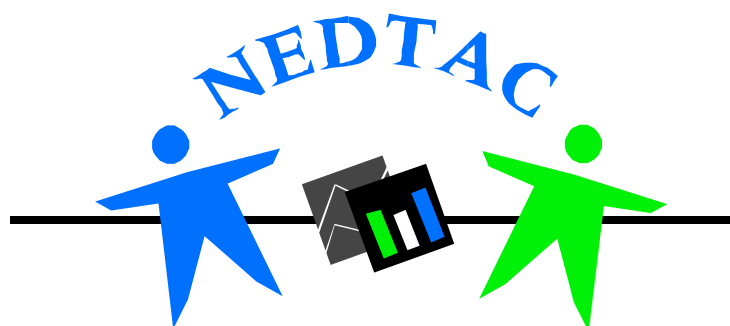


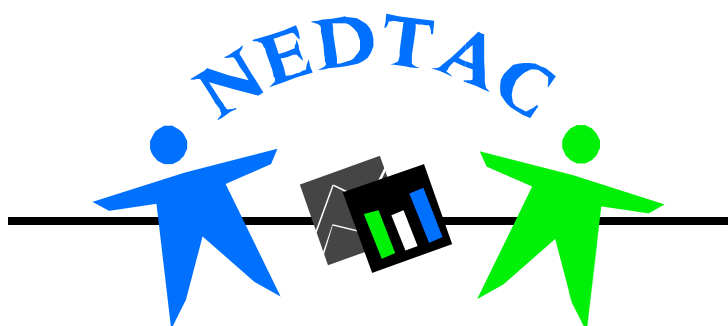
**NATIONAL EVALUATION DATA AND
TECHNICAL ASSISTANCE CENTER**



**CULTURAL SENSITIVITY:
AN OVERVIEW AND SELECTED BIBLIOGRAPHIES**

April 1999

NATIONAL EVALUATION DATA AND TECHNICAL ASSISTANCE CENTER



CULTURAL SENSITIVITY: AN OVERVIEW AND SELECTED BIBLIOGRAPHIES

April 1999

This document was supported by the Center for Substance Abuse Treatment, Department of Health and Human Services, Caliber/NEDTAC Contract No. 270-94-0001.

CSAT
Center for Substance
Abuse Treatment
SAMHSA

TABLE OF CONTENTS

	<u>Page</u>
FOREWORD	i
I. CULTURAL SENSITIVITY: AN OVERVIEW	1
1.1 Background of Cultural Sensitivity in Substance Abuse Counseling	1
1.2 The Importance of Cultural Sensitivity in Substance Abuse Treatment	3
1.3 Criteria for Assessing Organizational Cultural Sensitivity	5
1.4 Issues Involved in Evaluating Cultural Sensitivity	6
1.5 Materials Following the Overview	8
Sources Cited	10
II. CULTURAL ISSUES IN SUBSTANCE ABUSE AND MENTAL HEALTH COUNSELING: A SELECTED ANNOTATED BIBLIOGRAPHY	12
III. ENHANCING CROSS-CULTURAL SENSITIVITY: AN INTRODUCTORY BIBLIOGRAPHY	39

FOREWORD

The mission of the Center for Substance Abuse Treatment (CSAT) is to enhance the nation's substance abuse treatment system by identifying, developing, and supporting appropriate policies, approaches, and programs. In short, for the field of substance abuse treatment, CSAT seeks to determine what works, for whom, how well, and at what cost.

Building knowledge through evaluation is the key to answering these questions. From CSAT's perspective, evaluation—including cost analysis and performance measurement—is an integral component of program management and part of an ongoing process of knowledge development, assessment, and improvement. Toward this end, CSAT's Program Evaluation Branch established the National Evaluation Data and Technical Assistance Center (NEDTAC) to advance state-of-the-art evaluation in the field of substance abuse.

As part of its mission to further the development and dissemination of knowledge in the treatment field, NEDTAC produced a series of bibliographies in key topic areas related to substance abuse treatment. As part of that series, this document focuses on the importance of multicultural sensitivity in effective substance abuse treatment. Assertions that minority groups are currently over-represented among substance abusers, yet are under-utilizing treatment, make it increasingly imperative for service providers to prepare to meet the treatment needs of an increasingly diverse client population. In this context, it becomes essential for chemical dependency counselors to receive training in multicultural awareness, knowledge, and skills to effectively evaluate and counsel substance abusers from ethnic and cultural minority populations. This document is designed to assist in this process and promote culturally sensitive and effective substance abuse treatment among minority groups.

This bibliography, along with others in the series, was developed under the guidance and direction of the NEDTAC Government Project Officer, Ron Smith, Ph.D., Program Evaluation Branch, Office of Evaluation, Scientific Analysis, and Synthesis. We also wish to thank Deborah Doolittle for writing the overview and Beth Archibald Tang for compiling and reviewing this document.

Sharon Bishop
Director
National Data Evaluation and
Technical Assistance Center (NEDTAC)

I. CULTURAL SENSITIVITY: AN OVERVIEW

I. CULTURAL SENSITIVITY: AN OVERVIEW

This overview focuses on training chemical dependency counselors in multicultural knowledge, awareness, and skills and evaluating the efficacy of this training. It explores the background of cultural sensitivity issues in substance abuse treatment, discusses why it is an important component of counseling, presents criteria for assessing organizations, and examines various issues involved in evaluating the effectiveness of multicultural training. The overview is followed by a selected annotated bibliography on cultural issues in substance abuse and mental health counseling, an introductory bibliography entitled “Enhancing Cross-Cultural Sensitivity,” and a selected annotated list of other resource organizations. The overview, bibliographies, and resource list are not exhaustive. Using this document as a foundation, NEDTAC plans to incorporate new publications in the field of multicultural training and evaluation in order to update it on a regular basis.

1.1 Background of Cultural Sensitivity Issues in Substance Abuse Counseling

The interest in cross-cultural counseling developed in response to assertions that the mental health and substance abuse treatment fields had failed to serve their ethnic minority clientele effectively. Historically, counselor training in the United States employed a generic framework that assumed that traditional definitions of mental health and illness and theories of counseling practices (Gestalt, behavioral, and psychoanalytic theories) were value neutral and applicable to all people (Ridley, Mendoza, & Kanitz, 1994). Gradually, some psychologists, such as Elaine Pinderhughes, began to challenge the assumption of universal applicability of these generic counseling theories by arguing that culture-free service delivery does not exist. Not only were these traditional theories developed within a particular cultural context, but therapists possess their own cultural attitudes, values, and biases that influence their approach to treatment. In the past, service delivery may have discriminated against socially marginalized groups, including ethnic minorities and homosexuals, by providing more services to “more familiar,” mainstream clients. Now, effective service delivery “embraces the notion that the state of being mentally healthy is facilitated by a positive sense of connectedness with one’s own cultural group” (Pinderhughes, 1989). The psychological profession needed to abandon the notion of an objective standard of therapy that works for all people, while embracing the idea that people should be treated in a way that indicates sensitivity and respect for their differences. Although cross-cultural experts define culture and cultural sensitivity in a variety of ways, one commonly accepted definition states that cultural sensitivity is “a set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups” (Orlandi, Weston, & Epstein, 1992).

In 1980, the American Psychological Association (APA) outlined specific qualities that characterized cultural proficiency in psychological counseling and in 1986, established Criterion 2 of APA Standards of Accreditation, which requires psychological training programs to integrate cultural proficiency into their curriculum in order to be accredited by the APA.¹ APA defined these qualities as awareness, knowledge, and skills: an awareness of one's own cultural identity, values, and behaviors as well as one's attitudes and biases toward other cultures; knowledge concerning one's culture and others' cultures; and skills in cross-cultural communication, both verbal and nonverbal. The APA recognized that counselors should incorporate cultural sensitivity into their existing counseling techniques to optimize their treatment efficacy (LaFromboise, Coleman, & Hernandez, 1991). Although substance abuse counselors must demonstrate acceptance of their clients' individuality and differences in gender, race, ethnicity, and sexual orientation, it should be emphasized that they cannot successfully treat their clients without therapeutic proficiency, knowledge of chemical dependency, and the necessary skills to guide clients through the recovery process.

Concerned about similar discrimination against homosexual clients, the APA Committee on Lesbian and Gay Concerns established a task force in 1984 to investigate negative bias in the psychotherapy of gay men and lesbians. They discovered an uneven response among therapists to the APA's resolution in 1975 that "homosexuality, per se, implies no impairment in judgment, stability, reliability, or general social or vocation capabilities [and that] mental health professionals [should] take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations" (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). Psychologists who completed the task force's survey varied widely in their sensitivity to homosexual clients. On the one hand, 58 percent of respondents knew of negative incidents of biased therapy with gay and lesbian clients, but on the other hand, the survey also demonstrated that therapists, regardless of their sexual orientation, can provide appropriate and sensitive care to homosexual clients. Since the APA task force's report, other researchers have studied the implications of heterosexism in mental health and substance abuse research, training, and counseling. Ubell and Sumberg (1992) contend that psychological training rarely challenges or even discusses homophobia and heterosexism, which they define as "the culturally conditioned bias that heterosexuality is intrinsically superior to homosexuality." They feel that "underground"

¹ In the APA's Accreditation Handbook the criterion states that "...social responsibility and respect for cultural and individual differences are attitudes which must be imparted to students and trainees and be reflected in all phases of the program's operation: faculty recruitment and promotion, student recruitment and evaluation, curriculum, and field training...Programs must develop knowledge and skills in their students relevant to human diversity such as people with handicapping conditions; of differing ages, genders, ethnic and racial backgrounds, religions, and life-styles; and from differing social and individual backgrounds."

homophobia is particularly dangerous because it gives the impression that the therapist accepts homosexuality intellectually, while in reality, he or she may not accept it emotionally. Both the APA Committee on Lesbian and Gay Concerns as well as Ubell and Sumberg believe that it is imperative to educate practitioners about sexual orientation in order to bring individual practices in accord with APA policy that censures discrimination against homosexual clients. They recommend that education and sensitivity training concerning sexual orientation be incorporated into graduate school curriculum, professional in-service training, and continuing education training.

1.2 The Importance of Cultural Sensitivity in Substance Abuse Treatment

Research indicates that although socially marginalized groups are overrepresented among substance abusers and drug-related emergency hospital admissions, they are less likely to seek treatment and less likely to complete treatment once begun (Rebach, 1992). For example, although empirical evidence exists that Native Hawaiians are overrepresented, when compared to other ethnic groups in Hawaii, in behavior areas related to mental illness, including suicide, substance abuse, child abuse and neglect, and crime, they use western mental health services as “a last resort,” only after other alternatives have been tried² (Prizzia & Mokuah, 1991). There is little research that explains this overrepresentation/underutilization phenomenon and researchers have been unable to determine the etiological causes of alcohol and drug abuse in specific minority populations. One theory that accounts for the disproportionate substance abuse problem in minority communities states that drug and alcohol use can be seen as a response to environmental stress, experienced by greater segments of minority rather than majority people. These conditions may be the same for both minority and majority members, but the circumstances

² There is empirical evidence that non-ethnic minorities also face a greater risk for substance abuse problems, yet do not access services as frequently as more mainstream clients. For instance, the San Francisco Department of Public Health conducted a study that suggests that “lesbian and bisexual women appear to use alcohol and other drugs more often, in greater amounts, and in combination more often than women in the general population.” Other researchers found that “alcoholism may affect as much as 30 percent of the lesbian population, compared to 10 percent of the general population.” Both statistics were quoted in Marj Plumb’s presentation at the CSAT Women and Children’s Branch meeting on January 8-11, 1995. A disproportionate chemical dependency problem is also evident in people with physical and mental disabilities, such as the hearing impaired in that 1 in 7 deaf persons will develop a substance abuse problem, while 1 in 10 hearing people will develop a problem. The increased risk is due to the fact that prevention and treatment programs are not always accessible to the hearing impaired because of the lack of sign language interpreters in substance abuse programs and the limited information disseminated by the media and educational community. (“Peer Education in Drug and Alcohol Prevention with Deaf Youth—A Video,” National Technical Institute for the Deaf and Substance and Alcohol Intervention Services for the Deaf at the Rochester Institute of Technology).

of minority life may create conditions for the onset of substance abuse for more people (Rebach, 1992).

Another explanation contends that previous studies have overestimated minority drug use by employing biased assumptions and samples. The limitations in past research include: disregarding the tremendous heterogeneity of ethnic populations; employing inappropriate norms for multicultural groups, failing to establish cross-cultural validity, using student samples while ignoring higher-risk groups such as refugees, newly arrived immigrants, or adolescents; relying on small samples; seldom controlling for socioeconomic or demographic variables that may be confounded with ethnicity; failing to use bilingual measures or account for cultural differences in experimental design; and neglecting to differentiate between intergenerational groups and explore the influence of assimilation and mixed parentage on alcohol and drug use (Zane & Sasao, 1992). For example, one study illustrates the inaccurate interpretations that can result from failing to consider cultural variables by demonstrating that the same bilingual client was judged more pathological by mental health counselors when he/she was interviewed in English than when he/she was interviewed in his/her native language (Paniagua, 1994).

Despite competing hypotheses that explain the apparent disproportionate substance abuse problem in minority communities, there is greater consensus about the reasons why homosexual and ethnic minority persons are underserved in treatment programs. Most professionals agree that ignorance and insensitivity toward minority cultures alienate potential clients and undermine treatment efforts. As a result, cultural sensitivity is an essential component of successful substance abuse treatment because it enables counselors to gain the trust of minority clients and ethnic communities. In addition, cultural proficiency, especially in the field of cross-cultural communication, helps delineate the ways that people from different cultural and social backgrounds perceive health, health care, illness, substance use/abuse, and its causes. Once cultural expectations and assumptions about substance abuse are clarified, more appropriate prevention and treatment programs can be designed.

