

EVIDENCE-BASED PSYCHOSOCIAL TREATMENTS FOR ETHNIC MINORITY YOUTH (DRAFT)

This document provides a brief review of Evidence-Based Treatments (EBTs) for ethnic minority youth with psychosocial problems. Two empirically-oriented frameworks were used to guide the selection of EBTs (see Appendix). The first framework, developed by a Task Force of the American Psychological Association (Chambless & Hollon, 1998) and modified for youth (Lonigan et al., 1998), requires evidence from at least two randomized clinical trials (Table 1). Well-Established treatments meet the highest levels of scientific support, whereas Probably Efficacious treatments meet a somewhat lower threshold. The second framework, summarized in Table 2, was developed by Nathan and Gorman (1998) as a method for identifying efficacious psychosocial and pharmacological interventions for youth and adults. In this framework, both Type I and II treatments require evidence from only one randomized clinical trial. Several additional factors were considered to determine whether the criteria applied to ethnic minority youth (Tables 1 and 2).

EBTs for ethnic minority youth are summarized below. A more detailed review is found in Huey (2006).

ANXIETY-RELATED PROBLEMS

Well-Established

None

Probably Efficacious

Group Cognitive-Behavioral Treatment

Target. Diverse anxiety disorders

Description. Cognitive and behavioral strategies including exposure, self-control training, contingency management and contracting, peer modeling, and feedback.

Population. African American and Latino (predominantly Cuban). Ages 6-17.

Adaptations. Therapist training involved “sensitizing therapists to issues specific to working with multicultural populations, such as cultural differences in modes of coping, definitions of anxiety-provoking objects or events, and particular parenting styles” (Silverman et al., 1999). Treatment manual adapted to be “culturally sensitive (e.g., examples changed, alternative situations used, etc.)” (Ginsburg et al., 2002).

Reference. Ginsburg & Drake (2002); Silverman et al. (1999)

Type I or II Efficacy

Anxiety Management Training for test anxious, 6th – 7th grade predominantly African Americans (Wilson & Rotter, 1986)

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

Well-Established

None

Probably Efficacious

None

Type I or II

Multicomponent Behavioral Treatment for 7-9 year old African Americans & Latinos with ADHD (combined type) (Arnold et al., 2003)

Medication with Multicomponent Behavioral Treatment for 7-9 year old African Americans & Latinos with ADHD (combined type) (Arnold et al., 2003)

CONDUCT PROBLEMS

Well-Established

Multisystemic Therapy

Target. Antisocial behavior

Description. A family-centered, home-based, individualized intervention that targets the multiple systems in which youth are embedded. Uses diverse evidence-based treatment strategies including contingency contracting, communication training, and behavioral parent training.

Population. African American; Ages 12-17 years.

Adaptations. Individualized treatment plans and assessment of multiple contexts, allows MST to “deal flexibly with sociocultural differences in adolescents’ psychosocial contexts” (Henggeler et al., 1992).

Reference. Borduin et al. (1995); Henggeler et al. (1992); Henggeler et al. (1997); Henggeler et al. (2002); Schaeffer & Borduin (2005).

Assertive Training

Target. Chronic classroom disruption

Description. Peer- and counselor-led assertive training

Population. African American; 8th and 9th grade youth.

Adaptations. Peer and professional counselors were Black. Unspecified “adaptations for cultural differences incorporated” into intervention.

Reference. Huey & Rank (1984)

Probably Efficacious

Coping Power

Target. Aggressive behavior

Description. Involves social problem solving, positive play, group-entry skills training, training for coping with negative emotions, and behavioral parent training.

Population. African American youth. 4th – 6th grade youth.

Adaptations. African American staff involved in development of intervention.

Reference. Lochman et al. (1993); Lochman & Wells (2002; 2003; 2004).

Anger Management Training

Target. Anger and disruptive behavior

Description. Consists primarily of psychoeducation, attribution retraining, coping skills training, and structured role-play.

Population. Predominantly African American “adolescents”

Adaptations. None.

Reference. Snyder et al. (1999)

Brief Strategic Family Therapy

Target. Externalizing problems

Description. Family-systems treatment involving strategies such as joining, reframing, and boundary shifting to restructure problematic family interactions.

Population. Latino (predominantly Cuban-American) youth, ages 6-18 years.

Adaptations. Counselors were Latino and experienced working with Latinos. Some versions of BSFT address intergenerational, cultural conflict.

Reference. Santisteban et al. (2003); Szapocznik et al. (1989)

Type I or II

Rationale Emotive Treatment for disruptive, “Black and Hispanic” youth, average age 16 years (Block, 1978)

Fast Track Multicomponent school intervention for aggressive and disruptive African American youth, average age 6.5 years (Conduct Prevention Research Group, 1999)

Structured Problem Solving for African American, 7th and 8th grade youth with school-related problems (high tardiness rates; 4 or more referrals to counselor or vice-principal’s office) (De Anda, 1985)

Cognitive Restructuring for aggressive, predominantly African American youth ages 8-11 years (Forman, 1980)

Response-Cost for aggressive, predominantly African American youth ages 8-11 years (Forman, 1980)

Attribution Retraining for aggressive, African American youth, mean age 10.5 years (Hudley & Graham, 1993)

Behavioral Contracting for 6th–10th grade African American youth referred for school counseling services (Stuart et al., 1976)

DEPRESSION

Well-Established

None

Probably Efficacious**Cognitive-Behavioral Therapy**

Target. Depression and dysthymia

Description. Focuses on identifying and changing negative dysfunctional cognitions, engaging in pleasant activities, and improving interpersonal interactions

Population. Puerto Rican; Ages 13-17 years.

