Cultural Adaptation
of Evidence Based Practices

Presenter

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Evidenced Based Treatments for American Indian and Alaska Native Children

- Need for Safety
- Need for Supervision
- Need for Protection
- Need for Guidance
- Need for Monitoring
- Need for Teachings
- Need to know they are Connected
- Need to know they are Sacred
- Need to know they are Honored
Our grandparents, elders, and ancient ones have long prayed and offered sacred words to the Creator to watch over all things from the past, the present, and the future.

We are taught to pray for all things because we are all connected. The air we breathe comes from the trees. The food we eat comes from the earth. The rain that cleanses us comes from the sky.

Through sacred words comes healing from the past, strength for the present and hope for the future.
Definition of Evidence Based Practice

- Evidence Based Practice is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett D, 1996)

http://www.hsl.unc.edu/services/tutorials/ebm/whatis.htm
EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal and unique concerns, expectations, and values. The best evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D, 2002)

http://www.hsl.unc.edu/services/tutorials/ebm/whatis.htm
Problems in non-EBP Application

- Scientific evidence of efficacy not a common criteria for treatment selection
- Lack of outcome research for many common interventions
- Willingness by some to use, embrace, promote, and defend practices with no evidence and questionable theoretical bases
- Poor dissemination of clinical outcome research
- Ineffective approaches to continuing education
- Poor adoption of empirically supported treatments in real world clinical settings

Slide adapted from “Exploring Alternative Strategies for Diffusion of Best Practice” by Charles Wilson, NCTSN
The Path to Dissemination

Develop Treatment Approach

Use in Clinical Setting

Conduct Validation Studies

Disseminate Treatment to the Field

Modified from Office for Victims of Crime, and Benjamin Saunders, Ph.D.
Why use Evidence Supported Treatments?

The race is not always won by the swift, nor the contest by the strong, but the smart man bets that way.

-Damon Runyon

• All sorts of “treatments” are available out there. When deciding which ones to use, just remember...
  – First – do no harm.
    • Examples of harmful practices:
      – Rebirthing Therapy
      – Holding Therapy
  – Second – do some good.
    • How do we know what we’re doing works?

Slide adapted from “Exploring Alternative Strategies for Diffusion of Best Practice” by Charles Wilson, NCTSN
Evidence-Based Practices

**EBP’s**
- Clinical Trials
- Peer Reviewed
- Robust Outcomes
- Efficacious
- Safe
- Replicable
- Science-to-Practice

**Concerns**
- Limitation on AI/AN Community Understanding of Healing
- Question Effectiveness with AI/AN
- AI/AN not part of research population
- Question of harm
- Question of cultural appropriateness
- Question of cultural relevance
Test of an Evidence-Supported Practice

✔ Is it based on a solid conceptual/theoretical framework?
  ▪ Is the theory upon which it is based widely accepted?
  ▪ Is there a logic model that makes sense?

✔ Can it be replicated?
  ▪ Are there practice manuals and protocols?
  ▪ Is there training/consultation available?
  ▪ Does the practice lend itself to application in other communities or with other populations?

✔ How well is it supported by research?
  ▪ How rigorous is the design? Randomized controlled trial is the gold standard.
  ▪ How many evaluations have been conducted?
  ▪ How strong are the results?

✔ Is the risk acceptable?

Slide adapted from “Exploring Alternative Strategies for Diffusion of Best Practice” by Charles Wilson, NCTSN
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Evidence Based Practices

- Home Visitation Models
- Multisystem Therapy
- Motivational Interviewing
- Treatment of Child with Inappropriate Sexual Behavior
- Trauma Focused Cognitive Behavior Therapy
- Parent Child Interaction Therapy
Model for Cultural Adaptation and Implementation of EBPs
(M. deArellano, 2007)

- **S**tudy target population
- **K**ey stakeholder and other community involvement
- **I**ntegrate while maintaining fidelity
- **L**earn through implementation
- **L**earn through evaluation
Process of EBT Adaptation for Indian Country

