

# Exploration of treatment resistance in a parenting skills group mothers with high psychosocial risk

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## Introduction

- Treatment resistance, defined as reduced intervention attendance, is a consistent impediment found across psychological and medical interventions.<sup>1, 2, 8</sup>
- Previous studies indicate that an ACE score as low as 3 can predict attendance rates<sup>2, 3</sup>, and that even mild depression symptoms are responsible for a 20% decrease in intervention attendance.<sup>4</sup>
- Mom Power is a 10-week parenting group intervention that was developed at the University of Michigan specifically to reach mothers who have trauma histories and other factors known to heighten risk for parenting difficulties (e.g., trauma history, low SES, mental health difficulties).<sup>7</sup>
- The therapeutic dose to receive optimal benefits from Mom Power is at least 7 of 10 sessions.<sup>7</sup>

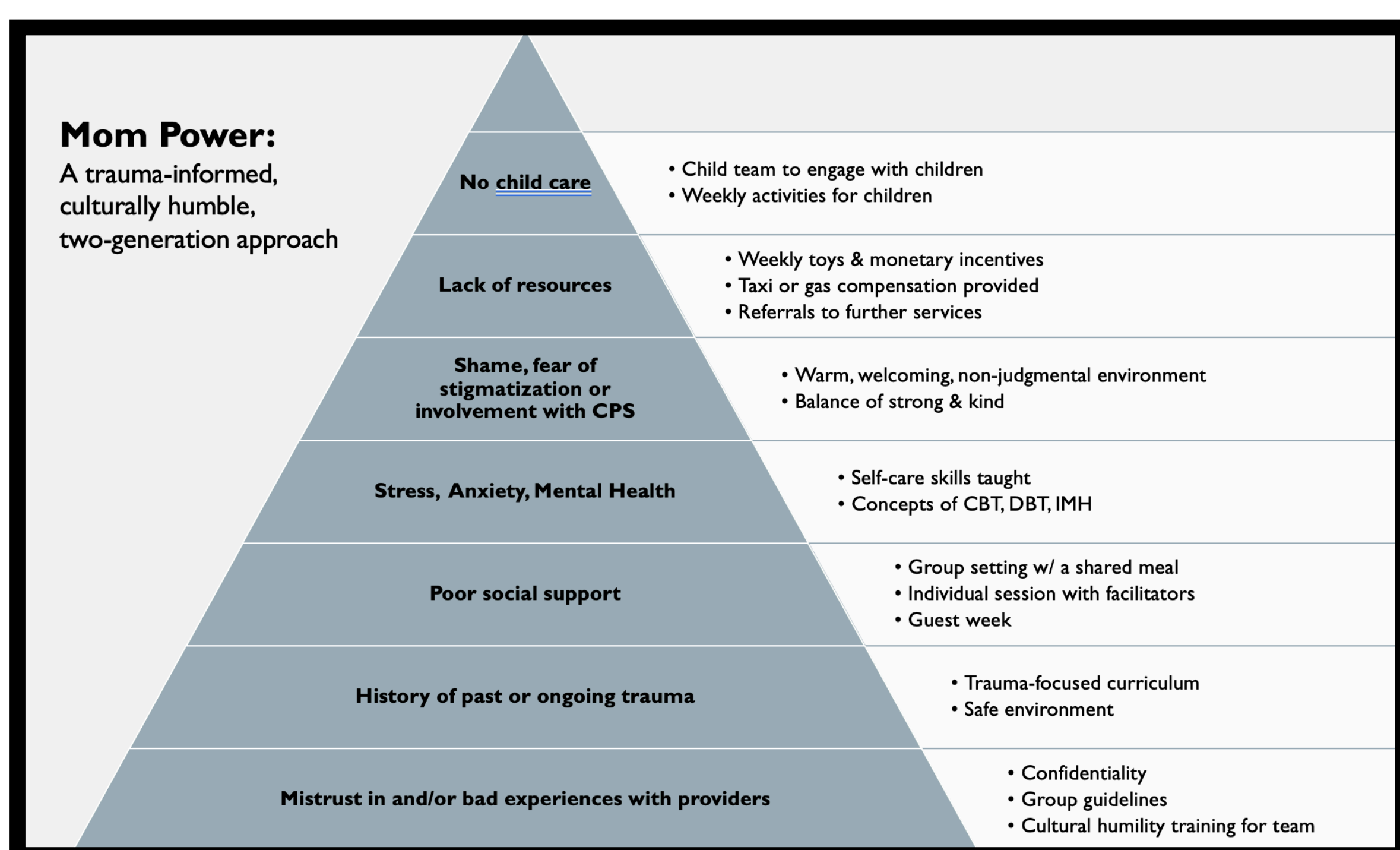


Figure 1. Mom Power was developed to reduce treatment resistance and increase engagement

## Hypothesis

Given that Mom Power was developed to engage and retain mothers with high psychosocial risk, we predicted that mothers' attendance in Mom Power would not be significantly predicted by ACEs or depression.

