

*Center for Excellence in*

CHILDREN'S  
MENTAL  
HEALTH



UNIVERSITY OF MINNESOTA

# EVIDENCE-BASED TREATMENT AND CULTURE IN CHILDREN'S MENTAL HEALTH

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# Agenda for the Afternoon

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- Background
- Definitions
- Current Research
- Cultural Adaptations
- Practice Based Evidence
- Discussion

# BACKGROUND

# What's the Issue?

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- Increasingly Diverse Population
- Persons of Color less likely to use mental health services.
- Lag in research on what interventions work best for Children of Color.

# White Youth Become the Minority

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- Today: 1 in 3 US Youth (0-19) is a “minority”
  - ▣ White Youth: 49.1 M
  - ▣ Total US Youth Population: 80.5 M
  
- 2030: Whites are the minority
  - ▣ White Youth: 45.5M (45%!!)
  - ▣ Hispanic Youth: 33.3M
  - ▣ Total US Youth Population: 100.8M

# MN Youth (0-19) Demographics 2000 - 2030

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- White Children: decrease by almost 1%.
- Children of Color/Hispanic: increase by 72%.
- 27 % of Minnesota children will be Children of Color and/or Hispanic in 2030.
- 42% of Hennepin and Ramsey County will be Persons of Color and/or Hispanic in 2030.

# Emerging Populations: Immigrants

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## Immigrant Households:

- Immigrants comprise 12% of the American population, and one million new immigrants arrive annually.
- Today, 88% of Asian American and 58% of Latino American children are growing up in immigrant households.

# Disparities in Utilization

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Race/Ethnicity	12-Month Service Use
Caucasian	≈ 20%
African American/ Caribbean	10.1%
Latino (excluding Puerto Rican)	10.7%
Asian American	8.6%

Collaborative Psychiatric Epidemiology Studies: NCS-R, NSAL, NLAAS

# Disparities in Treatment for Depression Across Race/Ethnic Groups

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	White (2253)	Latino (1896)	Asian (1789)	Black (2659)
No Tx No Meds	40.2%	59.4	68	58.8
Inadequate Treatment	26	18.4	18.8	29
Adequate Treatment	33	22	13	12

National Latino & Asian American Study,  
Alegria, 2007

# Roots of Disparities in Utilization

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- ❑ Poverty.
- ❑ Lack of insurance coverage.
- ❑ Stigma.
- ❑ Mistrust. Historical Abuse of Services.
- ❑ Perceived Disrespect.
- ❑ Systemic bias and institutional racism.
- ❑ Preference for Alternative Treatments.
- ❑ Treatment models often do not incorporate cultural practices, values and perspectives.

# DEFINITIONS

# Culture

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- Culture: A set of practices, ideas, symbols, norms, values that
  - Influences interactions between people.
  - Consists of shared elements.
  - Is transmitted across time periods and generations.

Cohen (2009)

# Race

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- Race: a dynamic set of historically derived and institutionalized ideas and practices that
  - ▣ Sorts people into ethnic groups according to perceived physical and behavioral human characteristics;
  - ▣ Associates differential value, power and privilege with these characteristics and establishes a social status ranking among different groups....

Markus (2008)

# Ethnicity

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- Ethnicity: a dynamic set of historically derived and institutionalized ideas and practices that allows people to identify or be identified with [others] on the basis of presumed (and usually claimed) commonalities including language, history, nation or region of origin, customs, ways of being, religion, names, physical appearance, and/or genealogy or ancestry....

Markus (2008)

- Culture, race and ethnicity are factors that influence what people bring into the mental health service setting. This includes:
  - How communities define wellness and mental illness;
  - What social processes mediate wellness and illness;
  - How consumers and their families communicate about and express their symptoms;
  - How and from whom help is sought;
  - What types of coping styles and social supports are utilized; and,
  - The level of stigma attached to mental illness.

