National Hispanic and Latino

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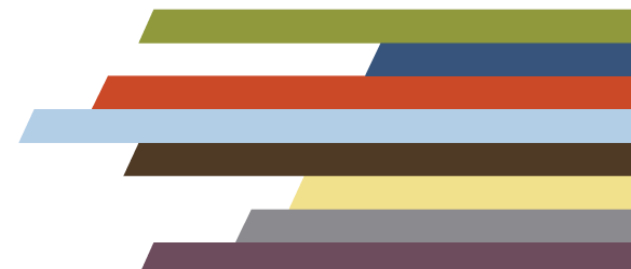
Clinical Applications of Cultural Elements in Treating Hispanics and Latinos with Mental Health Disorders

4-Part Webinar Series

SAMHSA
Substance Abuse and Mental Health Services Administration

UCC
Universidad Central del Caribe

IRESA
INSTITUTE OF RESEARCH, EDUCATION AND SERVICES IN ADDICTION

Cultural Case Formulation and Assessment using the DSM-5 Cultural Formulation Interview
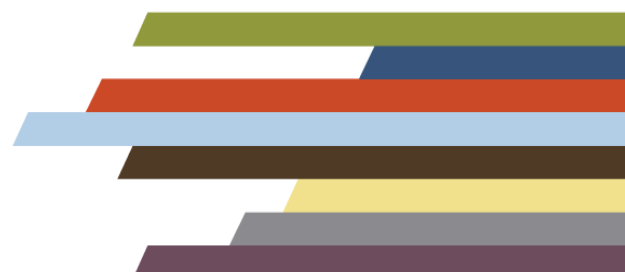
Part 1- Module 2

Danita Gallegos, LCSW

October 7th, 2020

1:30-2:30 pm ET

Southeast (HHS Region 4)

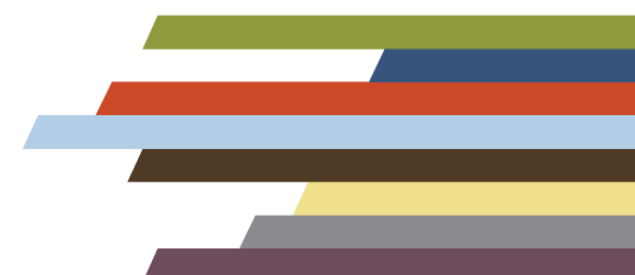MHTTC · Mental Health Technology Transfer Center Network
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The Southeast MHTTC is located at Emory University in the Rollins School of Public Health.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

Our Vision: Widespread access to evidence-based mental health services for those in need.

Our Services: We use a public health approach to build leadership capacity and to provide mental health trainings and resources to providers, agencies, and communities across the Southeast.

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Region IV Southeast Mental Health Technology Transfer Center

Please visit our website at www.southeastmhttc.org for upcoming trainings as well as archived recordings of past trainings.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

STRENGTHS-BASED AND HOPEFUL

PERSON-FIRST AND FREE OF LABELS

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

HEALING-CENTERED/ TRAUMA-RESPONSIVE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Disclaimer

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Danita Gallegos, LCSW

Danita Gallegos is a Licensed Clinical Social Worker in Houston, Texas. She received her Bachelor of Science degree from Texas A&M University – College Station and her Master's in Social Work degree from the University of Houston Graduate College of Social Work. She has experience working with families in medical social work, crisis response, school social work and as a psychotherapist. Danita currently works at the University of Texas Health Science Center at Houston (UTHealth) Texas Child Health Access Through Telemedicine (TCHATT) Program in providing school crisis response and school-based therapy.
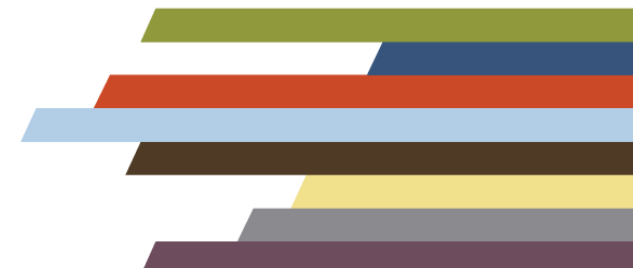
Authors Disclose Conflicts of Interest

