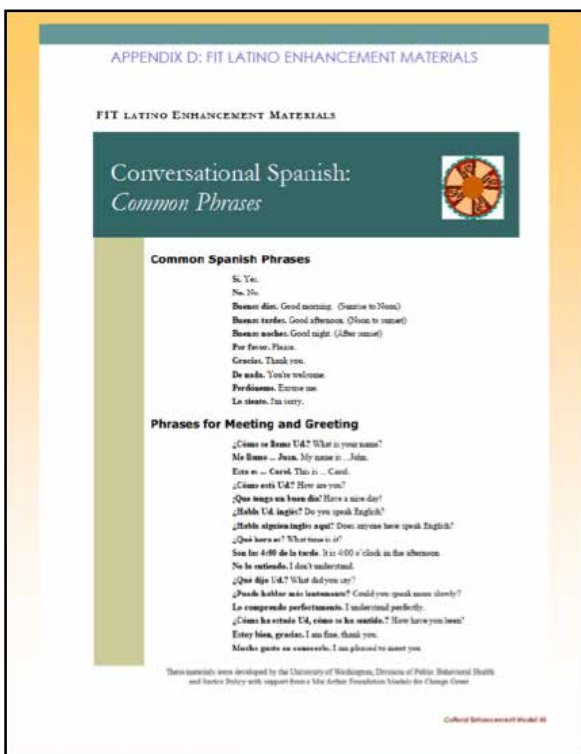
**4. Implementation.**

**5. Evaluation.**

The CEM model represents a synthesis of research and experience. The model is intended to act as a guide for how an agency might implement its own process of developing a localized enhancement of an evidence-based practice. The CEM incorporates what is known in the literature regarding culturally sensitive and effective practice as well as lessons learned from a pilot test of the model.

## Results and Lessons

The University of Washington Division of Public Behavioral Health & Justice Policy developed a cultural enhancement for Family Integrated Transitions (FIT) – a program comprised of three EBP for youth with co-occurring disorders transitioning from secure care back into the community. At the time the pilot was launched, FIT had served nearly 700 youth statewide with Latinos composing nearly 10% of participants.



As a result of applying the CEM model, additional training on conversational Spanish was recommended. This list of common Spanish phrases was developed for FIT coaches.

Shifting state demographics suggested that FIT was especially appropriate for the CEM model because it necessitates that the therapist develop a therapeutic relationship with the youth and their parents. Consequently, it is essential that the core components of the program are relatable and appropriate for diverse cultures.

Applying the CEM model, recommendations for cultural adjustment were derived from in depth interviews with families, coaches, consultants and supervisors, as well as the expert consultation of a Latino therapist familiar with FIT. Recommended adjustments included:

- **Additional training** for FIT coaches on topics such as conversational Spanish, cultural sensitivity and effectively working with a translator;
- **Improving family engagement** by providing FIT coaches with information on relevant community resources; and
- **Enhancing the interest and application** of conceptual skills for Latino families.

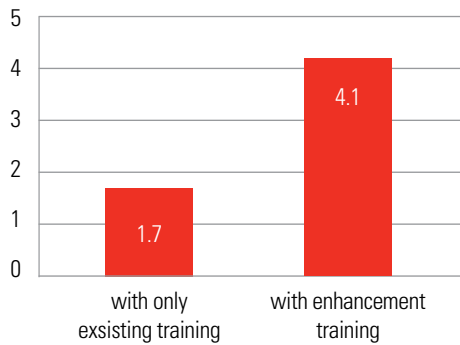
## Looking Forward

An initial evaluation of the enhancement process with Family Integrated Transitions (FIT) found that the enhancements were very well-received by FIT therapists who felt that the one-day training and materials improved their work with Latino families. After completing the enhancement training, FIT therapists reported feeling substantially better-prepared to work effectively with Latino families. Additional work is being done to apply the CEM with other communities in Washington.

Cultural adaptations are recommended as a bridge between evidence-based practice and cultural competency concerns in clinical practice. However, many models are time intensive and infeasible for widespread use at the local level. The CEM proposes a strategy that aims to address both community- and client-level engagement within a framework that can be flexibly and locally applied. It is hoped that CEM strategy for encouraging the uptake of EBPs can make a significant

contribution to the effort to more widely disseminate research-based, culturally appropriate programs in behavioral health, justice and other social systems.

### On a scale of 1-5, how well is training preparing you to work effectively with Latino families?



### Resources

A Toolkit for Applying the Cultural Enhancement Model to Evidence-Based Practices (2011)

<http://www.modelsforchange.net/publications/476>

Evidence-Based Practices with Latino Youth: A Literature Review (2010)

<http://modelsforchange.net/publications/477>

Truancy and Hispanic Focused Evidence-Based Programs (2009) <http://www.modelsforchange.net/publications/418>

For more information, contact primary author Sarah Walker, Research Assistant Professor, University of Washington Division of Public Behavioral Health & Justice Policy [secwalkr@uw.edu](mailto:secwalkr@uw.edu).

Editor: Hathaway Burden, Project Manager, Center for Children & Youth Justice, [HCBurden@ccyj.org](mailto:HCBurden@ccyj.org).

This brief is one in a series describing new knowledge and innovations emerging from *Models for Change*, a multi-state juvenile justice reform initiative. *Models for Change* is accelerating movement toward a more effective, fair, and developmentally sound juvenile justice system by creating replicable models that protect community safety, use resources wisely, and improve outcomes for youths. The briefs are intended to inform professionals in juvenile justice and related fields, and to contribute to a new national wave of juvenile justice reform.