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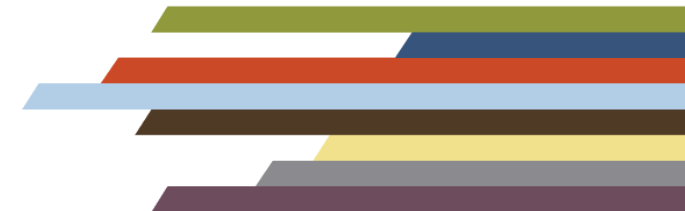
Working with Latinos: Toward a Better Understanding of Evidence-Based Programs and Practice

- We will begin the webinar promptly at 02:00 PM (ET)
- Please post your questions by clicking the Q&A icon on your screen. We will answer questions at the end of the webinar, and we will try to answer as many as we possible.
- The webinar is being recorded and we will email all attendees once its ready with a PDF copy of the presentation

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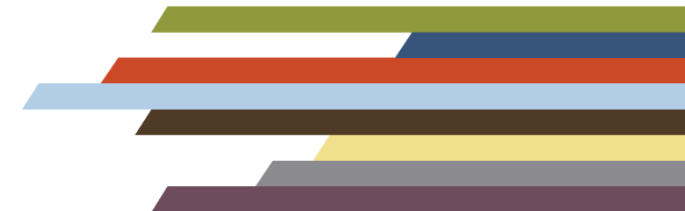
Working with Latinos: Toward a Better Understanding of Evidence-Based Programs and Practice

Presented by Luis A. Vargas, PhD

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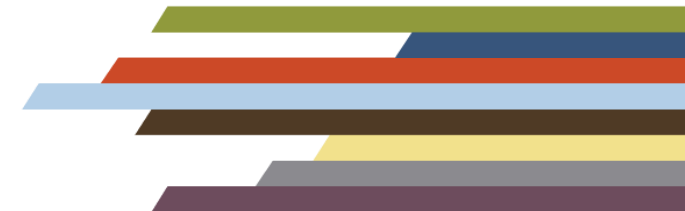
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HOUSEKEEPING

- PPT Slide Deck
- Q&A Session
- Evaluation
- Certificate of Completion

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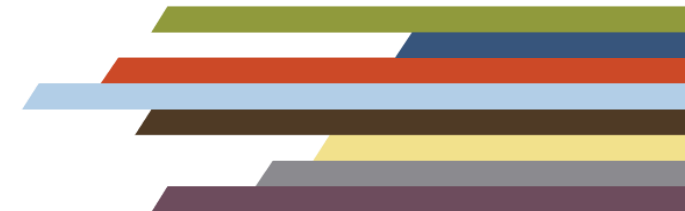
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NLBHA's Mission

The Mission and Goal of The National Latino Behavioral Health Association is to influence national behavioral health policy, eliminate disparities in funding and access to services, and improve the quality of services and treatment outcomes for Latino populations.

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NLBHA's Priorities

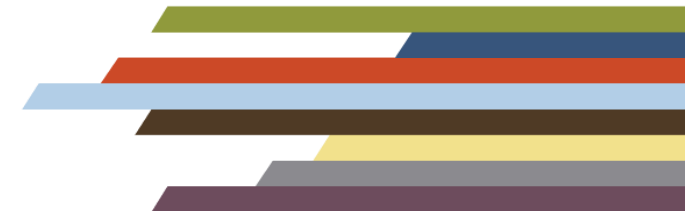
1. Targeted Capacity Expansion of Mental Health Services for Latinos
2. Latino Behavioral Health Evidenced Based Practices
3. Legislation to increase the number of Counselors/Therapists/Other Behavioral Health Practitioners
4. Funding for Co-Occurring Disorders of Alcohol and Substance Abuse
5. Opioid Crisis in the Latino Community
6. Suicide Prevention



Fredrick Sandoval, MPA
NLBHA Executive Director

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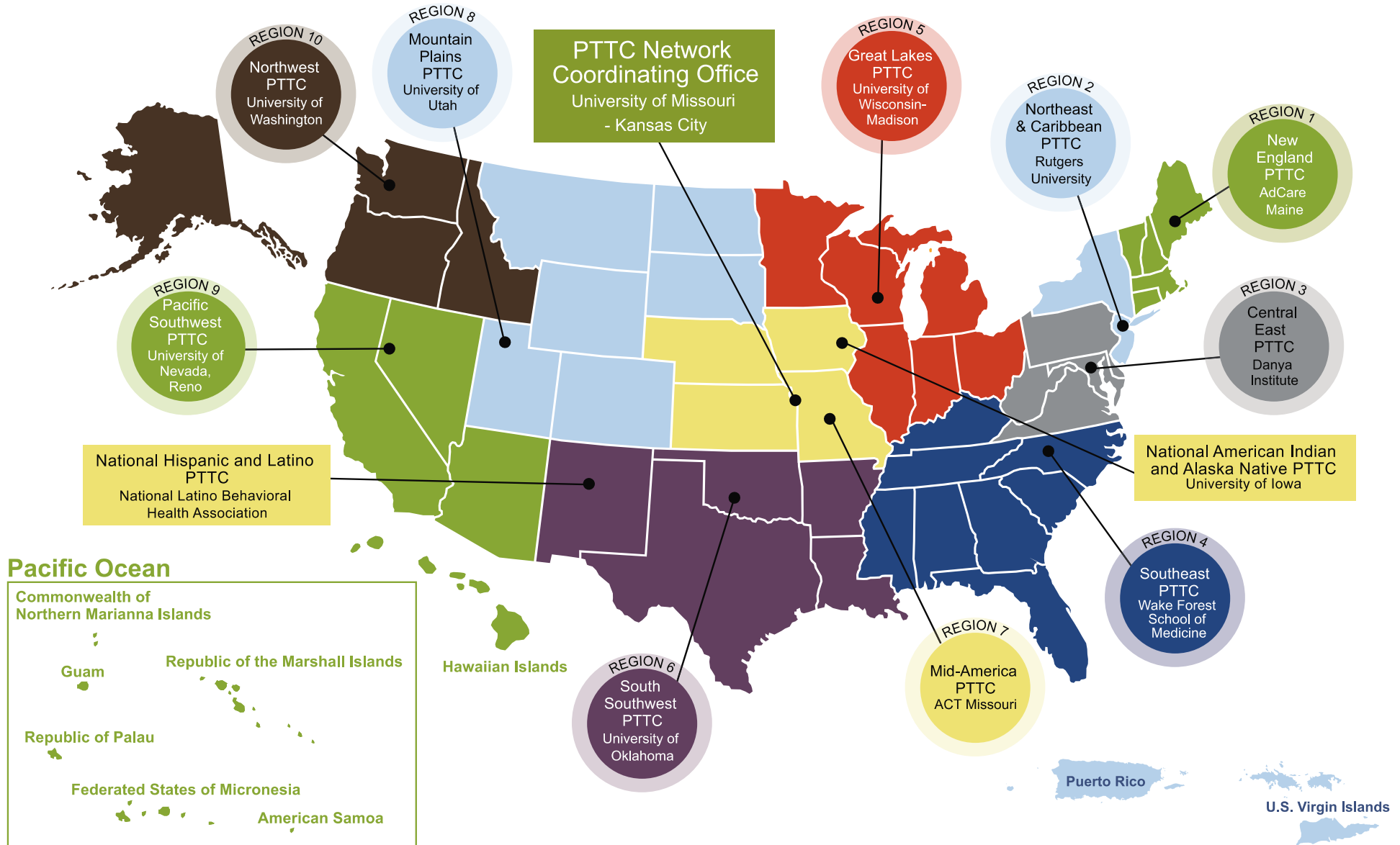




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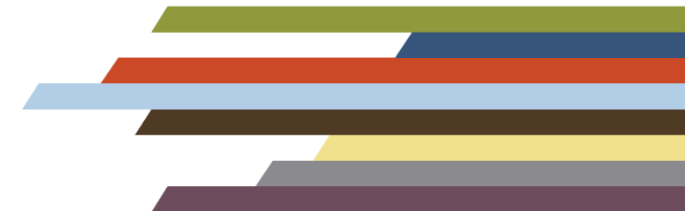
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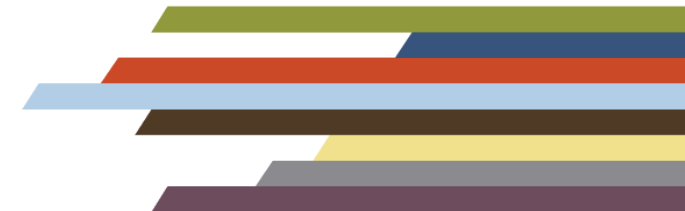
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Today's presenter: Luis A. Vargas, Ph.D.

