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Ethnic differences in the effectiveness of cognitive behavioral therapy combined with medication: Comparing Asian American and white psychiatric patients

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ABSTRACT

Several meta-analyses have demonstrated the effectiveness of treatment utilizing cognitive behavioral therapy (CBT) combined with medication. There is, however, a paucity of research comparing the effectiveness of this combined treatment with psychiatric patients from different ethnic backgrounds. This study is the first of its kind to compare the effectiveness of CBT combined with medication for Asian American and White patients' psychiatric symptom severity levels of depression, anxiety, psychological well-being, and quality of life. The study examined the effects of CBT combined with medication for 43 Asian American and 43 White Non-Hispanic patients at an acute psychiatric partial hospital. A 2×2 between-within repeated measures analysis of variance was used. Results indicated significant improvement after treatment in all symptom categories assessed for the Asian American and White patients. The findings displayed trends over the course of treatment toward a greater decrease in anxiety symptoms among Asian patients but a larger increase in functioning level among White patients. In conclusion, the findings from this study provide preliminary cross-cultural support for CBT combined with medication as a treatment in partial hospital settings and suggest that the effectiveness of such treatments is similar across cultural groups.

1. Introduction

Several meta-analyses have confirmed the effectiveness of treatment that combines cognitive behavioral therapy (CBT) with medication, particularly among patients with chronic or severe mood disorders, such as major depression (e.g., Friedman et al., 2006) and bipolar disorder (Basco et al., 2003). This combined treatment has also been shown to be effective for obsessive-compulsive disorder (Giasuddin et al., 2012), schizophrenia (Donohoe, 2006), binge eating disorder (Brownley et al., 2007), insomnia (Taylor et al., 2015), and alcohol dependence (Balldin et al., 2003). Thus, a broad evidence base is available to advocate for the effectiveness of this type of treatment.

There is, in contrast, a dearth of available information pertaining to racial differences in the effectiveness of combined therapy due to a lack of racial and ethnic diversity in study samples (e.g., Blanco et al., 2006; Ginsburg et al., 2014; Grilo et al., 2012; O'Malley et al., 2007). At times, the racial composition of study samples were not reported (e.g., Brownley et al., 2007; Bulik et al., 2007; Emslie et al., 2006), rendering it impossible to draw cross-racial comparisons of the effectiveness of the treatment. An extensive literature review conducted by the present authors failed to identify any studies comparing White and Asian American psychiatric patients, thus highlighting an important gap.

Given the growth of the Asian American population (U.S. Census Bureau, 2010) and their high rates of mental health concerns (Center for Disease Control and Prevention, 2009; Kurasaki et al., 2002; Marshall et al., 2005; Lam et al., 2004), further exploration into effective mental health treatment for this population is imperative. Sue et al. (2012) finds a gap in what is known about the mental health status and psychotherapy treatment of the Asian American population.

As CBT is directive, short-term, and action-oriented, it is thought to be culturally congruent with Asian clients' expectations of therapy (Hong and Ham, 2001; Hwang et al., 2006). A recent study (Tang et al., 2015) found CBT combined with medication to be an effective treatment for Asian American (AA) patients within an

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acute psychiatric partial hospital setting. However, no formal examinations exist of the differential effectiveness of this treatment among AA psychiatric patients as compared to White patients. The current study, therefore, aimed to fill this gap by comparing the effectiveness of CBT in AA and White patients in an acute psychiatric partial hospital setting. Specifically, the research questions were:

1. After the treatment of CBT combined with medication, do both the Asian and White patients show a reduction in symptom severity levels?
2. Does race moderate the effectiveness of the CBT plus medication treatment?

