

## Children's Mental Health Abstracts: Cultural Populations in the Literature

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**African American or Black**  
**Target Symptom: Anxiety**

Treadwell, K. R. H., Flannery-Schroeder, E. C., Kendall, P. C. 1995. **Ethnicity and gender in relation to adaptive functioning, diagnostic status, and treatment outcome in children from an anxiety clinic.** *J. Anxiety Disord.*, 9:373-84. MIRANDA.

**Patient Demographics:**

One hundred seventy-eight children (ages 9-13). referred to the Child and Adolescent Anxiety Disorders Clinic (CAADC) from multiple community resources, served as subjects. Thirty-seven percent were girls and 63% were boys. Nineteen percent were African American and 81% were Caucasian. Eighty-one of these children met criteria for a childhood anxiety disorder (overanxious disorder, separation anxiety disorder, avoidant disorder) and completed a 16week, cognitive-behavioral treatment protocol. Of this treated sample, 41% were girls and 59% were boys. Eighty-nine percent were Caucasian and 11% were African American. Children receiving treatment were 66% comorbid with another anxiety disorder, 15% with ADHD, 15% with depression, and 1% with conduct disorder.

**Abstract:**

Research documenting prevalence of nonclinical fears and anxiety in children has consistently reported gender differences: girls generally report a greater number of fears than boys. Little research has examined the fears and anxieties of minority group children, although some suggest that Caucasian children experience fewer fears than African American children. The present study explored gender and ethnic differences in the experience of clinical levels of anxious symptomatology in 178 children ages 9–13 referred to an anxiety disorders clinic. Treatment sensitivity across gender and ethnicity was studied in 81 children who were diagnosed with a DSM-III-R childhood anxiety disorder. Results indicated that in clinically anxious youth, prevalence and intensity of fears, as rated by the child, parent, teacher, and clinical diagnostician, did not differ as a function of gender or ethnicity. Content of these fears was highly similar for both genders and ethnicities. A cognitive-behavioral treatment intervention for anxiety-disorders produced similar reductions in anxious symptomatology and presence of an anxiety disorder diagnosis across ethnicity and gender. Results are discussed in the context of similarities across gender and ethnicity for clinical levels of anxiety and treatment sensitivity.

Ginsburg, G. S., Drake, K. L. 2002. **School-based treatment for anxious African-American adolescents: a controlled pilot study.** *J. Am. Acad. Child Adolesc. Psychiatry.* 41(7): 768-75. MIRANDA, HUEY.

**Patient Demographics:**

12 participants. Age 14-17. 17% Male. 100% African American.

**Abstract:**

Objective: To evaluate the feasibility and effectiveness of a school-based group cognitive behavioral treatment (CBT) for anxiety disorders with African-American adolescents. Method: Twelve adolescents (mean age = 15.6 years) with anxiety disorders were randomly assigned to CBT (n= 6) or a group attention-support control condition (AS-Control; n= 6). Both groups met for 10 sessions in the same high school. Key treatment ingredients in CBT involved exposure, relaxation, social skills, and cognitive restructuring. Key ingredients in AS-Control involved therapist and peer support. At pre- and posttreatment, diagnostic interviews were conducted, and adolescents completed self report measures of anxiety. Results: At posttreatment and among those who attended more than one treatment session, 3/4 adolescents in CBT no longer met diagnostic criteria for their primary anxiety disorder, compared with 1/5 in AS-Control. Clinician ratings of impairment and self-report levels of overall anxiety were significantly lower at posttreatment in CBT compared with AS-Control. Teenagers in both groups reported lower levels of social anxiety from pre- to posttreatment. Conclusions: Findings support the feasibility of implementing a manual-based CBT in an urban school setting. Responder rates among African-American adolescents were similar to those found in studies with white youths.

Wilson, N. H., & Rotter, J. C. 1986. **Anxiety management training and study skills counseling for students on self-esteem and test anxiety and performance.** *School Counselor*. 34, 18-31.

**Patient Demographics:**

54 Participants. 6<sup>th</sup> and 7<sup>th</sup> grade youth. 56% male. 89% Black, 11% White.

**Abstract:**

Unavailable.

**African American or Black  
Target Symptom: Depression**

None Found

## **African American or Black**

### **Target Symptom: Delinquency and Disruptive Behavior**

Reid, M.J., Webster-Stratton, C., Beauchaine, T. P. 2001. **Parent training in Head Start: a comparison of program response among African American, Asian American, Caucasian and Hispanic mothers.** *Prex. Sci.* 2:209-227. (MIRANDA)

**Patient Demographics:** Participants included 634 families (Intervention N = 431, Control N = 203) who provided data at both the baseline and postintervention assessments, and who reported their ethnicity as African American, Asian, Caucasian, or Hispanic. Of these families, 373 were originally in Study 1, and 261 were originally in Study 2. This sample represents approximately 59% (67% for Study 1, 50% for Study 2) of the English, Spanish, and Vietnamese speaking families enrolled in Head Start. Participant children included 343 boys (54%) and 291 girls (46%), with a mean age of 55.96 months (SD = 4.35). Study parents included 634 mothers (or other female caregivers) with a mean age of 30.50 (SD = 7.30). Fifty-four percent of study mothers were unpartnered. The mean age of fathers was 32.87 (SD = 8.02) years. Forty-two percent of the children represented minority groups, as determined by mother report (19% African American, 11% Hispanic, 12% Asian American).

**Abstract:** The effectiveness of the Incredible Years Parenting Program was evaluated in a low-income sample of Caucasian, African American, Hispanic, and Asian mothers whose children were enrolled in Head Start. Data from two prior intervention studies [Webster-Stratton (1998) *Journal of Consulting and Clinical Psychology*, 66(5), 715–730; Webster-Stratton *et al.* (in press) *Journal of Clinical Child Psychology*] were combined, yielding a sample of 634 families (370 Caucasian, 120 African American, 73 Asian, 71 Hispanic) across 23 Head Start centers. Centers were matched and assigned randomly to either an experimental condition (8–12 weeks of weekly 2-hr parenting classes), or a control condition (the regular Head Start Program without parenting groups). Families in both conditions were assessed using home observations of parent–child interactions and parent reports of parenting style and discipline strategies and child behavior problems in the fall (baseline) and spring (postintervention) of the children's Head Start year. Families were reassessed 1 year later. Following treatment, intervention mothers were observed to be more positive, less critical, more consistent, and more competent in their parenting than were control mothers. Additionally, children of intervention parents were observed to exhibit fewer behavior problems than were control children. Differences in treatment response across ethnic groups were few, and did not exceed the number expected by chance. Parents from all groups reported high satisfaction levels following the parenting program. Results indicate that the Incredible Years Program is accepted by and effective with diverse populations.

Huey, S. J. Jr., Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C., Cunningham, P. B., Edwards, J., et al. 2004. **Multisystemic Therapy effects on attempted suicide by youths presenting with psychiatric emergencies.** *Journal of the American Academy of Child and Adolescent Psychiatry.* 43, 183-190. HUEY, MIRANDA

**Patient Demographics:**

156 Participants. Average age 12.9. 65% Male, 65% African American, 33% European American, 1% other.

**Abstract:**

Objective: To evaluate the efficacy of multisystemic therapy (MST) in reducing attempted suicide among predominantly African American youths referred for emergency psychiatric hospitalization. Method: Youths presenting psychiatric emergencies were randomly assigned to MST or hospitalization. Indices of attempted suicide, suicidal ideation, depressive affect, and parental control were assessed before treatment, at 4 months after recruitment, and at the 1-year posttreatment follow-up. Results: Based on youth report, MST was significantly more effective than emergency hospitalization at decreasing rates of attempted suicide at 1-year follow-up; also, the rate of symptom reduction over time was greater for youths receiving MST. Also, treatment differences in patterns of change in attempted suicide (caregiver report) varied as a function of ethnicity, gender, and age. Moreover, treatment effects were found for caregiver-rated parental control but not for youth depressive affect, hopelessness, or suicidal ideation. Conclusions: Results generally support MST's effectiveness at reducing attempted suicide in psychiatrically disturbed youngsters, whereas the effects of hospitalization varied based on informant and youth demographic characteristics.

Henggeler, S.W., Melton, G.B., Smith, L.A. 1992. **Family preservation using multisystemic therapy: an effective alternative to incarcerating serious juvenile offenders.** *J. Consult. Clin. Psychol.* 60:953-61. MIRANDA, HUEY.

**Patient Demographics:** 84 Participants. Average age 15.2. 77% Male. 56% African American, 42% Caucasian, 2% Hispanic.

**Abstract:**

Multisystemic therapy (MST) delivered through a community mental health center was compared with usual services delivered by a Department of Youth Services in the treatment of 84 serious juvenile offenders and their multiproblem families. Offenders were assigned randomly to treatment conditions. Pretreatment and posttreatment assessment batteries evaluating family relations, peer relations, symptomatology, social competence, and self-reported delinquency were completed by the youth and a parent, and archival records were searched at 59 weeks postreferral to obtain data on rearrest and incarceration. In comparison with youths who received usual services, youths who received MST had fewer arrests and self-reported offenses and spent an average of 10 fewer weeks incarcerated. In addition, families in the MST condition reported increased family cohesion and decreased youth aggression in peer relations. The relative effectiveness of MST was neither moderated by demographic characteristics nor mediated by psychosocial variables.

Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. G., Hanley J. H. 1997. **Multisystemic Therapy with violent and chronic juvenile offenders and their**

**families: The role of treatment fidelity in successful dissemination.** *Journal of Consulting and Clinical Psychology*. 65, 821-833. HUEY, MIRANDA.

**Patient Demographics:** 155 Participants. Ages 10.4-17.6. 82% Male, 81% African American, 19% Caucasian.

**Abstract:**

The effects of multisystemic therapy (MST) in treating violent and chronic juvenile offenders and their families in the absence of ongoing treatment fidelity checks were examined. Across 2 public sector mental health sites, 155 youths and their families were randomly assigned to MST versus usual juvenile justice services. Although MST improved adolescent symptomology at posttreatment and decreased incarceration by 47% at a 1.7-year follow-up, findings for decreased criminal activity were not as favorable as observed on other recent trials of MST. Analyses of parent, adolescent, and therapist reports of MST treatment adherence, however, indicated that outcomes were substantially better in cases where treatment adherence ratings were high. These results highlight the importance of maintaining treatment fidelity when disseminating complex family-based services to community settings.

Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., Pickrel, S. G. 2002. **Four-year follow-up of Multisystemic Therapy with substance abusing and substance dependent juvenile offenders.** *Journal of the American Academy of Child and Adolescent Psychiatry*. 41, 868-874. HUEY.

