SSPC
Society for the Study
of Psychiatry and Culture

SOCIETY FOR THE STUDY OF PSYCHIATRY & CULTURE

37TH ANNUAL MEETING

TRANSFORMING POLICY AND PRACTICE FOR CULTURALLY COMPETENT MENTAL HEALTH CARE

MAY 5-7, 2016 | HUBERT HUMPHREY SCHOOL OF PUBLIC AFFAIRS | UNIVERSITY OF MINNESOTA | MINNEAPOLIS, MINNESOTA

TABLE OF CONTENTS

WELCOME LETTER

Welcome to Minneapolis and the 37th annual meeting of the SSPC. It is very exciting to see how our organization has – for nearly four decades – focused attention on the role of culture in helath, illness, and mental health care.

This year, the conference explores the ways in which culture is addressed in policies and practices relevant to clinical care, research, education, and advocacy. This theme is so timely because we are living in a period of major transformation. In the United States, for example, the Affordable Care Act is attempting to revolutionize clinical care and advocacy, sparking hopes for greater inclusion, engagement, comprehensiveness and continuity of services, and ultimately illness prevention.

But many questions remain that cultural psychiatry can help address. How are local cultures – of health care systems, of care recipients, of families, of peers and advocates, of providers – being engaged in this transformation? How will this systemic change meet the challenge of existing disparities in illness and care across socio-cultural groups? And in other areas of policy and practice, including education and research, how are cultural transformations – in the cultures of our organizations, in migration patterns – affecting the work we do on a daily basis? This meeting offers a space to reflect on these and many other questions.

I encourage you to join other SSPC activities. Our webinar series is scheduled several times a year and is free for SSPC members. We explore key themes in cultural psychiatry over the web: a mini-annual meeting in the comfort of your own home or office! In addition, on a monthly or semi-monthly basis, our mentorship program is offering an open discussion period with SSPC mentors to promote members' professional development: a kind of "office hours" via the web. I encourage you to consider becoming a mentor in your area of knowledge and sharing your experience with your fellow members.

The Program Committee, the Board, and other committee members are very interested in your feedback on the content and format of the annual meeting, as we try to make your experience the best it can be. We would also love to hear about any other activities that you are interested in developing or attending.

My door is open. Please don't hesitate to email or call me with any ideas, questions, or concerns you may have. With very best wishes I look forward to continuing to work with all of you.

Enjoy the meeting and tell us how we can make next year better,

Roberto Lewis-Fernández

ACKNOWLEDGEMENTS

A program like ours takes a whole year to plan. Many thanks to our Program Committee, chaired by Brandon Kohrt, and the peer reviewers who reviewed and scored all the abstracts, for developing this first-rate conference. Our local hosts, Madhuri Kasat-Shors and Karen Wahmanholm, helped us recruit speakers and workshop chairs and select venues for meals and caterers. Special thanks to Bruce Field for the appendix to this book which lists numerous things to do and places to eat while we are visiting Minneapolis. Our Executive Director, Liz Kramer, has worked extra hard this year, making sure that every detail has been organized. In addition, she served on the Program and Education Committees.

The Education Committee, under the leadership of Kenneth Fung, has done an outstanding job with our new webinar series, the first three presentations of which are now being processed to make them available on our website for those who missed one or more. Stay tuned for further details. We might add that the last program, on Syrian refugees, was attended by well over 200 people. We have received a great deal of very positive feedback on these programs. Many thanks to all the participants and to the members of the committee who are enthusiastically pursuing a number of new learning opportunities The mentorship program is growing slowly under the leadership of Auryald Padilla; we will continue to think of ways to engage mentors and mentees in the coming year.

Shannon Suo continues to do an outstanding job as editor of the newsletter, and Connie Cummings and Jen Morrissey are responsible for the awesome design of this program. Kudos to Connie for our marketing flyers.

In addition to the great job she is doing as treasurer, Artha Gillis guided us through adjusting to MemberFindMe and is teaching us the many things we can do with our great new website. Connie continues to help us maintain the site.

The Warren Alpert Medical School of Brown University accredited our program for continuing medical education and provided invaluable assistance in collecting faculty disclosure forms and keeping records. They will be conducting the evaluation of our program and will distribute certificates.

Last, but surely not least, we salute Professional Risk Management Associates (PRMS) and thank them again for their generous support as a silver corporate sponsor. Many thanks also to anyone else whom we may have inadvertently omitted. We are growing and defining ourselves because of all of you.

ABOUT THE SSPC

OUR MISSION

The Society for the Study of Psychiatry and Culture (SSPC) is an interdisciplinary organization devoted to furthering research, clinical care, and education in cultural aspects of mental health and illness. SSPC promotes integration of culture in psychiatric theory and practice. Areas of interest include: (1) research on social and cultural dimensions of mental illness, comparative studies of psychopathology, and the cultural context of psychiatric practice; (2) innovative approaches to culture in clinical practice; and (3) training of psychiatrists, other health care professionals, and social scientists.

SSPC aims to promote cultural psychiatry in North American professional groups and to collaborate with national and international organizations in the development of policy and practice. SSPC also aims to foster exchange among clinicians and researchers engaged in cultural psychiatry, other medical and allied health professionals, and social scientists.

The Society has a diverse international membership and encourages participation of professionals and students from psychiatry, psychology, nursing, social sciences and public health. SSPC is a nonprofit organization.

2015–2016 SSPC BOARD OF DIRECTORS

Roberto Lewis-Fernández, President

Kenneth Fung, Vice President and President-Elect

Steven Wolin, Past President

Francis Lu, Secretary

Artha Gillis, Treasurer

Renato Alarcón

Constance Cummings

James Griffith

Brandon Kohrt

Laurence Kirmayer (ex-officio)

Elizabeth Kramer (ex officio)

Sergio Villaseñor-Bayardo

Ramaswamy Viswanathan

2015–2016 COMMITTEES

Annual Meeting Organizing Committee

Elizabeth Kramer, Chair

Roberto Lewis-Fernández

Karen Wahmanholm

Madhuri Kasat-Shors

Education Committee

Kenneth Fung, Chair

Seeba Anam

Lisa Andermann

Renato Alarcón

James Boehnlein

Artha Gillis

Larry Merkel

Auryald Padilla

Program Committee

Brandon Kohrt, Chair

Kenneth Fung

Bonnie Kaiser

Madhuri Kasat-Shors

Communications and Marketing

Constance Cummings

Elizabeth Kramer. Chair

Shannon Suo, Newsletter Editor

Membership Committee

Francis Lu

Bonnie Kaiser

Joe Westermeyer

Steven Wolin

Nominations and Awards

James Jaranson, Chair

Robert Kohn

Larry Merkel

Dan Savin

Research

Albert Yeung, Chair

Renato Alarcón

Devon Hinton

Brandon Kohrt

Mitchell Weiss

SSPC FELLOWSHIP AWARD TO TRAINEES

John P. Spiegel Fellowship in Cultural Psychiatry

This award is presented to a resident or fellow who has an interest in and commitment to cultural psychiatry.

Charles Hughes Fellowship in Cultural Psychiatry

This award is presented to a graduate student who has an interest in and commitment to research in cultural aspects of mental health and illness. This year we have two Hughes awardees.

Hunter Keys' interest in culture and mental health developed as a nursing and public health student at Emory University. While a nursing student, he was invited to participate as a student-researcher on a field project investigating mental health in Haiti shortly after the 2010 earthquake. Keys has a deep interest in mental health, stigma, and vulnerable populations, and especially how our body of knowledge about a given subject (be it mental health, stigma, or vulnerability) is constituted. Keys continued his graduate education at Emory, earning a Master of Science in Nursing (MSN, or nurse practitioner degree) with a Master in Public Health (MPH). He continued his interest in cross-cultural mental health during this time, extending his focus to Haitian migrants in the Dominican Republic. He worked as a psychiatric nurse part-time throughout his studies in Atlanta; he appreciates the practical experience that comes through clinical work. Building on this background, Keys is now enrolled as a PhD candidate at the University of Amsterdam.

Sakiko Yamaguchi is a PhD student in the Social and Transcultural Psychiatry Program at McGill University. Prior to this, she worked as a consultant for technical assistance projects in conflict-affected countries such as Afghanistan, Sudan, and Peru for nearly ten years. During her study in the MSc program at the Institute of Psychiatry, King's College London during 2011-2012, Yamaguchi participated in a service evaluation project where she reviewed the clinical histories and criminal records of patients with severe mental illness in terms of ethnicity, religion, migration history, childhood trauma, and family support. While becoming aware of the growing concern over long-term consequences of exposure to traumatic violence on mental health, she realized a lack of alignment between researchers and practitioners on the ground, as well as limited understanding of cultural patterns of suffering and the irrelevance of ongoing interventions. She broadened her understanding of issues related to cultural mental health through coursework and various seminars including SSPC Webinars. Yamaguchi further expects to gain solid knowledge and theories related to long-term mental health consequences of exposure to political violence and practical research skills in resource-scare settings in her thesis project, while experiencing processes of action-oriented research on alcohol misuse among the Quechua-speaking Andean highland population in Peru.

SSPC AWARDS TO PROFESSIONALS WHO HAVE MADE OUTSTANDING CONTRIBUTIONS TO THE FIELD OF CULTURAL PSYCHIATRY

Lifetime Achievement Award

This award is presented to a person who has made outstanding and enduring contributions to the field of cultural psychiatry.

Armando Favazza is best known for his studies of cultural psychiatry, deliberate self-harm, and religion. Favazza's Bodies Under Siege: Self-mutilation in Culture and Psychiatry (1987) was the first psychiatric book on this topic. His 2004 work, PsychoBible: Behavior, Religion, and the Holy Book presents objective data regarding commonly held misconceptions about the Bible as a whole as well as its major passages. In Kaplan and Sadock's Comprehensive Textbook of Psychiatry he has written the chapter on "Anthropology and Psychiatry" in the 3rd edition (1980), the 4th edition (1985) and the 8th edition (2005), as well as the chapter on "Spirituality and Psychiatry" in the 9th edition (2009). He has published two cover articles in the American Journal of Psychiatry: "Foundations of Cultural Psychiatry" [135:293-303,1978] and "Modern Christian Healing of Mental Illness" [139:728-735,1982]. In 1979 he co-founded The Society for the Study of Psychiatry and Culture.

Creative Scholarship Award

This award is presented to a person who has made a recent significant creative contribution to the field of cultural psychiatry.

Brandon Kohrt conducts global mental health research focusing on populations affected by war-related trauma and chronic stressors of poverty, discrimination, and lack of access to healthcare and education. He has worked in Nepal for 16 years using a biocultural developmental perspective integrating epidemiology, cultural anthropology, ethnopsychology, and neuroendocrinology. Since 2000, he has conducted a prospective study of adults in rural Nepal examining the effects of political trauma, ethnic discrimination, gender-based violence, and poverty on mental health. With Transcultural Psychosocial Organization (TPO) Nepal, he designed and evaluated psychosocial reintegration packages for child soldiers in Nepal. He works with The Carter Center Mental Health Liberia Program developing anti-stigma campaigns and family psychoeducation programs. He also directs the anti-stigma program of the Mental Health Beyond Facilities program in Liberia, Uganda, and Nepal. He co-founded the Atlanta Asylum Network for Torture Survivors. In 2009, he started a mental health clinic for Bhutanese refugees. Dr. Kohrt has contributed to numerous documentary films including Returned: Child Soldiers of Nepal's Maoist Army.

PROGRAM OVERVIEW

BACKGROUND

The Patient Protection and Affordable Care Act (ACA) has created multiple challenges for health and mental health care service providers, including how to increase access to services and how to eliminate health and healthcare disparities among diverse minority populations and specific ethnic groups with different languages and cultures. These challenges are compounded by many specific questions, such as the best ways to integrate physical, mental, and substance use disorders for use by very diverse populations and how to provide access to care for some groups of immigrants, especially refugees and those seeking asylum.

This conference will examine how culture is addressed in policies and practice of clinical care, research, education, and advocacy, ranging from the ACA to the new Milestones in clinical training, to the National Institutes of Health.

LEARNING OBJECTIVES FOR THE CONFERENCE

After attending this conference participants will be able to:

1. Identify policy resources for improving cultural competence of clinical care, education, and research in mental health.

2. Analyze and appraise the cultural applicability of policies and practices to diverse populations.

3. Integrate cultural considerations in policies and practice guidelines relevant to their work in clinical care, education, and research.

4. Develop educational materials on cultural psychiatry for healthcare professionals.

5. Discuss some of the special problems encountered by refugees and asylum seekers that may affect their ability to seek and receive healthcare and the barriers providers encounter when attempting to meet their needs.

CONTINUING MEDICAL EDUCATION

Accreditation Statement This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Warren Alpert Medical School of Brown University and the Society for the Study of Psychiatry and Culture. The Warren Alpert Medical School of Brown University is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Physicians: The Warren Alpert Medical School of Brown University designates this live activity for a maximum of 19.5 AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity (Day 1- 6.75, Day 2, 6.75, Day 3 - 6.0).

