

Defining Youth Success Using Culturally Appropriate Community-based Participatory Research Methods

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This article reports on the development of a culturally grounded method for measuring outcomes and demonstrating the effectiveness of culturally specific services for Native American youth. This method was developed out of a community-based participatory research project involving Native elders, families, youth, and community partners, as well as the board, staff, and management of an agency serving an urban American Indian community. Through a series of focus groups, community members defined success for Native youth. Responses were analyzed using the four quadrants of the Relational Worldview model (Cross, 1995), an indigenous way of understanding life from a concept of wholeness and balance as a framework. This article describes the use of focus groups in this context and the cultural adaptations necessary both in conducting the groups and in the analysis of the data. Focus group results and next steps in the development of a practice-based approach to demonstrating the effectiveness of culturally specific services are summarized. Findings illustrate the need to broaden definitions of

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success used to guide the development and evaluation of effective services beyond those usually used to identify evidence-based practices, as well as the importance attached to Native youth gaining spiritual understanding and knowledge and skills in traditional cultural practices as essential elements of achieving community-defined outcomes.

Keywords: practice-based evidence; culturally responsive services; Native American youth; community-based participatory research; culturally defined outcomes

Introduction

As policymakers and service providers have sought to identify and deliver effective interventions with children, adolescents, and families, they have increasingly turned to evidence-based practice (Burns, Hoagwood, & Mrazek, 1999; Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001; Hoagwood, Burns, & Weisz, 2002; Singh & Oswald, 2004). Evidence-based practice (EBP) is defined by Hoagwood, Burns, and Weisz (2002) as “knowledge obtained through scientific methods about the prevalence, incidence, or risks for mental disorders, or about the impacts of treatment or services” (p. 392). An advantage of EBP is the increased likelihood that services will be effective, both in terms of costs and in terms of dependable outcomes. However, there are disagreements about the restricted definition of what constitutes evidence and growing concern about the mandated use of EBPs, especially with populations with which a particular EBP has not been tested, such as culturally diverse youth, youth with complex disorders, and families who are less able to participate in services because of socioeconomic or cultural factors or family stress (Brannan, 2003; Espiritu, 2003; Margison, 2003).

Interventions that have been developed with culturally and linguistically diverse communities and are preferred by members of these communities have not been rigorously evaluated, and therefore there is no “scientific” evidence of their effectiveness (Huang, Hepburn, & Espiritu, 2003). However, existing research methods for establishing an evidence base are beyond the capacity of many community-based or culturally specific organizations whose staff and service users observe their outcomes to be positive. Also, some practices used in this type of agency are culturally accepted as effective, and it may be unacceptable to measure them using standard control trial methodology because of ethical concerns about withholding treatments believed to be effective (Isaacs, Huang, Hernandez, & Echo-Hawk, 2005).

Practice-based evidence (PBE) has been proposed as a complement to EBP. In general, PBE involves using information gathered from service providers and families to identify effective interventions, as well as areas for program or practice improvement and further research (Evans, Connell, Barkham, Marshall, & Mellor-Clark, 2003; Lucock et al., 2003). This article describes a community-based participatory research project designed to build practice-based evidence (PBE) with stakeholders in the Native American Youth and Family Center (NAYA), a direct service organization serving American Indian youth and families in Portland,

Oregon. The article also provides a methodology for other culturally specific and/or community-imbedded programs and practices to study the effectiveness of their services.

The study was designed collaboratively with two goals: (1) to create a culturally grounded participatory method to document the effectiveness of culturally specific services, and (2) to develop a process within community-based programs for conducting evaluations based on “good outcomes,” as defined by the cultural community served. Three organizations—a community-based agency providing culturally specific direct services to Native American youth and families, a national Indian child welfare research and advocacy organization, and a national research and training center focused on family support and children’s mental health—partnered to develop this participatory action research project. To be competitive in the nonprofit service sector, the agency’s challenge was to demonstrate the effectiveness of agency services and the organization as a whole. This has become particularly necessary in an environment in which funders are increasingly requiring service providers to use EBPs as a condition of funding.

A participatory team of researchers, advocates, and service providers started the project with the premise that measuring effectiveness depends on measuring the outcomes that the community identifies as positive. This concept is consistent with participatory research and is relevant to culturally specific populations whose values may influence what is seen as important and what should be measured. After consulting with stakeholder groups, the team selected focus groups with cultural adaptations as the appropriate methodology to achieve the study purpose.

