



UNC SCHOOL OF SOCIAL WORK CLINICAL LECTURE SERIES

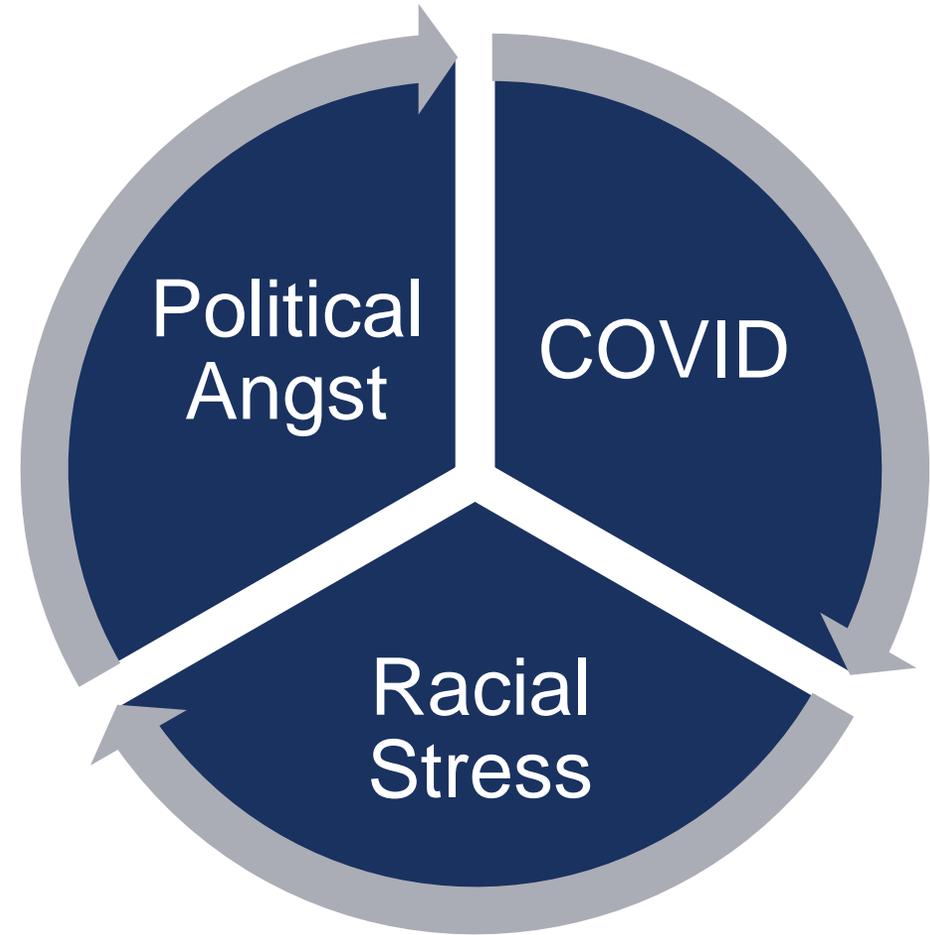
Diagnosis & Treatment in Cultural Context

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DIAGNOSIS & TREATMENT IN CULTURAL CONTEXT

- Systems Perspective
- Cultural Humility
- Exploring New Frameworks
- Implications for Mental Health
 - Access
 - Assessment & Diagnosis
 - Treatment & Service Delivery

REFLECTIONS ON 2020

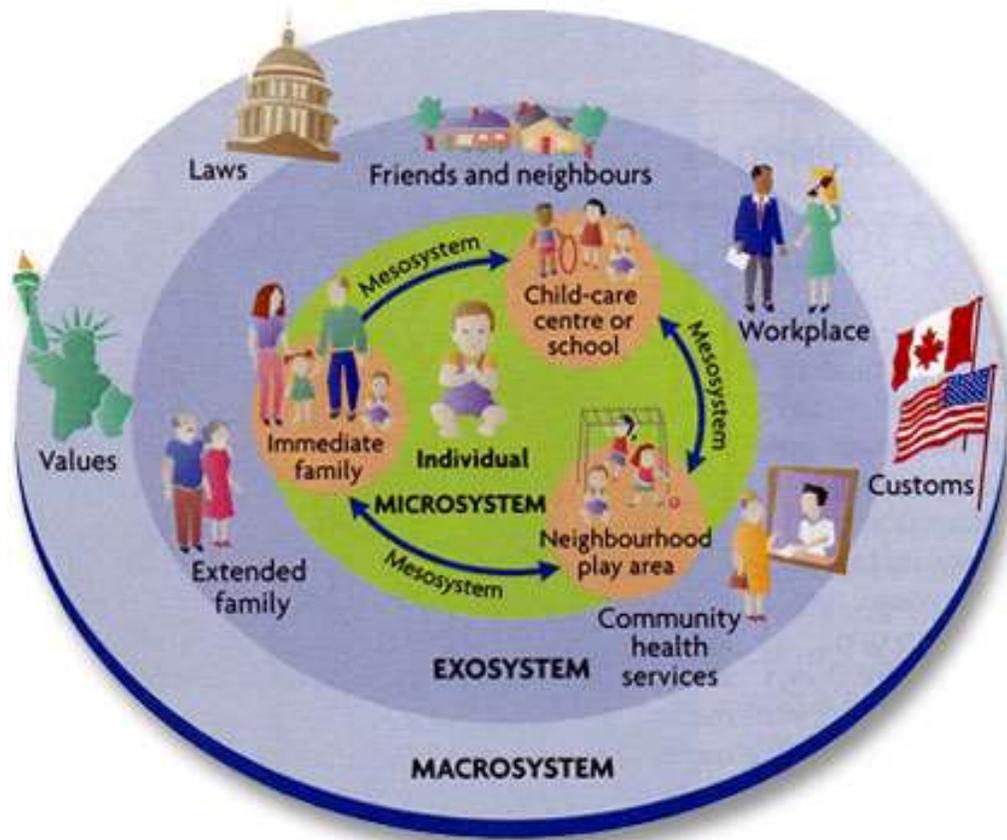




SYSTEMS PERSPECTIVE



ECOLOGICAL SYSTEMS MODEL



Inherent qualities of individuals and their environments interact to influence how they grow and develop.

