NCTSN The National Child Traumatic Stress Network

TST: Trauma Systems Therapy

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."** TST is applicable across cultures. In addition, it has specifically been tailored for refugee populations; it includes a general adaptation for refugee populations and a specific adaptation for Somali refugees. The treatment has also been used in both rural and urban areas. **Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible.** Yes. The developers emphasize the importance of understanding different cultural explanatory models of healing and trying to engage both cultural and community strengths and healing pathways that are already present in treatment. The details of how to accomplish this have been spelled out in our engagement strategy, entitled Ready Set Go. **Are there culture-specific engagement strategies** *(e.g., addressing trust)* **that are included in the intervention?** Yes. Case management is emphasized because it helps with engaging the trust of refugee families. For this population, it is important for treatment providers to be seen as helpful, therefore providing practical assistance is a main component of the treatment. Our engagement strategy also includes an assessment of what is most important to both the youth and the caregiver, from their perspective, and takes environmental factors such as community supports and religion into account as well.
Language Issues	**How does the treatment address children and families of different language groups?** For most implementations of TST, translators are engaged whenever needed. For the refugee specific adaptation, the developers have devised a model of training members of the community to assist in treatment. Developers have partnered with graduate schools of social work in order to promote advanced graduate education and support professional development for refugees. **If interpreters are used, what is their training in child trauma?** None. **Any other special considerations regarding language and interpreters?** Clinicians implementing this treatment in small communities are taught to be mindful of confidentiality issues, to the degree that they can. For instance, clinicians give clients the choice of whether to have an interpreter present; phone interpretation is also offered if clients prefer.
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?** No. **If there are differences in symptom expression, in what ways does the theoretical/conceptual framework of this treatment address culturally specific symptoms?** N/A

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?** There are no differences in assessment measures used. **If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments?** The assessment relies heavily on clinical judgment and integrates information from a variety of sources, including the child and caregivers to include an understanding of cultural factors. **What, if any, culturally specific issues arise when utilizing these assessment measures?** TST has a defined assessment and treatment planning process which includes an assessment of cultural factors, including the child and family's strengths,, goals/priorities, and what they are most concerned about.
Cultural Adaptations	**Are cultural issues specifically addressed in the writing about the treatment? Please specify.** Yes. Cultural issues are discussed throughout the adaptation for refugees as well as in the treatment manual. Special attention is paid to engagement, including cultural explanatory models and engaging cultural strengths. **Do culture-specific adaptations exist? Please specify** *(e.g., components adapted, full intervention adapted)*. The full intervention has been adapted for refugee populations, in general, and specifically for Somali refugee populations. Treatment developers have also identified a process for adapting this treatment for local communities. A review panel of stakeholders or other individuals within the community is established in order to review the intervention after it has been implemented. This review panel is then used to recommend additional revisions as needed. **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?** No, differential drop out has not been examined for this treatment; however there is no evidence to suggest that there is differential drop out across cultural groups.
Intervention Delivery Method/ Transportability & Outreach	**If applicable, how does this treatment address specific cultural risk factors** *(i.e., increased susceptibility to other traumas)***?** N/A. **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 treatment is community-based and has been implemented in a number of different settings. Currently there is data looking at the implementation of this treatment in outpatient settings, in the child welfare system, and in schools. A process has been developed to work with key stakeholders in order to determine how the treatment should be designed to fit best into different systems.

Intervention Delivery Method/ Transportability & Outreach continued	**Are there cultural barriers to accessing this treatment** *(i.e., treatment length, family involvement, stigma, etc.)***?** Stigma is always a cultural barrier for mental health treatments. **Are there logistical barriers to accessing this treatment for specific cultural groups** *(i.e., transportation issues, cost of treatment, etc.)***?** Any logistical barriers are addressed as part of the treatment. The developers emphasize that it is part of the clinician's role to identify any logistical barriers and address them as part of the treatment process. **Are these barriers addressed in the intervention and how?** Yes, these barriers are addressed in the intervention. Potential transportation issues are addressed by the community-based or home-based nature of the treatment. The cost of the treatment is generally not a problem for clients also. Families are not charged for treatment as it is reimbursable either through the family's insurance or through Mass Health. **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)***?** One of the fundamental aspects of TST is the focus on the social environment which includes both care-giving systems as well as service delivery systems. Developers have established a process to identify which community members are important to the individuals receiving treatment. To the extent that is relevant, clinicians will liaise with these community members as part of the treatment team.
Training Issues	**What potential cultural issues are identified and addressed in supervision/training for the intervention?** Cultural issues are identified and addressed specifically in the treatment alliance/ treatment engagement section of training, and also infused throughout. **If applicable, how are potential cultural issues between the supervisor and clinician identified and addressed in supervision/training?** This is not specified in the treatment protocol. Developers rely on general good practice to identify and address cultural issues between supervisor and clinician and clinician and client. **If applicable, how are potential cultural issues between the clinician and the client identified and addressed in supervision/training?** Not specified—see above. **Has this guidance been provided in the writings on this treatment?** No specific guidance has been provided around training in the writings on this treatment. **Any other special considerations regarding training?** The treatment manual, Trauma Systems Therapy for Traumatized Children and Teens 2015 Guilford Press) has been translated into Armenian and Korean. TST treatment materials have been translated into Spanish.