EBPs from the Perspective of Culture and Context

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Building Lives Beyond Trauma

Cheryl Tawede Grills, Ph.D.
Professor, Psychology
Director, Psychology Applied Research Center @ Loyola Marymount University
1 LMU Drive
University Hall 4725
Los Angeles, CA 90045
http://bellarmine.lmu.edu/psychology/parc/
Off the Beaten Path

Culture

Context

Linguistics
With Some Attention to Trauma

- From the perspective of different ethnocultural/racial groups
The Path Well Known and Oft Discussed?

- Caution with EBTs
- Evidence for Who?
- EBPs - Mixed Results with Adaptations
- Measurement Equivalence
- Cultural Competence
The 3 Pillars of EBPs and What EBPs Are Not
Morales & Norcross, 2010

• Best available research, (Validity of ....with respect to culture, context, linguistics)
• Clinical expertise, and (Extent of ....with respect to culture, context, linguistics)
• Patient characteristics, culture, and preferences (Understood how ....with respect to culture, context, linguistics)
Caveats About the 3 Pillars

*The integration flows seamlessly and uncontested when the three evidentiary sources agree (the research, clinical experience, client characteristics)
*The integration becomes flawed and contested when the three sources disagree.

Not all three pillars are equal: Research assumes priority in EBP. Clinicians begin with research and then integrate it with their expertise and patients’ values

“Put bluntly, clinical practice without attending to culture cannot be characterized as EBP.” (Morales & Norcross, 2010, p. 824)
Common Practice/Policy Complicating the Process

• Funding announcement (CDC-RFA-PS10-1003) instructions → “Grantees must implement at least one and no more than two of the (CDC) EBIs” (p. 11).

• Although adaptations were allowed, they must maintain the core elements of the EBI. Failure to use one of the 23 interventions would disqualify the applicant for funding.

• Based on information on the CDC Web site, only one intervention was adapted and translated into Spanish, a few were for African American women, while most were designed using Euro-Caucasian samples.
Fidelity, Fit, or Both?

Determining the optimal treatment plan for a given patient involves a recursive process.

After asking,
• What does the research tell us?

We must inquire,
• What does the patient desire?
• What is available and realistic?
• What fits this culture and context?
• What about the cost-benefit ratio?”

Norcross, Hogan et al., 2008
Fidelity, Fit, or Both?

Then ask,

• “Given these circumstances and contexts, what does the research tell us now?”
• And so on, until we secure a seamless blend, a practical integration of best research, clinical expertise, and patient characteristics. 

What if there’s no research?

How do you obtain valid information about culture and context to inform your understanding of patient characteristics?
So where does that leave us?

Reality
• Dearth of controlled research on many psychological (and pharmacological) treatments with ethnic minority patients complicates these decisions.

Truth in advertising/Informed Consent

But Here’s What We Do
• Stated benefits of EBP (Ruscio & Holohan, 2006):
  • The client, as a part of informed consent, will learn that she is receiving a demonstrably effective, scientifically supported treatment.

NO!!!!! Not True.
Duarte-Velez, Bernal, and Bonilla (2010)

- Therapies can be culturally adapted along multiple dimensions—language, persons, metaphors, content, concepts, goals, methods, and context.

- A meta-analysis of 76 cultural adaptation studies found a medium effect (d 5.45), = a moderately strong benefit (Griner & Smith, 2006).

- Not yet clear→ how culturally adapted therapies would fare in comparison to the culturally based therapies offered to the same patient populations.

There’s a lot we don’t know!
Burlew et al., 2013

Challenges facing the development of culturally adapted interventions include

• need for additional research to determine which specific EBTs warrant adaptation,

• the balance between fidelity and adaptation, and

• the challenge of intragroup diversity.

And the cultural disconnect between the assumptions underlying an EBP and the cultural values and context of the client.
What Have We Done!?

