



Ethnicity as a Moderator Between PTSD and Suicidality in a Clinical Sample

Acacia R. Lopez, B.A., Christa N. Herrera, B.A. Jennifer L. Callahan, Ph.D. ABPP, & Camilo J. Ruggero, Ph.D.

University of North Texas

Suicide Rates in Latinx & Non-Latinx Groups

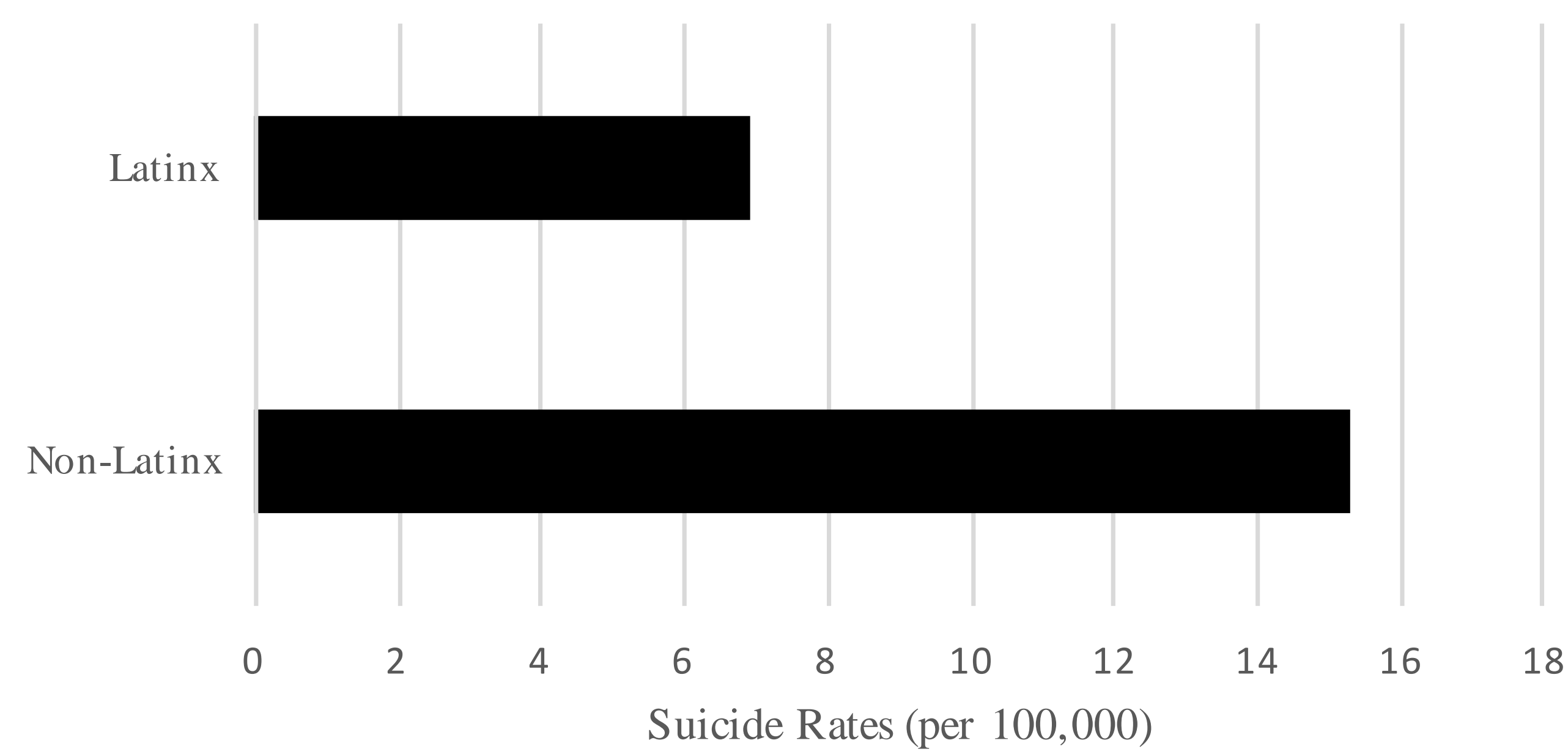


Table 1

Suicidality in Relationship to PTSD and Ethnicity (Latinx, Non-Latinx)

