



Racial/Ethnic Identification as a Predictor of Treatment Effectiveness and Acceptability in a Partial Hospitalization Program

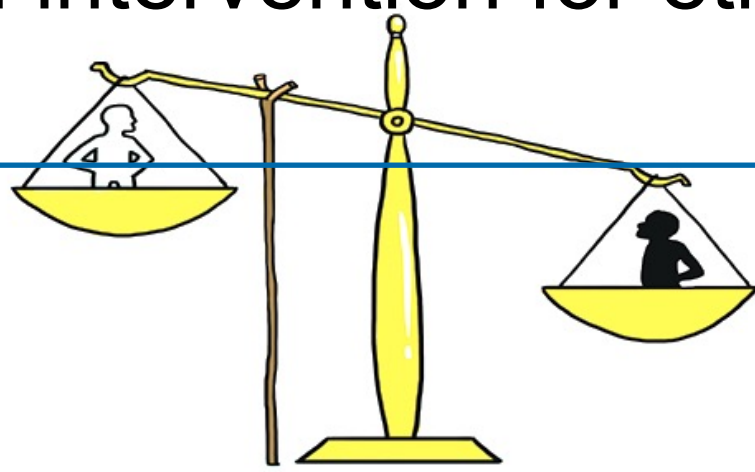
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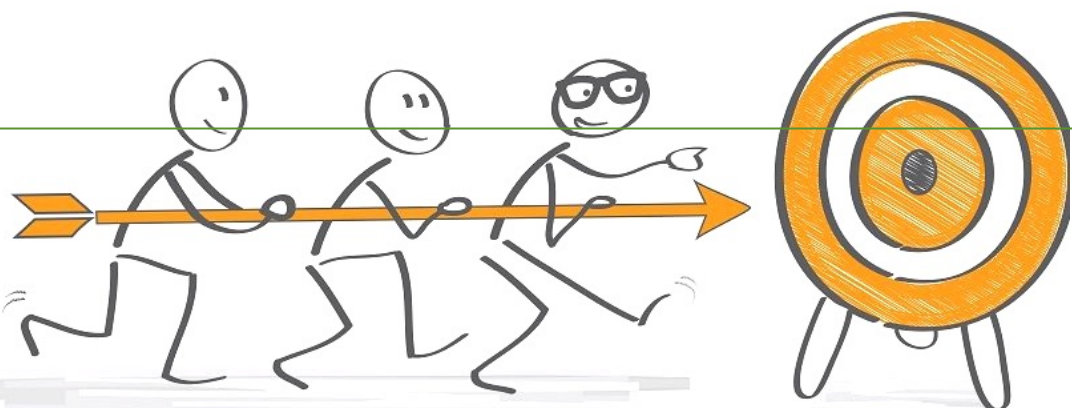
Background

- ❖ 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.^{3, 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**).

