

# Provision of Therapy

## Background

There currently are numerous different treatment options for children who have experienced trauma. These include evidence-based treatment models, which aim to improve patient outcomes through the use of clinical practices informed by research (APA, 2006). Evidence-based practice in psychology (EBPP) is defined as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2006). EBPP emphasizes the importance of tailoring care to the individual patient by encouraging clinicians to consult the research evidence to identify viable options for assessment, prevention, and treatment services (Hunsley, 2007). Most of what currently constitutes evidence-based psychological practice comes from research in the area of empirically supported treatments (ESTs) (Bauer, 2007). ESTs refer to interventions or techniques that have produced therapeutic change in controlled trials (Kazdin, 2008). However, concerns about the utility of EBPPs in clinical practice have stemmed from issues related to inclusion/exclusion criteria for participants, the highly structured environment in which studies are conducted, level of supervision and training of treating clinicians, and the close monitoring of treatment fidelity.

Clinicians seeking to practice in an evidence-based manner are therefore often confronted by numerous challenges in attempting to translate the evidence into practice, especially when working with ethnically diverse patient populations. As with other realms of psychological research, ethnic groups are largely missing from the efficacy studies that make up the evidence base for treatments (Miranda et al., 2005; U.S. Department of Health and Human Services [U.S. DHHS], 2001). Because of these omissions, questions arise as to whether treatments found to be efficacious with primarily non-minority samples can be generalized to ethnic minority populations, and whether interventions need to be culturally adapted to be effective with ethnic minority patients.

While there are currently many ESTs for children affected by trauma, there has been scarce research on the efficacy of such treatments with Latino/Hispanic children. There is debate in the field as to whether evidence-based treatments can be equally effective with Latino/Hispanic children as compared to their Caucasian counterparts, if they are implemented in a culturally sensitive and competent manner, or whether cultural adaptations need

to be made. A recent meta-analysis that examined ethnic differences in response to evidence-based treatments found that ethnic minorities responded at least as well, if not better to evidence-based



“While there are currently many ESTs for children affected by trauma, there has been scarce research on the efficacy of such treatments with Latino children.”

treatments than their non-ethnic minority counterparts (Huey & Polo, 2008). However, other research has found that interventions which had been modified for cultural groups, including Latinos/Hispanics, were more effective than interventions without such modifications (Griner & Smith, 2006).

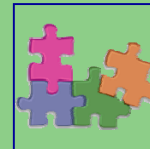
At present, disparities in mental health care exist for both Latino adults and youth; not only are Latinos less likely to receive mental health services than Caucasians, they are also less likely to receive quality care (e.g., Lagomasino et al., 2005; Alegría et al., 2004; Kataoka, Zhang, & Wells, 2002; Padgett, Patrick, Burns, & Schlesinger, 1994). Various reasons have been postulated for the underutilization of mental health services: perceptions of mental health treatment, stigma, and reliance on alternative sources for assistance, as well as barriers to care such as availability, affordability, cultural appropriateness, and location of services (U.S. DHHS, 2001; see “Service Utilization and Case Management” priority area for more information). Cultural values and spiritual beliefs and practices, which can be an important source of support among many Latino/Hispanic families, may also affect the use of mental health services. Cultural values and spirituality can have an effect on ways in which children and families respond to trauma (de Arellano & Danielson, 2008) and treatment (see “Cultural Values” priority area for more information).



The delivery, and ultimate success, of the therapy rests on the ability to engage the child and family in services. Empirically supported strategies to improve service engagement are currently available and have been shown to increase attendance at initial appointments and ongoing sessions, as well as improving treatment response (e.g., Santiesteban, et al., 1996; McKay, Nudelman, McCadam, & Gonzales, 1996; Szapocznik et al., 1988). In general, such strategies encompass culturally informed engagement skills to address the range of barriers that can exist within families, environments, and agencies.

## Statement of the Issue

In a national sample of children affected by trauma, the NCTSN (2005) found that Latino children were at greater risk for certain types of trauma than Caucasian children, including exposure to domestic violence, impaired caregiver, and community violence. Unfortunately, Latino children tend to underutilize mental health services (Hough et al., 1987), including being at greater risk for premature termination (Sue, Fujino, Hu, Takeuchi, & Zane, 1991), and have limited access to culturally appropriate services (Acosta, 1979; Young, Klap, Sherbourne, & Wells, 2001). Research on the efficacy of evidence-based treatments with Latinos/Hispanics has been scarce, and Latinos/Hispanics may not have access to best practices in the field of trauma treatment. Guidelines that focus on increasing access and quality of trauma-informed mental health services for Latino/Hispanic children and families, as well as keeping these families engaged in treatment, are greatly needed.



