

CULTURE-SPECIFIC INFORMATION

<p>Engagement</p>	<p>For which specific cultural group(s) (i.e., SES, religion, race, ethnicity, gender, immigrants/refugees, disabled, homeless, LGBTQ, rural/urban areas) is this treatment tailored? If none, please respond “not specifically tailored.”</p> <p>No one group specifically. However, the materials have been reviewed systematically over the past four years in two funded projects designed to adapt the materials for use with African-American families/practitioners. In addition, the treatment generally has been used with families having modest to low SES levels.</p> <p>Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible.</p> <p>No, not for any specific group, especially given that this intervention has been used with families from numerous cultural and ethnic backgrounds. Instead, our initial engagement phase includes references to learning about the family’s history and cultural background, including attention to cultural views about children, physical discipline, and other issues related to management.</p> <p>Are there culture-specific engagement strategies (e.g., addressing trust) that are included in the intervention?</p> <p>There is a heavy emphasis upon trust and relationship development, learning about each family’s unique history and language/terms, and parental family of origin issues.</p>
<p>Language Issues</p>	<p>How does the treatment address children and families of different language groups?</p> <p>The clinician should determine if the family is able to comprehend fully in the family’s language system, and, if not, an effort should be made to seek an interpreter.</p> <p>If interpreters are used, what is their training in child trauma?</p> <p>We have used interpreters in several languages and they are introduced to the session guide and provided with an explanation of the overall purpose and methods of the treatment.</p> <p>Any other special considerations regarding language and interpreters?</p> <p>Therapists are encouraged to learn the family’s perspective on discipline and their terms for referring to disciplinary methods.</p>
<p>Symptom Expression</p>	<p>Is there research or clinical evidence to suggest that the populations served manifest trauma symptoms in differential ways? If so, are there differences in the ways that symptoms are assessed for the various populations?</p> <p>No. We did not find differences among the few subgroups in our original study.</p>

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<p>Assessment</p>	<p>In addition to any differences noted above, are there any differences in assessment measures used across cultural groups? If so, please indicate which measures are used for which cultural groups. Are there normative data available for the populations for which they are being used?</p> <p>We have used similar measures across Caucasian and African-American groups, which yield no significant group differences, but the sizes of the samples do not yield adequate normative data.</p> <p>If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments?</p> <p>Individualized assessments are combined with interviews designed to identify specific treatment targets.</p> <p>What, if any, culturally specific issues arise when utilizing these assessment measures?</p> <p>Having minimal familiarity with English; being less familiar with North American customs/norms and having different values in terms of the role of parents, women, and children; perspectives that support the appropriateness of harsh physical discipline, including authoritarian parenting style.</p>
<p>Cultural Adaptations</p>	<p>Are cultural issues specifically addressed in the writing about the treatment? Please specify.</p> <p>We do include some references in our session guide to understanding the family's background, including cultural identity and parental family of origin issues.</p> <p>Do culture-specific adaptations exist? Please specify (e.g., components adapted, full intervention adapted).</p> <p>No, but the materials have been adapted based on feedback from several African-American stakeholder subgroups.</p> <p>Has differential drop out been examined for this treatment? Is there any evidence to suggest differential drop out across cultural groups? If so, what are the findings?</p> <p>It has been examined and there is no differential drop-out.</p>
<p>Intervention Delivery Method/ Transportability & Outreach</p>	<p>If applicable, how does this treatment address specific cultural risk factors (i.e., increased susceptibility to other traumas)?</p> <p>It includes attention to exposure to family violence and psychological abuse in both the assessment and engagement phases.</p> <p>Is this a clinic-based treatment or is the treatment transportable (e.g., into home, community)? If the treatment is transportable, how is it adapted into the new setting? Is it still efficacious?</p> <p>The treatment is appropriate for and commonly used in both clinic and community settings. The original outcome study was conducted in both settings.</p>

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<p>Intervention Delivery Method/ Transportability & Outreach continued</p>	<p>Are there logistical barriers to accessing this treatment for specific cultural groups (i.e., transportation issues, cost of treatment, etc.)? Nothing specific.</p> <p>Are these barriers addressed in the intervention and how? N/A</p> <p>What is the role of the community in treatment (e.g., local groups such as faith-based organizations, community groups, youth and/or parent organizations, first responders, schools)? We encourage liaisoning with other community providers involved with the family and making outside referrals at termination.</p>
<p>Training Issues</p>	<p>What potential cultural issues are identified and addressed in supervision/training for the intervention? The family’s language, personal values, roles of children, use of discipline and punishment, family of origin history.</p> <p>If applicable, how are potential cultural issues between the supervisor and clinician identified and addressed in supervision/training? This is discussed in relationship to what the clinician sees as potential differences of opinion in their understanding of the nature of the case and the perceived quality of the clinician’s relationship to the family.</p> <p>If applicable, how are potential cultural issues between the clinician and the client identified and addressed in supervision/training? This is discussed in the initial engagement phase devoted to enhancing trust/rapport and understanding family of origin/background issues.</p> <p>Has this guidance been provided in the writings on this treatment? Only briefly, in the session guide and background sourcebook.</p> <p>Any other special considerations regarding training? We provide consultation during the training phase with pilot cases to examine relationship and engagement issues. We have trained clinicians from varying ethnic backgrounds and found them to be extremely interested and skilled in this approach, which they seem to be able to fit to the circumstances of their families.</p>