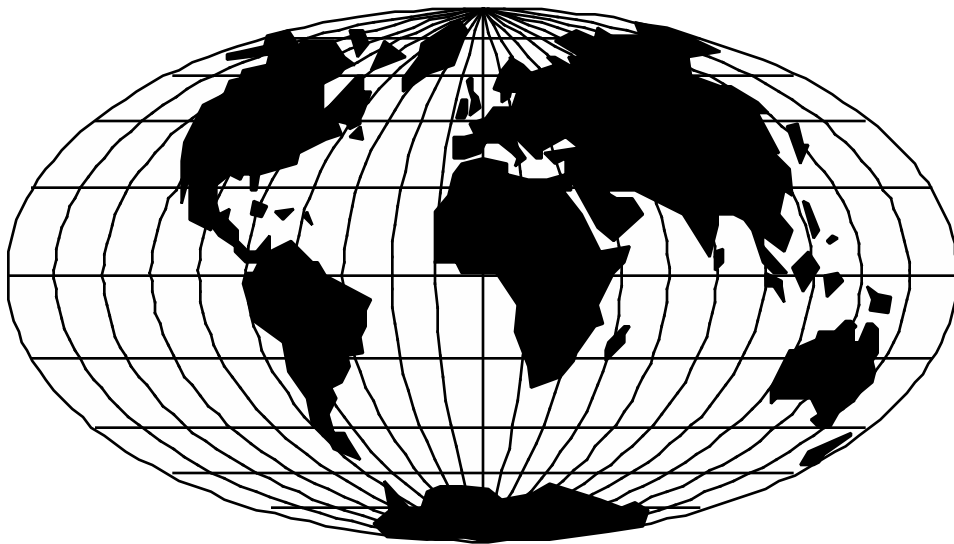


CULTURAL COMPETENCE
IN SUBSTANCE ABUSE TREATMENT, POLICY
PLANNING, AND PROGRAM DEVELOPMENT



An Annotated Bibliography

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Cultural Competence in Substance Abuse Treatment, Policy Planning, and Program Development

The books, articles, and research studies in this bibliography provide background reading in cultural competency, and will discuss what constitutes culturally competent treatment, why it is an important component of counseling, and implications for program development, administration, and policy planning. Our hope is that it will stimulate professionals to examine effective and appropriate ways to serve diverse clients in substance abuse treatment programs.

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Chapter 1

General Issues Surrounding Cultural Competence

Addiction Technology Transfer Center of New England. (In press). *Report of Proceedings: Cultural Competency in the Age of Managed Care*. [Conference proceedings, May 14-15, 1997]. Available through the ATTC of New England, Box G-BH, Brown University, Providence, RI 02912.

Conference proceedings from this event contain outlines of sessions covering substance abuse treatment for (1) persons of African origin; (2) Latino people; (3) Native Americans; and (4) people of Asian descent. Following are outlines of forums on fostering diversity among substance abuse treatment programs, program administration issues in treating diverse populations, and clinical service issues in treating diverse populations.

Blane, H. T. (1993). Recent developments in alcoholism: Ethnicity. *Recent Developments in Alcoholism, 11*, 109-122.

Advances in alcohol and ethnicity epidemiology during the past decade include greater emphasis on intraethnic variation, factors influencing drinking behavior, and building conceptual models. Despite progress, most research continues to focus on ethnicity/race as a demographic variable and few studies investigate ethnic hypotheses. Although prevention and treatment of alcoholic disorders in ethnic groups have been dealt with extensively in the clinical and ethnographic literature, little rigorous research has been conducted. The key issue in this area involves the extent to which prevention and treatment programming needs to be ethnically responsive in order to be effective. The very little empirical literature that exists on this topic suggests that the answers will not be simple and will vary according to aspects of acculturation status and ethnohistorical factors. The most important development during the past 10 years has undoubtedly been the federal regulatory encouragement of research on the major ethnic groups of the United States. Source: Medline Database.

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

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; while 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.

Source: NEDTAC: Cultural Competence: A Resource Guide.

Griffith, E. E. H., Chung, H., Foulks, E., Lu, F., Ruiz, P., Wintrob, R., & Yamamoto, J. (Eds.). (1996). *Alcoholism in the United States: Racial and ethnic considerations. Report No. 141*. Washington, DC: American Psychiatric Press.

This book is a report by the APA's Group for the Advancement of Psychiatry, Committee on Cultural Psychiatry. The book addresses alcoholism and its social consequences among the social and ethnic minority population of the United States. There is a widely held belief that these problems are more prevalent among minorities and that alcohol-related morbidity and mortality are more serious problems in minorities than in whites. Separate chapters deal with African Americans, Hispanic Americans, Asian Americans and Native Americans. A concluding chapter provides an overview and summary.

Source: ETOH Database.

Kinney, J. (1996). *Clinical manual of substance abuse*. St. Louis, MO: Mosby.

This manual is designed to facilitate the acquisition of basic skills in the identification and management of substance abuse in a primary care setting. The manual is organized into three parts. The first part addresses the basic clinical tasks constituting the management of alcohol and drug problems. It concludes with material directed to those engaged, either formally or informally, in training and education. The second part outlines the clinically pertinent characteristics of different segments of the population. It addresses different racial and ethnic groups, the economically disadvantaged and medically underserved segments of society, and the presentations at different points in the life cycle. It also includes a discussion of the impaired professional colleague. The third part, Appendices, offers a compilation of resources, ranging from organizations to audiovisual materials, along with information on how to acquire them.

Source: ETOH Database.

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

In order to emphasize the importance of multicultural sensitivity and respect, the authors contend that each individual, not just groups, constructs an identity comprised of a plurality of cultures based on nationality, ethnicity, age, sex, religion, socio-economic class, sexual orientation, political affiliation, health conditions, and interests. "Based on our heritage and life experiences we each develop our own idiosyncratic multicultural identity." (p. 3). 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.

Source: NEDTAC: Cultural Competence: A Resource Guide.

Orlandi, M. A., Weston, R., & Epstein, L. G. (Eds.). (1992). *Cultural competence for evaluators: A guide for alcohol and other drug abuse prevention practitioners working with ethnic/racial communities* (CSAP Cultural Competence Series 1, DHHS Publication No. SMA95-3066). Rockville, MD: U.S. Department of Health and Human Services.

The main objective of this volume is to enhance the knowledge base and skills of professionals who are responsible for evaluating AOD abuse prevention programs in ethnic/racial community settings. Chapters in this volume provide conceptual frameworks and practical suggestions for evaluators working with African-American, Hispanic, American-Indian/Alaska native, and Asian/Pacific Islands-American population groups. The first chapter provides some general background information that introduces the eight culture-specific chapters that follow. The final chapter refocuses on the issue of cultural competence and develops a theoretical framework for defining and understanding this concept.

Source: ETOH Report.

Wilson, D. K., Rodrigue, J. R., & Taylor, W. C. (Eds.). (1997). *Health promoting and health-compromising behaviors among minority adolescents. Application and practice in health psychology* (Vol. 3). Washington, DC: American Psychological Association.

This collection of papers provides guidelines for clinicians and health care professionals in intervening with minority adolescents to promote healthy behaviors. The papers highlight differences and similarities among adolescents from diverse ethnic groups, innovative and culturally appropriate prevention and intervention, and clinical applications in facilitating health behavior change. The first part of the book provides a theoretical framework for understanding minority adolescent health behaviors from developmental, biological and sociocultural perspectives. The chapters in the second part of the book deal with the unique health problems experienced by minority adolescents, including drug abuse, and is an aid to clinicians and health care providers in developing effective treatment approaches that match individual needs of ethnically diverse adolescents. The third part examines interpersonal, family-based, school-based, and community-based interventions applicable in diverse settings and across multiple health-related contexts. Health care access and policy issues are discussed in the final section as they relate to the specific needs of minority adolescents.

Source: ETOH Database.

Chapter 2

Culturally Competent Treatment - General Issues

Amodeo, M., & Jones, L. K. (1997, May-June). Viewing alcohol and other drug use cross culturally: A cultural framework for clinical practice. *Families in Society: The Journal of Contemporary Human Services*, 240-254.

The authors present a conceptual framework for cross-cultural investigation of alcohol and other drug (AOD) issues, including attitudes, values, and behaviors. Elements include cultural views of using alcohol and other drugs, life problems, seeking help, relapse, and recovery. Acculturation, subgroup identity, and migration are critically important variables in the framework. The framework can be used to view a single culture or to compare several and can help clinicians explore clients' earliest exposure to alcohol and other drugs, family and community messages regarding AOD use, and stigma and shame. It can stimulate clinicians' thinking about culturally specific intervention methods and family and community supports for recovery.

Source: *Families in Society: The Journal of Contemporary Human Services*.

Carter, C. S., Liu, T., & Cross, S. (1994, November/December). Enhancing ethnic sensitivity: Implications for alcoholism counselors. *The Counselor*, 8-12.

A common measure of practice effectiveness is ethnic sensitivity. The proliferation and diversity of workshops and conferences demonstrates the growing concern about ethnic-sensitive practices among alcoholism counselors. This article emphasizes similarities between traditional African American, Asian American, and American Indian culture-specific alcoholism strategies for working with ethnic minorities of color. Because ethnicity affects alcohol use patterns, as well as perceptions and problem-solving methods of clients, it is imperative that counselors understand the relationship between alcoholism clients and their respective cultures. The sustaining environment of traditional African American, Asian American, and American Indian and other ethnic minorities of color is less likely to be congruent with their nurturing environment than is true of members of the dominant culture. The nurturing systems for African American, Asian Americans, and American Indian clients are examined. Commonalities exist with the nurturing systems of traditional African American, Asian American and American Indian clients. Although the nurturing systems of these clients are similar to each other, they sometimes are different than the sustaining or larger systems in which the clients live.

Source: NCADI PREVline.

Finn, P. (1994). Addressing the needs of cultural minorities in drug treatment. *Journal of Substance Abuse Treatment*, 11, 325-337.

Clarifies the importance of taking cultural considerations into account when treating substance abusers from minority ethnic groups. Cultural responsiveness is important in recognizing multiple aspects of the client's identity, overcoming cultural barriers to recovery or to participation in the counseling process, and addressing a source of stress that may contribute to substance abuse. Four general techniques for being culturally responsive include individualizing the counseling approach, avoiding assumptions, acting to build trust, and identifying cultural issues that affect client recovery. Specifically, counselors can respond effectively to particular cultural characteristics by accommodating the client's family values through one-person family or bicultural counseling, and responding to different types of communication (directive vs. nondirective, expressive vs. detached, hiding vs. disclosing, and physical reserve vs. demonstrative).

Source: PsycLIT Database.

Heggenhougen, H. K. (1997). *Reaching new highs: Alternative therapies for drug addicts*. Northvale, NJ: Jason Aronson.

This book describes the treatment of substance abuse from a cross-cultural perspective. It examines a range of herbal, medicinal, physical, psychosocial, and spiritual treatment methods, and explores how and why these alternative treatments may work. The book offers data in support of claims that treatments that adapt to the culture of the client, improve self-esteem, and yield a more positive identity have greater effectiveness than those that do not. Inferences are drawn about how common elements among those diverse interventions may be applied to current approaches to prevention and treatment, and an extensive annotated bibliography shows readers how to examine treatments of interest in greater depth.

Source: ETOH Report.

Jilek, W. G. (1993). Traditional healing against alcoholism and drug dependence. *Curare*, 16, 145-160.

Discusses traditional, non-Western approaches to addiction therapy, including Thai Buddhist, Laos Buddhist, Southern African syncretistic, Hmong Shamanic, Islamic, traditional Malaysian, Taoist, and Ayurvedic. Native North and South American treatment contexts discussed are the Alaska Eskimo Spirit Movement, revived cult dances, Peyote Cult, Handsome Lake Movement, Amerindian Shaker Church, Latin American folk healing (including Mexican and Peruvian), and Espiritismo. Common to all are the use of suggestive symbolic ritual, purification, confession/pledge/sacrifice, and catharsis. Advantages of traditional treatments are culture congeniality, recognition of the role of the healer, a holistic approach, accessibility, and availability. Possible disadvantages include the difficulty of supervision and control, and the potential administration of harmful treatments.

Source: Sociofile Database.

Lewis, J. A. (1995). *Addictions counseling: A multicultural perspective* [videotape and study guide]. University Park, IL: Governors State University & Illinois Addiction Training Center.

This videotape workshop and accompanying study guide consists of twelve classes. The early classes focus on multiculturalism in a general sense, while classes 4 through 12 move on to special populations, including African-Americans, Latino-Latina clients, Asian-Americans, women, gay and lesbian clients, aging clients and men. Ample outside readings are included in the study packet, and further readings are noted for those who wish to gain extra knowledge. Classes help in gaining understanding of the many cultural factors that affect each client, and give the clinician an ability to design counseling strategies that are most appropriate for clients with a variety of cultural identities.

Mason, M. (1996). Comprehensive review and critical examination of interdisciplinary approaches towards adolescent substance abuse treatment. *Journal of Ministry in Addiction and Recovery*, 3, 43-66.

A comprehensive examination of the current state of adolescent substance abuse is presented. Treatment and research approaches are discussed. A detailed account is provided of ritual theory which has its origins in anthropology and comparative religion. Three major theories of ritual are critically explored. Next, theories regarding ritual and current culture and psychological approaches towards ritual are examined and critiqued. Finally, a case is made for the need to approach substance abuse through an interdisciplinary understanding of the phenomenon.
Source: NCADI PREVline.

McGoldrick, M., Giordano, J., & Pearce, J. K. (1996). *Ethnicity and family therapy* (2nd ed.). New York: Guilford Press.

Stresses the essence of cultural and ethnic awareness needed in all our work with families. This revised edition of the editors' earlier work includes sections on families of African origin, American Indian families, Latino families and Asian-American families. The book explains in many cases how issues of gender, class, race, religion and politics have impacted families in adapting to life in the U.S. Editors specify that this book is intended as a guide to help clinicians as they uncover the map of culture and ethnicity as it impacts families in America.

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

This article discusses the cultural issues in delivering a treatment program to a mostly minority patient population. Many of the 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.
Source: NEDTAC Online Bibliographies.

Philleo, J., Brisbane, F. L., & Epstein, L. G. (Eds.). (1997). *Cultural competence in substance abuse prevention*. Annapolis Jct., MD: NASW Press.

This book provides alcohol and other drug professionals with the vital knowledge and strategies they need to become more culturally competent - a prerequisite for success in the 21st century. It demonstrates how to integrate cultural competence and an AOD curriculum and how to develop highly effective prevention messages and treatment modalities within a cultural context.
Source: NASW Press.

Pinderhughes, E. (1989). *Understanding race, ethnicity, and power: The key to efficacy in clinical practice*. New York: Free Press.

Emphasizes the many factors in treating ethnic and racial minorities, especially issues such as focusing on strengths, relabeling, and emphasizing links with natural supports. Clinicians are urged to use appropriate self-disclosure in clinical work, and are encouraged to use flexibility. The issue of power and access to power in U.S. society is a major theme.

Seale, J. P., & Muramoto, M. L. (1993). Substance abuse among minority populations. *Primary Care, 20*, 167-180.

Substance abuse problems and their solutions not only vary considerably depending upon the ethnicity of the patient, but also are influenced by factors such as age, gender, education, and socioeconomic status. Familiarity with the epidemiology of substance abuse problems of different sociocultural groups can help the clinician better understand and anticipate the needs of the patient population she or he is serving. The five-part sociocultural assessment model provides a framework to help the practitioner assess the sociocultural needs of an individual patient. Application of this model can help reveal the patient's beliefs, motivations, and sociocultural strengths and liabilities with regard to substance abuse. With this information, the clinician can better address special treatment needs.

Source: Medline Express.

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, confusion over surrender versus powerlessness, and 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.

Source: NEDTAC Online Bibliographies.

Sue, D. W., & Sue, D. (1990). *Counseling the culturally different: Theory and practice* (2nd ed.). New York: John Wiley & Sons.

This is a revised, updated and reorganized edition of a book that deals with the subject of cross-cultural counseling and the theory that traditional counseling and practice have done great harm to those who are culturally different. Its purpose is to challenge counseling and mental health professions into addressing this charge, and to begin the needed process of developing new methods, concepts, and services more appropriate to the life experiences of culturally diverse groups. The book is divided into three parts: Issues and Concepts in

Cross-Cultural Counseling; Counseling Specific Populations; and Critical Incidents in Cross-Cultural Counseling.
Source: Office of Minority Health Resource Center Database.

Sweet, E. S. (1988-89). The chemically dependent adolescent: Issues with ethnic and cultural minorities. Special issue: Practical approaches in treating adolescent chemical dependency: A guide to clinical assessment and intervention. *Journal of Chemical Dependency Treatment*, 2, 239-264.

Discusses stresses (e.g., poverty and discrimination) that are unique for teenagers of ethnic and cultural minorities and suggests several innovative prevention techniques against chemical dependency. Brief case histories are presented that illustrate the effects of early intervention on a 14-year-old Puerto Rican boy with alcohol dependency; of outpatient techniques on a drug-dependent teenager with a learning disability; and of a residential program that used conference phones to link a 15-year-old boy with his mother and grandmother. Specific treatment approaches for Blacks, Mexican-Americans, Puerto Ricans, Cuban-Americans, and Native Americans are suggested.
Source: PsycLIT Database.

Terrell, M. D. (1993). Ethnocultural factors and substance abuse: Toward culturally sensitive treatment models. *Psychology of Addictive Behaviors*, 7, 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.
Source: NEDTAC: Cultural Competence: A Resource Guide.
Source: NCADI Abstract.

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

The U.S. 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 experience. 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 competence is defined here as 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. Generalizations about cultural groups will

be used to illustrate the importance of cultural sensitivity in counseling women of color. These generalizations are not intended to stereotype or to 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.

Source: NCADI PREVline.

Chapter 3

Culturally Competent Program Development and Administration

Abe-Kim, J. S., & Takeuchi, D. T. (1996). Cultural competence and quality of care: Issues for mental health service delivery in managed care. *Clinical Psychology Science and Practice, 3*, 273-295.

Models of mental health service delivery in managed care have evolved without considering the needs of ethnic minorities in any systematic manner. Consequently, these new systems may pose additional barriers to access and treatment. In this article, the impact of the health care crisis on mental health service delivery to ethnic minorities in terms of access, cost, and quality of care issues in managed care systems is explored. A quality-of-care framework is used for addressing the notion of cultural competence as a critical dimension of quality of care for ethnic minority populations. Research in minority mental health and quality of care is integrated in order to explore how various structures, processes, and outcomes in managed care systems (e.g., cost containment structures for controlling the supply and demand of mental health services, utilization management and gatekeeping processes) may impact mental health service delivery to ethnic minorities. Cultural competence is conceptualized as a critical component of quality care for ethnic minority populations.

Source: PsycLIT Database.

Aktan, G. B. (1995). Organizational frameworks of a substance use prevention program. *International Journal of the Addictions, 30*, 185-201.

Presents four approaches utilized in the implementation of substance use prevention programs (SUPPs) based on divergent organizational theories. These schools of thought can be roughly categorized into the following theories: rational systems, human resources, political, and cultural/symbolic theories. The program organization of the different approaches is described. A program description of the Safe Haven Program in Detroit, which targets 6-12 year old African-American children of known substance users, is provided. Failures to initiate SUPPs can result from the failure of program managers to meet the challenges which occur in the creation and management of program organizations. Attention to the program organization from a variety of frameworks is useful in the implementation process.

Source: PsycLIT Database.

Center for Substance Abuse Prevention. (1994). *Following specific guidelines will help you assess cultural competence in program design, application and management*. Rockville, MD: U.S. Department of Health and Human Services.

For prevention programs to be effective, they must acknowledge and incorporate the culture of the service recipients that they are trying to reach. Seven indicators or guidelines are presented to assist in developing or assessing the cultural competence of prevention programs. Culture provides people with a design for living and for interpreting their environment. Cultural competence refers to 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. A culturally competent program is one that demonstrates sensitivity to and understanding of cultural differences in program design, implementation and evaluation. Guidelines or indicators have been designed to raise awareness and stimulate thinking about the important role that culture plays in successful prevention programs and activities. These deal with: having experience or

having a track record of involvement with the target audience; training and staffing; community representation; language; materials; and evaluation implementation.
Source: NCADI PREVline.

