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# 2006 Cultural Competence and Mental Health Summit

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## **Generating a Movement within a Movement: EBPPs and Cultural Competence**

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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.



# Evidence-Based Practices



The American Psychological Association adopted a policy that:

- ◆ defined evidence-based practice in psychology (EBPP),
- ◆ affirmed the importance and utility of using EBPPs to enhance health and mental health, and
- ◆ delineated the various principles that guide EBPP.
- ◆ The new APA policy defines EBPP as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.”



# Essentials of EBPs

Essentially, effective psychological treatment involves 3 essential processes:

- ◆ applying the best available research evidence in the selection and application of treatments,
- ◆ using clinical expertise that encompasses a number of competencies that have been found to promote positive therapeutic outcomes, and
- ◆ being responsive to the patient's characteristics, culture, and personal preferences.



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# EBPs and Mental Health Disparities

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In theory, the evidence based practice movement appears to provide some impetus to reduce ethnic and racial disparities in mental health.

- ◆ EBPP involves using those treatments that are effective according to controlled research studies -- issue of generalizability must be considered.
- ◆ A major competency associated with clinical expertise involves cultural competence
- ◆ EBPP uses the best available evidence on patient characteristics, culture, and personal preferences to adapt the treatment to best serve a particular client.

However, the substantial promise of EBPP for addressing cultural diversity issues should be tempered by the fact that there is little of this “best available evidence” with respect to ethnic minority populations.



# Need for Research



- ◆ Chambless and associates (1996) could not find a single rigorous study that examined the efficacy of treatment for any ethnic minority population.
- ◆ Since 1986, about 10,000 participants have been included in randomized clinical trials evaluating the efficacy of treatments for certain disorders. For nearly half of these participants ( $N = 4,991$ ), no information on race or ethnicity was given. Not a single study analyzed the efficacy of the treatment by ethnicity or race.



# 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.



# Research Methodology



- ◆ The emphasis on empirically supported treatments has often led to calls for standardizing these treatments to minimize “procedural slippage” on the part of therapist and/or client. However, this effort to optimize the effect of empirically supported treatments tends to control out important therapist and client variations associated with important cultural variations.
- ◆ Norcross (2003) argues that decision rules to determine evidence-based psychotherapies neglect three essential elements of psychotherapy: The therapist, the therapy relationship, and the client’s nondiagnostic characteristics.
- ◆ Likewise, cultural competent treatment depends on contextual factors such as client characteristics, therapist characteristics, type of intervention or treatment, and treatment setting. In order to study and understand cultural competency, we need to deconstruct the treatment process into various components.



# Challenges for Mental Health



- ◆ Culturally diverse clientele clearly can benefit from EBPs. However, the problem is that researchers and funding agencies have not paid much attention to ethnic and cultural research that determines if these treatments are effective, in other words, culturally competent.
- ◆ The conclusions reached by the president's commission on mental in the late 1970s are echoed today, some 35 years later, in the U.S. Surgeon general's supplement (2001) and the president's new freedom commission (2003).
- ◆ Research is needed that is inclusive of ethnic minority populations but also explanatory in nature about the effects of cultural variables.



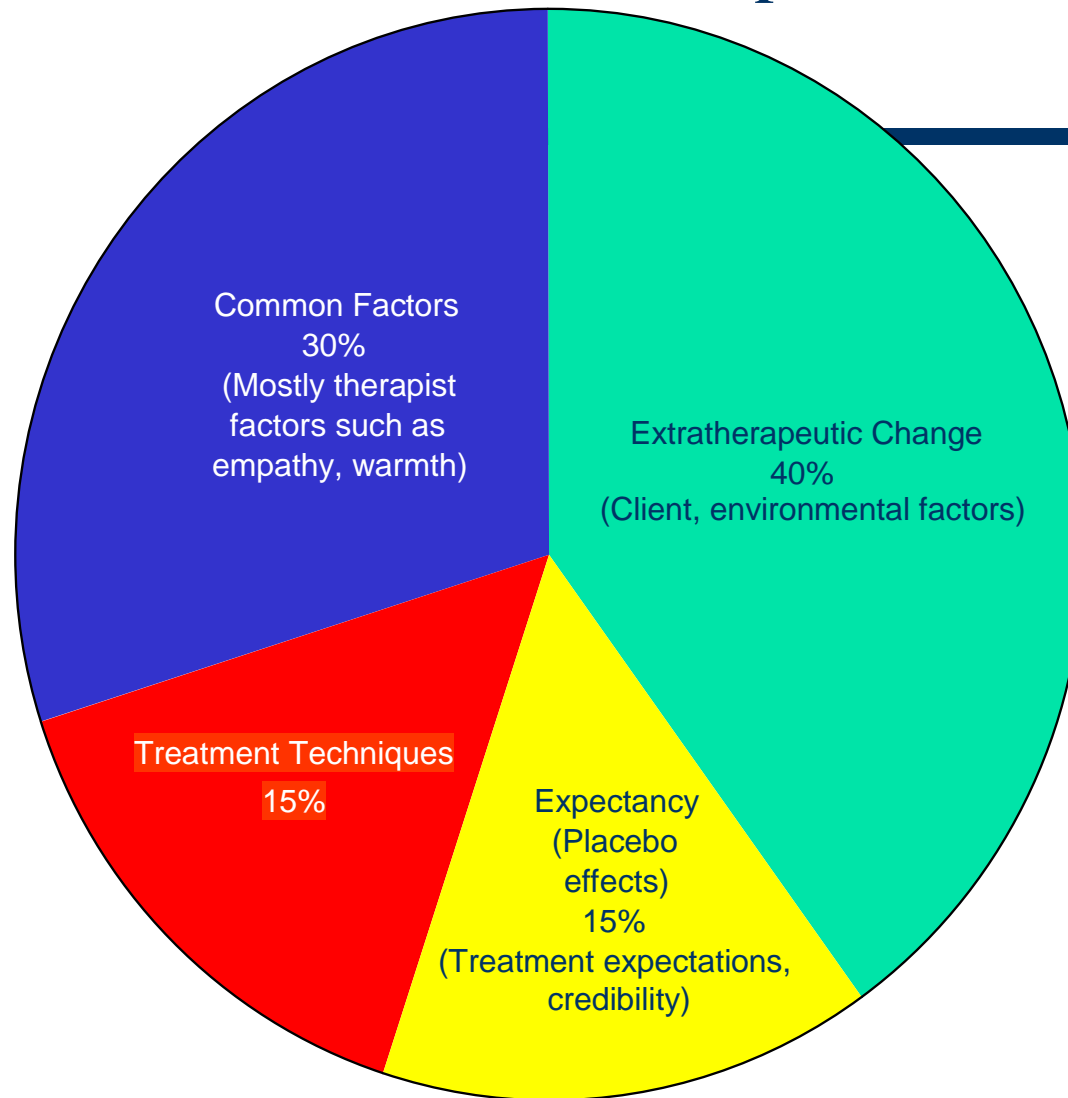
# Research Myths and Cultural Competence

