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Race, Racial Matching, and Cultural Understanding as Predictors of Treatment Engagement in Youth Mental Health Services

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RACE, RACIAL MATCHING, AND CULTURAL UNDERSTANDING AS PREDICTORS OF TREATMENT ENGAGEMENT IN YOUTH MENTAL HEALTH SERVICES

by

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DEDICATION

This thesis is dedicated to my mother, ma, and my father, ba, who have made endless sacrifices to support my educational pursuits – Your resilience and selflessness have inspired me to be the individual I am today. This thesis is also dedicated to my close friends and mentors who have supported me throughout my journey in more ways than I can name – I am eternally grateful for you. Lastly, I would like to dedicate this thesis to all the marginalized youth who are experiencing mental health challenges – Your experiences are far from invisible, and I hope this thesis will contribute to your wellbeing.

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ABSTRACT

Racially marginalized youth experience barriers that impact their ability to maximally benefit from mental health services; thus, efforts to identify strategies that support youth treatment engagement may address mental health and treatment disparities. This study examined the role of youth race, youth-therapist racial matching, and youth-reported therapist cultural understanding on youth's early treatment engagement in mental health services. The youth sample (n = 1159; M_{age} = 13.8 years, SD = 2.9; 52.1% female) comprised of 778 (67.1%) Latinx, 221 (19.1%) African American, 139 (12.0%) White, and 21 (1.8%) Asian American clients. The therapist sample (n = 126; M_{age} = 38.0 years, SD = 9.7; 92.9% female) comprised of 60 (47.6%) Latinx, 46 (36.5%) African American, 16 (12.7%) White, and 4 (3.2%) Asian American providers. Engagement was measured multidimensionally approximately four weeks after the first session using the *My Thoughts about Therapy*. Cultural understanding was measured using an item that asked youth to indicate the extent to which their therapist "understands their culture and values." Three multivariate multiple linear regression models were conducted to assess the predictive power of race, racial matching, and cultural understanding on youth treatment engagement. Results revealed that youth race and racial matching was not a significant predictor of any domain of treatment engagement after controlling for age, gender, and state, p's > .12. Cultural understanding was a significant predictor for all five engagement domains after controlling for demographic variables, p's < .001. Cultural understanding had the highest average effect size (η_p^2) across the five treatment

engagement domains (28%) compared to youth race (0%) and racial matching (0%).
Race did not moderate the effects of racial matching and cultural understanding on
engagement, p's > .10. These findings demonstrate that youth race and racial matching
were not associated with youth treatment engagement. Also, youth-reported therapist
cultural understanding was positively associated with treatment engagement in the early
phase of treatment, regardless of youth race. Building therapist's cultural competence and
increasing youth's perception of their therapist's cultural understanding may be an
impactful strategy for engaging racially marginalized youth early in mental health
services.

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CHAPTER 1

INTRODUCTION

Racially marginalized youth have poorer access to and engagement in mental health services compared to their White counterparts (Alegría et al., 2010; U.S. DHHS, 2001) and these disparities are apparent well before the end of treatment. For example, service data reveal that Black and Latinx youth attend roughly 50% fewer visits to any mental health professional compared to White youth (Marrast et al., 2016). In addition, youth from marginalized backgrounds experience greater individual- and system-level barriers to meaningfully engage in care. Low mental health literacy (Ijadi-Maghsoodi et al., 2018), long wait times (Ofonedu et al., 2017), low availability of psychosocial interventions that meet high standards of evidence for racially diverse youth (Piña et al., 2019), and cultural racism (Price et al., 2021) are common barriers that impact their ability to benefit from and complete treatment. Thus, solutions to increase youth engagement in mental health services are imperative to achieving equitable mental health outcomes.

Racial Matching

One proposed solution to serve the mental health needs of marginalized populations adequately and effectively has been matching, or the deliberate pairing of a client with a therapist on a given parameter such as one's cultural identity. The concept of matching in the mental health services literature emerged in the 1980s (Sue & Zane, 1987) and is rooted in theories of social psychology, which suggest that interpersonal

relations and communication are enhanced when an individual perceives similarity with others (Cabral & Smith, 2011). This perceived connection would theoretically facilitate processes and behaviors associated with better engagement and treatment outcomes. Though matching has been examined with respect to many cultural identities, including those related to gender (Bhati, 2014), sexual orientation (Jones et al., 2003), and religious affiliation/spirituality (Dimmick et al., 2021), matching based on race or ethnicity has been discussed most frequently in the literature. Although race and ethnicity are two different constructs, racial matching will also refer to ethnic matching herein after.