SCHEDULE-AT-A-GLANCE

DAY 1: THURSDAY, MAY 5

Time			
8:30 - 9:00	Welcome Remarks		
9:00 - 10:00	Opening Plenary (Auditorium)		
10:00 - 10:15	Break		
10:15 - 12:15	ACA Plenary (Auditorium)		
12:15 - 1:15	Lunch		
1:15 - 3:15	Workshop 1	Workshop 2	Paper Session 1
3:15 - 3:30	Break		
3:30 - 5:30	Workshop 3	Workshop 4	Paper Session 2
6:00 – 8:00	Reception at the Campus Club		

DAY 2: FRIDAY, MAY 6

Time				
8:30 – 10:30	Workshop 5	Workshop 6	Paper Session 3	
10:30 – 10:45	Break			
10:45 – 11:30	Charles Hughes Memorial Fellowship Lecture (Part 1)			
11:30 – 12:30	Poster Session			
12:30 – 1:15	Lunch & Business Meeting			
1:15 – 3:15	Workshop 7	Symposium 1	Paper Session 4	
3:15 – 3:30	Break			
3:30 – 5:30	Workshop 8	Worskhop 9	Workshop 10	Symposium 2

DAY 3: SATURDAY, MAY 7

Time				
8:30 – 10:30	Workshop 11	Workshop 12	Workshop 13	Paper Session 5
10:30 – 11:00	Break			
11:00 – 11:45	Charles Hughes Memorial Fellowship Lecture (Part 2)			
11:45 – 1:00	Lunch & Business Meeting			
1:00 – 3:00	Workshop 14	Workshop 15	Workshop 16	
3:00	Meeting Adjourns			

DAY 1
THURSDAY, MAY 5

| 8:30 - 9:00 | **Welcome Remarks** | |

| 9:00 - 10:00 | OPENING PLENARY:
Challenges and Opportunities of Coaching Providers in Shared Decision-Making and Improved Communication with their Multicultural Patients | Margarita Alegría, **Chair:** Roberto Lewis-Fernández |

| 10:00 - 10:15 | **Break** | |

| 10:15 - 12:15 | ACA PLENARY:
The Patient Protection and Affordable Care Act: Issues, Challenges, and Solutions for Cultural Psychiatry | Donald Banik, Sergio Aguilar-Gaxiola, **Moderator/Discussant:** Hendry Ton |

| 12:15 - 1:15 | **Lunch** | |

1:15 - 3:15	WORKSHOP 1: **Crouching Educator, Hidden Curriculum: The Art of Cultural Competence Education**	Kenneth Fung, Lisa Andermann
	WORKSHOP 2: **Cultural Family Therapy - The Theory and Practice of Cultural Psychiatry with Families**	Vincenzo Di Nicola, Steven J. Wolin
	PAPER SESSION 1: **Education – Innovations, Part 1**	**Moderator**: James Griffith
	Development of a transformative leadership and health systems-strengthening training program: A pathway to engaging underserved populations	Gilberte Bastien

	The use of a mental health awareness tour to increase awareness of health disparities and mental health	Auralyd Padilla
	Espiritualidad y lenguaje: development of cultural competence with Latin@ populations through a service-learning course	Alyssa Ramírez Stege, Ivan Cabrera, Mary Dueñas, Stephen Quintana
	Structural competency: Experiences of early adopters of social determinants of health-focused clinical curricula	Sewit Bereket
	Using indigenous proverbs to improve cross-cultural communication and understanding of mental health concepts	Ahmed Hassan

3:15 - 3:30	**Break**	

3:30 - 5:30	WORKSHOP 3: **Making Culture Matter in Complex Care Delivery and Organizational Practice**	Madhuri Shors, Dennis Maurer, Roli Dwivedi, Kate Erickson
	WORKSHOP 4: **Teaching the Management of Stigma Using Social Psychology and Social Neuroscience**	James Griffith, Brandon Kohrt
	PAPER SESSION 2: **Education – Innovations, Part 2**	**Moderator**: Kenneth Fung
	Training Muslim religious leaders to reduce stigma and improve access to mental health care	Ahmed Hassan Pa Chia Vue
	"Learning from success" as a cultural training tool	Matityahu Angel
	Local reflective practice: A simple, comprehensive framework for cultural training of health service psychologists	Kelly M. Moore
	Microaggressions: A perspective on building a cultural psychiatry curriculum	Anique Forrester
	Reflecting on the educational and training aspects of the cultural experience in the placement of first-year medical students in First Nation and Métis communities	Bobby Chaudhuri

6:00 - 8:00	**Reception at the Campus Club**	

DAY 2
FRIDAY, MAY 6

8:30 - 10:30	WORKSHOP 5: **Training Clinicians in the DSM-5 Cultural Formulation Interview: An Evidence-Based Didactic and Experiential Workshop**	Neil Aggarwal, Ravi DeSilva, Roberto Lewis-Fernández
	WORKSHOP 6: **Family and Culture: Clinical Tools for Everyday Practice**	Ellen Berman, Alison Heru
	PAPER SESSION 3: **Explanatory Models, Cultural Context, and Care**	**Moderator**: Renato Alarcon
	Therapist-patient discrepancy in illness explanations and early outcome in intercultural psychotherapy	Samrad Ghane
	Depression treatment-seeking in the context of a drug epidemic: Same services, different stigmas	Claire Snell-Rood
	The mediating role of family conflict, parental monitoring, and deviant peer relationships on the association between intergenerational cultural dissonance and alcohol use among Asian American youth	Jeremy Kane
10:30 - 10:45	**Break**	
10:45 - 11:30	CHARLES HUGHES MEMORIAL FELLOWSHIP LECTURE (PART 1) : **Rethinking the concept of "kokoro no kea" (care for mind) for victims of disaster in Japan**	Saikiko Yamaguchi
11:30 - 12:30	**Poster Session**	
	Ethnic and gender differences in domains of mental health recovery in a transcultural community mental health clinic	Poh Choo How
	Exploring older Hmong individuals' expression and experience of depression: A qualitative study	Pachida Lo

Advocating for advocacy: Assessing advocacy skills and student development in a counseling psychology doctoral program	Alyssa Rmírez-Stege, Dustin Brockberg, Elaina Meier
Culture and mental health in a regional health district in Australia: Challenges and opportunities	Bipin Ravindran
Attitudes and perceptions of suicide and suicide prevention messages for Asian Americans	Priyata Thapa
The duration of untreated psychosis in an outpatient clinic in Mexico	Sylvanna Vargas
An In-depth case study of urban space and parental agency in a public housing project in Baltimore City	J. Corey Williams
Bad eye: North Siberian Turk culture-bound syndrome	Tsezar Korolenko Tatiana Korolenko
Assessment of training needs in developing culturally competent mental health training models	Vishali Raval

---

12:30 - 1:15	**Lunch & Business Meeting**

1:15 - 3:15	WORKSHOP 7: **Deportation of Mentally Ill Individuals Detained Under ICE Custody: Law Student Clinic and Psychiatry-Law Partnership**	**Chair:** Jerome Kroll, Linus Chan, Chinmoy Gulrajani, Nicholas Hittler
	SYMPOSIUM 1: **Transforming Counter-Terrorism Policy by Researching Religious Justifications of Violence: Three Cases of Islamist Terrorism**	Neil Aggarwal John Horgan Ronald Schouten
	PAPER SESSION 4: **Global Mental Health**	**Moderator:** Brandon Kohrt
	Access to what? Contextualizing "diagnosis," "recovery," and "access to care" in Northern India	Sumeet Jain
	A qualitative study of community and health worker perceptions of task sharing: Lessons learned from Nepal	Anna Fiskin
	UVA-Guatemala initiative for mental health: Mental health care in post-conflict countries and implementing changes in poor resource settings	Souraya Torbey

	Political terrorism and prolonged abduction in Africa	Samuel Okpaku
	Community mental health in the Vanni: A community-based empowerment method for mass trauma and reconciliation	Kate Benham

---

3:15 - 3:30	**Break**	

3:30 - 5:30	WORKSHOP 8: **Mindfulness and Racial Bias: Interrupting Unconscious Patterns**	Terri Karis, Madhuri Shors
	SYMPOSIUM 2: **Politics of Concern**	Bruce Field, Holly Dunn , Nancy Luxon, **Discussant:** Lisa Hilbink
	WORKSHOP 9: **Lessons from the Birth of the Women's Movement: The film, "She's Beautiful When She's Angry"**	Francis Lu, **Moderator:** Shannon Suo
	WORKSHOP 10: **Resident Case Consultation**	Kenneth Fung

DAY 3
SATURDAY, MAY 7

8:30 - 10:30

WORKSHOP 11:

Cross-Cultural Instrument Adaptation Part 1: Adapting Existing Instruments

Bonnie Kaiser, Brandon Kohrt, Andrew Rasmussen, Nuwan Jayawickreme

WORKSHOP 12:

Implementing Culturally Sensitive Integrated Care Models: From Theory to Practice

Albert Yeung, Trina Chang, Nhi-Ha Trinh

WORKSHOP 13:

The Amish and Mental Health Care: An Introduction to Cultural Factors, Current Treatment Models, and Future Directions

Emily Troyer, Mary Kay Smith, Julian Davies

PAPER SESSION 5:

Refugee and Minority Populations

Moderator: James Boehnlein

Responding to the border crisis: Reflections of a clinical trainee

Rosemary Fister

Integration of a refugee mental health service into a family medicine clinic

Larry Merkel

Characteristics of culturally responsive mental health care systems for refugees

Patricia Shannon

Diasporic encounters with culture: Implications for policy and practice

Joan Simulchik

Cure violence/heal trauma: A cognitive-behavioral approach to reducing community violence in minority communities

Matthew Domínguez

10:30 - 11:00	**Break**

11:00 - 11:45	CHARLES HUGHES MEMORIAL FELLOWSHIP LECTURE (PART 2) : **Cholera, stigma, and the policy tangle in the Dominican Republic: An ethnography and policy analysis of Haitian migrant experiences**	Hunter Keys

11:45 - 1:00	**Lunch & Business Meeting**

1:00 - 3:00	WORKSHOP 14: **Cross-Cultural Instrument Adaptation Part 2: Novel Tool Development**	Bonnie Kaiser, Brandon Kohrt, Jo Weaver
	WORKSHOP 15: **Providing Quality Health Care with CLAS: Curriculum for Developing Culturally and Linguistically Appropriate Services**	Hendry Ton, Sergio Aguilar-Gaxiola
	WORKSHOP 16: **A Sociocultural Approach to the Assessment and Management of Postpartum Depression Among Immigrant Women**	Pamela Montano, Maria Jose Lisotto, Matthew Domíngue

ABSTRACTS
DAY 1
THURSDAY, MAY 5

Challenges and Opportunities of Coaching Providers in Shared Decision-Making and Improved Communication with their Multicultural Patients

Author: Margarita Alegria

Shared decision-making (SDM) and effective patient-provider communication are two key and inter-related elements of patient-centered care that have been shown to impact health and behavioral health outcomes. The Institute of Medicine asserted that the quality chasm in healthcare services could be closed if providers sought the patient's perspective about their illness, shared power and responsibility and improved their communication. Such shared decision making (SDM) and enhanced communication can improve the quality of behavioral health care. SDM is "a form of patient-provider communication where both parties bring expertise to the process and work in partnership to make a decision". In this presentation we discuss our PCORI findings of SDM and communication in the clinical encounter and the challenges and opportunities in training providers. Implications for training providers will be discussed.

Learning Objectives:
At the end of this presentation participants will be able to:

1. Identify two challenges linked to training providers about shared decision-making.

2. Describe one central aspect that needs to be included in training providers about improved communication with minority patients.

ACA PLENARY:

The Patient Protection and Affordable Care Act: Issues, Challenges, and Solutions for Cultural Psychiatry

Presenters: Donald Banik, Sergio Aguilar-Gaxiola, Hendry Ton

Moderator/Discussant: Hendry Ton

The Patient Protection and Affordable Care Act (ACA) has created multiple challenges to the providers of health and mental health care services, particularly to diverse minority populations and specific ethnic groups, especially with regard to cultural and language implications.

Learning Objectives:

At the conclusion of this symposium, attendees will be able to:

1. List at least two implications of how culture and language impact the implementation of the Affordable Care Act (ACA).

2. Describe at least one strategy for empowering culturally diverse communities to make use of the ACA.

3. Discuss how primary care, mental health services, and substance use services are being implemented as part of the ACA, especially in clinics serving diverse minority populations and/or specific ethnic groups.

WORKSHOP 1:

Crouching Educator, Hidden Curriculum: The Art of Cultural Competence Education

Kenneth Fung and Lisa Andermann

In an increasingly diverse and globalizing world, cultural competence is seen as a requisite for clinical competence. Paradoxically, this can lead to defensiveness from well-meaning clinicians as well as resistance from faculty and learners about the need to thoughtfully implement specific pedagogical tools for education and training. Cultural competence is often either dismissed as mere political correctness or else rejected as a misguided approach leading to further presumptuous oppression. In this workshop, through an interactive dialogue and debate, core facets and components of cultural competence will be identified as well as key objections. Second, various strategies to teach cultural competence will be explored, from a direct competence-based approach to designing a curriculum, to action and cultural change approaches using the concept of Culturally Competent Advances, to other indirect approaches addressing inextricably related issues, such as stigma and the concept of Otherness. Participants will work collaboratively to explore these strategies. Finally, participants will also be engaged in an experiential teaching exercise and discuss the use of such techniques in front-line teaching.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Identify and describe two core components of cultural competence training.

