

Assessment

Background

Research suggests that ethnic groups may be at higher risk for experiencing traumatic events when compared to the majority population (Finkelhor, Ormrod, Turner, & Hamby, 2005; Kilpatrick et al., 2003). Ethnic groups may also suffer from more negative effects of trauma (La Greca, Silverman, & Vernberg, & Prinstein, 1996; Moisan, Sanders-Phillips, & Moisan, 1997; Sanders-Phillips, Moisan, Wadlington, Morgan, & English, 1995). An important step toward optimal trauma-focused treatment minimizing the negative impact of trauma for all populations is to conduct a comprehensive trauma-related assessment.

General guidelines have been created for culturally competent assessment and treatment of ethnic populations (American Psychological Association, 2003; Bernal, Bonilla, & Bellido, 1996; Lopez, Kopelowicz, & Canive, 2002). These guidelines highlight important issues to consider during a standard assessment, such as preferred language, cultural values, community/social support, socioeconomic status, history (country of origin, immigration), and beliefs about mental health treatment. Standard assessment protocols often omit these important issues. However, these guidelines do not specifically address trauma.

Guidelines for effective trauma-informed assessment have also been created, but these guidelines are largely based on research and treatment with the mainstream population in the US that may not include an adequate representation of racial and ethnic groups (e.g. Myers et al., 2002; Saunders, Berliner, & Hanson, 2001). Due to differences in types of trauma and manifestation of trauma symptoms among many individuals from ethnic groups, a standard trauma assessment may not suffice (Carlson, 1997). For example, traumatic events that occur during the immigration process will likely not be reported unless children are specifically asked about such events during assessment (de Arellano, Danielson, Rheingold, & Bridges, 2006).

*Más vale pájaro en mano que cien volando.**

Conducting a culturally competent trauma-informed assessment for Latinos/Hispanics is important because varying responses to trauma have been reported among certain ethnic groups. Children of Hispanic descent may report more somatic symptoms when compared with their non-Hispanic peers (Piña & Silverman, 2004). Standard assessment protocols may fail to detect somatic complaints as well as common culture-bound reactions to trauma, such as *ataque de nervios* (Guarnaccia, Canino, Rubio-Superc, & Bravo, 1993). Assessment should also incorporate a lifetime approach. That is, when working with Latinos/Hispanics, it is impor-

tant to assess their lifetime history of traumatic events, especially with first-generation immigrants (Cohen, 2007).



The standard approach to trauma assessment includes a semi-structured interview composed of a thorough trauma history and assessment of trauma-related mental health problems. An effective assessment considers time-line and developmental issues (Saunders et al., 2003), which helps differentiate direct effects of trauma from possible co-morbid conditions. Standardized measures such as the *Trauma Symptom Checklist for Children* (Briere, 1996) are often used to target specific symptoms for treatment planning and to provide a baseline assessment (from which change can be subsequently measured in treatment). It is also important to assess the child's overall functioning and family members' trauma history, as well as the safety of the child's current living environment.

A comprehensive assessment using standardized measures is only one step in the process of guiding decisions on service planning. Other steps include working with caregivers and collateral sources, conducting the clinical interview and observing behavior. The assessment process is ongoing and occurs throughout treatment to ensure that the treatment is working or if it needs to be refined. This becomes more important in the case of Latino/Hispanic families who may not share information until a relationship of trust has been obtained.

A comprehensive culturally appropriate trauma-informed assessment is an essential component of good clinical practice and is a component of many trauma-focused evidence-based practices. Therefore, it is imperative that a culturally competent assessment is conducted when working with Latino/Hispanic children and families affected by trauma.



