

Evidence-Based Treatments for Ethnic Minority Youth: What We Know & Don't Know

Stan Huey, Ph.D.
Department of Psychology
University of Southern California

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Cultural Responsiveness Hypothesis

- Potential Problem with Conventional Therapies:
 - Developed for White, Western, English-speaking
 - Majority of clinicians are White
 - Not consider language, beliefs, worldview of culturally different
- When culture is ignored:
 - Value conflicts & miscommunication
 - Client discomfort & poor engagement
 - Dropout & treatment failure
- So treatments must be culturally responsive & clinicians must be culturally competent

Key Questions in Grad School

- Are EBTs effective with ethnic minority youth?
 - Sometimes maybe. But often not.
- Do White youth benefit more than minorities from the same treatments?
 - Of course Whites benefit more
- Do cultural adaptations enhance outcomes for ethnic minority youth?
 - Yes, definitely

5 Questions To Address

- Are psychotherapies effective with minority youth?
- *What* treatments are effective with minority youth?
- Are treatment outcomes worse for minority youth compared to Euro-American youth?
- Do cultural adaptations enhance outcomes for minority youth?
- Implications for clinical practice?

What is Culturally Responsive Therapy?

What is Culturally Responsive Tx?

- No uniform view
- Many opinions, many frameworks, many labels:
 - Culturally competent, culturally adapted, minority-specific, ethnically sensitive, culturally tailored, culturally compatible, etc.
- CRT = Includes any efforts to make treatments more “appropriate” for ethnic minorities

What is Culturally Responsive Tx?

- How do clinicians define?
- Survey by Zayas et al. (1996)
- 150 White members of APA & NASW
 - Awareness of existence of differences (33%)
 - Knowledge of client's culture (12%)
 - Distinguishing between culture and psychopathology in assessment (21%)
 - Taking culture into account in therapy (34%)

What is Culturally Responsive Tx?

- APA Guidelines for Multicultural Education, Training, Research, Practice
 - Recognize that attitudes & beliefs can neg. influence interactions with culturally different
 - Recognize importance of multicultural sensitivity/responsiveness to understanding culturally different
 - Apply culturally appropriate skills in clinical and other applied psychological practices

What is Culturally Responsive Tx?

- 1980 Division 17 Report (Sue et al., 1982)
- 11 cross-cultural competencies identified
- CCCI based on this report
- 3 Factors based on factor analysis
 - Cross-cultural counseling skill
 - Communication is appropriate for client
 - Acknowledges and comfortable w/cultural differences
 - Socio-political awareness
 - Appreciates social status of client as ethnic minority
 - Perceives problem within client's cultural context
 - Cultural sensitivity
 - Demonstrates knowledge about client's culture
 - Aware of institutional barriers that affect the client

Cultural Competence Models

- Rogler → (1) Increase access, (2) Select traditional txs that fit, (3) Modify traditional tx
- Bernal → Metaphors, language, etc.
- Sue et al. → Tripartite Multicultural Competencies
- Smith et al.
 - Appreciation of minority culture
 - Understand special terms & language
 - Knowledge of client's community
 - Awareness of probs living in bicultural world
- Fuertes & Gretchen – 8 Theories of Multicultural Counseling

What is Culturally Responsive Tx?

- Some Pan-Minority Recommendations:
 - Short-term, time-limited, pragmatic, directive, goal-oriented, problem-focused treatment
 - Attentive to effects of minority status or discrimination
 - Assess whether behavior matches values & norms of host culture (i.e., is it adaptive in client's culture?)
 - Assess & validate client experiences w/racism
 - Attend to nonverbal/indirect forms of communication
 - Role induction

What is Culturally Responsive Tx?

- Recommendations for African Americans:
 - Incorporate spirituality & faith-based coping
 - Selected use of AAVE
- Recommendations for Asians/Asian-Americans:
 - Accept & tolerate low levels of expressivity
 - Avoid comments construed as critical or disapproving
- Recommendations for Latinos:
 - Involve family in treatment
 - Use polite form of “you” (usted) with adults

Why is Cultural Responsiveness Needed?

Why Might CRTs be Useful?

- Stigma
- Help-Seeking
- Underutilization
- Patient preferences
- Clinician/system biases
- Greater psychopathology or severity
- Symptom profile/presentation
- Unique MH correlates for minorities & immigrants
- Attrition/dropout
- Treatment barriers

Cultural Responsiveness Vs. Cultural Invariance

- Cultural Responsiveness Perspective
 - Conventional therapies often fail to address treatment barriers & processes specific to non-Whites
 - When treatments are developed, selected, or tailored to accommodate diverse populations, psychotherapy is optimized
- Cultural Invariance Perspective
 - Effective psychotherapies benefit all cultural groups equally because the basic principles of therapeutic change are universal
 - Generally, cultural adaptations are unnecessary, impractical, inefficient, & maybe harmful

Are Therapies Effective with Ethnic Minority Youth?

Meta-Analysis Primer

- What is Meta-Analysis?
 - Quantitative Review of Therapy Effects
 - Active Treatment vs. Control Group in Randomized Trials (RCTs)
 - Effect Size
 - $d=.20$ is small effect
 - $d=.50$ is medium effect
 - $d=.80$ is large effect
 - Effects adjusted for sample size

Treatment Effects for Minority Youth

- Overall Treatment Effects
 - $d = \underline{.43}$ at post-tx; **medium effect**
 - Range from **-.54** to **1.71**
- Yes, treatments generally effective for ethnic minority youth
- But evidence mostly for Black & Latino youth

What Therapies are Effective with
Ethnic Minority Youth?

