

REPORT OF THE CALIFORNIA BOARD OF PSYCHOLOGY

Accomplishments of the Work Group Focused on Human Diversity

(Approved by the Board of Psychology May 8, 2004)

CONTENTS

I.	Process Used in Establishing and Facilitating the Group	1
II.	Support for the Work Group Process	2
III.	Basics Guidance Given to the Group	2
	A. Framing of the Work	2
	B. Starter outline	3
	C. Information on What are Other Boards are Doing	3
	D. Work Group Member Recommendations Related to Tasks 2 and 3	3
IV.	Work Group Accomplishments	4
V.	Next Steps	5
VI.	Outline: Diversity Competence for Psychological Practitioners: Eliminating Disparities in Psychological Practices	6
Appendices		
A.	Work Group Members	9
B.	Some Guiding Resources	10
C.	A Few Additional Resources for the Human Diversity Initiative	12
D.	N.Y. State Guidelines Regarding the Education and Training of Psychologists for Practice in a Pluralistic Society	15
E.	Responses from Other Boards	17
F.	Work Group Member Comments	18

*Of all the forms of injustice
discrimination in health care is the most cruel.*
Martin Luther King Jr.

To help pursue its objective of enhancing the focus of licensed psychologists on matters related to human diversity, the California Board of Psychology decided to establish a work group. This report summarizes the process used by and the accomplishments of the group.

I. Process Used in Establishing and Facilitating the Group

With respect to the current objective of the Board to enhance the focus of licensed psychologists on matters related to human diversity, the assistance of those with relevant expertise was sought. The Board generated a list of potential volunteers; a letter of invitation from the Board was sent out asking if the individual would be willing to contribute time to help address this important matter. Initially, 28 invitations were sent out; most accepted. Several others were added to the list subsequently as a result of a recommendation or through direct application after hearing about the group from a colleague. One participant dropped out along the way. The final list of ongoing volunteers consists of 24 (see Appendix A), with about two-thirds providing specific suggestions related to at least one of the group's tasks.

At the beginning of the process, work group members were informed that:

- (1) the intent was for the group to share of ideas, information, and drafts via email and that the time involved would only be a few hours spread over a couple of months,
- (2) the process would be facilitated by the chair of the Board's continuing education committee,
- (3) specific tasks would be:
 - (a) Task 1 – clarifying a guiding framework outlining the content for continuing education on human diversity,
 - (b) Task 2 – recommending how such continuing education should be delivered (e.g., should it be mandatory or voluntary? should it be offered in a web-based or workshop format? etc.),
 - (c) Task 3 – offering recommendations about any other consumer-relevant matters that the board should consider to better address concerns about diversity as it applies to the practice of psychology.

II. Support for the Work Group Process

The Center for Mental Health in Schools at UCLA provided support for the workgroup process. This took several forms. Center staff contributed by

- amassing resource information. The Center used its email list (consisting of about 10,000 professionals across the country) to request input about relevant resources. This generated two nice resource lists, which were sent to the workgroup, which were revised based on input from the work group (see Appendices B and C);
- analyzing available resources;
- generating a starter outline as a stimulus for the workgroup;
- identifying some basic guidance information;
- analyzing the input from the workgroup and then revising the outline;
- eliciting and summarizing responses to tasks 3b and c noted above;
- preparing the progress report;
- drafting and eliciting work group feedback on the final report,
- incorporating feedback into the final report delivered to the Board.

III. Basics Guidance Given to the Group

A. Framing of the Work

The following was sent to each work group member:

“Clearly, the work group members are well-versed in their specific areas of expertise. As a way of providing some common frames of reference, the following suggestions were made to group members as the process began:

(1) Start with a broad perspective

(a) With respect to addressing human diversity in psychological practice, Hansen, Peppitone-Arreola-Rockwell, and Greene (2000) stress that:

- *awareness and knowledge of how age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language and socioeconomic status* are crucial dimensions of an informed professional understanding of human behavior,*

and practitioners must develop the

- *clinical skills necessary to work effectively and ethically with ... diverse individuals and communities.*

(Hansen, N.D., Peppitone-Arreola-Rockwell, F., & Greene, A.F. (2000). Multicultural competence: Criteria and case examples. *Professional Psychology: Research & Practice*, 31, 652-660)

*As can be seen in the work group outline, others have expanded the list of relevant forms of diversity that must be addressed.

(b) See the lists of guiding resources and references provided by Center users and supplemented by the Center and work group members (Appendices B and C).

(c) See also the rationale statement about practicing psychology in a pluralistic society offered by the Office of Professions in NY State (see Appendix D).

- (2) The task is that of developing an outline that exemplifies what would be an appropriate and feasible continuing education foundational module for CA licensed psychologists. The module should be comparable to others that are taken to fulfill the 36 unit requirement for license renewal.”

B. Starter outline

The process began with a “starter” outline to provide a stimulus to move the process forward. The essence of the work group instructions was:

If you already have a good outline, ignore the attached one and send in yours. Otherwise, either generate your own outline or rework the starter outline and email it back so that a synthesis can be developed and sent out for final editing. Remember: The intent is to provide an overview of arenas for developing competence. Think in terms of an outline for a course that introduces the “big picture.” In-depth learning related to any of the main points might be the focus of subsequent continuing education. With this in mind, the “starter” outline is kept at fairly abstract levels at this point in the process (i.e., first two levels of outlining). However, we can go to the next level after we have established the main arenas to be covered.

The due date for input on the Starter Outline was January 16th. The feedback was analyzed and the outline revised. The revised outline was sent to the group with the following instructions:

“Even though some input suggested fleshing out aspects of the outline, at this stage it is still being kept at a general level in order to be certain none of the big picture/overview points are missed. (With respect to greater specificity, it has been suggested some of you may be interested in volunteering to flesh out a particular topic. Indeed, one work group member already did so with respect to historical perspectives.) If you are interesting in fleshing out a particular topic, please feel free to do so, and it will be included as an example of an expanded outline. However, before doing so, please see if you want to make any final changes in the general outline. If you make changes, please send them back by the end of the January.”

By the beginning of February, the task of generating a proposed guiding framework outlining the content for continuing education on human diversity was achieved.

C. Information on What are Other Boards are Doing

Tom O’Connor, the Board’s Executive Director contacted other states and provinces to find out if they have addressed this matter already. What he received was passed on to the workgroup for their information (see Appendix E).

D. Work Group Member Recommendations Related to Tasks 2 and 3.

With the outline relatively completed, a progress report was presented to the Board at its February meeting. The work group was asked at the beginning of February to address the other two tasks formulated by the Board (with a mid-February deadline set for input):

Task 2 – recommend how such continuing education should be delivered (e.g., should it be mandatory or voluntary? should it be offered in a web-based or workshop format? etc.)

