

Cultural Applications for Trauma-Informed Mental Health Treatments

A Bibliography



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Scope

This bibliography provides citations and abstracts to research literature covering a range of issues related to cultural applications for trauma-informed treatment. While not comprehensive, this bibliography provides thorough coverage of English-language literature related to cultural applications of trauma-informed therapies and cultural considerations for mental health practitioners serving children, adolescents, and adults.

Organization

Entries are listed in date-descending order, 2023-2006. Links are provided to full text open access publications.

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Cultural Applications for Trauma-Informed Mental Health Treatments

A Bibliography

Fortuna, L.R., Martinez, W. & Porche, M.V. (2023). [Integrating spirituality and religious beliefs in a mindfulness based cognitive behavioral therapy for PTSD with Latinx unaccompanied immigrant children](#). *Journal of Child & Adolescent Trauma*. DOI:10.1007/s40653-023-00541-1

Purpose: Unaccompanied immigrant children (UIC) experience significant mental health concerns, particularly posttraumatic stress. This is a vulnerable population, yet little systematic research has examined the effectiveness of evidence-based models such as cognitive behavioral therapy (CBT) to meet their needs. Integrating religious beliefs and spirituality into therapy could elucidate better understandings of traumatic stress, and posttraumatic cognitions when working with UIC with strong faith traditions/beliefs. Methods: We report on modifications made to a pre-existing treatment, consisting of integrating religious and spiritual themes, to engage and work with UIC participants in a pilot study of Mindfulness-Based CBT. Thematic analysis of therapy notes evaluated the implementation process for integrating religious and spiritual themes. Three composite vignettes illustrate how religiosity and spirituality were salient for UIC participants in this pilot study, and how these were integrated into therapy to address posttraumatic cognitions and symptoms. We assessed changes in PTSD symptom severity and posttraumatic cognitions for UIC and in comparison, to non-UIC participants using the Child PTSD Symptom Scale and the Posttraumatic Cognitions Inventory. Results: Religiosity and spirituality were important for coping and conceptualizations of trauma, served as facilitators for engaging UIC in therapy, and related to improving posttraumatic cognitions and symptoms. Conclusion: Religious identity and spirituality can be important for meaning making, trauma cognitions and symptoms, and can be important to explore in therapy with unaccompanied immigrant children and adolescents.

Levy, M., Holder, M., Fairman, M., Bulls, S. T., Ramirez, L., Holmes, C., Jung, E., Hicks, C., & Mendenhall, A. N. (2023). [Growing stronger together: Implementing the Strengthening Families Program with Indigenous communities](#). *Child Abuse & Neglect*, 106241. Advance online publication. DOI:10.1016/j.chiabu.2023.106241

Background: Child welfare agencies commonly seek to use evidence-based programs (EBPs) for their demonstrated results. Challenges remain in adapting programs to fit for Indigenous

populations. We suggest that relationality holds promise as a guide in the implementation of EBPs with Indigenous families and children. Objective: We provide the story of a culturally integrated implementation of the EBP, Strengthening Families Program (SFP), with Indigenous families. Participants and setting: Insights from the staff who implemented SFP, project leadership and a community steering committee were brought together to create the collective implementation story. Methods: A relational approach was used in thematic analysis with a focus on the three Rs - responsibility, respect, and reciprocity- that support Indigenous knowledge organization. Results: Findings offer insight into cultural integrations in the implementation of SFP. The program centered Indigenous and community identities through meals, gifts, parenting practice examples and discussions tailored by each group of families and staff. Practices related to responsibility, respect and reciprocity each proved to be essential concepts in the relationship building among caregivers, children, SFP staff, project leadership, and community supporters that led to program success. Conclusion: Cultural integration created a space that reflected Indigenous knowledge relationality. It respected the uniqueness among groups of families who participated in the evidence-based SFP. Our story supports the importance of having Indigenous staff and group leaders to guide cultural integration in relationship with tribal communities.

Dodge, K. A., Goodman, W. B., Bai, Y., Best, D. L., Rehder, P., & Hill, S. (2022). [Impact of a universal perinatal home-visiting program on reduction in race disparities in maternal and child health: Two randomised controlled trials and a field quasi-experiment](#). *The Lancet Regional Health–Americas*, 15. DOI:10.1016/j.lana.2022.100356

Public health interventions must become accountable for reduction of race disparities, particularly among Black, Hispanic, and Non-Hispanic White families in the United States. Family Connects (FC) is a universal perinatal home-visiting program that assesses family-specific needs, offers support, and provides connections to community resources to address identified needs. Two previously-published randomised controlled trials and a field quasi-experiment have shown positive impact on maternal mental health, infant emergency medical care utilization, and government investigations for child maltreatment; however, these reports have not tested impact on reducing race disparities in these outcomes. The current report examined three questions in these trials: 1) the extent of race disparities in maternal and infant health and well-being, absent intervention; 2) whether intervention can be implemented with high reach and fidelity among all race groups; and 3) whether assignment to intervention reduces race disparities in important

outcomes. Methods: Data were re-examined from: 1) a randomised controlled trial of 4777 birthing families in Durham, NC, USA; 2) a replication randomised controlled trial of 923 birthing families in Durham, NC, USA; and 3) a quasi-experiment of 988 birthing families in rural NC, USA. Families were classified as Black, Hispanic, Non-Hispanic White, or Other. Disparity reduction was tested by the interaction effect between treatment assignment and race. Findings: 1) In the absence of intervention, large and statistically significant differences between Black families and Non-Hispanic White families were found in maternal anxiety, maternal depression, father non-support, child emergency medical care, and child maltreatment investigations. Few differences were found between Non-Hispanic White families and Hispanic families. 2) High rates of participation in treatment were found for each race group. 3) Across studies, assignment to FC was associated with statistically significant reductions in 7 of 12 disparities, in maternal anxiety and depression, father non-support, infant emergency medical care, and child maltreatment investigations. Interpretation: This study provides a method, metric, and mandate to prioritise testing of whether public health interventions reduce race disparities in family outcomes.

Edwards, K. M., Herrington, R., Edwards, M., Banyard, V., Mullet, N., Hopfauf, S., Simon, B. & Waterman, E. A. (2022). Using intergenerational photovoice to understand family strengths among Native American children and their caregivers. *Journal of Community Psychology*, 50(8), 3625-3639. DOI:10.1002/jcop.22860

The purpose of the current study was to examine Native American children and caregivers' perspectives of family and cultural strengths using photovoice and to identify lessons learned from the first-ever implementation of intergenerational photovoice with Native Americans. Participants were Native American, low-income caregivers (n = 6) and their children (n = 12) between the ages of 10 and 15 who participated in six photovoice sessions. The themes that emerged from photos and group discussion included myriad challenges faced by Native American families including exposure to community violence, substance abuse, and criminal offending and incarceration. Themes also emerged that highlighted the strengths of Native families that were used to overcome identified challenges, including religion/spirituality, engagement in traditional cultural practices (e.g., prayer, song, dance), healthy activities (e.g., running, meditation). These data provided foundational information that is currently being used, along with other data, to develop a culturally grounded, strengths-focused, family-based program (Tiwahe

Wicagwicayapi [Strengthening/Growing Families in Lakota]) to prevent adverse childhood experiences. We also discuss the challenges of intergenerational photovoice and lessons learned to inform future intergenerational photovoice projects.