Bell, P. et. al. (1990). *Developing chemical dependency services for black people*. Minneapolis, MN: Institute on Black Chemical Abuse. Available through: African American Family Services, 2616 Nicollet Avenue South, Minneapolis, MN 55408; 612-871-7878.

This manual is written to address many of the questions asked by new or expanding programs as they establish new culturally specific initiatives for African American clients. Chapters give insight into client needs, service delivery systems, and program management. Material is based on programs originated at the Institute on Black Chemical Abuse/African American Family Services.
Source: AAFS.

Dana, R. H., & Matheson, L. (1992). An application of the agency cultural competence checklist to a program serving small and diverse ethnic communities. *Psychosocial Rehabilitation Journal*, 15, 101-105.

Describes an ethnic minority/refugee mental health program in a community mental health center that serves a small multicultural population. Examples illustrate how staff members encourage African American, Native American, Southeast Asian, and Hispanic American groups to meet their needs in ways that respect their cultural difference. To assess agency cultural competence, a checklist was developed and completed by an outside observer during a four hour visit. There was almost complete agreement between the checklist components and a more detailed independent description of program practice.
Source: PsycLIT Database.

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 administrators and clinicians recommend that programs take are conducting a needs assessment; implementing special outreach approaches; hiring additional minority staff; providing staff training and education in cultural sensitivity; and identifying client cultural characteristics at intake.
Source: PsycLIT Database.

Fong, L. G. W., & Gibbs, J. T. (1995). Facilitating services to multicultural communities in a dominant culture setting: An organizational perspective. *Administration in Social Work*, 19, 1-24.

Examines the issue of developing cultural competence in social workers from the perspective of the human service organization, addressing three major issues: (1) the limitations of current staffing patterns and programs; (2) the constraints and barriers to organizational change; and (3) the lack of fit between the needs of the workers and the culture of the agency. Multiple examples illustrate the often divergent views of multicultural professionals and the human service organizations they staff; recommendations are proposed for administrators and staff members to develop shared goals of facilitating multicultural competence within the organization.
Source: Sociofile Database.

Garcia, M. H. (1995). An anthropological approach to multicultural diversity training. *Journal of Applied Behavioral Science, 31*, 490-504.

Describes an anthropological training process for fostering multicultural diversity competence in the workplace. Multicultural diversity competence refers to the ability to demonstrate respect and understanding, to communicate effectively, and to work collaboratively with people of diverse cultural backgrounds. Based on principles of anthropological fieldwork, the training process is multilevel. It is designed to address personal and interpersonal knowledge and skills, and organization-wide policies and procedures. Participants become aware of the multidimensions of current diversity problems and of the need for interpersonal and organizational intervention strategies.
Source: PsycLIT Database.

Mason, J. L. (1995). *Cultural competence self-assessment questionnaire: A manual for users*. Portland, OR: Portland State University Research and Training Center on Family Support and Children's Mental Health.

This manual contains the Cultural Competence Self-Assessment Questionnaire (CCSAQ), a measure designed to assist service agencies working with children with disabilities and their families in self-evaluation of their cross-cultural competence. The measure is based on the Child and Adolescent Service System Program Cultural Competence Model. This model describes cultural competency in terms of four dimensions: attitude, practice, policy, and structure. Introductory material notes ways the CCSAQ has been used to identify an agency's cultural competence training needs in a variety of agencies in seven states. Individual sections of the manual provide information on the application and administration of the measure, its outcomes, its reliability, its content validity, the scoring guide, and presentation of resulting data in a comprehensible format. Implications for training are discussed. Appendices include two different versions of the questionnaire - one for direct service providers and one for administrative staff. The measure contains questions in the following areas: knowledge of communities; personal involvement; resources and linkages; staffing; service delivery and practice; organizational policy and procedures; and reaching out to communities. Also included is a scale for collecting demographic information.
Source: ERIC Database.

McGough, D. P., & Hindman, M. H. (1986). *A guide to planning alcohol treatment programs*. Rockville, MD: Informatics, Inc. Available through Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

This guide contains information from the alcoholism literature and from interviews with people in state alcoholism agencies, major professional associations, and public and private sector programs. It is designed to help readers plan and develop community alcoholism programs by providing an overview of the many considerations involved in starting and operating a program and by identifying resources that offer more information. The first part of this report concerns planning the program and includes sections on (1) an overview of alcoholism treatment; (2) foundations for success in planning; (3) needs assessment; (4) program design considerations; and (5) administrative and management issues. Administrative and management issues discussed include organizational structure, staffing and personnel management, recordkeeping and reporting, program evaluation, quality assurance facilities and location, funding and fund raising, and budgeting and cost accounting. The second part of this report discusses needs assessment, outreach, treatment considerations, and administrative issues for serving the special populations of the elderly, youth, the multidisabled, American Indians, Black Americans, Hispanic Americans, Asian/Pacific Americans, and women. The appendices contain lists of further readings, organizations and information resources, and state and territorial alcoholism program directors.

Source: ERIC Database.

Mitchell, S. (1994). *Evaluation of project TREC: Teaching respect for every culture*. Portland OR: Portland Public Schools, Research and Evaluation Department.

The purpose of Teaching Respect for Every Culture (TREC) was to ensure that racial/ethnic, gender, disability, and other circumstances did not bar student access to alcohol/drug education, prevention, and intervention services. This report describes the implementation and evaluation of the TREC Project. Five objectives of TREC were to: (1) establish a committee to review and develop culturally appropriate alcohol/drug prevention and education materials; (2) involve students from diverse backgrounds in alcohol/drug prevention by developing multicultural youth conferences/retreats; (3) expand the pool of school staff with expertise concerning both alcohol/drug prevention and multicultural issues and strategies; (4) increase the knowledge of and support for school alcohol/drug prevention strategies among parents from diverse cultures; and (5) assist underserved and diverse groups of students in accessing and completing recommended alcohol/drug assessments. Analysis of ethnographic data support TREC's positive effects on student participants. Five recommendations are made. Appendices include reflections on TREC by Project Coordinators, agendas for various aspects of the program, curriculum for TREC student retreats, ethnographic interview protocols, program materials, and multicultural resources.

Source: ERIC Database.

Portland State University (Oregon) Regional Research Institute for Human Services. (1994). Developing culturally competent organizations. *Focal Point*, 8(2). [Special issue].

This special issue examines multicultural aspects of services provided by agencies concerned with children's mental health. The lead article is titled "Developing Culturally Competent Organizations" by James L. Mason. This article uses the cultural competence model to discuss an organization's self-evaluation and its planning. Other articles focus on materials development and outreach. State plans from South Carolina and Pennsylvania are outlined in separate articles, while additional articles discuss research, juvenile justice and

cultural competence, and cultural competence in service to underserved families of youth with neurobiological, emotional or behavioral differences.
Source: ERIC Database.

Rogers, G. (1995). Educating case managers for culturally competent practice. *Journal of Case Management, 4*, 60-65.

Offers a rationale for incorporating cultural competence into case management practice, and examines the content required in educational programs for preparing case managers with appropriate and relevant knowledge, values and skills. Cultural competence and related concepts are defined and applied in the context of case management. Becoming culturally competent is a developmental process involving self-awareness, understanding others from a cultural frame of reference, and acquiring the skills to provide culturally relevant and sensitive practice.
Source: Sociofile Database.

Chapter 4
Culturally Competent Policy

Dana, R. H., Behn, J. D., & Gonwa, T. (1992). A checklist for the examination of cultural competence in social service agencies. *Research on Social Work Practice, 2*, 220-233.

Multicultural service delivery provided by social service agencies is examined, and a checklist of agency characteristics believed to represent cultural competence described, which was developed by systematically selecting articles from relevant literature on existing services for minority groups and case examples of specific programs. Key characteristics were identified and clustered. A preliminary form of the checklist contains items related to agency practices, available services, relationship to ethnic community, training, and evaluation: Suggestions are included for revisions. Pilot applications in social service programs provided evidence for observer reliability and concurrent validity.
Source: Sociofile Database.

Delgado, M. (1995). Natural support systems and AOD services to communities of color: A California case example. *Alcoholism Treatment Quarterly, 13*, 13-24.

Collaboration with natural support systems (resources based in traditions of help-seeking within cultural communities) show promise in interventions for AOD (alcohol and other drug) abuse, particularly in communities of color. This collaboration is part of a shift in emphasis from cultural sensitivity to cultural competence in alcohol and drug abuse treatment. The Gateway Natural Support Systems Project in Richmond, CA, which utilizes the natural support systems in its African-American, Latino and Asian communities, provides an example of the steps needed to identify the natural support systems in ethnic communities and how to link clients with these systems so that they feel more integrated and more in control of their lives. The linkages also indirectly foster pride in the culture and the community. This type of intervention meets community needs and develops capacity for delivering social services.
Source: Sociofile Database.

Levine, D. M., Becker, D. M., & Bone, L. R. (1992). Narrowing the gap in health status of minority populations: A community-academic medical center partnership. *American Journal of Preventive Medicine, 8*, 319-323.

A major challenge in the United States is to narrow the gap in the excess morbidity and mortality rates of minority populations. This article presents a synthesis of the 15-year results of a collaborative program between the Johns Hopkins Medical Institutions and an African-American community with the highest rates of premature disease and death in Maryland. The program began with an efficacious disease prevention clinical trial with patients and ended with effective population approaches. Workers transferred key components to community ownership and formally trained community health workers who provided health promotion counseling, monitoring, linkage, and referral services. Results indicated significant decreases in morbidity and mortality as a result of improved control of hypertension. This program has begun to decrease the health status gap in an African-American population and has demonstrated long-term sustainability. Current joint activities are directed at several major causes of excess morbidity and mortality, including smoking, obesity, hyperlipidemia, and hypertension, and at plans for programs to control diabetes, substance abuse, and breast and cervical cancer.
Source: Medline Express.

Moffic, H. S., & Kinzie, D. J. (1996). The history and future of cross-cultural psychiatric services. *Community Mental Health Journal*, 32, 581-592.

In response to increased awareness of cultural diversity and significance in the US, psychiatry has begun a transition from generic care toward culturally based care, acknowledging the centrality of cultural beliefs, expectations and morals in the psychological composition of the individual. Following a brief review of the various stages of this transition, it is suggested that social and cultural factors affect treatment outcomes. A number of factors are cited as fundamental to the development of culturally sensitive treatment: Multilingual mental health staff; recognition and accommodation of particular patient and community needs; the synthesis of mental and physical treatment; increased accessibility for minorities; and integration of outpatient, inpatient, emergency, rehabilitation, and social services. Despite the growing importance of such care, it is argued that the increased prevalence of managed care threatens the flexibility required by culturally based mental health services. However, it is concluded that clinicians can combat these dangers through continued advocacy and awareness of the need for culturally sensitive services.

Source: Sociofile Database.

Neeley, A. (n.d.) *Social policy prevention..* Minneapolis, MN: African American Family Services.

This manual details the African American Family Service's community-based approach to the development of alcohol and drug abuse prevention strategies. The concepts have been implemented and adapted for use in various communities all over the nation.

Source: AAFS.

Zane, N., Takeuchi, D. T., & Young, K. (Eds.). (1994). *Confronting critical health issues of Asian and Pacific Island Americans.* Thousand Oaks, CA: Sage Publications.

This publication addresses the range of health issues confronting Asians and Pacific Islanders in the United States. It critically examines and reviews the distribution of and factors associated with health problems in specific Asian and Pacific Islander populations. Substance abuse is addressed, and current trends in health care policy are also discussed, as well as methodological problems that have hampered health research in Asian and Pacific Islander communities.

Source: Office of Minority Health Resource Center Database.

Chapter 5

Culturally Competent Treatment for Persons of African Origin

African Americans in treatment: Dealing with cultural differences. (1990). Center City, MN: Hazelden. Available through Hazelden Educational Materials, 15251 Pleasant Valley Road, P.O. Box 176, Center City, MN 55012-0176.

This pamphlet, written by African-Americans in the treatment field, takes a no-nonsense look at African-Americans in treatment. The authors focus on issues unique to the African American in the treatment setting in the recovering community: participating and interacting in a white treatment setting; learning more about oneself through opening up to others in the group therapy process and the benefit of an African American group; and following a path toward continuing care and relapse prevention once treatment is completed. Two issues of primary importance--interacting with others and understanding the African-American culture--are thoroughly discussed to assist and empower African-Americans to get their needs met so they can live lives free of alcohol and other drugs.

Source: Office of Minority Health Resource Center Database Record.

Alcohol and drug abuse in Black America: A guide for community action.. (1988). Available from the Institute on Black Chemical Abuse/African American Family Services, 2616 Nicollet Avenue South, Minneapolis, MN 55408. 612-871-7878

This booklet describes the current status of alcohol and drug abuse in the Black community, as well as strategies for communities to use in the effort to control this problem. The publication brings into sharp focus the historical and current cultural context in which decisions about alcohol and drug use in the Black community must be made. A listing of resources for general and culturally specific information about chemical dependency is included.

Source: Office of Minority Health Resource Center Database Record.

Alcohol and other drug abuse: Changing lives through research and treatment.. (1992). (Conference proceedings of the Fourth National Conference on Health Care for the Poor and Underserved). Available from Meharry Medical College, IHCPU, 1005 D.B. Todd Blvd, Nashville, TN 37208. 800-669-1269.

The documents associated with the conference are presented. Topics include, among others, alcohol and other drug abuse, positive self-concept/assertive leadership, and treatment and empowerment of African-American substance abusers.

Source: Office of Minority Health Resource Center Database Record.

Asante, M. K. (1988). *Afrocentricity*. Trenton, NJ: Africa World Press.

This book describes an Afrocentric philosophy and gives different strategies for action. Asante writes in chapter one, "Afrocentricity is the centerpiece of human regeneration. It is purposeful, giving a true sense of destiny based upon the facts of history and experience."

Source: National Black Alcoholism and Addictions Council.

Bell, P. (n.d.). *A thin line: Recognizing cultural differences in chemically dependent Black clients* (Videocassette - Order #19000). Minneapolis, MN: African American Family Services. Available through African American Family Services, 2616 Nicollet Avenue South, Minneapolis, MN 55408 612 871-7878.

This half hour program is structured around a live presentation by Peter Bell and uses short vignettes to give a thorough introduction to some of the unique needs that Black clients bring to treatment with them. This tape is geared for use by professionals to help them deal with their Black clients in a more sensitive and effective manner.

Source: African American Family Services.

Bell, P. (1990). *Chemical dependency and the African American: Counseling strategies and community issues* [Pamphlet]. Center City, MN: Hazelden. Available from Hazelden Educational Materials, 15251 Pleasant Valley Road, P.O. Box 176, Center City, MN 55012-0176.

This pamphlet provides counselors with a more thorough understanding of the African-American perspective toward chemical dependency, treatment programs, and recovery issues. The work is a revised and updated version of Bell's earlier work, *Counseling the Black Client*. Extensive details are provided for counseling the chemically dependent African-American client. It includes discussions concerning: dealing with cultural differences in a positive, productive manner; addressing the dilemmas white counselors can have in dealing with racial identity issues; identifying specific family and social issues chemically dependent African-Americans may need to come to terms with; and finding and utilizing community resources to support the recovering African-American. Program elements of African-American recovery and treatment programs are outlined for program directors and planners..

Source: Office of Minority Health Resource Center Database Record.

Beverly, C. (1989). Treatment issues for Black, alcoholic clients. Special issue: Treating the alcoholic: A social work challenge. *Social Casework*, 70, 370-374.

Provides family practitioners, researchers, and educators with an operational framework for successful intervention with Black alcoholic clients (BACs). Four aspects of this framework are crucial to effective intervention with BACs: sociohistorical experience, objective reality/subjective interpretation, territoriality, and empowerment through dual consciousness. Interventions with Black clients must incorporate their unique sociohistorical experiences. Additionally, the concept of empowerment must drive intervention modalities, using biculturalism or dual consciousness as the medium through which empowerment is sought or achieved.

Sources: PsycLIT Database. Sociological Abstracts, Inc.

Boyd-Franklin, N. (1992). Culturally sensitive treatment of the inner-city African-American adolescent: Multisystems model. In W. Snyder & T. Ooems (Eds.), *Empowering families, helping adolescents: Family-centered treatment of adolescents with alcohol, drug abuse and mental health problems* (Technical Assistance Publication (TAP) Series No. 6, DHHS Publication No. SMA96-3096, pp. 71-76). Rockville, MD: U.S. Department of Health and Human Services.

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 and the treatment process within the multisystems model is explored.

Source: NCADI Abstract

Source: NEDTAC Cultural Competence: A Resource Guide.

Brisbane, F., Nobles, W., Whiten, J., & Marigna, M. (1990). Substance abuse and Black families. *Proceedings of the National Conference on Preventing Alcohol and Drug Abuse in Black Communities* (pp. 143-148). Stony Brook, NY: Health Science Center.

This article discusses substance abuse and the Black family, focusing on African culture. Rituals are examined as part of reclaiming the culture base of the African people. The author says society has defined Black culture in this way: "Black folks have no culture, or Black culture is a deviant culture." There can be no African-American culture without more education and an African culture base. The African culture is the base for the Black family. The article reviews the purpose of the family and the importance of seeing drug abuse as a structural, societal problem.

Source: NCADI PREVline.

Brisbane, F. L., & Womble, M. (1992). *Working with African Americans: The professional's handbook*. Chicago: HRDI International Press.

This is the basic text from which the Brisbane-Womble culture-based counseling for African ancestry developed. This work offers a complete and practical application of Afrocentricity.

Source: National Black Alcoholism & Addictions Council.

Brown, L. (1993). Alcohol abuse prevention in African-American communities. *Journal of the National Medical Association*, 85, 665-673.

Reviews cultural issues pertinent to alcohol use and abuse in diverse African-American communities. Medical, social, and economic implications and complications of alcohol abuse are discussed, as is the potential bias in reported epidemiology. Specific prevention issues, followed by recommendations for prevention research are given.

Source: PsycLIT Database.

Burston, B. W. & others. (1995). Drug use and African Americans: Myth versus realities. *Journal of Alcohol and Drug Education*, 40, 19-39.

Aggregate data on drug use may be misleading relative to the magnitude of the problem among specific segments of the population. This paper analyzed several false but commonly held beliefs about drug use in the African American community reflected in the

literature and explores the implications of such beliefs for treatment, intervention and public policy.
Source: ERIC Database.

Campinha, B. J. (1991). Community mental health services for the underserved: A culturally specific model. *Archives of Psychiatric Nursing*, 5, 229-235.

Underutilization of community mental health services by minorities has been an ongoing concern in the field of mental health. Many agencies are mainstream and ethnocentric in their services to culturally diverse clients, resulting in color-blind treatment approaches. During the era of civil rights, the concept of difference was used to exclude groups of individuals, families, and communities from access to resources. However, ethnicity does matter and make a difference. This article will address the need for culturally relevant services for African-American clients with the dual diagnosis of substance abuse and mental illness. The intent is to provide mental health care providers with a culturally specific model that will render culturally relevant and culturally competent services to individuals from diverse cultural backgrounds.
Source: Medline Express Database.

Carter, J. H., & Rogers, C. (1996). Alcoholism and African-American women: A medical sociocultural perspective. *Journal of the National Medical Association*, 88, 81-86.

A medical sociocultural perspective on alcoholism in African-American women is presented. It is argued that current research explaining use of alcohol by women is inaccurate because researchers have failed to include the variable of race: alcohol use is increasing among African-American females, but the literature fails to explain why. Understanding alcoholism among African-American women requires consideration of their culture, values, and social roles. The article examines biopsychosocial issues that affect female African-Americans and the need for unbiased research and treatment. Since a special range of stressors affect women who are both addicted and members of a racial minority, clinicians who serve them must possess more than general clinical skills.

Castellani, B., Wedgeworth, R., Wootton, E., & Rugle, L. (1997). Bi-directional theory of addiction: Examining coping and the factors related to substance relapse. *Addictive Behaviors: An International Journal*, 22, 139-144.

