Promoting Quality: Moving beyond the Cultural Competence conundrum

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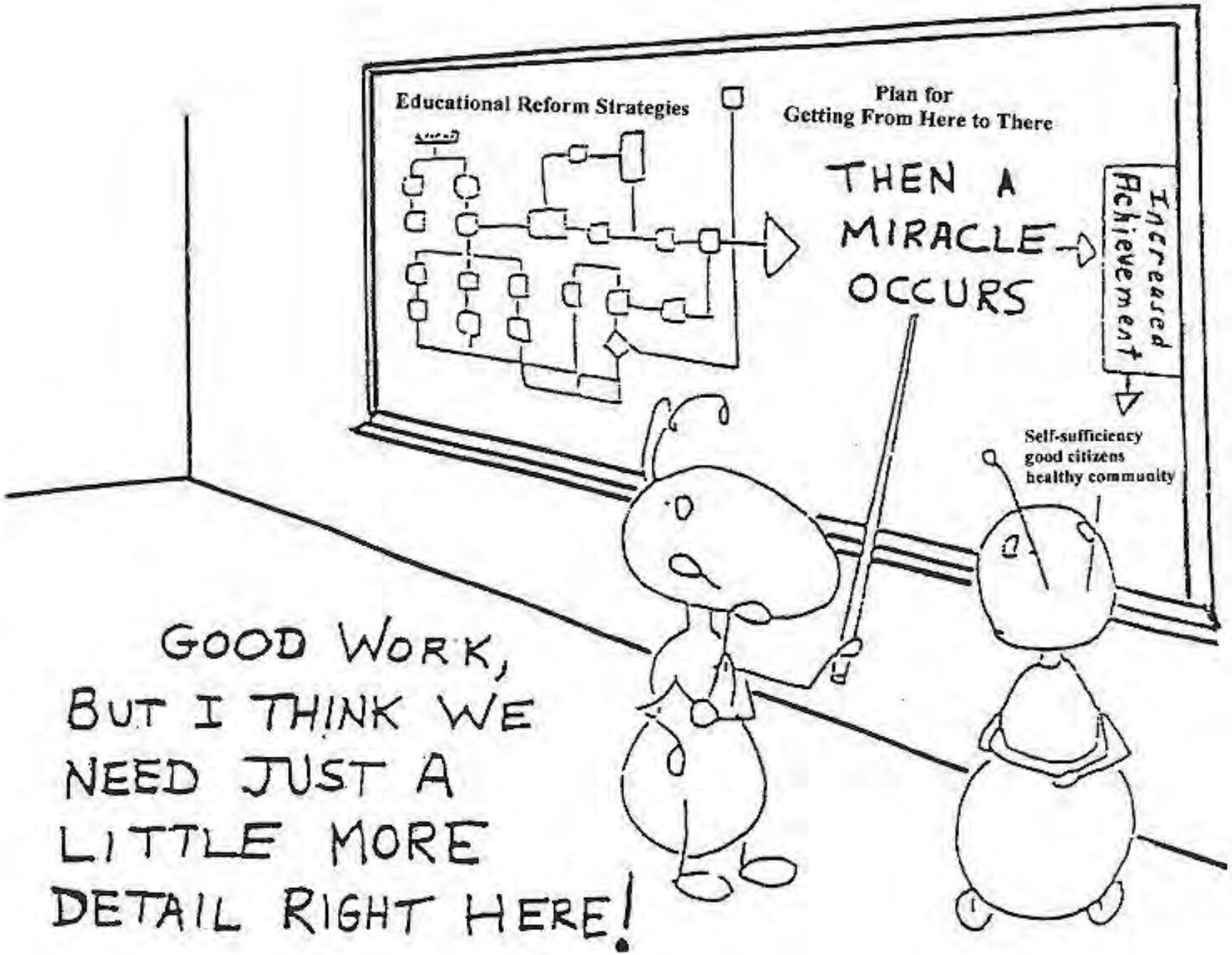
OBJECTIVES

- *To have familiarity with 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.*


Educational Reform Strategies
Plan for
Getting From Here to There
THEN A MIRACLE OCCURS
Increased Achievement
Self-sufficiency
good citizens
healthy community
GOOD WORK, BUT I THINK WE NEED JUST A LITTLE MORE DETAIL RIGHT HERE!

