

Summary of Psychosocial Interventions for Ethnic Populations of Children/Adolescents and Adults

Purpose of Summary

The matrix below provides a summary of the literature on psychosocial interventions for ethnic populations. It is organized by population (i.e., children/adolescents and adults) and disorder (e.g., depression, anxiety). The four target populations of “children, transitional age youth, adults and older adults” have been collapsed into two populations in this matrix because the literature typically summarizes treatments by these broader populations. Also, this matrix does not cover an exhaustive list of disorders; those that are summarized here have a body of research that supports practices for treating the disorders. Although this summary focuses on psychosocial interventions, when relevant, descriptions of pharmacotherapies are provided.

The matrix provides several pieces of information as a way to summarize the literature. For each disorder, evidence-based treatments are identified. The treatments are then summarized by “general evidence”, which describes overall empirical support for the treatments, and “evidence for ethnic populations”, which describes the treatments’ overall empirical support for ethnic populations. Moreover, key studies that provide findings on treatment effects on ethnic populations are described. (A bibliography of these studies is provided at the end of the matrix.) The samples in these studies are also described. When available, the sample size, racial/ethnic representation, gender, community setting (i.e., urban or rural), and socio-economic status are provided.

There is no consistency in the literature on the terms used to describe racial groups. For example, Latino and Hispanic, Black and African American, White and Caucasian, Native American and American Indian are used interchangeably. This particular matrix uses the following terms consistently: American Indian/Alaskan Native, Asian American/Pacific Islander, Black, Latino, and White. It is recognized that these broad terms cluster diverse ethnic groups into one racial group. When available and applicable (e.g., an intervention has been tested on or developed for a specific ethnic group), ethnic groups or heritage are provided in the study sample descriptions. Ethnic groups from the Middle East (e.g., Armenians, Iranians) are not identified in this matrix largely due to their omission as study samples in the literature.

Literature Review Sources

This summary is based on the following sources of information:

- Current review of the literature—There are several comprehensive reviews of the literature on psychosocial interventions for ethnic populations. Two particular reviews were referenced for this matrix: (1) Miranda et al. (2005)¹ and (2) Huey (under submission).²
- Substance Abuse and Mental Health Services Administration (SAMHSA)—Using SAMHSA’s definition of evidenced-based programs, “Model Programs” were selected for inclusion in this matrix (see <http://www.samhsa.gov> for more details).
- Office of Juvenile Justice and Delinquency Prevention (OJJDP)—Using OJJDP’s Model Programs Guide, which overlaps with SAMHSA’s Model Programs, interventions that show promise for ethnic populations were identified (see http://www.dsgonline.com/mpg_non_flash/WebForm2_Demo.aspx for more details).

¹ Miranda et al. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology*, 1, 113-42.

² Huey, S. (under submission). Empirically-supported psychosocial treatments for ethnic minority youth. Unpublished manuscript: Author. (Project funded by the National Institute of Mental Health.)

- Mental Health Services Act (MHSA) matrix for Child and Family Track—The matrix, developed by CiMH, overlaps with this summary matrix's children/adolescent section. Not all of the interventions in the matrix are included here. The following were omitted:
 - Family Connections (Effective): This is a preventive intervention that does not address the primary disorders that are targeted in the interventions included in this matrix.
 - Nurse Family Partnership (Effective): Although this preventive program addresses mental health, its primary focus is physical health.

Summary of Findings

The disparities in access and quality of care for ethnic populations are well documented. However, the literature on treatments for ethnic populations is just beginning to emerge. Although recent reviews of the literature suggest that existing treatments are effective for various ethnic groups, large gaps in the literature leave important questions unanswered. For example, there are some promising interventions designed specifically for different ethnic groups. The relative effects of these culturally adapted interventions compared to traditional interventions are largely unknown.

On a basic level, there is much more work to be done in terms of treatment development and research for ethnic populations. The literature on children and adolescents is more extensive than the literature on adults in terms of psychosocial interventions that show promise for ethnic groups. In fact, despite the disproportionate research on adults with severe and persistent mental illness, there is little research on effective treatments for adult ethnic populations that suffer from psychotic disorders. Overall, nonetheless, there are practices for children and adults that show promise for increasing access and quality of care for underserved ethnic populations through outreach, engagement and retention strategies, as well as, cultural accommodations with the potential to positively impact outcomes.