**Patient Demographics:** 80 Participants. Average Age 15.7. 76% Male, 60% African American, 40% White.

**Abstract:**

Although several treatments for adolescent substance abuse have been identified as promising by reviewers and federal agencies, treatment effects extending beyond 12 months have not been demonstrated in randomized clinical trials. The primary purpose of this report was to examine the 4-year outcomes of an evidence-based treatment of substance-abusing juvenile offenders. Eighty of 118 substance-abusing juvenile offenders participated in a follow-up 4 years after taking part in a randomized clinical trial comparing multisystemic therapy (MST) with usual community services. A multimethod (self-report, biological, and archival measures) assessment battery was used to measure the criminal behavior, illicit drug use, and psychiatric symptoms of the participating young adults. Analyses demonstrated significant long-term treatment effects for aggressive criminal activity (0.15 versus 0.57 convictions per year) but not for property crimes. Findings for illicit drug use were mixed, with biological measures indicating significantly higher rates of marijuana abstinence for MST participants (55% versus 28% of young adults). Long-term treatment effects were not observed for psychiatric symptoms.

Lochman, J. E., Coie, J. D., Underwood, M. K., Terry, R. 1993. **Effectiveness of a social relations intervention program for aggressive and nonaggressive, rejected children.** *Journal of Consulting and Clinical Psychology*. 61, 1053-1058. MIRANDA, HUEY.

**Patient Demographics:** 52 Participants. 4<sup>th</sup> grade. 52% Male. 100% African American.

**Abstract:**

A sample of 52 Black aggressive rejected and nonaggressive rejected children were randomly assigned to receive a social relations intervention or to be in a nonintervention control group. The school-based intervention for 4th-grade children focused on positive social skill training and cognitive-behavioral strategies to promote deliberate, nonimpulsive problem solving. At both the posttreatment and the 1-yr follow-up assessments, the social relations intervention was found to be effective only with the aggressive, rejected children. Implications for the importance of assessing subtypes of rejected children are discussed.

Lochman, J. E., Wells, K. C. 2004. **The Coping Power Program for preadolescent aggressive boys and their parents: Outcome effects at the 1-year Follow up.** *Journal of Consulting and Clinical Psychology*. 72, 571-578. HUEY.

**Patient Demographics:** 183 Participants. 5<sup>th</sup> and 6<sup>th</sup> grade youth. 100% Male. 61% African American, 38% White, 1% other.

**Abstract:**

This study evaluates the effects of the Coping Power Program with at-risk preadolescent boys at the time of transition from elementary school to middle school. Aggressive boys were randomly assigned to receive only the Coping Power child component, the full Coping Power Program with parent and child components, or a control condition. Results indicated that the Coping Power intervention produced lower rates of covert delinquent behavior and of parent-rated substance use at the 1-year follow-up than did the control cell, and these intervention effects were most apparent for the full Coping Power Program with parent and child components. Boys also displayed teacher-rated behavioral improvements in school during the follow-up year, and these effects appeared to be primarily influenced by the Coping Power child component.

Lochman, J.E., Wells, K. C. 2003. **Effectiveness of the coping power program and of classroom intervention with aggressive children: Outcomes at the 1-year follow-up.** *Journal of Consulting and Clinical Psychology*. 34, 493-515. HUEY.

**Patient Demographics:** 213 Participants. 5<sup>th</sup> grade youth. 60% Male. Percent African American by condition 75% CPCL, 78% CP, 78% CL, 81% C. Two were Hispanic and the rest were Caucasian.

**Abstract:**

This study examines key substance use, delinquency, and school-based aggressive behavior outcomes at a 1-year follow-up for a cognitive-behavioral intervention delivered

to aggressive children and their parents at the time of these children's transition to middle school. This effectiveness study explored whether a classroom intervention directed at teachers and at all of the parents in the intervention classrooms enhanced the effects of the Coping Power program with at-risk children. The at-risk sample of boys and girls was identified through 4th-grade teacher ratings, and intervention took place during the 5th- and 6th-grade years. The Coping Power child component included school-based groups focusing on anger management and social problem solving skills, and the Coping Power parent component addressed parenting and stress-management skills. The current results indicate that prior findings of postintervention improvement for this sample (Lochman & Wells, 2002b) has led to preventive effects on delinquency and on substance use for older and moderate-risk children. The Coping Power program, in conjunction with a classroom-level intervention, also reduced school aggression 1 year after the intervention was completed. In addition, it appears that the classroom intervention facilitates radiating effects on reduced substance use for other at-risk children in the same classrooms who did not receive Coping Power.

Hudley, C. & Graham, S. 1993. **An attributional intervention to reduce peer-directed aggression among African American boys.** *Child Development.* 64, 124-138. MIRANDA, HUEY.

**Patient Demographics:** 72 Participants. Mean age 10.5. 100% Male, 100% African American.

**Abstract:**

Discusses an attributional intervention designed to reduce peer-directed aggression among African American boys. Data on laboratory simulations of peer provocation; Disciplinary referrals to the school office; Teacher ratings of aggressive behavior; Aggressive subjects in the design less likely to retaliate.; Discusses an attributional intervention designed to reduce peer-directed aggression among African American boys. Data on laboratory simulations of peer provocation; Disciplinary referrals to the school office; Teacher ratings of aggressive behavior; Aggressive subjects in the design less likely to retaliate.

Dubow, E.F., Huesmann, L.R., Eron, L.D. 1987. **Childhood correlates of adult ego development.** *Child Dev.* 58:859-69. MIRANDA.

**Patient Demographics:**

Three hundred and ninety- eight adults (206 females, 192 males), ages 30—31, served as the subjects. These individuals are part of a longitudinal study of the development of aggression and psychopathology (Eron et al., 1971; Lefkowitz et al., 1977). The original sample ( $N = 871$ ) comprised the entire third-grade population of a semirural, middle-class county in New York State. Seventy-five percent of the subjects' mothers and fathers were also interviewed at that time. At age 19, 427 of the original subjects were reinterviewed. The final phase of the study was conducted when the subjects were 30-31 years of age. 70% White, 30% African American.

**Abstract:**

The present study examined family socioeconomic indicators, parent child-rearing variables, and childhood and adolescent behaviors, which were hypothesized to predict adult ego development. The subjects were 206 females and 192 males, ages 30-31, who began participating in a longitudinal study at age 8. At that time, interviews with their parents yielded data on family background variables and child-rearing practices. Peer-nominations and other testing procedures with the children yielded data on the children's cognitive and behavioral styles at ages 8 and 19. At age 30, the subjects completed the Loevinger Sentence Completion Test of Ego Development. Results confirmed the hypotheses that child-rearing styles characterized by acceptance, a nonauthoritarian approach to punishment, and identification of the child with the parent related to higher levels of adult ego development 22 years later. These relations obtained more strongly for females than for males. In addition, childhood and adolescent indicators of impulse control and cognitive development (nonaggression, prosocial behavior, and intelligence) were associated with higher levels of adult ego development. Finally, hierarchical multiple regression analyses indicated that the development of aggression was linked to adult ego level attainment in males, while the development of prosocial behavior was related to adult ego development in females.

Borduin, Charles M.; Mann, Barton J.; Cone, Lynn T.; Henggeler, Scott W.; Fucci, Bethany R.; Blaske, David M.; **Williams, Robert A. Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence.** *Journal of Consulting and Clinical Psychology*. 1995. 63(4) 569-578.

**Participant Demographics:** 127 completed participants 67% Male, 30% African American 70% White.

**Abstract:**

Examined the long-term effects of multisystemic therapy (MST) vs individual therapy (IT) on the prevention of criminal behavior and violent offending among 176 juvenile offenders at high risk for committing additional serious crimes. Results from multiagent, multimethod assessment batteries conducted before and after treatment showed that MST was more effective than IT in improving key family correlates of antisocial behavior and in ameliorating adjustment problems in individual family members. Moreover, results from a 4-year follow-up of rearrest data showed that MST was more effective than IT in preventing future criminal behavior, including violent offending. The implications of such findings for the design of violence prevention programs are discussed. (In Huey and Hawaii)

Schaeffer, C. M. & Borduin, C. M. 2005. **Long-term follow up to a randomized clinical trial of Multisystemic Therapy with serious and violent juvenile offenders.** *Journal of Consulting and Clinical Psychology*. 72, 445-453.

**Patient Demographics:**

165 Participants. Ages 12-17. 69% Male. 22% African American, 76% White.

**Abstract:**

In this study, the authors examined the long-term criminal activity of 176 youths who had participated in either multisystemic therapy (MST) or individual therapy (IT) in a randomized clinical trial (C. M. Borduin et al., 1995). Arrest and incarceration data were obtained on average 13.7 (range = 10.2-15.9) years later when participants were on average 28.8 years old. Results show that MST participants had significantly lower recidivism rates at follow-up than did their counterparts who participated in IT (50% vs. 81%, respectively). Moreover, MST participants had 54% fewer arrests and 57% fewer days of confinement in adult detention facilities. This investigation represents the longest follow-up to date of a MST clinical trial and suggests that MST is relatively effective in reducing criminal activity among serious and violent juvenile offenders.

Block, Joel. **Effects of a rational-emotive mental health program on poorly achieving, disruptive high school students.** *Journal of Counseling Psychology.* 1978. 25 (1) 61-65. HAWAII, HUEY.

**Participant Demographics:** 40 Black and Hispanic (breakdown not specified).

**Abstract:**

The effectiveness of a rational-emotive mental health program was examined. Eleventh and 12th-grade high-risk and failure- and misconduct-prone black and Hispanic high school students (N = 40) were given five weekly sessions of rational-emotive education over a full semester. The dependent measures were grade point average, incidents of disruptive behavior, and class cuts. Comparisons were made with alternate treatment and no-treatment controls. The results revealed differential effects among the treatment groups, with the rational-emotive groups showing greatest improvement on all dependent variables over an extended period of time. Implications and suggestions for further research are discussed.

Synder, K.V., Kymissis, P., Kessler, K. 1999. **Anger management for adolescents: Efficacy of brief group therapy.** *Journal of the American Academy of Child and Adolescent Psychiatry.* 38, 1409-1416. HUEY.

**Patient Demographics:**

50 Participants. 56% male. 2% Asian, 50% African American, 22% white, 16% Hispanic, 10% Mixed ethnicity.

**Abstract:**

Investigated the efficacy of a brief, manual-based group therapy for adolescents with poor anger control. A previously developed anger management treatment package of 10 to 12 sessions was condensed to a 4-session package to be given within 2 wks. Immediate effectiveness and the transfer of skills were investigated; anger management skills not only had to be acquired; they also had to be used in the adolescents' natural social interactions. 50 adolescent psychiatric inpatients were selected for high levels of anger and randomly assigned to treatment or control conditions. Pre- and posttreatment measures were administered to Ss and adults who rated the Ss' behaviors. Pre/post self-

report measures, as well as behavior ratings by adults, indicated that the patients who went through the anger management series exhibited significantly improved skills. These results suggest that the intervention for adolescents was effective even though it was condensed, but it should not be further abbreviated.