Working with Latinos: Toward a Better
Understanding of
Evidence-Based Programs
and Practice



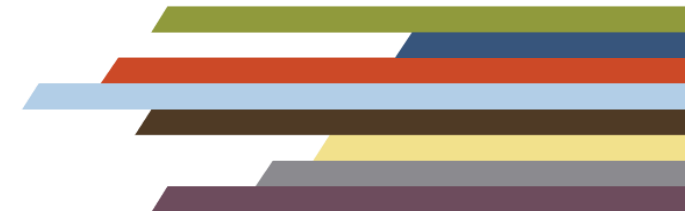
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THANK YOU

To the other members of the National Latino Behavioral Health Association Subcommittee on the eCompendium and Guide on Evidence-Based Programs for their contributions to this webinar:

- **Arturo Gonzalez, Ph.D. (Chair)**, Administrative, Governance, & Program Planning Consultant, National Latino Behavioral Health Association
- **Rebecca Maldonado Moore, Ph.D., LMSW**, Professor, Facundo Valdez School of Social Work, New Mexico Highlands University
- **Sandra Del Sesto, M.Ed., ACPS**, Consultant/Master Trainer at Educational Development Center, Waltham, MA



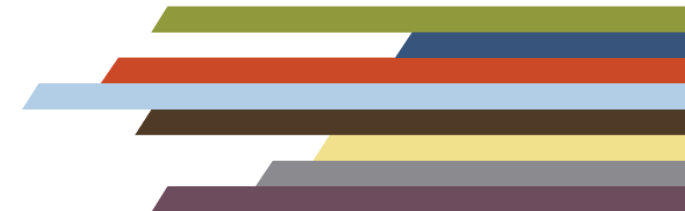
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Learning Objectives

- Understand the different *types of evidence* relevant to the development, selection, and implementation of an evidence-based program
- Understand the difference between an *evidence-based program* and a *culturally responsive evidence-based practice*
- Understand the concepts of *conceptual* and *practical fit* of an EBP and their relationship to types of evidence
- Identify the basic concepts and research methods underlying EBPs
- Understand the sample-based research strategies used to develop EBPs and their relevance to cultural responsiveness
- Appreciate how best to use registries to select EBPs and how to optimize the outcome of an EBP through the use of *experiential and contextual evidence*
- Appreciate the importance of the *program provider-participant relationship* (the “other” research evidence) in program implementation and outcome
- Recognize the role of politics, power, and privilege in the development and implementation of an EBP



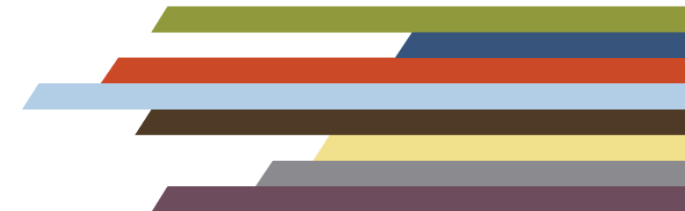
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Three Types of Evidence

From: Puddy, R. W. & Witkins, N., *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence Effectiveness*. Atlanta, GS: Centers for Disease Control and Prevention, 2011

- **Research Evidence:** Evidence derived from experimental (in which control group, or program non-user, is randomly assigned) or quasi-experimental (in which comparison group is not randomly assigned) studies to determine if a program is achieving the desired outcomes.
- **Experiential Evidence:** Evidence based on the professional insight, understanding, skill, and expertise accumulated over time.
- **Contextual Evidence:** Evidence based on factors that address whether a strategy is useful, feasible to implement, and accepted by particular community.



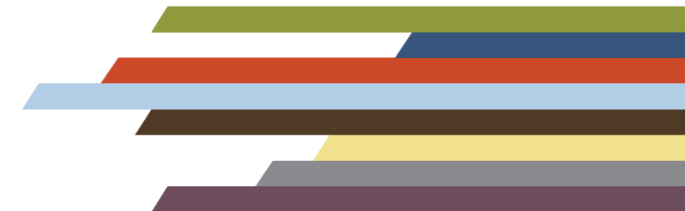
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Evidence-Based Programs vs. Evidence-Based Practice

Evidence-Based Program (EBP)

Refers to a program that is supported by experimental or quasi-experimental research studies and has been shown to be efficacious in a sample or samples of a population.

Evidence-Based Practice

Is the integration of a **research evidence**-based program with **experiential evidence** and **contextual evidence** that is, for the most part, available at the local community level at which the EBP will be implemented.



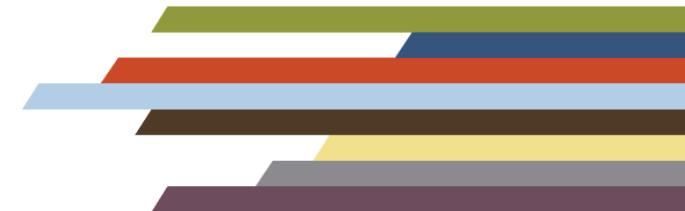
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Evidence-Based Programs vs. Evidence-Based Practice

Caveats:

- The research evidence used by registries to vet programs as evidence-based focuses primarily on the definable and repeatable operations needed to implement the programs with fidelity to the theory, method, and prescribed technical aspects of the program. However, there is another area of research evidence that is equally important but is not addressed in registries of EBPs: **Program Provider-Participant Relationship**.
- Local organizations and communities should not underestimate or underutilize the types of evidence that they possess (i.e., experiential and contextual evidence) in the implementation of research evidence-based programs.