Figure 1. Bronfenbrenner's ecological systems theory (in Berk & Roberts, 2009, p. 28)

THE INTERSECTION OF CULTURE IN THE SYSTEM

*“Culture is those shared sets of world views, meanings, and adaptive behaviors derived from simultaneous membership and participation in **a variety of contexts**, such as: language; rural, urban, or suburban settings; race, ethnicity, socioeconomic status; age, gender, religion, nationality; employment, education, and occupation; political ideology; stage of acculturation.”*

(Falicov, 1998)

THE INTERSECTION OF CULTURE IN THE SYSTEM

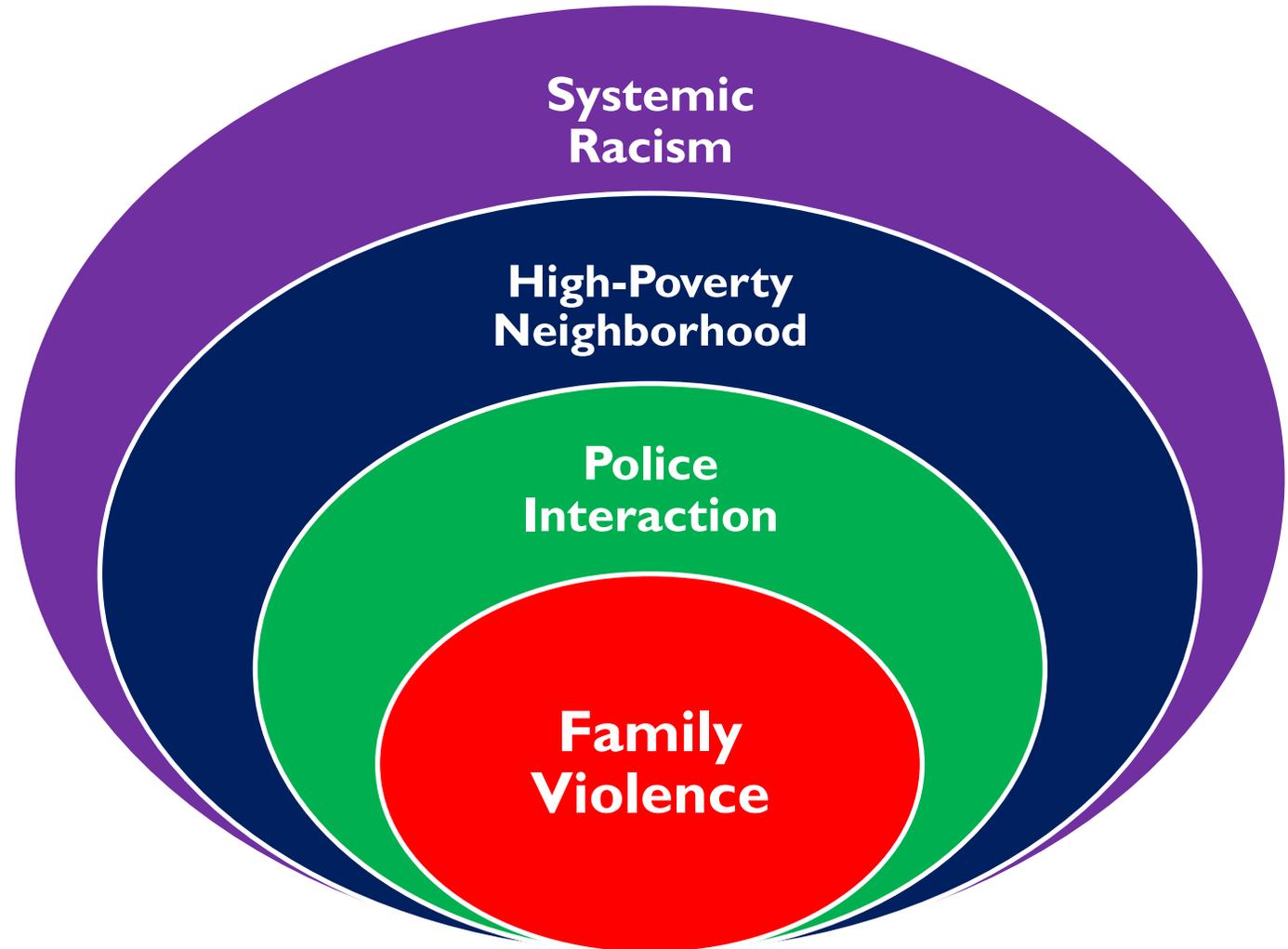
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• language	• rural, urban, or suburban settings	• race, ethnicity	• socioeconomic status
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• employment	• education, occupation	• political ideology	• stage of acculturation

(Falicov, 1998)

