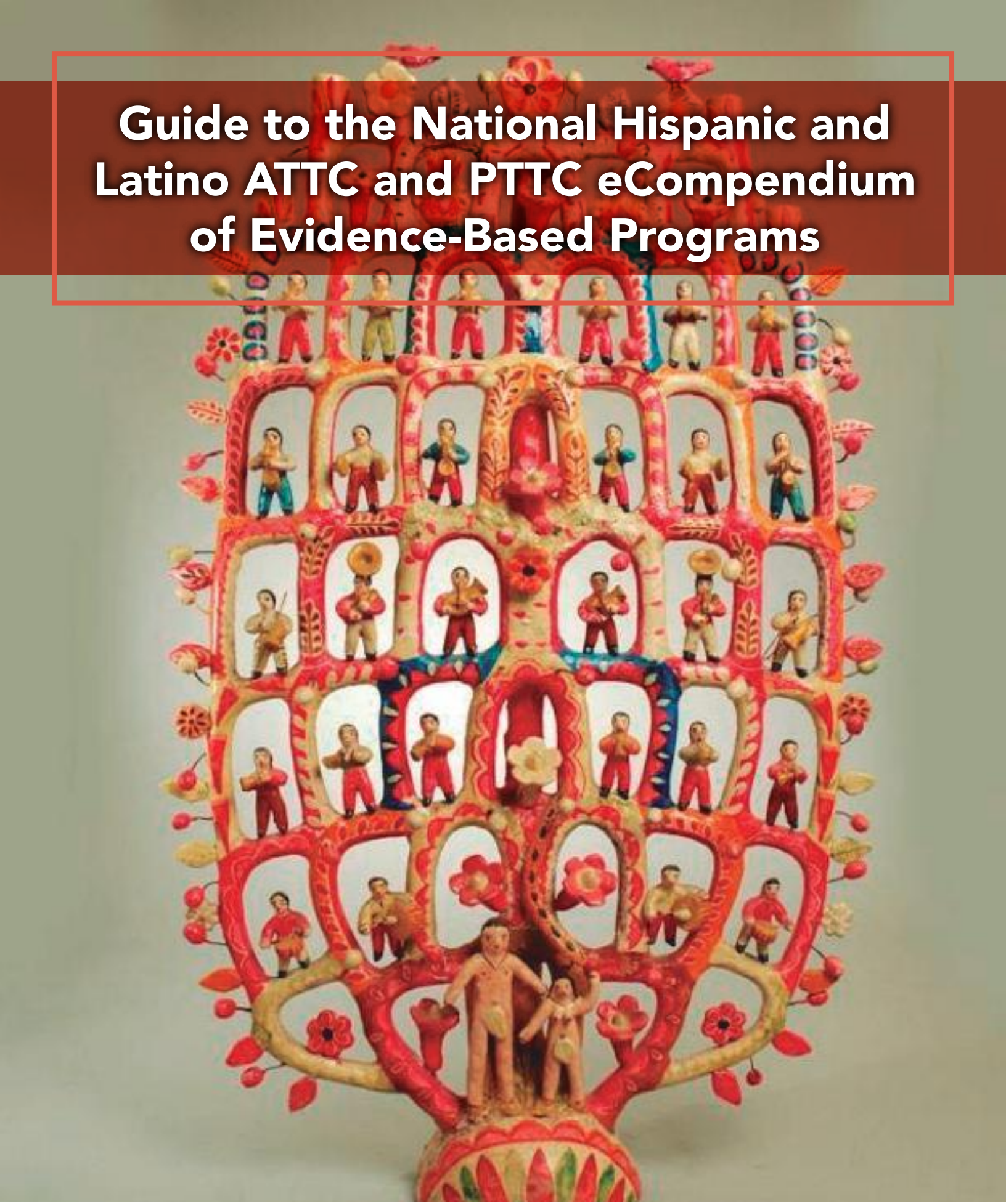
Guide to the National Hispanic and Latino ATTC and PTTC eCompendium of Evidence-Based Programs



National Hispanic and Latino ATTC Addition Technology Transfer Center Network

National Hispanic and Latino PTTC Prevention Technology Transfer Center Network

SAMHSA Substance Abuse and Mental Health Services Administration

National Latino Behavioral Health Association NLBHA

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Guide to the eCompendium

The Guide and eCompendium is a project of the SAMHSA funded National Hispanic and Latino Addition Technology Transfer Center (NHL-ATTC) and the National Hispanic and Latino Prevention Technology Transfer Center (NHL-PTTC) housed at the National Latino Behavioral Health Association (NLBHA). The National Latino Behavioral Health Association (NLBHA) is committed to addressing the mental health and substance misuse issues facing Latino/Hispanic communities and advancing Hispanic/Latino access and utilization of mental and behavioral services in their communities.

