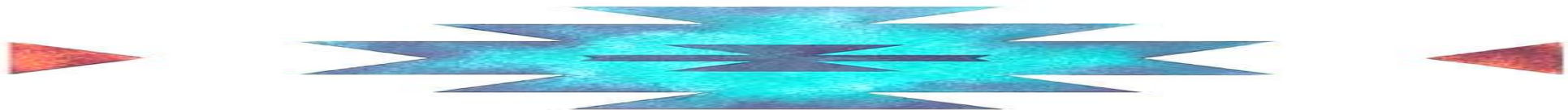


# **Special Plenary Panel Session: e-Compendium of Evidence-Based Programs and Guide**

**Latino Evidence-Based Programs and Practices Symposium**

**August 22, 2024**

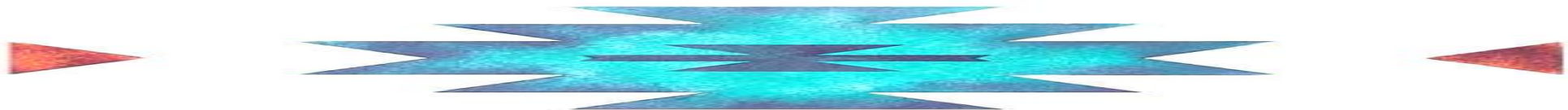
**San Antonio, TX, USA**



## **NLBHA's Mission**

The Mission and Goal of The National Latino Behavioral Health Association is to influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations.

**NLBHA Executive Director: Fredrick Sandoval, MPA**



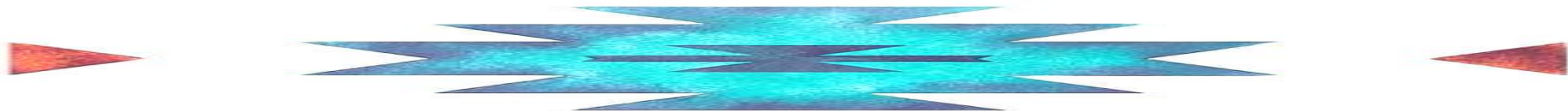
# Members of the National Latino Behavioral Health Association Subcommittee on the Guide and e-Compendium on Evidence-Based Programs

**Arturo Gonzales, Ph.D. (Chair)**, Administrative, Governance, & Program Planning Consultant, National Latino Behavioral Health Association

**Rebecca Maldonado Moore, Ph.D., LMSW**, Professor, Facundo Valdez School of Social Work, New Mexico Highlands University

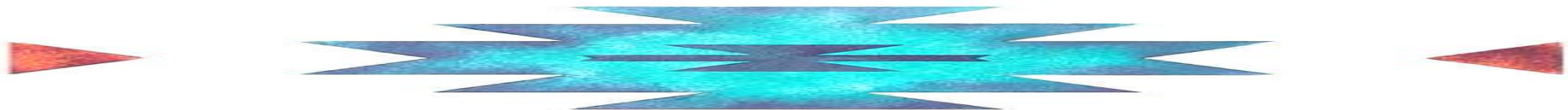
**Sandra Del Sesto, M.Ed., ACPS**, Consultant/Master Trainer at Educational Development Center, Waltham, MA

**Luis A. Vargas, Ph.D.** Consultant, National Latino Behavioral Health Association



# Overview of the Presentation

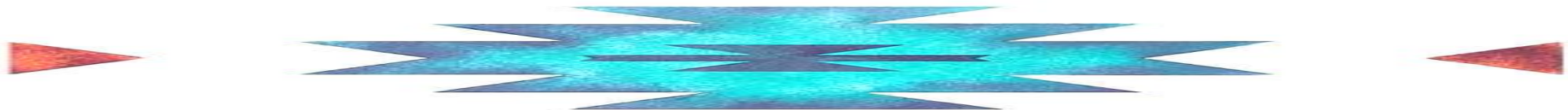
- Rationale for the Development of the Guide and e-Compendium:
  - *Nothing about us without us*
- The Guide and its Relationship to the e-Compendium:
  - Origin, Purpose, Context, and Framework
- Development of the e-Compendium has been a PROCESS:
  - Categories, Choosing the Best Fit Program for Your Organization and Community
  - Periodic updates of EBPs in the eCompendium
  - Version 2 pending includes new format for updates in Dec 2022
  - <https://nlbha.org/eocompendium/>
- What the Guide Contains: How to Use the Guide and e-Compendium
  - Helpfulness to the User