Task 3 – offer recommendations about any other consumer-relevant matters that the board should consider to better address concerns about diversity as it applies to the practice of psychology.

Note: Throughout the process, group members suggested additional resources, and these were added to a revised resource list appended to this report.

Based on the input received by the end of February and again after an additional revision, the Center staff made a few additional changes in the outline, summarized the list of work group recommendations, and compiled this report for the Board.

IV. Work Group Accomplishments

As can be seen in Part VI of this report, the work group generated a comprehensive outline for a broad-focused, introductory course. It provides a “big picture” perspective related to *human diversity* and psychological practice. Individuals whose graduate school experiences has not provided such a *broad, foundational* introduction are seen as needing a continuing education experience focused on developing general awareness and knowledge and foundational skills related to the topics covered in the outline.

As can be seen in Appendix F, work group members shared a variety of perspectives with respect to the question:

How should such continuing education be delivered (e.g., should it be mandatory or voluntary? should it be offered in a web-based or workshop format? etc.) ?

Of the 24 work group members, 15 voiced no opinion on this matter; five indicated that such a course should be mandatory; four argued against this, with two of these stating that the content should be part of every course that is approved for continuing education credit. The idea of a web-based course was both supported and criticized.

Suggestions for sharing the outline included

- publish it in the Board newsletter and on the website
- send it to in-state academic training directors and encourage them to incorporate it into their programs
- share it at local psychology association meetings

There was considerable consensus among the eight work group members who responded with *recommendations about any other consumer-relevant matters that the board should consider to better address concerns about diversity as it applies to the practice of psychology* (see Appendix F).

A few excerpts convey the substance:

- “It would really be helpful to be able to have information along with registered complaints sensitive to the many languages in the State. The languages should be based on population size (largest having greatest priority) and need (high risk populations). ...informed consent can be misunderstood and threatening to some ethnic clients who are unfamiliar with psychotherapy.”
- “...translating information in some of the major languages here in California that could be made available on a web site would be one important way. I think public education about the function of the Board and the various services available would be a great help ...”

- “The BOP should initiate a media campaign wherein their embrace of multiculturalism/diversity is communicated clearly. Every brochure, poster, newsletter, etc. originating from the BOP should reflect their commitment to making multiculturalism/diversity a household word and standard practice. Perhaps the California Board of Psychology could partner with APA (specifically during Ron Levant's presidency) to develop a media blitz in this area. ...”
- “... Perhaps translation ... could be accessed on the BOP website and downloaded for individual/agency use as needed versus broad printing/distribution. This would enable translation in many languages with relatively minimal costs (translation expenses) and initially enable the BOP to address this important area.”
- “... I would like to see a bill of rights and reasonable expectations for consumers in terms of personal, linguistic and cultural respect they should demand from their therapist, consultant or evaluator.”

V. Next Steps

- (1) The Board will receive this report in time for it to be including on the agenda for the May meeting.
- (2) After a general discussion by the Board, the Continuing Education committee will be instructed as to how to use the input from the work group and will provide a progress update at the August meeting.
- (3) The Center for Mental Health in Schools at UCLA will send copies to its email list as a way of sharing the work group's product and as a stimulus that will provide another opportunity for input from across the country.
- (4) Letters of appreciation will be sent by the Board to all work group members.
- (5) In keeping with the Board's strategic plan, the Continuing Education committee will incorporate recommendations about the focus on Human Diversity into its upcoming review and analysis of current California regulations for continuing education.
- (6) As always, all actions will be subject to comment from the field.

VI. Outline

Diversity Competence for Psychological Practitioners:¹ Eliminating Disparities in Psychological Practices (3/1/04)

The following outline is meant to provide an overview of general arenas relevant to practitioner competence in understanding and addressing human diversity among clients. One way to think about the outline is in terms of a broad-focused, introductory course designed to provide a “big picture” perspective related to *human diversity* and psychological practice for individuals whose graduate school experiences may not have provided a *broad, foundational* introduction. The emphasis is on enhancing general awareness and knowledge and introducing foundational skills through a continuing education experience.

In-depth learning related to any of the main points is seen as a focus for *subsequent* continuing education. For example, practitioners working with a specific ethnic or socioeconomic group might pursue continuing education focused specifically on enhancing knowledge, skills, and attitudes/values related to that group.

General Outline

- I. Toward an Informed, Functional Understanding of the Impact of Diversity on Human Behavior and a Respect for Differences – in the Context of Professional Practice
 - A. Diversity and Professional Competence: Definitional Considerations, Historical Perspectives, and Contemporary Impact (benefits and costs to individuals, groups, society)
 - B. Enhanced Awareness of the Multiple Forms of Human Diversity* (including within group diversity) and How Such Factors Affect Consumer and Practitioner Attitudes, Values, Expectations, Belief Systems, World Views, Actions, and Mental Health
 - *Key examples of relevant forms of diversity identified in research include: age, gender, race, ethnicity, national origin, migration and refugee status and experiences, religion, spirituality, sexual orientation, disability, language, socioeconomic status, education, group identity, communication modality, level of acculturation/assimilation, developmental stages, stages of ethnic development, family and lifestyle, popular culture, workplace culture, etc.
 - C. How Consumer-Practitioner Contacts, Relationships, and Interactions are Affected by Diversity Concerns – Stereotypes and Biases (racism, sexism, gender bias, ethnocentrism, ageism, etc. etc.); Similarities and Differences; Oppression, Marginalization, and Victimization; Blaming the Victim
 - D. Mental Health (strengths/assets), Psychosocial Problems, Mental Illness, and Psychological Intervention/Treatment as Viewed by Diverse Groups
 - E. How are Human Diversity and Related Power Differentials Accounted for in Intervention Theory and Research and What are the Prevailing Disciplinary and Field Biases?
 - F. The Role Played by Public and Personal Health Agendas, Political and Societal Agendas Related to Demographics and Equity, Cultural Beliefs, Religion, and

¹The CA Board of Psychology has undertaken the task of determining what type of continuing education is appropriate for enhancing the focus of licensed psychologists on matters related to human diversity. This draft outline was developed by a volunteer workgroup of psychologists as an aid for the Board’s deliberations. The list of workgroup participants is in Appendix A of the Report to the Board.