## Recommendations from the Field



- **Develop guidelines for tailoring evidence-based interventions.** The majority of adapted interventions currently contain the established elements of care, along with elements specifically tailored to the cultural group. Because culture may change over time due to numerous influences (e.g., acculturation, globalization, change in SES), the ability to identify salient factors that are amenable to adaptation would provide a framework for continually assessing the intervention's sensitivity.
- **Recognize multiple types of research evidence.** While most of what constitutes evidence-based psychological practice comes from research in the area of empirically supported treatments (EST), the APA Presidential Task Force on Evidence-Based Practice (2006) endorsed the use of multiple types of research evidence. Practitioners working with diverse clientele that are under-represented in mainstream efficacy studies must therefore recognize the potential value of data collected through different research designs (i.e., clinical observation, qualitative research, systematic case-reviews, etc.) and in practice-based evidence approaches to treatment (see the "Research" priority area for more information).
- **Utilize principles of community engagement to conduct research and disseminate treatments that are relevant and beneficial to the intended groups.** By engaging communities in efforts to identify priority needs, risk and resiliency factors, and effective approaches to treatment, researchers will increase the likelihood of success achieving intended outcomes and increasing utilization of services. Some strategies may include working with community-based organizations that already have a relationship with community members, providing services within places of worship, the home and other locations where families feel more comfortable (see the "Research" priority area for more information).
- **Consider views of mental health and service utilization practices, including use of alternative approaches to healing (e.g., traditional spiritual healing) and involvement of family members in treatment.** In order to improve service access and use, care should be taken to ensure that the therapist has a clear understanding of the child and family members' conceptualization of the trauma and trauma-related problems and their views of how treatment should progress. Conversely, a conscientious effort should be made to ensure that the child and family members fully understand the purpose and course of the intervention. Use of alternative approaches to healing should be assessed and considered in treatment.
- **Therapists should be aware of their own biases and prejudiced beliefs toward the populations being served in treatment.** Efforts should be made to critically evaluate one's beliefs about a cultural group and to correct misconceptions. Clinicians also need to educate themselves about cultural values and experiences of various Latino/Hispanic groups and how these issues may impact treatment. If a therapist's belief system interferes with his/her ability to provide effective and respectful services, an appropriate referral should be made.

*Después de  
la lluvia sale  
el sol.\**

### Resilience

- Different cultures have established rituals and practices that promote feelings of safety and belonging. For Latinos/Hispanics, these activities may include praying, participating in religious and/or spiritual practices (attending church, confession, etc.), and engaging in familial activities. If these elements emerge in the course of treatment (and are relevant to the established treatment goals), the clinician may promote or incorporate these activities into the work plan, emphasizing those aspects associated with well-being.
- Strategies for improving resilience, and mental health in general, from the client's perspective should be assessed and considered in treatment. Research has found Latinos in their country of origin have fewer mental health problems than non-Latino Caucasians and Latinos residing in the United States (e.g., Vega et al., 1998). Culturally-derived healing practices should be considered.
- Latino/Hispanic cultural values such as *familismo* can be utilized in treatment as protective factors to buffer against the negative impact of trauma and enhance the efficacy of treatment (see the "Cultural Values" priority area for more information). Engaging the support of all influential family members (including extended family and godparents) is key to helping the child recover and stay safe.

- **Treatment providers should partner with case management services that facilitate access to culturally relevant services that address other challenges confronting Latino/Hispanic families** (See the "Service Utilization/Case Management" priority area for more information on this topic).

### Family/Youth Engagement

- Respect is essential in engaging Latino/Hispanic youth and families in treatment. Providing clear descriptions of the treatment model, discussing the therapeutic relationship, focusing on establishing rapport, and encouraging patients to collaborate in identifying treatment goals can help build strong alliances and communicate positive regard and respect. Through a respectful relationship, patients can come to see that they hold knowledge and expertise, often rooted in their own culture that can help them achieve a higher level of psychological functioning and well-being.
- Engagement strategies include *personalismo*, which means that the clinician should adopt a warm, friendly, and personal approach to the family. Showing personal interest and concern regarding the child and family's well-being will help engage the family into the treatment process and keep them engaged. Empirically supported engagement strategies (Santiesteban et al., 1996; McKay et al., 1996; Szapocznik et al., 1988) should be adapted for use with Latino/Hispanic families.

