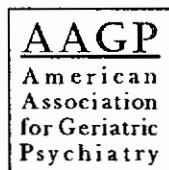


CURRICULUM RESOURCE GUIDE FOR CULTURAL COMPETENCE

**A Joint Project from the
APA Council on Aging Committee
on Minority Elderly
and the
American Association
for Geriatric Psychiatry**



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Organization of the Book:

Chapter 1 presents an overview and explanation for the training model and a description of ethnicity and culture.

Chapter 2 presents goals for each part of the training program. Recommendations for areas to be covered by general adult supervisors are provided. A comparison of published guidelines on minority curricula is also presented which served as the basis for recommendations.

Chapter 3 presents the session outlines and sample references for the core didactic course.

Chapter 4 presents potential assessment criteria for the program and sample forms. Assessments should reflect an increase in knowledge, clinical skills, and positive attitudes about work with minority individuals.

Chapter 5 presents an expanded list of references as well as information about audiovisual resources. Listed separately are journals that are not currently indexed by the National Library of Medicine or Index Medicus. Literature searches would not be fruitful for these non-indexed specialty journals.

Chapter 6 presents a listing of videotape abstracts that are relevant to minority issue training.

Appendices include a reprint of the APA-NIMH questionnaire on minority content in existing psychiatric training programs, the ASA (American Society on Aging) guideline for minority programs, and lists of organizations which are known to serve as clearing houses for information.

CURRICULUM RESOURCE GUIDE FOR CULTURAL COMPETENCE

APA Committee on Minority Elderly

Chapter 1

Training Needs for Work with Culturally Diverse Individuals

"The APA has long been concerned about the availability and adequacy of psychiatric services for minority populations. The APA Council on Aging became increasingly concerned that the minority elderly -- a growing percentage of elders, including the old-old, who survive to 85 and beyond -- have not received adequate attention in either clinical studies or practice, not withstanding the common sense dictum that the minority elderly face multiple jeopardies, have fewer resources, and in many cases, are not within the cultural mainstream of service needs and delivery." (APA TF Report, 1993).

Background:

The need for minority training in both medical school curricula and psychiatric residencies was recognized by the ACGME (American College of Graduate Medical Education) in its 1995 guidelines, requiring residency programs to address cross-cultural training during the residency. Some of the clinical problems which require special attention are questions about the effectiveness of traditional psychotherapeutic approaches, apparent misdiagnosis, different rates of mental illness, potential differences in pharmacokinetics and pharmacodynamics, the process of acculturation and acculturation stress, and the multifaceted dynamics of prejudice and ethnic identity conflicts on minority individuals. However, it has been difficult to reach a consensus about a narrowed content, how much time to devote to the subject, who should teach, or whether to approach training as a separate program or integrate it with the general curriculum. In addition, although reasonable and much needed, historically such efforts have met considerable resistance as programs develop.

Because of the need to help resolve the debate, the APA Committee on Minority Elderly, with formal liaison with the AAGP Committee on Ethnic Minority Elders, undertook an effort to develop an initial resource guideline and model curriculum on minority training. It was initially aimed at the specific issues of minority elderly, but the work group quickly realized that this could not be accomplished without attention to general issues. However, in every section, additional issues or references about minority elderly are provided to insure its inclusion. The proposed curriculum guide has been distilled from existing program models. It focuses on imparting a knowledge base for work with minority populations around major topics recommended in published curricula and programs known to committee members. The central intent was to help develop a curriculum which most residency training programs could incorporate even without minority faculty. To accomplish this, we provided selective resources with a heavy emphasis on audiovisual material and a resource directory. We further hope that exposure to minority cases will enhance and modify practice patterns.

An important step is demonstrating that specific skills are acquired through supervised clinical experience and proving that positive attitude change has occurred. Attitude change is a thorny issue. In many programs, it will be rare to find instructors with self-defined interest or knowledge about multiculturalism who might be models for change, and there are no accepted operational scales to gauge attainment of "cultural sensitivity." We maintain an optimistic view that because of the humanistic values of people in the helping professions, attitude change will be a process which can naturally occur as a result of exposure and learning. However, this assumption may not always be true. From a minority group viewpoint, wherever resistance or denial of problems is strongest, attitude change is most needed. Sensitivity training may be essential in some programs, and would require specific exercises aimed at uncovering stereotypes and images of other cultures (e.g. role playing, discussion groups, listening to minority speakers' experiences, etc.). This is often called diversity training, and is the type of exposure most often emphasized in industry to improve cooperation between workers and/or improve customer relations (cf. Pfeiffer & Co. Publishers holdings). Encounter-group approaches or other sensitivity training approaches are often poorly received, however. Some programs may face unanticipated resistance from participants, hearing arguments about being coerced into "politically correct behavior," or even worse that such discussions foment racial tension rather than reduce them. This monograph's primary focus is a basic curriculum guide that does not incorporate sensitivity training per se.

Several problems underlie the problem of ethnic minority training:

1. Many medical schools have few minority faculty, and fewer have faculty with an interest in minority studies. For many programs, there is little opportunity to develop a minority training component independently and there are dangers of poorly

- informed educators transmitting their own social stereotypes rather than imparting an accurate understanding of cultural differences. A questionnaire from the APA-NIMH in 1992 highlighted this concern (Appendix 1).
2. The diversity of minority populations often makes a general orientation too vague to be applied easily to specific ethnic groups or subpopulations.
 3. Specific training about a specific ethnic group may not be transferable to other groups.
 4. Clinical case experience may be skewed toward only the most severely psychotic or behaviorally disturbed because barriers to care (e.g. finances, attitudes, language) restrict care to all but the most needy. It is well documented that minority individuals, and elderly in particular, underutilize mental health services and long-term care services. Few programs undertake formal and systematic attempts to reach the minority community in need, although steps have been clearly outlined (American Society on Aging (ASA), 1992).
 5. In the current climate of managed care, practice guidelines, and attempts to reduce health care expenditures, ethnic minority issues and outreach take backstage or may even be dismissed as merely a matter of social preference.

These considerations were major influences in our thinking about a simplified and workable training model.

Even as the monograph reached completion, it was evident that an increasing number of references and materials on cultural psychiatry are being produced and distributed by a variety of publishers. Several non-profit organizations have also created their own resource centers to develop and/or distribute information about their own minority groups. A listing of professional book publishers, audiovisual distributors, and other important resources known to us by the time of publication, have been provided in the appendix. The American Psychiatric Association's *Psychiatric Services* has also emphasized minority audiovisual teaching materials for rent or purchase. This resource actually represented the single largest clearing house for psychiatrically related A/V material that the committee discovered.

Resident Training:

The current monograph is directed to psychiatric residency programs to address the ACGME mandate to include cultural diversity training in psychiatric residency programs. However, the approach and resources would be relevant to many other settings and programs, including medical schools or staff training.

Institutional support for multicultural training must be strongly emphasized to achieve real change. Ideally, mandatory coursework or clinical experiences should be reinforced by an institution's interest in ethnic diversity among faculty and trainees, outreach to minority communities, and the emphasis of minority-related threads or populations in research. Mainstreaming can embed multicultural issues within existing courses, although a more pragmatic method is to provide didactic material in a separate sequence. All subsequent clinical supervision should reinforce clinical validation of the principles and facts that were presented. As programs evolve, their approach and degree of interest in multicultural issues develop along a continuum of sophistication from simple exposure to fusion with daily clinical thinking (D'Andrea and Daniels, 1991).

Cultural training should meet three goals: (1) develop positive attitudes about working with minority populations and sensitize trainees, (2) provide new knowledge, and (3) develop skills to be more effective in work with special populations. The first goal may be the most difficult area to address directly or to assess. The trainees and faculty in some programs may not require sensitization, others may not be teachable without addressing underlying biases first. The pride expressed by some programs when they claim they do not have any IMG's (International Medical Graduates) may actually represent a program's need for sensitization to the special needs of minority populations and the value of bilingual/bicultural staff.

The model described in this monograph is a core course or sequence to present basic issues in a systematic fashion during the PGY-1 year. This should be followed in the PGY-2-4 years by exposure to supervised clinical cases with minority patients for skill development, clinical seminars, and grand rounds with cross-cultural topics. In addition to the number of minority cases, verification by supervisors of attention to cultural themes during supervision should also be provided to insure attention to cross cultural themes.

PGY-1	10-12 hours of basic knowledge material
PGY-2-4	Supervised case experiences (4 cases minimum)
PGY-1-4	An annual Grand Rounds and other special sessions. Examples might be quarterly case conferences with a guest discussant, formal lectures, research presentations, or other topical issues related to minority psychiatric issues.

Faculty Development:

Faculty development regarding minority issues is needed, especially if minority faculty are not available in an institution. Participation in the minority clinical seminars should be strongly encouraged and cross cultural programs should be carefully evaluated and upgraded to insure depth of presentations and that personal needs are being met.

Working definitions of key concepts

Terms such as race, culture, and ethnicity have different interpretations depending on the context of their use. Definitions of these various terms is thus important to provide clarification that will assist in the discussion of issues about the minority elderly.

Race has been used in the past as a synonymous term with ethnicity. Race, however, does not imply a cultural or social component. Crews and Bindon define race as a sociological construct that is poorly correlated with any measurable biological or cultural phenomenon other than the amount of melanin in an individual's skin (1). Racial groups are comprised by several ethnic groups and cross-mating may alter racial composition while maintaining a fundamentally similar ethnic group.

Culture and ethnicity are more closely related to each other. Culture describes attitudes of a population that are learned or non-biologically determined and which are passed down from generation to generation. Culture thus may be defined as socially transmitted behavior patterns and beliefs. Crews and Bindon define ethnicity as a sociocultural construct that is usually associated with discernible features of a group of individuals (Crews & Bindon, 1991). Valle defines ethnicity as a group identification based on a common cultural heritage, on customs followed and beliefs held as well as on the predominant language used (Valle, 1989). Ethnicity, based on identification with one's place of origin (e.g. African-American, Irish, etc.) or religion (e.g. being Jewish), incorporates cultural features such as shared customs, beliefs, and social interactional behaviors (Crews & Bindon, 1991). It also reflects underlying normative expectations (Valle, 1989), self-identification or self-concepts, religion, dietary habits, language, style of adornment and dress, and relative skin color. Any one of these items might be an identifying feature in a particular setting, but none are necessary conditions for defining ethnicity (Crews & Bindon, 1991). It is important to realize that while ethnicity remains primarily a sociocultural category, it is different from culture in that it has biological precursors, parameters, and consequences for both individuals and groups (Jackson, 1992).

Ethnic minorities in the United States are generally defined under four broad racial groups: American Indian/Native American; Asian Americans/Pacific Islander; African-American; and Hispanic/American. Within each of these broad categories, it is realized that different ethnic groups exist and the size and distinctive features of an ethnic group change with time. Perceived differences between ethnic groups often create substantial conflicts and biases. Ethnocentric bias is often predicated on the belief that one's own ethnic group members are superior to those of another ethnic group.

Differences between ethnic groups require that assessment instruments be valid for the specific ethnic group to be studied. Culture free assessment refers to a type of assessment which can be done across cultures or ethnic groups with high validity. A culture fair assessment refers to an assessment which varies with the cultural group and improves validity of the assessment with the cultural group. It may be as simple as the use of an analogous assessment instrument used in another culture that taps the same domains as an assessment instrument commonly used in the United States.

The concept of culture-bound syndromes refers to a collection of signs and symptoms (excluding notions of cause) which are only seen in a small number of cultures and are due to unique culturally influenced psychosocial features (Jackson, 1992).

Chapter 2

Objectives for attitudes, knowledge, and skills development

ACGME Guidelines: In March, 1994, the Accreditation Council for Graduate Medical Education distributed special requirements for training in cultural diversity that became effective January 1, 1995. The didactic curriculum should include: "Presentation of the biological, psychological, **sociocultural**, economic, **ethnic**, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development in infancy, childhood, adolescence, and adulthood." Clinical training should provide sufficient experiences in "The elements of clinical diagnosis with all age groups (**of both sexes to include some ethnic minorities**), such as interviewing; clear and accurate history taking; physical, neurological, and mental status examination; and complete and systematic recording of findings." "The residency program should provide its residents with instruction about American culture and subcultures, **particularly those found in the patient community associated with the training program.**" (ACGME, 1994)

Goals and Objectives:

Attitude: Positive attitudes and acceptance of other cultures is often a learned phenomenon based on exposure and awareness of other belief systems. Attitude change is assumed to be possible as a by product of an effective didactic and experiential curriculum.