Literature Review

EBP has been defined in several ways, as a decision-making process and as a set of interventions. For example, EBP has been defined as the process of “the integration of best research evidence with clinical expertise and client values in a given organizational context” (Marsh, 2005) or “the basis for decision-making and action; a process for insuring that an individual or group of individuals gets the best possible intervention, service, or support based on an assessment of needs, preferences, and available options” (U.S. Public Health Service, 2000). Other definitions emphasize the “conscientious, judicious, and explicit use of current best evidence in making decisions” about the care of clients (Sackett, Rosenberg, Muir Gray, Haynes, & Richardson, 1996, p. 71). Currently, the best evidence used in determinations of EBP usually refers to the findings of randomized controlled trials (RCTs), efficacy studies, quasi-experimental designs, or series of single case studies (Burns, 2002). These determinations privilege RCTs as the “gold standard” of clinical decision-making (Tanenbaum, 2005) and have resulted in health insurance companies and some government entities approving lists of practices to be used to address specific conditions. However, culturally diverse youth are less likely to participate in such studies (Brannan, 2003), and there is an

underlying cultural bias when researchers, rather than community members, select the preferred outcomes to be studied (Slaton, 2003).

In some service sectors, such as children's mental health, there is controversy associated with the lack of shared meaning of EBP and especially the mandated use of EBPs. For example, Oregon legislation requires that by 2009, 75 percent of state funding for public youth-serving agencies must be spent on EBP, defined as a program that "(a) incorporates significant and relevant practices based on scientifically based research, and (b) is cost effective" (Oregon Senate Bill 267, 2003 [passed into law as ORS 182.325]). The legislation defines an evidence continuum with six levels, of which the top three emphasize RCTs and efficacy studies. Concerns have been expressed about characteristics of RCTs that challenge their status as the preferred research methodology for demonstrating EBP: (1) the determination of "evidence" is narrow and focuses on linear cause-effect relationships (Webb, 2001); (2) RCTs prioritize efficacy over effectiveness, and therefore EBP findings may lack relevance and generalizability to practice in community settings (Slaton, 2003; U.S. Public Health Service, 2000); (3) EBPs may not reflect the complicated lives and needs of many children and families (Brannan, 2003); (4) there may be no attention to family choice (Brannan, 2003; Huang et al., 2003); and (5) EBPs often neglect the cultural and contextual influences on children and families (Espiritu, 2003; U.S. Public Health Service, 2000).

Additional concerns have been raised about the types of interventions that have been recognized as EBP. Most EBPs exclude newly developed interventions and do not distinguish between what is ineffective and what has not been sufficiently researched (Lehman, Goldman, Dixon, & Churchill, 2004). RCTs favor therapies that are more easily codified in manuals, and short-term interventions that produce easy-to-measure symptom relief are studied more than interventions for more serious and complex conditions (Weisz & Kazdin, 2003). There are widely used practices for which little or no evidence base has been developed but that are believed to be effective and are highly valued by families, youth, and practitioners (Espiritu, 2003). In addition, there has long been recognition that "nonspecific" relationship factors (such as empathy and warmth) appear to matter more than the specific treatment, suggesting a need to focus on measuring engagement/therapeutic alliance (Jensen, Weersing, Hoagwood, & Goldman, 2005).

Similarly, to date EBPs have excluded traditional healing practices and therapies developed by specific cultural groups (Espiritu, 2003; Huang et al., 2003). Mainstream mental health services have not been seen as effective by culturally diverse populations who may prefer traditional healing practices (Lee & Armstrong, 1995; Lewis-Fernandez & Kleinman, 1995). Some interventions may not be feasible to test using traditional EBP approaches due to the spiritual or dynamic dimensions of the practices themselves and/or due to the small size of available samples, which do not lend themselves to systematic study (Espiritu, 2003). Also, ethical and privacy concerns may preclude the implementation of procedures such as random assignment of some participants to a control group or even, perhaps, observation.

There is a need for strategies to describe and document practices deemed as effective by specific communities and to identify the underlying program theory and necessary activities and processes so that their effectiveness can be evaluated. However, the characteristics of interventions that are community-preferred (individualization, flexibility, comprehensiveness, and provider/patient relationship) make them difficult to describe and evaluate (U.S. Public Health Service, 2000). Research and evaluation methods are needed that include in-depth, qualitative studies to elicit the perspectives of multiple stakeholders about what they perceive as valued outcomes and treatment methods, and to incorporate theories of change (U.S. Public Health Service, 2000). Therefore, practice-based evidence (PBE) has been proposed as a strategy for building knowledge of practices that work in natural settings and with diverse populations (Evans et al., 2003; Barkham & Mellor-Clark, 2003).