• Imagine......
• What’s the chance you would return for a second visit?
• The dilemma we face when deciding on the appropriateness of an intervention with unknown efficacy for one target group but demonstrated efficacy for another group
Cultural Traditions and Social Practices Influence Behavior
Example ➔ Substance Abuse

Meaningful racial / ethnic differences in
• drug histories (Shillington & Clapp, 2003),
• specific drugs used (Moselhy & Telfer, 2002),
• health consequences of substance use (Iguchi, 2005), and
• the relation of
  • spirituality (Strada & Donohue, 2006) and
  • acculturation (Epstein, Botvin, & Diaz, 2000; Hahm, Lahiff, & Gutterman, 2003; Klonoff & Landrine, 2000; Strada & Donohue, 2006).

to substance use attitudes
Racial / Ethnic Differences May Affect Treatment Response

Examples

• **Pathways to treatment** (Iguchi, 2005; Shillington & Clapp, 2003),

• **Patterns of treatment engagement and retention** (Campbell, Weisner, & Sterling, 2006; Jackson-Gilfort, Liddle, Tejeda, & Dakor, 2001), and

• **Cultural attitudes** about mental health treatment (Buser, 2009).

Together, these differences raise serious concerns about a priori assumptions that interventions developed for one ethnic group are appropriate for another group. (Burlew et al., 2012)
When to quit the EBP?

During treatment, clinicians may decide to abandon the research-supported option because the patient

• shows signs of deteriorating,
• is not making any progress with it,
• refuses to continue it, threatens to drop out, or
• insists on an alternative (Norcross, Beutler, & Levant, 2006).

This requires a HIGHLY assertive and informed client and a HIGHLY sensitive and confident clinician.
If I say to you: Zuup?

Does it mean the same to you as it means to me?
Addressing Cultural & Linguistic Concerns
CRDP Statewide Evaluation Core Measures

Priority Population
Asian/ Pacific Islander
IPP: Hmong Cultural Center of Butte County (serving Hmong Elders)

Original Item
During the past 12 months, did you take any prescription medications, such as an antidepressant or an antianxiety medication, almost daily for two weeks or more, for an emotional or personal problem? (CHIS)

Concern
The projects are primarily serving monolingual and low-literate Hmong older adults. Terms such as “the past 12 months” can be difficult to understand and interpret. The program recommended the use of simplified numerical terms and visual aids to facilitate survey administration.

Proposed Strategy
Program staff will use visual aids (e.g., a calendar) while administering the item to ensure that participants’ responses are anchored in the previous 12 months.

Revised Item
During the past year, did you take any prescription medications, such as an antidepressant or an antianxiety medication, almost daily for two weeks or more, for an emotional or personal problem? (CHIS)
Addressing Cultural & Linguistic Concerns
CRDP Statewide Evaluation Core Measures

Priority Population
Latino
IPP: Mixteco/Indigena Community Organizing Project (serving Oaxacan immigrants)

Original Item
About how often during the past 30 days did you feel... (CHIS) - All of the time - Most of the time - Some of the time - A little of the time - None of the time

Concern
In this project, program staff translates the survey in real-time, from the written Spanish language version of the survey to Mixteco or Zapateco. The inclusion of numerous response options can make survey administration cumbersome and confusing.

Proposed Strategy
Comparisons with administrative data and other IPP data will be made by adding the “middle three responses from the finer scale” into one category.

Revised Item
3 Item scale
- All of the time
- Some of the time
- None of the time
Research and Evaluation Measurement Equivalence Issues (Burlew et al, 2009)

• The situations mentioned in a measure may apply to one group but not another.
• Various cultural groups may differ in the connection between specific behaviors and the underlying trait.
• Differences in the opportunity structure may lead to differences in the manner in which certain traits are manifested.
• Group differences in circumstances may result in differences in the meaning of a specific behavior.
Research and Evaluation
Measurement Equivalence Issues (Burlew et al, 2009)

• Test bias occurs when “an existing test does not measure the equivalent underlying psychological construct in a new group or culture as the test measured within the original group in which it was standardized” (Allen & Walsh, 2000).

• And what about when the underlying construct that is operative is not even measured? (e.g., communal orientation; spirituality; honor)

• Test of configural equivalence: is the factor structure the same across groups?