EBTs for Minority Youth

- **More than 30 EBTs** for minority youth with diverse mental health problems
- Internalizing Problems
 - Anxiety-Related Problems
 - Anxiety-Management Training (AMT)
 - Cognitive-Behavioral Therapy (CBT)
 - Depression
 - CBT
 - Interpersonal Psychotherapy (IPT)

EBTs for Minority Youth

- Externalizing Problems
 - ADHD
 - Behavioral Treatment + Stimulant Medication
 - Conduct Problems
 - Brief Strategic Family Therapy (BSFT)
 - Coping Power
 - Multisystemic Therapy (MST)
 - Parent-Child Interaction Therapy (PCIT)

EBTs for Minority Youth

- Other Problems
 - Trauma-Related Problems (including PTSD)
 - Cognitive-Behavioral Intervention for Trauma in Schools (CBITS)
 - Trauma-Focused CBT (TF-CBT)
 - Substance Use Problems
 - Multidimensional Family Therapy (MDFT)
 - Structural Ecosystems Therapy (SET)
 - Miscellaneous/Mixed Problems
 - Child-Parent Relationship Therapy (CPRT)
 - MST

Common Elements of Minority EBTs

- Contingency Management
- Exposure
- Fading
- Feedback
- Homework
- Modeling
- Overcorrection
- Positive Reinforcement
- Problem-Solving Training
- Prompting
- Psychoeducation
- Reframing/Reappraisal
- Rehearsal/Role-Play
- Relaxation
- Response-Cost
- Monitoring & Tracking
- Self-Statements
- Shaping
- Stimulus Control
- Task Analysis

Are Treatment Outcomes Worse for
Minority vs. Euro-American Youth?

Less Effective for Minorities?

- Results from Meta-Analyses
 - Outcomes for minorities and Euro-American youth *do not differ*
 - Fabiano et al., 2009; Silverman et al., 2008; Weisz et al., 2006; Wilson et al., 2003
- Results from Individual Trials
 - Youth Tx trials: 5 of 13 show ethnicity effects
 - Sometimes more effective for Euro-Ams, other times more effective for minorities
- *Summary: Mixed, but mostly no ethnic differences*

Do Cultural Adaptations *Enhance*
Outcomes for Minority Youth?

Evidence

- Culture-Responsive Components

- Counselor Training/Education:

- Sensitizing therapists to issues specific to working with minorities (Silverman et al., 1999)
 - Family resource specialist to assist the clinical team in understanding the client cultures (Rowland et al., 2005)

- Interventionist/Client Match:

- Counselor-youth or peer-youth ethnic match (CPPRG, 1999; Hudley & Graham, 1993; Huey & Rank, 1984; Szapocznik et al., 1989)
 - Counselors/peers with common cultural experience or background (Fantuzzo et al., 2005, Rowland et al, 2005)

Evidence

- Culture-Responsive Components (cont'd)

- Therapy Content:

- Vignettes, examples, materials changed to make more “culturally sensitive” (Ginsburg & Drake, 2004)
 - Address intergenerational, cultural conflict (Szapocznik et al., 1989)
 - Use of cultural themes, symbols, content (Rossello & Bernal, 1996; 1999)

- Other/Miscellaneous:

- Treatment individualized to deal flexibly with sociocultural differences (Henggeler et al., 1992)
 - Cultural agents involved in treatment development (Lochman et al., 2001)
 - Misc. adaptations for culture or diversity (CPPRG, 1999; Ginsburg & Drake, 2002; Stein et al., 2003)

Meta-Analyses of CRT Effects

- Recent Meta-Analyses
 - Benish, 2010; **Griner & Smith, 2006**; Yuen, 2004
 - CRTs vs. Mixed Controls, with adults & youth
 - $d = .28$ to **.45**
 - Small to moderate effect
 - Conclude that CRTs *are* effective