PBE as a Strategy for Building Knowledge of Effectiveness

PBE is a set of research methods that uses information gathered from service providers, families, youth, and other stakeholders to identify effective interventions and areas for program or practice improvement (Evans et al., 2003; Lucock et al., 2003). According to these authors, advantages of PBE include: (1) information about desired goals and outcomes comes directly from the people receiving services; (2) cultural factors can be explicitly included in interventions; and (3) effectiveness can be measured according to these outcomes. Many practice-based evidence approaches involve the use of participatory methodologies to identify goals, describe the experience of giving and receiving services, and identify sought-after outcomes (Meyer, Park, Grenot-Scheyer, Schwartz, & Harry, 1998). Participatory research is well-suited to building PBE because the researcher builds relationships with families, youth, service providers, and community members to discover the relevant questions to ask to gain rich and detailed data and to analyze, interpret, and report findings related to interventions and outcomes to maximize knowledge development (Osher & Telesford, 1996).

Some proponents of PBE suggest that qualitative methods are the most appropriate for gaining understanding of stakeholders' perspectives of interventions and outcomes in their own words. For example, PBE is particularly well-suited to studies of the quality of interventions (Margison, 2003) or unexpected results, such as early improvement (Stiles et al., 2003). Barkham and Mellor-Clark (2003) propose a cyclical model of PBE and EBP in which service systems develop and build an evidence base rooted in practice. In turn, the evidence base informs the development of finely tuned tests of specific hypotheses through efficacy research, with both types of research informing policy.

The need to develop the PBE knowledge base is especially critical for culturally diverse populations who may prefer traditional healing practices to conventional mental health services, which have not been seen as effective (Lee & Armstrong, 1995; Lewis-Fernandez & Kleinman, 1995). Cultural beliefs and practices have been found to affect patients' experiences of pain and healing and therefore should

be included in studies of effective treatments (Lasch, 2000). Cultural wholeness is believed to have both preventive and curative effects for indigenous people affected by drug and alcohol abuse (Kulis, Napoli, & Marsiglia, 2002; Moran & Reaman, 2002). For Native Americans, cultural strengths such as family, community, spirituality, traditional healing practices, and group identity are key moderators of physical and mental health outcomes and substance abuse (Walters, Simoni, & Evans-Campbell, 2002). It is vital that these cultural factors be addressed in intervention research.

Research with Native American Communities

The challenges of conducting research in Native communities are well documented (Allen, 1998; Weaver, 1997). The historical practice of research in Native American communities has often meant that those being researched were left out of the process (Davis & Keemer, 2002). Frequently, Native communities were not made aware of the research findings and did not experience any direct or indirect benefits of the research that was conducted in their communities (Davis & Keemer, 2002). Because of past exploitation and negative experiences with researchers, Native American communities are likely to approach research with caution and distrust (Davis & Keemer, 2002). Yet research is critical to informing public policy. Increasingly, Native American communities, programs, and scholars are embracing research as important to documenting the effectiveness of culturally specific services and helping design and implement effective research approaches.

Several models have been developed for conducting culturally competent research in Native American communities (Running Wolf et al., 2002). For example, a model developed by McDonald (2002) is proposed as "a precursor toward establishing culturally appropriate treatments or community interventions, [which] is in the best interest of peoples of all nations" (p. 176). Researchers are urged to include members of the community in the design, methods, and dissemination of findings; to carefully consider the impact of the research on the Native community; and to ensure the cultural appropriateness of instruments and methods. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has identified guiding principles for conducting research with American Indian/Alaska Native communities: research should have practical and local relevance and should be characterized by community involvement and cultural sensitivity (Andrews, 2000). Taking time to build relationships with elders and other community leaders, participating in community activities, and sharing findings with the community are also recommended practices for culturally appropriate research with Native communities (American Indian Law Center, 1999; Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2000; Norton & Manson, 1996; Sobeck, Chapleski, & Fisher, 2003; Tohono O'odham Nation Department of Human Services, 1996). In line with these principles, the research described in this paper is collaborative. The researchers partnered with the community in determining research questions, design, methodology, data collection, protocol, and ownership of data.