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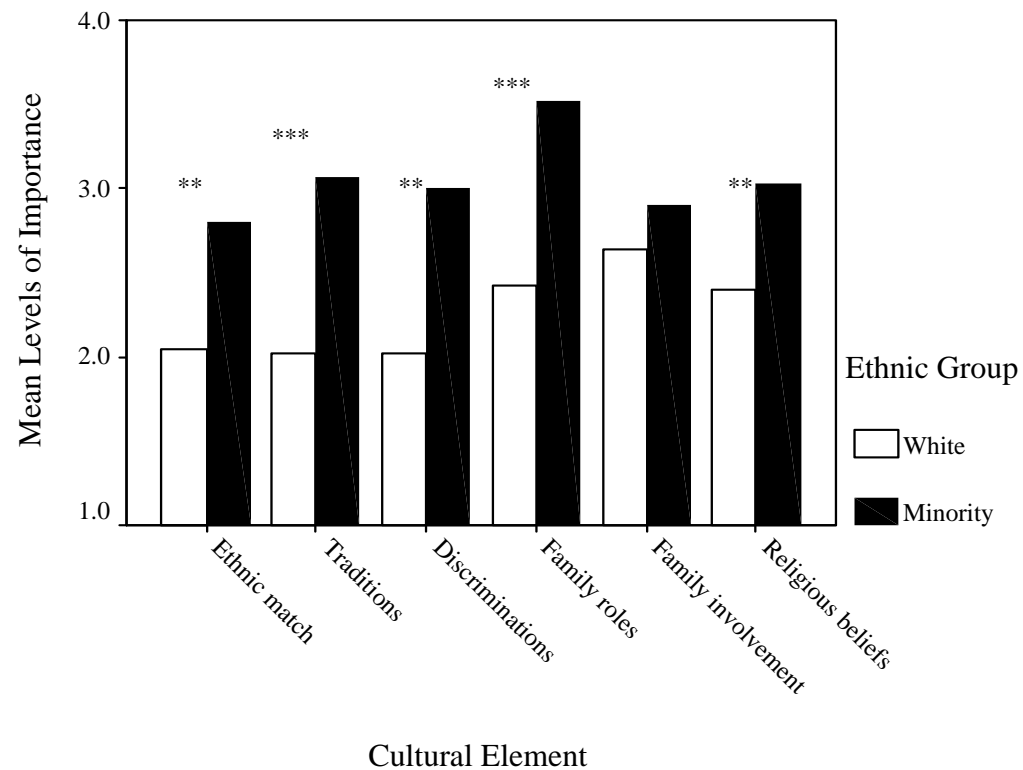
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- ◆ The argument for CC treatments leads to an endless process of testing specific ethnic groups, sub-ethnic groups and so on – Empirical evidence should also lead the process of external validation.
- ◆ There is little empirical evidence for the importance 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



# Importance of Cultural Elements





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# Cultural Elements and Client Outcomes

