“Cultural Competence” in Behavioral Health: The Challenge...The Opportunity

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OBJECTIVES

- To identify at least two challenges in training the concept of cultural competence in practice;

- To identify at least one model of cultural competence; and,

- To understand the rationale for a recommendation of culturally adapted interventions.
Another great moment in evolution
WHEN YOU ARE IN DEEP STUFF, LOOK STRAIGHT AHEAD, KEEP YOUR MOUTH SHUT & SAY NOTHING

Fox Hunt
THE CHALLENGES

- The Totality Problem
- The Numbers Problem
- The Idealization Problem
THE CHALLENGE

The Totality Problem
COMPETENCE

“A state or quality of being adequate or well qualified”
“The **totality** of socially transmitted behavior patterns, arts, beliefs, institutions, and **all** other products of human work and thought.”
CULTURE + COMPETENCE

- A state or quality of being adequate or well qualified to provide effective services across the totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought.
“When it is unclear how people change in psychotherapy and what they have learned in this process, the task of identifying those aspects of treatment that would make it culturally responsive or competent becomes even more difficult.”

(Zane & Sue, 1991)
THE CHALLENGE

The Numbers Problem
The Big 8 of Diversity

1. Race/Ethnicity
2. Culture
3. Gender
4. Sexual Orientation
5. Social/Economic Classification
6. Age
7. Disability
8. Religion
Race/Ethnicity
Gender
Religion
Age
Culture
Social/Economic Classification
Sexual Orientation
Disability
Permutations for “BIG 8”

\[ 8 \times 7 \times 6 \times 5 \times 4 \times 3 \times 2 \times 1 = 40,320 \]

40,320 ways the BIG 8 can be combined
THE CHALLENGE

The **Idealization Problem**
“CULTURAL COMPETENCE”
“CULTURAL COMPETENCE”
“Cultural Competence”

**Theory**
- Observations in real world
- Testable/Controls
- Prediction enabled
- Systematically organized with logically-linked concepts
- Independent/Dependent variables

**Value-based Perspective**
- Observation based on value judgment
- Does not predict behavior
- Lacks dynamic relationship among variables
Construct ???

A social mechanism, phenomenon, or category created and developed by society.
The Cultural Competence Continuum

(Cross et. al., 1989)
Purnell Model of Cultural Competence

(Purnell & Paulanka, 2003)
Concept

A general notion or idea.
The Research Base...

- **Language Match** = Insufficient controls; inconclusive (Campbell & Alexander 2002; Gamst et. al. 2003; Zane et. al. 2005)

- **Communication Patterns** = formality; respeto; inconsistent results (Miranda et. al. 2003; Rossello et. al. 2008)

- **Cultural-based Adaptations** = Unity circle; libation to ancestors; insufficient controls (Longshore & Grills 2000)
The Research Base...

- **Storytelling** = increased behavioral outcomes *(Sue et. al. 2009)*

- **Brief Structured Family Therapy** = superior outcomes over controls in reducing parent/youth conflict and improving relational functioning *(Szapocznik 2003; Santsteban et. a. 2006)*

- **Cognitive Behavioral Therapy** = decreased depression over controls with language adaptation for African American women *(Miranda et. al. 2005; Rossello et. al. 2008)*
Systematic Review of 64 articles examining the methodological rigor of studies using cultural competence yielded a conclusion that a, “Lack of rigor limits the evidence for impact of cultural competence training on minority health care quality. More attention should be paid to … proper design, evaluation, and reporting of these training programs”.  (Price, Robinson, Smarth & Bass, 2005, p. 578)
Fixin’ the Plane while we’re Flyin’ the Plane
CULTURALLY COMPETENT CARE
CULTURALLY ADAPTIVE APPROACH TO CARE

“… a system that acknowledges the importance and incorporation of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result in cultural differences, expansion of cultural knowledge, and adaptation of interventions to meet culturally unique needs.” (Whaley & Davis 2007; Sue et. al. 2009)
Cultural humility… [which] incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships…”

(Tervalon & Murray-Garcia, 1998)
Cultural Humility

- Know as much as possible about healthcare practices in the community(ies) we serve.

- Simultaneously continuing process of self-reflection and commitment to life-long learning and incorporation of new (and corrected) information.

*(Tervalon & Murray-Garcia, 1998)*
Cross-Cultural Knowledge

- Knowing about the Other/Self - of own biases and preferences; Dynamics of difference; influence of contextual variables; experienced culture of others; the literature, evidence base and limitations.
Cross-Cultural Awareness

Awareness (*Openness to or becoming mindful of dynamics of cultural difference; always one more question to be asked*)
INSTITUTIONAL CONTEXT

- Demographic composition of faculty?
- Demographic composition of interns/graduate students?
- Do faculty members, interns or students include self-identified individuals from diverse backgrounds (i.e. racial, ethnic, gender, gender orientation, age, disability, etc.)?
- Is there regular and substantive discussion of culture in the context of the evidence base and practice?
INSTITUTIONAL CONTEXT

- Does the curriculum reflect consideration of cultural difference?
- How is conflict handled?
- What has been the history of the program and the process of change toward training aimed at greater depth in cross-cultural considerations?
Cultural and Linguistically Appropriate Services (CLAS) Standards (OMH,HHS 2001)

The CLAS Standards provide a framework for all health care organizations to best serve the nation’s increasingly diverse communities. The CLAS Standards are a collective set of mandates, guidelines, and recommendations intended to inform, guide, and facilitate required and recommended practices related to culturally and linguistically appropriate health services. The CLAS Standards provide guidance on improving quality care under 3 areas in particular: Culturally Competent Care, Language Access Services and Organizational Supports.
... NOT ENOUGH

- If self-reflection and critique...

- If institutional context changes...

- If reliance on the evidence-base is not enough...
What will you do???
Formative Method of Adapting Psychotherapy (FMAP)

Development of culturally-adapted interventions or psychotherapeutic options based on the clinical and cultural needs of a specific population.

(Nagayama-Hall, 2001, Hinton et. al., 2006; Gone, 2009, Chu et. al., 2011)
Formative Method for Adapting Psychotherapy (FMAP)

- Generating knowledge/collaborating with stakeholders;
- Integrating information with theory, empirical and clinical knowledge;
- Reviewing initial plan for culturally adapted clinical intervention with stakeholders and revision as needed;
- Testing culturally adapted intervention; and,
- Finalizing the culturally adapted intervention.

Hwang (2009)
The FMAP Research Base…

- Integration of hypothesis-testing and discovery oriented research (Bernal & Scharron-Del-Rio, 2001)

- Cited prevailing concerns about generalizability of EBT’s in real world practice, described effectiveness of cultural adaption of EBTs in parent training (Lau, 2006)

- Effectiveness of the FMAP model with Chinese older Americans and depression (Chu, Huynh & Arean, 2011)
EPILOGUE... Just falling short of COMMENTARY
Do one brave thing today… then run like hell!
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