Statement of the Issue

A number of guidelines have been proposed for culturally competent assessment and treatment of ethnic populations. These guidelines (e.g., American Psychological Association, 2003; Bernal, et al., 1996; Lopez et al., 2002) emphasize the importance of considering the cultural context within which the family exists and adapting the approach to treatment with these families accordingly (e.g., Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; Vera, Vila, & Alegría, 2003). However, standard assessment models do not thoroughly consider these issues and may be inadequate to effectively assess trauma within the appropriate cultural context. The need for modifications to standard assessment practices is highlighted by the growing population of ethnic groups in the U.S., and the potentially heightened vulnerability of these groups to certain traumatic events. In a culturally appropriate trauma-informed assessment, one needs to address a family's preferred language, cultural beliefs, current community, social support system, socioeconomic status, preconceived notions about mental health treatment, and specific trauma history.



Recommendations from the Field



- **Investigate the intended population.** Dedicate some time to learn about the intended culture through a variety of resources. In order to know what clinical questions must be asked in a trauma assessment and how to ask such questions, a working understanding of the intended population is necessary (de Arellano & Danielson, 2008).
- **Navigate new ways of delivering assessment services.** Upon investigating the intended population, modifications should be made to the way the assessment is introduced and conducted to better accommodate individuals' needs and characteristics. Often, this involves introducing the assessments in a sensitive manner, and navigating such obstacles as distrust of providers and language and logistical barriers.
- **Further assess caregiver, extended family members, and other collateral sources.** Consistent with the family-focused or group (vs. individualistic) orientation often ascribed to many ethnic cultures (e.g., Marín & Triandis, 1985), it is important to consider the potential value of collecting information from a broad range of informants (e.g., extended family, other members of the community).
- **Organize background assessment to better accommodate the intended population.** A careful assessment of relevant background information can provide a better understanding of the context in which the victimization or other traumatic event occurred. Areas for the background assessment typically include social, educational, legal, medical and mental health history. Having a solid understanding of the family's culture can help guide interview questions about potential background events (e.g., frequent moves and changing living arrangements for recent immigrant families who must migrate often for employment).
- **Recognize and broaden the range of traumatic events to be assessed.** Questions in an assessment of traumatic experiences should be behaviorally specific in order to increase the validity of the assessment (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). In addition to commonly assessed traumatic events, a broad range of other traumatic events that occur more frequently within a particular population can be added, depending on the family's background. Some examples include political trauma (e.g., political violence among families from Chile [Allodi, 1980]); immigration related crime (e.g., human trafficking among Mexican and Central American immigrant women [Farley, 2003]); or natural disasters (e.g., hurricanes in Puerto Rico and other Latin American countries in the Caribbean).
- **Increase efforts on translating existing measures into Spanish and researching their validity and reliability once translated.** While there are many assessment measures that exist, it is important that they are translated into Spanish using best practices translation techniques (see the "Communication/Linguistic Competence" priority area for more information). Once translated, their reliability and validity, as well as real world utility, needs to be established.
- **Incorporate the use of cultural measures into your assessment process.** These include measures of acculturation and acculturative stress. For more information on these measures, refer to the "Resource" section of this document.
- **Create comprehensive guidelines for conducting a culturally competent assessment that links the assessment results to the development of the treatment plan.** While guidelines exist for conducting a culturally competent assessment, few of these guidelines provide the link between the information gathered, the initial decision-making, and the development of the treatment plan.
- **Create the organizational and administrative supports that are necessary to build and sustain an effective assessment program.** This includes resource allocation in relation to staff time needed to engage families in the form of workload, supervision, and data systems (see the "Organizational Competence" priority area for more information).
- **When conducting assessments with a translator, it is critical to define exactly what we mean.** Specifically, for some clients, what a provider may see as a traumatic experience may be viewed by the client as a "part of life." It is important to clearly and concretely describe the events you are referring to in your assessment (see the "Communication/Linguistic Competence" priority area for more information on working with translators).

Resilience

- Many Latino/Hispanic families hold the cultural value of *familismo* (see "Cultural Values" priority area for more information). In this context, the family can be a strong support network and plays a valuable role in the assessment process. Taking the time to engage with the family and thoroughly introduce the assessment process can help the family become involved in the treatment process itself.
- The assessment process should focus on the client's strengths as well as on the areas that will be addressed by treatment. By identifying and working with the client's strengths, the clinician will be better able to pave the way for a stronger and more effective therapeutic relationship.