II. Ethical and Legal Considerations

- A. Relevant APA Guidelines (e.g., on *Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists; Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients*)
- B. Special Informed Consent Concerns
- C. Ensuring Use of Best Practices in Accounting for Diversity (including consideration of culturally meaningful alternatives, one's limitations, and how to avoid and minimize iatrogenic effects related to diversity considerations)
- D. Reduction of Disparities in Care; Equity of Access
- E. Special Boundary, Transference, and Counter-transference Concerns
- F. Americans with Disabilities Act and Individuals with Disabilities Education Act
- G. Regulatory and Accreditation Issues (e.g., U.S. Dept. of Health and Human Services Recommended Standards for Culturally and Linguistically Appropriate Health Care Services; related state legislation)

III. Enhancing General Competence related to Diversity Considerations

- A. Strategies to Enhance Understanding/Awareness of and Address Personal and Professional Biases and Provide Appropriate Intervention
- B. Strategies for Creating an Environment Conducive to Addressing Diversity Concerns (including accounting for family and community context)
- C. Adapting Communication Strategies to Address Diversity (including use of interpreters) – in keeping with U.S. DHHS's National Standards for Culturally and Linguistically Appropriate Services in Health Care
- D. Identifying Client Preferences and Concerns (and Taboos) Related to Diversity
- E. Assessing Client Perceptions of the Intervener and Intervention Approach and Enhancing Credibility
- F. Avoiding Misinterpretation of Behavior that is Normative for a Subgroup
- G. Strategies to Avoid Blaming the Victim and Perpetuating Inequities
- H. Understanding Conflict Stemming from Within Group Diversity and Relevant Strategies to Address Such Conflict
- I. Rebounding from Diversity Breaches

IV. Implications of Diversity for Assessing and Diagnosing Psychosocial Problems and Psychopathology

- A. Understanding of Referral Problems, Symptoms, Culture Bound Syndromes (as in Appendix of DSM-IV), Interaction of Physical and Mental Health Conditions, and Applicability of Prevailing Diagnostic Schemes and Classification Labels in Relation to Specific Groups (including clarification of prevailing biases)
- B. Concerns that Arise Across Groups and General Adaptations
- C. Specific Group and Intra-group Concerns and Specific Adaptations
- D. Importance of Prediagnosis Interventions
- E. Use of Responses to Intervention to Detect False Positives and False Negatives

V. Implications of Diversity for Intervention

- A. Prevention (protective buffers; resiliency; family and community collaboration)
- B. Concerns that Arise Across Groups and General Adaptations
- C. Specific Group and Intra-group Concerns and Specific Adaptations
- D. Negotiating Conflicts in the Practitioner-Consumer Relationship
- E. Referral and Pluralistic Intervention Considerations
- F. Care Monitoring and Management Considerations
- G. Identifying and Addressing Biases
- H. Quality Control and Evaluation of Progress

VI. Implications for Supervision

- A. Concerns that Arise Across Groups and General Adaptations
- B. Specific Group and Intra-group Concerns and Specific Adaptations
- C. Identifying and Addressing Biases and Conflicts in Supervisor-Supervisee Relationship (and the Supervisee-Client Relationship)
- D. Enhancing the Diversity of the Pool of Supervisors

Appendix A

Work Group Members

The following are those who volunteered for the CA Board of Psychology Work Group on Continuing Education Related to Human Diversity.

Jorge Cherbosque (ETC – Erlich Transcultural Consultants)
Curtis Chun
Celia Falicov (UCSD)
Terrie Furukawa (UC Santa Barbara)
Beverly Greene
Steve Lopez (UCLA)
Jeanne Manese (UCSD)
Hector Myers (UCLA)
Thomas Parham (UC Irvine)
William Parham (UCLA)
Manuel Ramirez, III (Univ. of Texas at Austin)
Joachim Reimann (Professional & Personal Excellence International)
Jeffrey Ring (Family Practice Residency Program, White Memorial Medical Center)
Emil Rodolfa (UC Davis)
Dolores Rodriguez-Reimann (Professional & Personal Excellence International)
Anita Rowe (Gardenswartz and Rowe)
Daryl Rowe (Pepperdine Univ)
Gloria Saito (UC Berkeley)
Seetha Subbiah (EMQ Children & Fam. Serv.)
Stanley Sue (UC Davis)
Carol Tanenbaum (Global Children’s Org.)
Dorothy Tucker
Melba J. T. Vasquez (Anderson House at Heritage Square, Austin, Texas)
Anthony Zamudio (USC)

Representing the Board of Psychology throughout the process were:

Howard Adelman (Chair, Continuing Education Committee)
William Thomas (Continuing Education Committee)
Thomas O’Connor (Executive Director)
Jeff Thomas (Asst. Executive Director)

The work group process was facilitated by the
Center for Mental Health in Schools at UCLA.

Appendix B

Some Guiding Resources

Work group members were asked to use the following as resources to guide their efforts:

- >American Psychological Assoc. (2003) Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377-402.
- >American Medical Student Association has a one year model curriculum entitled: *Promoting, Reinforcing and Improving Medical Education Culture and Diversity Curriculum* (Topics and Core Competencies). <http://www.amsa.org/programs/diversitycurriculum.cfm>
- >Office of Professions, NY State Education Department, *Guidelines Regarding the Education and Training of Psychologists for Practice in a Pluralistic Society*. <http://www.op.nysed.gov/psychpluralguide.htm>
- >Jean Gilbert's work with the California Endowment has produced several important documents that have direct relevance to developing continuing education for licensed psychologists and other mental health professionals.²

See:

- >>Principles and Recommended Standards for Cultural Competence Education of Health Care Professionals (2003) http://www.calendow.org/pub/publications/principles_standards.pdf
- >>A Manager's Guide to Cultural Competence Education for Health Care Professionals (2003) http://www.calendow.org/pub/publications/managers_guide.pdf
- >>Resources in Cultural Competence Education for Health Care Professionals (2003) http://www.calendow.org/pub/publications/resources_book.pdf
Contents of the resources document:
 - I. Policy Statements and Standards
 - II. Cultural Competence Guidelines and Curricula Designed for Health Care Professionals
 - A. Models for Culturally Competent Health Care
 - III. Guidebooks and Manuals
 - IV. Assessing the Cultural Competence of Organizations and Health Care Personnel
 - A. Personal Assessments
 - B. Culturally Appropriate Patient Assessments
 - V. Resource Articles, Books and Reports
 - VI. Videos and CD-ROMs
 - VII. Journals
 - VIII. Web Sites
- >U.S. Surgeon General's Office (2001). *Mental Health: Culture, Race, Ethnicity*. Supplement to Mental Health: Report of the Surgeon General. <http://www.mentalhealth.samhsa.gov/cre/default.asp>
- >Diversity content in the Accreditation Standards for Council of Social Work Education <http://cswe.org/>