Culturally sensitive counselors have another advantage in treating ethnic minority clients in that they can draw upon the clients' family and community support in their treatment strategy. Service providers can enlist community leaders, both official and unofficial, to motivate community members to participate in prevention and treatment efforts. In a similar manner, religious leaders (including non-traditional "folk" religions like espiritismo, Santeria, or voodoo) can be recruited to promote anti-drug messages. Finally, counselors can utilize the strengths of the appropriate ethnic culture, such as attitudes toward family and gender roles as well as music, art, and other folk expressions, to reinforce prevention and treatment programs.

The changing demographics of the United States, accompanied by innovations in and acceptance of non-U.S. derived psychological counseling theories require cultural sensitivity in the substance abuse field. More than 750,000 people immigrate to the United States annually and by the year 2000, more than a third of the American population will be comprised of ethnic minority people (Gordon, 1994). Service providers must prepare for this increasing cultural pluralism in addition to the psychological stress faced by immigrants and refugees by acquiring multicultural knowledge, learning the languages spoken by their clients, and paying attention to culturally appropriate learning and problem-solving styles. Likewise, substance abuse treatment will only be hindered by the inability to communicate, prejudices, ethnocentrism, racism, and value differences (Gordon, 1994). In addition, many service delivery agencies have shifted their therapeutic philosophy from a traditional service delivery model to a “continuum of empowerment” paradigm that relies on community involvement and support (Gordon, 1994). It is impossible to effectively engage minority communities in prevention and treatment efforts without demonstrating respect and appreciation for their culture.

1.3 Criteria for Assessing Organizational Cultural Sensitivity

Organizations must also be assessed because, like individuals, they exhibit attitudes, values, policies, behaviors, and practices that can be either destructive or beneficial to minorities. The cultural sensitivity of an agency is important because “minorities will not seek services or employment in an atmosphere that disregards their culture” (Woody, 1992).

Some criteria for assessing an organization for cultural sensitivity include (Gordon, 1994; Janero, 1995):

- Is it guided by the needs of clients and communities that it serves?
- Does it reflect an integration of case management services?
- Does it acknowledge and work with the informal support systems of its clients?
- Does it provide language accessibility at all points of contact?
- Does it recruit and employ practitioners that reflect the gender, ethnicity, race, and sexual orientation of its clients?
- Do staff members value diversity and utilize appropriate ethnic strengths and traditions in devising treatment strategies?

- Is multiculturalism evident in the organization's public relations materials and its physical surroundings?

As substance abuse and mental health agencies achieve more of these criteria, they will exhibit more cultural sensitivity, which, ultimately, should lead to more successful treatment of homosexual and ethnic minority patients.

1.4 Issues Involved in Evaluating Cultural Sensitivity

Cultural sensitivity is important not only for treatment staff, but for evaluators as well. To develop effective, meaningful substance abuse program evaluations, evaluators need expertise in both program evaluation and cultural proficiency. Failure to consider cultural variables could potentially result in misleading or inaccurate interpretations about the efficacy of programs. Cultural sensitivity, however, will aid the evaluator in formulating relevant and appropriate questions, hypotheses, and procedures that reflect a better understanding of a program's clients and their unique culture, lifestyle, worldview, and experiences (Casas, 1992). Placing assessment and evaluation measures in an appropriate cultural context that accounts for distinct beliefs and attitudes toward health, illness, substance abuse, and mental health is particularly important because similar behaviors may have different meanings across cultures. For example, American Indian students in classrooms taught by non-American Indian teachers are often described as quiet and withdrawn and are sometimes diagnosed as being emotionally dysfunctional. In reality, there may be a number of more culturally appropriate explanations, such as showing respect for elders (in this case, the teacher) or being unwilling to speak up in order to avoid seeming superior to the other children (Beauvais & Trimble, 1992). In order to avoid erroneous conclusions, the validity and reliability of instruments to be used with a specific ethnic population should be tested on that population (Beauvais & Trimble, 1992).

Although most service providers and researchers agree that cultural sensitivity is an essential component of substance abuse treatment and evaluation, there have been few studies that systematically evaluate the impact of cross-cultural training on counselors' and evaluators' attitudes and behaviors. Currently, the content and instructional styles of multicultural training curricula are extremely inconsistent across professional and educational programs, and there is little data on which programs produce "multiculturally competent counselors" (Ridley et al., 1994). Thus, evaluations could be useful in assuring quality control and improving multicultural training. Ridley et al. view evaluation as an ethical responsibility and maintain that "ongoing evaluation of MCT [multicultural training] is critical to program refinement and the acquisition of data linking various training models and techniques with specific training outcomes."

A handful of instruments exist that are designed to measure the cultural sensitivity of substance abuse and mental health practitioners. The Cross-Cultural Counseling Inventory originally appeared in the early 1980s as a response to the APA's mandate for tri-dimensional multicultural training—awareness, knowledge, and skills. In 1991, LaFromboise et al. (1991) revised this inventory, which includes 20 items on a 6-point Likert-type scale. It is administered by an evaluator and has demonstrated moderate validity and reliability. At the same time, D'Andrea, Daniels, and Heck (1991) have developed their own self-administered scale, called the Multicultural Awareness-Knowledge and Skills Survey (MAKSS), that measures the effectiveness of a curriculum in “promoting multicultural awareness, knowledge, and skills.” Another instrument developed in 1991 by Ponterotto (see Ponterotto, Rieger, Barret, & Sparks, 1994) is called the Multicultural Counseling Awareness Scale—Form B: Revised Self-Assessment (MCAS:B). This 45-item counselor self-rating scale uses a 7-point Likert-type scale. Although it demonstrates internal consistency, little information is available on its validity and test-retest reliability. A final assessment tool that measures the cultural proficiency of counselors is the Multicultural Counseling Inventory (MCI) developed by Sodowsky and Plake in 1992. It is also a self-report measure that demonstrates satisfactory internal consistency and criterion-related validity.³ Although these instruments constitute an excellent beginning, they exhibit the following problems: three of them rely on self-reporting, which threatens their validity; the measures are limited in scope and overlap in content; and more research needs to be conducted on the validity and the test-retest reliability of these instruments before they can be used in counselor evaluations (Ridley et al., 1994). In addition, researchers need to develop and validate more assessment tools so mental health and substance abuse professionals can verify the impact of multicultural training on treatment outcomes as well as determine the most effective curriculum content and instructional strategies.

Cultural sensitivity assessment is still a new field, and researchers developing instruments face challenges inherent to the task. Beauvais and Trimble provide examples of “conceptual, methodological, and procedural problems that evaluators may encounter in settings that are culturally different from their own,” such as gaining access to the local community, measurement equivalence, report writing, and dissemination of results (Beauvais & Trimble, 1992). Other barriers include lack of clarity in training objectives, inadequate outcome measures, and research design problems (Ridley et al., 1994). Most cultural proficiency evaluations are self-administered tests where the “right” answers are obvious. How can the evaluator be sure that the training is not simply teaching people how to take the test, rather than actually changing attitudes and

³ Ponterotto, Rieger, Barrett, and Sparks (1994) describe and critique these four instruments designed to assess the multicultural sensitivity of counselors. For a succinct discussion, see Ridley et al. (1994), 278-279.

behaviors? Another problem involves defining a culturally sensitive outcome as people often have discrepant ideas on what constitutes cultural sensitivity. One solution is to choose culturally appropriate outcomes that might be more easily identified, such as referrals to minority-run agencies instead of large public organizations. An outcomes-based validation of the training could consist of looking at client dispositions by cultural group membership before and after the training. In addition, evaluations should not limit themselves to assessing the impact of training on cultural awareness, knowledge, and skills, but should measure a variety of training outcome variables, including behavioral, affective, perceptual, cognitive, and attitudinal dimensions of cultural sensitivity acquired by students. For instance, evaluations might measure client retention rates, client satisfaction, client comfort with counselors from another cultural or ethnic group, the counselor's comfort level in working with ethnic minority clients, the counselor's ability to conceptualize problems in cultural contexts and use prior knowledge of cultural factors in treatment, or the connection between different types of instructional strategies, multicultural curricula, and the actual knowledge that students obtain and the length of time that they retain it (Ridley et al., 1994).

1.5 Materials Following the Overview

The sections following this overview on cultural sensitivity provide further references and resources on cultural issues and cross-cultural sensitivity in substance abuse treatment counseling and training. The overview is followed immediately by a selected annotated bibliography that lists government and academic publications that explore various aspects of cultural issues in the field of mental health and substance abuse counseling. This bibliography expands on the evaluation bibliography, entitled "Cultural Issues in Evaluation of Substance Abuse Treatment Programs," which is located in NEDTAC's Evaluation Reference Notebook, Volume 1. The third section consists of an introductory bibliography entitled "enhancing cross-cultural sensitivity." The books, articles, and research studies in these bibliographies provide essential background reading. They reflect the diverse perspectives from which people approach the field of cross-cultural studies. As a result, they are not limited to the mental health and substance abuse fields; they also examine multiculturalism in education, work, criminal justice, communication, studying abroad and traveling, immigration, anthropology, and social work. The bibliographies should be useful to all individuals interested in the enhancement of their basic cultural sensitivity. They should also stimulate professionals to think about more effective and appropriate ways to serve diverse clients in substance abuse treatment programs. Finally, this resource guide concludes with an annotated list of resource agencies that may be contacted for more information.

All NEDTAC listings and reviews are for informational purposes only and should not be interpreted as an endorsement of any specific resource or publication. The views reflected in this overview do not necessarily reflect the opinions and perspectives of the Center for Substance Abuse Treatment.

SOURCES CITED

- American Psychological Association. (1986). Accreditation handbook. Washington, DC: American Psychological Association.
- Beauvais, F., & Trimble, J.E. (1992). The role of the researcher in evaluating American-Indian alcohol and other drug abuse prevention programs. In M.A. Orlandi, R. Weston, & L.G. Epstein (Eds.), (1992). Cultural competence for evaluators: A guide for alcohol prevention practitioners working with ethnic/racial communities (pp. 173-201). Rockville, MD: Office for Substance Abuse Prevention.
- Casas, J.M. (1992). A culturally sensitive model for evaluating alcohol and other drug abuse prevention programs: A Hispanic perspective. In M.A. Orlandi, R. Weston, & L.G. Epstein (Eds.), Cultural competence for evaluators: A guide for alcohol prevention practitioners working with ethnic/racial communities (pp. 75-116). Rockville, MD: Office for Substance Abuse Prevention.
- D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the impact of multicultural counseling training. Journal of Counseling and Development, 70, 143-150.
- Garnets, L., Hancock, K.A., Cochran, S.D., Goodchilds, J., & Peplau, L.A. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. American Psychologist, 46, 964-972.
- Gordon, J.U. (Ed.). (1994). Managing multiculturalism in substance abuse services. Thousand Oaks, CA: Sage.
- Janero, P. (1995, May 22). Responding to culture and community. Panel discussion at setting standards of excellence in outreach now and for the future, Center for Substance Abuse Treatment's AIDS Outreach Grantees National Meeting. Vienna, VA.
- LaFromboise, T.D., Coleman, H.L.K., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. Professional Psychology: Research and Practice, 22, 380-388.
- Orlandi, M.A., Weston, R., & Epstein, L.G. (1992). Cultural competence for evaluators: A guide for alcohol prevention practitioners working with ethnic/racial communities. Rockville, MD: Office for Substance Abuse Prevention.
- Paniagua, F.A. (1994). Assessing and treating culturally diverse clients: A practical guide. Thousand Oaks, CA: Sage.
- Pinderhughes, E.B. (1989). Significance of culture and power in the human behavior curriculum. In E.B. Pinderhughes (Ed.), Understanding race, ethnicity, and power. New York: The Free Press.

- Ponterotto, J.G., Reiger, B.P., Barrett, A., & Sparks, R. (1994). Assessing multicultural counseling competence: A review of instrumentation. Journal of Counseling and Development, 72(3), 316-322.
- Prizzia, R., & Mokuah, N. (1991). Mental health services for native Hawaiians: The need for culturally relevant services. Journal of Health and Human Resources Administration, 14, 44-61.
- Rebach, H. (1992). Alcohol and drug use among American minorities. In J.B. Trimble, C.S. Bolek, & S.J. Niemcryk (Eds.), Ethnic and multicultural drug abuse: Perspectives on current research. New York: Harrington Press.
- Ridley, C.R., Mendoza, D.W., & Kanitz, B.E. (1994). Multicultural training: Reexamination, operationalization, and integration. The Counseling Psychologist, 22, 227-289.
- Sodowsky, G.R., & Plake, B.S. (1992, September/October). A study of acculturation differences among international people and suggestions for sensitivity to within-group differences. Journal of Counseling and Development, 71(3), 53-59.
- Ubell, V., & Sumberg, D. (1992). Heterosexual therapists treating homosexual addicted clients. Journal of Chemical Dependency, 5, 19-33.
- Woody, D.L. (1992). Recruitment and retention of minority workers in mental health programs. Rockville, MD: National Institute of Mental Health.
- Zane, N., & Sasao, T. (1992). Research on drug abuse among Asian Pacific Americans. In J.E.C.B. Trimble & S.J. Niemcryk (Eds.), Ethnic and multicultural drug abuse: Perspectives on current research, (pp. 181-209). New York: Harrington Press.

**II. CULTURAL ISSUES IN SUBSTANCE ABUSE AND MENTAL HEALTH
COUNSELING: A SELECTED ANNOTATED BIBLIOGRAPHY**

II. CULTURAL ISSUES IN SUBSTANCE ABUSE AND MENTAL HEALTH COUNSELING: A SELECTED ANNOTATED BIBLIOGRAPHY

Adrian, M. (1996). Substance use and multiculturalism. Substance Use and Misuse, 31, 1459-1501.

This paper reviews intercultural variability of substance use behaviors, including availability of international statistics on consumption of alcohol and other drugs, as well as the use of drugs available locally only. Within a conceptual framework of intercultural relations, it considers the history of the transcultural spread of substance use behaviors and possible reactions to the introduction of new drugs within a culture or jurisdiction, including illustrations of the "law of alien poisons." Although intercultural views of substance use have generally concentrated on majority groups' views of substance use in minority groups, minority and non-Western views of substance use need to be considered in the context of increasing international and intercultural communications that increase the rate at which substance use behaviors spread. Both Western and non-Western experiences with substance use and misuse must be taken into account so that better interventions can be developed to deal with addictions and other substance-related problems.