"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)

CULTURAL COMPETENCE

1982

- No consensus operational definition;
- No reliable outcome measures;
- No measureable relationship between variables; and,
- Continue to have major mental health disparities for many ethno-cultural groups.

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"

Freedictionary.com

CULTURE

"The totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought."

Freedictionary.com

CULTURE + COMPETENCE

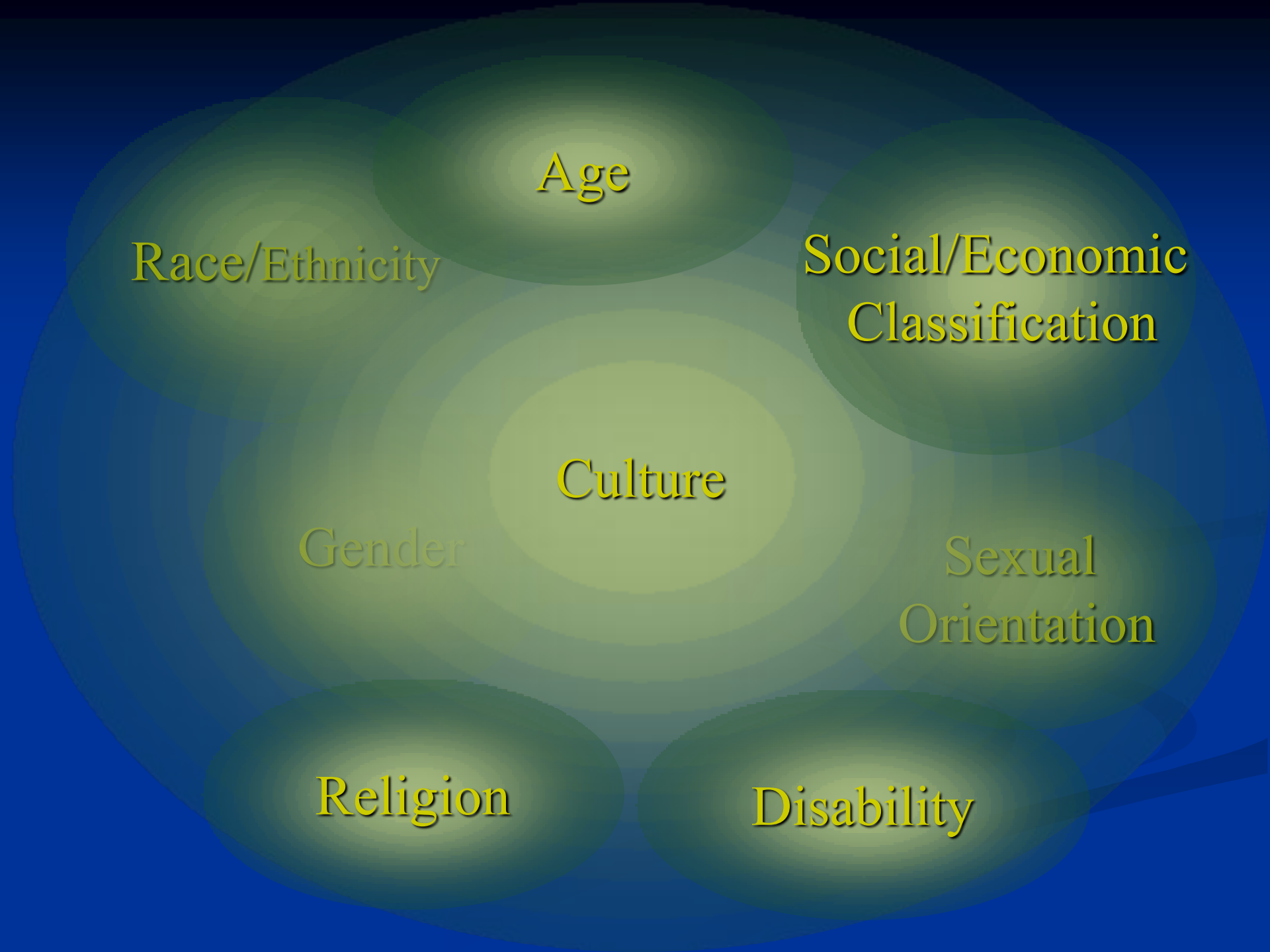
- *A state or quality of being adequate or well qualified to provide effective services across the totality of socially transmitted behavior patterns, arts, beliefs, institutions, and all other products of human work and thought.*

