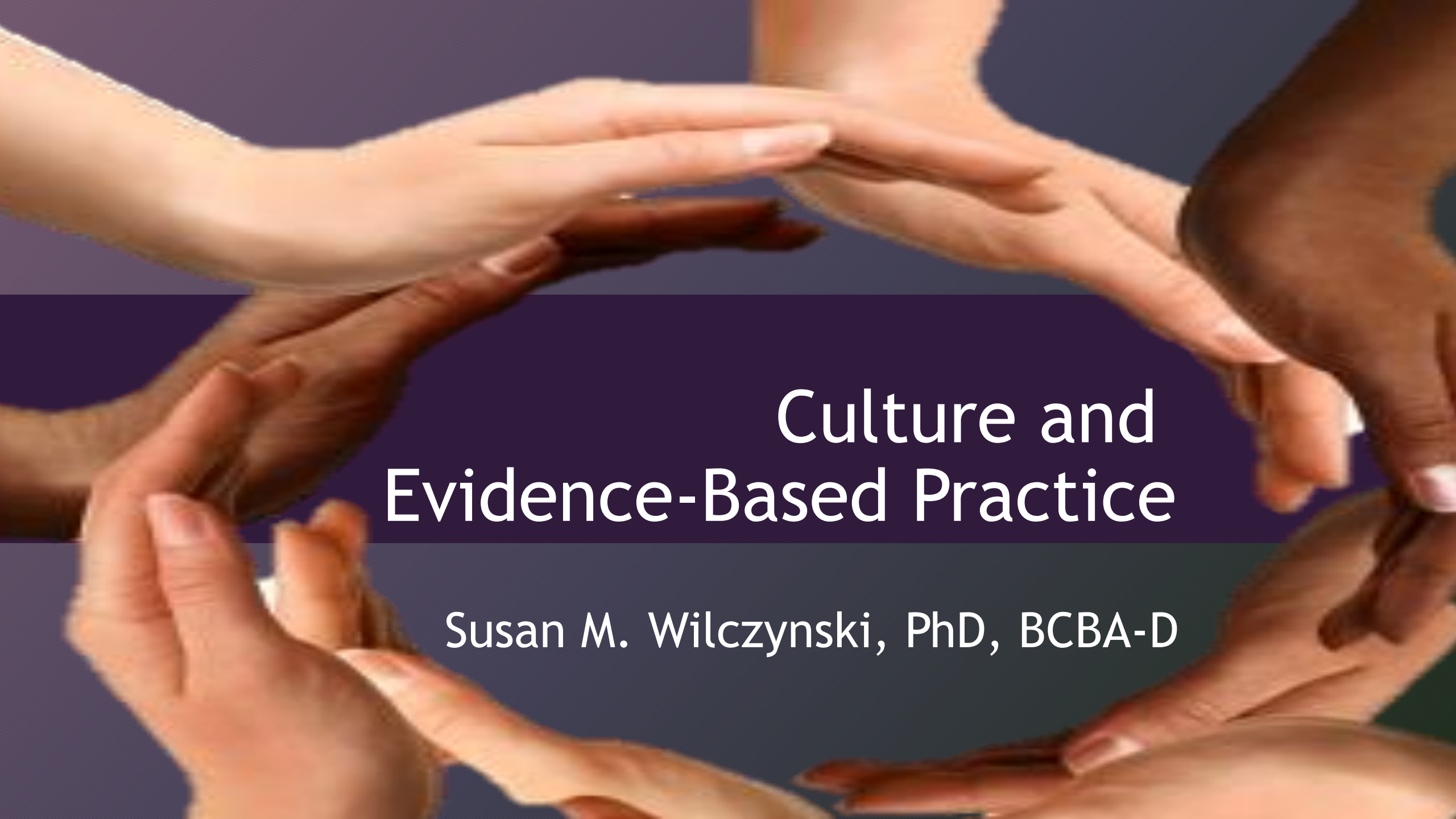


Culture and Evidence-Based Practice

Susan M. Wilczynski, PhD, BCBA-D

Objectives

1. Identify why cultural membership should be considered when examining available evidence

1. Identify **client** variables that relate to treatment selection and culture

1. Identify **contextual** variables that relate to treatment selection and culture

Defining culture

- Culture as membership in groups on the basis of:
  - Race, ethnicity, sex, socioeconomic status, age,
  - or other human attributes that can influence social norms of expectations of the group

- We are a result of overlapping cultures – and those cultures constantly influence the way we behave in the world.
  - What we say/Don't say
  - The actions we take
  - The choices we make

Why this definition?

- There are many definitions of culture
- This definition allows us to examine how culture connects to each component of evidence-based practice

