

Culturally Informed Care for Youth: Evidence-Base

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Culture-Bound Neural Representation

- ▣ Differential preference of same-race facial processing at 3 months old; influenced by exposure
- ▣ Differential neural representation of various cognitive functions can vary across cultures and linguistic domains
- ▣ Mental representation: locus of “self” vs. “other” representation varies across cultural groups
 - Theory of Mind: Concept (and representation) of others’ thoughts and feelings; starts with significant others
 - Chinese: Same locus of neural activity for “self” as “mother”; different loci for each construct for Euro-Americans
 - 2nd gen Chinese Americans: Same as Euro-Americans
 - Neural representation of collectivist cultural orientation vs. individualistic?
 - Cultural representation of Theory of Mind; affected by acculturation/ generational status- significant for AFD

Acculturation, Youth, and the Family

- All Western youth and parents experience some degree of “generation gap” tension with differences in value systems; but this is complicated by process of acculturation
- Youth rapidly adapt to new language and cultural norms, navigate host and other cultures
 - Greater exposure in school and from peers
 - More neural plasticity and cognitive flexibility
 - Less encumbered by traditional cultural values
 - Develop less traditional views of family roles and limits
- Parents have greater difficulty adapting to new cultural context
 - Greater difficulty with linguistic and changes in norms
 - Stressed by adaptation to new language, value system, laws, etc., as well as immigration stressors
 - Burden of economic and material survival
 - Threatened by changes in youth (fear of change and loyalty conflict, feel will be left behind, fear will not benefit from their sacrifices...)

Acculturative Family Distancing (AFD) in Asian American and Hispanic families

- Differences in parent-youth acculturation lead to inter-generational conflict
 - Increase risk for youth substance abuse and conduct problems (Szapocznik, et al, 1980's, Portes and Rumbaut, 1996).
- ▣ Hwang developed an integrated theory of AFD in 2006
 - Acculturation gap = discrepancy in acculturative status between parents and youth
 - 2 dimensions of AFD lead to family conflict:
 1. Incongruent Cultural Values
 2. Breakdowns in Communication (including language gap)
 - Found that AFD increases risk for depression and suicidality

Stress and Adaptation in Immigration

▣ Immigration Trauma

- ▣ Previous traumas (war, natural disasters, famine)
- ▣ Trauma of migration journey (dangers, victimization, loss of extended family supports)
- ▣ Post-immigration traumas (multiple moves/ dislocations, long term separation from family, economic and legal difficulties)
- ▣ For undocumented families: heightened stress and even risk of traumatic experiences at hand of immigration authorities (workplace, school, and home raids and arrests/ deportation)
- ▣ Long term stressors (Discrimination, marginalization, domestic violence, economic)
- ▣ Multi-generational impact of immigration trauma complicates acculturation process (parents do not speak openly but impact visited on subsequent generations)

Stress and Adaptation in Immigration

▣ Acculturation Stress

- Pressure to assimilate to avoid discrimination and marginalization (social, economic)
- Impact of Xenophobia
- Conflict between achievement versus family relations/ loyalty
- Loss of natural protective beliefs and values (e.g. suicidality taboo)
- Loss of extended family support (child/ youth monitoring and mentorship)
- Changing gender roles and marital strain/ conflict (can contribute to domestic violence)
- Generational change in expression of psychopathology (e.g. eating disorders, different substances of abuse)
- Higher risk of psychopathology in some studies (anxiety, depression, suicidality, substance abuse), esp. Gen 2

Relevance of Acculturation in the Mental Health of American Youth

- ▣ Immigration and Psychopathology
 - Adult studies:
 - ▣ Psychopathology: Gen 1 (immigrants) has lower levels of psychopathology than Gen 2 (children of immigrants)- (Vega, 1998- Mex vs. Mex-Am; Magni, 1998 and Oquendo, 2001 with Puerto Ricans)
 - ▣ Levels of acculturation: *Less acculturated-better mental health profile, medium acculturation-medium levels of MH, more acculturated-worse mental health. Suicide was also less prevalent in less acculturated groups (Earls, Escobar, and Manson, ECA, 1990)*

