

GENERAL INFORMATION

<p>Treatment Description</p>	<p>Acronym (abbreviation) for intervention: CM-TFT</p> <p>Average length/number of sessions: 12-16 sessions</p> <p>Aspects of culture or group experiences that are addressed (e.g., faith/spiritual component, transportation barriers): Spirituality, Gender Roles, <i>Familismo</i>, <i>Personalismo</i>, <i>Respeto</i>, <i>Sympatia</i>, <i>Fatalismo</i>, Folk Beliefs</p> <p>Trauma type (primary): Sexual abuse</p> <p>Trauma type (secondary): Physical abuse</p> <p>Additional descriptors (not included above): This intervention was developed for use with Latino children and is based on Trauma-Focused Cognitive Behavioral Therapy, with the addition of modules integrating cultural concepts throughout treatment.</p>
<p>Target Population</p>	<p>Age range: 4 to 18</p> <p>Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input checked="" type="checkbox"/> Both</p> <p>Ethnic/Racial Group (include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans): Latino/Hispanic; range of acculturation level; recently immigrated to second generation; majority of children are of Mexican descent, with some children from other Central and South American countries.</p> <p>Other cultural characteristics (e.g., SES, religion): Majority of families are low income; some children are from migrant agricultural worker families; majority of families are Catholic with varying degrees of participation in formal religious practices.</p> <p>Language(s): Spanish, English</p> <p>Region (e.g., rural, urban): Rural and urban</p>
<p>Essential Components</p>	<p>Theoretical basis: Cognitive Behavioral Therapy</p> <p>Key components:</p> <ul style="list-style-type: none"> • Psycho-education • Emotional regulation skills • Coping skills training • Distinguishing thoughts, feelings, and behaviors, including trauma-related • Gradual exposure (trauma narrative) • Cognitive and affective processing of trauma experiences • Parallel parent treatment • Risk reduction skills

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<p>Clinical & Anecdotal Evidence</p>	<p>Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Uncertain</p> <p>Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 5</p> <p>This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are there any general writings which describe the components of the intervention or how to administer it? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If YES, please include citation: de Arellano & Danielson, 2005</p> <p>Has the intervention been replicated anywhere? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Research Evidence</p>	<p>Sample Size (N) and Breakdown <i>(by gender, ethnicity, other cultural factors)</i></p>	<p>Citation</p>
<p>Pilot Trials/Feasibility Trials (w/o control groups)</p>	<p>N=10</p> <p>By gender: 9 Girls, 1 Boy</p> <p>By ethnicity: Latino (Mexican)</p>	<p>Rivera & de Arellano, 2008</p>
<p>Outcomes</p>	<p>What assessments or measures are used as part of the intervention or for research purposes, if any?</p> <ul style="list-style-type: none"> • CBCL • UCLA PTSD Scale • TSCC • Semi-structured Clinical Interview <p>If research studies have been conducted, what were the outcomes? Pilot feasibility trials are in progress.</p>	

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<p>Implementation Requirements & Readiness</p>	<p>Space, materials or equipment requirements? Treatment sessions are held in home, schools, or other community sites that parents or children find convenient (e.g., churches or the parent’s workplace).</p> <p>Supervision requirements (e.g., review of taped sessions)? While beginning implementation of the intervention, regular supervision (e.g., weekly) is necessary, especially focused on issues more likely to be encountered in community-based than office-based treatment (e.g., safety, privacy, condition of home environment). Ideally, supervision should be provided by someone trained and experienced in community-based implementation of evidence-based treatment. Audio and/or video tapes can facilitate the supervision process.</p> <p>To ensure successful implementation, support should be obtained from: Supervision/consultation should be obtained from clinicians trained and experienced in community-based implementation of evidence-based treatments.</p>
<p>Training Materials & Requirements</p>	<p>List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. de Arellano & Danielson, 2005</p> <p>How/where is training obtained? Contact developers (Michael A. de Arellano and Carla Kmett Danielson) at National Crime Victims Research and Treatment Center at the Medical University of South Carolina.</p> <p>What is the cost of training? Dependent on the training/ongoing supervision needs of the site.</p> <p>Are intervention materials (handouts) available in other languages? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, what languages? Spanish</p> <p>Other training materials &/or requirements (not included above): Workshops at national meetings.</p>
<p>Pros & Cons/ Qualitative Impressions</p>	<p>What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? The importance of cultural concepts to the child and family are assessed and treatment is tailored to address those cultural issues. This helps to increase the perceived relevance of the intervention and engagement in treatment.</p> <p>What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)? The addition of the cultural modifications can increase the length of sessions and treatment overall.</p>

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<p>Pros & Cons/ Qualitative Impressions continued</p>	<p>Other qualitative impressions: While maintaining the “therapeutics” of TF-CBT, CM-TFT targets engagement in treatment to reduce treatment drop-outs and no-shows, while increasing adherence with homework assignments and in session activities.</p>
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<p>References</p>	<p>deArellano, M. A. & Danielson, C. K. (2005). <i>Culturally-Modified Trauma Focused Treatment</i>. Unpublished Manuscript, Medical University of South Carolina. Rivera, S. & de Arellano, M. A. (2008, January). <i>Culturally Modified Trauma-Focused Treatment for Hispanic children: Preliminary findings</i>. Presented at the 22nd Annual San Diego International Conference on Child and Family Maltreatment, San Diego, CA.</p>