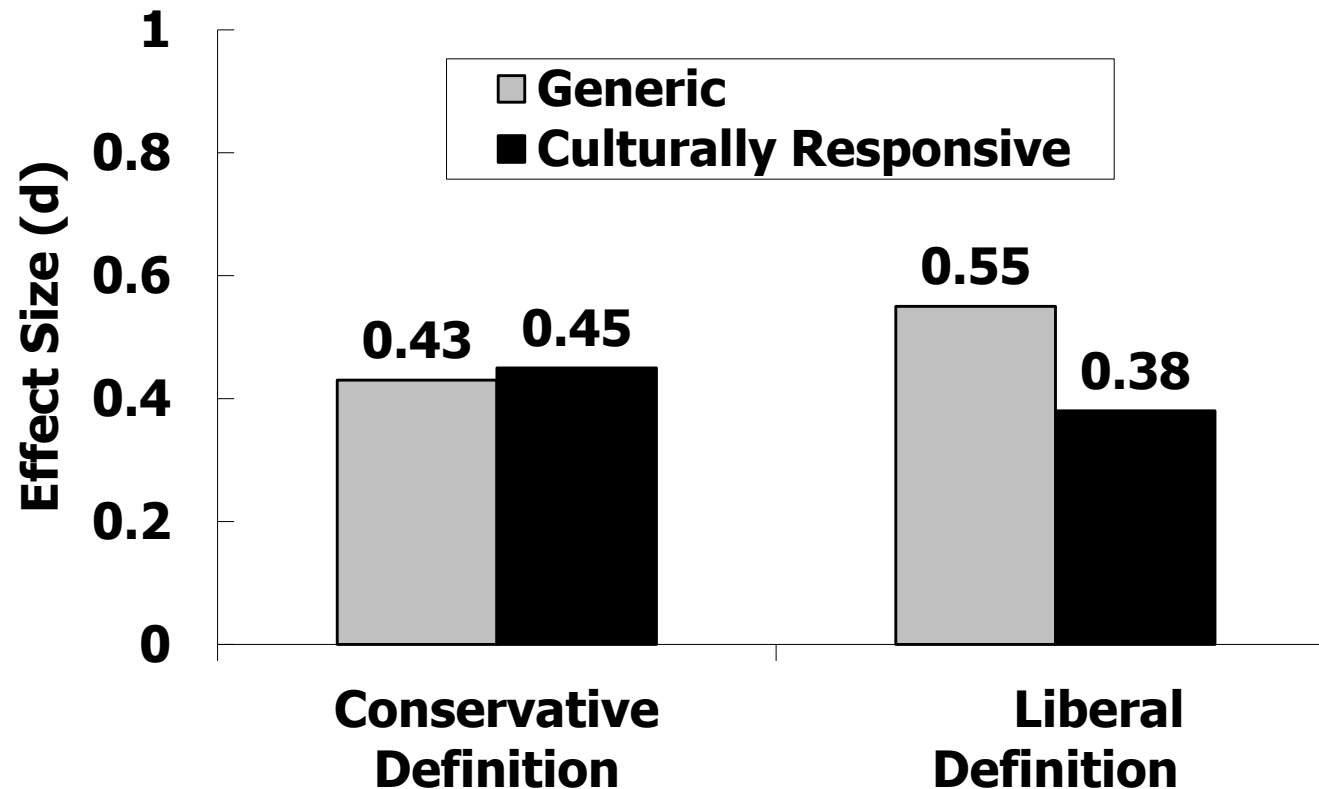
Limitations of These CRT Metas

- Internal Validity Concerns
 - Many included non-experimental studies
 - Did not compare with “generic” equivalent
- External Validity Concerns
 - Mostly participants did not have pre-existing problems
 - Most outcomes not mental health-focused
 - And somewhat smaller effects when MH outcomes assessed (Yuen, 2004)
- Revised Conclusion
 - CRTs are more effective than *non-equivalent controls* for mostly *non-symptomatic individuals*