Goals:

- > Improve tolerance of diverse populations
- > Develop empathy for the minority experience and internalization of experiences of prejudice
- > Develop an understanding of concepts of ethnocentric bias and their effects

Knowledge: (Table I) A general overview must contain information common to minority groups and specific information about the specific ethnic group with which an individual will interface. A composite list of core themes from published sources, APA Council on National Affairs committees, and consensus opinions are:

- > demographic information and epidemiology
- > definitions of age, definitions of ethnicity
- > sociological data on ethnic minority communities (e.g. aging and cohort effects, economic status and income maintenance, housing, social structure and institutions, barriers to care)
- > psychological aspects of immigration (e.g. culture clash, immersion, language related problems)
- > psychological aspects of minority status
- > norms, behavior, and lifestyles (of groups in the vicinity)
- > beliefs and behaviors about psychiatric treatments and psychotherapies (paradigm conflicts)
- > organizational and policy issues of health care, work and retirement
- > definitions of family groups, diversity, and family therapy
- > illness behavior
- > defining and measuring impact of social support systems and networks
- > the source of misdiagnosis and frequently misdiagnosed problems
- > instruments that might make the diagnostic process more objective
- > understanding biological and genetic contributions to disease and psychopharmacology
- > emerging research findings about racial and ethnic influences (including biological differences and psychopharmacology)

Skills: (Table II)

- > competence in biopsychosocial assessment for appropriate diagnosis, formulation, and listing of problems/design of treatment plans
- > demonstration of a respectful and caring attitude and concern about special problems of the minority individual
- > does not impose personal attitudes and values (reduction of countertransference in the broad sense)
- > shows respect for, and understanding of, alternate treatment approaches which might be utilized parallel to professional care

**Table I: Summary of Published Curriculum Guidelines
Knowledge Based Educational Objectives**

Area	Yager	Sue	UCSF
Cultural heterogeneity	Implied	Implied	Yes
Cultural knowledge values and beliefs	Yes	Yes	Yes
Sensitize to stereotyping	Not mentioned	Not mentioned	Yes
Barriers to care	Yes	Yes	Yes
Sociology of ethnic minorities	Yes	Yes	Yes
Presentation of mental illness, cultural influences and attitudes	Yes	Yes	Yes
Test bias v culture fair approaches	Implied by diagnostic differences	Yes	Implied by diagnostic differences
Aware of family structure	Yes (sociology)	Yes	Not mentioned
Aware of groups & social hierarchies	Yes (sociology)	Yes	Yes (SES)
Aware of customs	Yes (sociology)	Not mentioned	Yes
Prejudice & discrimination	Not mentioned	Yes *	Yes
Immigration history	Yes	Implied by knowledge of groups	Yes
Culture-specific care	Yes	Yes	Yes
Specific stressors (e.g. oppression, refugee status)	Implied	Implied	Yes
Group specific issues (e.g. substance abuse, violence, trauma)	Implied	Implied	Yes

**Table II: Summary of Published Curriculum Guidelines
Skill Objectives**

Area	Yeager	Sue	UCSF
Verbal and non-verbal skills	Yes	Yes	Implied (Interviewing)
Helping style is appropriate	Yes	Yes	Yes
Able to discern problems from racism or bias v personal conflicts	Not mentioned	Yes	Yes
Able to distinguish cultural behaviors from psychopathology	Yes	Not mentioned	Yes
Deal with local healers	Not mentioned	Yes	Not Mentioned
Bilingual (if needed)	Not mentioned	Yes	One or the other implied
Able to use translators (if client needs it)	Yes	Not mentioned	
Expertise with appropriate test instruments	Not mentioned	Yes	Not mentioned
Reduce biases, prejudices, and discriminatory practices	Yes (attitudes)	Yes	Yes (attitudes)
Educate patients about psychological interventions, goals, rights, expectations	Not mentioned	Yes	Not mentioned
Conduct ethnically sensitive interview	Yes	Not mentioned	Not mentioned
Able to work with a team	Yes	Implied in ability to use resources	Not mentioned

Chapter 3 Content: Knowledge and Experiential Base¹

Orientation Course (First Year):

The introductory course is meant to present an overview, providing a backdrop to understand later information about specific ethnic populations. Data from a limited number of ethnic groups should be used to exemplify primary concepts rather than to explore a particular group in depth (Table III). Outlines of individual sessions are limited to a few recommended readings or videotape materials to foster discussion. The specific outline for each session provides a short reference list and recommended points to highlight in the discussion. Sensitization to many issues may be best addressed through relevant biographies of minority authors or viewing of acclaimed films about minority issues as seen through the eyes of minority screenwriters or producers.

Clinical Elements (Subsequent Years):

Didactic Experiences:

Devoting one or more department-wide grand rounds plus case conferences each year to ethnic minority issues is highly recommended. The purpose would be to expand interest and knowledge about family issues and the cultural context of working with major ethnic or racial divisions.

Case Experience and Individual supervision: (Table IV)

The primary clinical teaching opportunity is supervised case experience supplemented by additional reading. Given an anticipated limited case experience, supplemental readings will insure a broader exposure to key "cultural issues."

Under each heading a list of clinical references is provided for further reading:

1. African American Issues
2. Asian American Issues
3. Hispanic American Issues
4. Native American and Alaskan Issues

Ideally:

1. At least one ethnic minority case from each major racial division should be followed in psychotherapy or combined psychotherapy/ pharmacotherapy, allowing more generalizable discussions about ethnic issues in treatment.
2. The supervisor should be from the patient's ethnic group when possible.
3. Approximately 10% of supervisory time should be spent discussing issues related to how psychiatric illness relates to cultural concepts.

¹We recommend that only one core text be selected to simplify presentation of the material. A series of articles may appear to lack cohesion. Points should be frequently exemplified by case vignettes.

Table III: Orientation Course (First Year):

1. General Discussion: Experiences where race or ethnicity has been important; personal experiences
2. Introduction:
Cultural and sociopolitical considerations affecting data collection, professional interactions, and care.
3. Assimilation/acculturation issues
4. Racial/cultural identity development and professional interactions
5. Culture fair measurement issues:
Culture free (e.g. biological markers) versus culture fair testing, compensating for educational effects and language, frequency of idioms used in some instruments, available instruments.
6. Minority family issues: (affiliative patterns, marital status and mixed marriages, concepts of family obligation)
7. Cultural formulations in DSM-IV.
8. Attitudinal issues affecting care (conceptualizations of "world views", locus of control, healing beliefs)
9. Psychotherapy issues
10. Psychobiology of ethnicity and health influences
11. Defining culturally skilled counselling and services
12. Similarities of themes for elderly as a minority group and other minority populations

Table IV: Experiential Elements of Subsequent Years

1. Communicate with monolingual minority patients in their own language (either bilingual or through translators).
2. Obtain a history that emphasizes a chronological (developmental) approach:
 - a. For immigrants, emphasize the patient's remigration experience, family life in the home country, education, employment status (especially underemployment differences in the U.S.), support network, problems and stresses; migration experience (reason for move, traumas, camp placement, who stayed behind); and post-migration adaptation (hopes and fears, successes and failures).
 - b. For American born, emphasize similar themes but in context of separation and assimilation and prejudicial experiences.
3. Utilize unique assessment tools when applicable (e.g. diagnostic interview schedules or mental status forms developed for minority populations)
4. Conduct family assessment, especially regarding intergenerational conflicts.
5. Emphasize a crisis and symptom-oriented approach congruent with the patient's culturally influenced attitudes and coping styles (when relevant).
6. Review readings on folk beliefs and conceptualization of or orientation to mental illness for the cultural group of interest and probe for possible existence or latent influences on the patient.
7. Review medication studies of optimal dosing and racial differences in medications for the cultural group of interest.
8. Become familiar with local community support services for the cultural group of interest.

Session Topics and References

Listed below are a few textbooks as general references suggested for course work. In the appendices, lists of alternate or supplemental books, and references are also provided. The information on cultural psychiatry is not indexed in the medical computerized data bases. To assist in searches, the appendix contains a list of publishers and journals that seem to have an increased minority psychiatric emphasis and which should be reviewed independently. Media portrayal of ethnic minority themes are often good backdrops for discussion. Residents should be encouraged to read biographies or view films containing minority content during the course and discuss their impressions.

Major References for Sessions:

1. American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*. Washington, D.C., American Psychiatric Association, 1994. [Appendix I: Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes]
2. American Psychiatric Association Task Force on Minority Elderly: *Ethnic Minority Elderly: A Task Force Report of the American Psychiatric Association*. American Psychiatric Press, Inc., Washington, D.C., 1994.
3. Gaw AC (Ed.): *Culture, Ethnicity & Mental Illness*, 1993.
4. Kleinman A: *Rethinking Psychiatry: From Cultural Category to Personal Experience*, New York, The Free Press, 1988.
5. Lin KM, Poland RE, Nakasaki G (Eds.): *Psychopharmacology and Psychobiology of Ethnicity*, Washington, D.C., American Psychiatric Press, Inc., 1993.
6. Sue DW, Sue D: *Counseling the Culturally Different: Theory & Practice, 2nd Ed.* New York, John Wiley & Sons, 1990.
7. Wilkinson CB (Ed.): *Ethnic Psychiatry*. New York, Plenum Medical Books, 1986. [clinical case examples]

Videotape: Bland I: *The Cross-cultural Therapeutic Alliance: The African American Patient*. Menninger Video Productions, 1994.

Supplemental references or single use:

1. American Society on Aging: *Serving Elders of Color: Challenges to Providers and the Aging Network*. San Francisco, American Society on Aging, 1992.
- Gaines, AD (Ed.): *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatries*. Albany: State University of New York Press, 1992.
2. Hales RE, Yudofsky SC, & Talbott JA: *American Psychiatric Press Textbook of Psychiatry, 2nd Ed.* Washington, D.C., American Psychiatric Association, 1994. [Chapter by Griffith EEH & Gonzalez CA: *Essentials of Cultural Psychiatry*]
3. Hall, KS, Hendrie, HC, Brittain, HM, Prince, CS, Rogers, DD: Community Screening Interview for Dementia (CSID): Nelson House Cree Version: Collaborative Epidemiology Study. *International Psychogeriatrics*. pp.15-28. [As an example of scale validation and difficulties]
4. Holtzman, W. and Borneman, T. (Eds.): *Mental Health of Immigrants and Refugees*. Austin, Texas, Hogg Foundation for Mental Health, The University of Texas, 1990.
5. Light E and Lebowitz BD (Eds.): *Alzheimer's Disease Treatment and Family Stress: Directions for Research*. U.S. Department of Health and Human Services, DHHS Publication No.(ADM) 89-1569, Washington, D.C., 1989 [Valle, R: *Cultural and Ethnic Issues in Alzheimer's Disease Family Research*]
6. McGoldrick M, Pearce PK, Giordano J (Eds.): *Ethnicity and Family Therapy*. New York, Guilford, 1982. [Chapter 1: Overview]
7. Sadavoy J, Lazarus LW, and Jarvik LF (Eds.): *Comprehensive Review of Geriatric Psychiatry*, Washington, D.C., American Psychiatric Press, Inc., 1991. [Lazarus LW, Sadavoy, J, Langsley PR: *Individual Psychotherapy*. pp.487-512].
8. Westermeyer J: Working with an interpreter in psychiatric assessment and treatment. *Journal of Nervous and Mental Disease*. 178(12):745-749, 1990.

Session 1: Shared Experiences/Orientation
Experiences where race or ethnicity has been important; personal experiences

Goal: Orientation to the course. Introductions through sharing experiences of ethnicity and treating ethnic minority patients.

Topical References: None

Major Ideas to Emphasize in the Discussion:

1. Cultural diversity
2. Personal ethnic identifications and experiences
3. Importance of openness and acceptance of each other's opinions

[Although sensitivity training is not a primary objective of a didactic course, inclusion of a session to share experiences of minority status and work with minorities may be useful to develop group trust and cohesion and set the tone for the course. If given in the first year of training, residents will not know each other well and group cohesion and an air of openness which is needed for the course may be enhanced from an initial session like this.]

Session 2: Introduction

Goal: Generate a discussion of the importance of sociological and anthropological viewpoints of mental illness which are commonly viewed as key points in cross-cultural mental health discussions.

Topical References:

1. Kleinman A: *Rethinking Psychiatry*, 1988 (Chapter 5 on professional values)
2. Gaw AC (Ed.): *Culture, Ethnicity & Mental Illness*, 1993. [Chapter 1: Hughes CC: Culture in Clinical Psychiatry]
3. Alternatively RE Hales, SC Yudofsky, & JA Talbott: *American Psychiatric Press Textbook of Psychiatry, 2nd Ed.* Washington, D.C., American Psychiatric Association, 1994. [Chapter by Griffith EEH & Gonzalez CA: Essentials of Cultural Psychiatry]

Major ideas to emphasize in the discussion:

1. Ethnocentric bias (effect of professional values on the work of psychiatrists; sociopolitical aspects of care)
2. Do social relations and cultural meanings contribute to the onset and course of mental illness? ("world views" and putative impact on healing beliefs)
3. Interactional and communication styles
4. Reasons for seeking care and attitudes about care
5. Sampling problems and proposed cultural differences in rates and expression of illness (ECA and other data sets; define culture bound syndromes)

Special Aging Issues:

Ethnic Minority Elderly: A Task Force Report of the American Psychiatric Association. American Psychiatric Press, Inc., Washington, D.C., 1994.

1. Greater importance of ethnic issues due to immigrant status and language
2. Social Isolation
3. Intergenerational conflict
4. Higher health risks and disability

Session 3: Assimilation/Acculturation Issues

Goals: Address issues associated with immigrant status as well as poorly-assimilated American born (due to racism or poverty).

Topical References

1. Sue DW, Sue D: *Counseling the Culturally Different: Theory & Practice, 2nd Ed.* New York, John Wiley & Sons, 1990. [Chapter 2: Barriers to Effective Cross-Cultural Counseling]
2. Gaw, AC: Culture Ethnicity and Mental Illness [Chapter 5: Westermeyer JJ: Cross-cultural Psychiatric Assessment]

Alternate Text:

Holtzman, W. and Borneman, T. (Eds.): *Mental Health of Immigrants and Refugees.* Austin, Texas, Hogg Foundation for Mental Health, The University of Texas, 1990.

Major ideas to emphasize in the discussion:

1. Communication Styles (paralanguage)
2. Language barriers
3. Value orientation and world view types (e.g. locus of control, time focus, learned helplessness) - Issues related to prejudice should be addressed in a separate session
4. Typical themes or issues
5. Provide examples of health values and beliefs seen in local clinical populations

Special Aging Issues:

Sakaue KM: *Minority Elderly: Comprehensive Textbook of Geriatric Psychiatry, 2nd Ed.*, 1995.

1. Language and cultural barriers
2. Intergenerational family strain

Session 4: Racial/Cultural Identity Development

Goals: Present the theory of racial identity development, the impact of prejudice and culture of poverty (barriers, class bound values, effect on treatment) on self perception and interactions at different points of the life span.

