

Culturally Responsive Clinical Interventions for Youth Violence

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Overview

Youth violence is a public health issue in the United States. Such violence—including fighting, bullying, gang-related aggression, and threats or use of weapons—has broad-reaching financial and societal consequences (Dowd, 1998). Youth exposed to school and neighborhood violence experience poorer academic performance and higher rates of depression, anxiety, substance use, and delinquent behaviors (Fowler et al., 2009; Margolin & Gordis, 2000). Furthermore, youth violence is linked to morbidity and mortality. In fact, in 2020, firearm-related injuries surpassed motor vehicle crashes as the leading cause of death among children and adolescents (Goldstick et al., 2022). Even if initial violence exposure is nonfatal, violent injury increases risk of subsequent homicide (Caputo et al., 2012; Rowhani-Rahbar et al., 2015). These patterns operate in an aggressive cycle, whereby youth chronically exposed to violence are nearly 32 times more likely to exhibit patterns of chronic violent behaviors themselves (Spano et al., 2010).

Given structural inequities in the United States, ethnic/racial minority youth are at particularly high risk of injury and death due to violence (CDCP, 2008). Violence hotspots are disproportionately localized to neighborhoods exposed to other environmental risk factors (Farrington & Loeber, 2000), including inner-city areas with high concentrations of low income, ethnic/racial minority families. Over half of children and adolescents arrested for violent crimes belong to an ethnic/racial minority group (OJJDP, 2022), and firearm homicide rates are about 10 times higher among Black youth compared to White and Asian American youth (Fowler et al., 2017). Given disparities in youth violence, it makes theoretical sense for prevention interventions to incorporate the norms, values, and cultural traditions of the target population (Resnicow et al., 2000).

One of us (SJH) has personal motivations for pursuing research in this area, particularly as it relates to communities of color. Like many Black Americans, my family life was impacted and shaped by criminal justice involvement and violence. My younger brother had significant behavioral, mental health, and substance use problems in his youth and adulthood, cycled through the criminal justice and public mental health systems, and spent much of his life in contexts where violence reigned. His life ended violently as well – a few years ago he died of suicide while incarcerated. Although I do not blame our public mental health system, I have wondered if he would still be with us if the system had been more responsive to my family’s needs.

So for the past 20 or so years, I have engaged in research collaborations to address questions concerning intervention efficacy and cultural responsiveness, with a particular focus on mitigating violence, antisocial behavior, and criminal justice involvement for youth of color. This chapter summarizes some of the lessons learned in doing and reviewing violence mitigation research. We briefly summarize literature on the effectiveness of youth violence prevention interventions and culturally-tailored youth interventions (i.e., interventions developed or adapted to address cultural needs and preferences). We also highlight limitations in the evidence, discuss best practices, and consider how we can move forward.

Although much of the research addresses primary prevention, this chapter focuses on intervening with youth already involved in antisocial or violent behavior, or those at higher risk given past behaviors (i.e., secondary and tertiary prevention). The emphasis is on youth of color, given their overrepresentation in statistics on violence exposure, and given that they are the primary targets of cultural tailoring efforts. Finally, the chapter’s scope is limited to individual-, group-, and family-based approaches in comparison with school- or community-wide interventions.

Summary and Highlights

Effectiveness of Youth Violence Interventions

In this section, we summarize evidence on the effectiveness of youth violence prevention interventions. We focus primarily on approaches replicated in two or more randomized clinical trials. Of note, although we report violence-related outcomes when possible, many studies do not assess reductions in violence.

For youth with mild-to-moderate disruptive behaviors, including fighting and other acts of aggression, the pool of effective interventions is deep and wide. Parent-child interaction therapy (PCIT), Brief Strategic Family Therapy (BSFT), the Incredible Years program, and Lochman's Coping Power intervention are just a few of the approaches with strong support, and each appears to be effective with youth of color (Huey & Polo, 2008; Pina et al., 2019). Although effective interventions tend to be parent- and family-based, programs that focus exclusively on individual skills training (i.e., *without* parent or family involvement) are also well-supported.