²Special thanks goes to Jean Gilbert who shared a great deal from her own and others work. Her work with the California Endowment has produced several important documents that have direct relevance to developing continuing education for licensed psychologists and other mental health professionals

- >NASW Standards for Cultural Competence in Social Work Practice
http://www.socialworkers.org/sections/credentials/cultural_comp.asp
- >Institute of Medicine (2002). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. This work contains material relevant to training of healthcare professionals.
<http://www.nap.edu/books/030908265X/html/>
- >American Psychological Assoc. (1998). *Expanding the Psychology Curriculum: An Annotated-Bibliography on Diversity in Psychology*. <http://www.apa.org/ed/biblio.html>
- >Center for Mental Health in Schools (2001) *Cultural concerns in addressing barriers to learning*.
smhp.psych.ucla.edu/pdfdocs/cultural/culture.pdf

Almost all of the above provide reference lists to the key literature, and the resource document done by Gilbert and her colleagues provides additional coverage of videos and CD-ROMs, journals, and centers and websites.

Appendix C

A Few Additional Resources for the Human Diversity Initiative

Note: *Almost all of the documents cited in Appendix B provide reference lists to the key literature. The resource document done by Gilbert and her colleagues provide additional coverage of videos and CD-ROMs, journals, and centers and websites.*

In addition to what is covered in the list of guiding resources and the many references cited in those documents (see Appendix B), the following represents a summary of a few other resources coming from three sources:

- (1) Resources highlighted by respondents to the request from the Center for Mental Health in Schools at UCLA for input related to developing continuing education to enhance the focus of licensed psychologists and other mental health professionals on matters related to human diversity.
- (2) Additional resources generated by the Center staff.
- (3) Specific resources recommended by work group members.

All provide a gateway to a variety of other references, including the many in-depth resources devoted to specific diversity topics.

It was noted by many that much of what is published stresses the term *multicultural*; however, there is considerable variability in the degree of human diversity that is covered.

Additional Specific Resources Respondents Wanted to Highlight

- >National Standards for Culturally and Linguistically Appropriate Services in Health Care from the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH)
<http://www.omhrc.gov/CLAS/finalcultural1a.htm>
- >Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups. Substance Abuse & Mental Health Services Administration's (SAMHSA). Available at:
<http://www.mentalhealth.org/publications/allpubs/SMAOO-3457/ch1.asp>
- >Workgroup Summaries from "Competencies 2002" a competencies conference held by the Association of Psychology Postdoctoral and Internship Centers. Online at
www.APPIC.org/news/3_1_news_Competencies.htm
- >National Multicultural Institute <http://www.nmci.org/>
- >North Carolina Division of Social Services
http://sswnt7.sowo.unc.edu/fcrp/Cspn/vol4_no1/culturally_competent_practice.htm
- >American College of Mental Health Administration, Summit 2003
Reducing Disparity: Achieving Equity in Behavioral Health Services
http://www.acmha.org/Summits/summit_2003.htm
- >National Center for Cultural Competence <http://www.georgetown.edu/research/gucdc/nccc/>
- >Centre for Conflict Resolution (British Columbia)
<http://www.jibc.bc.ca/ccr/main/whoWeAre/instructionalTeam/instructors.htm>
- >Diversity Central – <http://www.diversitycentral.com/>

- >National Association for School Psychologists website on Culturally Competent Practice
<http://nasponline.org/Culturalcompetence/index.html>
- >National Conference for Community and Justice <http://www.nccj.org/>
- >Ruby Payne's aha!process <http://www.ahaprocess.com>
- >Healing Our Nation <http://www.healingournation.com>
- >Training for Change <http://www.trainingforchange.org/>
- >One respondent mentioned the University of Chicago, School of Social Service Administration as doing a good job with incorporating Human Diversity into their coursework
<http://www.ssa.uchicago.edu/programs/approvedhumdiv.shtml>

Another site mentioned is www.thepeoplesinstitute.org/about.html

Some References Respondents Indicated They Felt were Relevant and that They Particularly Liked

- >Brach C., & Fraser, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research Review*, 57, Supplement 1, 181-217,
- >Bronstein, P. & Quina, K. (Eds.) (2003). *Teaching gender and multicultural awareness: Resources for the psychology classroom*. Washington, DC: American Psychological Assn.
- >Comas-Díaz, L. & Greene, B. (Eds) (1994). *Women of Color: Integrating Ethnic and Gender Identities in Psychotherapy*. New York: Guilford Press.
- D'Augelli, A.R. & Patterson, C.J. (Eds). *Lesbian, Gay, and Bisexual Identities Over the Lifespan: Psychological Perspectives*. New York: Oxford University Press,
- >Falicov, C.J. (1998). *Latino Families in Therapy: A Guide to Multicultural Practice*. New York: Guilford Press.
- >Falicov, C. J. (2001). The cultural meaning of money: The case of Latinos and Anglo-Americans. In Doyle, K. (Ed.) "Ethnicity and the Meaning of Money and Property." *American Behavioral Scientist*, 45, No. 2, pp 313-328.
- >Gardenswartz, L. & Rowe, A. (1998). *Managing diversity in health care*. San Francisco: Jossey-Bass.
- >Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*. Harvard University Press.
- >Gopaul-McNicol, S. & Brice-Baker, J. (1997). *Cross-Cultural Practice: Assessment, Treatment, and Training*. WileyEurope. <http://www.wileyurope.com/WileyCDA/>
- >Kirmayer, L.J., Groleau, D., Guzder, J., Blake, C. Jarvis, E. (2003). Cultural Consultation: A Model of Mental Health Service for Multicultural Societies. *Can J Psychiatry*, 48, 145-153
- >Manese, J., Saito, G., & Rodolfa, E. (2004). Diversity based psychology: What practitioners and trainers need to know. Prepared for *BOP Update* (the newsletter of the CA Board of Psychology) Online at <http://www.psychboard.ca.gov/pubs/update.htm>
- >Nastasi, B.K. Moore, R., & Varjas, K. (2004). *School-based mental health services: Creating comprehensive and culturally specific programs*. Washington, DC: American Psychological Assn