The results from this study supported a bi-directional theory of addiction for a sample of Black, inner-city, working-class, male substance abusers. Using structural equations modeling, at six months posttreatment this study found that (a) the reciprocal effect emotional and psychological distress and substance relapse had on one another existed within the context of their bi-directional relationship with social instability, and (b) effective coping skills and resources moderated the negative effects that emotional and psychological distress, social structure and substance relapse had on one another. These findings indicate three suggestions treatment professionals can use to counteract recidivism: (1) The social situation to which substance abusers return must be taken into account when planning a treatment regime. This is particularly the case when patients are returning to high stress/low support environments and coping skills must be taught. (2) Treatment cannot focus simply on the substance abuse, emotional or psychological distress, or social

instability of its clients; treatment needs to be bi-directional and interactive with each client, requiring understanding of how these three aspects interrelate with each other. (3) Social and psychological stability and coping effectiveness need to be maintained through outpatient continuing care which can provide flexible continuing outpatient services, brief inpatient stays during medical or psychiatric crisis, coping skills training, individual case management, and skills to effectively utilize community resources.

Source: Elsevier Science Ltd.

Catalano, R. F., Hawkins, J. D., Krenz, C., Gillmore, M. et al. (1993). Using research to guide culturally appropriate drug abuse prevention. *Journal of Consulting and Clinical Psychology*, 61, 804-811.

Several ways in which research can be an important tool in creating culturally appropriate prevention programs are suggested. To illustrate cultural vulnerability, the authors present data from a study of 5th-grade African-American and European-American students. These data describe rates of early initiation, levels of exposure to identified risk factors, and degree to which identified risk factors predict substances initiated. Results indicate that European-American subjects have higher rates of tobacco and alcohol initiation, that the same risk factors predict the variety of substances initiated for African-American and European-American subjects, and that several differences exist in the level of exposure to risk factors between the two groups. Implications of the findings for developing culturally appropriate drug abuse prevention are discussed.

Source: PsycLIT Database.

Center for Substance Abuse Prevention. (1993). *The Second National Conference on Preventing and Treating Alcohol and Other Drug Abuse, HIV Infection, and AIDS in Black Communities: From Advocacy to Action* (CSAP Prevention Monograph No.13, Conference Proceedings). Rockville, MD: U.S. Department of Health and Human Services.

This conference was a follow-up from the original conference in 1987. Sponsors of this conference hoped to build on several years of efforts by thousands of people to convert knowledge of preventing and treating substance abuse problems in Black communities into practical efforts to eradicate these problems. The conference, and this monograph, contain presentations by some of the leading experts in the struggle against health and social problems from universities, health programs, research institutions and the African American community.

Clark, H., Reilly, P., Shopshire, M., & Campbell, T. (1997). Anger management in culturally diverse substance abuse patients. *Problems of Drug Dependence 1996: Proceedings of the 58th Annual Scientific Meeting: The College on Problems of Drug Dependence, Inc.* (National Institute on Drug Abuse (NIDA) Research Monograph Series No. 174). Washington, DC: U.S. Government Printing Office. Available from National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847.

It is contended that treatments must be effective for individuals of different cultures, ethnic backgrounds, and social classes. The generalizability of a 12-week cognitive-behavioral anger management group treatment for substance abuse patients was examined. A sample

of 44 Caucasian male veterans was compared to 21 African-American male veterans on the extent to which they reduced their anger. All study participants reduced their anger significantly after the end of the 12-week treatment. It is concluded that this 12-week anger management treatment is effective for English-speaking African-American patients, as well as Caucasian patients, and that no special culturally specific anger management protocol is required to assist the average African-American male patient.

Source: NCADI PREVline.

Counseling from a cultural perspective. (1991). [Audio cassette recording]. Workshop presented at the Center for Substance Abuse Prevention's Second National Conference on Preventing and Treating Alcohol and Other Drug Abuse, HIV Infection and AIDS in Black Communities: From Advocacy to Action. Frederick, MD: Triad Media Group. Available from Triad Media Group, Inc., P.O. Box 778, Frederick, MD 21701. Tape T3.

The audiotape presents two speakers from the workshop on counseling with a cultural focus. The first presenter looked at how our culture socializes people to judge themselves by external, materialistic criteria. As long as African Americans buy into this sub-optimal system, they will suffer from stress and anxiety. She described an Afrocentric treatment model. The second presenter gave an historical perspective of African-American treatment issues; the social versus medical model; social stress; cultural genocide and chemicalization of the African-American community; cultural restoration; clinical approach to counseling versus the education/vocation approach; treatment parameters for effective African-American treatment; racial identity stages among African-Americans; and African-American cultural characteristics related to treatment for substance abuse and HIV/AIDS.

Source: NCADI PREVline.

Cultural pain and African Americans: Unspoken issues in early recovery. (1992). Center City, MN: Hazelden. Available through Hazelden Educational Materials, 15251 Pleasant Valley Road, P.O. Box 176, Center City, MN 55012-0176

This book, which is geared to African American men and women in the early to middle stages of recovery from addiction, explores some of the racially sensitive issues and cultural pain which challenges their recovery. Topics covered include key elements of addiction from African Americans, an analysis of cultural pain, and a study of decisions African Americans who are recovering often face.

Source: Office of Minority Health Resource Center Database Record.

Fenster, A. (1996). Group therapy as an effective treatment modality for people of color. *International Journal of Group Psychotherapy*, 46, 399-416.

The unique benefits of group therapy for blacks and Latinos are examined. Because of racial prejudice, economic exploitation and negative stereotypes, group forces have been especially detrimental to the personality development of people of color. These powerful group forces can be harnessed and used therapeutically, enabling people of color to relate better to others while retaining their own autonomy. How racial differences can affect diagnosis, transference, countertransference, and the therapeutic relationship are discussed, along with implications for training group therapists.

Source: Sociological Abstracts, Inc.

Foulks, E. F., & Pena, J. M. (1995). Ethnicity and psychotherapy: A component in the treatment of cocaine addiction in African Americans. *Psychiatric Clinics of North America*, 18, 607-620.

This article focuses on the use of psychotherapy as a component in the comprehensive treatment of African Americans addicted to cocaine. Literature on ethnicity and psychotherapy is reviewed, and the main problems of planning mental health and substance abuse services to minority populations are discussed. Some of the more salient areas are the relationship of cultural factors and substance abuse, the culturally determined possibilities and constraints in the treatment of substance abuse, the establishment of a culturally responsive psychotherapeutic approach that takes into account notions such as ethnic consciousness and self-esteem, and the therapist's effects on the proximal treatment situation. Research issues discussed include therapist-matching strategies, clinical skills, and their impact on outcome.

Source: PsycLIT Database.

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.

Goddard divides this technical report into three sections, first examining substance abuse both in the general population and then in the black community, second touching on current prevention services, and third a discussion of the Afrocentric model of substance abuse prevention with its nature and general characteristics outlined. Successful Afrocentric prevention programs are examined in detail, both quantitative and qualitative.

Source: NEDTAC Cultural Competence: A Resource Guide.

Gray, M. (1995). African Americans. In J. Philleo, F. L. Brisbane, & L. G. Epstein (Eds.), *Cultural competence for social workers: A guide for alcohol and other drug abuse prevention professionals working with ethnic/racial communities* (Center for Substance Abuse Prevention (CSAP) Cultural Competence Series No. 4, pp. 71-103). Rockville, MD: U.S. Department of Health and Human Services.

This chapter begins with a history of the African American population in the United States, and a reflection on how the heritage of this group was broken by the slave trade economy. The author traces the social changes in the U.S. and examines the societal and institutional practices of racism which have impacted this group. Views of alcohol and drug use are examined, and prevention efforts and alcohol and other drug treatment for this group are summarized. Some common themes in successful programs include spirituality and the involvement of the entire community.

Harris-Offutt, R. (1992). Cultural factors in the assessment and treatment of African-American addicts: Afrocentric considerations. In B. C. Wallace (Ed.), *The chemically dependent: Phases of treatment and recovery* (pp. 289-297). New York: Brunner/Mazel.

In this work, the author examines the dimensions of belief upon which African American culture is based. Assessment and treatment are viewed in an Afrocentric context, and the necessity of the counselor exploring his or her own race and class biases is explained.

Continuing recovery of the African American client is hindered when a white counselor is unaware of the cultural pain and low ethnic sense of self found in the African-American community.

Harvey, A. R., & Rauch, J. B. (1997). A comprehensive Afrocentric rites of passage program for black male adolescents. *Health Social Work, 22*, 30-37.

Given the existence of cultural barriers to health services use, culturally proficient programs that can engage African American male youths in preventive interventions and primary care are urgently needed. This article reviews the health status of African American male adolescents, noting that the leading health problems are preventable. The article then discusses two frameworks that are of value in social work practice with African American population, cultural competence and empowerment; reviews Afrocentric theory and Afrocentric social work; and describes a culturally proficient, Afrocentric program for African American male adolescents. Health social workers can take steps to increase their own cultural competence and that of the health care organizations in which they work. Source: Medline Express.

Icard, L., & Traunstein, D. M. (1987). Black, gay, and alcoholic men: Their character and treatment. *Social Casework, 68*, 267-272.

The authors focus on normative factors of the black and the gay communities and show how these factors converge to affect the character (abuse and dependence) and treatment of black, gay alcoholic men. Assuming that black men are proportionally represented among homosexual men, as many as 1.3 million black men may be homosexual, according to the authors. They also estimate that the rate of alcohol abuse among black gays is similar to white gays—one out of three. Gay black men are a double minority subject to harsh social treatment by racist and antihomosexual attitudes. Moreover, they are often stigmatized by both black and gay communities. The sharp cultural differences between the black and gay communities often force the black, gay person to choose between being black or being gay. This alienation often contributes to the individual's abusive drinking behavior. In treating the black, gay alcoholic, attention should be focused on (1) the person's drinking behavior, (2) black cultural influences; (3) the person's gay self-concept; and (4) his reference groups in the black and the gay communities. The black, gay alcoholic may be mistrustful of mental health services and not seek services as readily as white, gay alcoholics. In successful treatment, the client must (1) control his drinking; (2) gain a better understanding of himself; and (3) recognize the range of choices available to him as a sober, recovering, functioning, emotionally healthy black, gay male. He has to develop skills of assertiveness, communication, positive self-appraisal, and development of a positive support system.

Source: CSAP: Alcohol, Tobacco and Other Drugs Resource Guide: Lesbians, Gay Men, and Bisexuals.

Jackson, M. S. (1995). Afrocentric treatment of African-American women and their children in a residential chemical dependency program. *Journal of Black Studies, 26*, 17-30.

Explores the element of an Afrocentric perspective and how these principles are used for the development of a treatment philosophy. This perspective includes: A continuous process emphasizing spirituality; respect for tradition; harmony with nature; centrality of

community, life as a series of passages; the importance of elders; and the creation of self-identity and dignity. The individual has responsibility for establishing and maintaining the integrity of the community, which helps in his growth and upliftment. This makes the community residents feel a part of the treatment process. The major objective is to eliminate denial and egocentrism and replace them with a sense of common faith. Specific drug-related issues discussed are: The way in which the abuse of drugs is viewed; types of therapy; the issue of relapse; involuntary discharge of clients; and the role of staff.
Source: PsycLIT Database.

Jackson, M. S., Stephens, R. C., & Smith, R. L. (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. This article proposes 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.

Kendall, J. (1996). Creating a culturally responsive psychotherapeutic environment for African American youths: A critical analysis. *Advances in Nursing Science, 18*, 11-28.

Examines the role of psychotherapeutic mental health care as an emancipatory action for Blacks, seeking to create a more culturally responsive psychotherapeutic environment for African American youths. Fitting psychotherapy, with its epistemic origins and emphasis on the interior self of individualism, to the African American social and cultural experience, which is more embedded in communal activities of church, neighborhood, and family, is considered.

Source: PsycLIT Database.

Logan, S. L. (Ed.). (1996). *The Black family: Strengths, self-help and positive change*. Boulder, CO: Westview Press.

This collection of works stresses a strength-based perspective for work with Black families. Chapters focus on building on the strengths of the African American family, reconceptualizing youth violence and an African-centered perspective on effective programs for families and children. The Black church is regarded as a resource for counselors working with this community, and other chapters highlight work with various African-American subgroups.

Long, L. C. (1993). An Afrocentric intervention strategy. In L. L. Goddard (Ed.), *An African-centered model of prevention for African American youth at high risk* (Center for Substance Abuse Prevention (CSAP) Technical Report No. 6). Rockville, MD: U.S. Department of Health and Human Services. Available from National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847.

The author examines two prevention models in *Harvesting New Generations: The Positive Development of Black Youth* by Useni Eugene Perkins. The deficit model represents a

total denial of the existence or value of African-American culture and implies that African Americans are worthless. The bicultural model creates self-diffusion and confusion by expressing the broad diversities in racial and ethnic groups and suggesting they can all survive in an integrated society. An Afrocentric approach has been instituted by the West Dallas Community Center Rite of Passage project. Youth in the project are taught African rituals and chants, learn Swahili, and are introduced to African styles and dress. Definite changes in the youths' attitudes, morals, and perceptions of self have been noticed.
Source: NCADI PREVline.

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

Discusses the need for the inclusion of cultural sensitivity (CULS) in the research and treatment of Black male adolescent drug users. CULS intervention is defined and specified in four stages of intervention: assessment, planning the intervention, implementation and termination. Within each stage, clinical and methodological research issues are discussed. Suggestions are given for how culturally sensitive therapeutic intervention can be conducted with chemically dependent adolescent Black males, with a focus on follow-up as an essential element of treatment, and focusing on the youths' use of and access to available community resources.
Source: PsycLIT Database.

Murphy, S. (1991). Treating chemically dependent Black clients and their families. Special issue: Chemical dependency: Theoretical approaches and strategies working with individuals and families. *Journal of Chemical Dependency Treatment*, 4, 157-165.

Outlines issues that need to be addressed in finding a solution to the problems of alcohol and other drug abuse in the Black community. Important components of outpatient treatment are discussed (e.g., an environment in which the client feels safe). The importance of multimodal treatment that integrates models of disease, education, and social learning is emphasized, and the necessity of family involvement in treatment is discussed.
Source: PsycLIT Database.

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, 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 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 use 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.

Ormond, J. E. (1992). A paradigm for socialization: Empowering African-American substance abusers to maximize their human potential. *Journal of Health Care for the Poor and Underserved*, 3, 181-193.

Presents a continuum of care model intended to help inner-city African-American males end destructive behavior patterns and develop individual skills while incarcerated. Interventions are based on a cognitive and behavioral treatment model that focuses on (1) criminality/substance abuse, (2) anxiety/depression, (3) education/functional literacy, (4) vocational development, (5) therapeutic recreation, (6) family/community, (7) psycho-social functioning, (8) nutrition, and (9) spirituality. Therapeutic interventions (individual and group) assist in incorporating skills learned in psychoeducational module coursework. Pre-release and aftercare programs facilitate the transition to the community through a structured, community-based reintegration program.

Source: PsycLIT Database.

Pena, J. M., & Koss-Chioino, J. D. (1992). Cultural sensitivity in drug treatment research with African American males. *Drugs and Society*, 6, 157-179.

Contends that substance abuse studies that do not specifically assess and take into account the cultural characteristics of the subject population are open to serious criticism regarding their internal validity and generalizability. The article describes an attempt to adapt a technological research model of psychotherapy treatment for cocaine abuse to a population in a hospital drug dependency treatment unit. The current literature on treatment outcome is reviewed, and a description is given of how the choice of treatment models and assessments can be guided by the ethnic characteristics of the patient population.

Source: PsycLIT Database.

Potts, R. (1991). Spirits in the bottle: Spirituality and alcoholism treatment in African-American communities. *Journal of Training and Practice in Professional Psychology*, 5, 53-64.

Argues that spirituality is a key component in the treatment of alcoholism in African-American communities because the traditional values and epistemology of Western psychology and culture promote feelings of spiritual frustration and conflict with the more cybernetic models of self and community in African philosophy. Affinities between alcohol intoxication and spiritual experience are identified, and culture-specific models of alcoholism treatment are described that emphasize spirituality. A case study of a 35-year old woman who had been abusing alcohol for fifteen years illustrates an approach to alcoholism treatment that is sensitive to African-American culture and spirituality.

Source: PsycLIT Database.

Reed, G., & Marks, S. F. (1990). Working with Black families on drug problems. In A. S. Friedman & S. Granick (Eds.), *Family therapy for adolescent drug abuse* (pp. 279-310). Lexington, MA: Lexington Books.

This chapter discusses treatment for Black substance abuse, and uses an actual case history to highlight the authors' techniques for making use of an understanding of ethnicity in the context of treatment. Therapists treating families of different cultural or ethnic backgrounds

need to promote a joining and a high degree of alliance and rapport. The authors explain their family therapy techniques for drug treatment, stressing an historical and intergenerational approach, coupled with a focus on both short and long term goals.

Rowe, D. M., & Grills, C. (1993). African-centered drug treatment: An alternative conceptual paradigm for drug counseling with African-American clients. *Journal of Psychoactive Drugs*, 25, 21-33.

Presents an alternative conceptual framework for understanding the culturally normative behavior of African-Americans in drug abuse treatment and recovery, based on an appreciation of core African-centered beliefs. Key ontological and epistemological assumptions of traditional clinical and counseling interventions are presented to highlight the differences between traditional goals and theories and the proposed alternative conceptual system and treatment strategies. Seven fundamental constructs are proposed to serve as the basis of a model for African-centered transformative healing: consciousness, character, conduct, collectivity, competence, caring and creed.

Source: PsycLIT Database.

Saulnier, C. F. (1996). Images of the twelve-step model, and sex and love addiction in an alcohol intervention group for black women. *Journal of Drug Issues*, 26, 95-123.

The Alcoholics Anonymous twelve-step model was developed to help a specific population of white, middle-class, heterosexual men with a specific problem: alcoholism. As the program is applied to a wider variety of issues, with diverse populations, the model's generalizability has been called into question. Its applicability to outgroups is, at best, uncertain. At worst, the addiction model and its notion of powerlessness could have serious negative consequences. Until now, there has been scant research on the effect of using the program with marginalized people. Because of difficulties assessing these populations, the present study used innovative qualitative research methods to answer questions about the consequences of membership in twelve-step programs for a marginalized group: African-American women. This paper documents some of the problems that can occur when a program designed to solve a specific problem among a hegemonic group is used to address everyday activities of marginalized people.

Source: Journal of Drug Issues.

Source: ETOH Database Report.

Stevenson, H. C., & Renard, G. (1993). Trusting ole' wise owls: Therapeutic use of cultural strengths in African-American families. 23rd annual mid-winter convention of division 29 (psychotherapy), 42 (independent practice), and 43 (family psychology) of the American Psychological Association. [1992, Amelia Island Plantation, Florida]. *Professional Psychology Research and Practice*, 24(4), 433-442.

The development of competent cross-racial psychotherapeutic strategies requires that psychologists understand the underlying racial dynamics that can hinder therapeutic relationships with African-American families and address them. This involves identifying and cultivating family strengths during the process of psychotherapy. Key domains of African-American family strengths include the dependence on helpful extended relatives, transmission of cultural childrearing values, influence of a religious worldview, and family

communication about surviving societal racism struggles, educational achievement, and Black pride and culture. This article advises professional and research psychologists to appreciate and mobilize the oppression-survival strategies of many African-American families.

Source: PsycLIT Database.

Thompson, T., & Simmons-Cooper, C. (1988). Chemical dependency treatment and Black adolescents. Special issue: Alcohol problems and minority youth. *Journal of Drug Issues, 18*, 21-31.

It is suggested that the use of alcohol among Black youth continues to increase while identification of abuse and intervention occurs later in the Black than in the White community. Discussed are (1) initial issues and problems as a youth enters treatment; (2) issues and problems needing attention during treatment; and (3) issues and problems that confront the client after primary treatment ends. These concerns arose from interviews with administrative and clinical staff of various substance abuse facilities and with a sample of youth who were in the process of recovery.

Source: PsycLIT Database.

