Evidence-Based Practice and Youth Diversity: What We Know & Why It Matters

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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

Questions We Asked in Grad School

- Are EVTs effective with ethnic minorities?
  - 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 minorities?
  - Yes, definitely

5 Questions To Address

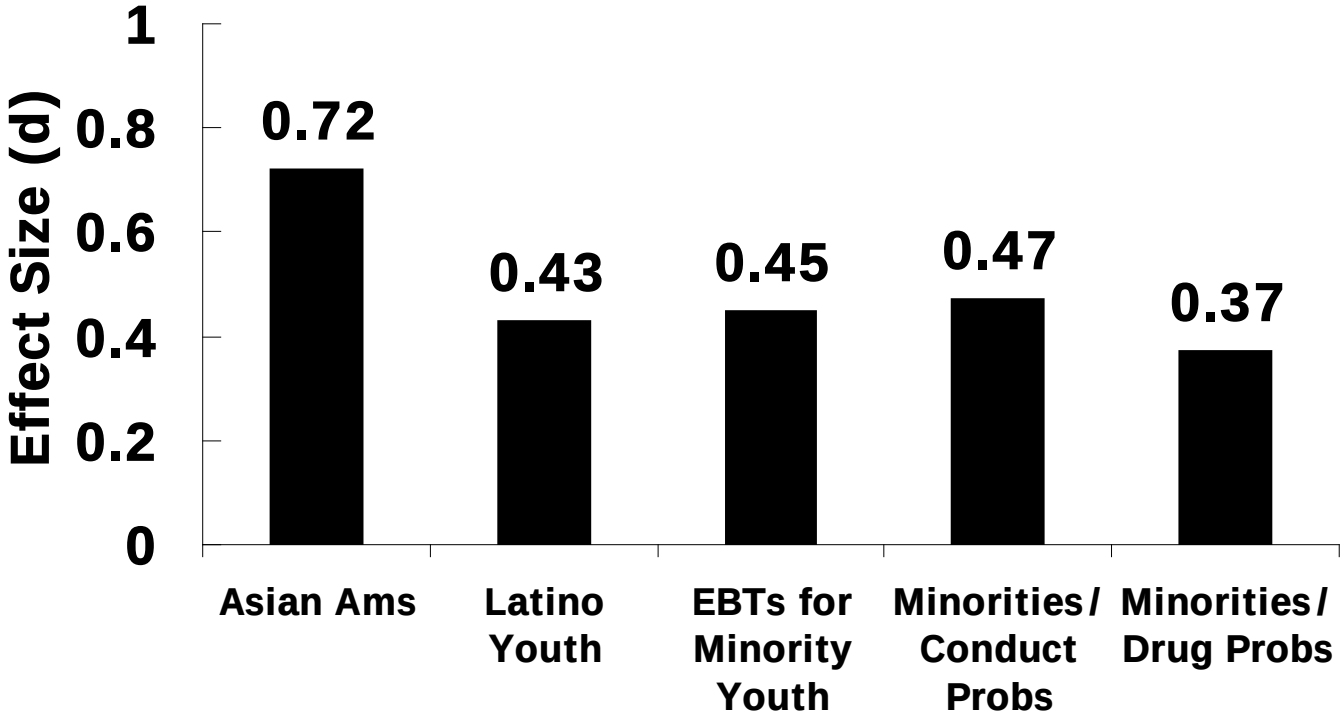
- Are EBPs effective with ethnically diverse youth?
- Are EBP outcomes worse for minorities compared to Euro-Americans?
- Does cultural tailoring enhance EBP outcomes for minority youth?
- What about other domains of diversity?
  - E.g., class, religious beliefs, sexual orientation
- How to best address diversity in EBP?

Are Therapies Effective with Ethnic Minorities?