Support is also strong for a handful of interventions geared toward youth in the juvenile justice and social welfare systems, including treatments for serious and chronic offenders. Topping the list is Multisystemic Therapy (MST), a family-based intervention that integrates intensive individual, family, and community-based support (Fagan & Catalano, 2012). A research synthesis of MST studies supports its effectiveness in reducing delinquent behaviors, particularly among youth under the age of 15 (van der Stouwe et al., 2014). Follow-up studies show that criminal offending is significantly lower for MST participants than control participants nearly 20 years later, and that MST is equally effective for Black and White youth (Sawyer & Borduin, 2011).

The picture is mixed but mostly disappointing when it comes to interventions for gang-involved youth and young adults. In a synthesis of 38 studies of gang-focused treatments (Huey et

al., 2016), we found that intervention led to significant but small reductions in gang involvement, yet *no effects were found for antisocial behavior*. A follow-up analysis showed even more concerning results. About 20% of interventions reported at least one adverse effect. In other words, some studies showed that antisocial behavior (e.g., institutional misconduct, illegal activities) actually worsened for those who received the gang-focused intervention (Rubenson et al., 2020). These adverse effects were more likely in interventions that included law enforcement officers on the intervention team. This suggests that law enforcement involvement in interventions could either increase crime detection or inspire reactance by participants toward authority figures. Despite this disappointing finding, a handful of gang-focused interventions show promise (Huey et al., 2016). For example, Valdez et al. (2013) tested whether an adapted version of BSFT worked for gang-affiliated, drug/alcohol using, Mexican-American adolescents. Although no effects were found for gang involvement, BSFT led to greater reductions in conduct problems compared to the control group. Another intervention, Functional Family Therapy (FFT), demonstrated significantly lower rates of recidivism among Black and Latinx youth at high risk of gang membership, although this finding did not hold up for youth at lower risk (Thornberry et al., 2018). The latter finding is encouraging given evidence that gang membership can reduce the effectiveness of well-supported delinquency interventions (Boxer, 2011; Boxer et al., 2015).

Unfortunately, the evidence gap is greatest when it comes to interventions for youth with the highest risk of violence-related mortality: hospitalized violence victims and youth with firearm-related offenses. In an ongoing review, we summarized results from six studies testing whether hospital-based violence interventions (HBVIs) reduced recidivism in youth admitted to emergency departments for violence assault injury (Huey et al., 2023). Intervention involved some combination of case management, skills training, and adult mentoring, and all studies included

predominantly Black, male victims. None of the studies showed reductions in violence-related rehospitalization, although one study showed a reduction in self-reported reinjury (Huey et al., 2023). Furthermore, at the individual intervention level, we know almost nothing about how to reduce youth gun violence. Although firearm-related injury is now the leading cause of death among youth (Goldstick et al., 2022), and despite heightened rates of firearm homicide among ethnic/racial minority adolescents (Fowler et al., 2017), intervention research in this area has solely focused on primary prevention or community- and policy-level strategies (Bottiani et al., 2021).

Existing studies on youth violence prevention interventions paint a mixed picture of their effectiveness for violence-related outcomes. While the evidence for interventions aimed at youth with mild-to-moderate disruptive behaviors is consistently strong, findings are weaker or absent for interventions targeting youth at higher risk of violence (e.g., gang-involved and firearms-involved youth).

Cultural Tailoring of Youth Violence Interventions: Benefits and Challenges

Next we address whether violence prevention interventions are more effective when tailored to address the cultural contexts of targeted youth. Given racial disparities in violence vulnerability *and* mental health care access, scholars and practitioners highlight the relevance of designing interventions that are sensitive and responsive to cultural factors. Exploring the value of culturally-tailored interventions is particularly important given the historical exclusion of ethnically diverse participants from research studies that laid the groundwork for established evidence-based interventions (Jones et al., 2018).

