

Evidence-Based Practices and Minority Families and Consumers

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Some Themes Heard So Far

- Need for future-thinking and impact of same
- Move beyond silo thinking
- Drop ownership and move ideas out
- Funding realities
- Practical supports that work
- Authentic partnership/leadership of families and youth
- How do we “sharpen our minds”?

So What Does This Have To Do With EBP?

. . . everything

Promotion of EBP

- Mass adoption at Federal, State and Local levels
- Relationship of EBP to cultural and minority help-seeking patterns, increased access to service, engagement in service, and effectiveness of service is unknown
- Yet unchanging disparity figures illustrate a continuing “failure of fit” between services and minority populations of concern
- Cost of the “failure of fit” is high - - - financially, culturally, and generationally





Transformation of Behavioral Health Care: 3 Movements

1. **Organized Consumers and Families**
 - Different origins and history
 - Different players
2. **Cultural Competence**
 - Silo-ed paths of development
3. **Evidence-Based**
 - Different leadership
 - Different language
 - Different priorities
 - Different views of “evidence” and “ways of knowing”

*Originally presented by L. Huang & H. Echo-Hawk
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How do these movements fit together? Is there a shared vision, goal?

1. What does the research say about Consumer & Family?

“...the effectiveness of services, no matter what they are, may hinge less on the particular type of service than on how, when, and why families or caregivers are engaged in the delivery of care...it is becoming increasingly clear that **family engagement** is a key component not only of participation in care, but also in the effective implementation of it”
(Burns, Hoagwood, & Mrazek, 1999)

“Not all the studies show that the improvements resulted from the intervention specifically. **Family engagement** may play a stronger role in outcomes than the actual intervention program”
(Thompson, 2003)

2. Where We Are in Cultural Competence?

- Widely used term, but poorly implemented
- Implementation mostly consists of training, training, and more training
- Least developed at the community level (complexities of race, ethnicity, culture, class, and system interactions)
- Has utility as an approach to start with values, strengths and assets of various groups and for understanding in-group variations
- Need to better operationalize, put into practice
- Better link with outcomes

3. Evidence-based Practice Movement

Definitions of EBP:

- “Interventions that show consistent scientific evidence of improving a person’s outcome of treatment and/or prevention in controlled settings” (SAMHSA)
- “Is the integration of best research evidence with clinical expertise and patient values.” (Institute of Medicine)

More Definitions.....

- Best Practices = Evidence Based + Indigenous Knowledge (One Sky Center)
- Best Practices: Examples and cases that illustrate the use of community knowledge and science in developing cost effective and sustainable survival strategies to overcome a chronic illness (WHO)
- Indigenous Knowledge = local knowledge unique to a given culture or society; has it's own theory, philosophy, scientific and logical validity which is used as a basis for decision-making for all life's needs (One Sky Center)

Minority Concern: What is evidence? Whose evidence is it?

- "Scientific evidence"
 - Randomized controlled trials
 - Evaluation
 - Experimental designs
- "We are the evidence"
 - Consumer and family stories and lived experiences
- Cultural gaps between "scientific way of knowing," "clinician's professional way" and "community group and specific cultural ways of knowing."

What About Wellness & Belief Systems

- Western and tribal view of mental illness differs
- Western mental health follows a medical model
- Tribal view of wellness centers on spirituality and balance
- Western mental health may not be the "fix" needed



Another Concern about EBP

- Funding sources beginning to mandate use of EBP in order to receive funds

State Example: Oregon

State of Oregon Office of MH and Addiction Services

Oregon legislature mandates that state funded services must be Evidence-Based:

25% now
50% near future
75% by 2009

Oregon Evidence Continuum

- Level 1: EBP; scientific, standardized, replicable, effective, fidelity
- Level 2: EBP; basically same but controlled setting not required
- Level 3: EBP; elements of 1 or 2, but modified; peer journal publication required
- Level 4: Non-EBP; building evidence and filling a gap
- Level 5: Non-EBP; solely clinical opinion & not standardized
- Level 6: Non-EBP; service or practice with known poor outcomes

Oregon Tribal Response

- Four Levels of “Tribal Evidence Based and Cultural Best Practices”

Science-Validated
Science-Replicated
Cultural-Validated
Cultural-Replicated

Practice-Based Evidence (PBE)

- Conceptual thinking: Sergio Aguilar-Gaxiola and Josie Romero
- Further refined in *The Road to Evidence: The intersection of EBP and Cultural Competence in Children's Mental Health* (Isaacs, Huang, Hernandez and Echo-Hawk; in progress)
- Planned distribution at July 2006 Training Institutes

PBE Defined

The field of Practice-Based Evidence can be defined as 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 known to be 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 the treatment and are respectfully responsive to the local definition of wellness and dysfunction.

PBE Defined (continued)

Practitioners of practice-based evidence models have field-driven and expert knowledge of the cultural strengths and cultural context of the community and they consistently draw upon this knowledge throughout the full range of service provision: engagement, assessment, diagnosis, intervention, and aftercare. The practice-based evidence approach includes a theory-driven selection of appropriate interventions based on a range of factors, including the cultural and historical belief systems of the community related to healing and wellness. Practice-based evidence mandates consistent and authentic adherence to family choice” (Echo-Hawk et al., 2005).

PBE Delivery

- Practice-based evidence services can be delivered by paraprofessionals, professionals, or paraprofessional-professional teams whose knowledge of local cultural beliefs, traditions, and nuances are respected by community consensus and/or by formal and/or informal leadership of the community. Other expert knowledge held by the practice-based evidence practitioner includes awareness of the role of preferred local language(s) and/or key phrases; local communication style(s), including the pace of the conversation; cultural migration (e.g., minority youth hip hop culture, multiple tribes or ethnicities within the family, etc.); and the dynamics resulting from cross-cultural differences.

PBE Knowledge Base

- Inherent to Practice Based Evidence is knowledge of :
 - the function of cultural help-seeking patterns;
 - the cultural context of problem identification;
 - the culturally-informed therapeutic intervention selection process;
 - the provision of therapeutic interventions and supports in a manner that consistently recognizes the value of cultural self to wellness; and,
 - the engagement of local community and/or cultural resources to sustain the long-term positive effects of the intervention(s).

Evidence-based without community will miss the mark

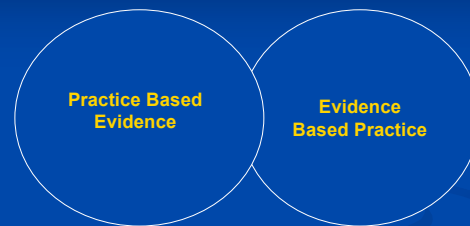
- Organizations and systems must demonstrate their value of diversity . . . culture is a resource to draw upon, not a problem to be solved?

Terry Cross, 2003

EBP and PBE should be for . . .

- Quality Improvement, not driven by fear of penalty or loss of funding
- Analyzing what works best (performance-based)
- Improving decision-making
- Improving services
- Improving accountability
- Improving communications
- Collaborative partnerships

Recommendation: Authentic Partnership



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