Most of what is known about racial matching comes from adult mental health services. Although comprehensive data regarding the use of racial matching is not yet available in the literature, one study of national substance use centers revealed that racial matching was common in this context, in which 71% of centers reported practicing some racial matching, 15% usually matching, and 7% always racially matching clients and providers (Steinfeld et al., 2020). Early studies found that racial matching in adult clients was associated with longer stays in treatment (Flaskerud, 1986), better outcomes (Blank et al., 1994; Sue et al., 1991), and greater satisfaction (Jones, 1978). Although one meta-analysis found that racial matching had statistically significant impacts on dropout rates and attendance, the effect sizes were small, indicating that racial matching was not a clinically significant predictor of engagement (Maramba & Hall, 2002). Since then, two larger meta-analyses (Cabral & Smith, 2011; Shin et al., 2005) have provided additional evidence that racial matching does not impact treatment outcomes and treatment engagement with adult clients. Other research, however, suggests that the findings are more nuanced, such that racial matching may be more important in certain groups, such

as with Black/African American (e.g., Cabral & Smith, 2011; Thompson et al., 2004) and Asian American clients (e.g., Kim & Kang, 2018; Meyers et al., 2011; Yeh et al., 1994).

Far less is known about racial matching in youth mental health services. Extensive national prevalence data of racial matching with youth is currently unavailable. However, one study surveyed 4,813 public child welfare workers in California and found that Latinx, Native American, White, and Asian child welfare workers were more than two times more likely to have a larger portion of clients from their racial background compared to other workers (Perry & Limb, 2004). Black child welfare workers were also more likely to serve Black clients, though authors noted that this may be confounded by the overrepresentation of Black youth in the public welfare system (Perry & Limb, 2004). In addition to the lack of prevalence data, research on the impacts of racial matching on youth treatment outcomes and treatment engagement is sparse with mixed conclusions. For example, racial matching at a child and adolescent community mental health center was not associated with improved global functioning (Gamst et al., 2004), yet others have found that racial matching was associated with better treatment outcomes at discharge (Flicker et al., 2008; Yeh et al., 1994). Regarding engagement, one study found that racial matching was associated with longer stays in youth outpatient services (Jerrell, 1998), while another found though only in Black youth, racial matching was associated with fewer outpatient visits (Gamst et al., 2004). Another study found that racial matching among adolescent clients was not associated with therapeutic alliance (Wintersteen et al., 2005). Collectively, studies with adult and youth samples are equivocal at best and call into question the effectiveness of racial matching on treatment engagement and clinical outcomes.

Cultural Understanding

Given the lack of empirical support for racial matching and the reality of a majority-White mental health workforce (APA, 2020), scholars have deliberated on the utility and feasibility of widespread matching of racially marginalized clients with therapists from the same racial identity (e.g., Ertl et al., 2019; Zane et al., 2005), and suggest that the field instead focus on more mutable and proximal processes that may impact engagement, such as therapist's cultural competence (Huey et al., 2014). According to Sue and colleagues (1992), a culturally competent therapist possesses three characteristics that are integral to providing effective mental health care to racially marginalized clients: (i) an awareness of their own cultural assumptions and beliefs, (ii) an understanding of their client's cultural worldview, and (iii) a skillset of applying culturally appropriate and sensitive intervention strategies. Of these characteristics, scholars propose that a therapist's understanding of their client's cultural worldview is a mechanism that underlies the positive impacts of racial matching on engagement (Ertl et al., 2019; López et al., 2002).

Developing a shared cultural understanding involves a therapist who inquires about a client's culturally ascribed set of meanings to mental health and treatment constructs and elicits a client's cultural perspectives on their lived experiences to inform clinical decision-making (López, 1997; 2002). For example, a therapist who seeks to have a strong cultural understanding about a youth's presenting problem might ask questions about what people from the youth's salient cultural group believe certain problems originate from, how these problems manifest, and how they are addressed. A therapist who has a poor cultural understanding might ignore how significant cultural

phenomenon and events, such as police brutality, economic oppression, or political violence, contribute to a client's wellbeing. A shared cultural understanding is likely to impact client engagement for several reasons (Chu et al., 2016; Yasui & Henry, 2014). The process of developing a cultural understanding reduces the "distance" between client and therapist that is commonly experienced in traditional therapy by racially marginalized clients, enabling the client to disclose more openly and honestly about their lived experiences, and thus have more personal and tailored discussions rooted in their cultural experiences (Ibaraki & Hall, 2014). Furthermore, establishing clear communication can assist with setting treatment goals congruent to the client's cultural values and can enhances a client's positive expectations that treatment will be successful.

Evidence from adult mental health services suggests that therapist cultural understanding is important to treatment engagement. For example, one study found that adult clients preferred therapists with multicultural training and the use of culturally adapted treatments over racial matching (Swift et al., 2018). In another study, Asian American adults' perception of attitudinal similarity with their therapist was associated with greater working alliance (Meyer et al., 2011). Working alliance was also found to mediate the relationship between racial matching and treatment outcomes in adults (Farsimadan et al., 2007). In a qualitative study, racially marginalized clients reported that discomfort from working with a White therapist can be reduced if the therapist was perceived to be compassionate, accepting, and open to engaging in racial, ethnic, or cultural issues (Chang & Yoon, 2011). Compellingly, a meta-analysis found that clients' perception of therapists' multicultural competence was associated with treatment outcomes (Soto et al., 2018).