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## Client Outcome

## Whites

## Minorities

Access

Family Involvement

Family Involvement

Quality of Care

P. Knowl. Spritual Beliefs

Family Involvement

Outcomes

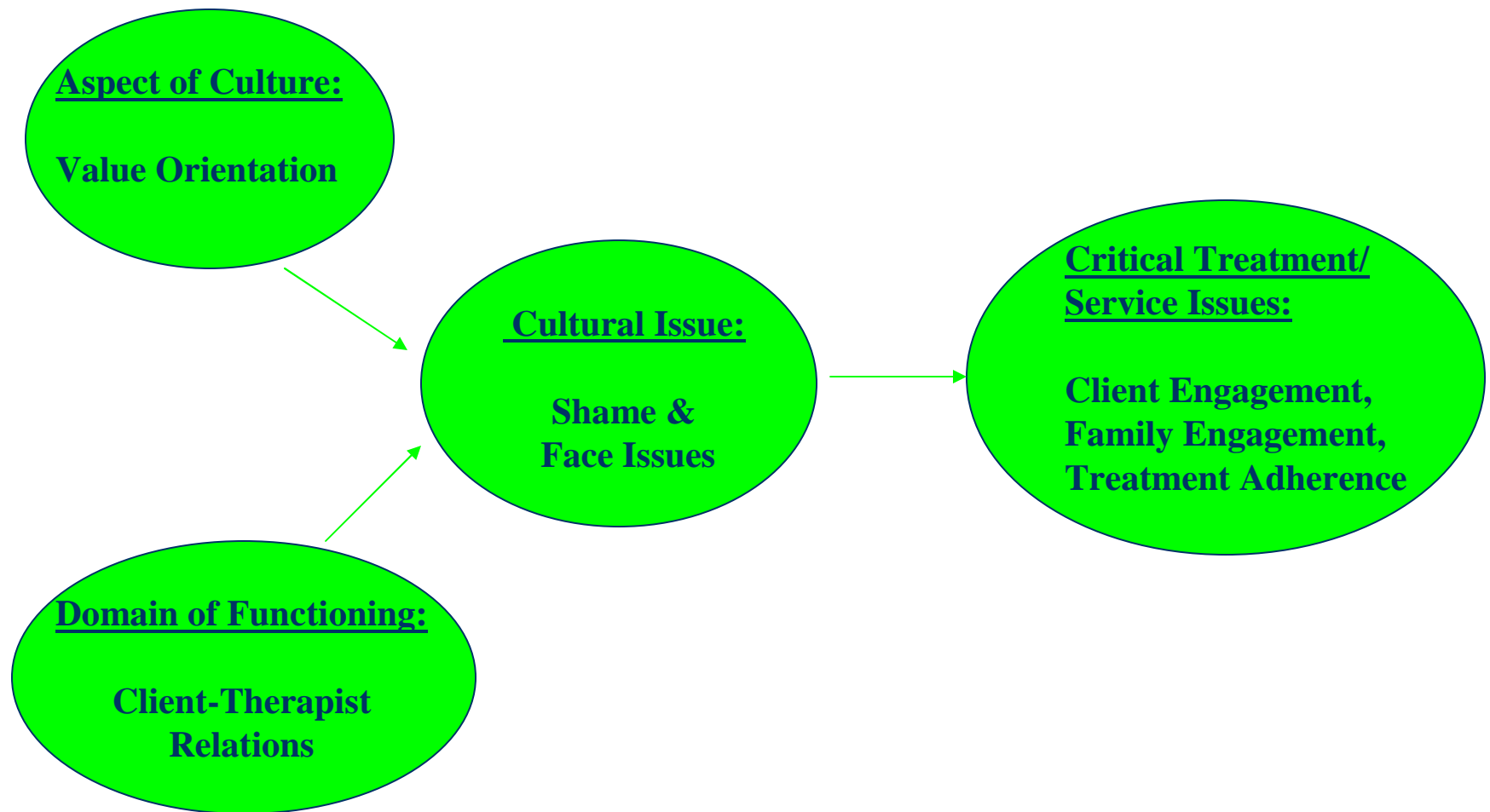
P. Knowl. Traditions

P. Knowl. Prej/Disc.

# Possible Ethno Culture Variations in the Intervention Experience

- ◆ Pathways to Care\*
- ◆ Access to Care<sup>+</sup>, Initial Contact and Intake\*
- ◆ Assessment\* / Case Conceptualization / Diagnosis\*
- ◆ Therapist – Client Working Relationship<sup>+</sup>
- ◆ Problem Conceptualization
- ◆ General Intervention Approaches\*
- ◆ Intervention Methods\*
- ◆ Extra-Therapy Behavior, Family / Significant other Reactions<sup>+</sup>
- ◆ Evaluation<sup>+</sup>, Outcomes\*
- ◆ Termination / Follow-up<sup>+</sup>
- ◆ Intervention Adherence<sup>+</sup>

# 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.

- a) 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.)



- b) 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.
- c) Self-effacing vs. Self-promoting – Emphasis on face is associated with values of modesty and fitting in and not standing out from the 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 <sup>2</sup> | .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.)



- (a) Reinterpreted as a meaningless event
- (b) Person's behavior under influence of external events/pressures and did not reflect the person's true self
- (c) Person claims deficiencies as part of self
- (d) Provide compensations or punishment to self



# Corrective Process (cont.)



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