

HISTORY OF PSYCHOTHERAPY

CONTINUITY AND CHANGE

SECOND EDITION



EDITED BY

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Published by
American Psychological Association
750 First Street, NE
Washington, DC 20002
www.apa.org

To order
APA Order Department
P.O. Box 92984
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In the U.K., Europe, Africa, and the Middle East, copies may be ordered from
American Psychological Association
3 Henrietta Street
Covent Garden, London
WC2E 8LU England

Typeset in Goudy by Circle Graphics, Columbia, MD

Printer: United Book Press, Inc., Baltimore, MD
Cover Designer: Naylor Design, Washington, DC

The opinions and statements published are the responsibility of the authors, and such opinions and statements do not necessarily represent the policies of the American Psychological Association.

Library of Congress Cataloging-in-Publication Data

History of psychotherapy : continuity and change / edited by John C. Norcross, Gary R. VandenBos, and Donald K. Freedheim. — 2nd ed.

p. ; cm.

Includes bibliographical references and index.

ISBN-13: 978-1-4338-0762-6

ISBN-10: 1-4338-0762-9

1. Psychotherapy—United States—History. 2. Psychotherapy—History. I. Norcross, John C., 1957- II. VandenBos, Gary R. III. Freedheim, Donald K. IV. American Psychological Association.

[DNLM: 1. Psychotherapy—history. 2. History, 19th Century. 3. History, 20th Century. WM 11.1 H6776 2011]

RC443.H57 2011

616.89'14—dc22

2009046231

British Library Cataloguing-in-Publication Data

A CIP record is available from the British Library.

Printed in the United States of America
First Printing

Asian American Center on Disparities Research

Stanley Sue and Nolan Zane

In 1988, we had the unprecedented opportunity to conduct research on the mental health of Asian Americans and other ethnic minority groups. We were awarded grants to establish the National Research Center on Asian American Mental Health, now called the Asian American Center on Disparities Research (AACDR). It is one of the longest surviving ethnic research centers funded by the National Institute of Mental Health (NIMH). During the center's 20-plus years, its researchers have made important contributions to understanding the mental health and treatment of ethnic minority populations in general and Asian Americans in particular. Dozens of professionals trained at the center have now assumed major roles in conducting ethnic research. In this chapter, we discuss the purpose, establishment, and research contributions of AACDR.

WHY WAS A CENTER NEEDED?

In the 1970s, there was increasing awareness of the mental health needs of Asian Americans, many of whom were immigrants and refugees. Yet, there was a lack of knowledge on the best treatment and prevention practices to use with this population.

Research suggested that mental health needs of Asian Americans had been underestimated and that services were relatively inaccessible and ineffective compared with those available to nonHispanic White Americans. Almost all studies demonstrated low rates of utilization of mental health services across Asian subgroups, whether students or nonstudents, inpatients or outpatients, adults or children, those living in one part of the country or another, and among different Asian ethnic groups. The underrepresentation did not occur because Asian Americans are somehow better adjusted than other populations. Every population underutilizes such resources because not all individuals with psychological disturbances seek or receive help from the mental health system. The question was whether Asian Americans with mental disorders had a greater propensity to avoid using services than other populations. The evidence suggested that this was the case.

In addition, the findings revealed that Asian Americans who used mental health services exhibited, on average, a higher level of severity of disturbance than did other ethnic groups within the client population. This suggested that moderately disturbed Asian Americans, unlike Caucasian Americans, were more likely to avoid using mental health care.

A number of factors affect utilization and effectiveness of mental health services. Some of the factors involve accessibility (e.g., ease of using services, financial cost of services, location of services), availability (e.g., existence of services), cultural and linguistic appropriateness of services, and knowledge of available services. Also important to consider are culturally based factors, such as shame and stigma, conceptions of mental health, willingness to use services, and access and desirability of alternative services. All have been implicated in low mental health service utilization among Asian Americans. Thus, both the mental health needs of Asian Americans and the adequacy of services available to them needed to be addressed.