# Rational for the Development of a Guide and eCompendium

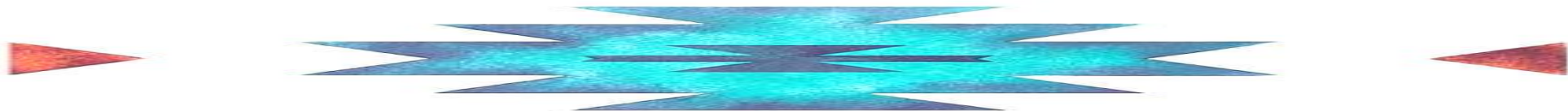
- **Providers of EBPs face major challenges** in identifying and selecting culturally appropriate evidence-based programs (EBPs) for Latino communities.
- **Current registries of EBPs provide very few EBPs** that are culturally adapted, culture specific, or culturally informed/responsive to Latino populations.
- Most **EBPs in registries are** what we called “**generic**” programs; i.e., programs originally developed and implemented on primarily (with some representation of various minority ethnic/racial groups) or exclusively on non-ethnic-minority samples.
- **Registries provide limited information** in selecting EBPs better suited to Latino populations.
- Registries provide **little or no guidance** about how to select and implement EBPs in local communities.

*Nothing about us without us*



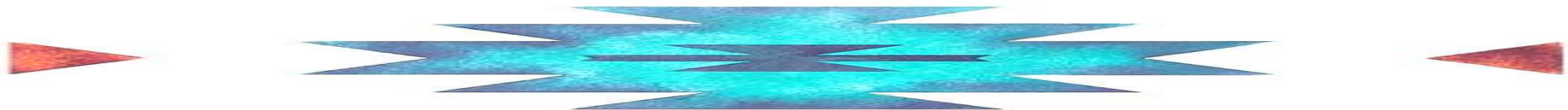
# The Critical Role of CULTURE in the Selection & Implementation Process

- Value to an Organization in Utilizing a **Culturally Appropriate EBP**
- Recognition of the **Cultural Diversity in Latino Populations** (Culture Specific vs Culturally Adapted vs Culturally Informed/Responsive **vs Generic** Programs – more on this later)
- Consider the **Relationship Between the Provider and the Participant** in Implementing an EBP
- **Ethical and Cultural Dimensions** to Consider in Selecting and Implementing an EBP



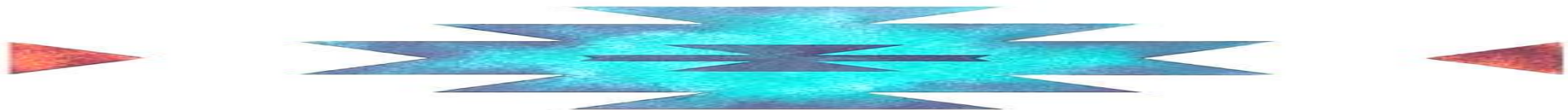
# Facing the Conundrum: Evidence-Based Programs vs. Culturally Responsive Programs

- EBPs as an ideological and economic monopoly
- Dogmatism of an exclusive ideology; Exportation of EBPs another form of cultural imperialism
- Western, research-based mind sets characterized by culturally shaped analytic/individualistic values
- Most EBPs based on study samples that are predominantly European American and promoted as being generalizable
- **Is cultural adaptation the solution when the underlying problem is the lack of recognition of the interplay between culture and cognition?**



# Decolonizing Approaches to EBP Research and Policy

- **Ask:** What is the theory on which the prevention or intervention program is based?
- Is **external validity (i.e., generalization)** based on samples comprised of **predominantly American European participants**?
- Should prevention or intervention programs **aim for external validity** or **ecological validity**?
- Is the program being implemented leading to **covert acculturation** of the participants?





