

Reconciling Cultural Competence & Evidence-Based Practice in Mental Health Services

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Objectives

We propose to convene 21 distinguished social and clinical scientists from around the country for an intimate working conference here at UM devoted to rethinking basic professional assumptions about the delivery of evidence-based mental health services to culturally diverse populations. The proximal outcome of this event will be the submission for publication of coordinated manuscripts based upon the conceptual advances that emerge from this conference. More distal outcomes beyond the proposal period will include tracing the implications of these conceptual advances for mental health research, training, policy, and practice, respectively. Future collaborative activities may include submission of methodologically innovative research proposals, development of novel training curricula, dissemination of revised treatment guidelines, or assessments of modified clinical practice. As a result, we aspire through this proposal to inaugurate a cross-disciplinary academic partnership—based here at UM, but extending through broader national scholarly networks—that will bring cutting edge inquiry from the social sciences into deeper, more productive conversation with the discourses and practices of the mental health professions.

Although premised on various forms of “credentialed knowledge,” the clinical activities of psychologists, psychiatrists, and social workers routinely (and perhaps necessarily) include approaches, conventions, and techniques born of pragmatic exigency more so than rigorous scrutiny. For example, during the 1990s, psychotherapists unwittingly co-created with their clients a near epidemic of “recovered” traumatic memories of childhood incest, alien abductions, and Satanic ritual abuse; it was not until cognitive psychologists marshaled evidence concerning the workings of memory that the general public became aware of such professional folly and the practice of so-called repressed memory therapies began to wane. One consequence of such historical blunders has been the growing professional commitment to anchoring clinical mental health practice within the extant scientific evidence pertaining to relevant psychosocial processes. In addition to social science scholarship that regularly furnishes this kind of evidence, other social science researchers have investigated the ways in which broader cultural forces converge to produce historical moments in which clinicians and clients together construct and reproduce specific notions of health and well-being, distress and dysfunction, and therapeutic processes and practices (thereby accounting for how and why *childhood* and *trauma*, for example, became such important tropes in American psychic life by the 1990s). Both forms of social science inquiry—the former grounded primarily in variable-analytic methodologies (in which observations are analyzed quantitatively) and the latter grounded primarily in interpretive methodologies (in which observations are analyzed qualitatively)—offer concrete and compelling opportunities to inform the clinical practice of mental health professionals.

The core project team is currently comprised of three UM faculty in clinical psychology and psychiatry who are each active academic researchers as well as trained mental health clinicians. Each of us teaches in schools or departments wherein we routinely assume ongoing responsibilities for training new generations of mental health professionals. And each of us remains critical of certain facets of the most dominant approaches within our respective fields for socializing future custodians of the mental health resources of the nation. Recently, we have come together out of a deep and abiding interest in sorting out the conceptual, methodological, pedagogical, and clinical implications of the tensions that inhere at the intersection of two major movements within the mental health professions, namely *Evidence-Based Practice* and *Culturally Competent Services*. As collaborators, we aspire to facilitate a sweeping reconsideration of the conventional wisdom, received understanding, and taken-for-granted “truths” about the intersection of these powerful movements. We believe that such reconsideration will require us to engage a host of associated terms and concepts—such as *culture*, *difference*, *efficacy*, and *evidence*—through the lenses of the social sciences as well as within the contexts of our respective professional fields. We remain eager to expand our partnership to include

other social and clinical scientists from UM and beyond. As one expression of our collective aspiration, this proposal is designed to undertake a “proof of concept” for our envisioned cross-disciplinary partnership through an important initial step: the convening of scholars who represent *both* variable-analytic and interpretive forms of social science inquiry at a conference devoted to rethinking the conceptual intersection of cultural difference and clinical science within the mental health professions.