☑ = Original article was referenced for this summary; available at CiMH-CMD for reference only

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents					
Anxiety	Cognitive Behavioral Therapy (CBT) and behavioral models	CBT and behavioral models generally effective for anxiety in childhood Some evidence of long-term effects of CBT	Emerging literature suggests that CBT and behavioral models are effective for minority youth	1. Ginsburg & Drake (2002) modified CBT to be culturally sensitive to experiences group might encounter (neighborhood crime and violence), but retained key elements of CBT (psychoeducation, relaxation, etc.) ☑ 2. Treadwell et al. (1995) tested ethnic and gender differences in CBT 3. Silverman et al. (1999) found no ethnic differences in anxiety over time with group CBT ☑	1. Black, low-income, urban adolescents; N = 12 (10 females, 2 males) 2. 89% White, 11% Black 3. N = 56 (22 females, 34 males); 46% Latino, 46% White, 8% other
	Participant Modeling for phobias	Treatments for childhood phobias using participant modeling are well established	(See study)	1. Lewis (1974) used modeling film that depicted Black males; treatment (vs. placebo) decreased social impairment ☑	1. N = 50 Black, male children
Attention-Deficit Hyperactivity Disorder (ADHD)	Behavioral and family interventions	Evidence of efficacy of behavioral intervention programs, parent training (positive reinforcement, response cost, and/or time-out) However, disagreement on whether these interventions contribute beyond psychostimulants	Multimodal Treatment of ADHD (MTA) studies show overall outcome differences for ethnic minorities	1. MTA Cooperative Group (1999) and Swanson et al. (2001) found that minority groups are more symptomatic at posttreatment; differences were found in teacher-rated ADHD and Oppositional Defiant Disorder (ODD) between Black and control White children, and overall differences in parent-reported ODD between Latinos and control Whites; studies suggest combination of psycho-stimulants and behavioral parent training results in greater therapeutic benefits than stimulants alone ☑ (MTA, 1999)	1. Matched 92 (out of 115) Black and 37 (out of 49) Latino children to White children; N = 465; 80% male; 61% White, 20% Black; 8% Latino

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
ADHD (Cont'd)	Psychopharmacology	<p>Psychopharmacologic interventions generally effective in improving hyperactivity, impulsivity, inattention, defiance, aggression, oppositionality, classroom behavior; increasing interaction with teachers, parents, peers for 75% to 90% of children</p> <p>However, long-term changes in peer relationships, social or academic skills or school achievement are less common</p>	<p>Many psychopharmacological studies do not provide ethnic breakdowns. Of those that do, most subjects are White and male. In several studies, approximately 10% of the sample is Black; Latinos are less represented, Asian Americans are even less represented, and there is virtually no data on American Indians.</p> <p>(See MTA studies above, which included 20% Black children.)</p>	(See MTA studies above.)	
Depression	Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT)	<p>CBT generally effective for depression among children and adolescents</p> <p>CBT enhanced with conjoint family meetings reduces depression and improves cognitive functioning; used in groups and school settings</p>	<p>No studies on relative effects of CBT on depression for ethnic minority children</p> <p>Some evidence that CBT adapted for cultural sensitivity may be effective</p>	<p>1. Rosselló & Bernal (1999) factored in cultural practices to CBT and IPT <input checked="" type="checkbox"/></p> <p>2. Rosselló & Bernal's (2004) second clinical trial of adapted CBT and IPT in group and individual formats reduced depression symptoms; CBT reduced more symptoms; IPT also improved self-esteem and functioning</p>	<p>1. 71 Latino adolescents living in Puerto Rico; 54% female, 46% male</p> <p>2. Ditto</p>
	Psychopharmacology (CBT plus fluoxetine)	<p>There is limited research; generally, tricyclic antidepressants (imipramine) not efficacious, whereas serotonin reuptake inhibitors (fluoxetine) are promising; generally, children respond positively to any credible psychosocial intervention</p>	<p>Limited data on racial/ethnic groups</p> <p>One study of imipramine had 37% Black children; study found imipramine no better than placebo</p>	<p>1. Treatment for Adolescents with Depression Study Team (2004) found combination of fluoxetine and CBT superior to either alone; fluoxetine superior to CBT alone <input checked="" type="checkbox"/></p>	<p>1. N = 439; 74% White, 12.5% Black, 8.9% Latino adolescents; 54% female, 46% male</p>