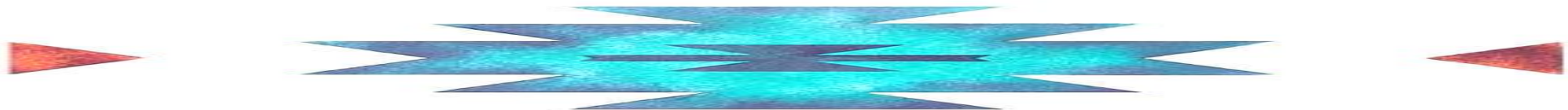
# Caveat to the eCompendium

## It is **NOT** an endorsement of the effort to:

- Promote programs purportedly demonstrating external validity when their study samples are predominantly European American
- Promote cultural adaptation as the optimal solution
- Promote EBPs based on theories of behavior of European Americans for all ethnic/racial populations in the U.S.

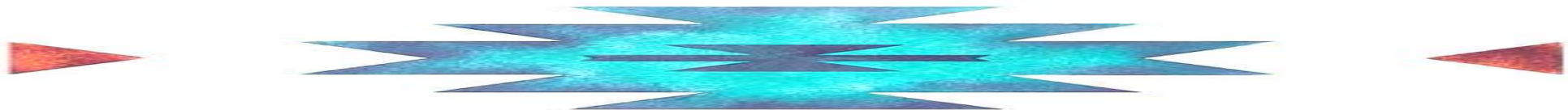
## It is:

- An approach that can be implemented under the current status of EBP research.



# The Guide and its Relationship to the e-Compendium: Its Origin, Purpose and Context

- **The contributors** developed **this electronic product** for communities to facilitate their search for EBPs in an accessible format
- **The Guide serves as a framework** for using the e-Compendium
  - Factors to consider for a practical, community-based fit
  - Start where the community is at
- **The Guide facilitates decision-making processes**
  - Including assessing a community's strengths and challenges
- **The Guide and e-Compendium serve as a *selection and implementation manual*** from community need to program implementation



# Key Terms of the Guide

- **Evidence-Based Program (EBP)**

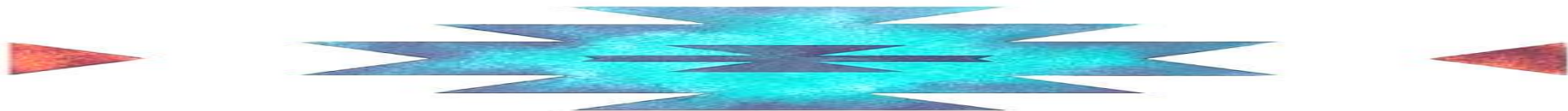
Refers to a program that is supported by **experimental or quasi-experimental** research studies and has been shown to be efficacious in a sample or samples of a population.

- **Evidence-Based Practice**

Is the integration of a **research evidence-based** program with **experiential evidence** and **contextual evidence** that is, for the most part, available at the local community level at which the EBP will be implemented.

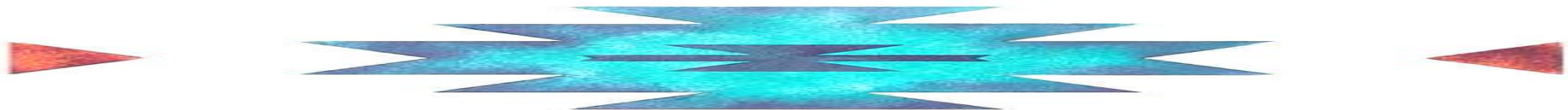
- **Provider-Participant Relationship**

Is an important contributor to the outcome of any program.