Hope, L., Anakwah, N., Antfolk, J., Brubacher, S. P., Flowe, H., Gabbert, F., Giebels, E., Kanja, W., Korkman, J., Kyo, A., Naka, M., Otgaar, H., Powell, M. B., Selim, H., Skrifvars, J., Sorkpah, I. K., Sowatey, E. A., Steele, L. C., Stevens, L., Sumampouw, N. E. J., Taylor, P. J., Trevino-Rangel, J., van Veldhuizen, T., Wang, J., Wells, S. & Anonymous. (2022). [Urgent issues and prospects at the intersection of culture, memory, and witness interviews: Exploring the challenges for research and practice](#). *Legal and Criminological Psychology*, 27(1), 1-31. DOI:10.1111/lcrp.12202

The pursuit of justice increasingly relies on productive interactions between witnesses and investigators from diverse cultural backgrounds during investigative interviews. To date, the role of cultural context has largely been ignored by researchers in the field of investigative interviewing, despite repeated requests from practitioners and policymakers for evidence-based guidance for the conduct of interviews with people from different cultures. Through examining cultural differences in human memory and communication and considering specific contextual challenges for investigative interviewing through the lens of culture, this review and associated commentaries highlight the scope for considering culture and human diversity in research on, and the practice of, investigative interviewing with victims, witnesses, and other sources. Across 11 commentaries, contributors highlight the importance of considering the role of culture in different investigative interviewing practices (e.g., rapport building, questioning techniques) and contexts (e.g., gender-based violence, asylum seeking, child abuse), address common areas of cultural mismatch between interviewer–interviewee expectations, and identify critical future routes for research. We call for an increased focus in the investigative interviewing literature on the nature and needs of our global community and encourage constructive and collaborative discussion between researchers and practitioners from around the world to better identify specific challenges and work together towards evidence-based solutions.

Kolivoski, K. M. (2022). Applying critical race theory (CRT) and intersectionality to address the needs of African American crossover girls. *Child and Adolescent Social Work Journal*, 39(2), 133-145. DOI:10.1007/s10560-020-00726-9

Youth who are victims of maltreatment and engage in delinquency are at a greater risk of adverse emotional and behavioral outcomes compared to those in the general population (Herz and Dierkhising in 2018; Herz et al. in 2019; Stouthamer-Loeber et al. in 2001). “Crossover youth” is a common, collective term for youth who experience maltreatment and engage in delinquency. Current studies suggest girls and African American youth are more likely to experience crossover between the child welfare and juvenile justice systems. Yet, there is little existing scholarship, especially conceptual articles, specific to consideration of both race and gender regarding crossover youth. Critical Race Theory (CRT) and intersectionality are utilized to analyze and better understand the overrepresentation of African American girls who cross over from the child welfare to the juvenile justice system. This article concludes with implications for social work action strategies, for micro and macro social work, including policy and research, to better address the unique needs of this population. Race and racism, and how these overlap with experiences as girls and young women, are central and cannot be disentangled and need to be included as social work pays more attention to addressing the needs of this especially vulnerable sub-population of crossover youth.

Lange, B.C.L., Nelson, A., Lang, J.M., & Stirman, S. W. (2022). [Adaptations of evidence-based trauma-focused interventions for children and adolescents: A systematic review](#). *Implementation Science Communications*, 3, (108). DOI:10.1186/s43058-022-00348-5

Background: Rates of potentially traumatic events (PTEs) and other forms of adversity among children are high globally, resulting in the development of a number of evidence-based interventions (EBIs) to address the adverse outcomes stemming from these experiences. Though EBIs are intended to be delivered according to set parameters, these EBIs are frequently adapted. However, little is known about existing adaptations of EBIs for children who experienced PTEs or other adversities. As such, this review aimed to determine: (1) why existing EBIs designed to address PTEs and other adversities experienced by children are adapted, (2) what processes are used to determine what elements should be adapted, and (3) what components of the intervention are adapted. Methods: Nine academic databases and publicly available search engines were used

to identify academic and grey literature. Initial screening, full-text review, data extraction, and quality determinations were completed by two members of the research team. Data were synthesized narratively for each adapted EBI by research question. Results: Forty-two studies examining the adaptations of nine different EBIs were located, with Trauma-Focused Cognitive Behavioral Therapy and Cognitive Behavioral Intervention for Trauma in Schools being the most commonly adapted EBIs. Most frequently, EBIs were adapted to improve fit with a new population and to address cultural factors. Most commonly, researchers in combination with others made decisions about adapting interventions, though frequently who was involved in these decisions was not described. Common content adaptations included the addition of intervention elements and the tailoring/tweaking/refining of intervention materials. Common contextual adaptations included changes to the intended population, changes to the channel of treatment delivery, and changes to who administered the intervention. Conclusions: Most published studies of EBI adaptations have been developed to improve fit and address cultural factors, but little research is available about adaptations made by clinicians in day-to-day practice. Efforts should be made to evaluate the various types of adaptations and especially whether adaptations improve access to services or improve child outcomes in order to ensure that all children exposed to trauma can access effective treatment.

Megan Finno-Velasquez, M., Sepp, S. M., Lopez, A., Aquino, E., Cherie, N. & Ortiz-Upston, M. (2022). [Child maltreatment prevention interventions for Latinx immigrant populations: A systematic review](https://doi.org/10.1080/15548732.2022.2118929), *Journal of Public Child Welfare*. DOI:10.1080/15548732.2022.2118929

A growing population of immigrant children and families to the U.S. from Latin American countries requires consideration of their unique historical, sociocultural, and linguistic contexts in child abuse and neglect prevention. In light of the Family First Prevention Services Act's focus on evidence-based child maltreatment prevention interventions, this systematic review analyzed interventions with relevance for use with immigrant populations coming from Latin American countries. Sixty-two interventions met inclusion criteria. This review revealed few gold standard interventions that address the unique needs of Latinx immigrant populations, highlighting a need for the development and study of interventions for these populations that are federally reimbursable.

Parra-Cardona, R., Fuentes-Balderrama, J., Vanderziel, A., López-Zerón, G., Domenech Rodríguez, M. M., DeGarmo, D. S., & Anthony, J. C. (2022). A culturally adapted parenting intervention for Mexican-origin immigrant families with adolescents: Integrating science, culture, and a focus on immigration-related adversity. *Prevention Science*, 23(2), 271-282. DOI: 10.1007/s11121-021-01317-5

Low-income Latina/o immigrants are very likely to experience intense contextual challenges in the USA, such as limited exposure to culturally relevant parent training (PT) prevention interventions. This prevention study consisted of an exploratory randomized controlled trial, aimed at empirically testing the implementation feasibility and initial efficacy of a culturally adapted version of the evidence-based PT intervention known as GenerationPMTO©. The parenting intervention was adapted to overtly address immigration-related stressors, discrimination, and challenges associated with biculturalism. Seventy-one Mexican-origin immigrant mothers participated in this study and were allocated to one of two conditions: (a) culturally adapted GenerationPMTO (i.e., CAPAS-Youth) or (b) wait-list control. Measurements were completed at baseline (T1) and intervention completion (T2). When compared to mothers in the control condition at T2, CAPAS-Youth participants reported significant improvements on four of the core parenting practices delivered in the CAPAS-Youth intervention. As hypothesized, no significant differences in limit-setting skills were identified at T2. With regards to adolescents' outcomes, mothers exposed to CAPAS-Youth reported significant improvements in youth internalizing and externalizing behaviors at T2 when compared to a wait-list control condition. Mothers in both conditions also reported significant reductions in levels of immigration-related stress. Current findings indicate the feasibility of implementing CAPAS-Youth within a context of considerable adversity, as well as the beneficial impacts of the parent-based intervention on salient parenting and youth outcomes.