Adaptations. Treatment “adapted, taking into consideration cultural aspects of the treatments that consider the ‘interpersonal’ aspects of the Latino culture.” Also see Rossello & Bernal (1996).

Reference. Rossello & Bernal (1999)

Interpersonal Psychotherapy

Target. Depression and dysthymia

Description. Focuses on establishing a therapeutic alliance with the patient, identification and resolution of interpersonal problem areas, and improving relationship quality

Population. Puerto Rican; Ages 13-17 years.

Adaptations. Treatment “adapted, taking into consideration cultural aspects of the treatments that consider the ‘interpersonal’ aspects of the Latino culture.” Also see Rossello & Bernal (1996).

Reference. Rossello & Bernal (1999)

Type I or II

None

SUBSTANCE-USE PROBLEMSWell-Established

None

Probably Efficacious**Multidimensional Family Therapy**

Target. Substance use problems

Description. A family-based, multi-component treatment that targets multiple systems that contribute to drug use. At youth level, focus on building youth competencies by teaching communication and problem-solving skills. At family level, focus on changing negative family interaction patterns, and coaching parents to engage with their children. Also, focus on helping family members gain access to concrete resources such as job training and academic tutoring.

Population. Mixed minority youth (42% Hispanic, 38% African American, 15% other non-White); ages 11-15 years.

Adaptations. Most therapists were either Hispanic or Black (although unclear whether efforts to match therapists and clients by ethnicity).

Reference. Liddle et al. (2004)

Type I or II

Multisystemic Therapy for substance-abusing or dependent African American youth, ages 12-17 years (Henggeler et al., 1999; Henggeler et al., 2002)

TRAUMA-RELATED PROBLEMSWell-Established**Trauma-Focused Cognitive-Behavioral Therapy**

Target. Sexual abuse-related PTSD

Description. Parent- and child-focused treatment involving psychoeducation, coping skills training, gradual exposure, cognitive processing of the abuse experience, and parent management training.

Population. Predominantly African American youth; ages 8-14 years.

Adaptations. None.

Reference. Cohen et al. (2004)

Probably Efficacious**Resilient Peer Treatment**

Target. Social withdrawal among abused and neglected youth

Description. Modeling-based intervention involving routine interactive play with a peer who shows high levels of social functioning. Adult volunteers support “resilient peers” in efforts to engage target youth in routine classroom play.

Population. African American youth; ages 3-5 years.

Adaptations. Treatment “culturally appropriate” in use of family volunteers and high-functioning peers with common cultural backgrounds and experiences (Fantuzzo et al, 1996).

Reference. Fantuzzo et al. (1996; 2005)

Type I or II

Fostering Individualized Assistance Program for abuse/neglected predominantly African American youth with emotional or behavioral problems, ages 7-15 years (Clark et al., 1998)

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APPENDIX: TABLES

Table 1. Modified Task Force Criteria for Evidence-Based Treatments for Ethnic Minority Youth (Adapted from Lonigan, Elbert, & Johnson, 1998)

Well-Established Treatments

I. At least two good between-group design experiments demonstrating efficacy in one or more of the following ways:

- A. Superior (statistically significant) to pill or psychological placebo or to another treatment
- B. Equivalent to an already established treatment in experiments with adequate sample size

II. Treatment manuals used for the intervention (preferred, but not necessary)

III. Characteristics of the client samples must be clearly specified

IV. Effects must be demonstrated by at least two different investigating teams

Probably Efficacious Treatments

I. Two experiments showing the treatment is superior (statistically significant) to a no-treatment control group (e.g., wait list comparison condition).

OR

II. Two group-design experiments meeting criteria I, II, and III, but not IV for well-established treatments.

Additional Considerations for Treatment Evaluation with Minority Youth

At least one of the between-group design experiments must include *one or more* of the following characteristics:

- A. 75% of participants or greater are ethnic minorities, *or*
- B. Separate analyses with minority youth show superiority (statistically significant) to control

conditions, *or*

C. Analyses indicate that ethnicity does not moderate key treatment outcomes, or that treatment is effective with minority youth despite moderator effect(s)

Table 2. Modified Nathan and Gorman (1998) Criteria for Evidence-Based Treatments for Ethnic Minority Youth

Type 1 Studies

- I. Study must include a randomized prospective clinical trial
- II. Study must include comparison groups with random assignment, clear inclusion and exclusion criteria, blind assessments, state-of-the-art diagnostic methods, and adequate sample size for power
- III. There must be clearly described statistical methods

Type 2 Studies

Clinical trials must be performed, but some traits of Type 1 study were missing (e.g., inadequate sample size)

Additional Considerations for Treatment Evaluation with Minority Youth

The between-group design experiment must include one or more of the following characteristics:

- A. 75% of participants or greater are ethnic minorities, or
 - B. Separate analyses with minority youth show superiority (statistically significant) to control conditions, or
 - C. Analyses indicate that ethnicity does not moderate key treatment outcomes, or that treatment is effective with minority youth despite moderator effect(s)
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