Bridging Cultures: Child Psychiatry via Videoconferencing

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• Telemedicine • Telepsychiatry • Child • Videoconferencing

Telemedicine has become an increasingly important vehicle for bringing health care to populations that have previously been unable to access health care because of geographic constraints.[1,2] In psychiatry, particularly child and adolescent psychiatry, health disparities are great and shortages of practitioners are pronounced, especially in rural and impoverished areas.[3] Therefore, the potential to improve access to psychiatric care through telepsychiatry is enormous.

Telepsychiatry is conducted in multiple settings: pediatric clinics, community mental health centers, urban day care facilities, rural schools, correction facilities, and international and private practices.[4,5] In North America, minority youth from diverse groups, including African Americans, Hispanics, Hawaiians, Native Americans, and Alaskan Natives, have been served.[4,6] Telepsychiatry research has demonstrated diagnostic reliability in the psychiatric assessment of children and adolescents using these methods.[7] In addition, telepsychiatric treatment of childhood depression with cognitive-behavioral therapy has been shown to be efficacious.[8] To the authors'

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knowledge, no studies have been conducted regarding the diagnostic validity or treatment outcomes using telepsychiatry applications for ethnic minority children; however, researchers have demonstrated diagnostic reliability in telepsychiatry applications in a population of Native American combat veterans.[9]

Telepsychiatry connects people across distance. With distance, chances exist for wide variations in culture between patient and provider sites. Delivering quality care via telepsychiatry requires that providers pay close attention to the cultural aspects of treatment.

Culture is a term that has been defined in many different ways[10]; in 1952, Kroeber and Kluckhohn[11] compiled a list of 164 possible definitions. One brief definition that fits the purposes and usage in this article is "the set of shared attitudes, values, goals, and practices that characterizes an institution, organization or group".[12] Anthropologists agree that culture comprises multiple variables, affecting all aspects of experience.[13] In this view, culture is inseparable from economic, political, religious, psychological, and biologic conditions. Furthermore, cultural processes frequently differ within the same ethnic, national, or religious group in relation to differences in age, gender, socioeconomic status, religion, and political affiliation.[13] Generally, individuals consider themselves as belonging to multiple cultural groups. The culture in which one is reared exerts a strong influence on cultural identification. For health care purposes, cultural beliefs regarding the nature and origins of illness and the nature and effectiveness of various types of treatments (eg, conventional, traditional, alternative treatments) shape individual and family health behaviors in key areas such as help seeking, attitudes toward caregivers and health institutions, and treatment adherence.[14] Culture also shapes how key resources such as money and time are valued and how, when, and where they might be allocated to health care relative to other life activities.

It is widely agreed upon that cultural factors are important for diagnosis and treatment in psychiatric settings,[1,2,13] particularly in child psychiatry. Clinicians must become familiar with childrearing practices, norms of child behavior, and views of illness causation within the culture to determine whether abnormalities of behavior or emotions are present and, if so, how they should be treated.[15] For example, dissociative symptoms that might be viewed primarily as owing to a trauma history by western psychiatrists might be viewed as caused by spirit possession in certain traditional societies.[16]

Kleinman and Benson[13] emphasize the importance of the clinician as an ethnographer, needing to learn about what life is like in the local world of the patient, which is likely to be different from the local world of the clinician. Not only the culture of the patient but also the culture of the provider and the culture of biomedicine come into consideration in treatment planning and patient care.

The influence of culture on emotion, behavior, and mental illness is clearly as relevant during consultation via telepsychiatry as during face-to-face visits. However, in telepsychiatry additional cultural issues relating to the medium of interaction per se merit special attention. In a previously published article that focuses on cultural aspects of telepsychiatry in general,[17] the investigators note that issues regarding the familiarity of the patient with technology and cultural aspects of the doctor-patient relationship hold particular relevance.

To the authors' knowledge, no prior publications have addressed cultural aspects of telepsychiatry relative to working specifically with children. To begin addressing this gap, this article focuses on cultural challenges encountered with the use of telepsychiatry in children and families, considering both the interaction of the children and families' cultures with technology and cultural aspects of the doctor-child-family relationship.

