

# One Size Doesn't Fit All: Disseminating to Unique HIV Service Agencies



**CENTER FOR COMMUNITY COLLABORATION  
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# Introduction



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# Center for Community Collaboration



- The CCC is funded by the Maryland AIDS Administration to provide capacity building and CQI consultations to community agencies that provide services for HIV positive clients.
- Mission - to increase capacity and quality of substance abuse, mental health and adherence services (screening, brief interventions, referrals and treatment) of agencies funded by the AIDS Administration.
- Goal – Bridging the Gap between science and service

# Challenges of Dissemination and Implementation of Best Practices



- Outcomes of empirically based/supported interventions/therapies achieved in clinical trials are reduced (sometimes dramatically) when evaluated in dissemination settings
- Workshop training is a weak method of implementation and dissemination
- Clinical settings differ dramatically in staff, organization and expertise: “if you have seen one clinic, you have seen one clinic” (Boyle & Hrouda Ohio SAMI COE).
- Dissemination must be organizational, relational, collaborative, realistic, and focused on the process of change not simply the content of the best practice

# New Models are Needed



- Dissemination must begin within an agency and involve the entire organizational structure since commitment, support and restructuring are needed for sustainability
- Implementation must be unique to each organization: what is essential and what can be adapted is a critical distinction for any EBP
- Organizational and individual culture must be part of the implementation model

# In This Symposium



- Presenters will offer a overview of the model we use for consultation with community agencies
- How we envision the role of cultural competence in dissemination
- Overview a couple of agencies highlighting the variety of settings that create our challenge for collaborative dissemination of motivational enhancement, integrated dual diagnosis treatment, and process of change perspectives

# University-Community Collaborations & the CCC training model



**JENNIFER PRICHARD, M.A.**  
**LISA JORDAN-GREEN, PH.D**

# What are university-community collaborations?



- **Cooperative – bidirectional information transfer**
- **Goals:**
  - Adapting evidence-based practice to individual applied settings
    - ✦ **Problems with dissemination**
  - Build capacity
  - Build mutual trust (shared mission)
  - Translate research

# Empowerment Model



- **Learner-driven**
- **Create conditions that allow for a setting to fully employ its resources.**
- **Provides stakeholders with the information and resources needed to make decisions and set goals**

# Collaborative training approach



- Uses community expertise to build capacity
- Training-of-trainers (T-o-T)
- Emphasizes skill building and participatory learning

# CCC Training Model



- Enhancing University-community collaborations by working with local CBOs
- Development and enhancement of skills of staff in implementing Evidence-based Interventions
- Attending to process issues in training model
- Developing & improving organizational infrastructure & staff dynamics
- Empowering agencies (strengths-based approach)
- Attending to cultural competence issues by understanding agency cultures