Meta-Analysis Primer

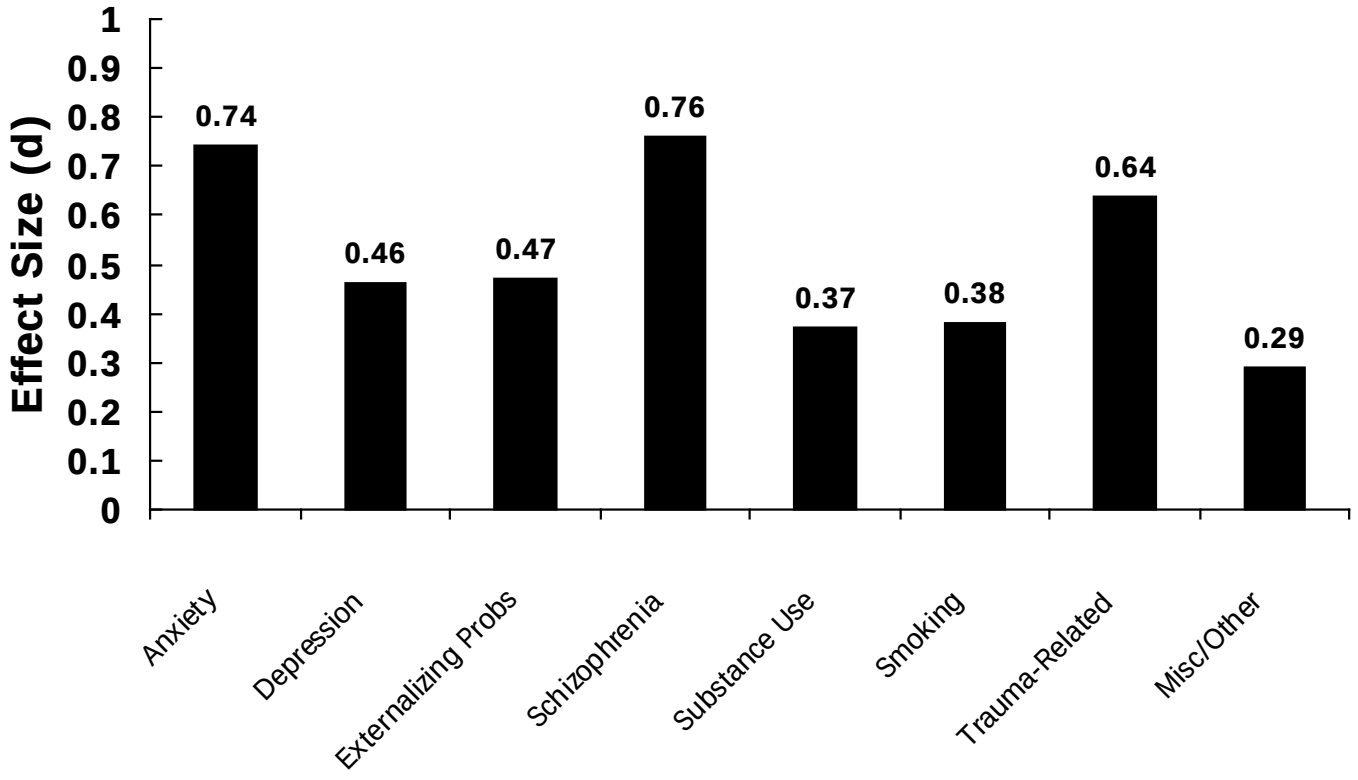
- What is Meta-Analysis?
  - Quantitative Review of Therapy Effects
  - Active Treatment vs. Control Group in Randomized Trials (RCTs)
  - Effect Size
    - d=.20 is small effect
    - d=.50 is medium effect
    - d=.80 is large effect
    - Effects adjusted for sample size

Treatment Outcome Meta-Analyses with Ethnic Minorities



Gillespie et al., 2015; Huey & Polo, 2008; Huey et al., 2014; Huey et al., 2016

Mental Health Treatment Effects for Ethnic Minorities Across 140 Randomized Trials



