

Providing Culturally Relevant Crisis
Services During COVID-19 (PART 1):
*Culturally Responsive Factors to Consider
in Times of Crisis*

Presented By:

Michelle Evans, DSW, LCSW, CADC

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About Us

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Date and year

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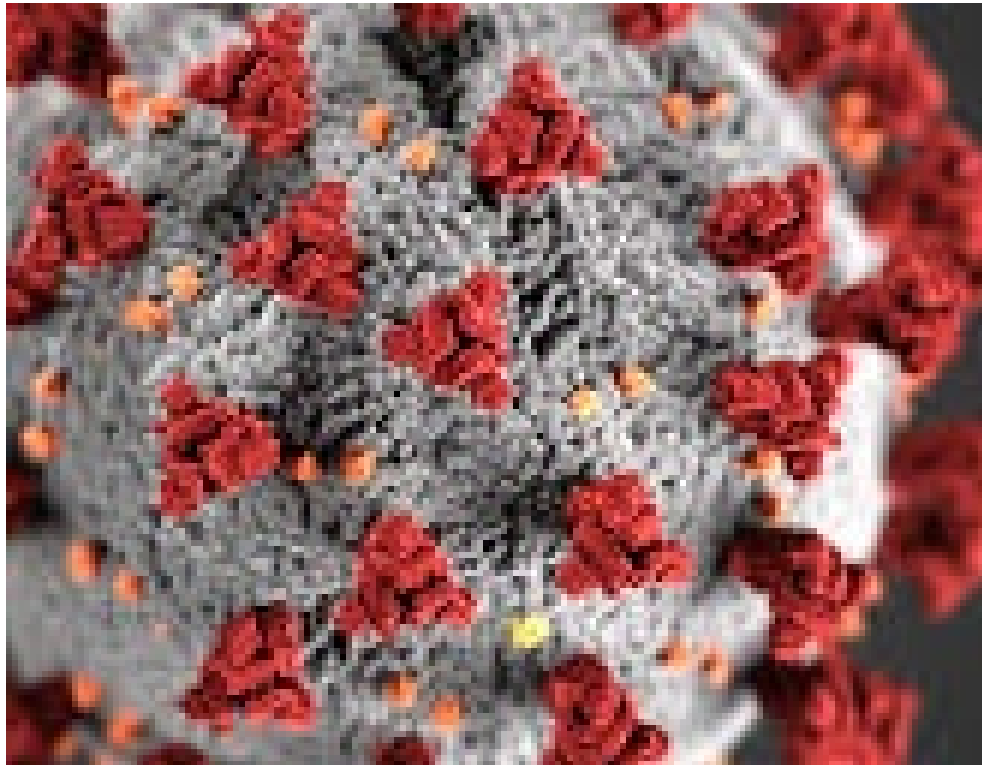
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About Our Presenter



**Michelle Evans,
DSW, LCSW, CADC**

Providing Culturally Relevant Crisis Services During COVID-19



Culturally Responsive
Factors to Consider in
Times of Crisis

Michelle Evans, DSW,
LCSW, CADC

Learning Objectives

By participating in this webinar, participants will be able to:

- Describe how cultural factors impact the experience of a crisis;
- Describe the benefits and challenges of telehealth;
- Identify cultural idioms of distress;
- Apply the Cultural Formulation Interview techniques to effectively use in telehealth.



Providing Mental Health Services During a Crisis

Impact of a Crisis

The impact of a health crisis may include:

- Home or environmental stressors
- School or work stressors
- Social or emotional stressors
- Isolation and loneliness
- Mood dysregulation
- Reduction in the ability to use coping skills or self-soothe successfully
- Exacerbation of factors of oppression and discrimination

Stressors of a Pandemic

Stressors of a pandemic and the psychological effects:

- Frustration, boredom, or anxiety related to isolation or change in one's usual routine
- Inadequate supplies and access to regular medical care, food, clothes, masks and medication
- Fears about becoming infected or infecting others
- Financial loss
- Stigma from others

Responding to Trauma based on COVID-19

Psychological First Aid principles are Evidence Based and provide a basis for response. The Core Actions of Psychological First Aid are:

- Contact and Engagement: Safety and Comfort
- Stabilization (if needed)
- Information Gathering on Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports.
- Information on Coping
- Linkage with Collaborative Services

How
Cultural
Factors
Impact the
Experience
of a Crisis



Disparate Impact of COVID-19

- Black people account for more than 70% of all COVID-19 related deaths and more than 50% of total cases in the city of Chicago, while making up only 32% of the population. Louisiana and Michigan report similar figures.
- African Americans are more vulnerable to COVID-19 due to health disparities and historic racism around housing, education and employment.