Patel, Z. S., Casline, E. P., Vera, C., Ramirez, V., & Jensen-Doss, A. (2022). Unaccompanied migrant children in the United States: Implementation and effectiveness of trauma focused cognitive behavioral therapy. *Psychological Trauma: Theory, Research, Practice and Policy*. Advance online publication. DOI:10.1037/tra0001361

Objective: The number of unaccompanied children (UC) arriving in the United States (U.S.) from other countries has increased significantly over the past decade. UC report high trauma exposure and greater posttraumatic stress symptoms compared to youth who immigrate with caregivers.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) has demonstrated preliminary effectiveness with UC. However, few studies have treated U.S.-based samples of UC, who emigrate primarily from Central America. Method: One hundred and thirty-eight UC were referred for treatment and 129 completed a pre-treatment assessment including the Child and Adolescent Trauma Screen (CATS) and the Strengths and Difficulties Questionnaire (SDQ). Most UC were from Central America (n = 109; 79.0%) and resided in government facilities (n = 76; 55.1%). One hundred and twenty-two youth began TF-CBT, had an average of 9.71 sessions (SD = 9.3, range: 1-48), and 41.8% (n = 51) completed treatment. One hundred and four youth completed a brief, 6-item progress monitoring measure of trauma symptoms, for which 84 had at least two observations during treatment. Results: UC endorsed 3.80 traumatic events on average (SD = 2.38). High rates of violence, physical and sexual abuse, and serious injury were reported. There were significant improvements on most self-report rating scales ($p < .05$); within-subjects Cohen's d 's ranged from .07 to 1.03 for pre to post-treatment assessments and was $d = .44$ for the progress monitoring measure. Therapists reported on TF-CBT modifications for UC, including discussing mental health beliefs, navigating roles and relationships, tailoring treatment examples, exploring coping strategies, and addressing immigration factors. Conclusion: Preliminary findings support the utility of TF-CBT with UC. Implications for implementation and cultural modifications are discussed.

Richardson, M., Big Eagle, T., & Waters, S. F. (2022). A systematic review of trauma intervention adaptations for indigenous caregivers and children: Insights and implications for reciprocal collaboration. *Psychological Trauma: Theory, Research, Practice and Policy*, 14(6), 972–982. DOI:10.1037/tra0001225

Objective: Indigenous peoples are at elevated risk of exposure to trauma and related mental and physical health difficulties that are rooted in the ongoing experience of settler-colonialism. Historical and current trauma exposure feed intergenerational cycles that compromise the healthy development of Indigenous children. Method: We conducted a systematic review of trauma-focused, caregiver-child interventions adapted for Indigenous communities. Results: We identified 13 articles each reporting a unique intervention. Six were implemented among American Indians, five among Indigenous Australians, one among First Nations and Metis peoples, and one among Māori peoples. Eight of the interventions used surface-structure cultural adaptations (i.e., replacing images or examples for greater cultural relevance), one used deep-structure cultural adaptations

(i.e., replacing curriculum for greater cultural relevance), and four were culturally grounded interventions (i.e., developed by the Indigenous community in partnership with researchers). Conclusions: The overall limited number of trauma-focused, caregiver-child interventions for Indigenous communities, and especially those representing reciprocal collaboration between researchers and the communities with whom they engage, is notable. We argue that such collaboration is critical to healing Indigenous traumatization from colonization and provide recommendations for future trauma intervention science.

Smith, E.P., Yzaguirre, M.M., Dwanyen, L., & Weiling, E. (2022). [Culturally relevant parenting approaches among African American and Latinx children and families: Toward resilient, strengths-based, trauma-informed practices](#). *Adversity and Resilience Science*, 3, 209-224. DOI:10.1007/s42844-022-00059-9

Children and families of color in the United States (U.S.) have long had to battle to develop a positive identity in the face of discrimination based upon race, ethnicity, immigration status, and gender. Historically, racial-ethnic minorities have experienced various types of trauma exposures in the U.S., including enslavement, family separation, deportation, colonization, discrimination, ridicule, and stereotyping that permeate U.S. society. Yet, they still have managed within their families to advance some sense of shared within-group identities, values, beliefs, and practices that have fostered child and family development. This paper focuses on the experiences of African American and Latinx families who, though distinct in historical and cultural experiences, have some similarities in social disparities that should inform parenting programs. Prevention and intervention that seeks to engage families of color should be sensitive to centuries of racism and structural inequalities that have contributed to their unique socio-cultural contexts (Bernal et al., 2009; Spencer et al., 1997). We first explore the historical context of racial-ethnic trauma among children of color in the U.S. Second, we build upon the work in traumatic stress as a rationale for examining culturally relevant and responsive adaptations that address linguistics, worldviews, and contexts, describing the ways in which these concepts are evidenced in programming and effects upon family processes, and youth socio-emotional development. We discuss the implications for multi-group intervention, homogenous and heterogeneous group composition, underscoring the value of critical frameworks attuned to psychological trauma that

draw upon a strengths-based perspective of culture for African American and Latinx children and families.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). [*Adapting evidence-based practices for under-resourced populations: SAMHSA publication no. PEP22-06-02-004*](#). National Mental Health and Substance Use Policy Laboratory.

Tailoring care, programs, and services to the cultural, social, gender, and other socio-demographic contexts of individuals served yields positive outcomes.¹ Communities and individuals benefit when they receive behavioral health services that are clinically proven effective, equitable, and culturally appropriate. This guide focuses on the process of adapting evidence-based practices (EBPs) for under-resourced populations who experience obstacles in obtaining healthcare services because of their socio-demographic characteristics, and the research supporting such adaptations. The guide provides examples of research on adapted EBPs for mental health and substance use disorders for clients with a wide range of demographic characteristics. The guide provides considerations and strategies for community leaders and advocates, behavioral health practitioners, administrators, and organizational decision-makers.

Velázquez, J. A. (2022). Sociopolitical indicators that may influence Latinx children's and youth's entry into the child welfare system and services. *Child Welfare, 100*(4), 1–20.

In 2019, the United States Latino and Hispanic (Latinx) population increased to more than 60 million, making Latinx people the country's second largest racial or ethnic group, behind White non-Latinos. Additionally, the data revealed that of the 60 million, 16 million were youth 16 years old or younger. An optimistic view would prompt us to celebrate--however, this has not been the experience for many of these families. Sociopolitical indicators, norms, and expectations have created challenges beyond language barriers.