Huey et al., 2014

EBPs for Minorities

- ***<u>More than 50 EBTs</u>*** for ethnic minorities with diverse mental health problems
- Family systems therapies *(e.g., FFT, BSFT, MDFT, MST)*
- Interpersonal psychotherapy *(IPT)*
- Diverse cognitive-behavioral treatments *(CBTs)*
- Infant-parent relationship therapy, motivational interviewing, play therapy, and other therapies
- Modality doesn't seem to matter
  - Family vs. group vs. individual (e.g., Bernal; Nayamathi; Szapocznik)

Common Elements of Youth EBPs

- Theoretical coherence, with underlying theory of change
- Structured or semi-structured protocol, or treatment manual
- Standard number of sessions or clear termination criteria

Are Treatment Outcomes Worse for Ethnic Minorities vs. Euro-Americans?

Differential Effectiveness?

- Reviews by Huey & Polo (2008) & Miller et al. (2007)
  - Most relevant studies show no ethnic differences in treatment effects
  - *15%-23% show effects favoring minorities*
- Results from 29 Meta-Analyses (Huey & Smith, 2014)
  - 62% show no ethnicity effects
  - 14% show effects that favor whites
  - *17% show effects that favor minorities*
- *Summary*: No consistent ethnicity effects

Does Cultural Tailoring *Enhance Outcomes* for Ethnic Minorities?

What is Culturally-Responsive Tx?

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

What is Culturally-Responsive Tx?

- Some Pan-Minority Recommendations:
  - Short-term, 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 clients culture?)
  - Assess & validate client experiences w/racism
  - Attend to nonverbal/indirect forms of communication
  - Role induction

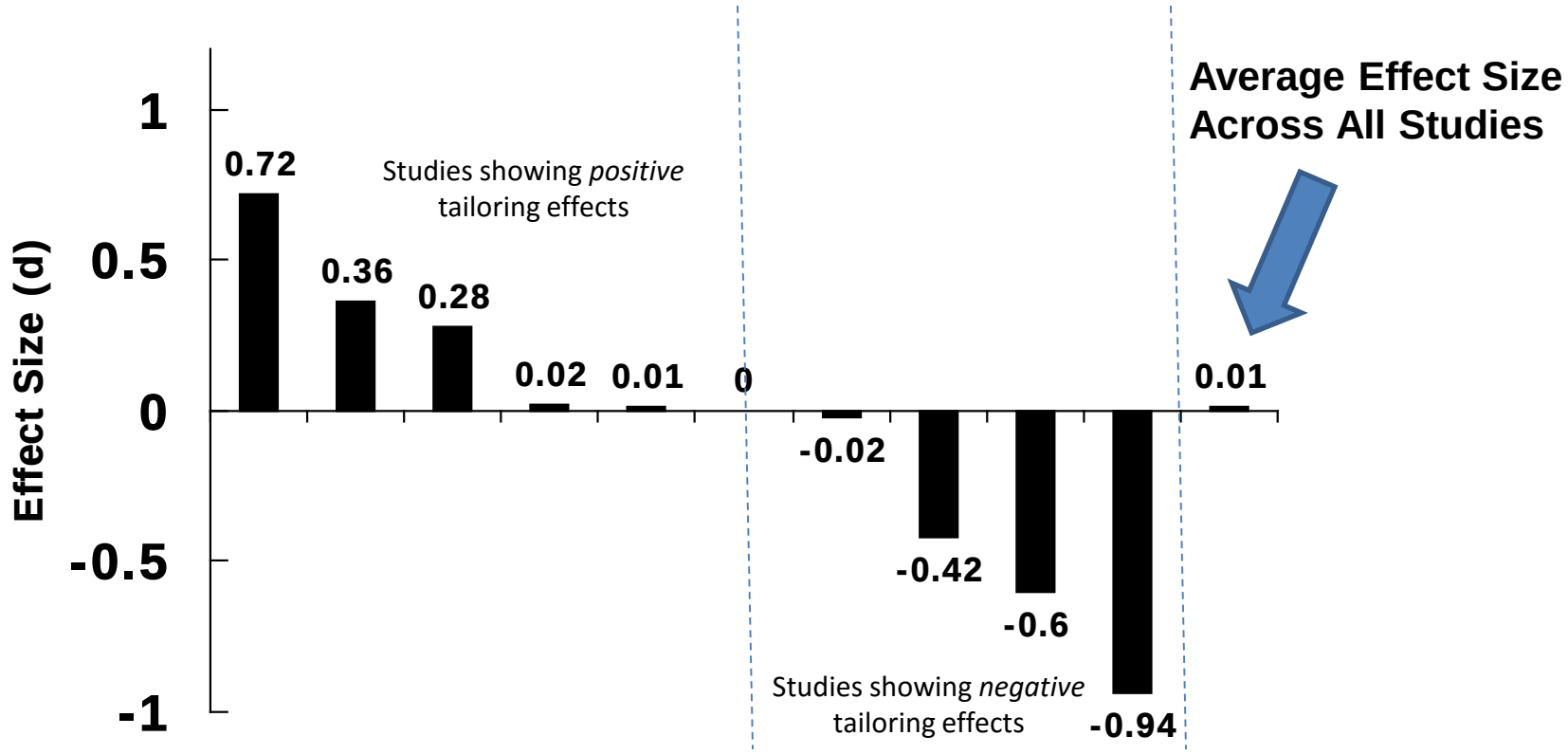
What is Culturally Responsive Tx?