The main impetuses for creating the center were thus to gain knowledge of the mental health problems and to find effective treatments for Asian Americans. While the separate research grants were critical to address specific research problems, we conceived the center as a viable mechanism for producing a broader and more lasting impact on the field in a number of ways. First, mental health research on Asian American communities often was constrained by the small number of researchers who were actually conducting research in these communities. Moreover, most of these researchers worked in isolation, severely limiting the growth and dissemination of knowledge. Second, because of this isolation, interaction among researchers was limited, funding opportunities were few, and the investigations produced few thematic research programs. Consequently, mental health research on Asian Americans tended to be "one-shot" opportunities that did not produce replicable service models or lead to the systematic development of scientific knowledge. Third, despite the general recognition of the diversity that exists within Asian American communities, mental health research failed to examine this heterogeneity in any substantial detail. Fourth, although the primary research focus involved Asian Americans, our interest in ethnicity and culture led us to study other ethnic minority groups such as African Americans, American Indians, and Hispanics (Sue et al., 2009).

We wanted to conduct programmatic research that could provide focus, form national collaborative research teams, and train new generations of researchers who could continue with these lines of research. We thus constructed a research center to address all of our concerns, resulting in numerous on- and off-site researchers, a national board of advisors, multiyear and multi-site studies, multiple generations of researchers (e.g., graduate and undergraduate students, postdoctoral scholars, senior scholars), and sufficient resources in terms of funding, available expertise, and multiple, linked projects.

The aims of the center were to continue to conduct systematic and programmatic research on how specific cultural factors influence treatment outcomes and moderate the effects of evidence-based treatments; to make important theoretical and applied research contributions; to serve as a focal

point for researchers and trainees; and to maintain a network of researchers, service providers, and policymakers. To achieve these aims, we organized the center so that its work could be examined within and between research programs in order to plan future research and to share resources and findings from our ongoing projects. The center encouraged widespread participation; for example, the center's research could be used for student dissertations and its database library could provide investigators with immediate access to current research on Asian American mental health. Finally, in AACDR's current funding cycle, the Internet-accessible Information Server (a computer network) has allowed easy communication among researchers, administrators, and practitioners interested in Asian American mental health issues.

The center was established by a NIMH center grant in 1988 at the University of California, Los Angeles. It was moved to the University of California, Davis, in 1996. AACDR was continuously funded by NIMH until 2002. From 2003 to 2007, the center received bridge funding from the University of California, Davis, until it was successful in regaining NIMH funding (2007–2012).

RESEARCH CONTRIBUTIONS

Since 1988, the center has made a number of contributions to the field. First, it linked and collaborated with different research programs and community organizations throughout the United States. Second, the research programs advanced knowledge about mental disorders, adjustment problems, acculturation, service utilization, and culturally competent interventions, as well as research methodology and assessment with Asian American and other ethnic minority populations (Sue, 1999). Hundreds of publications were generated at the center, and many of the findings have had a major applied and theoretical impact in the field. Third, the center secured \$11 million in additional funding to support its research programs. Fourth, many researchers were trained at the center and are now independently conducting Asian American mental health research. Of these AACDR-trained researchers, most have pursued academic careers, and a large number have assumed positions in governmental agencies or research organizations. Many have subsequently distinguished themselves in research on Asian American, cultural diversity, and ethnic minority mental health.

Studies in Psychological Distress

AACDR is well known for its epidemiological studies on ethnic minority mental health. Under the leadership of David Takeuchi, we conducted

several community and national psychiatric studies on Asian Americans using rigorous sampling designs and state-of-the-art epidemiologic methods. The Chinese American Psychiatric Epidemiological Study (CAPES) was the first-ever large-scale study of a major Asian American population. A household sampling of 1,700 respondents provided prevalence estimates of mental disorders for one of the largest Chinese American communities in the nation. This study assessed mental disorders using both *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., DSM-IV; American Psychiatric Association, 1994) standards and criteria aligned with East Asian constructs of distress and disease (e.g., the culture-specific syndrome of neurasthenia). The center's second large-scale epidemiological study, the Filipino American Community Epidemiological Study (FACES), involved two population-based household surveys in Hawaii and the San Francisco Bay Area. Data were collected from 2,300 respondents. The National Latino and Asian American Study (NLAAS) was the largest population-based survey of Latinos and Asian Americans ever conducted in the United States. The objectives of NLAAS were to estimate prevalence of mental disorders and the rates of mental health services use for Latino and Asian American populations, assess risk factors involving social position, environmental context, and psychosocial variables, and compare the rates of disorders and utilization among Latinos and Asian Americans with national representative samples of non-Latino Whites (Takeuchi et al., 2007).

Much of the center's research indicated that, contrary to the "model minority" myth, Asian Americans indeed have serious needs for mental health care that have been inadequately addressed. Center researchers have consistently found that the rates of mental disorders and the extent of psychological distress were not lower for Asian Americans than Whites when cultural factors were taken into consideration.