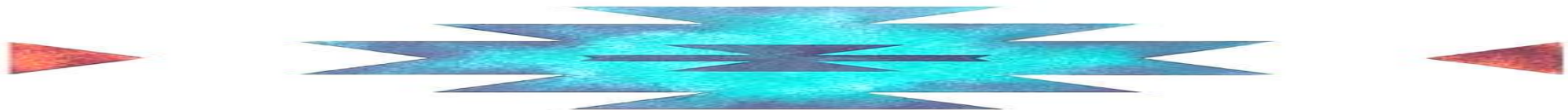
# Key Terms of the Guide Cont.

- **Conceptual Fit** The degree to which a program is a good match for the job that needs to be done” (SAMHSA, 2018, p. 5); i.e., addresses the target problems or risk factors for the focus population.
- **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).
- **Types of Evidence** (Puddy & Wilkins, 2011, p. 3).
  - **Research evidence:** Evidence derived from experimental (in which control group, or program non-user is randomly assigned) or quasi-experimental (in which comparison group is not randomly assigned) studies to determine if a program is achieving the desired **outcomes**.
  - **Contextual Evidence:** Evidence based on factors that address whether a strategy is **useful, feasible to implement**, and accepted by a particular community.”
  - **Experiential Evidence:** Evidence based on the professional insight, understanding, skill, and expertise that is accumulated over time.”



# What Is the e-Compendium?

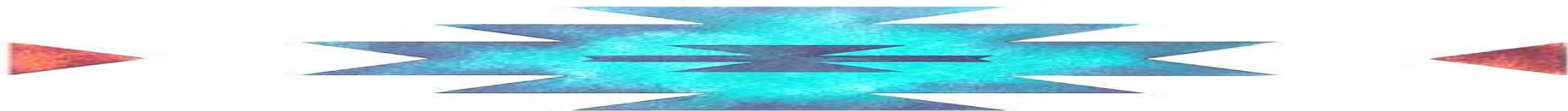
- The e-Compendium includes **listings from six (6) national and state registries.**
- The registries from which programs were selected had **to meet these requirements:**
  - The criteria had to be comparable to other registries in terms of how the registry assessed the degree of strength of evidentiary support (e.g., good vs. adequate support).
  - The criteria used by the registry had to consider how much of a substantially significant effect the program had.
  - The EBPs showed evidence of a sustained effect on the participants after the end of the implementation.
  - **Only those registry programs that targeted substance misuse, tobacco/nicotine use (including vaping), behavior or emotional functioning, suicide risk, or post-traumatic stress are included in the e-Compendium.**



# Six (6) Registries Were Selected for Inclusion in the e-Compendium

Four of the selected program registries included programs that can be implemented in a variety of settings (e.g., behavioral health clinics, community organizations, alcohol/drug abuse centers, etc.)

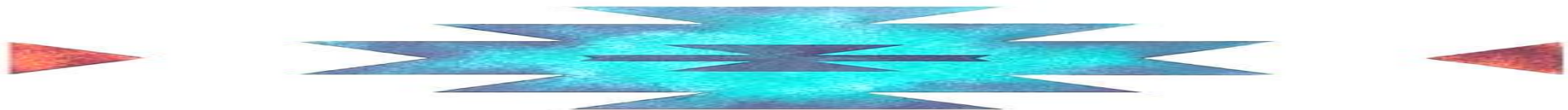
- **Crime Solutions:** National Institute of Justice (<https://crimesolutions.ojp.gov>)
- **Blueprints:** Blueprints for Healthy Youth Development (<https://www.blueprintsprograms.org>)
- **CEBC:** California Evidence-Based Clearinghouse for Child Welfare (<https://cebc4cw.org>)
- **Social Programs:**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