Specifically, the eCompendium focuses on Evidence-Based Programs (EBPs) that target:

- Alcohol or other substance misuse
- Tobacco/nicotine use (including vaping)
- Behavioral or emotional functioning
- Suicide risk
- Post-traumatic stress

The term Latino(s) used in this document refers to Latina(s) and Latino(s) for the sake of brevity. However, it should also be noted that there is considerable cultural variance among individuals within the Latino population.

I. What Is the Purpose of the Guide and the eCompendium:

Nothing About Us Without Us

The eCompendium and its accompanying Guide fulfills the need to centralize EBPs and related research characteristics in one source in order to find the "best fit" EBPs for the Latino communities for which they are intended. Interested parties may include an organization or agency director, prevention staff, behavioral health and school program providers/leaders, participants of a program, and/or community in the selection of an EBP from the eCompendium.

The *purpose of the Guide* is to facilitate a decision-making process in selecting EBPs appropriate for Latino communities and implementing the program as a culturally responsive practice. The goal of the selection process is to create the optimal fit of the research-based program to a particular setting and community. The Guide describes a process for the user to find the best *practical fit* for the community in which the program will be implemented using *experiential* and *contextual evidence.*

Definitions

Practical Fit: "The degree to which a program or practice is a good match for the people involved and the community overall" (SAMHSA, 2018, p.5).

Experiential Evidence: "is based on the professional insight, understanding, skill, and expertise that is accumulated over time" (Puddy & Wilkins, 2011, p. 3).

Contextual Evidence: "is based on factors that address whether a strategy is useful, feasible to implement, and accepted by a particular community" (Puddy & Wilkins, 2011, p. 3

The purpose of the eCompendium is to assist and inform service providers, directors, administrators, and education leaders in the selection of research evidence-based programs that are likely to be better suited to the participant population and community needs.

The eCompendium is intended to help decision makers and communities find the EBP that is the best conceptual fit (Substance Abuse and Mental Health Services Administration, 2018, p. 5) and to engage in a preliminary determination of practical fit (e.g. number of Latinos or geographical locations in the samples of the studies reviewed by the registries) to a community.

Definitions

Research evidence: Is based on experimental or quasi-experimental studies.

Conceptual fit: "The degree to which a program is a good match for the job that need to be done" (SAMHSA, 2018, p. 5); i.e., addresses the target problems or risk factors for the focus population.

The programs selected are derived from six registries reviewed for the eCompendium. Some of the programs listed in the eCompendium require specialized training and skills to implement. The provider should therefore be appropriately trained, certified, or licensed to implement a particular EBP.

II. What Is the Difference Between Evidence-based Programs and Evidence-based Practice?

Most researchers, direct service providers, agency directors and administrators, education leaders, and policy makers support the effort to promote and use evidence-based prevention and intervention programs. Using an EBP from registries that have rigorous criteria for determining which programs have a strong evidence base has a higher likelihood that the program will yield positive outcomes. Registries vary considerably in how they identify a program as evidence-based and listing in a registry may not be an indication the program is evidence-based. The program may be designated a "promising" or "emerging" program and not yet considered to be evidence-based. *However, it is important to recognize that there are various types of evidence that should be considered in the implementation of an EBP.*

Puddy & Wilkins (2011) from the Centers of Disease Control and Prevention describe three types of evidence: *Research evidence, experiential evidence, and contextual evidence. Research evidence* is closely aligned with *conceptual fit. Experiential and contextual evidence* is closely aligned with *practical fit.*

An evidence-based practice is the integration of research-based evidence with experiential and contextual evidence. Experiential and contextual evidence is available (but often not acknowledged) largely in the local communities and organizations for which these programs are intended and are essential in optimizing the practical fit of a program to a community.

Example

An organization might be considering two EBPs focusing on building resiliency in male youth. The organization provides services for inner-city Latino youth and their low-income, primarily single-parent, families. Both EBPs have equal evidentiary support One EBP is a family-oriented resiliency program targeting male youth that has been shown to be efficacious with suburban non-Latino/Hispanic middle-income whites . The program encourages family activities such as neighborhood barbeques, father-son sport activities in local parks or health and fitness clubs and family outings like camping The other family oriented resiliency program has been shown to be efficacious with inner- city minority youth from low-income and largely single-parent families living in public housing projects It encourages family activities in local churches, youth involvement in local Boys and Girls Clubs or in volunteer activities to help the local community (e g . food pantries) and the creation of a community-initiated mentorship program pairing male youth with strong male role models The second EBP is clearly a much better practical fit for this organization to address the needs and circumstances of its community.

III. What Are the Differences Among the Four Types of EBPs?

The eCompendium describes four types of EBPs based on population samples on which the EBPs are developed and the degree of their attention to culture and ethnicity:

Generic Program

Is a program originally developed on primarily (with some representation of various minority ethnic/racial groups) or exclusively on the majority ethnic group (i.e., European Americans). Generic programs are often assumed to be, in a general sense, applicable to all populations, regardless of ethnic, cultural, or other sociodemographic differences.

