

Adapting Trauma-Focused Treatments for Diverse Populations

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Treatment Interventions and Diverse Populations

- ▶ Research on trauma-focused interventions with diverse populations is limited.
- ▶ Research and practice-based evidence exists for some trauma-focused interventions (e.g., TF-CBT) in general population
- ▶ Evidence exists for the use of behavioral and cognitive behavioral interventions in general for children from different cultural groups.
 - Behavior Problems
 - Anxiety and depression

Adapting Treatment Interventions for Diverse Populations

- ▶ Instead of reinventing the wheel, we may have to realign it a bit.
- ▶ Treatment approaches can be tailored to more effectively meet the needs of children and families from diverse backgrounds
- ▶ While remaining true to the treatment model.
- ▶ Both research and practice-based evidence exist supporting the use of adaptations.

Some General Principles for Adaptation

- ▶ Knowledge of the population being served
 - Common beliefs and practices within the culture
 - Community-specific knowledge
 - Heterogeneity within the community
- ▶ Knowledge of the child and family being served
 - Their specific history
 - Beliefs and practices
 - For immigrant families
 - acculturation across generations
 - acculturative stress

Views of Stress and Coping

- ▶ What are common reactions to stress and trauma?
 - Psychological (emotional and behavioral)
 - Physical (somatic symptoms)
 - Culture Specific (Ataque de nervios, Susto)
- ▶ How are problems related to stress conceptualized (What are the causes)?
 - Bad brain, emotional weakness, medical, lack of faith, fate
- ▶ What are appropriate coping strategies?
 - Family, priest, physician, curandero/folk healer
- ▶ Views of mental health treatment?
 - Who needs it, what is it like, how long does it last, what are the roles of the family members?

Interpersonal Variables

- ▶ Individualistic vs. collectivistic culture
 - Individual focus, family focus / familismo
- ▶ Norms regarding interpersonal interactions
 - Social norms (e.g., personalismo)
- ▶ Norms regarding gender roles
 - Conservative/Traditional (e.g., Machismo, marianismo)
- ▶ Norms regarding child rearing
 - Acceptable discipline strategies
 - Reward vs. punishment; active vs. passive

Sample Model:

Adaptation and Implementation of Treatment for Different Cultural Groups

- ▶ **S** Study target population
- ▶ **K** Key stakeholder and other community involvement
- ▶ **I** Integrate while maintaining fidelity
- ▶ **L** Learn through implementation
- ▶ **L** Learn through evaluation

Study Target Population

- ▶ Research literature and other sources
 - Assessment issues (e.g., symptom expression)
 - Treatment evidence
 - Views of mental health and treatment
 - Views of trauma
 - Other relevant cultural values
 - Interpersonal Style / Communication
 - Views of family and community
 - Parenting practices, Gender Roles
 - Religion/Spirituality
 - Alternative/Complementary Medicine
 - History

Key Stakeholders and Community Involvement

- ▶ Ask the experts
 - Other providers
 - Community-based organizations
 - Schools
 - Religious leaders
 - Members of the community (e.g., focus groups)
- ▶ Get involved in the community
 - Cultural events
 - Schools, Churches

Integrate with Fidelity

- ▶ Identify the function of the primary components of the intervention
- ▶ Focus on function of components/intervention
- ▶ Assess, do not assume
 - Do not permit “cultural sensitivity” to lead to “individual insensitivity”
- ▶ Consider beliefs of both child and parents
 - Be sensitive to discrepancies
- ▶ Integrate modifications as necessary for the specific child and family

Learn from Implementation

Learn from Evaluation

- ▶ Use both formal and informal evaluation
- ▶ Solicit feedback
 - From children
 - From parents
 - From referral sources
- ▶ Evaluate outcomes
 - Improvement in symptoms
 - Participation in treatment
 - No-shows/Treatment dropout

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Example Adaptation for Latino Families

Culturally Modified Trauma Focused Treatment (CM-TFT)