Community-based participatory research is about empowering stakeholders to tell the story of a community and its needs with rigor and give authority to their voice (Hall, 1975; Maguire, 1987; Minkler, Wallerstein, & Hall, 2002; Reason, 1994, 1996). Having the story articulated and substantiated and then presented to policymakers is a powerful method for promoting change. This means being able to use defensible data to document evidence of effectiveness of culturally preferred practices and thereby compete with non-Native EBPs in the current policy environment and resultant marketplace. One of the most challenging and perplexing aspects of EBP from a perspective of the Native community is the question “who gets to decide what is effective?” Measuring effectiveness means measuring achievement of selected outcomes, but whose preferred outcomes are used to establish effectiveness is a matter of social justice. This concept constituted an undergirding principle guiding our project.

Development of the Current Study

The present study was designed collaboratively to create a culturally grounded, community-based, participatory method to document the effectiveness of culturally specific services and to develop a process for conducting evaluation based on community-defined outcomes. The three participating organizations came together because of the complementary contributions each could make to meet the challenge facing a culturally specific agency to be able to demonstrate the effectiveness of its services. This challenge was intensified by increasing requirements that service providers use EBPs as a condition of funding, and particularly by the passage of Oregon Senate Bill 267 (2003), resulting in a state law (ORS 182.525) that set up requirements for evidence-based practices, with the effect of potentially limiting agencies' access to funding.

The Participating Organizations

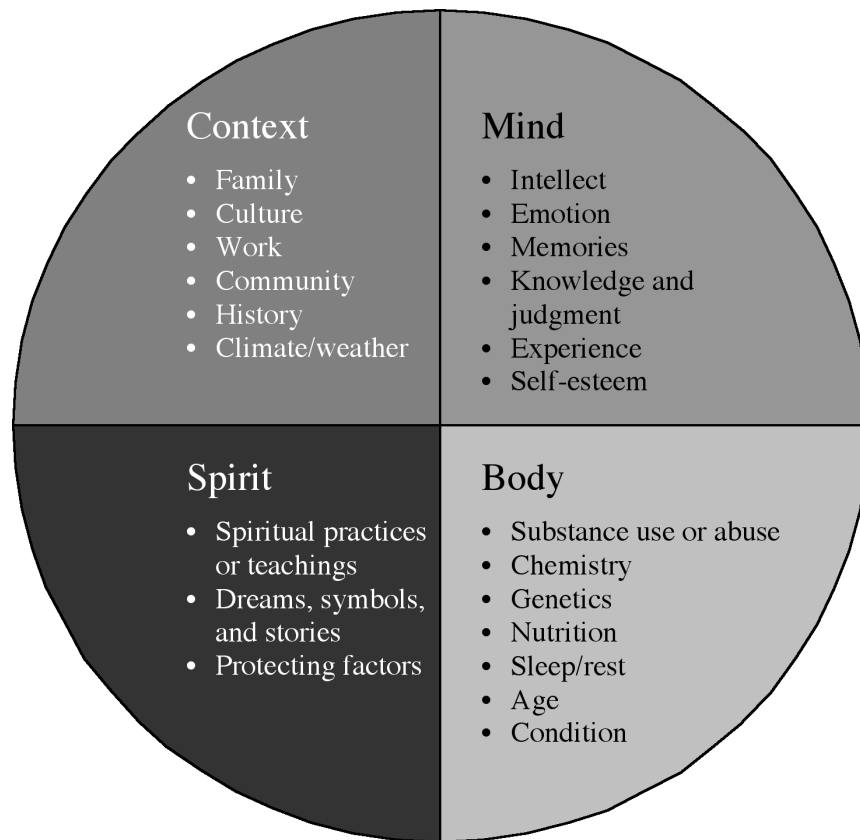
The Native American Youth and Family Center (NAYA) values evidence and strives to provide the very best services it can to its population. Further, NAYA believes in the appropriate use of research so that its practices can be understood in the science-to-practice paradigm. This project postulates that knowledge obtained through scientific method is possible if the method fits the cultural context. The National Indian Child Welfare Association (NICWA) provides technical assistance to American Indian tribes and organizations and is building a reputation for conducting research grounded in an indigenous worldview. NICWA also has a strong history of advocacy for American Indian children and families and the culturally specific agencies that serve them. NICWA's contribution to the project has been to bring indigenous models of research, credibility in the Indian community, and a strong desire to be able to document evidence of effectiveness in culturally based services where usual research methods may not be feasible or are undesirable. The Research and Training Center on Family Support and Children's Mental Health brings research skills and a history of working in participatory

research and training projects with family organizations and using research findings to guide policy and program changes in child and adolescent mental health.

