

# Evidence Based Practices, Practice Based Evidence and Community Defined Evidence in Multicultural Mental Health

NAMI Annual Convention  
Orlando, Florida

June 16, 2008

Ken Martinez, Psy.D.  
Mental Health Resource Specialist  
Technical Assistance Partnership  
American Institutes for Research  
Washington, D.C. / Corrales, N. M.  
[kmartinez@air.org](mailto:kmartinez@air.org)



# US Population in 2007

(U.S. Census Bureau, 2008)



- White (Non-Hisp) 198.7 million 64.9%
  - Latino/Hispanic 45.5 million 15.1%
  - African American 40.0 million 13.2%
  - Asian American 15.3 million 5.0%
  - American Indian/  
Alaska Native 4.5 million 1.5%
  - Native Hawaiian  
and other Pacific  
Islander 1.0 million .3%
- People of Color >106 million 35.1%  
(Not counting all other ethnic/racial groups)

# Projected Rate of Increase of Youth of Color in US from 1995-2015

- American Indian/Alaska Native +17%
- African American +19%
- Hispanic/Latino +59%
- Asian American, Native Hawaiian and other Pacific Islanders +74%
- Caucasian/White - 3%

# What is Culture?

- An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious, social or political group; the ability to transmit the above to succeeding generations; is dynamic in nature.

(National Center for Cultural Competence, 2006)

- Traditions, spirituality, world view
- It is dynamic, connected to the social world we live in, multifaceted and complicated!

# Dizzying Definitions

- Evidence Based Practices (EBPs)
- Empirically Supported Treatments (ESTs)
- Evidence Based Treatments (EBTs)
- Cultural Adaptations of EBPs
- Practice Based Evidence (PBE)
- Other options?

# Evidence Based Practices

- "The integration of the best available research with clinical expertise in the context of patient characteristics, *culture* and preferences." (American Psychological Association, 2005)
- Usually referring to Empirically Supported Treatments (ESTs)/Evidence Based Treatments (EBTs)
- "A set of practices that may, or may not include, an EST/EBT and other interventions or supports and services that also contribute to successful outcomes for children, youth, families and consumers." (Martinez, 2007)