# Evidence-Based Treatment (EBT)

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- A psychological intervention that has been scientifically demonstrated to be effective.
  - ▣ Proven in one or more randomized control trials (RCT).
  - ▣ Highest level of evidence generally requires 2 or more RCTs by independent investigators.
  - ▣ Highest level of evidence generally requires manualization and clear description of samples on which the EBT was studied.

# Effective/Efficacious

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- Efficacious: demonstrated effective in a controlled setting.
- Effective: demonstrated effective in real world applications.
- There is general agreement on these 2 concepts, but widespread disagreement on terminology.
- The next person might use the exact opposite definition for these terms!

# Evidence-Based Practice (EBP)

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- Clinical practice based on the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences.
- EBP is NOT what researchers have studied.

American Psychological Association (2006)

# CURRENT RESEARCH

# Validated EBTs

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- SAMHSA's National Registry of Evidence based Programs and Practices (NREPP)
- 84 Interventions for youth 0-17.
- MH, CD, Prevention and Treatment
- Scientifically Tested AND Ready for Dissemination

<http://www.nrepp.samhsa.gov/>

# Validated EBTs

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- Hawaii CAMHD 2007 Biennial Report
  - 832 groups from 322 studies with over 25,435 youth
  - Best Support:  
15 Treatment Families  
Median Effect Size = 1.39 (.48 – 5.00+)
  - Blue Menu

<http://hawaii.gov/health/mental-health/camhd/library/webs/ebs/ebs-index.html>

# Persons of Color in EBTs

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- Surgeon General Supplement on Culture, Race and Ethnicity.
- 1986 – 2001 Clinical Trial to Generate Professional Treatment Guidelines
  - ▣ Total N = 9,266
    - 46% No race designation
    - 40% White
    - 7% Only designated “non-white”
    - 7% Black, Hispanic or A/PI
    - 0% Native American
  - ▣ No Analyses by Race or Ethnicity.

Office of the Surgeon General. (2001). *Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the surgeon general.*

# Youth of Color in EBTs

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- 236 randomized studies of youth psychotherapy from 1962 – 2002.
- Total N = 10,047
  - 60% No race designation
  - 23% White
  - 11% Black
  - 2% Hispanic
  - 1% Asian
  - 3% Other
- Conduct Disorder Studies: Largest percentage of Children of Color and/or Hispanic youth.

Weisz, J. R., Doss, A. J., & Hawley, K. M. (2005)

# Reviews of EBTs for Children of Color

- Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W. C., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology, 1*, 113-142.
- Huey, S. J. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37*(1), 262-301.
- Go to [www.cmh.edu](http://www.cmh.edu) for details of interventions covered in these reviews.

# Miranda, et. al.

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- Most of the studies summarized by Miranda, et. al. are also included in Huey & Polo.
- Miranda provides more narrative description of studies.
- Miranda includes preventive interventions.

# Huey & Polo

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- 30 Treatments for Ethnic Minority Youth
- Inclusion Criteria:
  - Probably or Possibly Efficacious; and
  - 75% or more youth of color; or
  - Separate analyses for youth of color; or
  - Effects not moderated by ethnicity
- No Studies included Native American, Asian/Pacific Island or Immigrant Youth

# Huey & Polo --&-- Miranda

## Interventions for African American Youth

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<u>Problem:</u>	ANX	DEP	Trauma	Disrup- tive Behv.	ADHD	CD
<u>Treatment:</u>						
MST				X		X
Coping Power				X		
Anger Mgmt				X		
Attributional Intervention				X		
Parent Mgmt Training*				X		
TF-CBT			X			
Resilient Peer Tx			X			
Fostering Individual Assistance Program			X			
Behavior Tx + Meds					X	
Multi-Dimension Family Tx						X

\*= Miranda only

# Huey & Polo --&-- Miranda

## Interventions for Hispanic/Latino Youth

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<u>Problem:</u>	ANX	DEP	Trauma	Disrup- tive Behv	ADHD	CD
<u>Treatment:</u>						
Group CBT	X					
CBT		X				
Interpersonal Therapy		X				
Brief Strategic Family Tx				X		
Parent Mgmt Training*				X		
Anger Mgmt				X		
CBITS			X			
Multi-Dimension Family Tx						X