CULTURE AND TECHNOLOGY

Despite the growing literature that supports the satisfaction of clinicians and patients working through telemedicine,[18–20] many mental health practitioners and patients have expressed concerns that telepsychiatry-based care might somehow diminish the human relationship because of the lack of face-to-face interaction. The authors of this article have noted that an initial adjustment period occurs as the provider and the patient/caregiver become acquainted with the technological aspects of care and that concrete steps can be taken to facilitate this process. The length of this adjustment period varies depending on the patient's and caregivers' comfort levels with technology. However, in most cases, the relationship soon feels increasingly natural, and attention to the technology and distance fade into the background as genuine therapeutic spaces develop between the family and child on one end and the caregiver on the other. The following case illustrates the interplay of culture and technology in working with children through telepsychiatry.

After being referred from the Indian Health Service (IHS) clinic on his reservation, a 13 year-old American Indian boy was referred to a general psychiatrist at the regional IHS hospital. The general psychiatrist requested help from his child telepsychiatric consultant regarding the child's diagnosis. The patient's grandmother, the primary caregiver and a fairly traditional Indian woman who had lived on a reservation all of her life, initially did not want her grandson to be seen through telepsychiatry: "I don't want to talk to a box". After reassurance from the trusted local psychiatrist, the youth presented with his grandmother for telepsychiatric consultation. The grandmother's concerns included her grandson's difficulties in following teacher's instructions resulting in poor academic performance, lack of friendships with peers, and non-participation in family activities. The patient's reported strengths included his interest and expertise in computer technology and his abilities in individual sports such as bicycle racing.

The telepsychiatry consultant videoconferenced with the grandmother, the youth, and the referring psychiatrist. Visibly anxious from the moment she sat down in front of the videoconference unit, the grandmother had difficulty responding to the telepsychiatrist's initial greeting. The telepsychiatrist and local staff then spent additional preparatory time, explaining to the grandmother how the equipment worked, how the telepsychiatry clinic operated, and discussing and comparing upcoming local events and weather. After several minutes, the grandmother was able to enter the conversation and the telepsychiatrist shifted conversation to the clinical concerns that initiated the consultation. When the grandmother appeared to be comfortable, the telepsychiatrist turned his attention to the patient, who had been busy playing cards by himself. The patient initially engaged with the telepsychiatrist in learning how to use the remote control. He then spoke avidly and in detail about his interest in technical aspects of filmmaking and motocross bicycle racing. He showed little awareness of his teacher's frustrations and little interest in making friends. When the evaluation was complete, the consultant was able to diagnose Asperger's syndrome with a fair degree of certainty.

Comfort with technology is an important factor in determining outcome in telepsychiatry-administered care. In caring for children the comfort of the family, in addition to that of the child, matters. In this case, the grandmother's previous lack of exposure to technology made it initially difficult for her to accept consultation. Fortunately, her trust and confidence in the local psychiatrist helped facilitate referral to the consultant. In virtually all cultures today, children and adolescents are often more heavily exposed to and curious about technology than their caregivers, especially in cultures in which it is

common for children to be raised by grandparents. As described earlier, the time spent familiarizing the grandmother with the technology was well spent. By contrast, the youth adapted easily to the videoconferencing setting, as talking about technology actually helped the telepsychiatrist and the youth develop a therapeutic relationship.

Nonverbal Communication

Another cultural challenge presented by telepsychiatry is the complete lack of physical contact between the provider and the patient. This gap profoundly affects nonverbal communication. One parent chose not to send his child for telepsychiatry evaluation because, as he stated, "I can't send my kid to a doctor if I can't shake the doctor's hand".

In Anglo-American culture, in which a handshake and a direct vis-à-vis gaze may initiate trust and agreement, the lack thereof in telepsychiatry may render rapport building more difficult between the patient and the caregiver. Some patients and families who refuse initial evaluation through telepsychiatry often agree to follow up if they can be seen by the same psychiatrist in person, for example, during a site visit.

Given the importance of direct eye contact among many cultural groups, including the Anglo-American group of the United States, telepsychiatrists are usually encouraged to move their gaze from the screen directly into the camera to provide viewers at the other end some experience of eye contact. However, this technical challenge may actually be less of an issue for participants from certain cultural backgrounds, including American Indian and many Asian communities, for whom it is considered disrespectful or too forward to look at another person directly in the eye, especially if that individual is an elder or, in the case of female patients, an unrelated man. Indeed, with the distance created by telepsychiatry, a young Cambodian woman might feel less uncomfortable being gazed at by a telepsychiatrist looking at her on a video screen than she would if they were sitting in the same room face-to-face.