## Community Examples/Best Practices



- **Child-Parent Psychotherapy for Family Violence (CPP-FV)** – Developed by Dr. Alicia Lieberman and Dr. Patricia Van Horn, CPP-FV is a psychotherapy model that integrates psychodynamic, attachment, trauma, cognitive-behavioral, and social-learning theories into a dyadic treatment approach designed to restore the child-parent relationship and the child's mental health and developmental progression that have been damaged by the experience of domestic violence. Child-parent interactions are the focus of six intervention modalities aimed at restoring a sense of mastery, security, and growth and promoting congruence between bodily sensations, feelings, and thinking on the part of both child and parent and in their relationship with one another. CPP-FV was developed and evaluated with Latino/Hispanic families.  
⇒ Website: [www.nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/CPPsychtherapyforFV\\_21105.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/CPPsychtherapyforFV_21105.pdf)
- **Culturally Modified Trauma Focused Treatment (CM-TFT)** – Developed by Dr. Michael de Arellano, CM-TFT was developed for use with Latino/Hispanic children and is based on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), with the addition of modules integrating cultural concepts throughout treatment. CM-TFT was developed and tested with Latino/Hispanic families. For more information, contact Dr. Michael de Arellano at [dearelma@musc.edu](mailto:dearelma@musc.edu).  
⇒ Website: [www.nctsn.org/nctsn\\_assets/pdfs/promising\\_practices/cmtft\\_general.pdf](http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/cmtft_general.pdf)
- **Chadwick Center for Children and Families – Assessment Based Treatment for Traumatized Children: A Trauma Assessment Pathway (TAP)** – TAP is a treatment model that incorporates assessment, triage, and essential components of trauma treatment into clinical pathways. In TAP, the clinician conducts a thorough client assessment that includes the use of standardized measures, behavioral observations and clinical interview. The assessment is designed to investigate and address the individual needs of the client, including relevant cultural factors.  
⇒ Website: [www.taptraining.net](http://www.taptraining.net)  
⇒ Address: Chadwick Center for Children and Families, Rady Children's Hospital, San Diego, 3020 Children's Way, MC 5131, San Diego, CA 92123

## Resources



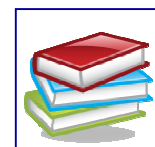
Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. (2003). *Psychological treatment of ethnic minority populations*, Washington, DC: Association of Black Psychologists. Retrieved November 8, 2008, from [www.apa.org/pi/oema/programs/empa\\_ptemp.pdf](http://www.apa.org/pi/oema/programs/empa_ptemp.pdf)

Task Force on the Delivery of Services to Ethnic Minority Populations. (1990, August). *APA guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations*, Approved by the Council of Representatives at the 98th Annual Convention, Boston, MA. Retrieved November 8, 2008, from [www.apa.org/pi/oema/guide.html](http://www.apa.org/pi/oema/guide.html)

National Association of Social Workers. (2007). *NASW Standards for cultural competence in social work practice*. Washington, D.C.: Author. Retrieved November 8, 2008, from [www.socialworkers.org/practice/standards/naswculturalstandards.pdf](http://www.socialworkers.org/practice/standards/naswculturalstandards.pdf)

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity – A supplement to mental health: A report of the Surgeon General*. Rockville, MD: Author. Retrieved November 8, 2008, from [www.surgeongeneral.gov/library/mentalhealth/cre/](http://www.surgeongeneral.gov/library/mentalhealth/cre/)

## References



Acosta, F. X. (1979). Barriers between mental health services and Mexican Americans: An examination of a paradox. *American Journal of Community Psychology*, 7, 503-520.

Alegría, M., Takeuchi, D., Canino, G., Duan, N., Shrout, P., Meng, X., et al. (2004). Considering context, place and culture: The National Latino and Asian American Study. *International Journal of Methods in Psychiatric Research*, 13, 208-220.

American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285.

