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
  - Sexual orientation
  - 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
  - Dechr 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