2. Apply strategies to map out a curriculum and employ experiential teaching techniques to foster increased cultural competence.

WORKSHOP 2:

Cultural Family Therapy - The Theory and Practice of Cultural Psychiatry with Families

Vincenzo Di Nicola and Steven Wolin

This interactive workshop presents Cultural Family Therapy (CFT), a synthesis of family therapy and cultural psychiatry based on Di Nicola's book, A Stranger in the Family: Culture, Families, and Therapy (1997). Three key processes for CFT will be demonstrated: (1) Cultural coherence: Each family coheres as and maintains its own culture, reflecting deep parallels between the functions of the family and culture, so that family culture supercedes the notion of family system; (2) Cultural transmission: Each family is the bearer of the larger culture(s) in which it is embedded; (3) Cultural adaptation: CFT's unique mission is to facilitate cultural adaptation for families undergoing culture change. These processes will be illustrated with case examples. In Part 2, participants will divide into two groups for discussion of CFT theory and practice, illustrated by two family cases in treatment with Wolin (a couple in continuous conflict whose battle concerns which family of origin will rule current family life) and Di Nicola (a young adult of mixed heritage whose core identity, sense of belonging, and symptomatic distress are in constant flux). Participants will apply the key CFT processes to these cases. Part 3 will conclude by reconvening the participants for an interactive discussion, with a focus on applying CFT treatment strategies to their own clinical work with families undergoing culture change.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Identify three key processes that CFT employs to characterize the contemporary family and understand their functions in creating a unique culture for its members.

2. Formulate a clinical role for the family and cultural psychiatrist by specifying three clinical tools for conducting CFT with families undergoing culture change.

PAPER SESSION 1:

Education – Innovations, Part 1

Development of a Transformative Leadership and Health Systems Strengthening Training Program: A Pathway to Engaging Underserved Populations

Author: Gilberte Bastien

Empirical evidence continues to accumulate at local, national, and global levels demonstrating that enhancement in primary care services for disadvantaged populations is one of the most important means of reducing health inequities. With the ultimate aim or reducing health disparities and promoting health equity among vulnerable populations, a multidisciplinary research team from Morehouse School of Medicine's Satcher Health Leadership Institute (SHLI) is working to develop and evaluate a culturally informed training model (Integrated Care Leadership Program or ICLP) for developing health leaders equipped to advance integration of behavioral health in primary care. This project aims to examine the value and impact of a hybrid model versus an online-only training model in order to advance integrated care and influence policy.

The SHLI's ICLP will support integrated care practice through three strategic objectives:

1. To review, test, and evaluate an online training currriculum among existing partners and new stakeholders.

1. To implement a hybrid (online & in-person) training model, mini-grant projects, online dissemination plan, and develop of an online CoP.

2. To analyze and disseminate program outcomes, evaluate policy and practice impact, and implement a sustainability plan for effective program components.

Currently in Phase 1 (Objective 1), the ICLP team has been active in engaging key stakeholders and potential participants for participation in its learning collaborative. Data gathered from preliminary engagement events are presented. A sample of 24 primary care providers have been surveyed to date regarding their primary care practice, level of integration, as well as interest in and readiness for integration. Preliminary findings suggest unanimous interest in integration, while pointing to existing barriers to successful integration. Additionally, curriculum field testing data have provided meaningful direction to inform curriculum refinement and program implementation. Policy and practice implications of the process of developing this learning collaborative are discussed.

Learning Objectives:
At the conclusion of this presentation, attendees will be able to:

1. Describe the potential of integrated care as a pathway to engaging historically underserved populations.

2. Discuss strategies for advancing policies that enhance cultural competency and improve engagement of ethnic minority consumers.

3. Identify key challenges and common barriers to culturally-responsive integrated care in disadvantaged and low-resourced settings.

The Use of a Mental Health Awareness Tour to Increase Awareness of Health Disparities and Mental Health.

Author: Auralyd Padilla

In 2003, 66% of individuals with a mental health disorder did not receive treatment in Puerto Rico. Migration of students and providers to the continental US contributes to the lack of services. We aimed to increase awareness and recruitment efforts.

Five APA resident members carried the first "mental health awareness tour." This included seminars in different educational levels to encourage psychiatry as a profession. We visited a TV news show, a radio station, and a local mall to raise awareness about mental illness. The tour included advocacy efforts with lawmakers and community outreach.

Recruitment efforts resulted in mentorship relationships with students and several contacted the APA expressing interest in Psychiatry. Media interactions reached the community and captured interest in repeating these efforts. The visit to the Capitol increased our awareness of policies and lawmakers understanding of issues faced by psychiatrists and patients. We also gained insight into the importance of partnerships with associations such as the APA and local resources for the common goal of impacting the community.

The tour succeeded in raising awareness about potential challenges faced by psychiatrists in Puerto Rico and the community. This mental health tour may serve as a model for raising awareness and impacting other communities. Furthering collaborations and advocating change through advancements in government policy will continue to be a priority.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Describe the feasibility of the proposed "mental health awareness tour" model as an effective way to address policy changes and health disparities.

2. Propose alternative models to address health disparities, mental health awareness and policy changes.

Espiritualidad y Lenguaje: Development of Cultural Competence with Latin@ Populations Through a Service-Learning Course

Author: Alyssa Ramirez Stege, Ivan Cabrera, Mary Duenas, and Stephen Quintana

Latin@s are the largest growing minority group in the U.S. When working with this group it is vital that mental health service providers consider core competencies that incorporate their idioms of distress, language, culture and spiritual values.

Espiritualidad y Lenguaje: Dimensions of Latin@ mental health is a service-learning course developed to provide students at a large Midwestern university with culturally-specific competencies for working with Latin@s. Instructors created partnerships with local Latin@-serving agencies to facilitate volunteer opportunities for students to increase their cultural awareness and skills.

Results elucidate the importance of utilizing service-learning experiences to train students in the development of Latin@ competencies. Students reported this course provided a unique space where they could express their comprehensive identity, celebrating their culture, family, language, community, spiritual, and ethnic heritage. Findings of the study will inform instructors and health care providers on how to integrate cultural competency and awareness such that students feel proficient when working with Spanish-speaking Latin@s.

Authors provide a guide to develop a curriculum for student training in mental health for cultural competency development with Latin@ populations. Through service-learning students integrated both personal and professional experiences, developing a stronger vocation as social change agents, and commitment for working with the Latin@ community.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Plan, sequence, and carry out curricula that integrate culture in training students to work with Latin@ populations.

2. Explore, analyze, and determine the impact of a service-learning course in student Latin@ competency development.

Structural Competency: Experiences of Early Adopters of Social Determinants of Health-Focused Clinical Curricula

Author: Sewit Bereket

Structural competency requires a new approach to relationships between race, class and symptom expression. It bridges research on social determinants of health to clinical interventions, and equips clinical trainees to address systemic inequalities.

To move away from the existing cultural competency model of training for clinicians, and instead move toward models that incorporate institutional, political and economic forces which generate stigma for patients but are rarely addressed or considered by clinicians.

Clinical faculty utilized a variety of materials and approaches to instruct students on how to implement interventions at community, institutional and policy levels including creation of community partnership electives. Creation, collection, and dissemination of curricula by educators will be addressed, as well as challenges and barriers to uptake.

Providing this type of training early in the students' careers can be invaluable in creating a generation of physicians who can act as advocates for their patients within the healthcare system, and assist them in navigating the various structural forces that cause illness, and so often remain invisible.

Learning Objectives:

Following the presentation of this paper, attendees will be able to:

1. Discuss how the care of patients can be significantly improved by considering structural factors that impact health and generally lead to health inequalities.

2. Formulate strategies for creating structural competency related curricula thereby moving away/improving on existing curricula which have tended to focus on cultural competency training for clinical trainees.

Using Indigenous Proverbs to Improve Cross-Cultural Communication and Understanding of Mental Health

Author: Ahmed Hassan

Immigrants often avoid seeking help for mental health problems or persisting in treatment because they are unable to relate to Western mental health concepts. We will introduce a model of cross-cultural counseling that employs indigenous proverbs to communicate these concepts to clients and, when appropriate, to their families and their ethnic community leaders as well. Proverbs can facilitate cross-cultural communication and understanding and provide clients with a way of expressing their thoughts and feelings. Indigenous proverbs give the therapist insights about the values and concepts prevalent in the client's culture of birth and identify common ground between the two cultures. Participants will analyze other proverbs, some suggested by the organizer and others from participants themselves, identify concepts embedded in them, and describe how as therapists they would employ the proverbs to improve therapist-client communication and understanding. Finally, the organizer will invite participants to critique the proverb model.

Learning Objectives:

Following the presentation of this paper, attendees will be able to:

1. Apply indigenous proverbs to improve communication and understanding between themselves and their clients from other cultures.

2. Evaluate the benefits and drawbacks of using the indigenous proverb model for their own cross-cultural applications.

WORKSHOP 3:

Making Culture Matter in Complex Care Delivery and Organizational Practice

Chair: Madhuri Shors

Presenters: Dennis Maurer, Roli Dwivedi, Kate Erickson

How does patient and family-centered cultural responsiveness get woven throughout different levels of a health care organization in practice? The University of Minnesota's Community-University Health Care Center is a community clinic with co-located mental health, primary care, and dental services. In this workshop, the clinic's staff and faculty will describe specific features of the clinic's organizational and complex care delivery model, as well as policies and protocols that have aimed to promote an understanding and integration of patient and family cultural beliefs. We will discuss how this approach improves achieving patient goals and health outcomes, as well as the essential role of cultural context as the clinic shifts toward increasing integrated care. We will discuss benefits, challenges, and lessons learned from the clinic's tested practices as they relate to patient engagement; hiring and supervising; cultural matching and mixing; training of staff and future health care professionals (here, specifically in the management of diabetes among Somali patients during Ramadan); and care coordination for a multicultural patient population, including immigrants and refugee with complex psychosocial, psychiatric, and medical needs. Interactive activities will allow for discussion and application of the principles discussed to participants' own clinical and/or research practices and organizations.

Learning Objectives:

At the conclusion of this workshop, attendees will be able to:

1. Discuss culturally responsive practices that can be useful in a health care setting for multicultural patient engagement, training staff, and care coordination.

2. Apply principles learned to generate ideas that can improve cultural-sensitivity and cultural responsiveness of mental health and medical clinical care delivery in one's own clinical organizational setting.

WORKSHOP 4:

Teaching the Management of Stigma Using Social Psychology and Social Neuroscience

James Griffith and Brandon Kohrt

Psychiatric education is confronted with three barriers to managing stigma associated with mental health treatment: (1) limited evidence-based practices for stigma reduction, with interventions for stigma against mental health professionals especially lacking; (2) scarcity of training models for mental health professionals on how to reduce stigma; (3) lack of conceptual models for neuroscience-grounded approaches to stigma reduction, as a higher-tier ACGME Milestone. In this workshop we present a social psychology and social neuroscience-based curriculum for teaching stigma management. Based on these processes, stigma can be categorized according to different threats that include peril stigma, disruptive stigma, empathy fatigue, moral stigma, and "courtesy" stigma. Participants will practice skills sets for addressing stigma in different clinical encounters: (1) helping a patient to anticipate and manage stigma in family, community, or workplace; (2) helping a patient to resolve internalized stigma; (3) conducting treatment during active stigmatization by medical colleagues; and (4) helping a patient access care from

lay or religious healers when mental health treatment risks shunning by the patient's group. Participants will be taught to develop interventions to manage stigma using patient cases.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Apply interventions to counter stigma during interpersonal encounters with stigmatizing patients, families and medical colleagues.

2. Integrate social neuroscience and social psychology research to understand stigma within the healthcare system and to manage stigma against mental health care clinicians from medical colleagues.

PAPER SESSION 2:

Education – Innovations, Part 2

Training Muslim Religious Leaders to Reduce Stigma and Improve Access to Mental Health Care

Authors: Ahmed Hassan and Pa Chia Vue

Based on a 2012 community health needs assessment conducted at University of Minnesota Medical Center-Fairview, it was found that addressing mental health concerns in the Somali community is a priority to the community.

Ninety-nine percent of Somalis are Muslims, and addressing cultural and religious taboos related to mental health was critical to project success. Imams are religious leaders in the Muslim faith community and have long served as advocates for the Somali community.

Our objectives are to: (1) describe the mental health needs of Somali Muslim immigrants; (2) discuss methods used to train Muslim religious leaders on mental health disorders and treatments; and (3) identify opportunities to integrate faith into mental health outreach efforts.

In our project, 10 Imams from four mosques in Minneapolis participated in 18 mental health trainings and dialogue on topics such as depression, chemical dependency, self-care, and motivational interviewing. The Imams were provided with tools and resources to help their communities address mental health concerns and they also learned how to refer members from their congregations to mental health services.