The Relational Worldview

The approach used in this project is unique in terms of the professional and culturally specific attributes of the methodology and the extent of community involvement. The theoretical model used to guide this research was based on the Relational Worldview approach developed by NICWA (Cross, 1995). The Relational Worldview (RWV) is echoed within many tribal cultures by an emphasis on the use of a circular rather than a linear concept of reality in which the four areas of mind, body, spirit, and social context are interrelated and in which balance among the four quadrants constitutes wellness (see fig. 1). Life is understood as a

Figure 1. Relational Worldview Model Applied to an Individual



circle with the four quadrants creating a whole in which all things affect all other aspects of life (Cross, 1995). In this model, the context quadrant includes concepts related to the environment and relationships with others. The mind quadrant incorporates elements related to emotions, memories, and knowledge. Body refers to body chemistry, genetics, and physical well-being. The spirit quadrant includes spiritual teachings, stories, and other protective factors. The model incorporates interdependent relationships everywhere, and these relationships are understood as complex, dynamic, and patterned. Used as a paradigm for indigenous research, data are gathered across all four quadrants. The Relational Worldview directs the research team to gather data that include not only the relationships that emerge in each quadrant but also the patterns across the quadrants. By examining the patterns and seeing the trends within the data, new information emerges that is impossible to discern from a linear approach alone. The interaction between the linear and the relational patterns helps inform researchers across cultural boundaries: "Where the circle and the lines touch, opportunities for the joining of tribal and non-tribal perspectives exist" (Lowery, 1998, p. 127).

Methods

A research team was developed with representatives from the three participating organizations and with a high level of consultation with NAYA staff, elders, and program participants throughout the project. The development of the project was based on the belief that measuring effectiveness depends on measuring outcomes that the community identifies as positive, and only the community can determine what those are. After consulting with stakeholder groups, focus groups (Morgan, 1988) were selected as an appropriate methodology within a participatory model, adapted culturally to deal with the research challenges discussed above. Focus groups were believed to be useful for gaining participants' subjective perspectives on similar issues in their own words (Rodwell, 1998), and they are considered suitable for data collection with members of specific groups of people (Jarrett, 1993). Focus group questions were developed collaboratively with NAYA staff and advisors to gather information from key stakeholder groups about desired outcomes for Native youth and for NAYA's programs.

Youth were recruited by NAYA staff by first identifying young people who had participated for more than one hundred hours in one or more of NAYA's programs during the previous year, then issuing invitations and obtaining caregiver consent and youth assent. Family members were identified and invited in a similar way. The executive director of NAYA approached elders at one of their regular meetings, and board members were invited via e-mail and in person. A NAYA staff member mailed invitations to a focus group session to community partners. Separate focus groups were held with each of these groups, and separate meetings were also held with NAYA staff and program managers. The conduct of the focus group sessions employed usual focus group processes (Jarrett, 1993; Morgan, 1988), with a few notable exceptions. First, food was served, as is the cultural expectation of the community. All focus groups were held at NAYA, generally in the late afternoon or early evening. Time was allowed for socializing and signing

the consent forms as well as for late arrivals to get settled. This flexibility of agenda and time were included to intentionally accommodate the cultural norms of the participants. Second, the sessions were not tape-recorded on the advice of the project partners, due to the historic misuse of research methods and records. While the facilitator asked the questions, a note-taker recorded responses on flip charts as people spoke and periodically checked in with group participants to make sure the notes were accurate.

The focus groups participants responded to six questions: (1) What does success look like for Native American youth? (2) What is necessary to help support youth in achieving success in their lives? (3) What are the conditions that hinder a youth's progress toward success? (4) How do NAYA Family Center services contribute to a youth's success? (5) Are there other things that NAYA could be doing that would be helpful? And (6) is there anything you would like to add that we have not talked about? Throughout the focus groups, the four quadrants of the Relational Worldview—context, mind, spirit, and body—were used as probes to elicit more detailed responses. In addition, a probe for question 1 was used to clarify how participants defined success: what is it that distinguishes between youth who you see as successful and youth who are not as successful given a similar situation?

Participants

Separate focus groups were held with members of all stakeholder groups, with a total of 98 participants. Participants were as follows: middle school youth ($n = 6$), high school youth ($n = 6$), youth in foster care who participate in NAYA's programs ($n = 7$), families of youth ($n = 7$), elders from Portland's Native communities ($n = 11$), NAYA's board of directors ($n = 7$), community partners ($n = 11$), and NAYA staff and management (total $n = 43$). Each participant signed an informed-consent form, but no demographic data were collected.