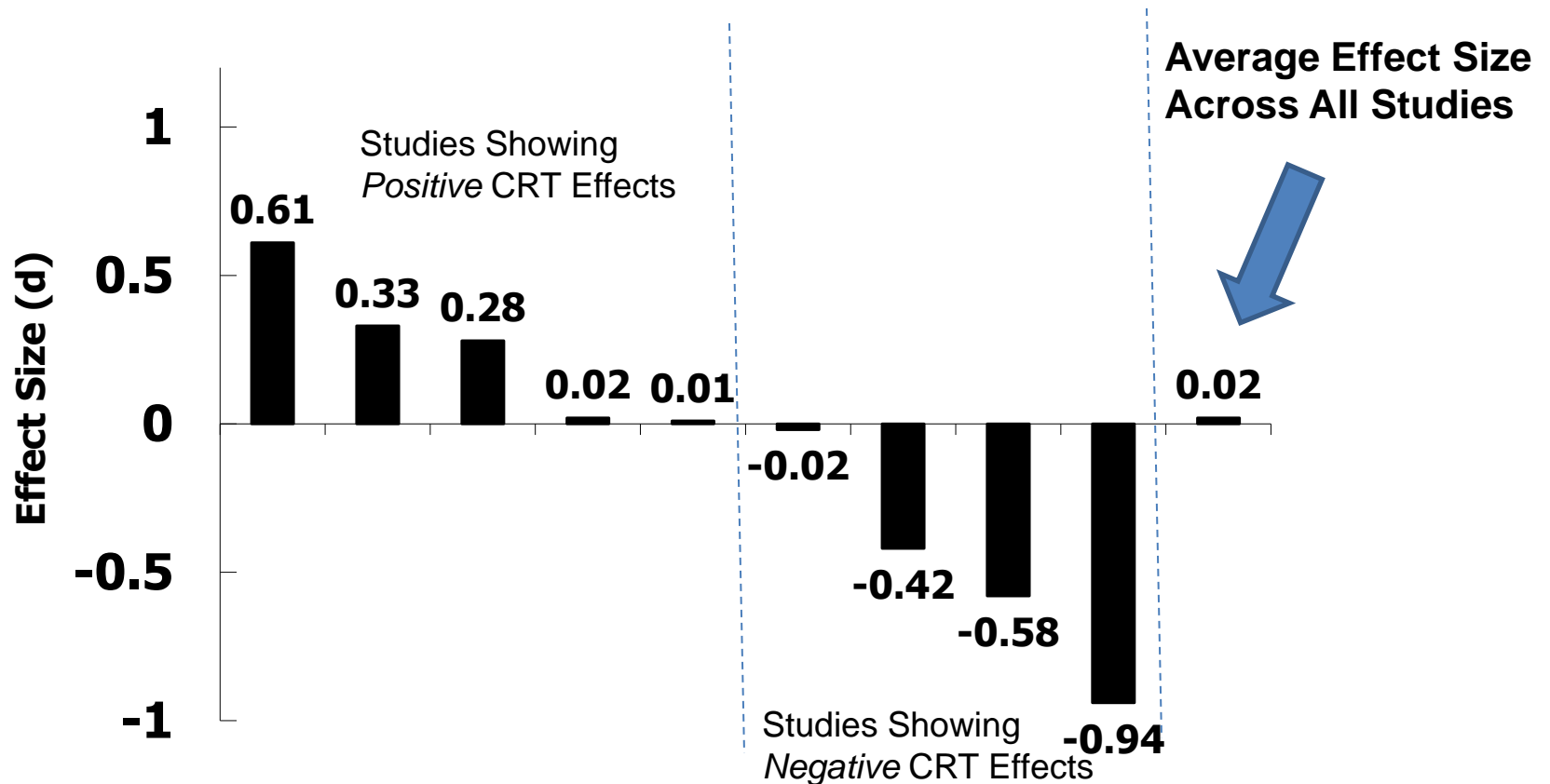
Cultural Responsiveness Effects

- Better Ways to Evaluate Effects of Cultural Responsiveness in Meta-Analysis
 - **Method 1**: Compare RCTs that evaluate culturally responsive treatments with those evaluating “generic” treatments
 - **Method 2**: Average of all “head-to-head” comparisons of culturally responsive vs. generic treatments

Method 1: Culturally Responsive vs. Generic Treatments – *Separate Youth Trials*

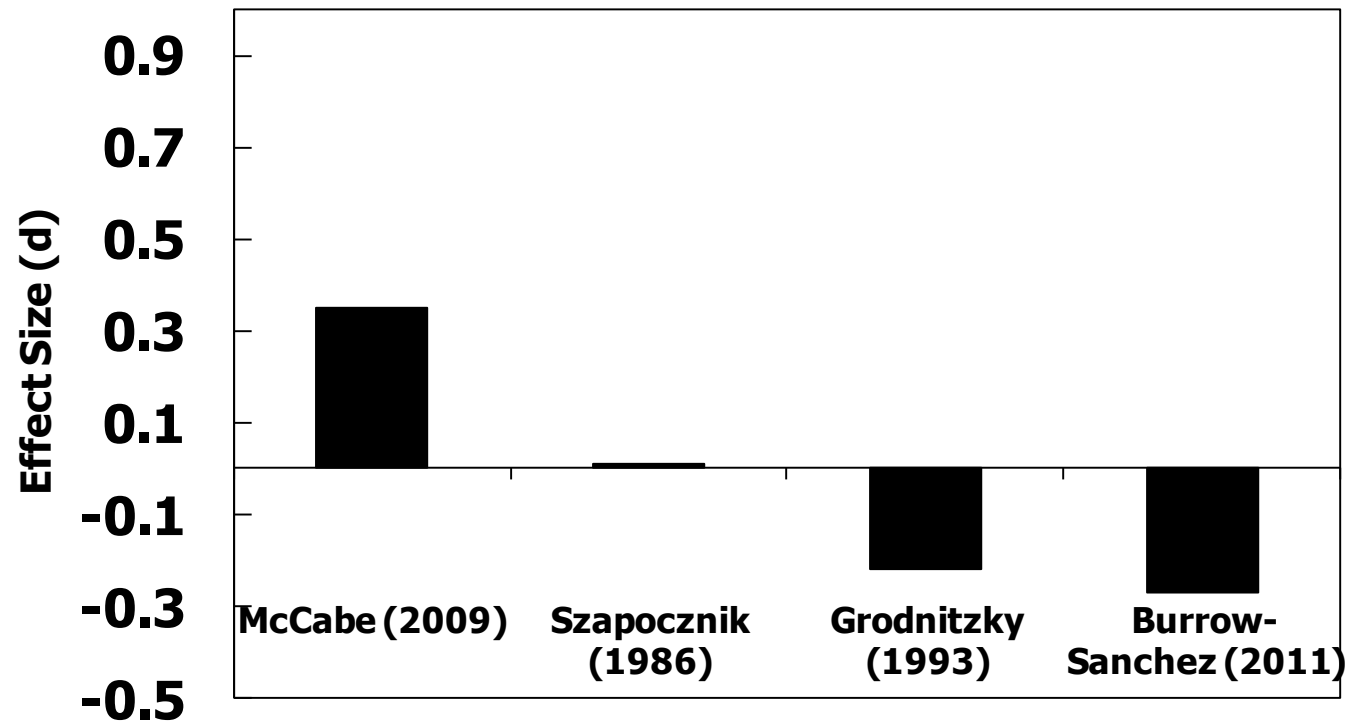


Method 2: Culturally Responsive vs. Generic Treatments – *Head-to-Head Comparisons**



*The Effect Size represents how much more effective culturally responsive treatment is compared to generic treatment

Method 2: Culturally Responsive vs. Generic Treatments – *Head-to-Head Youth Comparisons**



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Summary

- What we know so far
 - Therapies are generally effective for minority youth
 - Many EBTs for Black & Latino youth
 - Minorities & Euro-Ams mostly benefit equally
 - Very little evidence that cultural responsiveness enhances treatment effects for ethnic minorities
- What we don't know yet
 - Are there EBTs for other MH problems among minority youth (e.g., autism, eating disorders)?
 - Does immigration or acculturation status affect outcomes?
 - How to optimally make treatments “culturally responsive” for minority youth?

So is the Cultural Responsiveness
Perspective Valid?