Imams have become more aware of identifying mental health concerns in the communities they serve. They have expressed increased knowledge of mental health conditions and increased understanding of mental health conditions as preventable and treatable with social implications.

Learning Objectives:
Following this presentation, attendees will be able to:

1. Discuss tools and methods used to engage Somali Muslim leaders in mental health outreach and share lessons learned with peers and researchers interested in exploring this topic further.

2. Share lessons leearned with peers and researchers interested in exploring this topic further.

"Learning From Success" as a Cultural Training Tool

Author: Matityahu Angel

Mental health professionals working with culturally diverse populations often find it diffi-cult to apply their theoretical knowledge to the complicated reality of their everyday work. Nevertheless, successes do occur and it is critical to mine these for explicit knowledge.

"Learning from Success" is a continuous learning modality devel-oped by Jona Rosenfeld, which is rooted in action research and origi-nally designed for social workers working in extreme poverty contexts.

This approach provides a theoretical framework and structured method for identifying, revealing, and documenting practitioners' tacit knowledge. This is done in learning groups, using struc-tured processes of reflecting on past success and focusing on practitioners' actions. Poten-tial benefits include: revealing innovative intervention principals; learning, documenting, and disseminating best practices; and developing enthusiasm toward learning. This method can be applied: at the local level using multi-profession staff to generate knowledge on working with specific communities; at the macro level to generate global cross-cultural knowl-edge about principles shared by different sites and those unique to specific cultures.

This presentation will show how to use this method and discuss ways of incorpo-rating this approach into the ongoing training of mental health professionals."

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Discuss the learning from success method into their learning session.

2. Identify actions which led to the success, and common elements that underly them.

Local Reflective Practice: A Simple, Comprehensive Framework for Cultural Training of Health Service Psychologists

Author: Kelly M. Moore

The Local Reflective Practice model was developed at the Southwest Consortium Doctoral Psychology Training Program to provide comprehensive, integrated training in cultural diversity that moves beyond didactic, content-based normative information.

The underlying assumptions and components of the Local Reflective Practice model will be presented. Quantitative and qualitative feedback from trainees who have engaged in the model

will also be presented. Overall, trainees have rated the program and associated seminars highly in regard to how well they were prepared for handling cultural considerations in professional practice. Further, former trainees of the Southwest Consortium have sought to disseminate the framework at other sites. Presenters will discuss how this model has been implemented in other settings.

This paper reviews the limitations to current approaches to cultural training and how the Local Reflective Practice framework can be practically used to enhance trainees' knowledge of self and others with the intention of improving clinical care. Attendees are encouraged to consider how this model may be applied at other training sites.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Identify critical components of a diversity training model.

2. Apply specific tools for diversity training into their current training model.

Microaggressions: A Perspective on Building a Cultural Psychiatry Curriculum

Author: Anique Forrester

Microaggressions is the term now used to describe the idea that specific interactions between those of different races, cultures, or genders can be interpreted as small acts of mostly non-physical aggression. This concept usually involves demeaning implications and other subtle insults may be perpetrated against others due to gender, sexual orientation, ethnicity, and ability status. These are subtle, stunning, often automatic, and sometimes nonverbal exchanges. Using this concept as a teaching base, we have begun to develop a new curriculum on Cultural Psychiatry at the University of Maryland. The goal of this curriculum is to raise the awareness of psychiatry residents about issues in treatment related to implicit bias, microaggressions, and unconscious aggression that affects us in everyday life. We are hoping to develop metrics to assess outcomes related to awareness of unconscious bias and improved provider clinical interactions. We will use the Harvard Implicit Association Test as a pre and post test evaluation to assess learner bias.

Learning Objectives:
At the conclusion of this presentation, participants will be able to:

1. Discuss and explore cultural psychiatry and cultural competence as concepts and as real life applications.

2. Recognize the shift in practice regarding culture and psychiatry given new cultural issues on the horizon and how to utilize specific tools to integrate cultural issues into clinical practice.

Reflecting on the Educational and Training Aspects of the Cultural Experience in the Placement of First-Year Medical Students in First Nation and Métis Communities

Author: Bobby Chaudhuri

The Northern Ontario School of Medicine (NOSM) has a social accountability mandate to serve the needs of Northern Ontario that includes educating first-year medical students early in their careers about culture, more specifically the needs of First Nation and Métis communities and the socio-cultural determinants of health that affect these communities. NOSM opened in 2005 and has successfully run this program for ten years, usually placing two students in over thirty different types of communities, some fly-in reserves, others closer-by. The students usually go in with some trepidation not knowing what to expect, but after a month living in the community their minds are opened. Culture is a fluid and dynamic process that can only be experienced to be realized or felt.

This final, mandated module at the end of the first year for all medical students has been a great success but also takes a lot of effort to organize. This presentation will provide three different perspectives, one from the small-group facilitator reflecting on his experience teaching students via tele-conference, another from the students, both native and non-native, and finally from the First Nation coordinator who ensured the system functioned securely through community site visits to maintaining the students' safety on each reserve. This presentation shows how medical students can acquire cultural "competence" through didactic lecture, group discussion, and living on the reserve.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Discuss the meaning of cultural safety in the education and training of medical students prior, during, and following immersion in life among an Indigenous population through reflection and debriefing.

2. Recognize one of the few, if not only, medical schools that implements the concepts of culture in education and training as well as a respect for the historical trauma of the colonization experience of the First Nations people.

DAY 2
FRIDAY, MAY 6

WORKSHOP 5:

Training Clinicians in the DSM-5 Cultural Formulation Interview: An Evidence-Based Didactic and Experiential Workshop

Neil Aggarwal (Chair), Ravi DeSilva, Roberto Lewis-Fernández

Government and professional organizations contend that clinician cultural competence training can reduce racial and ethnic health disparities. Cultural competence approaches, however, differ by provider discipline, training methods, and outcomes measured, with no indication of which methods clinicians find helpful. One cultural competence model with emerging evidence is the psychiatric cultural formulation which has been revised in the Cultural Formulation Interview (CFI) for DSM-5. A 2014 Lancet Commission on culture and health has advocated for CFI use throughout all medical subspecialties given its evidence base and focus on patient cultural views of illness and treatment relevant beyond psychiatry. This workshop will train participants in the training package found to be most helpful by 75 clinicians in the DSM-5 CFI field trial.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Recognize clinically relevant cultural factors in diagnostic and treatment planning through the Cultural Formulation Interview.

2. Integrate cultural factors in diagnostic and treatment planning by using the Cultural Formulation Interview through case-based behavioral simulations.

WORKSHOP 6:

Family and Culture: Clinical Tools for Everyday Practice

Ellen Berman and Alison Heru

The individual and the family develop in the context of community and culture. When individuals and families comprehend their family heritage and cultural location, they develop a depth of understanding about their challenges and strengths.

This understanding is enhanced through the use of graphic assessment tools such as the cultural genogram, the community genogram, and questionnaires such as the family/cultural formulation interview (CFI). These tools provide the clinician with easy entry points into the intersection of family and culture. These techniques allow for re-storying and highlighting new ways of connection in families. Behavioral tasks, such as developing or altering family rituals, enable family members to co-create a richer and less conflicted family culture. Illustrative cases include a family stressed by caregiving and a remarried couple unable to create family rituals to become an effective stepfamily.

The workshop will have three parts. In Part 1, Drs. Berman and Heru will discuss the use of the CFI and genogram as therapeutic tools. In Part 2, in small groups the participants will examine their own cultural heritage and family rituals and how they affect/enrich their therapeutic work. In Part 3 the participants will join for an interactive discussion on culturally focused behavioral tasks and rituals in patient families.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Demonstrate that they can effectively recognize and conceptualize the couple or family's cultural location and its intersection with gender, racial, and individual issues, using graphic models and questionnaires.

2. Demonstrate the ability to co-create with the family a ritual or task which will support a family's emerging culture.

PAPER SESSION 3:

Explanatory Models, Cultural Context, and Care

Therapist–Patient Discrepancy in Illness Explanations and Early Outcome in Intercultural Psychotherapy

Author: Samrad Ghane

Illness attributions (IAs) are causal beliefs that may affect psychotherapy process and outcome. Poor quality of mental health care among members of ethnic minorities is thought to result from disparities between IAs of patients and therapists.

The study examined whether higher therapist-patient discrepancies in IAs are associated with poorer psychotherapy outcomes and lower psychotherapy attendance rates. A sample of 66 participants was recruited among patients from Turkish or

Moroccan origins who received outpatient treatment. Symptom severity and IA's were measured at the beginning (T1) and after three months of psychotherapy (T2).

Results indicated that higher therapist-patient discrepancies in psychological attributions at T1 and T2 were both significantly associated with poorer outcome. Moreover, greater discrepancy in psychological attributions at T1 was a significant predictor of lower psychotherapy attendance. However, attendance itself was not significantly associated with outcome.

Discrepancies between patients and their therapists in psychological attributions were associated with worse outcome, although psychotherapy attendance did not seem to mediate this relationship. Early assessment of patients' IAs and strategies, aimed at enhancing therapist-patient congruence, are important steps in intercultural mental health care.

Learning Objectives:
Following this presentation, attendees will be able to:

1. Recognize and describe the clinical relevance of patients' illness attributions.

2. Identify strategies, aimed at enhancing the therapist–patient congruence.

Depression Treatment-Seeking in the Context of a Drug Epidemic: Same Services, Different Stigmas

Author: Claire Snell-Rood

Research and advocacy agendas to improve access to care have prioritized ameliorating the stigma of mental illness. However, in many areas, stigma against drug use frequently takes precedence with the rise of a rural drug epidemic.

This study examines the role of drug use stigma in shaping treatment-seeking behaviors of depressed rural women. This emphasis builds on an emergent theme in a broader study about mental health treatment-seeking in Appalachia. Using purposive sampling, we recruited low-income Appalachian women with depression (n=28) and conducted semi-structured interviews about treatment-seeking behaviors.

Participants expressed doubts about mental health treatment in a rural region where the few options available serve both depressed patients and those with comorbid drug use. Many were skeptical that patients with comorbid drug use and depression sought treatment to obtain antidepressants for their addiction or were forced by court order. Though they empathized with the comorbid depression of many drug users, women contrasted how their own coping in the absence of treatment demonstrated moral self-reliance. Many blamed family and community members who used drugs for increasing the social burdens that contributed to their depression.

Treatment engagement is limited when perceived to threaten identity and potential for recovery. In mental health provider shortage areas, the behavioral health system categorizes mental health and drug use patients together by default. Education must address how

multiple stigmas shape the treatment-seeking behaviors of patients with depression.

Learning Objectives:

Following the presentation of this paper, attendees will be able to:

1. Interpret how a scarcity of rural mental health resources in the context of a rural drug epidemic produces a unique cultural context of care.

2. Theorize how complex ideas about identity are related to mental health treatment seeking behavior.

The Mediating Role of Family Conflict, Parental Monitoring, and Deviant Peer Relationships on the Association Between Intergenerational Cultural Dissonance and Alcohol Use Among Asian American Youth

Author: Jeremy Kane

Intergenerational cultural dissonance (ICD), a gap in acculturation between immigrant family adolescents and caregivers, is a risk factor for adolescent alcohol use, but less is known about the mechanisms through which it impacts drinking behavior.

Using longitudinal data of Vietnamese and Cambodian immigrant families in the U.S., we estimated a path model to test whether higher levels of ICD were associated with increased family conflict and if, in turn, greater family conflict led to decreased parental monitoring, increased association with deviant peers, and ultimately increased risk for adolescent alcohol use.

Goodness of fit indices suggested that the final model was an adequate fit to the data (.2=24.8, p<.01; CFI=0.92; RMSEA=0.13). Path analyses supported our theoretical framework: ICD significantly predicted higher levels of family conflict; family conflict was associated with lower parental monitoring; less parental monitoring was associated directly with increased adolescent alcohol use and also indirectly through the mediating path of increased adolescent association with deviant peers (all effects, p<.01). ICD was not associated with alcohol use independent of this pathway, suggesting that its effects on alcohol use were fully mediated.

The identification of mediators allows for targeting intervention and prevention programs. The presentation will include a discussion of culturally competent strategies for preventing outcomes precipitated by ICD among immigrant families through addressing family conflict, improving parent-child bonding, and reducing the influence of deviant peers.

Learning Objectives:

At the conclusion of this presentation, attendees will be able to:

1. Explain how the effects of acculturation on alcohol use may differ across ethnic groups and how this must be considered when designing intervention strategies.

2. Identify the key mechanisms through which acculturation-level variables such as ICD impact adverse adolescent outcomes.

Rethinking the concept of "kokoro no kea" (care for mind) for victims of disaster in Japan

Author: Sakiko Yamaguchi

Since the concepts of PTSD and "kokoro no kea" (care for mind) for psychological distress of disaster victims were introduced during the earthquake in 1995, a lack of consensus on "kokoro no kea" and stigma attached to mental illness still remain.