Culturally Informed or Culturally Responsive Program

Is a type of generic program in which the developers state that: (1) the program took cultural factors into consideration in developing the program or (2) the program allows for taking cultural factors into consideration in implementing the program. The developers of these programs do not explicitly indicate that their program was culturally adapted for any ethnic minority group or is culture-specific for any particular group. The guidelines for how the program is, or can be made to be, culturally informed or responsive is often quite general and not very specific in these types of programs.

Culturally Adapted Program

Is a generic program that has been culturally adapted for use with a specific minority ethnic group (e.g., Puerto Ricans). A generic program can be culturally adapted only to the degree that it does not deviate too much from the theory and method of the generic program and requires the approval of the developer of the generic program to ensure fidelity to the program theory and method.

Latino-Specific Program

Is a program that has been developed exclusively for a particular Latino subethnic group (e.g., Mexican Americans). Latino-Specific programs are the most culturally responsive for the specific subethnic group for which it was developed.

Table 1
Pros and Cons of the Four Types of EBPs

Program Type	Types of Users	Pros	Cons
Generic (G) Programs	All groups, but samples of studies used to establish program as an EBP are largely non-Hispanic White (Note: Latinos account for about 19% of the U.S. population)	■ Comprise the majority of EBPs in registries. ■ Best researched/ studied programs. ■ May be applicable to a wide range population in terms of ethnicity/race.	■ May not be as effective with populations that differ significantly from those on which the EBP was developed and assessed for efficacy/effectiveness. ■ Use of mean (average) responses of total sample outweighs Latino responses to the program, especially if the number of Latinos in the sample is small.
Culturally Informed/ Responsive (CI/R) Programs	Diverse ethnic/racial groups (efforts to make programs culturally informed/responsive made by implementer with guidance from developer.)	■ Can be made culturally informed/responsive to specific ethnic/racial groups (e.g., Mexican Americans). ■ May consider cultural, linguistic, and socioeconomic characteristics of a specific sub-ethnic group	■ No standard for what is considered "culturally informed" or "culturally responsive". ■ Programs may differ widely to the degree in which they are culturally informed/ responsive. ■ Guidance on how to make the programs culturally informed/ responsive often quite general or superficial.
Culturally Adapted (CA) Programs	Specific ethnic/racial group for which it is adapted.	■ May make a program more culturally responsive. ■ May consider cultural, linguistic, and socioeconomic characteristics of a specific ethnic group.	■ No standard for what constitutes sufficient or adequate cultural adaptation. ■ Are limited in the degree to which cultural adaptations are made due to program fidelity restrictions. ■ Adaptations might not be substantive or sufficient to make program optimally culturally responsive. ■ Ethnic group often lacks measure of adherence to culture of origin.
Latino-Specific (LS) Programs	Exclusively for a Latino subgroup.	■ Developed for a specific Latino subgroup (e.g., Puerto Ricans, Cuban Americans). ■ Most sensitive to cultural values, beliefs, and norms of the Latino subgroup for which they were developed	■ May not apply to other Latino subgroups (e.g., Salvadoran Americans). ■ May not be as efficacious/effective with populations that differ significantly from those on which the EBP was developed and assessed for efficacy/effectiveness.

The most effective implementation of an EBP within the community requires we use experiential and contextual evidence to ensure its best practical fit. An organization may examine a potentially suitable EBP by examining how similar the ethnic or racial participants in studies of the program are to the potential participants in its community.

For example, there may be nuances in language that differ between Spanish-speaking Puerto Ricans or Columbians. There also may be a significant difference in the number and diversity of Latinos in the program studies that established it as evidence based. The organization and its community can use its localized experiential and contextual evidence to determine which EBP seems best suited to the participants of the selected program.

EBPs that consider in their development and implementation the culture and ethnicity of varied Latino groups may be more likely to be responsive to the needs of Latinos in the focus community. Their use may also lead to improved utilization of mental health and substance misuse services in their communities.

IV. Further Methodological Issues of Importance in Strategies for Developing Culturally Responsive EBPs

All programs have cultural underpinnings, whether acknowledged or not. Culturally adapted programs and culture-specific programs, and to a lesser extent, culturally informed or responsive programs explicitly acknowledge cultural underpinnings. Generic programs, which comprise the vast majority of the programs in the EBP registries, typically do not mention any of their cultural elements. These programs are often presented as applicable to most populations, regardless of their ethnicity and culture. The implication is that these generic programs can be universally applied.

Generic programs reflect the culture of the majority ethnic group (European American). However, it is important to note that representative numbers of ethnic minorities in outcome studies are not a solution to the dilemma of applicability to all groups (Miranda et al., 2003). Latinos comprise about 19% of the U.S. population. There is a problem with using small numbers or even representative numbers of Latinos (i.e., 19%) in studies of generic programs that demonstrate evidence of a program's efficacy. For example, if a program that is shown to be efficacious includes a representative number of Latinos, then one might conclude the program is efficacious for Latinos. However, if the total sample is broken down by ethnicit results may show that European Americans had a highly efficacious outcome and the Latinos y, the had a minimally efficacious outcome. Using this program might not be worth the expense, resources, and time to implement because it is likely to be not much more effective than receiving no program at all.

