

Honoring Innovations Report

“A Newsletter for System of Care Communities in Indian Country” Issue #12, September 2013

A newsletter published by the National Indian Child Welfare Association (NICWA) describing best practices in American Indian/Alaska Native systems of care for current and graduated system of care communities.

A “best practice” in the field of American Indian/Alaska Native children’s mental health is a process, method, training, or event that is believed to have a direct link to providing the desired outcome.

NICWA believes that such a practice requires that seven specific criteria are met. The program must: demonstrate potential for longevity; be replicable; exist harmoniously with Indigenous values and teachings; be sustainable; secure community acceptance; include the input of stakeholders across generations; and demonstrate culturally competent staffing.

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Making Sense of Evidence-Based Practice Versus Practice-Based Evidence

Today, parents and youth are likely to hear a lot of confusing language about the services they receive or would like to receive. “Evidence-based practice,” “practice-based evidence,” “community-based evidence,” “culturally based evidence,” and “evidence-informed” are terms frequently used without explanation. What do they mean and why should American Indian or Alaska Native (AI/AN) families and youth be concerned about them? Why is the difference between evidence-based practice (EBP) and practice-based evidence important? For most people, these are big words that only have meaning to professionals in the field. We usually call that jargon. This issue is intended to cut through the jargon and answer the question, “Why should I care about evidence?”

How Evidence Impacts Services to AI/AN Youth and Families

Anyone who has watched a crime show on T.V. knows what “evidence” is in a criminal investigation. Evidence, in this sense, is usually something physical that tells the investigator that it is likely that an event happened a certain way or was likely done by a specific person. Fingerprints are a good example of this kind of physical evidence. On T.V. it looks easy, but a piece of evidence only tells us that something is likely. It usually takes many pieces of evidence to actually prove something.

evidence is in medicine. We hear T.V. commercials claim that “in clinical trials” a drug has been proven effective. In the case of medicine, scientists do careful observation of a group of people who take a pill containing the active ingredients. They compare them to another group who take a pill with no medicine or active ingredients whatsoever—a placebo. No one but the scientist knows who received which pill. By carefully observing what happens to each group, the scientist collects evidence on the effectiveness of the drug with certain groups of people. This approach is called

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Another place where we hear about

Additional Resources

Echo-Hawk, H. (2011). *Compendium of Best Practices for Indigenous American Indian/Alaska Native and Pacific Island Populations: A Description of Selected Best Practices and Cultural Analysis of Local Evidence Building*. Portland, OR: First Nations Behavioral Health Association.

Hawkins, E., & Walker, R. (Eds.) (2005). *Best Practices in Behavioral Health Services for American Indians and Alaska Natives*. Portland: One Sky Resource Center. Retrieved at <http://www.oneskycenter.org/mhsa/documents/BPMonograph3.pdf>.

National Alliance on Mental Illness. (2008). *Evidence-Based Practices and Multicultural Mental Health Fact Sheet*. Washington, DC: NAMI. Retrieved at http://www.nami.org/Template.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=63974.

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a “randomized control trial.” Again, having this evidence only means that it is likely to work; it does not mean it will work absolutely for a specific individual.

So how does this apply to mental health or social services? Scientists who study people have long asked questions like: “Why do some people have problems and others do not?” or “Why do some people show improvement when given services and others not as much?” and “How can we tell what services are effective?” To answer these questions, social scientists look for evidence. That is, things that will tell them that a certain outcome (i.e., improved mood or behavior) is likely as a result of receiving a particular service or services.

For a parent or youth, the question might be, “Will a service help me?” Unfortunately, the ability of science often falls short of being able to give a specific answer to that question. A better question is, “How likely is it that a service will help me or my child?” The answer comes from evidence.

When a social scientist studies a helping practice under controlled conditions—usually comparing two groups, one getting the identified service and the other not—they are gathering evidence to see if the practice is effective. If the results of the study show that the group receiving the services did better than those who did not, then the practice can be called “evidence based.” There are many steps to developing evidence and the process takes years. Other social scientists who do similar studies have to find the same evidence, and once the evidence is confirmed, it is reviewed by other scientists in a process called “peer review.” Only when this evidence is affirmed can an “evidence-based practice” be included on a national registry.

This all sounds good and is a scientific approach, but it has limits. In addition to the length of time involved, if the studies do not include AI/ANs, the evidence may not apply to our population. Unfortunately, because the AI/AN population is small, very few studies include enough of us to get evidence of effectiveness for our families. It is also difficult to ensure that a certain practice will be done by service providers in the field just like it was done in the controlled study. Given these drawbacks, AI/AN families should ask if an EBP that a service provider may be offering has any evidence of effectiveness with AI/AN people.