Significance

In recent decades, claims of efficacy for medical interventions offered to health care consumers in the United States have been progressively scrutinized for their scientific basis. As one domain of service delivery, mental health programs and interventions have been similarly called to account. This is so in part because of the emergence of powerful interests demanding accountability for the practices of mental health clinicians in terms of cost effectiveness. The call for professional adoption of **Evidence-Based Practice** (EBP) and “empirically supported” treatments is premised on the commitment to a scientifically-grounded clinical practice that promises access to the most effective services for the greatest number of those in need. Within this frame, treatment techniques developed to ameliorate targeted psychiatric symptoms or disorders are evaluated through randomized clinical trials. Those that produce reliable improvement or recovery are then deemed ready for dissemination and implementation by mental health professionals around the globe. Such efforts express the emerging professional consensus that the ethical and effective practice of mental health treatment must be guided by the best available outcome evidence. So compelling has been the call for EBP in the mental health field that federal agencies and state governments have in certain instances agreed to fund or reimburse *only* those approaches and treatments that have been researched in this fashion and supported by robust outcome evidence. Nevertheless, the procuring of such robust outcome evidence is both complex and costly, thereby ensuring that only a subset of mental health interventions will ever be studied in this manner.

In juxtaposition to the EBP movement in the mental health professions, however, multiculturalist advocates have registered critiques of the “monocultural” bias of mental health research. Given that populations of color are staggeringly underrepresented in clinical trials, policy mandates for implementation of EBP with multicultural clientele may be premature because the degree to which demonstrated outcomes of tested interventions might generalize to ethnoracial and other cultural minorities remains an open empirical question. Greater inclusion of ethnoracially diverse samples within clinical trials is unlikely in itself to neutralize the multiculturalist critique, however. A principal concern expressed by multiculturalist advocates is that mainstream mental health practices have typically originated out of the life experiences of Europeans and Euro-Americans, and therefore harbor the potential for alienation, assimilation, or other associated harms for culturally distinctive ethnoracial minority populations. Thus, beyond the pragmatic concern for rendering effective treatments acceptable to the diverse individuals who need them, the multiculturalist critique of EBP proposes that the danger of mainstream therapeutic approaches often extends well beyond the relatively superficial trappings of “cultural packaging” to questions of power, politics, and epistemology. As a consequence, according to multiculturalist professionals, practitioners must provide **Culturally Competent Services** (CCS) that are appropriately developed or tailored for diverse ethnoracial clientele with due consideration of these complex factors.

Two forces thus converge. On one hand, the EBP movement has emphasized the routine need for a *standardization* of professional practice that might ensure that only scientifically-vetted treatments are adopted and promoted to address the mental health needs of the world. On the other hand, the multiculturalism movement has emphasized the routine need for a *diversification* of professional practice that might accommodate the increasing ethnoracial and cultural heterogeneity within the US population as well as retain relevance for a globalized world. *The fundamental challenge that remains is how to accommodate non-trivial cultural divergences in psychosocial experience using narrowly prescriptive mental health practices and approaches.* Interdisciplinary conversations among and between mental health professionals, health researchers, and especially social scientists could help

chart innovative terrain for identifying and redressing psychological distress and disability beyond the Western cultural mainstream. Additionally, fascinating intellectual tensions inhere with regard to enculturated notions of distress, illness, and well-being; group-based preferences for desirable therapists and therapies; alternatives for training therapists about the significance of culture; and contrasting epistemologies for gauging treatment efficacy and designing optimal services. To put it another way, *the challenge is to take cultural variety very seriously as actively and substantively constituting human experience without (a) requiring a complete abandonment of clinical expertise (a trivialization of professional knowledge) or (b) embracing merely superficial alterations in professional conventions toward otherwise familiar Western therapeutic objectives (a trivialization of cultural difference).*

Activities

As the first step in a longer-term collaborative intellectual project, the major activity proposed for **October 6-7, 2011**, is the coordination of an intimate “working” conference designed to address these issues initially at the *conceptual* level. Specifically, we envision inviting 21 distinguished social and clinical scientists from around the country who, in response to 2-3 select readings about the EBP-CCS intersection, will draft brief original “reflections” papers for pre-circulation in advance of the conference proper. In 8-10 pages, participants will set forth their most formidable critiques (or deconstructions) of the assertions, assumptions, and aspirations that have given rise to the EBP-CCS tensions described above prior to proposing innovative recommendations (or reconstructions) toward improved understanding of the EBP-CCS intersection. All participants will be asked to read their colleagues’ reflections prior to arrival at the conference. At the conference, each of the core project team members will be tasked with facilitating a productive intellectual exchange surrounding an assigned subset of papers wherein we introduce, summarize, and critique these in service to group discussion, appraisal, and refinement of proposed ideas. The final session of the conference will center on identification of key conceptual advances, designation of emergent authorship teams, formulation of a workable plan for crafting coherent manuscripts as an outcome of group discussions, and solicitation of invited participants for ongoing participation in future activities. Our intention is to publish the revised versions of these papers in a visible and accessible forum (i.e., special journal issue) that we hope will signal a new approach for addressing and resolving the tensions that inhere at this intersection. Additionally, we expect to record conference deliberations with a view towards publication opportunities. In the end, our expectation is that this conference will yield unambiguous conceptual advances addressing the convoluted intersection of EBP and CCS approaches.

