

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

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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

- 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

- Bernal → Metaphors, language, etc.
- Rogler → (1) Increase access, (2) Select traditional txs that fit, (3) Modify traditional tx
- 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 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

Are Therapies Effective with Ethnic Minority Youth?

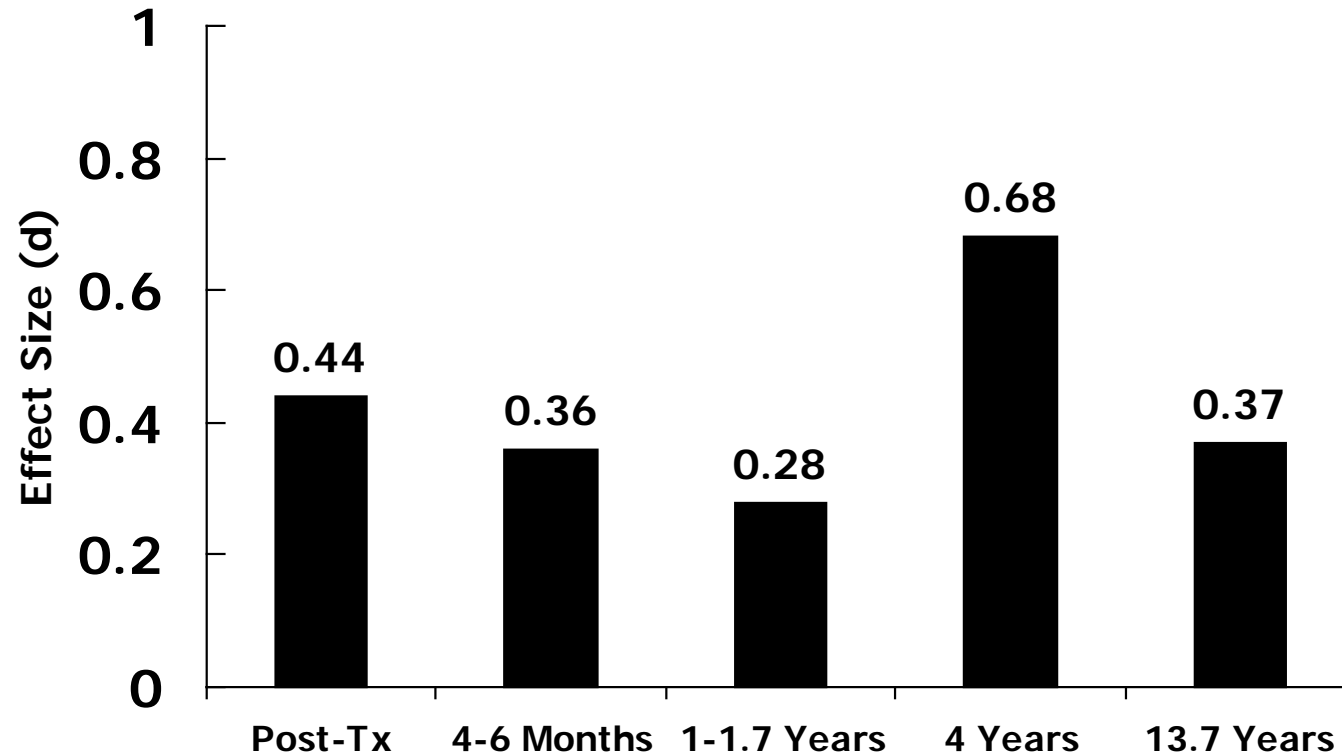
Meta-Analysis Primer

- 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
 - $d = .43$ 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

Long-Term Treatment Effects for Minority Youth



What Therapies are Effective with
Ethnic Minority Youth?

EBTs for Minority Youth

- 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?