Another approach is to use scientific methods to study services and practices being used in the community and to carefully measure their effectiveness. Evidence that comes from carefully watching a process and measuring the outcomes is called “practice-based evidence” or PBE. This is typically done through focus groups, surveys, case reviews, and self-reporting, to name a few methods. The drawback is that there is no comparison group and it is hard to tell if the service actually caused the outcome that is observed. While evidence gathered through these methods is not as clear as that gathered under more rigid controls, it is an important alternative for populations where there are too few people for comparative research. It may also be important for cultural reasons, like when services are based in a cultural practice that is sensitive or is governed by cultural protocol.

A parent or youth can ask a program, “What evidence do you have that your services are effective?” Find out if the provider has a systematic way to measure outcomes for people they serve. You can even ask if they have done any case studies. One form of evidence is to look deeply at a few cases to determine what helped.

Just because an approach has not been studied and affirmed as an EBP by a national registry or clearinghouse does not mean that the services are not effective. It just means that they have not been studied by social scientists. However, you can find your own evidence. Talk to other families or youth. Did the services help them? Is the agency or practice known in our community as having good outcomes? This evidence is referred to as “community-based evidence” and it can be very helpful in telling you if a service is likely to help you.

Finally, a good indicator of effectiveness for AI/AN people is “culturally based evidence.” For example, there are no scientific studies of sweat lodge ceremonies but thousands of our people will attest to being helped. These testimonials reinforce generations of stories and teachings. Outside evidence and scientific study is not always necessary to know it is an effective helping practice when we have this level of culturally based evidence.

It comes down to who you trust and what you believe. In any case, you can only know that a practice is likely to help you or your child. However, the more informed you are about the evidence that is used to predict how helpful it will be, the more confident you can be in the services you receive. You can be a full participant in choosing what is right for you and your family. One thing is true regardless of the type of evidence: the more you believe in the helper, and the better your relationship is with that person, the more likely it is that the services will be effective. Your own experience will be the best evidence of effectiveness and your story can help others make informed choices as well.

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What is Practice-Based Evidence?

Practice-based evidence (PBE) is a term that is being used more and more frequently in contrast to evidence-based practice (EBP). PBE, as a concept, emphasizes the importance of learning from real-world practice and experience. NICWA defines PBE as knowledge derived from systematic observation of community, culturally based practices, and the outcomes they produce. PBE helps stakeholders better understand the effectiveness of a practice in context. Such evidence respects the community's view of a successful outcome and helps identify what should be measured to evaluate a program's effectiveness.

It is also important to note that PBE can be an actual intervention, although this article elaborates on PBE as a concept and not as an intervention.

Practice-Based Evidence in Communities of Color

PBE emphasizes the fit of programs with the local culture or community. As a result, its compatibility with communities of color has been pointed out. For example, Isaacs, Huang, Hernandez, and Echo-Hawk (2005) state, "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."

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Whereas EBPs rely upon research methods such as randomized control trials, PBE argues that interventions are only as effective as the extent to which they reflect the needs, values, and cultural context of the community they are developed for. In fact, it has been pointed out that the majority of EBPs were not designed for populations of color. Researchers state EBPs may even "deepen existing inequities if they are implemented without sufficient attention to factors that may differ between specific communities" (Martinez, Callejas, & Hernandez, 2010). Others assert that "it is misleading and erroneous to assert the superiority and applicability of EBPs for communities of color" as they are "no more standardized for application in communities of color than are practices that are currently being implemented by ethnic community-based agencies" (Aisenberg, 2008).

Recognizing the Value of Practice-Based Evidence in Native Communities

In the face of increasing mandates for the use of EBPs, the challenge for tribal communities is in demonstrating the effectiveness of their cultural and community-based interventions and programs. The case of the Cook Inlet Tribal Council (CITC) provides an example of how an organization can build its capacity for evaluation. CITC, a tribal nonprofit organization located in Anchorage, Alaska, undertook a series of steps to explore the value and role of "Native evidence."

They included:

- Understanding the value of evaluation at the leadership level as an indigenous nation-building strategy
- Developing an organizational culture that values and measures outcomes
- Building strategic partnerships with Indigenous and non-indigenous evaluation resources, and
- Developing a locally appropriate, culture-driven process for collecting the information that will best measure movement toward the Indigenous-determined outcome (Echo-Hawk, 2011).

In Oregon, tribes responded proactively to legislation passed in 2003 that mandated the increased use of EBPs. Tribes, Native organizations, researchers, and practitioners came together to form a committee to represent the AI/AN interests. As a result, the committee recommended that Oregon tribes should:

1. Be allowed to design research and evaluation tools relevant to their communities, and Native researchers and evaluators should be consulted on culturally appropriate methods
2. Be allowed to classify programs as being culturally validated and culturally replicated by a panel of Native researchers, resulting in "practices based on evidence" and
3. Be made explicitly aware of the intent of [state legislation's] potential impact on prevention and treatment services within tribal communities.