By way of illustration, concrete examples of the kinds of critiques and recommendations we have in mind include the following. The EBP movement is strikingly dependent on narrow forms of “evidence” that privilege outcome results from experimental designs with inadequate attention to questions of external validity (or generalizability). This leads in some instances to premature foreclosure on alternative methodological and therapeutic possibilities for identifying a greater diversity of effective interventions. A critique of such narrow foreclosure might draw on emerging awareness within the health sciences—using the tools of the social sciences—that *most* published research findings within these realms are probably “false” (Ioannidis, 2005, PLoS Medicine). Such a critique would further serve to remind the field that humility in the face of the sobering challenges of knowledge construction may ultimately serve us better than arrogance. A reconstrual of the empirical project at hand may prescribe a wider range of methods and projects for adoption to better address a circumscribed set of pressing outcome questions. Similarly, the multiculturalism movement is prone to adopting and promoting “essentialist” (i.e., definitively characteristic and highly over-generalized) accounts of race, ethnicity, culture, and discrimination that serve to efficiently advance political agendas more so than to afford insightful analytic attention to the nuances of group-based cultural processes and practices. A critique of these essentialist accounts might draw on the misgivings of anthropologists and other social theorists about the way in which the term *culture* is constructed and deployed in the discourses of health and mental health professionals. Such a critique would further serve to remind the

field that outdated notions of shared and bounded values, beliefs, and behaviors are greatly complicated in a globalized age. A reconstrual of the therapeutic dilemma presented by cultural diversity may prescribe novel metaphors for representing cultural difference that better represent and appreciate fluency, dexterity and hybridity across multiple cultural domains.

Brief reflections papers will be commissioned from invited participants in response to 2-3 key readings to be selected and circulated by the core project team. Four participants each will be invited to address one of the following four questions in their reflections: (1) In what ways do dominant professional conceptions of *ethnoracial and cultural difference* presently influence clinical practice and what are the implications of adopting multidisciplinary social science construals of these terms for culturally attuned, demonstrably effective mental health interventions?; (2) In what ways do dominant professional conceptions of *efficacy and outcome evidence* presently influence clinical practice and what are the implications of adopting multidisciplinary social science construals of these terms for culturally attuned, demonstrably effective mental health interventions?; (3) In what ways do dominant professional conceptions of *psychopathology and disabling distress* presently influence clinical practice and what are the implications of adopting broadly comparative social science approaches to these phenomena for culturally attuned, demonstrably effective mental health interventions?; and (4) In what ways do dominant professional conceptions of *therapeutic processes and activities* presently influence clinical practice and what are the implications of adopting broadly comparative social science approaches to these phenomena for culturally attuned, demonstrably effective mental health interventions? Papers addressed to the same question will be assigned to a core project team facilitator who will assume responsibility for structuring a conference session featuring participants who wrote in response to that particular question. Each paper discussion session will also allow time for audience dialogue with invited participants. Again, all participants will be expected to review every paper in advance of the conference, but participants addressing the same question will be asked to offer extra attention to the papers within their session (i.e., those that address the same question) so as to ensure a nuanced exchange of ideas between designated subsets of participants.