De Anda, D. 1985. **Structured vs nonstructured groups in the teaching of problem solving.** *Social Work in Education.* 7, 80-89. HUEY.

**Patient Demographics:**

35 Participants. 7<sup>th</sup> and 8<sup>th</sup> grade. 100% Female. Ethnicity is “black and hispanic”.

**Abstract:**

Unavailable.

Forman, S. G. 1980. **A comparison of cognitive training and response cost procedures in modifying aggressive behavior of elementary school children.** *Behavior Therapy.* 11, 594-600. HUEY.

**Patient Demographics:**

18 Participants. Ages 8-11. 78% Male. 89% Black, 11% white.

**Abstract:**

Aggressive elementary school students were randomly assigned to either cognitive restructuring, response cost, or placebo control conditions. Pre- and post-treatment assessment included teacher ratings, teacher records of aggression, and independent observations. Results showed that the cognitive restructuring and response cost programs were significantly more effective than the control treatment, although response cost decreased disruptive behavior to a somewhat greater extent.

Stuart, R. B., Tripodi, T., Jayaratnes, S., Camburn, D. 1976. **An experiment in social engineering in serving the families of predelinquents.** *Journal of Abnormal Child Psychology.* 4, 243-261. HUEY.

**Patient Demographics:** 102 Participants. 6th-10<sup>th</sup> grade. 67% male, 34% Black, 66% White.

**Abstract:**

One hundred and two predelinquent adolescents were randomly assigned to one of two conditions: an experimental condition in which behavioral contracting services were offered both at home and in school or a control condition in which clients were told that they could not be accommodated by project therapists and were informed about the possibility of their receiving treatment in other programs in the community. Most of those who were assigned to the control condition did not avail themselves of services in these other programs. Results indicate that, relative to the controls, the behaviorally treated youth scored small but statistically significant improvement relative to the controls on five measures: ratings of school behavior by the person who originally referred them for

service, by their teachers, by their mothers, and by their fathers, and ratings of their parent—child interactions as measured by their mothers. Gains were also reported in mothers' ratings of their children's behavior at home. The failure of significant gains to be made in two measures of school performance grades and attendance is explained by the failure of the treatment techniques to overcome an age-related deterioration in these areas found among most children in the participating schools. The failure of fathers to find significant improvement in their relationships with the referred adolescents is viewed as a consequence of unanticipated changes in the intrafamilial balance of power resulting from contracting services. Finally, a subsidiary analysis showed that the contracting service appeared to offer the greatest gain to the demographically defined sub-groups of youths who are among the population-at-risk in many juvenile courts.

Huey, W. C. & Rank, R. C. 1984. **Effects of counselor and peer-led group assertive training on Black adolescent aggression.** *Journal of Counseling Psychology.* 31, 95-98. HUEY.

**Patient Demographics:** 48 Participants. 8<sup>th</sup>-9<sup>th</sup> grade. 100% Male. 100% Black.

**Abstract:**

48 8th-9th grade Black males, selected for their aggressive classroom behavior, were randomly assigned to professional or peer counselor assertive training groups, professional or peer counselor discussion groups, and a no-treatment control group. All Ss were administered a pretest and posttest battery measuring assertive skill level, anger level, a projective assessment of aggression, and classroom aggressive behavior. Results suggest that professional counselors and peer counselors are equally effective in teaching assertive skills and that Ss who learn assertive responses will exhibit significantly less aggressive behavior.

Weiss, B., Harris, V., Catron, T., Han, S. S. 2003. **Efficacy of the RECAP Intervention Program for children with concurrent internalizing and externalizing problems.** *Journal of Consulting and Clinical Psychology.* 71, 364-374.

**Patient Demographics:**

93 Participants. Average age 9.7. 63% Male, 56% African American, 38% Caucasian.

**Abstract:**

The authors evaluated the efficacy of RECAP, a psychosocial intervention developed to treat concurrent internalizing and externalizing problem in children. Participants included 93 4th-grade children assigned to the treatment group or a no-treatment control group. The school-based program, which lasts the 9-month academic year, provides individual, group, classroom, teacher, and parent training in the RECAP skills-development curriculum, which was derived from empirically supported treatment programs for nonconcurrent internalizing and externalizing problems. Outcome assessments included parent-, teacher-, self-, and peer reports. A mixed hierarchical linear models analysis indicated that, overall, treatment children's rate of improvement in both internalizing and externalizing problems was significantly greater than that for control participants.

**African American or Black**  
**Target Symptom: Attention Disorders**

MTA Cooperative Group. **A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder.** Archives of General Psychiatry. 1999. 56(12) 1073-1086. MIRANDA, HUEY, HAWAII.

**Patient Demographics:** 579 participants. 351 White (60.6%), 115 African American (19.8%), 48 Hispanic (8%).

**Abstract:**

Background Previous studies have demonstrated the short-term efficacy of pharmacotherapy and behavior therapy for attention-deficit/hyperactivity disorder (ADHD), but no longer-term (ie, >4 months) investigations have compared these 2 treatments or their combination. Methods A group of 579 children with ADHD Combined Type, aged 7 to 9.9 years, were assigned to 14 months of medication management (titration followed by monthly visits); intensive behavioral treatment (parent, school, and child components, with therapist involvement gradually reduced over time); the two combined; or standard community care (treatments by community providers). Outcomes were assessed in multiple domains before and during treatment and at treatment end point (with the combined treatment and medication management groups continuing medication at all assessment points). Data were analyzed through intent-to-treat random-effects regression procedures. Results All 4 groups showed sizable reductions in symptoms over time, with significant differences among them in degrees of change. For most ADHD symptoms, children in the combined treatment and medication management groups showed significantly greater improvement than those given intensive behavioral treatment and community care. Combined and medication management treatments did not differ significantly on any direct comparisons, but in several instances (oppositional/aggressive symptoms, internalizing symptoms, teacher-rated social skills, parent-child relations, and reading achievement) combined treatment proved superior to intensive behavioral treatment and/or community care while medication management did not. Study medication strategies were superior to community care treatments, despite the fact that two thirds of community-treated subjects received medication during the study period. Conclusions For ADHD symptoms, our carefully crafted medication management was superior to behavioral treatment and to routine community care that included medication. Our combined treatment did not yield significantly greater benefits than medication management for core ADHD symptoms, but may have provided modest advantages for non-ADHD symptom and positive functioning outcomes.

Arnold, L.E., Elliott, M., Sachs, L., Bird, H., Kraemer, H.C., Wells, K.C., et al. 2003. **Effects of ethnicity on treatment attendance, stimulant response/dose, and 14-month outcome in ADHD.** *Journal of Consulting and Clinical Psychology.* 71, 713-727. HUEY.

**Participant Demographics:** 579 Participants. Ages 7-9. 80% Male, 61% Caucasian, 20% African American, 8% Latino, 11% other.

**Abstract:**

From the Multimodal Treatment Study of Children with Attention- Deficit/Hyperactivity Disorder--a randomized clinical trial of 579 children ages 7-9 years receiving 14 months of medication management, behavioral treatment, combination, or community care--the authors matched each African American and Latino participant with randomly selected Caucasian participants of same sex, treatment group, and site. Although Caucasian children were significantly less symptomatic than African American and Latino children on some ratings, response to treatment did not differ significantly by ethnicity after controlling for public assistance. Ethnic minority families cooperated with and benefited significantly from combination (multimodal) treatment ( $d = 0.36$ , compared with medication). This incremental gain withstood statistical control for mother's education, single-parent status, and public assistance. Treatment for lower socioeconomic status minority children, especially if comorbid, should combine medication and behavioral treatment.

**African American or Black**  
**Target Symptom: Substance Abuse**

Liddle, H. A., Rowe, C. L., Dakof, G. A., Ungaro, R. A., Henderson, C. E. 2004. **Early intervention for adolescent substance abuse: Pretreatment to posttreatment outcomes of a randomized clinical trial comparing multidimensional family therapy and peer group treatment.** *Journal of Psychoactive Drugs.* 36, 49-63. HUEY.

**Patient Demographics:**

80 Participants. Ages 11-15. 73% Male. 42% Hispanic, 38% African American, 11% Haitian or Jamaican, 3% non-hispanic white, 4% other ethnicity.

**Abstract:**

Unavailable.

Henggeler, S. W., Pickrel, S. G., Brondino, M. J. 1999. **Multisystemic treatment of substance abusing and dependent delinquents: Outcomes, treatment, fidelity, and transportability.** *Mental Health Services Research.* 1, 171-184. HUEY.

**Patient Demographics:**

118 Participants. Ages 12-17. 79% Male. 50% African American, 47% Caucasian, 1% Asian, 1% Hispanic, 1% Native American.

**Abstract:**

Unavailable.

Henggeler, S. W., Clingempeel, W. G., Brondino, M. J., Pickrel, S. G. 2002. **Four year follow-up of Multisystemic Therapy with substance abusing and substance dependent juvenile offenders.** *Journal of Consulting and Clinical Psychology.* 41, 868-874. HUEY.

**Patient Demographics:**

80 Participants. Average age 15.7. 76% Male. 60% African American, 40% white.

**Abstract:**

Although several treatments for adolescent substance abuse have been identified as promising by reviewers and federal agencies, treatment effects extending beyond 12 months have not been demonstrated in randomized clinical trials. The primary purpose of this report was to examine the 4-year outcomes of an evidence-based treatment of substance-abusing juvenile offenders. Eighty of 118 substance-abusing juvenile offenders participated in a follow-up 4 years after taking part in a randomized clinical trial comparing multisystemic therapy (MST) with usual community services. A multimethod (self-report, biological, and archival measures) assessment battery was used to measure the criminal behavior, illicit drug use, and psychiatric symptoms of the participating young adults. Analyses demonstrated significant long-term treatment effects for

aggressive criminal activity (0.15 versus 0.57 convictions per year) but not for property crimes. Findings for illicit drug use were mixed, with biological measures indicating significantly higher rates of marijuana abstinence for MST participants (55% versus 28% of young adults). Long-term treatment effects were not observed for psychiatric symptoms.

## **African American or Black**

### **Target symptom: Preventative interventions**

Jaycox, L. H., Reivich, K. J., Gillham, J., Seligman, MEP. 1994. **Prevention of depressive symptoms in school children.** *Behav. Res. Ther.* 32:801-16. MIRANDA.