Bauer, R. M. (2007). Evidence-based practice in psychology: Implications for research and research training. *Journal of Clinical Psychology*, 63(7), 685-694.

de Arellano, M. A., & Danielson, C. K. (2008). Assessment of trauma history and trauma-related problems in ethnic minority child populations: An INFORMED approach. *Cognitive and Behavioral Practice*, 15, 53-67.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 531-548.

## References (continued)



- Hough, R. L., Landsverk, J. A., Karno, M., Burnam, M. A., Timbers, D. M., Escobar, J. I., et al. (1987). Utilization of health and mental health services by Los Angeles Mexican Americans and non-Hispanic whites. *Archives of General Psychiatry*, 44, 702-709.
- Huey, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology*, 37(1), 262-301.
- Hunsley, J. (2007). Addressing key challenges in evidence-based practice in psychology. *Professional Psychology: Research and Practice*, 38, 113-121.
- Kataoka, S. H., Zhang, L., & Wells, K. B. (2002). Unmet need for mental health care among U.S. children: Variation by ethnicity and insurance status. *American Journal of Psychiatry*, 159, 1548-1555.
- Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, 63(3), 146-159.
- Lagomasino, I. T., Dwight-Johnson, M., Miranda, J., Zhang, L., Liao, D., Duan, N., et al. (2005). Disparities in depression treatment for Latinos and site of care. *Psychiatric Services*, 56(12), 1517-1523.
- McKay, M. M., Nudelman, R., McCadam, K., & Gonzales, J. (1996). Evaluating a social work engagement approach to involving inner-city children and their families in mental health care. *Research on Social Work Practice*, 6, 462-472.
- Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W. C., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology*, 1(1), 113-142.
- National Child Traumatic Stress Network. (2005). Promoting culturally competent trauma-informed practices. *NCTSN Culture & Trauma Briefs*, 1(1).
- Padgett, D. K., Patrick, C., Burns, B. J., & Schlesinger, H. J. (1994). Ethnicity and the use of outpatient mental health services in a national insured population. *American Journal of Public Health*, 84(2), 222-226.
- Santisteban, D. A., Szapocznik, J., Pérez-Vidal, A., Kurtines, W. M., Murray, E. J., & LaPerriere, A. (1996). Efficacy of intervention for engaging youth and families into treatment and some variables that may contribute to differential effectiveness. *Journal of Family Psychology*, 10, 35-44.
- Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. W. S. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59, 533-540.
- Szapocznik, J., Pérez-Vidal, A., Brickman, A. L., Foote, F. H., Santisteban, D., Hervis, O., et al. (1988). Engaging adolescent drug abusers and their families in treatment: A strategic structural systems approach. *Journal of Consulting and Clinical Psychology*, 56, 552-557.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity – A supplement to mental health: A report of the Surgeon General*. Rockville, MD: Author. Retrieved November 8, 2008, from [www.surgeongeneral.gov/library/mentalhealth/cre/](http://www.surgeongeneral.gov/library/mentalhealth/cre/)
- Vega, W. A., Kolody, B., Aguilar-Gaxiola, S., Alderete, E., Catalano, R., & Caraveo-Anduaga, J. (1998). Lifetime prevalence of DSM-III-R psychiatric disorders among urban and rural Mexican Americans in California. *Archives of General Psychiatry*, 55, 771-778.
- Young, A. S., Klap, R., Sherbourne, C. D., & Wells, K. B. (2001). The quality of care for depressive and anxiety disorders in the United States. *Archives of General Psychiatry*, 58(1), 55-61.

*\*Dichos translation: After the rain, comes the sun.*

## Provision of Therapy Subcommittee

### Chair:

Michael A. de Arellano, PhD - National Crime Victims Research and Treatment Center, Medical University of South Carolina, Charleston, SC

### Members:

- Denise Chavira, PhD - University of California, San Diego, Child and Adolescent Services Research Center (CASRC), Rady Children's Hospital, San Diego, CA
- Manuela Diaz, PhD - Child Trauma Research Project, University of California, San Francisco
- Lisa Gutiérrez, PhD - Child Trauma Research Project, University of California, San Francisco
- Alison Hendricks, LCSW - Chadwick Center for Children and Families, Rady Children's Hospital, San Diego, CA
- Kristen McCabe, PhD - Child and Adolescent Services Research Center (CASRC), Rady Children's Hospital, San Diego, CA
- Katherine Elliott, PhD, MPH - Center for Reducing Health Disparities, UC Davis Medical Center, Davis, CA