

CULTURE-SPECIFIC INFORMATION

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| <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>It has been adapted for numerous cultural groups and translated into numerous languages, including for Spanish, Japanese, Swedish, Italian, Mandarin/Simplified Chinese, Norwegian, Haitian, religious personnel, and homeless.</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>PFA providers use specific outreach strategies to foster engagement with different cultural groups. For instance, working in any setting that is most convenient for the recipient.</p> <p><b>Are there culture-specific engagement strategies (e.g., addressing trust) that are included in the intervention?</b></p> <p>Addressing trust, engagement strategies, grief, and various culture alerts throughout the manual on adapting PFA core actions for different cultures. PFA trainings also cover engagement strategies.</p> |
| <p><b>Language Issues</b></p>      | <p><b>How does the treatment address children and families of different language groups?</b> Recommends using gestures and/or local translators/interpreters.</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>Yes, there is evidence that certain cultures (i.e., Asian) that are impacted by disasters manifest symptoms in more physical than emotional ways. In the information gathering portion of the manual, providers are asked to assess physical as well as mental/emotional symptoms.</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>Broad assessment along a number of domains, not just emotional.</p>  |
| <p><b>Assessment</b></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>Based on impact on functioning and distress levels</p> <p><b>What, if any, culturally specific issues arise when utilizing these assessment measures?</b> Language barriers</p>  |
| <p><b>Cultural Adaptations</b></p> | <p><b>Are cultural issues specifically addressed in the writing about the treatment? Please specify.</b> Yes, there are cultural alerts throughout the manual on a variety of topics including engagement, physical touch, expression of grief, and expression of distress. These issues are also covered in the PFA core and skill-based trainings.</p>   |

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| <p><b>Cultural Adaptations continued</b></p>                                | <p><b>Do culture-specific adaptations exist? Please specify</b> (e.g., components adapted, full intervention adapted). The manual has been translated into Spanish, Japanese, Swedish, Italian, Norwegian, and Mandarin/Simplified Chinese translations, and versioned for Community Religious Personnel and Homeless populations.</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><br/>No.</p>  |
| <p><b>Intervention Delivery Method/ Transportability &amp; Outreach</b></p> | <p><b>If applicable, how does this treatment address specific cultural risk factors</b> (i.e., increased susceptibility to other traumas)?<br/>Continual assessment of a variety of factors in an individual's life, including physical, emotional, and resource-based stresses</p> <p><b>Is this a clinic-based treatment or is the treatment transportable</b> (e.g., into home, community)? <b>If the treatment is transportable, how is it adapted into the new setting? Is it still efficacious?</b><br/>The treatment is transportable, designed to be adapted to a variety of settings in a seamless, flexible way, so that it is efficacious no matter what the surroundings.</p> <p><b>Are there cultural barriers to accessing this treatment</b> (i.e., treatment length, family involvement, stigma, etc.)? Stigma</p> <p><b>Are there logistical barriers to accessing this treatment for specific cultural groups</b> (i.e., transportation issues, cost of treatment, etc.)? No</p> <p><b>Are these barriers addressed in the intervention and how?</b><br/>Treatment is free, offered in settings that are convenient to the recipient, no records are kept that identify the individual and/or make any diagnosis</p> <p><b>What is the role of the community in treatment</b> (e.g., local groups such as faith-based organizations, community groups, youth and/or parent organizations, first responders, schools)?<br/>PFA is provided in a variety of community locations, including shelters, schools and local gathering places.</p> |
| <p><b>Training Issues</b></p>   | <p><b>What potential cultural issues are identified and addressed in supervision/ training for the intervention?</b> Translators are used where needed in training. Local supervision is encouraged.</p> <p><b>Has this guidance been provided in the writings on this treatment?</b> No</p> <p><b>Any other special considerations regarding training?</b> Online training is encouraged prior to in person training, so that in person training can focus on application of the PFA principles to local cultural contexts.</p>   |
| <p><b>References</b></p>  | <p>All versions of the PFA manual can be found at:<br/><a href="http://www.nctsn.org/content/psychological-first-aid">http://www.nctsn.org/content/psychological-first-aid</a></p>   |