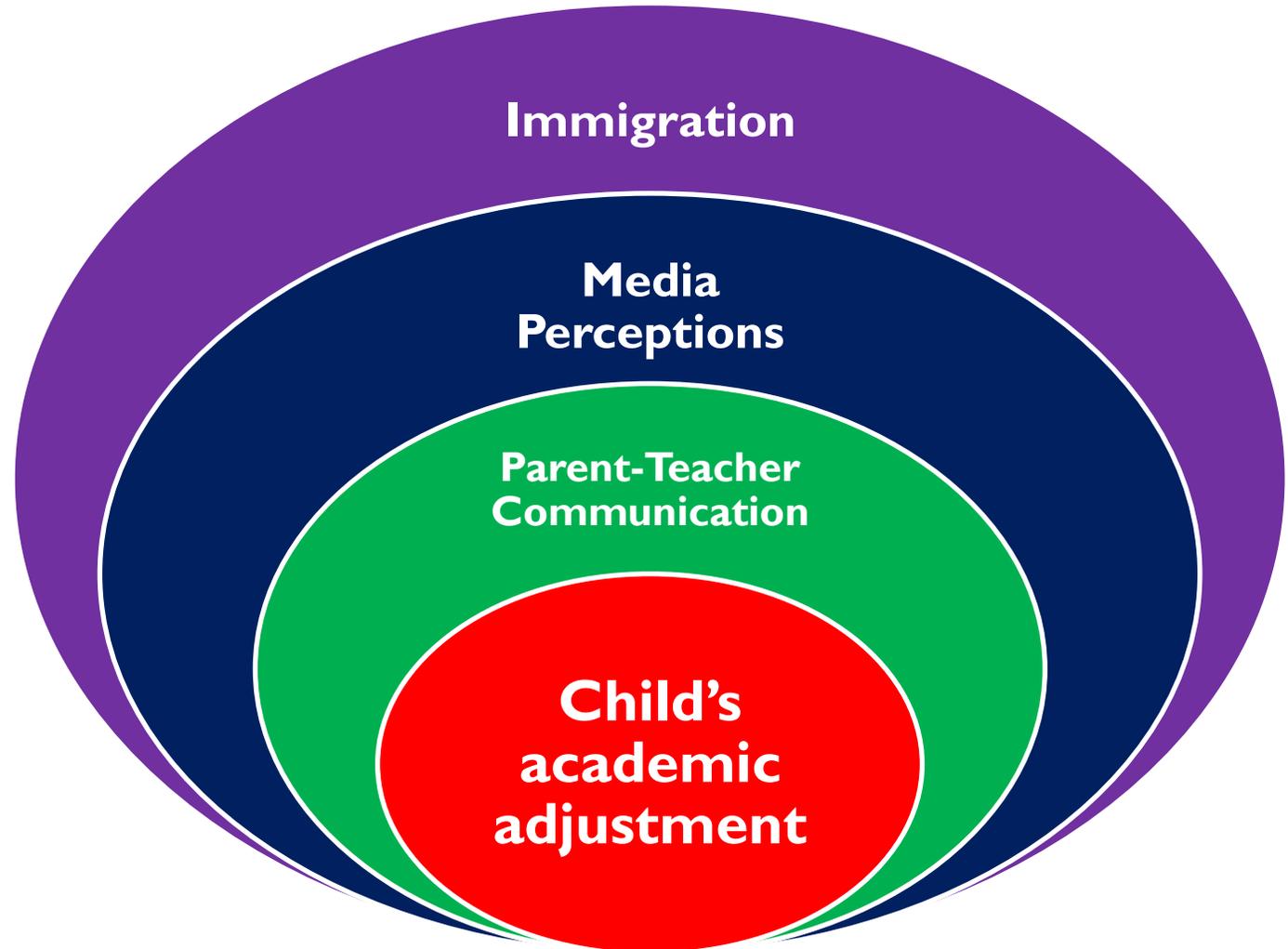
CULTURE WITHIN THE SYSTEM

For the individual, culture influences and is influenced by every level of the system.



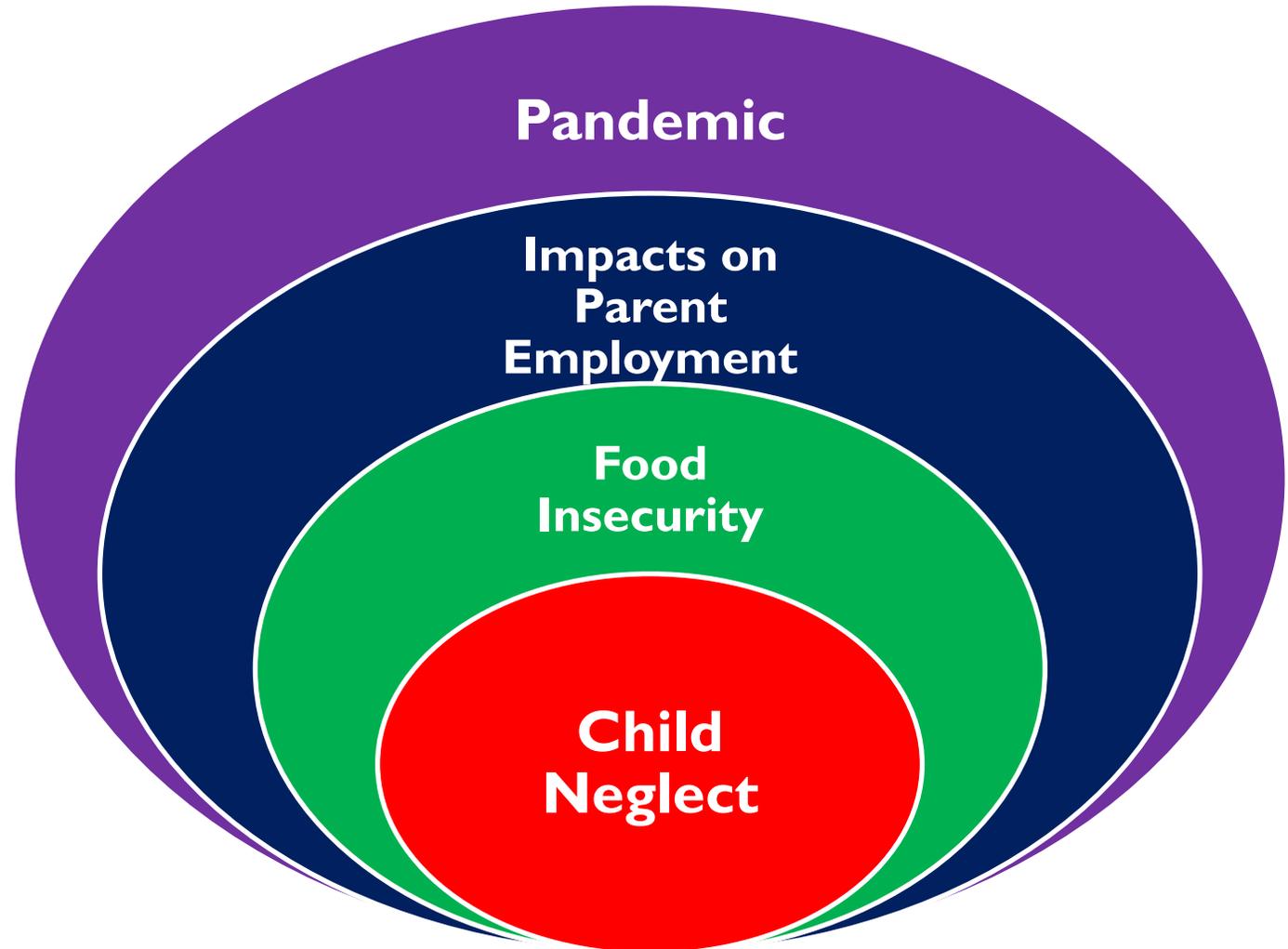
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CULTURE WITHIN THE SYSTEM

*For the individual,
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CULTURAL HUMILITY



CULTURAL HUMILITY IN PRACTICE

- Cultural competence is the process by which we help a client or patient feel culturally safe and respected.
- Cultural unsafety is a subjective sense that one's values, goals, language, identity, and ways of life are not understood or appreciated, but are threatened and denigrated.

