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
    • \( \hat{d} < 0.20 \) is small effect
    • \( \hat{d} < 0.50 \) is medium effect
    • \( \hat{d} > 0.80 \) 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

- More than 50 EBTs for ethnic minorities with diverse mental health problems
- Family systems therapies (e.g., FFT, BSFT, MDF, 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?

• 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

Differential Effectiveness?
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.

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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

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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.

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
• “Fit” analysis
• Strength-focus
• Cultural knowledge but avoid assumptions
• Humility

Inclusivity

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

“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 client/family is doing “right”
• Build on preexisting values & competencies
• Utilize preexisting resources
  – 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
  • BIG caveat: research on child-only vs. parent + child tx effects equivocal!!

“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
• Means you CAN’T be “colorblind”
• 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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References:


What NOT to do

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