

Goal I: Cultural Competence

AACAP Cultural Competency
Curriculum

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MODULE 1

Historical Perspective

- Cultural psychiatry > 100 years (“unusual syndromes” by Western standards)
- Limited focus to “exotic”
- Not incorporate cultural eval into mainstream
- 1994 DSM-IV Appendix I—”Cult Formulation”
 - Framework to assess impact of culture on mental illness

Relevance of Culture

- Culture shapes
 - which sx are expressed
 - how they are expressed
- Culture influences
 - meaning given to sx
 - what society deems appropriate or inappropriate
 - conceptualization & rationale of psychiatric diagnostic categories/ groupings
 - matrix for clinician-pt exchange

Culture Defined Many Ways

- Set of shared norms, beliefs, meanings, values
- Dynamic, evolves over time with generations
- Terms usable & relevant to mental health
- Cultural identity > ethnicity/ race
 - Occupation
 - Sexual orientation
 - Age gender
 - Spirituality/ religion

MODULE 2 AND 3

Essential Components of Culture

- Learned
- Refers to system of meanings
- Acts as shaping template
- Taught and reproduced
- Exists in constant state of change
- Includes patterns of both subjective & objective components of human behavior

• Gaw 2001

Cultural Assessment: Advantages

- Clinician more informed on pt perspective
- Assist rapport—care about whole person, not just illness
- Identify areas that impede/ strengthen tx
- Potential cultural conflicts for pt
 - Identity (parent v. child)
 - Traditional v. mainstream expectations (parenting role)

Outline For Cultural Formulation

- Cultural identity of individual
 - What does belonging in that group mean to pt
- Cultural explanation of illness
 - Often somatic—only Western separate mind-body
- Psychosocial environment/ level of fn
 - Intergenerational conflicts
- Therapeutic relationship
 - Clinician/ child/ parent
- Overall cultural assessment for dx/ care
 - Accepting/ dynamic attitude to new info/cont monitor

Cultural Identity

- Ethnicity
- Race
- Country of origin
- Language
- Gender
- Age
- Marital status
- Religious/ spiritual beliefs
- SES
- Education
- Other identified groups
- Sexual orientation
- Migration history
- Level of acculturation

Acculturation Process

- Active v. passive
- From external sources v. individual
- Solitary endeavor or do others participate with pt
- Process constant v. intermittent
- Subtle v. dramatic or in-between
- Attitude about acculturation: indiv v. others
- Vision re: where new cult elements take him
- Fully adopt new culture = assimilated/
integration

Migration History

- Pre-migration history
 - Country of origin/Family/ education
 - SES/ community & family support/ political
- Experience of migration
 - Migrant v. refugee/ why left?/ who left behind?
 - Who paid for trip?/ means of escape/ trauma
- Degree of loss
 - Loss family members/material losses/ career/community & family support

Migration History

- Traumatic experience
 - Physical: torture/ starvation/ imprisonment
 - Mental: rage/ depression/ guilt/ grief/ PTSD
- Work and financial history
 - Original work/ current work/ SES
- Support systems
 - Community/ religion/ family

Migration History

- Medical history
 - Beliefs herbal medicine/ somatic complaints
- Family' s concept of illness
 - What do family members think is problem/ cause/cure? Expected result?
- Level of acculturation
 - Generation? Differences among family members?
- Impact on development—level of adjustment

Explanatory Models

- Moral
 - Moral defect: lazy, selfish, weak will
 - Try fix character flaw: “just have to work harder”
- Spiritual/ religious
 - Transgressions—”angered higher power”
 - Interventions—atonement/ religious leader
- Magical
 - Hex/ sorcery/ witchcraft
 - find person caused/ healer

Explanatory Models

- Medical—biological model
 - Western
 - non-Western
 - Homeopathic, traditional Chinese,
 - Herbal medicine, osteopathic
- Psychosocial stress
 - Illness due to overwhelming stress
 - Treatment targets stressors

Conflicting Explanatory Models

- Patient- provider
 - Decr rapport/tx non-adherence/ tx dropout
- Patient- family
 - Lack support/shame/ family discord
- Patient- community
 - Social isolation/ stigmatization

Cultural Explanations of Illness

- Symptoms
- Severity
- Course of presentation
- Precipitants & explanations
- Treatment
- Experiences with help seeking
- Type of treatment pt/ family wants now

Psychosocial Environment

- Cultural factors related to psychosocial environment & levels of functioning
 - Stressors & supports
 - Individual
 - Family/ community
 - Environment

Psychosocial Environment

- Assessing psychosocial environment & functioning
 - Partner/ parent support
 - Partner/ parent stressors
 - Family support
 - Family stressors
 - Community support
 - Community stressors
 - Religion/spirituality
 - Functioning

Therapeutic Relationship

- Cultural elements of relationship between individual & clinician
 - Own cultural background
 - Patient's cultural identity
 - Parent's cultural identity
 - Move from categorical approach
 - Ongoing assessment
 - Transference/ counter-transference
 - Consider cultural consult
 - Patient's motivation for treatment

Therapeutic Relationship

- Provider's cultural identity & culture of mental health tx can significantly impact patient care
- Influence many aspects of delivery of care
 - Diagnosis/Treatment
 - Organization/ reimbursement
- Issues that arise from cultural conflicts
- Pitfalls of assessment tools
- Appropriate use interpreters/ cultural consultant

Interpreters

- Verbal/ non-verbal communication
- Types interpretation
 - Verbatim
 - Summary
 - Cultural
- 3 phases interpreted interview
 - Pre-interview
 - Interview
 - Post-interview

Assessment Tools

- Normed on ethnic minorities?
- Translation not sufficient
 - Languages have different
 - Meanings
 - Connotations
 - Idioms of expression
- Rating scales may be used if
 - Translated/ back-translated/ validated

Clinician' s Role

- Clinicians who have clarity about their own
 - Cultural identity
 - Role in mental health treatment
- Better position to anticipate problematic cultural dynamics of clinical exchange
 - Decrease negative outcomes
 - Enhance positive outcomes

Therapeutic Relationship

- Interethnic Transference
 - Patient's response to an ethno-culturally different clinician
- Interethnic Counter-transference
 - Ethno-culturally different clinician may respond in non-therapeutic manner
 - Denial of cultural influence on clinical encounter

Cultural Influences On Transference

Interethnic effects

- Overcompliance
- Deny ethnocultural factors
- Mistrust
- Hostility
- ambivalence

Intraethnic effects

- Omniscient-omnipotent therapist
- The traitor
- Autoracism
- ambivalence

Cultural Influences On Counter-transference

Interethnic effects

- Deny ethnocultural factors
- Clinical anthropologist syndrome
- Guilt or pity
- Aggression
- Ambivalence

Intra-ethnic effects

- Over-identification
- Distancing
- Cultural myopia
- Ambivalence
- Anger
- Survivor's guilt

Overall Assessment

- Overall cultural assessment for dx & care
 - Make differential diagnosis
 - Formulate case narrative including cult factors
 - How will cultural formulation affect managmnt
 - Language
 - Patient/Parents/ Family
 - Treatment approach
 - » Engagement
 - » Adherence

Case: Cultural Formulation

- Cultural identity of individual
- Cultural explanation of illness
- Psychosocial environment
- Therapeutic relationship
- Overall cultural assessment for dx/care