This paper aims to call attention of policy makers and practitioners to the concept of "kokoro no kea" by examining current challenges of the natural disaster mental health system in Japan. It also assesses how the notion of "kokoro no kea" conforms to culturally salient knowledge and belief related to personhood, historical view of nature and coping with natural disasters, and body-mind unity.

The Japanese views of co-existence with nature and historical interpretation of natural disasters suggest their general attitude of accepting reality and maintaining self-control in response to trauma. While overlooking the multilayered meanings of receiving a psychiatric diagnosis and treatment in Japanese society characterized by a high degree of public self-consciousness and a high value on respect for others, the concept of "kokoro no kea" contradicts the Japanese concepts of mind-body unity. Furthermore, understanding collective trauma requires consideration of institutional power relations.

Showing the limitation of the logic of "kokoro no kea" in treating human response to trauma, this paper stresses that culturally competent humanitarian mental health assistance needs to understand how culturally prescribed templates guide how people feel, experience, and express their emotions, as well as how institutional power has performed.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Recognize how the concepts of PTSD and "kokoro no kea" (care for mind) have altered people's perception of psychological distress after natural disasters, with challenges remaining in establishing culturally competent mental health system for natural disasters in Japan

2. Apply the lessons learned from disaster experiences in Japan to rethink how culturally salient knowledge and belief related to personhood, historical view of nature and coping with natural disasters, and body-mind unity can be addressed in the humanitarian assistance

Ethnic and Gender Differences in Domains of Mental Health Recovery in a Transcultural Community Mental Health Clinic

Author: Poh Choo How

The Transcultural Wellness Center is a community mental health treatment center established to provide culturally competent services to a multi-ethnic community including psychiatric treatment, therapy, case management, and social rehabilitation.

A 37-question Wellness & Recovery Survey was administered to ascertain the recovery of clients in four different domains: (1) mental health symptom awareness and management; (2) independent living skills; (3) feelings of hope, sense of self-worth and goal orientation; and (4) employment readiness. Statistical analysis of survey data was performed using the student's t-test.

The results show that there are significant differences in the domains of recovery among different ethnic groups, genders, mental health diagnoses, and clinician-client pairing. Most clients achieved good symptom stabilization within the first year of treatment with the exception of the Mien and Tongan ethnic groups. Gender differences and significant distress were seen in Domain 3, especially among those with co-morbid MDD and PTSD who were predominantly ethnically Hmong. Analysis of clinician-client pairing identified differences in ratings of independent living skills and employment readiness when clients were matched by language and gender.

In addition to culturally competent psychiatric treatment and symptom stabilization, ethnocentric social rehabilitation is important for mental health recovery. Clinician language and gender also have a significant impact on recovery. We have implemented interpersonal psychotherapy groups as a first step to address this need in our population.

Learning Objectives:
After reading this poster, attendees will be able to:

1. Distinguish between the different domains of mental health recovery in the Wellness & Recovery Scale. Recognize the importance of social rehabilitation in ethnocentric mental health recovery.

Exploring Older Hmong Individuals' Expression and Experience of Depression: A Qualitative Study

Author: Pachida Lo

Despite disproportionately higher risk of depression, research about the experience of depression among Hmong Americans is limited. We explored the experience and expression of depression among older Hmong individuals in California.

The aim of our study was to characterize Hmong patients' depression experience and expression. Twelve adult Hmong patients (aged 50–75 years old) with major depression and six community leaders participated in semi-structured interviews that were recorded and transcribed. Thematic analysis was performed on the transcriptions.

Depressive symptoms are common among older Hmong Americans and symptom presentation appeared different from the general population. Depression was described as "nyuab siab," an idiom of distress, used to express concerns with insomnia; decreased appetite; tightness of the chest; disappointment in role transition and isolation; disturbing dreams; and spiritual disturbances related to demons, ancestors, and previous life affecting present life. Dreams among depressed older Hmong that involved caring for a stranger or ancestors taking one home, were described as a possible indication of worsened depression and underlying suicidal thoughts."

Older Hmong individuals' expressed depression differently from the general population. Spiritual themed dreams may indicate severity of depression and imply need to explore dreams with older depressed Hmong patients. Our study contributes to research aimed at improving communication between providers and older Hmong Americans with depression.

Learning Objectives:
After reading this poster, attendees will be able to:

1. Describe depression symptomatology among older Hmong men and women.

2. Apply basic strategies to build healthy relationships between provider and older depressed Hmong patients.

Advocating for Advocacy: Assessing Advocacy Skills and Student Development in Counseling Psychology Doctoral Programs

Author: Alyssa Ramirez Stege, Dustin Brockberg, and Elaine Meier

Counselors have recognized the need to move beyond the confines of traditional counseling towards advocacy efforts, defined as actions taken by counselors to challenge and eliminate institutional and social barriers that impede clients' well-being.

This study will present findings of a survey that will be launched across counseling psychology doctoral training programs nation-wide. Using the Advocacy Competencies Self-Assessment (ACSA) Survey, the authors seek to determine students' advocacy competence and development. Results will be presented according to levels of advocacy, advocacy needs, and degree of comfort in advocacy roles.

This study is currently underway. Results will reveal students' level of competence and effectiveness as social justice advocates in the following areas: client/student empowerment, client/student advocacy, community collaboration, systems advocacy, public information, and social/political advocacy. Individual student factors that may influence advocacy efforts will be analyzed, as well as training opportunities within doctoral programs.

Discrimination, prejudice, and unequal distribution of wealth and resources are factors linked to quality of life. To promote human welfare, psychologists must seek to address both wellness and issues of inequity that affect clients' mental health. This study reports on how future professionals are trained and equipped to become agents of change.

Learning Objectives:
After reading this poster, attendees will be able to:

1. Evaluate strengths and challenges in student advocacy competencies development.

2. Identify training opportunities for student advocacy development

---

Culture and Mental Health in a Regional Health District in Australia: Challenges and Opportunities

Author: Bipin Ravindran

The exploration of the relationship of culture and psychiatry in a Regional Health Service in Australia is relevant in the current context of sociodemographic change and requires examination of local, national, and historical influences.

We aim to study and delineate the evolution, relationships, and trajectory of multicultural mental health services within a large regional health district, Hunter New England Health, in Australia. The role of cultural psychiatry within regional Australia in terms of practice, interface with Aboriginal and Refugee Health Services, and the challenges of teaching and training are critically examined.

A large regional health service within Australia, such as the Hunter New England Service, faces unique challenges and opportunities in the area of cultural psychiatry. There is the opportunity to be innovative in developing collaborations with specialist services like Aboriginal Mental Health Service and Refugee Health Services in terms of providing a model of care to local and national mental health services. There are special challenges in teaching culture in psychiatry in context of broader changes to psychiatric training. The changing regional sociodemographic presents with special challenges and opportunities in this field.

Cultural psychiatry in Regional Australia provides a unique model for multiple interfaces and collaborations. It presents with the opportunity to inform and learn from other local and national collaborations in health sciences.

Attitudes and Perceptions of Suicide and Suicide Prevention Messages for Asian Americans

Author: Priyata Thapa

Information on Asian Americans' attitudes about suicide and their perceptions about the effectiveness of prevention efforts is limited. This information is critical to provide foundational knowledge for effective suicide prevention strategies.

AA (n=87) and White (n=87) participants were randomized into three conditions (exposure to a billboard PSA, a TV advertisement PSA or no information). They completed self-report indexes on their knowledge of depression and suicide (e.g. estimates of suicide rates), coping attitudes (e.g. help-seeking), and suicide prevention attitudes (e.g. usefulness of PSAs).

Asian Americans perceived suicidal behavior to be more common, and also perceived a stronger link between depression and suicide than did Whites. AAs endorsed less help-seeking attitudes than Whites. There were no significant differences in perceptions of the overall usefulness of PSAs. However, when considering participants who viewed a PSA, AAs were more likely to report concern or distress about the information they were exposed to. Among the AA group, those with a history of depression/suicide endorsed fewer adaptive help-seeking attitudes than those without a history of depression/suicide.

This study addresses an important area of research that has not been adequately explored. Our findings suggest key ethnic differences in the suicide profile of AAs, which may be useful for shaping prevention efforts. It also highlights the need for more research so that well-intended suicide prevention efforts can more optimally serve this group.

Learning Objectives:
After reading this poster, attendees will be able to:

1. Apply information presented to solve new questions relevant to the research findings.

2. Integrate information to formulate new solutions to research questions

---

The Duration of Untreated Psychosis in an Outpatient Clinic in Mexico

Author: Sylvanna Vargas

Increased duration of untreated psychosis (DUP) is associated with negative outcomes. In Mexico, public resources for mental health are limited. It is possible people experience longer DUPs in Mexico than in other countries with greater resources.

The proposed study aimed to retrospectively measure the DUP of interested patients at Hospital Psquiátrico Dr. Rafael Serrano in Puebla, Mexico. The Latency to Treatment questionnaire was used to evaluate the DUPs. Whenever possible, both the caregiver and the patient (dyads) were interviewed. A single reliable DUP was calculated for each case, using two independent raters.

Thirty-seven outpatient cases were evaluated. Of these, twenty-six were complete dyads and eleven were single source interviews. Most patients had experienced multiple psychotic episodes and were being treated on an ongoing basis. Preliminary results on a random subsample of cases suggest a wide range of DUPs. These findings will be presented.

Understanding the DUP in Mexico will help inform future interventions aimed at helping people identify symptoms of psychosis and receive treatment more quickly.

Learning Objectives:
After reading this poster, attendees will be able to:

1. Discuss the implications of a prolonged duration of untreated psychosis.

2. Discuss the duration of untreated psychosis in Mexico.

An In-depth Case Study of Urban Space and Parental Agency in a Public Housing Project in Baltimore City

Author: J. Corey Williams

Risk-based approaches to disruptive behaviors in poor, urban children overlook the humanity and resiliency of affected families and may perpetuate discrimination. There is a need for greater emphasis on existing community-level protective factors.

The study aim was to describe endogenous, community-level resources that a family residing in a public housing project in East Baltimore employed to shape their child's behavior. A longitudinal in-depth case-based method using a series of in-depth interviews, structured data collection activities and direct observations was conducted with a family living in a public housing project in Baltimore.

The spatial arrangement of the neighborhood (i.e. building surrounding a courtyard) and the communal parenting that it facilitated emerged as resources that the study child's mother leveraged in supervising and managing her son's behavior. The mother of the child utilized group parenting as a means to increase overall parental monitoring of her son.

Findings in this case study support the assertion that urban families mobilize endogenous community resources to mitigate the effects of poverty, violence, and oppression on their child's development. Our study demonstrates the potential for unexpected displays of agency in settings usually characterized by deprivation.

Learning Objectives:
After reading this poster, attendees will be able to:

1. Distinguish between risk-factor based and protective-factor based models as applied to low-income, urban families and children with disruptive behaviors.

2. Interpret the action and intentions of low-income, urban parents as expressions of agency in adaption to resource deprivation.

Bad Eye: North Siberian Turk CultureBound Syndrome – Assessment of Training Needs in Developing Culturally Compentent Mental Health Training Models

Author: Tzesar Korolenko and Tatiania Korolenko

Culture-bound factors have increasing significance in contemporary multinational Siberia related to the process of the assessment, diagnosis, and treatment of mental disorders in some ethnic

groups where mythological believes are very strong. Until now, the diagnosis of mental disorders is based on the criteria of MKB-10 (Russian version of ICD-10), where culture-bound national and religious peculiarities of separate ethnic groups are not satisfactorily presented. Examples of this insufficient approach are the culture-bound mental disorders observed by authors in the North Siberian Turks population. They include the psychotic states connected with the possession of evil spirits; the loss of connection with the totem animal, and "bad eye" casting. These disorders are usually diagnosed as schizophrenia. The absence of knowledge of ethnic mythology had negative impact on the communication between physician and patient, excluding any effective psychotherapeutic help. The patients are treated exclusively by psychopharmacological drugs. The necessity of educating psychiatrists in the field of transcultural psychiatry is emphasized as condition sine qua non of the adjustment to the actual challenge

---

Assessment of Training Needs in Developing Culturally Compentent Mental Health Training Models

Author: Vishali Raval

A key contributor to delivering culturally competent mental health care is training professionals who are culturally aware, sensitive, and competent. This is particularly critical in diverse countries such as India and the United States.

As a part of a collaborative project, "A training model for culturally competent and evidence-based mental health care in diverse societies," funded by the United States India Education Foundation, we conducted an assessment of training needs of students in graduate level clinical and counseling psychology programs, faculty in these programs, and practicing clinicians in India and the United States.

Online survey weblinks were distributed through various listservs and sent to directors of clinical training at all APA accredited PhD or PsyD programs in the US. Paper copies of the surveys were mailed to all psychology departments with a graduate clinical or counseling psychology program in India. Pilot data from 40 respondents in India show that 54% of the respondents reported that their training prepared them somewhat well to work with diverse individuals, and 30% considered multicultural training as among the strongest aspects of the training they received. Further data collection is currently ongoing.

Identifying the training needs of students and practicing clinicians can inform the development of training models and graduate curricula that infuse multiculturalism throughout the training. These models can then be broadly disseminated to inform mental health training globally.

