

“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 comprise 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	Caregivers
13-17 years old	Identifying as a caregiver
Female assigned at birth	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.	Spanish speaking
Identify as Latino	
English speaking/ Basic Spanish	

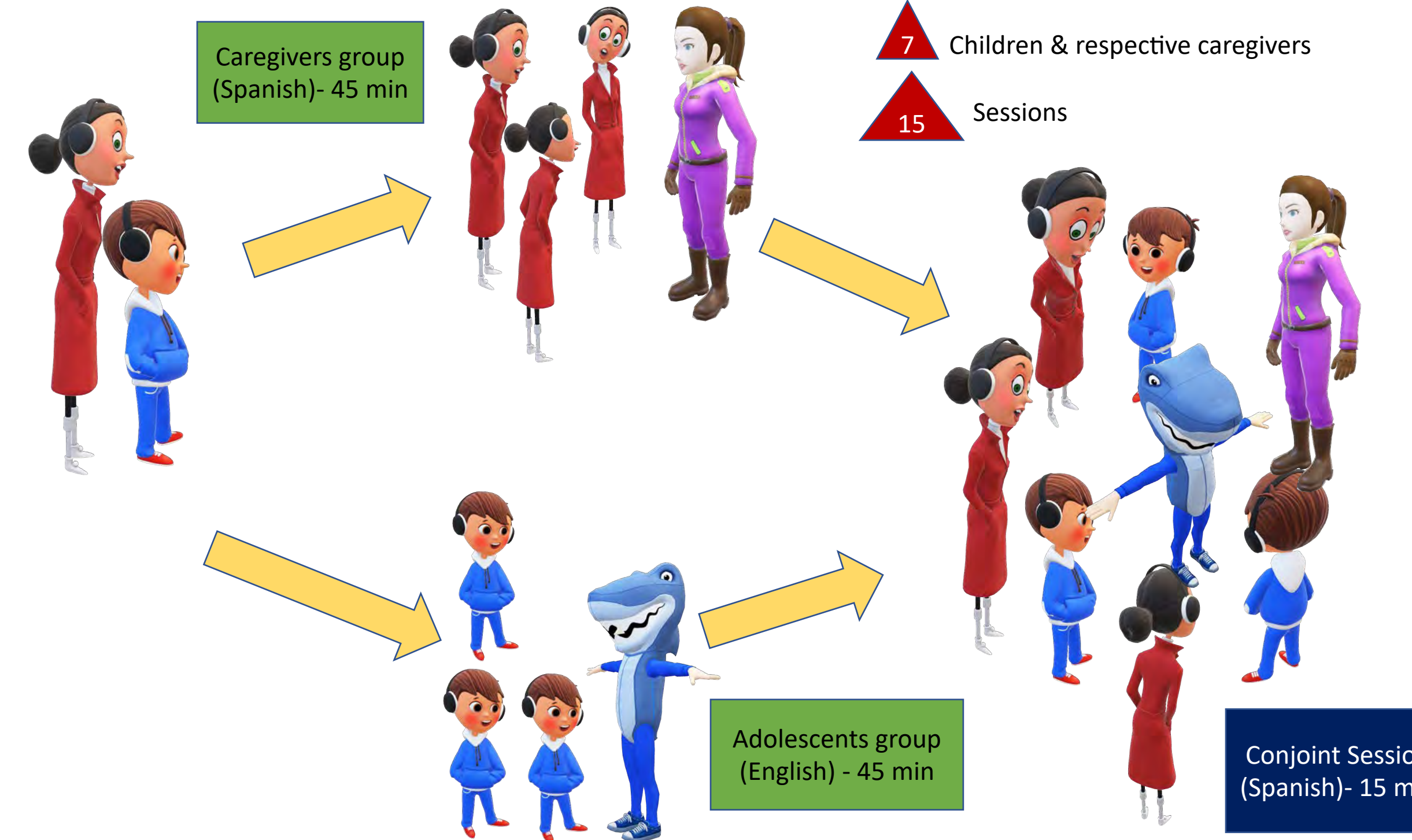
Exclusion Criteria

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

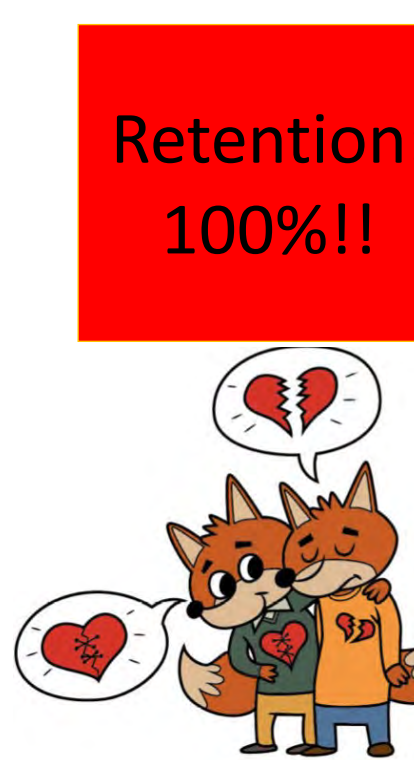
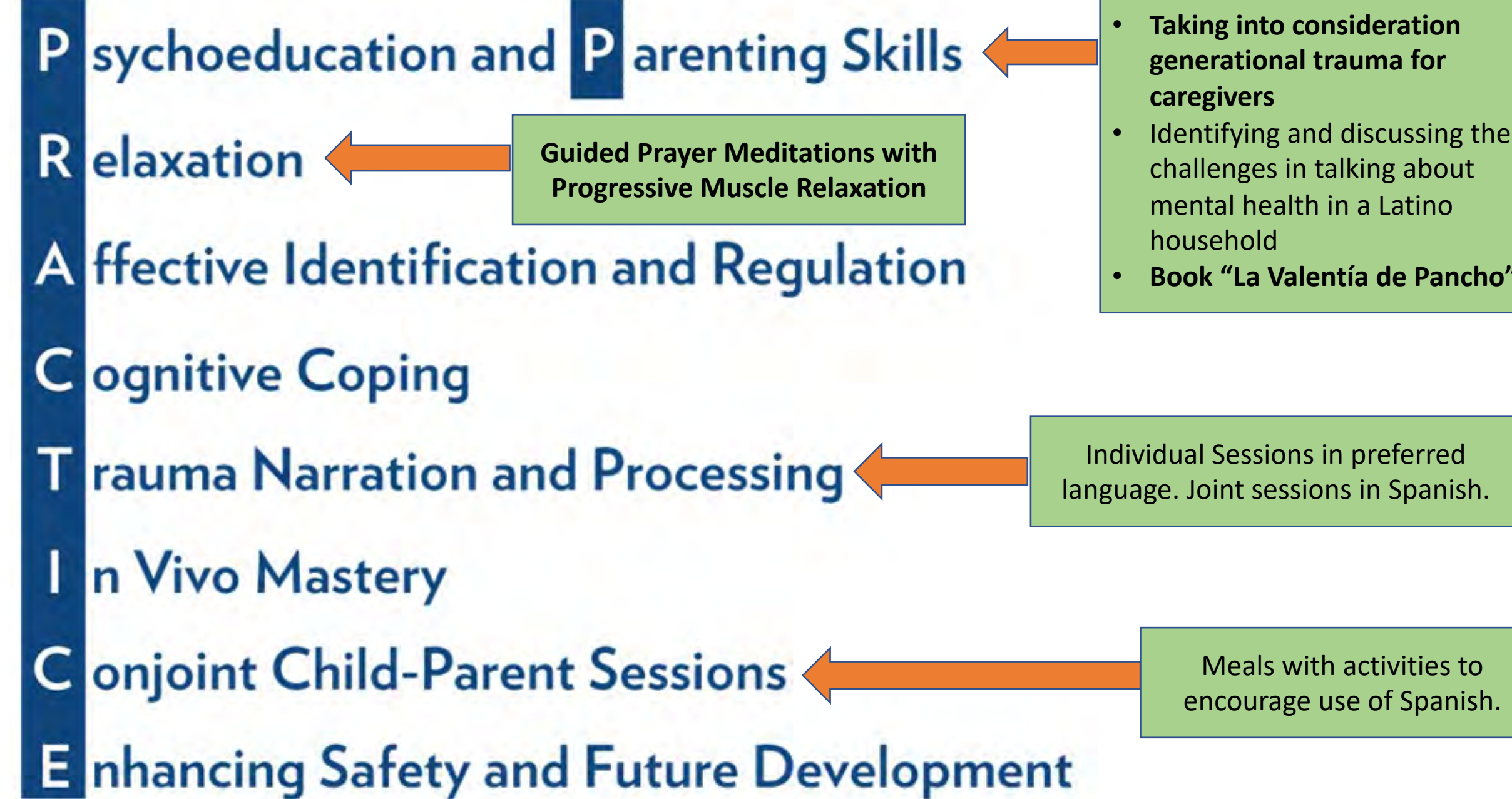
Surveys (Pre & Post TF-CBT groups)	
Adolescents	Demographics
	Adverse Childhood Experiences (ACEs)
	Child PTSD Symptom Scale (CPSS)
	PHQ-9 modified for Adolescents (PHQ-A)
	The Screen for Child Anxiety Related Disorders (SCARED)-Child version.
Caregivers	Demographics
	Adverse Childhood Experiences (ACEs),
	The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)
	PHQ-9: The Patient Health Questionnaire PHQ-9 is a depression scale for adults.
	GAD-7: The Generalized Anxiety Disorder-7 (GAD-7)
The Screen for Child Anxiety Related Disorders (SCARED)-Parent version.	