Wu, Q., Krysik, J., & Thornton, A. (2022). [*Black kin caregivers: Acceptability and cultural adaptation of the family check-up/everyday parenting program*](#). *Child & Adolescent Social Work Journal, 39*(5), 607–618. DOI:10.1007/s10560-022-00841-9

Black children join kinship care disproportionately and black kin caregivers often face financial, housing, mental health, and parenting challenges when caring for relative children. Few

interventions have been developed specifically for kin caregivers, let alone Black kin caregivers. This study evaluated the initial acceptability of an evidence based parenting intervention and worked to culturally adapt it for Black kin caregivers. The intervention was delivered in a family camp format. Feedback from participant interviews were analyzed for this study. Participants felt that overall the intervention was culturally appropriate. However, they also proposed changes to the curriculum, as well as to the process and format of the intervention. This study experienced challenges in terms of participant recruitment and sample size, which was exacerbated by COVID-19-related safety concerns. Future steps regarding recruitment, content, and format are discussed. Implications for child welfare practice, policy, and research are also provided.

Arora, P. G., Parr, K. M., Khoo, O., Lim, K., Coriano, V., & Baker, C. N. (2021). Cultural adaptations to youth mental health interventions: A systematic review. *Journal of Child and Family Studies*, 30(10), 2539-2562. DOI:10.1007/s10826-021-02058-3

Disparities in mental health care access and use are a serious public health concern for racial and ethnic minority (REM) youth populations across the United States (US). Numerous evidence-based interventions (EBIs) have been developed to address youth mental health concerns; however, evidence suggests that EBIs may require cultural adaptations to have greater efficacy with REM populations. The following study engaged in a systematic review of the existing culturally-adapted EBIs for REM youth in the US. A three-stage systematic review was performed. A total of 52 studies describing the development or evaluation of culturally-adapted EBIs with REM youth populations were included. Information from studies was then abstracted via a rigorous coding process. Specifically, participant characteristics (e.g., age, population risk, race/ethnicity of target audience), intervention characteristics (e.g., name of the original program, target mental health outcome(s), delivery setting, intervention format, intervention orientation, interventionist), and cultural adaptation characteristics (e.g., guiding theory, individuals involved, cultural adaptation content, participatory methods used) were cataloged. Implications for current and future research regarding cultural adaptation of EBIs are presented.

Child Welfare Information Gateway. (2021). [*Child welfare practice to address racial disproportionality and disparity*](#). U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

The child welfare field has moved from acknowledging the problem of systemic racial and ethnic disproportionality and disparity to formulating and implementing solutions. As jurisdictions and agencies evaluate their systems to identify where and how disproportionalities and disparities are occurring, they are increasingly seeking practices that use an antiracist approach and show promise for their own populations. This bulletin provides a brief overview on the issue of racial disproportionality and disparity in the child welfare system and the factors that contribute to the problem. It then describes practices that child welfare caseworkers, administrators, program managers, and policymakers can implement to address these issues in general and at specific decision-making points along the child welfare continuum.

López-Zerón, G., Parra-Cardona, J. R., Muñoz, A., & Sullivan, C. M. (2021). From theory to practice: On the ground cultural adaptation of a parenting intervention for ethnic minority families involved in the child welfare system. *Family Process*, 60(4), 1185-1201.
DOI:10.1111/famp.12627

Child maltreatment is a major public health issue in the United States. In the federal fiscal year 2017, approximately 7.5 million children were referred to child welfare services (CWS) in the nation. Developmental, emotional, behavioral, and cognitive problems are prevalent among children referred to CWS. For those in foster care, temporary or permanent placement frequently introduces additional instability into a child's already chaotic life, increasing their risk for deleterious physical and mental health outcomes. Limited research exists documenting the impact of efficacious culturally adapted parent training (PT) interventions aimed at serving low-income ethnic minority families involved in CWS. The objective of this study was twofold: to explicate how a culturally adapted PT intervention for diverse families involved in CWS was perceived by participants and to better understand how interventionists adapted to families' needs. In this study, we conducted in-depth interviews with 14 parents who had completed the adapted intervention, as well as all of the interventionists providing the intervention. A thematic analysis approach was used to analyze and interpret the data. Parents indicated the positive impact that the intervention had on enhancing their parenting skills, as well as their ability to cope with the challenges associated with having a child removed by CWS. Interventionists described the gradual

adaptations they implemented, in an effort to increase its cultural and contextual relevance. Research findings are relevant to the family therapy field as they increase understanding about culturally adapted PT interventions for ethnic minority families within CWS contexts.

Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). [Healing interpersonal and racial trauma: Integrating racial socialization into trauma-focused cognitive behavioral therapy for African American youth](#). *Child Maltreatment*, 26(1), 17–27.
DOI:10.1177/1077559520921457

African American youth are more likely than their peers from other racial and ethnic groups to experience interpersonal traumas and traumatic racist and discriminatory encounters. Unfortunately, evidence-based trauma treatments have been less effective among these youth likely due to these treatments not being culturally tailored to address both interpersonal and racial trauma. In this article, we utilize the racial encounter coping appraisal and socialization theory to propose suggestions for adapting trauma-focused cognitive behavioral therapy—an evidence-based trauma treatment for children and adolescents—to include racial socialization or the process of transmitting culture, attitudes, and values to help youth overcome stressors associated with ethnic minority status. We conclude by discussing implications for the research and clinical community to best promote healing from both interpersonal and racial trauma for African American youth.

Sabina, C., Cuevas, C. A., & Ho, L. Y. (2021). Multiple dimensions of acculturation and the victimization of Latino adolescents. *Cultural Diversity & Ethnic Minority Psychology*, 27(2), 280–295. DOI:10.1037/cdp0000338

Objectives: Little research focuses on the multiple dimensions of acculturation (Anglo orientation, Latino orientation, familial support, immigrant status), their interaction, and the victimization of Latino youth. This study examined these relationships for various forms of violence, including dating violence, conventional crime, child maltreatment, peer and sibling victimization, sexual victimization, and stalking. Method: Data came from the Dating Violence Among Latino Adolescents (DAVILA) study, which recruited a national sample of 1,525 Latino teens between 12 and 18 years of age. Results: Logistic regression results showed that familial support was related to significantly lower odds of all types of victimization. Additionally, Latino orientation was related to both lower odds of any victimization and higher odds of polyvictimization. Anglo

orientation and immigrant status were also protective of conventional crime, sexual victimization, and polyvictimization. Adding interaction effects revealed that the influence of Anglo orientation varied as a function of Latino orientation for several forms of victimization and also varied by immigrant status for conventional crime, dating violence, and sexual violence. Lastly, a 3-way interaction between Anglo orientation, Latino orientation, and immigrant status influenced the probability of sexual victimization. Conclusions: Anglo orientation, Latino orientation, familial support, and immigrant status showed protective qualities, but the trends were specific to victimization type, and interactions surfaced. The findings point to the need for prevention and intervention efforts that strengthen families and embrace both Latino and Anglo cultures for Latino teens, fostering biculturalism.