Data Collection

Respondents' answers to the questions were recorded on large sheets of paper and posted on the walls around the meeting room so that participants could see that their contributions had been noted and they could suggest additional ideas. Subsequently, notes were typed and prepared for analysis. Before analysis began, the notes from each group were sent to participants with a request for feedback and corrections, as a member-checking strategy to increase the trustworthiness of findings (Lincoln & Guba, 1985).

Data Analysis

This article presents only responses to the focus group question, "What does success look like for Native American youth?" After the findings had been reviewed by participants and changes made based on feedback, a team of researchers, service providers, and advocates from the three participating organizations began the analysis process by reviewing and becoming familiar with the focus group data, an

important first step in qualitative data analysis (Morse, 1994). Then the team worked on grouping the raw data in themes and assigning codes as close as possible to the original words used by focus group participants. An initial process created some groupings simply by specifying the number of times a highly similar comment was made. Next, using a map of common themes, the team divided into two subgroups: one examined the responses by reading the answers to all questions within each focus group, while the other examined responses question by question across all focus groups. Each subgroup noted common themes as well as unique perspectives on the questions. Then the two groups came together several times to compare themes and to reach consensus regarding final coding decisions. This process of analysis and dialogue with multiple research team members is a necessary step in the process of collaborative research that is considered vital in the interpretive process, given the tendency of individuals to notice different ideas and concepts in qualitative data (Morse, 1994; Uehara et al., 1997).

At this point, the research team decided to begin the next steps of their work by focusing on findings related to outcomes. In order to understand the complex relationships between and among variables using a culturally based indigenous model, the team organized answers related to the question about outcomes (“success”) for youth into clusters of related themes using a similar process of negotiation, and then linked the themes with the mind, body, spirit, and social context quadrants of the Relational Worldview model (Cross, 1995).

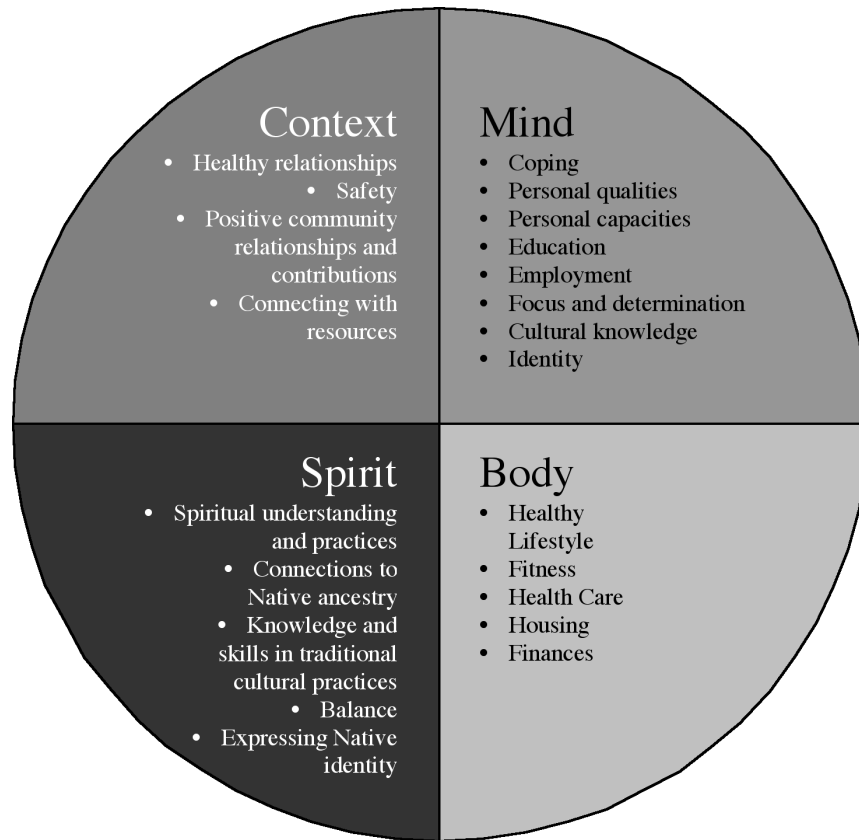
There was a high rate of agreement among coders as they sorted items into the four quadrants. After sorting the items independently, the research team met to discuss the findings, compare the sorting, and reach consensus on categories of findings. For those few items that were placed in different quadrants by different raters, a consensus approach was used, with NAYA representatives having the final determination.

