

Research Question

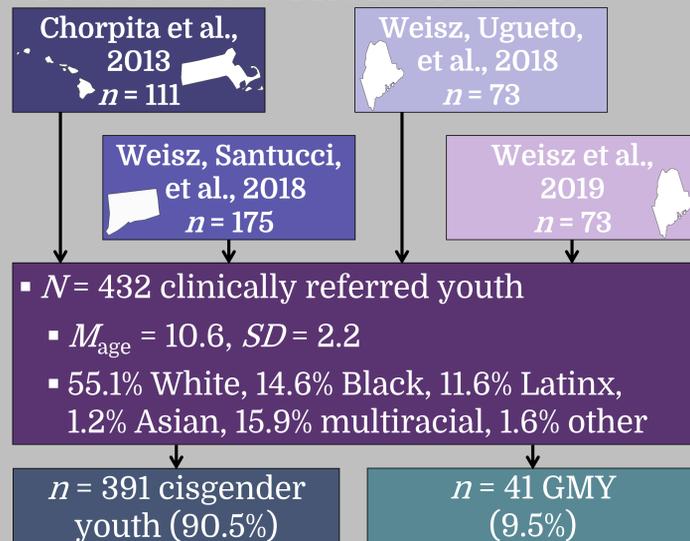
- Are existing evidence-based practices (EBP) as effective and acceptable for gender minority youth (GMY) as they are for cisgender youth?

Introduction

- Relative to their cisgender peers, GMY experience elevated rates of anxiety¹, depression², PTSD³, suicidality⁴, and other mental health problems⁵
- These inequities may result from GMY's exposure to and internalization of identity-based stressors⁶
- Though increasingly accessing mental health services⁷, GMY face barriers to treatment access and engagement⁸
- Extant EBP are effective in treating youth's internalizing and externalizing symptomatology⁹, but RCTs have not accounted for gender identity¹⁰
- Evaluating the effectiveness and acceptability of EBP with GMY will inform if and how these interventions should be adapted¹¹

Participants

- Pooled across 4 RCTs of EBP¹²⁻¹⁵:



The Effectiveness and Acceptability of Evidence-Based Practices for Gender Minority Youth



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Go with the flow!

Skip to the stats!

Gender minority youth benefited as much from existing evidence-based practices as their cisgender peers, but they reported lower treatment acceptability.



REFERENCES

For more information or to request references, please visit <https://bit.ly/2CCGYJM> or email nathan.hollinsaid@tufts.edu

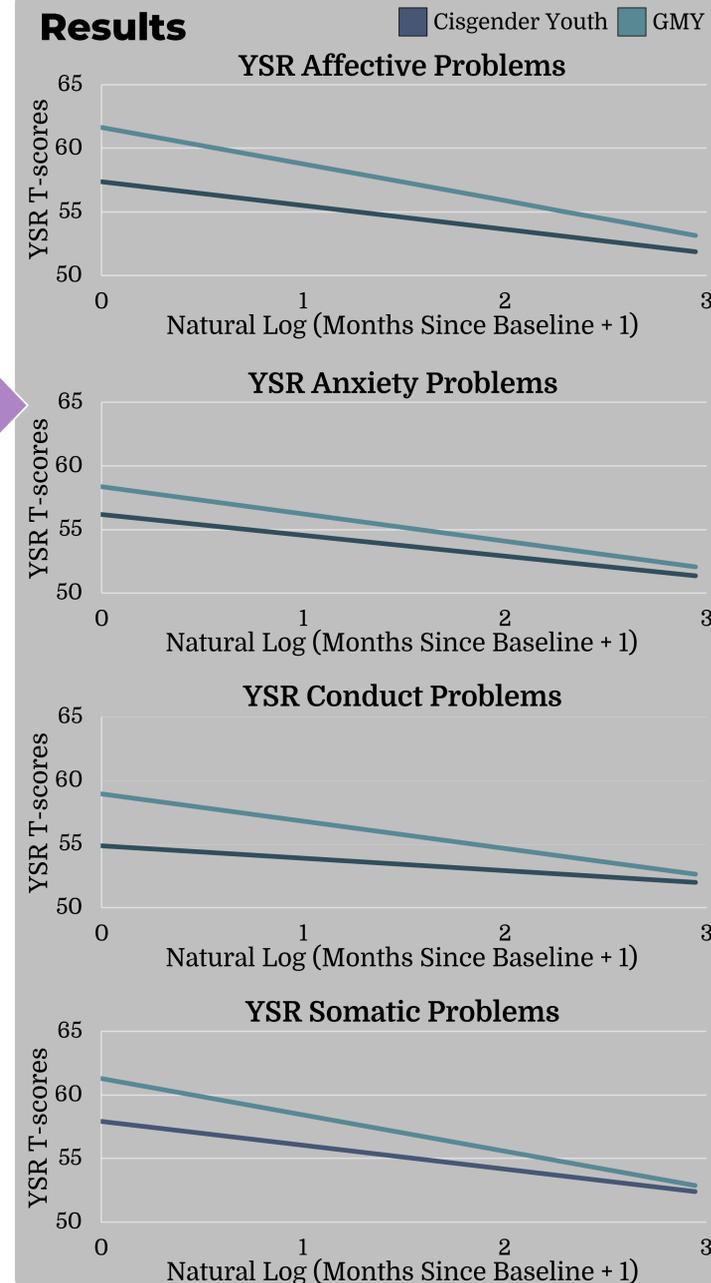
Methods

- Effectiveness:** MLM was used to estimate rates of change in youth's affective, anxiety, conduct, and somatic problems via DSM-oriented scales of the Youth Self-Report¹⁶
- Acceptability:** T tests were employed to compare treatment satisfaction¹⁷ and therapeutic alliance¹⁸ across cisgender youth and GMY
- Gender Identity:** YSR #110 ("I wish I were of the opposite sex") was used to identify gender minority status¹⁹

Findings

- GMY's affective, anxiety, and somatic problems improved at rates similar to those of their cisgender peers
- GMY's conduct problems improved more quickly than those of cisgender youth ($p < .01$), but not after controlling for initial symptom severity
- GMY reported lower satisfaction than cisgender youth ($p = .03$)
- Youth-therapist alliance did not vary across GMY and cisgender youth

Results



Conclusions

- Future RCTs of EBP should collect gender identity data via inclusive and validated measures²⁰
- Affirmative training interventions²¹ for MHPs might reduce barriers to treatment access and engagement
- Affirmative adaptations to EBP might improve efficacy and acceptability²²
- Adaptations should target minority stressors and transdiagnostic risk factors underlying psychopathology²³