

TSS GROUP NEWS

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April News Highlights

Anne P. DePrince, Ph.D.

TSS Group Director

Late winter and early spring have seen us working hard to **kick off two new studies**:

1. The Healthy Adolescent Research Project
2. La Salud de la Familia/Family Health

We're now inviting participants into these exciting projects. **Would you kindly help us spread the work about these important studies?** You can read about these studies in this issue (see pages 1 and 3). Thank you in advance for your help!

In other important news, we were delighted to welcome **Dr. Ann Chu** to the TSS Group in March. Ann returned to the TSS Group after a postdoctoral fellowship at the University of California San Francisco where she worked with Dr. Alicia Lieberman on dyadic child-parent

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psychotherapy following trauma. Please join us in welcoming Ann - we look forward to benefitting from her expertise and collaboration!

As always, we also look forward to finding ways to work with you. Thank you for the work you do on behalf of victims and survivors.

Anne P. DePrince, Ph.D.

Director, TSS Group

Associate Professor, University of Denver



The Healthy Adolescent Relationship Project (HARP)

Anne P. DePrince, Ph.D.

Funded by the National Institute of Justice, HARP tests two programs designed to help **teen girls (ages 13-17) who have come to the attention of the child welfare system** learn about healthy relationships.

Program 1 teaches teen girls about: power in relationship violence; skills to build healthy relationships; and social influences on violence (e.g., media messages). Program 2 teaches teen girls about: safety in relationships, including how

to recognize and respond to internal (e.g., her own emotions) and external (e.g., emotions, behaviors in others) signals about safety. Program 2 focuses on building attention skills. Both programs are delivered in small groups and led by two graduate-level facilitators.

Both programs are delivered in small groups (about 8 teens/group), led by two graduate-level facilitators and supervised by licensed clinical psychologists.

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Why teach teen girls about healthy relationships?

Adolescent girls who were previously abused are at high risk of victimization in teen dating relationships. In turn, victimization in adolescence places girls at high risk for additional intimate partner violence in adulthood. In adulthood, the criminal justice and public health costs resulting from intimate violence are staggering. Therefore, addressing victimization in the teen years is one of the best ways to decrease long-term consequences of violence. While there are many ways to promote healthy adolescent relationships, **this project focuses on empowering girls** through two approaches to teaching about healthy relationships (described above).

What is involved in the study?

180 teen (ages 13–17) girls who have come to the attention of the child welfare system will be invited to participate in the project. Teens will be randomized to one of 3 conditions: Program 1; Program 2; or waitlist. At the end of the follow-up period, teens in the waitlist condition will receive a prevention program. Thus, **all participants receive a prevention program at no cost.**



Thank you notes!

Thanks to many, many people who are helping us kick off this project, including (but not limited to and in no particular order): Denver Human Services (especially Tracy Neely, Ellen Rincon-Pruitt, Dawn Crosswhite, Melissa Carson, Toni Rozanski, Amy Espinoza, Allen Pollack); Adams County Human Services Department (Edie Winters, Janis James); the Victim Service Network; Dr. Heather Taussig; and our collaborators (Drs. Cathryn Potter and Stephen Shirk). **And thanks to you** for sharing this link with staff or clients who might be interested in the project: <http://mysite.du.edu/~adeprinc/study.html>

Healthy Adolescent Relationship Project (HARP): The Who, What, Where, & When

We invite **teen girls (ages 13–17) who have come to the attention of the child welfare system** to participate in a study.

What are the potential benefits for teens who participate in this study?

- Teens receive 15 sessions of a prevention group at no cost.
- Teens receive \$40/research evaluation for up to 4 research evaluations (**up to \$160 total**).
- Food will be provided during group meetings.

What about transportation?

- All study activities take place at DU. DU is accessible by light rail and multiple bus routes (e.g., 21, 24).
- Teens receive **\$10/appointment to offset transportation costs (up to \$190 total)**.

For more information, please contact Anne DePrince or Ann Chu (Project Coordinator) at 303.871.4103 or harp@du.edu.

To download study flyers, please visit:

<http://mysite.du.edu/~adeprinc/study.html>



La salud de la Familia: Examining Mental Health Literacy among Latina Mothers

Rheena Pineda (5th Year Graduate Student)

Latino children are at higher risk for chronic and severe mental health symptoms and developmental difficulties relative to children from other minority groups of similar SES (Arcia, Keyes, & Gallagher, 1994; Canino, Gould, Prupis, & Shaffer, 1986; Center for Disease Control and Prevention, 1999; Centers for Disease Control and Prevention, 1999; Fisher, Jackson, & Villaruel, 1998; Flores et al., 2002). Further, Latino youth are less likely to receive services for mental health problems than youth from other ethnic groups (Kataoka, Zhang, & Wells, 2002). Until we understand the sources of this disparity, we cannot develop effective interventions to address this important public health problem.