Although the youth literature is comparatively limited, cultural understanding appears to be a useful engagement strategy with racially marginalized youth as well. For example, one intervention that targets developing a shared cultural understanding between Aboriginal youth and their therapist improvements in various domains of wellbeing, which were correlated with stronger therapeutic alliance (Sabbioni et al., 2018). A single-session child and family intervention that facilitates cultural contextualization of client behavior increased parent's self-agency and parent-rated alliance (Yasui & Henry, 2014). Another study demonstrated that youth who shared an etiological belief of their problems with their therapist had higher therapist-reported youth engagement (Yeh et al., 2019). In a review of psychosocial treatments for youth of color, specific culturally relevant procedures used in treatment, such as discussing discrimination or using culturally relevant labels or sayings, was common among effective interventions (Park et al., 2021). These findings from the small yet growing body of evidence warrant further empirical investigation of how cultural understanding impacts treatment engagement in youth mental health services, aligning with calls for therapists to understand the cultural factors that shape the lives of racially marginalized youth (Castro-Ramirez et al., 2021; Healey et al., 2017; Pumariega et al., 2005).

Study Rationale

While therapist's cultural understanding has been postulated to contribute greater to youth treatment engagement than racial matching, few have tested this question. Examining therapist cultural understanding can help us understand why racial matching might not be sufficient on its own to engage racially marginalized youth in mental health services, and why a shared cultural understanding might be a necessary component to

support high engagement. Also, with a few exceptions (e.g., Jerrell et al., 1998; Yeh et al., 1994), racial matching and cultural understanding have been largely unexplored with youth populations. Though there are compelling findings on racial matching in adult mental health services, studies examining racial matching in youth mental health services have found mixed results and need further clarification. Also, it is important to explore the potential impacts of cultural understanding in this group given that racially marginalized youth are further marginalized and have less power in the client-therapist dyad, compared to White adults, due to their age and race. This requires the field to advance antiracist practices, such as adopting a multicultural orientation and leveraging cultural opportunities, to empower and engage racially marginalized youth in mental health services (Bartholomew et al., 2021; Mensah et al., 2021; Trevino et al., 2021). Lastly, research on racial matching has mostly focused on outcomes related to treatment attendance and attrition (e.g., Shin et al., 2005; Wintersteen et al., 2005), whereas research on cultural understanding has focused on therapeutic alliance (e.g., Chao et al., 2012; Yasui & Henry, 2014). In both cases, engagement is operationalized as a singular dimension. However, over-reliance on one dimension of engagement, particularly attendance, can result in the under-identification of other more subtle dimensions that may be prevalent before attendance concerns are detected (Aubuchon-Endsley & Callahan, 2009; Becker et al., 2021; Garcia & Weisz, 2002). Thus, utilizing a multidimensional framework of treatment engagement aligns with the mission to better target and address engagement concerns for racially marginalized youth (Becker et al., 2018; Chorpita & Becker, 2022).

Current Study

The purpose of this study was to further examine how cultural understanding, as a process and outcome of cultural competence, contributes to engaging racially marginalized youth in mental health services, particularly at the early phase of treatment. Additionally, this study sought to compare cultural understanding, racial matching, and youth race as predictors of treatment engagement. This study has three aims:

Aim 1. The first aim was to determine if youth race predicts treatment engagement. Given previous research that showed that racially marginalized clients have lower expectations and retention than White clients (e.g., Chang & Yoon, 2011; de Haan et al., 2018; Marrast et al., 2016; Sue et al., 1991), it was hypothesized that race would predict treatment engagement after controlling for other demographic variables. Specifically, it was hypothesized that racially marginalized youth would have lower treatment engagement than White youth.

Aim 2. The second aim was to determine if youth-therapist racial matching predicts treatment engagement. Consistent with meta-analyses that found that racial matching did not impact treatment outcomes or engagement in adults (e.g., Cabral & Smith, 2011; Shin et al., 2005), it was hypothesized that racial matching would not predict youth treatment engagement after controlling for demographic variables.

Aim 3. The third aim was to determine if youth's perception of their therapist's cultural understanding predicts treatment engagement. It was hypothesized that youth-reported therapist cultural understanding would predict treatment engagement, with strong associations to social (e.g., therapeutic alliance) and cognitive (e.g., high expectations that treatment will be helpful) indicators of engagement, but no significant associations with behavioral indicators (e.g., prioritization of treatment attendance,

willingness to apply clinical skills outside of therapy). It was also hypothesized that

therapist's cultural understanding would be a stronger predictor of treatment engagement

than youth race and racial matching.

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CHAPTER 2

METHOD

Data came from routine screening procedures of treatment engagement

established at multiple school mental health sites in Los Angeles, California and in the

Pee Dee and Santee-Wateree regions in South Carolina. Therapist consent and youth

assent were collected as part of a randomized controlled trial. All procedures were

approved by the Institutional Review Boards of the University of South Carolina, South

Carolina Department of Mental Health, University of California, Los Angeles, and the

Los Angeles Unified School District.