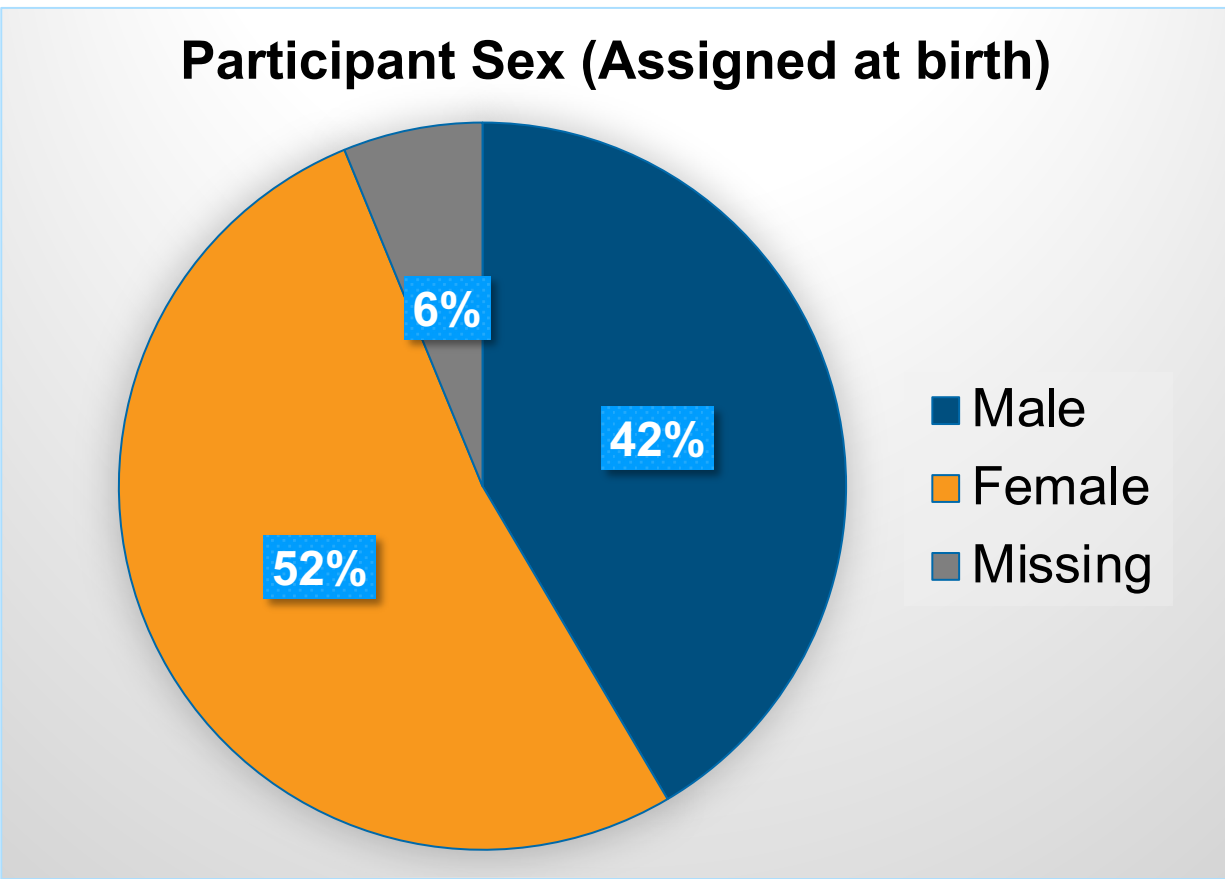


Figure 1.

