

# Feasibility and Acceptability of a Resilience-Building Intervention for At-Risk Latinx Adolescents in Chelsea, MA

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## Introduction

Chelsea, MA is an under-resourced community with high rates of trauma exposure, substance use, and unemployment,<sup>1</sup> which are each factors that increase risk of psychiatric illness. LatinX individuals comprise the largest ethnic group (67%)<sup>2</sup> residing in Chelsea. We aimed to implement a psychosocial intervention for LatinX adolescents, identified as at risk for psychiatric disorders through pediatrician screening, in an effort to reduce the likelihood of future development of a psychiatric disorder as well as social and school difficulties.<sup>3</sup> Our goal was to evaluate whether LatinX adolescents with sub-syndromal symptoms could benefit from a resilience-building intervention with a caregiver component, based on CBT, mindfulness, and self-compassion therapies.<sup>4</sup> The aims of the study were to:

- Evaluate the acceptability and feasibility of this resilience-building intervention
- Evaluate the effectiveness of the intervention in reducing sub-syndromal symptoms and increasing resilience skills

## Methods

### Participants:

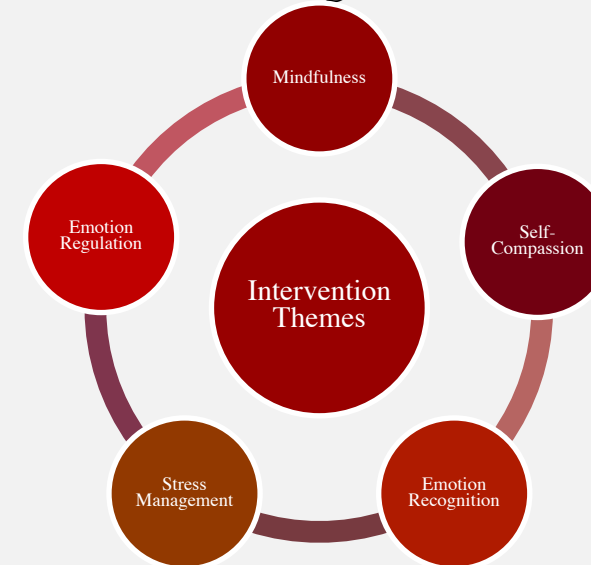
- Adolescents between the ages of 11 – 14 were screened for eligibility during annual pediatric well-visits at a community health center located in Chelsea, MA
- Screening was conducted using the parent-report Pediatric Symptom Checklist (PSC-35).
  - Eligible Score Range: 17-28
- Participants enrolled in the intervention were not currently receiving psychiatric treatment, had no major medical illnesses, or developmental delays
- The participating parent or caretaker was required to be proficient in Spanish (since the caregiver component was conducted in Spanish)

### Assessments:

- Parents and adolescents completed measures at baseline and post treatment.
- Parents completed the Pediatric Symptom Checklist (PSC-35) and the Child Behavior Checklist (CBCL)
- Adolescents completed measures of psychiatric symptoms, emotion regulation, resilience, and emotion labeling.
- Adolescents also completed 3 computerized emotion recognition tasks and a measurement of personal space using virtual reality.

### Youth Sessions:

- Youth attended 8 weekly, one-hour sessions at the Chelsea Public Library
- Sessions were based on principles drawn from affective, cognitive, and behavioral therapies modified to meet the needs of the target population. It consists of major themes drawn from DBT, CBT, and self-compassion based therapies.
- The youth sessions were led in English.

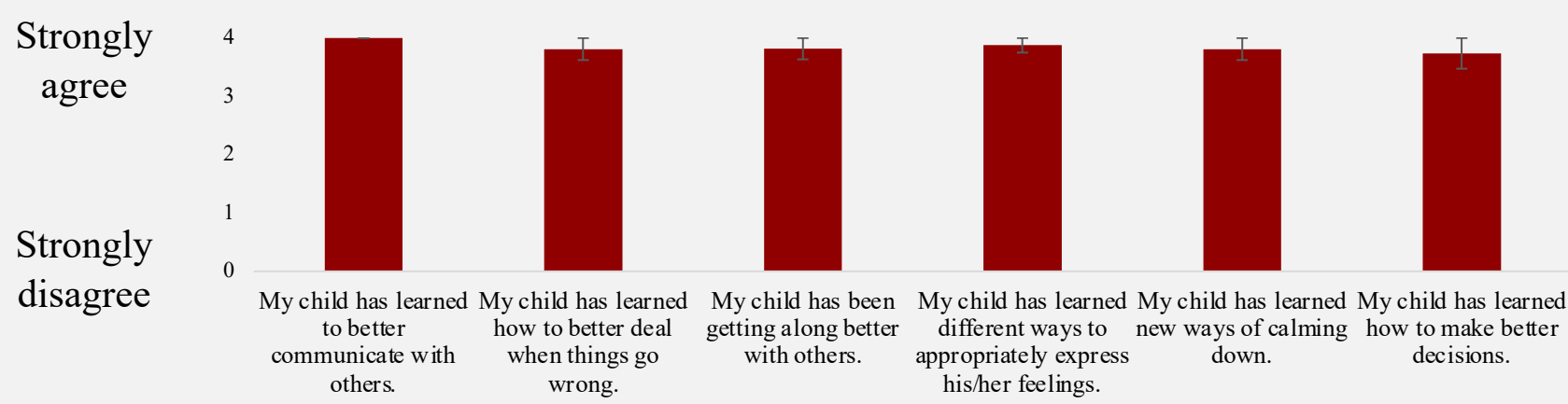


### Parent/Caregiver Sessions:

- Parents attended two caregiver sessions at the MGH Chelsea HealthCare Center that were led in Spanish
- Parent sessions focused on learning the same concepts as their youth so that they could reinforce these skills.