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A number of Native organizations have articulated best practices for AI/ANs. The One Sky Center and the University of Oregon Health Sciences Center, in collaboration with the Substance Abuse and Mental Health Services Administration and the National Diabetes Prevention Center, convened a resource panel of leading scientists, researchers, community leaders, and traditional healers to discuss the state of the literature in substance abuse prevention, substance abuse treatment, mental health treatment, and co-occurring disorders treatment. The outcome of this convening was the 2005 publication *Best Practices in Behavioral Health Services for American Indians and Alaska Natives*.

NICWA has played a role in the movement to develop culturally grounded PBE. For nearly a decade, NICWA has partnered with the Native American Youth and Family Center (NAYA) and Portland State University to develop a PBE approach to evaluation in Native youth and family programs. The research team created a strategy in which knowledge is co-created by service providers, service recipients, and families. Community partners identify their desired outcomes of the program and indicators of the health and well-being of their Native youth. The resulting evaluation tool has been critical to improving programming and practice at NAYA (Friesen, et al., 2012).

Finally, using PBE in the development of AI/AN suicide prevention programs may be particularly effective. Researchers have argued that given the “diverse cultures of tribal nations, as well as the differing contributors to suicide in various communities, suicide prevention programs are likely to be most effective when they address local contexts” (Sahota & Kastelic, 2012).

Benefits to Practice-Based Evidence in AI/AN Communities

Building community capacity for the evaluation of community-based programs is critical for obtaining funding as well demonstrating program effectiveness. Many AI/AN communities face significant challenges in conducting program evaluation, particularly if the evaluation criteria require programs to establish EBPs that need significant time and infrastructure. By adding PBE into the arsenal of evaluation tools, Native communities are broadening the definition of acceptable evidence. They are asserting that research methods used to evaluate AI/AN community programs need to be culturally appropriate, and can be executed using systematic and reliable methods.

The benefits to using PBE in AI/AN service programs continues to be evaluated. However, because PBE includes consideration of a cultural framework, is culturally responsive to the needs of a specific community, and addresses some of the shortcomings often attributed to EBP, there is growing acceptance of PBE services as effective within Native communities.

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The Challenges of Evidence-Based Practices in Indian Country

For American Indian and Alaska Natives (AI/ANs), relying solely upon evidence-based practices (EBPs) is especially challenging because although these interventions are scientifically proven designs for prevention and intervention, rarely have the designs been tested in AI/AN communities. Native populations, as a small subgroup of the general population, may be lumped together into an “other” category or left out of a study altogether.

As one research study pointed out, “If only five American Indians are included in a larger dataset, how can anything meaningful be said about this population? And how can appropriate interventions and policies be created to address the needs of this small but meaningful community?” (Nebelkopf, King, Wright, Schweigman, Lucero, Habte-Michael, & Cervantes, 2011).

This concern about the omission of AI/ANs in the development of EBPs is well founded. In a 2007 article, researchers reported the results of their analysis of four online scientific databases and 3,500 scholarly articles or chapters. Only nine outcome studies on mental health treatments referenced AI/ANs, and just two of those studies used control group comparisons (Gone & Alcantara, 2007).

Not surprisingly, many are skeptical about the effectiveness of EBPs that don't include AI/ANs in the research. For example, interviews with AI/AN clients in minority-serving substance abuse treatment programs in the San Francisco Bay area found that clients in these programs described mistrust, fear of exploitation from the research community, and negative attitudes toward EBPs (Larios, Wright, Jerstrom, & Sorensen, 2011). Such attitudes and perceptions of EBPs by the AI/AN community touches on the historical legacy of mistreatment of AI/AN communities by researchers and highlights the importance of considering this legacy when working with communities today.

Many tribes are now seeking to adapt evidence-based mental health and substance abuse treatment programs to incorporate traditional healing belief systems and therapeutic modalities. Increasingly, tribal communities are insisting that “interventions must be appropriate...in rural and/or isolated tribal communities” (Bigfoot & Braden, 2007) and take into consideration unique ways in which interventions address the unique cultural considerations of the populations they serve.

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NICWA Annual Conference Call for Presenters

We invite you to participate in vigorous dialogue about best practices, current research, advocacy efforts, policy implications, and other lessons learned at NICWA's 32nd Annual Protecting our Children National American Indian Conference on Child Abuse and Neglect in Fort Lauderdale, Florida. Our annual conference brings together nearly 1,000 participants every year, each possessing a unique perspective of the shared goal of improving the well-being of American Indian and Alaska Native children and families. The richness of our conference is a direct reflection of the diversity of presenters that come to share their experience and contributions to the field. We truly value a wide representation of presenters from varied backgrounds and communities. For more information, please visit <http://www.nicwa.org/callforpresentations/>. **The deadline for proposals is November 29, 2013.**