Van Hasselt, V. B., Hersen, M., Null, J. A., Ammerman, R. I., et al. (1993). Drug abuse prevention for high-risk African American children and their families: A review and model program. *Addictive Behaviors, 18*, 213-234.

Details the impact of drug abuse in African-American children and their families and outlines a model program entitled Project for a Substance Abuse-Free Environment (SAFE). SAFE seeks to implement (1) a broad-spectrum family intervention to empower disadvantaged and high-risk families, (2) a competency-based skills intervention to increase resilience and decrease drug use and other maladaptive behaviors in at-risk children, (3) alternative activities that will promote self-efficacy, achievement, and self-esteem, and (4) systematic procedures for enhancing the maintenance and generalization of gains in participating children and families.

Source: PsycLIT Database.

Wade, J. C. (1994). Substance abuse: Implications for counseling African American men. *Journal of Mental Health Counseling, 16*, 415-433.

Examines factors -- unemployment, economic deprivation, racism, issues pertaining to gender roles -- and their contribution to substance abuse in African American men. Specifically reviews the use of alcohol, opiates, crack and cocaine. Argues that a biopsychosocial model offers the best framework in conceptualizing substance abuse and treatment.

Source: ERIC Database.

Watson, A. L. (1990). African Americans and alcohol abuse: Considerations for the rehabilitation counselor. *Journal of Applied Rehabilitation Counseling, [Special issue], 21*, 55-58

Examines the characteristics of alcohol abuse and its effect on the African American community. Alcohol treatment and counseling approaches must consider the context of the "minority culture," including its history, strengths, values, and attitudes, to formulate culturally appropriate interventions. Profiles of culturally sensitive programs designed to rehabilitate Black alcoholics are highlighted, including programs to meet the special needs of subgroups, such as African American alcoholic women.

Source: PsycLIT Database.

Working with African-Americans: The professional's handbook. (1992). Available from Wisconsin Clearinghouse of Prevention Resources, Dept C, PO Box 1468, Madison, WI 53701-1468.

This book is for helping professionals who want to empower, counsel and treat African Americans in the context of their racial, cultural, social, economic and political reality. The dual purpose of this book is to provide knowledge about African Americans and to outline skills for working with them.

Source: Office of Minority Health Resource Center Database Record.

Ziter, M. L. P. (1987, March/April). Culturally sensitive treatment of black alcoholic families. *Social Work*, 130-135.

Attention to the concepts of empowerment, of bicultural counseling, and of the dual perspective enhances the practitioner's cultural sensitivity and effectiveness in treating black alcoholic families. In this article, the author proposes modifications of the Problem-Centered Systems Therapy--a practice model for assessment and treatment--that address bicultural counseling with black families in general and black alcoholic families in particular.

Chapter 6

Culturally Competent Treatment for People of Asian Descent

Amodeo, M., Robb, N., Peou, S., & Tran, H. (1996). Adapting mainstream substance-abuse interventions for Southeast Asian clients. *Families in Society: The Journal of Contemporary Human Services*, 77(7), 403-412.

Southeast Asians are experiencing increasing problems with alcohol and other drug abuse. Because few culturally specific treatment models are available, mainstream substance-abuse programs will increasingly be called on to provide services to clients and consultation to Southeast Asian human service agencies. The authors describe ways that existing mainstream treatment methods may be ineffective and recommend program modifications to increase cultural relevance.

Source: *Families in Society: The Journal of Contemporary Human Services*.

Amodeo, M., Robb, N., Peou, S., & Tran, H. (1997). Alcohol and other drug problems among Southeast Asians: Patterns of use and approaches to assessment and intervention. *Alcoholism Treatment Quarterly*, 15, 63-77.

Alcohol abuse and alcoholism are significant problems among Southeast Asians resettled in the United States. Contributing factors include experiences of trauma during the refugee and resettlement experience and traditional beliefs about alcohol as a health-promoting substance. The need for routine screening for alcohol and other drug problems is highlighted and culturally sensitive assessment and intervention methods are described. Clinical vignettes illustrate assessment issues.

Source: *Alcoholism Treatment Quarterly*.

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.

Low levels of alcohol consumption and drinking problems have been consistently found among the Chinese in North America and in other Chinese societies. Two theories of Chinese drinking have been popular in the literature. First, the physiological explanation attributes the light alcohol use among the Chinese to their high propensity to flush, which protects them from heavy drinking. Second, the cultural explanation suggests that Chinese cultural values emphasizing moderation and self-restraint discourage drinking to the point of drunkenness. A review of existing research shows that both explanations are not supported by adequate empirical research findings and are plagued with conceptual and methodological shortcomings. It is also noted that both theories cannot explain why some Chinese do become heavy or problem drinkers. It is suggested that we should look beyond physiological and cultural factors for a better understanding of contemporary Chinese drinking patterns.

Source: Medline Express.

Community University Health Care Center. (n.d.). *Alcohol and drug abuse in the Southeast Asian community*. Minneapolis: Community University Health Care Center, University of Minnesota Hospital and Clinic.

This article provides information about the cultures of Southeast Asia, and how people from this region who now live in the United States were and are influenced by warfare,

religion, shame and other cultural factors. The authors discuss culturally appropriate use of alcohol and considerations in treating Southeast Asian clients. Issues affecting youth are discussed, with implications for Cambodian, Vietnamese, Lao and Hmong populations. Finally, considerations are specified for service providers, emphasizing the importance of family and the need to develop rapport through shared activities with Southeast Asian clients. Building community and developing community with these clients is vital.

D'Avanzo, C. E. (1994). The Southeast Asian client and alcohol and other drug abuse: Implications for health care providers. *Substance Abuse, 15*, 105-109.

Most Southeast Asians from Cambodia, Laos, and Vietnam entered the United States as refugees, after years of uncertainty and hardship in holding camps in Thailand. It is not surprising that some refugees use substances to cope with the resultant stress. Substance abuse is generally hidden from public view, however, so underreporting is the norm, leading to the false impression that abuse is uncommon. Southeast Asians also may not use abuse-related social services due to fear of stigma or because they may not perceive them to be culturally appropriate. However, if current trends continue, it is only a matter of time before substance abuse emerges as a significant problem in this community.
Source: *Substance Abuse*.

D'Avanzo, C. E. (1997). Southeast Asians: Asian-Pacific Americans at risk for substance misuse. *Substance Use & Misuse, 32*, 829-848.

Projections indicate that by the year 2000 over a million Cambodians, Laotians, and Vietnamese will be living in the United States. There is sparse information relative to the use of substances by these groups due to the absence of national prevalence data. The combined stressors that these refugee groups have faced puts them at high risk for substance misuse. Southeast Asians infrequently use substance misuse and mental health services, which has been perceived as a lack of need for these services by these groups. In reality, there is a critical shortage of culturally-appropriate treatment and intervention programs as the prevalence of substance misuse increases in these populations.
Source: *Substance Use & Misuse*

D'Avanzo, C. E., & Barab, S. (In press). Depression and anxiety among Cambodian refugees in France and the United States.

D'Avanzo, C. E., & Barab, S. (In press). Drinking during pregnancy: Practices of Cambodian refugees in France and the United States. *Substance Abuse*.

D'Avanzo, C. E., & Frye, B. (1992). Stress and self-medication in Cambodian refugee women. *Addictions Nursing Network, 4*, 59-60.

This article reports on a study which generated data on beliefs of Cambodian refugee women about the impact of the stress of acculturation and the impact such stress had on their families and the use of substances to combat stress.

D'Avanzo, C. E., Frye, B., & Froman, R. (1994). Culture, stress and substance use in Cambodian refugee women. *Journal of Studies on Alcohol*, 55, 420-426.

Initial data were generated on the use of alcohol and other drugs by Cambodian refugee women and their families in two sites, Massachusetts and California. Information on frequency and situations surrounding use, and culturally specific use, was elicited. In those families where alcohol was perceived as a problem, the majority of problem drinkers were husbands. About 45% of the East Coast women, however, said they used alcohol for nervousness, stress, headaches, insomnia and pain. In addition, about 15% of the East Coast women reported that a family member used street drugs and was having dependency problems. While use of alcohol or street drugs was not perceived as problematic on the West Coast, over 58% reported using prescription drugs for self-treatment of illnesses other than those targeted by the prescription. When prescription drugs were misused by women, it was most frequently to get an altered state, or "street drug effect." Numerous stressors influence Cambodian women during the pressures of acculturation in the U.S. lifestyle. Some may turn to self-medication in the form of alcohol, prescription sleeping pills, or other drugs. A better understanding of how and why these women make coping choices is needed.

Source: *Journal of Studies on Alcohol*.

Dispelling the Myth: Part II, Promoting a National Agenda on Substance Abuse Issues with Asian Pacific American Communities. (1991). [Conference Proceedings]. Available through National Asian Pacific American Families Against Substance Abuse, 1887 Maplegate Street, Monterey Park, CA 91755; 213-625-5795.

A conference held in September 1991 and sponsored by the Office for Substance Abuse Prevention, Office of Minority Health, and National Institute of Drug Abuse drew 227 participants. The proceedings of the conference are provided in this volume. The introduction provides background information, the purpose of the conference, a conference overview, and a summary of conference activities. Part II, Coalition Building Issues and Strategies, describes participating agencies, common interests and goals, and future collaborations. In Part III, representatives of seven different Federal agencies reviewed the topic of substance abuse prevention and treatment for Asian Pacific American communities. The workshops were summarized in Part IV: HIV/AIDS and substance abuse; prevention programs; criminal justice; Pacific Island issues; model treatment programs; youth and violence; and lesbian and gay men issues. The publication closes with strategies and recommendations in the areas of services, training, resources, research, policy, and advocacy.

Frye, B. A. (1995). Use of cultural themes in promoting health among Southeast Asian refugees. Special issue: Underserved populations. *American Journal of Health Promotion*, 9, 269-280.

Reviewed articles and combined 93 interviews to identify cultural themes for Vietnamese, Cambodian, and Hmong refugee populations from which culturally relevant health promotion strategies could be designed. Two cultural themes emerged: kinship solidarity and the search for equilibrium. The use of these themes as carriers of health messages is suggested. Examples are presented, including use of folklore, recognition of cultural illnesses, and use of cultural knowledge in addressing new situations such as inner city

urban survival. Cultural themes can also be used to convey health messages addressing such issues as transition in family structure, depression, and substance abuse.
Source: PsycLIT Database.

Furuto, S. M., Biswas, R., Chung, D. K., Murase, K., & Ross-Sheriff, F. (1992). *Social work practice with Asian Americans*. Newbury Park, CA: Sage Publications.

This work begins with a history of Asian Americans, the group's culture and adaptation to America. Part 2 focuses on clinical, micro-level interventions, examining models of service delivery to this population. Part 3 focuses on macro level interventions, including policy and planning. The final section highlights vulnerable groups, including battered women, Asian-Indians, elderly and finally a look at the future of Asian Americans.

Ja, D. Y., & Aoki, B. (1993). Substance abuse treatment: Cultural barriers in the Asian-American community. *Journal of Psychoactive Drugs*, 25, 61-71.

Asians constitute the largest growing minority in the United States. However, inaccurate perceptions and stereotypes continue to mask a full understanding of the state of knowledge regarding their alcohol and other drug abuse. Asian heterogeneity and cultural barriers have contributed to the lack of knowledge regarding substance abuse prevalence rates. Issues related to taboo, denial, and loss of face further mask understanding of the extent of the problem. For most Asians undergoing treatment, cultural factors need to be considered, including the involvement of the family as well as the risk related to its transition under immigration and the following acculturation patterns. An example of a specific treatment program and activity is discussed in relationship to the cultural factors indicated above. Finally, recommendations are specified for future treatment policy, research, and services.

Source: *Journal of Psychoactive Drugs*.

James, W. H., Kim, G. K., & Moore, D. D. (1997). Examining racial and ethnic differences in Asian adolescent drug use: The contributions of culture, background and lifestyle. *Drugs: Education, Prevention and Policy*, 4(1), 39-51.

Statistics differ, but it is acknowledged that drug abuse is increasing among young Asian Americans, especially in urban centers. Extensive exposure of Asian adolescents to Western youth drug culture contributes to a higher risk of developing drug problems. In a nine-month tracking study of 39 Asian youth, their alcohol and other drug use and cultural influences were assessed using the Adolescent Substance Battery and a psychological screening inventory. It is suggested that the transition to Western culture disrupts the hierarchical family structure, interdependence and self-identity of young Asian Americans.
Source: ETOH Report.

Joe, K. A. (1996). Lives and times of Asian-Pacific women drug users: An ethnographic study of their methamphetamine use. *Journal of Drug Issues*, 26, 199-218.

Asian-Pacific Americans have remained a relatively "unknown" and "obscure" population. Behind the myths of erotic beauty and obedient wife, the complexities of the lives of Asian-Pacific women remain a mystery. Such myths create a number of barriers to understanding the problems of their everyday lives including coping and stress, financial worries, family conflict, and drug use. This article represents the first ethnographic account of Asian-Pacific American drug users and specifically explores their onset and patterns of drug use and coping strategies in relation to the competing cultural claims on their lives. The study finds that the majority of methamphetamine users in this group have used alcohol, tobacco, marijuana, cocaine, and crack.

Source: *Journal of Drug Issues*.

Kim, S., Coletti, S. D., Williams, C., & Hepler, N. A. (1995). Substance abuse prevention involving Asian/Pacific Islander American communities. In G. J. Botvin, S. Schinke, & M. A. Orlandi (Eds.), *Drug abuse prevention with multiethnic youth*. Thousand Oaks, CA: Sage Publications.

The objective of this chapter is to present a few of the cultural issues important to the development and implementation of community-based alcohol, tobacco, and other drug (ATOD) abuse prevention programs involving the Asian/Pacific Islander American community. The focus is on developing culturally relevant intervention strategies targeted for this unique ethnic community. Family-oriented prevention approaches need to incorporate many different sociological/cultural considerations such as intraracial or interracial marriage, national origins, degree of acculturation, and other environmental conditions.

Kim, Y. O. (1995). Cultural pluralism and Asian-Americans: Culturally sensitive social work practice. *International Social Work*, 38, 69-78.

Focuses on culturally competent social work practice with Asian-Americans. This article describes the social and economic problems of Asian-Americans and examines the underattention of social work to them. A perspective to guide culturally competent social work practice is suggested. Asian culture and clinical considerations for Asian-American clients are also considered. The value placed on filial piety, respect for self-control, and shame avoidance by Asian-Americans is noted.

Source: PsycLIT Database.

Kuramoto, F. H. (1995). Asian Americans. In J. Philleo, F. L. Brisbane, & L. G. Epstein (Eds.), *Cultural competence for social workers: A guide for alcohol and other drug abuse prevention professionals working with ethnic/racial communities* (Center for Substance Abuse Prevention (CSAP) Cultural Competence Series No. 4, pp. 105-155). Rockville, MD: U.S. Department of Health and Human Services.

In this chapter, the author examines the problem of drug and alcohol abuse for Asian populations in America. First, a history of the population and its arrival in America over the years is outlined. Next, a discussion is presented on cultural characteristics of this population with a review of the important element acculturation plays in this group. Treatment and prevention issues are examined for this group. The chapter ends with a

literature review on Asian drug and alcohol use and related issues of prevention and intervention in culturally appropriate fashion.

Leung, P., & Sakata, R. (1990). Drug and alcohol rehabilitation counseling with Asian Americans. *Journal of Applied Rehabilitation Counseling, 21*, 49-51.

Recent Asian immigrants may feel stressed by crowded environments and lack of success within the American system, putting them at risk for alcohol and other kinds of drug abuse. Counselors need to be aware that Asian Americans are not an homogeneous group. Biological and physiological responses of Asians to medications may be different from that of other racial groups and may have implications for intervention and treatment. Rehabilitation programs that require a confrontational approach may be alien to Asian cultures.

Source: PsycLIT Database.

Li, H. Z., & Rosenblood, L. (1994). Exploring factors influencing alcohol consumption patterns among Chinese and Caucasians. *Journal of Studies on Alcohol, 55*, 427-433.

Past research on alcohol consumption patterns comparing Chinese and Caucasians indicates that significant group differences exist. Chinese, as a group, consume significantly less alcohol than their Caucasian counterparts. Explanations for these differences have been controversial. Some argue that it is due to cultural differences, whereas others contend that it is because of physiological differences. The present study explores this controversy using a new approach: model testing via path analysis. With a sample size of 178 Canadian Chinese and 161 Caucasian university students, the present study found that in both ethnic groups, cultural norms rather than physical symptoms were a significant predictor of alcohol consumption patterns. This finding strongly suggests that alcohol consumption behavior can be better understood by a social/psychological rather than a biomedical approach. To effect changes in alcohol assumption patterns, it is suggested that cultural interpretations of alcohol use should be examined.

Source: *Journal of Studies on Alcohol*.

Martin, J., & Zweben, J. E. (1993). Addressing treatment needs of Southeast Asian Mien opium users in California. *Journal of Psychoactive Drugs, 25*, 73-76.

Describes efforts in progress to meet the needs of opium smoking Mien immigrants in Oakland, California. Translating concepts of addiction and recovery into terms that are culturally relevant constitutes the basis for efforts to assist the Mien to adjust to an opium-free lifestyle. The acceptability and utility of clonidine, acupuncture, methadone, counseling, support groups, and other medical services are discussed, and case illustrations involving a 39-year-old female and a 50-year-old male client are presented.

Source: PsycLIT Database.

Refugee Substance Abuse Prevention Project. (1992). *Cambodian oral history research: Preliminary findings on alcohol and other drugs in Cambodia and in the United States*. Chicago: Refugee Substance Abuse Prevention Project, Travelers and Immigrants Aid. 4750 No. Sheridan, Suite 300, Chicago, IL 60640. Tel: 773-271-1073.

This article reports findings from an oral history research project designed to assess alcohol and drug use in the Chicago Cambodian community. Indigenous leaders were asked to supply information about drug and alcohol use, in an effort to collect information and to begin the process of discussing alcohol and drug use among the Cambodian population in Chicago. The report goes on to summarize findings, review social issues which affect Cambodian life, including religion (Buddhism), traditions and family. Finally, four recommendations are offered to enhance the community's success in confronting alcohol and drug use, including discussion of alcohol use during pregnancy. Suggestions are made for increased community education, more culturally specific treatment and a greater appreciation of Cambodian culture.

Suh, V., & Penserga, L. J. (1996). *Policy issues and recommendations. Riding the waves of change. Improving the health of Asian and Pacific Islander women under Medi-Cal managed care expansion*. San Francisco, CA: Asian and Pacific Islander American Health Forum, Inc. Available through APIAHF, 116 New Montgomery Street, Suite 531, San Francisco, CA 94105. 415-541-0866.

Treatment and policy recommendations are outlined in this report designed to insure that Asian and Pacific Islander women do not lose service in the process of managed care expansion. Among the points recommended are bilingual staff and written materials, conducting of community information sessions, training providers on Asian and Pacific Islander women's health issues, and offering video as an effective method in reaching members with low-literacy rates.

Tsunoda, T., Parrish, K. M., Higuchi, S., Stinson, F. S., Kono, H., Ogata, M., & Harford, T. C. (1992). The effect of acculturation drinking attitudes among Japanese in Japan and Japanese Americans in Hawaii and California. *Journal of Studies on Alcohol*, 53, 369-377.

Data from a joint Japan-U.S. collaborative study were examined to determine the relationship acculturation to drinking attitudes among Japanese in Japan and Japanese Americans in Hawaii and California. Drinking attitudes among ethnic groups differed significantly for the nine situations studied: (1) at a bar with friends, (2) at a party at someone else's house, (3) as a parent, spending time with small children, (4) during working hours, (5) visiting in-laws, (6) with friends at home, (7) with friends after work (8) with people at sports events, and (9) before driving a car. Japanese and Japanese Americans differentiated drinking situations into different categories. The major difference between the two groups was that the Japanese associated spending time with small children with a situation appropriate for drinking, such as being with friends at home, whereas Japanese Americans associated spending time with small children with a situation inappropriate for drinking, such as before driving.

Varma, S. C., & Siris, S. G. (1996). Alcohol abuse in Asian Americans: Epidemiological and treatment issues. *American Journal on Addictions, 5*, 136-143.