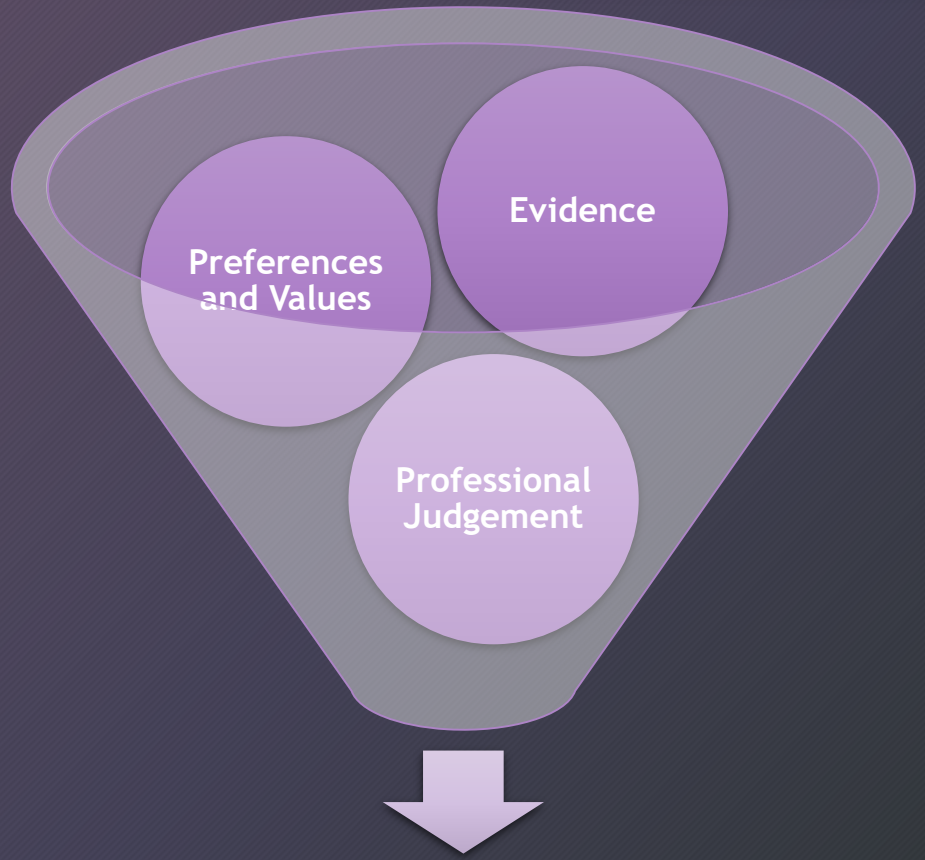
If you have a different definition, don't reject your existing view or this definition

→ the goal is to provide a simple way of examining a complex issue that is too often ignored

Defining Evidence-Based Practice

- Decision-making model
- Purpose: To Guide practitioners in selecting and retaining effective interventions
- Recognizes: The best treatment is dependent on a range of client and contextual factors

Components of EBP



Evidence-Based Practice

Components of EBP

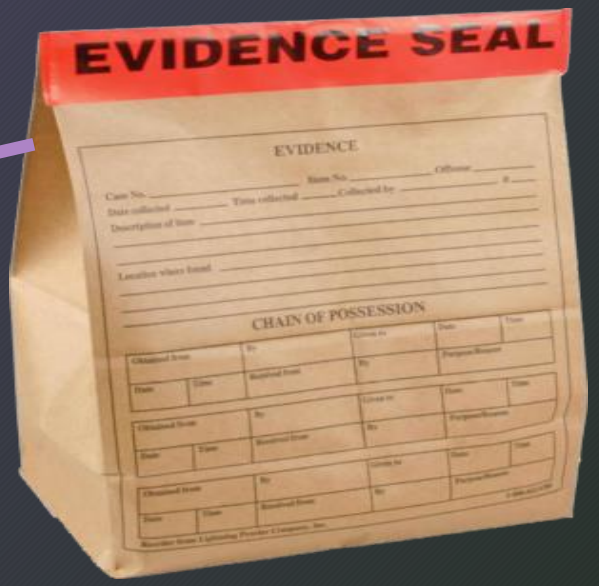
Evidence-Based Practice

How do we begin examining culture in relation to evidence-based practice?

Evidence

Some common sources of evidence

- Systematic reviews
- Meta-analyses
- Practice guidelines



Systematic reviews

- Identify effective treatments by evaluating the quality, quantity and consistency of research outcomes (Moher, Liberati, Tetzlaff, & Altman, 2009; Slocum et al., 2012).
- Least biased and considered best source of evidence (Slocum et al., 2012).

- No universal standards for conducting systematic reviews
- Evaluate in terms of how well the results apply to the client you are serving

Race and Systematic Reviews

- Results and outcomes may be dependent on characteristics of cultural membership

For example, The National Standards Report (NAC, 2009)

Reviewed 22 studies on EIBI

After examining race of participants…

Only 20% of the studies identified race

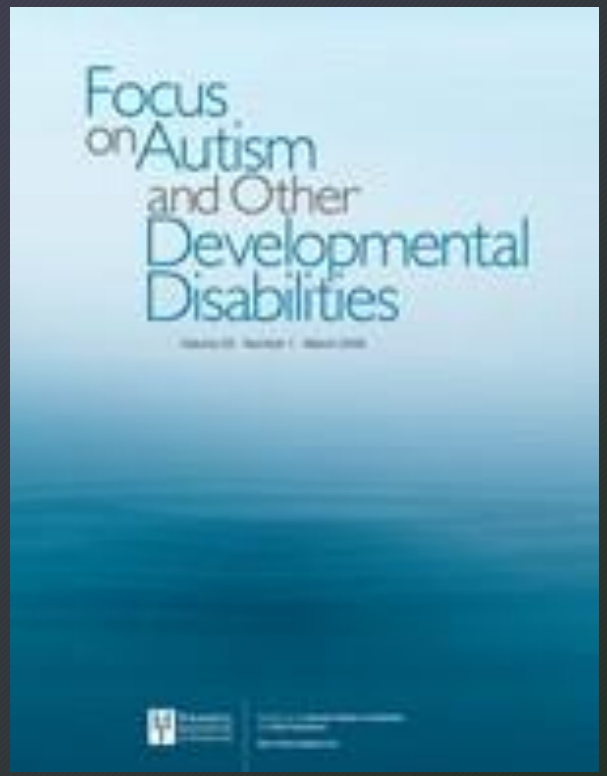
Of the 147 participants whose race was identified, 63% White, 5% Black, 10% Asian Americans, and 13% Hispanic