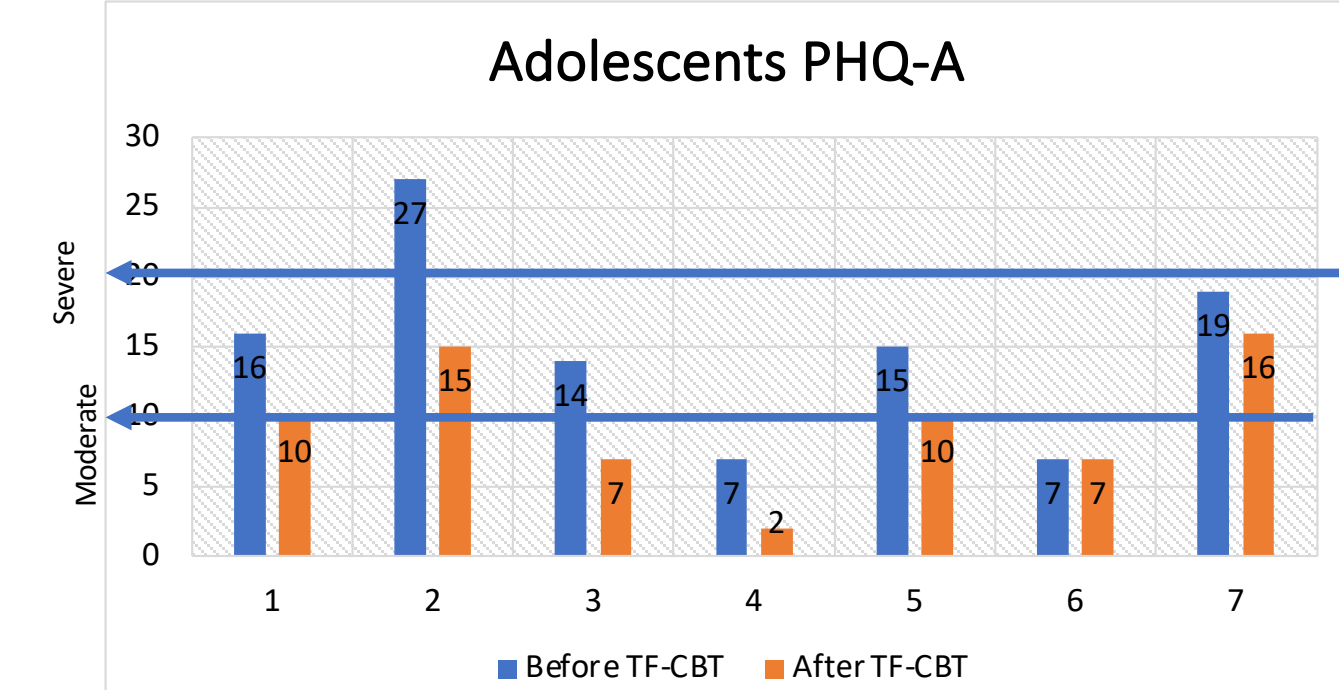