#### **Patient Demographics:**

The final sample consisted of 143 children: 69 children (34 girls, 35 boys) in the treatment conditions; and 74 children (32 girls, 42 boys) in the combined control group. Ages ranged from 10 to 13 years (mean age = 11.4; SD = 0.67). Most of the children in the study were Caucasian (83%) or African-American (11%). Children came from families with an average yearly income of \$37,500 in 1991.

#### **Abstract:**

This paper describes the development and preliminary efficacy of a program designed to prevent depressive symptoms in at-risk 10–13 year-olds, and relates the findings to the current understanding of childhood depression. The treatment targets depressive symptoms and related difficulties such as conduct problems, low academic achievement, low social competence, and poor peer relations, by proactively teaching cognitive techniques. Children were identified as ‘at-risk’ based on depressive symptoms and their reports of parental conflict. Sixty-nine children participated in treatment groups and were compared to 73 children in control groups. Depressive symptoms were significantly reduced and classroom behavior was significantly improved in the treatment group as compared to controls at post-test. Six-month follow-up showed continued reduction in depressive symptoms, as well as significantly fewer externalizing conduct problems, as compared to controls. The reduction in symptoms was most pronounced in the children who were most at risk.

Gillham, J. E., Reivich, K. J., Jaycox, L. H., Seligman, MEP. 1995. **Prevention of depressive symptoms in schoolchildren: two-year follow-up.** *Psychol. Sci.* 6(6): 343-351. MIRANDA

#### **Patient Demographics:**

Our subjects were fifth and sixth graders in two school districts in suburbs of Philadelphia. We recruited children in the first district to participate in a prevention program. Children whose parents gave consent completed two screening questionnaires, the Children's Depression Inventory (CDI) and the Child's Perception Questionnaire. To create a single selection criterion of initial risk, scores on these measures were converted to z scores and summed. We invited all children who had a distress score of .50 or higher to participate. We also recruited children from a neighboring school district to participate in the long-term control group. Children whose parents gave consent completed the same screening questionnaires used to select the prevention group. The 49 children whose scores most closely matched the scores of the prevention group were selected as the control group. Children were also matched on sex, race, and parental marital status. The final sample consisted of 118 children; 69 children in the prevention condition and 49 children in the long-term control group. Prevention group: 50.7% Male, 49.3% Female,

Caucasian 79.7%, African-American 17.2%, other 3.1%. Control group: 57.1% Male, 42.9% Female, Caucasian 86.4%, African American 6.8%, other 6.8%.

**Abstract:**

Examines the follow-up study in school children after teaching cognitive and social-problem-solving techniques to prevent depressive symptoms. Comparison of the children with no-treatment control group; Effects of prevention program on children after the program ended; Suggestions of psychological immunization against depression.

## **African American or Black**

### **Target Symptom: Trauma-related problems**

Fantuzzo, J., Sutton-Smith, B., Atkins, M., Meyers, R., Stevenson, H., Coolahan, K., et al. 1996. **Community based resilient peer treatment of withdrawn maltreated preschool children.** *Journal of Consulting and Clinical Psychology.* 64, 1377-1386. HUEY.

#### **Patient Demographics:**

46 Participants (22 abused/neglected). Ages 3.8-5.1. 41% Male, 100% African American.

#### **Abstract:**

The purpose of the present study was to evaluate differences in the social play of maltreated and nonmaltreated preschool children and the effectiveness of a resilient peer treatment (RPT) for socially withdrawn victims of physical abuse and neglect. RPT is a peer-mediated classroom intervention based on a developmental-ecological model. It involves pairing withdrawn children with resilient peers in the natural classroom under the supervision of a parent assistant. Forty-six Head Start children, of whom 22 were maltreated, were randomly assigned to RPT and control conditions. Outcome variables were observational categories of social play and standardized teacher ratings. Before treatment, maltreated children were significantly more isolated and less interactive in peer play than nonmaltreated children. RPT resulted in a significant increase in positive interactive peer play and a decrease in solitary play for maltreated and nonmaltreated, socially withdrawn children. Moreover, treatment gains in social interactions were validated 2 months following treatment. Findings are discussed in terms of a developmental-ecological model.

Fantuzzo, J., Manz, P., Atkins, M., Meyers, R. 2005. **Peer-mediated treatment of socially withdrawn maltreated preschool children: Cultivating natural community resources.** *Journal of Consulting and Clinical Psychology.* 34, 320-325. HUEY.

#### **Patient Demographics:**

82 Participants (37 maltreated). Average age 4.35. 50% Male. 100% African American.

#### **Abstract:**

This study evaluated the effectiveness of Resilient Peer Treatment (RPT). This is a peer-mediated, classroom-based intervention for socially withdrawn, maltreated preschool children. It examined whether the RPT impact generalized from the treatment setting to larger classroom context. Eighty-two maltreated and nonmaltreated, socially withdrawn Head Start children were randomly assigned to either RPT or attention-control (AC) conditions. Data were collected by teachers and independent observers blind to both maltreatment status and treatment condition. Treatment resulted in higher levels of collaborative peer play interactions in the treatment setting posttreatment for both the maltreated and nonmaltreated children. Results documented generalization of the

treatment impact to classroom free-play sessions. These findings were supported by teacher ratings of interactive peer play and social skills.

Cohen, Judith A.; Deblinger, Esther; Mannarino, Anthony P.; Steer, Roberta A.

**A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms.** *Journal of the American Academy of Child & Adolescent Psychiatry.* 2004. 43(3) 393-402.

Patient Demographics: 229 Participants, 203 Completed treatment. 160 Female, 43 Male. 122 White (60%), 56 African American (28%), 9 Hispanic American (4%), 14 Biracial (7%), 2 other (1%).

Abstract:

Examines the differential efficacy of trauma-focused cognitive-behavioral therapy (TF-CBT) and child-centered therapy for treating posttraumatic stress disorder (PTSD) and related emotional and behavioral problems in children who have suffered sexual abuse. Two hundred twenty-nine 8- to 14-year-old children and their primary caretakers were randomly assigned to the above alternative treatments. These children had significant symptoms of PTSD, with 89% meeting full DSM-IV PTSD diagnostic criteria. More than 90% of these children had experienced traumatic events in addition to sexual abuse. A series analyses of covariance indicated that children assigned to TF-CBT, compared to those assigned to child-centered therapy, demonstrated significantly more improvement with regard to PTSD, depression, behavior problems, shame, and abuse-related attributions. Similarly, parents assigned to TF-CBT showed greater improvement with respect to their own self-reported levels of depression, abuse-specific distress, support of the child, and effective parenting practices. This study adds to the growing evidence supporting the efficacy of TF-CBT with children suffering PTSD as a result of sexual abuse and suggests the efficacy of this treatment for children who have experienced multiple traumas. In Huey and Hawaii.

Clark, H. B., Prange, M. E., Lee, B., Stewart, S. E., McDonald, B. B., Boyd, L.A. 1998. **An individualized wraparound process for children in foster care with emotional/behavioral disturbances: Follow-up findings and implications from a controlled study.** In: M. H. Epstein, K. Kutash, & A. Duchnowski (Eds.), *Outcomes for children and youth with emotional and behavioral disorders and their children: Programs and evaluation best practices* (pp. 513-542). Austin, TX: Pro-Ed. HUEY.

Patient Demographics:

131 Participants. Ages 7-15. 60% male. 62% Caucasian, 34% African American, 2% Hispanic, 2% Biracial.

Abstract:

Unavailable.

**Native American and Alaska Native  
Target Symptom: Anxiety**

None Found

**Native American and Alaska Native  
Target Symptom: Depression**

LaFromboise, T., Howard-Pitney, B. 1995. **The Zuni Life Skills Development Curriculum: description and evaluation of a suicide prevention program.** *J. Couns. Psychol.* 42(4): 479-86. MIRANDA

**Patient Demographics:**

One hundred and one freshman and 27 junior students taking language arts classes in the Zuni Public High School participated in the self-report evaluation of the curriculum. Juniors were included to increase sample size; sophomores were not included in the sample because they had been exposed to a pilot test of the curriculum during the previous year. The sample was 64% female and 36% male (83 girls and 45 boys), and ages ranged from 14 to 19, with a mean age of 15.9. Scores on the Suicide probability Scale (Cull & Gill, 1988) at pretest suggested that 81% of these students were in the moderate to severe ranges. Forty percent of students reported that a relative or friend had committed suicide. With regard to their own suicide behavior, 18% reported having attempted suicide. Of those who had attempted, 79% had attempted 2 or more times, 70% tried within six months of the pretest, 17% needed a medical visit, and 22% told no one about the attempted suicide.

**Abstract:**

In collaboration with the Zuni pueblo, a culturally tailored intervention program was designed using a model of social cognitive development to remediate the behavioral and cognitive correlates of suicide. The Zuni Life Skills Development curriculum was introduced in the tribal high school and evaluated using a multimethod approach including self-report, behavioral observation, and peer rating. Students exposed to the curriculum scored better than the no-intervention group at posttest on suicide probability and hopelessness. In addition, the intervention group showed greater ability to perform problem-solving and suicide intervention skills in a behavioral assessment. The effectiveness of the program and recommendations for similar prevention programs are discussed.

**Native American and Alaska Native  
Target Symptom: Attention Disorders**

None Found

**Native American and Alaska Native  
Target Symptom: Delinquency and Disruptive Behavior**

None Found

## **Native American and Alaska Native Target Symptom: Substance Abuse**

Schinke, S. P., Botvin, G.J., Trimble, J.E., Orlandi, M.A., Gilchrist, L.D., Locklear, V.S. 1988. **Preventing substance abuse among American Indian adolescents: a bicultural competence skills approach.** *J. Couns. Psychol.*, 35:87-90. MIRANDA

### **Patient Demographics:**

Subjects were 137 American-Indian adolescents from two western Washington reservation sites. Subjects recruited from tribal and public schools voluntarily participated in the study. Refusal rates did not differ by site and averaged 2% across the sample. Subjects had an overall mean age of 11.8 years; 54% were girls. By site, chi-square analyses on subjects' demographic characteristics revealed no significant differences. Data on subjects' household composition, level of acculturation, and current place of residence likewise failed to significantly distinguish between sites by chi-square tests.