Participants

Participants ($n = 1159$) were youth seeking school mental health services. Youth

were mostly female ($n = 604$, 52.1%) and had an average age of 13.80 ($SD = 2.87$) years.

The largest racial group represented by the youth sample was Hispanic/Latinx ($n = 778$,

67.1%), followed by Black/African American ($n = 221$, 19.1%). Demographic

information of therapists ($n = 126$) who provided services to youth in this study was

obtained. Therapists were predominantly female ($n = 117$, 92.9%) and had an average age

of 38.04 ($SD = 9.70$) years. Many therapists ($n = 126$) identified their race as

Hispanic/Latinx ($n = 60$, 47.6%) or Black/African American ($n = 46$, 36.5%). Table 1

includes complete demographic information.

Measures

Treatment Engagement. The *My Thoughts about Therapy* survey (Chorpita & Becker, 2022) is a 35-item measure that assesses treatment engagement using a multidimensional framework, which includes five domains organized by the REACH acronym: Relationship (e.g., therapeutic alliance), Expectancy (e.g., beliefs about treatment outcomes), Attendance (e.g., ability to attend treatment), Clarity (e.g., understanding of treatment goals), and Homework (e.g., in- and out-of-session participation). The measure is divided into five sections that corresponds to the REACH domains. Each section consists of seven items and respondents are instructed to indicate the degree to which they agree with the item statement using a scale from 0 (Strongly Disagree) to 3 (Strongly Agree). Item scores are summed for each section.

Cultural Understanding. Youth's perception of their therapist's cultural understanding was measured using one item in the Relationship section from the *My Thoughts about Therapy* ("My counselor understands my culture and values.".)

Procedures

Youths were administered the *My Thoughts about Therapy* survey approximately four weeks after enrolling in services by front office clinic administrative staff. The survey was completed on an internet-connected device or on paper. Completed paper surveys were faxed to research staff who entered responses into the online survey. Data were entered into a program that automatically scored survey responses.

Data Analytic Plan

Three separate multivariate multiple linear regression models were estimated to assess the impact of the youth race, racial matching, and cultural understanding on each domain of treatment engagement. Given that previous research suggests that other

demographic variables may influence engagement, youth age, gender, and state of residence were controlled for in all models. Statistical assumptions, including linearity, outliers, homoscedasticity, and normality of residuals, were checked for each model. The unique predictive power and variance accounted by youth race, racial matching, and cultural understanding on each engagement domain was determined by evaluating partial eta-squared (η_p^2) values. For Aim 2, cases were classified as racially matched if the youth and therapist identified as the same race or not racially matched if different races were reported. For Aim 3, effect sizes, as measured by partial eta-squared, of variables were used to make comparisons across models.

Table 2.1 Youth and Therapist Demographics

	Youth		Therapists	
	n	%	*n*	%
Race				
Hispanic/Latinx	778	67.1	60	47.6
Black/African American	221	19.1	46	36.5
White/European American	139	12.0	16	12.7
Asian American/Pacific Islander	21	1.8	4	3.2
Gender				
Female	604	52.1	117	92.9
Male	554	47.8	9	7.1
Other	1	0.1	0	0.0

CHAPTER 3

RESULTS

Means and Standard Deviations

Means and standard deviations of youth treatment engagement domains by gender, state of residence, race, and racial matching are provided in Table 3.1. The means and standard deviations for other-reported gender could not be calculated given that only one youth identified their gender as other. Age and cultural understanding were not included in the table due to the continuous nature of the variables. Of the entire sample, the means and standard deviations of the engagement domains are as follows: Relationship ($M = 16.0$, $SD = 3.8$), Expectancy ($M = 15.9$, $SD = 3.8$), Attendance ($M = 14.3$, $SD = 3.3$), Clarity ($M = 16.0$, $SD = 3.8$), and Homework ($M = 15.5$, $SD = 3.6$).

Aim 1: Does youth race predict treatment engagement?

The first multivariate multiple linear regression model tested the effects of youth race on Relationship, Expectancy, Attendance, Clarity, and Homework. Youth race did not significantly predict any domain of treatment engagement after controlling for age, gender, and state: Relationship ($B = 0.01$, $p = .946$), Expectancy ($B = 0.10$, $p = .458$), Attendance ($B = 0.19$, $p = .115$), Clarity ($B = 0.04$, $p = .764$), and Homework ($B = -0.09$, $p = .486$) (Table 3.2).

Aim 2: Does youth-therapist racial matching predict treatment engagement?

The second multivariate multiple linear regression model tested the effects of racial matching on Relationship, Expectancy, Attendance, Clarity, and Homework, after

controlling for age, gender, and state. Of the sample, the proportion of youth that were racially matched with a therapist was 78% ($n = 904$) while the proportion that was not racially matched was 22% ($n = 255$). Rates of racial matching differed by youth race, $\chi^2(3) = 387.46$, $p < .001$. Compared to Latinx youth (92.2%), Black (67.9%), White (25.2%) and Asian American/Pacific Islander youth (9.5%) were less likely to be racially matched. Conversely, 90.5% of Asian youth, 74.8% of White youth, 27.8% of Black youth, and 7.8% of Latinx youth were not racially matched in the sample. Racial matching did not significantly predict any domain of youth treatment engagement after controlling for age, gender, and state: Relationship ($B = -0.26$, $p = .373$), Expectancy ($B = 0.07$, $p = .807$), Attendance ($B = 0.39$, $p = .136$), Clarity ($B = -0.00$, $p = .998$), and Homework ($B = -0.13$, $p = .633$) (Table 3.2).

