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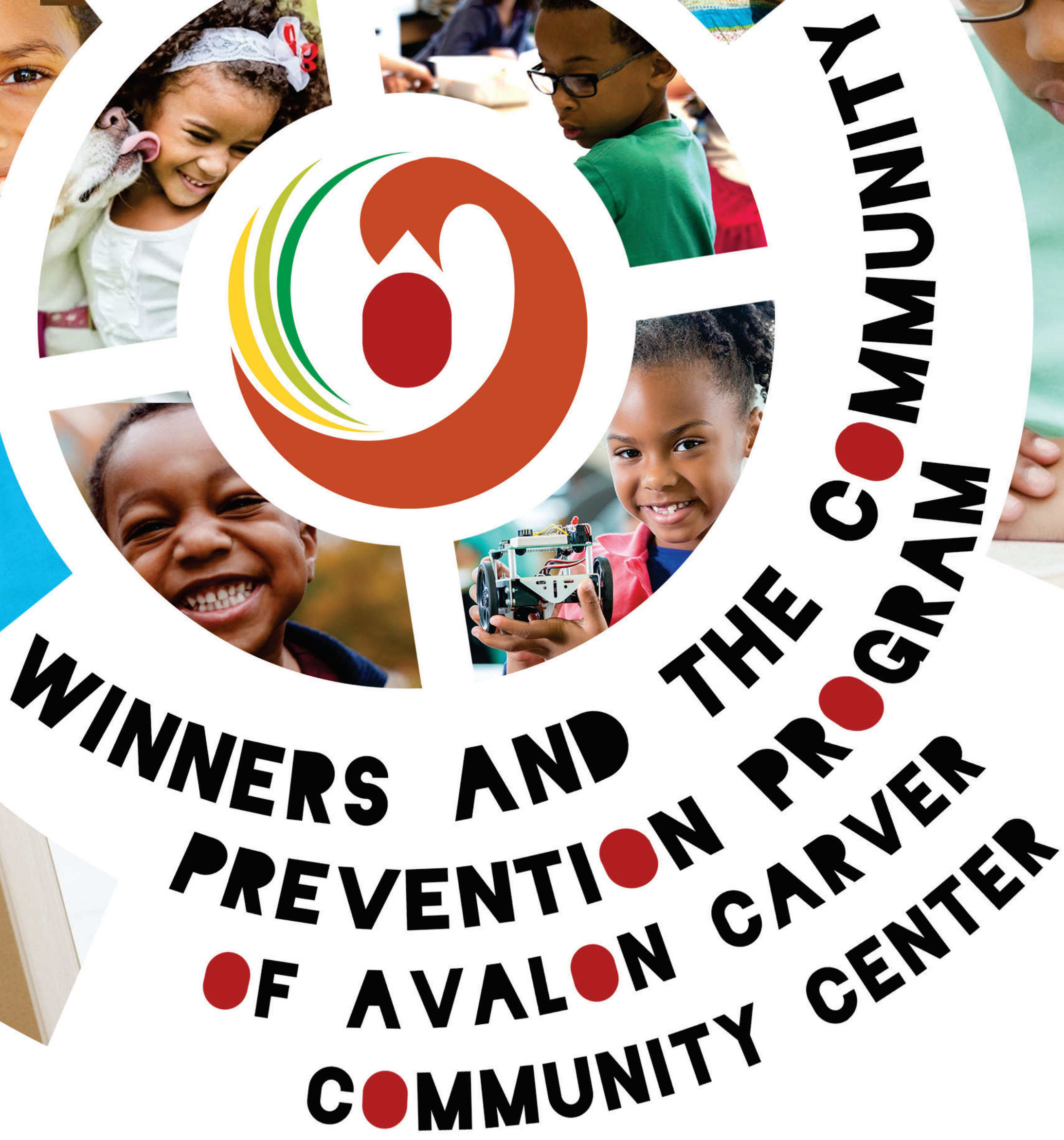