I declare no conflict of interest in this presentation.
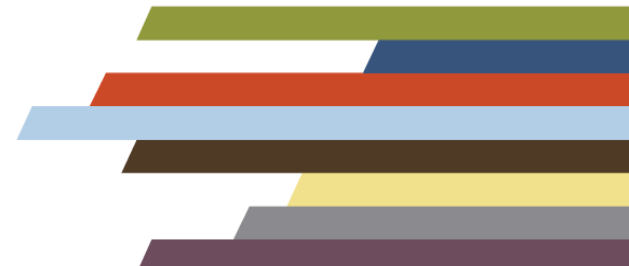
Learning Objectives

Goal: This module will provide training on the development of an assessment and a cultural formulation using the DSM 5 Cultural Formulation Interview.

Objectives:

- Participants will be able to define the five elements of the cultural formulation of the DSM 5;

- Participants will be able to describe the use of the Cultural Formulation Interview (CFI) supplementary modules;

- Participants will be able to apply the five elements of the cultural formulation to a case.
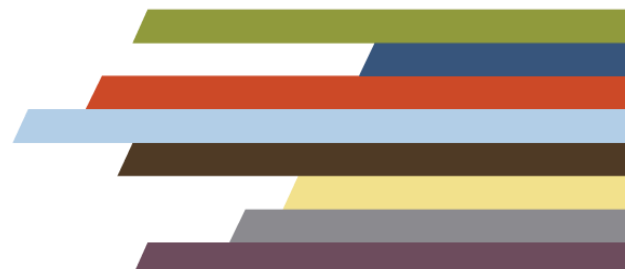
The DSM 5 defines culture as:

- "The values, orientations, knowledge, and practices that individuals derive from membership in diverse social groups (e.g., ethnic groups, faith communities, occupational groups, veterans groups).

- The influence of family, friends, and other community members (the individual's social network) may also have a large impact on the individual's illness experience."

(DSM–5, p.750; APA, 2013)

Culture may influence how we...

- Identify mental health condition
- Seek help
- Experience and prioritize symptoms
- Conceptualize treatment
- Participate in care
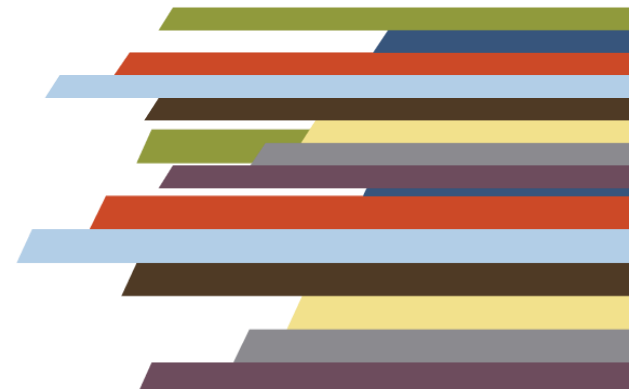
Cultural Identity of the Individual

- Literature has documented a set of characteristics shared by most Latinos, including:
  - Spanish language;
  - Cultural ideal of *personalismo* (personal contact)
  - *Simpatía* (social engagement, charm)
  - *Familismo* (familialism or collectivism)
  - *Machismo* (manliness)
  - *Marianismo* (womanliness)

(Falicov, 2014; Dana, 1998; Rivera-Ramos & Buki, 2011)

Psychosocial Stressors and Cultural Features of Vulnerability and Resilience

- Statistics show that Latino ethnic groups are more likely to experience the following high-risk factors:
  - Poverty
  - Inadequate housing
  - High proportion of single parent families
  - Alcohol/drug addiction
  - Acculturative stress
  - Discrimination
  - Relatively low educational and economic status
  - History of conquest, oppression, defeat, and struggle for liberation

(Bernal & Saez-Santiago, 2010; Dana, 1998; U.S. Department of Health and Human Services, 2000)

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Psychosocial Stressors and Cultural Features of Vulnerability and Resilience

- Depending on their acculturation level and immigrant status, they may also face barriers of:
  - English proficiency level
  - Legal status issues
  - Family separation due to immigration
  - Issues of loss and trauma due to the immigration process
    - Ethno-racial trauma
    - Post-traumatic stress symptoms
  - Loss of status in the community and loss of self-esteem due to undocumented immigrant status

A systematic assessment of culture should...

- Be comprehensive

- Recognize that a person´s identity may shift across time, context and expectations

- Never be one-sided

- Help the clinician

Attention to culture may help clinicians...