Asian Americans are proportionately the fastest growing minority in the United States. Recent studies now suggest that Asians have a fairly high prevalence of alcoholism. The authors present epidemiological data from the few available surveys involving the Asian American community. An important consideration is that Asian Americans are not a homogeneous group. The term includes people from many countries, several major religious groups, various socioeconomic levels, and with different lengths of time and levels of acculturation in the United States. The presence of aldehyde dehydrogenase (ALDH2) deficiency also represents a relevant biological difference in some subgroups. This heterogeneity makes it difficult to encompass all relevant parameters in any one study, but each of these factors clearly affects the rates and expressions of alcohol use, and they all represent important considerations for treatment. Culturally sensitive or bicultural programs are indicated for the proper treatment of this population.
Source: American Academy of Addiction Psychiatry.

Wang, V., & Marsh, F. H. (1992). Ethical principles and cultural integrity in health care delivery: Asian ethnocultural perspectives in genetic services. *Journal of Genetic Counseling, 1*, 81-92.

Argues that the ethnocultural values held by Asians may, at times, work against the norms generally used by geneticists and genetic counselors in the U.S. This is particularly true in situations where a nondirective approach to obtaining informed consent from a patient is attempted by the health care professional. Such an approach may lead to inappropriate decisions and should be discarded by the professional in favor of a moderate directive approach that will reaffirm the Asian patient's expectations of an authoritarian medical model. Such reaffirmation, while contrary to the Western perspective of patient autonomy, will serve to strengthen the health care professional-patient relationship and enhance the overall best interests of the patient and his/her family.
Source: PsycLIT Database.

Wong, O. N. M., & Piran, N. (1995). Western biases and assumptions as impediments in counseling traditional Chinese clients. *Canadian Journal of Counseling, 29*, 107-119.

Highlights implications of specific Western cultural assumptions and biases to counseling of Chinese clients. The following are discussed: Nonverbal behaviors are culturally and socially bound; Western counseling theory is based on a linear way of thinking, while the Chinese follow a circular model; Western culture emphasizes development of individuals, their independence, and an internal locus of control, while the Chinese stress interdependence, collectivity, and an external locus; the Western concept of assertiveness is not encouraged in the Chinese; and perception of support systems and perspectives on counseling differ. Thus, awareness of normative behavior and communication styles in the client's culture, degree of the client's acculturation, and the therapist's attitudes and biases toward the client's ethnic community is emphasized. Awareness of the political and socioeconomic background further facilitates empathic understanding.
Source: PsycLIT Database.

Wu, J. (1994). On therapy with Asian patients. *Contemporary Psychoanalysis*, 30(1), 152-168.

Suggests that empathy with an Asian patient in the analytic situation might not be to comprehend the subject's (possibly invisible) affect but to comprehend the subject's "inscrutability." In counteracting a perceived loss of control reflected in the display of affect, Asians have come to be seen as reserved or difficult to read. A case example is discussed of a Japanese-American woman whose anxiety-related affects were hidden by her intellectualization and compliance with others' expectations. The author links the rigid boundaries that can be created by this pattern of behavior with the authoritarian societies found in many Asian cultures. A tension can exist in the analytic situation between vertical and horizontal dimensions of relatedness, such that the required loosening of boundaries to explore feelings may evoke a shame and helplessness that are reminders of inequality in power and status, and narcissistic and interpersonal vulnerability.
Source: PsycLIT Database.

Yee, B. K., & Nguyen, D. T. (1987). Correlates of drug use and abuse among Indochinese refugees: Mental health implications. *Journal of Psychoactive Drugs*, 19, 57-66.

The trauma experienced by Indochinese refugees during the Vietnam War, in the transition or flight from the homeland and during the adjustment to a different cultural environment in the United States has provided the ideal breeding ground for psychological distress. One symptom of psychological distress is the increase of alcohol and other drug use among these refugees. The time lag may be months, a year or several years later, because the initial adjustment period is spent keeping one's head above water and addressing the survival needs of the present. When that period is over, the many longings for loved ones and familiar or preferred environments seem to grow in such a way that it may be too much for many refugees to handle.
Source: *Journal of Psychoactive Drugs*.

Yeh, M. (1994). Asian-American children treated in the mental health system: A comparison of parallel and mainstream outpatient service centers. Special section: New directions in the treatment and assessment of ethnic minority children and adolescents. *Journal of Clinical Child Psychology*, 23, 5-12.

Examined differences between ethnic-specific and mainstream outpatient mental health service centers for 912 Asian-American children (aged <18 years). Measures of client characteristics, mental health program characteristics, utilization of services, and outcome after discharge were obtained. Findings show that subjects who received services at ethnic-specific centers were less likely to drop out of services after the first session, utilized more services, and had higher functioning scores at discharge than did those who attended mainstream centers. This was true even when variables including social class and functioning score at admission were controlled. Centers were also compared on population characteristics and therapist-client ethnicity match. Findings suggest that ethnic-specific mental health centers are effective in serving the Asian-American child community.
Source: PsycLIT Database.

Zane, N., & Toshiaki, S. (1992). Research on drug abuse among Asian Pacific Americans. *Drugs and Society*, 6, 181-209.

A critical review of the literature on substance abuse among Asian Pacific Americans, focusing on conceptual models that may be useful in explaining substance abuse patterns and on the effectiveness of prevention and treatment programs. Methodological issues relating to Asian Pacific American substance abuse are also discussed.

Chapter 7

Culturally Competent Treatment for Latino People

Black, C., Paz, H., & DeBlassie, R. R. (1991). Counseling the Hispanic male adolescent. *Adolescence*, 26, 223-232.

A rationale is given for providing counseling to Hispanic male adolescents. Characteristics of this population are discussed and specific techniques for counseling are suggested. Source: Medline Express Database.

Caetano, R. (1990). Hispanic drinking in the U.S.: Thinking in new directions. *British Journal of Addiction*, 85, 1231-1236.

Suggests that a full understanding of the alcohol use and misuse by U.S. Hispanics must be achieved by taking into account the sociodemographic and socioeconomic characteristics of U.S. Hispanics as well as the culture that characterizes their life in the U.S. Source: Society for the Study of Addiction to Alcohol and Other Drugs.

Caetano, R. (1993). Priorities for alcohol treatment research among U. S. Hispanics. *Journal of Psychoactive Drugs*, 25, 53-60.

Reviews clinical research conducted with U.S. Hispanics and discusses priorities for alcohol treatment research in this ethnic group. Specific areas for research include epidemiological descriptions of client characteristics, access and utilization of alcohol treatment, the structure of alcohol programs, pathways to treatment, alcohol dependence and treatment effectiveness, and treatment matching in alcohol treatment. A concerted effort by funding institutions is needed to emphasize the importance of this research, which should be earmarked for training for minority professionals. Source: PsycLIT Database.

Chavez, V. (1994). *Alcohol use among Latino youth*. A.S. P. Association Paper. Available through: Hispanic Research Center, Arizona State University, Tempe, AZ 85287-2702. Tel: 602-965-3990.

Historically, Latinos have not received the attention or the resources necessary to meet the problems caused by youthful drinking and substance abuse. Insight into the etiology of drug use in the Latino culture has increased significantly among at-risk groups, and provides an enormous challenge to human service programs. Intervention models developed for adults have been applied to youth with minimal modification to take into account their unique developmental stage. Source: Sociological Abstract, Inc.

Comas-Diaz, L. (1986). Puerto Rican alcoholic women: Treatment considerations. *Alcoholism Treatment Quarterly*, 3, 47-57.

Clinicians need to be aware of the proliferation of alcoholism among Hispanic women. The clinical treatment of five alcoholics in a group modality is presented. The clinical treatment was developed within a sociocultural framework. Implications for working with Puerto Rican alcoholic women are presented.

Costello, R. M. (1987). Hispanic alcoholic treatment considerations. *Hispanic Journal of Behavioral Sciences*, 9(1), 83-89.

Argues that a path analytic model for Hispanic alcoholics relating socioclinical prognostic variables to outcome following treatment in a therapeutic community differs markedly from that fitted to Anglo alcoholics. It is demonstrated that when Hispanics and Anglos were combined, a 3rd model dropped out a socioclinical prognostic triad as Hispanic and Anglo effects canceled out. The differential relationship of education to alcoholism severity and outcome was noted specifically as reflecting different racial-ethnic paths to recovery. These data are presented in response to an article by M. J. Gilbert and R. C. Cervantes (1986). Source: PsycLIT Database.

Delgado, M. (1988). Alcoholism treatment and Hispanic youth. Special issue: Alcohol problems and minority youth. *Journal of Drug Issues*, 18, 59-68.

Discusses issues related to alcohol abuse among Hispanic adolescents and outlines themes found in culture-specific interventions. Included are (1) an overview of the literature; (2) factors inhibiting an understanding of alcohol abuse; (3) an examination of what role acculturation plays in alcohol/substance abuse; and (4) intervention themes. Intervention is examined from 3 perspectives: the importance of having a continuum of care and services, the role of culture-specific intake, and the nature and function of culture-specific intervention. Source: PsycLIT Database.

Delgado, M. (1995). Hispanics/Latinos. In J. Philleo, F. L. Brisbane, & L. G. Epstein (Eds.), *Cultural competence for social workers: A guide for alcohol and other drug abuse prevention professionals working with ethnic/racial communities* (Center for Substance Abuse Prevention (CSAP) Cultural Competence Series No. 4, pp. 43-69). Rockville, MD: U.S. Department of Health and Human Services.

In this chapter, the author begins by viewing alcohol and other drug abuse in a historical context. He reviews the extent of Hispanic/Latino substance abuse, and then outlines cultural considerations in treatment and prevention. Commitment to culturally specific programs is essential in working with this group. It is also vital to be aware of how cultural differences influence relationships in the intervention process. Multimodal interventions are discussed, with an emphasis on the use of natural support systems in the community.

Delgado, M. (1995). Hispanic natural support systems and alcohol and other drug services: Challenges and rewards for practice. *Alcoholism Treatment Quarterly*, 12, 17-31.

Suggests that natural support systems are an important ingredient of Hispanic culture and a key factor that should be integrated into all aspects of alcohol and other drug services practice with this population. Literature is presented to help practitioners better identify and utilize Hispanic natural support systems in their efforts to provide culture-specific services to an increasing population. Source: PsycLIT Database.

Drugs in Hispanic communities. (1990). New Brunswick, NJ: Rutgers University Press.

This book explores the factors that form the social context for drug problems among Hispanics. It presents significant research on Hispanic drug problems, emphasizing the evolution of drug use in various Hispanic communities. Part one of this book offers a general overview of the drug problem in Hispanic communities. Part two details five ethnographic accounts that relate the histories of drug use and dealing in widely varying communities. The third part of the book offers two chapters that address the need for ample, effective, and culturally sensitive treatment for Hispanic drug users and their families. The final section provides a historical context for viewing drug problems of Hispanic communities.

Source: Office of Minority Health Resource Center Database.

Flores-Ortiz, Y., & Bernal, G. (1989). Contextual family therapy of addiction with Latinos. *Journal of Psychotherapy and the Family*, 6, 123-142.

Examines the problem of drug abuse among Latinos, reviews the family's role among Latino substance abusers, and presents a contextual intergenerational framework that integrates cultural and social processes in approaching drug abuse. A case example highlights the role of legacy and loyalty, and the importance of understanding the cultural context of addiction. Interventions focus on family connectedness, improvement of family relations, and taking blame away from parents. The importance of identifying and using self-help resources is discussed. Family therapy is seen as an essential element of treating drug addiction in Latinos.

Source: PsycLit Database.

Gloria, A. M., & Peregoy, J. J. (1996). Counseling Latino alcohol and other substance users/abusers. Cultural considerations for counselors. *Journal of Substance Abuse Treatment*, 13, 119-126.

This article presents a sociocultural alcohol/drug counseling model for counselors working with Latino users/abusers. Intended to supplement different treatment models, this model addresses pre-treatment issues of Latino users/abusers. A demographic overview of Latinos and a discussion of selected Latino cultural values and issues as they relate to substance use/abuse are included. These cultural values include Simpatia (congenial), Personalismo (personalism), Familismo (familism), Machismo and Hembrismo/Marianismo (gender roles), verguenza (shame), and Espiritismo (spiritualism). Along with identifying misperceptions and issues that may occur within the counseling session, specific recommendations and interventions for counselors are provided.

Source: Medline Express Database.

Gordon, A. J. (1991). Alcoholism treatment services to Hispanics: An ethnographic examination of a community's services. *Family and Community Health*, 13, 12-24.

Analyzed ways in which organizational behavior in one community influenced identification, intervention, and treatment of Hispanic alcohol abusers. Informants from religious and spiritually oriented institutions, police departments, health care agencies, social and employment services, and voluntary organizations provided data via interview.

Additional data were collected through observations at a number of sites. Organizations that interact with the Hispanic population were constrained by such factors as divergent philosophies of treatment and perception of clients, ethnocentrism in specific organizations that precluded cooperation, and the lack of job incentives and rewards to address the problems of Hispanic alcoholics.

Source: PsycLIT Database.

Hoffman, F. (1994). Cultural adaptations of Alcoholics Anonymous to serve Hispanic populations. *International Journal of the Addictions*, 29, 445-460.

Hispanic A. A. groups in Los Angeles operate with two different models, one involving "terapia dura" (rough therapy) and the other employing less confrontive methods. "Terapia dura" adapts expressions of the machismo value complex to produce social alternatives for young male immigrants from Central America. In the less confrontational version, machismo is muted. Hispanic A. A. groups make little provision for the problems of women, and gays are stigmatized. Members' economic status, ethnicity, and level of acculturation condition the style and content of meetings and strategies for group survival.

Source: Medline Express Database.

Inclan, J., & Hernandez, M. (1992). Cross-cultural perspectives and codependence: The case of poor Hispanics. *American Journal of Orthopsychiatry*, 62(2), 245-255.

Critiques the concepts of codependency as a value-laden Anglo cultural narrative that has questionable applicability to poor Hispanic patients. The changes the client and family are implicitly expected to accomplish for recovery from this disease are in conflict with an important Hispanic family value: familism. In the case of Hispanics with substance-abuse problems, the use of the "culture-migration-dialog" technique can facilitate culturally sensitive treatment that will take into account the cultural organizing principle of familism and its role in family differences and tensions as this value is exposed to the clash of culture.

Source: PsycLIT Database.

Kurtines, W. M., & Szapocznik, J. (1995). Cultural competence in assessing Hispanic youths and families: Challenges in the assessment of treatment needs and treatment evaluation for Hispanic drug-abusing adolescents. In E. Rahdert & D. Czechowicz (Eds.), *Adolescent drug abuse: Clinical assessment and therapeutic interventions* (National Institute on Drug Abuse (NIDA) Research Monograph No.156, pp. 172-189). Rockville, MD: National Institute on Drug Abuse.

Work by the authors with drug-abusing Hispanic adolescents and their families began in 1972 in an effort to provide services to the local Hispanic community in Miami, Florida. This chapter focuses on some of the more critical issues and problems faced in developing measures and assessment methodologies for working with culturally diverse populations. This description of the issues related to the development of clinical assessment methods for working with families within culturally diverse contexts is divided into five sections: (1) Back translation, (2) Identification of special characteristics of the treatment population, (3) Cultural cross-validation, (4) Immigrant-specific problems and measures, and (5) Assessing transcultural and culture-specific dimensions of family functioning.

Laureano, M., & Poliandro, E. (1991). Understanding cultural values of Latino male alcoholics and their families: A culture sensitive model. Special issue: Chemical Dependency: Theoretical approaches and strategies working with individuals and families. *Journal of Chemical Dependency Treatment, 4*, 137-155.

Discusses the impact that problem drinking and alcoholism have on immigrant Latinos and their families. A parallel process of the progression of deteriorating cultural values due to immigrational stressors and alcoholism is identified. This process continues as clinicians treat 2 and 3 generations of alcohol/drug addiction and co-dependency. A culturally sensitive assessment model that can be integrated in the treatment of individuals, families, and groups is presented. Two excerpts from early initial interviews with a Puerto Rican and a Cuban family illustrate how clinicians can integrate a cultural framework into their work with Latino alcoholics and their families.

Source: PsycLIT Database.

Leal, A. (1990). Hispanics and substance abuse: Implications for rehabilitation counselors. *Journal of Applied Rehabilitation Counseling, 21*, [Special issue], 52-54.

Uses the case of Mexican Americans (MAs) to illustrate critical issues that should be considered by rehabilitation counselors working with Hispanic drug abusers. Intraethnic variation in alcohol use by MAs varies by geographic region, gender, age, acculturation, and social class. Alcohol abuse has become a major health problem among a high-risk segment of the MA population. Rehabilitation counselors of MA clients where ethnic identity is salient need to attend to regional and generational factors, cultural awareness, and ethnic loyalty.

Source: PsycLIT Database.

Lopez-Bushnell, F. K., Tyra, P. A., & Futrell, M. (1992). Alcoholism and the Hispanic older adult. *Clinical Gerontologist, 11*, 123-130.

Alcoholism in relation to aging in Hispanic cultures is discussed. Topics include alcohol use among Hispanic older persons, Hispanic cultural factors and alcoholism, Hispanic world views and perceptions of health, and clinical assessment of alcoholism in Hispanics. The need for culturally sensitive assessment tools is addressed.

Mayers, R. S., Kail, B. L., & Watts, T. D. (Eds.). (1993). *Hispanic substance abuse*. Springfield, IL: Charles C. Thomas.

Book summarizes and details many elements of the Hispanic drug abuse problem in America. The book opens with an overview of Hispanic substance abuse. Sections then follow on epidemiology and etiology, including analysis of research findings and a summary of patterns and predictors of drug abuse within the Chicano community. Finally, a section on prevention and treatment examines natural support systems, family substance abuse therapy, workplace substance abuse issues, and self-help groups.

McCaughrin, W. C., & Howard, D. L. (1995). Variation in outpatient substance abuse treatment units with high concentrations of Latinos versus White clients: Client factors, treatment experiences, and treatment outcomes. *Hispanic Journal of Behavioral Sciences, 17*(4), 509-522.

Analyzed data from 326 outpatient substance abuse treatment units to compare differences in client characteristics, treatment services, and outcomes of treatment for clients receiving care in outpatient substance abuse treatment units with 20% or more Latino clients and treatment units with 90% or more White clients. Results show that units with high concentrations of Latinos treat clients who are significantly poorer, more prone to abuse drugs than alcohol, more prone to turn to crime to support their habit, more likely to be ordered to treatment by the courts, and at a higher risk for HIV/AIDS; these clients have poorer treatment outcomes. Treatment and policy implications for units treating high concentrations of Latino clients and policy implications for substance abuse treatment are discussed.

Source: PsycLIT Database.

National Latino Behavioral Health Workgroup. (1996). *Cultural competence guidelines in managed care mental health services for Latino populations*. Boulder, CO: Western Interstate Commission for Higher Education. Available through WICHE, P.O. Box 9752, Boulder, CO 80301-9752.

Guidelines are formulated in this report which seek to enable administrators and practitioners within systems of care to provide effective care for populations of diversity in a culturally competent manner. This report begins by outlining guiding principles, then details system guidelines for (1) cultural competence planning, (2) governance, (3) benefit design, (4) quality monitoring and improvement, (5) decision support and management information systems, (6) staff training and development, and (7) provider competencies. Clinical guidelines are presented with specific recommended performance indicators and finally recommended outcomes in the areas of (1) access and service authorization, (2) triage and assessment, (3) care planning, (4) treatment services, (5) case management, and (6) linguistic support. A glossary concludes the report with definitions of terms pertaining to culturally competent mental health care.

Obeso, P., & Bordatto, O. (1983). Cultural implications in treating the Puerto Rican female. In T. J. Glynn, H. W. Pearson, & M. Sayers (Eds.), *Women and drugs: National institute on drug abuse* (Research Issues No. 31). Washington, DC: U.S. Government Printing Office.