WINNERS AND THE COMMUNITY PREVENTION PROGRAM OF AVALON CARVER COMMUNITY CENTER

Community-Based Prevention Programming for African Americn Youth

Concerns about the legitimacy of "Evidence Based Practice" (EBP)

Winners and the Community Prevention Program of Avalon Carver Community Center: Concerns About the Legitimacy of "Evidence-Based Practice" (EBP)

Culture-Based Prevention Programming for African American Youth

African American scholars have penetrated the research machine of the National Institutes of Health at such minimal rates that it leaves us with limited publications examining the role of culture and social context in psychological phenomena among people of African ancestry. Nonetheless, they are now being forced to subject themselves to a narrow band of interventions vetted by peer-reviewed publications often derived from federally funded research. This narrow band of research forms the basis of what is now referred to as "evidence-based practice" (EBP).

An American Psychological Association (APA) task force defined evidence-based practice as "the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (APA Presidential Task Force on Evidence-Based Practice, 2006). The APA Task Force definition, and a similar definition from the Institute of Medicine's articulation of "evidenced-based medicine" (Institute of Medicine, 2001), have exacted an inordinate impact in mental health services, substance abuse treatment, prevention practice, mentoring, and criminal justice re-entry services. In general, consensus has not been reached about procedures for identifying practices with sufficient empirical grounding to be considered evidenced-based, but this has not slowed the widespread emphasis on its use by policy makers, governmental agencies, and funders (Glasner-Edwards & Rawson, 2010). In addition, "the context of patient characteristics, culture, and preferences" has received limited inclusion in the EBP selection process—taking a back seat to empirically derived and published work.

In principle, the idea of EBP is commendable. Few would disagree with the general merits of selecting interventions based on information about what works. However, we are now faced with a crippling, near indiscriminate prescription of EBP regardless of real evidence of its efficacy with different ethno-cultural groups.

The imposition of evidenced-based practice in the delivery of prevention and mental health services is the latest assault on people of color within Western psychology. This mandate is fraught with problems, particularly as it relates to the mental health needs of people of color (CDEP Workgroup, 2009). Concerns about the legitimacy of EBP are substantial. They include:

Reservations related to what constitutes evidence. Presented as a panacea, the merits of "empirical" evidence have been overstated. Research evidence (including randomized clinical trials, quasi-experimental investigations, correlational studies, meta-analyses and the like) should be viewed as provisional.

Questions regarding exactly what is evidenced-based practice. It usually means an approach that has established itself better than placebo—or treatment as usual—in two clinical trials. Such

demonstrations may be overstating their case; intervention of nearly any kind has demonstrated its superiority over placebo in over 50 years of research (Duncan and Miller, 2006)

Concerns about what kind of evidence is involved with EBP. The randomized clinical trial design is considered the "gold standard" by many health care professionals, gatekeepers, and policy makers. However, serious concerns have been raised regarding the methodological limitations of randomized clinical trials and the heartiness of their findings (Wampold, 2001).

Doubts raised by the question, "for whom does Evidenced-Based Practice constitute evidence"? There are two issues of concern here. One deals with the exclusion of issues of cultural relevance in research studies and the second has to do with fundamental flaws in the lack of representative samples in the studies that form the basis of selected EBPs.

Skepticism that the clinical trials research used to determine EBP translates to actual clinical practice or practice in community settings. There is very little data indicating how practitioners use EBP in decision making within the context of actual clinical practice or whether there is any fidelity in their implementation of manualized EBP protocols.

Alarm resulting from the circular research conundrum that provides the context out of which EBP emerges. The broader research process at the federal level inhibits the generation of new knowledge that might include new theories, intervention techniques, and methodologies that can inform a broader spectrum of practice for specific populations. For example, for the last 10-15 years less than 2% of NIDA funded researchers were African American researchers. The current paradigm allows psychologists and other health care professionals to resist forms of evidence other than those generated by positivist science.