- Determine whether an experience is an "illness"

- Communicate during a clinical encounter/service

- Support individuals

- Structure our work settings

- Develop a moral stance toward care
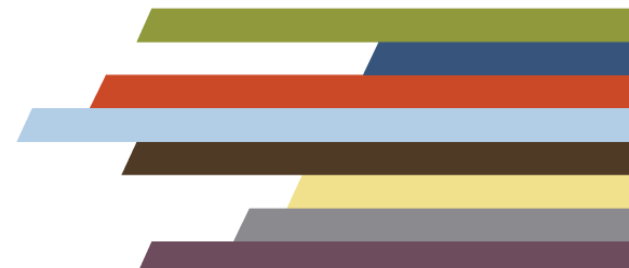
OUTLINE FOR CULTURAL FORMULATION

- Cultural Identity

- Cultural Explanations of Illness

- Cultural Factors Related to Psychosocial Environment and Level of Functioning

- Cultural Elements of the Clinician-Participant Relationship

- Overall Assessment

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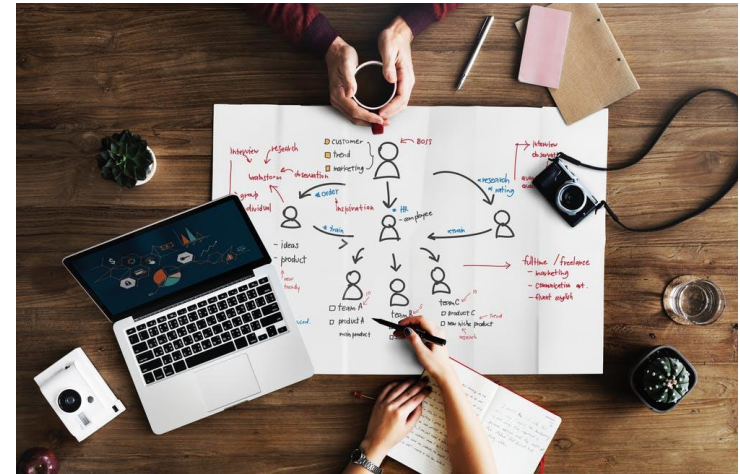
Clinical Formulation Interview

- Cultural Assessment
  - 16 questions
  - 3 versions
    - Core
    - Informant
    - Supplementary Modules
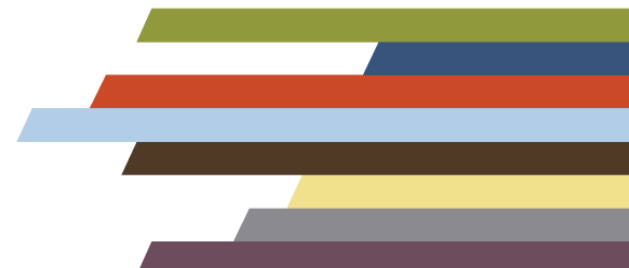
CFI administration

- Designed to be used with any patient by any provider in any clinical setting
- Recommended as the first part of a clinical evaluation, to gather patient's views before other questions
- But can be used at any point in care
- Indicated particularly in cases of:
  - Cultural differences that complicate diagnostic assessment
  - Uncertainty of fit between symptoms and DSM/ICD categories
  - Difficulty in judging severity or impairment
  - Disagreement between patient and clinician on course of care
  - Limited treatment engagement or adherence

DSM-5, 2013

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The CFI Introduction for the Individual

- I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about your experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.
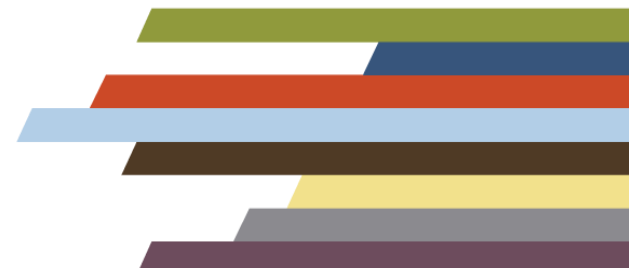
DOMAIN 1

Definition of Problem
- Own definition
- How describe to social network
- Most troubling aspect
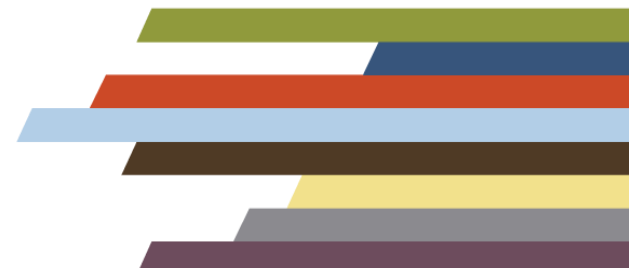
Questions for Domain 1

1. What brings you here today?

IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE: People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?