One solution that program developers have used in applying a generic program to particular ethnic groups is to culturally adapt the program. Unfortunately, a generic program can only be culturally adapted up to a certain point, so as not to compromise program fidelity. In other words, if the program could be more culturally responsive than the cultural adaptation allowed, it might be even more effective.

In selecting a culturally adapted program, it is important to (1) look at the characteristics of the Latino samples of the studies used to vet the program as an EBP and (2) assess to what degree these Latino samples are like the potential Latinos in the community in which the selected program will be implemented. For example, researchers of these programs may group as "Latinos" diverse subgroups like Cuban, Brazilians, and Argentines, even though these groups are culturally very different from each other. Researchers often use collective ethnic groups (e.g., Caribbean American with Central Americans) or subgroups (e.g., Guatemalan Americans) in their studies, regardless of their participants' degree of adherence to their culture of origin. In other words, they do not use measures of *acculturation/enculturation* of their Latino participants. Consequently, a sample of Mexican Americans may include highly acculturated 3rd and 4th generation participants and very un-acculturated 1st generation participants, even though they might be culturally quite different from one another.

Definitions

(From Sun et al., 2016, p. 618)

Acculturation: "…the array of psychological changes that occurs when members of a minority group adapt into a mainstream group."

Enculturation: "…the process by which individuals are socialized into their cultural heritage."

Another complicating factor in selecting culturally adapted programs is that adaptations vary greatly from one culturally adapted program to another. There is no agreed-upon standard as to what constitutes an adequate cultural adaptation of a program. For example, a program that is described as culturally adapted might simply translate the intervention or prevention manual and reduce its reading level to a level consistent with the literacy of the focus population.

Another culturally adapted program might make substantive changes to the content of a program to incorporate the worldviews, values, norms, and beliefs of the culture of the intended participants of the program. In selecting a program that is self-described as culturally adapted, it is important to examine the level or depth of the cultural adaptations to ensure that it meets the needs of the intended participants. It is also important that any cultural adaptations of a generic EBP be done in consultation with the developer of the generic EBP in order to ensure program fidelity.

Only a very small number of culture-specific programs are listed in existing EBP registries, and an even smaller number of programs have been developed specifically for Latinos. It is important to recognize that the culture incorporated into these programs is the culture of the primary subethnic group on which they were developed and on which outcome studies were based. Thus, a Latino-specific program developed on and for substance-abusing, largely un-acculturated, Spanish-speaking, Mexican American migrant workers in rural areas of central California might not be the best fit for a focus population comprised of substance-abusing 3rd and 4th generation, primarily English-speaking, Puerto Ricans in New York City. In fact, in this case, a generic program developed on and for inner-city, substance-abusing adults might be a better fit.

The lack of Latino-specific or culturally adapted EBPs specific to Latino/Hispanic communities is evident when searching for potential programs in registries of EBPs. Little information is provided on the inclusion of Latinos in most study samples, and information is not included as to the comparison of program results in the majority culture vs. Latinos in any study assessing the efficacy/effectiveness of a program. In the absence of any comparison between the majority culture participants (European Americans) and Latinos, it is not possible to tell whether a generic program is equally effective with ethnic/cultural groups that differ from the majority cultural group.

A related problem is that registries rarely describe any cultural adaptations of generic EBPs published in peer-reviewed journals that have shown efficacy with Latinos. Consequently, there is an alarming lack of data pertinent to culture that could benefit this population. However, the lack of easy accessibility of this information in registries also highlights (1) the need for registries to pay greater attention to the inclusion of cultural adaptations of generic programs that have been published in peer-reviewed journals; (2) the need for our health professions to develop and promote cultural adaptations of generic programs and culture-specific programs; and (3) the need for registries to make these demographic factors more easily accessible to their readers.

V. What Is the Role of Culture and Ethnicity in the Implementation of an EBP?

For decades, the Western culture/European American paradigm of prevention, intervention, and research has dominated literature and development of EBPs in substance misuse prevention and mental health promotion.

There is a need for a larger socioeconomic, cultural, and political discussion on this topic in part because there is a significant increase in the cultural diversity in this country.

Culture:

Refers to shared beliefs, traditions, norms, attitudes, values, language, and world and self-views through which behavior and events are socially constructed and interpreted (Koss-Chioino & Vargas, 1999, p.6). Culture plays an important role to accessing and utilizing mental health and substance misuse prevention and intervention services. Culture is involved in protective and risk factors which play a part in decisions that providers make in addressing their communities' health care needs. Examples of protective factors are strong cultural identification and parental support within a bilingual, first-generation family. Family values and traditions decrease the likelihood of the caretaker or the child misusing substances. SAMHSA (2019) and researchers view cultural values and practices as protective factors.

Ethnicity:

Is a process in which social groups in complex societies are defined and differentiated from both within and outside the group. These defined social groups share cultural content across attitudes, norms, and socio-economic-political status (Koss-Chioino & Vargas, 1999, p.7).