Impact of COVID-19

Communities of color are more likely to suffer from the following disadvantages that are exacerbated by COVID-19:

- Lower socio-economic status
- Less access to sufficient healthcare
- More likely to work in the gig economy or rely on a job that does not pay for benefits or healthcare
- More likely to live in urban communities with less ability for social distancing
- Have a higher incidence of diabetes, heart disease, and lung disease

Impact on Latinos and Immigrants

- Latinos disproportionately work in jobs that require their physical presence and do not offer a telework option (16.2 percent, compared to 19.7 percent for African Americans, 30 percent for white Americans, and 27 percent for Asian Americans.) (Economic Policy Institute, 2020)
- Latinos work disproportionately in the country's lowest-paying jobs, such as cashier, farmworker, domestic worker.
- Due to documentation issues, Latinos may not be able to access to benefit programs or may fear seeking medical care or other assistance.
- Latinos suffer from disproportionate rates of food insecurity and access to healthy food which may compromise their immune system
- Latinos disproportionately lack access to technology to continue participation in education, telework, or access to accurate information on how to keep themselves safe.

Disparate Impact on Other Populations

- Nearly one in ten LGBTQ people are unemployed and more likely to live in poverty than straight and cisgender people.
- LGBTQ individuals are less likely to see a doctor when needed as they can not afford it or because of the fear of stigma.
- The elderly, disabled, homeless, and other vulnerable populations also are impacted disparately through lack of access to health care and resources to stay safe.

Human Rights Campaign, 2020



Providing Services Via Telehealth



Uses of telehealth during a crisis

- Inpatient
- Outpatient
- Crisis
- Maintenance



When to use Telehealth

To date, no studies have found any patient subgroup that does not benefit from, or is harmed by, mental health care provided through remote videoconferencing. (American Telemedicine Association, 2013.)

Providers should consider the patients' expectations and level of comfort to determine appropriateness.

Considerations for Telehealth

Providers should also consider:

- Patient's cognitive capacity;
- History regarding cooperativeness with treatment;
- Current and past difficulties with substance abuse;
- History of violence or self injurious behavior;
- Ability to gain appropriate informed consent;
- Potential for technical failure;
- Ability to ensure safety and support.

Challenges in using Telehealth in Cross Cultural Communication

If therapeutic rapport has not been developed, appropriate assessment of physical and mental health symptoms may be difficult if the client's entire body is not visible;

Treatment provider should consider the client's language capacity and the ability to communicate verbally and non-verbally using telehealth;

The treatment provider should assess the client's ability to be in a private area for the session, and should clarify mutual expectations regarding the telehealth session;

Challenges in using Telehealth in Cross Cultural Communication:

A consideration of the client's ethnicity, race, age, gender, sexual orientation, geographical location, and socioeconomic and cultural background should also be considered, especially regarding to that culture's use of technology and communication;

Vulnerable populations may not have the technological capabilities to connect or may be using the technology of a friend or family.



Cultural Idioms of Distress

Impact of the Concept of Illness

Cultural concepts may be related to acculturation, discrimination, oppression, and the stigma related to physical and mental illness.



Cultural Concepts of Distress

Cultural concepts of distress are expressed through three concepts:

- Cultural syndromes: Groups of symptoms that co-occur among individuals in specific cultural groups, communities, and contexts.
- Cultural idioms of distress: Ways that symptoms are expressed which provide a collective, shared ways of experiencing and talking about personal and social concerns.
- Cultural explanations (perceived causes): Labels, attributions, or features of an explanatory model that indicate culturally recognized meaning or etiology for symptoms, illness, or distress. (APA, 2013. p.758.)

Cultural Idioms of Distress

Cultural Idioms – Individuals from different cultures may use expressions that are consistent with the culture-bound syndromes that they experience, or they may express somatized symptoms.