Learning Objectives:
After reading this poster, attendees will be able to:

1. Identify the mental health training needs of students and

practicing clinicians in two diverse cultures

2. Prepare recommendations for curricula modification to address training gaps.

Deportation of Mentally Ill Individuals Detained Under ICE Custody: Law Student Clinic and Psychiatry-Law Partnership

Jerome Kroll (Chair), Linus Chan, Chinmoy Guirajani, Nicholas Hittler

Deportation, as one endpoint of the refugee/asylee experience, represents a failure of accommodation of humanitarian immigration goals. For those instances where the failure reflects the interaction of mental illness with immigration policies of an ambivalent or insensitive host country, the psychiatric and legal professions, which are in the best position to intervene effectively and responsibly, share responsibility for not providing cross-cultural services and advocacy for this desperate segment of recent arrivals. We will present the legal claims needed to place the mentally ill asylee within an easily recognizable class stigmatized by the country of origin. This involves keying the psychiatric testimony necessary in arguing an asylee claim of mental illness, explicating the role of illness in producing the present difficulties, harm experienced by the asylee during detention in the US, and the justification for fears of discrimination, lack of treatment, and focused harm that would ensure if the mentally ill asylee were to be returned to the home country. We will present guidelines for preparing psychiatric briefs and testimony for immigration judges to consider regarding credibility of witnesses seeking asylum, explanations of the impact of mental illness upon the asylee in the US, and the role of culture in development and clinical expression of illnesses leading to deportation hearings. Case examples will serve as focal points for discussion.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Identify the relevant legal theory and requirements underlying deportation processes and collaborate with a psychiatric-legal team to provide a defense for the mentally ill asylee/refugee. The case of a mentally ill "boy soldier" from Sierra Leone will provide a basis for discussion.

1. Psychiatrists will be able to work with a defense attorney to write a culturally sensitive psychiatric assessment of a mentally ill person currently under detention by the federal government and facing a deportation hearing.

Transforming Counter-Terrorism Policy by Researching Religious Justifications of Violence: Three Cases of Islamist Terrorism

Chair: Neil Aggarwal (Chair), John Horgan, Ronald Schouten

Terrorists, those who commit violence against civilians for political ends, have frequently justified violence through religion. In 2015, President Barack Obama announced that counter-messaging strategies must be developed against terrorists who use Islam to promote narratives of violence, targeting Al Qaeda, the Islamic State, and the Taliban in particular. Given that hundreds of Muslim scholars have denounced the religious legitimacy of these groups and that these groups have opposed each other, how do they variously deploy religious meanings to justify violence? Can cultural psychiatry inform counter-messaging strategies against these groups to dissuade individual recruits? In this symposium, presenters discuss findings and policy implications from data collected with Somali-Americans seeking to join Al-Shabab (an Al Qaeda franchise), young children socialized in the Islamic State, and Taliban authors writing texts in different languages.

Learning Objectives:

At the conclusion of this symposium, attendees will be able to:

1. Specify how theories and methods from cultural psychiatry can be used to analyze religious justifications of violence.

2. Compare the different uses of religion to justify violence among three Islamist terrorist organizations.

PAPER SESSION 4:

Global Mental Health

Access to what? Contextualizing "Diagnosis," "Recovery," and "Access to Care" in Northern India

Author: Sumeet Jain

Global mental health and national policies interpret "access to care" as increasing availability of personnel and interventions. An implicit assumption is made that provision of diagnosis, leads to treatment and re-emergence of a "recovered" subject.

This paper examines the intersections between experiences of "diagnosis," "access," "care," and "recovery" by individuals and families affected by mental health difficulties in northern India. This draws on ethnographic research (2004–2014) that maps understandings of "mental distress," help-seeking trajectories, and engagement (and non-engagement) of rural people with a mental health program.

The relationships between "access to care," "diagnosis" and emergence of a "recovered self," requires an understanding of the local particularities of "access" and "care" and tracing of the impacts of "diagnosis production" on "recovery journeys." A central question is access to "what"? In the absence of "accessible" mental health provision, the "what" that people access are the inner resources of their selves, families, and communities to creatively seek varieties of care. The research suggests the importance of examining the multiple meanings of care through lenses of social exclusion, including gender and caste.

Technical and universal conceptualization of "access" and "care" obscure the circumstances that shape individual and collective decisions and actions in response to psychological distress. Contextualizing the local significance of global mental health policy concepts such as access, care, and recovery may provide ways of reconceptualizing responses.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Analyze and discuss how national and global mental health policies on access to care are interpreted by communities in particular ways.

2. Analyze and discuss how notions of care in communities intersect with social exclusion.

A Qualitative Study of Community and Health Worker Perceptions of Task Sharing: Lessons Learned from Nepal

Author: Anna Fiskin

Shortage of financial and human resources requires that LMIC engage non-specialist health professionals, lay health workers, affected individuals and caregivers in delivering mental health care. Acceptability and feasibility of this must be studied in order to: (1) determine if task sharing is acceptable and feasible in the Napali context and what would make it so; (2) evaluate feasibility and acceptability of integrating mental healthcare with primary care at multiple levels – health facility, community, and health service organization – in two Nepali districts using findings from PRIME and mhBeF; (3) compare findings from thematic analysis of focus groups and interviews.

There are differences in motivation and acceptability of task sharing among health workers in Chitwan, which is rapidly urbanizing, and Pyuthan, which is a rural district. Health workers in Chitwan have more opportunities for professional advancement and financial compensation due to presence of an extensive health sector and numerous NGO's there, and are less incentivized to take on additional task of providing mental health care. Community members are concerned about non specialist health workers prescribing medication in both districts."

While female community health volunteers have been identified by health workers and community members to be critical to integration of mental health with primary care, they in particular feel burdened by demands of various NGO's in Chitwan. There is need for professional organization and compensation of these volunteers in order to engage them

Learning Objectives:

Following the presentation of this paper, attendees will be able to:

1. Describe how local factors affect acceptability and feasibility of task sharing in Nepali context.

2. Extrapolate these findings to implementation of task sharing to other LMIC settings.

UVA-Guatemala Initiative for Mental Health: Mental Health Care in Post-Conflict Countries and Implementing Changes in Poor Resource Settings

Author: Souraya Torbey

In 2012 Disability Rights International declared that the conditions of the patients at Frederico Mora were dreadfully inhumane.The Inter-American Commission on Human Rights issued an "emergency measure" ordering the government to address these issue.

As part of the University of Virginia-Guatemala initiative, the psychiatry department initiated a project with the goal of creating a collaboration aiming at improving mental health. A psychiatry resident who acted as an investigator spent 4 weeks in Guatemala researching the strengths and weaknesses of the present mental health care system by interviewing several providers.

Reviewing the literature it was clear that there were large disparities between mental health in high income countries and low and middle income countries.Based on the field work that we have done, it is evident that the mental health system in Guatemala lacks infrastructure and organization. The main providers of mental health care outside of the capital were found to be fresh psychology student graduates with no training in psychotherapy. The difficulty that the resident faced mirrored the complexity of the system on the ground.

The goal is to implement psychotherapy workshops in order to create a sustainable learning environment that will increase the capacity of local mental health providers. It is hoped that this model may provide a blue print for increasing access to and effectiveness of delivered care in other low resource settings.

Learning Objectives:

At the conclusion of this presentation, attendees will be able to:

1. Interpret a cultural setting and determine how to navigate certain obstacles.

2. Properly analyze a low resource setting and evaluate the areas of need.

Political Terrorism and Prolonged Abduction in Africa

Author: Samual Okpaku

In the past 50 years, the continent of Africa has witnessed major conflicts ranging from civil wars and liberation wars to Chaos from failed States. In these political upheavals, kidnapping and abductions of person have become more prominent.

In this paper the consequences of political upheavals will be discussed. For the community there are economic, political and social disruptions. For the Individuals there are family disruptions and impoverishment. For the abducted and kidnapped individuals there are physical, psychological and cognitive impairments, as well as consequences of sexual injuries.

There is controversy as to the prevention, reduction, and management of young victims of war and conflicts.

Some workers have suggested that

1. The imposition of peace agreements by foreign powers may not be strictly relevant to the parties engaged in the conflicts.

2. Culturally appropriate rituals have efficiency in the readjustment of boy solders and abducted girls.

Nevertheless the guidelines suggested in international disagreements provide a basis for the readjustment of young war conflict victims.

The readjustment of boy solders and abducted girls is not an easy proposition. However, opportunities for them to return to their families and to school and acquisition of skills are very important. Also the use of traditional conflict resolutions play a vital role.

Learning Objectives:
At the conclusion of this presentation, attendees will be able to:

1. Define "Boko Haram."

2. Discuss how political abductions and kidnaping do not lead to lasting sexual consequences.

Community Mental Health in the Vanni: A Community-Based Empowerment Method for Mass Trauma and Reconciliation

Author: Kate Benham

In the final stages of civil war, 300,000 civilians were trapped in the fighting between the Tamil Tigers and the government. Accounts have been described as apocalyptic, but the government denies civilian casualties and prevents NGO entry

To understand the methods employed by local psychiatrists to deal with widespread trauma, qualitative data were collected from psychiatrists, mental health workers, and patients over a two-month period in the Vanni region of northern Sri Lanka. The author followed the sole psychiatrist of the region to learn about his methods of treating communal trauma in the face of government repression."

In the context of government denial of atrocities or civilian casualties, the psychiatrist developed a community-based, parallel system of mental health provision that empowers those affected to become health care providers, utilizes the traditions and social capital of the community, and promotes memorialization in the setting of a government ban on memorial. He trained

former patients to be group counselors and community health workers, and helped them acquire the skills to be occupational therapists. He set up numerous community drop-in centers around the region and a system of triage to meet the needs of all community members.

In the context of widespread trauma and destruction of social capital and infrastructure, programs that empower those affected to be agents of healing, as well as utilize local resources to make the work more acceptable and relevant to the community, are effective means of creating healing.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Investigate the ways in which culture was used to both make mental health acceptable as well as bolster community development after mass destruction of social capital.

2. Theorize how these methods can be applied to other settings of mass trauma and political repression.

WORKSHOP 8:

Mindfulness and Racial Bias: Interrupting Unconscious Patterns

Terri Karis (Chair), Madhuri Shors

Implicit biases are thought to play a role in health disparities. Sound practice of cross-cultural mental health requires that clinicians bring awareness to their own racial and cultural biases and develop skills to address these biases. The challenge is that these mostly unconscious (implicit) biases often go unnoticed, yet impact treatment of mental illnesses by undermining therapeutic trust and even harming the patient during clinical work. In this workshop participants will be introduced to a Buddhist framework for understanding the self and other, participate in mindfulness meditation exercises, and practice a process for mindfully identifying and learning from "racial moments" in daily life. We will explore how this process can be used to pay attention to racial moments that arise during clinical practice, and consider how to decrease moments of racial and cultural stress for our patients and ourselves.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Recognize the presence of implicit racial and cultural biases and their impact on the clinical process and the clinician's decision-making.

2. Apply Buddhist concepts of self /non-self and mindfulness to increase awareness of racial moments and draw from Buddhist psychological principles to skillfully work with them.

SYMPOSIUM 2:

Politics of Concern

Organizer: Bruce Field; Presenters: Holly Dunn, Bruce Field, Nancy Luxon; Discussant: Lisa Hilbink

Working with people who are refugees, from societies troubled by conflict, or subject to gendered violence challenges practitioners and activists alike to rethink their approach. If these interactions rely on mutual vulnerability to move forward, then how should this vulnerability be construed? What archetypes of "illness" or "pathology" or "victimhood" do western caregivers work with? How should these archetypes be balanced against the lived experience, resilience, and self-understandings that vary between cultures? This symposium takes up these questions and others from the perspectives of clinical practitioners, political activists, and political scientists. It examines the framing context of political violence, the effects of such violence on patients' sense of moral self, and the effects on relationships between patients and practitioners, with special attention to clinical narratives, empathy, and enactments.

Learning Objectives:
At the conclusion of this symposium, attendees will be able to:

1. Integrate psychiatric and more political claims.

2. Explore how externally imposed framings of victimhood limit voice and agency of victims.

3. Explore how aspects related to political decisions described by exiled patients contribute to their personal history and have an impact on the therapeutic relationship.

WORKSHOP 9:

Lessons from the Birth of the Women's Movement: The film, "She's Beautiful When She's Angry"

Francis Lu; Moderator/Discussant: Shannon Suo

"She's Beautiful When She's Angry" (2014) is a 92-minute documentary film that tells the story of the origin and development of the women's movement from 1966 to 1971 through both archival footage and contemporary recollections/reflections on lessons learned from 30 women leaders of the movement. Their individual efforts for human dignity, equality, and social justice developed into a social movement of culture change not only for the United States, but also for the entire world, which continues today that has led to policy changes affecting social determinants of mental health. Issues depicted include the fight for equal employment opportunities including pay equity, contraception, safe and legal abortions, childcare and access to health care as well as the fight against sexism, sexual violence, racism, homophobia, and prejudice against the poor, sometimes even within the movement itself. After the film viewing, there will be both individual and group processing of the film.