THE CHALLENGE

The Numbers Problem

The "Classic" Big 8 of Diversity

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


Age
Race/Ethnicity
Social/Economic Classification
Culture
Gender
Sexual Orientation
Religion
Disability

Permutations for "BIG 8"

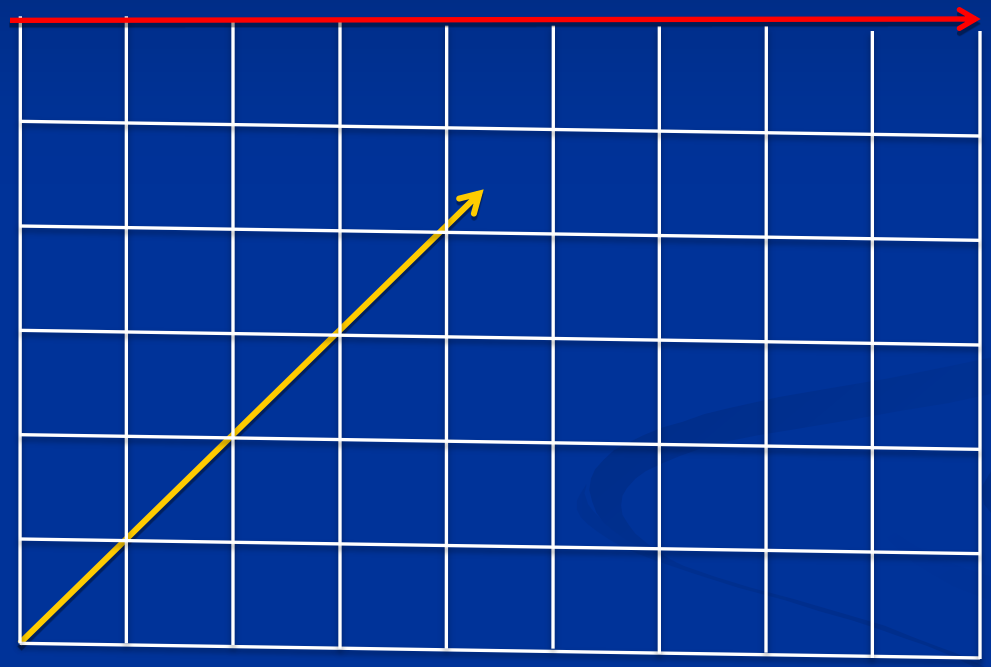
$$8x7x6x5x4x3x2x1 =$$

40,320 ways the BIG 8 can be combined

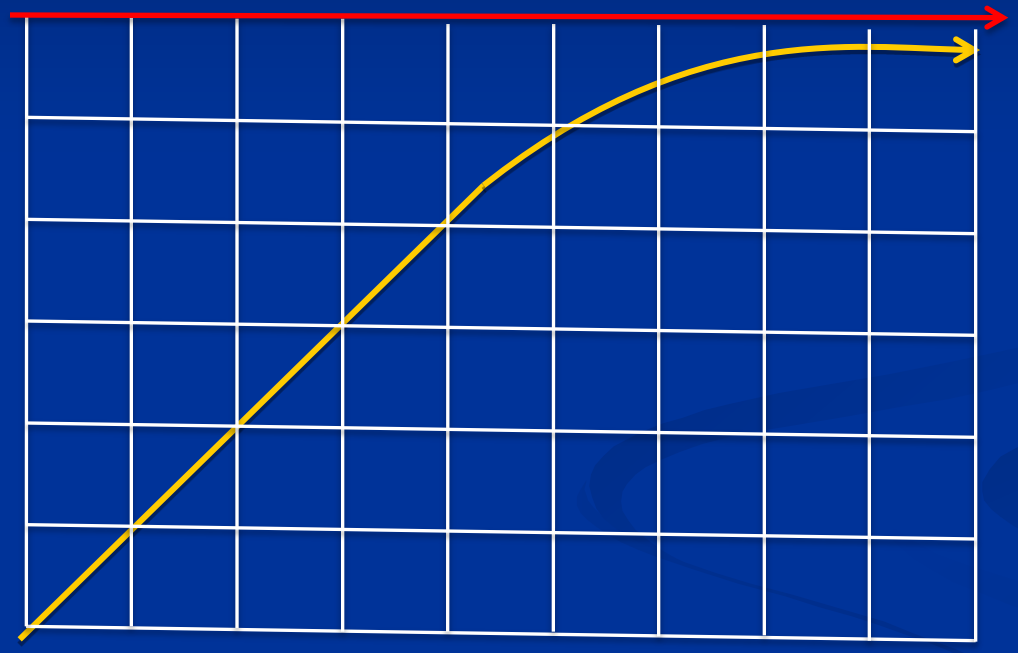
THE CHALLENGE

The Idealization Problem

“CULTURAL COMPETENCE”



“CULTURAL COMPETENCE”



Concept???

- *A general notion or idea.*

Dictionary.com, 2012

Construct ???

A concept, model or idea containing various conceptual elements, typically considered to be subjective and not based on empirical evidence.