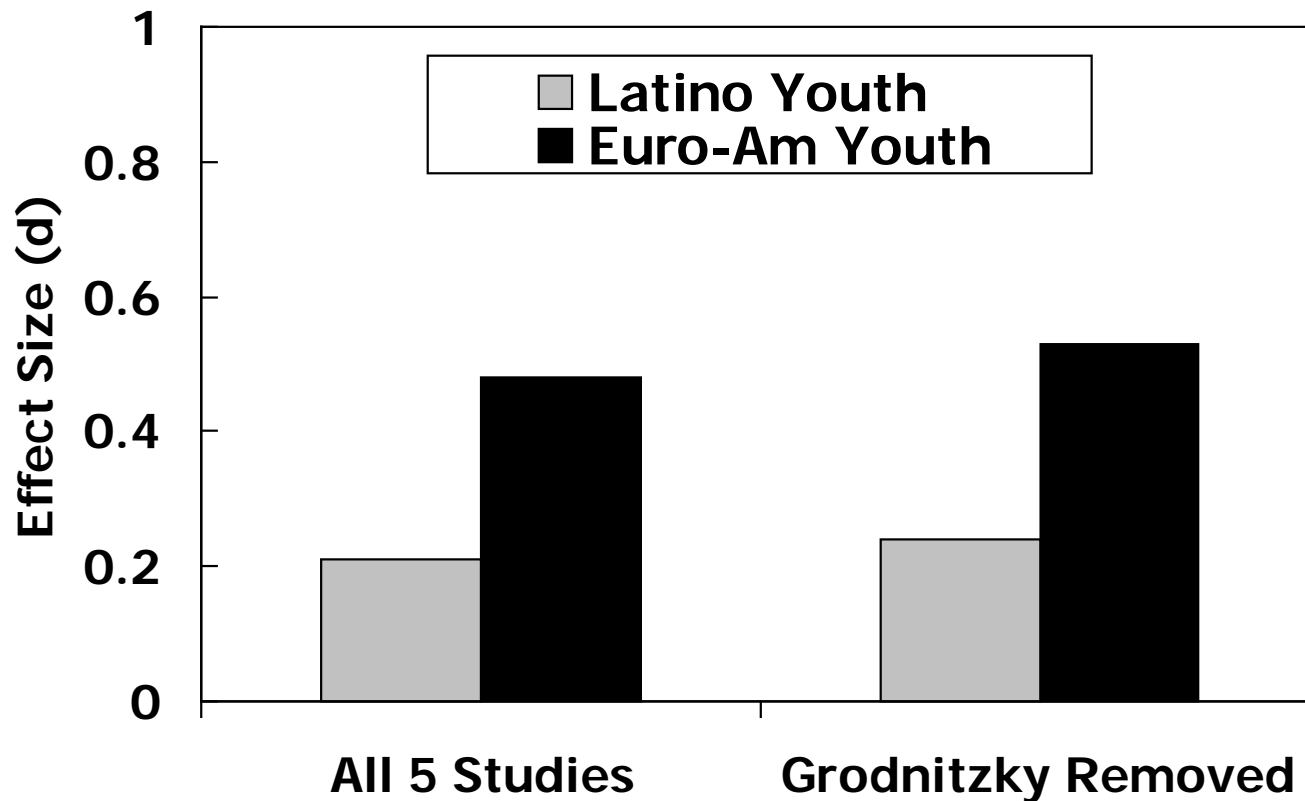
Less Effective for Minorities?

- 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
 - Smit et al, 2008; Stice et al, 2006 (Prevention Studies)
 - *Summary*: Overall no ethnic differences

Less Effective for Minorities?

- 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

Youth Treatment Effect Sizes for *Latino* vs. Euro-Americans



Do Cultural Adaptations *Enhance*
Outcomes for Minority Youth?

