

## Meta-Analysis Supports the Cultural Tailoring of Interventions

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This study examined the combined outcomes of 76 empirical studies comparing groups receiving interventions adapted for participants' culture, ethnicity, or race with control groups receiving nontailored interventions or no treatment. Results supported the modification of interventions, with 68 studies showing better treatment outcomes among patients receiving tailored treatment. Older patients and Latino patients showed significantly enhanced responsiveness to tailored interventions. Data suggested Latinos with low acculturation particularly could benefit from adapted interventions. Better treatment outcomes were found in studies that did not mandate the matching of patient and therapist race/ethnicity and in studies that provided treatment in the patients' native language. Group treatment outcomes were better among same-race groups. Also notable, studies assessing satisfaction with services found significantly greater patient satisfaction with tailored interventions.

*How This Helps Practitioners.* This study provides empirical support for the cultural tailoring of mental health interventions to achieve better treatment outcome and increased patient satisfaction with services. Providing services in the patients' native language and tailoring interventions to patients' specific ethnic or cultural group are promising strategies for treatment adaptation. Clinicians should work to increase their familiarity with multicultural issues and treatment tailoring strategies through continuing education, consultation with knowledgeable colleagues, and supervision. Results suggest that English-only clinicians should consider referring patients whose primary language is not English to other professionals.

## Are Dimensions of Perfectionism Related to Personality Pathology?

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A recent study examined the relation between different dimensions of perfectionism (i.e., socially prescribed perfectionism, other-oriented perfectionism, self-oriented perfectionism, nondisclosure of imperfection, and nondisplay of imperfection) and personality pathology. Study participants were drawn from 2 samples of undergraduate students (Study 1,  $N = 532$ ; Study 2,  $N = 350$ ). The results indicate that different types of perfectionism are associated with personality pathology in Clusters A, B, and C. For example, socially prescribed perfectionism (i.e., the perception that others expect perfection) was a significant predictor of scores on Clusters A, B, and C, and appears to be related to indexes of emotion dysregulation. Further, after controlling for the Big 5 personality dimensions, investigators found that dimensions of perfectionism significantly predicted dimensions of personality pathology (e.g., dysregulation, dissociality, inhibition, compulsivity). For example, both perfectionistic self-promotion and nondisclosure of imperfection were significant predictors of dissociality and inhibition beyond variance associated with normal personality.

*How This Helps Practitioners.* This research suggests that the importance of perfectionism extends beyond the traditional link primarily to eating disorders. These findings suggest support for links between different dimensions of perfectionism and different types of personality pathology. For example, other-oriented perfectionism (expecting perfection in others) appears to be differentially related to Cluster B personality pathology; therefore, positive assessment of this style of perfectionism not only improves diagnostic decision making but also adds an important target for treatment. After identifying these cognitions, therapists may use the therapeutic relationship to test thoughts pertaining to socially prescribed perfectionism (i.e., therapist expectations of client perfection).