

Making the Fuzzy Relevant: Strategies for Addressing Cultural Competence in Treatment

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Mental Health Disparities

- ◆ The 1978 president's commission on mental health to the surgeon general (2001) and the president's new freedom commission (2003) reports examined ethnic disparities in mental health. The reports concluded that the disparities were not so much due to racial and ethnic differences in rates of psychopathology but were due to inaccessible and ineffective treatment.
- ◆ Ethnic minority clients often saw therapists or were administered treatments that did not provide consideration of the clients' lifestyles, cultural and linguistic backgrounds, and life circumstances. Thus one critical task is to improve therapeutic effectiveness and quality of care for these clients.

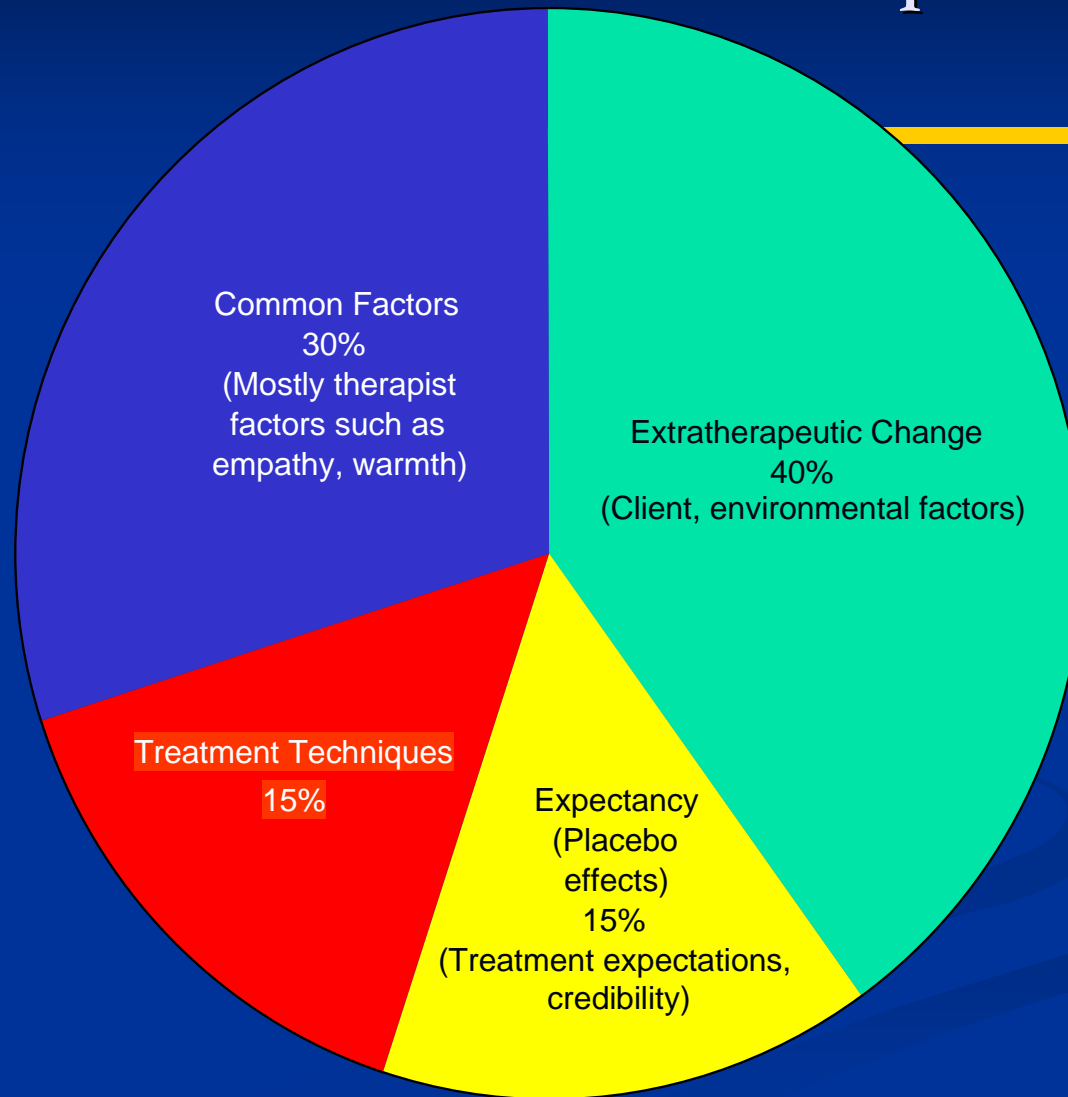
Need for Research

- A recent study reviewed 379 NIMH-funded clinical trials published between 1995 and 2004 in five leading mental health journals (Mak, Law, Alvidrez, & Perez-Stable, 2005). The investigators found that less than half of the studies provided information on the specific ethnic composition of their samples.
- Among those that specified their ethnic composition, most ethnic minority groups were underrepresented, notably Asian Americans, Hispanics, and Native Americans. White Americans continued to dominate as participants in clinical trials (61% in studies that provided specific ethnic information), and few studies analyzed for ethnic and cultural effects.

