

The Practice of Evidence-Based Treatments in Ethnic Minority Youth

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KEYWORDS

- Evidence-based treatment • Evidence-based practice
- Children • Minority

GENERAL OVERVIEW

The increasing diversity of the American society and the recognition of widening health disparities have resulted in the need to improve how issues of culture and context are addressed in mental health services and research.^{1,2} Ethnic minority children continue to have substantial unmet mental health needs, and evidence-based treatments (EBTs) have proved challenging to disseminate widely among ethnic minority communities.³ Indeed, policy makers have made an important distinction between EBTs, interventions that have proven efficacy in clinical trials, and evidence-based practice, which involves “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences,”⁴ and this is illustrated in **Fig. 1**. However, despite the publication of multiple cultural competence guidelines, researchers, policy makers, and service providers continue to debate over the

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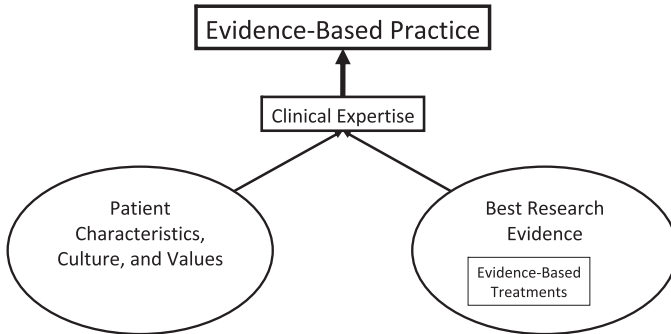


Fig. 1. The relationship between EBT and evidence-based practice.

conceptualization and implementation of cultural competence and key components of true evidence-based practice.⁵ Moreover, the number of treatments that have a solid evidence base for use with ethnic minorities continues to lag behind that for the majority population.^{6,7} This combination of very few EBTs for ethnic minorities and the continuing controversies around the operationalization of cultural competence in real-world settings has resulted in a paucity of robust models for the implementation of evidence-based practices as envisioned by the Institute of Medicine and other professional societies.^{4,8}

Although the value of diversity and the importance of recognizing the effect of culture and context on treatment and treatment outcomes have been well established, research on cultural adaptation of treatments for specific ethnic groups is equivocal. Some works suggest that tailoring interventions for specific populations can increase its effectiveness,^{9–12} whereas others argue that there is little support for ethnic-specific interventions.¹³ In fact, some research also points to deleterious effects when core components of clinical treatments are diluted during the process of culturally adapting an intervention,¹⁴ suggesting that fidelity to EBTs is important for improving outcomes for all communities. At the same time, culturally sensitive adaptations (eg, use of cultural concepts, addressing issues of migration, family values, language) and implementation (eg, client ethnic match, availability of materials in specific languages, working with cultural brokers) of services do relate to community and client engagement as well as retention in mental health treatment.^{15–17} What seems to be important is to strike a balance between treatment fidelity to the original EBT and the incorporation of culturally informed care, resulting in the notion of evidence-based practice.

This article describes the historical context of culture-specific adaptations of EBTs for children and adolescents and recent frameworks for determining when adaptations are needed. It also addresses how to integrate culturally sensitive care while maintaining fidelity to an intervention and the broad public health perspective of engaging with ethnic minority communities and delivering these interventions in settings and ways that are accessible and acceptable to diverse children and their families. The authors then summarize the state of the literature of EBTs for several common psychiatric disorders of children as it pertains to ethnic minority populations and discuss recommendations for future research.

HISTORY/BACKGROUND

In 2001, the Surgeon General's Report on Mental Health—Race, Culture, and Ethnicity documented the paucity of studies demonstrating efficacious treatments for ethnic

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