Anderson, T.L. (1998). Drug identity change processes, race, and gender. I. Explanations of drug misuse and a new identity-based model. Substance Use and Misuse, 33, 2263-2279.

The present paper explores race and gender differences in a recent theoretical model, consisting of several micro- and macrofactors, that helps explain the identity-related processes of drug misuse. The approach is qualitative, featuring in-depth interviewing with 45 self-identified drug addicts. The study uncovered support for the general concepts of the identity-based model across four subgroups: black females, white females, black males, and white males. However, important race and gender differences emerged. Gender and race-related socialization and stratification explain most of the differences and suggest reconceptualization of the model. The investigation further demonstrates the promise of identity-based approaches in extending our knowledge of the etiology of drug misuse and related intervention policies. (Author abstract)

Aoki, B., Delgado, M., de Miranda, J., Hatchett, R., Magiste, E., et al. (1992, July/August). Cultural sensitivity: Treatment for diversity. The Counselor, 8-13.

The days when the traditional client in treatment was a middle-class, middle-aged, white male are over. In cities, suburbs, and rural communities, counselors face a client population that is representative of the demographic realities of society. America's complexion today is multi-ethnic, multicultural, and varied in terms of age, lifestyle, and physical abilities. Treatment programs and professionals need to understand, acknowledge, and appreciate the diversity in their clients to respond to their needs. A group of professionals share their perspectives on the differences between prejudice and cultural sensitivity and their impact on treatment. (NCADI abstract)

Asian and Pacific Islander Americans: OSAP prevention resource guide. (1990, November).
Rockville, MD: Office for Substance Abuse Prevention.

This resource guide provides facts and figures concerning Asian and Pacific Islander Americans and substance use and abuse. The Office for Substance Abuse Prevention gathered its data from a number of research studies that compared Asian Americans, as a group, to the general population in the United States as well as distinguishing the various substance use/abuse patterns between different Asian ethnic groups. The guide also contains annotated resources, including government publications, journal articles, and monographs, as well as a list of organizations and resources that can be contacted for more information.

Bayer, A., Brisbane, F.L., & Ramirez, A. (Eds.) (1996). Advanced methodological issues in culturally competent evaluation for substance abuse prevention. Rockville, MD: National Clearinghouse on Alcohol and Drug Information.

This monograph is the sixth volume in a series of publications focusing on cultural competence. This volume explores questions of concern to evaluators who wish to perfect the art of working with primary health care and substance abuse prevention programs servicing different ethnic, racial, and cultural communities. It is intended for substance abuse and primary health providers, behavioral scientists, academicians, and students of the evaluation sciences. Chapters in this monograph develop a framework and provide suggestions for evaluators who use state-of-the-art methodological techniques to conduct culturally competent program evaluations. The monograph consists of eight complementary chapters addressing critical methodological issues in program evaluation within the culturally diverse settings found in the United States.

Benson, P.L. (1993). Religion and substance use. In J. Schumacker (Ed.), Religion and Mental Health. New York: John Wiley and Son.

This report reviews a significant volume of research on alcohol, marijuana, tobacco, and other drug use in conjunction with religious practice. The author describes in detail how the apparent inhibiting role of religion generalizes to multiple, demographic subgroups and across multiple measures of religion and substance use. Attention is given to documenting the strength of the negative relationship between religion and substance use, with religion compared in predictive power to various social and psychological constructs. The author evaluates the research that is aimed at explaining the religion-substance use association and offers suggestions for guiding further research. (NCADI abstract)

Bernal, G., Bonillo, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for the cultural adaptation and development of psychosocial treatments with Hispanics. Journal of Abnormal Child Psychology, 23, 67-82.

The ecological validity of psychosocial treatment outcome research can be enhanced by incorporating a culturally sensitive perspective. Taking Hispanics as an example, a preliminary framework explores the dimensions of language, cultural similarities, and differences between client and therapist, use of cultural symbols and concepts, cultural knowledge, treatment concepts, goals, methods, and context. (Author abstract)

Boyd-Franklin, N. (1992). Culturally sensitive treatment of the inner-city African-American adolescent: A multisystems model. In W. Snyder & T. Ooms (Eds.), Empowering families, helping adolescents: Family-centered treatment of adolescents with alcohol, drug abuse, and mental health problems (Technical Assistance Publication Series No. 6, pp. 71-76). Rockville, MD: Office for Treatment Improvement.

A multisystem model is presented for the treatment of African-American inner-city adolescents and their families that includes familial, cultural, and broader systemic interventions that have proved effective. The community and developmental context of African-American youth in inner cities is discussed and compared with other cultures and communities. Adolescence in inner-city, African-American communities is examined. The cultural and family context for African Americans is described. The resistance of African-American adolescents and families to treatment is discussed. The treatment process within the multisystems model is explored. (NCADI abstract)

Caetano, R., & Schafer, J. (1996). DSM-IV alcohol dependence in a treatment sample of white, black, and Mexican-American men. Alcoholism, Clinical and Experimental Research, 20, 384-390.

This study examines the presentation, correlates, and factor structure of DSM-IV alcohol dependence among 256 white, 263 black, and 212 Mexican-American men admitted consecutively to five alcohol treatment programs in San Jose, CA. One-hour interviews were conducted in the programs' facilities by trained interviewers using a standardized questionnaire. The response rate was 87 percent. Results show that the proportion of black respondents who are alcohol-dependent (according to the DSM-IV criteria) is lower (63%) than the proportion of whites (86%) and Mexican Americans (76%). However, the proportion of respondents reporting each criterion of dependence was similar across groups. The most powerful predictor of the number of dependence indicators reported by respondents was level of alcohol consumption, independent of ethnicity. A unidimensional model of dependence combining all seven indicators of DSM-IV alcohol dependence fit well across men in all three ethnic groups. These results indicate that both the presentation and factorial structure of DSM-IV alcohol dependence were uniform across white, black, and Mexican-American men in treatment for alcohol problems.

Chavez, E.L., & Swaim, R.C. (1992). Hispanic substance use: Problems in epidemiology. In J.E. Trimble, C.S. Bolek, & S.J. Niemcryk (Eds.), Ethnic and multicultural drug abuse: Perspectives on current research (pp. 211-230). New York: Harrington Press.

The authors argue that previous studies have overestimated minority drug use by employing biased assumptions and samples. Research conducted by NIDA in 1985 and 1988 found that substance abuse was higher in white non-Hispanics compared to Hispanics, except for cocaine and crack. The contradictions in studies involving Hispanic drug epidemiology result from the failure to take account of tremendous variation within Hispanic communities. While researching Hispanics and substance abuse, the following factors must be considered: gender, ethnicity, socioeconomic level, community characteristics, educational attainment, and acculturation. The heterogeneous nature of the Hispanic population in the United States necessitates comparisons within the group as well as with outside groups. In a Hispanic Health and Nutrition Survey published in 1987, data revealed that Cuban Americans were less likely to be past or present drug users than either Mexican Americans or Puerto Ricans. Also, men were more likely than women to have ever tried drugs. Finally, a positive correlation exists between increasing education levels and the likelihood of having ever tried drugs. Hispanics, but not Cubans, born in the United States also reported higher levels of use than native-born Hispanics.

Cushner, K.H. (1996). Culturally specific approaches to knowing, thinking, perceiving, and understanding. In A. Bayer, F. L. Brisbane, & A. Ramirez (Eds.), Advanced Methodological Issues in Culturally Competent Evaluation for Substance Abuse Prevention (CSAP Cultural Competence Series No. 6, pp. 213-240). Rockville, MD: Center For Substance Abuse Prevention.

This monograph chapter considers the way in which understanding cultural views is helpful for delivery of wellness services to culturally diverse communities. The chapter provides professionals with broadened skills for analysis, interpretation, and communication. The chapter is divided into four key sections: definitions of key terms, examination of how people derive meaning from the world, exploration of different cultural concepts of the self, and implications for cross-cultural interactions in the delivery of health and counseling services. The author concludes that illness behavior is understood and treated most effectively in its cultural context.

D'Andrea, M., Daniels, J., & Heck, R. (1991, September/October). Evaluating the impact of multicultural counseling training. Journal of Counseling and Development, 70, 143-150.

The authors agree that multicultural counseling has the potential to be a powerful, effective agent of change in the counseling profession. To realize this potential, however, studies need to be conducted to evaluate the types of instructional strategies that are most effective in increasing the cultural sensitivity of psychological counselors. They began their study by surveying a variety of cross-cultural university courses. They discovered that most courses encompassed three main areas: the acquisition of cross-cultural skills, the need to become more aware of one's attitudes toward ethnic minorities, and the importance of increasing counselor's knowledge about minority populations. Although most classes addressed these three goals, different instructors favored one component over the other two and employed different pedagogical approaches to meet their goal. The classes that stress skills generally use action-oriented learning activities, such as role playing

and behavioral monitoring, while the ones that emphasize attitudes rely on less structured discussions about one's own cultural misperceptions and stereotypes; and the ones that strive to increase knowledge use traditional, didactic classroom techniques, including lectures, readings, and presentation of facts. The researchers wanted to know which instructional techniques were the most effective, but given the lack of empirical models, they had to devise their own instrument first. They developed a curriculum for their "multicultural counseling training model" that allowed for flexible scheduling as part of a research design that sought to answer the following questions: Was this model effective in realizing its original goals of "promoting multicultural counseling awareness, knowledge, and skills?" What impact would the training have on students if class scheduling varied? Using an experimental design in addition to a pre-test/post-test design, the researchers determined that multicultural training did have a significant impact on students' awareness, knowledge, and skills, but that varying the schedule did not prove statistically significant. The article contains a copy of the instrument that the researchers designed: the Multicultural Awareness-Knowledge and Skills Survey (MAKSS).

Dansereau, D.G., Joe, G.W., Dees, S.M., & Simpson, D.D. (1996). Ethnicity and the effects of mapping-enhanced drug abuse counseling. *Addictive Behaviors*, 21, 363-376.

It was hypothesized that node-link mapping, a tool for visually representing client issues during drug abuse counseling, would reduce communication barriers between counselors and their African-American and Mexican-American clients. Three-hundred-twenty daily opioid users participated in methadone maintenance treatment programs in three cities for 6 months or longer following random assignments to mapping-enhanced or standard counseling. Clients in the mapping condition had fewer drug-positive urinalyses (with respect to opiates and cocaine), missed fewer scheduled counseling sessions, and were rated more positively by their counselors on rapport, motivation, and self-confidence during the first 6 months of treatment. Significant interactions involving ethnicity and counseling condition suggested that mapping is more effective for African Americans and Mexican Americans than for whites. The use of mapping appears to help reduce cultural, racial, and class communication barriers by providing a visual supplement and a common language that enhances counselor-client interchanges. (Author abstract)

De Jong, J.A., Valentine, J., & Kennedy, N.J. (1998). Implementation and evaluation of substance abuse prevention programs in culturally diverse communities. *Drugs and Society*, 12(1/2), 1-5.

In the past decade, concern over drug and alcohol abuse among children and adolescents has led to funding of research into the etiology and prevention of substance abuse. Prevention approaches have multiplied; they attribute the problem variously to individual factors and environmental factors in the family, school, peer group, community, economic system, and society at large. A second generation was encouraged to design more comprehensive prevention programs, focusing on multiple risk factors for substance abuse. A defining characteristic of the second generation was the customization of interventions. This second generation approach emphasized

collaboration. They encouraged innovative evolution, rather than rigid adherence to specific protocols. For evaluators, the second generation application of multiple interventions to multiple domains made random assignment to conditions impossible in most programs, as self-selection would necessarily be operative in determining participation in at least some of the interventions, and required more investment per capita, both in interventions and in evaluation of those interventions.

De Leon, G., Melnick, G., Schoket, D., & Jainchill, N. (1993). Is the therapeutic community culturally relevant? Findings on race/ethnic differences in retention in treatment. Journal of Psychoactive Drugs, 25, 77-86.

The therapeutic community (TC) views cultural diversity as an essential ingredient in its treatment approach. Based on clinical observation and research findings, however, questions persist concerning the relevance of TC programming for numerous racial and ethnic minorities. This article briefly reviews pertinent research and presents findings from recent studies on racial and ethnic differences concerning appropriateness, readiness, and retention in TC treatment. Finally, a framework is outlined for the empirical study of cultural relevance in therapeutic communities.

Fang, W.L. (1996). Role of ethics in evaluation practice: Implications for a multiethnic setting. In A. Bayer, F.L. Brisbane, & A. Ramirez (Eds.), Advanced Methodological Issues in Culturally Competent Evaluation for Substance Abuse Prevention (CSAP Cultural Competence Series No. 6, pp. 121-157). Rockville, MD: Center For Substance Abuse Prevention.

This monograph chapter briefly reviews the historical biomedical origin of an ethics model, followed by a discussion of moral issues as they relate to evaluation practice. The dimensions and potential ethical dilemmas or pitfalls are discussed in the context of an evaluation study and the moral issues related to evaluation process, the implications for multiethnic settings, the ethical dilemmas encountered in evaluation practice, and a possible ethical evaluation strategy and model are considered. An ethical evaluation model is then offered as a possible strategy. The chapter concludes with a discussion of how the development valuation model is of significant value in the ethical evaluations for the multiethnic setting.

Finn, P. (1996). Cultural responsiveness of drug user treatment programs: Approaches to improvement. Substance Use and Misuse, 31, 493-518.

Many drug user treatment programs have difficulty recruiting, retaining, and successfully treating minority clients. Coupled with the fact that cultural diversity among clients is likely to increase, this consideration makes it critical that programs take steps to increase their responsiveness to minority clients. Among the steps that administrators and clinicians recommend that programs take are conducting needs assessments; implementing special outreach approaches, hiring

additional minority staff, providing staff training and education in cultural sensitivity; and identifying client cultural characteristics at intake. (NCADI abstract)

Fisher, D.G. (1996). Therapeutic Community Retention Among Alaska Natives: Akeela House. Journal of Substance Abuse Treatment, 13, 265-271.