Clinical Research Myths about Cultural Competence

- ◆ The argument for CC treatments leads to an endless process of testing specific ethnic groups, sub-ethnic groups and so on – Empirical evidence should also lead the process of external validation.
- ◆ There is little empirical evidence for the importance of cultural competence; it is simply politically correct – Cultural variations do affect treatment outcomes and clients value the inclusion of cultural elements in services.
- ◆ Cultural influences are too diffuse and abstract to study within the context of treatment – Variable focused studies can build on population focused studies. Research is needed that documents ethnic and cultural variations while at the same time examines possible mediators (e.g., acculturation, face concerns, coping style) for these ethnocultural effects.

Percent of Improvement in Psychotherapy Patients as a Function of Therapeutic Factors



Cultural Competence in Mental Health Treatment

Cultural Competence: The ability of a person to function effectively in a particular cultural context or situation

Aspects of cultural competence:

- ◆ Cognitive competence
- ◆ Affective competence
- ◆ Role competence

Challenges for Achieving Cultural Competence

- ◆ Often it is difficult to understand how culture affects one's behavior since much of one's cultural lifestyle involves ingrained habits and over-learned behaviors.
- ◆ Much of what we know about another culture is distal from the actual processes that occur between client and therapist.

Table 1. Culturally Sensitive Elements and the Dimensions of Treatment for Clinical Research Interventions with Hispanics

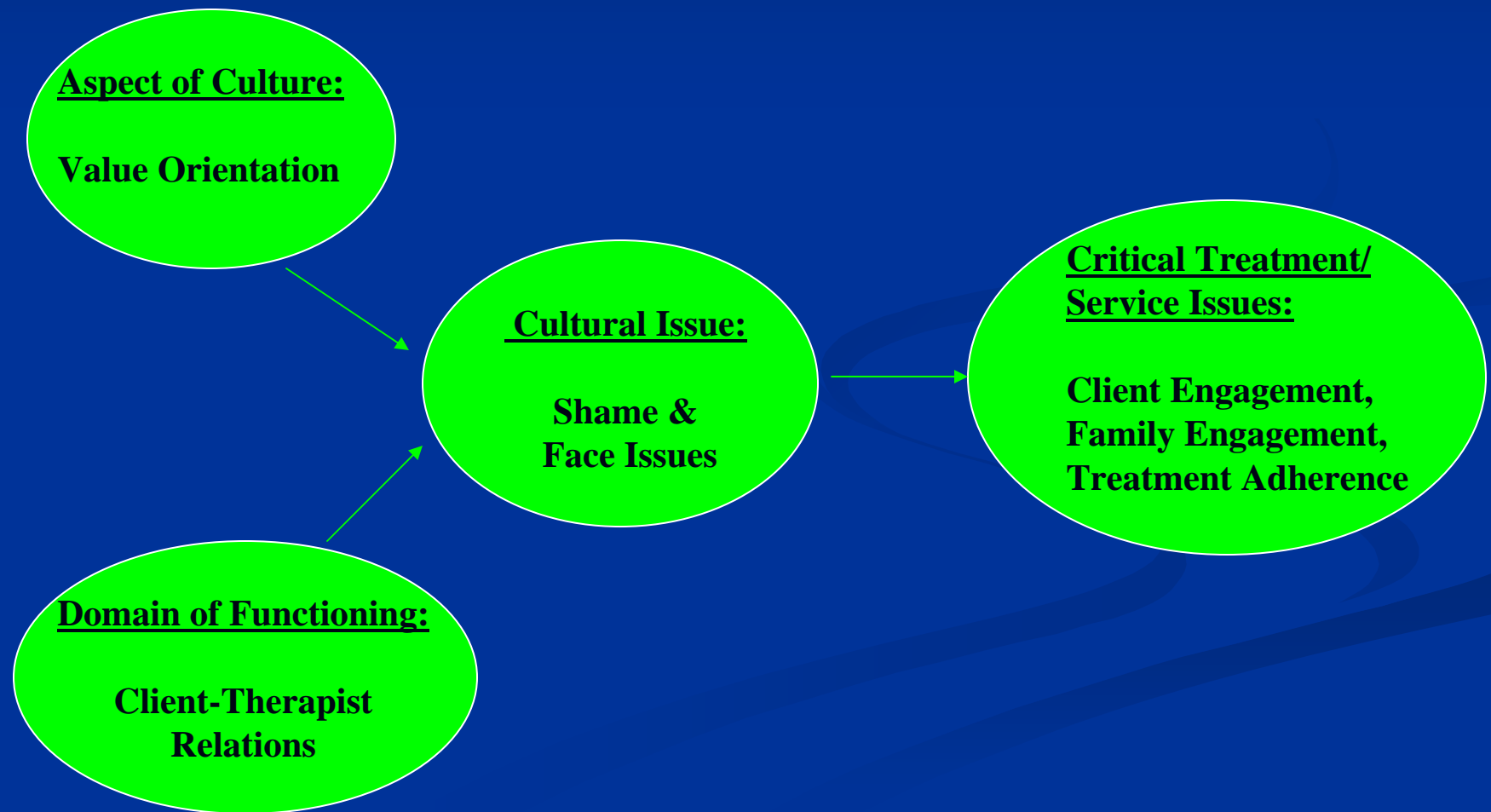
- Language Culturally appropriate; culturally syntonic language
- Persons Cultural variation in shaping therapy relationship
- Metaphors Symbols and concepts shared with the population
- Content Cultural knowledge
- Concepts Treatment concepts consonant with culture and context
- Goals Support adaptive values from the culture of origin
- Methods Development and/or cultural adaptation of treatment methods
- Context Consideration of changing contexts in assessment during treatment or intervention