- ▶ Developed for Latino children and families
- ▶ Modification of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT)
- ▶ Based on:
 - Over 10 years clinical work primarily with Mexican and Mexican American families
 - Research (Literature and our studies – Focus groups, Hispanic Family Study, NCVC HOPE Clinic)
 - Theoretical Literature (Psychology, Sociology, Anthropology)
- ▶ Further developed with NCTSN Sites

Further Development of CM-TFT

- ▶ Applicable to a broader range of Hispanic trauma victims
 - Nationality
 - Acculturation level
 - Region
 - Urban vs. Rural
 - SES

CM-TFT Contributors

▶ Training Sites

- SCAN - Laredo, TX
- Depelchin, Houston, TX
- Kristi House CAC – Miami, FL

▶ Other Collaborators

- Children's Institute International – LA, CA
- Chadwick – San Diego, CA
- St. John's University - New York
- Safe Horizons – New York

Culturally Modified Assessment and Treatment

- ▶ Broader range of traumatic events
- ▶ Immigration history
- ▶ Migration history
- ▶ Preferred language
- ▶ Views of mental health and mental health treatment
- ▶ Child rearing practices
- ▶ Cultural constructs
 - Gender roles
 - Spirituality
 - Folk beliefs
 - Personalismo
 - Fatalismo
 - Familismo
 - Acculturation & Acculturative Stress

Tailoring Assessment to be more Culturally Relevant

- ▶ Assess, not assume, cultural beliefs and practices (heterogeneity)
- ▶ Use both formal and informal assessment
- ▶ Integrate throughout treatment
- ▶ Maintain treatment fidelity

TF-CBT and CM-TFT Treatment Components

▶ PRACTICE

- **Psychoeducation and Parenting Skills**
- **Relaxation**
- **Affective Modulation**
- **Cognitive Processing**
- **Trauma Narrative**
- **In Vivo Desensitization**
- **Conjoint parent-child sessions**
- **Enhancing safety and social skills**

Integrating Cultural Constructs

- ▶ Views of mental health and therapy
- ▶ Family focus; collectivistic vs. individualistic
- ▶ Views of interpersonal relationships
- ▶ Views of appropriate interpersonal communication
- ▶ Spirituality / religion
- ▶ Alternative or complementary medicine
- ▶ Child rearing practices
- ▶ Traditional gender roles
- ▶ Dichos and Cuentos / Language

Tailoring Psychoeducation

- ▶ Information specific about group
 - Prevalence, consequences, treatment
- ▶ General mental health and therapy
 - Family may have limited familiarity
 - May need a more comprehensive description
 - What is a Therapist? What is therapy? How long does it last? Are parents involved?
 - Information about current treatment approach
 - Rationale, course, roles and responsibilities
- ▶ Be very clear about expectations.
 - **ONE OF THE BEST PREDICTORS OF DROP-OUT**

Incorporating Familismo

- ▶ Assess others that are involved in the child's life (both direct and indirect influences).
- ▶ Involve other family members in treatment (including fathers).
- ▶ Be attentive to reluctance to discuss "family business" outside of the family.
- ▶ Emphasize the needs of the child when they seem to conflict with the needs of the family.
- ▶ Involve other family member in safety planning and termination.

Incorporating Views of Interpersonal Relationships (e.g, Personalismo)

- ▶ Spend more time developing therapeutic relationship.
 - Small talk
 - Judicious use of self-disclosure.
- ▶ Decisions regarding appropriate boundaries should be made clinically, not using blanket rules.
 - Invitations to family functions
 - Acceptance of food, etc.
- ▶ Being more flexible when considering termination issues.

Incorporating Views of Interpersonal Communication (e.g., Respeto)

- ▶ Respect toward professionals (e.g., the therapist)
 - Be sensitive to situations that place the child or family members in a position to disagree or question you.
 - Work toward team approach
- ▶ Respect toward adults
 - Be aware of “adult topics” that children are not supposed to talk about (e.g., sex)
 - Have caregiver give the child permission to discuss these topics in therapy.