The freedictionary.com, 2012

Criteria for a Theory

- Observable
- Testable/Controls
- Measurable
- A systematically organized set on logically-linked concepts and/or principles

(Gallegos et. al., 2008; Babbie & Rubin, 2005)

"Cultural Competence"

Theory

- Observable in real world
- Testable/Controls
- Prediction enabled
- Systematically organized with Logically-Linked Concepts
- Independent/Dependent variables

???

- Observation based on value judgment
- Does not predict behavior
- Lacks dynamic relationship among variables

“Value-based Perspective”

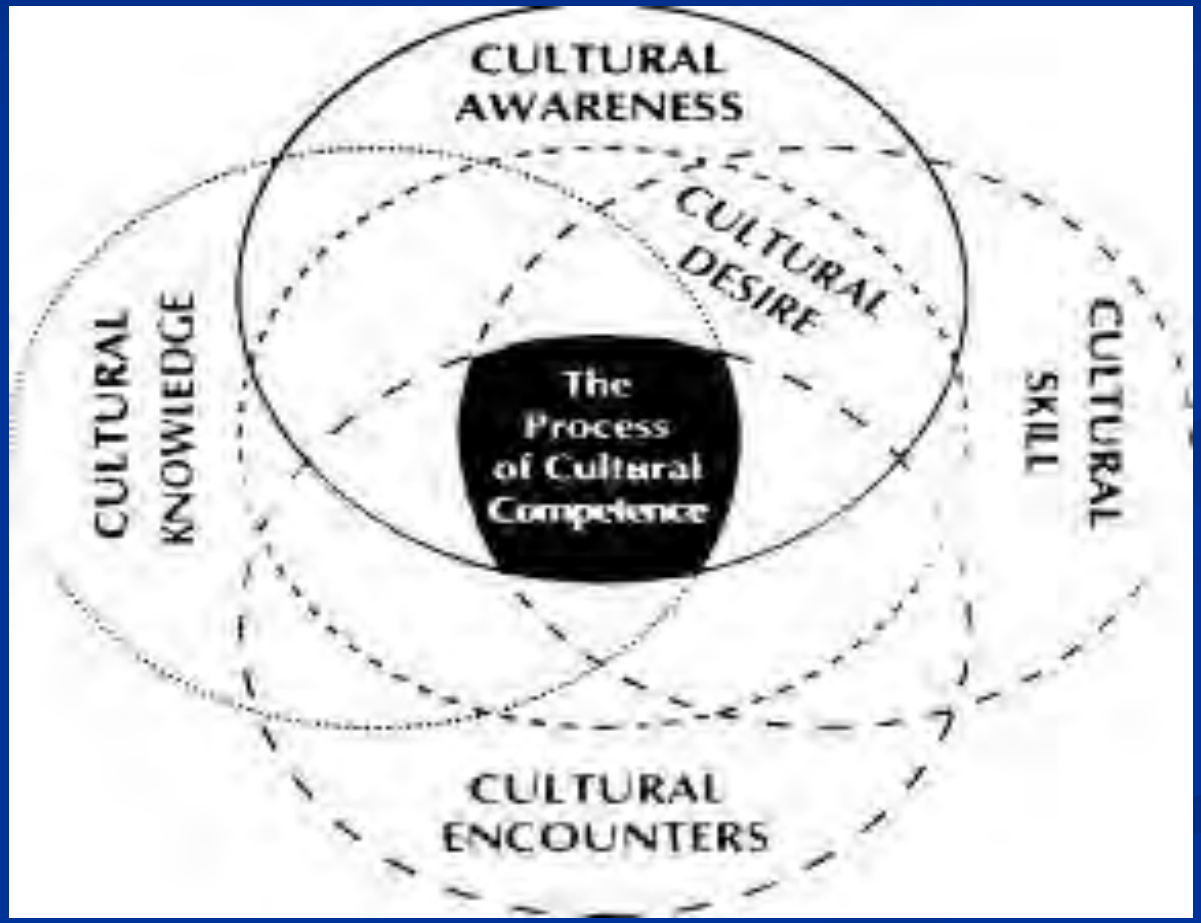
???