- 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

Evidence

- Most minority-focused treatments are culturally-tailored
  - E.g., Huey & Polo (2008), Gillespie & Huey (2013)
- 10 meta-analyses summarized by Huey et al. (2014)
  - ***All*** show that culturally tailored treatment better than no treatment, placebo, & services-as-usual controls
  - ***BUT***, do culturally tailored treatments work better than generic treatments?
- Huey (2013) meta-analysis
  - Rigorous, direct comparison of tailored vs. generic treatments
  - Overall effect size of *d*=.01, no effect

Effect Sizes for 10 Randomized Trials of Culturally Tailored vs. Generic Treatments



Note: A positive effect size means that outcomes favor the culturally tailored condition; a negative effect size means that results favor the "generic" condition.

Why Might Tailoring *Diminish* Effects?

- Reactivity
  - Some cultural content may evoke negative emotional rxns
  - Chang; Webb
- Less Activation of Change Mechanisms
  - Some tailoring may distract from core strategies or create inefficiencies that interfere with active ingredients
  - E.g., Speech anxious Latinos undergoing exposure feel less anxious in front of a “Latino” audience (Perez, 2008)
    - Paradoxically, cultural concordance could make clients *too comfortable*
  - Castro; Lau; Kumpfer et al.; Kliewer et al.

Kliewer, Lepore Et Al. (2011)

- Sample & Design
  - Black youth (91%) in high-violence, urban neighborhoods
  - Randomly assigned to Standard vs. Enhanced Expressive Writing
- *Standard* Expressive Writing
  - Write about their deepest thoughts and feelings related to violence
- *Culturally Enhanced* Expressive Writing
  - Given option to write stories, skits, songs, or poetry about violence, and to share their work with others in the classroom
  - Rationale?
    - Strong oral tradition within African American culture
    - Popularity of ‘‘Spoken Word’’ & role of rap in popular culture
    - Reflects cultural experience of African Americans
- Results
  - Enhanced *less effective* at reducing teacher-rated aggression!
  - **Why?** Maybe less emotional processing in enhanced condition

Summary

- What we know so far
  - Therapies are generally effective for ethnic minorities
    - In lab *and* real-world settings
  - Many EBPs for Blacks & Latinos
    - And increasing for Asians Americans & indigenous populations
  - Minorities & Euro-Ams mostly benefit equally
  - No persuasive evidence that cultural tailoring necessarily enhances treatment effects

Other Aspects of Diversity?