2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?

3. What troubles you most about your problem?
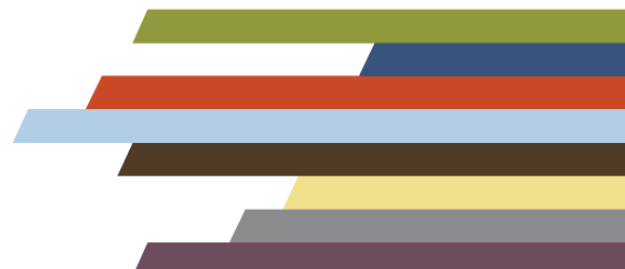
Cultural Explanations of Illness

Meaning of symptoms and severity in relation to cultural norms, causes, expected course of illness, experiences with care, and treatment expectations.

- Cause of problem
- Cause per social network
- Stressors and Supports
- How environment is supportive
- How environment is stressful
- Role of Cultural Identity
- Key aspect of background or identity
- Effect on problem
- Other concerns re cultural identity

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Questions for Domain 2

4.Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?

PROMPT FURTHER IF REQUIRED: Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.

5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?

6. Are there any kinds of support that make your [PROBLEM] better, such as support from family, friends, or others?

7. Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, or family problems?
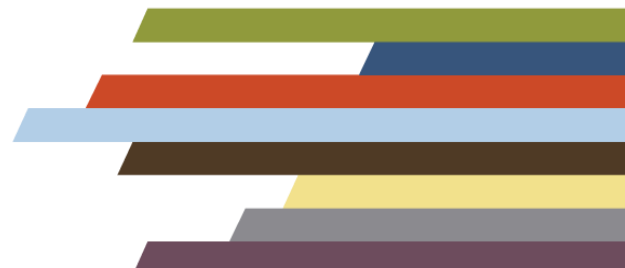
Domain 2 Questions

ROLE OF CULTURAL IDENTITY

Sometimes, aspects of people's background or identity can make their [PROBLEM] better or worse. By background or identity, I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.

8. For you, what are the most important aspects of your background or identity?

9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?

10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?
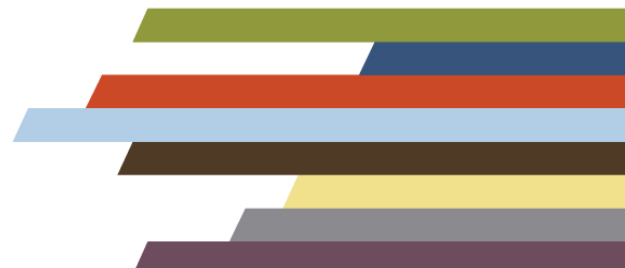
DOMAIN 3

Cultural Factors Related to Psychosocial Environment and Levels of Functioning

- Help Seeking
- Coping
- Barriers

Domain 3 questions

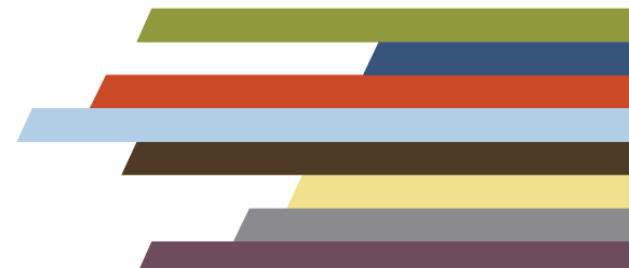11. Sometimes people have various ways of dealing with problems like [PROBLEM]. What have you done on your own to cope with your [PROBLEM]?

12. Often, people look for help from many different sources, including different kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you sought for your [PROBLEM]?

PROBE IF DOES NOT DESCRIBE USEFULNESS OF HELP RECEIVED: What types of help or treatment were most useful? Not useful?