The results of AACDR-related research in the area of psychological distress can be summarized as follows:

1. While rates of depression and other disorders may be somewhat lower for Asian Americans than other ethnic groups, including Whites, Asian Americans have comparable rates of dysthymia and higher rates of neurasthenia (a disorder not recognized in DSM-IV).
2. Among college students, foreign-born Asian Americans reported greater intrapersonal and interpersonal distress (indicating more psychological maladjustment) than U.S.-born Asian Americans and White Americans. Asian American college students also were significantly higher than White American college students on self-reports of depression and social anxiety.

3. Not only were rates of mental disorders much higher than previously believed, Asian Americans who entered into the mental health system tended to be more severely disturbed than other ethnic groups (Meyer et al., 2009).
4. Manifestations of psychological distress differed between Asian Americans and White Americans, particularly in the way they expressed social anxiety.
5. Ethnic differences in self-construal (independent vs. interdependent) accounted for coping style differences between Asian Americans and White Americans.

Utilization and Help-Seeking

A major trend documented by AACDR research was the lower utilization of mental health services among various Asian American populations. Some of our key findings are:

1. Studies consistently found that Asian Americans were underrepresented in the mainstream mental health system. Asian Americans may have delayed using mental health services until their emotional problems became very serious.
2. When clients utilized mainstream services, a higher percentage of Asian Americans (nearly half) dropped out after the first session of therapy, stayed for fewer sessions, and used fewer types of services than White clients.
3. For some Asian Americans, recovery from mental distress was not isolated to strictly therapeutic realms; recovery also necessitated the gradual replacement of damaged social networks, a critical issue given the clients' cultural context.

Cultural Competency

The notion that psychotherapists must be culturally competent has become a priority in mental health systems serving large numbers of ethnic minority clients. Unfortunately, there exists little consensus among practitioners and researchers on what constitutes cultural competence.

The center's principal efforts in research on cultural competence are reflected in the following findings:

1. Ethnic minority clients who were ethnically matched with their therapists tended to stay in therapy for more sessions than clients whose therapists were of a different ethnicity. Also, ethnic match appeared to be related to better treatment outcomes when the clients were not acculturated to American society.

2. Ethnic-specific services (ESS) or minority-oriented programs are those mental health programs specifically designed to accommodate Asian American clients' cultural and linguistic needs. Asian American clients treated in ESS programs showed better outcomes than those treated in mainstream programs. Moreover, we found a significant association between cost-utilization and outcome only at the ESS programs.
3. Although Asian Americans tended to underutilize the mainstream mental health system, their utilization rates for ESS were significantly higher. This suggests that ESS exerted a stronger therapeutic effect than mainstream services.
4. Clients in ESS programs rated sessions as more in-depth and reported stronger client-counselor alliance than those using non-ESS programs.
5. Therapists who exhibited *cultural cognitive match*—that is, similarity in problem perception, coping orientation, and treatment goals with their clients—had better treatment outcomes than those who tended to differ from their clients on these cognitive factors (Zane et al., 2005).

On the basis of these and other findings, most cultural competence models suggest that the therapist must in tangible and substantial ways address culture if the therapeutic experience is to be of major benefit to ethnic minority clients. Moreover, if the mechanisms by which ethnic matching and ESS improve client utilization and therapeutic alliance, these principles can be applied to mental health care to more effectively serve culturally diverse clientele (Zane et al., 2004).

AACDR is currently engaged in three major research programs. The first is designed to investigate the effectiveness of evidence-based treatments for depression for Asian American clients and identify the cultural variables that moderate the effects of these interventions (Gordon Hall, Nolan Zane, and Janie Hong, primary investigators). The second is aimed at determining if therapist characteristics associated with cultural competence and the use of evidence-based practices interact or independently affect treatment outcomes for mental health outpatient clients (Wei-Chin Hwang and Stanley Sue, primary investigators). The third will develop and test the effectiveness of a culturally targeted intervention designed to improve medication adherence among depressed Southeast Asian American clients (Tonya Fancher, Deborah Paterniti, Tony Jerant, and Ladson Hinton, primary investigators).

In sum, AACDR has been at the forefront of psychotherapy research for and with Asian Americans for more than 2 decades. It has been a deeply grat-

ifying experience to establish the center and to work with its researchers in making significant empirical contributions to Asian American and ethnic minority mental health.

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