As in all cross-cultural working situations, telepsychiatrists should be careful, first and foremost, to listen (verbally and nonverbally) to the specific patient and family rather than relying on a list of prescribed actions that presumably define how to treat a patient of a certain background.[13] Oversimplification can lead to stereotyping. For example, despite the generalization presented earlier, many Anglo-Americans feel uncomfortable with direct eye contact and do not enjoy a strong handshake.

Assessment of play and motor behavior is an important part of the traditional child psychiatric evaluation. The constraints of telepsychiatry typically prevent the telepsychiatrist from engaging children with the usual tools of the trade used in many child psychiatric practices, such as dolls, playhouses, action figures, or puppets. But staff at the patient site can engage children in play while the telepsychiatrist observes and offers direction. Children can also be asked to share drawings via telepsychiatry. Because youngsters of most North American minority groups would have had at least some exposure to computers at school, new and inventive ways of engaging children through technology may be possible. For example, virtual high fives may be shared when the telepsychiatrist gestures toward the camera and encourages the child to do the same. Rapport may also be strengthened when patients are asked to use media to share their local culture. For example, during sessions, one of the authors Dehra Glueck often asks teens about their favorite music and then listens with them to audio clips that can be found on YouTube[21] (at low volume).

CULTURAL DIFFERENCES AND THE PATIENT-PROVIDER RELATIONSHIP

Both geographic separation and the involvement of multiple (and often disparate) institutional cultures can result in a cultural mismatch between patients and providers

engaging in telepsychiatric practice. For each of these potential obstacles, strategies exist for mitigating their effect.

Geographic Separation

Significant geographic distance from the patient, caregivers, and local service providers often challenge telepsychiatrists' abilities to understand the patient's local world. Many telepsychiatrists reside in large urban areas but serve remote, rural communities. In the authors' telepsychiatry practice, for example, the contrast between the Denver metropolitan area and Northern Plains American Indian communities is substantial. Indeed, the ethnic and cultural composition of the communities being served and that of the telepsychiatrist's home community may become increasingly dissimilar with increasing geographic separation. Telepsychiatrists raised, trained, and practicing in large urban centers may have limited understanding of how rural environments affect patient's lives, communication styles, and worldviews.[17]

Patients from minority groups who have traditionally been persecuted by majority populations may instinctively view the telepsychiatrist as a member of the majority population. In the case described earlier, the local white psychiatrist noted that the grandmother was initially hesitant to see him, even after referral from the IHS clinic on the reservation. He speculated that distrust of US government institutions added to the stigma of mental illness, contributing to her hesitance to seek help. With the psychiatrist's consistently positive outlook, availability, and professionalism, her distrust eased.

As many communities lack psychiatrists, psychiatrists are often asked to serve cultural groups with which they are not familiar. This lack of familiarity can generally be overcome and should not prevent an interested and competent psychiatrist from providing much needed services.[22]

Strategies for mitigating cultural distance caused by geographic separation

Distance learning Telepsychiatrists' investments in learning about local cultures of communities with which they consult pay off by enhancing both team building with local staff and therapeutic alliances with patients. Information that telepsychiatrists learn about the communities' histories, geographies, and cultures can be used or discussed at appropriate times during treatment. Keeping up with local news and community events through conversations with clinical colleagues and patients and from local newspapers and Web sites is extremely valuable. The authors have found that local colleagues and patients enjoy educating and updating telepsychiatrists about their communities.

> *Dedicated staff at one site frequently sent the telepsychiatrist links to local news stories. At one point when a new "family fun center" opened in town, a child patient described to the telepsychiatrist that his parents were planning to hold his birthday party there. During the session the telepsychiatrist was able to pull up the center's Web site while the child discussed all the new things to do at the facility.*
>
> *On another occasion, when a police shooting affected a number of patients in the clinic, a local staff person kept the telepsychiatrist in touch with what was transpiring by providing links to relevant articles in the local paper. The better-informed psychiatrist was able to talk with her patients about the unfortunate event in a more knowledgeable manner.*

Community visits Without actually visiting the distant community, the ability of telepsychiatrists to learn about significant aspects of their patients' psychosocial environments

may inevitably be limited. For example, questions exist regarding how much clinicians miss about life in detention centers if they never actually visit a detention center or about American Indian culture if they never spend time on a reservation or pueblo. Practitioners of telepsychiatry may be called on to make occasional visits to the communities with which they work. In the authors' experience, these visits can foster much deeper understanding of the local communities and cultures. Preliminary visits during the initial design of specific telepsychiatry services and ongoing visits thereafter can help mitigate the effects of cultural distance between the psychiatrist and the patient.

