Background

- Treatment satisfaction has been relatively understudied among ethnic minority groups receiving psychosocial mental health treatment compared to treatment effectiveness.
- Relative to psychosocial interventions well suited for white patients, there are few well established psychosocial interventions for ethnic minority groups. \(^5\)
- Adaptations of psychosocial interventions positively impact effectiveness for ethnic minority groups. \(^5\)
- Social and cultural pressures/beliefs may have a direct or indirect impact on the mental health of an individual and their response to treatment.
- There is little guidance available on how to adapt existing evidence-based intervention for ethnic minority groups.

Objectives

- To determine if there is a difference in treatment satisfaction between individuals of color and white individuals for youth receiving a transdiagnostic treatment for emotional disorders in a Partial Hospitalization Program (PHP).
- **Hypothesis:** Satisfaction with treatment will be significantly higher in white identifying patients as compared to patients of color.
- To examine whether youth of color versus white youth differ significantly in post-treatment anxiety and depression scores, controlling for pre-treatment scores.
- **Hypothesis:** Youth of color and white youth will not differ in post-treatment anxiety and depression.
- To examine whether youth of color versus white youth differ significantly in post-treatment emotional reactivity scores, controlling for pre-treatment scores.
- **Hypothesis:** Youth of color and white youth will not differ in post-treatment emotional reactivity scores.

Methods

- 69 patients (ages 7-17) and their caregivers enrolled in CHCO PHP participated (40.57% POC, 59.43% White).

Results

- First, we examined whether there were significant pre-treatment to post-treatment differences in anxiety, depression, and emotional reactivity. All differences were significant, with medium to large effect sizes.

<table>
<thead>
<tr>
<th>Ethnincity</th>
<th>#</th>
<th>Sig</th>
<th>Effect Size (Cohen’s d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian/White</td>
<td>52 (80)</td>
<td>&gt; 0.05</td>
<td>0.092</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3 (4.6)</td>
<td>&gt; 0.05</td>
<td>0.083</td>
</tr>
<tr>
<td>Black/African-American</td>
<td>5 (7.7)</td>
<td>&gt; 0.05</td>
<td>0.083</td>
</tr>
<tr>
<td>Native American</td>
<td>3 (4.6)</td>
<td>&gt; 0.05</td>
<td>0.083</td>
</tr>
<tr>
<td>Latinx</td>
<td>6 (9%)</td>
<td>&gt; 0.05</td>
<td>0.083</td>
</tr>
<tr>
<td>Other</td>
<td>1 (1.5)</td>
<td>&gt; 0.05</td>
<td>0.083</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>3 (4.6)</td>
<td>&gt; 0.05</td>
<td>0.083</td>
</tr>
<tr>
<td>Non-Hispanic/Latinx</td>
<td>57 (87)</td>
<td>&gt; 0.05</td>
<td>0.083</td>
</tr>
</tbody>
</table>

- Next, we examined differences in post-treatment satisfaction. Ethnic minority and white participants did not differ on the CSQ-8 for either parent report (t = -2.28, p = 0.081) or youth report (t = -1.70, p = 0.049).
- Finally, we examined whether ethnic minority status (i.e. identifying as a person of color) predicted post treatment outcomes, controlling for pre-treatment scores. Youth patients from an ethnic minority group had higher post-treatment scores on anxiety and depression based on parent report (i.e., worse outcomes).

References