7 Lessons

1. Effective CRTs may *not* require cultural knowledge or cultural competence
 - Dansereau et al., 1996; Pan et al., 2011
2. Successful CRTs may be redundant with what clinicians do naturally
 - Allison et al., 1996; Harper & Iwamasa, 1996; Stanhope et al., 2008
3. [CRT effects may vary by acculturation status](#)
 - Griner & Smith, 2006; Nollen et al., 2007; Pan et al., 2011; Webb 2008a&b
4. Euro-Americans & minorities may benefit (or fail to benefit?) equally from CRT
 - Genshaft & Hirt, 1986; Grodnitzky, 1993; Pan & Huey, 2011

7 Lessons

5. At times, CRTs may do more harm than good
 - Huey, 2011; Perez, 2006; Schwarz, 1989; Yuan, 2004
6. Ethnic minorities do not necessarily respond to cultural adaptations in expected ways
 - Genshaft & Hirt, 1986; Grodnitzky, 1993; Gomez et al., 1982; Perez, 2006
7. CRTs can disrupt fidelity to core treatment
 - Schulte et al., 1996; Kumpfer et al., 2002; Lau, 2006; Webb, 2008

Implications for Clinical Practice

What to Recommend for Minorities?

- To improve *utilization & retention*, use:
 - Reminder letters, telephone calls, “engagement” sessions
 - Hachstadt & Trybula, 1980; McKay et al., 1998; Planas & Glenwick, 1986; Szapocznik et al., 1988
- To facilitate *symptom reduction*, use:
 - CBTs & other EBTs as first line treatments
 - Bernal et al. (2009); Ho et al. (2010); Huey & Polo (2008, 2010); Miranda et al. (2005)

Possible CRT Approaches

Individualize EBTs to Match Youth Culture

- Advantages:
 - Common sense approach
 - Most clinicians do anyway (Harper & Iwamasa, 2000)
 - Permits tailoring of treatment
- Disadvantages:
 - No clear evidence this works
 - Potentially inefficient and distracting
- Fink et al. (1996) – Integrating cultural themes to address impasse

Possible CRT Approaches

Use Treatments as Validated with Minority Youth

- Advantages:
 - Cultural adaptations are integrated into many EBTs
 - Most minority EBTs include culturally responsive components
- Disadvantages:
 - Would be stuck using EBT only with procedures and populations in validation samples
 - Many EBTs ostensibly devoid of cultural content

Possible CRT Approaches

Use Adaptations Tied to Research Evidence

- Advantages:
 - Empirically-based
 - Some very preliminary evidence with adults (e.g., Huey & Pan, 2006; Pan, Huey, & Hernandez, 2011)
- Disadvantages:
 - No good model for this yet
 - Currently impractical – most clinicians not familiar with appropriate research

Some Final CRT Guidelines

- *Maybe* consider if...
 - Your assessment, or an “impasse”, leads you in that direction
 - It doesn’t interfere with your “active ingredients”
 - E.g., Kumpfer et al., 2002; Schulte et al., 1992
 - It fits with your interpersonal style or mode or beliefs
 - E.g., Addressing spirituality when working with African American families
 - It’s something you can reasonably do or learn
 - E.g., AAVE with African Americans
 - You approach as a *hypothesis* to test, *not an assumption*
 - Be open to possibility that it may not work
 - Collect data!

References:

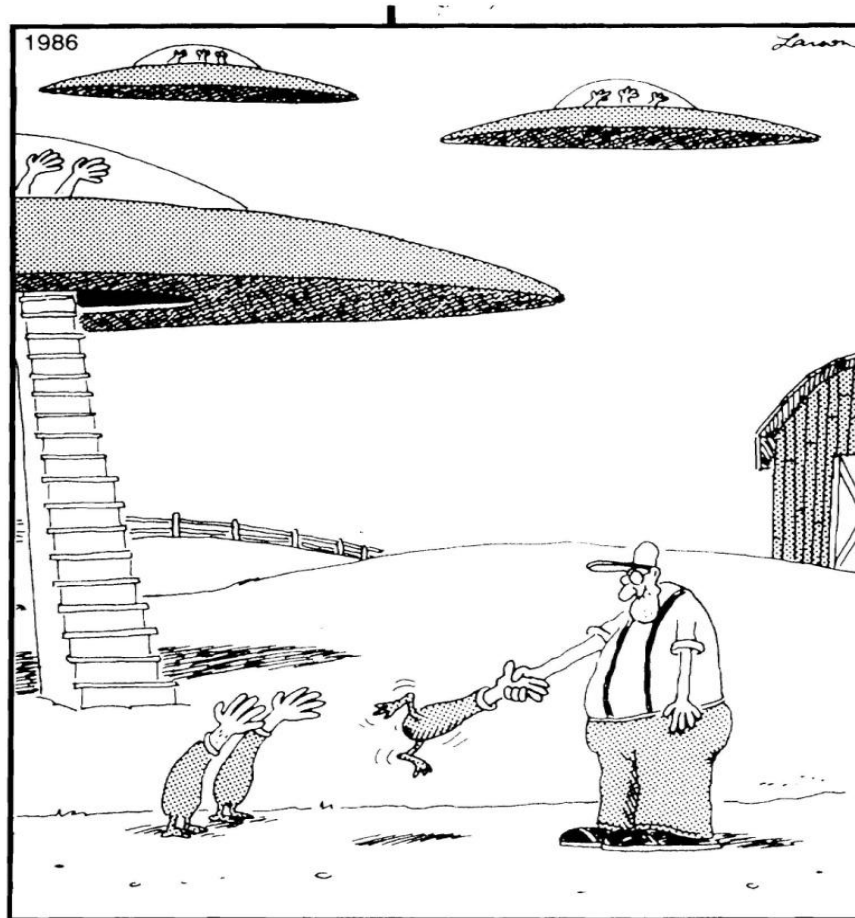
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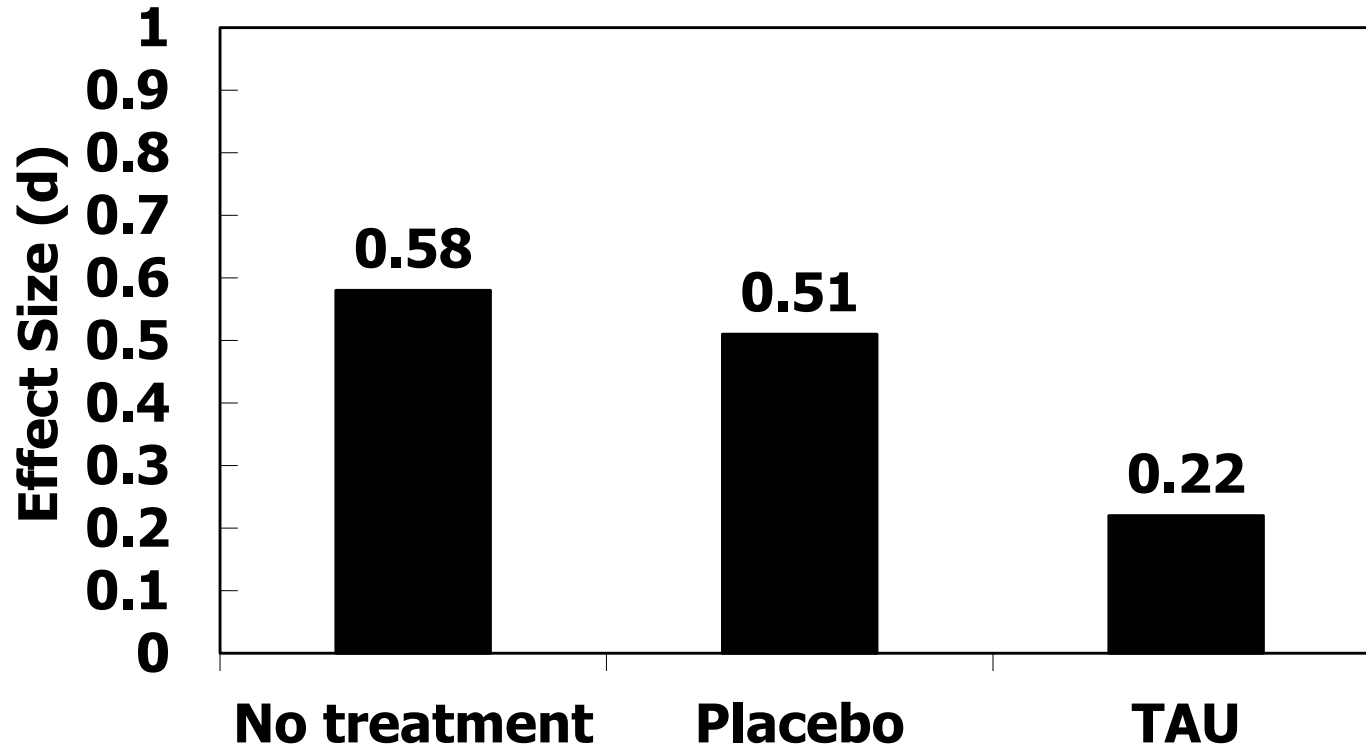
Hyperlinks

Why Cultural Sensitivity Matters



Inadvertently, Roy dooms the entire earth to annihilation when, in an attempt to be friendly, he seizes their leader by the head and shakes vigorously.