One telepsychiatry practice routinely held open houses at the community mental health center where services were provided. This required the telepsychiatrists to travel from a large urban center to a small town in Arizona near the US/Mexico border. After a plane flight and four-hour long automobile drive getting to the site, the telepsychiatrists far better understand the remoteness of the area. On the way, the telepsychiatrists stopped to try local foods (including one particular favorite, a "date shake"). The community mental health staff provided the telepsychiatrists with a tour of the area, including a visit to the high school. Local caterers provided regional foods for the open house. Following this visit, the telepsychiatrists were able to make use of their new familiarity when talking to families in the local community. One teenage client was very excited to be able to talk about walking home from the high school, knowing (and liking) the fact that the telepsychiatrist was now personally familiar with the area. The client also discussed her dislike of date shakes and gave her psychiatrist recommendations for "even better local food" than what was served by the caterer. Plans were made for the subsequent open house to include food from the restaurant that the client recommended. These types of shared experiences were generally perceived as helping to increase understanding of the local community and help build rapport with clients.

Strong alliances with local staff Telepsychiatry clinics often employ local staff to aid with telepsychiatric consultations. Local staff may include paraprofessionals who help to run the equipment and schedule patients as well as providers who are part of the treatment team. It is critical for local staff to be able to establish trust and rapport with the clinic's patients. To whatever extent possible, they should be members of the local community.[23] With American Indian groups, for example, it helps greatly if they are tribal members or individuals who have worked with the tribe long enough to develop long-term trusting relationships with tribal members. If necessary and if they possess the required skill set, local staff may also be called on to provide language interpretation. The insider's perspective of the local staff can assist the telepsychiatrist with understanding the families' cultural milieu and bring cultural issues affecting the doctor-patient relationship to the telepsychiatrist's attention.[17] This deepened understanding aids the telepsychiatrist in the provision of culturally competent care.[24] Over time, a strong sense of being a team often develops between the telepsychiatrist and the local colleagues, allowing for the open discussion of cultural issues that might otherwise be ignored or dealt with simplistically.

It is imperative that the local staff feels confident about telepsychiatry because these individuals directly represent telemedicine to patients and their families and encourage its use. Indeed, local staff enthusiasm can overcome ambivalence on the part of patients and their families.[25] Frequent communication between staff at patient and provider sites fosters the ability to establish good working relationships through telepsychiatry.[4]

The issue of child abuse arose during a teleconsultation to a Cambodian psychiatry residency training program. The Cambodian residents were divided regarding circumstances in parenting where corporal punishment might be indicated or

justified. During the animated discussion, more traditional, rural-raised and male residents espoused the usefulness of corporal punishment whereas the more westernized, urban-raised and female residents questioned this notion. The consulting psychiatrist was impressed by the freedom with which these different viewpoints were expressed; in prior years he had observed greater hesitancy among the residents in expressing opinions on controversial issues, especially when residents were concerned that an outside authority figure might develop negative impressions of Cambodian culture. In part, the telepsychiatrist attributed this new ability among the residents to freely discuss their views of child abuse to the fact that he had built strong alliances with the director of the training program and several generations of residents through many years of both in-person visits and telepsychiatric consultation.

Peer consultation As in face-to-face practice, when telepsychiatrists work with cultural groups with which they are unfamiliar, consultation with experienced colleagues can be extremely valuable. During telepsychiatric practice with Hispanic, American Indian, and Cambodian communities, the authors (not members of these communities themselves), in addition to consulting with local providers and community members, frequently consulted with psychiatric colleagues experienced in providing care to these populations.

Multiple Institutional Cultures

In addition to assessing cultural aspects of individuals and families, the telepsychiatrist must be skilled in dealing with differing types of institutional cultures. Agencies at both the receiving and consulting ends are obliged to enter into various legal and contractual agreements, processes that are often marked by bureaucratic hurdles. Clinical procedures often differ across the participating agencies. When administrative problems occur at either end, the telepsychiatrist can be blamed, threatening the continuity and ultimate sustainability of the telepsychiatry service.