• Configural equivalence (is the factor structure of a measure is equivalent across groups) is essential to measurement equivalence (Woehr et al., 2003).
The Problematic

Eurocentric culture, worldview, and narrative appears to dominate the world's international culture even though Whites account for only 16% of the World's population.
Case in Point: India

Theory and methodology from their cultural grounding

• Psychology defined as the study of the total mind (unconscious, sub-conscious, conscious, and super-conscious)

• Their research methods
  • Pratyaksha: objective and subjective observation
  • Sabda or Apthavachananam: words of scriptures or testimony by competent authority
  • Upamana: analogy or comparison
  • Arthapatti: implication
  • Anupalabdhi: non-cognition

• Observation & intuition are both valued/valid methods
Basis of Their Epistemology

• Accurate observation
• Precise description
• Correct classification
• Patient experimentation
• Rigid reasoning
• Careful verification
• Institution of crucial tests
• Analytic-synthetic imagination to “see” the one connecting law running through the whole range of a mass of apparently unconnected phenomena
“Facts are sterile until there are minds capable of choosing between them and discerning those, which conceal something and recognizing that which is concealed; minds which, under the bare fact, see the ‘soul’ of the fact.” (Dash & Rana, p.40)
Dash & Rana: Methods

WESTERN SCIENCE:
• Perception & inference

INDIAN SCIENCE EVIDENCE SOURCES:
• Perception & inference +
• Inductive and deductive inferential reasoning
• Words or scriptures by competent
• Non-cognition
• Tradition
Supernormal Perceptions

• Flash of intuition (Prativa-jnana)
• Intuition
• Intuition of sages (Arsajnana)
• Occult perception (Siddhadarsana)
• Yogic perception (Yogi-pratyaksha)
• Omniscience of perception (Muktajnana)
  • perception of a liberated soul

• Brain cells only receive, guide, arbitrate or channelize pure consciousness which is transcendental to these structures. (Srivastava-Bhopal)
Even Einstein said:

• “The intuitive mind is a sacred gift and the rational mind is a faithful servant.”

• Western psychology and EBPs have created a discipline and set of practices that honors the servant and has thrown away the gift.
Poincare (1842-1912) said:

“Science is facts:
just as houses are made of stones, so is science
made of facts; **but**
a pile of stones is not a house and
a collection of facts is not necessarily science.”
“If you want to change a person the first thing you must do is to change their awareness of themselves”

Abraham Maslow
Not Hard to Find
But Sometimes Not Seen
*Multigenerational Trauma
*Unmitigated RACIAL STRESS
Dehumanization
*Early Messages
Affecting Self-image
Identity
Sense of Self
Behavior
Community
Context, Trauma, Racial Oppression

Little H.’s Mother:
“I don’t know what happened. He’s never done something like that before”!
“Even at the dawn of the 21st century, racism remains a suffocating blanket that does not allow us to breathe.”

Bulhan: Frantz Fanon & the Psychology of Oppression
The Roots

Widespread ideologies of racism divide human beings by skin color and place “whites” or lighter skinned people in the position of intellectual, political and cultural superiority.

Illustration from Nott and Giddon’s *Types of Mankind* (1854)
The struggle for an empowered existence, in a society infused with assumptions of inferiority.

Historical, transgenerational, and contemporary trauma assaults the humanity of our youth, our men, women, families, and communities.
Your brain under duress....and your body.
Marginalization and Oppression

“I can’t breathe”!
A Racialized Society Compromises: Identity, Self-Determination, Mental Health, & the Legitimacy of the Social Contract
Historical Trauma and Its Lingering Aftermath Matters

“Abolishing slavery with no restitution is like opening the door to a prison cell, while leaving all other exits bolted, chained, and locked, and telling the inmate that they are free.”

M.K. Asante, 2008
History Matters
Are We Paying Attention?

“The present was an egg laid by the past that had the future inside its shell.” Zora Neale Hurston

“There is no agony like bearing an untold story inside of you.” —Zora Neale Hurston
Without these we end up with:
• “Answers that don’t answer,
• Explanations that don’t explain, and
• Conclusions that don’t conclude.”

Fred Hampton
So To Matters…..
• Strategies that perpetuate the assault
• Outcomes that re-victimize and
• e.g., Training youth to live “down” to White expectations
What we do depends on what we see.