This does NOT accurately reflect the representation of these groups based on the population of the US

Representativeness: Review of the literature

- Review of 3 major autism-related journals
  - (*AUTISM*, *Focus on Autism and Other Developmental Disabilities*, and *Journal of Autism and Developmental Disorders*)
- Approximately 28% of ASD-related journals do not provide socio-cultural and ethnicity-relate information

(Pierce et al., 2014)



Representativeness: Review of the literature

- Of those articles that did report ethnicity, 54% did not include ethnicity in their analysis

These studies provide no meaningful insight about the applicability of outcomes to different cultural groups

Findings from Articles that **DID** Report Race and Ethnicity

- African American families are less likely to participate in research involving screening children at 9-24 mos. (Wetherby et al., 2008).

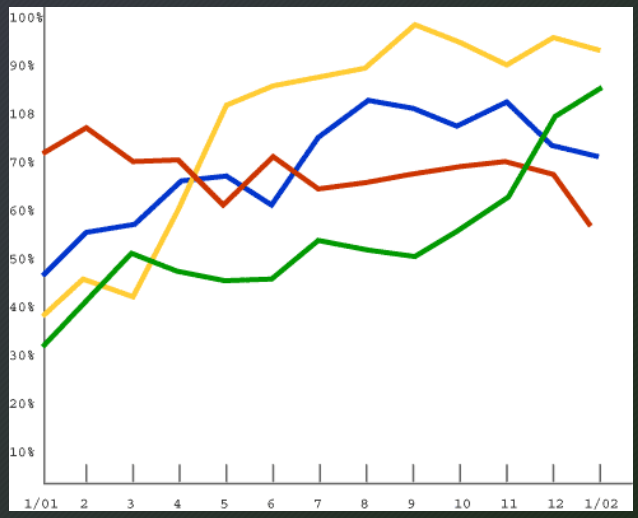
Representativeness: What about other cultural variables?

- More highly educated and higher income households are over-represented in research (Carr & Lord, 2016)

Some common sources of evidence

- Systematic reviews
- Meta-analyses
- Practice guidelines

- Client History
- Current Client Data



Client history: Evidence and Cultural Membership

- Looking at which treatments have been effective with this client in the past?

The good news…

- When studies have been conducted looking at matching of client and therapist race:
  - Although clients prefer having the option of seeing a therapist of their own race.
  - There is no added benefit to treatment outcomes.
  - Good news: Client history is not likely influenced by who is delivering treatment
  - Note: This was not a study on autism treatment → so we have to hope the same applies to the ASD population.

Do children received different treatment services based on their race?

- Children (ages 12-17) with ASD, Nonwhite and White/Latino children are less likely to use psychotropic medication than White/non-Latino children.

(Coury et al. (2012)

- White/non-Hispanic children less likely to use “atypical antipsychotic medication” than other racial groups among 2-11 year olds.

Lake et al. (2017)

So what, I am not a medical professional???

- Is there any compelling reason to believe that the medical profession is unique in it's willingness to:
  - Differentially provide treatment on the basis of race?
  - Try treatments for which the effects or side effects are not fully understood?

Client History: Race and observations

Autism Diagnostic Observation Scale

- Black and Hispanic children rated as more highly impaired in eye contact than White children.
- Black children rated as more impaired in stereotypic language and immediate echolalia

Harrison et al. (2017)

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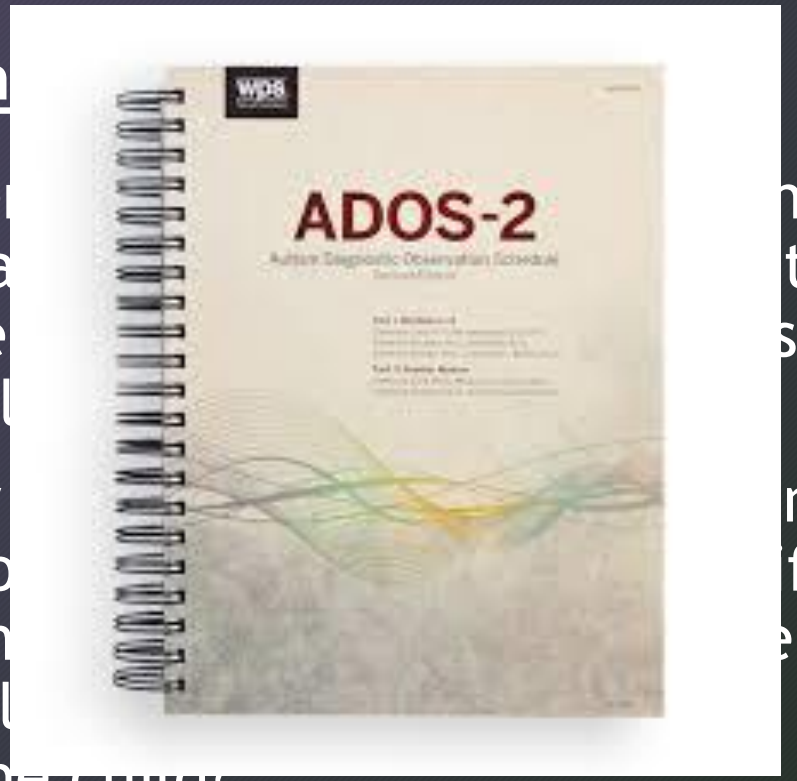

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Client History: Race and observations

BISCUIT-Part 3

What does it mean for EBP?