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

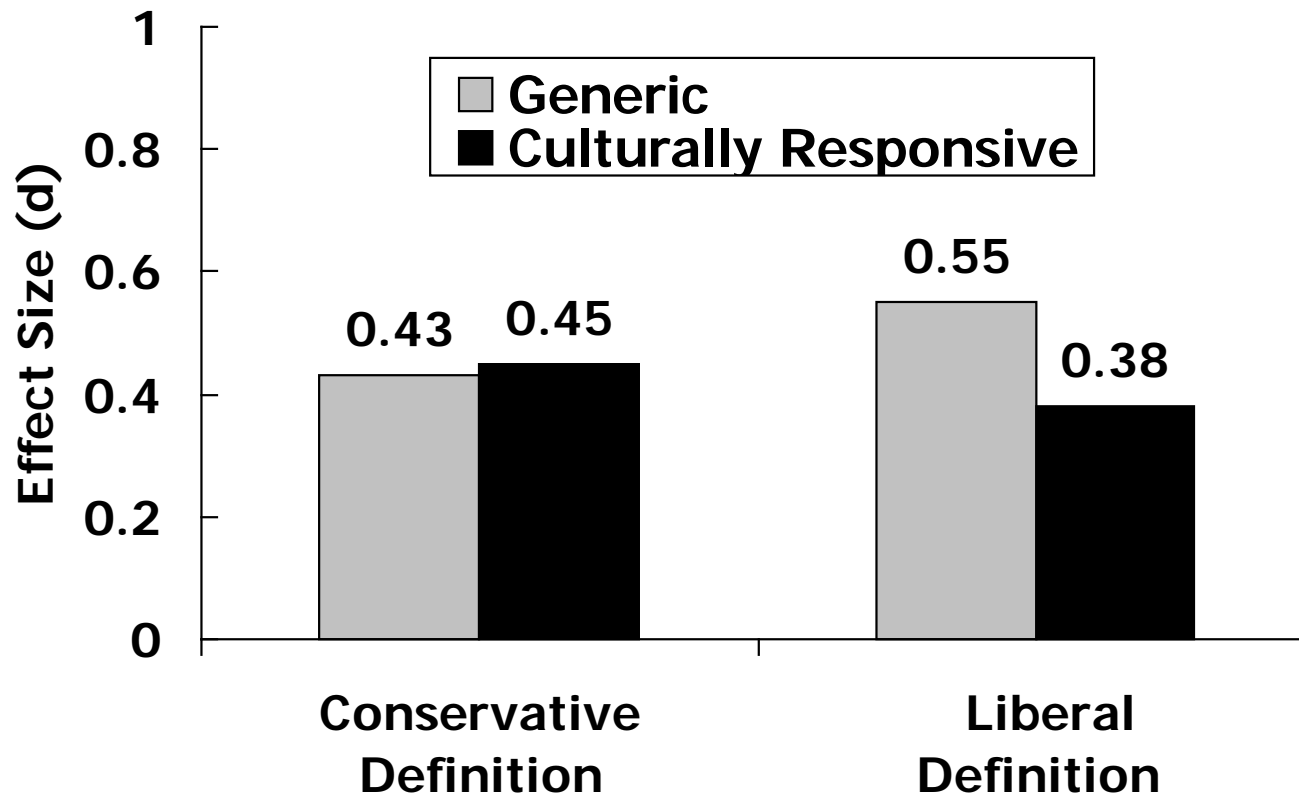
Limitations of These CRT Metas

- 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)

