Article Review #5

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EPSY 826: Psychology of Learning

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9/10/2020

Article Review #5: “Identifying Effective Mental Health Interventions for American Indians and Alaska Natives: A Review of the Literature”

**Fundamental Question**

*How does the evidence-based practice (EBP) movement apply to interventions with Indigenous populations?* Gone and Alcantara (2007) highlight the lack of evidence-based practice (EBP) for American Indians and Alaska Natives in their research article. Their search criteria of 13 mental health terms uncovered 2500 articles but only 56 were normed with this population in mind (Gone & Alcantara, 2007). Of these 56 studies, only 3 were controlled experiments, 6 were uncontrolled experiments, and the rest were intervention descriptions and summaries (Gone & Alcantara, 2007). In the end, only 2 studies had an adequate sample size (Gone & Alcantara, 2007). Gone and Alcantara (2007) note that “no literature was identified through these searches that attempted an assessment of outcomes for Native American traditional healing or other culturally grounded ceremonies targeted at mental health difficulties” (p. 359). Therefore, Indigenous populations are often left out of the norm group and the interventions available are from a Western lens.

**Hypothetical Question**

 *If EBPs are used with Indigenous populations, what would support look like?* The two evidence-based programs with appropriate Indigenous norms and sample sizes are the Coping with Depression Course by Manson and Brenneman (1995) and the Zuni Life Skills Development Curriculum by LaFromboise and Howard-Pitney (1995). The first program is for older adults and the second is for youth (Gone & Alcantara, 2007). The Coping with Depression Course comprises of 16, 2-hour sessions that focus on relaxation, positive activities, changing patterns of thinking, and social skills (Gone & Alcantara, 2007). The program is delivered through lessons, homework, activities, and textbook readings by a trained community member (Gone & Alcantara, 2007). Results of the program were positive, including self-reports of reduced depressive thoughts and increased engagement in positive activities (Gone & Alcantara, 2007). The youth-based Zuni Life Skills Development Curriculum comprises of 100 sessions delivered 3 times a week. Students learn to identify their emotions, communicate and problem solve effectively, and set goals. Furthermore, they receive suicide awareness training and work to increase their self-esteem (Gone & Alcantara, 2007). Self-report surveys showed that the experimental group reported less suicide ideation and depressive symptoms, as well as increased problem-solving abilities, in comparison to the control group (Gone & Alcantara, 2007). Continued research into these programs and other treatment options is ethically required to ensure best practice.

**Part-Whole Questions**

*Do our interventions need to be evidence-based and what evidence was offered for and against EBP?* EBP is considered the gold-standard of treatment for its use of scientific evidence and experimental trials to prove results (Gone & Alcantara, 2007). Thus, considering that there are only two EBP that represent Indigenous populations, an ethical issue arises when trying to provide supports. Practitioners may choose to use EBP but then the representation and worldview may not align with their clients. Some practitioners choose to use their “professional training, theoretical orientation, accumulated experience, clinical intuition, and personal preference” to select programs that may not be evidence-based but are more reflective of their clients (Gone & Alcantara, 2007, p. 357). The EBP movement argues that this can lead to ineffective results and costly service for those in vulnerable situations (Gone & Alcantara, 2007). On the other hand, the interventions selected may not be EBP simply because no one has taken the time to research them, a commonality for non-Western interventions. Some consider “the EBP movement – with its increasing control of mental health resources to all levels of health care service delivery – as just one more example of European American arrogance and intrusion into the affairs of sovereign tribal Nations” (Gone & Alcantara, 2007, p. 360). There is a call for the use of EBP, but the question remains: *who is making this call?* While Gone and Alcantara (2007) recommend research of non-Western interventions, they appear to suggest EBPs as a worthy endeavor. *But whose worth is it?*

*What are the potential problems or conflicts associated with getting supports?* To further compound the situation, Indigenous populations have long-standing trauma-histories at the hands of government agencies, leading to suspicion of Western systems, practices, and methods (Gone & Alcantara, 2007). Some groups have been studied relentlessly with little supports to follow, which research ethics boards must try to avoid. There can often be a mismatch of worldviews between the practitioner and the client. Yet, like all groups of people, there are concerns such as “elevated lifetime prevalence of alcohol dependence, drug dependence, and posttraumatic stress disorder... [and] other kinds of psychological dysfunction within these communities, including mood disorders, pathological reactions to violence and trauma, and suicide” (Gone & Alcantara, 2007, p. 356). In these instances, supports may be sought but EBP may not be available. In addition to trust and mismatch concerns, money and access can be additional barriers to support (Gone & Alcantara, 2007).

**Critical Questions**

*Considering the concerns and barriers with using EBP with Indigenous populations, what solutions are there?* Additional research, particularly in non-Western methods, that is normed with Indigenous populations is clearly needed. In the meantime, psychologists and counsellors are going to be tasked to support their clients. Their clients may hold different worldviews than them and may or may not be represented in EBPs. While practitioners should not promote a program with no or limited research (Gone & Alcantara, 2007), they will be forced to use their best judgement and competency to meet the needs of their clients. This article was written 13 years ago, yet frustratingly enough we are in a similar situation; despite calls to action, limited supports and EBPs are available for Indigenous populations. Furthermore, Canadian-based studies are hard to find so when Indigenous populations are represented in the norms this still may not represent our Canadian clients. Both research and representation are required.

*Do I agree or disagree with EBPs and what should or should not happen?* I believe that we need to shift our focus from EBP to therapeutic relationships and non-Western approaches. The therapeutic relationship may serve as evidence enough to shift from an experimental-based approach. Gone and Alcantara (2007) note “critics argue that mental health professionals should pursue EBP by prescribing empirically supported therapeutic relationships (ESTRs) instead of specific clinical techniques (p. 361). I would argue that the best strategy in the world, evidence-based or not, will be ineffective if there is no rapport between the client and practitioner. This can be observed in classrooms when teachers plan perfect lessons on paper, but relationships interfere with the execution. While I do fall under the research-based, Western lens, I need to take a step back and acknowledge that there are different ways of knowing and doing. Current practice is ineffective. However, there are things that can be done: shifting from a medical model to a more ecological one; employing a community-focused versus individual-focused approach; utilizing community rather than clinical settings; and engaging in shared decision-making between the practitioner and client (Gone & Alcantara, 2007). Accounting “for therapeutic change as much as the kind and quality of the therapeutic relationship” (Gone & Alcantara, 2007, p. 361), as well as research into other areas, such as a more spiritual or community-based treatment approaches, is warranted and ethical to better support Indigenous populations and those with non-Western perspectives.

Works Referenced

Gone, J. P. & Alcantara, C. (2007). Identifying effective mental health interventions for American Indians and Alaska Natives: A review of the literature. *Cultural Diversity and Ethnic Minority Psychology,* *13*(4), 356-63.