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Results of this school-based intervention program demonstrated modest improvements in symptoms of Post Traumatic Stress Disorder (PTSD) and depression among immigrant Latino children exposed to violence. The authors administered the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) to students attending nine schools in the Los Angeles Unified School District. The CBITS was designed for inner-city schools serving multicultural populations and was modified for this study to address the needs of traumatized, immigrant children. The intervention consisted of four small group sessions and four individual sessions administered over an eight-week period by school clinicians. The sessions included age appropriate relaxation training, social problem solving, and writing and drawing exercises. Parents and teachers were also provided psychosocial education to complement the intervention.

Students eligible for the study were: Spanish-speaking; in grades three through eight; had immigrated to the United States within the last three years; and were screened for exposure to violence and symptoms of PTSD and/or depression. Of students who were available for both baseline and three-month follow up interviews ($N = 198$), most were assigned to receive the intervention immediately ($n = 152$), and some were placed on a comparison waitlist ($n = 46$). Parents of children on the waitlist were given referrals to local mental health agencies. Most children were from Mexico, followed by El Salvador, "other" Latin American countries, and Guatemala. Exposure to weapons-related violence was common, with 66% of children reporting exposure to violent events involving a knife or a gun. On average, children reported exposure to a high frequency of multiple violent events, many of which occurred before they came to the U.S. (p. 314).

Measures used to screen students and to follow up on the effects of the intervention included: (a) the Life Events Scale, which measures the frequency of violent acts (e.g., threats, slapping, hitting, punching, beatings, knife attacks and shootings) that were either directed toward the youth or directly witnessed (i.e., not through the media) by the child over the past year and lifetime; (b) the Child PTSD Symptom Scale (CPSS), for which a cutoff score of 11 indicates moderate levels of symptomatology, and (c) the Children's Depression Inventory (CDI), for which a cutoff score of 18 indicates significant levels of depression.

Table 1. Comparison Between Baseline and Three-Month Follow Up - Mean Scores

	Baseline (SD)	Follow up (SD)
CPSS - Intervention	18.8 (7.7)	13.0 (7.6)*
CPSS - Waitlist	18.1 (8.0)	15.7 (13.2)
CDI - Intervention	16.3 (6.9)	13.5 (7.5)*
CDI - Waitlist	16.3 (7.7)	16.2 (9/9)

* significant change from baseline to follow up, $p < .001$

As shown in Table 1, there was a modest reduction in symptoms of PTSD and depression, although, on average, these follow up scores remained within the clinical range. While more research is needed to determine whether a longer treatment period would result in fewer symptoms, this study provides an example of how school-based interventions for traumatized children can be developed and implemented in schools. Furthermore, the literature suggest that Latino children have greater unmet mental health needs than Caucasian and African-American children (see *Data Trends* #66), and some perceived barriers to care may be culturally based. It is noteworthy, for example, that in the current study few parents of children on the waitlist made use of the mental health agencies they had been referred to. Because Latino parents anecdotally reported less stigma associated with the school-based intervention, results of this study may have important implications for meeting the mental health needs of some Latino children.