Reservations regarding whose evidence is reflected in "evidenced-based practice. Much of the EBP research is conducted by the very founders of the approach under study. Up to 40% of the results can be attributed to what is called "allegiance effects," or the researchers' bias toward their own models (Duncan and Miller, 2006). This doesn't mean the researchers are dishonest, but that their results should be interpreted with this in mind as providers are forced to adopt their models. And how much allegiance are we talking about?

Federal and state agencies, funders, and service delivery agencies have adopted a grossly exaggerated interpretation of evidenced based practice and severely limited the options available to providers (and recipients) of prevention and treatment services. Interventions with demonstrated efficacy for other groups may not be effective for African Americans. On the other hand, interventions with minimal benefits for other groups may be effective for African Americans. Sample sizes in studies used to substantiate EBP interventions may include inadequate numbers of African American participants, be plagued with high attrition rates, and report less impressive outcomes relative to other populations. Studies might adequately include African Americans in the sample, but fail to conduct analyses to determine the specific outcomes for African Americans.

Longstanding community based organizations are being forced to purchase and deliver manualized interventions (whether clients are responsive to them or not) and forced to abandon culturally based approaches that have been tuned to the social and cultural realities of their communities. Effectively locked out of the research and publication machine of the academy (and federal and state funding agencies), people of color are at the mercy of Western epistemology and praxis. Programs like Winners, delivered to African American youth in South Los Angeles for decades, face a certain death in the latest version of intellectual and professional incarceration.

With the extant literature, we are far from understanding for whom, and under what conditions, interventions work. In the current environment, we must speak truth to power and provide venues for our community practitioners and researchers to speak their truth. This article reflects one such example. This article presents a description of the evidence substantiating the efficacy of Winners; a culturally based drug prevention strategy for African American youth at peril of becoming defunded in the wake of evidenced based practice.

WINNERS

Often unstated, but nonetheless operative, culture and cultural worldview are at the heart of every intervention and prevention program, model, or curriculum. What we produce stems from and reflects our experiences, ideas, perceptions and biases. Consequently, any and all intervention models and curricula used in prevention and treatment – whether recognized as such by NIAAA, NIDA, CSAT, CSAP, SAMHSA, or DOJ – are culture based. Unfortunately, the EBP models and curricula forced upon African American communities are not written from their perspective, experiences or interests.

Leary (2005) and Reid, Mims, Higginbottom, (2004), among others, argue African American youth and adults suffer from Post Traumatic Slavery Disorder (PTSD) or Post Traumatic Slave Syndrome (PTSS) -a condition that exists when a population has experienced multigenerational trauma resulting from centuries of enslavement, continued oppression, and pervasive institutionalized racism. Patterns of behavior associated with this syndrome are: (1) Vacant Esteem - a state of believing oneself to have little or no worth, exacerbated by group and societal pronouncements of inferiority, (2) Ever Present Anger – the experience of anger as a response to the frustration of blocked goals and fear of failure, and as a reaction to hopes and dreams continuously undermined by the governing institutions and racism that permeate American society, and (3) Racist Socialization -adoption of the slave master's value system and belief that all things associated with Whiteness are superior, and all things associated with Blackness are inferior. Also associated with PTSD and PTSS are the following: (1) Lack of ethnic self-identity/cultural anomie; (2) Poor self-esteem/self-worth; (3) Antisocial behavior and alienation/delinquent beliefs/general delinquency involvement/drug dealing; (4) Favorable attitudes towards drug use/early onset of AOD use/drug use; (5) Early onset of aggression/violence; (6) Intellectual and/or developmental

disabilities; (7) Poor refusal skills; (8) Life stressors; (9) Mental disorder/mental health problems; and (10) Low academic achievement.

