CULTURAL INFLUENCES IMPACTING DIAGNOSIS AND TREATMENT RECOMMENDATIONS

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Agenda

• Introductions (5 minutes)
• Cultural Influences Definitions and Example (30 minutes)
• Cultural Influences Practice
  • Self Assessment (15 minutes)
  • Case Study (30 minutes)
• Conclusion (15 minutes)
CULTURAL INFLUENCES

Definitions and Examples

Culture Influences Definitions

- Racial or Ethnic Self Identification
- Experience of Cultural Bias as a Stressor
- Immigration History and Status
- Level of Acculturation
- Time Orientation
- Social Orientation
- Verbal Communication Style
- Locus of Control
- Spiritual Beliefs
- Health beliefs and engagement in culturally specific healing practices
Cultural Influences
• May contribute to Symptoms
• May contribute to someone’s Recovery or Resiliency
• May contribute to Treatment Recommendations

Case Example
• Tannika’s Story
  • 19 year old biracial female
  • Lives in Apple Valley
  • Parent of a 3 month old
  • History of sexual assault
  • Involvement in child protection system
  • Candidate for Youth ACT services
Cultural Influencing Diagnosis and Treatment Recommendations

Racial or Ethnic Self Identification

• the individual/family would report how they identify themselves in a racial or ethnic context

• Tannika identifies as a biracial 19 year old mother.

Experience of Cultural Bias as a Stressor:

• Description of how the individual has experienced cultural bias from other people (cultural bias being the practice of interpreting and judging behavior by standards inherent to one’s own culture), and how it relates to his or her overall mental health symptoms.

• Tannika feels like she never really “got” high school and for the past year she hasn’t wanted to have any peer interaction at all—worrying that they were judging her for being pregnant, now having a baby, or for having been raped.

• It is medically necessary for Tannika to receive social skills training for her to regain appropriate social and communication skills that she lost due to her posttraumatic stress disorder and continued thought distortions of other people’s behavior.
Cultural Influencing Diagnosis and Treatment Recommendations

Immigration History and Status:
- Description of the individual’s immigration path (if applicable). Is the client a political refugee, an economic refugee, or on a work or student visa? The intent is not to identify whether the client has documentation to be in the country but more his or her experience as an immigrant.

- Tannika—not applicable

Level of Acculturation:
- Level of acculturation (the modification of the culture of a group or individual as a result of contact with a different culture) could be to “mainstream” culture or it could be into a new social group, a new town, family (in-laws or adoption), or any change in group of people with whom the client associates.

- She does feel like she’s had trouble fitting in both with the white kids and the black kids at school and tended to hang out with a very small group of people who seemed to be misfits just like her. She feels like she was a misfit in high school because of being biracial but also because she liked to do homework and didn’t participate in school activities very much.

- As Tannika never had a strong social connection with her peers, receiving group interventions would be beneficial for her to be able to listen and improve her insight and relationship skills with a potential peer group.
Cultural Influencing Diagnosis and Treatment Recommendations

Time Orientation:
• Time orientation is about how the client understands and uses time. On one end of the continuum there are people with Monochronic orientation of time—task oriented, expect things to be on time, and a separate time and place for work and play. On the other end are people with Polychronic orientation of time—time and schedules are more flexible, maintaining relationships and socializing is more important than accomplishing tasks.
• Tannika’s time orientation is currently compromised by her symptoms of PTSD—she loses hours during the day and has at least one documented event of experiencing a fugue state. It is unclear what her normal orientation is to time.
• As Tannika’s PTSD symptoms are dissociative in nature and she often loses track of time, it is medically necessary for services to be provided in a time flexible manner and in an invivo setting. While in a heightened state of illness, Tannika lacks the ability to maintain appointments.

Social Orientation:
• Can involve information regarding the client’s friends, social group, partnership status, sexual orientation, etc.
• Tannika lost most of her friends and her boyfriend after her trauma and during her pregnancy. She currently feels the most connected to her daughter. Her motivation for change is through her love for her child.
• Tannika feels most connected to her child and is motivated for change through her desire to be a better parent. Skill training on parenting techniques that she has not been able to develop because of her PTSD symptoms would help Tannika to learn the skills she has not developed due to the mental health condition. Specific skills that Tannika has not learned are how to mirror her child’s affect, respond in calm nurturing ways when Celeste is dysregulated and create a structured feeding and sleeping schedule for her child.
Cultural Influencing Diagnosis and Treatment Recommendations

Verbal Communication Style:
- Culturally impacted verbal and non-verbal communication styles—like call and response, looking at people in the eyes when they are talking, the teenage rolling of the eyes, means of conveying conflict or conflict avoidance, tone of voice, posture and means of expressing self verbally and non-verbally.
- Tannika continues to respond in a highly reactive manner when she feels defensive and around men since her trauma. As she didn’t grow up around very many men, she is quick to feel vulnerable around them and be both distant and overly reactive at the same time.
- Tannika would benefit from receiving therapeutic services from a female therapist, which is what she has requested.

Locus of Control:
- does the client feel like they are in control of their environment—their own choices or does the world push them from one choice to another?
- Tannika reports that since she was sexually assaulted, she does not feel like she has been an active agent in her own life and that she has had an external locus of control. She reports that she used to feel stronger and more in control of her life.
- As Tannika’s PTSD has altered her sense of self agency, it is medically necessary for her to receive psychotherapy services to restore her sense of self to what it was before her trauma; EMDR is an appropriate model to help change the negative thought structure that has developed since her trauma.
Cultural Influencing Diagnosis and Treatment Recommendations

**Spiritual Beliefs:**
- Religious or other forms of spiritual beliefs.
  - Tannika and her family are very spiritual and identify as Christian but don’t feel attached to any particular church. She would like to get her daughter baptized.
  - Tannika would benefit from getting a list of local churches and information on different denominations so that she can connect with a church and get her daughter baptized.

**Health Beliefs and the Endorsement of or Engagement in Culturally Specific Healing practices:**
- What is the client’s philosophy behind their symptoms or mental health situation? Have they gone to culturally specific providers such as a religious provider, Shaman, psychic, etc.?
  - Tannika believed that her symptoms would go away once she had her daughter and was no longer pregnant, unfortunately that did not happen. She has not engaged in any non-Western healing methods to treat her symptoms.
  - As Tannika has been reluctant to get mental health services, having them flexible and available during moments of crisis and connected to her relationship with her daughter (primary concern) would be beneficial.
Self Assessment
- Racial or ethnic self-identification
- Experience of cultural bias as a stressor
- Immigration history and status
- Level of acculturation
- Time orientation
- Social orientation
- Verbal communication style
- Locus of control
- Spiritual beliefs
- Health beliefs and engagement in culturally specific healing practices

Practice

Discussion
- Influence that is easiest to assess?
- Influence that is most difficult to discuss with a stranger?
- How do each influence behaviorally manifest for you?
Case Study

- Racial or ethnic self-identification
- Experience of cultural bias as a stressor
- Immigration history and status
- Level of acculturation
- Time orientation
- Social orientation
- Verbal communication style
- Locus of control
- Spiritual beliefs
- Health beliefs and engagement in culturally specific healing practices

Practice

Discussion

- Which are the Influences that are easiest to find?
- What are follow up questions you would like to ask the client?
- What influence is the hardest to assess?
- Treatment recommendations based on cultural influences would be?
Conclusion

• Questions?
• Comments?
Thank you!

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