

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.”

Because the TAP model provides strategies to create a “Unique Client Picture” it is specifically tailored to accommodate all different cultural groups. Clinicians are provided with a framework for approaching client assessment, triage and treatment, emphasizing unique aspects of the client’s history and personality, and the client’s family and social environment and culture. The model provides resources and strategies for creating a Unique Client Picture. The most specific information and guidelines are provided for different races/ethnic groups, with an emphasis on language and validity/reliability issues surrounding assessment. Guidelines are also presented in terms of treatment and engagement into therapy.

Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible.

Engagement is addressed through assessment and through initial rapport-building strategies. Culture is integrated into both of these processes. Assessment strategies are selected based upon the translations available and the reliability and validity of the different translations with different cultural groups. Strategies for administering assessment measures may be modified based upon the client’s cultural group and the way that these groups interact with mental health professionals. Clinicians are provided with guidelines for adapting engagement strategies in working with different cultural groups. Specifically, they are encouraged to become educated concerning the values and experiences of different groups and to translate this by clinically conveying acceptance, respect, and understanding to the client.

Are there culture-specific engagement strategies (e.g., addressing trust) that are included in the intervention?

The therapeutic portion of the TAP manual includes a section on Relationship Building. This portion of the manual specifically addresses issues related to building trust and directs clinicians to develop cultural competence for all client populations served and to utilize the information gathered in relationship building activities. Clinicians modify their rapport-building strategies to meet the client’s unique needs. TAP also considers assessment to be part of the engagement process, and clinicians are instructed in how to select appropriate measures for children of different ages and cultural groups, how to administer, score and interpret them for the specific population being served, and how to provide appropriate feedback, taking into consideration individual and cultural factors related to specific cases.

CULTURE-SPECIFIC INFORMATION

<p>Language Issues</p>	<p>How does the treatment address children and families of different language groups? The first segment of the TAP model deals with assessment of traumatized children. Centers seek out measures that have been translated into different languages, and reviewed for translation quality. Issues related to reliability and validity of different language translations are considered within this process. In terms of treatment, the TAP model specifies that therapy should be conducted in the language that the child and his/her caregivers feel most comfortable using.</p> <p>If interpreters are used, what is their training in child trauma? The TAP model does not include guidelines concerning the use of interpreters.</p> <p>Any other special considerations regarding language and interpreters? It is recommended that whenever possible, therapy be conducted in the client’s native language. When interpreters must be used, it is recommended that family members or others who are involved with the family are not placed into the role of translator.</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? Research suggests that many different cultural groups manifest trauma symptoms in different ways. The TAP model provides a strategy for approaching individuals from different cultural groups. TAP includes guidelines for identifying appropriate measures for use with different populations and resources for finding appropriate assessment measures/strategies. Measures are selected in the client’s native language. The measures are reviewed to ensure that, whenever possible, they have been validated or normed on the populations served. Although the TAP model can be modified for use with a variety of cultural groups, the current manual provides more in-depth information related to the Hispanic population. Specifically, trauma-specific measures with research supporting their use with Hispanic populations have been identified and included as resources.</p> <p>If there are differences in symptom expression, in what ways does the theoretical/conceptual framework of this treatment address culturally specific symptoms? The TAP model includes a treatment component called a “trauma wheel.” The wheel includes a variety of different components that are central to treating traumatized victims. Cultural influences are identified as one of these aspects. Conceptualized as the “rim” of the trauma wheel, culture provides a framework for the therapeutic techniques that will be utilized with a client. Therapists are guided to consider client values and spirituality needs, language, acculturation, and cultural identity. The clinician assesses the client’s view of the therapeutic process, from the perspective of the client’s culture. Communication is modified to meet client needs, and terminology is reviewed to ensure that the interpretation is accurate for specific cultural groups. The therapist also considers the client’s view of therapy, relationships and roles, and the therapist assesses the intergenerational and cultural transmission of trauma.</p>

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?

The TAP model includes guidelines for using assessment measures across a variety of different cultural groups. Specific information is provided for use with Hispanic populations. Some of the Spanish-language measures used include the Trauma Symptom Checklist for Children (TSCC), the Trauma Symptom Checklist for Young Children (TSCYC), the Child Behavior Checklist for Children (CBCL), the Youth Self Report (YSR). These measures have been translated into Spanish and data exists for using these measures with Spanish populations. These measures are also appropriate for use with a variety of other cultures. The CBCL, for instance, has been translated for use with 68 different languages. In addition to these measures targeting symptoms, measures assessing culture-specific factors are recommended within TAP. Some of these include the ARSMA-II (Acculturation Rating Scale for Mexican Americans) and the SAFE Scale (Societal, Attitudinal, Familial, and Environmental Acculturative Stress Scale). Although the ARSMA-II was created to assess acculturation for Mexican Americans, it has been adapted for use with African Americans, Asian Americans, Armenians, and other Latino groups. The SAFE Scale was specifically designed and primarily focused on measuring acculturative stress in Latino children. When specific measures are adopted, clinicians are strongly encouraged to review all of the existing research pertaining to use of the measure within the specific cultural group. Resources are provided to guide the clinicians and the center through this process.

If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments?

In most cases there is not normative data for assessment measures that are translated from the original language. There is often research that allows new cut-off scores to be created, or enables clinicians to gain insight into the different ways in which individuals from different cultures might respond to specific items. Depending upon the information available concerning different measures, it is recommended that clinicians use modified scores or use information from the item-level in interpreting the measure.