Relevance of Acculturation in the Mental Health of American Youth

- ▣ Immigration and Psychopathology: Hypotheses
 - Higher resiliency to stressors in Gen 1 immigrants (self-selection); grow “softer” in second generation
 - Repression of MH needs in Gen 1 in favor of addressing more immediate needs (base of Maslow’s pyramid)
 - Gen 2 immigrant may identify with devalued and denigrated concepts of their ethnic Identity, adopted from the host culture, which may lead to “ethnic self-hate” and higher psychopathology (Vega, 1989)
 - New hypothesis: Cumulative adverse effects on immigrant youth of acculturation stress and strains on family support due to AFD and its impact on adolescent-family relations, supported by a growing body of literature (see previous studies) (Pumariega, 2010)

Relevance of Acculturation Stress in the Mental Health of American Youth

- ▣ Acculturation and Psychopathology
 - Liu et al (2009): 444 Chinese Am youth/ families. Increased maternal acculturation related to higher levels of maternal monitoring, lower levels of harsh discipline, and lower levels conduct problems.
 - Duarte et al (2008): N = 1,271 PR youth in PR and the Bronx. Parental acculturation associated with antisocial behavior in youth at both sites, but youth acculturation not related to psychiatric symptoms. Cultural stress correlated more with youth symptoms than acculturation, but association decreased over time.
 - Birman and Taylor-Ritzler (2007): Family relationships mediated impact of Russian immigrant youth's stress from acculturation to their culture of origin and partially mediated link between American acculturation and reduced psychological distress.

Relevance of Acculturation in the Mental Health of American Youth

- ▣ Acculturation and Psychopathology
 - Zayas et al (2007): Suicidality in Latinas related to gender role conflicts **within families**; also conflict from extended separation and then reunion with mothers (see CNN Latinos in America segment).
 - Sullivan (2007): Study of 338 Hispanic youth/ families. Youth who maintain heritage culture and adopt host culture practices reported highest parental involvement, positive parenting, and family support. Assimilated youth who do not retain heritage culture practices reported greatest aggressive behaviors.
 - Kim et al (2009): 388 Asian Am youth. High discrepancy in father-adolescent acculturation levels signif correlated to higher adolescent depressive symptoms, with quality of the parenting relationship between fathers and adolescents serving as mediator.
 - Cespedes et al (2008): Gender role discrepancy with family associated with higher Latina youth depression, mediated by family dysfunction.
 - Lau et al (2002): Study of 285 Asian Am youth. Acculturation interacted with parent-child conflict to predict suicidality. Less acculturated Asian youths were at greater risk for suicidality under high parent-child conflict than more acculturated counterparts.

Relevance of Acculturation in the Mental Health of American Youth

- ▣ Acculturation and Youth/ Family Adaptation:
 - Smokowski, Buchanan, Bacallao (2009): N = 2891 Latino youth and parent in NC and AZ. Time in U.S. correlated to youth humiliation, aggression, and school bonding. Parent U.S. involvement had inverse correlation to youth social problems, aggression, and anxiety. Youth culture of origin involvement correlated to self-esteem and reduction of hopelessness, social problems, and aggression 1 year later.
 - Germán, Gonzales and Dumka (2009): N = 598 low income Mex Am families. Adolescent, maternal, and paternal familism values interacted protectively with deviant peer affiliations to predict lower levels of externalizing problems according to independent teacher reports.
 - Umana-Taylor et al (2009): N = 323 Latino youth and families. Ethnic identity and enculturation were predicted by adolescents' generational status, although in part by link between generational status and familial ethnic socialization