For a telepsychiatry clinic serving Alaska Native and non-Native adolescents and adults, clinic operation required bridging the cultures of University-based telepsychiatrists and a program operated by a tribal non-profit organization staffed by substance abuse and mental health counselors. During the initial stages of the clinic's design and implementation it became apparent that significant differences in perspective existed between the telepsychiatrists and the local administration and staff regarding clinical procedures and the prioritization of various clinical tasks. Ignoring these different perspectives or simply trying to assert one viewpoint over another could easily have endangered the long-term viability of the clinic itself. To deal with these issues, the telepsychiatrists together with the local administration and clinical staff added a weekly "team" meeting to the clinic schedule and to the agenda for their semi-annual on-site visits to enable the group as a whole to achieve consensus regarding procedures and clinical priorities. The clinic has now been in operation for over four years, and the set-aside administrative time for team-building and collaborative problem solving is seen as one of the key reasons the clinic has been so successful.

Strategies for bridging multiple institutional cultures

Problems arising from differences in institutional cultures should always be expected to occur in the course of designing and operating telepsychiatry programs, and ways for approaching these difficulties should be planned for and built in as part of the institutional structure. As the vignette describes, setting aside specific time to address administrative and clinical issues can help build a spirit of unified clinical teams and

serve to identify and address key differences in operational and clinical procedures and practices. These processes for building institutional alliances parallel those needed to build therapeutic alliances with patients and their families.

In addition to bridging the differing cultures across mental health hospitals and clinics, child and adolescent telepsychiatrists are obliged to become familiar with all the other institutions with which their patients interact, such as schools, the general health care system, social welfare, and juvenile justice agencies. Because representatives from these institutions rarely attend telepsychiatry sessions, developing some degree of objective familiarity with these key service providers can be especially challenging.

BENEFITS OF TELEPSYCHIATRY FOR THE TELEPSYCHIATRIST

In multiethnic/multicultural societies such as the United States, many clinicians, including the authors, were raised in social circumstances in which they learned to appreciate (and gain competency and acceptance in) different cultural environments. Telepsychiatry has allowed each of the clinicians to continue this exploration and growth and become more well-rounded (and perhaps more thoughtful) clinicians (and human beings) while reaching out to and serving populations they would not normally be able to treat.

Sometimes telepsychiatry allows clinicians to access, serve, and learn about populations they find interesting but with whom they have had no prior contact. In other instances, clinicians' work involves distant institutions with which they have had strong past connections. AR is a child and adolescent psychiatrist of Pakistani descent who, after attending medical school in Pakistan, trained in psychiatry in the United Kingdom. After training, he remained in the United Kingdom and subsequently used telemedicine to supervise a group of Pakistani mental health workers at his alma mater, Rawalpindi Medical College.[26]

While working in Cambodia nearly 2 decades ago, DS developed professional relationships and friendships with Cambodian mental health workers. He currently conducts a telepsychiatry clinic for a psychiatry residency training program in Cambodia. The connection via telepsychiatry allows him to maintain these valued relationships and keeps him in contact with a culture he has grown to love.

SUMMARY

Although cultural factors may create difficulties in adjusting to the use of telepsychiatry for some children and families, the authors' experience and that of other telepsychiatrists shows that attention to these factors can make telepsychiatry effective, sustainable, and rewarding for clients and professionals, even when considerable cultural gaps must be bridged. To provide culturally appropriate care, clinicians should practice the following:

- Inquire about the patient's and caregiver's comfort with technology and provide appropriate training; attention to the comfort level of clients aids the psychiatrist in establishing and maintaining good rapport
- Become familiar with the local nonverbal communication styles and how these styles might be affected by technology
- Become a student of the history and culture of the population being served
- Visit remote sites to become familiar with the community being served
- Pay close attention to building a functional therapeutic team with local staff

Providers should remember that providing culturally competent care is a complex, interactive, and iterative process. Paying careful attention to patients, families, and coworkers helps to stay on the right path.

Telepsychiatry provides options for offering accessible care for patients in need across diverse cultural groups. This promise of improved access to psychiatric services is one of the driving forces behind the rapid expansion of telepsychiatric services across the United States and elsewhere. The opportunities for providing valuable clinical services and achieving substantial professional growth make the practice of telepsychiatry particularly compelling.

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