Stewart, R. W., Orengo-Aguayo, R., Wallace, M., Metzger, I. W., & Rheingold, A. A. (2021). Leveraging technology and cultural adaptations to increase access and engagement among trauma-exposed African American youth: Exploratory study of school-based telehealth delivery of trauma-focused cognitive behavioral therapy. *Journal of Interpersonal Violence, 36*(15-16), 7090-7109. DOI:10.1177/0886260519831380

African American youth are disproportionately represented among trauma-exposed youth; yet, they are significantly less likely to access and complete mental health services. Research suggests that barriers to accessing and engaging in trauma-focused treatment include both logistical factors and engagement factors. This multiple case study sought to illustrate the initial feasibility and acceptability of delivering culturally tailored, trauma-focused cognitive behavioral therapy (TF-CBT) via telehealth in a school setting with three African American youth presenting with multiple barriers to accessing treatment. Barriers to treatment, telehealth modifications, and cultural tailoring are described for each participant. The UCLA Posttraumatic Stress Disorder Reaction Index (UCLA PTSD-RI) was completed at pretreatment and posttreatment. Results demonstrated significant decreases in symptoms of posttraumatic stress, as evidenced by a reduction in total UCLA PTSD-RI scores to nonclinical levels for all participants at posttreatment (UCLA scores posttreatment = 8-12). In addition, at posttreatment no participants met diagnostic criteria for PTSD or adjustment disorder. This multiple case study provides preliminary support for school-based, culturally tailored TF-CBT delivered via telehealth with African American youth.

Ennis, N., Shorer, S., Shoval-Zuckerman, Y., Freedman, S., Monson, C. M., & Dekel, R. (2020). Treating posttraumatic stress disorder across cultures: A systematic review of cultural adaptations of trauma-focused cognitive behavioral therapies. *Journal of Clinical Psychology, 76*(4), 587– 611. DOI:10.1002/jclp.22909

Objective: Although trauma-focused cognitive-behavioral therapies (CBTs) for posttraumatic stress disorder (PTSD) have been applied worldwide, the nature of how these Western-based interventions are applied in diverse settings has varied. This paper systematically reviewed the literature on how trauma-focused CBTs have been applied and adapted cross-culturally. **Method:** A systematic review of studies that discuss the process of cultural adaptation of trauma-focused CBTs. **Results:** Seventeen papers were included and varied in the comprehensiveness of the adaptation process. Two studies stated that a theoretical framework was followed. Almost one-third of the studies did not report whether local stakeholders were involved in the process of application. Fifteen studies examined the efficacy of the adaptations and the results were positive, but the methodology and quality varied. **Conclusion:** There are inconsistencies in how trauma-focused CBTs are culturally adapted. A systematic approach to the transportation of such therapies would enable greater investigation into the necessity and efficacy of such adaptations.

Fettes, D. L., Aarons, G. A., Brew, V., Ledesma, K., & Silovsky, J. (2020). [Implementation of a trauma-informed, evidence-informed intervention for Latinx families experiencing interpersonal violence and child maltreatment: Protocol for a pilot randomized control trial of SafeCare+®](#). *Pilot and Feasibility Studies, 6*(153). DOI:10.1186/s40814-020-00681-3

Background: A consistently demonstrated overlap exists between the occurrence of domestic violence and child maltreatment, yet these issues are historically addressed by distinct systems and programming. The randomized control trial pilot study presented in this article adapts, implements, and tests a new approach for addressing family violence for Latinx families with co-occurring risk for domestic violence and child maltreatment. In doing so, this pilot study addresses the clear need for collaboration between the two fields and focuses on Latinx families, who often face specific challenges regarding seeking and receiving needed services. The primary aim of the current study is a pilot implementation of SafeCare+®, an evidence-based parenting curriculum (SafeCare®) augmented with a healthy relationships curriculum (SafeCare+®). The objectives are a reduction of family violence, improved communication, and a healthy home environment for children in

Latinx families with co-occurring domestic violence and child maltreatment. Methods: This protocol outlines a feasibility, randomized control trial to examine the potential efficacy of SafeCare+. The pilot study is divided into two phases. Components of phase one involve developing a detailed implementation and evaluation plan, including a community needs assessment, determining screening and outcome measures, and assuring all components are culturally appropriate for the target population. Phase two implements the randomization of parents, who are involved in the child welfare system and referred for in-home parenting services, into SafeCare+ or SafeCare as usual. Participants complete assessments regarding mental health, provider-parent relationship, interpersonal violence experiences, and fidelity to the intervention. Analyses will focus on improvement on target outcomes for the intervention group, as well as comparison to the control group. Discussion: This study will provide evidence on the feasibility and potential effectiveness of an early intervention program aimed at improving communication skills and mental health and reducing incidents of violence for Latinx parents who are involved with the child welfare service system. The findings of the study will inform the decision to progress to a full scale, definitive randomized control trial to test the effectiveness of an intervention, delivered as part of home visitation, for improving outcomes for families with histories of domestic violence.

Gameon, J. A., & Skewes, M. C. (2020). [A systematic review of trauma interventions in Native Communities](#). *American Journal of Community Psychology*, 65(1-2), 223–241.
DOI:10.1002/ajcp.12396

American Indian/Alaska Native and First Nations communities suffer from health disparities associated with multiple forms of trauma exposure. Culturally appropriate interventions are needed to heal current and historical trauma wounds. Although there are evidence-based trauma interventions for other populations, few have been implemented or evaluated with Native communities. Understanding the extant research on trauma interventions in Native communities is crucial for advancing science and filling gaps in the evidence base, and for meeting the needs of underserved people. In this systematic review of the literature on trauma interventions in Native communities in the United States, Canada, Australia, and New Zealand, we identified 15 studies representing 10 interventions for historical and/or current trauma. These studies involved the community to some extent in developing or culturally adapting the interventions and suggested

positive outcomes with regard to historical and interpersonal trauma symptoms. However, notable limitations in study design and research methods limit both internal validity and external validity of these conclusions. Only one study attempted (but did not achieve) a quasi-experimental design, and small sample sizes were persistent limitations across studies. Recommendations for researchers include working in partnership with Native communities to overcome barriers to trauma intervention research and to increase the rigor of the studies so that ongoing efforts to treat trauma can yield publishable data and communities can secure funding for intervention research.

Manyam, S. B., Davis, T. L., & Mitchell, C. D. (2020). Trauma group therapy with African American children and adolescents: A 30-plus year content analysis. *The Journal for Specialists in Group Work*, 45(1), 56-75. DOI:10.1080/01933922.2019.1699619

Group therapy plays a prominent role in trauma healing through resiliency for African American children and adolescents. Understanding how groups can facilitate change for this population is crucial to become a culturally competent counselor. Further, studying the best practices of group work is essential to better serving African Americans. Through a content analysis of scientific literature from 1980 to 2018 on trauma and group work with African American children and adolescents, authors explore the common themes that emerged. Counseling implications from an advocacy and multicultural perspective along with future recommendations are discussed at the end.