- Adaptation - Lessons learned with American Indian cultural adaptations of EBTs (TF-CBT, PCIT) suggests
  - There are core commonalities between select or certain elements of American Indian healing practices and the fundamental elements of many EBTs
    - Bidirectional mapping between EBTs and traditional healing concepts is feasible
    - “Structure” and “Protocol” are key fundamentals in both
  - The resulting adapted models may look and feel different, but there are certain shared core principles
Basic Tenets in Adaptation with American Indian and Alaska Native Cultures

• Have culturally based practices and beliefs instrumental in healing and improving lives.
• Have culturally based worldviews with explanations and understandings.
• Have culturally based core principles for teachings and instruction.
EBT and Indigenous Practices

Commonalities

Centrality of family (Kinship, Clans, Bands)

Importance of attending and listening to children (Children are the center of the Circle)

Education through recounting experiences (Storytelling)

Importance of identifying and expressing emotions (Wiping of the Tears Ceremony)
Considerations for Adaptation

• Build on cultural world view Old Wisdom (encompassing the Medicine Wheel)

• Developed practice worksheet for each EBT component
  – Tribal specific healing practice (song)
  – Usefulness or purpose of practice (acknowledgement)
  – Value/belief about practice (recognize emotions/thoughts)

• Encouraged tribal specific inclusions of stories: Grand Entry, Greetings, Beading: address protocol, structure, meaningful, order.
Considerations for Adaptations

Degree of cultural affiliation of American Indian and Alaska Native (strength of cultural ties)
Symbolic representation of the world view (Circle and its applications)
Use of culturally based analogies (Grand Entry, Beading)
Meaningful of origins (tribal creation stories or similar telling of family or tribal events)
Circle Theories
Integrating HC-MC into the TF-CBT Model

Traditional TF-CBT

Honoring-Children Mending the Circle

Incorporate Increasing Aspects EBP

High/Strong Non-AI/AN Identity

Limited AI/AN Identity & Limited Interest

Limited AI/AN Identity & High Interest

High/Strong AI/AN Identity

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# American Indian/Alaska Native Affiliation Model

## Cultural Practices, Values, and Lifestyle

**High/Strong Affiliation**

- Identity as AI/AN is secure
- Highly desirous to maintain high/strong affiliation
- May have other cultural heritage(s) that are not assumed

**Limited or No Affiliation**

- Identity as AI/AN is insecure
- Highly desirous to acquire high/strong affiliation
- May have other cultural heritage(s) that are not assumed or are not valued
- Affiliation marginal

## Limited or No Affiliation

- Identity as non-AI/AN is secure
- Limited or no interest in affiliation with AI/AN or other cultural base
- May or may not be expressive about limited interest in own AI/AN background/heritage
- May identify to some degree with other cultural heritage(s)
- Has found value in other aspects of self-identity

## High/Strong Affiliation

- Identity as non-AI/AN is secure
- Has a high/strong affiliation with selected or elected heritage(s)
- Highly values maintaining high/strong affiliations with selected or elected heritage(s)
Honoring Children, Respectful Ways
Treatment for Native Children with Sexual Behavior Problems
Overarching Themes

Original Strategies
• Parenting
• Introductions
• Sexual Behavior Rules
• Feelings and Coping
  – Self-Esteem
• Impulse Control
• Sex Education
• Abuse Prevention
• Social Skills
• Empathy and Apology
• Graduation

Adapted Strategies
• Honoring Children
• Respect for the Universe
• Respect for Body and Privacy
• Respect for Others
• Respect for Self
• Respect for Traditions
• Respect for Elders
• Respect for Well Being
• Respect for Community
• Respect for All Beings
• Respect for All

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Honoring Children
Making Relatives
Cultural Enhancement of Parent Child Interaction Therapy
Parent-Child Interaction Therapy (PCIT)

• Empirically-supported behavioral parent training program developed by Dr. Sheila Eyberg to reduce disruptive behavior in young children and future rates of child physical abuse.