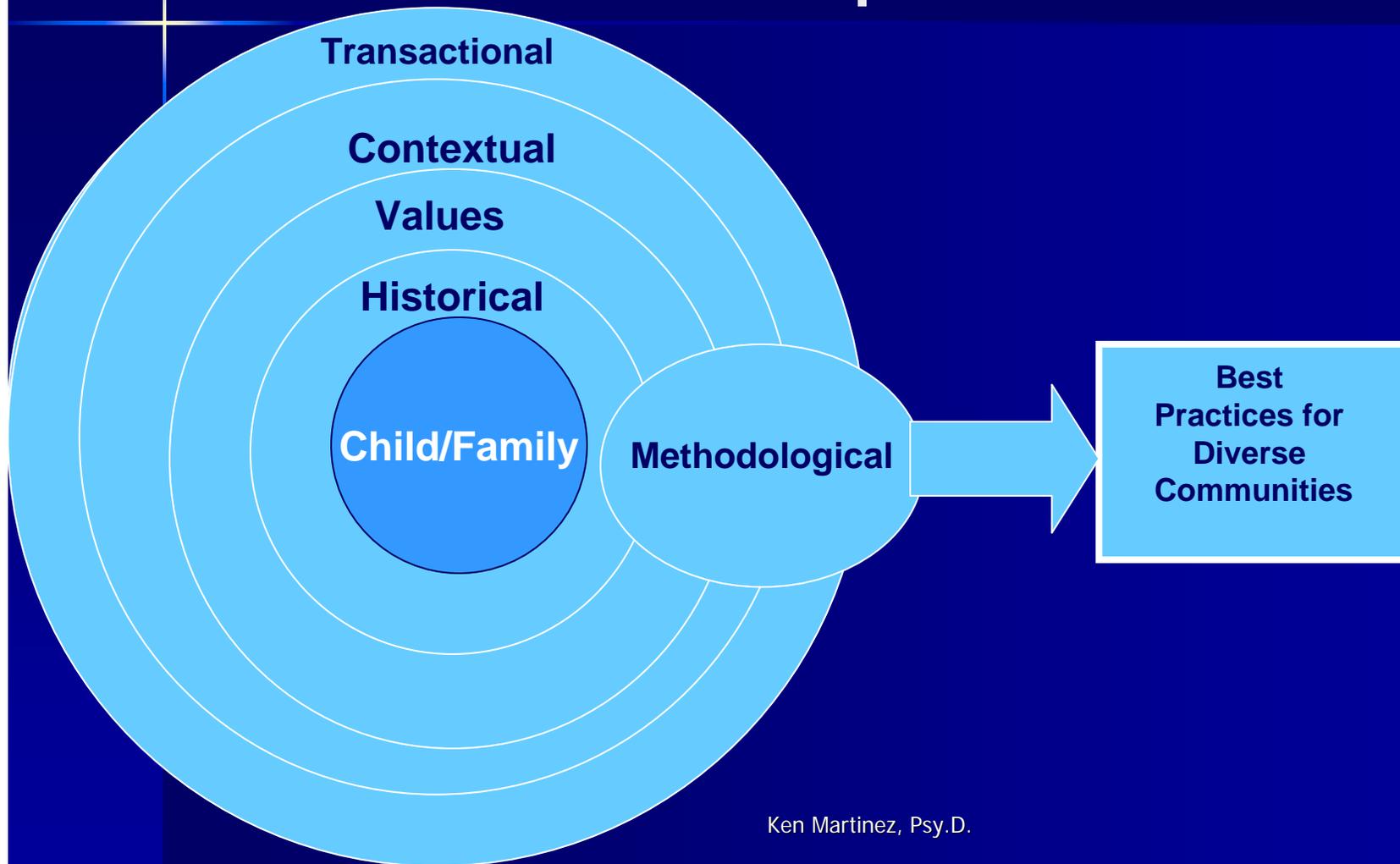
# Cultural Adaptations of ESTs/EBTs

- Are any modifications of an EST/EBT that involve:
  - Changes in the approach to the delivery of the service;
  - The nature of the therapeutic relationship;
  - Changes in the components of the intervention to accommodate cultural beliefs, attitudes and behaviors (A Whaley, 2006)
- Cultural adaptations must not just “tweak” the EBT but must fundamentally adapt it to reflect the cultural world view of the individual and the context s/he lives in. Examples: ICCTC (BigFoot) and GANA (McCabe)

# Practice Based Evidence

- "A range of treatment approaches and supports that are derived from, and supportive of, the positive cultural attributes of the local society and traditions. Practice Based Evidence services are accepted as effective by the local community, through community consensus, and address the therapeutic and healing needs of individuals and families from a culturally-specific framework. Practitioners of practice based evidence models draw upon cultural knowledge and traditions for treatments and are respectfully responsive to the local definitions of wellness and dysfunction....." (Isaacs, Huang, Hernandez, Echo-Hawk, 2006)
- Practice based evidence is a set of practices that are unique and inherent in a culture that have proven to be effective based upon community consensus. (Martinez, 2007)

# Dynamic Ecological Context to Consider When Developing, Adapting, Choosing and Using EBTs/ESTs with People of Color



# Domains and Variables

## Historical

- **Racism**
- **Ethnocentrism**
- Colonialism
- Displacement
- Genocide
- Prejudice
- Discrimination
- Exploitation

## Values

Cultural beliefs

- **Spirituality**
- Religion
- Concepts of:
  - Family
  - Respect
  - Communal vs. Individualistic
  - Cooperation vs. Competition
  - Interdependence vs. Independence
- Rituals
- Traditions
- **World view**

## Contextual

- SES
- **Immigration status**
- **Generation in US**
- Degree of political power
- Transnationalism
- Geographic region
- Cultural knowledge
- Acculturation level
- Self-identified cultural identity
- Heterogeneity within culture
- Respect for community knowledge
- Setting
- Age