(Bernal, Bonilla, and Bellido, 1995)

Specific Factors Approach to Cultural Competence

- Culture maps onto specific social psychological factors that influence treatment (Betancourt & Lopez, 1993)
- Certain factors related to the cultural experiences of ethnic minority clients affect specific aspects of treatment (e.g., credibility, self-disclosure)
- Applying and accounting for such factors adds to our clinical conceptual tools, enhances cultural competence, and “individualizes” treatment

Examination of Cultural Influences in Mental Health Service and Treatment



Face

- ◆ Face -- face has been identified as a key and often-dominant interpersonal orientation in Asian social relations. As social beings, people are invested in presenting to others, either implicitly or explicitly, certain claims about their character in terms of traits, attitudes, and values. Others come to recognize and accept the person's "face" or "line" that the person claims for her or himself. This set of claims constitutes that person's face.
- ◆ Face is not simply prestige or social reputation obtained through success and personal achievements. Rather, face represents the person's social position or prestige gained by performing one or more specific social roles that are well recognized by others.

Face (cont.)

- ◆ Thus, face can be defined as essentially a person's set of socially-sanctioned claims concerning one's social character and social integrity in which this set of claims or this "line" is largely defined by certain prescribed roles that one carries out as a member and representative of a group.

Face Concerns and Self-Disclosure in Treatment

Beta Weights of Predictors for Different Types of Self-Disclosure

Outcome Predictors	Personality	Neg. Self	Int. Rel.
Counselor Age	.08	.04	.09
Counselor SES	.00	-.01	-.03
Understandable	.11	.14	.12
Speech Clarity	.07	.05	.04
Diff. Following	.05	-.01	.00
Ethnic Match	.25*	.26*	.17
Gender Match	.07	.09	.20*
Loss of Face	-.21*	-.22*	-.31**
Adjusted R ²	.03	.10	.11*

Note: N = 128

* $p < .05$, ** $p < .01$, *** $p < .001$

FACE WORK

Avoidance of Threats to Face

- ◆ Direct avoidance of certain relationships
- ◆ Use of intermediaries
- ◆ Careful monitoring of conversation
- ◆ Self-restraint in expression
- ◆ Modesty and self-effacing to reduce likelihood of being discredited

FACE WORK

Avoidance of Threats to Face

- ◆ Use of respect, politeness, and courtesies as protective maneuvers
- ◆ Explanations and warnings to depersonalize face-threatening incident
- ◆ Denial or not recognizing that face-threatening event has occurred (tactful overlooking)
- ◆ Hiding or concealment of activity when person has lost control of expressions

Corrective (Ritual) Process to Restore Social Equilibrium

- ◆ Challenge: Participants call attention to misconduct
- ◆ Offering: Offender given chance to correct the offense and reestablish social equilibrium

Corrective Process (cont.)

- ◆ Acceptance: Offering has reestablished social equilibrium
- ◆ Thanks: Gratitude for allowing correction

Cultural Variations in Emotional Regulation

- ◆ In Chinese culture ambivalence over emotional expression consists of two factors: (a) the excessive rumination over the consequences of the expressive behavior and (b) the active control of expressing negative emotions (Chen, Cheung, Bond, & Leung, 2005).
- ◆ Emotional rumination was predicted by the personality scales of introversion and inferiority, and the belief external control. However, emotional suppression was predicted by the values in diversity, face and harmony, and the social belief in social complexity. Moreover, emotional rumination was negatively associated with life satisfaction, while emotional suppression was not.

Cultural Variations in Emotion Regulation

- ◆ Suppression was used less frequently in daily life by women holding Western European values as compared to women with bicultural Asian-European values (Butler et al., 2007)
- ◆ Suppression was associated with fewer self-protective goals and lower levels of negative emotion for the women with bicultural Asian-European values
- ◆ Suppressors with more bicultural values were seen as less hostile and withdrawn and more responsive than suppressors with European values