


W. Haywood Burns Institute

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THE INTERSECTION OF DISPROPORTIONATE MINORITY CONTACT AND EVIDENCE BASED PRACTICES IN YOUTH JUSTICE

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Improving Life Opportunities for Youth, Families, and Communities of Color

Evidence Based Practices Primer

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- What Is An Evidence Based Practice (EBP)
- What is a Promising Practice
- Adaptations
- Critiques

What Is An Evidence Based Practice

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- Clinical /Administrative practice that has been proven to consistently produce specific intended results. Each practice must address a specific problem or symptom of mental health or substance abuse.
- Must know desired outcome in order to implement EBP.
- EBP must have been subject to a clinical trials that are scientifically proven to achieve their intended results. (Refer to Huey & Polo)
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Antonio Polo & Stanley Huey



Birth of an EBP

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- A Clinician or researcher has an idea or approach.
- Approach then used in clinical setting to evaluate its efficacy. (Randomized trials)
 - Point of critique about people of color in trials
- Disseminated to the field and federal agencies as a manual.
- Adopted by wide range of practitioners.
- Some are calling this “empirically supported treatments”

Popular Methodologies

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- AMT—Anxiety Management Therapy
- CBT—Cognitive Behavioral Treatment
- ART—Aggression Replacement Therapy
- MST—Multi-Systemic Therapy
- MDFT—Multi-Dimensional Family Therapy
- FFT—Functional Family Therapy

Promising Practices

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- There are widely accepted interventions and strategies that are successful but have not been clinically proven thus a “promising practice”.

Adaptations

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- Requires adapting an EBP to a particular community. Take the heart of the practice and tweak it for a particular population.
- Adaptations can be structural (number of sessions) or procedural (where sessions held)
- Common Adaptations
 - Ethnic matching & cultural alignment
- There are essential elements of EBPs that cannot be changed. Too different from original design.

Some literature suggests that the core components of EBPs work well across groups

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□ Miranda, et. al, 2005

- Evidence-based mental health care is effective for ethnic minorities
- Fewer data on Asian and Indian/Alaskan native populations
- Culture and context need to be considered
- Need a focus on engagement in EBPs

□ Jeanne Miranda



Critique

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- Members of these communities are concerned about
 - Representation in sampling for development
 - Conceptual Cultural congruence
 - Fidelity
 - Cost
 - Methodology and Measurement

Cautions

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- 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)