- BISCUIT is parent completed.
- Do parents see more severe behavior when their infant/toddler is Black than when their infant/toddler is White?
- Or is it a matter of what needs to be reported to access services?

Client History: Race and Intervention

Travers et al (2014)

- Based on data from 2007.
  - Black children were under-identified for Early Intervention services in 32 states
  - Black children were under-identified for Early Intervention services in 27 states
  - Arizona was one of these states

Siller et al. (2014)

- Factors that influenced intensity of services:
  - Boys received more intensive services than girls.
  - Children whose parents were White or Asian were more likely to secure more intensive services compared to children whose parents were Black or Hispanic.
  - SES - Children coming from families with higher incomes, owning their own home, parents with higher educational attainment, or careers with more prestige were more likely to receive intensive services.

What does this mean for EBP?

- If young children qualify for services but are not accessing them, parents may need to report an exaggerated client history to gain access to services.
- Parents of children who are less likely to access intensive services may need to exaggerate client history to gain access to services.

- We can't know this is happening…but it is reason to be suspicious about reported client history.

Client history: Evidence and Cultural Membership

Treatment integrity: extent to which an intervention is accurately implemented

- What does it take to achieve treatment integrity?
  - Resources to implement the intervention.
  - Training for staff
  - Ongoing coaching and performance feedback to avoid procedural drift
  - Context in which a treatment can be accurately implemented
  - Belief client can improve…

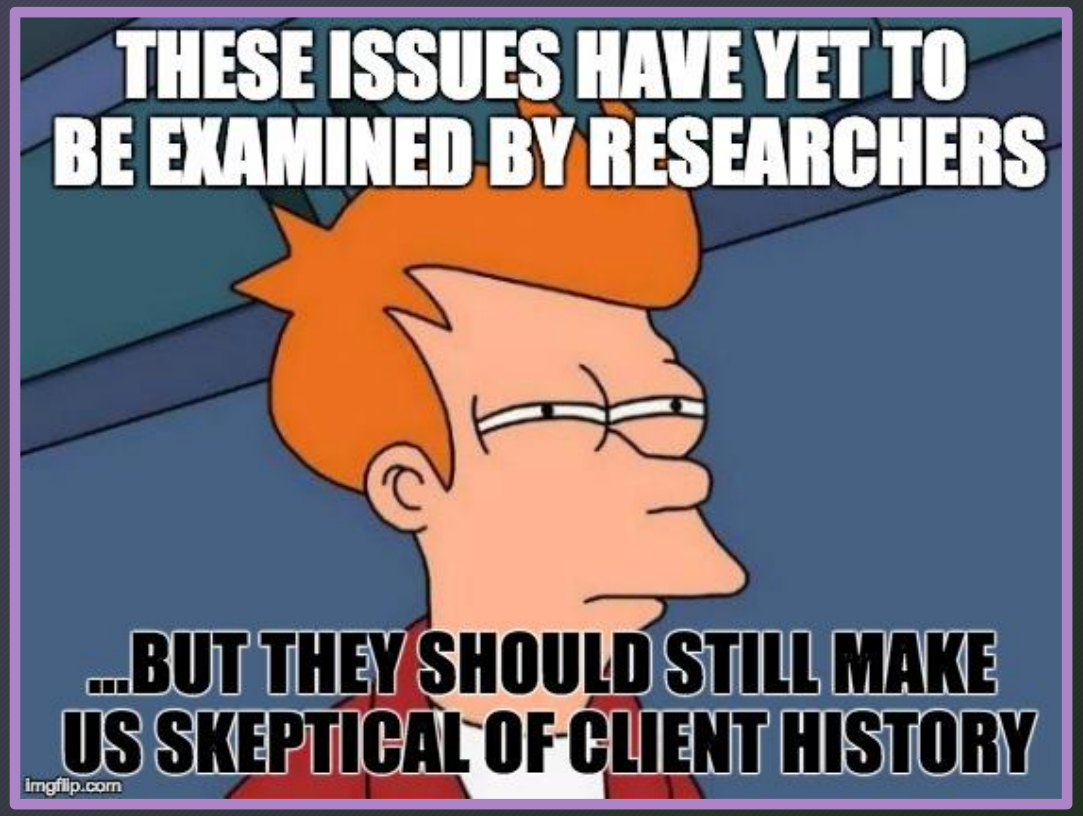
Treatment Fidelity

- Treatment integrity is the extent to which an intervention is accurately implemented

Therefore,

Client history: Evidence and Cultural Membership

- How does cultural membership relate to resources?
- Is the availability of training connected to cultural membership?
- Is the availability of resources to pay for ongoing coaching and feedback related to cultural membership of clients?
- Are the contextual conditions necessary to accurately implement a treatment related to cultural membership?
- Are teachers' beliefs about the likelihood a student will improve connected to cultural membership?



Client history: Evidence and Cultural Membership

- Client history could suggest a treatment was not effective but these data reflect poor treatment fidelity more than the client's capacity to respond to the intervention

Current client data

- Have adequate data been collected?
- Have sufficient resources been limited for some students due to cultural membership…

What does this mean for the “evidence” part of evidence-based practice

Children + Low SES + Low parent education + Minority/Female

=

Not well represented in autism literature + Poorer access to services

+

Resources/Conditions necessary for treatment fidelity weak

=

Conclusions from literature and history/current data limited for some clients

Do we ignore the evidence then?