Low-Income Youth

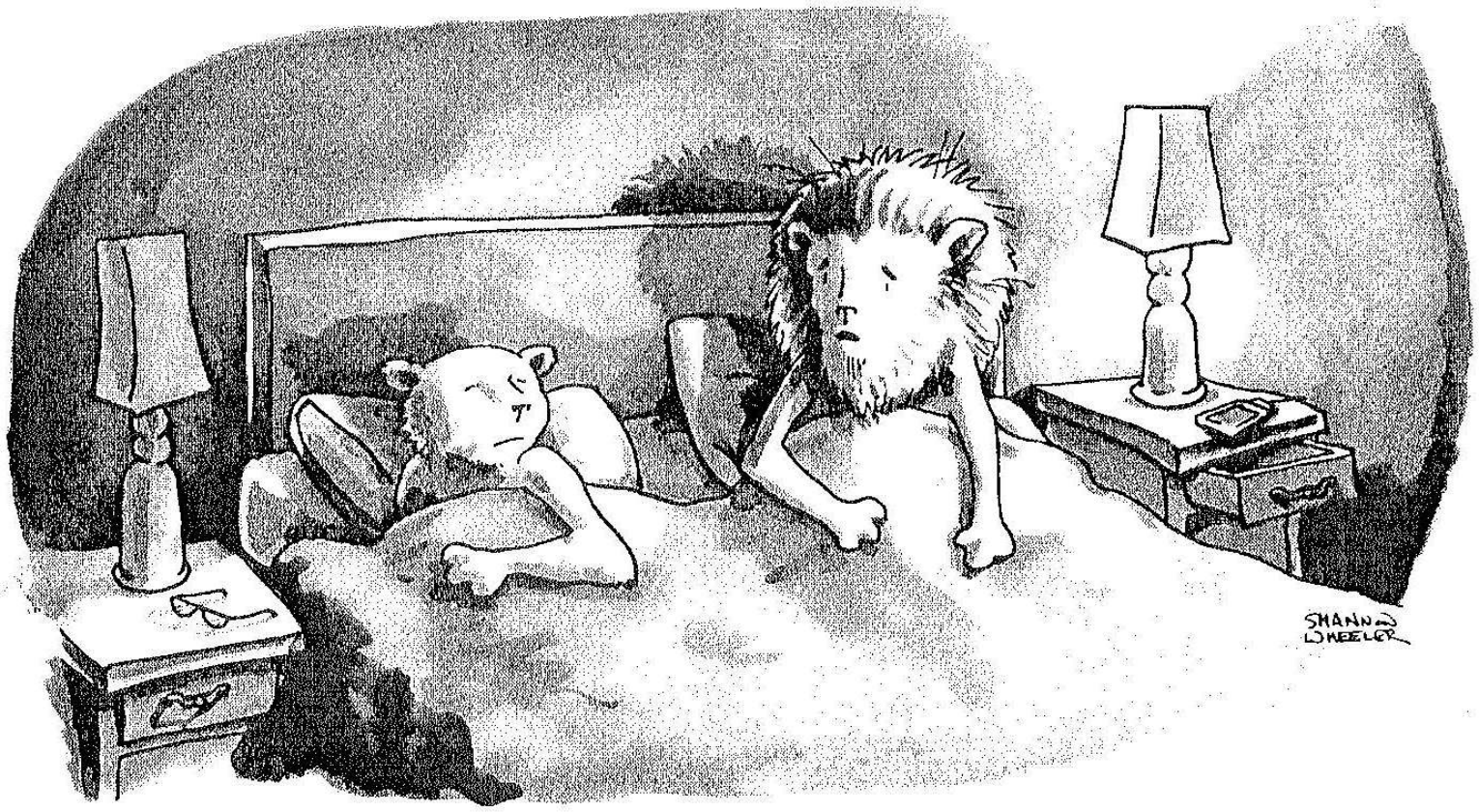
- Do EBPs work for low-income youth?
- Dozens of RCTs include predominantly low-income youth & families
- E.g., Most trials for Coping Power, MST, & MTFC focus on low-income youth
- EBPs are generally effective with this population
- Not much discussion of tailoring efforts

