NCTSN The National Child Traumatic Stress Network

RLH: Real Life Heroes

CULTURE-SPECIFIC INFORMATION

Engagement	**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 **Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible.** Yes. The model encourages practitioners to seek out and learn from families about cultural practices that have helped them and that the family utilizes to celebrate, to honor, and to deal with difficult times, such as losses, illness, atonement for doing something hurtful, and healing. Stories from family members promoting caring and overcoming hardships are especially important in RLH to foster hope for children and to model how family members and members of the child's cultural background have overcome hardships. In addition, chapters of the workbook are designed to elicit these stories and strengthen a child's understanding and ties to their family, ethnic, and religious heritage. For instance, Chapter Two of the Life Storybook encourages children to learn from caregivers about family members who have acted as heroes, helping others. Chapters Three and Four encourage children and caregivers to reinforce memories of caring from family members including cultural practices for healing. RLH has also been adapted for specific cultural groups informally by practitioners and agencies. For Chinese children and parents, the Chinese translations of the *Real Life Heroes Life Storybook* and text, *Rebuilding Attachments with Traumatized Children* are used. **Are there culture-specific engagement strategies** *(e.g., addressing trust)* **that are included in the intervention?** Yes. RLH training provides tips for engaging African American and Gay/Lesbian youth with references to stories of heroism in communities e.g. the Stonewall riots and local Underground Railroad heroes. The Heroes Library can be used to help engage youths and families with stories of heroes listed by reading level, age, and ethnic heritage. Use of musical instruments from different cultures, e.g. drums from Africa, is encouraged. Stress management and mindfulness practices from different cultures are also encouraged.
Language Issues	**How does the treatment address children and families of different language groups?** The model and accompanying textbook are translated into Chinese; otherwise English is utilized for the workbook. **If interpreters are used, what is their training in child trauma?** The model includes handouts and tools that foster an understanding of traumatic stress for everyone involved. In addition, training through Parsons HEROES Project has promoted understanding of trauma using the NCTSN Resource Parent Curriculum. **Any other special considerations regarding language and interpreters?** Safety issues for the child are delineated and apply to interpreters.

Symptom Expression	**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?** Yes. Assessments stress understanding symptoms in the context of cultural and other factors. For example, the model's attachment ecogram, assessment guidelines, and assessment summary worksheets guide practitioners to include cultural strengths, family and cultural stories of overcoming adversity, and traumatic events that may be associated with cultural experiences in developing service plans. The emphasis in RLH is on building on cultural strengths to help children re-connect with caregivers and their heritage. **If there are differences in symptom expression, in what ways does the theoretical/conceptual framework of this treatment address culturally specific symptoms?** A strength-based perspective is utilized through-out the model with a stress on sharing and understanding stories of how family members have overcome adversity and also how family members have shown caring, support, and guidance for the child. Practitioners are encouraged at several points in the Practitioner's Manual to learn about the family's cultural heritage and tie this into shared stories of overcoming adversity and interventions.
Assessment	**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?** Evidence-supported assessment measures are recommended as part of the model including instruments, e.g. the UCLA PTSD Index, that has been translated into other languages. Some recommended measures, e.g. the TSCC, include references to testing and guidelines for specific populations. **If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments?** Practitioners are encouraged to use an understanding of the child and family's culture to frame assessments and to use caution with children and families not included in the general norms used by test developers. Baseline levels on standardized measures are used to examine generic levels of symptoms and strengths. Outcome measures are primarily used to assess for change from baseline and to then guide further interventions. In-session measures such as My Thermometers and Hierarchical Circles can be easily adapted to match different families. **What, if any, culturally specific issues arise when utilizing these assessment measures?** The model guides practitioners to respect cultural factors but does not address this with specific guidelines.

Cultural Adaptations	**Are cultural issues specifically addressed in the writing about the treatment? Please specify.** This has not been specifically addressed in the Manual beyond general guidelines and references, e.g., the Heroes Library. **Do culture-specific adaptations exist? Please specify** *(e.g., components adapted, full intervention adapted)***.** A Chinese translated workbook and text are available with some modifications to match Chinese culture, but otherwise, culture-specific adaptations have not yet been developed. **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?** This has not been addressed.
Intervention Delivery Method/ Transportability & Outreach	**If applicable, how does this treatment address specific cultural risk factors** *(i.e., increased susceptibility to other traumas)***?** This has not been addressed. **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?** The model has been tested in home-based work, in clinics, in foster family care, and in residential treatment. Children in the pilot study showed similar gains across a range of settings, from home-based to residential treatment. **Are there cultural barriers to accessing this treatment** *(i.e., treatment length, family involvement, stigma, etc.)***?** This has not been noted to date in the pilot research or in practitioner reports. **Are there logistical barriers to accessing this treatment for specific cultural groups** *(i.e., transportation issues, cost of treatment, etc.)***?** A large percentage of families included in pilot studies received home-based treatment. For children in residential programs, distance to a family's home and the family's lack of reliable transportation, money for gas, phone service, or internet access have been obstacles to engagement and sustaining involvement, especially for families living in remote areas. **Are these barriers addressed in the intervention and how?** Recommendations are provided in training and consultation encouraging use of teleconferences, videoconferencing, and more intensive, but less frequent, sessions for families where travel to sessions is difficult. **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)***?** The model specifically guides practitioners to look for and engage mentors, clergy, and other caring adults for every child and to integrate children into positive peer groups. Community integration is specifically targeted in the initial service planning guidelines. The model can be used within schools by trained practitioners and has been used by practitioners working in a wide range of child and family service organizations. In Parsons HEROES Project, supportive adults from community groups are included as part of development of 'HEROES teams' for each child.

Training Issues	**What potential cultural issues are identified and addressed in supervision/training for the intervention?** Understanding the cultural context for a child and family's heroes is stressed in training with references to identifying heroes and hero stories from specific cultural groups. Family-specific issues are addressed in consultation. The model stresses learning about cultural issues for each family and using openings provided family members to learn about family members and people admired in the family that can inspire children (and caregivers) to learn skills and overcome obstacles. This is built into work on enriching the child's life story. **If applicable, how are potential cultural issues between the supervisor and clinician identified and addressed in supervision/training?** Supervisors are encouraged to model using their own understanding of their cultural heritage, to include strength-based assessments of each child's and family's cultural heritage, to provide links to resources about specific cultures, and to create safety in the supervisor-clinician relationship to address how cultural heritage factors affect relationships between clients and clinicians and as well as between clients and organizations. **If applicable, how are potential cultural issues between the clinician and the client identified and addressed in supervision/training?** Trainers and consultants guide practitioners to examine their own cultural heritage and to learn about each family's cultural heritage. This understanding is then used in consultation to stress promoting resilience and to adapt interventions for each family. Use of 'reflective supervision' in individualized consultation keeps the focus on relationships between the child, caregivers, and practitioners. **Has this guidance been provided in the writings on this treatment?** No. **Any other special considerations regarding training?** Individualized and small group consultation is highly recommended.