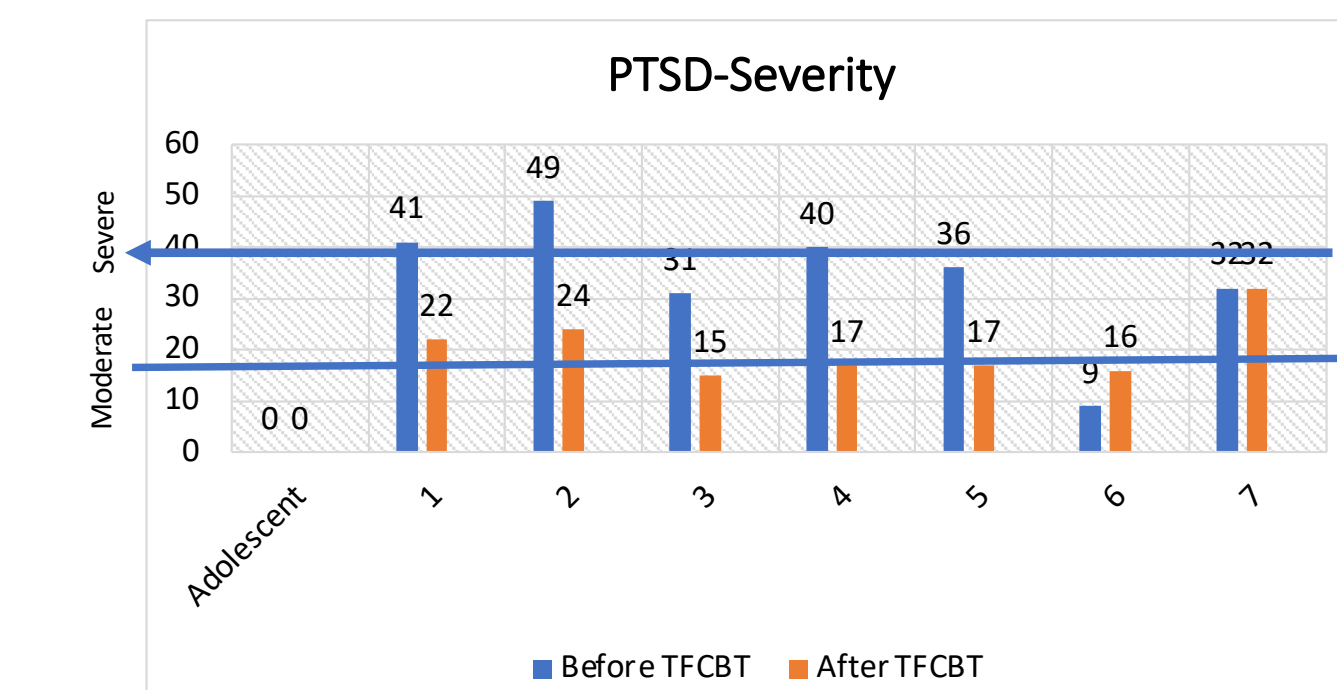
METHODS