Relevance of Acculturation in the Mental Health of American Youth

- ▣ Acculturation and Family Adaptation (AFD)
 - Buki, Strom, & Strom (2003). Chinese immigrant mothers who perceived larger acculturation gap between selves and child (age 10–14 years) reported more parenting difficulties.
 - Kim, & Choi (1994). Korean-Canadian adolescents identified with Korean values perceived their parents as accepting, and less rejecting and hostile, than Korean-Canadian adolescents not adhering to Korean values.
 - Farver, Narang, & Bhadha, B. R. (2002). In Indian immigrant families living in Los Angeles; youth reported less family conflict in absence of AFD between selves and parents.
 - Hwang & Wood (2009) Data from Asian American (n = 107) and Latino (n = 79) undergraduates indicated that higher levels of AFD associated with higher psychological distress and greater risk for clinical depression; family conflict mediated this relationship.
 - Question: Impact of L1 retention and L2 acquisition as well as youth acculturation/ acculturation stress on AFD?

Relevance of Acculturation in the Mental Health of American Youth

- ▣ Acculturation, culture/ language brokering, and psychopathology
 - Martinez, McClure, and Eddy (2009): Study of language brokering in 73 recent Latino immigrant youth and families. Youth/ families in high language brokering contexts, showed higher levels of family stress, lower parenting effectiveness, and poorer adolescent adjustment in academic functioning, socio-emotional health (signif. higher scores in CBCL Internalizing Scale), and substance use. Language brokering viewed as a family process.
 - Trickett, & Jones (2007). Greater amounts of adolescent culture brokering linked to level of Vietnamese parental behavioral acculturation and with higher reports of conflicts among Vietnamese Am immigrant families.
 - See Toppelberg and Collins on challenges of L1 retainment and L2 acquisition: These along with AFD may contribute to increased stress and conflict for brokering youth.

AACAP Practice Parameter on Culturally Competent Treatment: Principles

- ▣ *Evaluate and address barriers (economic, geographic, bureaucratic, insurance, cultural beliefs, stigma, etc.) that may prevent obtaining mental health services.*
- ▣ *Evaluate children and families in the language they are proficient in*
- ▣ *Recognize the impact of dual language competence on the child's adaptation and functioning.*
- ▣ *Awareness by clinician of their own cultural biases to prevent stereotyping or cognitive shortcuts that may interfere with objective clinical judgment.*
- ▣ *Awareness by clinician of cultural differences in developmental progression, idiomatic expressions of distress, or symptomatic presentation; consider when reaching diagnosis and treatment.*

AACAP Practice Parameters on Culturally Competent Treatment: Principles

- ▣ *Evaluate history of immigration-related and community trauma (violence, abuse, domestic violence) experienced by child and family; approaches to address them in treatment.*
- ▣ *Evaluate level of acculturation, acculturation stress, and intergenerational acculturation family conflict, and address these in treatment.*
- ▣ *Special efforts to include family members and key members of traditional extended families, such as grandparents or other elders, in assessment, treatment planning, and treatment.*
- ▣ *Evaluate and incorporate cultural values, beliefs and attitudes in their treatment interventions that can enhance the child's and family's participation in and effectiveness of treatment.*

AACAP Practice Parameters on Culturally Competent Treatment: Principles

- ▣ *Clinicians should treat culturally diverse children and their families in familiar settings within their communities whenever possible.*
- ▣ *Support parents to develop appropriate behavioral management skills consonant with their cultural values and beliefs.*
- ▣ *Preferentially use psychological and pharmacological interventions with evidence for the ethnic/ racial population the child and family belong to.*
- ▣ *Address ethnopharmacological factors (pharmacogenomic, dietary, use of herbal cures) that may influence the child's response to medications or their experience of side effects.*

Cultural Adaptations of Mainstream Modalities

- ▣ **Types of cultural adaptations (Griner and Smith, 2006; meta-analysis of 80 publications):**
 - Incorporation of cultural values/ beliefs and contextual variables (unique stressors and challenges)
 - Therapists of same race, ethnicity, and language as clients.
 - Interventions should be accessible and flexibly scheduled to accommodate to the life demands of clients.
 - Clinician collaboration with resources in client's extended family, spiritual traditions, and community; engagement strategies
- ▣ **Levels of cultural adaptation of interventions (Falicov, 2009)**
 - Level 1- Translation of materials into language of the client
 - Level 2- Incorporation of cultural values/ beliefs and contextual variables (unique stressors and challenges)
 - Level 3- Incorporation of cultural theories of problem formation and therapeutic change.
- ▣ **Challenge: Making adaptations while retaining fidelity to the original concepts and methodology of interventions**