\*= Miranda only

# Huey & Polo

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- No Treatments in Best Support Category
- Effect Sizes Moderate to Small
  - ▣ Vs. No treatment ES = .58
  - ▣ Vs. Treatment as usual ES = .22 (small)
  - ▣ Almost 90% were LT than Median ES for Best Support Tx listed in HI 2007 Biennial Report

# Example of well-validated unadapted EBTs for Communities of Color

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- **TF-CBT** – Trauma in African-American Youth
- **MST** – Disruptive Behavior in African-American Youth
- **Incredible Years** – Disruptive Behavior in African-American and Hispanic Youth
- **Behavior Therapy + Medication** – ADHD in African-American Youth (but less impact than for whites on teacher rated ADHD)

# CULTURAL ADAPTATION

# Huey & Polo

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- “little evidence exists that culture-responsive treatment is more beneficial than standard treatments for ethnic minority youth. Yet numerous methodological problems also limit what conclusions can be drawn”
  
- Race NOT found to be important moderator
  - ▣ 8 of 13 studies that compared outcome by race found no difference.
  - ▣ No correlation between ES and race.
  
- Cultural Adaptations did NOT improve outcomes.
  - ▣ 10 Studies included cultural adaptations, but no correlation with ES.

# Griner & Smith

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- Meta-Analysis of 76 Studies
  - ▣ Culturally Adapted Interventions improved outcomes: Average Effect Size = .45
  - ▣ Interventions Targeted to a specific cultural group were 4 times more effective.
  - ▣ Interventions in clients' native language were twice as effective as interventions in English.

Griner, D., & Smith, T. B. (2006)



# What is Cultural Adaptation?

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- Strategies for Cultural Adaptation
  - ▣ Enhancing Engagement - adaptations that increase engagement or make treatment more acceptable in a particular culture or community.
  - ▣ Augmentation –adaptation based on the unique processes that create risk or protect against the development of clinical problems in a specific community.
  - ▣ Intensification –Therapy dosage adaptation

Lau, A. S. (2006)

# What's the Controversy?

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- Arguments for Adaptation:
  - ▣ Culture is a significant determinant of world view, values, experiences and social processes.
  - ▣ Low utilization of MH services in communities of color. May be improved by adaptations for engagement.
  - ▣ Many EBTs not proven in real world.
  - ▣ Few EBTs validated in communities of color: Adapting existing EBTs will be more efficient than creating new ones.
  - ▣ Lack of “core component analysis” for existing EBTs: Adapting EBTs can lead to understanding of critical culturally specific vs. general factors.

# What's the Controversy?

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- Arguments against Adaptation
  - Clinical symptoms are considered by some to be the most significant determinant of needed Tx.
  - Adaptation may jeopardize EBT fidelity.
  - No clear evidence that Adaptation improves outcomes. More efficient and scientifically valid to use existing EBTs.
  - No limit to the need for adaptation – subcultures/local cultures/individual differences/etc.
  - Efforts to improve engagement can occur before the intervention.

# What's the Controversy?

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- Cultural Specificity vs. Universality. 3 Views:
  - Culture so profoundly affects how people structure their worlds that it can be difficult or impossible to understand cultural meanings of practices from outside that culture.
  - Basic human characteristics are common to all members of the species. Culture influences the development and display of them.
  - Cultural differences derive from differences in emphasis or default responses; though people can generally understand the responses from other cultures.

Cohen (2009)

# Examples of culturally adapted EBTs

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- Brief Strategic Family Therapy
- Parent Management Training
  - ▣ Black Parenting Strengths and Strategies
  - ▣ GANA
  - ▣ Honoring Children – Making Relatives
  - ▣ Adaptation of Incredible Years for Chinese American Parents.