## Six (6) Registries Were Selected for Inclusion in the e-Compendium (cont.)

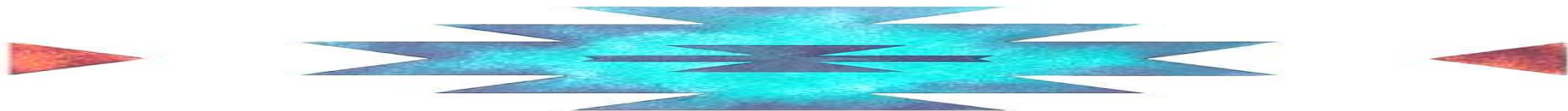
Two of the selected program registries were specific to school or school-district-wide settings

- **CASEL:** Collaborative for Academic, Social, and Emotional Learning (<https://casel.org/guide/>)
- **WWC:** What Works Clearinghouse (<https://ies.ed.gov/ncee/wwc>)



# Development of Categories for the e-Compendium

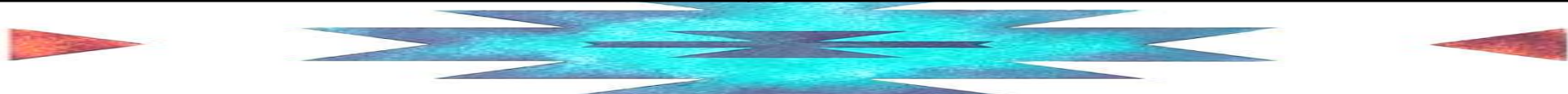
- Information available in registries focuses on **research evidence** about the efficacy of the programs.
- Registries do not address the evidence on **provider-participant relationship** nor **contextual or experiential** evidence, the latter which are accessed largely at the local community level, to optimize practical fit.
- Categories developed to optimize **conceptual fit** and to a very limited degree practical fit, as practical fit is mostly determined at the local level.
- Effort was made to find information in the registries that could help the user to select a program that may be **better suited for use with Latino populations**.
- A **two star-rating system** was developed to compare EBPs across the registries based on strength of evidentiary support to encourage user to select EBPs with the strongest evidence for the target problems/risk factors for a focus population.





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

Category	Description
<b>Focus Population &amp; Brief Description</b>	Families, parents, children, adolescents, or adults including brief description of the subpopulation (e.g., disadvantaged, divorced parents, etc.)
<b>Program Name and Contact Information</b>	E.g., Primary contact, website, developer, distributor, researcher
<b>Target Problems or Risk Factors</b>	E.g., Delinquency, alcohol and other drug problems, conduct or behavior problems, general risk
<b>Level of Intervention</b>	Universal, selective, or indicated
<b>Setting</b>	E.g., Behavioral health organization or agency, school, home, community, court, etc.
<b>Latino program participants in the studies reviewed by the registry</b>	Yes, No, or No Information. If Yes: Minimal ( $\leq 15\%$ ), Moderate (16% to 30%), Substantial (31% to 55%), Primary (56% to 99%), Exclusively (100%), or # Unknown
<b>Type of Program</b>	Generic, Culturally Informed/Responsive, Culturally Adapted, or Culture Specific
<b>Strength of Evidentiary Support</b>	2-Star program (good evidentiary support) 1-Star program (adequate evidentiary support)
<b>Cost of the Program</b>	Yes or No Information in Any of the Registries (If Yes, URL in which registry the cost information can be found)
<b>Availability of the program in Spanish and/or Portuguese</b>	Yes or No (If Yes, name of the registry that provides this information)
<b>Registry and Program Description</b>	Link to the registry site that describes the program



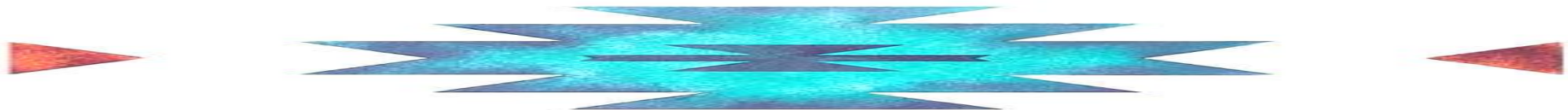
# Categories and Descriptions Used for the Two Registries Specific to School or School-District-Wide Settings

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

## It Is All About *Practical Fit*

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

- Aligned with organization 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
- Consistent with the organization's mission as it pertains to the community it serves



# Guideline for a Good *Practical Fit* for the Selected EBP

(Page 21 from the Guide)

Will the organization get input from community members as pertains to EBP selection, implementation, and adaptations (if necessary)?