13. Has anything prevented you from getting the help you need?

PROBE AS NEEDED: For example, money, work or family commitments, stigma or discrimination, or lack of services that understand your language or background?
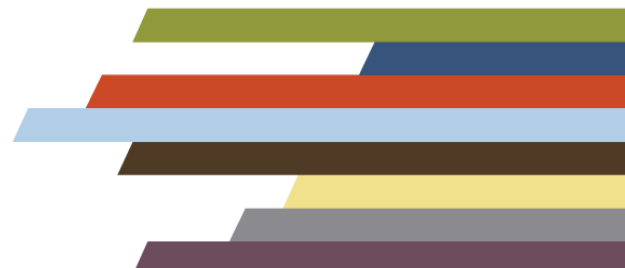
Cultural Factors Affecting Current Help Seeking

PREFERENCES

CLINICIAN-PATIENT RELATIONSHIP

- The relationship between patient and clinician is influenced by the expectations, role definitions, and resources each bring to the encounter

- Client and social networks´ preferences about care

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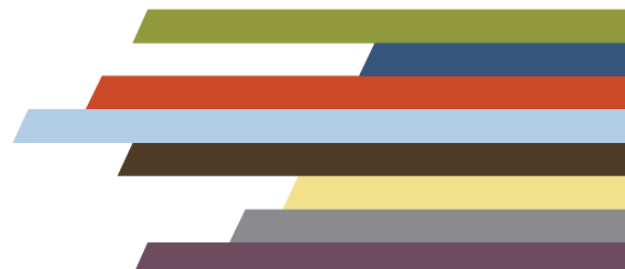
Domain 4 Questions

14. What kinds of help do you think would be most useful to you at this time for your [PROBLEM]?

15. Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?

THERAPEUTIC RELATIONSHIP

Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

16. Have you been concerned about this and is there anything that we can do to provide you with the care you need?

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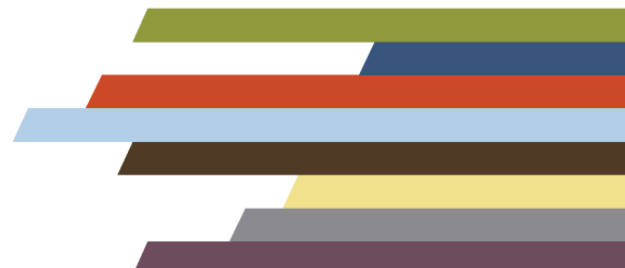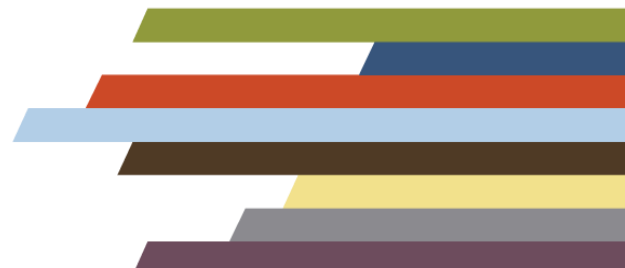
Supplementary Modules
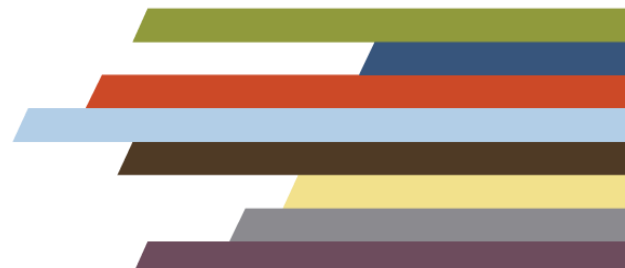
1. Explanatory Model
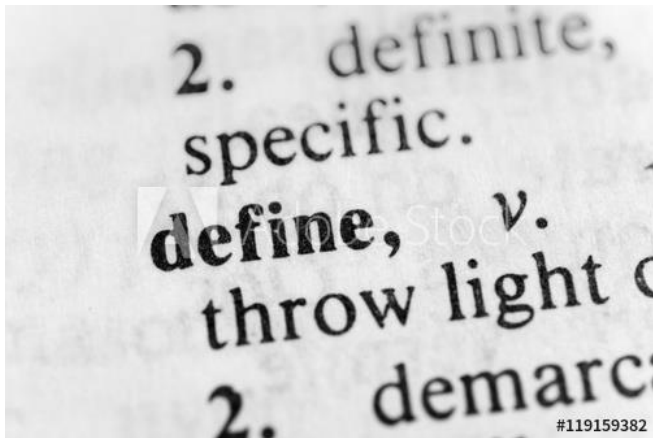
- Maximizes treatment engagement and adherence
- Increases positive expectancy
- Builds empathy and therapeutic alliance
- Addresses catastrophic cognitions
- Addresses stigma