Cultural Responsiveness:

Recognizing culture and cultural differences also raises the issue of cultural responsiveness. Is the provider of prevention and intervention services culturally responsive in delivering mental and behavioral health services to a specific ethnic/racial population? Cultural responsiveness is defined as:

> *"the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures" (Latino Literacy Project, 2021).*

Becoming and being culturally responsive is a life-long process framed within a social justice perspective. If an individual is not culturally responsive, they may need to develop cultural responsiveness by accessing resources and training on diverse populations to appreciate differences in cultural groups.

Cultural Humility:

A more nuanced application of cultural responsiveness is cultural humility,which is a transformative, interpersonal process the practitioner experiences with individuals, families and communities. Cultural humility is "a lifelong commitment to self-evaluation and critique, to redressing power imbalances . . . and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations" (Tervalon & Murray-Garcia, 1998, p. 123. Researchers Yeager and Bauer-Wu (2013) describe cultural humility as "a process of reflection and lifelong inquiry, involves self-awareness of personal and cultural biases as well as awareness and sensitivity to significant cultural issues of others. Core to the process of cultural humility is the researcher's deliberate reflection of her/his values and biases" (p. 16).

Many national groups and behavioral health providers have strongly argued that prevention and intervention programs should be tailored to meet the needs of ethnic minority participants, e.g., American Psychological Association, APA Task Force on Race and Ethnicity Guidelines on Psychology, 2019; SAMHSA, 2014; Association for Multicultural Counseling and Development, 1992; Department of Health and Human Services (2021) and Council of Social Work Education (2021) to name a few. Consequently, it is important that culture and ethnicity be a major consideration when selecting and implementing an EBP for and with Latino groups.

The Guide and eCompendium support the notion that prevention and intervention programs should consider cultural responsiveness and cultural humility in the use of established EBPs. The eCompendium also raises awareness of the need for more culturally responsive program research and practice.

VI. What Was the Methodology Used to Develop the eCompendium?

NLBHA advocates for the provision of quality services for Latino/Hispanic communities facing mental health issues and substance misuse. To this end, the Guide and eCompendium initiative raises awareness of existing EBPs that might be better suited for Latino/Hispanic populations and communities. Providers want the best information possible to make informed decisions in the delivery of a quality intervention for a given population or community. The successful implementation of an EBP involves a series of planning, implementation and evaluation steps.

A. What Was the Selection Process for Registries in the eCompendium?

The eCompendium combines EBP registry listings from six (6) national and state sources. For a registry to be included in the eCompendium:

- The registry had to use a clearly stated set of criteria for determining that a program was evidence based.
- The criteria had to be comparable to other registries in terms of how the registry assessed the degree of strength of evidentiary support (e.g., good vs. adequate support).
- The criteria used by the registry had to take into consideration effect size of significant findings (i.e., how much of a meaningful effect did the program have; was the positive result of the program substantively significant?).
- The programs determined to be evidence based had to include evidence of a sustained effect on the participants after the conclusion of the implementation of the program.

Only those registry programs that targeted alcohol or drug misuse, tobacco/nicotine use (including vaping), behavior or emotional functioning, suicide risk, or post-traumatic stress are included in the eCompendium. The following six (6) national and state registries were selected with programs that met the above criteria for the eCompendium. Four (4) of the selected registries included programs that can implemented in a variety of settings (e.g., behavioral health clinics, community organizations, alcohol/drug abuse centers). Two (2) of the selected program registries were specific to school-wide or district-wide settings. Table 2 shows these registries.

Table 2

Registries with Programs that Can be Implemented in a Variety of Settings (e.g., Behavioral Health Clinics, Community Organizations Substance Use Disorders Treatment Centers

Crime Solutions	National Institute of Justice	https://crimesolutions.ojp.gov
Blueprints	Blueprints for Healthy Youth Development	https://www.blueprintsprograms.org
CA Evidence-Based CH	California Evidence-Based Clearinghouse for Child Welfare	https://cebc4cw.org
Social Programs	Registry of Social Programs That Work	https://evidencebasedprograms.org

Table 3

Registries with Programs Specific to a School-Wide or District-Wide Programs

CASEL	Collaborative for Academic, Social, and Emotional Learning	https://casel.org/guide/
What Works CH	What Works Clearinghouse	https://ies.ed.gov/ncee/wwc

B. What Are the Features of the eCompendium?

The eCompendium represents an effort to identify relevant factors, such as inclusion of Latinos in study samples, description of the geographic sites (e.g., by state or general location like Southwest or Northeast), and the population density of the sites of the study samples (urban, suburban, or rural), and availability of the program in Spanish or Portuguese, for identifying EBPs that might be better suited for Latino/Hispanic communities. These basic demographic factors are likely to be helpful in selecting a program that best fits a Latino community for which a program is intended.