- >Osher, D., Cartledge, G, Oswald, D., Artiles, A., & Coutinho, M. (in press). Issues in cultural and linguistic competency and disproportionate representation. In *Handbook of Research in Behavioral Disorders* (due out in the Spring)
- >Parham, T.A. (2002). *Counseling Persons of African-descent: Raising the Bar of Practitioner Competence*. Sage.
- >Phinney, J.S. (1996). When we talk about American ethnic groups, what do we mean? *American Psychologist*, 51, 9, 918-927.
- >Pinderhughes, E. (1989). *Understanding race, ethnicity and power: The key to efficacy in clinical practice*. New York: Free Press.
- >Ponterotto, J.G., Casas, J.M., Suzuki, L.A., & Alexander, C.M. (Eds.) (1995). *Handbook of Multicultural Counseling*, Thousand Oaks, CA: Sage Publications.
- >Ramirez III, M., Valdez, G., & Perez, M. (2003). Applying the APA Cultural Competency Guidelines: A Cultural and Cognitive Flex Perspective. *The Clinical Psychologist*, 56, 17-23.
http://www.apa.org/divisions/div12/tcp_journals/tcp_fa03.pdf
- >Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, 53, 440-448.
- >Sue, S. (2003). In defense of cultural competency in psychotherapy and treatment. *American Psychologist*, 58, 964-970.
- >Suyemoto, K.L. & Dimas, J.M. (2003). Resistance to the inclusion of multiracial issues in the multicultural dialogue. In J. Mio & G. Iwamasa (Eds.). *Culturally diverse mental health: The challenges of research and resistance*. Brunner-Routledge.
- >Tannen, D. (2001). *You just don't understand: women and men in conversation*. Quill.

Note: The November/December 2003 issue of *The California Psychologist* (Vol. XXXVI) was devoted to the topic of *Diversity in Psychology*.

Persons Named as Having Relevant Expertise

In addition to those who have volunteered as a work group to assist the CA. Board of Psychology in the process, *the following are others named by respondents* and who represent a potential cadre for additional input in the future:

- | | |
|--|---|
| Michael Adams (UCSF) | April Maxie |
| David Allen (Univ. of WA) | Stephen Moles (Peace Corps) |
| Norman Anderson (APA) | Sonia Nieto (Univ. of WA) |
| Adel Alonso (College of the Canyons) | Avinash Patwardhan (Hamilton Fish Institute, GWU) |
| Laura Atoian (Atoian & Assoc.) | Howard Pinderhughes (UCSF) |
| James Banks (Univ. of WA) | Omair "Bani" Saberi (CE instructor at NASW conferences) |
| Nilda Chong (Kaiser Permanente) | Elizabeth Salett (National Multicultural Institute) |
| Bernardo Ferdman (Alliant Int'l. Univ) | Christine Sleeter (Univ. of WA) |
| Geneva Gay (Univ. of WA) | Claude Steele (Stanford Univ.) |
| Lee Gardenswartz (Gardenswartz & Rowe) | Derald Sue (Teachers College, Columbia) |
| John Hoffman (Long Beach Schools) | Caroline Tamayo (Seattle Schools) |
| Tyrone Howard (UCLA) | |
| Dolores Jimerson (With Eagles' Wings) | |
| Francis Lu (UCSF) | |

Appendix D

From: Office of Professions, NY State Education Department
<http://www.op.nysed.gov/psychpluralguide.htm>

N.Y. State Guidelines Regarding the Education and Training of Psychologists for Practice in a Pluralistic Society

Human behavior is an interaction developed in the context of biological, psychological, sociopolitical, and socioeconomic realities. These realities are known as cultures which come together to create a pluralistic society. In order to provide the public with competent psychological services, licensed practitioners should be specifically educated and trained to recognize and incorporate the influence of diversity on human behavior.

All health professionals are expected to be sensitive to individual differences as they practice their professions. Beyond that, it is imperative that psychologists acquire a knowledge base and an understanding of how attitudes, values, and behavior may be affected by cultural differences. This knowledge should be gained during the psychologists' formal educational preparation and should be enhanced as they continue in licensed professional practice. To accomplish this goal, graduate programs will need to develop relevant curricula and role models.

The implicit principle of this statement is that practitioners should possess a functional knowledge of the impact of diversity on human behavior. This principle should apply to the education, training, and examination requirements for licensure. In effect, the public should be served by licensed practitioners who meet these standards.

Education, training, and practice guidelines for psychologists in a pluralistic society

Psychologists should possess a functional knowledge of the breadth and impact of diversity on human behavior in order to provide the public with competent psychological services.

Cultural diversity includes ethnic, cultural, linguistic and socio-economically based differences, physical disabilities, differences in sexual orientation, and any subgroup of characteristics of people about which valid generalizations can be made. Licensed practitioners should be specifically educated and trained to recognize and incorporate the influence of diversity on human behavior.

Psychological practice requires an understanding of how cultural differences affect attitudes, values, and behavior. This knowledge should be gained during the psychologist's formal educational preparation and should be ongoing.

To accomplish this goal, graduate programs should develop relevant curricula and role models. Licensed psychologists should acquire and maintain competence in this area as they practice.

The following guidelines should apply to the requirements for education, training, and examination for licensure and for practice. Specifically, they should underscore the need for licensed practitioners to keep informed about issues of diversity. In addition, professional training programs should provide access for diverse populations. It is the psychologist's responsibility to provide culturally competent services.

The public should be served by licensed practitioners who meet the following standards:

- Psychologists, as the instrument of the evaluation, should be culturally sensitive and self-aware.
- Psychologists should make efforts to insure fair and culturally sensitive diagnoses, intervention services, and practices regardless of the setting where the service is provided.

- Psychologists should consider the impact of social, economic, linguistic, cultural and environmental factors in the methods used to assess problems and design culturally appropriate interventions. This may include:
 - >Considering the patient/client in an historical context
 - >Maintaining respect for spiritual, religious, and other cultural beliefs and knowledge of the impact of these beliefs
 - >Knowing boundaries of and utility of interventions that are chosen
 - >Developing and using appropriate assessment and treatment methods
 - >Identifying culturally meaningful alternatives
- Psychologists make efforts to insure that their clients understand the process of intervention, including, but not limited to, patient rights and the legal limits of confidentiality.
- Psychologists identify and address the influence of provider/client differences and similarities when rendering services.
- Language differences and cultural differences are most properly handled by encouraging the growth in numbers of multilingual, multicultural psychologists. Psychologists should make every effort to find multilingual, culturally competent psychologists, while recognizing that appropriate interpreters may be used in emergency situations or when multilingual, culturally competent psychologists cannot be found.
- Psychologists are aware of community sources to make referrals where appropriate.

Appendix E

Responses from Other Boards

In response to Tom O'Connor's request, below are some responses from other state Boards. These are informal communications, not formal statements. Thus, in most cases, the name of the state is deleted.