To minimize the effects of trauma and provide the developmental experiences necessary for optimal physical and intellectual development of Black children, prevention activities must include approaches that alter the negative images, ideas and values imposed upon them (Burrell, 2009). They must develop strategies designed to break the cycle of trauma, apathy, despair and hopelessness that pervade many urban communities and tax the resiliency reserves of Black children (Belgrave, Ridley & Hampton, 2000; Whaley & McQueen, 1994). The Winners' Culture-based Intervention supports and guides the process of developing young Black boys and girls into the next generation of excellent Black men and women through a curriculum emphasizing "character, courage and commitment and the encouragement of competency building skills."

Since 1984, the activities of Winners, Avalon Carver Center's culture-driven youth program, emphasizes the promotion of positive, healthy, strong Black men and women. Winners' is a viable,

culturally based, and cost-effective prevention strategy to improve quality of life, reduce the impact of trauma, and promote mental health and personal and social growth among African-American youth.

PROGRAM OVERVIEW

Activities of the Winners' culture-based intervention are facilitated on the campus of an elementary school located in the Crenshaw Corridor of South-Central Los Angeles. The school and the surrounding community are located in service planning area 6 (SPA6), which historically ranks last in a number of education/workforce indicators of readiness among public school students; lowest number of fully credentialed teachers; last among public schools in third grade reading and math; last in the percentage of public high school students who graduate with their class or take the SAT; second to last in the percentage of public school students who are fluent in English; highest in the percentage of low-income children; highest in the percentage of public school students enrolled in subsidized school lunch programs; highest child death rate per 100,000; highest teen birthrate per 1000 live births among youth aged 15-19; highest percent of drug related deaths among adults per 100,000; one of the highest concentrations of gang activity in the County of Los Angeles; and third highest rate of violent crime, and drug trafficking in the County.

Designed to promote cultural protective factors (respect for self and others, achievement orientation, communalism, etc.) and to reduce risk factors associated with Post Traumatic Slave Syndrome and Post Traumatic Slavery Disorder, Winners targets 9-10 year old (4th and 5th grade) African American youth. Its curriculum uses as models the lives, experiences, and values of Black men and women of excellence to develop competent, confident and conscious Black boys and girls. Among African American youth, the goals of the intervention are to:

- reduce self-destructive behavior associated with PTSS and PTSD
- enhance psycho-social functioning
- develop sense of confidence, competence, and consciousness
- improve the educational aspirations and attainment
- increase participation in positive school-related activities
- encourage higher quality of life and career aspirations

Protective factors targeted by the Winners culture-based intervention include (1)Positive/resilient temperament; (2) Social competencies and problem-solving skills; (3) Perception of social support from adults and peers; (4) Healthy sense of ethnic self-identity/ healthy sense of self; (5) Cultural connectedness; (6) Positive expectations/ optimism for the future; (7) High expectations; (8) School motivation/positive attitude towards school; (9) Student bonding and connectedness (attachment to teachers, belief, commitment); (10) Academic achievement/reading ability and mathematics skills and (11) Opportunities and rewards for pro-social involvement.

The intervention consists of a year-long, classroom-based development and training program. It is delivered in modular form and consists of a written curriculum, lesson plans, and extra-curricula activities.

Classroom lessons are facilitated by program staff, and serve 90 -120 youth per year across 3 – 4 classrooms per week from October through June. Each classroom receives approximately 30-35 weekly sessions –lasting 55 minutes each. While 5th grade students only have one year of exposure to the intervention before their transition or "promotion" to middle school, 4th graders have two years of exposure to the intervention (approximately 60 – 65 sessions).

Facilitated on the school campus, after school activities occur daily (Monday through Thursday) and include homework assistance, ATOD (Alcohol, Tobacco and Other Drug) Awareness and Leadership Development Workshops –lasting 45 minutes each.

