Preface

America's New Kids

Shashank V. Joshi, MD   Andres J. Pumariega, MD
Guest Editors

As *Child and Adolescent Psychiatric Clinics* begins its 20th year, it seems appropriate that this edition be focused on making us more attuned to the changing needs of our increasingly diverse children, youth, and families. Borrowing a phrase from our colleague, Claudio Toppelberg, we refer to this new population of children (who by 2030 will be the majority in our nation) as "America's new kids." In the pages that follow, the authors use an array of related terms with *culture* or *cultural* as the first word. As readers of this edition are likely aware, the evolving demographics of the United States have necessitated that clinicians be, at the very least, more culturally informed—and at the very best, culturally curious, skilled, and competent. Yet, the published literature on evidence-based practice regarding cultural issues in pediatric mental health has struggled to keep pace with the multiethnic and multicultural growth of the past 30–40 years.

In compiling the list of articles and authors, we are struck by the cultural and academic diversity within our group of writers. Among the editors, one of us (SVJ) is reminded of how, during a clinical clerkship in medical school, I would get regular comments about "what a nice guy I was," and how patients and families "really felt I listened to their concerns." Yet, although that was a necessary condition for being a successful student or intern, it was not sufficient. For although *I* thought that I was providing the very best care, families didn't always agree. As, for example, when the patient's mother thought that I could have been more deferential to the elder visiting (despite his history of being physically and emotionally abusive to family members). A simple therapeutic engagement strategy such as subtly (but definitely) acknowledging this patriarchal figure first when I entered the patient's room may have been enough to get his buy-in, thus allowing the family to wholeheartedly embrace outpatient psychotherapy for this teenager with chronic reactive airways disease and a depressive disorder. So, my chief resident would remind me (in her thick Brooklyn accent), "It's not enough to be *nice*, SVJ. You gotta be *good*." The lesson I took away was this—I could be the most culturally aware student, or practice with a cultural curiosity that honors the patient's or family's narrative of whatever is afflicting their

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child. But ultimately, it is most important to be *culturally effective*. In this edition of the *Clinics,* we hope the reader, too, will be effectively drawn in by the unique perspectives and styles of the authors, as much as with the subject matter itself.

We have avoided organizing the articles in ethnically focused sections. This approach has its place in the medical anthropologic literature when highlighting issues which may be unique in a given ethnic/racial population. For this edition, however, we believe there is greater value in emphasizing more generalizable principles, knowledge, and skills for cultural effectiveness. Although some cultural groups may be highlighted more than others, they are meant to serve as examples of how to conduct culturally sensible practice, rather than to be focused on as a disadvantaged group per se. We and others[1,2] are striving to change the “misguided perspective that the close relationship between culture and illness occurs strictly in the lives of ethnocultural minorities (only)”. Rather, we believe this relationship and these connections are human ones, and occur in persons of all races and ethnicities.

The first section of this edition focuses on development across cultures, and there are numerous new research findings highlighted from the fields of cultural neuroscience and cultural anthropology. A highly practical article on acculturation and child development follows by Eugenio Rothe, Dan Tzuang, and Andres Pumariega. Drs Toppleberg and Collins then frame the discussion on an understudied but crucial piece of development across cultures, that of language development.

Next, you’ll read about conceptual approaches to achieving cultural nirvana: from being culturally aware (perhaps where we all need to start), to developing cultural attunement, to a more process-oriented approach that is eloquently described by Drs Karnik and Dogra. To conclude this section, Drs Pumariega, Rothe, Song, and Lu review the literature and present the key ingredients of culturally informed practice.

The section that follows focuses on evidence-based practice (EBP) as it relates to disparities in care and also examines interventions that are either known to work or need to be highlighted. Optimistically speaking, Drs Kataoka, Novins, and Santiago remind us that despite the relatively few treatment studies in child and adolescent psychiatry that have an ethnic minority focus, most EBPs can be adapted for work within minority communities by culturally attuned clinicians (the “tuned in” practitioner skillfully finds just the right frequency, a sort of metaphorical radio dial, to make the cultural connection). In their article on disparities, Drs Alegria, Vallas, and Pumariega emphasize the need for vigilance in our efforts to reach those in greatest need, offering some hypotheses about how disparities are developed and perpetuated, and proposing approaches to achieve equitable outcomes in underserved racial and ethnic populations. Drs Malik, Lake, Lawson, and Joshi focus on the intersection between diversity and biology in treatment. They highlight that a *good enough alliance* may bring even the most reluctant family back for the follow-up visit, so that all pharmacotherapeutic options, from allopathic to CAM treatments, can be fully explored. This must be done while staying aware of ethnic variations in pharmacokinetics that underlie the philosophy of ‘starting (super) low and going (super) slow’ for certain patients.

The next section reflects an increasingly important statistic, which is that we could have renamed this preface, *America’s New Docs*. Currently, at least 50% of all psychiatric residents in the U.S. are either women or ethnic minorities.[3] In the next couple of articles, first Ayesha Mian, Cheryl Al-Mateen, and Gabrielle Cerda teach us more about the crucial role of training programs in raising the next generation of culturally effective child and adolescent psychiatrists. Then Drs Gogineni, Fallon and Rao highlight how international medical graduates (IMGs) have been and will continue to be important contributors in our field, while at the same time requiring support for the challenges they face in cultural adaptation, often in parallel with those of their patients.

Finally, some of the diverse patients and families we take care of will face unique challenges, especially those with developmental disabilities and those whom have suffered trauma or loss. In the last two articles of the edition, Drs Bernier and Mao, and then Drs Harris, Carlisle, Sargent, and Primm write about how cultural attunement and sensitivity become especially important in providing effective care to the most vulnerable among us.

Editing this issue has been an illuminating and rewarding experience. Yet, we readily admit to the challenging and sometimes stressful nature of this endeavor, as we are fully aware of the responsibility for framing and sharing this rarely collected knowledge and these perspectives with the rest of the field. Our hope is that this issue will be useful for practitioners serving America's new kids and for future scholars in inspiring and continuing the advancement of this work. We thank our dedicated, industrious authors for meeting tight deadlines and responding to our translation of this responsibility. We also wish to honor three pioneers who came before us and championed the culturally effective perspective in child and adolescent psychiatry: Jeanne Spurlock, John McDermott, and Harry Wright. Without their advocacy and scholarly inspiration, much of this work would either not have occurred or not seen the light of day. Above all, we honor the courage and perseverance of diverse children, youth, and families as they adapt to their environments and shape the future of our nation.

Shashank V. Joshi, MD
Division of Child and Adolescent Psychiatry
Lucile Packard Children's Hospital at Stanford
401 Quarry Road, MC 5719
Stanford, CA 94305, USA

Andres J. Pumariega, MD
Temple University School of Medicine
Philadelphia, PA 19106, USA
Section of Child & Adolescent Psychiatry
The Reading Hospital and Medical Center
Reading, PA 19611, USA

E-mail addresses:
svjoshi@stanford.edu (S.V. Joshi)
pumarieg@verizon.net (A.J. Pumariega)

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