Type of Comparison Group Moderates Treatment Effects for Ethnic Minority Youth



OST Phobic Stimuli

- Common House Spider
- Cellar Spider



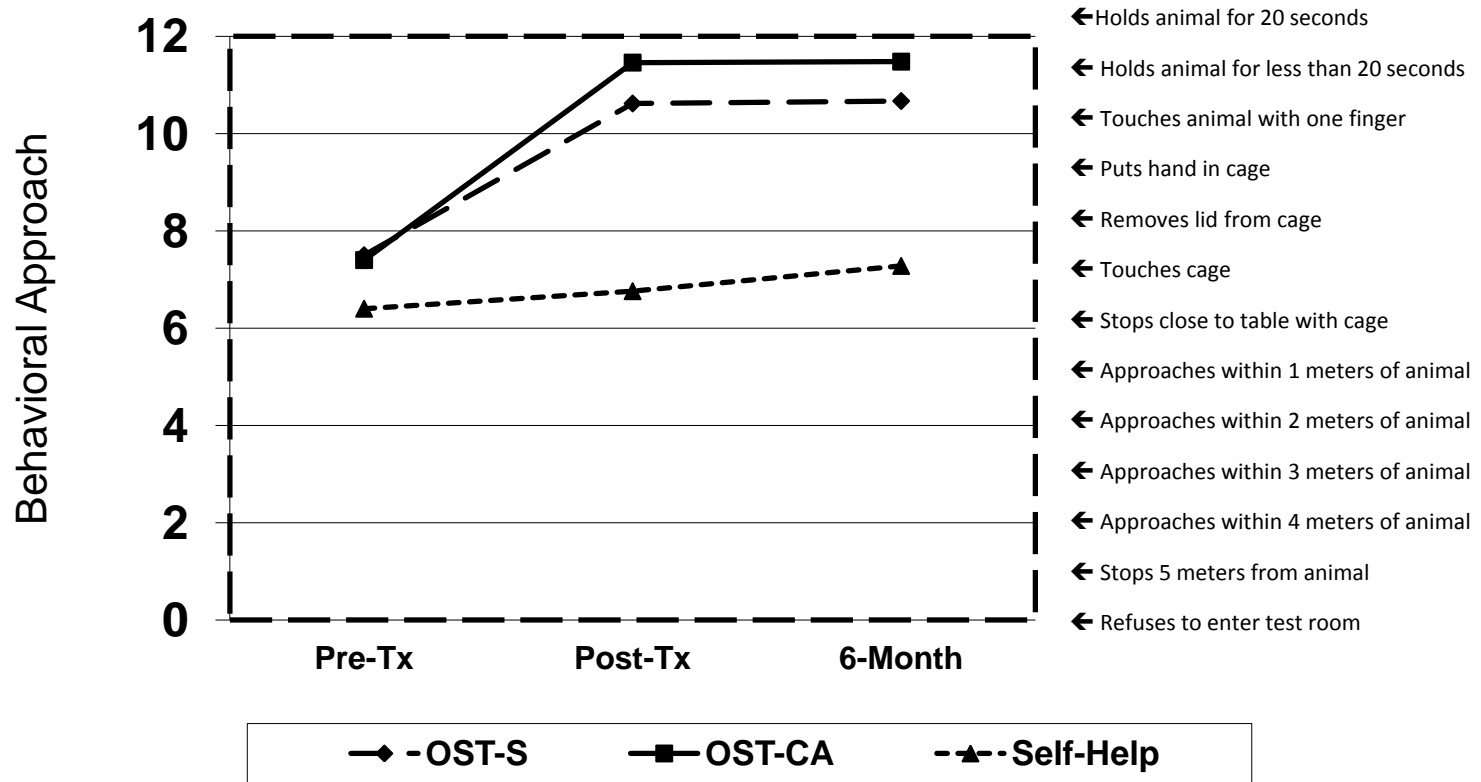
Procedures

- Participants: 30 Asian Americans, English speaking, screened for at least one phobia
- Fears of spiders, crickets, worms, & dead fish
- Design: Randomized into three conditions: OST-S, OST-CA, & self-help manual
- 7 Cultural Adaptations: E.g., Normalize problem; Emphasize/facilitate emotional control; Exploit vertical nature of therapy

