



EVALUATION OF TWO COMMUNITY-BASED MENTAL HEALTH INTERVENTIONS FOR AFRO-COLOMBIANS VICTIMS OF VIOLENCE [↗](#)

PLOS One

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ABSTRACT

Background: There are mental health consequences for individuals and communities that have been exposed to violence. The armed conflict in Colombia has caused death and massive displacement. In the Pacific region, displacement has been preponderant in Buenaventura and Quibdó. Evidence regarding effectiveness of mental health interventions is lacking in low-income settings, especially in areas with active conflict.

Objective: To evaluate two community interventions in mental health designed to decrease symptoms of depression, anxiety, and post-traumatic stress symptoms in Afro-Colombian victims of violence in Buenaventura and Quibdó.

Methods: A single-blind randomized controlled trial will be conducted in two municipalities of the Colombian Pacific in which participants will be randomly assigned to a cognitive-behavioral intervention -Common Elements Treatment Approach (CETA) (Group A), a Narrative Community-Based Group Therapy (NCGT) Intervention (Group B) and a control/waiting list group. Assessments of mental health symptoms and dysfunction will be performed at baseline and two weeks after the treatment for Group A and B participants and after three to four months in the control group. Symptoms will be assessed with a validated survey which includes elements from the Hopkins Symptom Checklist, the Harvard Trauma Questionnaire and relevant local symptoms; dysfunction will be assessed with a locally-validated gender-specific scale. Missing values will be handled using multiple imputation methods. Means will be calculated for scales and sub-scales. The primary outcomes will be changes in depression, anxiety and post-traumatic stress symptoms; secondary outcomes will be changes in the Total Mental Health Symptom (TMHS) and dysfunction scales. Differences at baseline will be assessed with the specific test accordingly to the type of variable. Using mixed models we will perform intention to treat analyzes and sensitivity analyzes removing those participants without follow up. Co-variables included in mixed-models will be those significant at the $p < 0.10$ level identified using: 1) simple logistic regressions clustered by counselor to identify baseline differences between intervention and control groups; 2) mixed models to determine interactions between potential co-variables and time on symptoms and dysfunction scores. Furthermore, models will be adjusted for age, gender, education and marital status. Sub-groups analyzed by gender and civil status will be conducted. Extreme values in scales ($>$ or $<$ 4 standard deviations) will be identified as potential outliers and will be excluded in a sensitivity analysis to evaluate its impact on intervention outcomes. Effect sizes will be calculated using Cohen's d statistic

Expected results: Evaluation of the effectiveness of two mental health interventions in order to describe alternatives for treatment in Afro-Colombian victims of violence in the Colombian Pacific Coast.

EXTERNAL LINK

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THIS PROTOCOL ACCOMPANIES THE FOLLOWING PUBLICATION

Bonilla-Escobar FJ, Fandiño-Losada A, Martínez-Buitrago DM, Santaella-Tenorio J, Tobón-García D, Muñoz-Morales EJ, Escobar-Roldán ID, Babcock L, Duarte-Davidson E, Bass JK, Murray LK, Dorsey S, Gutierrez-Martinez MI, Bolton P (2018) A randomized controlled trial of a transdiagnostic cognitive-behavioral intervention for Afro-descendants' survivors of systemic violence in Colombia. PLoS ONE 13(12): e0208483. doi: [10.1371/journal.pone.0208483](https://doi.org/10.1371/journal.pone.0208483)

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PROTOCOL STATUS

Working

GUIDELINES

resolution 8430 of 1993 of the Republic of Colombia.

SAFETY WARNINGS

-The community based intervention has produced benefits in the majority of the populations where it has been implemented; however there is a risk that interventions can produce unexpected negative results like those that occur with local or national interventions by government attention programs. In the case this were to happen, provisions have been put forth that will allow the interventions to be stopped to avoid any type of damage to the population.

-In case any participant suffers intimidation or is at risk due to threats by actors outside the study, the center and study will provide appropriate support in getting competent authorities to manage the risky situation. Moreover, when a risky situation presents, any fieldwork activity will be suspended to secure the lives and integrity of any person

-The safety of the study staff (researchers, field staff and interviewers) is of equal priority. For this reason, it has been decided that interviewers should come from the same community so they can understand the dynamics of the area serve and do some sort of risk assessment in any given situation. At the least sign of risk to the integrity or life of the interviewers or study staff, the work will be suspended and activities will not resume until there is assurance that there is no further risk for the group. In the same manner, interviewers will work in groups of at least 5 people and will wear outfits and nametags that identify them as study personnel for security reasons. The objectives and methodology of the study will be presented to community leaders and people from the communities in order to increase awareness of our project to increase safety by the time fieldwork starts.

-The researchers of the study, due to the fact that they are people from outside the community, will direct the fieldwork from installations in the Seminar Building of San Buenaventura, which lies outside the fieldwork zone, and in the city of Quibdó they will stay in a hotel that is located across from a police station. This will ensure that the researchers are at minimum risk while the study is carried out. In case threats are received or in any other moment where there may be evidence that the group is at risk, any activity will be suspended and only restarted when the situation is addressed and safety concerns are adequate

Phase 1: Qualitative study of the effects of violence.

- 1 CISALVA Institute staff conducted a pre-intervention qualitative research on the effects of violence on individuals and communities, which included a structured process to identify problems affecting the survivors of violence and their families; JHU staff accompanied the process. The methodology was put in place with a focus on the DIME methodology, which allows a constant monitoring and evaluation process to ensure maximum benefit of the interventions targeted in the study.

Phase 2: Design and validation of instruments based on qualitative data of victims of violence and torture.

- 2 Using the information obtained in the qualitative study as a base and the identification of the problems that seem to be the most severe, frequent, and of highest importance for the population, existing quantitative measuring instruments were selected and adapted with the purpose of achieving a base-line of the problem faced by victims of violence.

Phase 3: Design and pilot testing of interventions.

- 3 In order to offer mental health interventions based on Afro-Colombian victims of violence, the methodology requires a design and validation process so that the objectives are completed and generate an approach in line with the community problems. To do so, two aspects have been defined: Selection and Adaptation of Interventions and Pilot Test of Interventions and Fieldwork.

Phase 4: Implementation and evaluation of interventions (Randomized Controlled Trial).

- 4 A single-blind controlled randomized trial with three parallel groups will be conducted: two intervention groups and one control/waiting list group in each city, powered for comparisons among each intervention against the control group



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