Integration of Cultural Elements in CBT for Latino Youth

- Example from: Rosselló & Bernal (2007) Participant Manual for CBT for Treatment of Depression (adaptation for Puerto Rican Youth)
- Interpersonal concepts
 - "le grité a mami, soy una malcriada" (badly raised, or spoiled)
 - "caerle bien" (to impose on them well; make a positive impression)
- Idiomatic expressions
 - Este pensamiento está afectando mi estado de ánimo, por lo tanto, voy a pensar otro". (estado de animo = mood state)
- Folk sayings (e.g. to illustrate automatic depressive cognitions)
 - "no soy un billete de \$100 para caerle bien a todo el mundo" (I am not a \$ 100 bill to can't please everyone)
 - "de tal palo tal astilla." (thoughts that can contribute)
- Culturally consonant adaptational strategies
 - Ríete de los problemas exagerándolos (laugh about your problems by exaggerating them; humor and irreverence)
- Focus on the Family
 - Many examples around family interactions; also special guidance on how to present CBT techniques to families)

Evidence-Based Individual Therapies for Culturally Diverse Children

- ❑ CBT and Interpersonal Psychotherapy (IPT) for depression in Latino youth; IPT superior (Rosello and Bernal)
- ❑ CBT for depression in African-American youth: STAR-D; slower improvement but limited sample of Af Am youth
- ❑ Exposure-based CBT for phobic and anxiety disorders in Latino youth (Pina, et al., 2002)
- ❑ Cognitive behavioral school-based preventive intervention with minority children; prevented depressive symptoms over 2 year follow-up (Cardemil et al, 2007)
- ❑ CBT with depressed Latino adolescents with diabetes (Rosello & Jimenez-Chafey, 2006)
- ❑ CBT for trauma and sexual abuse in African-American and Latino youth CBT-CSA and Trauma-Focused CBT (Deblinger, et al, 1996)
- ❑ Trauma-focused grief therapy (Cohen and Mannarino, 2006)

Evidence-Based Culturally Informed Family Interventions

- ▣ Evidence-based interventions (examples)
 - **Brief Strategic Family Therapy** (Szapocznik and Santiesteban, 1996):
 - ▣ Family-based intervention focusing on generational acculturation discordance/ gap
 - ▣ Significant improvements in substance abuse conduct disturbance\
 - ▣ NIDA endorsed evidence-based practice
 - **Bicultural Effectiveness Training** (Szapocznik et al., 1980's):
 - ▣ Addresses acculturation generational gap.
 - **Culturally Informed and Flexible Family-Based Treatment for Adolescents** (Santiesteban and Mena, 2009)
 - ▣ Combined family and individual CBT and psychoeducational intervention, 16 sessions 2 times weekly
 - ▣ Interpersonal and crisis management skills borrowed from Linehan integrated into model.
 - ▣ Incorporates culturally relevant materials and themes relevant to Latinos.

Culturally Based Psychotherapies and Interventions (examples)

- ▣ **TEMAS (Constantino, Malgady, & Rogler; 1994): Culturally sensitive storytelling CBT.**
- ▣ **McGrogan (1998): Latino parenting groups: Parents with limited literacy.**
- ▣ **Blue-Banning, Turnbull, & Pereira (2000). Group action planning: Latino families with youth with DD.**
- ▣ **Rotheram Borus (2004): Telenovelas as ER intervention with suicidal Latinas in Los Angeles.**
- ▣ **School-based cognitive behavioral intervention for depression; effectiveness as far out as two years (Cardemil, 2007)**
- ▣ **Asian Youth Alliance: CMHS evidence-based program (Daly City, CA, 2006), focuses on substance abuse, social anxiety, and high risk behaviors; uses ethnic pride and family communication approaches.**