To address this important public health problem, the TSS group is launching a new study examining Latina mothers' mental health literacy (MHL) for their child psychiatric problems. Because mothers are anticipated to be the primary caregivers in the majority of the cases, the current study focuses on recruiting Latina mothers. MHL comprises the knowledge and beliefs about mental disorders that

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aid in their recognition and management (Jorm, 2000). MHL is defined as the ability to a.) recognize specific psychiatric symptoms including knowledge and beliefs about causes; and b.) plan

for the management of psychological symptoms. Thus, greater difficulty with maternal MHL may contribute to the mental health disparities. Although this high-risk and underserved group has been found to consistently underutilize mental health care (McCabe, Yeh, & Hough, 1999; Vega, 1999), little research has explored the role that maternal MHL of child psychiatric symptoms plays in under-utilization. By better understanding the role that maternal MHL plays, potential avenues for intervention to improve MH service access for Latino youth can be identified.

We are interested in Latina mothers' MHL for children's psychiatric symptoms with particular attention to factors that may be associated with lower MHL. First, socioeconomic factor may interfere with the use of health services due to low-income and lack of medical insurance. Second, because Latino immigrants with a diagnosable psychiatric disorder are the least likely to use mental health services of any ethnic minority group (USDHHS, 2001), cultural factors (views of causes and symptoms of mental health disorder and language difficulties) are recognized as determinants for seeking care (Derezotes & Snowden, 1990; Herrerías, 1998; Rao, DiClemente, & Ponton, 1992). Because differences in self-reported symptoms of mental health disorders among various cultures, including PTSD and depression have been identified (Crittenden et al., 1992; Perilla, Norris, & Lavizzo, 2002), perceptions and reporting of psychiatric symptoms may be influenced by culture. Further, higher levels of acculturative stress and language difficulties may lead to delaying or not seeking

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treatment and/or underreporting psychiatric symptoms. Third, Latina women are at high risk for intimate partner violence (IPV; Dutton, Orloff, & Aguilar Haas, 2000). IPV is a risk factor for the development of psychological disorders (e.g., Bean & Moeller, 2002; e.g., DePrince & Freyd, 2007; O'Campo et al., 2006), which involve disruptions in information processing that may negatively impact mothers' ability to process and act on mental health information. To test the relationship between Latina mothers' MHL, acculturation and IPV exposure, the TSS group has partnered with the Denver Children's Advocacy Center (DCAC), an agency that serves Latino families to interview Latina women with at least one child between the ages 8–12 years.

This new and exciting study addresses several limitations of previous research. First, the majority of existing research has focused on health literacy (HL) as it relates only to physical health or medical diseases (e.g., asthma). To date, no research has examined *mental* health literacy, in Latina mothers. Second, the current study assesses two important sources of stress for many Latina women (acculturation and IPV) that may play an important role in understanding mental health disparities among Latino children. Given the effects of acculturative stress and the high rates of IPV in Latina women, examining mother's MHL of child psychological symptoms is critical in Latina populations. This research has important implications for Latino mental health in the U.S. For example, assessing both mental health status and acculturation may help inform difficulties in MHL, as well as inequities in mental health service utilization in Latino children and families.

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La Salud de la Familia : The Who, What, Where, & When

We invite **Latina/Hispanic women (ages 18 and older) with at least one child** between the ages 8–12 years to participate in a study (study procedures can be conducted in English or Spanish according to participant preference). We hope this project will help us understand the impact of acculturative stress and domestic violence on Latina/Hispanic women and their children.

Participants will be invited to take part in a 2-hour interview. Participants will be asked to answer several questionnaires including acculturation and use of health and social services over the last year as well as listen to short stories about children and answer some questions about those stories. **Participants receive \$20 for participation.** Free parking is available. The research offices are accessible by bus and light rail.

For more information, please contact Rheena Pineda (Project Coordinator) at 303.871.7407.

To download study flyers in English and Spanish, please visit:

<http://mysite.du.edu/~adeprinc/study.html>

Did you know you can ready full text articles from the TSS Group online? Visit

<http://mysite.du.edu/~adeprinc/pub.html>.



Electronic Resource Update: *How Many Aces in Your Clients' Hand?*

In each newsletter, we provide links to electronic resources that we hope will be of use to professionals working with survivors of trauma and violence. In this issue, we focus on the Adverse Childhood Events (ACE) Study, which was a collaborative study involving investigators at the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente. The original ACE Study enrolled more than 10,000 participants. Over the last decade, several important studies have been published from the ACE Study, document links between childhood experiences of adversity (e.g., abuse, neglect) and both physical and mental health consequences. From

obesity to smoking and depression to suicide, ACEs appear to play a role.

The CDC continues to publish important papers from the ACE Study. Just this month, Anne participated in an expert working group at the CDC to discuss the implications of the ACE Study for healthcare. We look forward to sharing with you outcomes of that working group as they become available.

In the mean time, you can access important information about the ACE study at www.acestudy.org.

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