The eCompendium uses one categorization system (Table 4) to describe programs in the four registries that can be implemented through a variety of settings. Table 5 describes a second categorization system for the registries that list programs that are implemented at a school-wide or district-wide level. Tables 4 and 5 present the categories and their descriptions used in the eCompendium for these two sets of registries.

Definitions of Levels of Intervention

Universal intervention: An intervention that focuses on the general public or a wide population that was not identified based on risk.

Selective intervention: An intervention that focuses on individuals or sub-groups whose risk of developing mental health disorders and/or substance use disorders are significantly higher due to biological, psychological, and/or social risk factors.

Indicated intervention: An intervention that focuses on higher risk individuals identified as having signs and/or symptoms or behavior foreshadowing a mental, emotional, and/or substance use disorder.

Table 4
Categories and Descriptions Used for the Four Registries that List Programs that Can Be Implemented in a Variety of Settings

Category	Description
Focus Population	Families, parents, children, adolescents, or adults including brief description of the subpopulation (disadvantaged, divorced parents, etc.)
Information	Primary contact, website, developer, distributor, researcher, etc.
Target Problems or Risk Factors	Delinquency, alcohol and other drug problems, conduct or behavior problems, general risk, etc.
Level of Intervention	Universal, selective, or indicated.
Setting	Behavioral health organization or agency, school, home, community, court, etc.
Latino Program Participants in the Studies Reviewed by the Registry	Yes, No, or No Information. If Yes: Minimal (≤15%), Moderate (16% to 30%), Substantial (31% to 55%), Primary (56% to 99%), Exclusively (100%), or # Unknown
Strength of Evidentiary Support	2-Star(★★) program (good evidentiary support) 1-Star (★) program (adequate evidentiary support)
Cost of the program	Yes or No (If, Yes, URL in which registry the cost information can be found. If No, means No Information in any registry.)
Availability of the program in Spanish and/or Portuguese	Yes or No (If Yes, name of the registry that provides this information)
Registry and Program Description	Link to the registry site that describes the program

Table 5

Categories and Descriptions Used for the Two Registries that Only List School-Based Programs

Category	Description
Grade Range Covered/Examined And Program Focus	Indicates the grade ranges for which the program is intended and the grade range of the range of the samples on which the strength of evidentiary support is based (K-6/K-3). Also provides a brief description of the focus of the program (students at risk for emotional disturbance, students with disabilities, etc.)
Program Name and Contact Information	Primary contact, website, developer, distributor, researcher, etc.
Targeted Behavioral Area of Effect of Prevention/Intervention	Reduced conduct or behavior problems, improved social-emotional skills/functioning, reduced emotional distress, etc.
Geographic Location	Areas in which the studies to assess the program's effectiveness were conducted, either in broad terms, e.g., "Midwest" or "Northeast," or by state
Population Density	Density areas in which the studies to assess the program's effectiveness were conducted: urban, suburban, or rural
Strength of Evidentiary Support	2-Star (★ ★) program (good evidentiary support) 1-Star (★) program (adequate evidentiary support)
Latinos in the School Population Examined	Yes or No (if Yes, actual percentage of Latinos)
Delivery Method	Delivery Method
Cost of the Program	Yes or No (If, Yes, URL in which registry the cost information can be found. If No, means No Information in any registry.)
Registry and Program Description	Link to the registry site that describes the program

The star system indicates the strength of evidence of the programs. Two-stars (★ ★) indicates good evidentiary support (the top level) and one-star (★) indicates adequate evidentiary support (lower level). Each registry had different methods of categorizing effectiveness of their programs. The eCompendium provides a table of the comparison of the criteria used by the different registries to establish a program as an EBP.

C. How Do You Proceed from a Conceptual Fit to a Practical Fit For a Particular Latino Community?

To determine if a program is a good conceptual fit to Latino communities, it must be aligned with the risk factors or target problems of the Latino community for which it is intended. The EBP with the highest level of evidentiary support should be selected. A user relies on research evidence in this selection process. For a user to determine if a program is a good practical fit for a particular Latino community, the EBP must be:

- Aligned with an organization's and community's resources (human, fiscal, organizational, and environmental) and readiness,
- Acceptable to the community in terms of the EBP's underlying cultural values, beliefs, norms, and worldviews, and
- Consistent with the organization's mission as it pertains to the community it serves.

A user relies largely on experiential and contextual evidence at the local level in this selection process (e.g., getting input from community members and experienced providers who are familiar with the community's needs, assessing the usefulness of the program strategy for the community, and assessing the feasibility and cost of implementing the program).

D. What is the Value to an Organization in Utilizing a Culturally Appropriate EBP?

Social, health, and organizational outcomes improve through a community-based participatory process. This approach can meet the intended community's behavioral health needs by:

- Improving consumer health
- Developing and increasing trust and mutual respect
- Promoting inclusion of all community stakeholders
- Increasing stakeholder participation in the design, implementation, and evaluation process
- Promoting health care responsibilities of consumers and families
- Increasing preventative care
- Improving integration of behavioral health services and primary medical care
- Reducing behavioral health problems
- Integrating diverse perspectives and strategies in decision and implementation
- Optimizing efficacy and effectiveness of EBPs for the Latino/Hispanic communities

Definitions

Efficacy: the extent to which an intervention/prevention program achieves its intended effect under ideal, controlled ("lab") circumstances, such as in a randomized clinical trial.

