NCTSN The National Child Traumatic Stress Network

SPR: Skills for Psychological Recovery

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."** SPR is designed to be adapted for the cultural groups that it will be delivered to. For example, when implemented in American Samoa, both the skill sets and trainings were culturally adapted. **Do clinicians, implementing the intervention, tailor engagement for specific cultural groups? If so, how? Please be as detailed as possible.** SPR providers use specific outreach strategies to foster engagement with different cultural groups. For instance, providing information on Crisis Counseling Programs to local primary practice offices, family and community activities, nursing homes, etc. SPR can be delivered in home, or other place that is convenient for the recipient. **Are there culture-specific engagement strategies** *(e.g., addressing trust)* **that are included in the intervention?** There are various culture alerts throughout the manual on adapting SPR skills for different cultures to promote engagement. SPR trainings also address engagement issues.
Language Issues	**How does the treatment address children and families of different language groups?** Through the use of local translators/interpreters.
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?** 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. **If there are differences in symptom expression, in what ways does the theoretical/conceptual framework of this treatment address culturally specific symptoms?** Broad assessment along a number of domains, not just emotional.
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?** No **If no normative data exists for assessment measures, how is the measure used clinically to make baseline or outcome judgments?** Based on impact on functioning and distress levels **What, if any, culturally specific issues arise when utilizing these assessment measures?** Language barriers

Cultural Adaptations	**Are cultural issues specifically addressed in the writing about the treatment? Please specify.** No **Do culture-specific adaptations exist? Please specify** *(e.g., components adapted, full intervention adapted)*. The manual has been translated in Norwegian and Japanese. Training materials has been adapted for different cultural groups and for survivors who have been impacted by different types of disasters. **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
Intervention Delivery Method/ Transportability & Outreach	**If applicable, how does this treatment address specific cultural risk factors** *(i.e., increased susceptibility to other traumas)***?** Continual assessment of a variety of factors in an individual's life, including physical, emotional, and resource-based stresses **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 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. **Are there cultural barriers to accessing this treatment** *(i.e., treatment length, family involvement, stigma, etc.)***?** stigma **Are there logistical barriers to accessing this treatment for specific cultural groups** *(i.e., transportation issues, cost of treatment, etc.)***?** No **Are these barriers addressed in the intervention and how?** Treatment is free, offered in home or at the convenience of the recipient, no records are kept that identify a diagnosis **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)***?** Outreach is made to schools and local groups to encourage participation in SPR
Training Issues	**What potential cultural issues are identified and addressed in supervision/training for the intervention?** Translators are used where needed in training and supervision. Local supervision is encouraged. **Has this guidance been provided in the writings on this treatment?** No **Any other special considerations regarding training?** No
References	Berkowitz, S., Bryant, R., Brymer, M., Hamblen, J., Jacobs, A., Layne, C., Macy, R., Osofsky, H., Pynoos, R., Ruzek, J., Steinberg, A., Vernberg, E., Watson, P, National Center for PTSD and National Child Traumatic Stress Network, *Skills for Psychological Recovery: Field Operations Guide, 2010.*