

# Empirically-Supported Treatments for Ethnic Minority Youth: Review and Meta-Analysis

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# Background

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

# What is Culture-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 txs more “appropriate” for ethnic minorities

# Defining Minority ESTs

## Well-Established EST Criteria:

- I. Two between-group experiments showing
  - A. Superior to pill or placebo
  - B. Equivalence to established treatment
- II. Treatment manual preferred
- III. Sample clearly specified
- IV. At least 2 different investigating teams

# Defining Minority ESTs

## Probably Efficacious EST Criteria:

- I. Two between-group experiments showing Treatment > Wait-List; OR
- II. One experiment meeting Well-Established Criteria I, II, & III, but not & IV

# Defining Minority ESTs

## Supplemental Conditions:

- I. At least one experiment meets following conditions:
  - A. 75% or more minority; OR
  - B. Separate analyses with minority youth show superiority to control condition; OR
  - C. Ethnicity not moderate treatment effects

# Evidence

- Do ESTs work with minority youth?
  - Huey (2006)
  - N=23 studies
  - $d=.43$  post-tx;  $d=.39$  follow-up; ~medium effect
  - 10 well-supported or probably efficacious
- Moderator Effects?
  - Better outcomes for internalizing ( $d=.65$ ) vs. externalizing ( $d=.33$ ) problems
  - No differences by comparison group

# Anxiety Disorders

- Well-Established
  - None
- Probably Efficacious
  - CBT for African Americans & Cuban Americans

# Depression

- Well-Established
  - None
- Probably Efficacious
  - CBT for Puerto Ricans
  - IPT for Puerto Ricans

# Post-Traumatic Stress Disorder

- Well-Established
  - Trauma-Focused CBT for Minorities
- Probably Efficacious
  - None

# Attention-Deficit/Hyperactivity

- Well-Established
  - Methylphenidate for African Americans
- Probably Efficacious
  - Combined medication & behavioral treatment for African Americans & Latinos
  - Multicomponent behavioral treatment for African Americans

# Conduct Problems

- Well-Established
  - Multisystemic Therapy for African Americans
  - Assertive Training for African Americans
- Probably Efficacious
  - Anger Management Training for *Minorities*
  - BSFT for Cuban Americans
  - Coping Power for African Americans

# Drug Use/Abuse

- Well-Established
  - None
- Probably Efficacious
  - Multidimensional Family Therapy for *Minorities*

# Evidence

- Does Ethnicity (minority vs. nonminority) Moderate Tx Outcomes?
  - N > 13 studies
  - For most, ethnicity did not moderate
  - Similar results from drug prevention & delinquency literature (Tobler, 1997; Wilson et al., 2003; Wilson et al., 2003 )

# Evidence

- Are CRTs more efficacious?
- Culturally-Responsive Components:
  - Vignettes, examples, materials changed to make more “culturally sensitive” (Ginsburg & Drake, 2004)
  - Treatment individualized to deal flexibly with sociocultural differences (Henggeler et al., 1992)
  - Counselor-youth or peer-youth ethnic match (CPPRG, 1999; Hudley & Graham, 1993; Huey & Rank, 1984; Szapocznik et al., 1989)
  - Sensitizing therapists to issues specific to working with minorities (Silverman et al., 1999)

# Evidence

- Culturally-Responsive Components (cont'd):
  - Address intergenerational, cultural conflict (Szapocznik et al., 1989)
  - Counselors/peers with common cultural experience or background (Fantuzzo et al., 2005, Rowland et al., 2005)
  - Cultural agents involved in treatment development (Lochman et al., 2001)
  - Use of cultural themes, symbols, content (Rossello & Bernal, 1996; 1999)
  - Family resource specialist to assist the clinical team in understanding the client cultures (Rowland et al., 2005)
  - Misc. adaptations for culture or diversity (CPPRG, 1999; Ginsburg & Drake, 2002; Stein et al., 2003)

# Evidence

- Are CRTs more efficacious?
  - Correlational Data
    - Individual studies (Yeh et al., 1994; Halliday-Boykins et al, 2005)
    - Meta-analysis of ethnic match effects (Maramba & Hall, 2002)
  - Experimental Data – CRT vs. Non-CRT
    - Genshaft & Hirt (1979)
    - Szapocznik et al. (1986)
    - Huey & Pan (in press)
    - Others in progress & Quasi-Experimental

# Evidence

- Are CRTs more efficacious (cont'd)?
  - Experimental Data – Individual Tx vs. Family or Group Tx
    - Rossello & Bernal (2004)
    - Szapocznik et al. (1983; 1986)
  - Does meta-analysis show CRT effects?
    - Conservative Definition → NO
    - Liberal Definition → NO

# Summary

- ESTs appear to be efficacious w/minorities
- Minorities & non-minorities benefit equally
- Little evidence of unique CRT effects

# Limitations

- Often low statistical power
- Diverse CRTs
- Failure to specify if CRT
- Influence of acculturation status untested
- No evidence for Asian Americans, Native Americans
- Underrepresentation of Mexican-Americans (vs. Cuban-Americans)
- Meta-analysis included only ESTs