Incorporating Spirituality/Religion

- ▶ Spirituality and psychoeducation (rationale for tx)
 - If family believes they do not need treatment because God will provide, can discuss:
 - God helps those who help themselves.
 - Perhaps coming to this clinic is how God is providing.
- ▶ Spirituality and relaxation
 - Use prayer as a relaxation exercise
 - Use rosary as prayer/meditation
- ▶ Spirituality and cognitive coping
 - Positive self-statements
- ▶ Spirituality and trauma narrative
 - Praying for strength at the beginning of the session.
 - Giving your problems up to God.

Incorporating Spirituality/Religion

- ▶ If virginity is an issue in a CSA case
 - Virginity is something that can not be taken, it can only be given
 - May need to bring in an expert or authority
- ▶ Spirituality and Trauma Narrative
 - Assess for cognitions associated with guilt/punishment
- ▶ If self-sacrifice and suffering and important (e.g., caregiver)
 - Help caregiver understand how it may interfere with other cultural values

Incorporating Views on Child Rearing

- ▶ Respect toward parents
- ▶ If parents are reluctant to praise children or bribe (reinforce) for wanted behaviors, then consider framing the goal of the interventions is to increase respect, rather than increase compliance.

Challenges to Parenting

- ▶ I am not going to reward my children for what they should be doing anyway
- ▶ My children should obey me because I am their parent (Respeto)
- ▶ I have tried time-out and it does not work on my child
- ▶ My mother/sister/aunt/grandmother/great-aunt, mother-in-law etc. says that this is an American thing and that I should do _____.
- ▶ There is nothing wrong with my parenting. I have brought up my other children just fine.
- ▶ Or, my parents brought me up this way, and I turned out just fine.

Modifications to Parenting Skills

- ▶ Hispanic parents report a greater preference for more active parenting strategies.
 - Parenting skills can be reframed to be more active.
- ▶ Cultural beliefs can pose a potential barrier (e.g., respect for parents)
 - Reframe to be more acceptable
 - e.g., Strategies to increase “respect” rather than “compliance.”

Modifications Parenting Skills

Reframing to be more acceptable:

- ▶ Praise: Parents should be provided with a thorough rationale; address concerns about reinforcing the child for doing things she/he is already supposed to be doing.
- ▶ Rather than “praising”, the therapist can describe it as “Tell the child what she or he is doing that you like and provide reasons why”.

(Adapted from McCabe, 2004)

Modifications to Parenting Skills

Reframing to be more acceptable:

- ▶ Active ignoring: the therapist can emphasize that this is an active parenting skill (which is why it is referred to as “active ignoring”) and then demonstrate how the parent can actively apply it.
- ▶ For example, when the child engages in a problematic behavior, the parent can actively turn away or leave the room.
- ▶ Also, ignoring can be reframed as a punishment: *ley de hielo* (silent treatment).

(Adapted from McCabe, 2004)

Modifications to Parenting Skills

Reframing to be more acceptable:

- ▶ Time-out: The time-out chair can be re-named the “isolation” chair, and the therapist can describe how this is a method that allows the parent to be in control.
- ▶ If parents report a preference to spanking, the therapist can state that “isolation” lasts longer than spanking and the child has to be quiet.
- ▶ Further, it can be named as a punishment: “castigo de la esquina” or “castigo de la pared” or “castigo de aburrimiento”.

(Adapted from McCabe, 2004)

Incorporating Traditional Gender Roles (Machismo/Marianismo)

- ▶ Help child and family to learn a healthier view of machismo.
- ▶ Machismo and discussing negative feelings such as sadness and fear.
 - Help child to realize that sadness and fear are not weaknesses. Emphasize the strength that is needed to discuss sadness and fear.
 - Praising the child for being “brave” and “strong” when discussing difficult topics (e.g., trauma narrative).