At first glance, current research seems to support the use of cultural tailoring when doing violence prevention work with youth of color. For example, reviews show that most treatment outcome studies that address youth antisocial behavior and violence include culturally-tailored

interventions (Gillespie & Huey, 2015; Pina et al., 2019), and research shows that culturally-tailored interventions for youth of color lead to greater reductions in problem behaviors compared to no treatment or “usual services” (Huey & Jones, 2013). On closer inspection, however, more rigorous research – i.e., studies that compare culturally tailored and generic versions of *the same core treatment* – casts doubt on the benefit of cultural tailoring above and beyond standard evidence-based treatment. Of the two published studies that provide a strong test of the benefits of culturally-adapted treatment for youth of color, both found that *standard treatment was just as effective as culturally-adapted treatment* at reducing conduct problems in Latinx youth (McCabe & Yeh, 2009; Szapocznik et al., 1986). This evidence challenges the notion that cultural tailoring is critical to increasing intervention effectiveness.

One study in particular highlights the potential pitfalls of cultural tailoring. Kliwer et al. (2011) assigned predominantly Black seventh grade students in a high-violence neighborhood to one of three conditions: 1) a control condition in which they wrote about a non-emotional topic; 2) a standard expressive writing condition in which they wrote about experiencing or witnessing violence; or 3) an enhanced, culturally-tailored version of the same expressive writing condition. Building on the oral tradition valued in African American culture, students in the enhanced condition had the option to write stories, skits, songs, or poetry about experiencing or witnessing violence. Unexpectedly, the *culturally-tailored intervention was less effective than standard expressive writing at reducing teacher-rated youth aggression*. The authors speculated that youth in the adapted condition may have focused too much on generating a creative product rather than delving into their personal experiences and feelings about violence (Kliwer et al., 2011). In this case, cultural tailoring could have inadvertently diluted a core intervention component.

Key gaps remain in our understanding of where and when adaptations are appropriate to optimize benefits of youth violence prevention interventions (Park et al., 2022). We must continue our search for strategies to engage ethnic/minority youth in violence prevention interventions, both through a concerted examination of the active ingredients that uniquely benefit youth of color and by valuing cultural humility in the implementation of evidence-based interventions.

Best Practices

As outlined above, a range of strategies may be effective in reducing youth violence outcomes; however, no one approach has consistently integrated cultural adaptations to mitigate outcomes above and beyond standard treatment. Considering the mixed state of the evidence, we offer a nuanced view on how to think about cultural tailoring when developing and implementing violence prevention interventions for youth of color.

Consider Family-Based Interventions

Our first recommendation is to consider family- and parent-based approaches when engaging in youth violence prevention efforts. Our primary rationale is empirical. Many effective interventions for youth of color with disruptive/aggressive behaviors are parent- or family-focused (Pina et al., 2019). As noted earlier, BSFT, FFT, and MST are perhaps the most prominent family-based treatments, and each has a strong base of empirical support. However, there are also conceptual reasons for embracing family-based interventions. Given cultural differences in worldviews, family-based treatments might be particularly effective for youth of color because they allow providers to consider the youth's implicit cultural context (Huey & Polo, 2008). In particular, family-based approaches may bolster treatment efforts by minimizing family inhibition against mental health services and mobilizing family members as natural resources (Tharp, 1991).

In preparing to implement family-based interventions, training efforts might consider building practitioners' cultural competence with regard to family customs and practices.

The recommendation comes with one major caveat. Despite the impressive track record, it is unclear whether family-based treatments are superior to individually-based treatments that include the same content (Huey & Polo, 2008). In a series of studies, Szapocznik and colleagues found that conjoint BSFT that included multiple family members was no more effective than “one-person” BSFT that covered the same material but included only the youth (Szapocznik et al., 1983; Szapocznik et al., 1986). To our knowledge, no studies have tested directly whether the “family” component of FFT and MST accounts for intervention effects.

Tailor as Needed, but Maintain Fidelity by Minimizing Dilution of “Active Ingredients”

A parallel recommendation, or perhaps more a cautionary note, is to balance the impulse to modify with the need for treatment fidelity. Cultural tailoring is the norm for clinicians who work with ethnically diverse populations, and most believe they are well prepared to deal with cultural issues in clinical contexts (Hamp et al., 2016; Huey et al., 2014). Unfortunately, the elements of *effective* cultural tailoring are still a mystery to clinical scientists, with evidence suggesting that tailoring is potentially a double-edged sword (Huey et al., 2014). In other words, cultural tailoring can help at times and hinder at others.