Board A – We are in the process of developing an "intercultural competency" requirement for our postdoc year. While we were met with a range of reactions, some surprisingly negative, many very supportive, be prepared. The criticisms ranged from accusations of our being politically correct to more "Board micro-managing" to "this is redundant." While I listened to and absorbed many of these criticisms, I and our Board remain undeterred. APA has emphasized diversity training in graduate programs, pre-doc internships and is hoping that postdocs will carry the torch.

At present, we are in the process of requiring our postdocs to have at least 40 hours of clinical contact, CE, research and/or teaching with ethnic, racial, religious or other traditionally underserved populations including gay/lesbian bi-sexual and particular to [our state], rural populations. In addition, at least three hours of face to face supervision during the postdoc year must be related to intercultural competency issues. We have not yet begun to consider general CE requirements for this issue.

Board B – [Our state] is somewhat unusual in mandating that as part of the applicant's doctoral coursework, they must have a discrete course (minimum of 3 semester hours) in "Racial-ethnic Basis of Behavior with a focus on people of color". Many students apply from programs that don't offer such a course. In that case, the students must take the course in a doctoral program. The board also requires that the internship provide "at least four hours in structured learning activities on issues related to racial/ethnic bases of behavior with a focus on people of color".

Board C – While our Board requires 3 hours of CE at the first renewal in cultural diversity if the licensee has not had a specific course in graduate school on cultural diversity, we have not been more specific than that. However APA Office of Accreditation requires that cultural diversity issues be addressed throughout the education of psychologists (graduate school and internship). They have a whole section in their principles on this issue and may be a resource for you. Now they are also accrediting postdoctoral programs and include issues of human diversity in those requirements for accreditation too.

Board D – New York State has a specific education requirement for licensure that includes a three semester hour course in issues of cultural and ethnic diversity, or the equivalent in terms of quarter hours or of being dispersed, as documented, in other courses. We also have Guidelines for the Education and Training of Psychologists for Practice in a Pluralistic Society, <http://www.op.nysed.gov/psychpluralguide.htm>. All of our Practice Alerts and Guidelines can be found at the following web address: <http://www.op.nysed.gov/psychalerts.htm>

Board E – In [our state], due, perhaps, to our small population and relative lack of ethnic, cultural, racial, life-style or other human diversity (despite the fact that we don't all quite look or behave alike), this does not appear to be a very relevant issue here, and it has not surfaced as a topic for discussion or action.

Appendix F

Work Group Member Comments

How should such continuing education be delivered (e.g., should it be mandatory or voluntary? should it be offered in a web-based or workshop format? etc.) ?

Nine of the 24 work group members responded to this question.

#1. The outline is very useful and provides an outstanding overview of the issues. However, I am concerned about the implications of further development. Diversity issues are core to psychology but so are a number of other areas and one could ask, why is the board focusing on this particular issue. Will the board develop additional documents for other important areas of psychology practice? I think advocating for legislation requiring academic curricula to include diversity training is important. For continuing education regulations, is it necessary? I am not sure. Should the board mandate another area of CE? I don't think so. Mandating a one time course would be ineffective. Mandating an ongoing (e.g. every two years) requirement should not be done either. The breadth and variety of training programs will be too great and difficult to oversee. Should the board publish additional manuscripts in the Newsletter on this topic, YES. Should the board publish the outline you have developed, YES in the newsletter and place it on the website. Should the board send the outline to in-state academic training directors encouraging them to incorporate its use in their training: YES. Re: the board developing an on-line course. I think to do so would take an enormous amount of work. There are many resources available for this area of study. Does the board believe that developing another resource would benefit the public? Most other states that have some regulation/legislation regarding diversity primarily require the training at the predoctoral level. (Why do you think that psychologists need an introductory course? How many are we discussing? APA accredited programs require diversity training. So is this document developed for students from programs that are not APA accredited? Why require something for a small percent of students?)

#2. The outline is very comprehensive and one course would not do justice to the complexity and richness of diversity. A non-credit course would be like Domestic Violence courses prior to the mandate, not very many people attending. I think the outline with expansion and further clarification would be great for presenters to have as a resource and/or guide that they need to follow to have a proposed CE fulfill the diversity requirement. Diversity is something that applies to so many areas and should be demonstrated in a lot of the courses that are approved by APA.

#3. I suggest that multiple formats be used to disseminate the report. The document can be posted on the Board's website, an interactive course could be developed and posted on-line as well for credit (if desired), and workshops (courses) can be reviewed regarding the extent they address diversity issues as outlined by the report. The courses could be reviewed by the Board (or whoever approves the courses) to see if it merits the good housekeeping seal with regard to diversity with some mention of the type(s) of diversity mentioned. In addition, the Board might want to go different local psych association meetings to "roll-out" the report and to get their input. Perhaps we shouldn't consider it a final report until we get a wide reading from the constituents (e.g. local psych associations). Once we get their input then we consider it final. Doing so will help get exposure and achieve their "buy in."

#4. Given the expanding list of mandatory CEU topics, we suspect that adding yet another such requirement will trigger a loud chorus of groans. But we are concerned that requiring "less" formal evidence of cultural competence than a host of other issues (spousal/partner abuse detection, aging and long-term care, etc. etc.) sends the wrong message. It implies that these other topics require "real" focus while a voluntary home study course is good enough to address the cultural diversity of human experience. Since we are all embedded in a cultural context, the impact of well-documented disparities in care goes beyond a few "special interest groups." Emerging policies thus require a strong, pro-active stance. We agree that competence in all presently required topics is core to

adequate professional practice - and believe that cultural competence requirements must be on par with these other arenas. We support the implementation strategy used with recently added spousal/partner abuse detection, aging and long-term care training requirements. This "phased in" approach ultimately pulls such training requirements out of the mandatory CETJ realm and places into educational institutions' curricula - where it belongs to begin with.

#5. I am not in favor of an online study course. I personally think that the "state of the art" in the arena of diversity related topics is best served by courses that require live interaction. I am not in favor of a singular stand alone course on diversity. I believe that addressing multicultural competence and diverse populations is best served when it is integrated into courses. I particularly like the direction of integration of multiculturalism into the new required course on Partner Abuse and Domestic Violence. I noted that the course requirements from the Board included attention be given in the course to ethnic and same sex couples. I think that all the required courses, such as the ethics course and supervision course, and the upcoming gerontology oriented course, should all have a mandated component that addresses diverse populations and multiculturalism in order to receive approval.

#6. There should be a one time requirement to take a diversity CE course. If this is politically unworkable, then the Board might consider an online self-study course. This second preference, an online self-study course, is of lower priority because I am not sure if the Board wants to handle the headaches and problems associated with racial and ethnic issues (disagreements on issues and answers). In any event, something should be required, preferably a CE mandate.