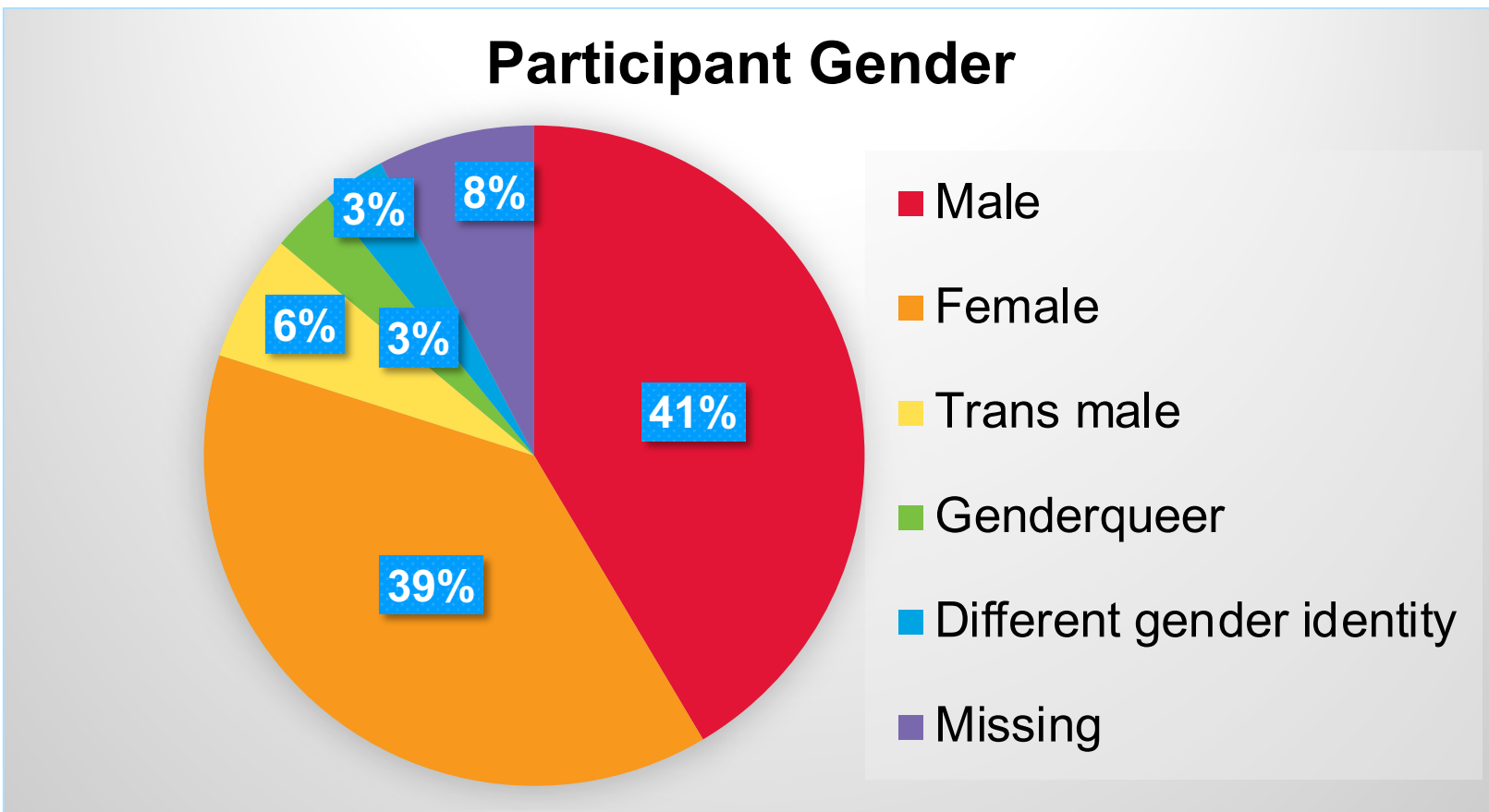


Figure 2.

Identity	n (%)
Caucasian/White	52 (80)
Asian/Pacific Islander	3 (4.6)
Black/African-American	5 (7.7)
Native American	3 (4.6)
Something else	3 (4.6)
Prefer not to say	1 (1.5)
Human	1 (1.5)
Jewish	1 (1.5)
Multi-Ethnic	1 (1.5)
Hispanic/Latinx	12 (18.5)

Table 1. Demographic data for consented patients enrolled in the CHCO PHP.

- ❖ Pre-treatment and post-treatment measures:
 - The PROMIS® Pediatric and Pediatric Proxy Anxiety 8a and Depression 6a: 6 and 8 item self and parent report measures of anxiety and depression, respectively. ⁶
 - Client Satisfaction Questionnaire 8 (CSQ-8): An 8-item self and parent report measure of satisfaction with treatment. ⁶
 - The Emotion Dysregulation Inventory—Reactivity Short Form: 7-item, caregiver-report measure of emotional reactivity. ⁶
- ❖ While in PHP, participants received a cognitive-behavioral, transdiagnostic intervention.
- ❖ **Multiple linear regression** was used to examine whether membership in an ethnic minority group predicted treatment effectiveness (controlling for pre-treatment scores). **Independent Samples T-tests** were conducted to identify whether ethnic minority patients differed in post treatment-satisfaction from patients identifying as 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.