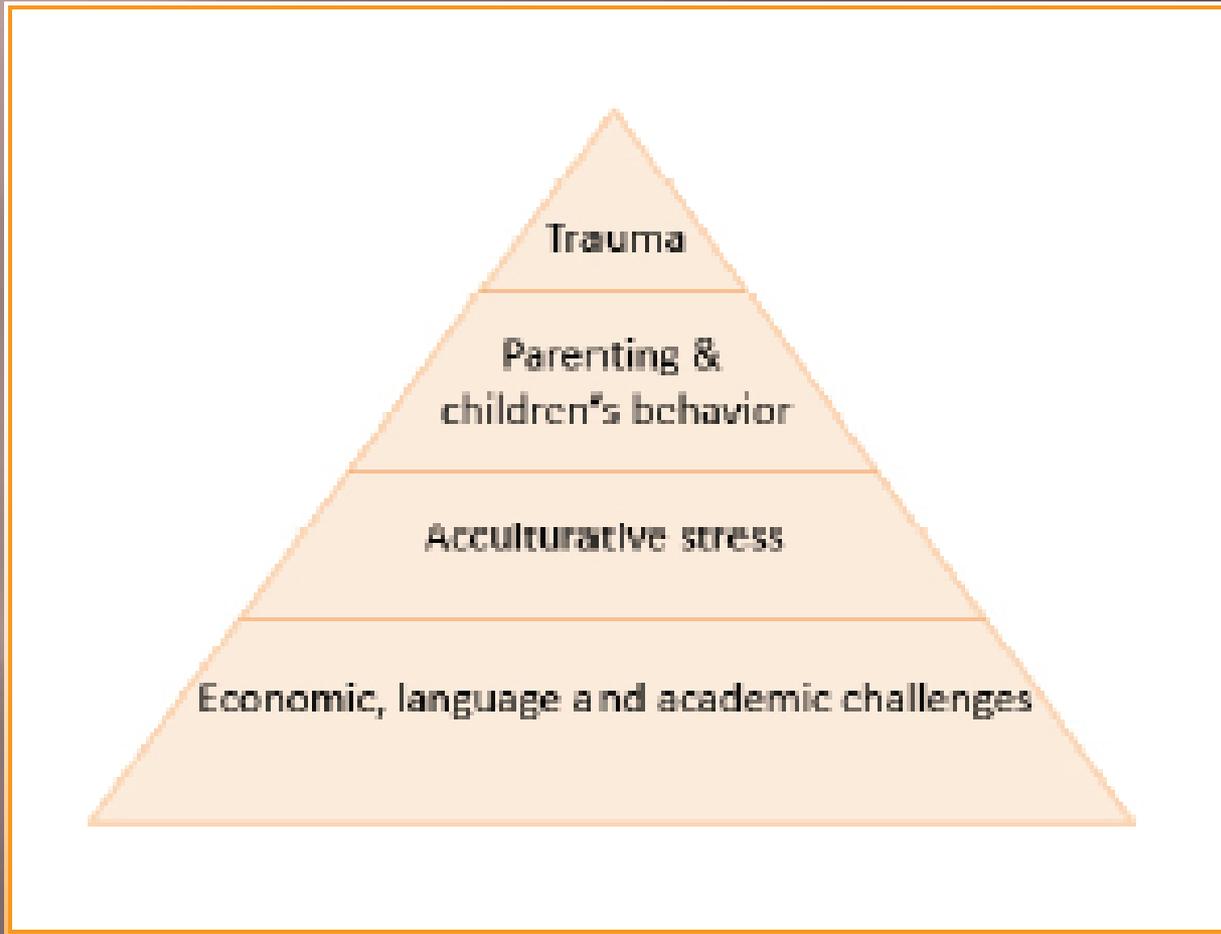
Culturally Informed Community-Based Interventions for Children and Youth