In addition, follow-up meetings were held with NAYA staff and the community. The raw findings regarding youth success sorted into the quadrants of the RWV were presented, and the participants were asked if the findings fairly represented what they had said in the focus groups. The purpose of this approach was to build trust as well as an investment in the outcome of the project, which is consistent with the principles of community-based participatory research (Whitmore, 2001). Responses to other questions were later analyzed and reviewed by NAYA staff to develop a theory-of-change model to be used to develop a data-informed case-planning process.

Findings

Characteristics of success mentioned in the focus groups were categorized into several themes within the context, mind, spirit, and body quadrants of the Relational Worldview model (shown in fig. 2). In the report of findings that follows, themes in each quadrant are illustrated by an example of a phrase used by participants.

Figure 2. Definitions of Youth Success



Context

Within the context quadrant, the themes associated with youth success were categorized as healthy relationships, safety, positive community relationships and contributions, and connecting with resources:

- Healthy relationships: “following and/or being a positive Native American role model”
- Safety: “avoiding unsafe people and situations”
- Positive community relationships and contributions: “feeling meaningfully engaged, having purpose and value within one’s community, family, or place of employment”
- Connecting with resources: “accessing health care”

**Mind**

Youth success definitions related to the mind quadrant were categorized as being linked with the themes of coping, personal qualities, personal capacities, education, employment, focus and determination, cultural knowledge, and identity:

- Coping: “understanding of spirituality for emotional well-being”
- Personal qualities: “self-acceptance, self-reflection, generosity, self-awareness, self-control”
- Personal capacities: “finding constructive, nonviolent ways to solve problems”
- Education: “education is the gateway to opportunities”
- Employment: “getting and keeping a job”
- Focus and determination: “being goal-oriented, visualizing the future”
- Cultural knowledge: “knowing tribal history and being able to move forward”
- Identity: “[youth] positively identify with their heritage”

Body

Themes of youth success categorized as being related to the body quadrant of the RWV model included healthy lifestyle, fitness, health care, housing, and finances:

- Healthy lifestyle: “recognize wisdom to care for self and use knowledge”
- Fitness: “physical activities, such as hiking, rafting, walking, provide options for healthy living and positive experiences, respect for body”
- Health care: “be successful in alcohol and drug treatments”
- Housing: “long-term, safe, and stable housing”
- Finance: “paying bills on time, ability to manage, and being responsible”

Spirit

Response themes related to youth success and assigned to the spirit quadrant of the RWV model were spiritual understanding and practices, connections to Native ancestry, knowledge and skills in traditional cultural practices, balance, and expressing Native identity:

- Spiritual understanding and practices. “understanding and fulfilling seventh generational obligations” (oral traditions of several tribes hold that any decision or action taken today should be considered for its impact on the seventh generation yet to come)
- Connections to Native ancestry: “respect for creator, creation stories, where you come from”
- Knowledge and skills in traditional cultural practices: “connected to Native American side”

- Balance: “seven ways of walking—health, family generations, silence, joy, generosity, honoring the four directions, and compassion”
- Expressing Native identity: “positively identify with heritage, connect to culture”

Discussion

This study represents the first effort to identify outcomes preferred by stakeholders at a culturally specific agency serving urban Indian youth and families. Findings indicate that stakeholders identified indicators of youth success in all domains of life captured in the RWV, and there was a remarkably high level of consistency across stakeholder groups. Members of the research team particularly noted the consistency between youth and elders' responses. Participant comments indicated that youth, families, elders, community partners, and service providers value a wider range of outcomes than are commonly specified in EBP research, and they point to the need for an expanded definition of youth success to guide interventions. Several preferred areas of outcomes that stand out as distinct from usual EBP research include cultural knowledge, spiritual understanding and practices, connections to Native ancestry, and knowledge and skills in traditional cultural practices.

Several limitations of the study should be noted. Study participants constituted a deliberately identified sample and therefore may not be considered representative of the wider population of Native American youth, families, or service providers. Many of the respondents' comments reflect a generalized urban Indian experience heavily influenced by plains, plateau, and coastal tribal cultures. Therefore, generalizations from these findings to other similar populations should be done with caution. In addition, the decision to not tape-record the focus groups may be considered by some researchers to be a limitation. However, the research team made this decision based on community feedback and based on models of culturally responsive research, which recommend a high level of community involvement in decision-making (McDonald, 2002). Also, the use of member-checking and community forums, as well as the high level of NAYA staff participation in the analysis of findings, provides support for the credibility of the findings reported here and is consistent with participatory approaches to research.