PRINCIPLES OF CULTURAL HUMILITY



- A lifelong commitment to self-evaluation and self-critique

(Tervalon & Murray-Garcia, 1998)

CULTURAL HUMILITY

- Desire to fix power imbalances where none ought to exist.

(Tervalon & Murray-Garcia, 1998)



CULTURAL HUMILITY



- Develop partnerships with people and groups who advocate for others.

(Tervalon & Murray-Garcia, 1998)

CULTURAL HUMILITY IN PRACTICE

- A qualitative analysis reflected that, while there were common understandings of cultural competence and humility, its operationalization differed by:
 - profession
 - health setting
 - locality
 - practitioner's years of experience
 - practitioner's cultural background

(Mollah, T.N., Antoniadou, J., Lafeer, F.I. et al., 2018)



WHY THE VARIABILITY IN
DEFINITION AND PRACTICE?

Drop a response in the Chat



CULTURAL HUMILITY IN PRACTICE

Critical to sustain cultural competency in everyday practice:

- organizational support
- personal motivation
- professional resilience

(Mollah, 2018)

BREAKOUT SESSION - 15 MINUTES

- Enter “Break Out” rooms with 4-6 others.
- Share reflections on personal and organizational culture.
- Select a reporter to summarize key themes that emerge.
- Reporters can share themes with larger group.
 - Submit key points in the chat box, or
 - Raise hand and to be unmuted, if selected.

REFLECTION:

PERSONAL AND ORGANIZATIONAL CULTURE

In the places you train and/or work, consider:

- *The demographics of clients/patient*
- *Stereotypes and implicit biases outside and within the system*
- *The cultural fit and impact on the agency's assessments, interventions, and practices*
- *The impact on your personal practice*



EXPLORING NEW FRAMEWORKS



CULTURAL RESPONSIVENESS

- A concept borrowed from educational pedagogy.
- Cultural competency and cultural humility make up the framework for culturally responsive work.

(Ladson-Billings, 1994, 2014)

CULTURAL RESPONSIVENESS

- Continuously gaining an understanding of the varied needs of diverse individuals, families and communities.
- Learning from these families and communities.
- Reserving judgment.
- Learning to bridge the cultural gap between different perspectives.

CENTERING AT THE MARGINS

- Moving away from using the majority group (e.g., White, cisgender, middle-class men) as the norm.
- Privileging the perspectives and historical experiences of marginalized people.
- Investing in community-driven health services and health policy research.

MULTIDIMENSIONAL ECOSYSTEM COMPARATIVE APPROACH

MECA

- A systems-oriented framework designed to provide a culturally attuned and socially empowering approach in family therapy theory, research, clinical practice, and training.
- MECA is based on the belief that all individuals are multicultural rather than belonging to a single group under a single label.

(Falicov, 1995)

MULTIDIMENSIONAL ECOSYSTEM COMPARATIVE APPROACH

- 1) Contains a comprehensive definition of culture
- 2) Offers a method for making meaningful comparisons
- 3) Makes room for multiple and evolving cultural narratives



IMPLICATIONS FOR MENTAL HEALTH CARE



IMPLICATIONS FOR MENTAL HEALTH

ACCESS

Cultural factors may interfere with family's ability to access or accept particular services

ASSESSMENT

Views on discipline, privacy, communication, emotional expression, and other factors

TREATMENT

An individual's or family's particular needs (ethnicity, religion, language, socio-economic status, etc.)

SEEKING AND ACCESSING SERVICES

- Without acknowledgment and understanding of barriers to access, professionals may presume that low treatment rates are due to a lack of effort in seeking care or poor compliance.
- DSS/CPS Involved families
- School Attendance related issues
- Court-Mandated services

BARRIERS TO ACCESS:

- Lack of diversity of providers
- Justified paranoia due to inherent bias of healthcare, educational, legal, financial systems
- Underserved geographies & transportation issues
- Language and literacy barriers
- Limited affordable options, particularly for uninsured/under-insured

BARRIERS TO ACCESS: PERCEPTION OF SYMPTOMS

- White Americans often focus on biomedical aspects of mental illness; African Americans and Latinx tend to connect mental illness to **spiritual, moral, and social** issues
(Carpenter-Song, et al., 2010)
- Compared with Whites, Black patients may also be more likely to identify and describe **physical symptoms** related to mental health problems, e.g., body aches when experiencing depression.