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Disruptive Disorders	Brief Strategic Family Therapy (BSFT) based on Structural Family Therapy (SFT)	Certain models of family therapy have better outcome research than others; SFT is one of these models that presents the best evidence for effectiveness	Some evidence of efficacy among Latino youth	<p>1. Szapocznik et al. (1989) found FET superior to control condition in improving child functioning ratings; FET superior to child psychodynamic therapy in improving family functioning at one-year follow-up <input checked="" type="checkbox"/> (see also "Preventive Interventions" for related studies)</p> <p>2. Santisteban et al.'s (2003) Brief Strategic Family Therapy for externalizing behavior problems and substance abuse among Latino adolescents superior to control in reducing parent- and youth-reported conduct problems, peer-based delinquency, and youth-reported drug abuse at posttreatment <input checked="" type="checkbox"/></p>	<p>1. N = 79 Latino families (76% Cuban); 29% female youth, 71% male youth</p> <p>2. N = 126 Latino families</p>
	Cognitive Behavioral Treatment (CBT)	Compared to adults, weaker empirical support for reducing childhood aggression with CBT	There are several studies on primarily Black boys	<p>1. Lochman et al. (1993) and Lochman & Wells (2004) school-based social skills training for Black boys effective in reducing aggression and peer rejection <input checked="" type="checkbox"/></p> <p>2. Hudley & Graham's (1993) attributional intervention with aggressive boys effective in decreasing hostile attribution tendencies in children and improving teacher-rater aggression <input checked="" type="checkbox"/></p> <p>3. Dubow et al. (1987) found CBT superior to behavioral or cognitive treatments alone for reducing teacher-rater aggression and increasing prosocial behavior; race had no significant effect on outcomes</p>	<p>1. Both studies on urban, low-SES Black children: N = 52 (gender unspecified); N = 183 boys</p> <p>2. N = 101 Black boys</p> <p>3. 70% Black or Latino boys</p>

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Disruptive Disorders (Cont'd)	Counselor & Peer-led Assertive Training	Assertive training is generally effective for reducing aggressive and disruptive behaviors among adolescents	Some evidence of efficacy among Black boys	1. Huey & Rank (1984) found a significant decrease in aggressive behavior among sample of African American boys; peer and professional counselors in the study were Black; study notes "adaptations for cultural differences were incorporated" <input checked="" type="checkbox"/>	1. N = 48 Black males in urban high school
	Multisystemic Therapy for Antisocial Behavior (MST)	Generally, an effective intervention for youth with criminal behavior, substance abuse, and emotional disturbance	MST studies have been conducted primarily with White and Black male adolescents	1. Borduin et al. (1995) found no differential treatment effects by ethnicity for posttreatment arrests <input checked="" type="checkbox"/> 2. Henggeler et al. (1992) found no difference in incarceration and youth-reported delinquency <input checked="" type="checkbox"/> 3. Huey et al. (2004) found no difference in suicide attempts <input checked="" type="checkbox"/>	All three study samples comprise of Black, White and Latino youth (primarily males)

