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

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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.

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.

Participants

Pooled across 4 RCTs of EBP12-15:

Chorpita et al., 2013

n = 111

Weisz, Ugueto et al., 2018

n = 73

Weisz et al., 2019

n = 73

N = 482 clinically referred youth

Mage = 10.6, SD = 2.2

56.1% White, 14.6% Black, 11.6% Latinx, 1.2% Asian, 15.9% multiracial, 1.6% other

n = 391 cisgender youth (90.5%)

n = 41 GMY (9.5%)

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.

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.

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

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