

Policy Brief: **Evidence-Based Practices and Racial Ethnic Minorities (REMs)**

THE ISSUE

Evidence based practice (EBP) in psychology is defined as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force, 2006, p. 273). Despite the appeal of using treatments backed by empirical support, the EBP movement too often fails to overtly address the culture-specific needs of those who receive mental health treatment. As a result, detrimental consequences can occur by imposing Evidence Based Treatments (EBTs) on racial ethnic minorities (REMs) that may not be appropriate for their particular group. It is for this reason that EBTs, the focus of this policy brief, are a source of concern.

BACKGROUND:

The EBP movement is gaining increasing acceptance as the standard for treating mental illness. Health insurance providers, some of whom refuse to cover non-EBTs, have imposed significant pressure on mental health providers to use EBTs. Yet, evidence suggests that effective treatments with the Euro-American samples require further evaluation to determine whether these treatments improve outcomes for specific REM groups (Burlew, Weekes, Montgomery et al., 2011). Further, the National Institutes of Health (2001) require that investigators use valid analysis techniques to assess rather than assume that a treatment is effective with a particular ethnic group.

THE EVIDENCE

Mounting evidence suggests that effective treatments with the Euro-American samples may not be effective with specific REM groups (Burlew et al., 2011). Alternatively, other treatments that do not appear to be effective with Euro-American samples have been demonstrated to improve outcomes for ethnic minorities (Covey et al., 2010; Montgomery et al., 2011; Winhusen et al., 2008). Research on EBTs for REM youth has identified methodological problems including the use of measures developed for other populations, a tendency to focus on comparing the racial ethnic groups to Whites rather than focusing on the efficacy of an treatment for a specific ethnic group, and a tendency to combine various racial ethnic groups in the analyses instead of considering that different racial ethnic groups may respond differently to the same treatment (Burlew et al., 2009).

RECOMMENDATIONS

1. We recommend that criteria be established to assess the effectiveness of specific treatments with specific groups. Criteria by Huey and Polo (2008) appear particularly appropriate. Specifically, Huey et al. propose three alternative approaches to evaluating the effectiveness of an intervention with a specific REM group: (1) 75% of the sample are members of that REM group (2) separate analyses are conducted specifically on that REM group or (3) analyses are conducted to indicate that ethnicity does not moderate the relationship between treatment type and outcomes.
2. Further, Huey et al (2008) have established different levels and associated criteria to categorize EBPs. These levels include: well-established, probably efficacious, or possibly efficacious. These levels need to be considered when advocating for the use of EBTs with REMs and when providing funding based on perceptions of available evidence.

3. We recommend the incorporation of Practice Based Evidence (PBE) and Community Defined Evidence (CDE) into any effort to use EBTs with REMs. This approach would allow the criteria for “effective” to include community consensus regarding values and practices inherent to the target group.

References

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