What we do depends on what we **choose to see**.
WHODUNNIT?
What does this have to do with our work?

- It’s “easy” to miss something you’re not looking for

- We focus on (and make-meaning) based on what has or has not been “called-out”

- Our implicit and explicit ways of thinking shape our practices and views about others who are “different” from us

- Leading with culture and engaging the community in the development and evaluation of EBP approaches and adaptations is THE WORK
“If the rest of the world does not see me, I see myself.”

Ousmane Sembene, 2007
Basic Premise

• The fundamental structure of racial oppression is violence
• This violence includes psychological violence
• This violence places our very souls under stress (and compromises mental health)

AND IT TAKES OUR BREATH AWAY!
Psychic Suffocation & Racial TRAUMA
“Try sleeping in a small room with a mosquito.”

Ghanaian Proverb
The Anguish......Identified by James Baldwin:

“The American ideal of progress is measured by how fast I become white.”
How/Why Does It Suffocates Us?

• Multigenerational
• Multifaceted and multi-layered
• Unyielding and self-perpetuating
• Internalized
Terrorism by Another Name
A Conceptual Reframe
Of .... Trauma .... and the Trauma Response

From:
What’s wrong with you?

— To —

What happened to you?
Are These Understood & Incorporated Into Thinking, Theory, Application of EBPs?

- Racism & Racial Microaggressions
- Racial Stress
- Psychological Trauma
- Historical Trauma and Cultural Trauma
- Stereotype Threat
- Cultural Mistrust
- Ethnic and Racial Identity
- Internalized Racism
- Racial and Cultural Socialization
- Resiliency and Positive Youth Development
- Community Healing
Context, Racism, Racial Stress Matters
Do the EBP strategies cultivate ways for people of color to “be in” and “connect to” community? What is the role of activism for justice in healing?
How does one restore the imbalance and heal trauma from a broken society that harms, dehumanizes, and diminishes?

Where do EBPs fit in with these deeper root causes?
“If it be the design of Providence to extirpate these Savages in order to make room for cultivators of the Earth, it seems not improbable that rum may be the appointed means.” Benjamin Franklin
Community Matters – what are the community intervention strategies that align with culture & worldview for many POC?

Mi Lucha Es La De Mi Pueblo 2.
(My struggle is that of my people)

One does not separate oneself from one's community. As one grows, one's community grows also. This image depicts people in different creative activities (scientist, horticulturist, builders and children planting a tree). Each of the activities taking place in the image symbolizes something new—a discovery, beauty, construction, strength, and the rebirth of a community.

Q. How does participating in your community help you?

Q. Can you name one thing you might do to make your neighborhood a better place to live and be happy?
“Intergenerational cultural transmission is as vital as the basics of food, clothing and shelter.

Without intergenerational cultural transmission, all else has little meaning.”

Asa Hilliard
CULTURE

Provides the foundational frames for *developing worldviews, interpreting reality, and acting in the world* (Harrell, 2015).

- emerges out of interpersonal realities
- is a dynamic relational process of shared meanings
- must be considered in historical, social, political, and economic contexts
- influences the experience, expression, course and outcome of mental health, substance use problems, help-seeking and the response to health promotion, prevention or treatment interventions.
Supporting Healthy Identity Development Matters
Emotional Emancipation
Aka: Conscientization

Identity and “a firm sense of self-esteem” Dr. Martin Luther King, Jr.

Freedom from any and all toxic ideas about the inferiority of their culture

Freedom to see themselves beyond the negative stereotypes that have burdened and limited them for centuries
Communal Processes
(change mechanism = relatedness)
Contemplative Processes
(change mechanism = awareness)
Empowerment Processes
(change mechanism = agency)
COMMUNAL PROCESSES ("Connection")
Wellness-Promoting Transactions that **strengthen connectedness** through
- Identifying and Facilitating Connection to Humanity, Nature, Spirit, Ancestors, Culture, etc.
- Nurturing Interpersonal Relationships
- Fostering Sense of Community (belonging)
- Awareness of Socioecological and Multicultural Systems