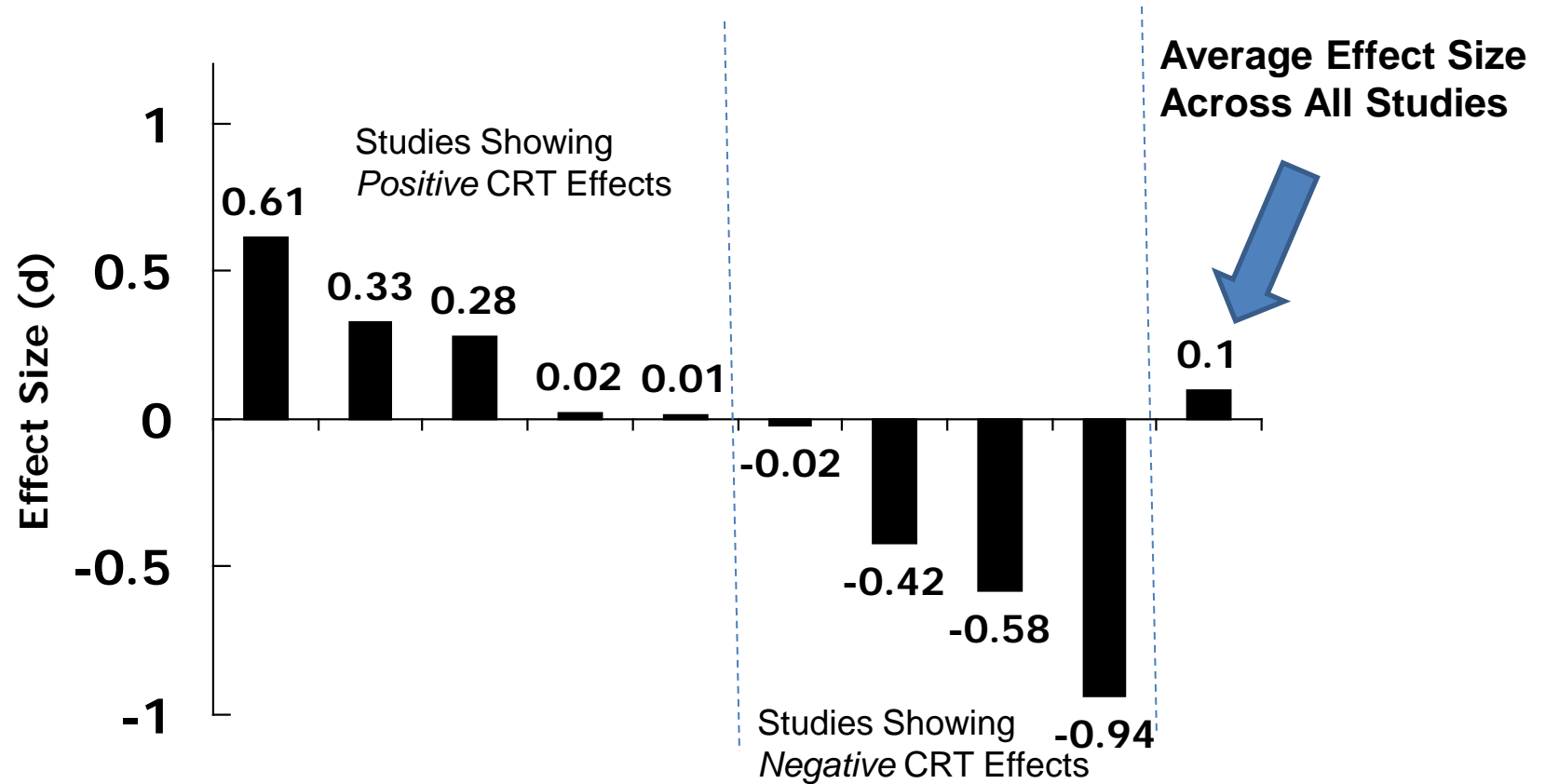
Cultural Responsiveness Effects

- 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

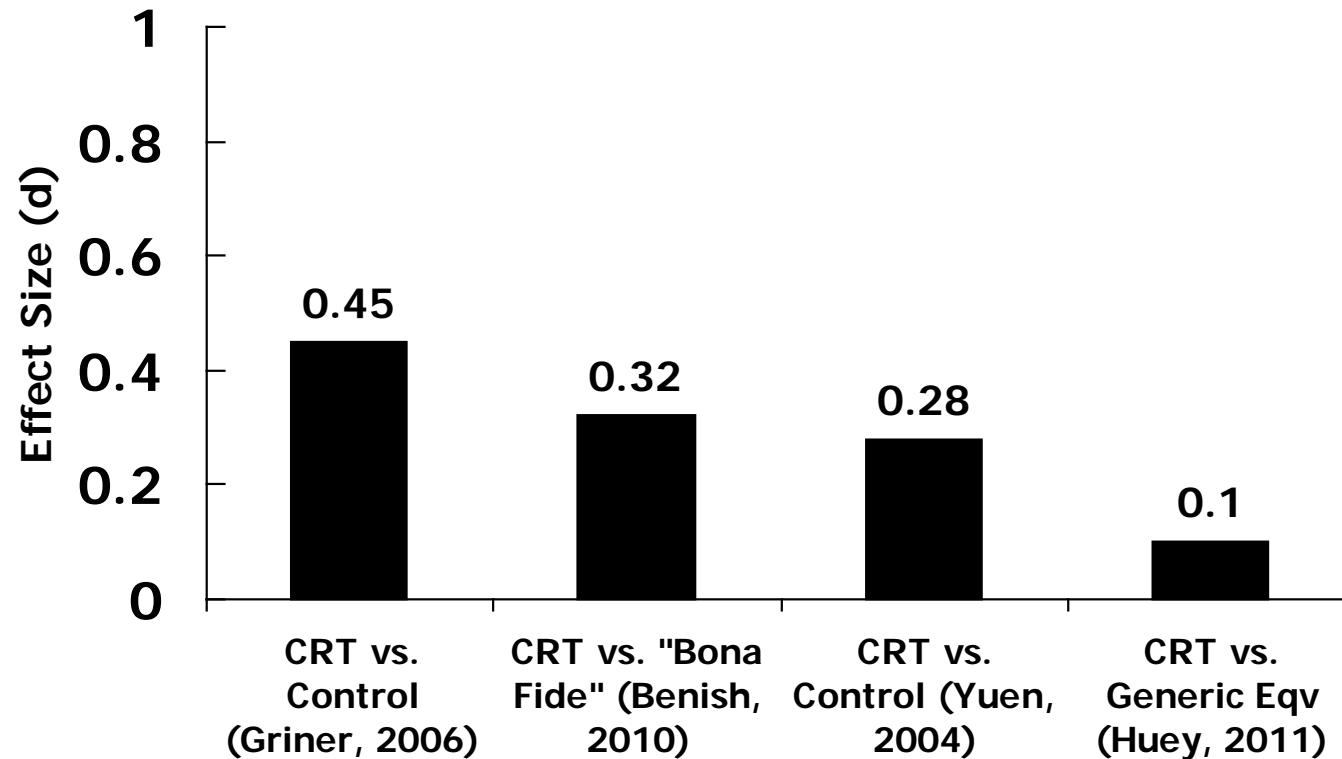
Method 1: Culturally Responsive vs. Generic Treatments – *Minority Youth*



Method 2: Culturally Responsive vs. Generic Treatments – *All Ages*



4 CRT Meta-Analyses



Summary

- What we know so far
 - Therapies are generally efficacious for minority youth
 - Many EBTs for Black & Latino youth
 - Mixed re: Ethnic differences in treatment outcome
 - Individual studies mostly show no ethnicity effects
 - Meta shows Euro-Americans *may* respond better than Latinos
 - 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., eating disorders, suicidal behavior)?
 - Does immigration or acculturation status affect outcomes?
 - How to optimally make treatments “culturally responsive” for minority youth?

So is the Cultural Responsiveness
Perspective Valid?

10 Lessons

1. Cultural elements may work best when they *complement* core treatment
 - Dansereau et al., 1996; Pan et al., 2010; Schwarz, 1989
2. Effective CRT may *not* require cultural knowledge, cultural focus, or cultural competence
 - Dansereau et al., 1996; Pan et al., 2010
3. Successful CRT may be redundant with what clinicians do naturally
 - Harper & Iwamasa, 1996; Pope-Davis et al., 2002; Stanhope et al., 2008
4. CRT may work best for less acculturated patients
 - Griner & Smith, 2006; Nollen et al., 2007; Pan et al., 2011