LGBT Youth

- Do EBPs work for LGBT youth?
- No RCTs focused specifically on LGBT youth with mental health problems
- Lots of adult-focused RCTs, but mostly focused on HIV prevention or treating sequelae of HIV (e.g., depression)
- EBPs generally effective with LGBT adults with anxiety-related problems, depression, & substance-use problems
- But efficacy with LGBT youth unknown, & importance of LGBT-specific tailoring unclear

Other Diversity Categories

- Religion
- Gender
- Immigrant status
- Age
- Region of country
- Disability
- Family structure
- Etc.



"But counting sheep makes me hungry."

Addressing Diversity in Evidence-Based Practice

Strategies for Addressing Diversity

- Mostly derived from review of hundreds of EBPs, but many don't have "gold standard" evidence
- Allows one to consider a variety of diversity concerns while minimizing stereotyping
- Consistent with manualized approaches & "common sense" clinical practice

Strategies for Addressing Diversity

- Inclusivity
- Reduce access barriers
- Role induction
- Start & stick with client goals
- Involve natural agents when possible
- “Fit” analysis
- Strength-focus
- Cultural knowledge but avoid assumptions
- Humility

Inclusivity

- Diversity Cues
  - Claude Steele & “Whistling Vivaldi”
  - Diverse staff, pictures, brochures, etc.
  - Wood website
- Use sensitive and inclusive language
  - Use “partner” vs. “boyfriend”
  - Bernie Sanders

Reducing Access Barriers

- Linguistic access
- Geographic access
  - Home-based approaches
  - Mobile Triple P!
- Transportation, insurance, sliding scales, work schedule, childcare, etc.

Role Induction

- Key elements of role induction
  - Review expected frequency of attendance & services available
  - Elicit treatment expectations & correct misperceptions
  - Clarify therapist & client responsibilities
  - Elicit reasons for entering treatment & discuss how treatment relates to identified problems
  - Elicit barriers to attendance & problem-solve
- Improves engagement & reduces dropout for ethnic minority clients (Katz et al., 2004)

Focus on Client Goals

- Goals often reflects client *priorities and values*
- Elicit treatment goals from relevant family members
- Let client's goals direct course of treatment
- Resist impulse to change vs. collaboration on tx goals

Involve Natural Agents

- Engage parents & other *feasible* natural agents
- As “explainers”, interpreters, idea generators, supervisors, coaches, parent surrogates, etc.
- Who “takes over” when treatment ends?
- 50,000 coaches

“Fit” Analysis

- In CBT terms, a functional analysis
- Evaluate ABC’s – antecedents & reinforcing consequences of behavior
- In the MST world, involves “fit” circles
- Modify & individualize treatment based on evolving “fit”

Strength-Focused

- Emphasize what youth/family is doing “right”
- Build on preexisting values & competencies
- Utilize preexisting resources

Cultural Knowledge

- Some familiarity with norms, experiences, & challenges of population you're working with
  - E.g., "coming out" & higher suicidality for LGBT youth
  - E.g., higher substance abuse among LBT women
  - E.g., discrimination & higher schizophrenia in AfrAms
- Avoid assumptions about the importance/relevance of race, class, sexual orientation, etc. for client

Humility

- We often don't know what we don't know
- We have self-serving & self-enhancing biases
  - Therapists give inflated ratings of competence/adherence
  - Generally, experienced therapists no better than novices
- Solicit client's perspective & experiences, but…
- Don't presume you'll truly understand that experience, esp. if cultural differences
- Southpark

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