This study determined whether a change in the treatment program at Akeela House, a therapeutic community, significantly increased the time in treatment for Alaska Native residents. The change in treatment involved implementation of culturally sensitive approaches that incorporated and reinforced Native lifestyles. Data were obtained from the Alaska Management Information System on all treatment admissions from January 1988 to January 1995. Prior to implementation, Alaska Native residents had significantly shorter times in treatment than black or white residents. After implementation of the change in the treatment program, Alaska Native residents' times in treatment were no longer significantly different from those of black or white residents, and all three ethnic groups had significantly longer times in treatment than before the intervention. (Author abstract modified)

Fredlund, E.V. (1993, November). Volatile substance abuse among the Kickapoo people in the Eagle Pass, Texas Area, 1993. Texas Commission on Alcohol and Drug Abuse Research Briefs, 1-30.

The Kickapoo Traditional Tribe of Texas (KTTT) identifies chronic use of spray paint as "the most pernicious problem currently facing the Kickapoo people" because it threatens their traditional culture. In general, adult, chronic Volatile Substance Abuse (VSA) occurs most often "in communities characterized by poverty, low educational attainment, cultural distinctiveness, cultural isolation, and undergoing cultural change." Fredlund selected an ethnographic research design that employed methodologies of structured interviewing, direct observation, and systematic protocol utilizing information. His goals included describing the lives of adult Kickapoos who engage in chronic VSA, including patterns of abuse and resulting problems; estimating the number of Kickapoo adults who engage in chronic VSA and need treatment; and defining a culturally appropriate treatment for this group.

Friedman, A.S. et al. (1995). Gender differences in early life risk factors for substance use/abuse: A study of an African-American sample. American Journal of Drug and Alcohol Abuse, 21, 511-531.

Gender differences in risk and protective factors for substance use/abuse in early childhood were studied. Comprehensive systematic data on African Americans (males, n=318; females, n=322), from birth to 7 years of age, were available from the National Collaborative Perinatal Study. These subjects were retrieved for assessment at average age 24. There are more differences than similarities between males and females with regard to the early childhood variables that predict

substance use in early adulthood. However, high activity and intensity of response during infancy (measured at 8 months of age) were found to predict later substance use for both males and females. This type of behavior is considered by use to be a trait of temperament and to suggest the possibility of a genetic predisposition. More risk factors were found for females than for males. The risk factors for females were primarily of two types: experiences with the mother and with the family environment; and poor levels of intellectual functioning, academic performance, and abnormal mental status. (Author abstract modified)

Garnets, L., Hancock, K.A., Cochran, S.D., Goodchilds, J., & Peplau, L.A. (1991). Issues in psychotherapy with lesbians and gay men: A survey of psychologists. American Psychologist, 46, 964-972.

In 1984, the American Psychological Association (APA) Committee on Lesbian and Gay Concerns created a task force to investigate negative bias in the psychotherapeutic treatment of lesbians and gay men. The committee sent written surveys to a large, random sample of psychologists asking open-ended questions designed to “elicit information about specific instances of respondent-defined biased and sensitive psychotherapy practice.” The results of this study indicate an uneven response among therapists to the APA’s resolution in 1975 that “homosexuality, per se, implies no impairment in judgment, stability, reliability, or general social or vocation capabilities [and that] mental health professionals [should] take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.” Psychologists who completed the survey varied widely in their sensitivity to homosexual clients. On the one hand, 58 percent of respondents knew of negative incidents of biased therapy with gay and lesbian clients, but on the other hand, the survey also demonstrated that therapists, regardless of their sexual orientation, can provide appropriate and sensitive care to homosexual clients. There are three major limitations to this survey: First, the therapist may not know his or her client’s sexual orientation; second, the survey does not address the therapeutic and ethical issues involved in AIDS; and finally, the survey does not address gender differences in the therapy experiences of lesbians and gay men. This article comprises an abridged version of the task force’s research, findings, and recommendations. The authors suggest that the data from this study be used to develop educational materials and model curricula for graduate and professional training because a “greater awareness of the potential problems and difficulties encountered by homosexual clients identified in this survey may help clinicians to avoid bias.”

Goddard, L.L. (Ed.). (1993). An African-centered model of prevention for African-American youth at high risk. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance abuse has become the leading social, economic, and health problem facing the African-American community, and there is evidence that traditional substance abuse prevention and treatment programs are ineffective with black clients. As a result, some scholars and practitioners argue that service delivery to African Americans must acknowledge and promote the cultural

integrity of the African-American community. In other words, successful programs must be based on an Afrocentric model that relies on “cultural consistency.” Goddard has divided this technical report into three sections. The first is an overview of substance use and abuse in the general population and within the black community. The authors explore the roles that environmental stress, popular culture, the media, familial precursors, and biological vulnerability play in alcohol and other drug problems as well as the economic and political implications associated with substance abuse. The second section addresses current applications and future directions for prevention services. The need for a conceptual framework is stressed, and successful Afrocentric prevention programs are examined in more detail, both quantitative and qualitative. The last section discusses the various components of an Afrocentric model of substance abuse prevention, including its nature and general characteristics. This report provides a review of the literature in addition to a selected Afrocentric bibliography for further reading.

Gordon, J.U. (Ed.). (1994). Managing multiculturalism in substance abuse services. Thousand Oaks, CA: Sage.

The shift in therapeutic philosophy from a traditional service-delivery model to a “continuum of empowerment” paradigm combined with the changing demographics of the United States that reflect a continual growth in immigrant populations necessitate cultural competency in the substance abuse field. Cultural competency is essential in acquiring the trust of minority clients and ethnic communities as well as in understanding the ways different cultural groups define health, illness, and health care—especially in the context of substance abuse. This monograph is structured in three sections and accompanied by two appendices. The first part analyzes conceptual issues and their application in substance abuse programs such as the historical and theoretical development of prevention, intervention, and treatment services. It also discusses the problems associated with definitions. The second part explores specific racial and ethnic groups in the United States—African Americans, Asian Americans, European Americans, Latinos, and Native Americans—in an effort to develop a “culture-specific and multicultural framework” in the substance abuse field. The third part presents effective styles for the management of diversity in the substance abuse field, focusing on a multicultural education approach to drug-free schools, a multicultural model for program evaluation, the role of leadership in the substance abuse field, and recommendations. The first appendix outlines the goals and training objectives of a multicultural framework in substance abuse; the second contains a variety of assessment tools that can be used to evaluate the short- and long-term effectiveness of training, participant satisfaction, and the multicultural needs of a community.

Grant, D., Pietrzak, J., & Barth, R.P. (Eds.) (1997). Delivering culturally competent services to women and children who are affected by drugs. Berkeley, CA: National Abandoned Infants Assistance Resource Center.

Issues of assessment and the implementation of culturally competent practice in social service organizations are addressed. It is contended that a conceptual understanding of the macro

constructs of service delivery and an understanding of each client's cultural background is key to an organization's assessment of its cultural competence. Prospective clients informally assess the environment and staff of treatment programs for sensitivity to a number of their needs and issues, including cultural sensitivity and competency. Institutionalized obstacles to service utilization are examined, including screening bias, language barriers, and program rules based on belief and value systems that devalue what is important to black women. A program-specific intake and pre-intake approach to affecting change in the trend of under-utilization of drug addiction treatment by African-American women is presented. The synergistic effect of race, culture, family, addiction, and poverty on child rearing and mother-child interaction are then examined. This is followed by an examination of infant development and the mother-child relationship within the African-American culture, and healthy development is contrasted with development impacted by drug addiction and HIV exposure.

Gurnee, C.G., Vigil, D.E., Krill-Smith, S., & Crowley, T.J. (1990). Substance abuse among American Indians in an urban treatment program. *American Indian and Alaska Native Mental Health Research*, 3(3), 17-26.

The authors maintain that reliable data on the extent and pattern of substance abuse among American Indians are scarce. Information is often anecdotal and based on observer impressions, rather than researched scientifically. In addition, most research is conducted on rural reservations, although approximately 50 percent of all Native Americans live in cities. To learn more about chemical dependency patterns among this population of urban American Indians, the researchers reviewed patient records from the first 68 clinical admissions (half women and half men) in a treatment program in Denver designed to treat substance abuse among American Indians. The researchers examined these records for demographic, psychosocial, vocational, legal, treatment history, substance use history, and sociocultural variables. They discovered that counselors, who were all American Indian, consistently interpreted the problems of their clients as more severe than the clients rated themselves. Researchers concluded that this was a very difficult population to treat because they had multiple risk factors: they were young, from a minority group, and poor; they had low levels of education and no medical insurance; and many had prior involvement with the criminal justice system. Most of these clients had little attachment to Native American values, culture, and religion; most had not been raised in tribal communities and lived far from their reservations. In addition, more than 40 percent were referred from social service agencies or probation agencies. According to the counselors' assessment, 78 percent of clients did not finish the program, and only two fully realized their treatment goals. The researchers acknowledge the weaknesses in the design of their study. The treatment organization conducted the research and the treatment counselors assessed the data; the methodology involved retrospective chart reviews; and the multiple forms duplicated questions and discrepancies in answers and raised doubts concerning the reliability of data collection. The results of this study caused researchers to question the efficacy of Native American healing practices in treating urban American Indians who had little attachment to traditional culture and religion. They concluded that more empirical studies need to be conducted to determine the relevancy of traditional American Indian cultural practices in the substance abuse treatment of urban clients.

Herd, D. (1996). Influence of religious affiliation on sociocultural predictors of drinking among black and white Americans. International Journal of the Addictions, 31(1), 35-63.

Although religious denominations have been shown to affect the drinking behavior of their members, few studies have examined this topic among black Americans. The following study explored whether a model predicting drinking from religious denominations through a series of intervening cognitive and social variables (drinking attitudes and norms, social contexts, social networks, and home use of alcohol) would be the same for blacks and whites. The results showed that there are a number of racial differences in how religious background influences intervening social characteristics but few in the predictors of drinking behavior. Many significant racial differences were observed among Baptists, a moderate number among Catholics, and few or none were observed for Conservative Protestants and Methodists.

Herd, D., & Grube, J. (1996). Black identity and drinking in the U.S.: A national study. Addiction 91, 845-857.

The relationship between ethnic identity and drinking patterns was explored in 1,947 black adults from a nationwide study of drinking behavior. Factor analysis revealed that a multidimensional construct, which included four factors—media preferences, sociopolitical awareness, endogamy, and social networks—was necessary to operationalize and measure the concept of ethnic identity. Using structural equation modeling, a model was tested that analyzed the impact of ethnic identification on religiosity and drinking norms, which in turn were predictors of drinking and heavier drinking latent variables. The results showed that ethnic identity influenced drinking behavior indirectly through its effects on drinking norms and religiosity as well as directly. Most aspects of ethnic identity decreased drinking levels. Respondents who scored higher on involvement with black social networks and black social and political awareness drank at lower levels than other respondents. These results were attributed to the prevalence of norms for abstinence and high levels of social control regarding drinking in black communities. However, high scores on using black media increased drinking rates. It was suggested that the promotion of alcohol use in black-oriented media, as well as the social settings attended by those who prefer black media, might increase alcohol consumption. (Author abstract)

Herek, F.M., Kimmel, D.C., Amaro, H., & Melton, G.B. (1991). Avoiding heterosexist bias in psychological research. American Psychologist 46, 957-963.

In this article, the authors discuss the various ways that heterosexist bias occurs in psychological research and how researchers can avoid it. They have adopted the definition coined by the APA Board for Social and Ethical Responsibility in Psychology (BSERP) that states that heterosexist bias is “conceptualizing human experience in strictly heterosexual terms and consequently ignoring, invalidating, or derogating homosexual behaviors and sexual orientation, and lesbian, gay male, and bisexual relationships and lifestyles.” Using a format that provides questions for

self-evaluation and answers for removing heterosexist bias, the authors urge psychological researchers to evaluate their own research designs—including questions, sampling, operationalization of variables, data collection, protection of client confidentiality, and dissemination of results.

James, W.H., & Johnson, S.L. (1996). Doin' drugs: Patterns of African-American addiction. Austin, TX: University of Texas.

Historical patterns of alcohol and drug use are explored among African Americans from pre-slavery Africa to present-day urban America. The role of alcohol and other drugs is documented in traditional African cultures, among African slaves before the American Civil War, and in contemporary African-American society, which has experienced the epidemics of marijuana, heroin, crack cocaine, and gangs throughout the twentieth century. The interplay of addiction and race is examined, uncovering the social and psychological factors that underlie addiction. There are a number of culturally informed programs that are successfully breaking the patterns of addiction, particularly those sponsored by the African-American churches.

Jerrell, J., & Wilson, J. (1997). Ethnic differences in the treatment of dual mental and substance disorders. Journal of Substance Abuse Treatment, 14(2), 133-141.

Differences between white and ethnic client psychosocial functioning, psychiatric and substance abuse symptomatology, and service utilization costs from a longitudinal clinical trial examining the relative cost effectiveness of three specialized interventions for dual disorders are compared within the study sample and to the existing literature. Ethnic clients comprised 30 percent of the treated sample, had lower psychosocial functioning scores (rated and self-reported), and received less supportive treatment services during the first 6 months of the intervention program; however, their overall outcomes were equivalent to those of white clients at 6 months. There were no functioning or symptom outcome differences across the three treatment groups, but the 12-step group had the highest intensive and supportive service costs over time, and also the greatest reduction in intensive service costs after 6 months. Clinical issues are described and the clinical implications for more effectively serving dually diagnosed ethnic clients are outlined.

Kirkhart, K.E. (1995). Seeking multicultural validity: A postcard from the road. Evaluation Practice 16, 1-12.

Multicultural validity needs to be a center theme in evaluation. Because there is no way to escape cultural effects, evaluators need to include them in their studies. By doing so, the studies are more complete and generalizable. Study in this field needs to continue with a conscious effort to include input from many different sources.

Kline, A. (1996). Pathways into drug user treatment: Influence of gender and racial/ethnic identity. Substance Use and Misuse, 31, 323-342.

