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Special Issue: Transcultural Psychiatry, "Rethinking Cultural Competence"

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By Aaron Seaman

The April issue of Transcultural Psychiatry is a special issue that grows out of an event held in April 2010 at the McGill Advanced Study Institute in Cultural Psychiatry, entitled "Rethinking Cultural Competence from International Perspectives." As editor Laurence J. Kirmayer writes in the introduction:

> Despite…attention to culture, models of mental health services, guidelines for clinical practice, and therapeutic interventions tend to be presented in a decontextualized way that ignores the fact that the basic concepts used to frame human problems and solutions have emerged from a particular cultural history or tradition and continue to bear the traces of that history. Moreover, the models and metaphors of psychiatry also reflect specific cultural concepts of personhood as well as current social and political contexts. Ironically, this extends to efforts to address culture itself in health services. For example, the definitions of culture at play in the US

> reflect a particular history and politics of identity and therefore do not map neatly onto the distinctions among groups made in other countries. Cultural competence, therefore, needs to be critically assessed and re-thought to identify alternative models and metaphors that may better fit the needs of patients and providers working in specific health care settings across nations, regions and communities. (2012: 150)

The eleven articles that follow begin that project. Their abstracts are included here:

Organizational cultural competence consultation to a mental health institution
Kenneth Fung, Hung-Tat (Ted) Lo, Rani Srivastava, and Lisa Andermann

> Cultural competence is increasingly recognized as an essential component of effective mental health care delivery to address diversity and equity issues. Drawing from the literature and our experience in providing cultural competence consultation and training, the paper will discuss our perspective on the foundational concepts of cultural competence and how it applies to a health care organization, including its programs and services. Based on a recent consultation project, we present a methodology for assessing cultural competence in health care organizations, involving mixed quantitative and qualitative methods. Key findings and recommendations from the resulting cultural competence plan are discussed, including core principles, change strategies, and an Organizational Cultural Competence Framework, which may be applicable to other health care institutions seeking such changes. This framework, consisting of eight domains, can be used for organizational assessment and cultural competence planning, ultimately aiming at enhancing mental health care service to the diverse patients, families, and communities.

The place of race and racism in cultural competence: What can we learn from the English experience about the narratives of evidence and argument?
Kamaldeep Bhui, Micol Ascoli, and Olivia Nuamh

> This paper outlines the history of workforce strategies for providing mental health care to “black and ethnic minorities” in England. Universal mental health policies failed to deliver equity in care, and thus specific policies were launched to address ethnic inequalities in care experiences and outcomes. The emphasis on race equality

rather than cultural complexity led to widespread acceptance of the need for change. The policy implementation was delivered in accord with multiple regional and national narratives of how to reduce inequalities. As changes in clinical practice and services were encouraged, resistance emerged in various forms from clinicians and policy leaders. In the absence of commitment and then dispute about forms of evidence, divergent policy and clinical narratives fuelled a shift of attention away from services to silence issues of race equality. The process itself represents a defence against the pain of acknowledging systemic inequities whilst rebutting perceived criticism. We draw on historical, psychoanalytic, and learning theory in order to understand these processes and the multiple narratives that compete for dominance. The place of race, ethnicity, and culture in history and their representation in unconscious and conscious thought are investigated to reveal why cultural competence training is not simply an educational intervention. Tackling inequities requires personal development and the emergence and containment of primitive anxieties, hostilities, and fears. In this paper we describe the experience in England of moving from narratives of cultural sensitivity and cultural competence, to race equality and cultural capability, and ultimately to cultural consultation as a process. Given the need to apprehend narratives in care practice, especially at times of disputed evidence, cultural consultation processes may be an appropriate paradigm to address intersectional inequalities.