Topical Reference:

1. Sue DW, Sue D: *Counseling the Culturally Different: Theory & Practice, 2nd Ed.* New York, John Wiley & Sons, 1990. [Chapter 5: Racial/Cultural Identity Development]

Videotape Examples:

Ethnic Notions (25 minute videotape; rental available through Psychiatric Services Resource Center)
Hoop Dreams (outside viewing)

Major ideas to emphasize in the discussion:

Impact of Prejudice

Special Aging Issues:

Same references: More mature self-view and racial acceptance

Session 5: Culture Fair Measurement Issues

Goals: Present definitions and examples of culture free (e.g. biological markers) versus culture-fair testing.

Major ideas to emphasize in the discussion:

1. Non-homogeneity of ethnic populations limiting correction factors
2. Dilemma of construct validity problems in simple translations (e.g. MMPI)
3. Review some available clinical instruments which might be used in local populations emphasizing corrections based on education, language, and idioms.

Topical References:

1. Valle, R: Cultural and Ethnic Issues in Alzheimer's Disease Family Research. In Enid Light and Barry D. Lebowitz (Eds.): *Alzheimer's Disease Treatment and Family Stress: Directions for Research*. U.S. Department of Health and Human Services, DHHS Publication No.(ADM) 89-1569, Washington, D.C., pp. 122-154, 1989. (regarding cognitive assessment)
2. Sue DW, Sue D: *Counseling the Culturally Different: Theory & Practice, 2nd Ed.* New York, John Wiley & Sons, 1990. [Chapter 3: Cross-cultural Communication/Counseling Styles]

Supplemental Text:

Dana RH: *Multicultural Assessment Perspectives for Professional Psychology*. Des Moines, IA, Longwood Division, Allyn & Bacon, 1993.

Special Aging Issues:

Hall, KS, Hendrie, HC, Brittain, HM, Prince, CS, Rogers, DD: Community Screening Interview for Dementia (CSID): Nelson House Cree Version: Collaborative Epidemiology Study. *International Psychogeriatrics*. pp.15-28. [As an example of scale validation and difficulties]

1. Overdiagnosis of dementia
2. Construct validity of test scales

Session 6: Minority Family Issues

Goals: Present differences in affiliative patterns and attitudes that might account for potential differences in family counselling (mixed marriages, divorce, concepts of family obligation)

Major ideas to emphasize in the discussion:

1. Value preferences (generational differences in ethnic identity)
2. Relational dimensions (family life cycle / distance from immigration)
3. Inter-marriage

Topical Reference:

1. McGoldrick M, Pearce PK, Giordano J (Eds.): *Ethnicity and Family Therapy*. New York, Guilford, 1982. [Chapter 1: Overview]
2. Sue DW, Sue D: *Counseling the Culturally Different: Theory & Practice, 2nd Ed.* New York, John Wiley & Sons, 1990. [Chapter 6: Cross-cultural Family Counseling]

Special Aging Issues:

Reference: M. Goldstein (Ed.): *Family Care of the Frail Elderly*, Washington, D.C., American Psychiatric Press, Inc., 1989.

1. Intergenerational strain / Generation Gap
2. Non-shared cultural values

Session 7: Cultural Formulations in DSM-IV

Goals: Present different culture bound syndromes and discuss possible meanings (idioms of distress), and discuss applications of the DSM-IV outline for cultural formulations (cultural identity, cultural explanations of illness, cultural factors related to psychosocial environment and levels of functioning, cultural elements of the current doctor-patient relationship, overall assessment for care).

Topical Reference:

DSM-IV: Appendix I: Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes

Major ideas to emphasize in the discussion:

1. Personal meaning (interpretation) of symptoms
2. Review of major syndromes associated with dominant ethnic groups

Special Aging Issues: No additional references

Increased likelihood of cultural diagnostic problems due to recent immigrant status or low assimilation for many minority elders

2. Distance from immigration as a variable in mental health outcome

Session 8: Attitudinal issues affecting care

Goals: Present common alternate care models that might impact on scientific care approaches (eg. acupuncture, spiritual healing (Christian Science and faith healing to voodoo), herbal therapy, environmental interventions)

Topical References:

Sue DW, Sue D: *Counseling the Culturally Different: Theory & Practice, 2nd Ed.* New York, John Wiley & Sons, 1990. [Chapter 4: Sociopolitical considerations of mistrust in counseling]

Supplemental reference for specific examples:

Gaines, AD (Ed.): *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatries.* Albany: State University of New York Press, 1992.

Major ideas to emphasize in the discussion:

1. Effects of historical or current feelings of racism
2. Credibility of therapist
3. Belief systems about care (Likely higher prevalence of alternate beliefs due to immigrant status)

Special Aging Issues:

Ethnic Minority Elderly: A Task Force Report of the American Psychiatric Association. American Psychiatric Press, Inc., Washington, D.C., 1994.

Session 9: Psychotherapy Issues

Goals: Discuss common treatment problems and ways to understand and address them (e.g. cultural interpretations, reactions to authority, therapist biases (countertransference), paradigm conflicts, Black-White therapist/patient issues, overidentification, the therapeutic alliance, interactional and communication styles, metaphors, non-verbal communication styles, reactions to authority, reactions to age and sex of the therapist, acceptable and unacceptable requests, and Black-White therapist/patient issues.)

Topical Reference:

Wilkinson CB (Ed.): *Ethnic Psychiatry*. New York, Plenum Medical Books, 1986. [Chapter 2: Mental Health of Black Americans: Psychiatric Diagnosis and Treatment for case examples]

Teaching Tool:

Videotape: *The Cross-cultural Therapeutic Alliance: The African American Patient*. Menninger Video Productions, 1994. (use as point of discussion)

Major ideas to emphasize in the discussion:

Therapist and patient attitudes and beliefs affecting treatment

Special Aging Issues:

Lazarus LW, Sadavoy, J, Langsley PR: Individual Psychotherapy. In J Sadavoy, LW Lazarus, and LF Jarvik (Eds.): *Comprehensive Review of Geriatric Psychiatry*, Washington, D.C., American Psychiatric Press, Inc., 1991 (pp.487-512).

Similar arguments about barriers and attitudinal issues related to treatment for other elders with special concerns about:

1. Language barriers
2. Idiom and communication styles
3. Pacing differences
4. Attitudes toward care
5. Therapeutic themes

Session 10: Psychobiology of Ethnicity and Health Influences

Goals: Summarize current knowledge of ethnic differences and similarities in response to psychotropic drugs as well as interpretation of "biological markers" of psychiatric disorders.

Topical References:

Lin KM, Poland RE, Nakasaki G (Eds.): *Psychopharmacology and Psychobiology of Ethnicity*, Washington, D.C., American Psychiatric Press, Inc., 1993.

Major ideas to emphasize in the discussion:

1. Reported basis of pharmacokinetic differences and genetic polymorphism of key enzymes
2. Reported pharmacodynamic differences
3. Differential responses (question of different dose requirements)
4. Health co-morbidities

Special Aging Issues:

Ethnic Minority Elderly: A Task Force Report of the American Psychiatric Association. American Psychiatric Press, Inc., Washington, D.C., 1994.

1. Different rates of dementia and etiologies
2. Delirium
3. Higher frequency of medication side effects

Session 11: Service Delivery Issues

Goals: Discuss guidelines for culturally appropriate services, use of translators, means to reduce barriers to care.

Topical References:

1. American Society on Aging: *Serving Elders of Color: Challenges to Providers and the Aging Network*. San Francisco, American Society on Aging, 1992.
2. Westermeyer J: Working with an interpreter in psychiatric assessment and treatment. *Journal of Nervous and Mental Disease*, 178(12):745-749, 1990.

Major ideas to emphasize in the discussion:

1. Parallel versus mainstream service models
2. Funding options to cover the medically indigent (varies by state)
3. Should alternative healing approaches be integrated into treatment?

Special Aging Issues:

Valle, R: Outreach to ethnic minorities with Alzheimer's disease: The challenge to the community, Health Matrix, Winter 1988-1989, 6:13-27

1. Need for outreach
2. Frail elderly
3. Long-term care (reasons for markedly reduced utilization)

[may use program models like *On-loc* in San Francisco's Chinatown to discuss approaches]

Session 12: Similarities of themes for elderly as a minority group and other minority populations

Goals: Emphasize similarities among minority groups in terms of barriers to access to care and perceived prejudice and its impact on identity. Point out differences which have been adopted regarding support networks and differing health and mental health prevalence rates and problems.

Topical References: (discretion of instructor)

Major Ideas to Emphasize in the Discussion:

1. Mental health priorities (main disorders)
2. Barriers to care
3. Overcoming attitudinal barriers from caregivers
4. Support network differences

Chapter 4

Assessment: knowledge, skills, attitudes, program

Knowledge:

No pre-existing general assessment tools are relevant since knowledge scales were generally prepared to measure knowledge of specific ethnic group customs or language as a gauge of "ethnic group identification." For the purposes of an overview course, attendance (exposure) and interest (reading and active participation), as well as resident evaluations of how well specific topics were covered, may be meaningful proxies for knowledge until more specific examinations are prepared and validated by educators. Sample forms are included for instructor evaluations of participation in didactic seminars and resident ratings of the course.

Skills: (Yager, Chang, Karno, 1989)

1. Conduct an ethnically sensitive psychiatric assessment of patients from any background
2. Distinguish culturally determined behaviors from psychopathology
3. Provide psychiatric treatment to patients from ethnic groups different from the trainee's own
4. Be able to use translators in psychiatric assessment
5. As a member of an interdisciplinary treatment team, be able to formulate and effect treatment plans using community resources that are ethnically sensitive to the patient's needs

Of these 1, 2 and 3 are the most significant. The other areas may not be achievable depending upon the local community and case mix. A sample supervisor evaluation form has been prepared to rate a resident's skill in these areas.

Attitudes:

No standardized attitudinal measures are available. Modifications can be made to items in published scales on acculturation or ethnic group affiliation within the sociology literature to develop an attitude change questionnaire incorporating ideas of the importance of identifying cultural belief systems and assessing cultural identity within clinical practice, the degree to which perceived prejudice affects practice, or the degree to which cultural differences affect patients and staff interactions. However, qualitative responses to such questionnaires may show response set bias (positive responses) given the transparent intent of the questionnaire.

One alternative means for an objective measure of attitude change that was suggested for this monograph was to have residents write an essay on the minority perspective of selected interpersonal relations. A more practical means to this is to ask residents to develop a more detailed case formulation on a minority case for review that addresses cultural influences inherent in the case and the means to address it in the treatment plan. This addendum to an existing case can also be filed in the chart to enrich the clinical information for that case. See attitudinal scoring sheet.

Program Evaluation:

- > Measurement of attitude change
- > Teacher evaluations (as an indirect measure of producing positive attitudes)
- > Course evaluations
- > Number of minority faculty
- > Number of faculty involved in the teaching program

Knowledge Evaluation

Resident Name		
Sample Knowledge Assessment Form: Instructor's Evaluation		
(Circle response)		
Session	Attended	Participation Level
Session 1: Attitudes and Values	Y / N	Active / Passive / N/A
Session 2: Orientation: Social science data	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 3: Assimilation/aculturation	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 4: Racial/cultural identity	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 5: Culture fair measurement	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 6: Minority family issues	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 7: DSM-IV cultural formulations	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 8: Attitudinal issues	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 9: Psychotherapy issues	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 10: Psychobiology of ethnicity	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 11: Service delivery issues	Y / N	Readings Done: Y / N Active / Passive / N/A
Session 12: Special populations	Y / N	Readings Done: Y / N Active / Passive / N/A
Comments:		

Attitude and Skill Evaluation

During one of clinical rotation years (either 2,3, or 4) to be determined by the training program, the resident should submit an expanded case formulation on a minority patient for review which demonstrates their working knowledge, and sensitivity, to the cultural themes inherent in the case. The formulation may be evaluated on the following basis, adapted from an instrument to assess moderating effects of sociocultural variables on acculturation attitudes by Sadowky , Lai & Plake (J. of Counseling & Development, 70:194-204, 1991).