The present study describes the cultural traits specific to this ethnic group and their inherent effect on women. The goal is to aid the drug abuse worker who is involved in the treatment of Puerto Rican female drug users. Data was derived from interviews with 46 women in two Puerto Rican drug programs in New York City. The typical Puerto Rican adult is raised in a traditional, firmly structured world based on respect for others, for the hierarchy of the community, and for parents. The culture is dominated by a belief in the established order and recognition that each person has a place in the system. Males exercise authority over the family, and wives are to be responsible, faithful, submissive, obedient, and humble. At the heart of the culture is the family, and a network of companion parents for the family buttresses the system. Important family values are respect, dignity, sentimentalism, and fatalism. Puerto Ricans have been influenced by Catholicism, Protestantism, and spiritualism. The problem of the Puerto Rican female drug user is threefold. On one level, she faces the same pressure as all Puerto Ricans in adjusting a Puerto Rican value system to the American culture. On a second level, she is subject to the pressures of cultural traditions and values imposed upon her as a Puerto Rican woman. Finally, she must deal with the same problems encountered by other drug

abusers. If Puerto Rican female drug abusers are to be treated successfully, those helping them must be aware of the ramifications of their cultural traditions, values and customs.
Source: NCADI PREVline.

Rodriguez, O. (1995). Causal models of substance abuse among Puerto Rican adolescents: Implications for prevention. In G. J. Botvin, S. Schinke, & M. A. Orlandi (Eds.), *Drug abuse prevention with multiethnic youth* (pp. 130-146). Thousand Oaks, CA: Sage Publications.

This chapter examines data from a survey of South Bronx Puerto Rican adolescents to explore the interrelations among beliefs about substance use and social factors that influence substance use. The effects on substance use of substance use beliefs should provide clues as to the effectiveness of a prevention program's focusing on one versus another type of belief as part of its prevention approach. Health beliefs about the social consequences of using substances have moderate effects on youth's decisions to use substances. Programs focusing on health and moral beliefs will not encounter social forces that attenuate such beliefs. Prevention efforts focused upon social sanction beliefs will be less effective without addressing the beliefs of peers, family members, and other significant elements of the adolescents' social world. This study provides some information about the potential benefit of expanding interventions to social groups in the adolescent's lives, suggesting that outreach to the family is not as important as outreach to the peer group. Data presented here suggests that focusing prevention programs upon younger adolescents would be more effective than adult-centered prevention efforts. Regression analysis indicates that the role of acculturation in drug abuse prevention needs additional research. The modest results for the acculturation studies are indicative that as an important psychological issue, acculturation should be considered important in the designing of intervention and prevention programs.
Source: ETOH Database.

Santiago, R., & Azara, L. (1995). Developing a culturally sensitive treatment modality for bilingual Spanish-speaking clients: Incorporating language and culture in counseling. *Journal of Counseling and Development*, 74, 12-17.

Examines the role of language and culture in the mental health treatment of Hispanics. Although mental health practitioners and researchers have turned their attention to developing culturally sensitive therapeutic practices, an integrative framework is lacking. The proposed conceptual framework illustrates how the dimensions of acculturation, language dominance and preference, and cultural norms, values, and beliefs affect the assessment of psychological and physical health. A number of intervention strategies are described in a cultural context, including cuento or folktale therapy. The framework provides a meaningful method of developing an effective treatment program for the bilingual Spanish-speaking client, and how the acculturation process, language, and cultural factors merge. The emphasis is placed on assessing these factors before designing a treatment plan; specific culturally relevant intervention strategies are recommended.
Source: PsycLIT Database.

Soriano, F. I. (1994). Latino perspective: A sociocultural portrait. In J. U. Gordon (Ed.), *Managing multiculturalism in substance abuse services* (pp. 117-147). Thousand Oaks, CA: Sage Publications.

This chapter provides a sociocultural portrait of the Latino community in the United States. The preferential use of the term Latino over the generally used Hispanic is explained. A demographic profile of this ethnic group is discussed, followed by an examination of socioeconomic challenges facing Latino families. The drug problem among the Latino youth is assessed and conclusions are drawn about the nature and extent of alcohol and other drug use by this ethnic group. The rest of the chapter looks at the role of the Latino culture and the level of acculturation; risk factors; national perspectives; health challenges to the Latinos; and indicators of family stability.

Source: ETOH Database.

Szapocznik, J. (Ed.). (1994). *A Hispanic/Latino family approach to substance abuse prevention* (Center for Substance Abuse Prevention (CSAP) Cultural Competence Series No.2, DHHS Publication No. SMA95-3034). Rockville, MD: U.S. Department of Health and Human Services. Available through NCADI, P.O. Box 2345, Rockville, MD 20847-2345.

This Center for Substance Abuse Prevention monograph, part of a series on cultural competence, examines issues of the Hispanic/Latino family, culture, and society as they relate to the design and evaluation of ATOD problem prevention programs. Part I reviews concepts of substance abuse prevention, demography on Hispanic/Latinos, and existing research on substance abuse problems in this population. Part II presents family based intervention models that have been implemented in Hispanic/Latino communities. Part III presents family-oriented, community-based, and school-based intervention models.

Source: NCADI PREVline.

Zimmerman, J. E., & Sadowski, G. R. (1993). Influences of acculturation on Mexican-American drinking practices: Implications for counseling. *Journal of Multicultural Counseling and Development*, 21, 22-35.

Discusses the literature on the drinking practices of Mexican Americans from the perspectives of three acculturation models: Linear acculturation, acculturative stress, and marginality stress. Presents within-gender comparisons of Mexican and U.S. drinking patterns, looks at acculturation and alcohol use among Mexican-American women and men separately, and discusses implications for counseling. Proposes culturally competent alcohol counseling practice.

Source: ERIC Database.

Chapter 8

Culturally Competent Treatment for Native Americans

Anderson, E. N. (1992). A healing place: Ethnographic notes on a treatment center. *Alcoholism Treatment Quarterly*, 3, 1-21.

Reports ethnographic research on Kakawis, a treatment center for Native Americans troubled by substance abuse, including participant observation during the course of one treatment session and continued follow-up. Kakawis has a relatively high success rate in producing sobriety. Its treatment is based on a fusion of psychological techniques with Native American approaches and values. The program includes group sessions, periods of family counseling, AA meetings, and some individual sessions. Kakawis is compared with other healing places in British Columbia. It is assumed that the Kakawis example has lessons for treatment schemes everywhere. One such lesson is that of cultural sensitivity to the target population.

Source: PsycLIT Database.

Beauvais, F. (1992). An integrated model for prevention and treatment of drug abuse among American Indian youth. *Journal of Addictive Diseases*, 11, 63-80.

Presents a model that can guide both prevention and treatment efforts addressing drug abuse in Indian communities. Five variable domains (social structure, socialization factors, psychological variables, peer associations, and drug use) are related in an integrated structure. By following the progression of the etiological variables, a stepwise plan can be developed to organize interventions. Primary prevention operates in the opposite direction as treatment, beginning with the social structure.

Source: PsycLIT Database.

Beauvais, F. (1996). Trends in drug use among American Indian students and dropouts, 1975-to 1994. *American Journal of Public Health*, 86, 1594-1598.

This 20-year surveillance project tracks the trends in substance abuse among American Indian students and examines the observed patterns to discover implications for prevention and treatment. The current phase of this work includes data on drug use among Indian school dropouts. Anonymous drug use surveys are administered annually to a nationally representative sample of 7th to 12 grade Indian youths residing on or near reservations. An adjustment for dropouts is made to provide estimates for the entire age cohort. Indian youths continue to show very high rates of drug use compared with their non-Indian peers. These trends in rates during the last 20 years parallel those of non-Indian youth. While overall drug use may be decreasing, about 20 percent of Indian adolescents continue to be heavily involved with drugs, a proportion that has not changed since 1980. Adjustment for school dropouts increases the estimate for the entire age cohort. Indian youth, particularly school dropouts, remain at high risk for drug use. The similarity in trends for non-Indians indicate that prevention strategies effective with other groups can be effective with this population.

Source: ETOH Database.

Bennett, C. and others. (1989). *Secondary guidance manual*. Part of a presentation at the 22nd Annual Conference of the National Indian Education Association, San Diego, CA October, 1990. Note: Cover title varies slightly. Available through Moore Public Schools, Oklahoma.

This manual outlines the philosophy and organization of the secondary counseling program of the Moore Public Schools (Oklahoma). The school district has made efforts in counseling American Indian students. This document presents the goals and objectives for secondary guidance programs that provide such services as orientation, information, counseling, placement, and research and evaluation. Needed personnel are listed and the allocation of duties and responsibilities for junior and senior high counselors are made. Special programs for career education, chemical dependency prevention, and suicide prevention are outlined and policies concerning child abuse, drug and alcohol abuse, and reporting students under the influence are given. Over 70 referral agencies are listed with addresses and phone numbers. Twenty-four forms used in the various programs are reproduced in the Appendix. Included separately are handouts outlining the Indian Education program with a summary report of the measurable objectives for the school year 1989-90, and outline of the Chemical Dependency Prevention Program with a listing of sources for program materials.

Source: ERIC Database.

Byron, D. M. (1997). Relationship of cultural identification to depression and alcohol use among urban American Indians. *Dissertation Abstracts International*, 57(7); 4778-B.

This study investigated the relationship of cultural identification to the psychological well-being of adult urban American Indians, focusing on understanding how variations in cultural identity orientations among Indians may relate to resiliency and vulnerability to depression and alcohol problems. Results of the study supported the presence of an underlying depressive experience, independent of alcohol use, among urban American Indians that is related to their level of cultural identification. Biculturals were least likely to be depressed, followed by the assimilating, traditional, and marginal groups, respectively. Marginally identified individuals consistently showed more depressive symptoms than any other group. Cultural identification was not, however, related to lifetime alcohol problems or alcohol use. Additional analyses showed that the presence of higher levels of lifetime alcohol problems and alcohol consumption among Indian men obscured gender differences in depression until alcohol use was taken into account. The results lend support to both the model of biculturalism proposed by LaFromboise, Coleman, and Gerton (1993) and the orthogonal identification theory of Oetting and Beauvais (1990-1991) indicating that the ability to integrate and balance aspects of both cultures may contribute to psychological resiliency. The results strongly suggest that weakened cultural identification places the American Indian individual at greater risk for developing depression and psychological distress.

Source: University Microfilms, Inc.

Callaway, M., & Suedfeld, P. (1995). Residents' assessment of a community-based alcohol initiative in the Canadian Arctic. *Arctic Medical Research*, 54(4), 184-191.

This paper evaluated a community-based initiative to control alcohol abuse in the Canadian Arctic by identifying, from an Inuit perspective, what components have been successful in the reduction of alcohol abuse and what components require improvement. Data were collected through interviews with community leaders, supplemented by a broadly-based survey. The most successful strategy in the reduction of alcohol abuse was the imposition of restrictions on the availability of alcohol. Counseling services did to some extent heighten community awareness about the deleterious effects of alcohol misuse, but have had marginal impact on the reduction of abuse. Residents and community leaders involved

in running the alcohol program believe that a combination of the establishment of self-help groups, further counselor training, increased community support, and improved outreach strategies would provide a greater impetus for change leading to the reduction of alcohol abuse within the community.

Source: Medline Express Database.

Chamberlin, R. B. (1991). A practical guide to implementing a mobile community treatment process for alcohol and drug abuse based on experiences in three small isolated non-treaty settlement. *Arctic Medical Research*, [Supplement], 271-275.

No abstract.

Cook, Katski, and others. (1993). Seeking the balance: A Native women's dialogue. Panel presentation at the State of Indian American Conference, Cornell University, October 1992. *Akwekon Journal*, 10(2), 16-29.

Seven Native American women (including Mohawk, Bolivian, Apache, Nicaraguan Miskito, and Hopi women) discuss women's responsibilities and roles within the family and community, spirituality, birth and puberty ceremonies, child rearing and traditional education of the young (particularly girls), the healing of men through women, union organizing in Bolivia and alcohol abuse rehabilitation.

Source: ERIC Database.

Coyhis, D. L. (1993). *Recovery from the heart* [workbook, videocassette, audiocassette]. Center City, MN: Hazelden.

This interactive program encourages Native American clients in recovery to set attainable goals, create strategies for results, and build in follow-through experiences. The work is based on the teachings of the Medicine Wheel, the Twelve Steps, and a system of principles, values, and laws common to many Native American tribes. The audio and video assist clinicians in maximizing client comprehension of crucial recovery concepts.

Source: Hazelden.

DeMars, P. A. (1992). An occupational life skills curriculum model for a Native American tribe: A health promotion program based on ethnographic field research. *American Journal of Occupational Therapy*, 46, 727-736.

A unique, nontraditional occupational therapy role focusing on primary prevention, community health promotion, and enhancement for a nonpatient population is examined. The purpose of this ongoing consultancy project was to develop a series of life skills and prevocational programs for an ethnic population of native Americans from elementary school through high school and post-secondary adulthood levels in British Columbia, Canada, from 1986 to 1990. This consultancy evolved from a philosophy of renewing and preserving the culturally distinct ethnic heritage and tribal integrity of this Native American community. Knowledge about sociocultural systems theory, anthropology, and developmental cognitive-behavioral learning theories are combined with ongoing clinical

experience in psychosocial occupational therapy practice and consultancy principles to develop life skills and an educational, community-based prevention/wellness educational program model. Subsequent modifications of the original model, with consultancy recommendations for implementation of future programs, are based on tribal members' feedback and concerns elicited with psychosocial and ethnographic interviewing techniques during villager community meetings. The replicability of this primary prevention and wellness life skills program model offers numerous possibilities for occupational therapists to develop similar programs within the cultural contexts and perceived needs of specific ethnic groups in other nontraditional community-based settings.
Source: Medline Express Database.

Dorpat, N. (1994). Substance abuse education intervention program. *American Indian and Alaska Native Mental Health Research*, 4(Mono), 122-133.

Describes the Positive Reinforcement in Drug Education (PRIDE) preschool through high school program in the schools of the Puyallup Tribe of Native Americans in Tacoma, Washington. An overview is provided of the four components of the program: cultural identity, curriculum development, building and program security, and intervention and social service access. The results of a process evaluation of program efficacy and a student survey of suicide ideation and attempts are discussed.
Source: PsycLIT Database.

Dufrene, P. M., & Coleman, V. D. (1992). Counseling Native Americans: Guidelines for group process. *The Journal for Specialists in Group Work*, 17(4), 229-234.

This article discusses how group counseling professionals can best serve Native Americans using traditional Native American healing and spirituality. Implications for counseling and development professionals are also highlighted.

Edward, E., Seaman, J. R., Drews, J., & Edwards, M. E. (1995). A community approach for Native American drug and alcohol prevention programs: A logic model framework. *Alcoholism Treatment Quarterly*, 13, 43-62.

Indicates that many Native American communities have made substantial commitments to the prevention of drug and alcohol use and abuse, particularly among their youth and families. A "logic model" framework is described that has potential for planning, implementation, and evaluation of American Indian youth drug and alcohol prevention programs. The logic model, when appropriately applied to Native American communities, can stimulate a renewal of awareness of one another's capacities and community connectedness. The model reinforces a Native American value of shared responsibility. There are 4 important components of the logic model: Community Awareness, Community Programs, Community Goals and Community Achievements. This approach is humanistic in its orientation and assumes that people can find ways to solve their unique problems through group and community efforts.
Source: PsycLIT Database.

Evaluating the effectiveness of alcohol and substance abuse services for American Indian and Alaska Native women. (1995). Evaluation Phase 2 - Final Report. (Executive Summary, DHHS Contract Number 282-92-0048 - Delivery Order Number 5). San Francisco, CA: Institute for Health Policy Studies, University of California.

This phase, phase two of an ongoing evaluation of drug and alcohol treatment services for American Indians and Alaska Natives is designed to serve as the foundation for assessing long-term impact of current modes of treatment. The survey detailed extensive client characteristics, and also noted client satisfaction with many of the cultural elements of treatment provided in the study sites.

Fisher, D. G., Lankford, B. A., & Galea, R. P. (1996). Therapeutic community retention among Alaska Natives: Akeela House. *Journal of Substance Abuse Treatment, 13*, 265-271.

The purpose of this study was to determine whether a change in the treatment program at Akeela House Incorporated, a therapeutic community in Anchorage, Alaska, 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 through spirit groups, cultural awareness activities, urban orientation, and individual counseling. Data were obtained from the Alaska Management System on all alcohol and drug abuse 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.

Source: ETOH Database.

Source: Elsevier Science Inc.

Fleming, C. M. (1994). The Blue Bay Healing Center: Community development and healing as prevention. *American Indian and Alaska Native Mental Health Research, 4*(Mono), 134-165.

Describes a community development approach to substance abuse prevention and related behaviors including suicide, among youth on the Flathead Reservation (composed of three Native American tribes) in Montana. The approach stresses a healing process to break the generational cycle associated with these problems. The restructuring and components of the alcohol program are outlined. The paper focuses on the results of two external evaluations. The results of a survey of client satisfaction and community awareness of the center and its services are discussed. The second evaluation, based on 12 key-informant interviews, found strong consensus with the center's approach to treatment of high-risk youth and with the emphasis on family and community identity.

Source: PsycLIT Database.

Fleming, C. M. (1996). Cultural formulation of psychiatric diagnosis: Case no. 1. An American Indian woman suffering from depression, alcoholism and childhood trauma. *Culture, Medicine and Psychiatry, 20*(2), 145-154.

This cultural case study reports the clinical, social and developmental, and family history of a 24 year old American Indian woman presenting to the reservation tribal mental health clinic with symptoms of depression. Psychiatric diagnosis revealed multiple problems: childhood sexual abuse, alcohol dependence and drug abuse, recurrent major depression, and bereavement. The client's bicultural identity allowed her to seek help from traditional cultural resources and the tribal mental health clinic, but cultural issues relevant to Indian and non-Indian helpers needed to be addressed. These cultural issues include identity, explanations of illness and its perceived causes related to cultural norms, factors related to psychosocial environment and levels of functioning, and elements of the clinician-patient relationship. Awareness of these issues in treatment planning combined with the client's willingness to work across cultures contributed to the success of treatments for her multiple diagnoses.

Source: ETOH Database.

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*, pp. 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 in the process of 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.

French, L. (1990). Substance abuse treatment among American Indian children. *Alcoholism Treatment Quarterly*, 7, 63-76.

Addresses the fact that alcoholism is the number one killer among American Indians from both socio-legal and psycho-cultural perspectives. Many American Indians live in two worlds comprised of contravening cultures. The mechanisms of these cultural differences and their clinical implications are reviewed, based on a 15-year effort at cultural-specific clinical interventions among Cherokee youth. This proactive preventative program demonstrated that viable prevention and intervention strategies must be culturally specific and need to facilitate a sense of identity tied to the tribal community. Ethnocentric interventions presented under the guise of such programs as the Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 are cautioned against.

Source: PsycLIT Database.

Gale, N. (1990). *Pass the word. A resource booklet for the Native American Community concerning new concepts about alcoholism*. Washington, DC: Native American Development Corporation. Available from NADC, 1000 Connecticut Ave., N.W., Suite 1206, Washington, DC 20036.

Attitudes toward alcohol abuse are changing in Indian country. A number of separate but complementary attitudes are creating a circle of support in the fight against alcohol abuse. These new attitudes hold that: (1) Native Americans are not condemned by their race to a destiny of alcohol-related problems, but, rather, have a choice; (2) abstinence is an acceptable option; (3) the non-drinker need not be isolated and lonely; (4) the community is responsible for addressing alcoholism and drug abuse and must act to offer alternative activities; and (5) success is possible. Among the new concepts about alcoholism that have emerged in the past decade are the ideas that alcoholism: (1) is a family and community disease; (2) affects multiple generations; (3) is the tip of an iceberg, riding atop a mass of other problems; and (4) often coexists with other specific problems such as depression and cultural shame. In the fight against alcohol abuse, American Indians have some special cultural attributes that can help them, including extended family networks, close-knit communities with strong identities, and holistic world views. Native Americans are headed in the right direction and must use their resources to maintain the movement against alcohol and drug abuse.

Source: ERIC Database.

Gonzalez-Santin, E., & Lewis, A. (1989). *Defining entry level competencies for public child welfare workers serving Indian communities*. Available from Office of American Indian Projects, Arizona State University School of Social Work, Arizona State University, Tempe, AZ 85287-1802.