What, if any, culturally specific issues arise when utilizing these assessment measures?

Several challenges arise in terms of using assessment measures with different cultures. Lack of funding for conducting research on these cultural measures creates challenges for those searching for appropriate measures. Often times, measures have poor translations, lack of appropriate norms, or translations that are not specifically created for the population being served. In addition, sometimes different family members are in different stages of acculturation. For this reason, in some cases a measure or translation that is appropriate for one family member may not be appropriate for another family member. Another challenge deals with reading levels for these measures. Some family members may not have the appropriate level of reading fluency to allow them to complete the measures accurately.

CULTURE-SPECIFIC INFORMATION

<p>Cultural Adaptations</p>	<p>Are cultural issues specifically addressed in the writing about the treatment? Please specify.</p> <p>Culture is specifically addressed in the manual as it relates to assessment, creating a Unique Client Picture, engagement, and treatment. Specific measures are recommended for use with Hispanic populations, and resources are presented to assist clinicians in identifying measures that are appropriate for use with other cultures. Measures assessing acculturation are presented. These measurement choices are built into an assessment pathway that is reviewed with each client. Culture is emphasized as a factor to be taken into consideration in hypothesizing about the client and their problems and treatment goals. This information is used to help the clinician form a Unique Client Picture. In terms of engagement and treatment, the TAP model reviews issues related to cultural competency and awareness and presents suggested treatment tasks for cultural awareness and competency and for relationship building.</p> <p>Do culture-specific adaptations exist? Please specify (e.g., components adapted, full intervention adapted).</p> <p>TAP provides a framework to seek out culture-specific adaptations for treatment models that might be appropriate for a client, or to adapt existing treatment strategies when a specific model is not available or appropriate. Guidelines presented assist trauma treatment centers in adapting existing treatment and assessment strategies for use with different and unique populations using pathways and algorithms.</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 specific research has been conducted examining differential dropout for different cultures utilizing TAP</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>The TAP model addresses safety and risk factors related to treating individual clients, and emphasizes the importance of focusing on high-risk situations first. Culture is a central component of the assessment framework and informs the clinician in conducting the risk assessment and in identifying the most pressing clinical issues to target in treatment. Culture is also considered in terms of identifying community resources and additional needs for referrals.</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 TAP model can be utilized in any setting, whether outpatient, inpatient, or home-based. Using algorithms within the TAP model, strategies would be adapted to meet needs unique to the treatment setting and the client.</p>

CULTURE-SPECIFIC INFORMATION

<p>Intervention Delivery Method/ Transportability & Outreach continued</p>	<p>Are there cultural barriers to accessing this treatment (i.e., treatment length, family involvement, stigma, etc.)? Because the model is adapted based upon unique client needs, TAP is particularly conducive to addressing cultural barriers to accessing treatment. Treatment length can be modified based upon cultural requirements, and family involvement and perceptions of therapy are modified based upon the client's and family's needs and cultural perspective.</p> <p>Are there logistical barriers to accessing this treatment for specific cultural groups (i.e., transportation issues, cost of treatment, etc.)? Logistical barriers would vary depending upon the triage and treatment choices identified for different clients. TAP does not specifically address these issues.</p> <p>Are these barriers addressed in the intervention and how? Logistical barriers are not addressed in the TAP model.</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)? The TAP model identifies the community as a central aspect of the client's functioning in terms of resources and/or challenges. It is identified as a part of the Unique Client Picture. Issues related to community resources and challenges are assessed as part of the standard protocol within TAP. Community is also included in the therapy component of the model. Within the trauma wheel, treatment strategies targeting the community and family/cultural system are addressed based upon the client's Unique Client Picture. Through this process, clinicians gain the support of appropriate community resources.</p>
<p>Training Issues</p>	<p>What potential cultural issues are identified and addressed in supervision/training for the intervention? A great deal of training related to TAP deals with researching and selecting assessment strategies that are appropriate for different cultural groups. Training sessions are tailored to address needs that are unique for different centers adopting the TAP model. Attendees are provided with known resources that are appropriate for different cultural groups. For instance, centers treating predominantly Hispanic families are provided with lists of existing measures that are used with these populations. The attendees are trained concerning specific issues to review in measurement selection, such as reliability, validity and translation quality/strategies and norms. When existing measures are unknown, attendees are provided with resources to conduct independent research in terms of measurement selection. Such resources include the NCTSN Measures Review Database. Cultural issues are also integrated into trainings related to triage and treatment. Appropriateness of different treatment strategies for different cultural groups are reviewed and issues related to engaging and treating different cultural groups are explored in a group format in training sessions.</p>

CULTURE-SPECIFIC INFORMATION

**Training Issues
continued**

If applicable, how are potential cultural issues between the supervisor and clinician identified and addressed in supervision/training?

The TAP model does not specifically address potential cultural issues between the supervisor and clinician.

If applicable, how are potential cultural issues between the clinician and the client identified and addressed in supervision/training?

The TAP model discusses the use of supervision in processing counter-transference issues between the client and clinician. Although culture is not specifically addressed in this section, it is alluded to through discussion of the Unique Client Picture and different unique aspects of a client’s history and system that might influence the relationship between the client and clinician.

Has this guidance been provided in the writings on this treatment?

The manual includes specific cultural guidelines related to assessment selection, administration of assessment measures, and providing feedback to clients. In addition, cultural guidance is provided regarding understanding the client and forming a Unique Client Picture, building a relationship with the client, and integrating aspects of the client’s culture into therapy.

Any other special considerations regarding training? No.