Cultural Modifications to Affective Expression and Regulation

Potential factors affecting feelings identification

- Simpatia
- Gender roles
- Language

Recommended cuentos/readings

- Todos Tenemos Sentimientos (adolescents)
- Vegetal Como Eres: Alimentos con Sentimientos (child and Pre-adolescents)

Cultural Modifications to Cognitive Coping

- Use of spirituality in Positive Self-Talk
 - “Dios aprieta pero no ahoga.”
(God squeezes but does not choke)
 - “Dios ayuda a los que se ayudan.”
(God helps those who help themselves)
- Use of Worry Dolls (Guatemalan)
 - Prescribed worry time
 - Give each one of the dolls one of your worries and let her carry it for you.

Cultural Modifications to Cognitive Coping

Use of Cuentos for Cognitive Restructuring

- ▶ Little Red Ant
- ▶ Laughing Skull

Use of Dichos for Reframing:

- ▶ “No hay mal que por bien no venga.” (There is not a bad thing from which a good thing does not come. Or: Every cloud has a silver lining.)
- ▶ “Despues de la lluvia, sale el sol.” (After a rain storm, the sun will shine.)

Cultural Modifications to Cognitive Coping

- ▶ When identifying unhelpful/unhealthy thoughts, need to be respectful of cultural values and beliefs.
- ▶ Needs to be balanced; Challenge some beliefs.
- ▶ When beliefs are taken to an extreme, can be harmful and/or can conflict with other cultural values or values (e.g., Suffering or tolerating so much adversity can interfere with the value of the importance of caring for your children/family).
- ▶ Can reframe thoughts to be more culturally congruent. (e.g., teach skills to better tolerate adversity).

Cultural Modifications to the Trauma Narrative

- ▶ Present more relevant rationale
 - Appropriate examples
 - Stories/vignettes that children can relate to
 - Cuento: Tossing Eyes
 - Use of Music
- ▶ Address potential barriers
 - Conservative beliefs about sex
 - Not sharing “family business” outside family

Cultural Modifications to the Trauma Narrative - Child

- ▶ Help identify unhelpful thoughts that may be culture related:
 - No longer a virgin.
 - Gender roles - Burragones
 - Responsible for negative impact on the family
 - This happened to me as a punishment.

Cultural Modifications to the Trauma Narrative - Caregivers

- ▶ Help identify caregivers' unhelpful thoughts:
 - I have brought shame to my family by letting this happen to my child.
 - I should suffer because of what I allowed to happen to my child.
 - My daughter is damaged because she is no longer a virgin.

Cultural Modifications to the Trauma Narrative - Caregivers

- ▶ May cue caregivers' own victimization
 - Hispanic adults are less likely to have received mental health treatment for their own abuse experiences.
 - Provide psychoeducation and support
 - Assess caregivers' need for their own treatment

Cultural Modifications to Enhancing Safety

Psychoeducation around sexual development

- ▶ Be sensitive to and respectful of conservative beliefs about sex
- ▶ Discuss safety strategies that were in place in country of origin.

Overall Strategy

- ▶ Know enough to know that you never know enough.
- ▶ Be creative.
- ▶ Be willing to go outside your comfort zone.

Resources

- ▶ Cohen, Mannarino, & Deblinger (2006). *Treating Trauma and Traumatic Grief in Children and Adolescents* (Sage Publications, 2006).
- ▶ Deblinger, E. & Heflin, A.H. (1996). *Treating sexually abused children and their nonoffending parents*. Sage Publications: Thousand Oaks, CA.

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A Learning Resource for TF-CBT



Access at:

www.musc.edu/tfcbt

- Web-based learning
- Learn at own pace
- Concise explanations
- Video demonstrations
- Clinical scripts
- Cultural considerations
- Clinical Challenges
- Resources
- Links
- 10 hours of CE
- Free of charge

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- Psychoeducation
- Stress Management
- Affect Expression and Modulation
- Cognitive Coping
- Creating the Trauma Narrative
- Cognitive Processing
- Behavior Management Training
- Evaluation



A Strategy to Help

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