Aim 3: Does therapist cultural understanding predict treatment engagement?

The third multivariate multiple linear regression model tested the effects of cultural understanding on Relationship, Expectancy, Attendance, Clarity, and Homework. Model results showed an overall significant effect of therapist's cultural understanding on youth treatment engagement, $F(5, 1025) = 145.20$, $p < .001$. Individual parameter estimates revealed significant effects of cultural understanding on all five domains of treatment engagement. Specifically, youth-reported therapist cultural understanding significantly predicted Relationship ($B = 2.89$, $p < .001$), Expectancy ($B = 2.53$, $p < .001$), Attendance ($B = 1.77$, $p < .001$), Clarity ($B = 2.45$, $p < .001$), and Homework ($B = 2.34$, $p < .001$) (Table 3.2). Model results indicate that with every increase of one standard deviation in cultural understanding, treatment engagement rises 2.89 standard deviations in the Relationship domain, 2.53 standard deviations in the Expectancy domain, 1.77

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standard deviations in the Attendance domain, 2.45 standard deviations in the Clarity domain, and 2.34 standard deviations in the Homework domain, while holding age, gender, and state constant. The significant main effect of therapist cultural understanding on each engagement domain was above and beyond other significant covariates of age, gender, and state. Effect size estimates, as measured by partial eta squared (η_p^2), indicated the portion of the total variance in a given engagement domain that was explained by cultural understanding after accounting for the variance explained by age, gender, and state. Cultural understanding uniquely accounted for approximately 40% of the variance in Relationship, 28% of the variance in Expectancy, 17% of the variance in Attendance, 28% of the variance in Clarity, and 27% of the variance in Homework. Each of these are considered large effects (greater than 14%; Richardson, 2011) and trends indicated that higher cultural understanding predicted higher treatment engagement.

Post Hoc Comparisons and Analyses

To compare the predictive value of youth race, racial matching, and cultural understanding on Relationship, Expectancy, Attendance, Clarity, and Homework, the magnitude of effect sizes was compared. Averaging effect sizes across domains, cultural understanding was a stronger predictor of treatment engagement (28%) than youth race (0%) and racial matching (0%). Two additional questions arose after the multivariate regression analyses: does the effect of racial matching on treatment engagement vary as a function of youth race, and does the effect of cultural understanding on treatment engagement vary as a function of youth race? To test the first question, a moderated multivariate regression model was estimated to include race, racial matching, and a racial matching by race interaction term. Results showed no significant main effects of youth

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race or racial matching, and race did not moderate the effects of racial matching on any treatment engagement domains, p's > .10. To test the second question, another moderated multivariate regression model was estimated to include race, cultural understanding, and a cultural understanding by race interaction term. Results showed no significant main effect of youth race and race did not moderate the effects of cultural understanding on any treatment engagement domain, p's > .32.

Table 3.1 Means and Standard Deviations of Youth Treatment Engagement Domains

Variable	Relationship M (SD)	Expectancy M (SD)	Attendance M (SD)	Clarity M (SD)	Homework M (SD)
Gender					
Female	16.5 (3.6)	16.4 (3.4)	14.5 (3.1)	16.5 (3.9)	16.0 (3.3)
Male	15.4 (4.0)	15.4 (4.2)	14.1 (3.5)	15.5 (4.0)	15.0 (3.9)
State					
Los Angeles	16.2 (3.7)	16.2 (3.7)	14.5 (3.3)	16.2 (3.7)	15.7 (3.5)
South Carolina	15.3 (4.0)	15.2 (4.0)	13.7 (3.3)	15.5 (3.7)	14.9 (3.8)
Race					
Hispanic/Latinx	16.2 (3.7)	16.3 (3.8)	14.6 (3.3)	16.2 (3.8)	15.7 (3.5)
Black/African American	15.4 (4.0)	15.3 (3.9)	13.7 (3.6)	15.6 (3.8)	15.3 (3.9)
White/European American	15.5 (3.6)	15.1 (3.9)	13.7 (3.1)	15.5 (3.4)	14.9 (3.4)
Asian American/Pacific Islander	16.8 (3.7)	15.7 (3.0)	14.5 (2.4)	15.8 (3.7)	15.4 (3.3)
Racial Matching					
Matched	16.0 (3.9)	16.0 (3.8)	14.4 (3.3)	16.1 (3.8)	15.6 (3.6)
Not Matched	16.0 (3.7)	15.5 (4.0)	13.8 (3.2)	15.8 (3.7)	15.4 (3.7)

Note. Other Gender ($n = 1$) was not included.