Main Themes to be addressed in the Formulation:	Indicators	Addressed adequately (Y / N)
How cultural origin is related to the patient's identity	Cultural origin or immigration history described Beliefs and Value system of the cultural group (when absent may state "unlike the stereotype of..., X describes...") Painful experiences related to cultural identity described Language barriers and influences described (when present)	Y/N Y/N Y/N Y/N Y/N
Awareness of perceived prejudice and its impact on patient behavior.	Perceived equal or unequal treatment mentioned Whether patient has reached a level of feeling treatment depends on individual Americans or is endemic Statement of the therapeutic alliance and/or problems	Y/N Y/N Y/N
Barriers to assistance that exist or are perceived to exist due to race or socioeconomic status	Social Limitations Network assessment	Y/N Y/N
Resident Sensitivity and treatment	Empathy Active recommendations showing knowledge of community resources	Y/N Y/N

Clinical Skills Evaluation
Alternative or Addendum to previous page

Resident Name	
Sample Clinical Skills Assessment (by fourth year)	
(Circle response)	
Area	Y / N / N/A
Provided psychiatric treatment to patients from ethnic groups different from the trainee's own (specify number: _____)	Y / N / N/A
Conducted an ethnically sensitive psychiatric assessment of a patient (specify patient background _____)	Y / N / N/A
Considered and was able to distinguish culturally determined behaviors from psychopathology	Y / N / N/A
Able to develop case formulations including cultural considerations	Y / N / N/A
Test case of a written case formulation addresses cultural considerations	Y / N / N/A
Able to use translators in psychiatric assessment	Y / N / N/A
Able to work effectively with family and extended support network of minority patients	Y / N / N/A
Able to use community resources that are ethnically sensitive to patients' needs	Y / N / N/A
Comments:	
The assessment has been reviewed with me. _____	
Resident's Signature	

Program Assessment (1)

Resident Name										
Sample Didactic Program Assessment (Resident Comments)										
(Circle response)										
Session	Attended	Met Goals								
Session 1: Attitudes and Values	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 2: Orientation: Social science data	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 3: Assimilation/acculturation	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 4: Racial/cultural identity	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 5: Culture fair measurement	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 6: Minority family issues	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 7: DSM-IV cultural formulations	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 8: Attitudinal issues	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 9: Psychotherapy issues	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 10: Psychobiology of ethnicity	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 11: Service delivery issues	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Session 12: Special populations	Y / N	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> <td style="border: 1px solid black; width: 25%; height: 15px;"></td> </tr> <tr> <td style="text-align: center;">Poor</td> <td></td> <td></td> <td style="text-align: center;">Superior</td> </tr> </table>					Poor			Superior
Poor			Superior							
Comments:										

Program Evaluation

Sample Program Evaluation Summary (annual)	
Resident evaluations of seminar (mean)	<div style="display: flex; justify-content: space-between; align-items: center;"> Poor <div style="border: 1px solid black; width: 100px; height: 15px; display: flex;"> <div style="flex: 1; border-right: 1px solid black;"></div> <div style="flex: 1; border-right: 1px solid black;"></div> <div style="flex: 1; border-right: 1px solid black;"></div> <div style="flex: 1;"></div> </div> Superior </div>
Measurement of attitude change (pre - post change) (mean)	<div style="display: flex; justify-content: space-between; align-items: center;"> decline <div style="border: 1px solid black; width: 100px; height: 15px; display: flex;"> <div style="flex: 1; border-right: 1px solid black;"></div> <div style="flex: 1; border-right: 1px solid black;"></div> <div style="flex: 1; border-right: 1px solid black;"></div> <div style="flex: 1;"></div> </div> improved </div>
Percent of attendance at didactic sessions:	
Percent of residents meeting all clinical experiences guidelines: PGY-2 PGY-3 PGY-4	
Number of residents requesting advanced experiences (PGY-4):	
Number of minority faculty:	
Number of faculty involved in minority education:	
Number of minority residents:	
Number of grand rounds or minority seminars for the department (per year):	

Chapter 5 Published Curriculum Guidelines and Special Reference Lists

Published Curriculum Guidelines:

Accreditation Council for Graduate Medical Education: *Special Requirements for Residency Training in Psychiatry* (Guidelines related to cultural diversity training, issued March, 1994).

Harper MS (Ed.): *Minority aging: Essential curricula content for selected health and allied health professions*. Health Resources and Services Administration, Department of Health and Human Services. DHHS Publication No. HRS (P-DV-90-4). Washington, D.C.: U.S. Government Printing Office, 1990.

Lefley, H, Pedersen, P: *Cross-Cultural Training for Mental Health Professionals*. Springfield, IL, Charles C. Thomas, 1986.

Miranda MR, Kitano HL: *Mental Health Research and Practice in Minority Communities: Development of Culturally Sensitive Training Programs*. U.S. Department of Health and Human Services, National Institute of Mental Health, DHHS Publication No. (ADM) 86-1466, U.S. Government Printing Office, Washington, D.C., 1986.

Sue DW: (a) A Model for Cultural Diversity Training in *Journal of Counseling & Development*, 70:99-105, 1991. and (b) Multicultural Counseling Competencies and Standards: A Call to the Profession. *Journal of Counseling and Development*. 70:477-483, 1992. [part of a special issue by Pedersen, PB (Ed.): "Multiculturalism as a Fourth Force in Counseling" in the *Journal of Counseling & Development*, Volume 70, No. 1, September/October, 1991. (American Association for Counseling and Development, Alexandria, VA)

University of California, San Francisco (UCSF): Department of Psychiatry at San Francisco General Hospital's *Ethnic Minority and Gender Issues Curricula*, 1994. (Program guides for Black and Asian minority groups)

Yager, J, Chang, C, Karno, M: Teaching Transcultural Psychiatry. *Academic Psychiatry*. 13(3):164-171, 1989. [The University of California, Los Angeles (UCLA) 3 levels of training from experience funded by an NIMH Clinical Training Grant]

Related Training Issues:

Bradsaw, WH: Training Psychiatrists for Working with Blacks in Basic Residency Programs. *American Journal of Psychiatry*. 135(12):1520-1524, 1978.

Browne, C, Broderick, A: Asian and Pacific Island Elders: Issues for Social Work Practice and Education. *Social Work*, 38(3):252-250, 1994.

Cranston-Gingras AC: Sensitizing Counselors and Educators to Multicultural Issues: An Interactive Approach. *Journal of Counseling and Development*. 70 (1): 91-98, 1991.

DAndrea, M, Daniels, J: Exploring the Different Levels of Multicultural Counseling Training in Counselor Education. *Journal of Counseling and Development*. 70 (1): 78-84, 1991.

Stanford Geriatric Education Center: *Conference Materials: Gerontology Curriculum Outlines*. Palo Alto: Stanford University, January 10-11, 1992 [Has no psychiatric section but includes a sections on gerontological nursing, geriatric medicine, psychology, and allied health professions.]

Stein, Terri (Chair) of APA workgroup to develop curricula for learning about minority groups from the Council on National Affairs. (Call author regarding availability of unpublished drafts to preview).

Training Videotape Sources

Minority-Related Sources:

Menninger Video Productions (MVP)
P.O. Box 829
Topeka, KS 66601-0829
(800) 289-9311

Psychiatric Services Resource Center
American Psychiatric Association
1400 K Street, N.W.
Washington, D.C. 20005
(800) 366-8455
FAX (202) 682-6248

Video Press

University of Maryland at Baltimore
School of Medicine
100 Penn St., Suite 133
Baltimore, MD 21201
(800) 328-7450 or (410) 706-5497

Sources for Searches on Major Films and Documentaries:

Video Hound's Golden Movie Retriever: 1995

Visible Ink Press

835 Penobscot Bldg.
Detroit, MI 48226
(800) 877-GALE
(Classification of over 4300 movies available as videos
with a distributor guide).

Magill's Survey of Cinema

Via computer on-line services

Movies Unlimited

6736 Castor Avenue
Philadelphia, PA 19149
(800) 668-4344
(Mail order source for documentaries and a variety of
films)

Sources for Industry related Materials on "Diversity
Training":

Pfeiffer & Company
2780 Circleport Drive
Erlanger, KY 41018

Special Geriatric Video Sources:

Alzheimer's Disease Education and Referral (ADEAR)
Center
(A service of the National Institute on Aging)
Dept. PV
P.O. Box 8250
Silver Spring, MD 20907-8250
1-800-438-4380

American Society on Aging

Directory of past media festival presentations
833 Market Street, Suite 511
San Francisco, CA 94103-1824. Audiotapes of meetings
available
FAX (415) 974-0300

Terra Nova Films

Films on Aging
9848 S. Winchester Avenue
Chicago, Illinois 60643
(800) 779-8491 or (312) 881-3368

Journals with Minority Content: Not in Index Medicus or the National Library of Medicine

International Journal of Geriatric Psychiatry

International Psychogeriatrics

International Journal of Psychiatry in Medicine

British Journal of Psychiatry and Supplements

Indian Journal of Psychiatry

Indian Journal of Psychological Medicine

Rinsho Seishin Igaku (Japanese Journal of Clinical Psychiatry)

Transcultural Psychiatric Research Review

Acta Psiquitrica y Psicologica de America Latina

Actas Luso-Espanolas de Neurologia, Psiquiatria y Psicologica de America Latina

Anales de Psiquiatria

Archivio di Psicologia, neurologia e Psichiatria

Bibliotheca Psychiatrica

Jornal Brasileiro de Psiquiatria

Culture, Medicine and Psychiatry (Editors: Good, Delvecchio and Good)

Transcultural Psychiatric Research Review (Editor: LJ Kirmayer)

Cultural Diversity in Mental Health (Editor: L. Comas-Dias, Wiley Press, Vol I, 1995)

Research on Language and Social Interaction (Editor: Robert E. Sanders) Vol 27, 1994 (Quarterly)

[Language and social interaction, codes, values and motives, practices and constraints of social interaction.]

Language and Cognitive Processes (Editors: Lorraine K. Tyler, et.al.) Vol 9, 1994.

Ethnicity and Disease

Publishers With a Minority Emphasis
(based on reviews of current catalogs)

Professional Book or Journal Publishers with Minority Texts:

1. American Psychiatric Association (Washington, D.C.) (several selections)
2. Springer Publishing Co. (N.Y., N.Y.)
3. Haworth Press, Inc. (Binghamton, N.Y.)
4. Health Professions Press (Baltimore, MD)
5. Oryx Press (only incorporated in a statistical abstracts text)
6. Charles C. Thomas Publisher
7. John Wiley
8. Bruner/Mazel
9. Greenwood Hall
10. Sage Publications
11. The Guilford Press
12. MacMillan Publishing Company
13. Jossey-Bass
14. American Psychological Association (Washington, D.C.)
15. Singular Press
16. Longwood Division, Allyn & Bacon

Additional General Books Related to Minority Health/Mental HealthEthnopsychiatry:

Gaines, AD: *Ethnopsychiatry: The Cultural Construction of Professional and Folk Psychiatries*. Ithica, N.Y., State University of New York Press, 1992.

Gaw, AC (Ed.): *Culture, Ethnicity & Mental Illness*. Washington, DC, American Psychiatric Press, Inc., 1993.

Kleinman, A: *Rethinking Psychiatry: From Cultural Category to Personal Experience*. The Free Press (MacMillan, Inc.), New York, 1988.

Lin, KM, Poland, RE, Nakasaki, G (Eds.): *Psychopharmacology and Psychobiology of Ethnicity*. American Psychiatric Press, Inc., Washington, D.C., 1993. (Progress in Psychiatry, Number 39 in the Series edited by David Spiegel, M.D.)

Pedersen PB, Ivey A: *Culture-Centered Counseling and Interviewing Skills: A Practical Guide*. Westport, CT, Praeger, 1993.

Sue, DW, Sue, D: *Counseling the Culturally Different: Theory & Practice: Second Edition*. New York: John Wiley & Sons, 1990.

Wilkerson, CB (Ed.): *Ethnic Psychiatry*. London, Plenum Medical Book Co., 1986.

Minority Health and Biological Differences

Braithwaite, RL, Taylor, SE (Eds.): *Health Issues in the Black Community*. San Francisco, Jossey-Bass Publishers, 1992.

Espino, DV (Ed.): *Ethnogeriatrics: Clinics in Geriatric Medicine*, Philadelphia, W.B. Saunders, Volume 11, No. 1, February, 1995.

Working with Immigrants and Refugees

Westermeyer, J, Williams, CL, & Nguyen, AN (Eds.): *Mental Health Services for Refugees*. (DHHS Publication No. (ADM) 91-1824). Washington, D.C., U.S. Government Printing Office, 1991.

Geriatrics

American Psychiatric Association (APA): *Ethnic Minority Elderly: A Task Force Report of the American Psychiatric Association*. Washington, D.C.: American Psychiatric Press, Inc., 1993.

Wieland, D, Benton, D, Kramer, BJ: *Cultural Diversity and Geriatric Care: Challenges to the Health Care Professions*. Binghamton, N.Y., The Haworth Press, Inc., 1995.

Family Issues:

McAdoo, HP (Ed.): *Family Ethnicity: Strength in Diversity*. Newbury Park, SAGE Publications, 1993.

McGoldrick, M., Pearce JK, and Giordano, J (Eds.): *Ethnicity and Family Therapy*. New York, The Guilford Press, 1982.

Saba G., et.al. (Eds.): *Minorities and Family Therapy*. New York, Haworth, 1990.

Psychosocial Development:

Powell, G, et.al.: *The Psychosocial Development of Minority Group Children*. New York, Brunner-Mazel, 1983.

Helms, JE (Ed.): *Black and White Racial Identity: Theory, Research, and Practice*. Westport, CT, Greenwood Press, Inc., 1990.

Uba, L: *Asian Americans: Personality Patterns, Identity, and Mental Health*. New York, The Guilford Press, 1994.

Demographic and Cultural Information:

Gelfand, DE: *Aging and Ethnicity*, New York, Springer Publishing Co., 1993.

Kitayama, S, Markus, HR (Eds.): *Emotion and Culture: Empirical Studies of Mutual Influences*. Hyattsville, MD, American Psychological Association, 1994.

Schick, FL, and Schick, R (Eds.): *Statistical Handbook on Aging Americans*. Phoenix: Oryx Press, 1994. [special tables on ethnic minorities]

Thernstrom, S, Orlov, A, Handlin O (Eds.): *Harvard Encyclopedia of American Ethnic Groups*. Cambridge, MA: Belknap Press/Harvard University Press, 1980.

Additional Topical References
(Including Additional Books/Journals/Chapters)

Working Through Interpreters

Vasquez C, Javier RA: The problem with interpreters: communicating with Spanish-speaking patients. *Hospital and Community Psychiatry*. 42:163-165, 1991.

Westermeyer J: Working with an interpreter in psychiatric assessment and treatment. *Journal of Nervous and Mental Disease*. 178(12):745-749, 1990.

Service Delivery Issues

American Society on Aging (ASA): *Serving Elders of Color: Challenges to Providers and the Aging Network*. San Francisco: American Society on Aging, 1992.

Fellin, PA, Powell, TJ: Mental Health Services and Older Adult Minorities: An Assessment. *The Gerontologist*. 28:442-447, 1988.

Race, Ethnicity and Care

Flaskerud, JH, Hu, L: Racial/Ethnic Identity and Amount and Type of Psychiatric Treatment. *American Journal of Psychiatry*. 149(3):379-384, 1992.

Parham, TA, Helms JE (1981): The influence of black students' racial identity attitudes on preferences for counselor's race. *Journal of Counseling Psychology*, 28:250-257.

Crews DE, Bindon JR: Ethnicity as a taxonomic tool in biomedical and biosocial research, *Ethnicity and Disease*, 1:42-49, 1991.