Despite these limitations, study findings provide a valuable picture of how Native American stakeholders conceptualized youth success and yield key information to guide members of the research team in identifying items to include in an assessment and case-planning tool. The findings highlight participants' orientation to holistic concepts of success rather than the specific, narrowly defined outcomes usually measured in RCTs and used to assert the effectiveness of specific EBPs. The findings demonstrate the importance of culturally based indicators such as knowledge and skills in traditional cultural practices in assessing youth well-being and success, in addition to conventional measures such as educational

achievement. For example, in our project community, elders stated that Native youth who succeed in getting high math scores in school may be seen as successful in the mainstream, but if they do not know appropriate cultural protocols (e.g., proper greeting of an elder) of the Native community, then they are not successful in those things valued by their community.

The non-Native participants of the research team were particularly struck by the participants' emphasis on culturally based outcomes to define youth success, such as the "seven ways of walking," being knowledgeable about tribal history and ceremonies, participating in cultural crafts and activities, and understanding Native spiritual beliefs. This focus on the whole person rather than on isolated behavior changes helped the team maintain an expanded vision of change and thus what constitutes evidence of effective practice. Research team members noted, for example, that these outcomes are linked with other outcomes defined by funders, such as school success (Friesen et al., 2010). In addition, the findings are compatible with other research on Native well-being, which indicates that cultural pride is a predictor of success in other domains of life, such as social functioning and drug- and alcohol-free lifestyles (Kulis, Napoli, & Marsiglia, 2002; LaFramboise, Hoyt, Oliver, & Whitbeck, 2006).

The experience of participating in the project resulted in rich learning by all research team participants. As is noted in other participatory research, the process of doing the research was slower because of the participation of stakeholders from different settings (Turnbull, Friesen, & Ramirez, 1998; Santelli, Singer, DiVenere, Ginsberg, & Powers, 1998) and out of respect for members of Native communities who have experienced significant harms from inappropriate research (Norton & Manson, 1996; Sobeck et al., 2003). The research team took time and effort to build trusting relationships with members of the Native community over a period of five years by attending social events, sharing findings at several stages of the research, and taking care to follow through on commitments, as recommended in literature in successful community-based participatory research with Native communities (Norton & Manson, 1996; Weaver, 1997).

Next Steps

As noted above, the research team is engaged in developing an assessment process and a case-planning and case-management tool to focus work with Native American youth on desired outcomes. The assessment tool incorporates measures and indicators identified for core outcomes in each quadrant of the Relational Worldview (RWV). To the extent possible, it is being developed using existing, well-established measures for examining the selected outcomes. The assessment process will be used to assess youth needs, strengths, and challenges as they first access services and to measure their progress over time. Data from the assessment process will be used by the staff to inform the case plan and further contribute to a data-informed practice approach consistent with the cyclical model of "rigorous and relevant research" recommended by Barkham and Mellor-Clark (2003, p. 324).

This framework will then be used with individual youth as an individualized case-planning tool that encourages each youth to add her or his own goals and outcomes. NAYA staff plan to consolidate their current approaches to case-planning that vary across programs into a common case plan. This assessment measure, along with the case-planning tool, will serve as the basis for tracking the progress of individual youth; the data will also be aggregated for program evaluation purposes and reporting. Thus, the findings of the project have provided a solid foundation for an integrated PBE approach to the development of measures for effective, culturally specific services for urban Indian youth.

Conclusion

The Relational Worldview (Cross, 1995) provided a background and a frame of reference for members of the community-based participatory research team to make sense of participant responses to questions about their definitions of success, that is, preferred outcomes for Native youth. Co-principal investigators from each perspective intentionally joined the Western and the indigenous models to create an approach that could be both credible in the Native community and scientifically rigorous enough to stand up to mainstream scientific scrutiny. This approach provides a model for other service providers and organizations serving culturally diverse populations to be able to define culturally appropriate outcomes, develop evidence of the effectiveness of their services, integrate program evaluation, and improve the quality of their culturally specific services. Further, this type of practice-based evidence has the potential to satisfy decision-makers and funders who are increasingly seeking to direct funding to interventions of known effectiveness for different populations. Focus group methodology, adapted for the specific cultural setting, allowed the researchers to study community-defined, preferred outcomes that are measurable. In addition, through full participation of the stakeholders in organizing and presenting the findings, the researchers were able to develop the credibility and buy-in needed to integrate measurement methods into the organization. Together, the research team is developing clear outcomes, selecting reliable measures, and integrating data-gathering with case-planning to form a research-to-practice framework that yields highly reliable, practice-based evidence of the effectiveness of community-based, culturally specific services.

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110 *Best Practices in Mental Health*

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