Drawing on constructs from models of health behavior change, this paper examines gender and racial/ethnic influences on access to residential drug user treatment. Using a focus group methodology, data were collected from a sample of 65 in-treatment white, black, and Hispanic men and women. Hispanics were more likely to delay treatment because of a reluctance to acknowledge their addictions and discomfort at being separated from family. Females reported more negative expectations about treatment than males and more use of drugs to bolster self-esteem. Responsibility to children represented the most powerful catalyst to treatment for women. Implications for improving access to treatment for women and minorities are discussed.

Kreps, G.L., & Kunimoto, E.N. (1994). Effective communication in multicultural health care settings. Thousand Oaks, CA: Sage.

To emphasize the importance of multicultural sensitivity and respect, the authors contend that each individual—not group—constructs an identity comprising a plurality of cultures based on nationality, ethnicity, age, sex, religion, socioeconomic class, sexual orientation, political affiliation, health conditions, and interests. “Based on our heritage and life experiences we each develop our own idiosyncratic multicultural identity.” After a general discussion of identity formation and cultural competency, the authors narrow their focus to the various forms of communication in multicultural health care settings: intrapersonal, interpersonal (or relational), group, organizational, and societal. They argue that improved communication across different cultures increases the effectiveness of health care delivery, because health care participants learn about each others’ cultural assumptions and expectations concerning health and health care, gaining new insight in the treatment of complex medical and psychological problems. Once the authors have presented the theoretical implications of multicultural communication in health care settings, they suggest many practical strategies for enhancing this form of communication. For convenience, their recommendations (92 in all) are summarized in the concluding chapter.

LaFromboise, T.D., Coleman, H.L.K., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory—Revised. Professional Psychology: Research and Practice, 22, 380-388.

The Cross-Cultural Counseling Inventory—Revised (CCCI-R) measures cross-cultural competence across three dimensions required by the American Psychological Association: beliefs/attitudes, knowledge, and skills. This article examines the instrument’s development and validation. It was tested by three separate studies for content validity, interrater reliability, and factor structure. The instrument can be used effectively by evaluators and clinical supervisors to assess the cultural competency of mental health practitioners. Counselors also can self-administer the inventory.

Leonard, K.K., Pope, C.E., & Feyerherm, W.H. (Eds.). (1995). Minorities in juvenile justice. Thousand Oaks, CA: Sage.

Providing current information on the disparate treatment of minority youth within the juvenile justice system, this volume begins by identifying the need for a better understanding of how minority youths experience this system. The book then draws on research programs that reflect different techniques of investigation, sampling, and analysis with several racial minority groups. Topics include: juvenile encounters with police; the role of community structure in shaping the perceptions of juvenile crime and the response to it; and the treatment of Native American youths in juvenile justice. The book concludes by outlining strategies for research and observation of overrepresentation of minorities as well as steps to help overcome racial bias in juvenile justice processing.

Longshore, D., Hsieh, S., Anglin, M., & Annon, T. (1992). Ethnic patterns in drug abuse treatment utilization. The Journal of Mental Health Administration, 19, 268-277.

This study describes use of drug abuse treatment and related perceptions among African-American, Hispanic, and Anglo drug-users who were arrested in Los Angeles. The study extends prior research by describing ethnic variations in treatment utilization through analyses that control for non-ethnic demographic factors. In addition, this study explores the degree to which ethnicity is related to two predisposing factors—attitude toward treatment and perceived need—and two enabling factors—perceived cost and availability. Controlling for non-ethnic demographic factors and past drug dependence, the researchers found that African-American and Hispanic drug users in Los Angeles were less likely to report having been in drug abuse treatment. Hispanic drug users were more likely than Anglos to say that they had not sought treatment because they did not need it. African-American drug users were more likely than Anglos to hold unfavorable views of treatment.

Louie, K.B. (1992). Spanning cultural differences. Addictions Nursing Network, 4(2), 48-52.

In this article, Louie presents a model for the incorporation of cultural sensitivity into the curriculum in primary care training programs. She argues that multicultural curricula improves the success of health practitioners “by improving their abilities to develop intervention strategies to meet the needs of a diverse client population.” Doctors and nurses need to recognize that there are three major health beliefs systems: magicoreligious, the belief that supernatural forces influence health and illness; scientific, the belief that life is controlled by a series of physical and biochemical processes that can be observed, studied, and manipulated; and holistic, the belief that human, geophysical, and metaphysical forces of nature must be kept in harmony and balance. Western medicine utilizes the scientific approach to health and illness almost exclusively; however, health care providers should realize that their patients may adhere to one of the other health belief systems or some combination of two or three systems. With this increased understanding of a patient’s cultural assumptions, the doctor and nurse can design more effective

treatment plans. Louie summarizes the following five major curricula goals for teaching diversity: Recognize the racial and cultural diversity in the United States, understand how culture influences health beliefs and practices, recognize how the cultural values and behaviors of both the nurse and client affect the nursing process, maintain and foster the cultural identity and practices of patients, and make culturally appropriate assessments and interventions.

Marin, G. (1996). Expectancies for drinking and excessive drinking among Mexican Americans and non-Hispanic whites. *Addictive Behaviors, 21(2)*, 491-507.

This study was designed to identify the expectancies held by Mexican Americans toward the drinking of alcoholic beverages as well as toward excessive drinking. Random samples of 534 Mexican American and 616 non-Hispanic white residents of San Jose, California, and San Antonio, Texas, were interviewed over the telephone. Mexican Americans were found to have unique expectancies toward drinking alcoholic beverages and toward excessive drinking that differed from those held by non-Hispanic whites. In addition, Mexican Americans expected the various outcomes in greater proportion than non-Hispanic whites, and the Mexican-American respondents classified as high in acculturation tended to respond in a manner similar to that of non-Hispanic white respondents. Multivariate analyses of variance with common (across ethnic groups) factor scales with ethnicity, gender, and drinking status as independent variables showed main effects for drinking status and for ethnicity. The group differences in expectancies identified here support the need for culturally appropriate interventions that target group-specific beliefs. (Author abstract)

Marin, G. (1993). Defining culturally appropriate community interventions: Hispanics as a case study. *Journal of Community Psychology, 21(2)*, 149-161.

This article proposes three components necessary to develop community-wide change interventions that are culturally appropriate or group-specific. The basis for the development of targeted group-specific interventions is the evidence that shows that ethnic and/or racial groups differ in terms of their cultural values, norms, expectations, and attitudes. These differences predicate the notion that to be effective, community interventions need to consider the specific characteristics of the group being targeted. Culturally appropriate interventions are defined, therefore, as meeting each of the following characteristics: The intervention is based on the cultural values of the group; the strategies that make up the intervention reflect the subjective culture of the group; and the components that make up the strategies reflect the behavioral preferences and expectations of the group's members. The implications of this definition for the development of a culturally appropriate intervention for Hispanics are also discussed.

May, P.A. (1994). The epidemiology of alcohol abuse among American Indians: The mythical and real properties. *American Indian Culture and Research Journal, 18(2)*, 121-143.

Employing a question and answer format, May explores common myths, stereotypes, beliefs, and questions concerning American Indians and alcohol abuse. In particular, he answers the following questions: Is alcoholism the primary health problem among American Indians? Do American Indians metabolize alcohol differently than people of other ethnic groups? Is there a higher prevalence of drinking among American Indians? Do all American Indians drink in the same manner? Why are American Indian mortality and morbidity rates from alcohol-related causes so high? and How is the “drunken Indian” stereotype perpetuated by statistics? May effectively uses statistics and qualitative data to provide a great deal of information for people interested in this topic.

Mertens, D.M. (1995). Identifying and respecting differences among participants in evaluation studies. *New Directions for Program Evaluation*, 66, 91-97.

Drawing on literature from the field of ethics in research and on multicultural, feminist ethical principles, the author explores methodological implications for evaluation practice.

Moore, S.E. (1992). Cultural sensitivity treatment and research issues with black adolescent drug users. *Child and Adolescent Social Work Journal*, 9, 249-260.

Moore asserts that although there exists a great deal of research on adolescents and substance abuse, there has been little work on the particular issue of black adolescents and substance abuse. She believes that without cultural sensitivity, counselors often interpret the behaviors and norms of black clients as deviant from the majority of clients, which limits the benefit that black clients receive from treatment. She posits methodological considerations that incorporate cultural sensitivity for four different phases of treatment: assessment, planning intervention, implementation, and termination. For instance, a black youth who has been referred to substance abuse treatment by the juvenile court may view treatment as a punishment, rather than a support system. The youth may not think he or she has a problem with substance abuse and resist treatment. The therapist must understand this attitude when devising a treatment plan. Counselors should be careful when recommending aftercare programs because “an attempt to integrate a middle-class aftercare program with the lifestyle of black youth can set them up for a relapse.” The author also suggests that counselors should be familiar with support systems available in the black community and should make appropriate referrals.

Nardi, D.A., & Rooda, L.A. (1996). The use of a multicultural conceptual model in perinatal addiction treatment. *Journal of the National Black Nurses Association*, 8(2), 68-78.

Using a culturally competent approach to address perinatal addiction is essential for promoting a positive response to nursing interventions. Such a health care approach would include sensitivity to cultural values beliefs, and practices specific to the backgrounds of ethnically diverse clients. Clients of Project Hope, a government-funded perinatal addiction treatment program in a

midwestern city, are low-income, predominantly African-American single parents with a history of substance, family, and/or environmental abuse. A majority had been treated at least once previously for a sexually transmitted disease, placing them in a high-risk category for hepatitis and HIV infection. Women remain in the intensive outpatient program an average of 8 months. During that time, the multidisciplinary treatment team uses a variety of interventions to address the needs of the clients, which include stable housing, health care, parenting resources, and ongoing social support. The Rooda Conceptual Model of Multicultural Nursing provides a framework for enhancing nurses' understanding of the unique needs of this ethnically diverse population.

National MultiCultural Institute. (1994, May). Creating unity from diversity: Finding our commonalities, respecting our differences—presenter abstracts. Washington, DC.

The National MultiCultural Institute (NMCI) sponsored its Ninth Annual National Conference, entitled “Creating Unity from Diversity: Finding Our Commonalities, Respecting Our Differences,” in May, 1994. The conference was organized into five main workshop categories: cultural awareness, workplace diversity, cross-cultural mental health, multicultural education, and cross-cultural conflict resolution. NMCI created a bound collection of one- to two-page presentation abstracts and selected reading lists submitted by workshop leaders. These abstracts prove helpful in providing an overview of the field of cultural competency in different settings and highlight the issues that experts find most pertinent.

National MultiCultural Institute. (1994). Overcoming unintentional racism in counseling therapy: A practitioner's guide to intentional intervention (Multicultural Aspects of Counseling No. 5). Thousand Oaks, CA: Sage.

Racism can take numerous forms and be either intentional or unintentional. Unfortunately, there are many counselors that are inadvertent racists. This book outlines racism, racist behaviors, methods to cope with such behaviors in their patients, and ways to change their own behavior.

National MultiCultural Institute. (1991-1993). Meeting the challenge of dialogue in a multicultural society—presenter abstracts. Washington, DC: Author.

The main focus of the annual conferences coordinated by the National MultiCultural Institute between 1991 and 1993 involved “meeting the challenge of a dialogue in a multicultural society.” Like NMCI's 1994 conference, these conferences were organized into the following five workshop categories: cultural awareness, workplace diversity, cross-cultural mental health, multicultural education, and cross-cultural conflict resolution. The mental health workshops constituted the majority of the conference and explored a variety of topics, such as cross-cultural counseling, the uses of ritual, spiritual beliefs, family therapy, domestic violence in Hispanic communities, Santeria, refugee women, Native American teachings, counseling African Americans and Asian Americans, and the effect of continued community violence on children.

Orlandi, M.A., Weston, R., & Epstein, L.G. (1992). Cultural competence for evaluators: A guide for alcohol prevention practitioners working with ethnic/racial communities. Rockville, MD: Office for Substance Abuse Prevention.

The authors in this edition discuss the challenge of evaluating community-based prevention programs practical considerations for program professionals and evaluators working with African-American communities; a culturally sensitive model for evaluating alcohol and other drug abuse prevention programs; what the culturally informed evaluator needs to know about Hispanics, American Indians, and Alaska Natives; the role of the researcher in evaluating American Indian substance abuse prevention programs; cultural competence for evaluators working with Asian/Pacific Island-American communities; and defining cultural competence in an organizational context.

Paniagua, F.A. (1994). Assessing and treating culturally diverse clients: A practical guide. Thousand Oaks, CA: Sage.

Paniagua believes that the rapidly evolving discussion of multicultural issues in mental health has generated some excellent literature in the field; however, practical guidelines for developing culturally competent skills are so dispersed that it is difficult for counselors to find a cohesive, integrated summary of a practical approach. This book defines what attitudes and behaviors constitute cultural competency in counseling and how practitioners can avoid discrimination during the assessment and treatment of minority clients, particularly African-American, Native-American, Asian, and Hispanic populations. The author argues that most measures or assessments used by mental health counselors are culturally biased because they often use inappropriate norms for a multicultural group and lack cross-cultural validity. Despite the inadequacies, Paniagua recognizes that it may not be economical or practical to abandon these measures. Instead, practitioners should be trained to recognize cultural biases and to accommodate data accurately and appropriately to make instruments more meaningful to culturally diverse clients.

Perez-Arce, P., Kirkland, D., & Sorensen, J. (1993). Cultural issues in an outpatient program for stimulant abusers. Journal of Psychoactive Drugs, 25, 35-44.

Cocaine abuse has created widespread problems, especially in poor urban ethnic minority communities. This article discusses the cultural issues in delivering a cocaine treatment program to a predominantly minority patient population. The Stimulant Treatment Outpatient Program (STOP) of San Francisco General Hospital's Substance Abuse Services was established in 1990. Many program elements apply equally well to various cultural groups, including individual and group counseling, limited time in treatment, and crisis intervention. Culturally linked clinical issues include provision of a supportive infrastructure, role models in leadership positions, understanding the cultural influences in patients' lives, and establishing communication links with

clients. Cultural themes are discussed as they apply to treating African Americans, Hispanics, Asian Americans, Native Americans, and women. Outcome indicators, including program attrition, suggest that different cultural groups benefit differentially from the treatment.