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Disruptive Disorders (Cont'd)	Parent Management Training models: - Schools and Homes Partnership (SHIP) - Incredible Years - Familias Unidas - Parenting Wisely - Strengthening Families Program for Parents and Youth Age 10-14	Strong evidence of efficacy in interventions using this approach	Recently, studies have been examining ethnicity as a moderator of mental health outcomes	1. Barrera et al.'s (2002) Schools and Homes Partnership (SHIP) program has beneficial effects of teacher-rated internalizing problems for White but not for Latino children; overall success in decreasing conduct problems for all children ✓ 2. Reid et al. (2001) evaluated Incredible Years Parenting Program; no significant ethnic differences in effects; overall, more positive, consistent, competent, less critical parenting ✓ 3. Pantin et al.'s (2003) Familias Unidas designed for Latino families; overall improvements in parental investment and reduction of behavior problems, but no effect on academic achievement ✓ 4. Five randomized controlled studies conducted for Parenting Wisely; overall, children improved by 20% to 50%; parents increased knowledge and use of good parenting skills, improved problem solving, setting clear expectations, and reduced spousal violence and violence toward children ✓ (see Gordon, 2000) 5. Redman et al. (1999) found that both children and parents in Strengthening Families program had reduced substance use, fewer conduct problems and better resistance to peer pressure; program model has been tested on different ethnicities, but samples have been primarily White ✓ (see Molgaard et al. 2000)	1. N = 285 families; 168 Latino (94% of Mexican heritage) and 116 White families; 45% females, 55% males 2. N = 634 families; low-income sample of 370 White, 120 Black, 71 Latino and 73 Asian American mothers; children: 46% females, 54% males 3. N = 167 Latino families; adolescents: 39% females, 61% males 4. White, Black and Latino family samples; both genders studied 5. N = 667 families (53% females as target child); almost all White parents in Midwestern state

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Mixed Emotional and Behavioral Problems	Aggression Replacement Training (ART) for violence prevention	A promising intervention for delinquent youth	Studies have included Black, Latino and White youth	1. Washington State Institute for Public Policy found youth receiving ART had 24% reduction in felony recidivism (vs. control group)	1. Latino and Black youth
	Functional Family Therapy (FFT)	Strong evidence of effectiveness for high-risk youth and families; FFT found to reduce juvenile rearrests by 20-60%	FFT developers note that FFT targets "a variety of ethnic and cultural groups"; studies have included ethnic minorities and both genders	FFT has been widely adopted and evolved into a multicultural treatment approach, for example, a study in Nevada found no ethnic differences in positive outcomes for FFT participants (see Alexander et al., 2000) <input checked="" type="checkbox"/>	1. 30% Black, 20% Latino, small % of Asian and American Indian youth
	Multidimensional Family Therapy (MDFT) for substance abuse and behavioral problems	Growing evidence of effectiveness for drug abuse and problem behaviors among adolescents in inner cities	Randomized trials have included ethnic minorities and primarily male adolescents	Four randomized trials, including: 1. 82 marijuana and alcohol abusing adolescents (61% on juvenile probation) in MDFT or two comparison programs 2. 224 adolescents referred to community clinic for substance abuse treatment; compared MDFT to CBT (see Liddle et al. (in press) for trial results)	1. 18% Black, 15% Latino, 16% other minorities 2. 72% Black adolescents
	Multidimensional Treatment Foster Care (MTFC)	Strong evidence of effectiveness for adolescents with chronic antisocial behavior, emotional disturbance and delinquency; program is a behavioral treatment alternative to residential placement	Studies have included ethnic minorities, though subjects have been mostly White For example, Chamberlain & Reid (1994) study of males had 85% White, 6% Black, 6% Latino, and 3% American Indian	1. Chamberlain & Reid (1998), Chamberlain & Leve (2002) and other studies found MTFC vs. group care showed 60% fewer days in incarceration, fewer arrests, and less hard-drug use, fewer psychiatric symptoms, better school adjustment, returned to families after treatment more often, and report to be happier in their lives <input checked="" type="checkbox"/> (Chamberlain & Reid, 1998)	1. Black, Latino, Asian, American Indian, mixed ethnicity
	Multisystemic Therapy for Serious Emotional and Behavioral Problems	MST shows some promise for youth with serious emotional and behavioral problems	MST for disruptive disorders is well established for ethnic minorities, especially Black youth; however, MST for serious emotional and behavioral problems has weaker evidence for ethnic minorities	1. Rowland et al. (2005) found MST to reduce risk of out-of-home care (vs. usual services); used family resource specialists who represent cultural backgrounds of clients <input checked="" type="checkbox"/>	1. N = 31 multiracial (Asian, Pacific Islander, and White) youth; 42% female, 58% male