- Observation based on value judgment
- Does not predict behavior
- Lacks dynamic relationship among variables

The Cultural Competence Continuum

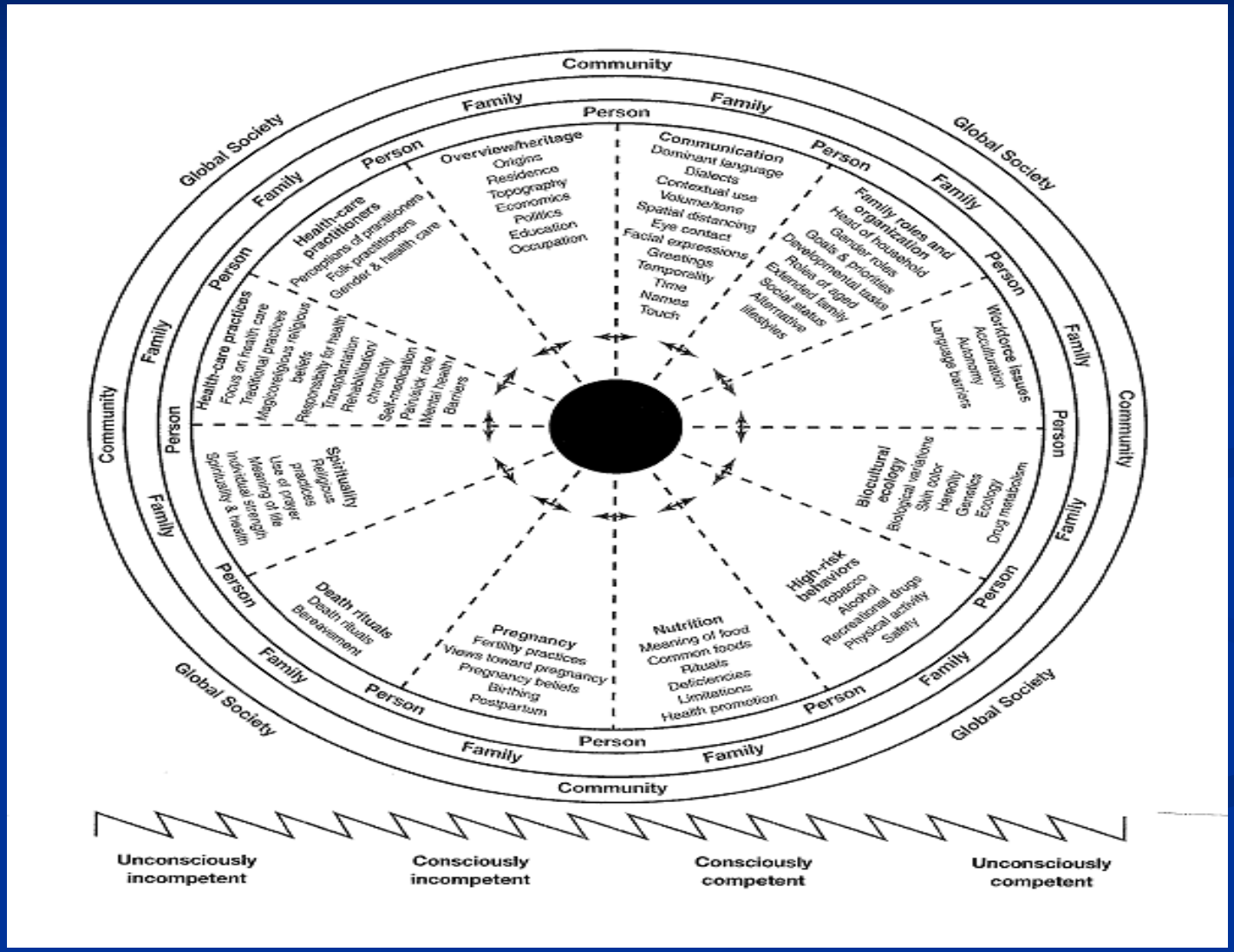
(Cross et. al., 1989)