One argument for why cultural tailoring might misfire and paradoxically impede treatment progress relates to treatment fidelity. Some of our published work highlights the importance of maintaining treatment fidelity when intervening with ethnic minority youth (Gillespie et al., 2017; Huey et al., 2000). Unfortunately, cultural tailoring can at times water down core treatment elements that drive positive change. In particular, cultural tailoring that interferes with or replaces these elements might lead to inefficiencies that compromise treatment fidelity and outcomes (Huey

et al., 2014). Kliewer et al. (2011) made just this argument regarding their culturally-adapted writing intervention for violence-exposed youth.

Despite mixed support for cultural tailoring of youth violence prevention, it remains normative among clinicians. More research is needed to investigate how cultural tailoring is practiced by real-world violence interventionists, and which tailoring strategies lead to optimal outcomes for ethnic minority youth (Huey et al., 2014). In the meantime, clinicians should recognize the benefits *and* risks of culturally-tailored practice and thoughtfully navigate the tension between cultural tailoring and ensuring fidelity to core treatment elements (Castro et al., 2010).

Adopt a Flexible Model that Accommodates Cultural Diversity

Our final recommendation addresses culturally-salient risks and strengths by incorporating methods to individualize treatment (Huey & Polo, 2008; Jones et al., 2018). Two exemplars of this approach are MST for serious and chronic juvenile offenders (Henggeler et al., 1998) and the Incredible Years intervention for disruptive youth (Leitjen et al., 2015; Reid et al., 2001). Neither is explicitly branded as culturally-tailored, but both are flexible enough to account for individual differences that might be culturally-based. However, the models differ in how cultural factors are accommodated.

In MST, therapists assess the “fit” of the problem behavior within the youth’s larger social-ecological context (Bronfenbrenner, 1979). This “fit” assessment informs the selection and use of evidence-based strategies to alter individual, family, and contextual factors that contribute to the problem behavior (Henggeler et al., 1998). The individualized treatment plan and intervention across multiple contexts (e.g., home, school, community) allows MST to flexibly address differences that exist across family units. Through this unique tailoring approach, MST

incorporates cultural strengths of diverse families (e.g., extended kinship networks in African American families). Indeed, one of the nine principles guiding MST strategies requires clinicians to identify and build on individual and family strengths. This context sensitivity may explain why MST has a strong track record with African American youth in juvenile justice settings (Borduin et al., 1995).

The Incredible Years program is a parenting intervention consisting of 8-15 group sessions led by a trained facilitator (Reid et al., 2001). Parents watch videotaped scenes of common parenting situations, learn behavior management skills (e.g., praising, limit setting), discuss scenarios and skills with other parents, and role-play learned skills. Although the content provided to families is “generic,” cultural sensitivity is fostered implicitly. First, parents identify individual goals for their children and formulate strategies that will help reach those goals. Second, the facilitator and group members actively support parental goals – they initiate discussion on how identified goals and strategies connect with the parent’s own upbringing, and why they believe certain strategies will benefit their child. Thus, diverse parental values, linked to cultural or other contextual factors, can easily be accommodated without requiring the creation of culturally distinct curricula (Reid et al., 2001). Several studies show that the Incredible Years program is effective at reducing disruptive behavior for ethnic minority youth in the U.S. and the Netherlands (Leitjen et al., 2015; Reid et al., 2001).

Fortunately, flexible models of this sort may be more common than believed. Several effective youth prevention programs accommodate individual and cultural differences by encouraging participants to select their own goals and situational examples (Bruhn et al., 2016; Reid et al., 2001). In this way, implicit cultural sensitivity may be built into the fabric of many youth violence prevention interventions.