2. Level of functioning

- Culture and society implicitly define the value of every aspect of functioning

- Level of functioning is an important component of clinical assessment

- Can help clarify level of impairment and allows for the development of culturally sensitive interventions
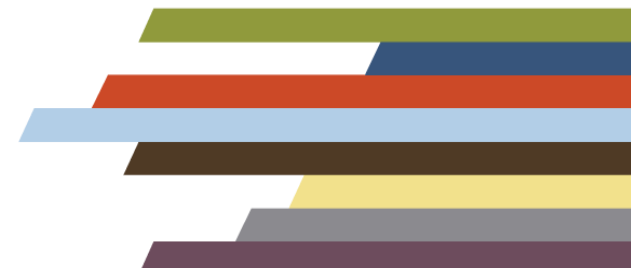
3. Social Network

- The level of a person´s social support influences the pathways from stressful events to mental health disorders

- Exploring social networks may yield information about social supports and the person´s ties to his-her cultural communities, and facilitate the development of culturally responsive approaches
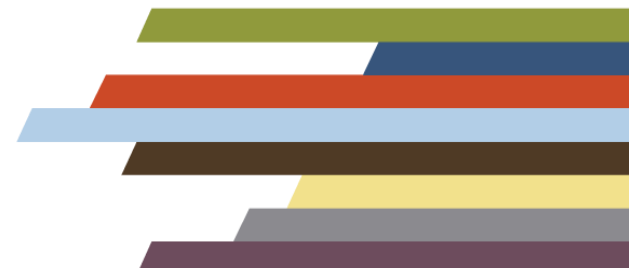
4. Psychosocial Stressors

- What is considered stressful may vary across cultures
- Culture is essential to the process of stress activation, appraisal and management in several ways
  - Cultural values and meanings are fundamental for the appraisal process
  - Resources available for coping may depend on cultural factors
  - Frequency and nature of stressors may vary depending on the person´s history, positioning with the host culture and cultural background
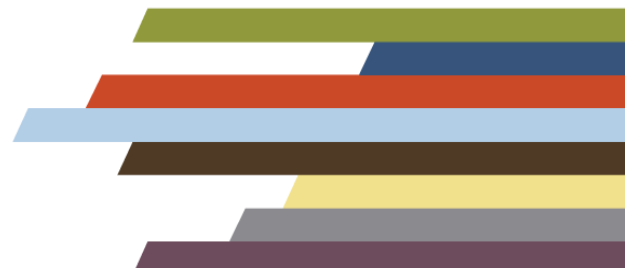
5. Spirituality, Religion and Moral Traditions

- Allows a patient to discuss religious, spiritual and moral beliefs, values and practices
  - Including their impact on treatment decision-making, goals, personal coping, social resources, and potential sources of religious or spiritual strength or concern
- Provides a framework for exploring identity, the role of spirituality, religion and moral traditions, possible relationships between these traditions and the clinical concern, and any potential stressors related to spirituality, religion, and moral traditions
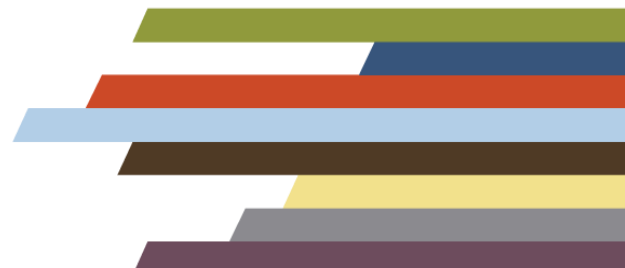
6. Cultural Identity