### **Abstract:**

Tobacco, alcohol, and drug use are problems for American-Indian people. We reviewed these problems and the explanations for them and described a bicultural competence skills approach for preventing substance abuse with American-Indian adolescents. Data from a study of that approach suggest its efficacy with American-Indian youth. At posttest and a 6-month follow-up, American-Indian subjects who received preventive intervention based on bicultural competence skills concepts improved more than did American-Indian subjects in a no-intervention control condition on measures of substance-use knowledge, attitudes, and interactive skills, and on self-reported rates of tobacco, alcohol, and drug use. Our findings have implications for future substance-abuse prevention research with American-Indian people.

Schinke, S.P., Tepavac, L., Cole, K.C. 2000. **Preventing substance use among Native American youth: three-year results.** *Addict. Behav.* 25:387-97. MIRANDA

### **Patient Demographics:**

The study initially involved 1,396 informed and consenting Native American youths from 10 reservations in North and South Dakota, Idaho, Montana, and Oklahoma. Youths were third-, fourth-, and fifth-grade students in 27 tribal and public schools that served socioeconomically comparable Native American communities. The sample was 49% female and had a mean age of 10.28 years at time of pretest. Most youths (55.6%) lived in two-parent households.

### **Abstract:**

This study developed and tested skills- and community-based approaches to prevent substance abuse among Native American youth. After completing pretest measurements, 1,396 third- through fifth-grade Native American students from 27 elementary schools in five states were divided randomly by school into two intervention arms and one control arm. Following intervention delivery, youths in all arms completed posttest

measurements and three annual follow-up measurements. Youths in schools assigned to the intervention arms learned cognitive and behavioral skills for substance abuse prevention. One intervention arm additionally engaged local community residents in efforts to prevent substance use among Native American youth. Outcome assessment batteries measured youths' reported use of smoked and smokeless tobacco, alcohol, and marijuana. Over the course of the 3.5-year study, increased rates of tobacco, alcohol, and marijuana use were reported by youths across the three arms of the study. Though cigarette use was unaffected by intervention, follow up rates of smokeless tobacco, alcohol, and marijuana use were lower for youths who received skills intervention than for youths in the control arm. Community intervention components appeared to exert no added beneficial influence on youths' substance use, beyond the impact of skills intervention components alone. Finally, gender differences were apparent across substances, measurements, and study arms, with girls smoking more cigarettes and boys using more smokeless tobacco, alcohol, and marijuana.

**Moran, J.R., Reaman, J.A. 2002. Critical issues for substance abuse prevention targeting American Indian youth. *J. Prim. Prev.* 22:201-33. MIRANDA**

**Patient Demographics:**

71 Participants. 38% Fourth graders, 62% fifth graders, 39% boys, 61% girls. 60 participants knew their tribal background: 27% Lakota, 15% Navajo, Apache, Chippewa and Creek each had 5% and the remainder coming from 17 different tribes representing 1-3% each.

**Abstract:**

Examined alcohol misuse among American Indians and discusses the Seventh Generation Program, an alcohol prevention program targeting urban Native youth. 71 American Indian 4th and 5th grade students (aged 10-11 yrs) residing in Denver, Colorado completed questionnaires concerning experiences with alcohol, locus of control, depression, and self-concept. Control Ss did not participate in the program. Results show that 20% of Ss in both groups reported drinking more than a sip of alcohol at pretest. Following the 14-wk program, control Ss reported much lower depression scores than did program Ss. Approximately half of program Ss who had previously reported pretest alcohol consumption reported no lifetime alcohol consumption at posttest. No other significant differences were found.

**Native American and Alaska Native  
Target Symptom: Preventative Interventions**

None Found

**Native American and Alaska Native  
Target Symptom: Trauma-related Problems**

None Found

**Asian American and Hawaiian Islander  
Target Symptom: Anxiety**

None Found

**Asian American and Hawaiian Islander  
Target Symptom: Depression**

None Found

**Asian American and Hawaiian Islander  
Target Symptom: Attention Disorders**

None Found

**Asian American and Hawaiian Islander**  
**Target Symptom: Delinquency and Disruptive Behavior**

Reid, M.J., Webster-Stratton, C., Beauchaine, T. P. 2001. **Parent training in Head Start: a comparison of program response among African American, Asian American, Caucasian and Hispanic mothers.** *Prev. Sci.* 2:209-227. (MIRANDA)

**Patient Demographics:** Participants included 634 families (Intervention N = 431, Control N = 203) who provided data at both the baseline and postintervention assessments, and who reported their ethnicity as African American, Asian, Caucasian, or Hispanic. Of these families, 373 were originally in Study 1, and 261 were originally in Study 2. This sample represents approximately 59% (67% for Study 1, 50% for Study 2) of the English, Spanish, and Vietnamese speaking families enrolled in Head Start. Participant children included 343 boys (54%) and 291 girls (46%), with a mean age of 55.96 months (SD = 4.35). Study parents included 634 mothers (or other female caregivers) with a mean age of 30.50 (SD = 7.30). Fifty-four percent of study mothers were unpartnered. The mean age of fathers was 32.87 (SD = 8.02) years. Forty-two percent of the children represented minority groups, as determined by mother report (19% African American, 11% Hispanic, 12% Asian American).

**Abstract:** The effectiveness of the Incredible Years Parenting Program was evaluated in a low-income sample of Caucasian, African American, Hispanic, and Asian mothers whose children were enrolled in Head Start. Data from two prior intervention studies [Webster-Stratton (1998) *Journal of Consulting and Clinical Psychology*, 66(5), 715–730; Webster-Stratton *et al.* (in press) *Journal of Clinical Child Psychology*] were combined, yielding a sample of 634 families (370 Caucasian, 120 African American, 73 Asian, 71 Hispanic) across 23 Head Start centers. Centers were matched and assigned randomly to either an experimental condition (8–12 weeks of weekly 2-hr parenting classes), or a control condition (the regular Head Start Program without parenting groups). Families in both conditions were assessed using home observations of parent–child interactions and parent reports of parenting style and discipline strategies and child behavior problems in the fall (baseline) and spring (postintervention) of the children's Head Start year. Families were reassessed 1 year later. Following treatment, intervention mothers were observed to be more positive, less critical, more consistent, and more competent in their parenting than were control mothers. Additionally, children of intervention parents were observed to exhibit fewer behavior problems than were control children. Differences in treatment response across ethnic groups were few, and did not exceed the number expected by chance. Parents from all groups reported high satisfaction levels following the parenting program. Results indicate that the Incredible Years Program is accepted by and effective with diverse populations.

Rowland, M.D., Halliday-Boykins, C.A., Henggeler, S.W., Cunningham, P.B., Lee, T.G., Kruesi, M.J.P., *et al.* 2005. **A randomized trial of Multisystemic Therapy with Hawaii's Felix Class youths.** *Journal of Emotional and Behavioral Disorders*, 13, 13-23. HUEY

**Participant Demographics:** Average age 14.5. 58% Male, 84% Multiracial (combinations of Asian, Caucasian, and Pacific Islander), 10% Caucasian, 7% Asian/Pacific Islander.

**Abstract:**

Examined 6-month post-recruitment clinical and placement outcomes for 31 youths with serious emotional disturbance (SED) at imminent risk of out-of-home placement in the Hawaii Continuum of Care (COC). Youths were randomly assigned to multisystemic therapy (MST) adapted for SED populations or to Hawaii's existing COC services. Assessments were conducted at intake and 6 months after referral. In comparison with counterparts in the comparison condition, youths in the MST condition reported significant reductions in externalizing symptoms, internalizing symptoms, and minor criminal activity; their caregivers reported near significant increases in social support; and archival records showed that MST youths experienced significantly fewer days in out-of-home placement. The findings generally replicate the favorable short-term outcomes observed previously for MST with youths experiencing SED.

**Asian American and Hawaiian Islander  
Target Symptom: Substance Abuse**

None Found

**Asian American and Hawaiian Islander  
Target Symptom: Preventative Interventions**

None Found

**Asian American and Hawaiian Islander  
Target Symptom: Trauma-related Problems**

None Found

**Hispanic or Latino**  
**Target Symptom: Anxiety**

Silverman, W.K., Kurtines, W.M., Ginsburg, G.S., Weems, C.F., Lumpkin, P.W., Carmichael, D.H., et al. 1999. **Treating anxiety disorders in children with group cognitive-behavioral therapy: a randomized clinical trial.** *J. Consult. Clin. Psychol.*, 67(6):995-1003. MIRANDA and HUEY.

**Participant Demographics:**

56 participants. Ages 6-16. 61% Male. 46% White, 46% Hispanic/Latino, 7% other ethnicity.

**Abstract:**

A randomized clinical trial evaluated the therapeutic efficacy of group cognitive-behavioral therapy (GCBT) versus a wait-list control (WLC) condition to treat anxiety disorders in children. Results indicated that GCBT, with concurrent parent sessions, was highly efficacious in producing and maintaining treatment gains. Children in GCBT showed substantial improvement on all the main outcome measures, and these gains were maintained at 3-, 6-, and 12-month follow-ups. Children in the WLC condition did not show improvements from the pre- to the postwait assessment point. These findings are discussed in terms of the need to continue to advance the development of practical, as well as conceptual, knowledge of efficacious treatment for anxiety disorders in children.

**Hispanic or Latino**  
**Target Symptom: Depression**

Rossello, J. & Bernal, G. 1999. **The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents.** *Journal of Consulting and Clinical Psychology*. 67, 734-745. MIRANDA, HUEY

**Participant Demographics:**

We performed pretreatment assessments to evaluate the inclusion (Diagnostic and Statistical Manual of Mental Disorders [3rd ed., rev.; American Psychiatric Association, 1987] diagnosis for major depressive disorder, dysthymia, or both; 13 to 18 years of age) and exclusion criteria (serious imminent suicidal risk; psychotic features, bipolar disorders, alcoholism, conduct disorder, or drug use disorder; organic brain syndrome; marked hyperaggression; need for immediate treatment or hospitalization; currently receiving psychotropic medication or psychotherapy; and legal involvement). One hundred sixty-one adolescents were referred and evaluated. Of these, 71 met the criteria for the study. Participants were 71 adolescents ranging in age from 13 to 17 years ( $M = 14.70$ ,  $SD = 1.40$ ). The sample was 54% female and 46% male, 100% Puerto Rican. All participants were in school from 5th to 12th grades.

**Abstract:**

This study evaluated the efficacy of cognitive-behavioral therapy (CBT) and interpersonal psychotherapy (IPX) with depressed adolescents in Puerto Rico. Seventy-one adolescents meeting Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev.; American Psychiatric Association, 1987) criteria for a diagnosis of depression were randomly assigned to 1 of 3 conditions: CBT, IPT, or wait list (WL). Pretreatment, posttreatment, and 3-month follow-up measures of depression symptoms, self-esteem, social adjustment, family emotional involvement and criticism, and behavioral problems were completed. Results suggest that IPT and CBT significantly reduced depressive symptoms when compared with the WL condition. IPT was superior to the WL condition in increasing self-esteem and social adaptation. Clinical significance tests suggested that 82% of adolescents in IPT and 59% of those in CBT were functional after treatment. The results suggest that both IPT and CBT are efficacious treatments for depressed Puerto Rican adolescents. IPT's impact in other levels of outcome is discussed in terms of its consonance with Puerto Rican cultural values.