Okamura, K.H., Skriner, L.C., Becker-Haimes, E.M., Adams, D. R., Becker, S., Kratz, H. E., Jackson, K., Berkowitz, S., Zinny, A., Cliggett, L., & Beidas, R. S. (2020). Perceptions of evidence-based treatment among youth and caregivers receiving trauma focused cognitive behavioral therapy. *Journal of Child and Family Studies*, 29, 1712–1722. DOI:10.1007/s10826-020-01708-2

Objectives: There is growing recognition that it is important to involve youth and caregivers in the implementation of evidence-based treatments (EBTs). This study explored how youth and caregivers who received trauma-focused cognitive-behavioral therapy (TF-CBT) in a public behavioral health system perceived the concept of EBT, their experience with treatment, their perceptions of TF-CBT, and whether their perceptions varied as a function of clinical improvement. Methods: Participants were eight youth (aged 10–17) and nine caregivers/legal guardians who received TF-CBT in community mental health centers. Semi-structured interviews

were conducted post-treatment and symptoms were assessed at pre- and post-treatment. An integrated approach was used to analyze the interview data and the reliable change index was used to assess whether youth and caregivers' impressions varied as a function of clinical improvement. Results: Participants rarely had exposure to the term "evidence-based" and often had the misconception that evidence referred to personal experience. Youth and caregivers found the concept of receiving treatment supported by research appealing but did not like the specific term "evidence-based" and worried that treatment guided by research alone may not individualize to their needs. Personal stories were noted as a good way to market TF-CBT and the therapist emerged as an important advocate for promoting this treatment approach. Clinical improvement was associated with the perception of therapists as collaborative and with trauma narrative completion. Conclusions: Findings suggest that language and how therapists communicate EBTs to youth and caregivers may be important for targeted implementation strategies.

Lee, B., Ji, D. & O'Kane, M. (2021). Examining cross-cultural child welfare practice through simulation-based education. *Clinical Social Work Journal*, 49, 271–285.
DOI:10.1007/s10615-020-00783-8

Simulation-based learning is an emerging pedagogical approach in social work education that is expanding to specialized areas of practice. This research examines the intersection of cross-cultural practice and child maltreatment investigations. Thirty-one (N = 31) BSW and MSW social work students participated in a three-hour voluntary child welfare simulation workshop and engaged with one of three child welfare scenarios: (1) an immigrant Chinese family, (2) an Indigenous family, and (3) a White youth. Drawing upon the concept of cultural agility, a theoretically-informed mixed methods approach was used to analyze the data. Fisher's exact test and independent samples T-tests were used to examine participants social work education and experience, perceived competencies, acknowledgment of the simulated client's culture, and evaluation of the simulation experience. Qualitative analysis examined participants' critical reflection of their cross-cultural exchange with the simulated clients regarding allegations of child maltreatment. Statistical differences were noted among participants who engaged with each of the three child welfare scenarios. All participants expressed positive learning benefits through simulation, however, statistical differences were found between participants who acknowledged the client's ethno-cultural identity versus those who did not with respect to their overall learning

benefits, meta-competencies, and procedural competencies. Participants demonstrated various aspects of the cultural agility framework as they reflected upon their practice. Simulation-based learning offers the opportunity for students to critically examine and reflect upon the ways they operationalize culture and child maltreatment, and how to manage the complexities of working across difference. Future recommendations for research and practice are discussed.

Navarro, C., Knight, T., Sharman, S. J., & Powell, M. B. (2019). Challenges in translating interview protocols for alleged child victims of sexual abuse to different languages: A case study. *Child Abuse & Neglect, 94*, 104033. DOI:10.1016/j.chiabu.2019.104033

Adequate interviewing of alleged victims of child sexual abuse is critical for the investigation and for preserving the welfare of the child. Investigative interview protocols for children (IIPCs) have been developed to meet this twofold purpose. This article focuses on one previously unexplored issue related to applicability of IIPCs: how well they translate into other languages. This case study provides an in-depth analysis of an example of the translation of an IIPC to a new language and its adaptation to a particular cultural setting. Using an interpretive description approach and a mixed-method, stages and outputs of the adaptation process are described, as well as the amount, type and nature of difficulties in translation that were identified and corrected across the process. The main threats to translation equivalence arose from differences among languages, but also from cultural and contextual differences. Prompts to children and interviewers within the protocol presented different translation challenges. Consultation with experts and the protocol's advisors, along with team discussions, were beneficial in identifying and solving translation issues. Typical translation issues and practical recommendations on how to translate and culturally adapt IIPCs effectively are discussed.

Parra-Cardona, R., López-Zerón, G., Leija, S. G., Maas, M. K., Villa, M., Zamudio, E., Arredondo, M., Yeh, H. H., & Domenech Rodríguez, M. M. (2019). [A culturally adapted intervention for Mexican-origin parents of adolescents: The need to overtly address culture and discrimination in evidence-based practice](#). *Family Process, 58*(2), 334–352. DOI:10.1111/famp.12381

Latino/a populations in the United States are negatively impacted by widespread mental health disparities. Although the dissemination of culturally relevant parent training (PT) programs constitutes an alternative to address this problem, there is a limited number of efficacious culturally

adapted PT prevention interventions for low-income Latino/a immigrant families with adolescents. The current manuscript describes the level of acceptability of a version of the GenerationPMTO® intervention adapted for Latino/a immigrant families, with an explicit focus on immigration-related challenges, discrimination, and promotion of biculturalism. Qualitative reports were provided by 39 immigrant parents who successfully completed the prevention parenting program. The majority of these parents self-identified as Mexican-origin. According to qualitative findings, participants reported overall high satisfaction with immigration and culture-specific components. Parents also expressed high satisfaction with the core GenerationPMTO parenting components and provided specific recommendations for improving the intervention. Current findings indicate the need to adhere to the core components that account for the effectiveness of PT interventions. Equally important is to thoroughly adapt PT interventions according to the cultural values and experiences that are relevant to target populations, as well as to overtly address experiences of discrimination that negatively impact underserved Mexican-origin immigrant families. Due to the exploratory nature of this study, the efficacy and effectiveness of the adapted prevention intervention remains to be established in empirical research.

Cardemil, E.V., & La Roche, M.J. (2017). Introduction to special issue on evidence-based treatments with Latinas/os: Attending to heterogeneity. *Journal of Latina/o Psychology*, 5(4), 243-247. DOI:10.1037/lat0000103

Despite the growth in research attesting to the efficacy of psychotherapy, and especially evidence-based psychotherapy (EBP), there remain significant gaps in our knowledge regarding their efficacy with Latinas/os. In particular, very little is known regarding the specific contexts in which EBPs might be effective (or not) with Latinas/os. Part of the explanation for these gaps in our knowledge base is due to the fact that most manualized EBPs do not adequately attend to the within-group variability that exists among Latinas/os, and instead take a one-size-fits-all approach. In this Special Issue on Evidence-Based Treatments for Latino/as, we present the work from five research teams that underscores the heterogeneity among Latinas/os in their efforts to develop and evaluate their interventions. Importantly, they do so in quite different ways. Some of the teams make minimal adaptations to standard interventions, because the standard intervention has already shown positive effects with Latina/o samples. Others make more extensive efforts to incorporate

culturally relevant considerations into their interventions. Together, they represent a diverse range of approaches that can serve as guides in our efforts to identify which types of EBPs work for which Latino/as with which characteristics.