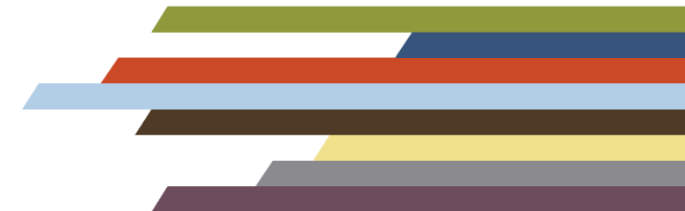
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Framework for Evidence-Based Practice

From: Puddy, R. W. & Witkins, N., *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence Effectiveness*. Atlanta, GS: Centers for Disease Control and Prevention, 2011



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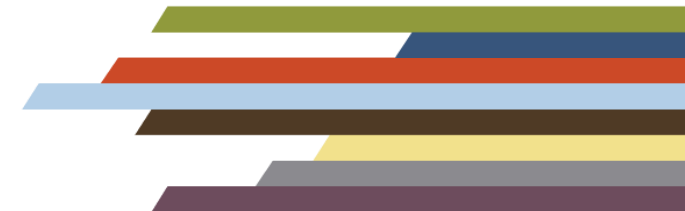
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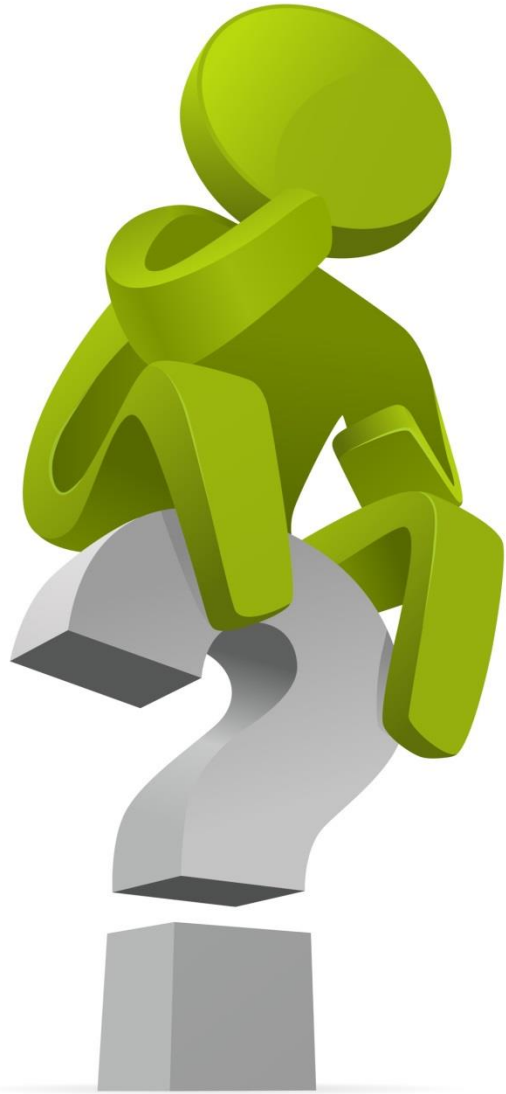


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Poll Question #1

There is only one type of research evidence. ____ True ____ False

Poll Question #2

Research evidence is the only type of evidence to consider in selecting and implementing an EBP. ____ True ____ False



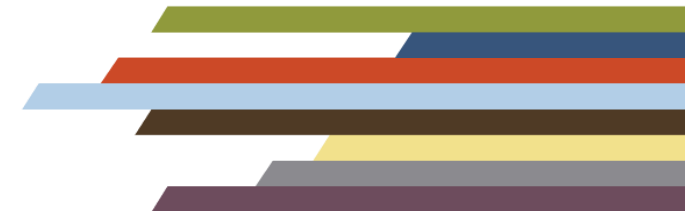
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Two Other Concepts to Better Understand EBPs

From: Substance Abuse and Mental Health Services Administration (2018). Selecting and Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners. Retrieved from <https://www.samhsa.gov/resource/ebp/selecting-best-fit-programs-practices-guidance-substance-misuse-prevention>

- **Conceptual Fit:** The degree to which a program is a good match for the task that needs to be done; e.g., a relatively expensive program that has been shown to substantially prevent substance use in suburban youth is a good match for a well-funded organization looking for program to prevent youth from using substances in their suburban community.
- **Practical Fit:** The degree to which a program is a good match for the community for which it is intended; e.g., a relatively inexpensive program that has been shown to moderately reduce substance misuse in first- and second-generation Mexican American youth is a good match for an organization looking for an affordable program to prevent second-generation Mexican American youth from misusing substances in their community.



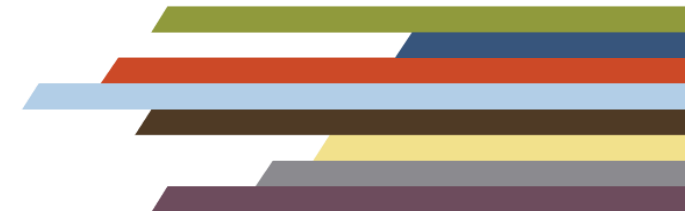
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Basic Concepts and Research Methods Underlying EBPs

- **Efficacy:** the extent to which an intervention/prevention program achieves its intended effect under ideal, controlled (“lab”) circumstances, such as in a randomized clinical trial.
- **Effectiveness:** the extent to which an intervention achieves its intended effect in the “real world” (e.g., in a clinical setting or community-based agency).
- **Internal Validity:** the extent to which differences between the intervention/prevention program and control group in a clinical study can be confidently attributed to the intervention/prevention program and not to an alternative explanation. This requires constraints to reduce confounding factors and bias to a minimum.
- **External Validity:** the extent to which an intervention/prevention program can demonstrate the same desired effects in a wide range of populations and contexts (**generalizability**).
- **Ecological Validity:** the extent to which an intervention/prevention program can demonstrate the desired effects in a particular (“real world”) setting with a particular population. This is not the CDC definition. This definition is more akin to the notion of **social validity** that includes the goals, the social acceptability of the program, and the social importance of the programs effects (Fawcett, 1991; Wolf, 1978).



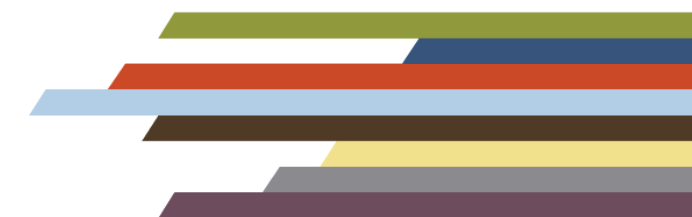
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Basic Concepts and Research Methods Underlying EBPs

- **Random Control Trials:** Experiments in which the participants are **randomly assigned** to an intervention/prevention program or a control group. RCTs have strict inclusion and exclusion criteria (e.g., as pertains to age, diagnosis or problem behavior, co-morbidity, multiple drug use, etc.). Considered the strongest research designs for establishing cause-effect relationships.
- **Quasi-Experimental Designs:** Use of multiple groups **without random assignment; full experimental control is lacking**. Considered to be rigorous designs but not as rigorous as RCTs.
- **Meta-Analysis:** A type of systematic review of scientific studies using statistical analyses to combine and analyze the data from each of these studies on a specific topic (e.g., substance abuse treatments) and using these combined findings to generate a single estimate or effect size to make statements about the topic with a higher degree of certainty.
- **Treatment Fidelity/Integrity:** Degree to which an intervention or prevention program was **implemented as it was designed** (according to its protocol or manual). It is an important aspect of validity.



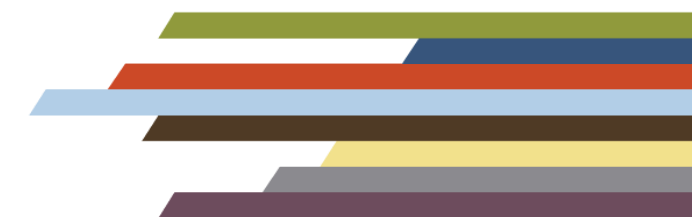
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Basic Concepts and Research Methods Underlying EBPs

- **Effect Size:** A way of quantifying the difference between two groups (e.g., the one receiving the program of interest and the other receiving the usual treatment or program) that emphasizes the size of the difference; in other words, **how much of an effect the program of interest had**). Effect size is independent of sample size. For studies using a standardized mean difference, an effect size of $d=0.2$ is considered “small”; $d=0.5$ is considered “medium”; $d=0.8$ is considered “large” (d is the difference in the two groups’ means divided by the average of their standard deviations). An effect size of 0.2 or less is trivial, even if the difference is statistically significant.
- **Statistical Significance:** The determination that the results in comparing two groups are **not due to chance alone**. Usually represented by a $p\text{-value} \leq 0.05$, which is the probability that the observed difference between two groups is due to the program because there is an equal to or less than 5% chance that there is no difference between the groups. It is affected by sample size and does not address the size of the effect of the program.
- **Clinical Significance:** The **practical importance** of a program effect. It is a subjective interpretation as to whether the effect a program had is meaningful in clinical or prevention practice.