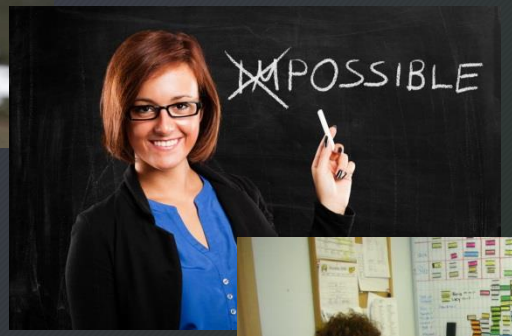
- No!
- We recognize that the quality of the evidence is not as good.
- We need to collect data more frequently to assess effectiveness.
- Just be more skeptical.

Preference, Values, & Context

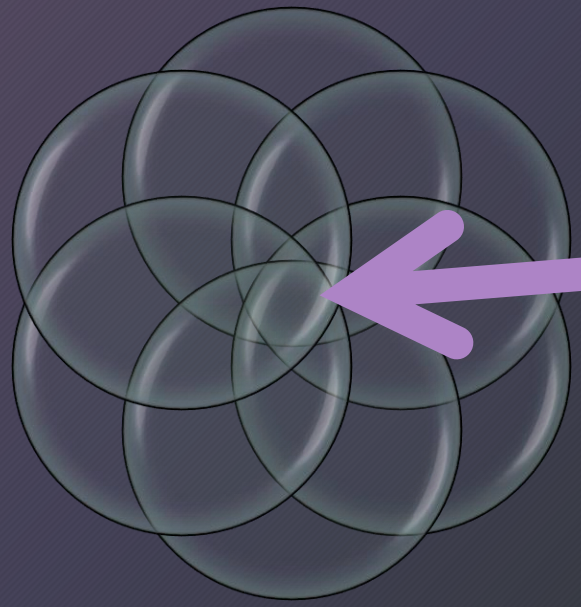
The unique intersection amongst all of our cultural memberships influence our views, our preferences, what we value and, often, the context in which educational and mental health needs must be met

If you have a list of treatments with evidence…

- Why wouldn't you want to pick a treatment based on the preferences and values of your client, their family, and their teacher/service providers as well as the constraints and supports available in the treatment environment?



Cultural groups



How preferences, values and contexts are relevant to treatment selection

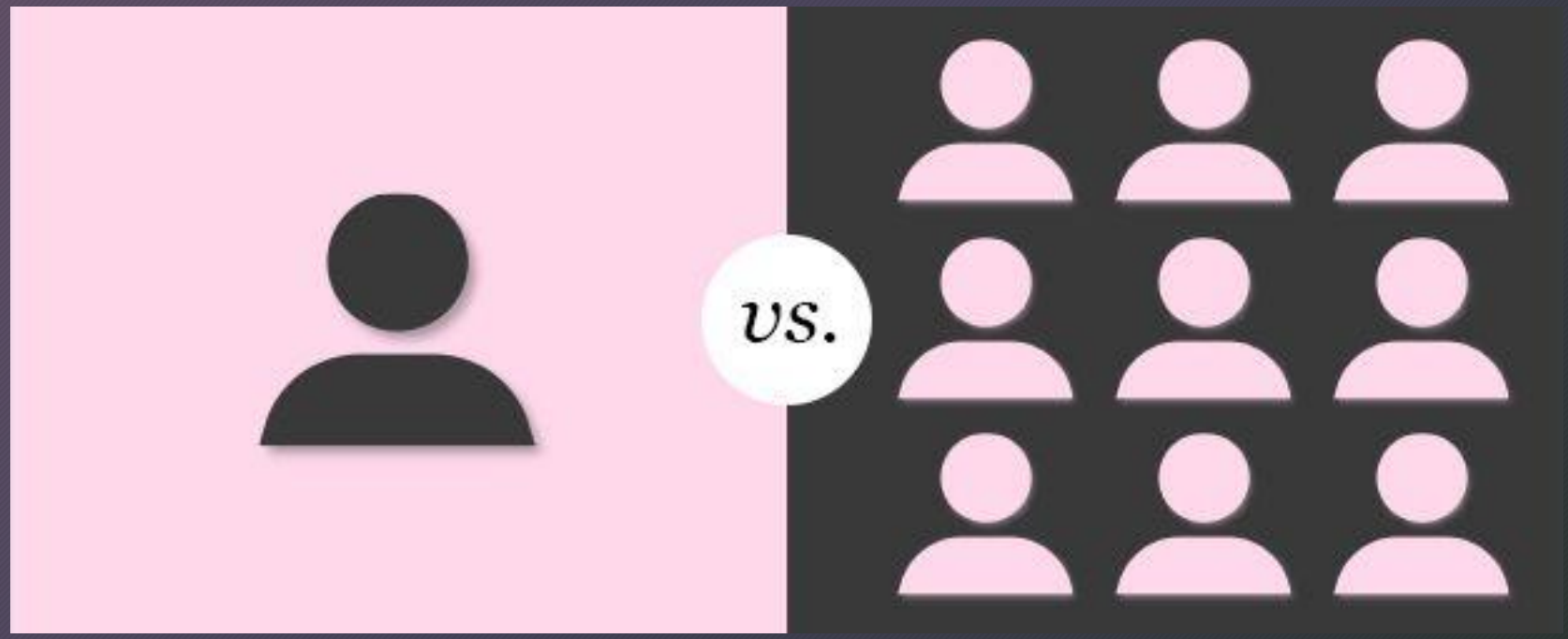
Client Preference: Everyone Gets a Choice

- Young children can also express preference when offered choices
- Treatment effectiveness has been seen to increase when choice is incorporated

Expressing Preference Through Choice

Do you know Ataturk?