# Brief Strategic Family Therapy

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- Adapted from Salvador Minuchin's Family Therapy
- Based on Miami/Cuban community expectations:
  - ▣ Family oriented approach
  - ▣ Therapists take active, directive, present-oriented leadership roles.
- BSFT attempts to change family interactions and cultural/contextual factors that influence youth behavior problems.

Robbins & Szapocznik (2000)

# Brief Strategic Family Therapy

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- BSFT designed to respond to strengths and challenges typical of youth and families of color in Miami:
  - Immigration
  - High Conflict
  - Inner City
  - Extended Families
  - Strong Sense of Family Unity

Robbins & Szapocznik (2000)

# Brief Strategic Family Therapy

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- Intervention Components
  - ▣ Joining/Establishing a Therapeutic Alliance
  - ▣ Diagnosing Family System Problems
  - ▣ Producing Change/Restructuring

Robbins & Szapocznik (2000)

# Black Parenting Strengths & Strategies

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- Adaptation of Parenting the Strong-Willed Child.
- Based on research concerning the importance of Racial Socialization in African-American Families.

Coard, et. al. (2007)

# Black Parenting Strengths & Strategies

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- Content Adaptations: A portion of the parenting group session was devoted to review and discussion of specific African-American issues.
  - ▣ Promoting academic achievement despite perceived barriers in schools.
  - ▣ Promoting positive and appropriate parent-child discussions and problem solving about racism, prejudice and discrimination.
  - ▣ Social and emotional development of Black youth, especially development of racial awareness and identity.
  - ▣ Enhancing children's problem solving skills in volatile situations.

Coard, et. al. (2007)

# Black Parenting Strengths & Strategies

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- Delivery Adaptations
  - ▣ Use of African American language and expressions
  - ▣ Emphasis on African American values
    - Collective responsibility
    - Cooperation
    - Interdependence
  - ▣ Use of African American proverbs, poems, symbols
  - ▣ Use of prayer, role playing, storytelling, extended family participation and humor.
  - ▣ Program provided in typical community setting

Coard, et. al. (2007)



# Honoring Children – Making Relatives

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- Identification of Native therapeutic teachings and concepts.
- Identification of core concepts of Parent-Child Interaction Therapy
- Use of Native world view, traditional concepts, activities, language as the foundation for teaching PCIT lessons.
- Use of Native cultural consultants in adaptation process.

# Indian Country Child Trauma Center

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- Native model of well being
  - Balance
  - Harmony
  - Respect
  - Connectedness
  - Wellness
  
- Wellbeing is centered in spiritual well being, and encompasses physical, emotional, mental and relational well being.

# OTHER APPROACHES

# Common Factors

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- Tx studies generally are able to account for 40 to 50% of variance in outcomes.

□ Patient	25-30%
□ Therapy relationship	10%
□ Therapist	8%
□ Treatment Method	5-8%

Norcross, J.C. and Lambert, M.J. (2006)

# Integration of EBT and Common Factors

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- Evidence Based Practice (EBP)
- Clinical practice that is informed by evidence about interventions, clinical expertise, and patient needs values and preferences, and their integration in decision making about individual care.
- This is NOT what researchers have generally studied.

# Practice Based Evidence

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- Over-reliance on EBT excludes many culturally-specific interventions and traditional healing practices.
- PBE is drawn from cultural knowledge and traditions for treatment, based on local definitions of wellness and dysfunction.
- PBE is “discovered” through community consensus.
- No agreed upon process for “validating” PBE.

# Community Defined Evidence Project

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- National Network to End Disparities in Behavioral Health (NNED)
  - ▣ Solicit nominations for successful practices available to Hispanics/Latinos.
  - ▣ Develop an approach that documents what “works” in Hispanic/Latino communities.
  - ▣ Increase the evidence base of successful practices available to community based agencies.

[www.nned.net](http://www.nned.net)

# Presenters Contact Information

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