

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.” SES, race, ethnicity, immigrants/refugees, homeless, LGBT, rural/urban</p> <p>Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible. Provide interventions in Spanish when needed. Especially developed to allow customization for disadvantaged and/or marginalized groups. Stresses cultural sensitivity and adaptations, has been used in inner city environments, and with unaccompanied immigrant minors.</p> <p>Are there culture-specific engagement strategies (e.g., addressing trust) that are included in the intervention? Flexible treatment model based on individualized, periodic assessment of client’s needs and stressors, multi-system and community collaboration and advocacy to increase support to adolescent and family, emphasis on cultural appropriateness of interventions, focus on importance of therapeutic relationship including impacts of gender and cultural background of therapist and client, includes caretaker and family-focused interventions, suggests (but does not require) involvement by therapists and staff who are culturally diverse and share cultural backgrounds of clients served.</p>
<p>Language Issues</p>	<p>How does the treatment address children and families of different language groups? ITCT-A tools are available in Spanish; interventions can be conducted in Spanish.</p> <p>If interpreters are used, what is their training in child trauma? Suggest volunteers or other nonclinicians receive training in general child abuse issues and cultural sensitivity.</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? Adolescents with complex trauma, involving caretaker support and attachment/relational difficulties, are likely to have greater difficulty in forming a therapeutic alliance, may suffer problems with identity, and experience difficulty regulating affect. Cultural groups that have experienced oppression or marginalization by the dominant culture often will require more time to build trust, and to access support and respect regarding these experiences. ITCT-A specifically adapts interventions to suit clients’ cultural background (e.g., Native American clients whose spiritual practices are incorporated into treatment interventions, inner city youths experiencing community violence who also receive restorative justice-related interventions).</p>

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<p>Symptom Expression cont'd</p>	<p>If there are differences in symptom expression, in what ways does the theoretical/conceptual framework of this treatment address culturally specific symptoms? ITCT-A acknowledges that people from different cultural groups will interpret trauma differently, express symptoms in a culturally congruent way, and vary in what they expect from the treatment process.</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? Because this is a significant problem for clients from nondominant cultures, we recommend that assessment instruments used in ITCT-A have norms that at least include different cultures in their standardization samples. In some cases, clinicians may use measures that have been translated into other languages. In such instances, we recommend that language/culture-specific norms be developed and used. Also, clinicians are advised to customize or translate questions from the Assessment-Treatment Flowchart for Adolescents or ATF-A; Initial Trauma Review-A or ITR-A) according to the client's culture or language.</p> <p>If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments? Adaptations to the ATF-A, as above.</p> <p>What, if any, culturally specific issues arise when utilizing these assessment measures? See above. ATF-A has been translated into Spanish.</p>
<p>Cultural Adaptations</p>	<p>Are cultural issues specifically addressed in the writing about the treatment? Please specify. Yes. Described throughout the ITCT-A treatment guide, especially in the Advocacy and Systems Interventions treatment components.</p> <p>Do culture-specific adaptations exist? Please specify (e.g., components adapted, full intervention adapted). Spanish-speaking and immigrant adolescents and their families receive interventions adapted to their cultural background and language. Treatment components are adapted for all cultural groups, e.g., greater advocacy for clients with fewer resources.</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? Drop out has not been specifically assessed.</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)? ITCT-A addresses trauma and risk of victimization associated with community violence, immigration, homelessness, LGBT-related experiences and issues, and issues associated with poverty and marginalization.</p>

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<p>Intervention Delivery Method/ Transportability & Outreach cont'd</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? ITCT-A is provided in schools, residential, and hospital settings, as well as the clinic environment.</p> <p>Are there cultural barriers to accessing this treatment (i.e., treatment length, family involvement, stigma, etc.)? None that are specific to ITCT-A.</p> <p>Are there logistical barriers to accessing this treatment for specific cultural groups (i.e., transportation issues, cost of treatment, etc.)? The ITCT-A treatment guide suggests the therapist or agency try to address these issues.</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)? ITCT-A emphasizes collaboration with schools, hospitals, law enforcement, social services, after-school community agencies. It was developed in the context of a community advisory board, and suggests clinics include community input.</p>
<p>Training Issues</p>	<p>What potential cultural issues are identified and addressed in supervision/training for the intervention? ITCT-A identifies a range of specific cultural issues (e.g., ethnicity/race, SES, sexual orientation, gender, language, urban/rural) and advises customization of interventions accordingly.</p> <p>If applicable, how are potential cultural issues between the supervisor and clinician identified and addressed in supervision/training? ITCT-A encourages ongoing discussion and trainings on diverse cultures in regular meetings and case presentations.</p> <p>If applicable, how are potential cultural issues between the clinician and the client identified and addressed in supervision/training? ITCT-A encourages explicit discussion and exploration of these issues throughout therapy.</p> <p>Has this guidance been provided in the writings on this treatment? Yes</p> <p>Any other special considerations regarding training? ITCT-A trainings, including multi-site collaborative trainings, focus on cultural issues and considerations as they relate to clients served in various diverse communities throughout the U.S.</p>