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Mixed Emotional and Behavioral Problems (Cont'd)	Wraparound	A promising national approach for families of children with severe emotional and behavioral problems	Wraparound research lacks rigorous designs, though the model is used nationally and with various ethnic groups	There have been many evaluations on Wraparound programs throughout the country. Overall, Wraparound appears to be promising in keeping children in their communities with their families and preventing entry into juvenile system (Suter et al., 2003)	Black, American Indian, Asian/Pacific Islander, Latino, White
Preventive Interventions for Ethnic Populations of Children and Youth	Cuento Therapy (Puerto Rican folk tales or biographies)	(Not applicable)	(See studies)	<p>Three studies by Costantino et al. (1986, 1988) & Malgady et al. (1990):</p> <ol style="list-style-type: none"> 1. Studied impact of cuentos on self-concept of children at risk for problems; modest improvements in anxiety were maintained through one-year follow-up; adapted cuento therapy was most effective, followed by original cuento therapy <input checked="" type="checkbox"/> 2. Studied Hispanic thematic pictures, group discussion and expression of feelings; after 8 weeks, no difference in depression, but lower anxiety and phobic symptoms, and improved behavior in school 3. Studied groups of biography readings of successful Puerto Ricans; no difference in symptoms of psychological distress after intervention, but fewer anxiety symptoms reported by 8th graders; gains were made in ethnic identity and self-concept but were related to gender and presence/absence of father in home <input checked="" type="checkbox"/> 	<ol style="list-style-type: none"> 1. N = 210 primarily Puerto Rican; 43 % females, 57% males 2. 30 urban Latinos in NY (Puerto Rican and Dominican) 3. N = 90 Puerto Rican adolescents; 56% females, 44% males

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Preventive Interventions (Cont'd)	Family (Bicultural) Effectiveness Training and Brief Strategic Family Therapy (BSFT)	BSFT is a promising intervention for preventing and treating child and adolescent behavioral problems including substance abuse	Several efficacy studies have been conducted primarily on Latino youth and families	Szapocznik et al. (1984, 1986, 1989) developed family-oriented intervention to enhance bicultural skills and prevent problems associated with minority status and/or migration-related stresses: 1. Intervention developed to address intergenerational conflict; treatment group improved in family functioning and youth problem behaviors reported by parents; treatment found to be as effective as structural family therapy in improving adolescent and family functioning <input checked="" type="checkbox"/>	1. N = 79 Latino families (76% Cuban); 29% female youth, 71% male youth
	Infant-Parent Psychotherapy (IPP)	A promising intervention; most IPP families have single mothers who are heads of households; IPP targets infants and toddlers	Studies include various ethnic groups; one study in San Francisco had 31% Blacks, 21% Latinos, 9% Asian/Pacific Islander, and 1% American Indian/Native Alaskan	1. Lieberman et al. (1991) found treated toddlers scored higher in partnership with mothers, and mothers were rated as more empathetic and engaging than anxious toddlers in control groups; after intervention, treatment group did not differ from secure toddlers in control group <input checked="" type="checkbox"/>	1. 100 low-income Latina mothers from Mexico and Central American who resided in U.S. less than 5 years
	Optimistic Child Intervention	Studies have focused on prevention of clinical syndrome, depression, in White youth	Recently, studies have focused on minority youth; modified intervention designed to be relevant to ethnic minority and lower-income populations	Studies in two Philadelphia schools based on Seligman (1995): 1. One was effective in reducing depressive symptoms at postintervention and 6-month follow-up 2. Another had no difference; explanation is unknown 3. (Yu & Seligman, 2002) A similar intervention was tested with Chinese children; treatment group had fewer depressive symptoms at postintervention, 3- and 6-month follow-ups	1. 23 urban Latino youth in treatment and 26 Latino youth in control group 2. 47 urban Black youth in treatment and 56 Black youth in control group 3. 220 Mainland Chinese children