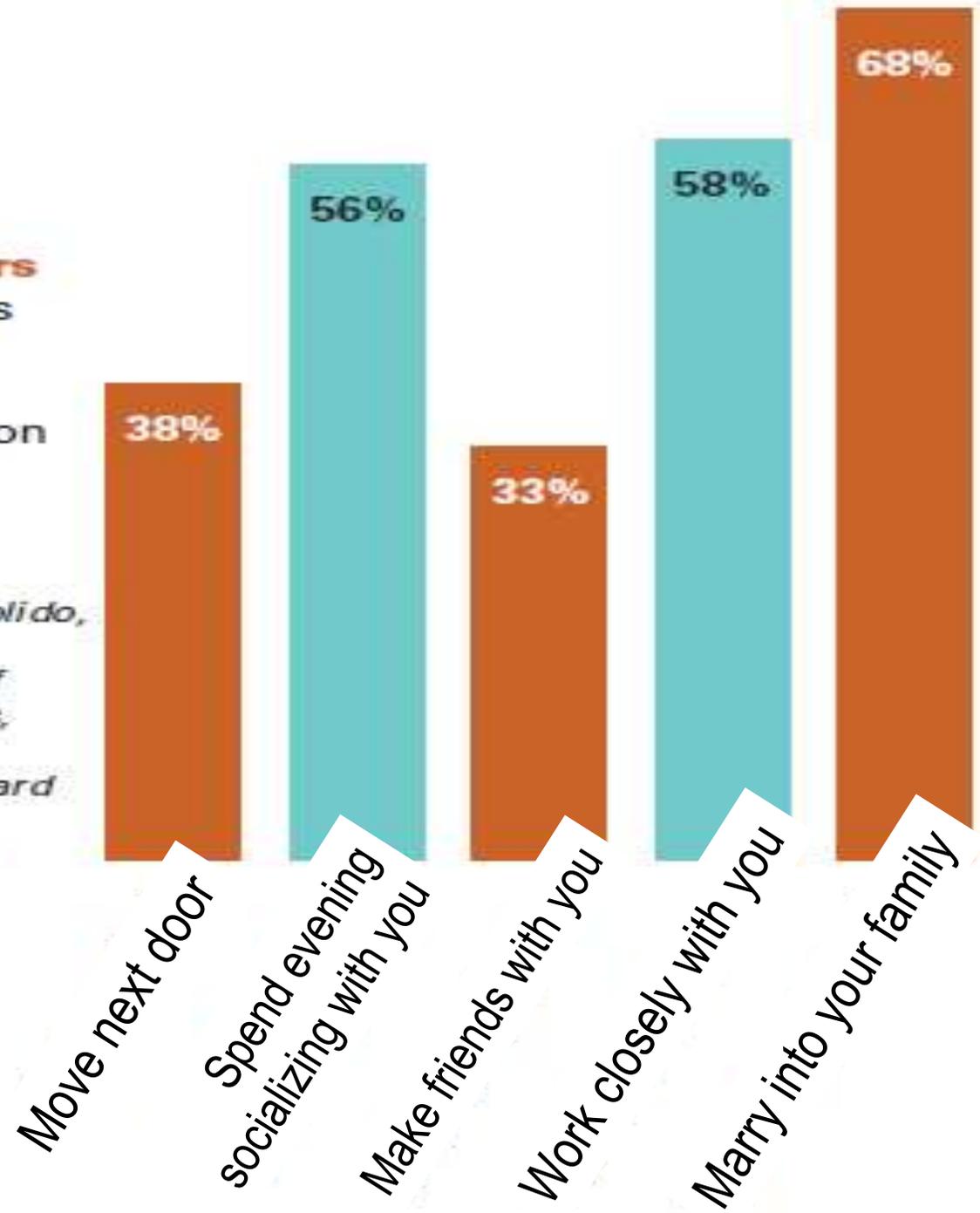
BARRIERS TO ACCESS: STIGMA

- Negative attitudes about people with mental health conditions are still pervasive in U.S.
- Media and sociopolitical views continue to impact stigma

Stigma by the numbers

Percentage of Americans reporting they are definitely or probably unwilling to have a person with mental illness:

Source: Martin, J.K., Pescosolido, B.A., & Tuch, S.A. (2000). *Of fear and loathing: The role of "disturbing behavior," labels, and causal attributions in shaping public attitudes toward people with mental illness.* *Journal of Health and Social Behavior*, 41, 208–223.

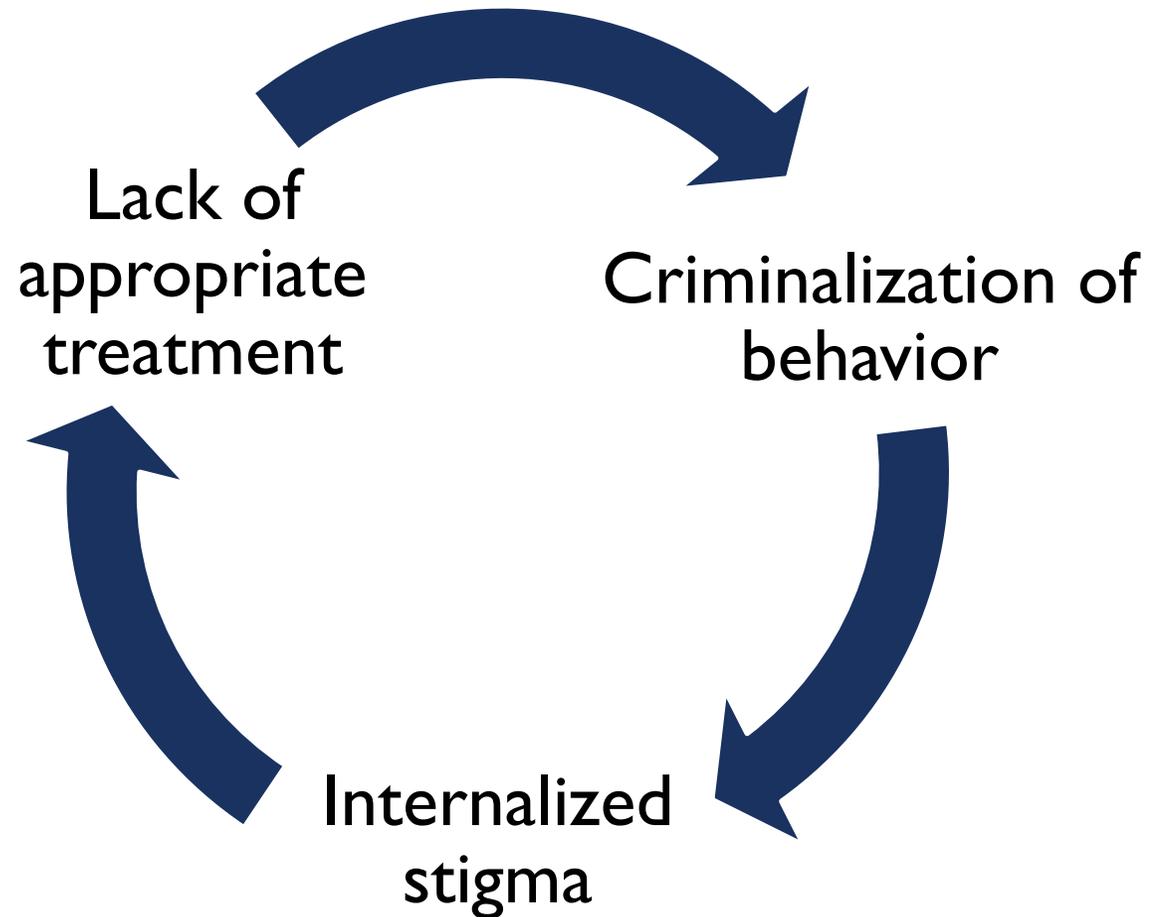


BARRIERS TO ACCESS: STIGMA

- Racial minorities and other marginalized populations, who already face prejudice and discrimination due to their group membership, experience *double stigma* when confronted with the effects and impact of mental illness.