Prendergast, M.L., Hser, Y.I., & Gil-Rivas, V. (1998). Ethnic differences in longitudinal patterns and consequences of narcotics addiction. *Journal of Drug Issues*, 28, 495-516.

The purpose of this paper is to examine differences in patterns and consequences of narcotics use among Hispanic and white addicts over time. Data were gathered from admission records and from interviews conducted in 1974-75 and 1985-96 from 323 Hispanic and 212 white narcotics addicts admitted to the California Civil Addict Program in 1962 to 1964. Analyses compared the two groups on narcotics use, incarceration, mortality, and other characteristics at each follow-up point and in terms of drug-use status. Compared with white addicts, Hispanic addicts showed a progression of more persistent and severe narcotics addiction. At each interview point, Hispanics were more likely than whites to be using opiates or to be incarcerated. Comparisons of opiate use at the two interview points showed that Hispanics were less likely than whites to remain abstinent and were more likely to relapse to opiate use. Overall, Hispanics also had greater involvement in the criminal justice system, higher rates of cocaine use, and a higher proportion of deaths due to violence and accidents.

Prizzia, R., & Mokuah, N. (1991). Mental health services for native Hawaiians: The need for culturally relevant services. *Journal of Health and Human Resources Administration*, 14, 44-61.

The authors argue that traditionally, mental health treatment has assumed a “similarity among all people regarding the origins and patterns of problems, help-seeking behaviors, and coping repertoires” that ignores the tremendous cultural, historical, and lifestyle variations between people. As a result, groups with cultures different from the dominant one are “excluded and/or penalized in such mental health systems.” Based on these criticisms, a demonstration program was developed and implemented by Native Hawaiians to provide culturally appropriate mental health services to Native Hawaiian clients. Although research indicates that Native Hawaiians are overrepresented when compared to other ethnic groups in Hawaii in behavior areas related to mental illness including suicide, substance abuse, child abuse and neglect, and crime, they tend to underutilize Western mental health services. To remedy these problems, practitioners involved in this study recommended the following culturally appropriate services: locating clinics in geographically accessible areas; offering low-cost or sliding-scale services; hiring and training bilingual and/or bicultural staff; and ensuring that treatment programs are culturally sensitive to the values, beliefs, and practices of the client population. Some components of this program specifically designed for Native Hawaiian clients included hiring Native Hawaiian staff; employing the “talk story”—a traditional Hawaiian speech pattern that allows people to share feelings in a reciprocal manner; involving the clients entire family in discussion; respecting Native Hawaiians perception of time as fluid and flexible; emphasizing holistic healing that balances the mind, body,

and spirit; and opening and closing counseling sessions with prayers integral to Native Hawaiian religion. To assess the program, researchers used a mail-in questionnaire that contained both open-ended and closed questions that had been pre-tested to assure validity and reliability. It focuses on three major areas: client background information; client perceptions of the demonstration program; and client perceptions of the counseling staff. The response rate was 72 percent and indicates that clients viewed the program's services and staff very favorably. Interestingly, clients did not mention the indigenous healing component, which was the main focus of the program. Staff, who were interviewed, said that most cases did not warrant indigenous healing, but that Native Hawaiian practices and customs were integral in the services provided.

Rebach, H. (1992). Alcohol and drug use among American minorities. In J.E. Trimble, C.S. Bolek, & S.J. Niemcryk (Eds.), Ethnic and multicultural drug abuse: Perspectives on current research (pp. 23-57). New York: Harrington Press.

Rebach reviews the literature that discusses the etiology, symptoms, and consequences of alcohol and drug abuse among American minorities. He discovered that there is no evidence for biological/genetic explanations for substance abuse. One general interpretation of etiological causes is that drug and alcohol use can be seen as a response to environmental stress, experienced by greater segments of minority than majority people. These conditions may be the same for both minority and majority members, but the conditions of minority life may create conditions for the onset of substance abuse for more people. He critiques the existing literature on the grounds that there are not enough studies that address ethnicity and substance abuse and because those few studies that do examine ethnicity utilize too small or select samples that may not be representative. Rebach calls for clearer definitions of alcohol and drug abuse, alcoholism, and heavy drinking; and for research designs that control the time order; more theoretical framework; and more ethnographic studies.

Ridley, C. (1995). Overcoming unintentional racism in counseling and therapy. Thousand Oaks, CA: Sage.

This monograph is divided into two sections on examining and overcoming mental health counselors' unintentional racism. Some factors involved in examining a counselor's racism include: defining racism and the variables that contribute toward it; understanding the victim; evaluating mental health models, such as the deficit, medical, conformity model, and the biopsychosocial model; as well as recognizing judgmental and inferential errors, decision-making problems, and defensive racial dynamics. To overcome the counselor's racism, the authors suggest employing therapeutic actions, setting culturally relevant goals, making more effective clinical decisions, utilizing personal debiasing strategies, managing and understanding resistance, being sensitive to client response, concluding sessions, evaluating counseling outcomes, and preventing relapses.

Ridley, C.R., Mendoza, D.W., & Kanitz, B.E. (1994). Multicultural training: Reexamination, operationalization, and integration. *The Counseling Psychologist*, *22*, 227-289.

There is little empirical data on the impact of training, both multicultural and psychological, on counseling students or their clients. Research on the efficacy of multicultural training (MCT), in particular, is still in its infancy and there is no conclusive evidence about which curriculum produces culturally competent counselors. As a result, the content of MCT is highly variable across professional programs, so that trainers and project directors have little guidance in deciding which training goals, instructional strategies, program designs, and evaluation methods to adopt or reject. The authors suggest two ways of ensuring MCT quality control: the expert approach and process approach. The expert approach relies on multicultural experts who use personal experience, professional judgment, and knowledge of relevant research to create multicultural programs. This approach is very cost-effective in time, energy, and money, but it is limited in that it is not designed for the appropriate context, and trainers do not get the benefit of the education process. The authors prefer the process approach that requires in-house counselor educators to design the MCT rather than an outside expert. This approach allows these educators to learn more about MCT as they participate in the collaboration process and gives them the opportunity to tailor the training to their particular needs. In addition, the authors believe that the process approach highlights the importance of evaluation as an ethical responsibility. Rigorous evaluations are necessary in order to determine the effectiveness of various MCT programs, which most professionals agree are an essential component of counseling education.

Room, R., Janca, A., Bennett, L.A., Schmidt, L., & Sartorius, N. (1996). WHO cross-cultural applicability research on diagnosis and assessment of substance use disorders: Overview of methods and selected results. *Addiction*, *91*, 199-220.

The cross-cultural applicability of criteria for the diagnosis of substance use disorders and of instruments used for their assessment were studied in nine cultures. The qualitative and quantitative methods used in the study are described. Equivalent terms for English terms and concepts were found for all instrument items, diagnostic criteria, diagnoses, and concepts, although often there was no single term equivalent to the English in the languages studied. Items assuming self-consciousness about feelings, and imputing causal relations, posed difficulties in several cultures. Single equivalent terms were lacking for some diagnostic criteria, and criteria were sometimes not readily differentiated from one another. Several criteria—narrowing of the drinking repertoire, time spent obtaining and using the drug, and tolerance for the drug—were less easy to use in cultures other than the United States. Thresholds for diagnosis by clinicians often differed. In most cultures, clinicians were more likely to make a diagnosis of drug dependence than of alcohol dependence, although behavioral signs were equivalent. The attitudes of societies to alcohol and drug use affects the use of criteria and the making of diagnoses.

Rouse, B.A., Carter, J.H., & Rodriguez-Andrew, S. (1995). Race/ethnicity and other sociocultural influences on alcoholism treatment for women. Recent Developments in Alcoholism, 12, 343-367.

This chapter discusses sociocultural influences on the availability, access, diagnosis, and treatment of alcoholism for women, particularly those in minority groups. Race/ethnicity and other sociocultural influences are presented in terms of the societal context and the counselor-client relationship. The latest data on heavy drinking, alcohol-induced mortality, and alcoholism treatment utilization are presented on African-American, Hispanic, and white women. Data are also presented on the ability to pay for treatment through insurance or earnings. Information on Native Americans and Asian/Pacific Islanders is included whenever possible.

Salett, E.P., & Koslow, D.R. (Eds.). (1994). Race, ethnicity, and self: Identity in multicultural perspective. Washington, DC: NMCI.

In this collection of essays, the authors explore the interplay of race, ethnicity, and self. In particular, they discuss identity formation, the exclusion of cultural others, identity issues for African Americans, Asian Americans, Puerto Rican adolescents, Native Americans, white Americans, and biracial identities. Written for mental health practitioners, educators, and social service providers, the authors critique previous studies of identity development that assumed a Western bias of individualism in the concept of the self and posit alternative identity models that utilize clinical-developmental, psychosocial, and ethnic identity theories. The book examines three major themes: Society and Self, Issues of Dominance in Identity Development, and Identity and Biraciality.

Smith, D., Buxton, M., Bilal, R., & Seymour, R. (1993). Cultural points of resistance to the 12-step recovery process. Journal of Psychoactive Drugs, 25, 97-108.

This article addresses some of the key issues in developing culturally relevant approaches to drug abuse treatment and recovery, using the HAFC/Glide African-American Extended Family Program as a positive example of effective cultural adaptability within recovery. Cultural points of resistance to the recovery process also are addressed, including the perception that 12-step fellowships are exclusive and confused with religion, the confusion over surrender versus powerlessness, and the concerns about low self-esteem, dysfunctional family structure, communication difficulties, and institutionalized and internalized racism. The authors also focus on professional resistance in other countries, where different treatment approaches and philosophies block the acceptance of a recovery concept in general and the 12-step process in particular. In explicating these issues, addiction is presented as a multicultural problem in need of multicultural solutions. The challenge is to adapt the process of recovery to all cultures and races, to counter stereotypes on all sides, and to eliminate the perception that recovery only works for addicts from the white mainstream.

Snowden, L. (1993). Emerging trends in organizing and financing human services: Unexamined consequences for ethnic minority populations. *American Journal of Community Psychology*, 21, 1-13.

This article examines major innovations under way in the allocation for public-sector human services, as well as in design, financing, and delivery. Developments illustrating this trend include state-country realignment, various mechanisms for bringing about the integration of services, and financing schemes. Coinciding with these reforms are attempts to identify high-cost users of service. Owing to their reliance on public-sector services and special patterns of needs, clients from ethnic minority backgrounds have a great stake in what transpires. Although the innovations taking place are promising, equal treatment for minorities must not be assumed. Researchers, policy makers, and advocates must give special attention to the impact of new developments on the well-being of ethnic minority clients.

Stephens, R. (1997). Afrocentric treatment in residential substance abuse care. *Journal of Substance Abuse Treatment*, 14, 87-92.

Alcohol and other drug treatment programs continue to report relatively low success rates among African-American participants. The authors propose that there is a need to consider treatment approaches that are more culturally competent. An Afrocentric paradigm is suggested and instituted as the central theme of a residential drug treatment program. Elements of an Afrocentric orientation and how these principles are used to guide the development of a treatment philosophy are discussed. (Author abstract modified)

Terrell, M.D. (1993). Ethnocultural factors and substance abuse: Toward culturally sensitive treatment models. *Psychology of Addictive Behaviors*, 7 (3), 162-167.

There is increasing recognition of the role of ethnocultural factors in understanding and treating substance abuse disorders. Research and theory suggest that acculturation experiences, sources of stress, coping mechanisms, social variations, and beliefs about substance use are key factors associated with differential patterns of substance abuse among some ethnic groups, particularly African Americans, Hispanics, and Native Americans. In recent years, models of substance abuse intervention specifically targeting these ethnic groups have been developed. After reviewing the work on ethnocultural factors and substance abuse, this article examines the movement toward culturally sensitive psychosocial treatment models. Central features of the models are highlighted, and limited empirical evidence suggesting their potential effectiveness is presented. (NCADI Abstract)

Trepper, T.S., Nelson, T.S., McCollum, E.E., & McAvoy, P. (1997). Improving substance abuse service delivery to Hispanic women through increased cultural competencies: Qualitative study. *Journal of Substance Abuse Treatment*, 14, 225-234.

In 1985, one woman in 17 in the U.S. was Hispanic (an estimated 8.5 million), and it is predicted that by the end of this century, Hispanics will comprise the largest ethnic group in this country. Although the term “Hispanic” suggests a homogeneous group, united by similarities, this is not the case. The term refers to an ethnic group, not a racial one, whose chief commonalities are the Spanish language and some broad cultural values. Making substance abuse treatment services accessible to Hispanic women and their families requires that agencies become culturally competent to deal with this population. The authors of this qualitative study interviewed female Hispanic substance-abuse treatment clients and therapists to find what agencies might do to create a receptive atmosphere for Hispanic women. (Author abstract modified)

Trimble, J.E., Bolek, C.S., & Niemcryk, S.J. (Eds.). (1992). Ethnic and multicultural drug abuse: Perspectives on current research. New York: Harrington Park Press.

Research literature indicates that ethnic minorities are overrepresented in substance abuse data, substance abuse treatment programs, and drug-related emergency hospital admissions. There is little research that explains this phenomenon, and researchers have been unable to determine the etiological causes of substance abuse in specific minority populations. The editors of this volume criticize the scarce knowledge available as “uneven in its explanations, almost devoid of theory, and, in some cases, lacks sufficient data from which one can generalize.” Another problem that the editors identify is that there are few researchers of ethnic minority backgrounds in the drug abuse field. They worry that the disproportionate substance abuse problem in minority communities combined with the paucity of quality research will only exacerbate the problem as minority populations grow, numerically and proportionately, in the late twentieth century. In an initial effort to rectify the lack of research, the editors commissioned articles from 29 researchers, the majority of whom comprised representatives from minority groups, to address various aspects of ethnic and multicultural drug abuse. They aimed to include articles that defined the status of drug abuse research with specific ethnic minority groups, provide a summary of the research of the field, provide some guidelines for developing competitive research proposals, and offer some suggestions for plausible and effective ways to conduct research with ethnic minority populations. Their stated goals required an academic exploration of the field, rather than a clinical “how-to” guide. The specific minority populations addressed include African-American adolescents, African-American homeless adults, African-American males, Asian-Pacific Americans, Hispanics, minority cocaine abusers, Indian adolescents, and Native-Alaskan youth.