• Combines elements of attachment and learning theories

• Short-term – avg. 15 weekly sessions

• Didactics + Direct coaching of parent-child dyad

• Empirically validated in over 150 studies
  – Children: reductions in behavior problems on multiple measures, often to within normal limits
  – Parents: Increased reflective listening, praise, and physical proximity, while decreased criticism, sarcasm, and self-report of personal distress
Application with American Indian Parents

• Familiar (Engagement of parent and child or adult and child)
• Culturally based (Children are the Center of the Circle)
• Storytelling skills (Describing current activity)
• Circle Theory (Everything is connected)
• Honoring the Child (Respectful behavior and attention toward the child)
Beading

Beadwork is a common but highly personalized skill among many American Indian and Alaska Native artists with exquisite variety in design and application. However certain features remain the same with the necessary and required needle, thread, backing, colored beads, cutting implements, wax, desired design, required measurements, and buckskin or similar material for shape and form. The creativity and beauty of the beadwork piece is at the heart and hands of the gifted artist; however the structure, form and function comes from the common elements which the artist uses to bring forth the exquisite piece. The therapeutic process of Parent-Child Interaction Therapy is much similar. The skilled clinician uses the common components of PCIT of explaining/educating, skill building, modeling, praise, enthusiasm, etc., to produce the structure of PCIT while deciding what complimentary features they wish to add in personalizing or making the structure more of their own.
As she described how to bead, I used the scenario that PCIT was the string that would help to guide the beads along the way but she was one who was actually creating the pattern i.e. relationship and how it was necessary to follow the string (PCIT protocol) in order to reach the goal. I was amazed. I talked about how in American Indian and African American cultures we learn through visuals and storytelling and tied it in with the PCIT protocol and how her role was to tell her daughter's story in the moment. She expressed her struggles in not relating to her daughter in the way that I had been asking her to do so and that PCIT was not like other parenting classes she had taken. I talked with her about finding her natural voice and even though I might tell her a statement to repeat, she should take a deep breath and turn my statement around and put it in words that felt right to her.
Understanding Protocol

With this treatment, we know what to expect when we follow the protocol or engage in each of the components. It is built with little tiny pieces, common words like "You drew a big blue bus," "You are very gentle with the crayons as your draw your bus," Each element is unexceptional until it is all put together just like in beadwork, very tiny beads one at a time create a beautiful work. By honoring your child with storytelling, listening, watching, and doing, you are doing one bead at a time.
Honoring Children

In implementing PCIT with American Indian parents, the parent comes to understand that they will continue to use their understanding of what is familiar to them to improve their parenting skills and their ability to interact positively with their children.
By honoring your child with storytelling, listening, watching, and doing, you are doing one bead at a time.
<table>
<thead>
<tr>
<th>Native</th>
<th>PCIT</th>
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</thead>
</table>
| **Theoretical Orientation** | **Circle**  
  - How the world works  
  - Spiritual teachings  
  • Behavior  
  - Social learning  
  - Cognitive  |
| **Assumptions/ Goals** | **Build on relationships**  
  - Everyone is a relative  
  - Respect  
  - Acknowledgement  
  - Learning  
  - Consistency  
  - Repetition  
  - Non-interference  
  • Enhance relationship between child and parent  
  - Reduce frustration and anger  
  - Improve social skills  
  - Improve self-esteem  
  - Improve organization/ attention  
  - Improve consistent use of PCIT parenting skills  |
| **Assessments**        | **Scouts**  
  - Council  
  - How view Relationship  
  • Child Behavior checklists (ECBI)  
  • Direct Parent-Child Observation (DPICS)  |
| **Cultural Incentives** | **Food basket**  
  • Toys  
  • Toys  |
<table>
<thead>
<tr>
<th>Native</th>
<th>PCIT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practices/Techniques</strong></td>
<td><strong>PRIDE Skills</strong></td>
</tr>
<tr>
<td>• Honoring children</td>
<td>Praise</td>
</tr>
<tr>
<td>• Repetition</td>
<td>Reflection</td>
</tr>
<tr>
<td>• Acknowledgement</td>
<td>Imitation</td>
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<tr>
<td>• Shunning/Ignoring</td>
<td>Description</td>
</tr>
<tr>
<td>• Teachings/directions- “Do it this way”</td>
<td>Enthusiasm</td>
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<tr>
<td>• Mentoring</td>
<td><strong>Timeout</strong></td>
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<tr>
<td>• Storytelling</td>
<td>Giving good directions</td>
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<tr>
<td>• Chanting</td>
<td>Coaching</td>
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<tr>
<td>• Modeling</td>
<td>Modeling</td>
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<tr>
<td>• Humor</td>
<td>Discipline</td>
</tr>
<tr>
<td>• Respect</td>
<td>Consistency</td>
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<tr>
<td><strong>Relationship/Interaction</strong></td>
<td><strong>Guided Play</strong></td>
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<tr>
<td>• Name giving</td>
<td>Structure time</td>
</tr>
<tr>
<td>• Structure</td>
<td>Present with child</td>
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<tr>
<td>• Ceremony</td>
<td></td>
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<tr>
<td>• Ritual</td>
<td></td>
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<tr>
<td><strong>Outcomes/Expectations/Measures of Success</strong></td>
<td>Parent reports</td>
</tr>
<tr>
<td>• Giveaway</td>
<td>Teacher reports</td>
</tr>
<tr>
<td>• Ceremony</td>
<td>Child Reports</td>
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<tr>
<td>• Practice</td>
<td>Direct observation measures</td>
</tr>
<tr>
<td>• Competition/ outcome</td>
<td>Homework</td>
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<tr>
<td>• Home visit</td>
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Honoring Children

