

CULTURE-SPECIFIC INFORMATION

<p><b>Engagement</b></p>	<p><b>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.”</b></p> <p>The self-assessment is currently tailored for settings that provide residential services to families including emergency shelters, transitional and supportive housing, and domestic violence shelters.</p> <p><b>Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible.</b></p> <p>Throughout the self-assessment there are questions that address the cultural competence of an organization with the operating assumption that there are a wide variety of cultural values and beliefs among the residents served by these programs.</p> <p><b>Are there culture-specific engagement strategies (e.g., addressing trust) that are included in the intervention?</b></p> <p>A foundational principle of the self-assessment is that cultural competence and consumer engagement are essential components to providing a trauma-informed environment. This includes questions that focus on involving consumers in the development of services in the program and in the process of developing goals and identifying their needs.</p>
<p><b>Language Issues</b></p>	<p><b>How does the treatment address children and families of different language groups?</b></p> <p>The self-assessment specifically addresses the need to provide written materials in the language of the residents who are served by the program whenever possible.</p> <p><b>If interpreters are used, what is their training in child trauma?</b> N/A</p> <p><b>Any other special considerations regarding language and interpreters?</b> None</p>
<p><b>Symptom Expression</b></p>	<p><b>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?</b></p> <p>This is not specifically addressed; however, as the self-assessment is grounded in the importance of cultural competence, a variety of questions address the concept of symptom expression and understanding these symptoms from the perspective of the consumer rather than making assumptions about what that symptom may indicate.</p> <p><b>If there are differences in symptom expression, in what ways does the theoretical/ conceptual framework of this treatment address culturally specific symptoms?</b></p> <p>While the self-assessment does not address culturally specific symptoms, the need to understand the cultural background of the consumer and take that into account when understanding symptom expression is highlighted throughout the self-assessment.</p>

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<p><b>Assessment</b></p>	<p><b>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?</b></p> <p>The self-assessment can be modified for different settings based on the different cultural needs of the consumers served. There are no clinical assessment measures used for this tool.</p> <p><b>If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments?</b></p> <p>N/A</p> <p><b>What, if any, culturally specific issues arise when utilizing these assessment measures?</b></p> <p>N/A</p>
<p><b>Cultural Adaptations</b></p>	<p><b>Are cultural issues specifically addressed in the writing about the treatment? Please specify.</b></p> <p>This assessment notes that cultural context plays a significant role in the types of trauma that may be experienced by consumers, the risk for continued, chronic trauma, how survivors manage their experiences, and which supports and interventions are most effective. Cultural competence involves the idea that policies, procedures and services are informed by cultural knowledge of the consumers being served and the ways that culture impacts consumer needs and service delivery. Therefore, it is necessary for providers to have an understanding of the diversity of cultures within the consumer population they serve and find clear ways to respect the values and rituals of those cultures. This may include offering people opportunities to engage in various cultural rituals or religious services, cook specific foods, and speak in their language of origin. Particular interventions and supports may be more effective for one racial or ethnic population than another, and it is necessary to consumer success that services are offered in a manner that is flexible and appreciates the consumer's cultural background. This approach helps to create a safe and respectful environment in which survivors can begin to rebuild a sense of self and a connection to their communities.</p> <p><b>Do culture-specific adaptations exist? Please specify (e.g., components adapted, full intervention adapted).</b></p> <p>The self-assessment can be adapted for different settings as it is designed to be adaptable for the different needs of different settings. For example, the self-assessment has been adapted for a drop-in center for runaway youth.</p> <p><b>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?</b></p> <p>N/A</p>

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<p><b>Intervention Delivery Method/ Transportability &amp; Outreach</b></p>	<p><b>If applicable, how does this treatment address specific cultural risk factors (i.e., increased susceptibility to other traumas)?</b> N/A</p> <p><b>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?</b> This assessment, given its adaptable nature, can be modified to provide other settings with guidance on how to become trauma-informed.</p> <p><b>Are there cultural barriers to accessing this treatment (i.e., treatment length, family involvement, stigma, etc.)?</b> Organizations may not be ready to engage in the self-assessment process and develop a strategic plan for change. There has to be organizational buy-in from all levels of the organization and the support for change to happen in order for an organization to exhibit readiness to engage in the self-assessment process.</p> <p><b>Are there logistical barriers to accessing this treatment for specific cultural groups (i.e., transportation issues, cost of treatment, etc.)?</b> There are no logistical barriers for accessing this self-assessment.</p> <p><b>Are these barriers addressed in the intervention and how?</b> N/A</p> <p><b>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)?</b> Community-building is addressed in a sub-section of the self-assessment given that it helps to create a sense of safety, respect and mutuality and is necessary to the creation of a trauma-informed system. Community building activities include identifying activities that help strengthen connection to the community both within and outside the program.</p>
<p><b>Training Issues</b></p>	<p>N/A</p>