OST Phobic Stimuli

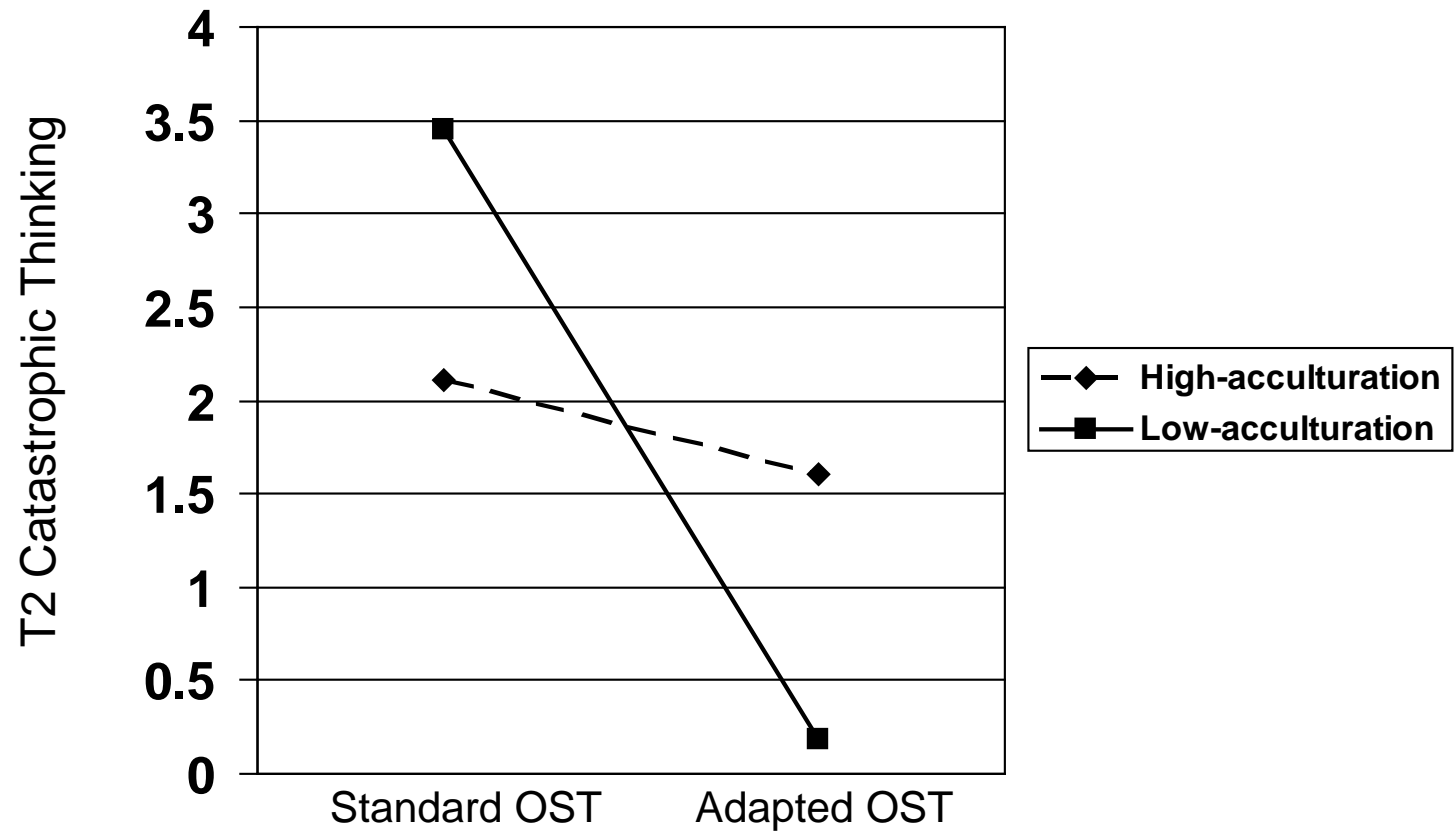
- Common House Spider
- Cellar Spider



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

Acculturation Status as a Moderator of Treatment Effects



10 Lessons

5. At times, CRTs may do more harm than good
 - Huey, 2011; Waldron & Turner, 2008; 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. At times, cultural dysynchrony may be the optimal approach to treating ethnic minorities
 - Huey & Ng, 2010; Pan & Huey, 2011; Perez, 2006
8. CRTs can disrupt fidelity to core treatment
 - Schulte et al., 1996; Kumpfer et al., 2002; Lau, 2006