Cultural Adaptations



RESULTS



Adolescents
Pre & Post TF-CBT group

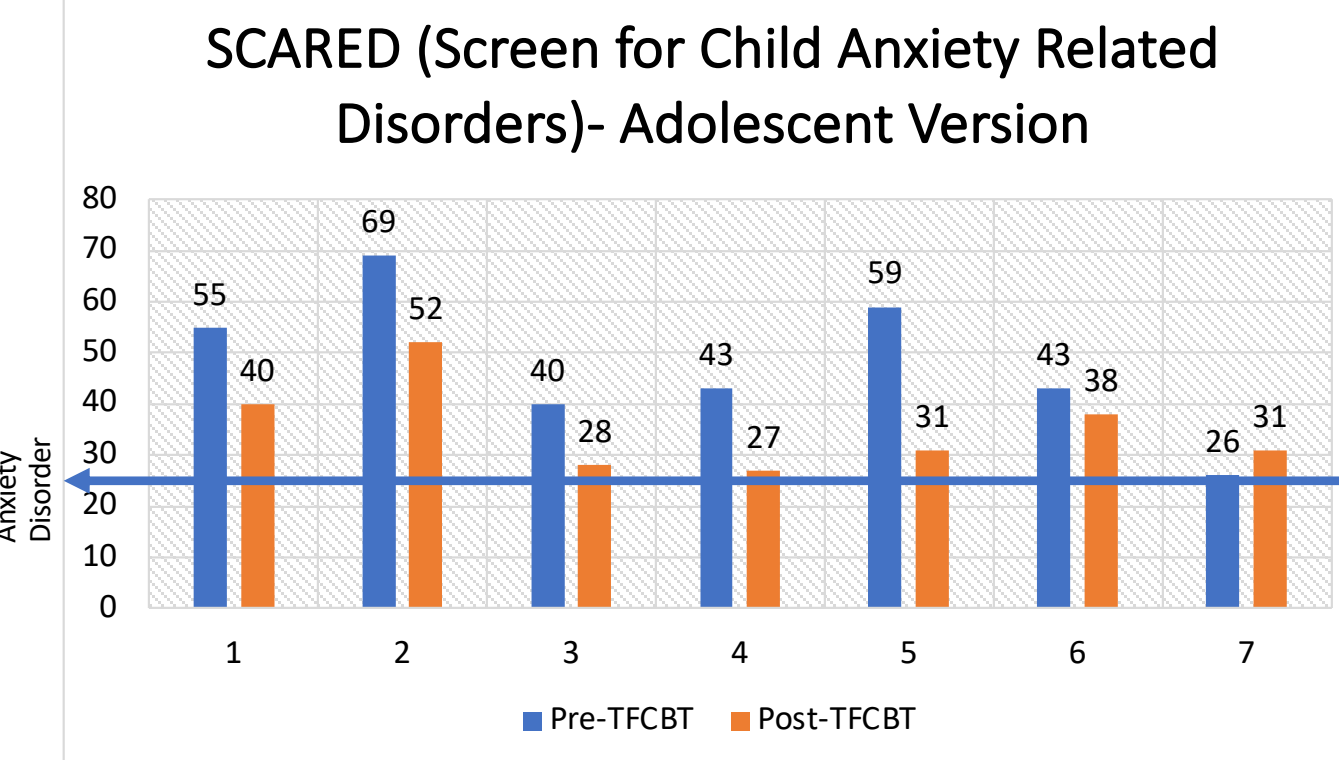


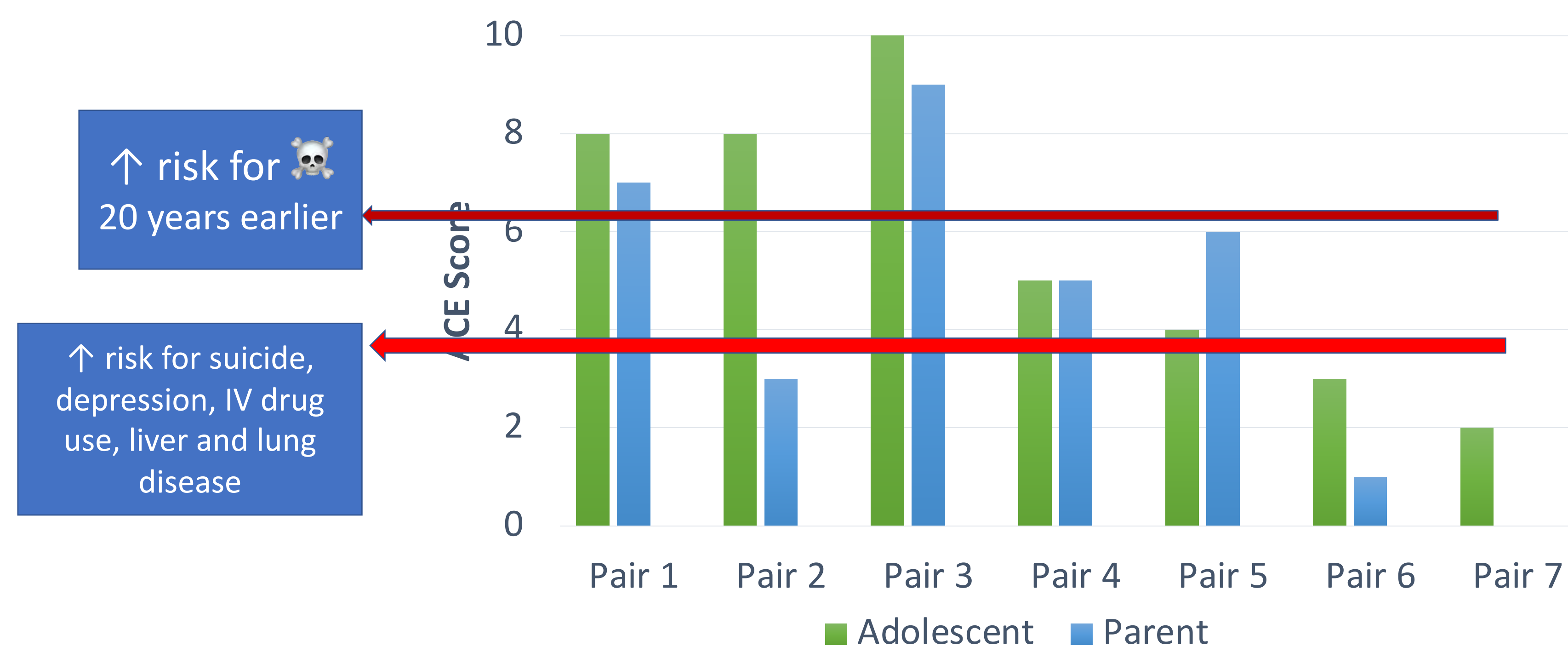
Table 1: Psych measures, pre and post TF-CBT group, broken out by group.

Measure	Pre	Post	p-value	Age Group
PTSD Severity	36 (31 - 41)	17 (16 - 24)	0.063	Adolescent
PHQA (Depression)	15 (7 - 19)	10 (7 - 15)	0.031	Adolescent
SCARED-Child	43 (40 - 59)	31 (28 - 40)	0.027	Adolescent
PTSD Severity	1 (0 - 4)	0 (0 - 0)	0.1255	Adult
PHQ9 (Depression)	3 (0 - 8)	2 (0 - 6)	0.313	Adult
SCARED-Parent	40 (28 - 48)	28 (14 - 32)	0.032	Adult

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

RESULTS

Comparison ACEs Score between mother & Adolescent



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.

- La Valentia de Pancho (digital version available).
- Guided prayer meditations with PMR.

REFERENCES

1. U.S. Census Bureau 2015 Projections. <https://www.census.gov/newsroom/releases/archives/population/cb12-243.html>
2. Matthew J. Breiding, "Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization — National Intimate Partner and Sexual Violence Survey, United States, 2011".
3. De Arellano MA, Lyman DR, Jobe-Shields L, et al. Trauma-focused cognitive-behavioral therapy for children and adolescents: assessing the evidence. Psychiatr Serv. 2014;65(5):591-602. doi:10.1176/appi.ps.201300255
4. Deblinger E, Pollio E, Dorsey S. Applying Trauma-Focused Cognitive-Behavioral Therapy in Group Format. Child Maltreat. 2016 Feb;21(1):59-73. doi: 10.1177/1077559515620668. Epub 2015 Dec 23. PMID: 26701151.