For example:

Individuals may express their symptoms in culturally acceptable terms. “Nervios” starts with a “persistent idea that is stuck” (“idea pegada a la mente”). The individual may find it difficult to think about other things, or they find their thoughts consistently returning to the idea.

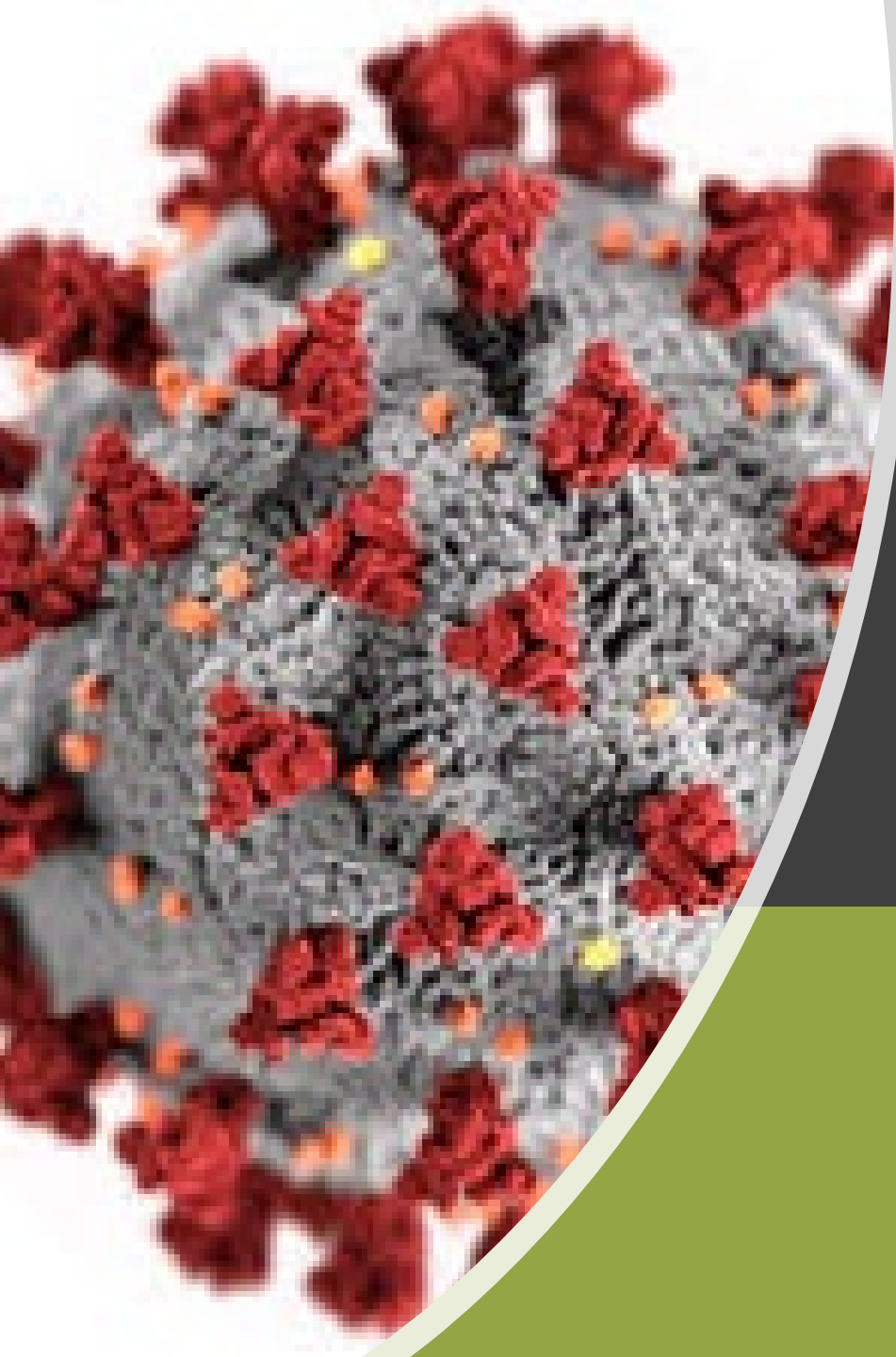
Some individuals may report body sensations and feelings rather than mental health symptoms.

