

GOAL III

Module	Basic <i>intermediate</i> Knowledge	Basic <i>intermediate</i> skills	Basic <i>intermediate</i> advanced attitudes	Methods	Prework
I	Name existing community resources available for the various ethnic groups of patients.	Effectively use interpreters for non-English speaking patients.	Display a willingness to negotiate treatment to incorporate cultural variables and the patient's local world.	Didactic lecture by a community representative on various resources available within the community. 5 min reflection: what would make it difficult for me to negotiate treatment with my patient and family.	Slides for module 1 – <i>local faculty member please add slides re your hospital's/clinic's means to access interpreting services</i> http://www.youtube.com/watch?v=Q4voquDnbM&feature=channel http://www.youtube.com/watch?v=B-209DSaW9g Supervision of trainee interview in presence of interpreter
II	Name the various psychosocial agencies existing within their communities		Utilize a “team” approach to care incorporating the family's beliefs about illness and treatment as well as other modalities of treatment sacred to the patient (within clinical judgment).	Field trip to local mental health agencies specific for different ethnic groups (learners go together OR split up into 2 or 3 groups); return, present and compare	Slides for Module 2 – <i>overview of local resources dedicated to particular groups (race/ethnicity/sexual orientation or identity/other characteristic) made by local faculty member</i>
	Be aware of the local social world of the patient and family and its influence on help-seeking behavior, illness	<i>Incorporate the local social world of the patient and family in the treatment plan</i>	Adopt a value neutral approach around traditional versus non-traditional treatment selection by the family	Discuss movie: How did pathology manifest within the family? Was help sought? From whom?	Movie: <u>Monsoon Wedding</u> OR Observation of children from diverse cultures in

	manifestation and treatment.		within the system of care.	How was conflict resolved? Discuss observations from the community visit; what was different from your own family and community, what was similar. Observations at the restaurant; how did families interact with their children?	normal developmental settings in their own communities like a Sunday school OR Eat out at an authentic minority restaurant
III	Name the different faith healers that different ethnic groups in their community commonly use in adjunction to other treatment or solely as help-seeking behaviors.	<i>Integrate the spiritual world of patient and family in the treatment plan.</i>		Have a panel of (diverse) clergy come to class. Discuss how they work with child behavioral or family issues in their congregation and how they could work with you.	Slides for module 3 <i>overview of local faith organizations, particularly if any are particularly inclusive of sexual diversity or have other diverse populations) made by local faculty member</i> Movie: <u>Beauty Academy of Kabul</u>
IV	Define the basic elements of a culturally competent system of care.	<i>Use natural cultural and community strengths/resources within a systems of care model.</i>		Have each learner present a case and discuss cultural impact of agencies the child and family have been involved with (school, social services, juvenile justice, mental health)	Slides for module 4
		Discuss evidence-based practices with diverse			

		populations			
		Advocate for accessibility and delivery of quality care to mental health services and other supportive resources, such as primary care, education, financial assistance, juvenile justice, child welfare and natural helpers for all patients.			
		Ability to pursue a culturally-competent informed consent and psychoeducational process for both pharmacotherapy and psychological/psychosocial services involving families and youth.			