Rossello, Bernal, & Rivera-Medina. (in press). **Individual and Group CBT and IPT for Puerto Rican adolescents with depressive symptoms.** *Cultural Diversity and Ethnic Minority Psychology*. HUEY.

**Participant Demographics:** 112 Participants. Age 12-18. 45% Male. 100% Puerto Rican.

**Abstract:**

Unavailable.

**Hispanic or Latino**  
**Target Symptom: Attention Disorders**

MTA Cooperative Group. **A 14-Month Randomized Clinical Trial of Treatment Strategies for Attention-Deficit/Hyperactivity Disorder.** Archives of General Psychiatry. 1999. 56(12) 1073-1086. MIRANDA, HUEY, HAWAII.

**Patient Demographics:** 579 participants. 351 White (60.6%), 115 African American (19.8%), 48 Hispanic (8%).

**Abstract:**

Background Previous studies have demonstrated the short-term efficacy of pharmacotherapy and behavior therapy for attention-deficit/hyperactivity disorder (ADHD), but no longer-term (ie, >4 months) investigations have compared these 2 treatments or their combination. Methods A group of 579 children with ADHD Combined Type, aged 7 to 9.9 years, were assigned to 14 months of medication management (titration followed by monthly visits); intensive behavioral treatment (parent, school, and child components, with therapist involvement gradually reduced over time); the two combined; or standard community care (treatments by community providers). Outcomes were assessed in multiple domains before and during treatment and at treatment end point (with the combined treatment and medication management groups continuing medication at all assessment points). Data were analyzed through intent-to-treat random-effects regression procedures. Results All 4 groups showed sizable reductions in symptoms over time, with significant differences among them in degrees of change. For most ADHD symptoms, children in the combined treatment and medication management groups showed significantly greater improvement than those given intensive behavioral treatment and community care. Combined and medication management treatments did not differ significantly on any direct comparisons, but in several instances (oppositional/aggressive symptoms, internalizing symptoms, teacher-rated social skills, parent-child relations, and reading achievement) combined treatment proved superior to intensive behavioral treatment and/or community care while medication management did not. Study medication strategies were superior to community care treatments, despite the fact that two thirds of community-treated subjects received medication during the study period. Conclusions For ADHD symptoms, our carefully crafted medication management was superior to behavioral treatment and to routine community care that included medication. Our combined treatment did not yield significantly greater benefits than medication management for core ADHD symptoms, but may have provided modest advantages for non-ADHD symptom and positive functioning outcomes.

Arnold, L.E., Elliott, M., Sachs, L., Bird, H., Kraemer, H.C., Wells, K.C., et al. 2003. **Effects of ethnicity on treatment attendance, stimulant response/dose, and 14-month outcome in ADHD.** *Journal of consulting and Clinical Psychology.* 71, 713-727. HUEY.

**Participant Demographics:** 579 Participants. Ages 7-9. 80% Male, 61% Caucasian, 20% African American, 8% Latino, 11% other.

**Abstract:**

From the Multimodal Treatment Study of Children with Attention- Deficit/Hyperactivity Disorder--a randomized clinical trial of 579 children ages 7-9 years receiving 14 months of medication management, behavioral treatment, combination, or community care--the authors matched each African American and Latino participant with randomly selected Caucasian participants of same sex, treatment group, and site. Although Caucasian children were significantly less symptomatic than African American and Latino children on some ratings, response to treatment did not differ significantly by ethnicity after controlling for public assistance. Ethnic minority families cooperated with and benefited significantly from combination (multimodal) treatment ( $d = 0.36$ , compared with medication). This incremental gain withstood statistical control for mother's education, single-parent status, and public assistance. Treatment for lower socioeconomic status minority children, especially if comorbid, should combine medication and behavioral treatment.

## Hispanic or Latino

### Target Symptom: Delinquency or Disruptive Behavior

Barrera, M. Jr., Biglan, A., Taylor, T.K., Gunn, B.K., Smolkowski, K., et al. 2002. **Early elementary school intervention to reduce conduct problems: a randomized trial with Hispanic and non-Hispanic children.** *Prev. Sci.* 3(2): 83-94. MIRANDA.

#### **Patient Demographics:**

A total of 285 families agreed to participate in SHIP and were randomized into either the intervention or control condition, but one family assigned to the intervention condition declined before the start of intervention. Thus, there were 141 families in the intervention and 143 in the control condition; 77% of eligible families actually participated in the study. There were 168 Hispanic children and 116 European American children; 45% of the sample were girls. Hispanic parents provided information about their ethnic identity, nativity, and language use. These data indicated that 94% of the Hispanic parents were of Mexican heritage, 5% from Central America, and the remainder from some other Latin American country. About 9% were born in the United States, 85% were born in Mexico, and the remainder in some other Latin American country; 84% of Hispanic parents spoke only or mostly Spanish.

#### **Abstract:**

Children's aggressive behavior and reading difficulties during early elementary school years are risk factors for adolescent problem behaviors such as delinquency, academic failure, and substance use. This study determined if a comprehensive intervention that was designed to address both of these risk factors could affect teacher, parent, and observer measures of internalizing and externalizing problems. European American ( $n = 116$ ) and Hispanic ( $n = 168$ ) children from 3 communities who were selected for aggressiveness or reading difficulties were randomly assigned to an intervention or no-intervention control condition. Intervention families received parent training, and their children received social behavior interventions and supplementary reading instruction over a 2-year period. At the end of intervention, playground observations showed that treated children displayed less negative social behavior than controls. At the end of a 1-year follow-up, treated children showed less teacher-rated internalizing and less parent-rated coercive and antisocial behavior than controls. The study's limitations and implications for prevention are discussed.

Reid, M.J., Webster-Stratton, C., Beauchaine, T. P. 2001. **Parent training in Head Start: a comparison of program response among African American, Asian American, Caucasian and Hispanic mothers.** *Prev. Sci.* 2:209-227. (MIRANDA)

**Patient Demographics:** Participants included 634 families (Intervention  $N = 431$ , Control  $N = 203$ ) who provided data at both the baseline and postintervention assessments, and who reported their ethnicity as African American, Asian, Caucasian, or Hispanic. Of these families, 373 were originally in Study 1, and 261 were originally in Study 2. This sample represents approximately 59% (67% for Study 1, 50% for Study 2) of the English, Spanish, and Vietnamese speaking families enrolled in Head Start.

Participant children included 343 boys (54%) and 291 girls (46%), with a mean age of 55.96 months (SD = 4.35). Study parents included 634 mothers (or other female caregivers) with a mean age of 30.50 (SD = 7.30). Fifty-four percent of study mothers were unpartnered. The mean age of fathers was 32.87 (SD = 8.02) years. Forty-two percent of the children represented minority groups, as determined by mother report (19% African American, 11% Hispanic, 12% Asian American).

**Abstract:** The effectiveness of the Incredible Years Parenting Program was evaluated in a low-income sample of Caucasian, African American, Hispanic, and Asian mothers whose children were enrolled in Head Start. Data from two prior intervention studies [Webster-Stratton (1998) *Journal of Consulting and Clinical Psychology*, 66(5), 715–730; Webster-Stratton *et al.* (in press) *Journal of Clinical Child Psychology*] were combined, yielding a sample of 634 families (370 Caucasian, 120 African American, 73 Asian, 71 Hispanic) across 23 Head Start centers. Centers were matched and assigned randomly to either an experimental condition (8–12 weeks of weekly 2-hr parenting classes), or a control condition (the regular Head Start Program without parenting groups). Families in both conditions were assessed using home observations of parent–child interactions and parent reports of parenting style and discipline strategies and child behavior problems in the fall (baseline) and spring (postintervention) of the children's Head Start year. Families were reassessed 1 year later. Following treatment, intervention mothers were observed to be more positive, less critical, more consistent, and more competent in their parenting than were control mothers. Additionally, children of intervention parents were observed to exhibit fewer behavior problems than were control children. Differences in treatment response across ethnic groups were few, and did not exceed the number expected by chance. Parents from all groups reported high satisfaction levels following the parenting program. Results indicate that the Incredible Years Program is accepted by and effective with diverse populations.

Pantin, H., Coatsworth, J.D., Feaster, D.J., Newman, F.L., Briones, E., et al. 2003. **Familias unidas: the efficacy of an intervention to increase parental investment in Hispanic immigrant families.** *Prev. Sci.* 4:189-201. MIRANDA

### **Patient Demographics:**

A total of 167 participants/families met inclusion criteria, completed a baseline assessment, and were randomized to the experimental or control conditions. In total, 96 adolescents and their families (57 with male adolescents and 39 with female adolescents) were assigned to the Familias Unidas condition, and 71 adolescents (45 males, 26 females) and their families were assigned to the no-intervention control. The mean age of the adolescents was 12.40 years (SD = 0.80 years; range from 10.69 to 14.89 years). In the experimental condition, each adolescent and at least one primary caregiver participated in the intervention conjointly. Consistent with the demographics of the area, the largest percentage of participants were Cuban (39%), followed by Central and South Americans (29 and 17%, respectively), and a small proportion of Puerto Ricans/Dominicans (5%). The remaining 10% identified themselves as “Other” Hispanic. The majority of parents (94%) and half of the adolescents (49%) were born outside of the United States. The range of years living in the United States for parents was from less

than 1 year to 42 years, with a median of 11 years. More than a quarter (26.3%) of the adolescents had been residing in the United States for less than 5 years, and the average length of residence for adolescents was 8.5 years (range 0–14 years). Fifty-seven percent of the families reported speaking only Spanish at home, and 36% of families reported speaking Spanish and some English at home. The median annual household income was between \$15,000 and \$20,000. The modal level of parent education was 12th grade (35%), with a substantial percentage obtaining only elementary or some high school education (28%) and the remaining (37%) receiving some post secondary school education including college or graduate school.