See www.shesbeautifulwhenshesangry.com

Learning Objectives:

Following the presentation of this paper, attendees will be able to:

1. The key issues the women's movement from 1966 to 197 fought for (equal employment opportunities including pay equity, contraception, safe and legal abortions, childcare and access to health care) and against (sexism, sexual violence, racism, homophobia, and prejudice against the poor).

2. The lessons learned in how a social movement of culture change for health equity affecting social determinants of mental health evolves from individual efforts to encompass collective efforts in groups and organizations.

WORKSHOP 10:

Resident Case Consultation

Kenneth Fung et al.

This session is restricted to residents and fellows only. It is a group consultation for cases presented by the trainees.

DAY 3
SATURDAY, MAY 7

Cross-Cultural Instrument Adaptation Part 1: Adapting Existing Instruments

Bonnie Kaiser (Chair), Brandon Kohrt, Andrew Rasmussen, Nuwan Jayawickreme

Background: The development of culturally appropriate mental health assessment tools is an important yet challenging part of global mental health research and interventions.

Aims: This workshop will introduce participants to the concepts and methods for culturally adapting assessment tools.

Proposition and Discussion: This workshop is an interactive participatory teaching session consisting of small-group activities facilitated by researchers with instrument development experience in multiple settings. The workshop will begin with a discussion of the limitations of WHO guidelines for translation–back-translation of assessment instruments when conducting global mental health research. Concepts of equivalence in semantic, content, construct, and technical domains will be reviewed. Participants will then engage in a simulated 5-step transcultural translation procedure for adaptation of an existing instrument. Following these two processes, validation strategies will be discussed, and alternative validation procedures to standard clinical assessment will be discussed. Participants will learn techniques to calculate and adjust for group response bias. The group will then discuss instrument piloting and refinement, including quantitative and qualitative techniques for testing and improving items.

Implications: Participants will develop foundational skills and will be provided with resources for future reference as they seek to apply these strategies in their own work.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Analyze the influence of culture on response style and reference group bias.

2. Apply transcultural adaptation processes for assessment tools and alternative strategies to clinical validation.

Implementing Culturally Sensitive Integrated Care Models: From Theory to Practice

Albert Yeung (Chair), Trina Chang, Nhi-Ha Trinh

Depression is extremely common in primary care settings, accounting for up to 10% of office visits. Primary care is especially important as a site for care for depressed minorities, who are less likely to be seen by mental health specialists. To help improve the quality of depression care delivered in primary care settings, health care organizations have increasingly been turning to evidence-based chronic care models for depression management such as collaborative care. In collaborative care, patients receive depression treatment from their primary care doctor with the support of a team that includes a care manager and a consulting psychiatrist and that utilizes systematic measurement, behavioral techniques, and stepped care to enhance care. Such models have been found to improve depression outcomes in a cost-effective manner while reducing racial/ethnic disparities. In this workshop, we will discuss the process of implementing collaborative care in a way that is sensitive to the needs of minority populations. Using interactive exercises and discussions, we will consider such questions as readiness to implement collaborative care and issues in scaling up these models. We will also review how collaborative care models can reduce health disparities and discuss techniques that may be useful for working with culturally diverse populations.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Examine their practice and prepare a plan to implement an integrated care model for depression management in primary care.

2. Learn strategies to integrate a culturally sensitive approach into their model to adapt it for the needs of culturally diverse populations.

The Amish and Mental Health Care: An Introduction to Cultural Factors, Current Treatment Models, and Future Directions

Emily Troyer (Chair), Mary Kay Smith, Julian Davies

The Amish represent a unique religious, ethnic, and cultural minority in modern North America. With roots in sixteenth-century Europe, the Amish now reside in thirty states throughout the United States and Canada. They seek to maintain separateness from mainstream society, but because of intentionally limited education, they face the unique predicament of depending on providers outside their culture for professional services such as mental healthcare. There is

a demand for mental healthcare services in Amish populations, but there is limited research into how to deliver culturally competent mental healthcare to the Amish. This gap can begin to be bridged by increasing providers' awareness of Amish culture. This workshop will introduce the historical context for modern cultural factors influencing the treatment of Amish individuals with mental illness. Case-based discussion will be used to highlight these cultural factors and to incite discussion about solutions to possible ethical dilemmas. Current community-based treatment models will also be highlighted, and directions for future work will be discussed.

Learning Objectives:

At the conclusion of this workshop, attendees will be able to:

1. Identify cultural factors that affect the treatment of Amish individuals with mental illness.

2. Analyze and formulate solutions to ethical dilemmas arising from
    the treatment of Amish individuals with mental illness.

PAPER SESSION 5:

Refugee and Minority Populations

Responding to the border crisis: Reflections of a clinical trainee

Author: Rosemary Fister

This paper compares European and American migrant routes, highlighting cases of trauma responses. These reflections are based on field experience working with migrants in Calais, France in 2014 and Tenosique, Mexico in 2015.

Influenced by trauma-focused mental health care models, social medicine, and liberation theology, I reimagine humanitarian and clinical roles in the broader border crisis. How does culture impact interpretations of negative events? What role does resilience play in mental health interventions in the midst of enduring crisis and retraumatization? What if we spoke instead of dignity?

Calais is a port city in the north of France and a final stopover in the flight from Syria, Afghanistan, Eritrea, and other states. Tenosique is a railroad town in southern Mexico, a starting point for Central American migrants going north. Calais had no organized humanitarian response in early 2014, limiting my clinical practice to one of accompaniment – hoping the presence of observers would attenuate structural violence, and transporting people to hospital when it could not. In Tenosique, a praxis of accompaniment was expected, enabling my clinical work to be something more than the delivery of care in the shelter's busy clinic.

As mental health clinicians begin to take a seat at the table of global health, we need to bring a geographically broad and historically deep understanding of trauma. This type of engagement reveals not a set of misfortunes, but forms of injustice. A truly

humanitarian response may require not just aid but accompaniment as well.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Compare conditions for migrants in European and American settings.

2. Investigate humanitarian and clinical roles in the context of the broader border crisis.

Integration of a Refugee Mental Health Service into a Family Medicine Clinic

Author: Larry Merkel

The International Family Medicine Clinic at the University of Virginia Medical Center has provided primary care for refugees for many years For the past six years the UVA Department of Psychiatry and Neurobehavioral Sciences has provided psychiatric care within this clinic. Based on observations and interviews with key members of the clinic, the daily workings of the clinic will be presented, specifically examining issues resulting from "cultural" differences between the Departments of Family Medicine and Psychiatry, efforts to overcome these differences, and how these differences have impacted the effort to provide culturally informed clinical care to the refugee. Issues discussed include: (1)differences in clinical philosophy between Family Medicine and Psychiatry; (2) logistics of appointment scheduling; (3) "ownership" of the patient; (4) comfort with psychiatric medications; (5) electronic medical-record keeping; (6) advantages for the refugees; (7) enhancement of culturally informed care; and (8) on-going difficulties and issues. In conclusion, the integration of psychiatric care for refugees within a family practice setting, while resulting in a number of "cultural" conflicts initially, provides an effective model for delivering culturally informed care.

Learning Objectives:
At the conclusion of this presentation attendees will be able to:

1. Carry out psychiatric care for refugees integrated into a primary care setting, benefitting from the lessons learned in this presentation.

2. Evaluate difficulties arising from the integration of psychiatric care within a primary care setting in order to devise potential solutions.

Characteristics of Culturally Responsive Mental Health Care Systems for Refugees

Author: Patricia Shannon

Despite significant needs for mental health services, research documents that persons with refugee backgrounds face structural, cultural, and psychological barriers to accessing mental health services.

This study utilized a community based participatory approach and mixed methods. A survey was administered to collect stories of successful and unsuccessful mental health referrals of refugees. Stories were sorted into domains using the critical incident technique. Data were analyzed using Principle Components Analysis that yielded components and categories of referrals.

This paper describes higher-order categories and corresponding components that define culturally responsive mental health care systems for refugees. Two categories that described successful referrals were related to cultural competence: proactive resolution of access barriers (eigenvalue 1.493, 73 CIs) and culturally responsive care (eigenvalue 1.090, 32 CIs). Two categories that described unsuccessful referrals were related to cultural competence: cultural barriers to refugees accessing care (eigenvalue 3.497, 32 CIs), the most significant category, and language barriers or failure to utilize interpreters (eigenvalue 1.00, 21 CIs).

Findings suggest that culturally competent practice goes beyond knowledge, attitudes, and skills and is a responsive, collaborative, and dynamic interaction that includes provider flexibility and openness to responding to multidisciplinary needs of refugee clients. Practice, policy, and theory implications are presented.

Learning Objectives:
Following the presentation of this paper, attendees will be able to:

1. Explain the key concrete and relational aspects of culturally responsive mental health referrals and systems for refugees.

2. Identify common barriers faced by persons with refugee backgrounds in accessing mental health services and the importance of adapting conventional professional roles to be more responsive to the needs of this vulnerable population.

Diasporic Encounters with Culture: Implications for Policy and Practice

Culture is increasingly understood as a dynamic, mutable process that is influenced by individual and collective agency and variable according to particular context. Migration is a lead factor in creating multi-cultural encounters. An appreciation of culture and its different manifestations is critical to developing relevant policy and delivering appropriate treatment. How cultural expression is perceived and acknowledged is paramount for the efficacy of the continuum of service, from research to assessment to program design.

This paper will explore the multiple dimensions of culture and its manifestations in diasporic refugee populations. It will suggest ways to avoid totalizing cultural notions and attend to variation across diverse national and ethnic contexts. Acknowledging the role that trauma history may play in cultural manifestation, discussion will center on how the specific needs relating to its sequelae may be met. This paper will explore opportunities to share experience and deepen familiarity with conceptual frameworks. The presentation will promote values associated with cultural sensitivity and the development of a perspective that enhances transcultural learning and application.

Learning Objectives:
At the conclusion of this presentation attendees will be able to:

1. Identify and explain how encounters with refugees are affected by cultural (mis)understanding.

2. Plan and carry out program, service and treatment appropriate for refugee populations.

Cure Violence/Heal Trauma: A Cognitive-Behavioral Approach to Reducing Community Violence in Minority Communities

Author: Matthew Dominguez

From mass shootings in public spaces to individual acts of police brutality, violence is a growing problem in America. The rise in nationally publicized killings of unarmed people of color by police offers suggests that the scope of the problem is much broader than a criminal justice issue and disproportionally affects specific minority groups and communities. The Chicago-based NGO Cure Violence seeks to reduce violence by targeting individual communities most at risk. Based on a "viral violence" model, which likens the cycle of violence to a communicable disease and implements a public-health approach to change behavior, Cure Violence has achieved a 50% reduction in shootings/killings in targeted Chicago communities.

The Cure Violence/Heal Trauma initiative aims to incorporate a trauma-focused perspective to further reduce community violence. The proposed initiative is primarily based on traumatic stress theory, learning theory, and emotional processing theory and also incorporates components of trauma-focused CBT, multiple self-management strategies, and peer support. To date, the initiative has trained nine outreach workers and operated a community-based media campaign. The initiative has also incorporated a trauma component in their one-on-one counseling program for high-risk youth.

Cure Violence/Heal Trauma aims to change the way communities view their experience with violence, reversing its normalization and reframing these events as exposures to trauma, with serious health consequences that require appropriate intervention through an effective and consistent delivery method.

Learning Objectives:

Following the presentation of this paper, attendees will be able to:

1. Recognize the utility of incorporating a trauma-focused perspective in a public-health based, "viral violence" approach to preventing and reducing violence.

2. Consider how "at-risk" communities and individuals can re-frame their everyday experiences with violence.

CHARLES HUGHES MEMORIAL FELLOWSHIP LECTURE (PART 2)

Cholera, Stigma, and the Policy Tangle in the Dominican Republic: An Ethnography and Policy analysis of Haitian migrant experiences

Author: Hunter Keys

Haitian migrants and their descendants have historically held a precarious status in Dominican society. An ethnography of anti-Haitian stigma in light of the cholera outbreak can provide a useful analytic of the downstream effects of public policy.

Eight focus groups were held with Haitians and Dominicans across rural and urban areas during a time of epidemic cholera. Stratified by gender and nationality, focus groups were asked to characterize cholera and elaborate on community risks and prevention strategies. The study situates focus group findings from a local context alongside concurrent immigration and public health policies.

Within Dominican circles, Haitians were often blamed for the epidemic's spread by fault of intrinsic character flaws or else their "lower culture." Haitians employed key idioms including imilyasyon (Kreyòl, humiliation) and oblije (obligated) to communicate a shared sense of powerlessness in the face of life's hardships, including cholera. While Dominican public health programs sought to reach Haitian migrants and their communities, national-level legislative and judicial action further pushed migrants to the margins of Dominican society.

Cholera appears to have fed into longstanding anti-Haitian stigma. Public health campaigns, despite their inclusive approach, can be undermined by exclusionary legislative tactics directed against migrants. Grounded in local worlds, ethnography can open up news ways of harmonizing policy with real-world, day-to-day experience.