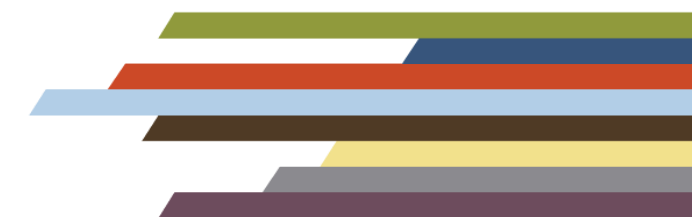
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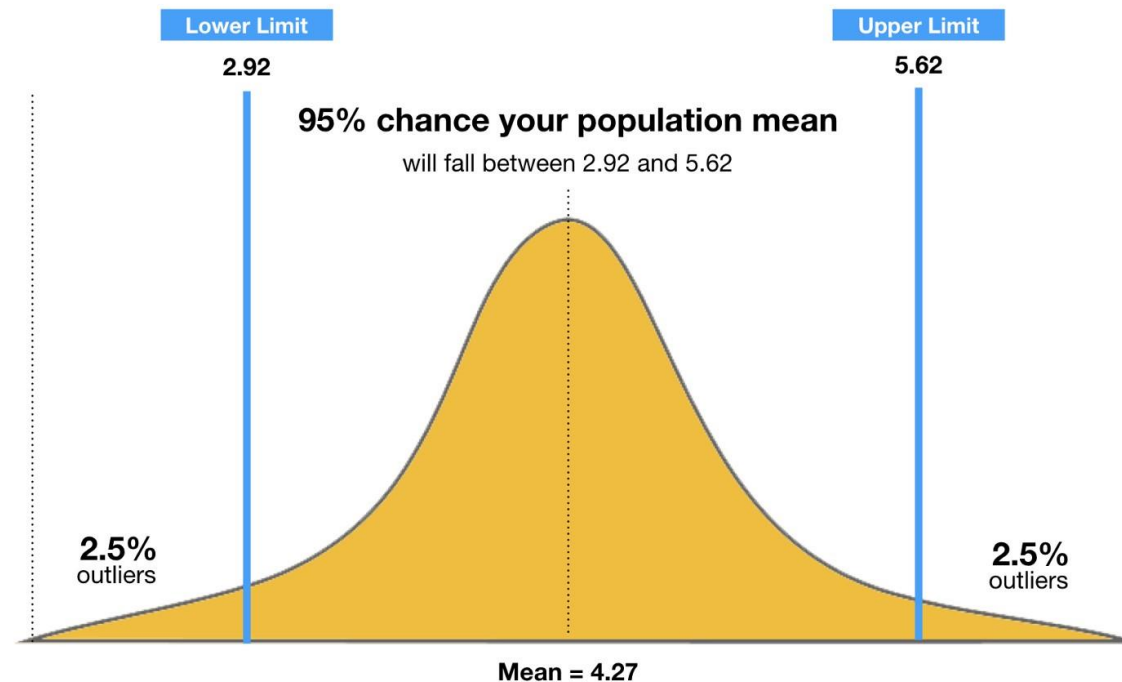
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Basic Concepts and Research Methods Underlying EBPs

- **Confidence Interval:** The range of values that is likely to include a population value with a certain degree of confidence. Often expressed as a percentage in which a population means lies between an upper or lower interval.



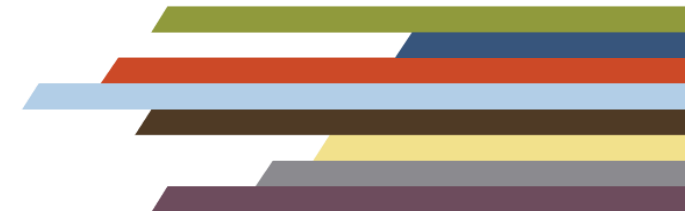
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Poll Question #3

The most important measure of the efficacy of a program is the statistically significant difference in outcome between it and the control or comparison group.

___ True ___ False



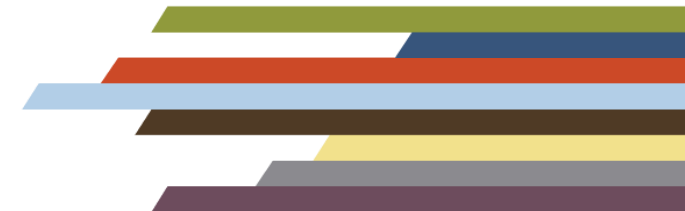
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Sample-Based Research Strategies Used to Develop EBPs

- **Generic-Program** is a program originally developed on primarily (with some representation of various minority ethnic/racial groups) or exclusively on majority ethnic group or a program that does not mention taking any cultural factors into consideration, if developing and implementing the program.
- **Culturally Adapted Program** is a generic program that has been culturally adapted for use with a specific minority ethnic/racial group (e.g., Puerto Ricans).
- **Culturally Informed** or **Culturally Responsive Program** is a program in which the developers state that (1) the program took cultural factors into consideration in developing the program or (2) the program allows for taking cultural factors into consideration in implementing the program, but the developers do not explicitly indicate that their program was culturally adapted for any ethnic minority group or is culture-specific for any particular group.
- **Latino-Specific Program** is a program that has been developed exclusively for a particular Latino ethnic group (e.g., Mexican Americans).



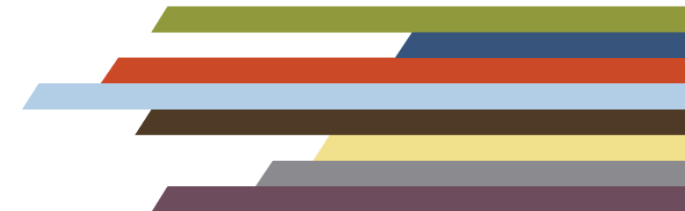
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Pros and Cons of the Four Sample-Based Research Strategies Used to Develop EBPs