Due to the rural environment in which most Indian tribal human service personnel work, paraprofessional staff rarely have access to professional education programs that will enable them to expand their careers. This book contains the results of a collaborative career development project to address these needs with input from the Inter Tribal Council of Arizona; the Arizona Administration for Children, Youth and Families; and Arizona State University. The book contains a model curriculum which develops (1) the contextual understanding necessary for those working with Indian families; (2) values currently existing within American Indian society; (3) a theory base for Indian child welfare; (4) the history of social policies which have affected Indian child welfare; and (5) the specific orientation necessary to conduct family practice with Native American people. Four remaining areas of study deal with concrete issues that often lead families into engagement with the child welfare system: drug and alcohol abuse, child abuse and neglect, school problems, and substitute care. Each area contains a curriculum outline, discussion of the issues, and a substantial bibliography.

Source: ERIC Database.

Gutierrez, S. E., Russo, N. F., & Urbanski, L. (1994). Sociocultural and psychological factors in American Indian drug use: Implications for treatment. *International Journal of the Addictions*, 29, 1761-1786.

Use of alcohol and other drugs has been acknowledged as a serious problem among American Indian populations. This study was designed to 1) compare female and male American Indian substance users in residential treatment on psychological (self-esteem, depression, attributional style) and sociocultural (demographics, personal drug use history, family history, acculturation) variables, and 2) examine relationships of the psychological and sociocultural variables with program completion. Results showed that females experienced more family dysfunction (family members misuse of substances, and emotional, physical and sexual abuse) than males. Both females and males showed

positive change on the psychological measures from treatment entry to treatment completion. The factors predicting dropout before program completion were divorce, use of cocaine and depressants, and living in foster care as a child. Implications for prevention, intervention, and training of treatment service providers are discussed. Source: Medline Express Database.

Hassin, J. (1996). After substance abuse treatment, then what?: NARTC/Oregon Tribal and Vocational Rehabilitation Project. *American Rehabilitation*, 22, 12-19.

This article reports on the Native American Research and Training Center (NARTC)/Oregon Tribal and Vocational Rehabilitation Project. Impetus for this NARTC/Oregon study was concern that people recovering from alcohol dependency could not secure adequate employment, a situation which directly impacted their self-esteem and sobriety. Issues which were addressed included (1) availability of social support services, (2) examination of self-destructive behavior often due to low self-esteem, hopelessness/helplessness, and post traumatic stress syndrome, (3) rates of recidivism, and (4) inadequate training of counselors. Participants for the aftercare intervention were chosen by qualified treatment counselors using three major criteria to determine acceptance into the program: counselor assessment; personal internal cultural strength; and a desire for vocation rehabilitation. Major barriers to American Indians with an alcohol-related disability achieving successful vocational rehabilitation (VR) closure are: (1) maintenance of sobriety; (2) ability of the VR counselor to work with someone with that disability (which historically has a low VR success rate); and (3) lack of communication between the Native American client and the Anglo counselor because of cultural and social differences. Results of this intervention project provided a conduit for networking and developing links between the Indian community and the regional VR branches and among the different projects. A strong impact on the stabilization of sobriety was noted along with health improvement resulting from the Self Empowerment Training Program. An increase of up to 800 percent was noted in successful completion of the VR program. Source: ETOH Database.

Hazelden Publications. (1990). *Recovery from the heart: A journey through the twelve steps, a workbook for Native Americans*. [Manual]. Center City, MN: Hazelden. Available through Hazelden Publications, 15251 Pleasant Valley Road, PO Box 176, Center City, MN 55012-0176.

Based on the teachings of the Medicine Wheel, the Twelve Steps, and a system of principles, values, and laws common to many Native American tribes, this workbook brings together the realities of Native American struggles with positive recovery planning. Source: Office of Minority Health Resource Center Database.

Heath, D. B. (1983). Alcohol use among North American Indians. In R. G. Smart, et al. (Eds.), *Research advances in alcohol and drug problems* (Vol. 7). New York: Plenum Press.

A general introduction to the range of beliefs and behaviors that are associated with alcohol use among North American Indians, and the ways in which those beliefs and behaviors relate to understanding other aspects of Indian life is provided. Brief analysis of the

firewater myths dispels erroneous stereotypes. Ethnographic and regional variation underscores the reality of social and cultural diversity among Indians. Aspects of health and social welfare are summarized in terms of current usage that emphasizes the problem aspects. A discussion of treatment and related issues demonstrates the practical implications of such knowledge, while theoretical issues help relate the Indian data to worldwide perspectives on alcohol use, its meanings and its consequences. Topics include stress and anomie, dependency, power, social organization, and the importance of sociocultural differences.

Source: NCADI PREVline.

Heath, W. B. (1987). "Addictive behaviors" and "minority populations" in the United States: American Indian drug use as a cultural case study. In T. D. Nirenberg & S. A. Maisto (Eds.), *Developments in the assessment and treatment of addictive behaviors* (pp. 339-351). Northwood, NJ: Ablex.

American Indians are used to illustrate a cultural analysis of addictive behavior. Chapter topics include discussion of American Indians as a "minority," Indian experiences with alcohol and other drugs; and implications for action, specifically the crucial importance of recognizing that cultural differences exist among the population of American Indians, not just between Indians and non-Indians. Cultural sensitivity is also required in the treatment and rehabilitation of drug users. It is concluded that "addiction" is a cultural concept, with meanings that vary in space and time.

Hill, A. (1989). Treatment and prevention of alcoholism in the Native American family. In G. W. Lawson & A. W. Lawson (Eds.), *Alcoholism and substance abuse in special populations* (pp. 247-272). Rockville, MD: Aspen.

To develop effective prevention and treatment strategies to combat the devastating effects and consequences of alcoholism in Native American communities today, a conceptual framework that uses a holistic perspective is necessary. This framework must address the physical, social, and psychological influences involved. It appears that a biopsychosocial approach that considers the major factors of alcoholism can provide valuable insight into the development of alcoholism in the Native American culture. Recent advances in the field of alcoholism have led to a family systems approach. This has revealed the importance of cultural norms regarding the use of alcohol, family role models, and the drinking patterns that have influenced the high incidence of alcoholism in Native American families. The use of a biopsychosocial framework from a family systems perspective can identify significant influences in the development, progression, and maintenance of alcoholism in the Native American culture. This information is essential in the development, or modification, of strategies that are more effective for the treatment and prevention of alcoholism in the Native American population.

Source: NCADI PREVline.

Hill, A. (1993). Cultural considerations for the native client. In B. M. Howard, S. Harrison, V. Carver, & L. Lightfoot (Eds.), *Alcohol and drug problems: A practical guide for counsellors* (pp. 299-331). Toronto, Ontario, Canada: Addiction Research Foundation.

Four native family types are outlined, along with the range of acculturation in light of contemporary Iroquois society and a short commentary on its significance in assessment and treatment planning for the native client. The reserve-based and bicultural native family types are, in contrast to the migratory and transitional native family types, the most functional family types, both socially and psychologically. Based on the range of acculturation among native family systems and the four family types outlined, addiction counselors also must recognize the cultural diversity that exists. Each family type must be viewed with an understanding of the particular culture of the native client. The native family structure becomes an important cultural consideration in terms of assessment and treatment for the native addicted client.

Indian Health Service Alcoholism/Substance Abuse Program Branch. (1987). *IHS Alcoholism /Substance Abuse prevention initiative: Background, plenary session, and action plan*. Rockville, MD: Indian Health Service (IHS) Alcoholism/Substance Abuse Program Branch. Available through IHS Alcoholism/Substance Abuse Program Branch, Room 6A-38, 5600 Fishers Lane, Rockville, MD 20857. 301-443-4297.

This document reviews the history of the American Indian and Alaska Native alcoholism programs. The three major trends identified in the first section underscores the critical and primary commitment of Indian community leaders in the development of Federal support and involvement in addressing this health problem. The second section, the plenary session, documents the proceedings of the second stage of the alcoholism programs management review. The last section, the action plan, is a presentation of the recommendations developed by the contributors in the plenary session. The action plan has been designed to address all of the relevant management functions. These functions include: planning, standards setting, monitoring, evaluation, resource management, operations, coordination, research, and training. A definition of each function is included in the body of the document.

Source: Office of Minority Health Resource Database.

Indian Health Service. (1995). *Indian Health Service-Nashville Area Office Alcohol/Substance Abuse Program Report*. Cherokee, NC: Indian Health Service (IHS) Nashville Area Office. Available through IHS Nashville Area Office, Alcohol/Substance Abuse Program, P.O. box 1543, Cherokee Reservation, Cherokee, NC, 28719. 704-497-5030.

This publication presents tables and charts that describe the Nashville Area Office - IHS program, and the health status of American Indians and Alaska Natives in comparison to other population groups. IHS structure is detailed, with population statistics and mortality statistics presented. Statistics on alcoholism mortality and causes of hospitalization are presented as well. The Nashville area alcohol/substance abuse program is presented in detail, including information on components of the program, service providers and basic benefits of the IHS mental health package.

Indian Health Service. (1995). *Indian Health Service trends in Indian health*. Rockville, MD: Indian Health Services. Available through IHS-Office of Planning and Evaluation and Legislation, Division of Program Statistics, Parklawn Bldg., Room 6-41, 5600 Fishers Lane, Rockville, MD 20857. 301-443-1180.

This publication presents tables and charts that describe the IHS program, and the health status of American Indians and Alaska Natives. Information pertaining to the IHS structure, American Indian and Alaska Native demography, patient care, and community health are included. Current and trend information are presented, and comparisons with other population groups are made, when appropriate. The tables and charts contained in the "IHS Trends in Indian Health" describe the IHS program, and the health status of American Indians and Alaska Natives. The tables and charts are grouped into six major categories: IHS structure, population statistics, natality and infant/maternal mortality statistics, general mortality statistics, patient care statistics, and community health statistics.

Ladue, R. A. (1994). Coyote returns: Twenty sweats does not an Indian expert make. Special issue: Bringing ethics alive: Feminist ethics in psychotherapy practice. *Women and Therapy*, 15(1), 93-111.

Provides a sociohistorical perspective on the trauma and loss experienced by Native people through the 500 years of North American colonization. Issues facing contemporary Native communities include alcoholism, mental health issues (such as depression, suicide, homicide, and child abuse), and the loss of tribal elders. Suggestions for ethical interventions by non-Native psychological professionals include recognizing the roles of the family, community, and traditional healer in determining problems, setting behavioral standards, and deciding on treatments. To be positive agents for change, however, psychologists, psychiatrists, and social workers must not participate in activities that promote or condone the stealing and inappropriate use of spiritual activities. These professionals must be willing to acknowledge their ignorance and avoid calling themselves "Indian experts."
Source: PsycLIT Database.

Lamarine, R. J. (1988). Alcohol abuse among Native Americans. *Journal of Community Health*, 13, 143-154.

Native Americans have experienced substantial problems with alcohol since its introduction to their culture by early European settlers. Epidemiological data indicate that elevated morbidity and mortality attributable to alcohol abuse among this population remains at epidemic levels. Adolescent drinking patterns and family and peer influences on alcohol use are examined. A wide variety of social factors appear to be implicated in Native American drinking problems. Cultural and social orientations, socioeconomic conditions, "stake theory," failure to develop social sanctions regulating drunken deportment, passive-aggressive syndromes, and emotional repression contribute to Native American alcohol abuse. Treatment regimes for Native American alcoholics are examined briefly. Nativistic movements, conversion to evangelistic religions, therapies grounded in the medical model, and Native American group oriented efforts have demonstrated varying degrees of success. Clearly, prevention would be preferable to the frustration of attempting to change the highly addictive behavior patterns characteristic of alcoholism. Suggestions for health education interventions are presented including an example of one effort currently being implemented.
Source: ETOH Database.

May, P. A., & Moran, J. R. (1995). Prevention of alcohol misuse: A review of health promotion efforts among American Indians. *American Journal of Health Promotion, 9*, 288-299.

A review of research on prevention of alcohol abuse among American Indians found that they experience many alcohol-related health problems. Indians have earlier age of first involvement with alcohol, more frequent drinking, and more negative consequences than non-Indians. Prevention programs must consider American Indian heterogeneity and cultural relevance. Individuals in the local community must be involved, the drunken Indian stereotype must be addressed, and community empowerment should be an important goal.

Source: ERIC Database.

Source: PsycLIT Database.

Moody, J. (1995). Art therapy: Bridging barriers with Native American clients. *Art Therapy: Journal of the American Art Therapy Association, 12*(4), 220-226.

Describes two years of field observations working on the Penobscot Indian reservation. Discusses three issues found to be central to effective therapeutic relationships: trust, common ground, and mutual respect and understanding. Discusses client art as it relates to Native American spirituality, values and personal growth.

Source: ERIC Database.

Moran, J. R., & May, P. A. (1995). American Indians. In J. Philleo, F. L. Brisbane, & L. G. Epstein (Eds.), *Cultural competence for social workers: A guide for alcohol and other drug abuse prevention professionals working with ethnic/racial communities* (Center for Substance Abuse Prevention (CSAP) Cultural Competence Series No. 4, pp. 3-40). Rockville, MD: U.S. Department of Health and Human Services.

Examines role of alcohol and other drugs in the lives of American Indians, explores the history of American Indians, and discusses the extent of the drug and alcohol problem in this population. Tertiary, secondary and primary prevention and treatment programs are examined, with a literature review included. Empowerment is important in designing programs for this population, as is a continual focus on local culture and the need for programs to be run by "insiders", rather than from the outside.

Muldoon, A. (n.d.). Cultural diversity as a positive force in the treatment of Native American alcohol and other drug abuse [Conference paper]. *Rural issues in alcohol and other drug abuse treatment: Award for excellence papers* (pp. 99-112). Available through Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Rockwall II, 5600 Fishers Lane, Rockville, MD 20857.

Cultural research by experts in Native American studies is examined to identify a path to overcome cultural barriers in the effective treatment of alcohol and other drug abuse. Data relevant to the incidence and prevalence of alcohol and other drug abuse is briefly summarized. The unique culture found among traditional Native Americans is explored, with a focus on value preferences and extended family relationships. The survivor syndrome theory explains perceived negative attitudes and tolerance of alcohol and other

drug abuse in Native American communities. The cultural diversity of Native Americans should be accepted, with continual education in this realm for human services workers. Cultural barriers often lead to common errors when human services workers communicate with Native Americans. These errors include stereotyping, assuming affiliation, fearing silence, discounting denial, and trust busting. Summarized research findings and conclusions support the use of information about cultural diversity as a positive force in alcohol and other drug abuse treatment. Recommendations include training in cultural diversity, supporting community outreach programs that involve whole communities, suggesting a celebration of sobriety within state and national parks, and advocating the revision of existing alcohol and other drug abuse treatment programs to reflect a more flexible attitude regarding cultural diversity.

Source; NCADI PREVline.

National Indian Welfare Association. (n.d.). *Respecting our children: A booklet about child sexual abuse and neglect for substance abuse treatment providers who serve Native Americans* [Pamphlet]. Portland, OR: National Indian Welfare Association. Available through NIWA, 3611 SW Hood St, Portland, OR 97201.

This booklet provides information about the effects of substance abuse on parenting and how it contributes to child abuse and neglect. Aimed at substance abuse treatment providers who serve Native Americans.

Nofz, M. P. (1988). Alcohol abuse and culturally marginal American Indians. *Social Casework, 69*, 67-73.

Proposes a task-centered group approach for culturally marginal American Indians with drinking problems. This approach does not prescribe specific treatment strategies, but rather offers guidelines for setting up a group structure. Recognition of the dilemmas involved in culturally marginal status, sensitivity to dominant American Indian values, and emphasis on group-related tasks are all fundamental to this approach.

Source: PsycLIT Database.

Novins, D. K., Harman, C. P., Mitchell, C. M., & Manson, S. M. (1996). Factors associated with the receipt of alcohol treatment services among American Indian adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 110-117.

Examines factors potentially associated with the receipt of alcohol treatment services among 1,681 American Indian youth in Grades 9 through 12. Data were drawn from the Voices of Indian Teens project, a 5-year, longitudinal project involving school-based survey data collection at 10 primarily American Indian schools. Three logistic regression models were developed to predict the probability of receipt of treatment, treatment recommendation, and receipt of treatment among those subjects who received a treatment recommendation. The probability of a subject receiving treatment was 15 times greater if treatment was recommended. Treatment recommendation mediated the relationship of several measures of psychological distress and alcohol use, abuse, and dependence with actual treatment. Community education about the risks, signs, symptoms, need, and mechanisms for

obtaining treatment among the youths might help alcohol-abusing individuals receive the help they need.

Source: Medline Express Database.

Pedigo, J. (1995). Finding the "meaning" of Native American substance abuse: Implications for community prevention. In R. Hornby (Ed.), *Alcohol and Native Americans*, (pp. 409-417). Mission, SD: Sinte Gleska University Press.

This article provides possible meaning for Native American chemical use within the context of a value system and external and internal cultural influences that are uniquely Native American. The discussion of Native American values focuses on a system that promotes the goals of community survival through spiritual and humanistic leadership. The author points out that the value system itself may support drug and alcohol use, but increasing adolescent inhalant use promotes instead societal disorganization. The section on Native American culture and environment addresses the struggle for survival of the Native American community and the control of the dominant society. In this context, alcohol and drug use serves as a coping mechanism. The final sections deal with the development of community based prevention strategies that promote community involvement and the need to have a stake in Native American society and consequent rewards.

Raymond, M. J. (1997). Analysis of Native American cultural practices used as a treatment modality for alcohol addiction. *Dissertation Abstracts International*, 57(7): 4722-B.

This study examined the effect of traditional Native American beliefs on subsequent change in alcoholic behavior of Indian clients in alcohol treatment programs. The sample was 123 Native American alcoholics from three Indian Health Service-funded alcohol treatment programs in California. The archival data of the study were obtained from the Alcoholism Tracking Guidance System developed by the Indian Health Service for use with individual clients. Individual responses indicating traditional beliefs were the basis for creating a traditionality scale and designating three score groups of traditional, mixed and non-traditional respondents. Mixed-model repeated measures analysis of variance was used to examine the effects of traditional beliefs on individual program completion and five indices of outcome (alcohol use, physical status, emotional status, cultural status, and spiritual status). Analysis revealed significant improvement from pre-treatment to post-treatment for all outcome variables. Traditional group membership, however, was not associated with program completion, program outcome, or an index of clinically significant change. Source: ETOH Database.

Sanchez, T. R., Plawecki, J. A., & Plawecki, H. M. (1996). The delivery of culturally sensitive health care to Native Americans. *Journal of Holistic Nursing*, 14, 295-307.

Reviews the health and illness beliefs and general guiding values of Navajo and Sioux for the benefit of providers wishing to deliver effective and culturally sensitive health care to Native American clients. Several chronic health problems (eg, alcoholism and tuberculosis) are more prevalent among Native Americans, and it is argued that providers will be more successful in treating these if they consider and understand patients' cultural beliefs. Navajo and Sioux tend to hold a holistic view of health and illness that connects

health with harmony with nature, and illness with disharmony with life. Other relevant beliefs discussed include the Five Great Values of the Sioux: generosity and sharing, respect for the older ones, getting along with nature, individual freedom, and courage. Source: Sociofile Database.

Schaler, J. A. (1996). Thinking about drinking: The power of self-fulfilling prophecies. *International Journal of Drug Policy*, 7, 187-192.

This study discusses the concepts of addiction and self-efficacy as they relate to current addiction treatment and the self-fulfilling prophecy that teaches clients that they lack the ability to moderate their drug use. The principles of the disease model of addiction are listed and, despite the fact that these beliefs dominate addiction treatment, they are consistently proved false. Beliefs based on the traditional Navajo culture offer an alternative model of addiction based on free will and positive thinking. This model supports a common sense concept of self-efficacy and promotes self-fulfilling prophecies based on positive thinking as opposed to powerlessness in determining ability to change behaviors and the political environment.

Source: *International Journal of Drug Policy*.

