Childhood Trauma Series in Indian Country 7-Part Series

<u>Presenter</u>

Dolores Subia BigFoot, PhD

University of Oklahoma Health Sciences Center

Acknowledgement: Susan Schmidt, PhD

www.icctc.org

Sponsored by



Indian Health Service TeleBehavior Health Center



The National Child Traumatic Stress Network DS BigFoot, 2013 ©



Our grandparents, elders, and ancient ones have long prayed and offered sacred words to the Creator to watch over all things from the past, the present, and the future.

We are taught to pray for all things because we are all connected. The air we breathe comes from the trees. The food we eat comes from the earth. The rain that cleanses us comes from the sky.

Through sacred words comes healing from the past, strength for the present and hope for the future.

> D S BigFoot 2013

Evidenced Based Treatments for American Indian and Alaska Native Children

- Need for Safety
- Need for Supervision
- Need for Protection
- Need for Guidance
- Need for Monitoring
- Need for Teachings
- Need to know they are Connected
- Need to know they are Sacred
- Need to know they are Honored

Evidence Based Treatments Evidence Based Approaches Evidence Based Practices Evidence Based Policies Promising Practices

Access and Mental Health Services

Need for mental health care is significant, the services

- are lacking, and access can be difficult and costly
- Report lists problems in service utilization patterns that include AI/AN children as being more likely to:

1) receive treatment through the juvenile justice system and in-patient facilities than non-Indian children;

2) encounter a system understaffed by specialized children's mental health professionals, and3) encounter systems with a consistent lack of attention to established standards of care for the population

Service Delivery System in Indian Country

- Complex and inconsistent set of tribal, federal, state, local, and community-based policies and services
 - Indian Health Service
 - Bureau of Indian Affairs
 - Department of Veterans Affairs
 - Other programs providing services are the DOJ Office for Victims of Crime and the Office of Juvenile Justice and Delinquency
 - Tribal health programs, urban Indian health programs, and state and local service agencies and schools, including non-profit, and/or religious, and traditional healing resources

Evidence Based Practices

Evidence Based Practices (EBP) are specific programs and interventions that produce positive outcomes for clients based on a "body of scientific knowledge about service practices..."

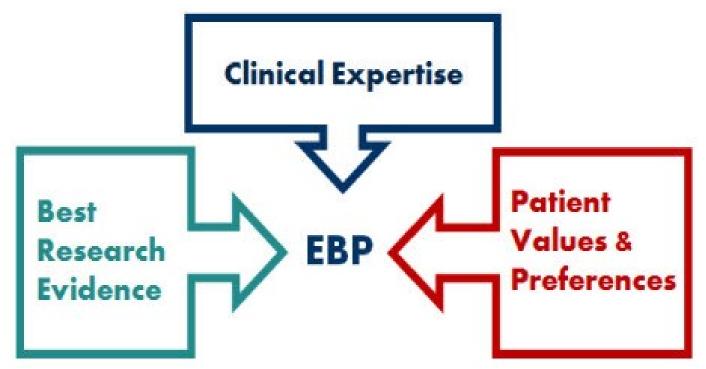
Promising Practices

A program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations.

Definition of Evidence Based Practice

• Evidence Based Practice is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research." (Sackett D, 1996)

http://www.hsl.unc.edu/services/tutorials/ebm/whatis.htm

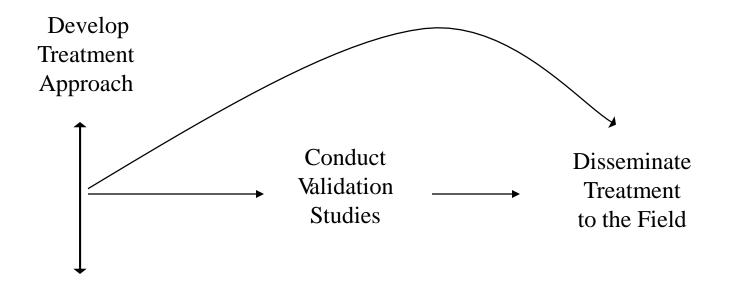


EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal and unique concerns, expectations, and values. The best evidence is usually found in clinically relevant research that has been conducted using sound methodology. (Sackett D, 2002)

http://www.hsl.unc.edu/services/tutorials/ebm/whatis.htm

D S BigFoot 2013

The Path to Dissemination



Use in Clinical Setting

Modified from Office for Victims of Crime, and Benjamin Saunders, Ph.D.

D S BigFoot 2013

Why use Evidence Supported Treatments?

All sorts of "treatments" are available out there. When deciding which ones to use, just remember...