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Preventive Interventions (Cont'd)	Substance Abuse Prevention for American Indian children & youth	(Not applicable)	There are limited studies on mental health outcomes for American Indians or Alaskan Natives	<p>1. Schinke et al. (1988) studied bicultural competence skills training for substance abuse prevention; treatment children had greater posttest and 6-month follow-up improvements on substance abuse knowledge, attitudes, and interactive abilities (self-reported) <input checked="" type="checkbox"/></p> <p>2. Schinke et al. (2000) studied cognitive behavioral (CB) life skills and CB life skills plus community involvement; treatment was effective in reducing rates of smokeless tobacco, alcohol, marijuana use; youth in CB plus community involvement had lower rates of alcohol use than control, but higher rates than youth in skills-only group <input checked="" type="checkbox"/></p> <p>3. Moran's (1998) Seventh Generation Project designed for enhancing life skills was successful in developing appropriate attitudes and beliefs around alcohol use and personal commitment to sobriety; also lowered depression symptoms at one-year follow-up <input checked="" type="checkbox"/> (see Moran & Reaman, 2002 for summary)</p> <p>4. Pueblo of Zuni's Zuni Life Skills Development Curriculum for suicide prevention teaches school-based life skills; students receiving intervention scored better on suicide probability and hopelessness; also had greater ability to perform problem-solving and suicide-intervention skills</p>	<p>1. N = 137 American Indian youth; 54% females, 46% males</p> <p>2. N = 1,396 primarily rural American Indian students in 27 tribal and public schools attended by primarily American Indians; 49% females, 51% males</p> <p>3. N = 257 urban American Indian youth in Denver</p> <p>4. 128 students</p>

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Children & Adolescents (Cont'd)					
Trauma-Related Problems	Cognitive Behavioral Therapy (trauma focused) for sex abuse-related PTSD	A well-established intervention for children with trauma due to sexual abuse	Strong evidence of effectiveness among minority children, especially Black children	1. Cohen et al. (2004) found that children in trauma-focused CBT group had more improvement in PTSD, depression, behavior problems, shame and abuse-related attributions; parents also in this group improved in self-reported levels of depression, abuse-specific distress, support of child and effective parenting practices	1. 289 children ages 8 to 14 – mostly Black children
	Peer-Mediated Modeling	A promising treatment for children exposed to trauma	(See study)	1. Fantuzzo et al. (1996) evaluated social play among maltreated and nonmaltreated preschool children; tested Resilient Peer Treatment's effectiveness for socially withdrawn victims of physical abuse and neglect; found treatment to be effective <input checked="" type="checkbox"/>	1. N = 46 Black, low-income preschool children; 59% girls, 41% boys
	Trauma Adaptive Recovery Group Education and Training (TARGET)	A promising treatment for pre-adolescents and adolescents aged 10-18 with PTSD	Specific information about ethnic minorities is not provided	1. (No citation) No peer-reviewed journal articles; results of a randomized controlled study was reported at a 2003 American Public Health convention <input checked="" type="checkbox"/> see website: www.NCTSN.net	1. (Unspecified)
	UCLA Trauma/Grief Program for Adolescents	A promising treatment for adolescents aged 11-18 with anxiety, depression, somatic complaints, risk-taking, aggressive and antisocial behaviors due to trauma exposure	Research on this program has included ethnically diverse adolescents	1. (No citation) No peer-reviewed journal articles; results of a randomized controlled trial was published in the proceedings of a July 2003 meeting of the International Association of Child Psychiatrists and Psychologists <input checked="" type="checkbox"/> see website: www.NCTSN.net	1. Black, Latino, Asian, American Indian, White adolescents

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Adults					
Anxiety	Chinese Taoist Cognitive Psychotherapy	(Not applicable)	(See study)	1. Zhang et al. (2002) tested Taoist-adapted CBT, benzodiazepines, or combination; medication group saw rapid reduction in symptoms, but in 6 months returned; CBT had slower reduction but reported superior response in 6 months; combination group reported improvements at one and six months <input checked="" type="checkbox"/>	1. 143 Chinese patients in China with generalized anxiety disorder; 44% females, 56% males
	Cognitive Behavioral Therapy (CBT)	CBT useful in reducing symptoms among White Americans with anxiety disorders	Overall, studies on ethnic populations lack rigorous designs; study samples are small	1. Chambless & Williams (1995) studied agoraphobic outpatients; both Blacks and Whites improved, but Black patients exhibited greater phobic responses prior to and following treatments <input checked="" type="checkbox"/> 2. Friedman et al. (1994) studied panic disorder and agoraphobia patients; CBT had moderately successful responses for both Whites and Blacks <input checked="" type="checkbox"/> 3. Lipsitz et al. (1999) found improved symptoms of phobia for all patients	1. N = 18 Black (1 male, 17 female), 57 White (9 male, 48 female) patients 2. 43 Black, 100 White; both ethnic groups over 80% females 3. 9 total with 3 Black patients