- ▣ Evidence-Based Community Interventions
 - Multisystemic Therapy (Henggeler, et al. 1990's):
 - ▣ Equivalent response by African-American youth to MST for conduct disturbance and SUD's.
 - School-based programs for immigrant and refugee children and families (multiple)
 - ▣ Address immigration trauma; acculturation stress, family cultural adaptation, academic pressures
 - Cognitive Behavioral Intervention for Traumatic Stress (CBIT; Kataoka, Stein, et al., 2003)
 - ▣ School-based intervention for traumatic stress in children and youth; evaluated in LASD
 - ▣ Evidence-based for Latinos, African-Americans, and Caucasians

Culturally Informed Community-Based Interventions for Children and Youth

- ▣ C & A System of Care Programs (CMHS1994-Present)
 - Over 80,000 children served; 10.7% of them Latinos, some in Latino-majority programs (Puerto Rico; El Paso TX; Austin TX)
 - Sites rating highest Cultural Competence scores had better outcomes for Latino and African-American youth
 - Latinos, African-Americans, and Asians 2X as likely to be referred by JJ as whites; no diagnostic disparities found
 - High access to less restrictive services, but some disparities around intensive community and restrictive services remain
 - Fisher et al (2005): Latino youth had significant improvements both in clinical symptoms and function

Challenges Facing Immigrant and Refugee Children and Families



Mc Neeley, Sprecher, & Bates, 2010

School-Based Prevention/ Intervention Programs

▣ AMIGO Program

- Provides MH services to 15 elementary schools in Montgomery County, MD.
- Goals:
 - ▣ Enhance students' personal, social, and academic development
 - ▣ Improve family communication and reduce stress
 - ▣ Facilitate cultural adjustments of recent arrivals.
- Wide array of mental health services:
 - ▣ Individual, group, and family therapy; in-home and crisis intervention; school consultation; interagency collaboration; and parent education/ support.
- Build trust by addressing families' basic subsistence needs and facilitating access to services through home outreach.
- AMIGO groups for children targeted to:
 - ▣ Adjustment to life in the United States
 - ▣ Cope with grief and loss associated with pre-migratory adversity
 - ▣ Resolve language differences between home and school
 - ▣ Promote multicultural appreciation.
- Program evaluation responses from families and youth; AMIGO activities perceived as bringing a significant improvement to the lives of the children and their families.

School-Based Prevention/ Intervention Programs

▣ Caring Across Communities

- Robert Wood Johnson Foundation supported
- Goal: Engage schools, families, students, mental health agencies and other community organizations to build effective, easily-accessed services for children and youth.
- 15 model sites across country, each working with different immigrant population

[Asian American Recovery Services](#) *

[Children's Crisis Treatment Center](#)

[Children's Hospital Boston](#) *

[Duke University](#) *

[Family Service Association of Bucks County](#)

[Imperial County Office of Education](#)

[Los Angeles Child Guidance Clinic](#)

[Los Angeles Unified School District](#)

[Minneapolis Public Schools](#)

[NYU School of Medicine](#)

[Portland Public Schools](#)

[Santa Cruz Community Counseling Center](#)

[The Village Family Service Center](#)

[UNC at Chapel Hill](#)

[World Relief-Chicago](#)

School-Based Prevention/ Intervention Programs

- ▣ Project SHIFA: Children's Hospital Center for Refugee Trauma
 - Target population: Somali refugee children and families in Boston
 - Goal: Provision of trauma informed care to Somali youth that is accessible and effective
 - Main intervention: Trauma Systems Therapy (TST) for Refugees; addresses:
 - ▣ Emotional regulation of traumatized refugee children
 - ▣ Interface between emotion regulation and the social environment
 - Strong advocacy, systems integration, and community-based participation