CONTemplative PROCESSES ("Focus")
Wellness-Promoting Transactions that **enhance experiential and critical awareness** through
- Attention to Biospsychorelational Systems & Modalities of Daily Experience (MODEs)
- Exploration of Values, Meaning, Purpose
- Meditative, Reflective & Focusing Processes
  - Enhancing Critical Consciousness

WELLNESS OUTCOMES

EMPOWERMENT PROCESSES ("Flow")
Wellness-Promoting Transactions that **facilitate creative and transformative action** through
- Enhancing Person-Environment-Culture Fit
- Engagement in Culturally-Syntonic and Values-Congruent Behavior
- Supporting Positive and Liberation-oriented Growth and Change
- Facilitating Creativity and Flow Experiences

PEaCE-Informed Interventions
Chanac Model (Harrell, 2015)
Community Defined Evidence Practice (CDEP)

- A set of practices that communities have used and determined to yield positive results 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.

Address the Unserved, Underserved, and Inappropriately Served in CA
CRDP Phase I Population Reports

California Reducing Disparities Project (CRDP) Population Reports
The Cube As A Method of Discernment
• Three-dimensional model—cannot be separated from context
• Contains visible and invisible elements and represents a cultural activity

CDEP Visible Elements:
• Project
  What is the activity?
• Persons
  Who is involved?
  What do they do?
• Place
  Where does it take place?

CDEP Invisible Elements:
• Cultural understanding/worldview,
• Perceived Causes and Influences,
• Expectations for Change Due to Intervention

THESE ELEMENTS ARE:
• OBJECTIVE
• EXPLICIT
• MANIFESTATIONS OF CULTURE

THESE ELEMENTS ARE:
• SUBJECTIVE
• IMPLICIT
• EXPRESSION OF CULTURE
You should never increase in knowledge until you also increase in humility. The more in knowledge you increase, the more humility you should have.

Shaykh Yahya Rhodus
Islam2011.tumblr.com
In mental health – we privilege the western, Eurocentric perspective.

What would our practice look like and what would be its effectiveness if we privileged the perspective of our diverse communities?
Cultural “Competence”
Maybe Not So Much

Abe (2017)

- The use of ‘culture’ as a proxy for racial/ethnic group identity and the tendency to view ‘culture’ as an individual attribute possessed by an ethnic or racialized “Other,” → “cookbook” approaches that can exacerbate stereotyping (Kumagai & Lypson, 2009; Johnston & Herzig, 2006; Chang, Simon & Dong, 2012).

- Assumes ‘incompetence” stems from incomplete or incorrect knowledge (Kumas-Tan et al., 2007; Fisher-Borne, Cain & Martin, 2015)

- Simply gaining greater cultural knowledge ≠ increased desire to practice in a culturally competent manner (Isaacs, 2016)

- Increases in cultural knowledge without consequent change in attitude and behavior = limited value (Tervalon & Murray-Garcia, 1998)
Community Based Participatory Practice

- Reflects a broader array of practices related to participatory activities which include and extend beyond research.
- A set of principles for engagement and participation—typically between communities and entities external to the community (e.g., government agencies such as County Departments of Mental Health, policy makers such as elected officials, institutions, researchers/program evaluators).
- Inspires attention to culture, context, trust-building, shared meaning, consensus, and equity.
“Tribal Critical Theory is a theoretical framework and method ...for...indigenous people throughout the world....emphasizes the importance of Tribal beliefs, philosophies, and customs for understanding the lived reality of Indigenous people .....”

Bowman, Francis, Tyndall (2016)

“It’s about legitimizing and liberating our indigenous voice & perspective while deconstructing majority educational paradigms that incarcerate us”

(Hood et al, 2015, p. 139)
“Thinking of some methods as intrinsically better than others, despite the nature of the research task is absurd. It’s akin to asking: “what’s better, a banana or a wristwatch?” One obviously cannot tell time with a banana, nor are wristwatches edible.”

McKinlay, Behavioral & Social Science Research
“The debate about criteria for credible evidence is neither academic nor trivial. How we deal with issues of evidence will shape the nature of social innovation, programs, and policies —what is and what is not allowed, promoted, and incentivized—for years to come.”

Schorr & Farrow, 2011
Thank You!