# The CCC Methods



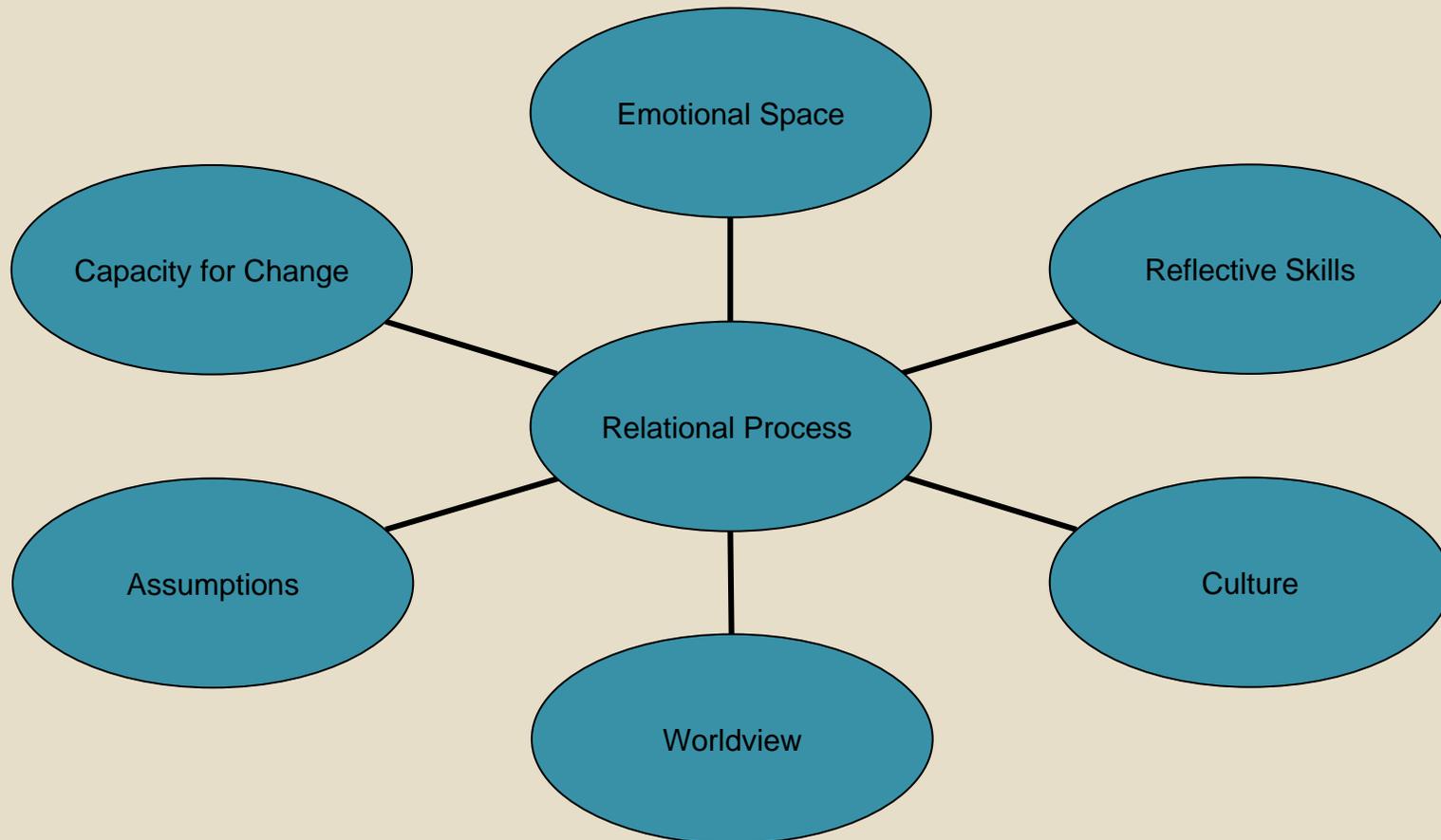
- Phase I: Establish roles; credibility; trust w/ agency administrators
- Phase II: Assess training needs of agency
- Phase III: Develop contract; working agreement; establish buy-in for training model
- Phase IV: Implement customized training modules
- Phase V: Evaluate training effectiveness w/ participating staff (satisfaction survey)
- Phase VI: Evaluate training effectiveness & any further needs for training w/ agency administrators