Discussions among the core project team about possible participants to invite are ongoing, but thus far include distinguished social scientists from the disciplines of psychology and anthropology, as well as academic psychiatrists and social workers with evidence of prior training in or standing intellectual engagement with the social sciences. In the interest of successfully recruiting such individuals for participation, we have deliberately identified a number of scholars whose academic records reflect interest in or engagement of these issues; several of these persons are already acquainted with members of the core project team. Moreover, we anticipate that the prospects for contributing important advances to the understanding of “real world” problems with concrete implications for improved professional practice will represent an additional draw in terms of participation. Eminent psychologists we have invited include: Margarita Alegria (Psychiatry, Harvard Medical School); Guillermo Bernal (Clinical Psychology, U of Puerto Rico); Gordon C. Nagayama Hall (Clinical Psychology, U of Oregon); Janet Helms (Counseling Psychology, Boston College); Teresa Lafromboise (Education, Stanford); Frederick Leong (Clinical Psychology, Michigan State); Steven R. Lopez (Clinical Psychology, U of Southern California); Jeanne Miranda (Psychiatry, UCLA); David Orlinsky (Human Development, U of Chicago); Edison Trickett (Community Psychology, U of Illinois at Chicago); and Arthur Whaley (Clinical Psychology, U of Southern Texas). Eminent anthropologists we have invited include: Mary-Jo DelVecchio-Good (Anthropology, Harvard U); Linda Garro (Anthropology, UCLA); Byron J. Good (Anthropology, Harvard U); Janis H. Jenkins (Anthropology, UCSD); Joan D. Koss-Chioino (Anthropology, Arizona State); Richard A. Shweder (Human Development, U of Chicago); and Thomas S. Weisner (Anthropology, UCLA). Other distinguished scholars we have invited include: Holly Echo-Hawk (EchoHawk & Associates); Roberto Lewis-Fernandez (Clinical Psychiatry, Columbia U); Vivian Jackson (National Center for Cultural Competence); and Laurence J. Kirmayer (Psychiatry, McGill U). Given the remarkable theoretical and methodological diversity represented by these scholars, the crossing of disciplinary boundaries facilitated by this conference should also serve to illuminate the potential for future collaboration among researchers from these disparate fields.

Outcomes

As we noted above, the proximal outcome we anticipate from this proposal will be the preparation for and then hosting of the working conference described above, followed by the publication of papers that will hopefully advance new approaches for resolving tensions between EBP and CCS within the mental health field. We have deliberately referred to this early phase of our collaborative intellectual project as a “first step” because we intend to carry this work beyond the stage of conceptual innovation. More specifically, we anticipate that the conceptual advances that will emerge from the working conference will provide a “roadmap” for future efforts to trace the implications of this interdisciplinary reorientation for four associated domains. The implications for *methodology* will likely include innovative research studies using unconventional designs that we may choose to propose for funding as collaborating investigators. The implications for *pedagogy* will likely include novel curricula for training students in the mental health professions—who remain underexposed to the promise of the social sciences—to think more rigorously and critically about evidence-based approaches and cultural issues. The implications for *policy* will likely include the submission of “white papers” to government and professional bodies that retain an interest in regulating clinical practice. Finally, the implications for *practice* will likely include the development of clinical guidelines and dissemination of clinical approaches for ensuring that mental health professionals attend robustly to both research evidence and cultural difference. Along the way, we anticipate a sustained engagement with scholars representing both social and clinical science on these issues with the potential for distinctive forms of cross-disciplinary collaboration that have yet to be fully explored and appreciated.

We noted earlier that the activities described in this proposal reflect an opportunity to demonstrate a “proof of concept” for our recent collaboration. Indeed, sponsorship of the proposed conference is expected not only to cultivate effective working relations within the core project team, but also to afford additional opportunity to invite other talented colleagues into our midst. Of course, we hope to retain many of our invited participants in sustained engagement with us through subsequent phases of our collaboration; beyond this, however, we anticipate that our conference will provide a visible campus forum that might draw additional faculty, researchers, and students *from within UM* to join us in our future interdisciplinary explorations. Thus, we tentatively imagine that one outcome of this proposal might be the establishment of a vibrant cross-disciplinary conversation here at UM that could advance research and practice pertaining to mental health services for years to come. In this regard, ongoing conversations with the director of UM’s Center for Advancing Research and Solutions for Society (CARSS) have yielded a commitment—should this proposal be selected for funding—to resourcing our efforts for the stage 2 work that begins immediately following the conference. Although concrete activities during a subsequent year would be contingent on the specific outcomes of the conference, one event immediately suggests itself: a face-to-face gathering of individuals who will comprise an expanded core project team following the conference. Such a gathering would seem sensible for two principal purposes: (1) editorial leadership pertaining to the submission of conference-based manuscripts for publication, and (2) strategic planning for mapping out and executing next steps in the collaboration.