Lessons in the curriculum contain 278 creative writing exercises and address the themes of Self-Identity, Self-Esteem, Feelings Validation, Substance Use & Abuse, and Decision-Making & Coping Skills from an Africentric perspective, which are spread across four workbooks. Each assignment focuses on an important value/character trait and a Black role model associated with that trait (e.g., the assertiveness of Maxine Waters, creativity of Count Basie, eloquence of Jesse Jackson, the kingliness of Dr. Martin Luther King, magnificence of Marcus Garvey, nationalism of Malcolm X, the veracity of Richard Wright, and the zeal of Paul Robeson). Other modules focus on the lives and experiences of local "role models," people in the community that are not necessarily famous but have "prominence" in their own neighborhoods, places of employment, or in the eyes of the community youth.

Attitude and perception data were collected using the following measures: the School Sentiment Index, Cultural Values Scale, Children's Racial Identity Scale, Rosenberg Self-Esteem Scale, Youth Leadership Scale, and the ATOD Awareness Scale.

EVIDENCE OF EFFECTIVENESS: A BRIEF SYNOPSIS

1 Year only 4th Grade Participants (N = 127) consisted of 4th grade students at a local South Los Angeles elementary school. Students received one year of the Winners programming. A 4th grade class not exposed to the curriculum volunteered to serve as a comparison (no treatment) group (28, 22%). The majority of the 4th grade participants were 9 years of age (n = 100, 79%). The group was predominantly African American (n = 97, 76%), the remainder were Latino (n = 30, 24%). They were nearly evenly divided by gender with 68 (54%) female and 59 (46%) male. In this one-year exposure pre-post test design with comparison group, pre-test data were collected at the start of the school year (September 2008). Post-test data were collected at the conclusion of the academic year (June 2009).

Using a mixed model ANOVA, students showed improvement in scores across all 6 scales (statistically significant $p < .01$). Winners participants showed a statistically significant improvement compared to children in the comparison classroom. At the conclusion of one year of programming, Winners' youth showed increased scores on school sentiment, self-esteem, ATOD awareness, leadership skills, cultural values and racial identity. There were no statistical differences in scores across gender— suggesting gains are made regardless of whether a student is male or female, or racial/ethnic groups— suggesting that Latino students also benefited from the intervention.

2 Year 5th Grade Participants (N = 47) consisted of 5th grade students at the same South Los Angeles elementary school. Students began Winners in 4th grade and were continuing the curriculum for a second year. There was no comparison group. All 5th grade participants were 10 years of age, they were predominantly African American (n = 33, 70%) with the remainder Latino (n = 14, 30%). The students were nearly evenly divided by gender with 27 males (57%) and 20 females (43%).

In this multi-year exposure only group, pre-post test design, measures were completed at the start (September 2007) and end of first year (June 2008) and the beginning (September 2008) and end of second year (June 2009). Using a repeated measures ANOVA, students showed improvement in scores from pre-test to end of Year 2 across the 6 scales (statistically significant, $p < .01$). Over the course of the program, students demonstrated improvements from pre-test to the end of Year One, with a dip in scores at the beginning of Year 2 (lower than pre-test and possibly attributable to the summer months when students do not have the Winners or comparable programming). Scores improved at the end of Year 2, showing stronger gains than those found in Year 1 gains.

CONCLUSIONS AND IMPLICATIONS

Winners introduces African American youth to African and African American values, culture, traditions and beliefs as well as qualities, attributes, attitudes and responsibilities of African and

African American men and women of excellence. Its culture-based intervention recreates and reestablishes the complex mental and ethical traits associated with African and African American excellence, and in so doing inspires African American youth to become high achievers modeling after the best tradition of African American manhood and womanhood.

The current EBP frenzy threatens to dismantle Winners and similar programs from receiving prevention dollars because they do not appear on the various lists of "approved Evidenced-based Practices."

Evidenced-based practice occurs in a context. Social, economic and political factors influence what constitutes evidence, what gets funded to demonstrate evidence, what gets published as evidence, and what programs are ultimately deemed "scientifically" sanctioned as "evidenced-based." EBP has become a "game-changer"--the latest in a series of attempts to dictate "appropriate" and "equally effective" services to the public despite important cultural and social differences. By not acknowledging the culture bound, Western context of evidence-based practice, it becomes the latest agent perpetuating the very inequities it is designed to address.