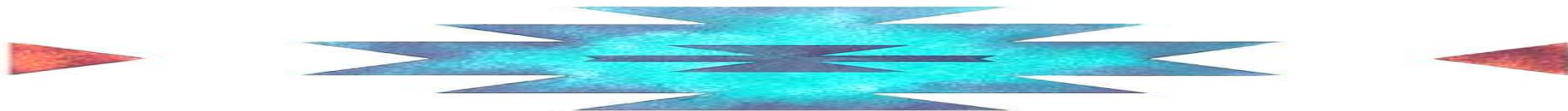
Will adaptations be necessary to make the EBP acceptable to the community for which it was intended ?

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?



## Guideline for a Good *Practical Fit* for the Selected EBP

Will the organization implement strategies needed to get the EBP providers and staff to “buy in” into the EBP?

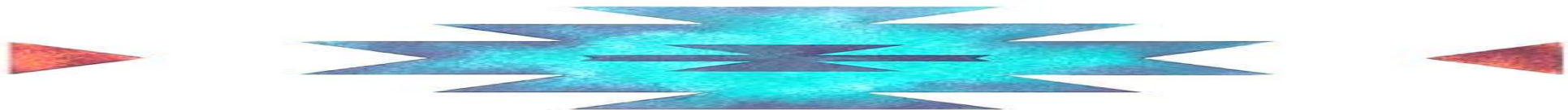
Is the site where the EBP will be implemented physically accessible to the participants?

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?

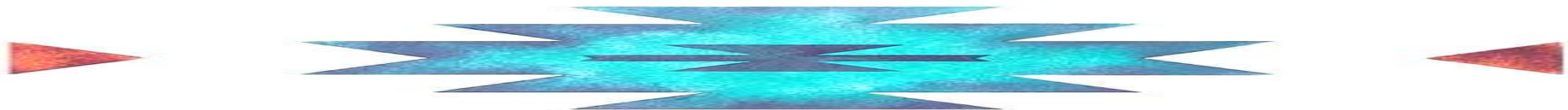
Will the organization incentivize and motivate participants to engage and complete the EBP?

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?



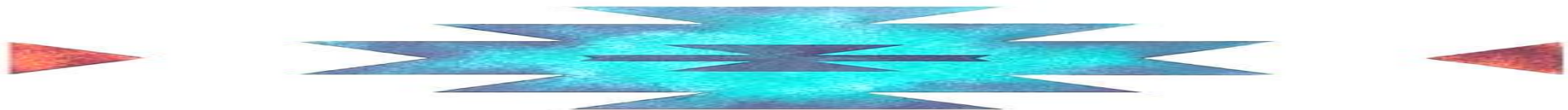
# CASE EXAMPLE



The prevention coalition in a racially diverse **urban community** has a grant to implement a program for **Latino teens** who have documented **problems related to behavior and anger management**. The community is 50% Latino. Most are recent arrivals from Puerto Rico for whom **English is a second language**. They, along with other diverse ethnic groups, are a “**minority majority**” in the **community**.

The coalition **has little support** from the schools and wishes to implement a program in **local community centers** that have a **strong existing youth program**. **Most of the staff in the community centers are White and have a limited understanding of the cultures** of the diverse ethnic groups in their community, which has undergone a significant transition in its ethnic composition in the last twenty years.

How would you go about selecting a program and what questions would you have to answer in your selection process? Once selected, how would you go about implementing the program to best fit this community?