Assessment of Cultural Idioms

- In addition to the assessment of culture-bound syndromes and cultural idioms, the DSM 5 (APA, 2013) encourages an assessment of cultural factors affecting self-coping and past help seeking behavior.
- The more assimilated the individual is to the local culture, the more likely he or she is to seek help from a psychiatrist or psychologist.
- Individuals with different levels of acculturation may have multiple models of distress and help seeking. Each individual must be evaluated based on their individual, communal, and national culture (Durá-Vilá & Hodes, 2012).

Challenges in Assessment within Telehealth

- Many cultural idioms are expressed through physical symptoms. It may be difficult to assess these through telehealth. (Rivera-Ramos & Buki, 2011)
- Clients that are unfamiliar with telehealth may not be as open with symptoms.
- Many vulnerable populations only go to the doctor when something is unbearable which may reduce preventative care.
- Many clients expect to include family members in their relationship with the provider, which may be a challenge with telehealth.



Using the DSM 5
Cultural
Formulation
Interview to
Understand
Individuals in Crisis

The DSM 5 defines culture as:



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)

Concepts Related to Cultural Sensitivity

DSM 5 provides an outline for a cultural formulation to supplement the diagnostic assessment. This allows the provider to assess the effect that cultural issues will have on treatment.

Cultural identity of the individual

Cultural explanations of the individual's illness

Cultural factors related to psychosocial environment and levels of functioning

Cultural elements of the relationship between the individual and the provider

Overall cultural assessment for diagnosis and care

(APA, 2013)

Cultural Formulation Interview (CFI)

The Cultural Formulation Interview (CFI) is a set of 16 questions that providers may use during an interview to assess the impact of culture on key aspects of an individual's clinical presentation and care.

(APA, 2013. p.750)

Cultural Formulation Interview

Emphasizes four domains of assessment:

- Cultural Definition of the Problem (Q. 1-3)
- Cultural Perceptions of Cause, Context, and Support (Q. 4-10)
- Cultural Factors Affecting Self-Coping and Past Help Seeking (Q. 11-13)
- Cultural Factors Affecting Current Help Seeking (Q. 14-16) (APA, 2013. p.750)

Overview of the Cultural Formulation Interview

Cultural Definition of the Problem

1. What brings you here today?
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 Perceptions of Cause, Context and Support

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

Cultural Perceptions of Cause, Context and Support

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?

Cultural Factors Affecting Self-Coping and Past Help Seeking

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

Cultural Factors Affecting Current Help Seeking

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?
16. Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations. Have you been concerned about this and is there anything that we can do to provide you with the care you need?

The Cultural Formulation Interview four domains of assessment:

Cultural Definition of the Problem (Q. 1-3)

Cultural Perceptions of Cause, Context,
and Support (Q. 4-10)

Cultural Factors Affecting Self-Coping and
Past Help Seeking (Q. 11-13)

Cultural Factors Affecting Current Help
Seeking (Q. 14-16) (APA, 2013. p.750)

Psychological First Aid:

Contact and Engagement

Safety and Comfort

Stabilization (if needed)

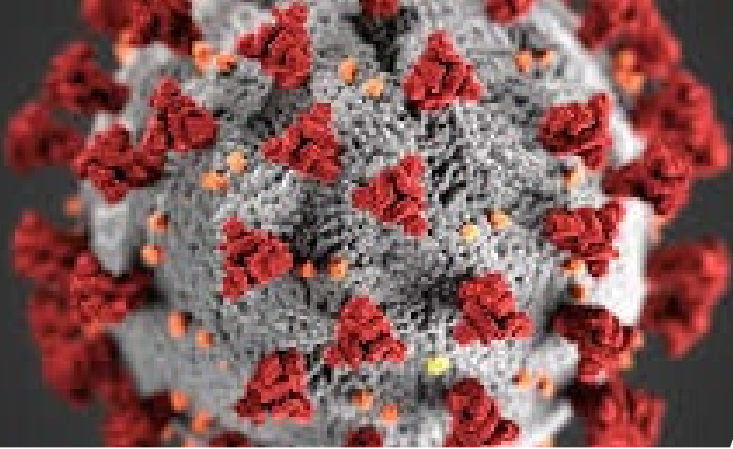
Information Gathering on Current Needs
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Practical Assistance

Connection with Social Supports.
Information on Coping

Linkage with Collaborative Services





Summary

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