School-Based Prevention/ Intervention Programs

- ▣ Project SHIFA: Children's Hospital Center for Refugee Trauma
 - Continuum of services
 - ▣ Prevention (community and teacher education)
 - ▣ Early identification/ intervention (youth groups)
 - ▣ Intensive intervention (TST)
 - Service elements
 - ▣ Psychiatry
 - ▣ Psychotherapy
 - ▣ Home-based services
 - ▣ Engagement with cultural leaders
 - ▣ Community psychoeducation (stigma reduction)
 - ▣ Legal services

School-Based Prevention/ Intervention Programs

- ▣ Bienestad (Durham, NC)
 - Partnership:
 - ▣ Duke Division of Community Health and community partners – El Centro Hispano, Durham Public Schools and Center for Child and Family Health
 - ▣ Focus on three elementary schools in Durham Public Schools with large immigrant Hispanic/ Latino enrollment
 - Goals:
 - ▣ Bilingual culturally-responsive mental health services
 - ▣ Integrated within schools
 - ▣ Target: newly-arrived Latino parents and their children.

School-Based Prevention/ Intervention Programs

- ▣ Bienestad: Areas of focus/ services:
 - Prevention and early intervention:
 - ▣ Outreach to parents and to teachers at three schools through a bilingual licensed clinical social worker and a bilingual/bicultural health educator
 - Direct services
 - ▣ Both early intervention via groups and individual treatment via counseling
 - School-wide education
 - ▣ About mental and behavioral health issues and cultural competence training for teachers and other staff throughout school year.
 - Parent and family orientation and educational groups also offered.

School-Based Prevention/ Intervention Programs

- ▣ Bienestad: Evaluation/ Outcomes for at-risk immigrant children and families
 - 1) Prevent and reduce exacerbation of MH disorders through provision of MH education and outreach to parents and school personnel.
 - 2) Create mental health services, including early identification and counseling, which are accessible, sustainable, culturally competent, integrated into school services enrolled at the three school-based health centers (SBHC).

School-Based Preventive Interventions

- “Mirame” school-based media program (Ramirez et al., 1999):
 - SA prevention for Hispanic youth; using telenovelas as medium for psychoeducation.
- Entre Dos Mundos/Between Two Worlds Youth Violence Prevention (Smokowski & Bacallao, 2009):
 - Family intervention, action-oriented psychodrama vs. support groups
 - Action-oriented groups associated with lower rates of oppositional defiant behavior, anxious depression (on the CBCL), parent-adolescent conflict (CBEQ-20), and total problems (CBCL) in Latino immigrant adolescents; also sustained greater gains a year later.
- Club Amigas Latina
 - Youth mentoring program pairs Latina college students and Latina middle-school students
 - Mentee self-esteem shown to correlate with participants’ commitment to the program (Kaplan, et al, 2009).
- LifeSkills (2003)
 - School-based program for SA and violence prevention
 - Effective with Latinos, African-Americans, and Asian students
 - President Drug Office, CSAP, and NIDA EBP
- Parenting interventions
 - Latino-specific parenting groups for parents with limited literacy (McGrogan, 1998)
 - Group action planning for Latino families with youth with developmental disabilities (Blue-Banning, Turnbull, & Pereira, 2000).

School-Based Prevention Programs

▣ Newcomer Programs

- Short-term programs (usually 6-18 months) for recent immigrant students.
- Goals: address limited English proficiency, low literacy, limited schooling, and ease transition.
- Other services for students may include health care, mental health, career counseling, and tutoring.
- Programs sometimes serve families, providing outreach, adult ESL, orientation to the community, and assistance accessing social services, health care, housing and employment.
- Schools partner with community to serve parents and families (Morse, 2005; Short, 2002).
- Cautions about segregating students and about putting them in situations where there are few English speaking peers (Feinberg (2000)).
- Effective newcomer programs (Francis, et al, 2006):
 - Recognize they provide temporary, short-term supports.
 - After newcomer programs students will continue to require additional support to meet high academic standards in mainstream classrooms.
 - Programs a first step in a long-term process where students transition into increasingly integrated settings with decreasing levels of support.
 - Teachers must coordinate curriculum and instruction across newcomer programs, ESL/bilingual programs, and mainstream classes.