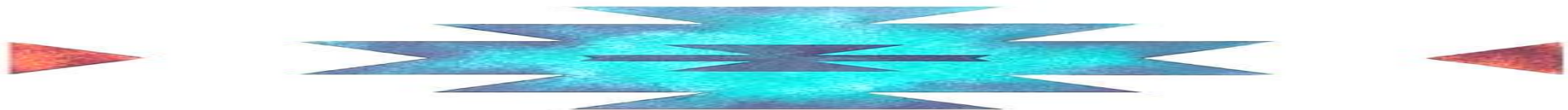


# eCompendium

<https://nlbha.org/projects/evidence-based-programs-guide-and-ecompendium/>

Consider these EBPs:

- Criando con Amor: Promoviendo Armonía y Superación (CAPAS)
- Familias Unidas
- LifeSkills Training (LST)



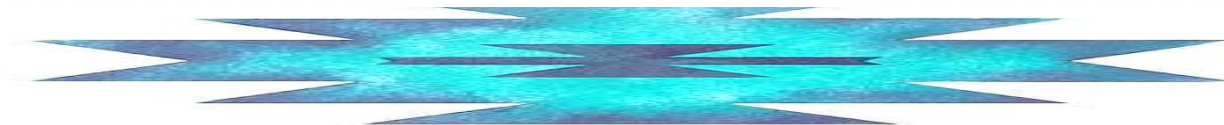


# Criando con Amor: Promoviendo Armonía y Superación (CAPAS)

<b>Focus Population and Brief Description of Program:</b>	Culturally adapted parenting intervention for immigrant Latinos for Parents, Ages 30-40 and Children, Ages 4-12
<b>Target Problems or Risk Factors:</b>	General Risk - focus on building resiliency across a wide range of potential problems, Behavior Problems, Delinquency, Mental Health Problems (including depression, anxiety, post-traumatic stress, emotional dysregulation) , Mental Health Problems (including depression, anxiety, post-traumatic stress, emotional dysregulation) , Alcohol and other Drug Problems
<b>Level of Intervention:</b>	Selective intervention, Indicated intervention
<b>Settings in Which Program Can Be Delivered:</b>	Community, Behavioral Health Organization or Agency
<b>Latinos in Participant Samples:</b>	Y-exclusive
<b>Type of Program:</b>	Cultural adaptation of Generation PMTO
<b>Strength of Evidentiary Support:</b>	★★-Crime Solutions
<b>Cost of the Program:</b>	No
<b>Available in Spanish and/or Portuguese:</b>	Y-Crime Solutions
<b>Registry &amp; Program Description:</b>	Crime Solutions - <a href="https://crimesolutions.ojp.gov/programdetails?id=649">https://crimesolutions.ojp.gov/programdetails?id=649</a>
<b>Contact Information:</b>	<p><b>Researcher:</b>          Jose Ruben Parra-Cardona          Steve Hicks School of Social Work, The University of Texas at Austin          1925 San Jacinto Blvd., Room 3.130F          Austin TX 78712          Phone: 512 232 9215</p>

# Familias Unidas

<b>Focus Population and Brief Description of Program:</b>	Family-based intervention to improve family functioning and decrease adolescent substance use for Families with Children and Adolescents Ages 12-17
<b>Target Problems or Risk Factors:</b>	Alcohol and other Drug Problems, Behavior Problems, Sexual Risk Behavior
<b>Level of Intervention:</b>	Selective intervention, Indicated intervention
<b>Settings in Which Program Can Be Delivered:</b>	Home, School (K-12), Community
<b>Latinos in Participant Samples:</b>	Y-exclusive
<b>Type of Program:</b>	Latino/a-Specific Program
<b>Strength of Evidentiary Support:</b>	★-Crime Solutions  ★★-CA Evidence-based CH
<b>Registry &amp; Program Description:</b>	Crime Solutions - <a href="https://crimesolutions.ojp.gov/programdetails?id=79">https://crimesolutions.ojp.gov/programdetails?id=79</a>  CA Evidence-based CH - <a href="https://www.cebc4cw.org/program/familias-unidas/">https://www.cebc4cw.org/program/familias-unidas/</a>
<b>Contact Information:</b>	<b>Website:</b> <a href="http://www.familias-unidas.info">www.familias-unidas.info</a>  <b>Contact:</b> Yannine Estrada, PhD University of Miami E-mail: <a href="mailto:yestrada@med.miami.edu">yestrada@med.miami.edu</a> Phone: (305) 243-6614