**Abstract:**

This paper reports a test of the efficacy of Familias Unidas, a Hispanic-specific, ecologically focused, parent-centered preventive intervention, in promoting protection against and reducing risk for adolescent behavior problems. Specifically, the intervention was designed to foster parental investment, reduce adolescent behavior problems, and promote adolescent school bonding/academic achievement, all protective factors against drug abuse and delinquency. One-hundred sixty seven Hispanic families of 6th and 7th grade students from three South Florida public schools were stratified by grade within school and randomly assigned to intervention and no-intervention control conditions. Results indicated that Familias Unidas was efficacious in increasing parental investment and decreasing adolescent behavior problems, but that it did not significantly impact adolescent school bonding/academic achievement. Summer-vacation rates of adolescent behavior problems were six times higher in the control condition than in the intervention condition. Furthermore, change in parental investment during the intervention was predictive of subsequent levels of adolescent behavior problems. The findings suggest that Familias Unidas is efficacious in promoting protection and reducing risk for adolescent problem behaviors in poor immigrant Hispanic families.

Dubow, E.F., Huesmann, L.R., Eron, L.D. 1987. **Childhood correlates of adult ego development.** *Child Dev.* 58:859-69. MIRANDA.

**Patient Demographics:**

Three hundred and ninety- eight adults (206 females, 192 males), ages 30—31, served as the subjects. These individuals are part of a longitudinal study of the development of aggression and psychopathology (Eron et al., 1971; Lefkowitz et al., 1977). The original sample ( $N = 871$ ) comprised the entire third-grade population of a semirural, middle-class county in New York State. Seventy-five percent of the subjects' mothers and fathers were also interviewed at that time. At age 19, 427 of the original subjects were reinterviewed. The final phase of the study was conducted when the subjects were 30-31 years of age. 70% White, 30% African American.

**Abstract:**

The present study examined family socioeconomic indicators, parent child-rearing variables, and childhood and adolescent behaviors, which were hypothesized to predict adult ego development. The subjects were 206 females and 192 males, ages 30-31, who began participating in a longitudinal study at age 8. At that time, interviews with their

parents yielded data on family background variables and child-rearing practices. Peer-nominations and other testing procedures with the children yielded data on the children's cognitive and behavioral styles at ages 8 and 19. At age 30, the subjects completed the Loevinger Sentence Completion Test of Ego Development. Results confirmed the hypotheses that child-rearing styles characterized by acceptance, a nonauthoritarian approach to punishment, and identification of the child with the parent related to higher levels of adult ego development 22 years later. These relations obtained more strongly for females than for males. In addition, childhood and adolescent indicators of impulse control and cognitive development (nonaggression, prosocial behavior, and intelligence) were associated with higher levels of adult ego development. Finally, hierarchical multiple regression analyses indicated that the development of aggression was linked to adult ego level attainment in males, while the development of prosocial behavior was related to adult ego development in females.

Szapocznik, J., Santisteban, D., Rio, A., Perez-Vidal, A., Kurtines, W.M. 1989. **Family effectiveness training: an intervention to prevent drug abuse and problem behaviors in Hispanic adolescents.** *Hisp. J. Behav. Sci.* 11:4-27. MIRANDA and HUEY.

**Patient Demographics:**

79 Participants. Ages 6-12. 71% Male, 100% Hispanic (76% Cuban).

**Abstract:**

Unavailable.

Santisteban, D.A., Coatsworth, J.D., Perez-Vidal, A., Kurtines, W.M., Schwartz, S.J., et al. 2003. **Efficacy of brief strategic family therapy in modifying Hispanic adolescent behavior problems and substance use.** *J. Family Psychol.* 17(1): 121-33. MIRANDA, HUEY.

**Patient Demographics:** 126 Participants. Ages 12-18. 75% Male. 100% Hispanic (51% Cuban, 14% Nicaraguan, 10% Colombian, 6% Puerto Rican, 3% Peruvian, 2% Mexican, and 14% other Hispanic).

**Abstract:**

This study investigated the efficacy of brief strategic family therapy (BSFT) with Hispanic behavior problem and drug using youth, an underrepresented population in the family therapy research literature. One hundred twenty-six Hispanic families with a behavior problem adolescent were randomly assigned to 1 of 2 conditions: BSFT or group treatment control (GC). Results showed that, compared to GC cases, BSFT cases showed significantly greater pre- to post-intervention improvement in parent reports of adolescent conduct problems and delinquency, adolescent reports of marijuana use, and observer ratings and self reports of family functioning. These results extend prior findings on the efficacy of family interventions to a difficult to treat Hispanic adolescent sample.

Garza, Y., & Bratton, S.C. 2005. **School-based child-centered play therapy with**

**Hispanic children: outcomes and cultural considerations.** *International Journal of Play Therapy.* 14, 51-79. HUEY.

**Patient Demographics:**

29 Participants. Ages 5-11. 57% Male. 100% Mexican American.

**Abstract:**

Not available.

Synder, K.V., Kymissis, P., Kessler, K. 1999. **Anger management for adolescents: Efficacy of brief group therapy.** *Journal of the American Academy of Child and Adolescent Psychiatry.* 38, 1409-1416. HUEY.

**Patient Demographics:**

50 Participants. 56% male. 2% Asian, 50% African American, 22% white, 16% Hispanic, 10% Mixed ethnicity.

**Abstract:**

Investigated the efficacy of a brief, manual-based group therapy for adolescents with poor anger control. A previously developed anger management treatment package of 10 to 12 sessions was condensed to a 4-session package to be given within 2 wks. Immediate effectiveness and the transfer of skills were investigated; anger management skills not only had to be acquired; they also had to be used in the adolescents' natural social interactions. 50 adolescent psychiatric inpatients were selected for high levels of anger and randomly assigned to treatment or control conditions. Pre- and posttreatment measures were administered to Ss and adults who rated the Ss' behaviors. Pre/post self-report measures, as well as behavior ratings by adults, indicated that the patients who went through the anger management series exhibited significantly improved skills. These results suggest that the intervention for adolescents was effective even though it was condensed, but it should not be further abbreviated.

De Anda, D. 1985. **Structured vs nonstructured groups in the teaching of problem solving.** *Social Work in Education.* 7, 80-89. HUEY.

**Patient Demographics:**

35 Participants. 7<sup>th</sup> and 8<sup>th</sup> grade. 100% Female. Ethnicity is "black and hispanic".

**Abstract:**

Unavailable.

**Hispanic or Latino**

**Target Symptom: Substance Abuse**

Liddle, H. A., Rowe, C. L., Dakof, G. A., Ungaro, R. A., Henderson, C. E. 2004. **Early intervention for adolescent substance abuse: Pretreatment to posttreatment outcomes of a randomized clinical trial comparing multidimensional family therapy and peer group treatment.** *Journal of Psychoactive Drugs.* 36, 49-63. HUEY.

**Patient Demographics:**

80 Participants. Ages 11-15. 73% Male. 42% Hispanic, 38% African American, 11% Haitian or Jamaican, 3% non-hispanic white, 4% other ethnicity.

**Abstract:**

Unavailable.

## Hispanic or Latino Preventative Interventions

Lieberman, A. F., Weston, D. R., Pawl, J. H. 1991. **Preventative intervention and outcome with anxiously attached dyads.** *Child Dev.* 62(1): 199-209. MIRANDA.

### Patient Demographics:

The sample comprised 100 low-SES, Spanish-speaking mothers recently immigrated from Mexico or Central America and their infants in the second year of life.

### Abstract:

Anxiously attached 12-month-olds and their mothers as assessed in the Strange Situation were randomly assigned to an intervention and a control group to test the hypothesis that infant-parent psychotherapy can improve quality of attachment and social-emotional functioning. Securely attached dyads comprised a second control group. Intervention lasted 1 year and ended when the child was 24 months. ANOVAs were used to compare the research groups at outcome. Intervention group toddlers were significantly lower than anxious controls in avoidance, resistance, and anger. They were significantly higher than anxious controls in partnership with mother. Intervention mothers had higher scores than anxious controls in empathy and interactiveness with their children. There were no differences on the outcome measures between the intervention and the secure control groups. The groups did not differ in maternal child-rearing attitudes. Within the intervention group, level of therapeutic process was positively correlated with adaptive scores in child and mother outcome measures.

Constantino, G., Malgady, R. G., Rogler, L.H. 1986. **Cuento therapy: a culturally sensitive modality for Puerto Rican children.** *J. Consult. Clin. Psychol.* 54:639-45.

### Patient Demographics:

210 Participants. 120 Males, 90 Females. Kindergarden-through third grade.

### Abstract:

Epidemiological studies indicate that Hispanics underutilize community mental health facilities in proportion to their needs and often fail to benefit from traditional psychotherapeutic services. The present study investigated the effectiveness of a modeling therapy designed to be sensitive to Hispanic culture. In one version of the modality, cuentos (folktales) from Puerto Rican culture were used to present models of adaptive behavior and in another version folktales were tailored to bridge Puerto Ricans' bicultural conflict. 210 high-risk children from kindergarten through the 3rd grade and their mothers were randomly assigned to receive either cuento therapy, traditional art/play therapy, or no therapy. Results indicate that cuento therapy significantly reduced children's trait anxiety, as measured by the State-Trait Anxiety Inventory for Children, relative to traditional therapy and to no intervention and that this trend was stable over 1 yr. The cuento modalities also increased Wechsler Intelligence Scale For Children--Revised (WISC--R) Comprehension subtest scores and decreased observer-rated

aggression. The need to develop and evaluate culturally sensitive therapeutic modalities for Hispanics is discussed.

Costantino, G., Malgady, R. G., Rogler, L. H. 1986. **TEMAS (Tell-me-a-story) Manual.** Los Angeles, CA: West. Psychol. Serv. MIRANDA.

**Patient Demographics:**

210 Participants. 120 Males, 90 Females. Kindergarden-through third grade.

**Abstract:**

Epidemiological studies indicate that Hispanics underutilize community mental health facilities in proportion to their needs and often fail to benefit from traditional psychotherapeutic services. The present study investigated the effectiveness of a modeling therapy designed to be sensitive to Hispanic culture. In one version of the modality, cuentos (folktales) from Puerto Rican culture were used to present models of adaptive behavior and in another version folktales were tailored to bridge Puerto Ricans' bicultural conflict. 210 high-risk children from kindergarten through the 3rd grade and their mothers were randomly assigned to receive either cuento therapy, traditional art/play therapy, or no therapy. Results indicate that cuento therapy significantly reduced children's trait anxiety, as measured by the State-Trait Anxiety Inventory for Children, relative to traditional therapy and to no intervention and that this trend was stable over 1 yr. The cuento modalities also increased Wechsler Intelligence Scale For Children--Revised (WISC--R) Comprehension subtest scores and decreased observer-rated aggression. The need to develop and evaluate culturally sensitive therapeutic modalities for Hispanics is discussed.