	Overall changes in anxiety, depression, and emotional reactivity from pre-treatment to post-treatment			
	Pre-treatment	Post-treatment	Sig. (2 tailed)	Effect Size (Cohen's d)
Parent PROMIS Anxiety	64.1358	56.3547	< 0.001	0.992
Parent PROMIS Depression	65.3189	58.3604	< 0.001	0.848
Emotion Reactivity	16.6731	12.2308	< 0.001	0.698
Youth PROMIS Anxiety	59.1719	52.8895	< 0.001	0.612
Youth PROMIS Depression	62.5421	55.5561	< 0.001	0.727

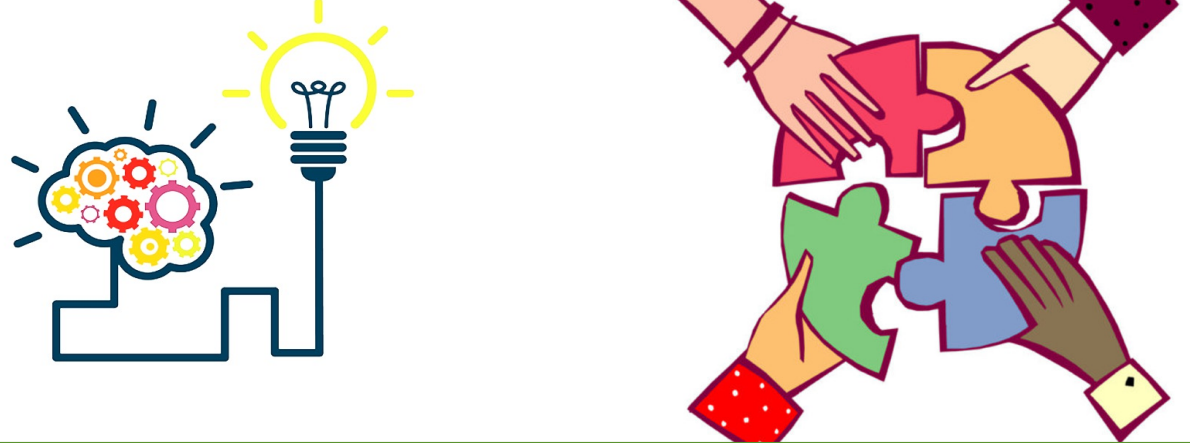
- ❖ Next, we examined differences in post-treatment satisfaction. Ethnic minority and white participants did not differ on the CSQ-8 for either parent report ($t = -.28, p = .81$) or youth report ($t = -.70, p = .49$).
- ❖ Finally, we examined whether ethnic minority status (i.e. identifying as a person 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).

Ethnic minority status as a predictor of post-treatment outcomes		
	β	Sig.
Parent PROMIS Anxiety	0.223	0.02 *
Parent PROMIS Depression	0.231	0.023 *
Emotion Reactivity	0.186	0.123
Youth PROMIS Anxiety	0.06	0.609
Youth PROMIS Depression	0.134	0.25

Table 3.

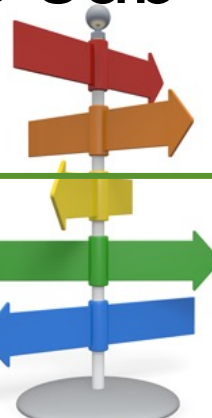
Conclusions

- ❖ Ethnic minority participants did not significantly differ in post-treatment satisfaction from participants identifying as white, based on both parent and self report.
- ❖ Ethnic minority status predicted higher **parent** reported anxiety and depression scores at post-treatment (i.e. worse outcomes).
- ❖ Ethnic minority status did not predict higher **parent** reported emotional reactivity scores at post-treatment.
- ❖ Ethnic minority status did not predict higher **youth** reported anxiety and depression scores at post-treatment (i.e. worse outcomes).



Implications

- ❖ There is at least some evidence that the intervention in PHP is not as effective for patients who come from an ethnic minority background.
- ❖ This psychotherapy intervention (like other psychotherapy interventions) may need to be adapted for individuals from an ethnic minority background in order to be as effective.
- ❖ Small sample size resulted in the categorization of patients in a binary, which may collapse cultural/ethnic differences that may have an impact on outcome.
- ❖ In the future, we plan to conduct analyses in a larger sample size in order to examine differences in outcome for specific ethnic sub-groups.



References

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