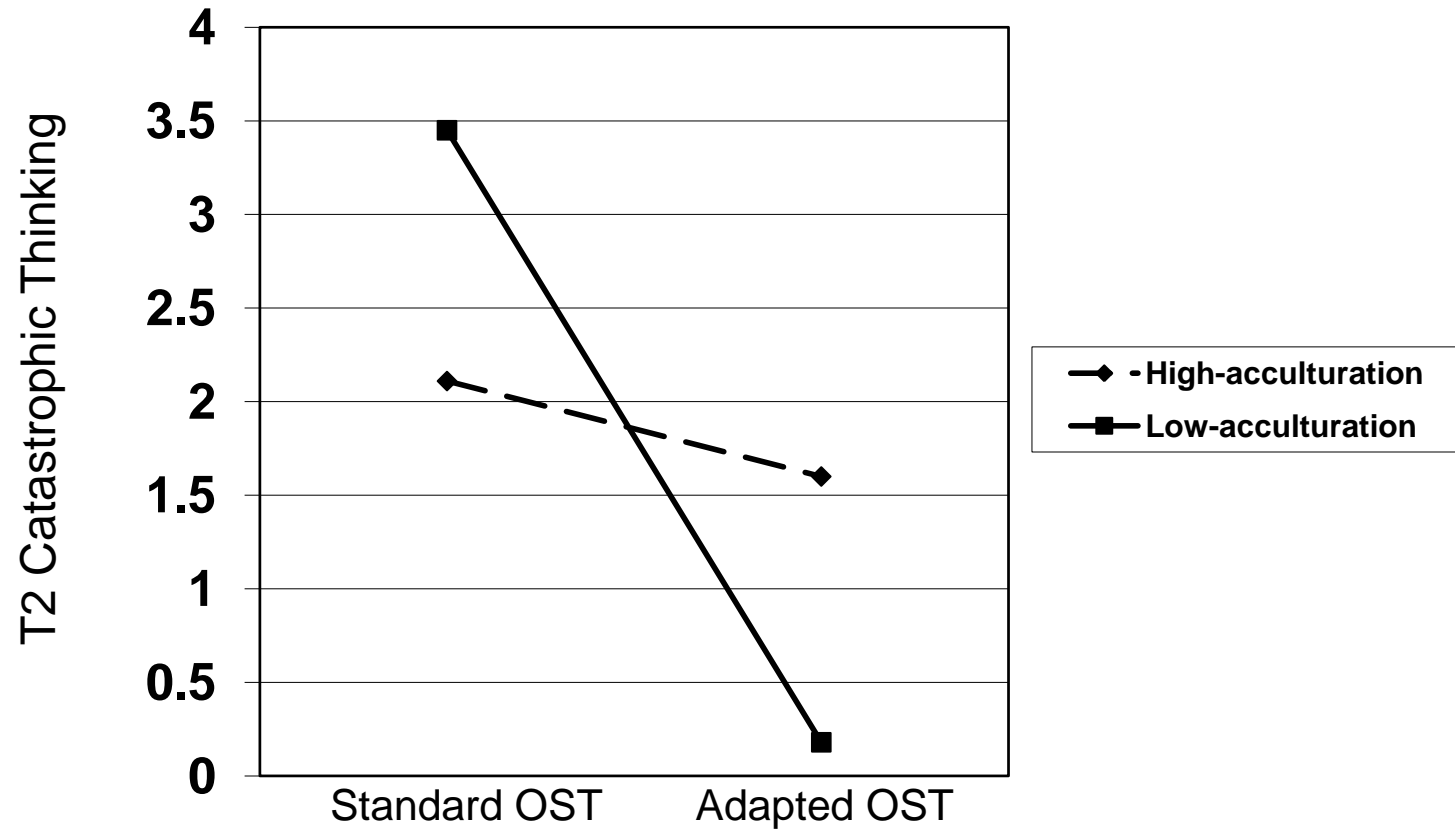
OST Adaptations for Asians

- Review psych research with implications for treatment with East Asians
- Develop broad criteria for Asian-focused adaptation
- Review OST protocol and ID practices amenable to adaptation *without changing tx length or “character”*
- Develop initial set of adaptations for Asian Americans based on the literature review
- Pilot test of viability of these adaptations & refine
- Select final set of adaptations that *complement but do not conflict with standard OST*

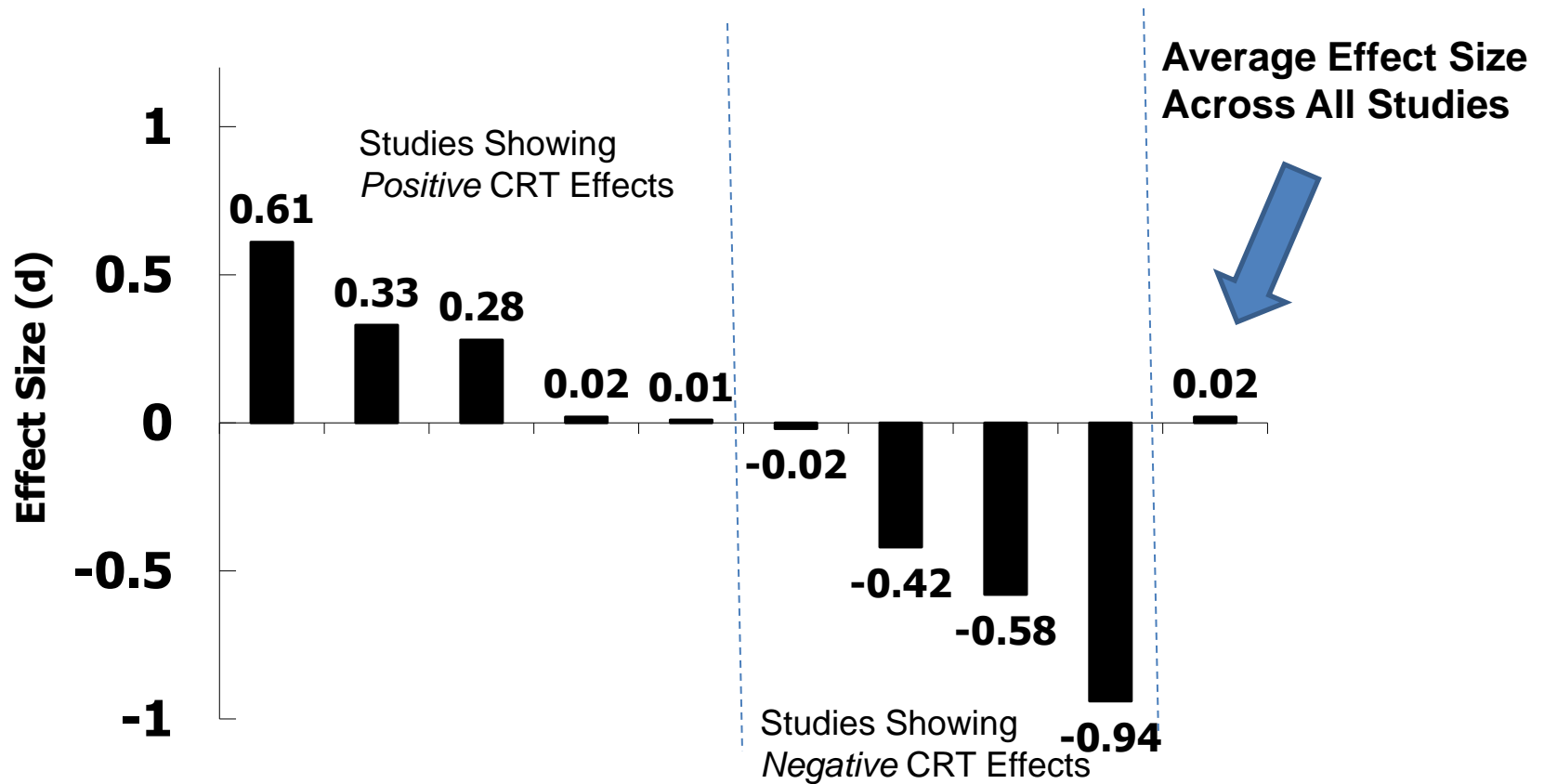
Behavioral Approach



Acculturation Status as a Moderator of Treatment Effects



Method 2: Culturally Responsive vs. Generic Treatments – *Head-to-Head Comparisons**



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