# Cultural Competence: The Key to the Effective Dissemination of Evidence Based Practices



**HENRY GREGORY, PH.D**

# Dimensions of Effective Dissemination

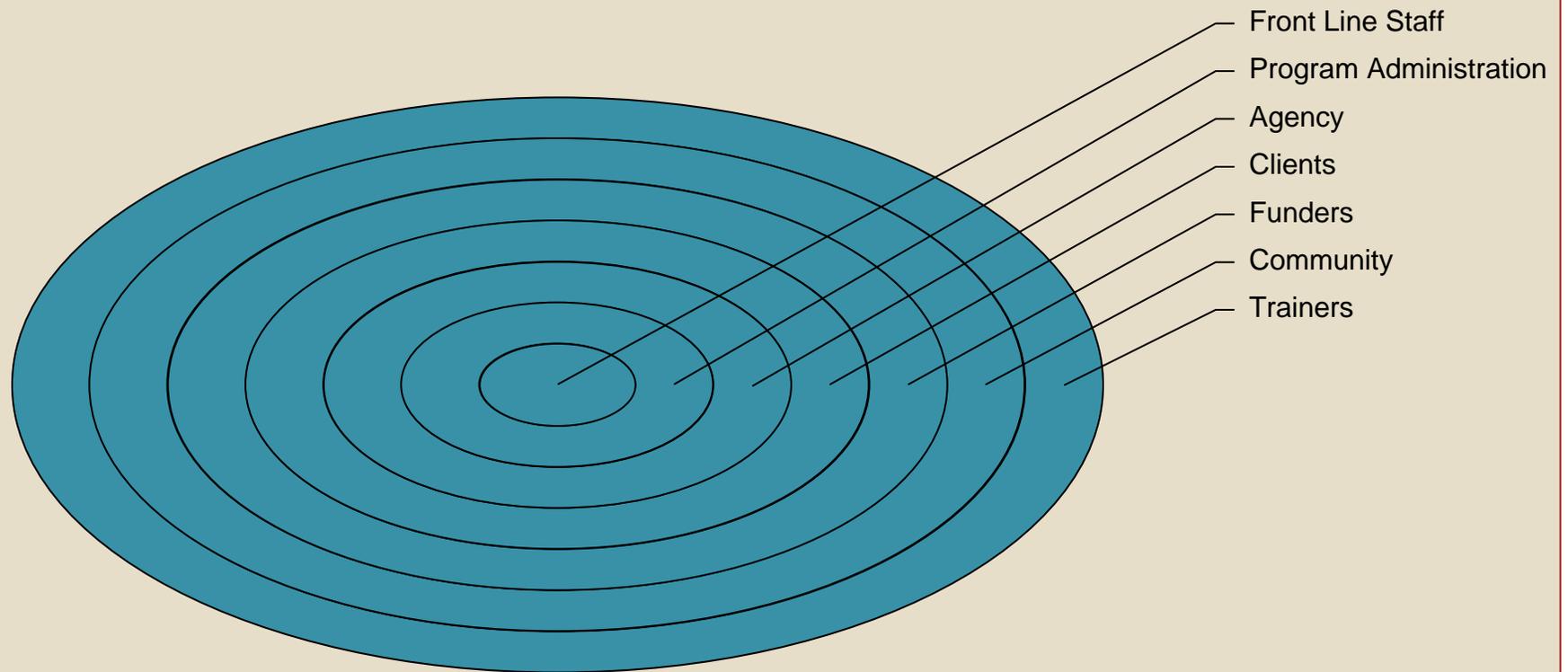


# Culture



- An integrated pattern of human behavior that includes thoughts, communications, actions, customs, values, and institutions of a racial, ethnic, religious or social group (Cross, Bazron, Dennis, & Isaacs, 1989).
- Human needs are universal (Maslow, 1970). Culture is the way a group of people attempt to meet their needs.

# Stakeholders as Culture



# Cultural Competence:



- Providing services in a manner that is *acceptable* to the service population and *effective* in meeting the negotiated goals of service delivery.
- Includes a focus on awareness of one's own cultural orientation, its affect on others as well as an awareness of the assumptions on which that cultural orientation is based.

# Multicultural



- Most people are multicultural and therefore may have a unique set of issues that must be recognized and addressed.
- All programs and agencies have a unique culture and sometimes subcultures that must be addressed and attended to in order to create an openness to change.

# Major Worldviews

## **Linear**

- Modernism
  - Objectivity
  - Linear cause & effect laws
  - Universal truths
- Dichotomous
- Cognitive
- Deterministic

## **Relational**

- Post Modernism
  - Subjective
  - Systemic causes
  - Relativity
- Diunital
- Affective
- Choice-based (Free Will)

# Worldviews (cont)



## **Linear**

- Materialism (I.e. technology)
- Left Brain
- Mastery/Control
- Outcomes
- Finite Facts

## **Relational**

- Relationships
- Right Brain
- Harmony
- Process
- Social Agreements

# Culturally Competent Providers are:



- Able to adapt their strategies and interventions to fit their consumers and generate a wide variety of verbal and nonverbal responses and avoid offending consumers;
- Able to attend to the emotional energy of the consumers thereby creating emotional space for new learning and change;
- Able to attend to the change process within the context of disseminating knowledge and skills.