	b	p	95% CI	
PTSD	.392**	<.001	.048	.112
Latinx	.046	.306	-.166	.217
Non-Latinx	-.067	.427	-.245	.138
PTSD x Latinx	-.328	.743	-.405	.135
PTSD x Non-Latinx	.041	.582	-.245	.138

* $p \leq .05$, ** $p < .001$

Table 2

Lifetime prevalence of post-traumatic stress disorder (PTSD) in US Residents

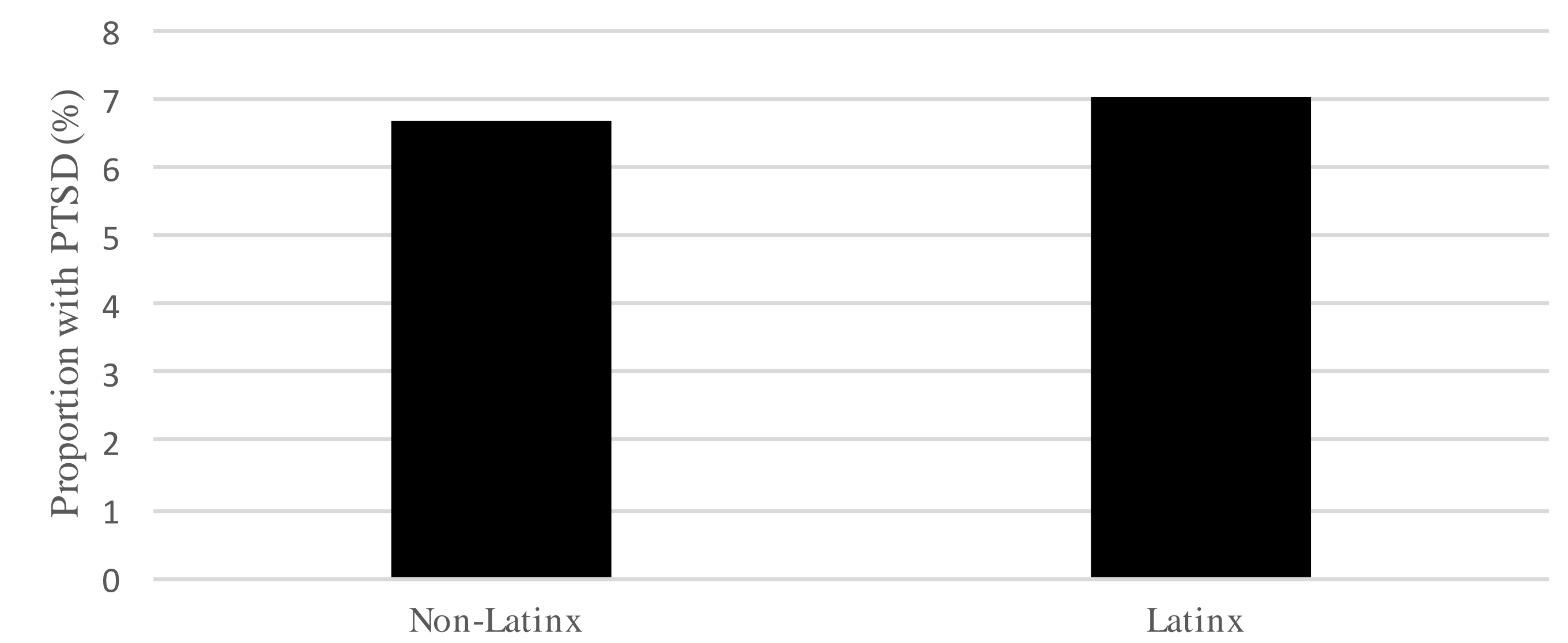


Table 3

Introduction

- Research indicates an increased risk of suicide and suicidal behavior among individuals with posttraumatic stress disorder (PTSD) (Bryan, 2016)
- Proportionate lifetime prevalence rates of PTSD across Latinx and non-Latinx groups (Roberts et al., 2012)
- Latinx groups have lower rates of suicide injury death in comparison to non-Latinx groups, a rate of 6.88 versus 15.35 per 100,000 according to the CDC (2017)
- This study aims to evaluate the role of ethnicity in the relationship between PTSD and suicidality

Methods

Participants

- Participants were 526 clients from a university-based training clinic
- M age = 29.37, 51% female, 9.5% Latinx

Procedure

- In this cross-sectional study, clients ($N = 526$; M age 29.37) completed self-report measures of demographic characteristics, symptoms of PTSD and suicidality.

Measures

Demographics

Self-report measures:

- Posttraumatic stress disorder symptoms – *Psychiatric Diagnostic Screening Questionnaire (PDSQ)*
- Suicidality – *Outcome Questionnaire (OQ-45.2)*.

Data Analysis

- Moderation analyses were performed through SPSS.
- Given the disproportionate number of Latinx ($n = 50$) and non-Latinx ($n = 476$) clients, moderation analyses were bootstrapped by 10,000.

Results

- The moderation model of the bootstrapped sample revealed that PTSD was related to suicidality (β [95% CI] = .392, $t(429) = 5.289$, $p < .001$).
- However, this model revealed that Latinx ethnicity was **not** related to suicidality (β [95% CI] = .046, $t(429) = 1.025$, $p = .306$), nor was the interaction between Latinx ethnicity and PTSD (β [95% CI] = -.328, $t(429) = -.015$, $p = .743$).