#7. A 7-unit Continuing Education course on Multiculturalism/Diversity should be required for persons seeking licensure and for those renewing their license. Ideally, I'd like to see such a course be required for every new licensee and for every renewal cycle (e.g., every two years). However, I'm open to discussing the merits of having all new and renewing licensed persons take the course on a 1-time only basis. I see no real merit in not making this a required course. Submitting to the BOP this course as other than a requirement for all licensed persons is tantamount to providing lip service to this area of training. California and much of America is influenced inescapably by multicultural realities and we have a moral and ethical obligation to position ourselves to render the best, up-to-date, and person/group/community-centered interventions.

#8. While I know this will stir up much discontent from psychologists about another mandated area for continuing education added to the list. I do believe it is important and should be mandatory. Voluntary/recommended CE will likely target the same group who is already sensitive to these issues. Hopefully, what will happen is that graduate schools will build this into their curriculum as a mandatory course whereby, MCEP will not be required of this generation of graduating Ph.D. psychology students. I myself hate anything mandatory, but I believe this an important and essential training. I do believe the human diversity should be delivered in workshop format. From the proposed outline V. G. "Identifying and Addressing Biases" may best be served by face to face training and interaction with other multicultural psychologists (as broadly defined by race, gender, sexual orientation, disability, etc.). This will also create broad employment opportunity for psychologists to provide this educational training.

#9. I strongly believe that all practitioners would benefit from additional training in providing culturally responsive care. Clearly, standard graduate training in diversity has not been sufficient to eliminate disparities in access to and quality of care received by linguistic and cultural minority patients. Training in culturally responsive care is very intense and personal. It requires looking inside and wrangling with our biases, stereotypes, cultural countertransference and our power to oppress (intentionally or unintentionally) vulnerable patients. Given the intensity and importance of this part of the work, and given the theoretical curricular call for Awareness, Knowledge and Skills components of learning, I believe that the learning must be hands-on, in-person and required. I cannot conceive of an on-line or by-extension learning program that would truly push practitioners to do the hard work of examining our own roles in dismantling racism in the context of psychology and psychotherapy. Thus I would argue for a full 8-hour mandated training by instructors who have been carefully trained and selected and are capable to manage the intense issues aroused by explorations of power, race and difference.

Recommendations about any other consumer-relevant matters that the board should consider to better address concerns about diversity as it applies to the practice of psychology.

Eight of the 24 work group members responded.

#1. I wonder if the consumer documents (psychotherapy never includes sex; the psychotherapy overview, complaints process) could be translated into other languages (e.g. for Spanish, Asian clientele). Maybe on the website there could be sections that could be translated into other languages (eg license verification).

#2. Accessibility of information is always one of the major barriers in providing mental health services and/or information to various ethnic groups as well as the underserved. I agree translating information in some of the major languages here in California that could be made available on a web site would be one important way. I think public education about the function of the Board and the various services available would be a great help (I'm thinking about Acosta's research that focused on the benefits of providing Spanish Speaking patients the purpose and format on psychotherapy).

#3. It would really be helpful to be able to have information along with registered complaints sensitive to the many languages in the State. The languages should be based on population size (largest having greatest priority) and need (high risk populations). I think informed consent can be misunderstood and threatening to some ethnic clients who are unfamiliar with psychotherapy. The issue is quite complex and needs to be discussed by perhaps a group of experts including ethnic experts.

#4. The BOP should initiate a media campaign wherein their embrace of multiculturalism/ diversity is communicated clearly. Every brochure, poster, newsletter, etc. originating from the BOP should reflect their commitment to making multiculturalism/diversity a household word and standard practice. Perhaps the California Board of Psychology could partner with APA (specifically during Ron Levant's presidency) to develop a media blitz in this area. Psychology's impact on the lifestyle of America has yet to be fully realized but would be unmistakably positive when brought to fruition.

#5. Regarding translation of consumer complaint information, I think is a good idea that we should look forward to the future. Demographic information, therapy utilization information if available could help with the decision making process. Perhaps translation of this information could be accessed on the BOP website and downloaded for individual/agency use as needed versus broad printing/distribution. This would enable translation in many languages with relatively minimal costs (translation expenses) and initially enable the BOD to address this important area.

#6. I believe the Board Of Psychology could do a better job of educating citizens about health disparities and the risks of oppression and/or misunderstanding within a therapy context. I would like to see a bill of rights and reasonable expectations for consumers in terms of personal, linguistic and cultural respect they should demand from their therapist, consultant or evaluator.

#7. We believe that the Board's consumer information and protection materials should be broadly accessible, and thus translated into multiple languages. Given the number of languages used in California, one might start with the "threshold languages" used in different Counties. California's Department of Mental Health has established that to address Medi-Cal recipient access. Our basic stance is that providers should make consumer protection materials available in the primary language(s) of the clients they serve. This includes cases in which they use interpreters.

#8. I think consumer input is most valuable. I'm not sure that special vehicles are needed to address diversity issues. If a consumer wants to complain about poor therapy or assessment for whatever reason they should be able to do so regardless of its ties to diversity. On the proactive side we should contact consumer groups and get their input much like I was suggesting for the local psych associations. There are state consumer associations. I imagine they have local chapters as well.

The following are some general comments that were sent in as the process proceeded. They are included as perspectives to inform the Board's review.

One Perspective

I was once on a diversity committee in which the parameters were so broad that little attention was given to race, ethnicity and culture, areas that I think we have done a relatively poor job as a profession. This is not to say that the other aspects of diversity are not important. But I hope the committee recognizes the risk in establishing a broad perspective. An alternative is to identify a smaller set of diversity topics, a set that reflects what we think are the most important at this point in time. For example, if we think sexual orientation and race and ethnicity are important then the focus of continuing education projects are more likely to address those topics than if we consider diversity to reflect 100 factors. My preference would be to acknowledge the diversity within the study of diversity, but to boldly identify 5 key areas that we believe require the greatest attention at this time. We could recommend some review mechanism that updates the 5 key areas every two or three years. Rather than suggest a diversity approach that reflects groups or categories such as disability, gender, age, or immigration status, I suggest a diversity approach that integrates an appreciation for consumers' and practitioners' social world. The group or category approach tends to pull for stereotypic notions about a given group. Instead, the focus on the social world encourages us as practitioners to examine what about the social world matters for a given group member. The consideration of diversity then pushes the practitioner to examine the social world to see what is at stake for one's client, and in a way defined by the client. This helps us move away from group notions to consider the more subtle points from the point of the individual or group or community with whom we work.