Given mixed evidence on the value of cultural tailoring, it is imperative that we continue studying the contexts in which adaptations are recommended. Meanwhile, we offer three broad suggestions above for optimizing intervention outcomes with youth of color. *First*, we advocate for consideration of family-based approaches that recognize youths' implicit cultural environments. *Second*, we urge clinicians to maintain fidelity to core treatment elements, particularly when incorporating culturally-relevant components into their practice. And *finally*, we recommend individualized treatment approaches that fit the sociocultural environments of youth and their families. Although macro-level and community-based interventions that address structural and systemic contributors to violence are beyond the scope of this chapter, they are an important complement to individual-, group-, and family-based approaches.

Where Are We Going?

Moving forward, we need high quality research to inform violence prevention intervention for youth of color. Arguably the greatest need is for rigorous intervention research focused on youth at the highest risk of violence, including gang-involved youth, youth with firearm-related offenses, and hospitalized violence victims. Although they make up the majority of youth homicide victims (Fowler et al., 2017), there are no well-supported interventions for these youth.

While these research efforts are ongoing, we also see value in investigating the potential of peer-based intervention approaches. While association with deviant peers is one of the strongest contributors to youth antisocial behavior (Calkins & Keane, 2009), peers are rarely utilized as core intervention agents in youth violence mitigation research. For example, of the more than 30 youth gang intervention studies summarized in a recent review, none included peer-led training as a primary intervention component (Huey et al., 2016). Similarly, none of the six treatments described in our review of hospital-based violence interventions included peers as central

intervention agents (Huey et al., 2023). Notably, peer-led interventions are increasingly common in the substance use prevention and autism treatment literatures, and effects are generally positive (MacArthur et al., 2015; Zhang & Wheeler, 2011). Moving forward, intervention efforts should consider drawing on peer relationships to better mitigate violence-related outcomes.

References

- Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology, 63*(4), 569-578.
- Bottiani, J. H., Camacho, D. A., Lindstrom Johnson, S., & Bradshaw, C. P. (2021). Annual research review: Youth firearm violence disparities in the United States and implications for prevention. *The Journal of Child Psychology and Psychiatry, 62*(5), 563-579.
- Boxer, P. (2011). Negative peer involvement in multisystemic therapy for the treatment of youth problem behavior: Exploring outcome and process variables in "real-world" practice. *Journal of Clinical Child & Adolescent Psychology, 40*(6), 848-854.
- Boxer, P., Kubik, J., Ostermann, M., & Weysey, B. (2015). Gang involvement moderates the effectiveness of evidence-based intervention for justice-involved youth. *Children and Youth Services Review, 52*, 26-33.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Bruhn, A. L., McDaniel, S. C., Fernando, J., & Troughton, L. (2016). Goal-setting interventions for students with behavior problems: A systematic review. *Behavioral Disorders, 41*(2), 107-1211.
- Calkins, S. D., & Keane, S. P. (2009). Developmental origins of early antisocial behavior. *Development and Psychopathology, 21*(4), 1095-1109.

- Caputo, N. D., Shields, C. P., Ochoa, C., Matarlo, J., Leber, M., Madlinger, R., & Waseem, M. (2012). Violent and fatal youth trauma: Is there a missed opportunity? *Western Journal of Emergency Medicine, 13*(2), 146-150.
- Castro, F. G., Barrera Jr., M., & Holleran Steiker, L. K. (2010). Issues and challenges in the design of culturally-adapted evidence-based interventions. *Annual Review of Clinical Psychology, 6*, 213-239.
- Centers for Disease Control and Prevention. (2008). *Youth Risk Behavior Survey*.
<http://www.cdc.gov/injury/wisqars/index.html>
- Dowd, M. D. (1998). Consequences of violence. Premature death, violence recidivism, and violent criminality. *Pediatric Clinics of North America, 45*, 333-340.
- Fagan, A. A., & Catalano, R. F. (2012). What works in youth violence prevention: A review of the literature. *Research on Social Work Practice, 23*(2), 141-156.
- Farrington, D. P., & Loeber, R. (2000). Epidemiology of youth violence. *Child and Adolescent Psychiatry Clinics of North America, 9*, 733-748.
- Fowler, K. A., Dahlberg, L. L., Haileyesus, T., Gutierrez, C., & Bacon, S. (2017). Childhood firearm injuries in the United States. *Pediatrics, 140*(1).
<https://doi.org/10.1542/peds/2016-3486>
- Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, J. J., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effects of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology, 21*, 227-259.
- Gillespie, M., Huey Jr., S. J., & Cunningham, P. (2017). Predictive validity of an observer-rated adherence protocol for multisystemic therapy with juvenile drug offenders. *Journal of Substance Abuse Treatment, 76*, 1-10.