Rethinking cultural competence: Insights from indigenous community treatment settings
Dennis C. Wendt and Joseph P. Gone

Multicultural professional psychologists routinely assert that psychotherapeutic interventions require culturally competent delivery for ethnoracial minority clients to protect the distinctive cultural orientations of these clients. Dominant disciplinary conceptualizations of cultural competence are “kind of person” models that emphasize specialized awareness, knowledge, and skills on the part of the practitioner. Even within psychology, this approach to cultural competence is controversial owing to professional misgivings concerning its culturally essentialist assumptions. Unfortunately, alternative “process-oriented” models of cultural competence emphasize such generic aspects of therapeutic interaction that they remain in danger of losing sight of culture altogether. Thus, for cultural competence to persist as a meaningful construct, an alternative approach that avoids both essentialism and generalism must be recovered. One means to

capture this alternative is to shift focus away from culturally competent therapists toward culturally commensurate therapies. Indigenous communities in North America represent interesting sites for exploring this shift, owing to widespread political commitments to Aboriginal cultural reclamation in the context of postcoloniality. Two examples from indigenous communities illustrate a continuum of cultural commensurability that ranges from global psychotherapeutic approaches at one end to local healing traditions at the other. Location of culturally integrative efforts by indigenous communities along this continuum illustrates the possibility for local, agentic, and intentional deconstructions and reconstructions of mental health interventions in a culturally hybrid fashion.

Issues of clinical and cultural competence in Caribbean migrants
Frederick W. Hickling and Vanessa Paisley

The level of out-migration from the Caribbean is very high, with migration of tertiary-level educated populations from Caribbean countries being the highest in the world. Many clinicians in receiving countries have had limited diagnostic and therapeutic experience with Caribbean migrants, resulting in diagnostic and therapeutic controversies. There is an urgent need for better understanding of these cultural differences. The paper explores issues of clinical and cultural competence relevant to assessing, diagnosing, and treating Caribbean migrants with a focus on three areas: cultural influences on illness phenomenology; the role of language differences in clinical misunderstandings; and the complexities of culture and migration. Clinical issues are illustrated with case studies culled from four decades of clinical experience of the first author, an African Jamaican psychiatrist who has worked in the Caribbean, North America, Europe, and New Zealand.

Religious competence as cultural competence
Rob Whitley

Definitions of cultural competence often refer to the need to be aware and attentive to the religious and spiritual needs and orientations of patients. However, the institution of psychiatry maintains an ambivalent attitude to the incorporation of religion and spirituality into psychiatric practice. This is despite the fact that many patients, especially those from underserved and underprivileged minority backgrounds, are devotedly religious and find much solace and support in their religiosity. I use the case of

mental health of African Americans as an extended example to support the argument that psychiatric services must become more closely attuned to religious matters. I suggest ways in which this can be achieved. Attention to religion can aid in the development of culturally competent and accessible services, which in turn, may increase engagement and service satisfaction among religious populations.

More than being against it: Anti-racism and anti-oppression in mental health services
Simon Corneau and Vicky Stergiopoulos

Anti-racism and anti-oppression frameworks of practice are being increasingly advocated for in efforts to address racism and oppression embedded in mental health and social services, and to help reduce their impact on mental health and clinical outcomes. This literature review summarizes how these two philosophies of practice are conceptualized and the strategies used within these frameworks as they are applied to service provision toward racialized groups. The strategies identified can be grouped in seven main categories: empowerment, education, alliance building, language, alternative healing strategies, advocacy, social justice/activism, and fostering reflexivity. Although anti-racism and anti-oppression frameworks have limitations, they may offer useful approaches to service delivery and would benefit from further study.

Use of the Cultural Formulation in Stockholm: A qualitative study of mental illness experience among migrants
Marco Scarpinati Rosso and Sofie Bäärnhielm

This paper explores the contributions of the Cultural Formulation (CF) interview to an overall understanding of patients, and focuses on the narratives of 23 newly referred patients with migrant backgrounds seeking help at a psychiatric outpatient clinic in Stockholm. Through text content analysis methods we identified five themes: displacement in space and time; mental illness as a physical disability; life events as etiological factors; concealing as a coping strategy; and being lost in a fragmented health care system. Findings indicate the need to contextualize symptoms for an in-depth comprehension of patients’ phenomenology. Both clinical and policy implications are discussed. The findings suggest that a section on migration and acculturation should be added to the cultural formulation in the next edition of DSM.