10 Lessons

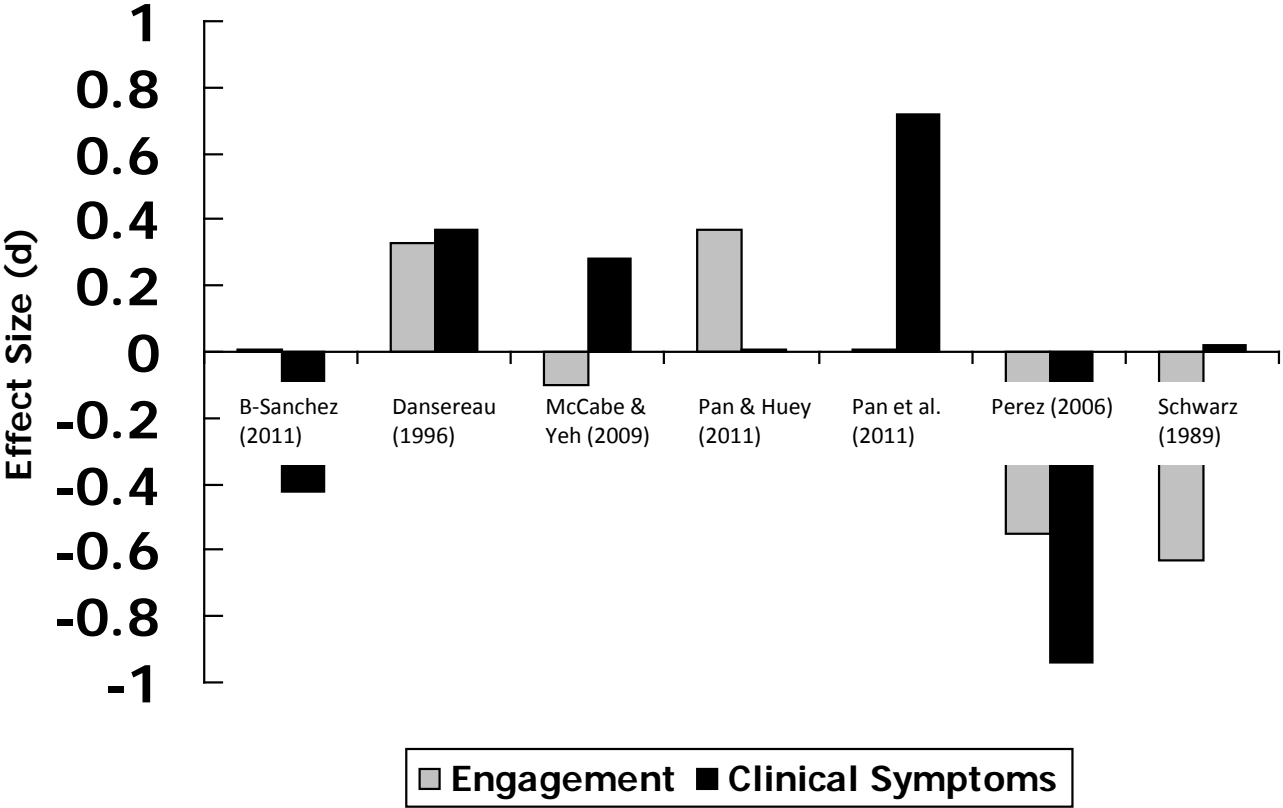
9. Euro-Americans & minorities may benefit (or fail to benefit?) equally from CRT

- Genshaft & Hirt, 1986; Grodnitzky, 1993; Pan & Huey, 2011

10. Improved treatment knowledge, satisfaction, or engagement may not translate to symptom reduction for minorities

- Beach et al., 2005; Huey, 2011; Kumpfer et al., 2002; Nollen et al., 2007

CRT (vs. Generic Tx) Effects on Engagement & Clinical Symptoms often Diverge



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

What to Recommend for Minorities?

- To facilitate *symptom reduction*, use:
 - CBTs (& other EBTs) as first line treatments
 - Huey & Polo (2008, 2010)
 - Bernal et al. (2009); Ho et al. (2010); Miranda et al. (2005)
- What about Cultural Responsiveness?
 - Several possibilities

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 Minorities

- 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

- *Definitely* consider when:
 - Your assessment leads you in that direction
 - You reach a therapeutic “impasse” – i.e., when conventional approach not working

Some Final CRT Guidelines

- *Maybe* consider if...
 - It doesn't interfere with your "active ingredients"
 - E.g., Schulte et al. (1992; 1996) study
 - 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 changing your mind
 - Collect data!

Questions?