Simonelli, R. (1993). Alcoholic recovery and the 12 steps: White Bison presents a native view. *Winds of Change*, 8(3), 41-44, 46-47.

Describes an alcohol recovery program offered by White Bison, Inc. (Colorado Springs), that integrates the 12 steps of Alcoholics Anonymous with traditional Native American ceremonies and medicine wheel teachings symbolizing the life cycle.

Source: ERIC Database.

Sullivan, A. (1991). Elements for building a culturally specific addiction treatment program. *Alaska Medicine*, 33(4), 154-156.

Addiction treatment tailored to specific cultural, ethnic and racial groups has been recognized as optimally effective. Alaska rural and Native cultures have healing elements that serve well in addiction treatment. However, it is not sufficient to "add on" a culturally orientated group to an already well defined program. In order for these cultural elements to be fully effective the basic philosophy and orientation of that modality of the treatment program needs to be based on them. Such program development needs to be implemented in a clear, coordinated and consistent manner. It is postulated that program modalities that offer a culturally specific theoretical base will be more effective than programs based on the medical model.

Source: Medline Express.

Thin-Elk, G. (1993). Walking in balance on the Red Road. *Journal of Emotional and Behavioral Problems*, 2(3), 54-57.

Native American who entered treatment for alcohol abuse and found that conventional cures did not address cultural clash of being Indian in Eurocentric society describes alcohol

prevention and treatment program rooted in traditional Indian values and ceremonies. Describes "The Red Road," holistic approach which uses culture as therapy and addresses cognitive, affective, and experiential needs of Native American students.
Source: ERIC Database.

Walker, R. D., Lambert, M. D., Walker, P. S., & Kivlahan, D. R. (1992-93). Treatment implications of comorbid psychopathology in American Indians and Alaska Natives. Special Issue: the co-morbidity of depression, anxiety, and substance abuse among American Indians and Alaska Natives. *Culture, Medicine and Psychiatry*, 16(4), 555-572.

Discusses treatment implications of comorbid psychopathology research on 290 urban American Indian and Alaska Native families in the context of the Indian Health Service's Mental Health and Alcohol Substance Abuse Program Branches. The focus is on risk and protective factors predictive of the onset of alcohol and drug use and subsequent problems in Indian adolescents. Treatment of comorbidity is seen as difficult due to numerous barriers to treatment and a poorly defined treatment system. The extent of comorbidity in this population is described, a historical perspective on Indian mental illness is provided, and the Western and traditional treatment implications for comorbidity among adults and adolescents are discussed.
Source: PsycLIT Database.

Wasinger, L. (1993). The value system of the Native American counseling client: An exploration. *American Indian Culture and Research Journal*, 17(4), 91-98.

Examines several values of Native American clients that may influence the counseling process. Discusses counselor attitudes, behavior, and cultural sensitivity. Presents a story that dramatizes possible conflicts inherent in the situation of a young Native American male who migrates from the reservation to the city and goes to an "Indian Center" for educational and employment assistance.

Weibel-Orlando, J. (1989). Hooked on healing: Anthropologists, alcohol and intervention. *Human Organization*, 48(2), 148-155.

Questions the scientific vigor of the use of indigenous healing practices as a possible alternative to substance abuse intervention, based on field observations of 50 Native American substance abuse intervention programs over 8 years. Topics discussed include a historical overview of indigenous healing advocacy and a critique of cultural relativism as applied to substance abuse intervention. It is suggested that anthropologists are particularly qualified to develop culturally appropriate treatment outcome measures and research strategies for studying the efficacy of indigenous healing practices in substance abuse intervention.
Source: PsycLIT Database.

Weibel-Orlando, J. (1989). Treatment and prevention of Native American alcoholism. In T. D. Watts & R. Wright, Jr. (Eds.), *Alcoholism in minority populations* (pp. 121-139). Springfield, IL: Charles C. Thomas.

The historic clinical, social, and legal responses to the deleterious effects of alcohol abuse among North American Indians and current methods of alcohol abuse interventions used to treat the problem are reviewed. Factors limiting optimal assessment of treatment effectiveness are also identified. The design and results of the Indigenous Alcoholism Treatment Strategies Project, implemented in 1981 by NIAAA, is also described. This project, which included 52 alcoholism treatment programs that differed according to staff ethnicity, strength of Alcoholics Anonymous affiliation, type of counselor training, treatment and counseling techniques, cultural accommodation, and level of cooperation with tribal leaders and traditional healers, lasted until 1983. The results of 26 rural and urban programs used in South Dakota and Northern California are reported. The relative efficacy of several treatment modalities used during the project are described, including the Medical Model, the Psychosocial Model, the Assimilative Model, the Culture-Sensitive Model, and the Syncretic Model. The overall results of the project remain unclear because of inadequate documentation of posttreatment abstinence from alcohol consumption. The need for well-designed followup studies of the efficacy of alcoholism treatment among North American Indians is stressed. Analysis of the healing community approach to alcoholism treatment among Indians is also suggested.

Westermeyer, J. (1996). Alcoholism among New World peoples: A critique of history, methods and findings. *American Journal on Addictions*, 5, 110-123.

This review of the literature focuses on alcoholism among American Indian peoples. It is a critical review aimed at elucidating methodological problems, establishing areas of relatively firm knowledge, and identifying gaps in our knowledge. The first two sections cover nonclinical areas: historical and anthropological studies of American Indian alcohol use, and the nature and extent of alcoholism among various American Indian peoples. The remaining sections emphasize clinically related areas: clinical epidemiology, intervention methods and outcomes.

Source: ETOH Database.

Wetsit, D. (1994). American Indian higher education curriculum: A counseling case study. *Tribal College*, 6(3), 33-37.

Describes a counselor-training model focusing on American Indian students developed by the University of Montana's Educational Leadership & Counselor Education Graduate Program. Reviews course design and content and refers to resource materials to initiate further dialogue about the content of culture-specific curricula addressing American Indians.

Wiebe, J., & Huebert, K. M. (1996). Community mobile treatment. What it is and how it works. *Journal of Substance Abuse Treatment*, 13, 23-31.

In 1984, Paul Hanki of Prince George, British Columbia, Canada, developed community mobile treatment, an innovative approach to substance abuse treatment in Native communities. The feature that distinguishes community mobile treatment from most other forms of treatment is the strong emphasis on community involvement. Before an actual treatment program is implemented, the community must acknowledge that a substance abuse problem exists and be committed and involved in addressing the problem. Once a

community is mobilized, a 21 to 28 day intensive alcohol and drug treatment program for substance abusers and their families is brought into the community. Since its inception in 1984, community mobile treatment has been implemented in approximately 17 Canadian communities. The few evaluations that have been conducted suggest that this approach holds much promise in reducing alcohol and drug-related problems. This article reviews the existing documentation and provides a comprehensive description of this unique approach.

Source: MedLine Express.

Wierzba, J. D. (1989, October). *Bridging the gap: Counselling strategies in a cross-cultural context*. Paper presented at the National Symposium on Aboriginal Women of Canada, Lethbridge, Alberta, Canada.

Cultural awareness enlarges the world view of traditional counseling methodologies that teach that the dominant society's values are the health norms to use in assessing and assisting ethnic groups. A dominant society counselor or therapist can be more effective in helping members of other groups by utilizing self-awareness and developing a degree of understanding of and respect for the client's cultural environment and perceptual framework. Values and beliefs of various native groups are different, just as a sharp distinction within the dominant culture exists between urban and rural lifestyles and values. Understanding the major Pan-Indian values in relationship to equivalent contemporary dominant values will enable the counselor to delineate potential problem areas within the framework of a culture clash. Indian values that vary from the values of the dominant culture are: (1) harmony and balance in self-perception and unity of mind-body-thinking-feeling-spiritual beliefs; (2) harmony and balance in perception of the world, belongingness with nature; (3) present orientation, working for present needs; (4) cooperation; (5) sharing; (6) respect for age; (7) stoicism, outer control; (8) humility, humor at self; and (9) clearly defined sex roles. This paper provides detailed advice on counseling Native Americans based on the author's personal experience in cross-cultural therapy.

Source: ERIC Database.

Wing, D. M., Crow, S. S., & Thompson, T. (1995). An ethnonursing study of Muscogee (Creek) Indians and effective health care practices for treating alcohol abuse. *Family and Community Health, 18*, 52-64.

Examined the barriers to seeking and obtaining care for alcoholism and alcohol-related problems among the Muscogee Indians. Leininger's theory of cultural care diversity and universality provided the theoretic framework for this study. Interviews were conducted on 390 Muscogee community members, and ethnonursing was used to elicit descriptions and explications of individual meanings and interpretations. Nontraditional Muscogee perceived drinking as a serious threat to spirituality, while traditional people believed that alcoholism was caused by a lack of spirituality. Admission of alcohol abuse causes embarrassment and shame, which obstructs the seeking of help. Family strength and cohesiveness can be detrimental as well as supportive. Developing trust and intimacy with strangers requires time and experience in Muscogee, and the practice of humility and cultural lifeway hinders the Western-oriented alcoholism treatment.

Source: PsycLIT Database.

Wing, D. M., & Thompson, T. (1995). Causes of alcoholism: A qualitative study of traditional Muscogee (Creek) Indians. *Public Health Nursing, 12*, 417-423.

Traditional Native American people are experiencing serious health, economic, and social problems resulting from alcoholism. Native Americans maintain a worldview of health and illness that conflicts with the dominant culture's approach to treatment. The purposes of this study were to describe the health beliefs of traditional Muscogee (Creek) Indians concerning the causes of illness and learn how these beliefs relate to alcoholism. The researchers conducted in-depth interviews of 55 traditional Muscogee (Creek) participants to learn traditional beliefs about illness and alcoholism. Data were analyzed using content analysis. Results indicate that both illness and alcoholism are perceived as having natural and unnatural (supernatural) causes. A challenge facing nurses is how to provide culturally sensitive care when clients' and nurses' beliefs about the cause of alcoholism may be in conflict. The authors discuss preservation, accommodation, and repatterning of health care beliefs as a basis for planning culturally sensitive nursing care.
Source: Medline Express.

Yellowthunder, L. (1981). Some thoughts on American Indian and Alaska native chemical use. *White Cloud Journal, 2*(3), 35-36.

The use of alcohol by American Indians and Alaska natives is explained in terms of the broken circle of their cultures and societies. Recovery from alcohol dependency can be based on the Indian traditions of caring and sharing and strong social support.

Chapter 9
Culturally Competent Prevention

Amodeo, M., Wilson, S., & Cox, D. (1995). Mounting a community-based alcohol and drug abuse prevention effort in a multicultural urban setting: Challenges and lessons learned. *Journal of Primary Prevention, 16*, 165-185.

Offers some guidelines to help planners and community groups anticipate challenges in implementing community-based alcohol and drug abuse prevention programs in multicultural urban environments. Empowerment and public health goals are described as essential elements. Methods are recommended for capacity-building with inexperienced participants and balancing long and short-term goals in embattled communities. A case study is offered of an alcohol and drug abuse prevention project in Maine.

Source: Sociofile Database.

Baldwin, J. A., Rolf, J. E., Johnson, J., Bowers, J., Benally, C., & Trotter, R. T. (1996). Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth. *Journal of School Health, 66*, 322-327.

In 1990, researchers and health care professionals joined with members of several southwestern Native American communities to form an HIV/AIDS and substance abuse prevention partnership. Culturally sensitive approaches to theory-based interventions were developed into highly replicable, structured, school-based and community-based intervention programs. Process evaluations indicated high levels of program acceptance and fidelity. Outcome evaluations demonstrated significant positive preventive intervention effects among participants. This article reports how NAPPASA school prevention curricula were developed and discusses three critical processes in developing these successful curricula: 1) selection of integrative theory to address the multi-dimensional antecedents of HIV/AIDS and substance abuse among Native Americans, 2) use of ethnographic methodology to obtain intensive input from target groups and community members to ensure cultural and developmental sensitivity in the curriculum, and 3) use of process and outcome evaluations of pilot and field trials to develop and optimal curriculum.

Source: Medline Express.

Bernard, B. (1991). *Moving toward a "just and vital culture": Multiculturalism in our schools*. Portland, OR: Northwest Regional Educational Laboratory, Western Center for Drug-Free Schools and Communities.

This paper addresses the key findings of a previous study exploring the relationship between ethnicity and substance abuse and discusses them in relation to the school's role in prevention. Substance abuse cannot be addressed in ethnic communities without also addressing poverty, lack of adequate housing, health and child care, education, employment, and the underlying ethnic groups and racism. Since educational institutions have traditionally been a stepping stone for underprivileged minority groups, schools have a role to play in adopting policies and programs demonstrating an appreciation for our rich cultural heritage. Components for creating a multicultural school environment are as follows: (1) active involvement of the school community, including representatives from ethnic groups in the school; (2) a school policy committed to all students successfully receiving an education affirming human diversity; (3) redistribution of power within the school and classrooms to include cooperative learning, peer resource programs, cultural sensitivity training, and instruction in the rules of the culture of power;

(4) high expectations by teachers for ethnic minority youth; and (5) infusing curricula with multicultural content, valuing primary languages, avoiding the labels of ethnic-specific learning styles, and hiring ethnic minority teachers when possible. Key findings from "Prevention Research Update Number Two" for Asian American, Black, Hispanic, and Native American youth are summarized in four lists.

Source: ERIC Database.

Botvin, G. J., & Scheier, L. M. (1997). Preventing drug abuse and violence. In D. K. Wilson, J. R. Rodrigue, & W. C. Taylor (Eds.), *Health promoting and health-compromising behaviors among minority adolescents* (Vol 3, pp. 55-86). Washington DC: American Psychological Association.

This chapter summarizes the research on effective school-based approaches to drug abuse prevention and discusses prevention models with dual applicability to drug abuse and violence in racial and ethnic minority adolescents. The prevalence and current trends in drug abuse and violence, separately and co-occurring, are described. The theoretical framework for understanding violence-and drug abuse-related behavior is illustrated by a diagram showing key areas for developmental change and individual growth, and how risk factors and processes and hypothesized psychological filters affect that growth. Specific interventions are discussed, and a major approach to drug abuse prevention called Life Skills Training (LST) is described as it has been used with Hispanic and Black youth. An adaptation of LST is described that used a school and parent intervention and included material specific to the prevention of aggression and violence. It is concluded that LST is an effective approach to dealing with both substance abuse and violence in adolescents, which are behaviors that appear susceptible to the same risk factors.

Brown, L. S. (1992). Alcohol abuse prevention in African-American communities. *Journal of the National Medical Association*, 85, 665-673.

Alcohol abuse prevention in African-American communities is discussed. This article is part of a presentation at a meeting of the Working Group on Alcohol Prevention Research in Minority Communities, which took place in Washington, D.C., May 18-19, 1992. Section headings in this article include: (1) heterogeneous communities; (2) incidence and prevalence issues; (3) specific prevention research issues; and (4) recommendations. It is recommended that research should clearly define specific cultural subpopulations of African-Americans; should include comparative studies among subpopulations; should pay attention to methodology; should be directed at those factors associated with successful prevention outcome; and should consider issues of racial identity and cultural differences. Source: CSAP Substance Abuse Resource Guide: African Americans.

Drug abuse prevention with multiethnic youth. (1995). Thousand Oaks, CA: Sage Publications.

This publication examines the connection between race/ethnicity and drug abuse and investigates how understanding this connection can play a role in the development of prevention programs for multiethnic youths. The first chapters review the terms ethnicity and ethnic identity and their representation in drug abuse research, considering specific problems and challenges that confront researchers who study substance abuse in minority

communities. The work goes on to focus on drug use prevalence rates and observed racial/ethnic differences in adolescent drug use. It concludes with comprehensive analyses of models of drug abuse prevention in a variety of settings -- in the family, schools, communities and homeless shelters.

Source: Office of Minority Health Resource Center Database.

Ecology of alcohol and other drug use: Helping Black high-risk youth. (1990, October). Conference proceedings from the Howard University, School of Human Ecology, Human Ecology Forum held in Washington, DC. Washington, DC: Howard University School of Human Ecology. Available through NCADI, PO Box 2345, Rockville, MD 20852. 800-729-6686.

The goal of this forum was to formulate a definitive model for primary prevention focusing on Black high-risk youth. Several chapters are devoted to identifying the special attributes and innovative approaches that are suitable and relevant for use with multicultural and other very vulnerable youths. It also covers coalition building and strategy development at the community level. Several programs from the Washington, DC and Baltimore, MD areas are described.

Source: Office of Minority Health Resource Center Database.

Hernandez, L. P., & Lucero, E. (1996). DAYS La Familia community drug and alcohol prevention program: Family-centered model for working with inner-city Hispanic families. *Journal of Primary Prevention, 16*, 255-272.

Despite national prevention efforts, substance abuse is increasing among Hispanics. The need for better prevention models that address poor Hispanics is recognized by both researchers and service providers. This article describes La Familia, a community-based prevention program against alcohol, tobacco and other drug use that is targeted to Hispanic families with high-risk youth 6 to 11 years old. The program, sponsored by the Denver Area Youth Services, attempts to reduce identified risk factors while enhancing culturally relevant protective factors. Over a two-year period the program enrolled 219 youths and their families through existing community networks and aggressive outreach efforts. The program's retention rate is 92 percent, and its attendance rate is over 80 percent per session. The authors report that the program has made families more willing to discuss alcohol, tobacco, and other drug issues openly and to take positive steps toward empowerment.

Source: ETOH Database.

Langton, P. A., Epstein, L. G., & Orlandi, M. A. (Eds.). (1995). *The challenge of participatory research: Preventing alcohol-related problems in ethnic communities*. (Special collaborative NIAAA/CSAP monograph based on a NIAAA conference May 18-19, 1992). Rockville, MD: Center for Substance Abuse Prevention.

This volume provides both theoretical and practical applications to the field of alcohol prevention research and its applications related to the field of alcohol prevention research and its responsiveness to the pressing concerns of the US's diverse ethnic and racial communities. An underlying premise of this volume is that prevention research must be based upon a clear understanding of the cultural factors that influence the processes of

prevention research and the development of community prevention interventions. Material is organized into five parts: (1) Introduction and overview; (2) Cultural issues in community-based prevention research; (3) Conceptual and methodological issues in community-based prevention research; (4) Case studies of alcohol prevention research in ethnic/racial communities; and (5) Framing the research agenda.
Source: ETOH Database.

Navarro, J., Wilson, S., Berger, L. R., & Taylor, T. (1997). Substance abuse and spirituality: A program for Native American students. *American Journal of Health Behavior, 21*, 3-11.

This report describes an innovative substance abuse prevention program for Native American students entitled "The Natural Connection." The program addressed cultural traditions, tribal history, and spirituality as avenues toward improving self-esteem. This program involves readings, classroom discussions, Native American ceremonies, and student projects. A number of "concerns" expressed by the students are addressed. A comprehensive prevention program must include not only a school-based curriculum but also individual counseling, specific health services, community involvement, and environmental changes. Recognition of the complexity of issues confronting young people and their individual diversity must be essential aspects of this educational approach. It is hoped that this model of promoting spirituality and cultural traditions can successfully reduce substance use among students with different tribal backgrounds.
Source: ETOH Database.

Silvern, J. (Ed.). (1991). Strengthening youth and family resistance to alcohol and other drug abuse. Special focus. *Family Resource Coalition Report, 10*(3). Available through Family Resource Coalition, Chicago, IL.

This newsletter issue highlights a variety of successful youth, family, and community program models that have been developed to curb substance abuse, lessen risk factors, and strengthen protective and supportive resources for individual and their communities. Topics include: a systems approach to the prevention of alcohol and other drug problems; ethnic diversity and the involvement of parents in preventing adolescent substance abuse; and American Indian families build new strengths on ancient traditions.
Source: ERIC Database.

Young, T. J. (1993). Alcoholism prevention among Native American youth. *Child Psychiatry and Human Development, 24*, 41-47.

It is argued that although Native Americans represent a diverse population, alcoholism prevention programs should apply general knowledge of alcohol use and misuse, rather than search for extraordinary cultural factors. Such an approach is described that emphasizes the importance social relationships, peer group associations, family interactions, and individual adjustment in the prevention of alcoholism.
Source: Sociofile Database.