

**Conference on Evidence-Based Interventions: Issues, Controversies and Resolutions:  
A Proposal to CODAPAR**

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Felipe González Castro, Arizona State University (Division 45)

Natalie Porter, Alliant International University (Division 37)

### **I. Introduction**

Evidence-based guidelines have created new imperatives for interventions (prevention programs, manualized treatments, social service programs) “that work.” The aim is to improve the quality of care and its efficacy as measured by a greater therapeutic change, and ideally delivered efficiently, that is, economically in the least number of sessions. The evidence-based movement has aimed to integrate the best science into interventions by specifying how an optimal intervention is delivered, such as by providing a treatment manual. However, health care providers, therapists and counselors have complained that this level of specificity coupled with the demand for delivery with fidelity to the “optimized” protocol unfairly constrains actions that in their best judgment must be taken in the best interests of the client. By contrast, such *process-related adaptations* are seen by program developers as breaches of *intervention fidelity* that compromise the optimized capacity of a standardized protocol to yield maximal outcomes, that is, the strongest intervention effects.

A variety of scientific and clinical issues have emerged in relation to the imperatives introduced by the call for evidence-based practices (Norcross, Beutler & Levant, 2006). These emerging issues provide an opportunity for a spirited dialogue between practitioners/providers and behavioral scientists. In addition, despite the volume of articles now published on “evidence-based” practices, little scientific and clinical evidence has accrued regarding its delivery with racial/ethnic and other special populations (Sue & Zane, 2006). In more ways than one, the evidence-based approach may be widening the long-standing science-practice schism, rather than narrowing it.

Needed now is a forum involving key stakeholders: clinicians, scientists, administrators, consumers, policy makers, and others, who share the common interest of maximizing the therapeutic gains (efficacy and effectiveness) of science-based interventions, while also maximizing the cultural sensitivity and practical feasibility of such standardized interventions. Several key points for this dialogue include: (1) that current practices may exacerbate rather than reduce existing health disparities, (2) that current research studies are not specifically designed to address important minority health issues, (3) that the current inclusion of women and minorities in NIH research does not respond to the spirit of these inclusionary criteria, (4) that many research investigators are not culturally competent and unfamiliar with substantive minority health issues, (5) that many model program must be adapted to ensure cultural relevance as well as programmatic effectiveness, (6) that some communities are misapplying evidence-based standards, (7) that a broad conception of “evidence” is needed to balances scientific rigor and cultural sensitivity, (8) that advocacy is needed as well as science to adequately address evidence-based controversies, (9) that the need exists to bring together diverse constituencies to discuss these controversies and to find viable solutions to these complex issues.

### **II. Proposed Conference Planning Activities**

This CODAPAR application is directed towards planning and organizing of a conference on Evidence Based Interventions for Ethnic Minorities. This conference is intended to present the state of evidenced-based interventions, to examine the scientific strategies needed to increase the availability of these interventions, and the funding mechanisms that could provide resources for increasing the body of evidence regarding ethnic minority groups. The product of this conference will be a document that reflects the issues and state of evidence-based interventions with ethnic minorities. Collaborating in this effort are: Division 45- Society for the Study of Ethnic Issues (President, Toy Caldwell-Colbert); Division 42- Independent Practice (President, Lilian Comas-Diaz); Division 17- Society of Counseling Psychology (President, Roberta Nutt); Division 12- Society of Clinical Psychology (President, Linda Sobell ); and Division 37- Child, Youth and Family Services (President, Bette Bottoms). In addition, to the conference activity, this effort will develop one or more documents that outline the theoretical, methodological, applied and ethnical issues involved in evidence-based practices, as applied with racial/ethnic minority and other special populations. The funds of this application will be used to convene 8 to 10 leading scholars from the sponsoring APA Divisions, who will constitute the Evidence-Based Conference Planning Committee. At present, this committee has representation of scholars from the participating divisions, and these

scholars are: Dr. Norweeta Milburn, Dr. Fred Leong, Dr. Nolan Zane, Dr. Guillermo Bernal, Dr. Eduardo Morales, Dr. Mario Hernandez, and Dr. Sharon Jenkins. Others will be added to ensure adequate representation from each sponsoring division. This committee will frame the critical issues, collect key information to develop a set of important readings, establish the agenda that will be used to guide the conference, and apply for funds and resources for the implementation of this conference. Thus, the specific goals of this CODAPAR application are: (1) to plan a one or two day conference on evidence-based interventions with ethnic minorities, (2) to identify 10 to 20 key topics and relevant authors for the development of a book on this subject, (3) to identify potential publishers, and (4) to seek out sponsors and solicit funding for this conference that would include: SAMSHA, NIDA, various grants programs such as an NIH R13- Investigator Initiated Conference Grant, the Centers for Disease Control (CDC), the APA Science Directorate, and Division 12 Section 6 of the APA.

### III. References

Norcross, J. C., Beutler, L. E., & Levant, R. F. (2006). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Association.

Sue, S. & Zane, N. (2006). Ethnic minority populations have been neglected by evidence-based practices. In J. C. Norcross, L. E. Beutler & R. F. Levant (Eds.), *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions* (pp. 329-337). Washington, DC: American Psychological Association.

### IV. Project Task Timeline and Budget

TASK	J	F	M	A	M	J	J	A	S	O	N	D
<i>Project Month&gt;&gt;</i>	1	2	3	4	5	6	7	8	9	10	11	12
1. Committee conference calls		2	3	4	5				9	10		
2. Develop conference agenda			3-----	4	5				9-----	10		
3. Topics and authors				4-		-----6			9-----	10		
4. Seek out funding and co-sponsors					5-----	-----7						
5. Announcement of conference date and logistics									9-----	10		

#### Budget

Teleconference Calls	6 at \$200	\$1,200
Research Assistance	16 hrs @ \$12.00/ hour	\$ 192
Clerical Assistance	40 hrs @ \$15.00/hr	\$ 600
Postage, photocopying		\$ 508
Total		\$2,500

#### Budget Justification

*Teleconference calls.* These calls will be used to conduct the business of working on agenda items, and for reviewing documents sent previously via email and in a way that allows ample discussion and problem solving at a low cost as compared with traveling to a common location.

*Research assistance.* A temporary research assistant will be paid to obtain articles and documents not readily obtained via electronic searches. Currently some article must be obtained via direct and personal searches from archives not yet accessible via electronic means.

*Clerical assistance.* A temporary clerical assistant will be hired to compose and circulate various documents and to compose the emerging proposal, meeting minutes, and other items needed to document and to advance the goals of this project.

*Postage and photocopying.* Some postage will be needed to send items not easily transmitted via email. Photocopying will be needed to submit grant proposals.