## Methodological

- Paradigm/Conceptualization
- Epistemology
  - **Empirical**
  - **Non-empirical**
    - Qualitative
    - Pluralistic
- Efficacy vs. Effectiveness
- Definition of evidence
  - By whom
  - Using what standard
  - Compared to what
- Research approach
  - Traditional (Top down)
  - Community defined (Bottom up)
- Data collection/analysis/interpretation
- Translation
- Clinician/Consumer match

## Transactional

- **Language**
- **Engagement**
- Synchronous goals
- **Relationship**
- Engaging youth, families, & consumers in research
- Availability of providers

Developing,  
Adapting, Choosing  
and Using  
Evidence Based  
Treatments/  
Empirically  
Supported  
Treatments

# Special Analysis for Surgeon General's Report on Culture, Race and Ethnicity

- The 2001 Surgeon General's Supplement Report found very little empirical evidence regarding outcomes of mental health care for ethnic/racial groups (Miranda, et al., 2003)
- Between 1986-2001 nearly 10,000 participants were included in randomized controlled trials evaluating the efficacy of interventions for bipolar disorder, schizophrenia, depression and ADHD and only:
  - 561 African Americans
  - 99 Latinos
  - 11 Asian Americans/Pacific Islanders
  - 0 American Indians/Alaska Natives were identified
  - Furthermore, not a single study analyzed the efficacy of the treatment by ethnicity Ken Martinez, Psy.D. or race (Miranda et al., 2003) <sup>12</sup>

# The Scientific Method: Is the EST/EBT “Gold Standard” Culturally Appropriate?

- Is the behavioral health care offered today culturally relevant/appropriate for people of color? Does it fit our world view? Does it work?
  - The empirical model upon which ESTs/EBTs are based is a western epistemological model: empiricism, which is itself culturally rooted, although...
  - Some ESTs/EBTs work with culturally diverse populations, especially those that were developed for them, but...
  - We don't want ESTs/EBTs to become “an ideological and economic monopoly...There is a need for methodological pluralism” (Slife, Wiggins, Graham, 2005)
  - So what are our alternatives?



# Cautions

- Ethnic/racial groups “are largely missing from the efficacy studies that make up the evidence base for treatments...well-controlled efficacy studies examining outcomes of mental health care for minorities are rarely available... There is *some*, albeit limited research, that *some* ESTs are appropriate for *some* ethnic groups (Miranda et .al., 2005)
- Most ESTs and EBTs are conducted with White, educated, verbal and middle class individuals and may not generalize to ethnic/racial groups and third world communities (Bernal & Scharron-del-Rio, 2001)
- We should be concerned about the “dogmatism of an exclusive ideology” Imposition of EBTs on another cultural group can be considered a new form of “cultural imperialism” (Bernal & Scharron-del-Rio, 2001)

# Everything Belongs, But Examine it's Appropriateness Carefully



- ESTs/EBTs/EBPs/Cultural Adaptations, Practice Based Evidence, CDE all belong, but...
- All must be examined for their cultural assumptions/biases in their epistemology, design (cultural world view), standardization and replication;
- Translations are not enough
- Proportionately representative sampling of populations of focus are insufficient, need to over-sample
- Cultural heterogeneity: US Census/GAO categories are not sufficiently descriptive

# Who Defines Evidence?: We Need Other “Measuring Sticks”



- What if “evidence” was defined broadly and not from one world view or epistemology?
- What if policy makers, researchers, funders, administrators, key decision makers added other definitions of “evidence” (from other world views) to their repertoire of accepted research, practice and policy and funding criteria?
- What if “evidence” was also defined from the “bottom up” instead of only from the “top down?”