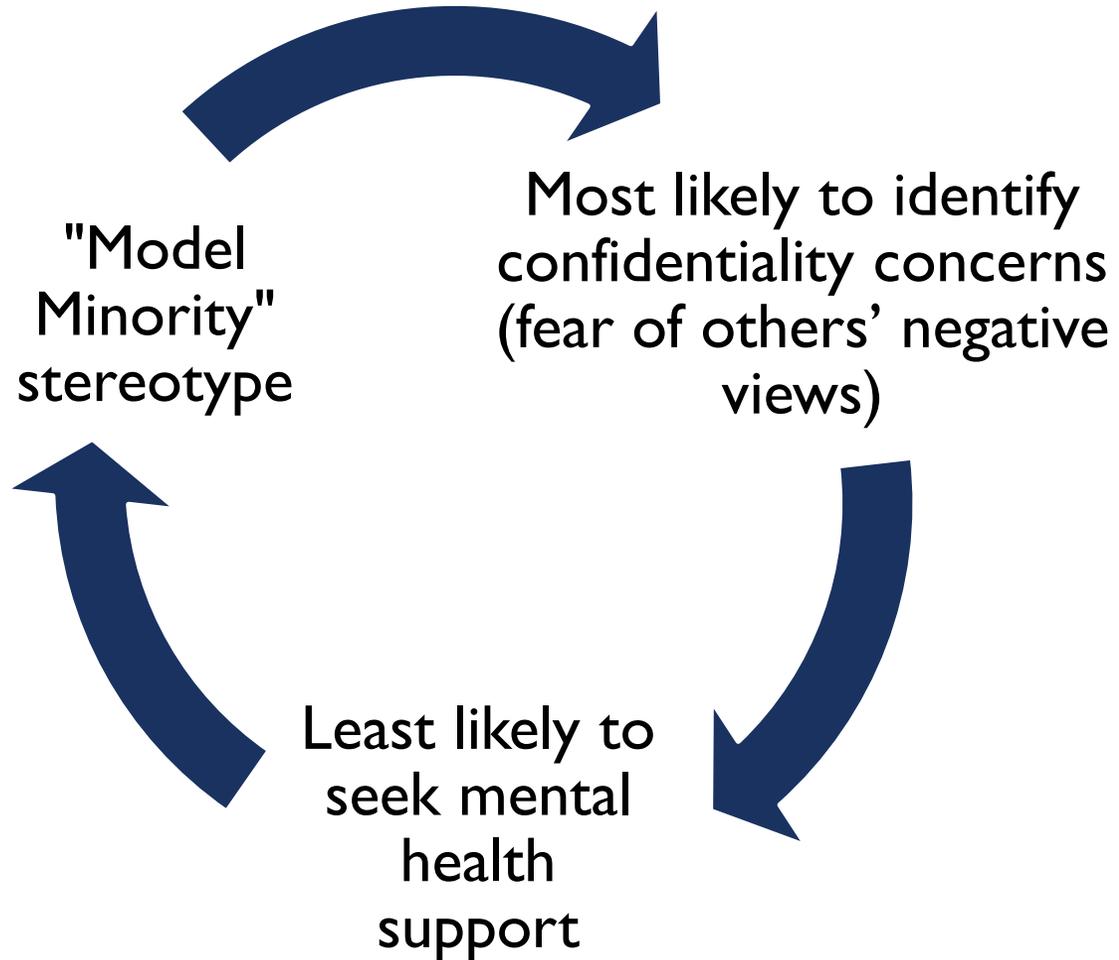
BARRIERS TO ACCESS: STIGMA

Example:
African Americans



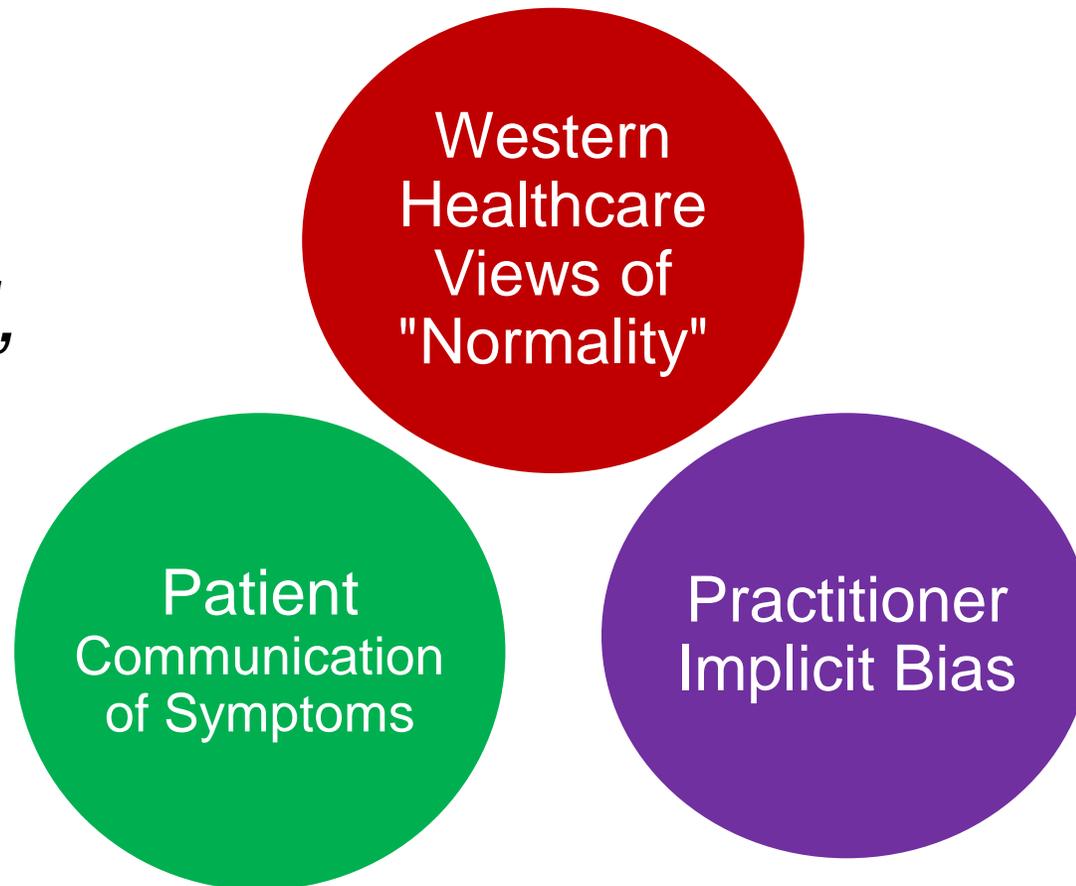
BARRIERS TO ACCESS: STIGMA

Example:
Asian Americans/
Pacific Islanders



ASSESSMENT AND DIAGNOSIS

Multiple factors result in issues being overlooked, misinterpreted, or stereotyped.