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Adults					
Anxiety (Cont'd)	Exposure therapy and ritual prevention	Exposure therapy show promise for anxiety disorders	Rigorous studies are lacking; however, a few studies suggest that exposure therapy may be efficacious across ethnicities for Obsessive-Compulsive Disorder (OCD) and Posttraumatic Stress Disorder (PTSD)	<p>1. Friedman et al. (2003) found urban Black and White outpatients likely to respond to therapy with improvements in OCD symptoms ☑</p> <p>2. Williams et al. (1998) used exposure and response for OCD; found significant improvements ☑</p> <p>3. Kubany et al. (2004) found treatment to be equally effective for White women and ethnic minority women with PTSD ☑</p> <p>4. Zoellner et al. (1999) found CBT to be equally effective for Black and White women with PTSD</p>	<p>1. N = 62: 15 Black, 11 Caribbean (92% females), 36 White (50% females)</p> <p>2. 2 Black women</p> <p>3. N = 126 ethnically diverse battered women in Hawaii</p> <p>4. White and Black women</p>
	Psychopharmacologic (Paroxetine)	In addition to CBT, benzodiazepines also useful for short-term intervention, but possibility of drug dependence limits long-term use	(See study)	1. Roy-Byrne et al. (2003) found minority status predicted poor response to paroxetine; lower income was a stronger predictor of nonresponse ☑	1. N = 97; 30% nonwhite sample; 65% females, 35% males
Depression	Antidepressant Medication and Interpersonal Therapy (IPT)	(See "general evidence" for CBT, IPT)	(See study)	1. Brown et al. (1999) compared IPT and guideline-based medication; Blacks more likely to adhere to IPT than Whites, but Blacks adhered less to medication than Whites; 8-month outcome was good (reduction in depression) and no racial differences were found, but some evidence of Blacks not responding as well in functional outcomes than Whites ☑	1. N = 125 Black, 120 White primary medical care patients; 74% females, 26% males

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Adults					
Depression (Cont'd)	Cognitive Behavioral Therapy (CBT)	<p>Effective for White Americans in reducing symptoms of nonpsychotic depression and improving interpersonal functioning</p> <p>Large literature on antidepressants (effectiveness rates vary depending on severity of depressive episode)</p>	<p>Ethnic sample sizes too small in important studies to conclude effectiveness or differential outcomes by ethnicity</p> <p>However, several studies suggest that ethnic minorities respond well to antidepressants</p>	<p>1. Dai et al. (1999) is only study of elderly Chinese with minor depressive symptoms; suggests that CBT is more effective than control <input checked="" type="checkbox"/></p> <p>2. Comas-Diaz's (1981) small randomized trial of cognitive group therapy vs. behavioral group therapy for depression in Latinos suggest both treatments are better than control, and outcomes are similar to general population <input checked="" type="checkbox"/></p> <p>3. Organista et al. (1994) show modest improvements for individual and group therapy, but minority patients are more likely to drop out of treatment</p>	<p>1. N = 30 elderly Chinese Americans; 60% females, 40% males</p> <p>2. N = 26 Puerto Rican unmarried mothers</p> <p>3. N = 175 low-income and minority medical patients (including 40% Latinos)</p>
	Cognitive Behavioral Therapy (CBT) (supportive psychotherapy)	(See "general evidence" for CBT, IPT)	Some contradictory findings for specialized populations of depressed patients (e.g., HIV-positive patients)	<p>1. Markowitz et al. (2000) found that Blacks receiving CBT reported poorer outcomes in comparison to Latinos and White patients; however, sample size for Blacks was very small</p> <p>2. Lichtenberg et al. (1996) found CBT to be effective for sample of Blacks</p> <p>3. Kohn et al. (2002) found culturally adapted CBT for depressed Black women to be successful in decreasing symptoms <input checked="" type="checkbox"/></p>	<p>1. 101 HIV-positive patients</p> <p>2. Elderly Black medical patients</p> <p>3. N = 12 low-income Black women</p>