Table 3.2 Multiple Multivariate Linear Regression Model Results

	Relationship				Expectancy				Attendance				Clarity				Homework			
	B	SE	p	η_p^2	B	SE	p	η_p^2	B	SE	p	η_p^2	B	SE	p	η_p^2	B	SE	p	η_p^2
Model 1																				
Intercept	15.73	1.05	<.001	.18	16.72	1.05	<.001	.20	14.17	0.93	<.001	.18	16.59	1.02	<.001	.21	17.96	0.99	<.001	.24
Age	0.13	0.04	.001	.01	0.04	0.04	.397	.00	0.02	0.04	.526	.00	0.05	0.04	.242	.00	-0.03	0.04	.405	.00
Gender	-1.09	0.23	<.001	.02	-0.88	0.23	<.001	.01	-0.38	0.21	.070	.00	-0.70	0.23	.002	.01	-0.86	0.22	<.001	.02
State	-0.78	0.36	.033	.00	-0.82	0.36	.024	.01	-0.44	0.32	.173	.00	-0.69	0.35	.052	.00	-0.96	0.34	.005	.01
Youth Race	0.01	0.14	.946	.00	0.10	0.14	.458	.00	0.19	0.12	.115	.00	0.04	0.13	.764	.00	-0.09	0.13	.486	.00
Model 2																				
Intercept	16.35	0.97	<.001	.22	17.12	0.97	<.001	.23	14.38	0.86	<.001	.21	16.81	0.95	<.001	.24	17.75	0.92	<.001	.27
Age	0.13	0.04	.002	.01	0.04	0.04	.388	.00	0.03	0.04	.490	.00	0.05	0.04	.240	.00	-0.33	0.04	.394	.00
Gender	-1.09	0.23	<.001	.02	-0.89	0.23	<.001	.01	-0.40	0.21	.055	.00	-0.70	0.23	.002	.01	-0.85	0.22	<.001	.01
State	-0.86	0.28	.002	.01	-0.99	0.28	<.001	.01	-0.68	0.25	.006	.01	-0.76	0.27	.005	.01	-0.84	0.26	.002	.01
Racial Matching	-0.26	0.29	.373	.00	0.07	0.29	.807	.00	0.39	0.26	.136	.00	-0.00	0.28	.998	.00	-0.13	0.28	.633	.00
Model 3																				
Intercept	7.09	0.59	<.001	.12	12.38	0.67	<.001	.25	11.83	0.64	<.001	.25	12.01	0.65	<.001	.25	12.89	0.64	<.001	.28
Age	0.03	0.03	.290	.00	-0.04	0.04	.225	.00	-0.03	0.03	.329	.00	-0.03	0.03	.453	.00	-0.10	0.03	.002	.01
Gender	-0.75	0.18	<.001	.02	-0.57	0.20	.004	.01	-0.18	0.19	.336	.00	-0.40	0.19	.039	.00	-0.51	0.19	.006	.01
State	-0.38	0.20	.056	.00	-1.00	0.23	.000	.02	-0.78	0.22	<.001	.01	-0.74	0.22	.001	.01	-0.77	0.22	.000	.01
Cultural Understanding	2.89	0.11	<.001	.40	2.53	0.13	<.001	.28	1.77	0.12	<.001	.17	2.45	0.12	<.001	.28	2.34	0.12	<.001	.27

CHAPTER 4

DISCUSSION

This study examined youth race, youth-therapist racial matching, and youth's perception of their therapist's cultural understanding as predictors of youth's treatment engagement in the early phases of treatment. Using data from youth enrolled in school mental health services and the multidimensional REACH framework of treatment engagement (Chorpita & Becker, 2022), multivariate multiple linear regression models revealed that race and racial matching were not significant predictors of youth's treatment engagement after controlling for demographic variables. Importantly, youth-reported therapist cultural understanding significantly predicted all five domains of treatment engagement. Taken together, these findings inform how the field might ensure racially marginalized youth are maximally engaged in mental health services.

The first aim was to determine whether youth race predicted treatment engagement. Contrary to the hypothesis, youth race did not predict any of the REACH domains of treatment engagement after controlling for age, gender, and state. This finding differs from prior literature that suggests racially marginalized youth have lower treatment engagement than White youth (e.g., Marrast et al., 2016). It is possible that the discrepancy may be due to the earlier timeframe in which treatment engagement was assessed in this study, which was approximately four weeks after an initial intake appointment, compared to previous studies that have measured engagement toward the

end of treatment (e.g., de Haan et al., 2018). Although this finding suggests that youth treatment engagement is relatively similar across racial groups at the onset of treatment, engagement may increase or decrease differentially across races as the course of treatment progresses, which is supported by studies that have found that engagement, specifically alliance, can change in-between sessions (Falkenström et al., 2013). Moreover, this finding illustrates that treatment engagement is likely impacted by characteristics other than race. For example, older age (Kronsberg & Bettencourt, 2020), lower socioeconomic status (Armbruster & Fallon, 1994), and higher symptom severity (de Haan et al., 2018) have been associated with lower treatment engagement. Importantly, the lack of differences in early treatment engagement across race should not undermine efforts needed to address the plethora of structural barriers, such as social stigma and financial costs, that prevent racially marginalized youth from even accessing and enrolling in mental health services (Radez et al., 2021). Nevertheless, it is a promising that racial disparities may not be apparent in the early phase of youth mental health services.