# An Alternative: Community Defined Evidence (CDE)



- Community Defined Evidence
  - A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community. (CDEP Working Group, 2007)
- CDE includes world view, contextual aspects and transactional processes that do not limit it to one manualized treatment but is usually made up of a set of practices that are culturally rooted - A supplemental approach<sup>17</sup>

# Conclusions

- One must proceed with extreme caution in “off the shelf” use of ESTs/EBTs with people of color
- Consider ESTs/EBTs/EBPs/CA-EBTs/PBE/CDE all as options for ethnic/racial populations, with cautions, while considering the values/beliefs, historical, contextual, transactional and methodological variables/issues when choosing and using them
- Cost is also a consideration for cultural communities since some are proprietary

# Conclusions

- Let's not be empiri-centric! EBTs/ESTs are not a panacea; there is room for more than one "measuring stick" to validate practices using an alternative to the empirical model
- Include, and not dismiss, practices that have "worked" in communities, even though we still need to document, evaluate in culturally responsive ways and validate those that work

# Conclusions

- We need to discover and/or develop the evidence that certain community and cultural practices work
- The new measuring stick (“platinum standard”) when developed, can then be used by policy makers and funders to justify funding based on a set of criteria found in research

# Recommendations

- Proceed with caution in choice of practices
- Base choice of practice(s) on:
  - Cultural match of practice/treatment to population
  - Cultural adaptations based upon fundamental cultural world view of population
  - In research, at a minimum, use proportional representation of ethnic/racial groups in standardization samples of sufficient size to be statistically significant for each group to be able to make cross group comparisons, preferably using over-sampling;
  - Use culture-specific interventions or PBE/CDE
  - Use full range of options, not limited to “approved lists”
- Develop the culturally appropriate research base for Community Defined Evidence

# Recommendations

- Engage families, youth, consumers and communities in Participatory Action Research (PAR) to establish the research base for all practices
- Influence policy-makers, funders, administrators, clinicians to be open to alternative methods of measurement and intervention that fit culturally and linguistically and produce desired outcomes
- Refrain from “legislating” practices under the pretext of good stewardship, risking the omission/restriction of community/cultural results-based options

# References

- American Psychological Association Policy Statement on Evidence-Based Practice in Psychology  
[www2.apa.org/practice/ebpstatement.pdf](http://www2.apa.org/practice/ebpstatement.pdf)
- Bernal, G., & Scharron-del-Río, M. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity and Ethnic Minority Psychology, 7*, 328-342.
- Bernal, G., Beyond "One Size Fits All": Adapting Evidence-based Interventions for Ethnic Minorities, 2006
- Community Defined Evidence Work Group, National Network to Eliminate Disparities/National Latino Behavioral Health Association, 2007.

# References

- Griner, D., Smith, T.B. (2006) Culturally Adapted Mental Health Interventions: A Meta-Analytic Review. *Psychotherapy: Theory, Research, Practice Training*, 43, No. 4, 531-548.
- Indian Country Child Trauma Center, [www.icctc.org](http://www.icctc.org)
- Isaacs, M.R., Huang, L. M., Hernandez, M., Echo-Hawk, H. The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children's Mental. National Alliance of Multi-Ethnic Behavioral Health Associations, December 2005.
- McCabe, K.M., Yeh, M., Garland, A.F., Lau, A.S., Chavez, G. The GANA Program: A Tailoring Approach to Adapting Parent Child Interaction Therapy for Mexican Americans. *Education and Treatment of Children*. 28, No. 2, 111-129, 2005.

# References

- Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W.C., & LaFromboise, T. State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology*, 1, 113-142, 2005.
- Miranda, J., Nakamura, R., Bernal, G. Including Ethnic Minorities in Mental Health Intervention Research: A Practical Approach to a Long-Standing Problem. *Culture, Medicine and Psychiatry* 27: 467–486, 2003.
- National Center for Cultural Competence-  
<http://www11.georgetown.edu/research/gucchd/nccc/>
- Slife, B.D., B.J. Wiggins, and J.T. Graham. 2005. Avoiding an EST monopoly: Toward a pluralism of philosophies and methods. *Journal of Contemporary Psychotherapy* 35 (March): 83-97.
- Whaley, A., Hogg Foundation for Mental Health.  
[http://www.hogg.utexas.edu/programs\\_cc.html#cultadapt](http://www.hogg.utexas.edu/programs_cc.html#cultadapt)