## Measures

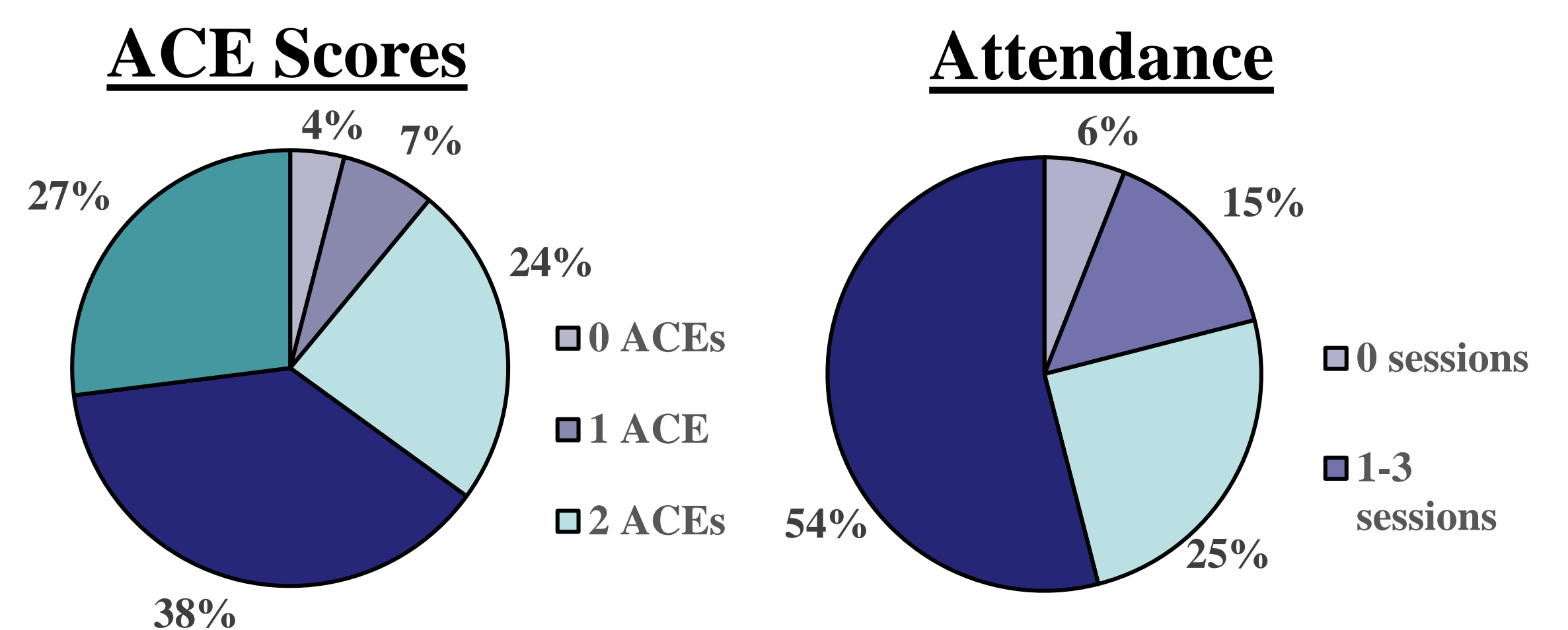
- N = 66 mothers completed self-report forms at intake

Construct	Measure	Past or Present	Number of Items
Treatment Attendance	Intervention Attendance	Present	Rate of attended sessions out of 10 possible sessions
Adverse Childhood Experiences	Adverse Childhood Experiences (ACE questionnaire) <sup>2</sup>	Past	10
Depression	Patient Health Questionnaire (PHQ-9) <sup>5</sup>	Present	9