- First **do no harm**.
 - Examples of harmful practices:
 - Rebirthing Therapy
 - Holding Therapy
 - Why would we, as professionals, provide a service if it wasn't as helpful and productive as it could be?
- Second do some good.
 - How do we know what we're doing works?
 - Do we want to deliver a service "by the seat of our pants?"

Using Evidence Based Practices

- Replication
- Adoption
- Fidelity
- Adaptation
- Evaluation

Evidence-Based Practices

EBP's

- Clinical Trials
- Peer Reviewed
- Robust Outcomes
- Efficacious
- Safe
- Replicable
- Science-to-Practice

<u>Concerns</u>

- Limitation on AI/AN Community Understanding of Healing
- Question Effectiveness with AI/AN
- AI/AN not part of research population
- Question of harm
- Question of cultural appropriateness
- Question of cultural relevance

Problems in non-EBP Application

- Scientific evidence of efficacy not a common criteria for treatment selection
- > Lack of outcome research for many common interventions
- Willingness by some to use, embrace, promote, and defend practices with no evidence and questionable theoretical bases
- Poor dissemination of clinical outcome research
- Ineffective approaches to continuing education
- Poor adoption of empirically supported treatments in real world clinical settings

> Slide adapted from "Exploring Alternative Strategie or Diffusion of Best Practice" by Charles Wilson, NCTSN

D S BigFoot 2013

Test of an Evidence-Supported Practice

✓ Is it based on a solid conceptual/theoretical framework?

- Is the theory upon which it is based widely accepted?
- Is there a logic model that makes sense?

✓ Can it be replicated?

- Are there practice manuals and protocols?
- Is there training/consultation available?
- Does the practice lend itself to application in other communities or with other populations?

✓ How well is it supported by research?

How rigorous is the design? Randomized controlled trial is the gold standard.

D S BigFoot 2013

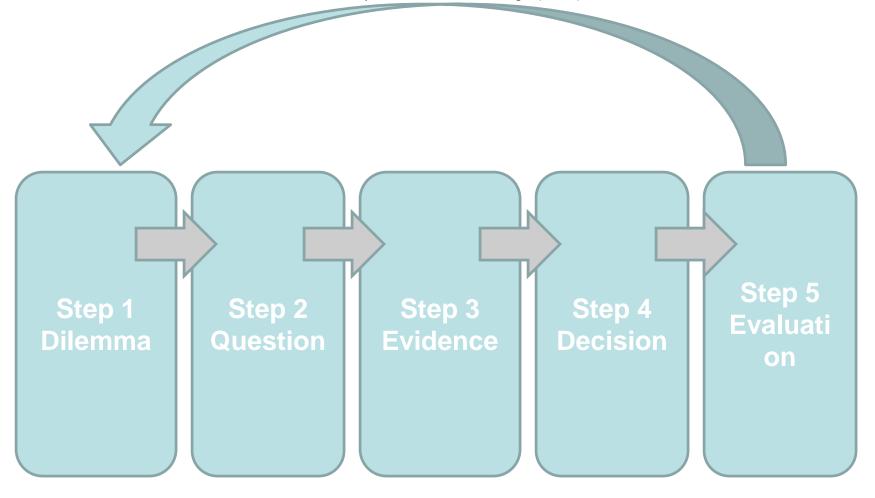
- How many evaluations have been conducted?
- How strong are the results?

✓ Is the risk acceptable?

Slide adapted from "Exploring Alternative Strategies for Diffusion of Best Practice" by Charles Wilson, NCTSN

5-Step Learning Cycle[™] - Process for Making Evidence Based Practice Decisions

Source: CONNECT: The Center to Mobilize Early Childhood Knowledge (2012); Zero to Three, March 2012



Evidence Based Interventions

- Trauma Focused Cognitive Behavior Therapy
- Parent Child Interaction Therapy
- Treatment of Child with Inappropriate Sexual Behavior
- American Indian Live Skills
 Curriculum
- Motivational Interviewing

Honoring Children



Honoring the Future American Indian Life Skills Curriculum

Honoring Children



Making Relatives Parent-Child Interaction Therapy

BigFoot, D. S. 2013

Honoring Children



Respectful Ways Treatment of Children with Inappropriate Sexual Behaviors

BigFoot, D. S. 2013

Honoring Children



Mending the Circle

Resources

National Child Traumatic Stress Network

www.nctsn.org

National Center for Trauma-Informed Care

http://www.samhsa.gov/nctic

The California Evidence-Based Clearinghouse

http://www.cebc4cw.org/

Promising Practices Network on children, Families, and Communities

http://www.promisingpractices.net

SAMHSA National Registry of Evidence-based Programs and Practices (NREPP)

http://www.nrepp.samhsa.gov