Culturally Diverse Children and Adolescents: Assessment, Diagnosis, and Treatment. Ian A. Canino and Jeanne Spurlock. New York: Guilford Press, 1994, 196 pages, 24.95 hardcover.

Reviewed by Ronald K. Miyatake and Geoffrey L. Thorpe, University of Maine

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Culturally Diverse Children and Adolescents: Assessment, Diagnosis, and Treatment, by Ian A. Canino and Jeanne Spurlock, is a somewhat misleading title for this book because it implies that cultural (i.e., racial) differences in children and adolescents and how one takes these differences into consideration in cross-cultural health care are the authors' primary concern. A more appropriate title would emphasize that the focus of the book is on children and adolescents from economically disadvantaged backgrounds, some of whom are also from different cultures. Many terms can be used interchangeably to describe the cultural diversity of the American population: race, skin color, minority, and ethnic group. Culture is generally defined as the values and behaviors of a specific group of people. In discussions of multiculturalism, cultural group usually refers to the race or ethnicity of a group of people. Although low socioeconomic status, regardless of race, can certainly *specify* a group of people, it is not generally considered a cultural group. (See Dobbins and Skillings, 1991 and Phinney, 1996, for a discussion on the imprecision in the use of terms in multicultural research.) The focus of this work by Canino and Spurlock is on four specific child and adolescent cultural populations: African–American, Latino/Latina, Asian–American, and American–Indian[1] "who encounter multiple social stressors and whose families represent the nation's lower socioeconomic levels" (p. 2). This last statement is a generalization that does not speak to the tremendous variability within these four cultural groups. Not all children from non-White cultures reside in economically disadvantaged inner-city families (Homma–True, Greene, Lòpez, and Trimble, 1993). In any clinical assessment of a child or adolescent, mental health professionals try to differentiate physiological, developmental, and environmental factors. Because children from minority or underrepresented[2] groups are more likely than those from the majority culture to encounter

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Requests for reprints should be sent to Ronald K. Miyatake, Department of Psychology, 5742 Little Hall, University of Maine, Orono, Maine 04469–5742; or by e-mail to rmiya@ban-gornews.infi.net

[1]We have followed the authors' phrasing in referring to these groups, which differs from that suggested by the American Psychological Association (APA, 1994).

[2]We use the terms "minority" and "underrepresented" to reflect the relative numbers of individuals in non-dominant or non-majority racial groups in the United States.

poverty and various social stressors, the authors seek to help clinicians to distinguish culture-specific behavior from behavior associated with low socioeconomic level. Low socioeconomic status is not synonymous with minority group status. Therefore, a more accurate title for this book would emphasize working with children and adolescents from economically disadvantaged backgrounds, not culturally diverse backgrounds.

The purpose of this book is to help health care professionals work with minority group children from low socioeconomic status backgrounds in a manner that is sensitive to the patient's culture. The chief objectives are to offer clinicians practical guidelines on clinical history-taking, use of diagnostic criteria, and selection and implementation of treatment interventions. Guidelines, based on the cross-cultural research literature, are provided for working with children from the four different racial groups in a culturally sensitive manner. Concrete suggestions for working with patients from these cultures are presented. Most of the book's six chapters contain case vignettes that illustrate particular cultural issues or clinical techniques.

The book contains 196 pages of text in six chapters, divided into three sections: A Perspective for the Clinician; The Diagnostic Challenge; The Treatment of Minority Children. The first of these sections serves as an introduction to some important issues of culture that affect the minority group child and adolescent, e.g., ethnic identity, language, racial prejudice and discrimination, acculturation, low socioeconomic status, and school. These cultural factors are discussed separately, but their interaction with multiple social stressors is also considered. Canino and Spurlock emphasize the impact of school on identity development of the culturally different child in the United States. They cite the example of Laura, a 14-year-old whose parents were South American, who on entering a large inner-city high school altered her appearance, speech, and behavior to conform to those of her African–American peers. All would presumably have been well if Laura had not over-committed to her new identity (her African–American classmates complained that she was overdoing it) and engaged in uncharacteristically risky and self-defeating behaviors in the process. Her therapist supported Laura's wish to belong and be accepted at school, helped her family understand the local cultural norms, and discussed the clinical issues associated with Laura's exaggerated behaviors. Throughout this section, the authors carefully consider the various factors that protect minority group children from, or place them at risk for, developing psychopathology, citing numerous references to the research literature. Prejudice and discrimination, experience as an underrepresented group member, language problems, school and learning, inaccessibility of health care, and acculturation are all discussed as social stressors for the child. This section closes with a brief theoretical discussion summarizing research examining the relationship between socioeconomic class and psychopathology. Various theories that examine one or two different variables to explain this relationship are presented, but studies do not support them. However, Canino and Spurlock cite a study by Rutter (1979) that describes six familial risk factors and is more successful in explaining this relationship between social level and psychopathology. This is consistent with the authors' belief that it is the cumulative effect of multiple factors and not single, disparate factors that explains the development of psychopathology in children and adolescents from underrepresented groups.