Jackson FL: Race and ethnicity as biological constructs, *Ethnicity and Disease* 1992; 2:120-125

Diagnostic Issues

Adebimpe, VR: Race, Racism, and Epidemiological Surveys. *Hospital and Community Psychiatry*, 45(1):27-31, 1994. [ECA critique and guidelines for improving research methods]

American Psychiatric Association: *DSM-IV: Appendix: Outline for Cultural Formulation and Glossary of Culture-Bound Syndromes*. Washington, D.C., American Psychiatric Press, Inc., 1994.

Castillo, R, Waitzkin H, Escobar, JI. Somatic symptoms and mental health disorders in immigrant and refugee populations. In Miranda J, Hohmann A, Attkisson C, Larson D (Eds): *Mental Health Disorders in Primary Care*. San Francisco: Josey Bass, 1994.

Fabrega J, Mezzich J, Ulrich RF. Black-white differences in psychopathology in an urban psychiatric population. *Comprehensive Psychiatry*, 1983; 29:285-297

Jones BE, Gray BA. Problems in diagnosing schizophrenia and affective disorders among blacks. *Hospital & Community Psychiatry*, 1986 37:61- 65

Littlewood, R: Psychiatric Diagnosis and Racial Bias: Empirical and Interpretive Approaches. *Social Science and Medicine*, 34(2):141-149, 1992.

Rogler, LH: Culture in Psychiatric Diagnosis: An Issue of Scientific Accuracy. *Psychiatry*, 56:324-?, 1993. [questions raised about cross-cultural insensitivity of ECA]

Rogler, LH: The Meaning of Culturally Sensitive Research in Mental Health. *American Journal of Psychiatry*. 146(3):296-?, 1989.

Psychotherapy with Minorities

Holmes, DE: Race and Transference in Psychoanalysis and Psychotherapy. *International Journal of Psychoanalysis*. 73(1):1-11, 1992.

Ekman, S-L, Wahlin, T-BR, Viitanen, M, Norberg, A, Winblad: Preconditions for Communication in the Care of Bilingual Demented Persons. *International Psychogeriatrics*. 6(1):105-120, 1994. (Finnish immigrants to Sweden.. communication problems caused excess disability)

Foulks, EF, Persons, JB, Merkel, RL: The effects of patients' beliefs about their illness on compliance in psychotherapy. *American Journal of Psychiatry*, 143(3):350-344, 1986.

Roberts, REL, Bengston, VL: Is Intergenerational Solidarity a Unidimensional Construct? A Second Test of a Formal Model. *Journal of Gerontology: SOCIAL SCIENCES*, 45:S12-20, 1990.

African Americans

Baker FM, Lavizzo-Mourey R, Jones BE: The acute care of the African American elder, *International Journal of Geriatric Psychiatry*, 1993; 6:66-71.

Baker FM, Espino DV, Robinson BH, Stewart B: Depression among elderly African Americans and Mexican Americans (Letter). *American Journal of Psychiatry*: 150:987-988, 1993

Baker FM: A research agenda for the mental health concerns of African Americans. *Journal of the Association of Academic Minority Physicians*, 1994; 5:74-76

Braithwaile, RL and Taylor, SE (Eds): *Health Issues in the Black Community*. San Francisco, Jossey Bass Publishers, 1992.

Delehanty SG, Dimsdale JE, Mills P: Psychosocial correlates of reactivity in black and white men. *Journal of Psychosomatic Research*, 1991; 25:451-460.

Jones, EE: Psychotherapy and counseling with Black clients. In PB Pederson (Ed): *Handbook of cross-cultural counseling and therapy* (pp.173-179). Westport CT, Greenwood Press, 1985.

Kennedy GK, Kelman HR, Thomas C, Wisniewski W, Bijur PE: Hierarchy of characteristics associated with depressive symptoms in an urban elderly sample. *American Journal of Psychiatry*, 1989; 46:220-225

Neighbors HW, Jackson JS, Campbell L, Williams D: The influence of racial factors in psychiatric diagnosis; a review and suggestions for research. *Community Mental Health Journal*. 1989; 25:301-311.

Secretary's Task Force on Black and Minority Health: *Report of the Secretary's Task Force on Black and Minority Health*. (DHHS Publ. No. 491-313-44706). Washington, D.C., Department of Health and Human Services, 1985.

Strakowski, SM, Shelton, RC, Kolbrener, ML: The Effects of Race and Comorbidity on Clinical Diagnosis in Patients with Psychosis. *Journal of Clinical Psychiatry*. 54:96-102, 1993. (overdiagnosis of schizophrenia?)

African American Elderly

Coke, M, Twaite, JA: *The Black Elderly: Satisfaction and Quality in Later Life*. Binghamton, N.Y., The Haworth Press, Inc., 1995.

Baker FM, Lightfoot OB. Psychiatric care of ethnic elders. In AC Gaw (Ed.): *Culture, Ethnicity, & Mental Illness*, Washington, D.C., American Psychiatric Press, 1993, pp 517-552.

American Indian & Alaska Native

Manson SM, Shore JH, Bloom JD: The depressive experience in American Indian communities: A challenge for psychiatric theory and diagnosis. In A Kleinman & B Good (Eds.): *Culture and Depression*. Berkely, University of California Press, 1985. (pp.331-368)

American Indian & Alaska Native Elderly

Baron AE, Manson SM, Ackerson LM, et.al.: Depressive symptomatology in older American Indians with chronic disease: Some psychometric considerations in screening for depression. In C Attkisson, J Zich: *Primary Care*. New York, Routledge, Chapman & Hall, (pp. 217-231), 1990.

Cuellar J: *Aging and Health: American Indian/Alaskan Native*. Stanford, CA, Stanford Geriatric Education Center, 1990.

Manson SM, Moseley R, Brenneman D: Physical illness, depression, and older American Indians: a preventive intervention trial. In T Owan & M Silverman: *Preventive Intervention Concerns: A New Beginning*. Washington, D.C., U.S. Government Printing Office, 1994.

Hendrie HC, Hall KS, Pillay N, et.al.: Alzheimer's disease is rare in Cree. *International Psychogeriatrics*, 5(1):5-14, 1993.

Asian/Pacific Americans

Kim, KI, Li, D, Jiang, Z, Cui, X, Lin, L, Kang, JJ, Park, KK, Chug, EK, Kim CK: Schizophrenic Delusions Among Koreans, Korean-Chinese and Chinese: A Transcultural Study. *The International Journal of Social Psychiatry*, 39(3):190-199, 1993.

Kleinman, A, Lin T-Y (Eds): *Normal and Abnormal Behavior in Chinese Culture*. Dordrecht, Holland, D. Reidel Publishing Co., 1981.

Sue S: *The Mental Health of Asian Americans*. San Francisco, CA, Jossey-Bass Publishers, 1982.

Westermeyer, J, Williams, CL, & Nguyen, AN (Eds.): *Mental Health Services for Asians*. (DHHS Publication No. (ADM) 91-1824). Washington, D.C., U.S. Government Printing Office, 1991.

Van Boemel G, Rozee, PD. Treatment for psychosomatic blindness among Cambodian refugee women. *Women & Therapy*, 13:239-266, 1992

Asian/Pacific American Elderly

Die, AH, Seelbach, WC: Problems, Sources of Assistance, and Knowledge of Services Among Elderly Vietnamese Immigrants. *The Gerontologist*, 28:448-452, 1988. [example of response bias?]

Rozee PD, van Boemel G. The psychological effects of war trauma and abuse on older Cambodian refugee women. *Women & Therapy*, 8:23-50, 1989.

Hispanic American

Burnam M, Hough R, Escobar J, et.al.: Six-month prevalence of specific psychiatric disorders among Mexican Americans and non-Hispanic whites in Los Angeles. *Archives of General Psychiatry*. 44:687-694, 1987.

Garviria M, Stern G: Problems in designing and implementing culturally relevant mental health services for Latinos in the U.S. *Social Science and Medicine*. 14:65-71, 1980.

Hispanic American Elderly

Brink, TL (Ed.): *Hispanic Aged Mental Health*. Binghamton, N.Y., The Haworth Press, Inc., 1992.

Escobar, JI, Burnam, A, Karno M, Forsythe, A, Landsverk, J, Golding, JM: Use of the Mini-Mental State Examination (MMSE) in a Community Population of Mixed Ethnicity: Cultural and Linguistic Artifacts. *The Journal of Nervous and Mental Disease*, 174(10):607-614, 1986.

Loewenstein, DA, Arguelles, T, Barker, WW, Duara, R: A Comparative Analysis of Neuropsychological Test Performance of Spanish Speaking and English-Speaking Patients with Alzheimer's Disease. *Journal of Gerontology: PSYCHOLOGICAL SCIENCES*. 48(3): P142-149, 1993. Mahurin, RK, Epino, DV, Holified, EB: Mental Status Testing in Elderly Hispanic Populations: Special Concerns.

Psychopharmacology Bulletin, 28(4):391-399, 1992. Valle, R: Cultural and Ethnic Issues in Alzheimer's Disease Family Research. In Enid Light and Barry D. Lebowitz (Eds.): *Alzheimer's Disease Treatment and Family Stress: Directions for Research*. U.S. Department of Health and Human Services, DHHS Publication No. (ADM) 89-1569, Washington, D.C., pp. 122-154, 1989.

Special Minority Elderly Issues

Brink, TL (Ed.): *Holocaust Survivor's Mental Health*. Binghamton, N.Y., The Haworth Press, Inc., 1994.

Gill D, Levidow L (Eds.): *Anti-Racist Science Teaching*. London, Free Association Books, 1987. [Although not a psychiatric text, this provides many examples of the presence of ethnocentric bias even in science and research.]

Chapter 6
Videotape Abstracts and Ordering Information

TOPIC: African-Americans

Reference: Black on Black Violence

Cost: \$25 rental (\$65 for non-members)

Length: 26 minutes, VHS

Topics: effects of poverty, causes of violence

Availability: Psychiatric Services Resource Center

American Psychiatric Association

1400 K Street, N.W.

Washington, D.C. 20005

(202) 682-6173

Synopsis: Black American men have a 1 in 29 chance of being murdered; the odds are 1 in 186 for white men. What can be attributed to the vast difference in these statistics? This videotape looks at the effects of poverty on human behavior and asks the leadership in the Black community what it sees as the answer. Both inner-city residents and experts are interviewed, including Harvard psychiatrist Dr. Alvin Poussaint, author of *Why Blacks Kill Blacks* (1988).

Reference: Ethnic Notions

Cost: \$25 rental for Service Members; \$65 rental fee for non service members

Length: 57 minutes (VHS)

Context: Videotape

Topics: raising racial consciousness, promoting multicultural understanding

Availability: Psychiatric Services Resource Center

1400 K Street, N.W.

Washington, D.C. 20005

(202) 682-6173

Synopsis: This award winning documentary takes viewers on a disturbing voyage through American social history, tracing the evolution of the deeply rooted stereotypes that have fueled anti-Black prejudice. Stereotypes such as loyal Toms, carefree Sambos, and faithful Mammies roll across the screen in cartoons, feature films, popular songs, advertisements, household artifacts, even children's rhymes. These dehumanizing caricatures permeated popular culture from the 1820's to the Civil Rights era and implanted themselves deep in the American Psyche. Narration by Esther Rolle and commentary by respected scholars shed light on the origins and devastating consequences of this 150-year-long parade of bigotry. The video reveals how popular culture both shapes and reflects public attitudes. (Marlon Riggs, 1987)

TOPIC: African-Americans
Racial issues in professional interactions

Reference: The Cross-cultural Therapeutic Alliance: The African American Client

Cost: \$150 (\$45 rental)

Length: 41 minutes

Topics: strategies for recognizing and dealing with factors that may interfere with the therapeutic alliance and impact of unresolved elements on the therapy process.

Availability: Menninger Video Productions (MVP)

P.O. Box 829

Topeka, KS 66601-0829

(800) 289-9311

The Altschul Group
1560 Sherman Avenue, Suite 100
Evanston, IL 60201

Synopsis: Critical stages in the formation of the therapeutic alliance are illustrated in a case study involving an African-American client and a white therapist. Demonstrated are ways to recognize when perceptions or previous experiences of racism may negatively influence the therapeutic process. (Producers: Pat Magerkurth, Michael Rovaris)

TOPIC: African-Americans
The Civil Rights Movement 30 Years Later

Reference: Philadelphia, Mississippi: Untold Stories

Cost: Not provided

Length: 60 minutes

Context: Documentary Videotape

Topics: racial violence and changes in attitudes

Availability: Garth and Andrea Stein
Third Street Films
175 West 12th Street
New York, N.Y. 10011

Synopsis: Thirty years have passed since the Civil Rights Movement and its violence first brought attention to Philadelphia, MS. This documentary traces the history of changes in the town of Philadelphia, MS, through the utilization of oral histories. The intention is to show that its people, places and institutions are representative of other American cities and towns.

TOPIC: African-Americans
Cultural Interface

Reference: Hoop Dreams^o

Cost: \$19.99

Length: 176 minutes

Context: Videotape

Topics: victimization, developmental influences of personality-environment fit

Availability: Multiple sources (documentaries) including
Movies Unlimited
6736 Castor Avenue
Philadelphia, PA 19149
(800) 638-4344

Synopsis: Acclaimed, one-of-a-kind documentary detailing 4.5 years in the lives of two Chicago teens who are counting on their basketball skills to bring them out of their inner city and into college and the NBA. Both are heavily recruited to an all-white suburban high school as 13 year olds, causing different impact on their lives and unexpected personal, family and academic problems while playing in pursuit of their dreams.

**TOPIC: African-Americans
Drug and Alcohol Abusers**

Reference: Bill Moyers: Circle of Recovery

Cost: \$29.99

Length: 60 minutes

Context: Documentary Videotape

Topics: drug and alcohol abuse, racism, SES barriers

Availability: Movies Unlimited

6736 Castor Avenue

Philadelphia, PA 19149

(800) 638-4344

Synopsis: A look at seven African-American men who are trying to overcome drug and alcohol addiction. The men confront issues concerning their families, work, racism and self-worth in this penetrating documentary.