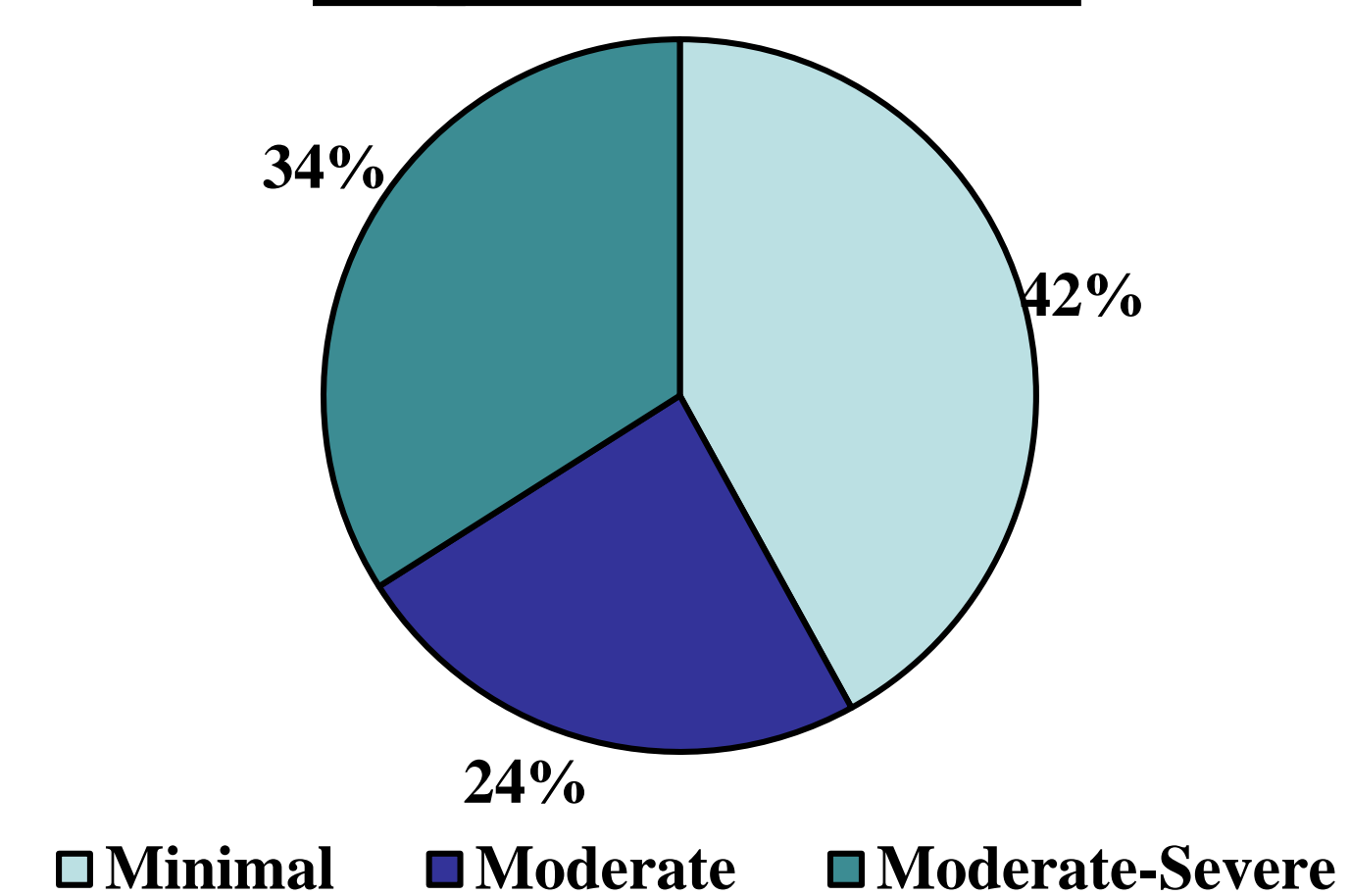
## Participants

$M_{age} = 26.6$  years       $M_{ACE} = 4$

- Participant Demographics consisted of 84.1% Caucasian, 7.9% African-American, 3.2% Latino, 1.6% Native American, and 3.2% Bi-racial.



## Depression Rates



## Results

A multiple linear regression analysis was used to predict intervention attendance. The overall model was not significant  $F(2, 59) = 1.07, p = .35$ , and accounted for only 3.5% of the variance in intervention attendance.

## Conclusions

**As hypothesized, ACE score and depression did not predict Mom Power intervention attendance**

- The average ACE score for the mothers in our sample was over a full point higher than what is found in other similar studies<sup>2,3</sup>. Depression scores matched the magnitude found in most studies conducting similar investigations.<sup>4</sup>
- In these similar studies, attendance rates are impacted by the presence of ACE scores of at least 3, and 'moderate' depression symptoms<sup>2,3,4</sup>.

**We propose that the trauma-informed, diversity-informed, and relationship-based nature of the Mom Power intervention help engage and retain mothers despite high psychosocial risk.**

## References

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