- Gillespie, M. L., & Huey Jr., S. J. (2015). Psychotherapy for ethnic minorities with conduct problems: A meta-analysis. 123rd annual meeting of the American Psychological Association, Toronto, Ontario, Canada.
- Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022). Current causes of death in children and adolescents in the United States. *New England Journal of Medicine*, 386(20), 1955-1956.
- Hamp, A., Stamm, K., Lin, L., & Christidis, P. (2016). 2015 APA survey of psychology health service providers. <http://www.apa.org/workforce/publications/15-health-service-providers/index.aspx>
- Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, D. M., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents*. Guilford.
- Huey Jr., S. J., Henggeler, S. W., Brondino, M. J., & Pickrel, S. G. (2000). Mechanisms of change in Multisystemic Therapy: Reducing delinquent behavior through therapist adherence, and improved family and peer functioning. *Journal of Consulting and Clinical Psychology*, 68(3), 451-467.
- Huey Jr., S. J., & Jones, E. O. (2013). Improving treatment engagement and psychotherapy outcomes for culturally diverse youth and families. In F. A. Paniagua & A. M. Yamada (Eds.), *Handbook of multicultural mental health* (Second ed., pp. 427-444). Elsevier Inc.
- Huey Jr., S. J., Lewine, G., & Rubenson, M. P. (2016). A brief review and meta-analysis of gang intervention trials in North America. In C. L. Maxson & F. A. Esbensen (Eds.), *Gang transitions and transformations in an international context* (pp. 217-233). Springer Cham.

- Huey Jr., S. J., Li, Y., Jang, J., Konovalov, H., Chang, T., & Galbraith, K. (2023). *Effects of hospital-based violence interventions: Review and meta-analysis*. Manuscript in preparation.
- Huey Jr., S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child & Adolescent Psychology*, 27(1), 262-301.
- Huey Jr., S. J., Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology*, 10, 305-338.
- Jones, E., Huey Jr., S. J., & Rubenson, M. P. (2018). Cultural competence in therapy with African Americans. In C. L. Frisby & W. T. O'Donohue (Eds.), *Cultural competence in applied psychology: An evaluation of current status and future directions* (pp. 557-573). Springer Cham.
- Kliwer, W., Lepore, S. J., Farrell, A. D., Allison, K. W., Meyer, A. L., Sullivan, T. N., & Greene, A. Y. (2011). A school-based expressive writing intervention for at-risk urban adolescents' aggressive behavior and emotional lability. *Journal of Clinical Child & Adolescent Psychology*, 40(5), 693-705.
- Leitjen, P., Raaijmakers, M. A. J., Orobio de Castro, B., van den Ban, E., & Matthys, W. (2015). Effectiveness of the Incredible Years parenting program for families with socioeconomically disadvantaged and ethnic minority backgrounds. *Journal of Clinical Child & Adolescent Psychology*. <https://doi.org/10.1080/15374416.2015.1038823>
- MacArthur, G. J., Harrison, S., Caldwell, D. M., Hickman, M., & Campbell, R. (2015). Peer-led interventions to prevent tobacco, alcohol and/or drug use among young people aged 11-21 years: A systematic review and meta-analysis. *Addiction*, 111, 391-407.