Ubell, V., & Sumberg, D. (1992). Heterosexual therapists treating homosexual addicted clients. Journal of Chemical Dependency, 5, 19-33.

The authors contend that psychological training rarely challenges or even discusses homophobia and heterosexism, which they define as “the culturally conditioned bias that heterosexuality is intrinsically superior to homosexuality.” They feel that “underground” homophobia is particularly dangerous because it gives the impression that the therapist accepts homosexuality intellectually, while in reality, he or she may not accept it emotionally. This article offers concrete suggestions

to therapists working with lesbian or gay substance abusers for coping with their “countertransference and homophobic reactions.” Their suggestions include examining the therapist’s own attitudes and feelings toward homosexuality, being aware of unconscious feelings of homophobia that may be experienced by the client, affirming that the client is valued, acknowledging that societal responses to homosexuality are different than to heterosexuality, and learning more about homosexuality. Despite their emphasis on homosexuality, the authors stress repeatedly that knowledge of substance abuse and its treatment is the most important factor in treating addicted homosexual clients. The primary, consistent treatment goal should be physical and emotional sobriety.

Uziel-Miller, N.D., Lyons, J.S., Kissiel, C., & Love, S. (1998). Treatment needs and initial outcomes of a residential recovery program for African-American women and their children. *American Journal on Addictions*, 7(1), 43-50.

The current research was designed to assess the treatment needs of 42 substance-abusing women and the efficacy of a women-based, culturally influenced, multifaceted residential treatment program for women and their children. Women presented with multidimensional treatment needs, including limited educational/employment histories, significant child care needs, and histories of victimization and psychological distress. Women remained in residence for an average of 259 days. In all, 88 percent of the women remained substance-free at discharge, and 49 percent had jobs or were enrolled in school/job training. This integrated, gender/culture-based approach provides a model for more effective substance-abuse treatment for women and their families.

Wiebel, W. (1993). *The indigenous leader outreach model. Intervention manual*. Rockville, MD: National Institute on Drug Abuse.

The Indigenous Leader Outreach Model is a program to teach injection drug users (IDUs) and their sexual partners about HIV and its prevention. The program trains members of the target community to perform the outreach, enabling the target population to trust and use the program much more readily. This outreach program has helped in the reduction of both drug use and behaviors that put IDUs and their sex partners at risk for HIV. The manual describes the program design and implementation, the step-by-step intervention process, and lists references.

Woll, C.H. (1996). What difference does culture make?: Providing treatment to women different from you. *Journal of Chemical Dependency Treatment*, 6(1/2), 67-85.

The United States is a country of people with culturally and ethnically diverse backgrounds. As no two cultures or two individuals are quite alike, the cultural differences and potential incompatibilities that the interactants bring to a specific encounter can add complexity to the counseling experiences. Therefore, service providers in cross cultural encounters must be able to meet the challenges of divergent and unfamiliar cultural experiences, behaviors, and identities to

achieve successful treatment outcomes. This paper explores the concept of culture competency in substance abuse counseling with women of color. The term cultural competency is defined here as a set of academic and interpersonal skills that allows individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. Generalizations about cultural groups will be used to illustrate the importance of cultural sensitivity in counseling black women. These generalizations are not intended to stereotype or imply that all women from the same cultural group are identical or approachable in exactly the same way but are an attempt to stimulate awareness of cultural differences. (Author abstract)

Woody, D.L. (1992). Recruitment and retention of minority workers in mental health programs. Rockville, MD: National Institute of Mental Health.

Designed as a resource for mental health leaders and human resource personnel, Woody maintains that to provide appropriate mental health services to minority people, agency directors need to recruit minority practitioners as part of this goal. In response to changing demographics, mental health agencies need to modify traditional service delivery models and work within the cultural framework of different minority groups. Also, social service and mental health agencies need to be more representative of the racial/ethnic composition of their clientele. Neither of these conditions can be remedied without addressing the cultural competence of the organization. Organizations must be assessed because, like individuals, they exhibit attitudes, values, policies, behaviors, and practices that can be either destructive or beneficial to minorities. The cultural competency of an agency is important because "minorities will not seek services or employment in an atmosphere that disregards their culture." This publication contains historical context, an analysis of the multifaceted nature of the problem, specific recommendations, worksheets and assessment tools, fact sheets, a list of values necessary for cultural competence, and an annotated bibliography.

Zane, N., & Sasao, T. Research on drug abuse among Asian Pacific Americans. (1992). In J.E. Trimble, C.S. Bolek, & S.J. Niemcryk (Eds.), Ethnic and multicultural drug abuse: Perspectives on current research (pp. 181-209). New York: Harrington Press.

After reviewing the literature, the authors found that most literature concludes that Asian-Pacific Americans (APA) use chemical substances less frequently than other groups. They also discovered, however, that there are great limitations in this research: for instance, most studies concentrated exclusively on Chinese and Japanese; used student samples ignoring higher-risk groups, such as refugees, newly arrived immigrants, or adolescents; relied on small samples; seldom controlled for socioeconomic or demographic variables; and failed to use bilingual measures or account for cultural differences. They stress the need to differentiate between Asian-Pacific ethnic populations, intergenerational groups, e.g., Japan-born Japanese (Issei) and U.S.-born Japanese (Nisei), as well as to explore the influence of assimilation and mixed parentage on alcohol and drug use. The authors also examine theoretical aspects of cultural identity formation, asserting that previous research assumed that acculturation and cultural identity development

reflected a bipolar model—that is, as people identify more with Western culture, they become proportionately less identified with their previous Asian culture. But, it may be that various cultural identities are independent and can coexist simultaneously.

**III. ENHANCING CROSS-CULTURAL SENSITIVITY:
AN INTRODUCTORY BIBLIOGRAPHY**

III. ENHANCING CROSS-CULTURAL SENSITIVITY: AN INTRODUCTORY BIBLIOGRAPHY

- Alasuutari, P. (1995). Researching culture: Qualitative methods and cultural studies. Thousand Oaks, CA: Sage Publications.
- Atkinson, D.R., Abreu, J., Ortiz-Bush, Y., & Brewer, S. (1994). Mexican American and European American ratings of four alcoholism treatment programs. Hispanic Journal of Behavioral Sciences, 16(3), 265-280.
- Atkinson, D.R., & Hackett, G. (1995). Counseling diverse populations. Madison, WI: Brown & Benchmark.
- Barthwell, A.G. (1995). Alcoholism in the family: A multicultural exploration. Recent Developments in Alcoholism, 12, 387-407.
- Bell, D. (1992). Faces at the bottom of the well: The permanence of racism. New York: Basic Books.
- Black, C. (1990). Gay or lesbian: Dual dynamics within the chemically dependent home. New York: Ballantine Books.
- Bloomfield, K. (1993). A comparison of alcohol consumption between lesbians and heterosexual women in an urban setting. Drug and Alcohol Dependence, 33(3), 257-269.
- Botvin, G.J., Schinke, S., & Orlandi, M.A. (Eds.). (1995). Drug abuse prevention with multiethnic youth. Thousand Oaks, CA: Sage.
- Brady, M. (1995). Culture in treatment, culture as treatment: A critical appraisal of developments in addictions programs for indigenous North Americans and Australians. Social Science and Medicine, 41, 1487-1498.
- Breshears, E. (1992, November 9-11). Highlights of national substance abuse programs. In Empowering our people: A conference on inhalant abuse issues within Native American families and tribes. (pp. 45-52). Carson City, NV: Bureau of Alcohol and Drug Abuse.
- Brislin, R.W. (Ed.). (1990). Applied cross-cultural psychology. Newbury Park, CA: Sage.
- Bushway, D.J. (1991). Chemical dependency treatment for lesbians and their families: The feminist challenge. In C. Bepko (Ed.), Feminism and Addiction. Binghamton, NY: Haworth Press.
- Cervantes, R.C., & Arroyo, W. (1994). DSM-IV: Implications for Hispanic children and adolescents. Hispanic Journal of the Behavioral Sciences, 16, 8-27.

- Cheung, Y.W. (1993). Approaches to ethnicity: Clearing roadblocks in the study of ethnicity and substance use. International Journal of the Addictions, 28, 1209-1226.
- Cheung, Y.W. (1993). Beyond liver and culture: A review of theories and research in drinking among Chinese in North America. International Journal of the Addictions, 28, 1497-1513.
- Cochrane, R., & Bal, S. (1990). Drinking habits of Sikh, Hindu, Muslim, and white men in the West Midlands: Community survey. British Journal of Addiction, 85, 759-769.
- Comas-Diaz, L., & Green, B. (Eds.). (1994). Women of color: Integrating ethnic and gender identities in psychotherapy. New York: Guilford Press.
- Cui, G., & Van Den Berg, S. (1991). Testing the construct validity of intercultural effectiveness. International Journal of Intercultural Relations, 15, 227-241.
- Deitch, D., & Solit, R. (1993). International training for drug abuse treatment and the issue of cultural relevance. Journal of Psychoactive Drugs, 25(1), 87-95.
- Dodd, C. H. (1991). Dynamics of intercultural communication (3rd ed.). Dubuque, IA: W.C. Brown.
- Edwards, R.W., Thurman, P.J., & Beauvais, B. (1995). Patterns of alcohol use among ethnic minority adolescent women. In M. Galanter (Ed.), Recent developments in alcoholism (pp. 369-386). New York, NY: Plenum Press.
- Finn, P. (1994). Addressing the needs of cultural minorities in drug treatment. Journal of Substance Abuse Treatment, 11, 325-337.
- Force, R.W., & Force, M.T. (1991). The American Indians. New York: Chelsea House.
- Foulkes, E.F., & Pena, J.M. (1995). Ethnicity and psychotherapy: A component in the treatment of cocaine addiction in African Americans. Psychiatric Clinics in North America, 18, 607-620.
- French, L. (1990). Substance abuse treatment among American Indian children. Alcoholism Treatment Quarterly, 7(3), 63-76.
- Gao, G., & Gudykunst, W.B. (1990). Uncertainty, anxiety and adaptation. International Journal of Intercultural Relations, 14 301-317.
- Garnets, L., Herek, G.M., & Levy, B. (1990). Violence and victimization of lesbians and gay men: Mental health consequences. Journal of Interpersonal Violence, 5, 366-383.

- Garnets, L., & Kimmel, D. (1991). Lesbian and gay male dimensions in the psychological study of human diversity. In J. Goodchilds (Ed.), Psychological perspectives on human diversity in America (pp. 137-192). Washington, DC: American Psychological Association.
- Gilmore, M.R. et al. (1990). Racial differences in acceptability and availability of drugs and early initiation of substance use. American Journal of Drug and Alcohol Abuse, 16(3-4), 185-206.
- Good, B.J. (1992-1993). Culture, diagnosis and comorbidity. Cultural Medicine and Psychiatry, 16, 427-446.
- Goodluck, C.T. (1993). Social services with Native Americans: Current status of the Indian Child Welfare Act. In H. McAdoo (Ed.), Family ethnicity: Strength and diversity (pp. 217-226). Newbury Park, CA: Sage.
- Green, B. (1994). Ethnic-minority lesbians and gay men: Mental health and treatment issues. Journal of Consulting and Clinical Psychology, 62(2), 243-251.
- Hacker, A. (1992). Two nations: Black and white, separate, hostile and unequal. New York: Charles Scribner and Sons.
- Hadley, R., & Mitchell, L. (1995). Counseling research and program evaluation. Baltimore: Brooks/Cole.
- Hall, J. M. (1993). Lesbians and alcohol: Patterns and paradoxes in medical notions and lesbians beliefs. Journal of Psychoactive Drugs, 25(2), 109-119.
- Hall, J.M. (1994). Lesbians recovering from alcohol problems: An ethnographic study of health care experiences. Nursing Research, 43(4), 238-244.
- Hannigan, T.P. (1990). Traits, attitudes, and skills that are related to intercultural effectiveness and their implications for cross-cultural training: A review of the literature. International Journal of Intercultural Relations, 14, 89-111.
- Harris, P.R., & Moran, R.T. (1991). Managing cultural differences (3rd ed.). Houston, TX: Gulf.
- Harrison, D., Wodarske, J., & Thyer, B. (Eds.). (1992). Cultural diversity and social work practice. Illinois: Thomas.
- Hellman, R.E. (1992). Dual diagnosis issues with homosexual persons. Journal of Chemical Dependency Treatment, 5(1), 105-117.
- Ho, M.K. (1992). Minority children and adolescents in therapy. Newbury Park, CA: Sage.

- Ho, M.K. (1993). Family therapy with ethnic minorities. Newbury Park, CA: Sage.
- Hoffman, D.M. (1990). Beyond conflict: Culture, self, and intercultural learning among Iranians in the United States. International Journal of Intercultural Relations, 14, 275-299.
- Inclan, J., & Hernandez, M. (1992). Cross-cultural perspectives and codependence: The case of poor Hispanics. American Journal of Orthopsychiatry, 62(2), 245-255.
- Ja, D.Y., & Aoki, B. (1993). Substance abuse treatment: Cultural barriers in the Asian-American community. Journal of Psychoactive Drugs, 25(1), 61-71.
- Jilek, W.G. (1994). Traditional healing in the prevention and treatment of alcohol and drug abuse. Transcultural Psychiatric Research Review, 31(3), 219-258.
- Johnson, R.C., & Nagoshi, C.T. (1990). Asians, Asian-Americans and alcohol. Journal of Psychoactive Drugs, 22, 45-52.
- Jones, A., Lewis, C., & Shorty, V.J. (1993). African American injection drug users. In B.S. Brown & G.M. Beschner (Eds.), Handbook of risk of AIDS (pp. 275-296). Westport, CT: Greenwood Press.
- Jones, A.B.S. (1990). Sexual minority needle users. In C.G. Leukefeld, R.J. Battjes, & Z. Amsel (Eds.), AIDS and intravenous drug use: Future directions for community-based prevention research (pp. 108-119). Rockville, MD: National Institute on Drug Abuse.
- Jones, R. (1990). Handbook of tests and measures for black populations (Vols. 1 & 2). Berkeley: Cobb and Henry.
- Karrer, B.M. (1992). The multiple dimensions of culture in the treatment of adolescents and their families. In W. Snyder & S. Ooms (Eds.), Empowering families, helping adolescents: Family-centered treatment of adolescents with alcohol, drug abuse, and mental health problems (Technical Assistance Publication Series No. 6, pp. 59-70). Rockville, MD: Office for Treatment Improvement.
- Kirk, C., & Amaranth, K.R. (1998). Staffing issues in work with women at risk for and in recovery from substance abuse. Women's Health Issues, 8(4), 261-266.
- Kus, R.J. (1992). Spirituality in everyday life: Experiences of gay men of Alcoholics Anonymous. Journal of Chemical Dependency Treatment, 5(1), 49-66.
- Laureano, M., & Poliandro, E. (1991). Understanding cultural values of Latino male alcoholics and their families: A culture sensitive model. Journal of Chemical Dependency Treatment, 4(1), 137-155.