**TOPIC: Asian-Americans
Vietnamese**

Reference: Thanh's War

Cost: Not provided

Length: 58 minutes

Context: Documentary Videotape

Topics: Vietnamese cross-cultural traditions, refugee experience

Availability: University of California

Extension Media Center

2000 Center Street, 4th Floor

Berkeley, CA 94704

Synopsis: Pham Thanh is a remarkable Vietnamese-American whose family was killed during the Vietnam War when he was 12 years old by a U.S. grenade that severely injured his throat. Initially, Thanh was rescued and taken to America where he built a new life in the land he had considered his enemy. Although he lives today in California, he travels often to his ancestral village in Vietnam. His traditional marriage in Vietnam is captured in this video. This extraordinary documentary tells Thanh's courageous and poignant story as he grapples with the emotional legacy of the war and tries to make his way in two vastly different cultures. A highlight is a dramatic encounter with a former U.S. Army officer in which the two men share their wrenching memories of the war.

**TOPIC: Asian-Americans
Japanese Americans**

Reference: Who's Going to Pay for These Donuts Anyway?

Cost: \$40

Length: 58 minutes

Context: Documentary Videotape

Topics: Vietnamese cross-cultural traditions, refugee experience

Availability: National Asian-American Telecommunications

346 Ninth Street, Second Floor

San Francisco, CA 94103

(415) 552-9550

Synopsis: The videotape provides clear evidence of the profound effect of the Japanese American internment on generations of individuals. It chronicles Tanaka's personal search for her father, whom she has not seen since age three. She finds him in a half-way house for the chronically mentally ill in Los Angeles' Skid Row. As a young man, he had been arrested by the FBI for opposing the internment and diagnosed as a schizophrenic with paranoid tendencies.

TOPIC: Hispanic-Americans
Latino Perspectives on Relationship Issues

Reference: Memories of Tata

Cost: Not provided

Length: 60 minutes

Context: Videotape in Spanish with English subtitles

Topics: Hispanic cross-cultural viewpoints, intergenerational differences

Availability: The Cinema Guild
 1697 Broadway, Suite 506
 New York, N.Y. 10019-5904

Synopsis: Filmmaker Sheldon Schiffer offers an intimate and revealing portrait of his immigrant Central American family woven from his own childhood memories and reminiscences of his grandparents, mother and aunt. In interviews conducted during the last months of his life, Schiffer's grandfather, Adam Morales ("Tata"), the family patriarch, discusses his notions of what it was to be a man, including the need to command respect, *macho* notions of sexuality, emotional outbursts coupled with the threat of physical violence, and sexist notions of childrearing. The "memories of Tata" are contrasted with the often painful recollections of his estranged wife and two daughters. By looking at his grandfather's life and character, the filmmaker raises questions about the cultural context that shaped it, and shows how exaggerated expressions of male identity can cost a man the love of his entire family.

TOPIC: Hispanic-Americans
Mexican Americans: Intergenerational Perspectives

Reference: My Family (Mi Familia)

Cost: \$89.99

Length: 90 minutes

Context: Videotape

Topics: multigenerational family, immigration problems, gang influences

Availability: Movies Unlimited
 6736 Castor Avenue
 Philadelphia, PA 19149
 (800) 638-4344

Synopsis: Engrossing multi-generational account of the Mexican-American Sanchez family from Director Gregory Nava ("El Norte"). The film begins in the 1920's, when one of the family members attempts to walk from his Mexican village to Los Angeles. What follows is a tale involving immigration woes, gangs, and joyful and tragic times.

TOPIC: Hispanic-Americans
The Impact of Immigration: Latino Perspectives

Reference: In the Shadow of the Law

Cost: Not provided

Length: 58 Minutes

Context: Videotape in Spanish with English subtitles

Topics: chronic stress, exploitation, impact of policy decisions on lives

Availability: University of California
Extension Media Center
2000 Center Street, 4th Floor
Berkeley, CA 94704

Synopsis: This is a portrait of four Latino families who have lived illegally in the U.S. for many years. This acclaimed documentary explores the daily lives of the family members, showing their constant fear of discovery by the INS and their vulnerability to exploitation by those who capitalize on their illegal status. For these families, recent changes in immigration laws represent both hope and apprehension: will they qualify for amnesty and finally, be able to come out of the shadows?

TOPIC: Hispanic-Americans
The Impact of Immigration

Reference: Uneasy Neighbors
Cost: Not provided
Length: 35 minutes
Context: Videotape in Spanish with English subtitles
Topics: racial and SES based tensions
Availability: University of California
Extension Media Center
2000 Center Street, 4th Floor
Berkeley, CA 94704

Synopsis: Uneasy neighbors investigates the growing tensions between residents of Latino migrant worker camps and affluent homeowners in northern San Diego county, one of the wealthiest and fastest-growing areas in the nation. Here amid half-million-dollar homes and lush golf courses, migrant workers live in camps where conditions are worse than in much of the Third World.

TOPIC: Hispanic-Americans
The Impact of Revolution: The Cuban Experience

Cost: Not provided
Length: 117 minutes
Context: Videotape documentary
Topics: Cuban-American experience
Availability: Direct Cinema, Ltd.
P.O. Box 10003
Santa Monica, CA 90410-1003

Synopsis: This is an award-winning political documentary reviewing the social and political events in Cuba since Castro's takeover. Events of the past 40 years are chronicled by those who have experienced life under the Cuban regime. Those who have been imprisoned, tortured, and who have taken exile in the U.S. are interviewed. Limited footage, available from documentaries produced by the French, are interspersed with still pictures and the individual interviews. Although it is "the story" for many Cuban-Americans, those of non-Latino heritage will also appreciate the human tragedy and its emotional consequences.

TOPIC: Hispanic-Americans
Cross-Cultural Communication/Treatment

Reference: Building Bridges: A Guide for Interviewing Hispanics

Videotape I: Hispanics; Videotape II: Psychosis; Videotape III: Depression; Videotape IV: Interpreters

Cost: \$25 per title (members) / \$65 per title (non-members)

Length: 28 minutes each

Context: Videotape (VHS)

Topics: cross cultural interview, salient cultural variations in the expression of psychopathology, interviewing skills, use of interpreters

Availability: Psychiatric Services Resource Center
 1400 K Street, N.W.
 Washington, D.C. 20005
 (202) 682-6173

Synopsis: This videotape series is an educational initiative of the South Texas Area Health Education Center to increase the cultural sensitivity of mental health providers of rural areas of Texas (city of Laredo), but the information and tools presented can be applied to Hispanics in other regions of the country. The series is composed of four videotapes and a manual. Videotape I (Hispanics) provides background information and characteristics of the population of Laredo, using a semi-ethnographics approach through the interview of key informants (lay public, community leaders, teachers, and health providers). Videotape II (Psychosis) and Videotape III (Depression) illustrate important aspects of the cross-cultural interview and identify salient cultural variations in the expression of psychopathology. Videotape IV (Interpreters) demonstrates the appropriate use of interpreters. To provide a culturally syntonic atmosphere, the work of local Mexican-American artists (writers, painters, and musicians) was included. A multidisciplinary team composed of psychiatrists, psychologists, nurses and social workers discusses each clinical vignette and draws upon clinical experience to identify practical tools to improve communication.

TOPIC: Native Americans

Reference: The Native Americans (six-part set)

Cost: \$59.99 (set)

Length: 256 minutes (total)

Context: Documentary videotape

Topics: Tribes of the southeast and northwest, Nations of the northeast, People of the Great Plains.

Availability: Movies Unlimited
 6736 Castor Avenue
 Philadelphia, PA 19149
 (800) 638-4344

Synopsis: Although not directly related to psychiatry, this may provide an overview to Native American history with interviews with Native Americans about their own experiences.

TOPIC: Native American Elders

Reference: Legacy (America's Indian Elders)

Cost: \$165 (purchase) / \$55 (rental)

Length: 30 minutes

Context: Documentary videotape

Topics: prejudice, coping

Availability: Terra Nova Films

9848 S. Winchester Ave.
Chicago, IL 60643
(800) 779-8491
(312) 881-3368 (FAX)

Synopsis: In this video, elders from several tribes, including Navajo, Sioux, and Tohono O'odham, speak about the federal government's long trail of broken promises to tribes. They explain how reservation elders have been affected, and how they are triumphing despite the odds. *Legacy* shows several existing programs for elders and the difficulties faced in providing services for Indian elders.

TOPIC: Impact of prejudice and culture of poverty

Reference: Bill Moyers: Hate Trilogy (Videotape)
Beyond Hate / Facing Hate / Hate on Trial

Cost: \$99.99

Length: Individual lengths vary (5 hours total)

Context: Videotape

Topics: barriers, class bound values

Availability: Multiple sources (documentaries) including

PBS Home Video

P.O. Box 64267

St. Paul, MN 55164-0267

(800) 71VIDEO

Movies Unlimited

6736 Castor Avenue

Philadelphia, PA 19149

(800) 638-4344

Synopsis: Bill Moyers hosts this thought-provoking three-tape series that examines aspects of human hatred and intolerance. "Beyond Hate" features a variety of guests, including Nelson Mandela, Elie Wiesel, Jimmy Carter and Václav Havel, discussing global prejudice; Wiesel brings the overwhelming horrors of the Holocaust into personal focus in "Facing Hate"; and the 1990 murder trial of two Idaho white supremacists is the focus of "Hate on Trial."

TOPIC: Race Relations

Reference: The Color of Fear

Cost: Not provided

Length: 90 minutes

Context: Videotape

Topics: African, Asian, European, and Latin-American issues.

Availability: Stir-Fry Productions
1222 Preservation Park Way
Oakland, CA 94612

Synopsis: A groundbreaking video about the state of race relations in America as seen through the eyes of eight men of various ethnicities. Working from a psychosocial viewpoint, the film examines the effects that racism has had on each of the men. One by one, the men feel the pain and scars that racism has caused them, the defense mechanisms they use to survive, their fears of each other and their hopes and vision for a multicultural society. All of the dialogue is spontaneous and unscripted.

TOPIC: Children of Mixed Marriages

Reference: Between Black and White

Cost: Not provided

Length: 26 minutes

Context: Videotape

Topics: Personal and social identity

Availability: Filmmakers Library
124 East 40th Street
New York, N.Y. 10016

Synopsis: This video shows four men and women, each with a Black and a White parent. Each has been identified by society as one or the other, but rarely celebrated as both. Each has their own definition of who and what they are. The film explores the impact society and history have on determining color in the U.S., and questions whether race can be determined merely on face value. Issues are examined through interviews, family photos and contemporary footage.

TOPIC: Alternate Healing Approaches

Reference: Bill Moyers: Healing and the Mind

Cost: \$129.99 (set)

Length: 320 minute total (5 videotapes)

Context: Documentary Videotapes

Topics: the art of healing, self-regulation and conditioning, life habits, meditation, stress reduction, therapeutic self-help groups, the mind/body connection, the mystery of Chi, and holistic medicine

Availability: Multiple sources (documentaries) including

PBS Home Video

P.O. Box 64267

St. Paul, MN 55164-0267

(800) 71VIDEO

Movies Unlimited

6736 Castor Avenue

Philadelphia, PA 19149

(800) 638-4344

Synopsis: The series looks at various Eastern and Western cultures and examines differing approaches to healing, medicine, and medicating. This is a good exposure to alternate healing practices and beliefs. The companion book with the same title was a National Bestseller in 1994.

**TOPIC: Alzheimer's Disease
African American Community**

Reference: Understanding Alzheimer's Disease

Cost: \$20.00

Length: 31:05 minutes

Context: Videotape (Item No. A-18)

Topics: Differential diagnosis, medical treatment and progression.

Availability:

Alzheimer's Disease Education and Referral (ADEAR) Center

Dept. PV

P.O. Box 8250

Silver Spring, MD 20907-8250

Synopsis: The University of Pittsburgh developed this tape for medical personnel, professional caregivers, and ministers. Two physicians describe symptoms, differential diagnosis, medical treatment and progression of Alzheimer's disease. Vignettes

interspersed throughout feature members of the University of Pittsburgh ADC's multicultural assessment team interviewing and evaluating African-American patients. Patients recount frustration with their memory problems and team members explain some clinical evaluation techniques.

**TOPIC: Alzheimer's Disease
African American Community**

Reference: Memories of Love: Caring for the Caregiver

Cost: \$15.00

Length: 15:50 minutes

Context: Videotape (Item No. A-19)

Topics: Advice on caregiver support options and coping strategies

Availability: Alzheimer's Disease Education and Referral (ADEAR) Center

Dept. PV

P.O. Box 8250

Silver Spring, MD 20907-8250

Synopsis: The University of Pittsburgh developed this tape for medical personnel, professional caregivers, and ministers. It is designed to educate people who work with African-American caregivers on improving the care of patients by empowering the patient's families with education, support and assistance. A multidisciplinary panel describes caregiver support options, such as respite and day care. Family members of patients discuss the effect of Alzheimer's disease on their lives and their coping strategies, including spirituality.

**TOPIC: Alzheimer's Disease
African-American Experience**

Reference: Alzheimer's Disease: A Multi-Cultural Perspective

Cost: \$185.00 (Preview Fee: \$35)

Length: 34 minutes

Context: Videotape (Stock #TN5)

Topics: Stigma, cultural knowledge and beliefs about dementia.

Availability: Health Professions Press

P.O. Box 10624

Baltimore, MD 21285

Phone: (410) 337-9585

Fax: (410) 337-8539

Synopsis: Documentary focuses on the experiences of four families from different ethnic groups caring for relatives with Alzheimer's disease. Chinese, Japanese, Vietnamese, and Latino families and professional caregivers discuss the stigma associated with dementia, the clash between traditional values and the demands of contemporary American society, the sense of shame and guilt brought on by dementia, their lack of knowledge about AD and more.