- Margolin, G., & Gordis, E. B. (2000). The effects of family and community violence on children. *Annual Reviews in Psychology, 51*, 445-479.
- McCabe, K., & Yeh, M. (2009). Parent-child interaction therapy for Mexican Americans: A randomized clinical trial. *Journal of Clinical Child & Adolescent Psychology, 38*, 753-759.
- Office of Juvenile Justice and Delinquency Prevention. (2022). *OJJDP Statistical Briefing Book*. <https://www.ojjdp.gov/ojstatbb/crime/qa05104.asp?qaDate=2020>
- Park, A. L., Rith-Najarian, L. R., Saifan, D., Gellatly, R., Huey, S. J., & Chorpita, B. F. (2022). Strategies for incorporating culture into psychosocial interventions for youth of color. *Evidence-Based Practice in Child and Adolescent Mental Health*. <https://doi.org/10.1080/23794925.2022.2025629>
- Pina, A. A., Polo, A. J., & Huey, S. J. (2019). Evidence-based psychosocial interventions for ethnic minority youth: The 10-year update. *Journal of Clinical Child & Adolescent Psychology, 48*(2), 179-202.
- Reid, M. J., Webster-Stratton, C., & Beauchaine, T. P. (2001). Parent training in Head Start: A comparison of program response among African American, Asian American, Caucasian, and Hispanic mothers. *Prevention Science, 2*(4), 209-227.
- Resnicow, K., Soler, R., Braithwaite, R. L., Ahluwalia, J. S., & Butler, J. (2000). Cultural sensitivity in substance use prevention. *Journal of Community Psychology, 28*, 271-290.
- Rowhani-Rahbar, A., Zatzick, D., Wang, J., Mills, B. M., Simonetti, J. A., Fan, M. D., & Rivara, F. P. (2015). Firearm-related hospitalization and risk for subsequent violent injury, death, or crime perpetration: A cohort study. *Annals of Internal Medicine, 162*(7), 492-500.

- Rubenson, M., Galbraith, K., & Huey Jr., S. J. (2020). Understanding adverse effects in gang-focused interventions: A critical review. In C. Melde & F. Weerman (Eds.), *Gangs in the era of internet and social media* (pp. 271-290). Springer Cham.
- Sawyer, A. M., & Borduin, C. M. (2011). Effects of multisystemic therapy through midlife: A 21.9-year follow-up to a randomized clinical trial with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology, 79*(5), 643-652.
- Spano, R., Rivera, C., & Bolland, J. M. (2010). Are chronic exposure to violence and chronic violent behavior closely related developmental processes during adolescence? *Criminal Justice and Behavior, 31*, 1160-1179.
- Szapocznik, J., Kurtines, W. M., Foote, F. H., Perez-Vidal, A., & Hervis, O. (1983). Conjoint versus one-person family therapy: Some evidence for the effectiveness of conducting family therapy through one person. *Journal of Consulting and Clinical Psychology, 51*(6), 889-899.
- Szapocznik, J., Rio, A., Perez-Vidal, A., Kurtines, W., Hervis, O., & Satisteban, D. (1986). Bicultural Effectiveness Training (BET): An experimental test of an intervention modality for families experiencing intergenerational-intercultural conflict. *Hispanic Journal of Behavioral Sciences, 8*, 303-330.
- Tharp, R. G. (1991). Cultural diversity and treatment of children. *Journal of Consulting and Clinical Psychology, 59*(6), 799-812.
- Thornberry, T. P., Kearley, B., Gottfredson, D. C., Slothower, M. P., Devlin, D. N., & Fader, J. J. (2018). Reducing crime among youth at risk for gang involvement. *Criminology & Public Policy, 17*(4), 953-989.

Valdez, A., Cepeda, A., Parrish, D., Horowitz, R., & Kaplan, C. (2013). An adapted brief strategic family therapy for gang-affiliated Mexican American adolescents. *Research on Social Work Practice, 23*(4), 383-396.

van der Stouwe, T., Asscher, J. J., Stams, G. J. J. M., Devoic, M., & van der Laan, P. (2014). The effectiveness of Multisystemic Therapy (MST): A meta-analysis. *Clinical Psychology Review, 34*(6), 468-481.

Zhang, J., & Wheeler, J. J. (2011). A meta-analysis of peer-mediated interventions for young children with autism spectrum disorders. *Education and Training in Autism and Developmental Disabilities, 46*(1), 62-77.