McLeigh, J. D., Katz, C., Davidson-Arad, B., & Ben-Arieh, A. (2017). The cultural adaptation of a community-based child maltreatment prevention initiative. *Family Process, 56*(2), 393–407. DOI:10.1111/famp.12193

A unique primary prevention effort, Strong Communities for Children (Strong Communities), focuses on changing attitudes and expectations regarding communities' collective responsibilities for the safety of children. Findings from a 6-year pilot of the initiative in South Carolina have shown promise in reducing child maltreatment, but efforts to adapt the initiative to different cultural contexts have been lacking. No models exist for adapting an initiative that takes a community-level approach to ensuring children's safety. Thus, this article addresses the gap by providing an overview of the original initiative, how the initiative was adapted to the Israeli context, and lessons learned from the experience. Building on conceptualizations of cultural adaptation by Castro et al. (*Prevention Science, 5*, 2004, 41) and Resnicow et al. (*Ethnicity and Disease, 9*, 1999, 11), sources of nonfit (i.e., sociodemographic traits, political conflict, government services, and the presence and role of community organizations) were identified and deep and surface structure modifications were made to the content and delivery. Ultimately, this article describes the adaption and dissemination of a community-based child maltreatment prevention initiative in Tel Aviv, Israel, and addresses researchers' calls for more publications describing the adaptation of interventions and the procedures that need to be implemented to achieve cultural relevance.

Hiratsuka, V. Y., Parker, M. E., Sanchez, J., Riley, R., Heath, D., Chomo, J. C., Beltangady, M., & Sarche, M. (2018). Cultural adaptations of evidence-based home-visitation models in tribal communities. *Infant Mental Health Journal, 39*(3), 265–275. DOI:10.1002/imhj.21708

The Tribal Maternal, Infant, and Early Childhood Home Visiting (Tribal MIECHV) Program provides federal grants to tribes, tribal consortia, tribal organizations, and urban Indian organizations to implement evidence-based home-visiting services for American Indian and

Alaska Native (AI/AN) families. To date, only one evidence-based home-visiting program has been developed for use in AI/AN communities. The purpose of this article is to describe the steps that four Tribal MIECHV Programs took to assess community needs, select a home-visiting model, and culturally adapt the model for use in AI/AN communities. In these four unique Tribal MIECHV Program settings, each program employed a rigorous needs-assessment process and developed cultural modifications in accordance with community strengths and needs. Adaptations occurred in consultation with model developers, with consideration of the conceptual rationale for the program, while grounding new content in indigenous cultures. Research is needed to improve measurement of home-visiting outcomes in tribal and urban AI/AN settings, develop culturally grounded home-visiting interventions, and assess the effectiveness of home visiting in AI/AN communities.

Gonzales, N. A., Lau, A. S., Murry, V. M., Pina, A. A., & Barrera, M., Jr. (2016). [Culturally adapted preventive interventions for children and adolescents](#). In D. Cicchetti (Ed.), *Developmental psychopathology: Risk, resilience, and intervention* (pp. 874–933). John Wiley & Sons, Inc. DOI:10.1002/9781119125556.devpsy417

This third edition of *Developmental Psychopathology* is the first to include a chapter focused on the cultural adaptation of evidence-based interventions (EBIs), a topic that represents a point of convergence for many of the core values and goals of the field. Whereas the overarching goal of developmental psychopathology is to elucidate the interplay among the biological, psychological, and social-contextual aspects of normal and abnormal development, the ultimate goal is to inform intervention strategies to promote resilience and prevent or ameliorate dysfunctional outcomes and disorder across the life span. This chapter reviews the historical context and challenges that have given rise to this field, the methods and models used to address these challenges, and exemplars of culturally adapted interventions for children and adolescents. The specific goals of the chapter are to: (1) articulate the issues and challenges that have shaped current approaches to cultural adaptation of evidence-based interventions (EBIs); (2) review approaches and models for designing cultural adaptations of EBIs, including frameworks for deciding when, what, and how adaptations should be made; (3) present exemplars of cultural adaptations of EBIs targeting a range of social, emotional, behavioral, and health outcomes; and (4) summarize strengths, limitations, and future directions for the field.

Baumann, A. A., Powell, B. J., Kohl, P. L., Tabak, R. G., Penalba, V., Proctor, E. K., Domenach Rodriguez, M. M. & Cabassa, L. J. (2015). Cultural adaptation and implementation of evidence-based parent-training: A systematic review and critique of guiding evidence. *Children and Youth Services Review*, 53, 113-120.
DOI:10.1016/j.chilyouth.2015.03.025

With advances in knowledge regarding efficacious evidence-based interventions, there have been significant attempts to culturally adapt, implement, and disseminate parent training interventions broadly, especially across ethnic and cultural groups. We sought to examine the extent to which researchers and developers of evidence-based parent training programs have used cultural adaptation models, tested implementation strategies, and evaluated implementation outcomes when integrating the interventions into routine care by conducting a systematic review of the literature for four evidence-based parent training interventions: Parent-Child Interaction Therapy (PCIT), The Incredible Years (IY), Parent Management Training-Oregon Model (PMTOTM), and the Positive Parenting Program (Triple P). A total of 610 articles across the four programs were identified. Of those, only eight documented a rigorous cultural adaptation process, and only two sought to test the effectiveness of implementation strategies by using rigorous research designs. Our findings suggest that there is much work to be done to move parent-training intervention research towards a more rigorous examination of cultural adaptation and implementation practices.

LaLiberte, T., Crudo, T., Ombisa Skallet, H., & Day, P. (Eds.). (2015, Winter). [CW360°: Culturally responsive child welfare practice](#). Center for Advanced Studies in Child Welfare, University of Minnesota.

The intersection of culture and child welfare practice has been considered and conceptualized in a number of ways, from cultural competence and institutional racism to disparity and disproportionality. Most often the discussion around culture is framed as a struggle or challenge for our field to address; we believe it is critical that the field move beyond this to examine how culture can be used to make a difference in our work with all families. Within the field of child welfare we use the term cultural responsiveness to reflect the idea that child welfare professionals need to identify and nurture the unique cultural strengths, beliefs, and practices of each family with whom we work and integrate that knowledge into the intervention approaches we employ. We believe that through culturally responsive practice, we will see true change in disparity and disproportionality. It is in this vein that CASCW staff developed the current issue.

Santa-Sosa, E.J., & Runyon, M.K. (2015). Addressing ethnocultural factors in treatment for child physical abuse. *Journal of Child and Family Studies*, 24, 1660–1671.
DOI:10.1007/s10826-014-9969-5

This article used an ecological model to identify relevant ethnocultural factors (ECFs) and to suggest intervention strategies targeting these factors within combined parent–child cognitive behavioral therapy, an evidence-based treatment (EBT) for families at risk for child physical abuse (CPA). Three case vignettes were presented of families of diverse ethnocultural backgrounds, including a multi-racial African American and European American family, an African American family, and an Arab American family, referred to a specialty clinic after an allegation of inappropriate physical discipline or substantiated physical abuse. The vignettes illustrate strategies to address ECFs, including race and ethnicity, immigration, acculturation, religious beliefs, and sociocultural context, related to parental beliefs and practices about child discipline. Intervention strategies presented provide practical guidance for clinicians working with diverse families. The ECFs identified in this paper can also guide future research in selecting relevant variables for empirical studies on the association between ECFs and the primary domains of intervention in EBT for families at risk for CPA.