Cultural Community and Treatment Acceptability



Support is Important

- Perceived support from immediate and extended family is associated with higher treatment acceptability as well
- BUT…
  - Familial support cannot be assumed
  - Cross-generational coalitions can increase or reduce the likelihood a given treatment will be effective

Can Culture Affect Acceptability Measurements?

- Limited data is available for the appropriateness of treatment acceptability questionnaires for diverse populations
- For example, many of these questionnaires may be too verbally loaded for parents who lack adequate literacy skills

Contextual Factors

- Contextual factors are important to consider when determining a treatment plan
- Contextual factors could include often connect with both acceptability and feasibility:
  - How expensive is the treatment?
  - How long would it take to get staff/parents trained?
  - How much coaching would be needed to make sure treatment implemented accurately?
  - Will there be a redistribution of resources to pay for this choice? What impact does it have on others (e.g., siblings, other students)?
  - How expensive is the treatment?

Feasibility and Religion

- Views about feasibility may be connected to cultural membership

For Example:
Parents may be unable to commit the time required to fully participate in extensive ongoing training due to non-work commitments like an acti
their religious commu

For Example:
In some religions, males are treated very differently than females. Boys, as a result of their sex, should not be corrected by females (even adult women). If a agency provides services primarily by women, what impact does this have on the feasibility of interventions?

Feasibility and Sex

- Cultural groups often hold expectations that influence parental levels of comfort with providing treatment for children
- Example – Compliance training and effective instruction delivery….

Steps of EID

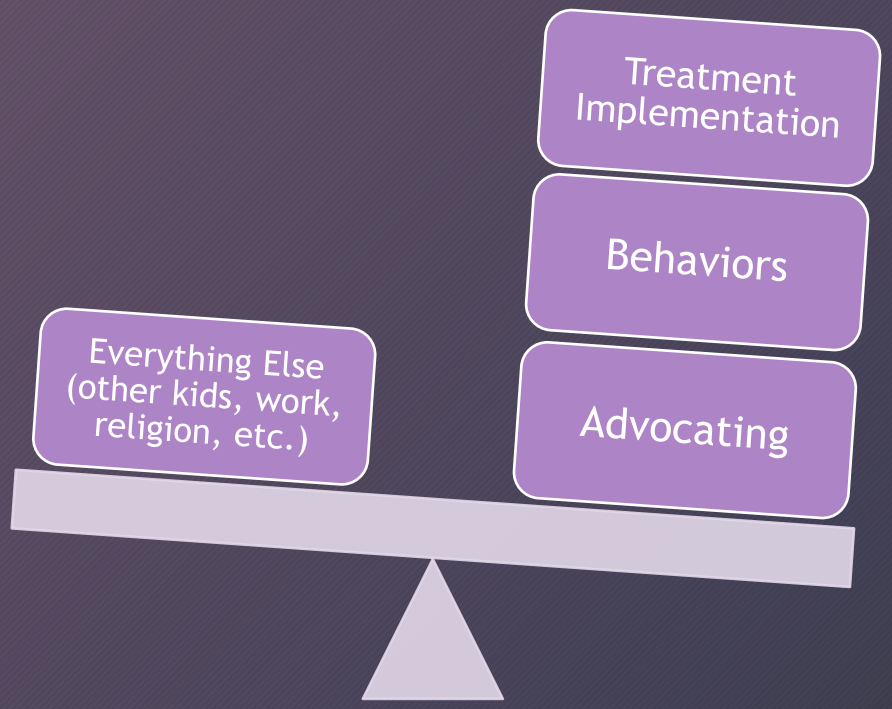
1. Get attention
2. Stand near your child
3. Use descriptive words
4. Use directives
5. Neutral toned authoritative voice
6. Three second wait period

Feasibility and Sex

- Women tend to be weaker at delivering directives to children and can experience distress

Feasibility and Time Commitments

Is it even possible to balance everything?



- Parents who financially have to work multiple jobs may be less able to participate in treatment. A good treatment is not feasible.
- Parents with many children may struggle implementing a complex intervention. In some cultural groups, women are expected to have many children.

Just like marriage, you get the family Too!

- Practitioners should assess family dysfunctionality and consider this impact on treatment selection, retention, adaption, or rejection

- What treatment options will create conflict within the family?
- What treatment options will create conflict with the school or other agency?
- When there are numerous effective treatment options, consider eliminating those that may make conflict greater.

Professional Judgment

Some strategies for becoming a more culturally sensitive evidence-based practitioner…

Communication and Cultural Identity

- Cultural identity – the feeling that you belong to a particular group, often based on nationality, ethnicity, generation, social class, etc.
- If you have an ongoing relationship, consider conducting an analysis of cultural identity*
- Behavioral patterns may be similar across cultures, while language and concepts can differ
- What treatments are appropriate, preferable, or considered norms within a culture.