Program Type	Intended for	Pros	Cons
Generic (G) Programs	All groups, but samples of studies used to support program as an EBP are largely non-Hispanic White (Note: Latinos account for about 19% of the U.S. population)	<ul style="list-style-type: none"> ◆Comprise the majority of EBPs in registries ◆Best researched/studied programs ◆May be applicable to a wide range population in terms of ethnicity/race 	<ul style="list-style-type: none"> ◆May not be as effective with populations that differ significantly from those on which the EBP was developed and assessed for efficacy/effectiveness ◆Use of mean (average) responses of total sample outweighs Latino responses to the program, especially if their number in the sample is small
Culturally Adapted (CA) Programs	Specific ethnic/racial group for which it is adapted	<ul style="list-style-type: none"> ◆May make a program more culturally responsive ◆May consider cultural, linguistic, and socioeconomic characteristics of a specific ethnic group 	<ul style="list-style-type: none"> ◆No standard for what constitutes sufficient or adequate cultural adaptation ◆Are limited in the degree to which cultural adaptations are made due to program fidelity restrictions ◆Adaptations might not be sufficient to make program optimally culturally responsive or might be too superficial ◆Ethnic group often lacks measure of adherence to culture of origin
Culturally Informed/Responsive (CI/R) Programs	Diverse ethnic/racial groups (efforts to make program culturally informed/responsive made by implementer with guidance from developer)	<ul style="list-style-type: none"> ◆Can be made culturally informed/responsive to specific ethnic/racial groups (e.g., Mexican Americans) ◆May consider cultural, linguistic, and socioeconomic characteristics of a specific sub-ethnic group 	<ul style="list-style-type: none"> ◆No standard for what is considered “culturally informed” or “culturally responsive” ◆Programs may widely differ in the degree to which they are culturally informed/responsive ◆Guidance on how to make the programs culturally informed/responsive often quite general or superficial
Latino-Specific (LS) Programs	Exclusively for a Latino group	<ul style="list-style-type: none"> ◆Developed for a specific Latino subgroup (e.g., Puerto Ricans, Cuban Americans) ◆Most sensitive to cultural values, beliefs, and norms of the Latino subgroup for which it was developed 	<ul style="list-style-type: none"> ◆May not apply to other Latino subgroups (e.g., Salvadoran Americans) ◆May not be as effective with populations that differ significantly from those on which the EBP was developed and assessed for efficacy/effectiveness



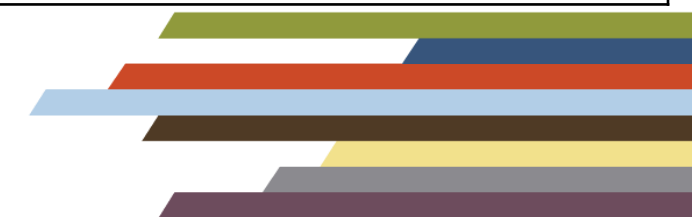
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Poll Question #4

Which is the best type of EBPs for Latino populations?

1. Generic programs
2. Culturally adapted programs
3. Culturally informed/responsive programs
4. Latino-specific programs
5. #2 and #4
6. It depends



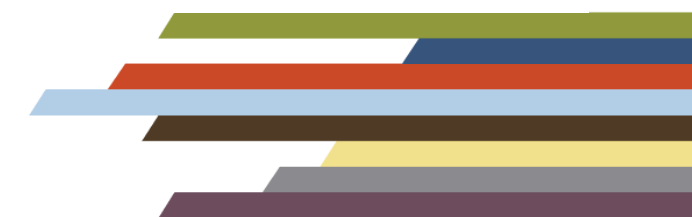
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Relationship Among Program Fit, Program Type, and Types of Evidence

- **Conceptual Fit** aligns more closely with **Research Evidence**.
- **Practical Fit** aligns more closely with **Experiential** and **Contextual Evidence**.
- A Program is selected from a registry primarily on the basis of its **Research Evidence** and **Conceptual Fit** to the community for which it is intended.
- The **Practical Fit** of a selected EPB to the community for which it is intended is optimized by **Experiential** and **Contextual Evidence** at the local level in which it will be implemented.



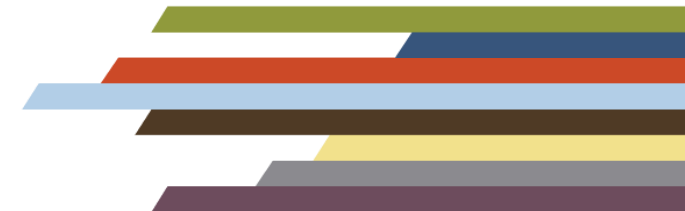
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Relationship Among Program Fit, Program Type, and Types of Evidence

- A **Generic (G) Program** selected on the basis of a very good **Conceptual Fit** and **strong evidentiary support** may have a poor **Practical Fit** (e.g., a vaping prevention program developed on samples of largely white suburban youth in upper middle-class suburban neighborhoods in New England being considered by a poorly funded non-profit agency in Central California for use with rural 1st and 2nd generation, Mexican American youth from low-income, largely migrant, families).



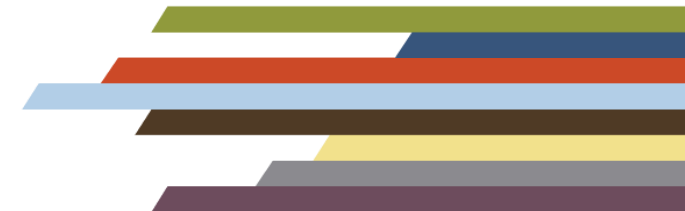
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Relationship Among Program Fit, Program Type, and Types of Evidence

- **Culturally Adapted (CA) Programs** and **Culturally Informed/Responsive (CI/R) Programs** selected on the basis of very good **Conceptual Fit** and **strong evidentiary support** may have better a **Practical Fit** than **Generic Programs** selected on the same basis, but this depends on the similarity of **Experiential** and **Contextual Evidence** on which the programs are based.
- **Latino-Specific (LS) Programs** selected on the basis of very good **Conceptual Fit** and **strong evidentiary support** may have the best **Practical Fit** than **Generic Programs** selected on the same basis but only to the degree that the **Experiential** and **Contextual Evidence** for both programs are similar (e.g., a drug misuse prevention program developed on samples of urban, low-income Puerto Rican youth in New York City and Philadelphia selected for use with urban, low-income Puerto Rican youth in Chicago).



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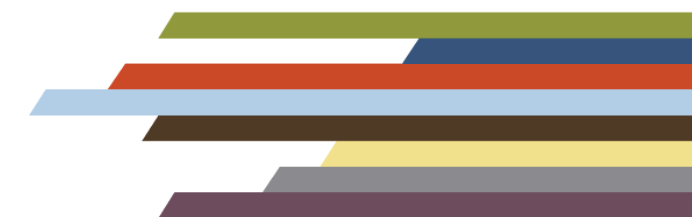
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Selecting an EBP from a Registry for Use with Latinos for Optimal Conceptual Fit

- **Select EBPs from registries that**
 - Have **clearly stated** sets of (preferably multi-tiered) **criteria** for determining programs as evidence based;
 - Consider the **strength of evidentiary support** (e.g., differentiate between moderate vs. substantial evidentiary support and attend to effect sizes, and not just statistically significant differences);
 - Consider **sustained effects** of programs after the end of the implementation of programs in determining programs to be evidence based; and
 - Are **reviewed on a regular basis** to maintain an up-to-date vetting of programs.



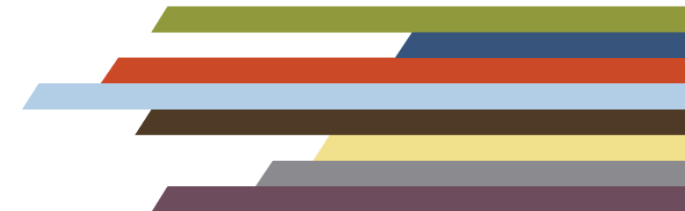
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Selecting an EBP from a Registry for Use with Latinos for Optimal Conceptual Fit

- **Examples of general registries that meet these criteria:**
 - **crimesolutions.ojp.gov** - Registry from the **National Institute of Justice**. This registry presents programs and practices that have undergone rigorous evaluations and meta-analyses. The site assesses the strength of the evidence about whether these programs achieve criminal justice, juvenile justice, and crime victim services outcomes in order to inform practitioners and policy makers about what works, what doesn't, and what's promising.
 - **blueprintsprograms.org** - Registry from **Blueprints for Healthy Youth Development**. The mission of Blueprints for Healthy Youth Development is to provide a comprehensive registry of scientifically proven and scalable interventions that prevent or reduce the likelihood of antisocial behavior and promote a healthy course of youth development and adult maturity.
 - **cebc4cw.org** - Registry from the **California Evidence-Based Clearinghouse for Child Welfare**. The CEBC Program Registry provides information on both evidence-based and non-evidence-based child welfare related practices to statewide agencies, counties, public and private organizations, and individuals. This information is provided in simple straightforward formats reducing the user's need to conduct literature searches, review extensive literature, or understand and critique research methodology.
 - **evidencebasedprograms.org** - Registry of **Social Programs That Work** administered by the Arnold Ventures' Evidence-Based Policy team whose core objective is to improve lives by investing in evidence-based solutions that maximize opportunity and minimize injustice. Arnold Ventures' Evidence-Based Policy team is comprised of the former leadership of the Coalition for Evidence-Based Policy, a nonprofit, nonpartisan organization that played a key role in the launch of the evidence-based policy movement.