- Here culture is used broadly to refer to the ways the individual understands his or her identity and experience in terms of groups, communities or other collectives such as
  - National, ethnic, and racial background- language- and migration
  - Spirituality, religion, and moral traditions
  - Gender and sexual orientation
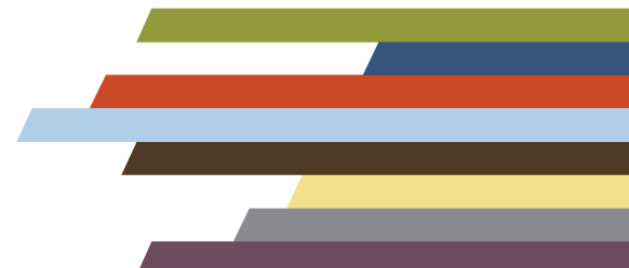
7. Coping and Help Seeking

- Strategies that a person may use to address difficulties

- Can reveal what has been useful for the problem, which can inform clinicians about what the person wants and expects in treatment

8. Patient-Clinician Relationship

- May promote or impede adherence and retention

- Transference and countertransference are impacted by culture, including similarities and differences between participant and clinician

- Information in this area allows the clinician to foresee and attend to possible difficulties

- Includes questions for the patient as well as for the provider
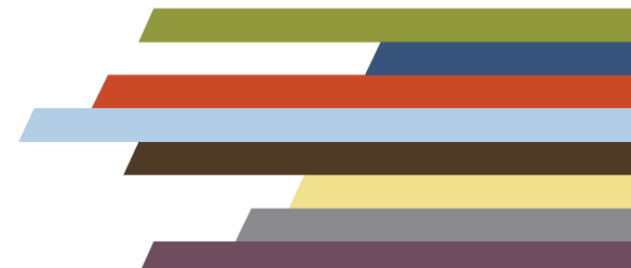
9. School-aged Children and Adolescents

- Should include input from family and other perspectives

- Through simple age-appropriate questions may help the clinician in treatment planning and assessment

10. Older Adults

- Explore unique identities, stressors, and supports

- Explore medical history
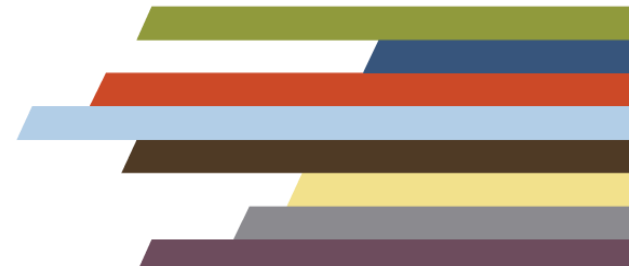
11. Immigrants and refugees

- Provides access to clinically relevant information for mental health care for migrants

- Explores premigration difficulties, exposure to violence and persecution, historical timeframe of migration, migration-related losses and challenges, continued ties with country of origin, resettlement, and expectations in new setting

Forced Migrant Journey: Cumulative Trauma Phases

Acculturation
Transition
Initial Adjustment *Expectations*
Arrival *Reception, Detention*
Journey *Multi-part, multi-country*
Flight *Final, instigating event*
Foundation *Instability, insecurity and countries inability to protect*

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12. Caregivers

- Assess the role of cultural conceptions of aging and aging-related transitions in the patient´s illness experience

- Should be used in the early stages of treatment, to engage the caregiver as an active participant in care

DSM-5 CULTURAL FORMULATION INTERVIEWS AVAILABLE AT THE FOLLOWING LINKS:

- Core CFI
- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf
- CFI Informant Version
- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Informant.pdf
- CFI Supplementary Modules
- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Supplementary-Modules.pdf
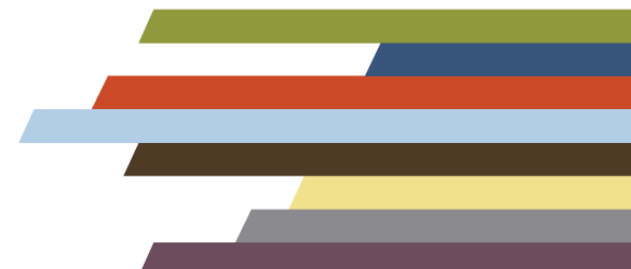
Application