- The model also revealed that there was not a relationship between non-Latinx ethnicity and suicidality (β [95% CI] = .012, $t(429) = .274$, $p = .784$) nor an interaction between non-Latinx ethnicity and PTSD on suicidality (β [95% CI] = -.041, $t(429) = -.550$, $p = .582$).

Discussion

- These findings are consistent with extant literature on PTSD and suicidality, demonstrating a relationship between PTSD & suicidality (See Table 2).
- These findings do not explain increased suicidality in non-Latinx clients, but is congruent with the Latinx health paradox, the contradictory finding of better health outcomes for Latinx despite known additional disadvantages (Taningco, 2007)

Future Research

- Further research may involve a broader scope of various ethnic groups to reveal possible interactions of ethnicity on the relationship between suicidality and PTSD in order to create mental health treatments and interventions that align with the culture of the client, which has been shown to increase effectiveness (Soto, et al., 2018)
- Further research may also evaluate the role of cultural protective factors, such as Familism in Latinx groups, in lower rates of suicidality (Diaz & Niño, 2019)

References

- Bryan, C. (2016). Treating PTSD within the context of heightened suicide risk. *Current Psychiatric Reports*, 18, 73.
- CDC. (2017). Suicide rates for females and males by race and ethnicity: United States, 1997 and 2017.
- Diaz, C., and Niño, M. (2019). Familism and the Hispanic health advantage: The role of immigrant status. *Journal of Health & Social Behavior*, 60, 274-290.
- Roberts, A., Gilman, S., Breslau, J., & Koenen, K. (2010). Race/ethnic differences in exposure to traumatic events, development of post-traumatic stress disorder, and treatment-seeking for post traumatic stress disorder in the United States. *Psychological Medicine*, 41, 71-83.
- Soto, A., Smith, T., Grinier, D., Domenech-Rodriguez, M., & Bernal, G. (2018). Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *Journal of Clinical Psychology*, 74, 1907-1923.
- Taningco, M. T. V. (2007). Revisiting the Latino health paradox. *Los Angeles, CA: Tomas Rivera Policy Center*.