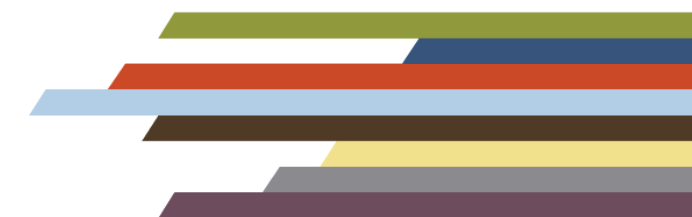
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Selecting an EBP from a Registry for Use with Latinos for Optimal Conceptual Fit

- **Examples of registries listing programs that meet these criteria and are implemented on a District- or School-Wide Level by District or School Leaders:**
 - **case.org/guide/** - Registry of the **Collaborative for Academic, Social, and Emotional Learning (CASEL)**. This registry provides a systematic framework for evaluating the quality of social and emotional programs and applies this framework to identify and rate well-designed, evidence-based SEL programs with potential for broad dissemination to schools across the United States.
 - **ies.ed.gov/ncee/wwc** - Registry of the **What Works Clearinghouse** as an initiative of the **U.S. Department of Education's Institute of Education Sciences (IES)** to be a central and trusted source of scientific evidence for what works in education. It is managed by a team of staff at IES and conducted under a set of contracts held by several leading firms with expertise in education, research methodology, and the dissemination of education research.



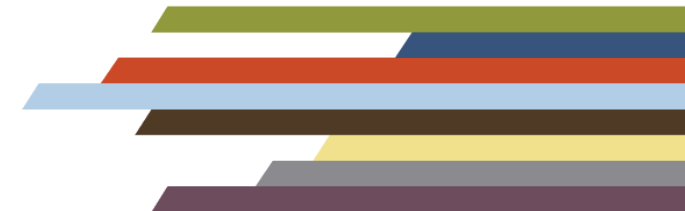
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Selecting an EBP from a Registry for Use with Latinos for Optimal Conceptual Fit

Notes:

- Currently, few registries list cultural adaptations of Generic EBPs.
For example, Parent-Child Interaction Therapy, which is a Generic EBP with strong evidentiary support (including large effect size), has a culturally adapted version, Guiando a Niños Activos (GANAS) by Kristen McCabe et al., 2009; but GANAS is not listed in any major registry of EPBs.
- Many registries that vet programs as evidence based also list programs that they describe with terms like “promising,” “emerging,” or “suggestive tier”; but these programs do not have sufficient evidentiary support to be considered EBPs.
- Some programs require special training or clinical skills to implement. This means the provider should be appropriately licensed, trained, or certified to implement a particular evidence-based program.



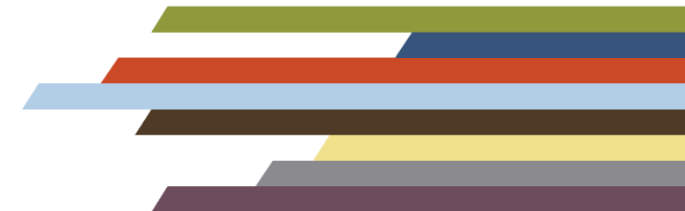
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Maximizing Conceptual Fit in Selecting an EBP from a Registry

- **If there is a CS, CA, or CI/R program** that is a good Conceptual Fit to the community for which it is intended, which one has the strongest evidentiary support?
- Order of preference: CS, CA, CI/R, assuming similar evidentiary support
- **If only a G program is available**, consider these two factors:
 - Which one has the strongest evidentiary support?
 - Which program was developed and assessed for efficacy/effectiveness using samples with the largest percentage of Latinos?



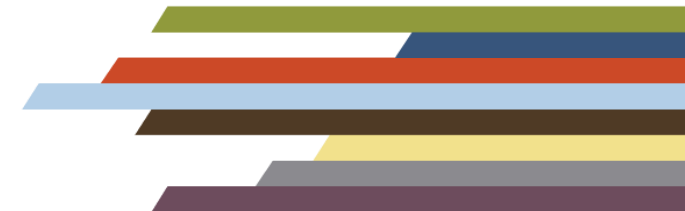
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Maximizing Conceptual Fit in Selecting an EBP from a Registry

- **If there is a CS program available**, how similar are the Latinos in the samples of the studies used to establish it as an EBP to the community for which it is intended?
- **If there is a CA program available**, does the adaptation seem adequate for the community for which it is intended?
- **If there is a CI/R program available**, how much detail does the program provide on how to make the program culturally informed or responsive?



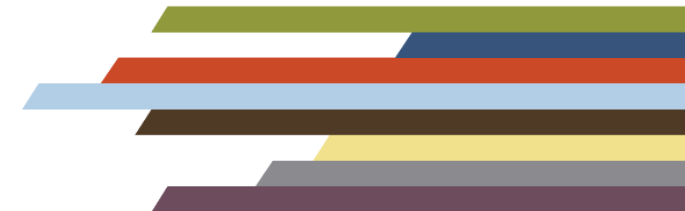
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Poll Question #5

Conceptual fit of an EBP is best determined by experiential evidence. ___True ___False

Poll Question #6

Practical fit of an EBP is best determined by the developers of an EBP, not by the organization using it or the community for which it is intended.

___True ___False



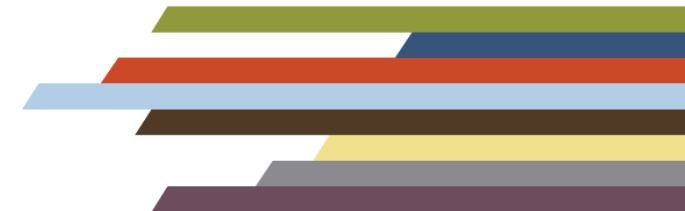
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First Step in Arriving at the Practical Fit of an EBP at the Registry Level

If the program is Generic:

- Are the beliefs and values of the program consistent with those of the community for which the program is intended?
- Were the participants in the studies used to support it as an EBP from the same or similar geographic area as the members of the community for which it is intended?
- Were the participants in the studies used to support it as an EBP from the same urban, suburban, rural, or frontier areas as the members of the community for which it is intended?
- What adaptations will be necessary to make it acceptable to the community for which it is intended? Consider not only cultural factors but also educational level, socio-economic aspects, and language proficiency. (**Note:** program developers will have to approve the adaptations in order not to compromise program fidelity.)