Family/Youth Engagement

- Trust is paramount to engaging youth and families in the assessment process. Trust issues often impede ethnic minorities from accessing mental health services (U.S. DHHS, 1999). Therefore, in order to engage ethnic families and obtain an accurate assessment, clinicians and agencies need to focus on building trust and rapport with the client's family and their community. Some ways to establish rapport include spending more time with clients' and their families, demonstrating knowledge of the client's culture, respect and interest in cultural values, rituals, and practices. Developing a positive reputation in the community and participating in local events also helps to establish trust.
- Provide the family with a strong rationale for the assessment and explain assessment procedures (to clarify any misunderstandings such as fear of being reported to authorities in order to better engage the family in the assessment process). It is helpful to explain why certain questions (i.e., related to sexual abuse) are being asked and to phrase questions in a descriptive, non-stigmatizing way (Resnick et al., 1993). Interviews and self-report instruments need to be available in the appropriate language and terminology as well.
- Assist the family with overcoming logistical barriers to treatment and current stressors. Providing bus tokens or linking a family to childcare resources can demonstrate concern for the family's problems and facilitate their participation in services. Flexibility in scheduling also serves this dual purpose (see the "Service Utilization and Case Management" priority area for more information).
- Elicit feedback from the family about their assessment experience. This shows the family that their opinion is valued and invites the family to take an active role in the treatment process.

Community Examples/Best Practices



- **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
 - ⇒ Address: Chadwick Center for Children and Families, Rady Children's Hospital - San Diego, 3020 Children's Way, MC 5131, San Diego, CA 92123
- **Medical University of South Carolina, Community Outreach Program – Esperanza (COPE)** – Provides community-based assessment, referral, and treatment services to children and adolescents who have been victimized by crime (e.g., sexual abuse, physical abuse, domestic violence) or have experienced other traumatic events such as natural disasters or serious accidents. Michael de Arellano, PhD, and Carla Kmett Danielson, PhD have created a culturally INFORMED approach to trauma assessment with Latino/Hispanic families (de Arellano & Danielson, 2008).
 - ⇒ Website: www.musc.edu/outreach/programs/outreachprograms.html#cope
 - ⇒ Address: Medical University of South Carolina, 165 Cannon St., MSC 852, Charleston, SC 29425
- **Border Traumatic Stress Response (Border TSR), Serving Children and Adolescents in Need, Inc. (S.C.A.N.)** - Works to improve and expand the service delivery system in Webb County, Texas, for children and adolescents aged 2 to 18 who have experienced any type of traumatic event. S.C.A.N. is a community-based, nonprofit organization with more than twenty years of experience providing services to children and adolescents and their families. S.C.A.N.'s trauma-informed system includes a thorough assessment and treatment tailored to his/her individual needs. Webb County is located along the Texas–Mexico border, and most of the children served are first-generation Mexican-Americans or Mexican immigrants who are bilingual or primarily Spanish-speaking.
 - ⇒ Website: www.scan-inc.org
 - ⇒ Address: 2387 E. Saunders St., Laredo, TX 78041
- **Children's Institute, Inc.– Responding to Domestic Violence: the “Whole Person” Approach** - Children's Institute Inc., developed this model for group intervention with families exposed to domestic violence. 87% of the clients in this program are Latino/Hispanic. There are outpatient groups and residential treatment in a long-term DV Shelter. Treatment is provided in both English and Spanish. It includes an integrated assessment model with culturally sensitive questions.
 - ⇒ Website: www.childrensinstitute.org
 - ⇒ Address: 711 S. New Hampshire Ave., Los Angeles, CA 90005

Resources

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**Dichos translation: A bird in the hand is worth a hundred in the air.*

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