The second section, which comprises the bulk of the volume, focuses on clinical issues leading to diagnosis. This includes clinical interviewing and history taking, a brief review of psychological testing with minorities, and basic features of the

Diagnostic and Statistical Manual of Mental Disorders (fourth edition) [DSM-IV] multiaxial system of diagnosis and use with patients from different cultures. The title of this section is "The Diagnostic Challenge," which concisely characterizes the difficulty in diagnosing someone from a culture different from one's own. This section details tools of clinical diagnosis while taking into consideration differentness of the culture. Cultural issues within history taking, use of psychological tests, and formal diagnosis are presented along with illustrative case vignettes. Some of the issues discussed include: cultural expectations of child development and behavior, cultural attitudes toward health practices, the influence of culture on childrearing practices, assessing intelligence in minority group children, and the influence of culture on diagnosis. The section concludes with a comprehensive chapter on the use of the DSM-IV with minority group patients, describing the major Axis I and Axis II categories and illustrated with other case vignettes. The General Medical Conditions (Axis III) of infectious diseases, lead poisoning, fetal alcohol syndrome, Acquired Immunodeficiency syndrome, and other physical problems are also discussed. Finally, use of Axis IV (Psychosocial and Environmental Problems) and Axis V (Global Assessment of Functioning) is presented.

The third section is composed of two chapters: the first chapter reviews various treatment approaches and how they could be used in a culturally sensitive practice. The different approaches described include: interpersonal therapy, indigenous healer–therapist interventions, short-term therapy, family therapy, group therapy, social skills training, school programs, and others. Along with these treatment approaches a generic, ethnically sensitive stress prevention treatment model is described. This is a "model that integrates stress theory with prevention principles" and "permits the clinician to implement a comprehensive therapeutic intervention that recognizes the complexities of treating inner-city children who represent diverse cultures" (p. 154). The second chapter of the third section briefly proposes expanding the role of the clinician to one of advocate. Canino and Spurlock propose that the clinician working with minority group children should advocate for responsive social policy, the inclusion of the component of culture in clinical training programs, and the child in the diagnosis and treatment process. The culturally sensitive clinician serves a more active role in the prevention and early intervention of psychological problems for the child or adolescent of underrepresented groups. Unfortunately, this proposal of clinician as advocate is described in only four pages and is not adequately detailed. This lack of elaboration is particularly apparent in the section on the clinician as advocate for the child during the diagnosis and treatment process, which is described in one paragraph.

At a brief length of 196 pages, the book serves as a primer on culturally sensitive health care of minority group children and adolescents. Most of the issues introduced are not explored in great detail. Much more could be written on each issue raised, particularly the proposal of clinician as advocate. Other issues are barely touched upon, e.g., gender differences, the role of development, epidemiological information on the different cultural groups, and the role of parents and other family members. Obviously, the inclusion of more detailed discussion would necessitate a much longer work.

Unlike most other works describing differences among cultural groups, this book takes a different structural approach. Instead of following a traditional multicultural approach by devoting separate chapters to each cultural group (see Gibbs and Huang, 1991; Pedersen, Draguns, Lonner, and Trimble, 1989; Sue, 1990), Canino and Spurlock describe clinical assessment, diagnosis, and treatment of all four cul-

tural groups combined, while noting differences between them. Examination of cultural groups separately demonstrates an emic approach, which focuses on differences between and within each cultural group. On the other hand, an etic approach assumes the existence of universal human characteristics that occur across all cultural groups. The etic approach emphasizes the qualities that people from all groups share, while the emic approach emphasizes the differences between people from different groups as well as between people from the same group. Canino and Spurlock are more etic in their approach: though they describe some differences among cultural groups, they propose using the same culturally sensitive techniques with all patients regardless of their culture. This is further demonstrated by their stress prevention treatment model, which can be applied to children across cultures.

A difficulty with this approach (and the etic perspective in general) is that it tends to minimize differences between cultural groups while maximizing commonalities. And this is not the direction that the more recent research on cultural groups has taken, which emphasizes cross-cultural differences — differences between, as well as within, cultural groups. Most of the cross-cultural research literature indicates that health care providers need to learn more about the culture of the patient and use culturally compatible and culture specific techniques (Cayleff, 1986; Nwachuku and Ivey, 1991; Sue and Sue, 1977; Sue et al., 1982). On the other hand, it would be very difficult to describe adequately the many differences between cultural groups in a book of less than 200 pages.

If the purpose of this book is to introduce the health care professional to practical issues in working with children and adolescents from socioeconomically disadvantaged backgrounds, including those from ethnic and racial minority groups, the authors have succeeded remarkably well. Much of the book that concerns clinical considerations of children from culturally diverse populations also applies to culturally diverse adult populations. The chapters are logically organized, there are numerous case vignettes that illustrate the salient issues of working with culturally diverse populations, and most major issues are broached — all of which serve to raise awareness in the clinician just beginning cross-cultural clinical practice. The advantages and disadvantages of using a theoretical and clinical approach that emphasizes commonalities across different cultural groups are debatable and subject to individual taste. While there are those who believe it is more important to focus on the extant differences between cultures, there are others who believe it is equally important to focus on the similarities. Probably the most important contribution this book makes is the idea that the clinician must be aware of the impact of culture in clinical assessment, diagnosis, and treatment. It is difficult for the clinician to recognize the contribution of culture without first having an awareness and even vigilance of its importance. Those interested in this rapidly growing field of cross-cultural mental health will want to follow-up reading this primer by seeking other works that explore in greater detail the issues raised by Canino and Spurlock.

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