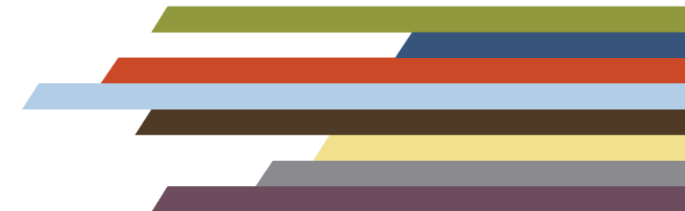
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First Step in Arriving at the Practical Fit of an EBP at the Registry Level

In the case of CS, CA, and CI/R programs:

- Were the participants in the studies used to support it as an EBP from the same or similar geographic area as the members of the community for which it is intended?
- Were the participants in the studies used to establish it as an EBP from the urban, suburban, rural, or frontier areas as the members of the community for which it is intended?
- If the materials are available Spanish, is the Spanish similar to the Spanish spoken in the community for which it is intended?
- What adaptations will be necessary to make it acceptable to the community for which it is intended? Consider not only cultural factors but also educational level, socio-economic aspects, and language variations. (**Note:** Program developers will have to approve the adaptations in order not to compromise program fidelity.)



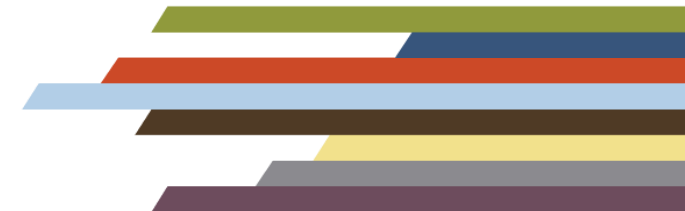
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The Importance of the “Other” Research Evidence: Program Provider-Participant Relationship

- The program provider-participant relationship accounts for a substantial contribution to participant outcome independent of the specific program.
- The program provider-participant relationship accounts for at least as much participant benefit as, and possibly more than, the particular program method/technique.
- Efforts to promulgate best practices and EBPs without including attention to the provider-participant relationship and responsiveness are seriously incomplete and potentially misleading.

See: Norcross, J.C. & Lambert, M.J. (2018). Psychotherapy Relationships That Work III, *Psychotherapy*, 55 (4), 305-315



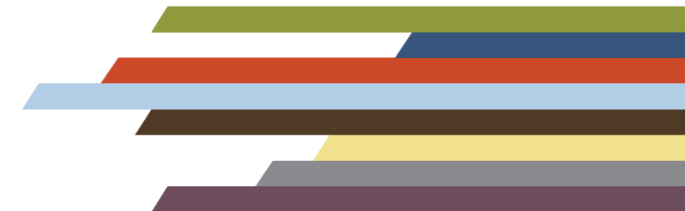
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Elements of the Program Provider-Participant Relationship that Contribute to the Evidentiary Strength of a Program

- Alliance between provider and participant
- Collaboration between provider and participant
- Goal consensus
- Cohesion in participant group
- Provider empathy
- Positive regard and affirmation by provider
- Collecting and delivering participant feedback

See: Norcross, J.C. & Lambert, M.J. (2018). Psychotherapy Relationships That Work III, *Psychotherapy*, 55 (4), 305-315



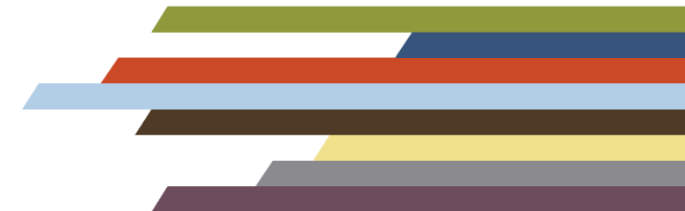
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Incorporating the “Other” Research Evidence into a Selected EBP

- Will program providers receive training on how to integrate positive elements of the provider-participant relationship into the implementation of an EBP in order to maximize the effect of the EBP?
- How will the organization ensure that the program providers are giving as much attention to the provider-participant relationship as they are to the program method?



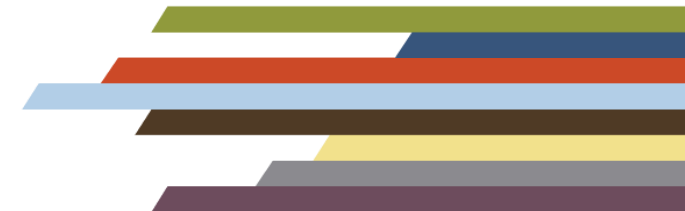
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Optimizing Practical Fit of an EBP via Experiential and Contextual Evidence

- Get input from community experts as pertains to program selection, implementation, and adaptation.
- Get input from members of the community in which the EBP will be implemented as pertains to program selection, implementation, and adaptation.
- Assess the usefulness of the program strategy for the community in which the program will be implemented.
- Assess the feasibility and cost of implementing the program in the community for which it is intended.
- How does the organization ensure that all the staff (e.g., the administrative, provider, clerical, reception, childcare, and transportation staff) are culturally responsive?



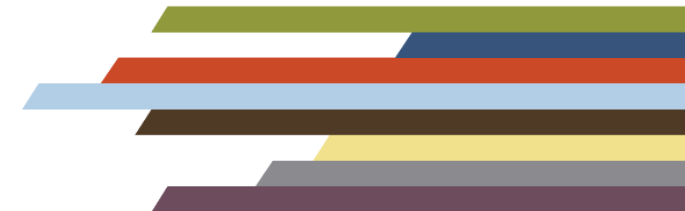
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Optimizing Practical Fit of an EBP via Experiential and Contextual Evidence

- What strategies are needed to get the providers to “buy in” to the program?
- How will participants be motivated to engage and complete the program (e.g., use and type of incentives or arranging for transportation)?
- Is the site where the program will be administered accessible to the participants and is it culturally welcoming in terms of staff and appearance of the physical setting in which program is delivered?
- If the program involves a parent- or family-based program, have the need for meals, childcare, and transportation been considered?
- Does the program need to be linguistically adapted (e.g., variations of Spanish)?