Mending the Circle

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Trauma-Focused CBT
(Cohen, Mannarino, Deblinger)

• Psychoeducation about childhood trauma, trauma reactions, PTSD
• Identification and processing of trauma emotions
• Stress and anxiety management skills
• Gradual exposure, constructing the trauma narrative
• Identifying and altering maladaptive cognitions
• Child, parent, and conjoint components

Slide adapted from “Exploring Alternative Strategies for Diffusion of Best Practice” by Charles Wilson, NCTSN
Therapeutic Native Practices

- Storytelling
- Offering/gifts
- Ceremonies
- Vision seeking
- Meditation
- Humor/teasing
- Talking Circle
- Extended Family
- Language
- Resiliency
- Society/clans/bands
- Honoring
- Meditation
- Language
- Resiliency
- Sweatlodge
- Historical rides/walks
- Drumming
- Humor/teasing
- Talking Circle
- Singing
- Language
- Resiliency
- Dancing
- Offering/gifts
- Naming Ceremonies
- Listening/watching/doing
Well-being is considered balance in the spiritual, emotional, mental, physical, and relational dimensions of a person. The goal is to achieve and maintain balance.
Model of Well-Being

- Balance
- Harmony
- Respect
- Connectedness
- Wellness
Emotional Aspects of Healing

**TF-CBT Methods**
- Role play
- Playing games
- Drawing
- Making collages
- Journaling
- Reading
- Music

**HC-MC Methods**
- Carving
- Storytelling
- Oral teachings
- Drawing
- Creating cultural representations of emotional expression
- Dance & Motion
- Music

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Implementation

• Lessons learned with cultural adaptations suggest that adaptation facilitates uptake and buy-in at the case, provider, agency and community levels and creates a better sense that the model “fits” and is welcomed into the context.

• Cultural competency/integrity is not only (or even mostly) a characteristic of treatment models. It is also a characteristic of individual providers, agencies, training approaches, implementation strategies, quality control strategies, service delivery systems and the broader community context.
Resources

SAMHSA National Registry of Evidence-based Programs and Practices
http://www.nrepp.samhsa.gov/

National Child Trauma Stress Network (NCTSN)  www.nctsn.org

California Evidence Based Clearinghouse for Child Welfare
http://www.cachildwelfareclearinghouse.org/

American Professional Society on the Abuse of Children  http://www.apsac.org/

National Network to Eliminate Health Disparities  www.nned.org

National Indian Child Welfare Association  www.nicwa.org

Virginia Child Protection Newsletter (Evidence-Based treatments for Childhood Trauma) -  http://psychweb.cisat.jmu.edu/graysojh

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For Training Opportunities in the Cultural Adaptation of Evidence Based Practices

Honoring Children, Mending the Circle, Honoring Children, Making Relatives Honoring Children, Respectful Ways

Please email dee-bigfoot@ouhsc.edu or visit our website at www.icctc.org