

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.” Not specifically tailored.</p> <p>Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible. During training workshops clinicians are encouraged to work together with families to identify barriers to engagement. Intervention handouts are available in English, Spanish, and Japanese.</p> <p>Are there culture-specific engagement strategies (e.g., addressing trust) that are included in the intervention? No.</p>
<p>Language Issues</p>	<p>How does the treatment address children and families of different language groups? Handouts are available in Spanish and Japanese.</p> <p>Any other special considerations regarding language and interpreters? No.</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? No. We did not find differences among the few subgroups in our original study.</p>
<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? Agencies are encouraged to use standardized assessment measures that are appropriate for their client population. Several measures recommended in AF-CBT have been tested with various cultures and languages.</p> <p>If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments? All of our measures have normative data or clear scoring procedures.</p> <p>What, if any, culturally specific issues arise when utilizing these assessment measures? No specific issues have arisen.</p>
<p>Cultural Adaptations</p>	<p>Are cultural issues specifically addressed in the writing about the treatment? Please specify. Treatment materials includes specific questions to assess cultural views or applications of parenting and other management techniques.</p>

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<p>Cultural Adaptations continued</p>	<p>Do culture-specific adaptations exist? Please specify (e.g., components adapted, full intervention adapted).</p> <p>Community clinicians have adapted AF-CBT engagement techniques for families from a variety of cultural backgrounds. Drs. Brown and Rodriguez are developing and testing an adaptation of AF-CBT for African-American, Caribbean, and Latino communities (DOJ grant).</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>No findings at this time.</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>Questions include the role of culture on caregiving, discipline, and family life including key language issues.</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>It is transportable, with the primary adaptation being to give special attention to the ability to maintain privacy/confidentiality in alternate settings.</p> <p>Are there logistical barriers to accessing this treatment for specific cultural groups (i.e., transportation issues, cost of treatment, etc.)?</p> <p>We try to understand and minimize them as they arise.</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)?</p> <p>As part of the graduation process, clinicians work with families to identify indigenous resources to help the family maintain the gains they have made during treatment.</p>
<p>Training Issues</p>	<p>What potential cultural issues are identified and addressed in supervision/training for the intervention?</p> <p>Cultural issues related to engaging families, using discipline, and interacting with children are addressed in the manuals and raised in supervision.</p> <p>If applicable, how are potential cultural issues between the supervisor and clinician identified and addressed in supervision/training?</p> <p>They are directly examined in each case as potential influences on treatment involvement and participation.</p>

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<p>Training Issues continued</p>	<p>If applicable, how are potential cultural issues between the clinician and the client identified and addressed in supervision/training? Supervisors are encouraged to address these issues as they relate to engaging the family in treatment.</p> <p>Has this guidance been provided in the writings on this treatment? Yes.</p>
<p>References</p>	<p>Kolko, D. J. (1996). Individual cognitive-behavioral treatment and family therapy for physically abused children and their offending parents: A comparison of clinical outcomes. <i>Child Maltreatment</i>, 1, 322-342.</p> <p>Kolko, D.J. (1996). Clinical monitoring of treatment course in child physical abuse: Psychometric characteristics and treatment comparisons. <i>Child Abuse & Neglect</i>, 20, 23-43.</p> <p>Kolko, D. J. (2002). Child physical abuse. In J.E.B. Myers, L. Berliner, J. Briere, C.T. Hendrix, C. Jenny & T. Reid (Eds.), <i>APSAC handbook of child maltreatment</i> (2nd Ed., pp. 21-54). Thousand Oaks, CA: Sage Publications.</p> <p>Kolko, D. J. & Swenson, C. C. (2002). <i>Assessing and treating physically abused children and their families: A cognitive behavioral approach</i>. Thousand Oaks, CA: Sage Publications.</p> <p>Herschell, A. D., Kolko, D. J., Baumann, B.L., & Davis, A.C. (2010). The Role of Therapist Training in the Implementation of Psychosocial Treatments: A Review and Critique with Recommendations. <i>Clinical Psychology Review</i>, 30, 448-466.</p> <p>Kolko, D. J., Iselin, A. M., Gully, K. (2011). Evaluation of the Sustainability and Clinical Outcome of Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) in a Child Protection Center. <i>Child Abuse & Neglect</i>, 35, 105-116.</p> <p>Kolko, DJ, Brown, EJ, Shaver, ME, Herschell, AD, Baumann, BL. <i>Alternatives for Families: A Cognitive Behavioral Therapy (AF-CBT) Session Guide, third edition</i>. November 1, 2011. Pittsburgh: University of Pittsburgh School of Medicine.</p> <p>Kolko DJ, Baumann BL, Herschell, AD, Hart, JA, Holden, EA, Wisniewski, SR. (2012). Implementation of AF-CBT by community practitioners serving child welfare and mental health: A randomized trial. <i>Child Maltreatment</i>, 17, 32-46.</p> <p>Herschell, A. D., Kolko, D. J., Baumann, B. L., & Brown, E. J. (in press). <i>Alternatives for Families: A Cognitive-Behavioral Therapy: Applications in the Schools</i>. Psychology in the Schools.</p>