Communication: Language and Literacy

- Spoken and written language
- How will what you are saying be perceived by the client?
- Do I need a translator?
- Can I successfully avoid using professional jargon?
- If paperwork is required, am I providing the level of support needed? Consider level of literacy and comprehension
  - Options: Complete orally, translator, another person to help with form completion

Communication

Too many words

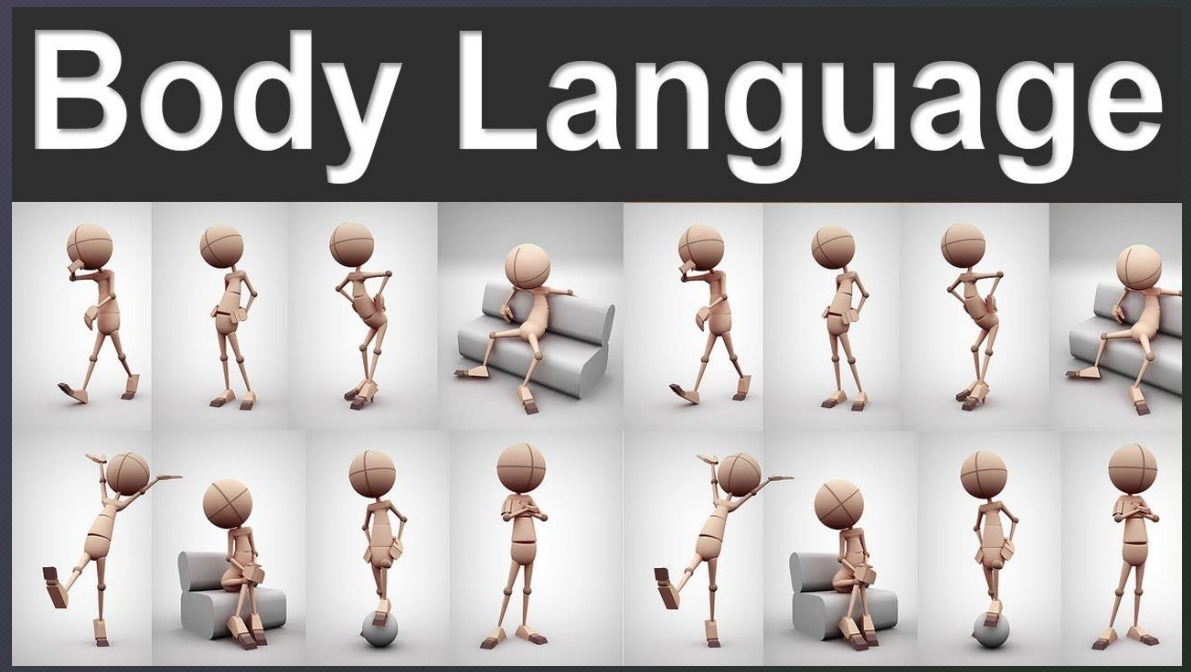
- I am please green eggs and ham give we me we the paper pencil cup.

It’s not just words

- Tone of language used to define problem behaviors should be communicated in a positive manner

Which is best for the situation?

- Use multiple forms of communication that are sensitive to potential cultural differences in
  - Eye contact
  - Wait time
  - Meanings of words
  - Body language
  - Personal space
  - Quality of voice



Resources: Use What Is Already There

- Use readily available resources
  - Examine the functional relationships between a clients behavior and culture
  - Make use of resources already available to help make practice more culturally aware
- Are there qualified trainers in the existing environment to reduce costs?
- Can there be a redistribution of resources that does not hurt anyone on the basis of their cultural membership?

Resources: Red flags that problems may exist

Lack of resources could mean problems with:

• Assessment:	Don’t have culturally sensitive tools.
• Diagnosis	No professionals experience with culture.
• Treatment selection	Inadequate resources for implementation.
• Family participation	Family may feel marginalized.
• Intervention efficacy	Weak supports to ensure implementation accuracy.
• Generalizability of results	Insufficient supports or sensitivity across environments.

Assess your own biases: Everyone has them.

How might I be biased without knowing it?

- Practitioners risk placing their own cultural beliefs and expectations on a family because of their training in scientific methods

They may recommend interventions that

- Do not align with a family's belief systems because they did not give it adequate consideration.
- Are not feasible due to resource constraint or limited environmental supports

Question Your Personal Assumptions!

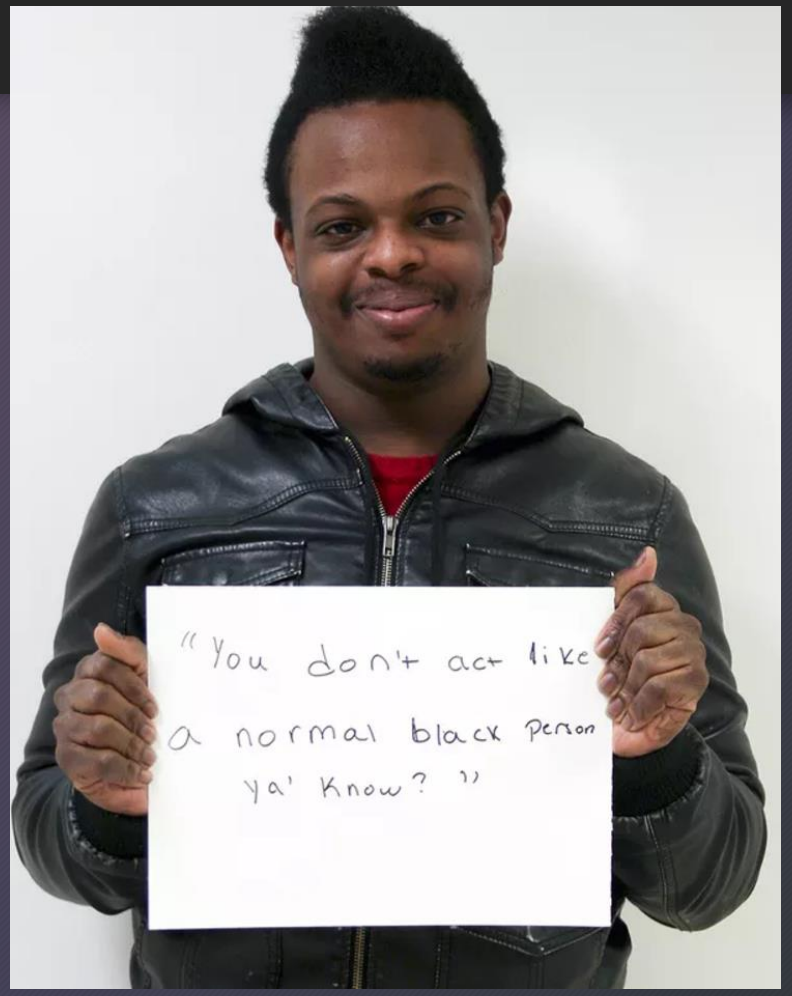
- First step toward correcting biases that affect our interactions with others is understanding our own cultural system
- Developing self-awareness may prevent our biases from impeding how we serve culturally diverse clients
- Consider how these biases might affect treatment

