“All monsters are different: creating a culturally adapted TF-CBT group for Latinx adolescents and their families”
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BACKGROUND
Latinos are the largest minority group in the United States (18% approx.), it is estimated that by 2060 Latinos will compromise 28.6% of the total population in the USA[1].

According to the National Intimate Partner and Sexual Violence Survey, in the United States, 13.6% of Hispanic women were raped and 35.6% of experienced sexual violence other than rape during their lifetime [2].

Trauma Focus- Cognitive Behavioral Therapy (TF-CBT) is an evidence-based, conjoint child and parent/caregiver psychotherapy model for children and adolescents who are experiencing clinically significant emotional and behavioral difficulties related to traumatic life events.

TF-CBT consists of 12-20 sessions. It has been used in patients from the ages of 3 years old to 18 years old. Randomized Controlled Trials have revealed a ↓ in symptoms of MDD, PTSD and GAD by 40-70%.[3]

Limitation: It needs one provider trained in TF-CBT per family.

There have been TF-CBT group studies mentioning the benefit of reaching larger number of people and helping reduce feelings of shame, isolation and stigma. With similar results to regular TF-CBT in the reduction of MDD, PTSD and GAD [4].

HYPOTHESIS
TF-CBT groups with cultural adaptations for Latinx teenagers and their respective caregivers improves symptoms of Major Depressive Disorder, Posttraumatic Stress Disorder and General Anxiety Disorder.

METHODS

Inclusion Criteria
- Adolescents
  - 13-17 years old
  - Living with the patient and aware of the sexual trauma history
  - History of sexual abuse or sexual trauma, and resultant symptoms of trauma and stress related disorders.
  - Identify as Latinx
  - Spanish speaking
- Caregivers
  - 18 years old
  - Identified as a caregiver
  - Being identified as a sexual offender for the patient

Exclusion Criteria
- Adolescents
  - Active suicidal ideation in the last 6 months
  - Being identified as a sexual offender for the patient
  - Psychiatric hospitalization in the last year
  - Living with the perpetrator who inflicted the sexual trauma, or any ongoing sexual trauma
  - Inability to commit to all 15 sessions
- Caregivers
  - History of major psychiatric illness

METHODS

Inability to commit to all 15 sessions

RESULTS

Table 1: Psych measures, pre and post TF-CBT group, broken out by group.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Post</th>
<th>p-value</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTSD Severity</td>
<td>36 (31 - 41)</td>
<td>17 (16 - 24)</td>
<td>0.063</td>
<td>Adolescent</td>
</tr>
<tr>
<td>PHQ9 (Depression)</td>
<td>15 (7 - 19)</td>
<td>10 (7 - 15)</td>
<td>0.007</td>
<td>Adolescent</td>
</tr>
<tr>
<td>SCARED-Child</td>
<td>43 (40 - 59)</td>
<td>31 (28 - 40)</td>
<td>0.027</td>
<td>Adolescent</td>
</tr>
<tr>
<td>PTSD Severity</td>
<td>1 (0 - 4)</td>
<td>0 (0 - 0)</td>
<td>0.1255</td>
<td>Adult</td>
</tr>
<tr>
<td>PHQ9 (Depression)</td>
<td>3 (0 - 8)</td>
<td>2 (0 - 6)</td>
<td>0.031</td>
<td>Adult</td>
</tr>
<tr>
<td>SCARED-Parent</td>
<td>40 (28 - 48)</td>
<td>28 (14 - 32)</td>
<td>0.022</td>
<td>Adult</td>
</tr>
</tbody>
</table>

All measures summarized with median and IQR and compared pre to post using the exact Wilcoxon sign rank test.

DISCUSSION
TF-CBT groups can be an efficient way to ↓ symptoms of PTSD, MDD and GAD in children & adolescents where there are not enough mental health providers.

Modified TF-CBT groups could be an innovative way to maintain retention of treatment in minority groups.

Adding a focus on how the caregiver’s own trauma affect the way they parent their traumatized child has the potential to have positive lasting effects in their whole family.

Modified TF-CBT groups with Latinx cultural adaptations can be replicated in other settings with the material created by our team.

REFERENCES