# Change



- **Is a continual process of self-organization**
  - Who am I?
  - What's Real?
  - What's my Purpose
- **Ideas (assumptions, definitions and perceptions) are the points of intervention**
- **Language is the theater of change**

# Problems



- Come from what people believe and the way people talk
- Come from not living up to contracts or agreements

# Solutions



- Involve redefining experience
- Involve changing perceptions
- Involve shifting paradigms
- Involve a worldview overhaul

# Skills



- Reflecting (statements, feelings, behaviors, relationships, meanings, & process)
- Relabeling (changing negative statements to positive statements)
- Reframing (changing context of situation/perception)

# Case Examples in Collaborative Dissemination



**JENNIFER BETKOWSKI, M.A.**

**JADE WOLFMAN, M.A.**

# OVERVIEW



- Describe our use of empowerment and capacity building models to deliver culturally competent services for 2 agencies
- For each agency
  - Content we selected based on needs assessment
  - Adaptations based on client and staff culture

# AGENCY A



- Comprehensive care clinic for large homeless population
- Many departments and services
- Wide range in staff training and experiences
- Challenging and needy clients
- Several areas and challenges for capacity building

# CONTENT BASED ON NEEDS ASSESSMENT



- **Trainings on Stages of Change and Motivational Interviewing techniques for engagement/adherence**
- **Supervisor's training**
  - Protocol/client guidelines for structured supervision
  - MI checklist for supervision
  - Incorporation of MI into agency climate
  - Brainstorming avenues for increased staff collaboration
  - MI applications for staff relations
- **Motivational Consultation at inter-disciplinary case conferences**

# ADAPTATIONS BASED ON AGENCY CULTURE



- Agency director as co-facilitator
- Two tracks: Motivational Interviewing and Reflective Listening (grouped according to experience)
- Demonstrations from more experienced members
- Voluntary small group follow-up trainings
- Motivational Interviewing Resource Manual

# ADAPTATIONS BASED ON AGENCY CULTURE



- **Focus on most relevant applications**
  - MI for acute and combative clients
  - MI in brief interactions
  - Integrating MI with problem solving
  - Medical and behavioral health applications
- **Small group role plays**
  - Addressed fear behind low staff openness
- **Small group personal reflection-staff survival stories**

# AGENCY B



- Grassroots agency servicing African American Men who have Sex with Men (MSM)
- Small, with few paid staff
- Services: HIV testing, peer support, outreach
- Superior access to the community
- Several areas and challenges for capacity building

# CONTENT BASED ON NEEDS ASSESSMENT



- **Areas identified in the Initial Needs Assessment:**
  - Program evaluation and development
  - Grant writing and technical assistance
  - Staff development
- **Challenges to meeting these needs:**
  - Limited organizational capacity
  - Limited professional training
  - Rigid hierarchical structure
  - Lack of trust

# ADAPTATIONS BASED ON AGENCY CULTURE



- **Intensive collaboration with Agency Director**
  - Facilitate trust
  - Motivate change in agency structure
- **Build on existing strengths:**
  - Passionate and dedicated
  - Access to community
  - First-hand knowledge of community
- **Collaboration with Board: Intensive Strategic Planning Sessions**

# ADAPTATIONS BASED ON AGENCY CULTURE



- Focus on building trust
- Attention to agency dynamics:
  - use existing hierarchical structure to facilitate change
  - community as client and staff/volunteers
- Involving key members of the community
- Tailoring trainings to staff skill level
  - fundamental client engagement skills
  - group facilitation
- Meeting practical barriers- e.g., direct client services

# Unique organizations = unique needs



- One size does not fit all!
- Adapt content and delivery based on agency needs
  - Strengths
  - Culture
  - Collaborative process

# Closing Comments, Questions, Discussion



- **Implementation requires involvement in the agency**
  - Organization
  - Culture
  - Competencies
- **Implementation is essentially a collaboration**
  - Directors
  - Supervisors
  - Staff
- **Process is as important as Content of Implementation**
- **One size will not fit all**