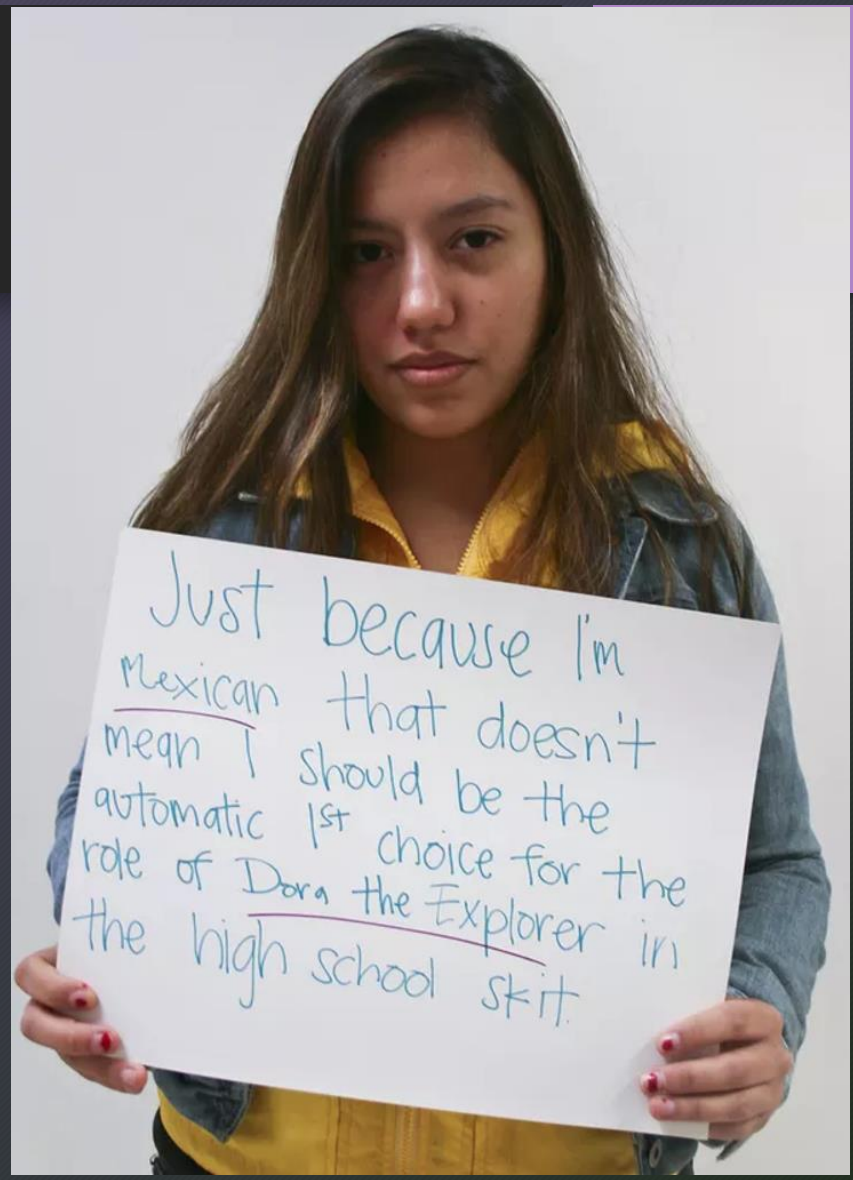
Causing pain unintentionally

- Practitioners may also inadvertently engage in microaggressions when they discount importance of parent beliefs

- Microaggressions communicate hostile, derogatory, or negative racial slights and insults towards those of another culture. These can be with intentional or unintentional, and are often brief and daily verbal, behavioral of environment2007al (Sue et al., 2007)

Causing pain unintentionally





What else can I do?

- Treatment goals and interventions should only be selected *after* practitioners understand and incorporate cultural values and practices of family.

Match with cultural views

- Ideally, treatments consistent with cultural views should be selected
- But, when that is not possible…
  - Concede your perspective if it will not hurt the client.
  - Help resolve conflicts (e.g., support parents as they negotiate their decisions with extended family).
  - Ensure conflict is not due to miscommunication (which can happen on both parties sides).
  - Miscommunication includes misreading body language.

Questions and contacting me:

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