The Clinical Ethnographic Interview: A user-friendly guide to the cultural formulation of distress and help seeking
Denise Saint Arnault and Shizuka Shimabukuro

Transcultural nursing, psychiatry, and medical anthropology have theorized that practitioners and researchers need more flexible instruments to gather culturally relevant illness experience, meaning, and help seeking. The state of the science is sufficiently developed to allow standardized yet ethnographically sound protocols for assessment. However, vigorous calls for culturally adapted assessment models have yielded little real change in routine practice. This paper describes the conversion of the Diagnostic and Statistical Manual IV, Appendix I Outline for Cultural Formulation into a user-friendly Clinical Ethnographic Interview (CEI), and provides clinical examples of its use in a sample of highly distressed Japanese women.

From Winnicott's potential space to mutual creative space: A principle for intercultural psychotherapy
Gadi BenEzer

This paper suggests that elaborating Winnicott's idea of "potential space" can provide a conceptual approach to psychotherapy across the cultural divide. The first part of the paper discusses the general problematic of intercultural psychotherapy. This is illustrated with an account of therapeutic work with Ethiopian Jews who have migrated to Israel. There is a significant gap between the Ethiopian cultural codes relevant to psychotherapy and those of the Israeli therapist, who is usually trained in the Western psychotherapeutic tradition. A meaningful and effective therapeutic process can take place if psychotherapist and client cocreate a "mutual creative space."

Adapting CBT for traumatized refugees and ethnic minority patients: Examples from culturally adapted CBT (CA-CBT)
Devon E. Hinton, Edwin I. Rivera, Stefan G. Hofmann, David H. Barlow, and Michael W. Otto

In this article, we illustrate how cognitive behavioral therapy (CBT) can be adapted for the treatment of PTSD among traumatized refugees and ethnic minority populations, providing examples from our treatment, culturally adapted CBT, or CA-CBT. CA-CBT has a unique approach to exposure (typical exposure is poorly tolerated

in these groups), emphasizes the treatment of somatic sensations (a particularly salient part of the presentation of PTSD in these groups), and addresses comorbid anxiety disorders and anger. To accomplish these treatment goals, CA-CBT emphasizes emotion exposure and emotion regulation techniques such as meditation and aims to promote emotional and psychological flexibility. We describe 12 key aspects of adapting CA-CBT that make it a culturally sensitive treatment of traumatized refugee and ethnic minority populations. We discuss three models that guide our treatment and that can be used to design culturally sensitive treatments: (a) the panic attack–PTSD model to illustrate the many processes that generate PTSD in these populations, highlighting the role of arousal and somatic symptoms; (b) the arousal triad to demonstrate how somatic symptoms are produced and the importance of targeting comorbid anxiety conditions and psychopathological processes; and (c) the multisystem network (MSN) model of emotional state to reveal how some of our therapeutic techniques (e.g., body-focused techniques: bodily stretching paired with self-statements) bring about psychological flexibility and improvement.

Transcultural issues in the dynamics of a Balint clinical reflection group for community mental health workers
Andrew Leggett

The author presents transcultural issues in the content, process, and group dynamics of consecutive meetings of a Balint clinical reflection group for community mental health workers at Inala, Australia. Balint work and the context and evolution of the group process are briefly described, as is the consultative research methodology. The process of a Balint group meeting is reported in detail, following the author's consultation with group members. The collaborative work of a culturally diverse team of mental health professionals is examined in the context of discussion of a practitioner–patient relationship in which transcultural, gender, and family conflicts were the focus of affective and cognitive dissonance. For mental health workers engaging with communities of cultural diversity, Balint reflection groups can facilitate insight into cultural countertransferences that adversely affect clinical work. The group served to support the caseworkers' engagement with patients of different cultures, and provided a safe environment for the creative consideration and exploration in fantasy of the emotional pressures and complex ethical dilemmas related to boundaries in transcultural client–practitioner relationships, including those in which open discussion would otherwise be

avoided.

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