The second aim was to determine whether youth-therapist racial matching predicted youth treatment engagement. An important result from this study was that racial matching did not significantly predict any domain of treatment engagement. Youth race was examined as a potential moderator. This analysis was also nonsignificant, indicating that the effects of racial matching on early treatment engagement did not differ across White, Black, Latinx, and Asian American youth. Together, these findings provide additional clarity to the question of whether racial matching is critical to engaging youth, particularly racially marginalized youth, early in treatment. Indeed, racial matching as a

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distal proxy of perceived similarity may not have significant impacts on youth's early treatment engagement. Moreover, given that therapists of color are also likely to commit microaggressions towards other racial groups including those in their own group (Williams et al., 2021), these findings undermine the assumption that racial matching for marginalized youth would lead to better engagement compared to when paired with White therapists. This contribution to the youth literature aligns with the evidence in the adult literature to suggest that racial matching by itself may not be related to better engagement in the early phase of treatment (e.g., Cabral & Smith, 2011; Shin et al., 2005). Overall, these findings point the field to consider other factors such as treatment processes and therapist behaviors, as opposed to therapist characteristics, that may be influential factors of youth treatment engagement.

The third aim was to determine whether youth-reported therapist cultural understanding predicts treatment engagement. The hypothesis that therapist cultural understanding would be a significant predictor of youth treatment engagement was supported. In a context in which there were high rates of racial matching, these findings are particularly compelling and underscore the importance of attending to client cultural experiences and identities in treatment. Moreover, while it was hypothesized and supported that cultural understanding would be significantly associated with social (i.e., relationship) and cognitive (i.e., expectancy, clarity) indicators of treatment engagement, cultural understanding was also associated with behavioral (i.e., attendance, homework) indicators of engagement. One explanation may be that behavioral indicators of engagement can be the manifestation of social and cognitive indicators, aligning with scholars who have posited that cognitive indicators are the "heart" of treatment

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engagement (Staudt, 2007). For example, a youth client might not be motivated to attend therapy or participate in therapeutic exercises when they perceive their therapist as invalidating of their cultural identities or beliefs. In support of this, research shows that racial microaggressions in therapy, which include avoidance of addressing cultural issues or cultural insensitivity when trying to understand client's needs, is associated with lower working alliance (Hook et al., 2016; Owen et al., 2017). These findings add a novel contribution to the literature as there are no known studies that have demonstrated the impact of cultural understanding on behavioral indicators of early treatment engagement – though, studies have found that therapists' cultural humility or ability to maintain an other-orientated stance in relation to their clients' cultural identities is associated with better treatment outcomes (Hook et al., 2013; Owen et al., 2014). To examine whether cultural understanding has differential impacts on treatment engagement for certain racial groups, race was examined as a potential moderator. This moderation analysis was not significant, which suggests that cultural understanding is likely to benefit early treatment engagement for all youth regardless of their racial background.

This study made direct comparisons of youth race, racial matching, and therapist cultural understanding as predictors of youth treatment engagement. As hypothesized, cultural understanding was a stronger predictor of engagement. Specifically, the effect sizes, as measured by partial eta-squared, for cultural understanding was several magnitudes larger than the effect sizes for youth race and racial matching. Compared to youth race or racial matching, cultural understanding is a critical factor to engaging youth early in treatment. Moreover, the presence of cultural understanding may be one factor that explains why racial matching may be effective in some cases and not others; it is not

the matching per se, but the shared understanding that is elicited and reflected in the therapeutic interactions. Overall, this provides evidence for calls to move beyond just racial matching as the sole engagement strategy when there are other more impactful strategies (Ertl et al., 2019; Zane et al., 2005), especially given the impossibility to match therapists with clients who come from a diversity of intersecting identities. Rather, strategies to foster the interpersonal feeling of being culturally understood and empowered in mental health services is a promising approach to promote positive outcomes for youth (Chu et al., 2016).

Limitations

Findings from this study should be viewed in light of several limitations. Cultural understanding was inferred from a single item within the same survey that measured engagement, thereby introducing the risk of response bias whereby youths responded similarly high or low across all survey items, meaning that the associations between cultural understanding and engagement are artificially inflated. However, there was evidence of the independence of responses across the subscales of the engagement measure, suggesting that this was not a problem in the present study. Reliance on a single item as an indicator of cultural understanding was not ideal and could be unreliable; using a separate, multi-item questionnaire in the future would provide valuable information about the complex construct of cultural understanding. In addition, given that this study sampled from contexts in which racial matching was high, these findings may not generalize to contexts with lower rates of racial matching. It is possible that in service contexts with higher proportions of White therapists, racial matching is an important precondition for client perceptions of cultural understanding. Finally, the sample also did

not include youth who dropped out from treatment within the first three weeks of

services, potentially introducing response bias such that youth who were the least

engaged were unable to provide their responses and thus were not captured in this study.