Case Example: Elena

Case Example

- Elena is a 50-year-old Guatemalan woman, with a 6-year history of mental health treatment for Generalized Anxiety Disorder. Within the last 6 years, Elena has experienced the following symptoms: panic attacks, shortness of breath, tearfulness, and paranoid thoughts. She repor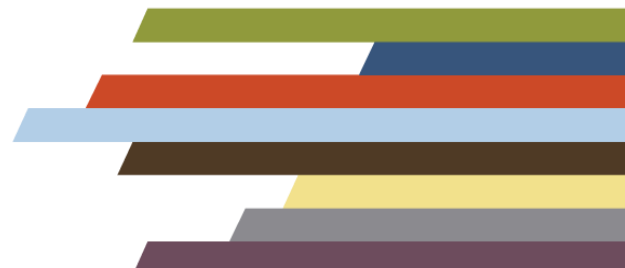ts that in the last two weeks she has experienced sleeplessness, weight loss, obsessive thoughts, and "nervousness." She reports that within the last week, she has felt that she is being watched when she is alone and has a feeling of being out of control. Elena was born in rural Guatemala. She completed a 2nd grade education. She immigrated to the United States 20 years ago to join her husband. He died 10 years ago in a car accident. Elena cleaned houses for the first 10 years that she lived in the United States. After her husband's death, she struggled to maintain employment. Elena has 2 children, a son who is 28, and a daughter that is 32. Her daughter currently lives in the home and helps care for her. Elena has a poor history of medication compliance as she states that she has the feeling that her doctor is not trying to help her. She is currently receiving services at an outpatient Latino Clinic, where her symptoms of anxiety reassessed as *ataque de nervios*.

Case Example Questions

- Based on the example, identify how the Cultural Formulation Interview may be used.

- What would you like to know about the client that you do not already know?

- Which questions would be most helpful during your intake interview to identify her current treatment needs?

- Imagine that Elena lives in your town. What cultural factors would need to be considered based on living in that social and political environment?

- How might you use the Cultural Formulation Interview – Informant Version in Elena's assessment?

Questions?

Thank You!

NEXT IN THE SERIES

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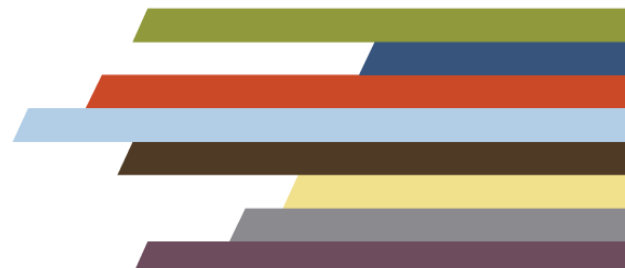Funded by Substance Abuse and Mental Health Services Administration

Clinical Applications of Cultural Elements in Treating Hispanics and Latinos with Mental Health Disorders Series

- October 7: Module 2: Cultural Case Formulation and Assessment using the DSM-5 Cultural Formulation Interview
- October 14: Module 3: Considering Culture in the Diagnosis of Mental Health Disorders in Hispanic and Latino Populations
- October 21: Module 4: Developing Culturally Centered Interventions
- October 28: Module 5: Engaging and Treating the Hispanic and Latino Client

1:00-2:30 PM ET
Register for the first session
https://bit.ly/32MginE

Save the Dates

Speakers:
Danita Gallegos, LCSW and Michelle Evans, PhD

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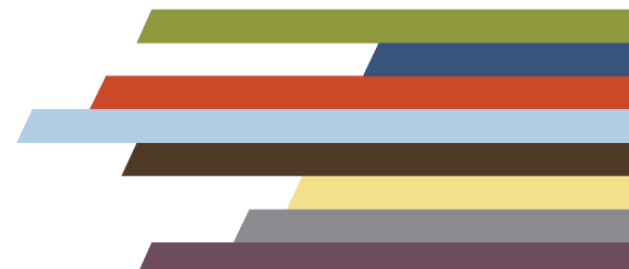angel.casillas@uccaribe.edu

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Email: hispaniclatino@mhttcnetwork.org

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- Cross, T. L. et al. (1989). Towards a Culturally Competent System of Care. Washington DC: CASSP Technical Assistance Center.

- DSM-5 handbook on the cultural formulation interview/ edited by Roberto Lewis-Fernández, Neil Krishan Aggarwal, Ladson Hinton, Devon E Hinton, Lawrence J Kirmayer- First Edition. Arlington, VA, American Psychiatric Association, 2016.

- https://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf

- https://www.samhsa.gov/sites/default/files/programs_campaigns/samhsa_hrsa/cultural-competence-self-assessment.pdf

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