Effectiveness: the extent to which an intervention achieves its intended effect in the "real world" (e.g., in a clinical setting or community-based agency).

VII. How Does a Community Select an Evidence-Based Program (EBP) from the eCompendium?

Selection of an EBP from the eCompendium can at first seem like a daunting task. However, in order to facilitate the selection process, the following guidelines provide steps (1) for the selection of an EBP from the eCompendium, and (2) for creating a good practical fit of the selected EBP.

There is no clear-cut criteria for selecting the EBP that is the "best fit" for a particular Latino community of interest. However, the following guidelines are intended to help users of the eCompendium to select EBPs that are more appropriate for their Latino communities.

Guidelines for Selection of an EBP from the Compendium	Yes	No
Is there a 1-star or 2-star Culture Specific, Culturally Adapted, or Culturally Responsive/Informed EPB for the focus population and the target problems or risk factors of interest? If Yes, consider the 2-star programs first in this order: Culture Specific, Culturally Adapted, or Culturally Responsive /Informed EBP		
Are the materials available in Spanish?		
Is the Spanish like that of the Spanish spoken in the community for which the EBP is intended? Consider selecting a 2-star program over a 1-star program		

Guidelines for Selection of an EBP from the Compendium	Yes	No
If considering a Culture Specific program, are the Latinos in the studies reviewed similar to the Latino communities in which it will be implemented?		
If considering a Culturally Adapted program, is the adaptation adequate for the Latino communities in which it will be implemented?		
If considering a Culturally Responsive/Informed program, does it provide sufficient detail on how to be culturally responsive or informed in its implementation?		
Are the implementation procedures of the Culturally Responsive /Informed program appropriate to the Latino communities in which it will be implemented.?		

In selecting an EBP, regardless of whether it is Generic, Culture Specific, Culturally Adapted, or Culturally Responsive/Informed, take the following guidelines into consideration:

A. If Selecting an EBP that Can Be Implemented via Multiple Sites (e.g.,mental health center, home, community, substance abuse treatment or recovery center, etc.), Consider this Information from the eCompendium.

Guidelines for Selecting an EBP that Can Be Implemented via Multiple Sites	Yes	No
Is the program appropriate to the setting (e.g., mental health center, community, home, substance abuse center, etc.) in which it will be implemented?		
Is the level of intervention (i.e., universal, indicated, or selective) appropriate to the desired implementation?		
Is the cost of the program within the organization's budget?		
Has the program been implemented with Latinos that are similar to those of the communities in which the organization intends to implement it?		
If the program is a Generic one, has it been implemented with a sufficient number of Latinos so that it will yield positive outcomes?		

Guidelines for Selecting an EBP that Can Be Implemented via Multiple Sites	Yes	No
Does the Culture Specific, Culturally Adapted, or Culturally Responsive/Informed program seem like a "good fit" for the Latino community in which it will be implemented? If No, it may be better to select a Generic program, particularly if the Generic program has been implemented in participant samples that have large numbers of Latinos and/or Latinos that are similar to the communities in which it will be implemented.		

B. If Selecting a School-Based EBP, Consider These Guidelines from the Guide.

Guidelines for Selecting School-Based EBPs	Yes	No
If considering a Generic program, does the program have sizeable number of Latinos in the studies used to support it as an EBP?		
Were the participants of the studies reviewed to support the EBP from the same geographic areas as the communities in which it will be implemented?		
Were the participants of the studies reviewed to support the EBP from urban, suburban, or rural areas similar to those of the communities in which the program will be implemented?		
Is the cost of the program within the organization's budget?		
Is the Culture Specific, Culturally Adapted, or Culturally Responsive/Informed program a "good fit" for the Latino community in which it will be implemented? If No, it may be better to select a Generic program, which has been implemented in participant samples that have large numbers of Latinos and/or Latinos that are similar to the communities in which it will be implemented.		

Next, proceed to the Guidelines for Creating a Good Practical Fit of an EBP Selected from the eCompendium.