# LifeSkills Training (LST)

Print

**Focus Population and Brief Description of Program:**

Classroom-based substance abuse prevention program to prevent teenage drug and alcohol abuse, tobacco use, violence and other risk behaviors for Children and Adolescents Ages 11-18

**Target Problems or Risk Factors:**

Delinquency, Alcohol and other Drug Problems, Sexual Risk Behavior, Sexually Transmitted Illnesses, Violent Behavior outside the household, Tobacco or Nicotine, including vaping

**Level of Intervention:**

Universal intervention

**Settings in Which Program Can Be Delivered:**

School (K-12)

**Latinos in Participant Samples:**

Y-# unknown

**Type of Program:**

Generic Program

**Strength of Evidentiary Support:**

★★-Blue Prints

★★-Social Programs

★★-Crime Solutions

**Cost of the Program:**

Y-Blue Prints

Y-Social Programs

**Available in Spanish and/or Portuguese:**

No Information

**Registry & Program Description:**

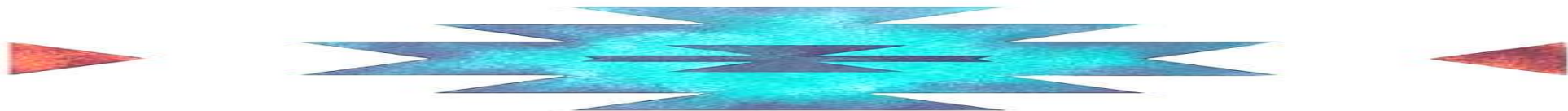
Blueprints - <https://www.blueprintsprograms.org/programs/5999999/lifeskills-training-lst/>

Social Programs - <https://evidencebasedprograms.org/programs/lifeskills-training/>

**Contact Information:**

**Contact:**

National Health Promotion Assoc. Inc.  
711 Westchester Ave. 3<sup>rd</sup> Fl. White Plains, New York 10604  
Phone: 914-421-2525 or 800-293-4969  
Fax: 914-421-2007



If we did not have time to answer your question, please feel free to contact any one of us to get an answer to your question at:

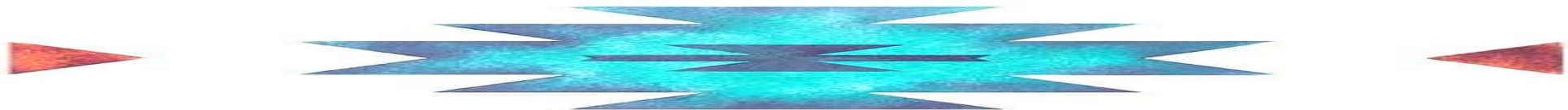
**Arturo Gonzales, Ph.D.** [arturon.Gonzales@gmail.com](mailto:arturon.Gonzales@gmail.com)

**Rebecca Maldonado Moore, Ph.D., LMSW,** [rmmoore@nmhu.edu](mailto:rmmoore@nmhu.edu)

**Sandra Del Sesto, M.Ed., ACPS,** [sandrapdelsesto@gmail.com](mailto:sandrapdelsesto@gmail.com)

**Luis A. Vargas, Ph.D.** [lavargasalba@msn.com](mailto:lavargasalba@msn.com)

**Ana Chavez-Mancillas, DSW,** [achavezm@nlbha.org](mailto:achavezm@nlbha.org)



**Thank you!**  
**¡Gracias!**  
**Obrigado!**