Strengths

Despite these limitations, this study has several notable strengths. Specifically,

this sample was large compared to other studies that have examined similar questions.

Also, while youth in this study were sampled from schools, these findings have broad

applicability given that most youth in mental health services receive care through schools

(Duong et al., 2021). Youth represented diverse contexts in terms of its geographical

location, urbanicity, and socioeconomic class. Another strength of this study is its use of

a multidimensional framework of treatment engagement that spans across cognitive,

social, and behavioral dimensions. This provides the field with a more nuanced

understanding of youth treatment engagement.

Implications for Research and Practice

Future research should continue to examine how cultural understanding impacts

youth engagement in the early phase of treatment. For example, studies may take a closer

examination of therapist behaviors that foster a shared cultural understanding or examine

client's behavioral responses to cultural understanding (e.g., more regular attendance or

more frequent self-disclosure). Given that gender was a significant covariate in this study,

future studies could leverage an intersectionality lens and explore how racial matching or

cultural understanding impacts treatment engagement for youth of different genders,

particularly for transgender and gender diverse youth (Price et al., 2021). Using an

ecological approach, future research may also examine other individual (e.g., client

cultural awareness), organizational (e.g., climate that promotes diversity), contextual (e.g., living in segregated neighborhoods), and systemic factors (e.g., cultural racism) that may interact with the relationship between cultural understanding and youth treatment engagement. Because engagement was examined early in treatment in this present study, future research may examine the impacts of cultural understanding on treatment engagement in the later phases of treatment or use longitudinal methods to examine how cultural understanding impacts engagement across the course of treatment.

These findings have significant implications on clinical practice. Attending to youth's cultural identities and ensuring they are acknowledged, respected, and understood by the therapist can lead to better treatment engagement. This is applicable for all youth, even when paired with racially similar therapists. Indeed, while therapists of the same race as their clients may share some cultural values and beliefs with their clients, there is significant heterogeneity within racial or ethnic groups and there may differences in other cultural dimensions. Thus, it is important to promote all therapists' ability to respectfully inquire about a client's personal cultural identity, experiences, and perspectives without assumptions or biases, which aligns with the need to elevate cultural competence and cultural humility in mental health services (APA, 2017; Hook et al., 2013). This requires attention to therapist training. A review of cultural competence training for mental health professionals revealed that cultural heritage, or one's cultural customs, traditions, values was not a common topic among trainings, pointing to whether therapists can recognize and inquire about a client's cultural heritage to develop a cultural understanding (Chu et al., under review). Importantly, discrimination/prejudice was the least commonly discussed topic among cultural competence trainings, illustrating the need to provide

therapists with the awareness, knowledge, and skills to engage in conversations about clients' culture and experiences, particularly as it relates to marginalization.

Beyond therapist's competencies, these findings also have implications for mental health treatments and organizations. Treatment developers should consider including structured and guided opportunities for therapists to inquire about clients' cultural perspectives and incorporate these perspectives into the actual treatment itself. This may coincide nicely with the assessment phase of treatment. In fact, one study demonstrated caregivers who received a person-centered assessment that evaluated cultural and contextual factors had a range of better engagement and treatment outcomes compared to caregivers who received a standard assessment (Sanchez et al., 2022). Attention to cultural factors can also happen throughout the course of treatment. For example, treatments that have incorporated cultural considerations and racial socialization messages have been shown to be promising in addressing interpersonal and racial trauma for African American youth and families (Metzger et al., 2021). On a broader-level, organizations and other systems of care should consider engaging in practices that enhance an organization's understanding of the culture and context in which their clients live in. Cultural competence trainings are one option to increase cultural understanding in the therapist workforce (Chu et al., under review) and in an organization's leadership team, who typically have influence on organizational climate, resources, and supports. Mental health organizational leaders have proposed that spending organizational resources (e.g., extra pay or time) for providers to connect with youth and families directly in their communities can build an organization's shared cultural knowledge about the community to inform changes in service delivery (McGoldrick et al., 2021). Overall,

a youth's perception of feeling culturally understood can operate across multiple levels and require multiple points of intervention and strategies.

Conclusions

This study makes a significant contribution to our knowledge of youth treatment engagement. In contexts in which there are high rates of youth and therapists of color, and thus high amounts of racial matching, youths' perceptions of therapists' cultural understanding are strongly associated with treatment engagement in the early phase of treatment, above and beyond the association between racial matching and engagement. Though some might assume that a racially diverse workforce is sufficiently designed to be culturally competent, this study suggests that there are still major opportunities for improvements. By attending to therapeutic processes that enhance youths' perceptions of therapist cultural understanding, youth, particularly from racially marginalized backgrounds, may fully experience and benefit from mental health services.

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