Learning Objectives:
At the conclusion of this presentation participants will be able to:

1. Compare the findings presented here with their experiences in other settings, and recognize similarities and differences between the two.

2. Offer their suggestions as to how ethnography can go beyond characterizing mental health disparities and instead fit into larger policy prescriptions.

WORKSHOP 14:

Cross-Cultural Instrument Adaptation Part 2: Novel Tool Development

Bonnie Kaiser, Brandon Kohrt, Jo Weaver

Background/Implications: The development of culturally-appropriate mental health assessment tools is an important yet challenging part of global mental health research and interventions.

Aims: This workshop will introduce participants to the concepts and methods that are central to developing appropriate, ethnographically valid tools.

Proposition and Discussion: This workshop is an interactive participatory teaching session consisting of small group activities facilitated by researchers with instrument development experience

in multiple settings. The workshop will begin with a discussion of the limitations of using standard psychiatric instruments for cross-cultural mental health assessment. Participants will be exposed to the novel tool development process. Examples from facilitators' experiences in Haiti, Nepal, and India will first be presented. Then, facilitators will guide participants through a simulated tool development exercise. Participants will be exposed to card sort and free-listing procedures and basic thematic analysis procedures to demonstrate how qualitative and ethnographic data can be used to develop items for instruments. The group will then discuss instrument piloting and refinement, including quantitative and qualitative techniques for testing and improving items.

Implications: Participants will develop foundational skills and will be provided with resources for future reference as they seek to apply these strategies in their own work.

Learning Objectives:

At the conclusion of this workshop, attendees will be able to:

1. Describe the anthropological concepts of ethnographic validity, idioms of distress, and ethnopsychology.

2. Discuss strategies and methods for developing novel assessment instruments in a local setting.

WORKSHOP 15:

Providing Quality Health Care with CLAS: Curriculum for Developing Culturally and Linguistically Appropriate Services

Hendry Ton and Sergio Aguilar-Gaxiola

In 2011, the UC Davis Center for Reducing Health Disparities with the California Office of Multicultural Health and the federal Department of Health and Human Services Office of Minority Health completed work on an innovative curriculum to help public health and health care leaders implement the CLAS Standards in their systems. Utilizing a unique combination of cultural competence and diversity principles, learning pedagogy, and system change theory, the curriculum was piloted in two county health departments, a state department, and several academic health system departments. At the end of the training, these departments developed and implemented quality improvement plans leading to system change in their organization. This interactive workshop introduces participants to abbreviated curriculum training with the following objectives.

Learning Objectives:

At the end of the workshop, participants will be able to:

1. Describe the CLAS Standards.

2. Describe at least one health disparity that can be addressed by the CLAS Standards.

3. Summarize the key components of the curriculum.

4. Experience components of the curriculum.

5. Describe the resources to implement the curriculum.

WORKSHOP 16:

A Sociocultural Approach to the Assessment and Management of Post-partum Depression Among Immigrant Women

Pamela Montano (Chair), Martha Jose Lisotto, Matthew Dominguez

Postpartum depression (PPD) is a major public health problem, now second only to HIV/AIDS as a cause of disability in women aged 15–44. While much focus is placed on the biological and psycho-logical factors of PPD, it is becoming increasingly apparent that sociocultural aspects also play a significant role. Evidence indicates that 19% of women in the US suffer from PPD, compared to 42% of refugee and immigrant women (projected to contribute to 82% of the increase in popula-tion from 2005 to 2050). Recent research has resulted in earlier detection and treatment of PPD, benefiting the entire family unit. However, an inadequate focus has been placed on immigrant women, a population met by unique and multi-layered challenges which may compromise their mental health and prevent them from receiving adequate and equitable care. These women often face: stressful pre-migration experiences, language barriers, marginalization, low SES, lack of social support, poor physical health, and difficulty adapting to host cultures. This workshop will allow presenters to utilize video clips, case reports, and narratives to examine: the impact of migration on PPD symptomatology, a comparison of PPD among different immigrant groups, examples of tradi-tional rituals and their effect on the mothers' mental health, barriers to care, and the use of the DSM-5 cultural formulation for the assessment and treatment of PPD among immigrant women.

Learning Objectives:
At the conclusion of this workshop, attendees will be able to:

1. Integrate sociocultural factors into the assessment of postpartum depression in immigrant women.

2. Apply a culturally informed treatment model for PPD.

ABOUT THE TWIN CITIES

FOOD

NEIGHBORHOOD RESTAURANTS

Village Wok Student favorite that has been there forever. Cheap. Sometimes busy.
http://www.villagewok.com

Little Szechuan Spicy and tasty. Inexpensive. Décor could use an update.
http://littleszechuan.com.

Hong Kong Noodle Inexpensive noodle shop that is a student favorite.
http://www.mnhongkongnoodle.com

Loring Pasta Bar This restaurant used to be at Loring Park. No prices on menu on website which
scares me. I liked it when it was at the park.
http://www.lorinastabar.com

Annie's Parlour Well-known burger place apparently with a great view of things. My friends who
went to U of M like this place.
https://foursquare.com/v/annies-parlour/43713c00f964a520062a1fe3/menu

Shuang Cheng I have been told by people I trust that their seafood dishes are very good.
http://www.shuangchengrestaurant.com.

Punch Pizza Stadium Village Excellent Neapolitan pizza. Not expensive. http://www.punchpizza.
com/where/stadium-village.aspx

Surly Pub This brewery recently opened this pub. I know the beer is excellent and I heard the food is
good. http://surlybrewing.com/destination-brewer

CHEAP EATS

Bangkok Thai Deli In St. Paul but easy to get there by Green Line. Cheap and good Thai food. https://www.facebook.com/bangkokthaideli

Quang Best pho in town and cheap but will require ride. This place makes an all-vegetarian Vietnamese soup which is great for those so inclined. http://www.quang-restaurant.com

Hola Arepa A new find. Great Arepas. Inexpensive. http://holaarepa.com

El Burrito Mercado In St. Paul. Mexican market and cafeteria. The real deal and cheap. Will require a ride. http://www.elburritomercado.com

DESTINATION RESTAURANTS AND BARS

112 Eatery Great fairly small restaurant. http://www.112eatery.com/about/

Restaurant Alma One of my favorite restaurants for a special occasion. http://www.restaurantalma.com

Origami Loved this sushi restaurant in the north loop that just closed. I have not been to this location in Uptown. http://www.origamirestaurant.com

Sakura Best sushi in St. Paul. It will require a ride. http://sakurastpaul.com/site/

Massa Upscale Mexican. Pricey if you get their large entrees. Across from the MN orchestra. Love the calamari and black rice appetizer. Great margaritas. http://www.damico.com/menus/MASA-DINNER-winter-1215.pdf

Bar La Grassa The fact that you can order half pastas and small plates makes this restaurant affordable compared to others on this list. Fun, lively place but can be noisy. http://www.barlagrassa.com. Great Italian food.

Masu – Northeast I have not been here but heard it is very good. http://masusushiandrobata.com

Tattersal Cocktail bar in northeast. I have not been to this place. Great drinks according to friends. http://tattersalldistilling.com

Spoon & Stable New chef driven restaurant that has recently won a bunch of accolades. I have not been there yet. It may be hard to get a reservation. https://www.spoonandstable.com

Bachelor Farmer Another restaurant that has got lots of attention and may be hard to get a reservation if you wait to the weekend of the conference. http://thebachelorfarmer.com

Al vento Cozy Italian restaurant in residential neighborhood with great pasta and good wines. http://www.alventorestaurant.com

Butcher and the Boar Meaty restaurant so I have not been there but friends tell me it is very good. http://butcherandtheboar.com.

Saffron One of my favorite Mediterranean restaurants in warehouse district so great location. New menu looks pricey. There used to be inexpensive options on the menu. http://www.saffronmpls.com

TO DO

MUSEUMS

Mia Museum Premier art museum in the Twin Cities. Worth going just to see Rembrandt's death of Lucretia. http://new.artsmia.org

Weisman Museum Worth the walk just to see this Frank Gehry building. Not far from the conference site. http://www.weisman.umn.edu

Walker Art Museum Modern art museum with great outdoor sculpture garden. http://www.walker-art.org

Museum of Russian Art Wonderful small museum. http://tmora.org

PERFORMING ARTS.

The twin cities theatre scene probably only trails NYC and Chicago. The Guthrie is a nationally recognized theatre but here are some of the other great companies that are less well known but often have great offerings.

Guthrie Theatre http://www.guthrietheater.org

History Theatre http://www.historytheatre.com

Jungle Theatre http://www.jungletheater.com

Mixed Blood Theatre
http://www.mixedblood.com

Theatre in the Round http://www.theatreintheround.org

Penumbra Theatre https://penumbratheatre.org

Mu Performing Arts http://www.muperformingarts.org

Northrup Auditorium http://www.northrop.umn.edu

MUSIC:

Dakota Jazz Great space to hear jazz bands and popular music. Good food too. http://www.dakotacooks.com

First Avenue Premiere spot for rock and roll http://first-avenue.com/calendar

Varsity Local space close to conference that has a variety of music and other performances. http://varsitytheater.org

MN Orchestra After a long and bitter strike, they sound great. http://www.minnesotaorchestra.org

St. Paul Chamber Orchestra After a long and bitter strike, they sound great too. https://www.thespco.org

PLACES TO WALK/RUN/BIKE-RIDE:

Trails by East and West River Road Not far from conference. Great vistas of the Mississippi River. http://www.traillink.com/trail/west-river-parkway.aspx

Chain of Lakes (Iles, Calhoun, Harriet). Beautiful lakes in downtown Minneapolis. Possible to rent boats here. Great place to people watch. http://midwestweekends.com/plan_a_trip/outdoors_recreation/lake_towns/minneapolis_chain_lakes.html

Green Way Great trail that leads to other trails and connects to St. Paul. http://www.traillink.com/trail/midtown-greenway-(mn).aspx It is possible to rent bikes all over Minneapolis at https://www.niceridemn.org

Stone Arch Bridge Beautiful pedestrian bridge (http://stonearchbridge.com) not far from the conference that gives you view of St. Anthony Falls (https://en.wikipedia.org/wiki/Saint_Anthony_Falls) which was an important sacred site for the Dakota Indians and has an important place in the birth of the Twin Cities and later in being the epicenter for the early key industries of lumber and milling.

MISCELLANEOUS:

North Loop Good article that describes up and coming part of Minneapolis http://www.nytimes.com/interactive/2015/07/13/travel/where-to-go-in-the-

Mall of America The unavoidable landmark. http://www.mallofamerica.com If possible take light rail http://www.metrotransit.org/metro-blue-line to the mall to avoid having to park and have and to have a public transportation experience. If you are bringing kids, the mall has an amusement park and an aquarium worth seeing.

SAVE THE DATE

THE 2017 ANNUAL MEETING OF SSPC WILL BE HELD IN PHILADELPHIA AT THE VILLANOVA UNIVERSITY CONFERENCE CENTER, APRIL 27-29.
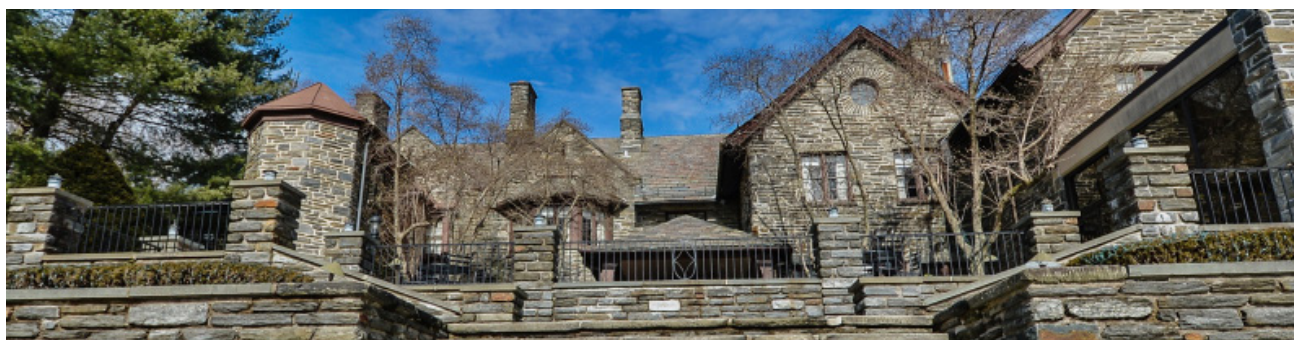
DEDICATED TO PSYCHIATRY

WE PROTECT YOU

Your consent to settle is required with no arbitration clause.

WE SUPPORT YOU

Our knowledgeable in-house risk managers have handled over 57,000 issues since 1997 on our helpline.

WE DEFEND YOU

We have managed over 22,000 psychiatric claims – more than any other company in the United States.

PRMS has been dedicated to psychiatry for almost three decades. As a trusted partner to the profession, we are the largest provider of psychiatric professional liability insurance in the U.S. with an impressive 95% client retention rate.

PRMS
the psychiatrists'
program®

More than an insurance policy

800.245.3333
TheProgram@prms.com
PsychProgram.com/**Dedicated**