- Laveist, R.A. (1994). Beyond dummy variables and sample selection: What health service researchers ought to know about race as a variable. Health Services Research, 29(1), 1-16.
- Lefley, H. (1992). Multicultural mental health and substance abuse services: An introduction. Journal of Mental Health Administration, 19(3), 209-212.
- Leong, F.T.L., & Kim, H.W. (1991). Going beyond cultural sensitivity on the road to multiculturalism: Using the Intercultural Sensitizer as a counselor training tool. Journal of Counseling and Development, 70, 112-118.
- Lewis, C. (1993). Factors contributing to alcoholism among homosexual women: A psychosocial approach to treatment. (Doctoral dissertation, Widener University, 1993). Dissertation Abstracts International, 53(10-B), 5448.
- Lieberman, L.D. (1998). Overview of substance abuse prevention and treatment approaches in urban, multicultural settings: The Center for Substance Abuse Prevention programs for pregnant and postpartum women and their infants. Women's Health Issues, 8(4), 208-217.
- Locke, D.C. (1992). Increasing multicultural understanding: A comprehensive model. Thousand Oaks, CA: Sage.
- Lorion, R.P., & Ross, J.G. (Eds.). (1992). Programs for change: Office for Substance Abuse Prevention demonstration models [Special issue]. Journal of Community Psychology. Brandon, VT: Clinical Psychology.
- Lynch, E.W., & Hanson, M.J. (Eds.). (1992). Developing cross-cultural competence: A guide for working with young children and their families. Baltimore: Brooks/Cole.
- Mallon, G. (1992). Serving the needs of gay and lesbian youth in residential treatment centers. Residential Treatment for Children and Youth, 10(2), 47-61.
- Marin, B.V. (1990). Hispanic drug abuse: Culturally appropriate prevention and treatment. In R.R. Watson (Ed.), Drug and alcohol abuse prevention (pp.151-166). Clifton, NJ: Humana Press.
- Mays, V.M., Beckman, L.J., Oranchak, R., & Harper, B. (1994). Perceived social support for help-seeking behaviors of black heterosexual and homosexually active women alcoholics. Psychology of Addictive Behaviors, 8(4), 235-242.
- McAdoo, H.P. (1993). Family ethnicity: Strength in diversity. Newbury Park, CA: Sage.

- McNally, E.B., & Finnegan, D.G. (1992). Lesbian recovering alcoholics: A qualitative study of identity transformation—A report on research and applications to treatment. Journal of Chemical Dependency Treatment, 5(1), 93-103.
- Min, P.G. (Ed.). (1994). Asian Americans: Contemporary trends and issues. Thousand Oaks, CA: Sage.
- O'Neil, T.D., & Mitchell, C.M. (1996). Alcohol use among American Indian adolescents: The role of culture in pathological drinking. Social Science and Medicine, 42, 565-578.
- Pagani-Tousignant, C. (1992). Breaking the rules: Counseling ethnic minorities. Minneapolis, MN: Johnson Institute.
- Pena, J.M., & Koss-Chioino, J.D. (1992). Cultural sensitivity in drug treatment research with African American males. Drugs & Society, 6(1-2), 157-179.
- Ponterrotto, J.G., Casas, J.M., & Alexander, C.M. (Eds.). (1995). Handbook of multicultural counseling. Thousand Oaks, CA: Sage.
- Ponterrotto, J.G., & Pederson, P. (1993). Preventing prejudice: A guide for counselors and educators. Newbury Park, CA: Sage.
- Potts, R. (1991). Spirits in the bottle: Spirituality and alcoholism treatment in African-American communities. Journal of Training and Practice in Professional Psychology, 5(1), 53-64.
- Proctor, E.K., & Davis, L.E. (1994). The challenge of racial difference: Skills for clinical practice. Social Work, 39(3), 314-323.
- Puente, A.E. (1990). Psychological assessment of minority group members. In G. Goldstein & M. Hersen (Eds.), Handbook of psychological assessment (2nd ed.). New York: Pergamon.
- Rashid, H., Brock, R., Key, A., Amuleru-Marshall, O., & Meehan, S. (1990). Prevention models for black youth at high risk: Family and religion. In U.J. Oyemade & D. Brandon-Monye (Eds.), Ecology of alcohol and other drug use: Helping black high-risk youth (OSAP Prevention Monograph, No. 7, pp. 134-150). Rockville, MD: Office for Substance Abuse Prevention.
- Remien, R.H., Goetz, R., Rabkin, J.G., Williams, J.B.W. et. al. (1995). Remission of substance use disorders: Gay men in the first decade of AIDS. Journal of Studies on Alcohol, 56(2), 226-232.
- Richardson, R.M., & Williams, B.A. (1990). African-Americans in treatment: Dealing with cultural differences. Center City, MN: Hazelden Foundation.

- Rodriguez, O., Lessinger, J., & Guarnaccia, P. (1992). The societal and organizational contexts of culturally sensitive mental health services: Findings from an evaluation of bilingual/bicultural psychiatric programs. Journal of Mental Health Administration, 19(3), 213-223.
- Rogoff, B., & Chavajay, P. (1995). What's become of research on the cultural basis of cognitive development? American Psychologist, 50, 859-877.
- Rohrlich, B.F., & Martin, J.N. (1991). Host country and reentry adjustment of student sojourners. International Journal of Intercultural Relations, 15, 163-182.
- Rothberg, B.P., & Kidder, D.M. (1992). Double trouble: Lesbians emerging from alcoholic families. Journal of Chemical Dependency Treatment, 5(1), 77-92.
- Rowell, R.M., & Kusterer, H. (1991). Care of HIV infected Native American substance abusers. Journal of Chemical Dependency Treatment, 4(2), 91-103.
- Samarasinghe, D.S. (1990). Buddhist, Hindu and Islamic influence on alcohol. In J. Maula, M. Lindblad, C. Tigerstedt, & L. Green-Rutanen (Eds.), Alcohol in developing countries: Proceedings from a meeting in Oslo, Norway, August 7-9, 1988 (pp. 231-233). Helsinki, Finland: Nordic Council for Alcohol and Drug Research.
- Samovar, L., & Porter, R. (1991). Communication between cultures. Belmont, CA: Wadsworth.
- Samovar, L., & Porter, R. (Eds.). (1990). Intercultural communication: A reader (6th ed.). Belmont, CA: Wadsworth.
- Satcher, D. (1990). Crime, sin or disease: Drug abuse and AIDS in the African-American community. Journal of Health Care for the Poor and Underserved, 1(2), 212-218.
- Searle, W., & Ward, C. (1990). The prediction of psychological and sociocultural adjustment during cross-cultural transitions. International Journal of Intercultural Relations, 14, 449-464.
- Segall, M.H., Dosen, P.R., Berry, J.W., & Poortina, Y.H. (1990). Human behavior in global perspective: An introduction to cross-cultural psychology. New York: Pergamon Press.
- Shernoff, M., & Finnegan, D. (1991). Family treatment with chemically dependent gay men and lesbians. Journal of Chemical Dependency Treatment, 4(1), 121-135.
- Shifrin, F., & Solis, M. (1992). Chemical dependency in gay and lesbian youth. Journal of Chemical Dependency Treatment, 5(1), 67-76.

- Singer, M. (1992). Matching programs to populations in substance abuse treatment. Addictions Nursing Network, 4(2), 33-44.
- Skinner, W.F. (1994). The prevalence and demographic predictors of illicit and licit drug use among lesbians and gay men. American Journal of Public Health, 84, 1307-1310.
- Snowden, L.R., & Chueng, F.K. (1990). Use of inpatient mental health services by members of ethnic minority groups. American Psychologist, 45, 347-355.
- Stanfield, J., & Rutledge, D. (Eds.). (1993). Race and ethnicity in research methods. Thousand Oaks, CA: Sage.
- Storti, C. (1990). The art of crossing cultures. Yarmouth, ME: Intercultural Press.
- Sue, D. (1992) Ethnicity and mental health: Research and policy issues. Journal of Social Issues, 48(2), 187-205.
- Sue, D.W., & Sue, D. (1991). Counseling the culturally different: Theory and practice (2nd ed.). New York: John Wiley and Sons.
- Szapocznik, J. (Ed.). (1994). A Hispanic/Latino family approach to substance abuse prevention. Rockville, MD: Center for Substance Abuse Prevention.
- Takeuchi, D.T., Mokuau, N., & Chun, C. (1992). Mental health services for Asian Americans and Pacific Islanders. Journal of Mental Health Administration, 19(3), 237-245.
- Tharp, R.G. (1991). Cultural diversity and treatment of children. Journal of Consulting and Clinical Psychology, 59, 799-812.
- Thomas, G. (1990). U.S. race relations in the 1980s and 1990s: Challenges and alternatives. New York: Hemisphere.
- Trimble, J.E. (1995). Ethnic minorities. In R.H. Coombs & D. Ziedonis (Eds.), Handbook on drug abuse prevention: A comprehensive strategy to prevent the abuse of alcohol and other drugs (pp.379-409). Needham Heights, MA: Allyn & Bacon.
- Trimble, J.E. (1996). Acculturation, ethnic identification, and the evaluation process. In A. Bayer, F.L. Brisbane, A. Ramirez (Eds.), Advanced Methodological issues in culturally competent evaluation for substance abuse prevention (CSAP Cultural Competence Series No. 6, pp. 13-61). Rockville, MD: Center for Substance Abuse Prevention.
- Tsang, B. (1993). Addictions counseling for culturally and racially diverse communities: Some strategies and tactics. In B.M. Howard, S. Harrison, V. Carver, & L. Lightfoot (Eds.),

- Alcohol and drug problems: A practical guide for counsellors (pp. 305-331). Toronto: Alcoholism and Drug Addiction Research Foundation.
- Underhill, B.L. (1991). Recovery needs of lesbian alcoholics in treatment. In N. Van Den Bergh (Ed.), Feminist perspectives on addictions. New York: Springer.
- Vargas, L.A., & Koss-Chiono, J.D. (Eds.). (1992). Working with culture: Psycho-therapeutic interventions with ethnic minority children and adolescents. San Francisco: Jossey-Bass.
- Walker, R.D., Howard, M.O., Anderson, B., & Lambert, M.D. (1994). Substance dependent American Indian veterans: A national evaluation. Public Health Reports, 109, 235-242.
- Wallen, J. (1993). Addiction in human development: Developmental perspectives on addiction and recovery. New York: Haworth Press.
- Wallen, J. (1990). Issues in alcoholism treatment. In R.C. Engs (Ed.), Women: Alcohol and other drugs (pp. 103-109). Dubuque, IA: Kendall/Hunt.
- Wallen, J. (1992). Providing culturally appropriate mental health services for minorities. The Journal of Mental Health Administration, 19(3), 288-295.
- Walters, J.L., Canady, R., & Stein, T. (1994). Evaluating multicultural approaches in HIV/AIDS educational material. AIDS Education and Prevention, 6(5), 446-453.
- Ward, C., & Searle, W. (1991). The impact of value discrepancies and cultural identity of psychological and sociocultural adjustment of sojourners. International Journal of Intercultural Relations, 15, 209-225.
- Warrick, L.H., Wood, A.H., Meister, J.S., & de Zapien, J.G. (1992). Evaluation of a peer health worker prenatal outreach and education program for Hispanic farmworker families. Journal of Community Health, 17, 13-26.
- Watts, W.D., & Wright, L.S. (1990). The relationship of alcohol, tobacco, marijuana, and other illegal drug-use to delinquency among Mexican-American, black, and white adolescent males. Adolescence, 25, 171-181.
- Weinstein, D.L. (1992). Application of family therapy concepts in the treatment of lesbians and gay men. Journal of Chemical Dependency Treatment, 5(1), 141-155.
- Weinstein, D.L. (Ed.). (1993). Lesbians and gay men chemical dependency treatment issues. Binghamton, NY: Haworth Press.
- Westermeyer, J. (1995). Cultural aspects of substance abuse and alcoholism: Assessment and management. Psychiatric Clinics of North America, 18, 589-605.

- Williams, C. (1992). No hiding place: Empowerment and recovery for our troubled communities. New York: Harper Collins.
- Woodward, A.M., Dwinell, A.D., & Arons, B.S. (1992). Barriers to mental health care for Hispanic Americans: A literature review and discussion. Journal of Mental Health Administration, 19(3), 224-236.
- Ytterberg, S.R., Watson, K., & Kvasnicka, J.H. (1994). Teaching and evaluating awareness of cultural and ethnic diversity in the medical encounter. Academic Medicine, 69(5), 411-412.
- Zane, N., Takeuchi, D.T., & Young, K. (Eds.). (1994). Confronting critical health issues of Asian and Pacific Islander Americans. Thousand Oaks, CA: Sage.

The perspective offered in this document is solely that of the author(s) and does not reflect the policies or views of the Federal government, or any of its Departments or Agencies.