Appendix I:

**Report of the Selection Advisory Committee of the APA-NIMH Fellowship Program:
Survey of the Cross-Cultural Content of U.S. Psychiatric Residency Training
Programs**

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BACKGROUND

The multicultural composition of the United States population has been the focus and discussion of cross-cultural research for at least three generations (1-28). Several organizations focusing upon cross-cultural psychiatry were established from the 1950's (eg. The Society for Culture and Psychiatry, Transcultural Psychiatry). The inter-collaboration of psychiatry, anthropology, and the social sciences have contributed to an increasing appreciation of the specific influence of culture on the definition of illness and the selection of specific forms of treatment (17-28).

The Selection-Advisory Committee of the American Psychiatric Association and the National Institute of Mental Health (APA-NIMH) Fellowship Program (now named the APA/CMHS Minority Fellowship Program) was interested in establishing the number and types of residency program experiences that prepared graduates to provide diagnostic and treatment services to non-white populations. The APA/NIMH Fellowship Program is designed to facilitate the professional development of residents who are from groups defined by the United States Federal Government as ethnic minorities (African Americans, American Indians and Alaskan Natives, Asian Americans and Pacific Islanders, and Hispanic Americans). Recipients of the APA/NIMH fellowship have organized specific seminar series and/or Grand Round presentations at their training institutions in order to provide a forum to stimulate discussion about the impact of culture upon the diagnosis of psychiatric disorders, to address specific concerns with the treatment of different cross-cultural populations, and to review differences in the pharmacokinetics and metabolism of psychoactive medications in different minority populations. Informal surveys based upon discussion with faculty from different institutions as well as conversations with the selected APA-NIMH Fellows and their Directors of Residency Training suggested that there was a broad spectrum of specific didactic content on cross-cultural issues among the various psychiatric residency programs. The opportunities for supervision by an ethnic minority psychiatrist of a resident's psychotherapy with minority and majority patients were infrequent (4,6,8). Because of the increasing percentage of non-white persons entering the United States (U.S.) and the growth of the U.S. minority population, such content was believed to be crucial for the education of the psychiatrists of the 1990's. In order to establish specific data concerning the cross-cultural didactic content and the existence of cross-cultural experiences available within psychiatric residency training programs, a survey of psychiatric residency training programs in the U.S. was completed. Because of the relevance of such data to its activities, the APA Committee on Graduate Education assisted with the development and implementation of the survey.

METHODOLOGY

The Selection Advisory Committee of the APA-NIMH Fellowship Program determined over a period of months that it would be helpful to establish what didactic and supervisory cross-cultural experiences were present in the psychiatric residency training programs of the United States. As the resulting data could have implications for the suggested content of psychiatric residency training programs, the APA Committee on Graduate Education was informed of the planned survey and asked to provide comments and critiques. A brief questionnaire was developed. [The questionnaire is available upon request from the APA Office of Minority/National Affairs (or senior author)]. A cover letter from the Chairperson of the APA-NIMH Selection Advisory Committee with an endorsement from the APA Committee on Graduate Education explained the purpose of the survey (Figure 1).

The questionnaire requested information about the presence of cross-cultural content within the psychiatric residency training program, the specific ethnic minority populations served by the program, the opportunities for supervision of cross-cultural psychotherapy by an attending psychiatrist, and the format of the cross-cultural content available in the program (Appendix A). A question concerning additional cross-cultural resources that would be helpful to the training program was included also.

The explanatory cover letter and questionnaire were mailed to all Directors of Residency Training Programs, including training programs in child and adolescent psychiatry, representing a total of 224 programs in June 1992. A second mailing was forwarded within 6 weeks of the first mailing. The second mailing was completed to increase the maximum response. Two to three follow-up mailings have been found to obtain the maximum response rate (29).

RESULTS:

Thirty-seven percent (83 of 224) of the psychiatric residency training programs responded. As shown in Table 1, the highest response rates were from the psychiatric residency training programs in the geographical regions of the West (67%) and South (46%). Ninety-two percent of responding programs (82 of 83) had cross-cultural content in their programs (Table 2). African Americans (76%), Hispanic Americans (67%) and Asian Americans (53%) were the ethnic minority populations what were the primary focus of these programs (Table 3). Additional ethnic populations were identified by the responding programs and varied by region (Table 4); Haitians in New England and New York State; Hutterites in the North Central

region; and Louisiana Cajuns in the South. The populations served by the responding programs were similar in ethnic composition to those summarized in Tables 3 and 4. Psychiatric residency programs in the New England region, the Mid Atlantic region, and California described persons of their populations in treatment as being poor or of a lower socio-economic class. Responding programs in New York state described their populations as being working class or indigent and in the North Central region as being from all socio-economic groups.

Specific curricular materials and formats used or developed by the responding programs to address cross cultural issues (Table 5) varied. Specific lectures (67%) in Grand Rounds or formats and specific readings were the predominant models. Only 57% (47 of 83) of programs had faculty available with different ethnic backgrounds to provide supervision and Grand Round or lecture series presentations; New England = 83% (5 of 6), NY State 42% (5 of 12), Mid-Atlantic 67% (6 of 9), South = 75% (18 of 24), North Central 33% (6 of 18), West = 75% (6 of 8), and California = 17% (1 of 6).

The majority (37%) of responding psychiatric residency training programs offered their cross-cultural content in the PGY2 year (Table 6), with 33 % of programs offering cross-cultural content in the PGY3 year. When responding to a question requesting information on additional material that they would find helpful, 85% of responding programs (71 of 83) indicated an interest in videotape materials (Table 7).

DISCUSSION

These data from only 83 programs (out of 224) do not provide a representative sample of the cross-cultural content of psychiatry training programs. This 37% response rate means that there is the potential for bias in the programs that responded versus those that did not respond.

If only programs with cross-cultural content responded, an incorrect conclusion could be drawn that cross-cultural content in some format was present in most residency training programs. As this survey was completed between June - August 1992, cross-cultural components begun this date or deleted from the curriculum after this date would not be identified - if the residency director had responded to this mailed survey. These data are limited. They represent those programs that are providing psychiatric services to ethnic minority populations and the number of Training Directors who took the time to respond to the survey questionnaire.

However, it is not valid to assume that there is no cross-cultural content in the 63% programs directed by the non-respondents. Given the increasing diversity of the U.S. population, the probabilities are that in regions predominantly white, there will be an increase in the development of a non-white component to the community, eg. the resettlement of Southeast Asians in the North Central region. Because specific information is unknown about these programs, the specific resources that they have or are interested in obtaining are not known.

Recommendations for resource materials and programmatic initiatives must be based upon the data that we do have from the responding programs which are addressing these issues and preparing psychiatric residents to work with diverse populations. Although the development of resource materials (videotape, specific reference lists for given populations) and a directory of clinical experts in the treatment of psychopathology in various populations of ethnic elders may not include other resources helpful to the non-responding programs, the Selection Advisory Committee of the APA-NIMH Fellowship Program found this to be an important beginning.

The majority of ethnic minority persons in treatment were from the four groups; designated ethnic minorities by the U.S. government. Regional differences, eg. a broad diversity of Asian subgroups in California and the West, were consistent with the distribution of different ethnic populations in the continental United States. The identification of other minority populations of Arabs in the North Central region and white ethnic minorities (Jewish, Irish and Hutterites in the North Central and Louisiana Cajuns in the South) underscored the increasing diversity of the U.S. population. The impact of immigration upon the cultural diversity within the U.S. was reflected in the provision of psychiatric services to Haitians, Southeast Asians, Santa Domingans, and Russian emigres.

Although videotapes were only 19% of the existing resources, as identified the respondents, the tapes were the first resource that the respondents were interested in obtaining. With only 3% of the faculty of medical schools being ethnic minority physicians (9), it was interesting to note that 77% of the respondents reported that supervision (of trainees' clinical work) was provided by an ethnic minority psychiatrist. Although not stated, the utilization of clinical faculty was assumed to contribute to these numbers. The request for additional reading materials and reference lists indicated the importance of the development and maintenance of a cross-cultural bibliography as well as a directory of clinical experts. The coordination of the resources from existing ethnic minority centers funded by the National Institute of Mental Health (NIMH) should facilitate the maintenance of such an updated cross-cultural data base. This suggestion with the approval of the administrative structure of the APA was passed on to the Executive Officer for Minority Affairs at the NIMH.

Only few prior studies addressed somewhat similar questions. Coverdale, et al. completed a mailed survey of directors of psychiatric residency training programs and chief residents in 1989 (30). The focus of their study was to determine the

number of psychiatric residency training programs that had identified content on ethics in psychiatry, the manner in which ethics was taught, and the specific ethical topics considered "worthy of attention" by the directors and by the chief residents (30). The presence of cross-cultural content was determined, also, in this prior study. While only 60% of responding programs reported ethnic content, 92% of the residency training programs responding to this mailed survey reported cross-cultural content was presented. 67% of the responding programs said it was presented through specific lectures in various formats and specific readings. While ethical content was presented mainly in the PGY3 year in the Coverdale study (30), this study found that cross-cultural content was presented more often in the PGY2 year with the PGY3 year being the next most frequent year in which cross-cultural content was taught. The data from the prior Coverdale paper illustrates the similarity in which special topics are presented in residency training (seminar series and lectures) and the diversity in which training programs prioritized different areas.

Zatzick and Lu (31) described one of the ethnic/minority psychiatric inpatient programs at the University of California, San Francisco, Department of Psychiatry, at the San Francisco General Hospital. Termed focus units, each unit was developed to provide specific treatment for each of the four ethnic minority groups. In 1987 the four programs received a Certificate of Significant Achievement from the APA. These authors described the 22-bed Asian unit. In contrast to the majority of responding programs in this study, the program of the Asian focus unit included multiple educational strategies. Specific program components included immersion of psychiatric residents in the language of environment of the specific culture, interactions with multicultural staff, continuous co-unit supervision by an ethnic Asian UCSF faculty attending, one hour per week off-unit supervision by this same attending psychiatrist, one hour per week supervision by a senior ethnic Asian UCSF faculty member, and a course in transcultural psychiatry (31). These award-winning programs combined most of the techniques identified as effective educational approaches. The ability of other residency training programs to duplicate these didactic strategies will be dependent upon the specific resource available to the programs.

Finally, Moffic et al. summarized the existing programs in transcultural psychiatry in the United States (32). Following a consideration of the complexity of the term culture, these authors reviewed the literature describing the various training in transcultural psychiatry from the first study in 1968. This initial study found that 30% of training programs (N=4) reported some transcultural content. The definition of content varied widely and included the presence of residents in the training program from different cultures who could provide information about their cultures. The American Association of Directors of Psychiatric Residency Training (AADPRT) surveyed all residency programs in 1977. Of the 50% of responding programs (110 of 220), some 80% (90 of 110 programs) contained some content on minority/transcultural issues (32). Only 11% of programs in 1977 (12 of 110) offered a specific course, but 33% of programs (36 of 110) included minority/transcultural content with other topics in seminars. When a follow-up study of the 44 % of programs (48 of 110) which reported some minority/transcultural content in 1977 was completed in 1984, only 12 of the 48 programs (25 %) or 11% of the original sample continued to offer some transcultural content (32). The decline noted in cross-cultural content may or may not have reversed in the 1990's. The 37% response rate of this study precludes the making of a definitive statement. That 37% of responding residency training programs (82 of 224) contained cross-cultural content provides some suggestive evidence that the level of transcultural education in 1992 is at least equal to that found by the AADPRT survey in 1977.

References

1. Bevis MW: Psychological traits of the southern Negro with observations to some of his psychoses. *Am J Psychiatry* 1921 1:67-78
2. Butts HF: White racism: its origins, institutions, and the implications for professional practice in mental health. *International Journal Psychiatry* 1969 8(6):914-928
3. Prudhomme C, Musto DF: Historical perspectives in mental health and racism in the United States, in *Racism and Mental Health*, edited by CV Willie, BM Kramei BS Brown. Pittsburgh PA, University Press, 1973, pp 25-57
4. Butts H, Schacter J: Transference and counter-transference in interracial analysis. *J of the Am Psychoanalytic Assoc* 1968 16:792-909
5. Cannon M, Locke B: Being black is detrimental to one's mental health: myth or reality? *Phylon* 1977 38:408-428
6. Bradshaw WH: Training psychiatrists for working with blacks in basic residency training programs. *Am J Psychiatry* 1978 135:1520-1524
7. Adebimpe VR: Overview: White norms and psychiatric diagnosis of black patients. *Am J of Psychiatry* 1981 138:279-285
8. Bradshaw WH: Supervision in black and white: Race as a factor in supervision; in *Applied Supervision in Psychotherapy*, edited by M Blumenfield. New York, Gruen & Stratton, 1982, pp 200-220
9. Bell CC, Bland U, Houston E, Jones BE: Enhancement of knowledge and skills of the psychiatric treatment of black populations, in *Mental Health and People of Color*, edited by JC Chunn, PJ Dunston, F Ross-Sheriff, 1983, pp 205-237
10. Bell CC, Thompson JP, Lewis D, et al: Misdiagnosis of alcohol related organic brain syndromes: implications for treatment, in *Treatment of Black Alcoholics*, edited by FL Brisbane and M Womble. New York, Haworth Press, 1985, pp 45-65
11. Manson SMN, Walker RD, Kivlahan DR: Psychiatric assessment and treatment of American Indians and Alaskan Natives. *Hosp Community Psychiatry* 1987 38:165-173
12. Baker FM: The Afro-American life cycle: success, failure, and mental health. *J of the Natl Med Assoc* 1987 79:626-633
13. Escobar J, Burnam A, Kamo M, et al: Use of the Mini-Mental State Examination (MMSE) in a community population of mixed ethnicity: Cultural and linguistic artifacts. *Journal of Nervous and Mental Disease*. 1986 174:607-614
14. Fillenbaum GG, Hughes DC, Heyman A, et al: Relationship of health and demographics characteristics to Mini-Mental State Examination Scores among community residents. *Psychological Medicine* 1988 18:719-726
15. Griffith EEH, Delgado AK, Foulks E, et al: Group for the Advancement of Psychiatry Report No. 128: Suicide and Ethnicity in the United States. New York, Brunner/Mazel, 1989.
16. Griffith EEH, Bell CC: Recent trends in suicide and homicide among blacks. *JAMA* 1989 262:2265-2269