Winners includes practices known and acceptable as "evidenced-based": skills training, modeling, reinforcing appropriate behavior and journaling. It does so within a cultural frame and immediate social context that has meaning for its participants. As a result, participants remain engaged. In other words, by culturally grounding the intervention, Winners addresses the critical issue of recruitment and retention. It is not uncommon that "generic," clinical trials studies and resulting packaged, "universal" interventions (e.g. parenting programs, family based interventions, prevention and treatment protocols for stress, depression, substance abuse, etc.) have difficulty recruiting and retaining culturally diverse families and clients (Hall, 2001; Hussain-Gambles, 2003; Kumpfer et al, 2002; Monipour, et al., 2000; Reese & Vera, 2007; Resnicow, Soler, Braithwaite, Ahluwalia & Butler, 2000).

Winners explicitly builds upon and acknowledges cultural grounding: "taking into consideration the richness, uniqueness, and specific needs of the Black community." Year One and Year Two participants demonstrated statistically significant improvement in attitudes and perceptions related to school engagement, self-esteem, cultural awareness/values, racial identity, leadership skills and ATOD awareness. Winners targets and improves attitudes linked to a better quality of life. Higher school engagement and achievement helps students build competencies in academics, athletics and general feelings of worth (Yasui, LaRue Dorham & Dishion, 2004).

While Western science acknowledges that for relevance and utility, we must develop culturally specific family programs addressing deep structure cultural values (e.g. acculturation, geography, language and individual interpretation and identity with specific racial/ethnic/cultural groups (Thompson, Neighbors, Munday & Jackson, 1996; Resnicow et al, 2000), the current EBP trend suggests this is not the direction of future treatment and prevention services.

Unfortunately, the EBP train has "left the station." Regardless of the "tension" between scientists, practitioners and communities, financial and political support is impaling this initiative

into the field without community consent or cultural relevance. The very idea of evidence has been severely narrowed from its original conceptualization. In 2006, the APA developed a formal policy statement on evidence-based practice. Specifically, it is a "process of clinical decision-making that integrates, a) research evidence, b) clinical expertise, and c) patient preferences and characteristics" (Spring, 2007). According to this definition, research evidence is only one part of a much larger process. Clinical expertise and patient preferences/characteristics have been ignored in the current EBP craze. "Evidenced based practice is more than a version of health care practice, however. It is a movement, like the outcomes movement before it, of scientists, public officials, private payers and advocacy groups that seek to establish a new knowledge regime in health services" (Tannenbaum, 2005).

The purpose of The Association of Black Psychologists includes "promoting and advancing the profession of African Psychology and influencing and effecting social change." As culturally grounded scholars of color, we must "push back," call for a moratorium, and call into question, the current application of EBP. We must collaborate with community-based organizations. We must document the efficacy of culturally grounded, community-based approaches and challenge academics to treat this body of knowledge with the same scholarly respect given to federally funded empirical research. We must raise doubt where doubt is warranted and speak truth to power. Research evidence is socially and historically constructed (Wood et al. 1998a, 1998b; Higgs & Titchen 1995). It is not certain, not a-contextual and not static; but is dynamic and eclectic (Rycroft-Malone, et al., 2004). While research evidence is important, it is more probabilistic and less value free than Western science has presented. This is significant in the current forced implementation of evidence-based care for African American and Diasporan African people.

This is a call to ABPsi to take the lead in establishing African-centered Community-Defined Evidence (CDE). Community Defined Evidence is defined as a set of practices that communities have used and have been determined to yield positive results by community consensus over time and which may or may not have been measured empirically, but have reached a level of acceptance within the community (CDEP Workgroup, 2009). We must develop a body of knowledge that takes into consideration cultural values and beliefs that reflect the worldview and experiences of our communities. Like Latino professional groups (CDEP Workgroup, 2009), we must articulate the CDE alternatives or supplements to evidence-based practices.

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