2. Method

2.1. Participants

The sample included 43 AA and 43 White, Non-Hispanic adult patients, who received CBT combined with medication for 7–10 days in an acute psychiatric partial hospital. Inclusion criteria for this current study were being a patient admitted to the Partial Hospital Program (PHP) and identifying one's race as either "Asian" or "White, Non-Hispanic" in the demographics survey completed upon admission. Among the AA patients, there were a total of 14 males and 29 females, ranging in age from 18 to 40 with a mean age of 30 (SD = 9.36). The AA patients were the same sample from the Tang et al. (2015) study. Among the participants, 60% were in treatment for major depression, 23% for anxiety disorders, 14% for obsessive-compulsive disorder, and 14% for psychotic disorder. Some participants had multiple diagnoses. For this study, 43 of the White, Non-Hispanics from the larger PHP dataset were matched to the AA group, resulting in total sample size of 86 participants. The matching procedure involved pairing, based on age, gender (male/female), education level (eighth grade or less, some high school, high school/GED, some college, 4-year college graduate, or post-college education), prior homelessness (yes/no), previous psychiatric hospitalization (yes/no) and health rating (very poor, poor, good, very good, excellent) (see Table 1 for the breakdown of participant demographics). Among the White, Non-Hispanic participants, the breakdown in terms of diagnosis was: major depression (61%), anxiety disorders (30%), obsessive-compulsive disorder (31%), and psychotic disorder (2.3%). A *t*-test revealed no group differences in age ($p = 1.00$). Similar a series of χ^2 analyses revealed no group differences in the prevalence of major depressive disorder ($p = 1.00$), anxiety disorder ($p = 0.63$), obsessive-compulsive disorder ($p = 0.57$), or psychotic disorder ($p = 0.055$).

Table 1
Asian American and White, Non-Hispanic American Participants Demographics.

Characteristic	Asian American (n = 43)	White, Non-Hispanic (n = 43)
Sex		
Male	14	14
Female	29	29
Age [Mean, (SD)]	30.02 (9.42)	30.02 (9.42)
Education		
Eight grade or less	0	0
Some high school	0	0
High school graduate/GED	13	13
Some college	7	4
4-year college graduate	10	13
Post-college graduate	13	13
Previously homeless		
Yes	1	1
No	42	42
Prev. psych hospitalized		
Yes	25	25
No	18	18
Physical Health Rating		
Very poor	0	0
Poor	3	2
Good	20	22
Very good	12	11
Excellent	8	8
Diagnosis		
Major depression	60	61
Anxiety disorder	23	30
Obsessive-compulsive disorder	14	31
Psychotic disorder	14	2.3

2.2. Setting

The PHP is a treatment facility within a psychiatric campus hospital in New England. Partial hospitals constitute a higher level of care and provide treatment for patients who experience more severe and chronic psychiatric symptoms compared to outpatient treatment (Kiser et al., 2010).

2.3. Treatment

The treatment focused on teaching cognitive (e.g., cognitive restructuring) and behavioral (e.g., behavioral activation) strategies. CBT coping skills including challenging cognitive distortions, and changing problematic behavior through behavioral activation, were taught through daily group and individual therapy sessions. Individual and group CBT was provided by the PHP staff, including psychiatrists, psychologists, social workers, occupational therapists, psychology trainees at the pre-doctoral and practicum levels and mental health counselors.

Patients were required to attend five, 45- to 50-min skills-focused groups daily, five days of the week, in addition to their individual sessions. The groups followed treatment protocols designed within the program, derived from established treatment manuals, which were generally didactic in nature. The group leader typically taught a specific CBT skill that the patients would then practice.

Participants attended the PHP for an average of 7 days; the case manager determined discharge readiness. Individually, the patients met with their clinical liaisons for 30 min, 3 times per week to focus on practicing the CBT skills learned in groups. Additionally, for medication management, all patients were assigned a psychiatrist, who met with the patients for 15–30 min, 2–3 times per week or as needed (see Tang et al., 2015 for more details).

2.4. Procedure

After providing consent, each participant was assigned a number code, so that all data collected were anonymous. Patients completed a demographics survey, as well as a series of questionnaires, which were also administered at termination before the patient was discharged. These questionnaires assessed for depression, anxiety, psychological well-being, treatment credibility, and expectancies. All assessments were completed using a computer program.

2.5. Measures

2.5.1. Demographics questionnaire

The demographic survey, administered at treatment admission, included 15 self-report questions related to age, gender, race, education, employment or student status, living situation, marital