17. Gaw A (ed): *Cross-Cultural Psychiatry*. Boston MA, John Wright, 1982
18. Acosta F, Yamamoto J, Evans LA: *Effective Psychotherapy for Low-income and Minority Patients*. New York, Plenum Press, 1982
19. Chunn JC, Dunston PJ, Ross-Sheriff F (eds): *Mental Health and People of Color*. Washington DC, Howard University Press, 1983
20. Coner-Edwards AF, Spurlock J: *Black Families in Crisis - The Middle Class*. New York, Brunner/Mazel, 1988
21. Ruiz DS (ed): *Handbook of Mental Health and Mental Disorders Among Black Americans*. New York, Greenwood Press, 1990
22. Gaw AC (ed): *Culture, Ethnicity, and Mental Illness*. Washington DC; American Psychiatric Press, 1993
23. Martinez C: Mexican Americans, in *Clinical Guidelines in Cross-Cultural Mental Health*. New York, Wiley and Sons, 1988, pp 182-203
24. Simon RS, Fleiss JL, Gurland BJ, et al: Depression and schizophrenia in black and white patients. *Arch of Gen Psychiatry* 1973 28:509-512
25. Spurlock J: Black Americans, in *Cross-Cultural Psychiatry*, edited by A. Gaw. Boston MA, John Wright, 1982, pp 163-178
26. Poussaint A: Black-on-Black Violence: A psychological-political perspective. *J Victimology* 1983 8:161-169.
27. Pinderhughes E: Afro-American families and the victim system, in *Ethnicity and Family Therapy*, edited by M McGoldrick, JEC Pearce, J Giordano. New York, Guilford Press 1982, pp 108-122
28. Pinderhughes E: *Understanding Race, Ethnicity, and Power*. New York, The Free Press, 1989
29. Babbie E: Survey Research, in *The Practice of Social Research - Sixth Edition*. Belmont CA, Wadsworth Publishing Company, 1992, pp 261-269
30. Coverdale JH, Bayer T, Isbell P, et al: Are we teaching psychiatrists to be ethical? *Academic Psychiatry* 1992 16:199-205
31. Zatznik DF, Lu FG: The ethnic/minority focus unit as a training site in transcultural psychiatry. *Academic Psychiatry* 1991 15:218-225
32. Moffic HS, Kendrick EA, Lomax JW, et al: Education in cultural psychiatry in the United States. *Transcultural Psychiatry Research Review* 1987 24:167-187

Appendix A: SURVEY QUESTIONNAIRE

1. Is there specific material in your program that addresses cross-cultural issues?
 - a. Yes
 - b. NoIf yes, what groups are discussed in the material? (check all that apply)
 - a. African-Americans
 - b. Asian-Americans
 - c. Hispanic-Americans
 - d. American Indians/Alaska Natives
 - e. Other - specify
2. Please describe the kinds of populations served at your facility.
3. Is there the opportunity in your residency training program for residents to work with minority patients in psychotherapy?
 - a. Yes
 - b. No
4. Is there the opportunity in your residency training program for residents to be supervised in their work with a minority patient by a supervisor of the same background as the patient?
 - a. Yes
 - b. No
5. Do you see a need for such patient-supervisor match?
 - a. Yes
 - b. No
6. What specific materials have you used or developed in your curriculum to address cross-cultural issues? (check all that apply)
 - a. Videotapes
 - b. Lectures
 - c. Seminar Series
 - d. Specific Readings
 - e. Grand Round Presentations
 - f. Other - specify
7. Are some or all of these materials available to faculty as part of Continuing Medical Education course material or as part of Grand Rounds?
 - a. Yes
 - b. No
8. Is exposure to this cross-cultural material required for residents?
 - a. Yes
 - b. No
9. Is exposure to this cross-cultural material only required in a specific residency year?
 - a. Yes - specify in which PGY year _____
 - b. No
10. Do videotapes on interviewing minority patients exist in your department?
 - a. Yes
 - b. No

11. Do videotapes of Grand Rounds presentations on cross-cultural issues in psychiatry, psychiatric diagnosis, and psychotherapy exist in your department?

- a. Yes
- b. No

12. Do textbooks exist which discuss cross-cultural issues in psychiatric practice and the training of mental health professionals exist in your department?

- a. Yes
- b. No

13. Are you aware that names of academic, psychiatric attendings who can present and discuss the relevance of cross cultural issues in psychiatric practice are available from the American Psychiatric Association as well as from specific organizations such as the Black Psychiatrists of America, American Society of Hispanic Psychiatrists, and the National Coalition of Hispanic Health in Human Services Organizations?

- a. Yes
- b. No

Comments:

14. What kinds of informational items would you be interested in receiving? (check all that apply)

- a. An enumeration of specific teaching videotapes which are available
- b. An enumeration of specific cross-cultural references
- c. An enumeration of academic psychiatrists who can address the historical psychodynamic, and biological issues in specific minority populations.
- d. Other - specify

15. Having completed this questionnaire I have the following comments:

Thank you.

Return this completed questionnaire by DATE to CONTACT AND ADDRESS

TABLE I: Psychiatric Residency Training Programs Responding to a Mailed Survey on Cross-Cultural Content

	New England	NY State	Mid-Atlantic	South	North Central	West	California	Total
Total Number of Programs	24	33	32	52	51	12	20	224
Number of Programs Responding	6	12	9	24	18	8	6	83
Percentage of Total Responding	25%	36%	28%	46%	35%	67%	30%	37%

TABLE II: Cross-Cultural Content and Opportunities for Cross-Cultural Supervision

	New England	NY State	Mid-Atlantic	South	North Central	West	California	Total
	N=6 N %	N=12 N %	N=9 N %	N=24 N %	N=18 N %	N=8 N %	N=6 N %	N=83 N %
Number with Cross-Cultural Content	5 83%	11 92%	8 89%	23 96%	16 89%	7 88%	6 100%	76 92%
Opportunity to work with minority patients	6 100%	12 100%	9 100%	24 100%	17 94%	8 100%	6 100%	82 99%
Supervision by some minority faculty (YES)	5 83%	8 67%	7 78%	19 79%	13 72%	7 88%	5 83%	64 77%
Is there a need for such patient-supervisor match (YES)	5 83%	11 92%	6 67%	18 67%	10 56%	6 75%	6 100%	62 75%

TABLE III: Number of Programs Identifying Specific Ethnic Minority Populations As the Focus of the Cross-Cultural Content of Their Programs

	New England N=6 N %	NY State N=12 N %	Mid-Atlantic N=9 N %	South N=24 N %	North Central N=18 N %	West N=8 N %	California N=6 N %	Total N=83 N %
African American	3 4.0%	10 12%	8 10%	21 25%	14 17%	4 5%	3 4%	63 76%
American Indian	2 2.4%	0 0%	3 4%	10 12%	8 10%	7 8%	2 2%	32 38%
Asian American	2 2.4%	7 8%	6 7%	14 17%	9 11%	3 4%	3 4%	44 53%
Hispanic American	3 3.6%	8 10%	7 8%	19 23%	9 11%	7 8%	3 4%	56 67%

Table IV: Other Ethnic Minority Populations² Served by the Responding Psychiatric Residency Training Program

	NY State N=12	Mid-Atlantic N=9	South N=24	North Central N=18	West N=8	California N=6
New England N=6	Haitians Eastern Europeans	White Children	Louisiana Cajuns Rural Appalachians	Arab Jewish Irish Hutterites	Indochinese Samoan	Iranian Multi-ethnic Pan-Asian

²Ethnic minority population as defined by the responding program

Table V: Specific Curricular Materials and Formats Used or Developed to Address Cross-Cultural Issues

	New England N=6	NY State N=12	Mid-Atlantic N=9	South N=24	North Central N=18	West N=8	California N=6	Total N=83
Videotapes	1	3	1	2	5	3	1	16 19%
Lectures	1	9	7	16	11	6	6	56 67%
Seminars	4	10	4	17	12	6	3	56 67%
Special Readings	3	4	6	17	7	8	3	48 58%
Grand Rounds	3	12	7	15	9	5	5	56 67%
Other	0	1 ¹	0	DC	DC	1 ²	0	4 5%

1¹ = experiential exercise to develop awareness and appreciation of communication DC = detailed comments 1² = site visits to minority clinics; field trips to nearby or more rural reservations

Table VI: Cross-Cultural Content by PGY Year by APA Region

	New England N=6	NY State N=12	Mid-Atlantic N=9	South N=24	North Central N=18	West N=8	California N=6	Total N=83
PGY-1	0 0%	1 1.7%	1 2%	1 1.7%	2 3.5%	0 0%	1 1.7%	6 10%
PGY-2	2 3.5%	4 7%	3 5.0%	6 10.5%	3 5.3%	2 0%	1 1.7%	21 37%
PGY-3	3 5.3%	1 1.7%	0 0%	5 8.8%	5 8.8%	3 5.3%	2 3.5%	19 33%
PGY-4	0 0%	1 1.7%	1 1.7%	2 3.5%	5 8.8%	0 0%	1 1.7%	10 19%
PGY-5	0 0%	0 0%	0 0%	1 1.7%	0 0%	0 0%	0 0%	1 2%
Totals	5 9.0%	7 12%	5 9.0%	15 26%	15 26%	5 9%	5 9%	57 100%

Table VII: Additional Information Responding Psychiatric Residency Were Interested in Receiving

	New England N=6 N %	NY State N=12 N %	Mid-Atlantic N=9 N %	South N=24 N %	North Central N=18 N %	West N=8 N %	California N=6 N %	Total N=83 N %
Teaching Vidcotapes	6 7%	10 12%	7 8%	21 25%	14 17%	8 10%	5 6%	71 85%
Cross-Cultural References	3 4%	11 13%	7 8%	21 25%	13 16%	6 7%	4 5%	65 78%
Academic Psychiatrists	4 5%	12 15%	6 7%	17 20%	14 17%	5 6%	5 6%	63 76%
Other	0 0%	1 ¹ 1.2%	0 0%	1 ² 1.2%	1 ³ 1.2%	0 0%	0 0%	63 4%

¹ = requested information on Indian subcontinental and other Asian populations

² = Requested model residency curriculum

³ = recruit minorities

Appendix II
American Society on Aging: Programs for Minorities

American Society on Aging: Programs for Minorities

Commitment and Empowerment:

Mission: Agencies must have an explicit commitment to serve elders from all racial, ethnic and cultural groups.

Governance and Administration: Seek proportional representation of the communities served on governing bodies and administrative staff. Empower persons of color in decisions and have them serve as spokesperson for the agency

Service Approaches and Program: Every effort should be made to make services accessible, understandable, and useful to all sectors of the community.

Targeting: Agencies should understand the prevalence of needs among different populations and know that need may exceed expectations based simply on proportional representation of a group within the community.

Outreach and Marketing: The messages and methods of conducting outreach and marketing of services must appreciate cultural diversity and difference.

Considerations for Developing a Model

1. Understand the cultural traditions, historical experiences and the social and political networks within the community
2. Identify and involve community leaders, organizations, grant makers and advocates in planning and organizing efforts (Planning Committee)
3. The planning group and event participants must decide direction and priorities. Encourage the core group to take ownership of the project by coordinating efforts without imposition of a facilitator's point of view.
4. Define goals based on a realistic timeline.
5. Work to develop community leaders. (Education about aging services and program systems and the skills necessary to affect change)
6. Design interactive sessions that promote discussion and hands-on activities (Education to validate the experiences and issues affecting elders and their families and develop the skills necessary to affect change)
7. Be available to provide technical assistance.
8. Conduct monthly follow-up with participants
9. Form relationships between older participants and community professional leadership.
10. Emphasize issues that directly affect elders' lives.

**Appendix III
Resource Centers**

American Association of Retired Persons (AARP)
Health and Ethnicity Committee: Minority Affairs
Initiative
1909 K Street, NW
Washington, D.C., 20606
(202) 434-2277

American Society on Aging
Minority Concerns Committee
833 Market Street
Suite 512
San Francisco, CA 94103
(415) 882-2910

Asian Mental Health Research Center
University of California at Los Angeles
Department of Psychology
Los Angeles, CA 90024-1563
(310) 825-3140

The Gerontological Society
Task Force on Minority Issues
1275 K Street, NW, Suite 305
Washington, D.C. 20005
(202) 842-1275

Hispanic Community Research Project
University of San Diego
6506 Alverado, Suite 112
San Diego, CA 92182
(619) 286-7151

Hispanic Research Center
Fordham University
Bronx, NY 10454
(212) 636-6000

National Caucus and Center on Black Aged
1424 K Street, N.W.
Washington, D.C. 20005
(202) 637-8400

National Asian Pacific Center on Aging
Melbourne Tower 1511 Third Avenue
Suite 914
Seattle, WA 98101-1622
(206) 624-1221
(206) 624-1023 (FAX)

National Resource Center on Minority Aging
Populations
San Diego State University
San Diego, CA 92182
(619) 594-6765
Minority Aging Exchange Newsletter of the
organization (619) 594-5200

World Health Organization: Pan American Health
Organization
525 23rd Street
Washington, D.C. 20037
(202) 861-3273

Research Center for the Psychobiology of Ethnicity
Harbor-UCLA Medical Center
Department of Psychiatry
1000 West Carson Street
Torrence, CA 90509
(310) 533-2345