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Adults					
Depression (Cont'd)	Group Cognitive Behavioral Therapy (CBT) (with clinical case management)	(See "general evidence" for CBT, IPT)	(See study)	1. Miranda et al. (2003a) studied whether supplemental case management (CM) is associated with greater retention in care for all participants; response to group therapy did not differ by language or ethnicity; CM group had greater improvement in symptoms and functioning than CBT alone for Spanish-speaking patients than English-speaking patients; posthoc analyses suggest Blacks benefit more from CBT alone than supplemental CM <input checked="" type="checkbox"/>	1. Low-income medical patients in urban setting: 77 Latino (Spanish as first language), 46 Black, 57 White, 18 Asian or American Indian; predominantly female
	Cognitive Behavioral Therapy (CBT) and Antidepressant Medication	(See "general evidence" for CBT, IPT)	(See study)	1. Miranda et al. (2003b) tested CBT (community care) and paroxetine on Latina and Black women; modified treatment to be sensitive to low-income women and cultural adaptations; guideline care was effective over and above community care for depressive symptoms and improving functioning; no ethnic differences in treatment outcomes were found <input checked="" type="checkbox"/>	1. 134 Latina immigrants, 117 Black and 16 White women (working poor)
	Educational approaches	(See "general evidence" for CBT, IPT)	(See study)	1. Lara et al. (2003) did not have random assignment; no difference between educational program and psychoeducational meetings <input checked="" type="checkbox"/>	1. N = 135 poor women in Mexico
	Interpersonal Therapy (IPT) or Parent Education for antepartum depression	(See "general evidence" for CBT, IPT)	(See study)	1. Spinelli & Endicott (2003) found at termination that 60% of IPT group recovered, while only 15% in parent education recovered <input checked="" type="checkbox"/>	1. N = 38 women (13 Latina, 6 White, 2 Black)
	Quality Improvement Interventions for Depressed Primary Care Patients	(Not applicable)	(See study)	1. Miranda et al. (2003c) found that quality improvement interventions that have modest accommodations for ethnic populations improve quality of care for both Caucasians and ethnic minorities	1. N = 398 Latino, 93 Black, 778 White; about 70% or more female

Disorder	Treatment	General Evidence	Evidence for Ethnic Populations	Studies on Ethnic Populations	Sample
Adults					
Psychotic Disorders	Pharmacotherapies and Psychotherapy	Medication for patients with schizophrenia: 70% positive results, but side effects can be disabling; newer drugs are just as effective as older ones with fewer side effects	Based on a few studies that compare pharmacotherapy and psychotherapy for ethnic populations, psychotherapy (community-based and family focused) may have longer-term, positive effects	<p>1. Telles et al. (1995) studied schizophrenia among Latinos; tested behavioral family management (BFM) for low-income, Spanish-speaking patients; found that less acculturated patients had significantly poorer outcomes with BFM than those who received case management, which may be intrusive and stressful <input checked="" type="checkbox"/></p> <p>2. Baker et al. (1999) tested psychosocial rehabilitation on patients with chronic mental illness; treated patients had increase in time out of hospital, decrease in dysfunction at work, etc. <input checked="" type="checkbox"/></p> <p>3. Xiong et al. (1994) tested modified family-based intervention against usual care after admission to psychiatric hospital; patients receiving family intervention less likely to be readmitted, with shorter hospital time and more likely to be employed <input checked="" type="checkbox"/></p> <p>4. Ran et al. (2003) tested medication plus psychoeducational family intervention; found increase in treatment compliance; had gains in knowledge about condition; positive change in caring attitudes of relatives compared to medication only and control groups</p>	<p>1. N = 42 Latino patients (Mexican, Guatemalan, Salvadoran) and their families; 36% females, 64% males</p> <p>2. N = 47 (with 44 or 96% Black and 2 White); primarily males</p> <p>3. N = 62 Chinese patients in China (gender not provided)</p> <p>4. 326 Chinese patients</p>

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