Malgady, R. G., Rogler, L. H., Constantino, G. 1990. **Hero/heroine modeling for Puerto Rican adolescents: a preventative mental health intervention.** *J. Consult. Clin. Psychol.* 58:469-74. MIRANDA

**Patient Demographics:**

All Puerto Rican eighth and ninth graders ( $N = 418$ ) at a public school in Brooklyn, New York were screened for behavior problems by their homeroom teachers using the Conners Teacher Rating Scale (Trites, Blouin, & Laprade, 1982). Students presenting the most severe behavior problems (below the median teacher rating) were solicited for the study, and 110 who were not undergoing mental health treatment volunteered to participate with parental consent. Students were randomly assigned to an intervention group ( $n = 70$ ) and a control group ( $n = 40$ ), but 9 intervention members (13%) and 11 control members (27%) dropped out. The 90 students who completed the study ranged in age from 12 to 15 years ( $M = 13.67$ ,  $SD = 0.79$ ); all were U.S. born and English-dominant; 50 were eighth graders (29 male, 21 female) and 40 ninth graders (11 male, 29 female). Seventy-one percent of the students' households were female-headed, and 64% were receiving welfare benefits. Employed mothers and fathers were in the three lowest SES occupations (menial service and unskilled and semiskilled workers) on the Hollingshead Index of Social Position.

**Abstract:**

Culturally sensitive treatments of the special mental health needs of high-risk Puerto Rican adolescents are lacking. The hero/heroine intervention was based on adult Puerto Rican role models to foster ethnic identity, self-concept, and adaptive coping behavior. 90 nonclinical Puerto Rican 8th and 9th graders were screened for presenting behavior problems in school and randomly assigned to an intervention and a control group. After 19 sessions, the intervention significantly increased adolescents' ethnic identity and self-concept and reduced anxiety. Treatment outcomes varied as a function of grade level, sex, and household composition. Self-concept was negatively affected among girls from intact families. The study supports the effectiveness of the culturally sensitive modality as a preventive mental health intervention for high-risk Puerto Rican adolescents, especially from single-parent families.

Szapocznik, J., Santisteban, D., Kurtines, W. M., Perez-Vidal, A., Hervis, O. E. 1984. **Bicultural effectiveness training (BET): a treatment intervention for enhancing intercultural adjustment.** *Hisp. J. Behav. Sci.* 6(4): 317-44.

**Patient Demographics:**

unavailable

**Abstract:** unavailable

Szapocznik, J., Kurtines, W. M., Foote, F., Perez-Vidal, A., Hervis, O. E. 1986. **Conjoint versus one person family therapy: further evidence for the effectiveness of conducting family therapy through one person.** *J. Consult. Clin. Psychol.* 54:395-97.

**Patient Demographics:**

A total of 35 Hispanic-American families were used in the analyses reported here. The data on the 35 families were collected under conditions identical to those previously reported in the Szapocznik et al. (1983) study, except for a minor increase in the maximum number of sessions allowed (from 12 to 15). These data were collected as part of a second phase of the same project. Of the 35 cases analyzed for this report, 17 were in CFT and 18 in OPFT. Of this sample, 77% were Cuban-Americans. They were typically middle to lower class as assessed by Hollingshead's (1957) Index of Social Position (10% Classes I and II together, 28% Class III, 37% Class IV, 25% Class V). They averaged 14.7 years in the United States (SD = 7.3). The mean grade completed by the IPs was 10th (SD = 1.7), and 21% had been arrested. The IP's drug abuse was the major presenting problem for all 35 families. Eighty percent of the IPs used marijuana as their primary drug; 47% used it at least once a day and slightly more than 93% used it to some degree. The next most often used drugs in this sample were barbiturates and alcohol. Average length of drug use in this sample was 2.5 years. Because the average age was 17, it appears that drug abuse in this sample typically began when the IPs were 14 to 15 years old.

**Abstract:**

35 Hispanic-American families in which the identified patients (mean age 17 yrs) had problems associated with drug abuse were assigned to 1 of 2 brief strategic family therapy modalities--conjoint family therapy, conducted with the whole family or at least major subsystems of it, and 1-person family therapy, which involved only the identified patient. Consistent with a previous study by the present authors, 1-person therapy was as effective as conjoint therapy in improving individual and family functioning and more effective in sustaining improved family functioning at follow-up.

Szapocznik, J., Santisteban, D., Rio, A., Perez-Vidal, A., Kurtines, W.M. 1989. **Family effectiveness training: an intervention to prevent drug abuse and problem behaviors in Hispanic adolescents.** *Hisp. J. Behav. Sci.* 11:4-27. MIRANDA and HUEY.

**Patient Demographics:**

79 Participants. Ages 6-12. 71% Male, 100% Hispanic (76% Cuban).

**Abstract:**

Unavailable.

Jaycox, L. H., Reivich, K. J., Gillham, J., Seligman, MEP. 1994. **Prevention of depressive symptoms in school children.** *Behav. Res. Ther.* 32:801-16. MIRANDA.

**Patient Demographics:**

The final sample consisted of 143 children: 69 children (34 girls, 35 boys) in the treatment conditions; and 74 children (32 girls, 42 boys) in the combined control group. Ages ranged from 10 to 13 years (mean age = 11.4; SD = 0.67). Most of the children in the study were Caucasian (83%) or African-American (11%). Children came from families with an average yearly income of \$37,500 in 1991.

**Abstract:**

This paper describes the development and preliminary efficacy of a program designed to prevent depressive symptoms in at-risk 10–13 year-olds, and relates the findings to the current understanding of childhood depression. The treatment targets depressive symptoms and related difficulties such as conduct problems, low academic achievement, low social competence, and poor peer relations, by proactively teaching cognitive techniques. Children were identified as ‘at-risk’ based on depressive symptoms and their reports of parental conflict. Sixty-nine children participated in treatment groups and were compared to 73 children in control groups. Depressive symptoms were significantly reduced and classroom behavior was significantly improved in the treatment group as compared to controls at post-test. Six-month follow-up showed continued reduction in depressive symptoms, as well as significantly fewer externalizing conduct problems, as compared to controls. The reduction in symptoms was most pronounced in the children who were most at risk.

Gillham, J. E., Reivich, K. J., Jaycox, L. H., Seligman, MEP. 1995. **Prevention of depressive symptoms in schoolchildren: two-year follow-up.** *Psychol. Sci.* 6(6): 343-351.

**Patient Demographics:**

Our subjects were fifth and sixth graders in two school districts in suburbs of Philadelphia. We recruited children in the first district to participate in a prevention program. Children whose parents gave consent completed two screening questionnaires, the Children's Depression Inventory (CDI) and the Child's Perception Questionnaire. To create a single selection criterion of initial risk, scores on these measures were converted to z scores and summed. We invited all children who had a distress score of .50 or higher to participate. We also recruited children from a neighboring school district to participate in the long-term control group. Children whose parents gave consent completed the same screening questionnaires used to select the prevention group. The 49 children whose scores most closely matched the scores of the prevention group were selected as the control group. Children were also matched on sex, race, and parental marital status. The final sample consisted of 118 children; 69 children in the prevention condition and 49 children in the long-term control group. Prevention group: 50.7% Male, 49.3% Female, Caucasian 79.7%, African-American 17.2%, other 3.1%. Control group: 57.1% Male, 42.9% Female, Caucasian 86.4%, African American 6.8%, other 6.8%.

**Abstract:**

Examines the follow-up study in school children after teaching cognitive and social-problem-solving techniques to prevent depressive symptoms. Comparison of the children with no-treatment control group; Effects of prevention program on children after the program ended; Suggestions of psychological immunization against depression.

**Hispanic or Latino**  
**Target Symptom: Traumatic Stress**

Cohen, Judith A.; Deblinger, Esther; Mannarino, Anthony P.; Steer, Roberta A.  
**A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms.** *Journal of the American Academy of Child & Adolescent Psychiatry.* 2004. 43(3) 393-402. HAWAII, HUEY.

**Patient Demographics:** 229 Participants, 203 Completed treatment. 160 Female, 43 Male. 122 White (60%), 56 African American (28%), 9 Hispanic American (4%), 14 Biracial (7%), 2 other (1%).

**Abstract:**

Examines the differential efficacy of trauma-focused cognitive-behavioral therapy (TF-CBT) and child-centered therapy for treating posttraumatic stress disorder (PTSD) and related emotional and behavioral problems in children who have suffered sexual abuse. Two hundred twenty-nine 8- to 14-year-old children and their primary caretakers were randomly assigned to the above alternative treatments. These children had significant symptoms of PTSD, with 89% meeting full DSM-IV PTSD diagnostic criteria. More than 90% of these children had experienced traumatic events in addition to sexual abuse. A series analyses of covariance indicated that children assigned to TF-CBT, compared to those assigned to child-centered therapy, demonstrated significantly more improvement with regard to PTSD, depression, behavior problems, shame, and abuse-related attributions. Similarly, parents assigned to TF-CBT showed greater improvement with respect to their own self-reported levels of depression, abuse-specific distress, support of the child, and effective parenting practices. This study adds to the growing evidence supporting the efficacy of TF-CBT with children suffering PTSD as a result of sexual abuse and suggests the efficacy of this treatment for children who have experienced multiple traumas. In Huey and Hawaii.

Stein, B. D., Jaycox, L. H., Kataoka, S. H., Wong, M., Tu, W., Elliott, M. N., et al. 2003.  
**A mental health intervention for schoolchildren exposed to violence: A randomized controlled trial.** *Journal of the American Medical Association.* 290, 603-611. HUEY.

**Patient Demographics:**

106 Participants. Average age 11 years. Sixth-grade students at 2 large middle schools in Los Angeles who reported exposure to violence and had clinical levels of symptoms of PTSD. Early intervention: 80% Born in U.S. to Mexican immigrants.

**Abstract:**

Presents a randomized controlled trial that tested the effectiveness of a school-based cognitive-behavioral therapy (CBT) group intervention to reduce symptoms of posttraumatic stress disorder (PTSD) and depression, and to improve psychosocial functioning and classroom behavior, in middle school students who have witnessed violence. The intervention was a 10-session CBT group called the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS). Data from students, parents, and teachers

were collected at baseline, 3 mo, and 6 mo. Students were randomly assigned to an early intervention CBITS group or to a delayed intervention group for comparison. At 3 mo, early intervention students had lower PTSD, depression, and psychosocial dysfunction symptom scores. There were no significant differences between the 2 groups for classroom problems in acting out at 3 mo. At 6 mo, there were no significant differences between the early and delayed intervention for PTSD scores, depression scores, psychosocial function ratings, or classroom behaviors. The CBITS intervention, designed in collaboration with the school district in which it was implemented and delivered by school clinicians, may be a promising model for community-based programs for children who experience or witness violence.