Another Perspective

1. **Which terms to use.** (e.g., Diversity v. cultural competency; differences). As we all know, choice of words connotes deeper meanings, as well as depth of understanding of related but different concepts. Language can also perpetuate ways of thinking and acting (sometimes this is desirable, sometimes not).

Differences. I have chosen not to use the word "differences", as cultural competency is *always* important when working with *all* people, not just those who are different than ourselves (or more accurately, those that we *perceive* as different from ourselves). In addition, "differences" puts the focus of the problem, or special need on the client, rather than the practitioner. For example, there are assumptions (not often correct), but nonetheless in place, that "differences" = when the client is minority (because it is generally assumed that the practitioner is of the majority group). Granted, "differences" technically refers to the difference between two parties; however, it is only used when the difference occurs because the client is minority and the practitioner is not. In other words, it is not needed if both are the same, (e.g., white, straight, etc)

Diversity. I distinguish between "diversity issues" and "cultural competency", where diversity refers to a diverse *population*, often times a workforce (e.g., managing a diverse workforce, enhancing the diversity of the pool of supervisors - notice that each unit is singular, e.g., *a* workforce, *a* pool). Diversity refers to representation.

Cultural Competency. Refers to knowledge, skills and behavior - in this case - a set that the practitioner is required to possess. This is something that is learned, and is not based on one's ethnicity or other group membership. Therefore, while diverse pool of psychologists is important, it is (independently) important that all psychologists be culturally competent (and those who wish to specialize in these issues can pursue *cultural proficiency*).

2. **Focus on requirements of practitioner and systems in which we work v. "special" needs of clients.** e.g., How does western medicine (which the field of psychology is strongly associated with,

as typically practiced in the US, e.g., thus the existence of the Board of Psychology) view mental health/illness, psychosocial problems/interventions and treatment? How does this view differ from other views, e.g., non-medical professionals, non-western medicine, some of our own personal views? Notice how these questions are similar, but qualitatively different from item I-D posed on the general outline - "Mental health (strength/assets), psychosocial problems, mental illness, and psychological intervention/treatment *as viewed by diverse groups*" [italics added]. Who are the "diverse groups"? Diverse or "different" from whom? Also, III-D - "Identifying *client* preferences and concerns (and taboos) related to diversity" What of the practitioner's? What if practitioner is ok with diversity, but not cultural competency? (I'm a good and fair person, I think the field should include psychologists of color, but don't expect me to practice any differently than I always have - I treat everyone as an individual and as special). When we focus on the systems of care, we can then begin to address the underlying causes for health inequities - unequal treatment, (not just access, but also Dx, Tx, and outcomes - see item II-D). This shifts the locus of control for creating change.

My apologies if my tone is overly critical. That is not my intention, rather it reflects my passion on the subject. How can we help to redirect and advance our field without unwittingly replicating some of the same ways that have not worked for too many of our communities? ...

A Couple of Recommendations for Expanded Sections of the Outline

One Member's Suggestions

With respect to section I of the outline, the following specifics were suggested:

>>Historical Context for considering Diversity issues in psychology

1. Eurocentric foundation of discipline of psychology – Plato, Aristotle, Descartes, Locke, Berkeley, Hume, Mills, Kant, Fechner, Von Helmholtz, Wundt, Kraeplin, Kulpe, Ebbinghaus, Witmer, Pavlov, James, Hall, Cattell, Titchner, Watson
2. Impact of the Eugenics Movement on early Psych testing development –
 - a. Galton, Thorndike, Yerkes, Terman, Goddard
 - b. Hereditarian thesis
3. Impact of Race Ideology regarding hierarchical ordering of “races of man” on scientific elaboration of psychological theories of human functioning
 - Salience of race ideology during advent of development of discipline of psychology
 - Disregard of thinkers from “primitive” societies – African, Chinese, Indian, Japanese, Indigenous, etc.
 - Disinterest in examining psychological functioning of majority of humans
4. Impact of Cultural Encapsulation on delineation of psychological constructs
 - a. Individual definition of “the self”
 - b. Linear and futuristic concept of “time”
 - c. Reliance on physical/material essence of being
 - d. Emphasis on independence, objectivity and measurement
 - e. Emphasis on observation of experiences
 - f. Value on competition/conflict
 - g. Value on control and ownership

>>Mental Health (strengths/assets), Psychosocial Problems, and Mental Illness as Viewed by Diverse Groups

- a. historically/traditionally
- b. contemporary perspectives
 1. within the USA
 2. outside the USA

>>How is Human Diversity Accounted for in Intervention Theory and Research?

- a. impact of absolutist and universalist perspectives
- b. examining diversity of the existing database – w/in the US and internationally/globally

- c. over-emphasis on limited intervention theories derived without exploring diverse human populations
 1. humanistic/existential
 2. cognitive/behavioral
 3. psychoanalytic/psychodynamic
 4. systemic approaches
 5. post-modern approaches

- >>Cultural encapsulation of current nosologies (DSM IV & ICD-9-CM)
 - a. Historical Development of DSM
 - b. Orientation to Western cultural values
 1. Ego-centric
 2. Ego singular and static/stable
 3. Self seen as fixed
 - c. Categories written as if no variations in health and human development
 - d. Often used mechanistically and in settings for which it was not intended
 - e. Limited attention to caution in use and applicability
 - f. Limited inclusion of cultural diagnostic concerns

Combined Perspective from Two Members

With respect to Section III-C, the following specifics were suggested:

- >>Adapting Communication Strategies to Address Diversity (including use of interpreters) – in keeping with U.S. DHHS’s National Standards for Culturally and Linguistically Appropriate Services in Health Care

(“We believe this is a core issue and requires more up-front prominence. Specific points that come to mind include awareness of interpreter qualifications /certifications, attention to regional dialects, speech patterns, and colloquialisms, and the expanding role of interpreters as cultural brokers (who, in contrast with traditional approaches, provide the psychologist with culture-specific expertise /contexts rather than just ‘machine-like’ translations.”)

With respect to Section I -F:

- >>The Role Played by Public and Personal Health Agendas, Political and Societal Agendas Related to Demographics and Equity, Cultural Beliefs, Religion, and Ethnocentrism

(“We would also include a section on cultural competence on the health care organization level. This is somewhat hinted at under I-F, but we would make it more explicit. In other words, psychologists should, at minimum, have a basic overview of organizational models that outline policies and processes likely to enhance cultural competence. Such a focus would help address criticisms that, unlike the EPPP, state generated licensure tests & requirements have a too exclusive focus on traditional private clinical practice issues. Knowledge of organizational models and approaches would help psychologists as they become increasingly involved in I/O issues and serve as members and/or administrators of broader health care facilities.”)