Guidelines for a Good Practical Fit of the Selected EBP	Yes	No
Will the organization get input from community members as pertains to EBP selection, implementation, and adaptations (if necessary)?		
Will adaptations be necessary to make the EBP acceptable to the community for which it was intended ?		
Are the beliefs and values of the EBP consistent with those of the community for which it was intended?		
Are the materials available in Spanish?		
Is the Spanish like the Spanish spoken in the community for which the EBP was intended?		
Does the EBP need to be linguistically adapted to account for the variations of spoken Spanish?		
Is the organization ready to implement the EBP?		
Will the organization assess the usefulness of the strategy for the community in which it will be implemented?		
Will the organization assess the feasibility of implementing the EBP in the community for which it is intended?		
Will the organization ensure that all staff (e.g. administration, providers, clerical, reception, childcare, and transportation staff) is culturally responsive?		
In order to maximize the effect of the EBP, will the EBP providers receive training on how to integrate positive elements of the provider-participant relationship into the implementation of the EBP?		
Will the organization implement strategies needed to get the EBP providers and staff to "buy in" into the EBP?		
Is the site where the EBP will be implemented physically accessible to the participants?		
Is the site where the EBP will be implemented culturally welcoming to the participants in terms of location, staff and appearance of the physical setting?		
Will the organization incentivize and motivate participants to engage and complete the EBP?		
Will the organization ensure that the EBP providers are giving as much attention to the provider-participant relationship as they are to the EBP method?		
Will it be necessary for the organization to provide the participants with meals, child care and/or transportation?		

VIII. Why Is It Important to Consider the Relationship Between the Provider and the Participant in Implementing an EBP?

The program provider-participant relationship, particularly in intervention programs, accounts for a substantial contribution to participant outcome, regardless of the specific EBP used. Efforts to promote best practices and EBPs without attention to the provider-participant relationship and responsiveness of the participant are seriously incomplete and potentially misguided.

Providers of EBPs should ensure that they attend to the elements of the provider-participant relationship that have been shown to contribute to the effectiveness of any program (c.f., Norcross & Lambert, 2018). These elements include:

- Positive interaction and agreement between provider and participant
- Collaboration and goal consensus between provider and participant
- Cohesiveness in the participant group
- Provider empathy
- Positive regard and affirmation by the provider
- Soliciting and responding to participant feedback

Users of EBPs will do well to consider training those delivering the program on these elements, which are independent of any particular EBP, in order to maximize the effects of the EBPs.

IX. What Are the Ethical and Cultural Dimensions to Consider in Selecting and Implementing an EPB?

Providers are professionally obligated to provide services within ethical standards of practice. Each individual and organization should have a code of ethical behaviors that ensures communities are upholding specific shared values to support the best interests of their given constituents. Values, such as "doing no harm," integrity, competence, social justice and equity, respect for autonomy, and education/training apply across all levels of service in the form of conduct "standards." For example, the Prevention Think Tank Code of Ethics (International Credentialing, (2021) provides six principles that guide all prevention work. Training is critical in safeguarding the delivery of services by competent providers who practice these ethical codes.

All behavioral health care service providers are sometimes challenged in the selection and implementation of prevention programs and interventions. These ethical dilemmas can occur in early decision-making, actual implementation, and the evaluation phases of EBPs (Leadbeater et al., 2018). Providers must be aware of their inadvertent and unintentional bias in generic EBPs based on European American norms and values. In other words, the ethnic/cultural minority participants might be getting acculturated to the majority culture (i.e., European American) without their awareness and with or without the awareness of the providers implementing the program.

Consider the selection of a generic parenting program that focuses on parenting practices that promote the development in children of strong independence, self-assertion, competitiveness and discourages parenting practices that foster the development of interdependence, humility, and interconnectedness with family and community. Such a program, even if shown to have strong supportive evidence in European American communities, might not be a good fit for certain Latino communities.

X. Closing Comments by Pierluigi Mancini, Ph.D., Director National Hispanic and Latino Addiction and Prevention Technical Transfer Centers

An initial objective of the 2019 NLBHA SAMHSA Cooperative Agreement was to identify and review evidence-based practices (EBPs) that were purportedly effective in serving Hispanic and Latino communities. At the time, SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) was indefinitely suspended. This action resulted in not having a central resource that provided guidance for selecting appropriate EBPs, including EBPs that might have been more suitable for Latino populations. The Guide and eCompendium fills the void for organizations that are seeking evidence-based programs that may be more appropriate for Latino communities.

We are extremely grateful to have several partners with expertise in education, prevention, evaluation, research, training, cultural and linguistic responsiveness and practices who provided the intensive technical assistance to develop and prepare the eCompendium and accompanying Guide. This team worked tirelessly from March 2020 until July 2021 to design and research an electronic product to benefit communities and providers. The two tools they developed are available for service providers, directors, administrators, and education leaders to improve the quality of delivery of prevention and early intervention services for Hispanic and Latino communities. They describe programs from six (6) registries for inclusion in the eCompendium. While the eCompendium is limited because of the information that is currently provided in existing registries, it, along with the Guide, fulfills the need to centralize EBPs and related research in one source for potential use with Latino populations.

The Guide and eCompendium advances the substance misuse prevention and intervention fields by advocating for the involvement of communities to engage in the decision-making process in selecting and implementing an EBP. There is a need for registries to develop and produce relevant categories in the studies that address the specific demographics of the Latino population being served by individual programs. It would also be helpful if the registries included and described any programs that were culturally adapted. There is an ongoing need for continued research and development of EBPs specific to the varied Latino communities. It is also important to consider that programs are only as effective as their participants' involvement: Nothing about us without us.

XI. References

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