Evidence-Based Practices
in the Context of Tribal Nations:
Challenges and Adaptations

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Overview: Evidence-Based Practice

- Grew out of awareness that many services don’t work (no lasting positive change)
- No significant change seen in disparity numbers, disproportionate number of people in institutions or restrictive services when compared to their % in overall population
- Original concept was based on “practice improvement” and hoped for way to use shrinking dollars more effectively
EBP Background

The term also originated as an *alternative* to authority-based practice (e.g., basing decisions on uninformed opinions, consensus, tradition, and anecdotal experiences).
EBP Basic Definition

Interventions, services and supports that have consistently shown positive outcomes through research.
EBP Promotes Transparency

– Encourages transparency of what’s done and its effect

– Designed to make decisions related to EPM (workforce and program capacity, client outcomes, instrumentation...) and the reasons for them transparent
Why has EBP become so important?

Funding sources and policy makers are requiring evidence based practices (EBP) in their effort to “reliably produce practical and cost-effective interventions”
Why is the EBP movement challenging for Tribal communities?

Increasing reliance on EBP leaves many Indigenous communities at a disadvantage:

• Funding sources may require the use of EBP and not accept other practices, without awareness of EBP cultural usefulness to the local Indigenous population.

• Indigenous populations are under-represented in mental health and substance abuse research, leading to limited EBP.
Practice-Based Evidence (PBE)

- Important concept used play on words: EBP and PBE
- EBP = Science to Service, that is, research informs practice
- PBE = Service to Science, that is, community services inform “science”
Practice-Based Evidence (PBE) Defined

• PBE 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 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.

Source: The Road to Evidence: The Intersection of Evidence-Based Practices and Cultural Competence in Children’s Mental Health, 1995
Practice-Based Evidence (PBE)

• Advocates that science-world embrace alternative approaches

• SAMHSA language additions to RFA’s:
  ✓ “SAMHSA recognizes that EBPs have not been developed for all populations... For example, certain interventions for American Indians/Alaska Natives...may not have been formally evaluated and, therefore, have a limited or nonexistent evidence base.

  ✓ “In addition, other interventions that have an established evidence base for certain populations . . . may not have been formally evaluated with [tribal populations] . .

  ✓ “Applicants proposing to serve a population with an intervention that has not been formally evaluated with that population are required to provide other forms of evidence that the practice(s) they propose is appropriate . . .”
EBP or PBE?

• Both approaches are good; whatever best for your community situation

• Does not have to be an “either-or” choice

• Both EBP and PBE have challenges
Evidence-Based Practice (EBP) Thinking

EBP

Evidence-Based Thinking

Practitioners and Client

Human Service Systems

Clinical Experience

Client Factors

Research & Scholarship

EVIDENCE
The EBP Quality Pyramid

Client Outcomes

Quality Improvement

Evidence-based Practices

Performance Measurement
Practice-Based Evidence (PBE) Thinking

EVIDENCE
- Services known to work in community
- Client & Community Factors
- Clinical & Practical Experience

Practice-Based Thinking

PBE

Human Service Systems

Practitioners and Client and Community
The PBE Quality Pyramid

Client Outcome = Community Outcome

- Quality Improvement
- Practice-Based Evidence
- Performance Measurement
Challenges: EBP Components

• Expertise plus research.

• Multiple streams of evidence.
  – current knowledge + population factors + research

• Multiple research systems (NIDA, NIH, IOM...).
  – continually increasing knowledge and skill
Challenges: EBP Components

• Good data drives decisions.
• Gathering data can be difficult, expensive, and time consuming.
Challenges: PBE Components

• New to applying data
• Expertise plus research
• Finding right internal person to lead evaluation effort
• Priority within tribal operations
Challenges: PBE Components

• Good data can help drive decisions.
• Gathering data can be difficult, expensive, and time consuming.
Native American Center for Excellence (NACE) Examples

• Tribal and urban Indian successes and challenges
EBP Selection
“Guiding Principles”

• Build on the Principle of Relevance: the intervention should be relevant and meaningful to members of the targeted group.

• Build on the Principle of Participation: that the community should serve as active participants in the implementation of a program intended to benefit its people.
NREPP

• SAMHSA: national registry of evidence-based programs and practices

• Includes some tribal programs and practices

• For more information: www.nrepp.samhsa.gov
NREPP Tribal Program/Practices

• Project Venture – National Indian Youth Leadership Project – www.niylp.org

• American Indian Life Skills (formerly referred to as Zuni Life Skills) – lafrom@stanford.edu
Challenges: Which EBP Could Help the Community Most?

- Mild Mood/Behavior Thinking
- Substance Use
- Self-Harm
- Delinquency
- Behavior with Mood
- Cognitive Behavior Therapy for Depression (CBT)
- Parent Management Training (PMT)
Challenges: Adopting EBP

EBP Capacity

• Training in the intervention
• Training in how to supervise others who apply the intervention
• Training in how to train other trainers to continue the intervention over time
• Training in how to monitor fidelity
• Time and resources
What is Fidelity?

• Fidelity is the degree of implementation of an evidence-based practice
• Programs with high-fidelity are expected to have greater effectiveness than low-fidelity programs in achieving desired consumer outcomes.
• Fidelity scales assess the critical ingredients of an EBP.
Challenges: EBP Fidelity vs. Adaptation

Adaptation: program modifications aimed at addressing sources of non-fit items between EBP content and local needs.
Solutions: EBP Reflecting Cultural Competence

• Measure outcomes for each race/ethnicity/cultural group
• Adapt evidence-based practices for specific ethnicity/cultural group (e.g. American Indian, Alaskan Native)
• Expand definition of “evidence” to include culture-specific interventions (e.g. Oregon)
Resources


• Oregon Tribal Best Practices: Jason Yarmer-Jason.d.yarmer@state.or.us

Resources

• First Nations Behavioral Health Association
  http://www.fnbha.org/board.php

• One Sky Center, a National Resource Center for American Indian and Alaska Native Health, Education and Research.
  http://www.oneskycenter.org/mhsa/best-practices.cfm


• Pam Thurman, PhD; Community Readiness Model;
  Pamela.Thurman@ColoState.edu
Resources

Research Based Tribal Programs:

- Project Venture – National Indian Youth Leadership Project – www.niylp.org
- American Indian Life Skills – lafrom@stanford.edu

Tribal Best Practices:

- Sons & Daughters of Tradition – www.whitebison.org
- Positive Indian Parenting – www.nicwa.org
- Native H.O.P.E. (Helping Our People Endure) – claytonsmall@aol.com