IMPLICIT BIAS AND ASSESSMENT

- Pathologizing of others' values, e.g., parenting, discipline, relationship roles, and gender expectations
- Overlooking family strengths and resources, e.g., spiritual community, kinship relationships
- Failure to identify needs in families who fit expected norms, e.g., White, educated, financially resourced
- Ignoring/making invisible certain experiences, e.g., LGBTQ

ASSESSMENT OF SYMPTOMS

- Understanding how individuals may communicate symptoms or functioning.

“That child is ‘hard headed’ and don’t listen.”

“I’m not depressed. I don’t sit around crying.”

“He is so angry, it’s like he has mood swings.”

ASSESSMENT OF SYMPTOMS

- Understanding observed behaviors and functioning.

Parent-child observation of parent telling the children, “No you didn’t. You need to stop lying.”

Family that yelled and spoke loudly viewed as dysfunctional

Father feeding 8-year-old child with his fingers and her grunting when she wanted more.

IMPLICIT BIAS AND DIAGNOSIS - RACE

- Black men are more likely to receive a misdiagnosis of schizophrenia when expressing symptoms related to mood disorders or PTSD (Gara, et al., 2019)
- African American & Latino boys are disproportionately given diagnoses of disruptive behavior disorders (ODD and CD) and are less likely to receive a diagnosis of ADHD (Fadus, et al., 2020)

IMPLICIT BIAS AND DIAGNOSIS – SEX & GENDER

- Under-diagnosis of depression, trauma, and interpersonal violence in males.
- Under-diagnosis of ADHD in females.
- Likewise, women often experience misdiagnosis of medical conditions as “stress,” depression, and anxiety.

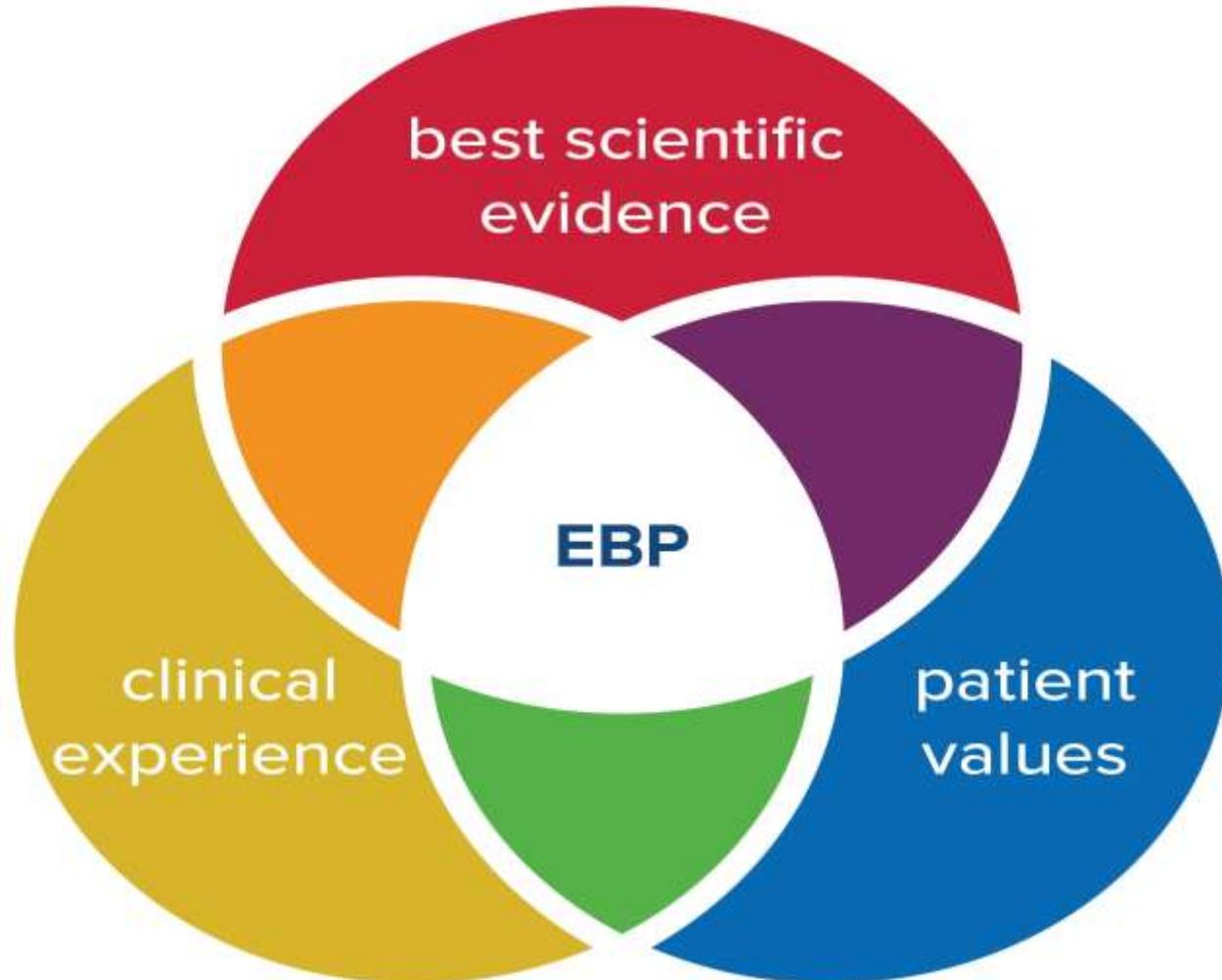
ASSESSMENT TO DIAGNOSIS

- Utilize culturally appropriate measures.
- Ask the meaning of behaviors rather than interpretation of observations
- Do your research!