## Results

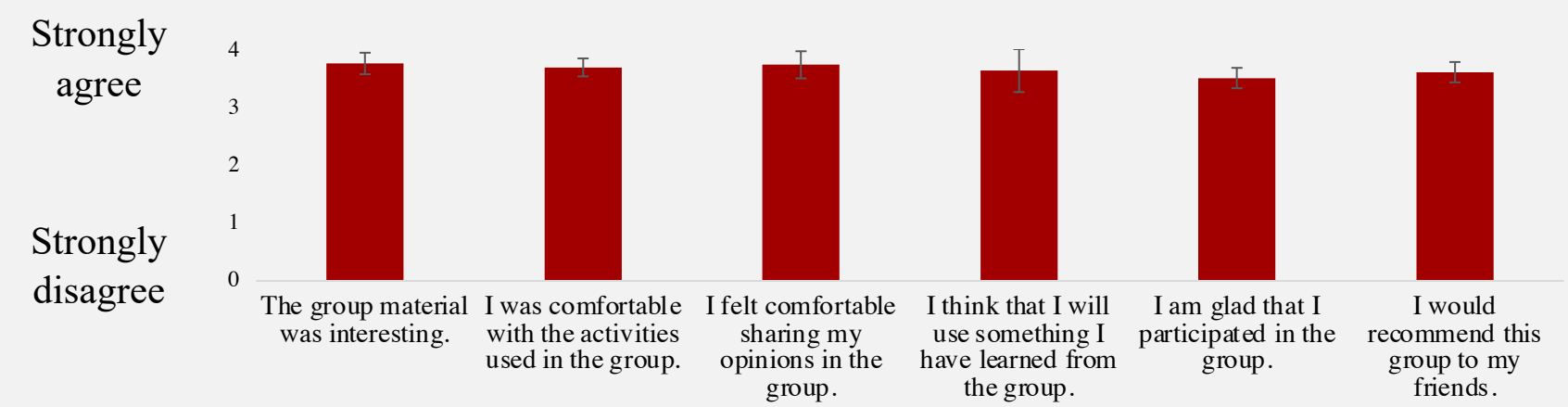
### Parent/Caregiver Feedback



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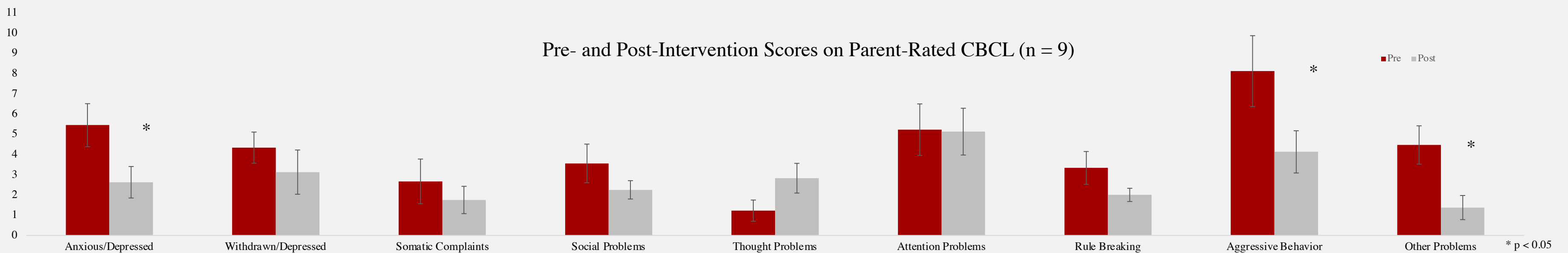
What did you like most about the groups?	New information you learned in the groups.
“I liked the way they explained to understand how my son is feeling and understand why he is feeling that way- I was raised old style when parents were tough.”	“How to talk to my son so he can tell me exactly how he is feeling and why.”
“They help me understand the emotions of my child, we don't talk a lot (everyone is always in their own world)- and I learned how to share with her.”	“I learned a lot- communicate more with my son, value my family more, new experiences that the other parents shared were great to hear about.”
“There is companionship, we learned from the other parents in the group- how to behave with our child.”	“How to communicate with my girls.”
“Sharing with other parents, the professionalism of the group leaders, the way the group leaders expressed themselves.”	“self compassion, how a child feels- if he is feeling accused or guilty I need to understand his point of view.”

### Youth Feedback



	Mean ± SD
Youth attendance (out of 8 sessions)	93%
Parent attendance (out of 2 sessions)	83.5%
Age (years)	12.33 ± 1.00
Grade	6.44 ± 1.24
Race	White = 9
Ethnicity	Hispanic = 9
Gender	Female = 4 Male = 5
Primary language spoken at home	English = 3 Spanish = 6

### Pre- and Post-Intervention Scores on Parent-Rated CBCL (n = 9)



## Conclusions

- Overall there was a high attendance rate for both youth and their parents/caregivers.
- Parent/Caregiver and youth feedback showed that the groups were well-received and useful.
- Parents reported a decrease in youth symptoms of anxiety, depression, and aggressive behavior at post-intervention.
- These preliminary results show that the intervention was beneficial to the youth and that it was acceptable and feasible to conduct within this community.
- Future directions include a randomized controlled trial design with a larger sample and longer follow up.

## References:

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4. Goldstein S, Brooks RB, eds. *Handbook of Resilience in Children*. Boston, MA: Springer US; 2013.