Beasley, L. O., Silovsky, J. F., Owora, A., Burris, L., Hecht, D., DeMoraes-Huffine, P., Cruz, I., & Tolma, E. (2014). Mixed-methods feasibility study on the cultural adaptation of a child abuse prevention model. *Child Abuse & Neglect*, 38(9), 1496–1507.
DOI:10.1016/j.chiabu.2014.04.017

The current study utilized mixed-methods analyses to examine the process of adapting a home-based parenting program for a local Latino community. The study examined the: (a) acceptability and cultural congruence of the adapted SafeCare® protocol, (b) adherence to the core components of SafeCare® while adapting to local community culture, and (c) social validity of the new model in addressing SafeCare® target areas (parenting, home safety, and child health). Participants were 28 Latino mothers and eight providers. After training in the adapted model, providers demonstrated improved knowledge and skills. All providers reached national certification standards for SafeCare®, demonstrating fidelity to the core components of the original model. Positive consumer-provider relationships were developed as reflected by the results on the Working Alliance (collaboration between caregivers and parents). Themes from the integrated results of the social validity measures and individual interviews with parents were perceived benefits of the

program on targeted areas and cultural congruency of the approach. Recommendations are to consider using adaptation guidelines as outlined to promote local culturally congruent practices.

Haboush, K. L., & Alyan, H. (2013). "Who can you tell?" Features of Arab culture that influence conceptualization and treatment of childhood sexual abuse. *Journal of Child Sexual Abuse*, 22(5), 499–518. DOI:10.1080/10538712.2013.800935

The literature on child sexual abuse reflects growing recognition of the manner in which culture impacts the conceptualization, experience, and treatment of such cases. Despite heightened visibility of Arab Americans within the United States, population due to recent media attention, little empirical research exists on the occurrence of child sexual abuse within this population. Arab culture is often characterized by an emphasis on collectivism and familial obligations, and such features may prove to either facilitate or impede assessment and treatment of child sexual abuse, depending on how they are manifested. In terms of reporting child sexual abuse, cultural values pertaining to shame and honor as well as the stigma attached to mental health problems may influence the response to abuse. As such, enhancing the cultural competence of the therapist is key to facilitating effective cultural practice. Empirical research is required to investigate and substantiate these concepts as they relate to child sexual abuse in Arab-American populations.

Misurell, J. R., & Springer, C. (2013). Developing culturally responsive evidence-based practice: A game-based group therapy program for child sexual abuse (CSA). *Journal of Child and Family Studies*, 22, 137–149. DOI:10.1007/s10826-011-9560-2

The American Psychological Association has called for the development and dissemination of evidence-based practices (EBPs) that are culturally responsive to ethnically and socioeconomically diverse groups. Delivering culturally responsive EBPs is essential for mental health practitioners working within racially, culturally, and ethnically diverse settings and across a variety of disorders. Child sexual abuse (CSA) affects people from diverse backgrounds and results in a myriad of difficulties impacting children and families. Therefore, effective treatment for CSA must take cultural factors into consideration. The authors describe the culturally congruent elements of a Game-Based Cognitive-Behavioral Group Therapy (GB-CBT) model for CSA, which was developed within a center serving predominantly urban, economically disadvantaged, African-American and Latino families. Lessons learned from families served through the GB-CBT program are incorporated and illustrate the ongoing and dynamic process of improving cultural

competence in clinical practice. Cultural and socioeconomic considerations and obstacles to treatment are discussed along with strategies and recommendations for delivering EBPs for CSA in a culturally informed manner.

Gray, J. S., & Rose, W. J. (2012). Cultural adaptation for therapy with American Indians and Alaska Natives. *Journal of Multicultural Counseling and Development, 40*(2), 82-92. DOI:10.1002/J.2161-1912.2012.00008.X

Most indigenous approaches for any interpersonal interaction begin with the relationship, knowing a person, developing trust, and respect for the individual that fits well with Western interpersonal approaches. Unfortunately, there exists no Western research to determine the efficacy of this method with indigenous populations. Because of the paucity of research on evidence-based treatments with American Indian/Alaska Native (AI/AN) clients, this article addresses barriers to that research and how to adapt treatment to make it more culturally appropriate and acceptable to AI/AN clients so they might benefit from and remain in treatment.

BigFoot, D. S., & Schmidt, S. R. (2010). Honoring children, mending the circle: Cultural adaptation of trauma-focused cognitive-behavioral therapy for American Indian and Alaska native children. *Journal of Clinical Psychology, 66*(8), 847–856. DOI:10.1002/jclp.20707

American Indians and Alaska Natives are vulnerable populations with significant levels of trauma exposure. The Indian Country Child Trauma Center developed an American Indian and Alaska Native (AI/AN) adaptation of the evidence-based child trauma treatment, trauma-focused cognitive-behavioral therapy. Honoring Children, Mending the Circle (HC-MC) guides the therapeutic process through a blending of AI/AN traditional teachings with cognitive-behavioral methods. The authors introduced the HC-MC treatment and illustrated its therapeutic tools by way of a case illustration.

Fontes, L. A. & Plummer, C. (2010) Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse, 19*(5), 491-518. DOI:10.1080/10538712.2010.512520

Cultural norms affect the likelihood that child sexual abuse will be discovered by an adult or disclosed by a child. Cultural norms also affect whether abused children's families will report child

sexual abuse to authorities. This article explores the ways ethnic and religious culture affect child sexual abuse disclosure and reporting, both in the United States and internationally. Guidelines for culturally sensitive child abuse interviewing are provided to facilitate disclosures of abuse from culturally diverse children in formal settings.

Kataoka, S., Novins, D. K., & DeCarlo Santiago, C. (2010). [The practice of evidence-based treatments in ethnic minority youth](#). *Child and Adolescent Psychiatric Clinics of North America*, 19(4), 775–789. DOI:10.1016/j.chc.2010.07.008

Simard, E. (2009). [Culturally restorative child welfare practice-A special emphasis on cultural attachment theory](#). *First Peoples Child & Family Review*, 4(2), 44-61. DOI:10.7202/1069329ar

A research project was implemented through the use of qualitative secondary data analysis to describe a theory of culturally restorative child welfare practice with the application of cultural attachment theory. The research documented 20 years of service practice that promoted Anishinabe, cultural identity and cultural attachment strategies, by fostering the natural cultural resiliencies that exist within the Anishinabe, nation. The research brings a suggested methodology to child welfare services for First Nation children the greater the application of cultural attachment strategies the greater the response to cultural restoration processes within a First Nation community.

Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical Psychology: Science and Practice*, 13(4), 295. DOI:10.1111/j.1468-2850.2006.00042.x

With prevailing concerns about the generalizability of evidence-based treatments (EBTs) in real-world practice settings, there has been increased attention to the potential of cultural adaptations of treatments to ensure fit with diverse consumer populations. However, it could also be argued that there has been insufficient dissemination and evaluation of our existing EBTs with minority populations to warrant and guide adaptation efforts. This article discusses a framework (a) for identifying instances where cultural adaptation of EBTs may be most indicated, and (b) for using research to direct the development of treatment adaptations to ensure community engagement and

the contextual relevance of treatment content. Ongoing work in the area of parent training is highlighted to illustrate key issues and recommendations.