School-Based Prevention Programs

▣ Newcomer Programs: Examples

- *Student Intake Center, Dallas TX Independent School District:*
 - ▣ Part of a multilingual enrichment program.
 - ▣ All immigrant and refugee students new to the district are “enrolled, oriented, and assessed at the Student Intake Center.
 - ▣ Center’s staff provides support to families and students to begin the path toward academic success.”
 - ▣ [Http://www.dallasisd.org/inside_disd/depts/mlep/intake.htm](http://www.dallasisd.org/inside_disd/depts/mlep/intake.htm)
- *ESL Newcomer Academy, Jefferson County Schools, KY.*
 - ▣ Goal is “to provide a welcoming and respectful environment to meet the needs of sixth through tenth grade English language learners.”
 - ▣ All students are beginning English speakers; many in first year of instruction in a U. S. school. Many have had limited or interrupted educational experiences in their native countries.
 - ▣ Teachers at the ESL Newcomer Academy work together to help student to learn the English language skills, social skills, and cultural awareness they need to succeed in the American school system.
 - ▣ ESL Newcomer Academy students go to a different middle or high school with an ESL program after one to three semesters at the Newcomer Academy.”
 - ▣ <http://jcps.jefferson.k12.ky.us/eslnewcomeracademy/>

Interventions with Evidence and Emerging Evidence

- Narrative Exposure Therapy for the Treatment of Traumatized Children and Adolescents (KidNET) (Schauer, Schauer, Elbert et al, 2005 onward):
 - 8 session structured model
 - Adaptation of traditional exposure therapy with habituation of emotional responses to trauma
 - Builds on neurocognitive theories of PTSD and CBT
 - Has considerable evidence, including RCT's
- School-based Cognitive-Behavioural Therapy Group Intervention for Refugee Children who have Experienced War-related Trauma (Ehnholt, Smith, Yule, 2005)
 - Manual-based intervention consisted of cognitive-behavioral therapy (CBT) techniques; 6 sessions over 6 weeks
 - RCT with treatment group ($n = 15$) wait list control group ($n = 11$)
 - Children in the CBT group showed statistically significant, but clinically modest improvements, with decreases in overall severity of post-traumatic stress symptoms. Significant improvements were also found in overall behavioural difficulties and emotional symptoms.
 - Two month follow-up demonstrated sustainment of response

Interventions with Evidence and Emerging Evidence

- ▣ **Comparison between Exposure Therapy and Meditation-Relaxation in North-East Sri Lanka (Catan et al, 2010)**
 - Randomized treatment comparison in a refugee camp with 31 children severely affected by war and tsunami with preliminary diagnosis of PTSD
 - Randomly assigned either to 6 sessions Narrative Exposure Therapy for children (KIDNET) or 6 sessions of meditation-relaxation (MED-RELAX).
 - Outcome measures included severity of PTSD symptoms, level of functioning and physical health.
 - PTSD symptoms and impairment in functioning significantly reduced in both groups at 1 month post-test and remained stable over time.
 - At 6 months follow-up, recovery rates were 81% for the children in the KIDNET group and 71% for those in the MEDRELAX group.
 - There was no significant difference between the two therapy groups in any outcome

Interventions with Evidence and Emerging Evidence

- ▣ Testimonial psychotherapy
 - Invites refugees, esp torture victims, to transcend their persecution and trauma by using the resulting testimonies for purposes of education and advocacy.
 - Participants need not self-identify as patients
 - Adult Bosnian refugees participating in testimonial psychotherapy had reduced depression and PTSD scores (Weine et al., 1998).
 - A pilot study with Sudanese adolescents preliminarily suggested its safety and feasibility in this age group (Lustig et al., 2004).
 - Variant of techniques used with child soldiers
 - *Problem: In many cultures talking about past seen as invitation to bad spirits, so indirect means used (expressive arts, etc.)*