EVIDENCE-BASED TREATMENT

- Over the past three decades, evidence-based practice (EBP) has become the Gold Standard in healthcare systems and healthcare policy.
- “Research-Practice Gap”:
Whites are over-represented in systematic reviews, meta-analyses, and randomized controlled trials.

EVIDENCE-BASED TREATMENT



- Use a diversity of methods to address a diversity of factors, such as clinical setting, community values, race, culture, and individual experiences.

CULTURAL ADAPTATIONS IN TREATMENT

- Interventions targeted to a specific cultural group were four times more effective than interventions provided to multicultural groups, suggesting that cultural adaptation and specificity are critical to treatment efficacy

(Griner & Smith, 2006)

CULTURAL ADAPTATIONS IN TREATMENT

- Cultural Conundrum:
“Professionals who want and need to be culturally competent are left with the message that culture matters but continue to struggle with how to be a more culturally competent practitioner in concrete terms.” (Hwang, et al., 2008)
- Addressing concerns of cultural insensitivity, cultural appropriation, or cultural misunderstanding.

CULTURAL ADAPTATIONS IN TREATMENT

- Incorporating hair combing into parent-child relational therapy for attachment repair.
- Utilizing drumming for a Native-American family therapy session to address listening and communication skills.
- Including scriptures when establishing positive self-talk or cognitive restructuring.
- Researching examples of poems, music, and readings from preferred genres.

CULTURAL ADAPTATIONS IN TREATMENT

- Modifying the language for Somatic Experiencing, in case there is difficulty focus on the body or incongruence
- Validating parenting concerns and including strategies for racial socialization
- Examples from your work? **Drop a note in the Chat!**



WHERE DO WE GO FROM HERE?



Understanding cultural competence and cultural humility

Becoming culturally competent and practicing cultural humility are ongoing processes that change in response to new situations, experiences, and relationships. Cultural competence is a necessary foundation for cultural humility.

CULTURAL COMPETENCE

Gaining cultural knowledge

- What are other cultures like, and what strengths do they have?

Developing cultural self-awareness

- What is my culture, and how does it influence the ways I view and interact with others?

CULTURAL HUMILITY

Holding systems accountable

- How can I work on an institutional level to ensure that the systems I'm part of move toward greater inclusion and equity?

Understanding and addressing power imbalances

- How can I use my understanding of my own and others' cultures to identify and work to disrupt inequitable systems?

BREAKOUT SESSION – 15 MINUTES

Which aspects of Cultural Humility have challenged you? Why?

What gaps or errors do you now recognize?

*Specific ways to increase Cultural Responsiveness
in your practice or training?*

*What assets can you leverage?
What barriers do you anticipate?*



QUESTIONS OR COMMENTS???

RAISE YOUR HAND TO BE CHOSEN AND UNMUTED

YOU MAY ALSO SUBMIT QUESTIONS OR
COMMENTS IN THE CHAT



REFERENCES

- Asnaani, A. & Hofmann, S. G. (2012). **Collaboration in multicultural therapy: establishing a strong therapeutic alliance across cultural lines.** *Journal of Clinical Psychology, 68*(2), 187–197.
- Alang, S. M. (2019). **Mental health care among blacks in America: Confronting racism and constructing solutions.** *Health Services Research, 54*(2), 346-355.
- Carpenter-Song, E., Chu, E., Drake, R., Ritsema, M., Smith, B., Alverson, H. (2010) **Ethno-cultural variations in the experience and meaning of mental illness and treatment: Implications for access and utilization.** *Transcultural Psychiatry, 47*(2). 224-51.
- Cultural Responsiveness. (n.d.). Retrieved 01/22/2021 | <https://friendsnrc.org/prevention/cultural-responsiveness/>
- Fadus, M.C., Ginsburg, K.R., Sobowale, K. et al. (2020). **Unconscious bias and the diagnosis of disruptive behavior disorders and ADHD in African American and Hispanic youth.** *Academic Psychiatry, 44*, 95–102.
- Falicov, C. J. (1995). **Training to think culturally: A multidimensional comparative framework.** *Family Process, 34*, 373–388.
- Falicov, C. J. (1998). *Latino families in therapy: A guide to multicultural practice.* New York: Guilford Press.
- Gara, M., Minsky, S., Silverstein, S., Miskimen, T. and Strakowski, S. (2019). **A naturalistic study of racial disparities in diagnoses at an outpatient behavioral health clinic.** *Psychiatric Services, 70*(2), 130-134
- Gopalkrishnan N. (2018). **Cultural diversity and mental health: Considerations for policy and practice.** *Frontiers in Public Health, 6*, 179.

REFERENCES

- Griner, D., & Smith, T. B. (2006). **Culturally adapted mental health interventions: A meta-analytic review.** *Psychotherapy: Theory, Research, Practice, Training*, 43, 531–548.
- Hwang W-C, Myers HF, Abe-Kim J, Ting JY. (2008) **A conceptual paradigm for understanding culture's impact on mental health: the cultural influences on mental health model.** *Clinical Psychology Review*, 28(2), 211–27.
- Ladson-Billings, G. (1994). **The Dreamkeepers.** San Francisco: Jossey-Bass Publishing Co.
- Ladson-Billings, G. (2014) **Culturally relevant pedagogy 2.0: aka the Remix.** *Harvard Educational Review*, 84(1), 74-84.
- Mollah, T.N., Antoniadou, J., Lafeer, F.I. et al. (2018). **How do mental health practitioners operationalise cultural competency in everyday practice? A qualitative analysis.** *BMC Health Services Research*, 18, 480
- Nelson S.E. & Wilson K. (2017) **The mental health of Indigenous peoples in Canada: A critical review of research.** *Social Science and Medicine*, 176, 93–112.
- Tervalon M, Murray-Garcia J. (2019) **Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education.** *Journal of Health Care for the Poor and Underserved*, 9(2).117–125.
- Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). **African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors.** *Nursing research*, 62, 185-194.