Campinha-Bacote
Process of Cultural Competence Model
2002



Purnell Model of Cultural Competence

(Purnell & Paulanka, 2003)



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…

- **Folk Storytelling = increased behavioral outcomes** *(Sue et. al. 2009)*
- ***Cognitive Behavioral Therapy = decreased depression over controls with language adaptation for African American women*** *(Miranda et. al. 2005; Rossello et. al. 2008)*

The Research Base…

- **A 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)***

EXCUSES

IF YOU KEEP ASKING OTHERS TO GIVE YOU THE BENEFIT OF THE DOUBT,
THEY'LL EVENTUALLY START TO DOUBT YOUR BENEFIT.

HOW CAN WE TRAIN INTERNS OR STUDENTS IN PROVIDING THE "HIGHEST QUALITY" CROSS-CULTURAL CARE???

CULTURAL COMPETENCE

DRAGNET – Joe Friday *"Just the facts Ma'am"*

ORGANIZATIONAL LEVEL

- *CLAS Standards*

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.

PROGRAM LEVEL

- *Program Context*

PROGRAM 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, sexual orientation, age, disability, etc.)?
- Is there regular and substantive discussion of culture in the context of the evidence base and practice?

PROGRAM 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?

INDIVIDUAL LEVEL

- *Cultural Humility*
- *Cross-Cultural Awareness*
- *Cross-Cultural Knowledge*

Cultural Humility

"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)

Cross-Cultural Awareness

- Awareness (*Openness to and becoming mindful of dynamics of cultural difference; always one more question to be asked!!!*)

- Self and Other

Cross-Cultural Knowledge

- *Knowledge of cross-cultural practices, viewpoints, beliefs, and differences; influence of contextual variables; the literature, evidence base and limitations;*

- *Knowledge of the institutional context.*

… BUT WHAT DO YOU DO ABOUT TRAINING THE APPROACH TO INTERVENTIONS???

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)*

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)

The FMAP Research Base…

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

- Sited 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)

The FMAP Research Base…

- A meta-analysis of 76 studies assessing the quality of mental health studies to historically disadvantaged racial and ethnic minorities found a random effects weighted average effect of d=45 for culturally adapted interventions.
  - Targeted interventions x 4
  - Congruent language x 2

(Griner & Smith, 2006)

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)

EPILOGUE… Just falling short of COMMENTARY


Do one brave thing today... then run like hell!

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