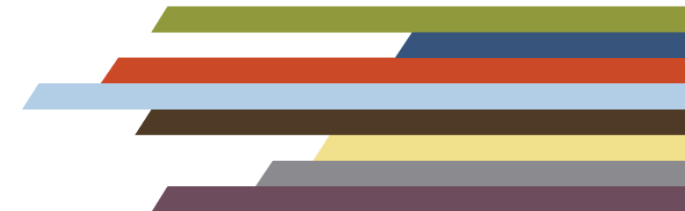
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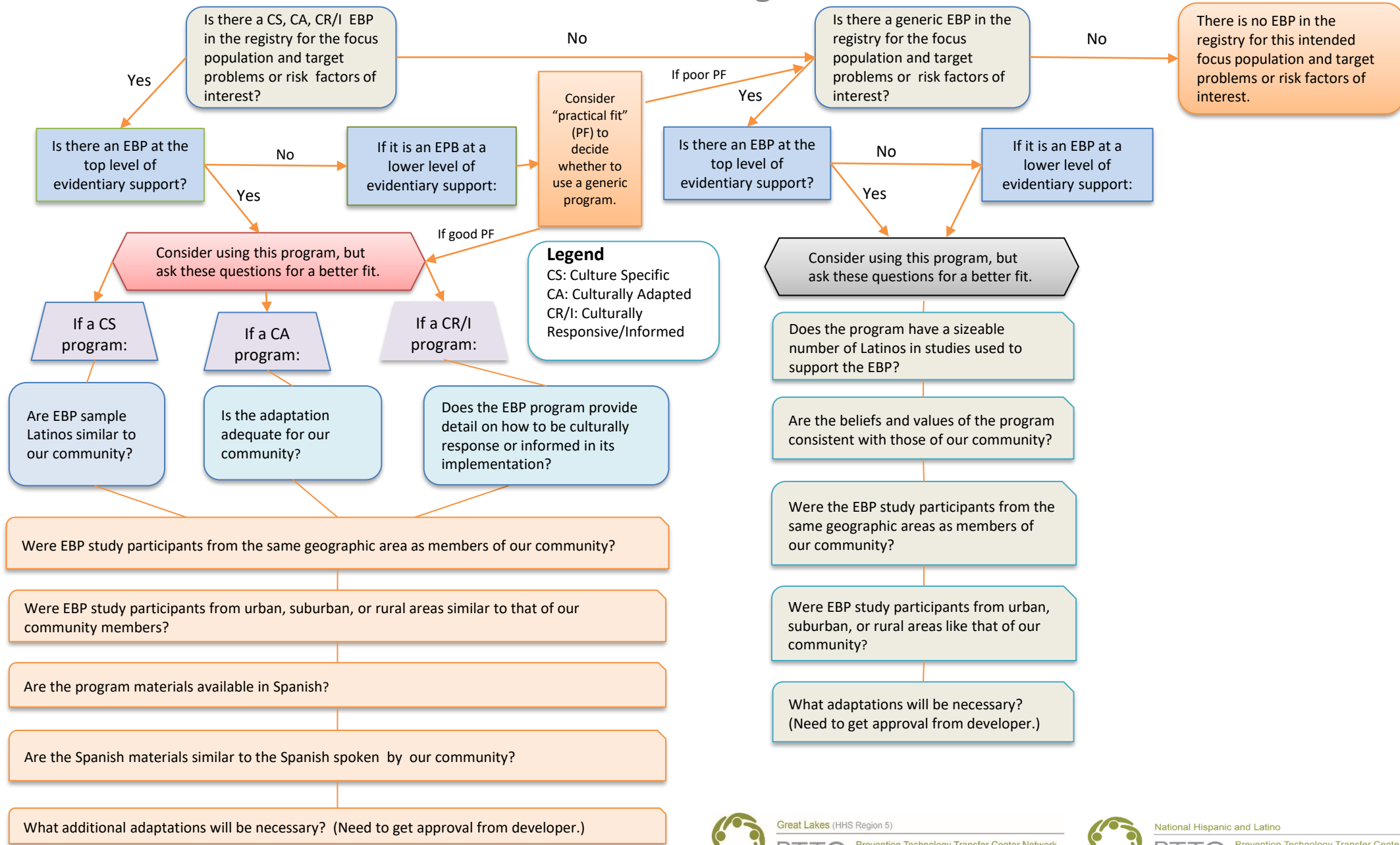


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Decision Tree for Selecting an EBP



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Poll Question #7

Use of experiential and contextual evidence is not that important if you have selected an EBP with very good empirical evidentiary support. ____ True ____ False



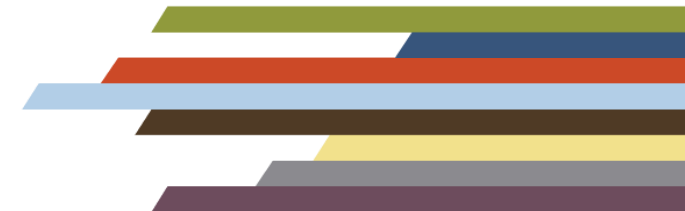
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Do Politics, Power, and Privilege Play a Role in the Scientific Study of Program Outcome?

The current Western thinking of the science of psychology in its prototypical form, despite being local and indigenous, assumes a global relevance and is treated as a universal mode of generating knowledge. Its dominant voice subscribes to a decontextualized vision with an extraordinary emphasis of individualism, mechanism, and objectivity. This peculiarly Western mode of thinking is fabricated, projected, and institutionalized through representation technologies and scientific rituals and transported on a large scale to the non-Western societies under political-economic domination.

Misra, 1996, as quoted in Marsella, 1998, p. 1285



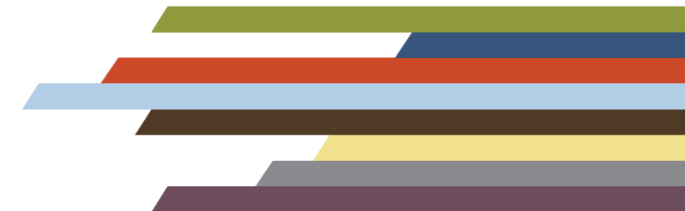
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Do Politics, Power, and Privilege Play a Role in the Scientific Study of Program Outcome?

- “Generic” EBPs are actually culturally based, usually on the dominant society from which participants in the study samples largely come.
- RCTs and meta-analytic studies are not immune from unintentional biases.
- Every program has an underlying, culturally based epistemology (e.g., American cognitive behavioral therapy, Navajo healing ceremonies, Mexican curanderismo, American parent training program).
- Exportation of EBPs is another form of cultural imperialism (Bernal & Scharrón-del-Río, 2003).
- Ethical considerations in the selection of EBPs should be taken into account (e.g., Does the theory on which the EBP is based incorporate specific cultural values, beliefs, preferences, and norms that are very different from those of the community members for which it is intended and could use of this EPB lead to the inadvertent imposition of that culture on the community members?)



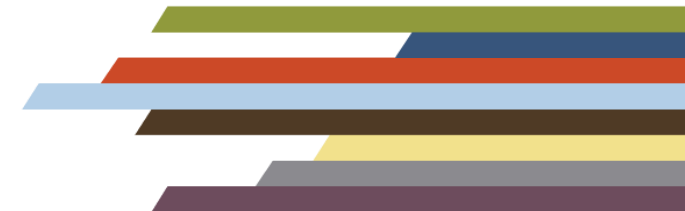
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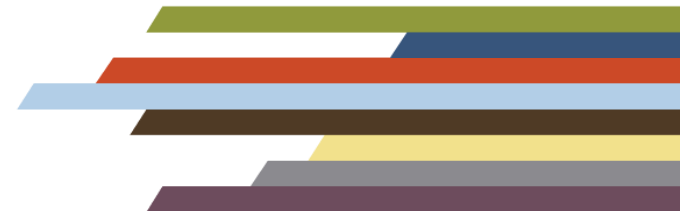
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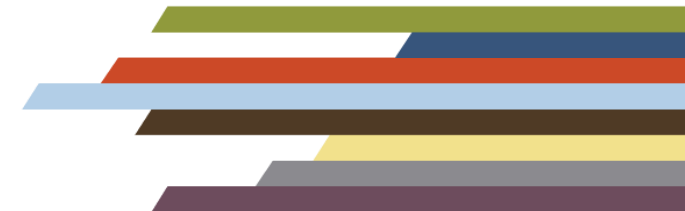
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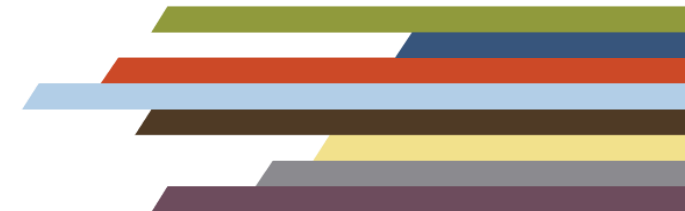
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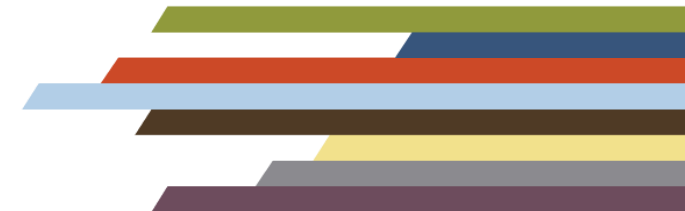
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Thank you!
¡Gracias!
Obrigado!



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