Evaluation FastFacts

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This is one in a series of briefings on new and current mental health services evaluations, resources, and methods. We hope FastFacts will be a quick and easy way for you to learn important information in the field of evaluation. If you have any ideas on how FastFacts could be more useful to you, please contact Dow Wieman, Ph.D. at 617-876-0426 x2503 or dwieman@hsri.org.

Training in Cultural Competence: The Need for a Mental Health Culture Assimilator

As the numbers and percentages of minority populations continue to increase in the United States, evidence of racial and ethnic disparities in access, continuity, and quality of health and mental health care services for people of minority cultures has continued to accumulate. The result has been a widespread and increasingly urgent effort to understand the causes of these problems and develop solutions to them. (Brach, & Fraser, 2002; Snowden, 2003; Sue, Fujino, Hu, Takeuchi, & Zane, 1991).

One critical factor identified thus far is the extent to which individuals and systems providing services to these groups are "culturally competent" (Sue, 1998). The concept of cultural competence contains and promotes the belief that individuals should not only appreciate and recognize other cultural groups, but also be able to effectively work with them. This recognition, along with the complexities inherent in both theory and practice has led in turn to a search for effective methods for training in cultural competence.

One of the most promising approaches is the "culture assimilator." Below we discuss the *continued on page 2*

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characteristics of these, including both the generic form and the more specific "clinical assimilator." We consider the potential uses of the assimilator as a training tool and an evaluation instrument. Finally we describe the possibilities and requirements for developing a mental health assimilator.

Sue's Theory of Cultural Competence

A provider of health or mental health services who is reared in white middle-class society may assume that certain behaviors or rules of speaking are universal and have the same meaning, a trait knows as "ethnocentrism." This lack of "diversity awareness" may include differences in communication style, proxemics (personal and interpersonal space usage), kinesics (bodily movements), and paralanguage (vocal cues), resulting in major barriers between service providers and culturally different service recipients (Sue, 1990). Unless service providers receive training to become competent in working with clients of different cultures and equipped with appropriate awareness, skills and knowledge, racial and ethnic disparities in mental health services will persist, regardless of our most sincere efforts and concerns

Sue (1998) observes that culturally competent helping professionals have good knowledge and understanding of their own world views, know about the traditions and experiences of the culturally different groups with which they interact, understand sociopolitical influences, and possess specific skills such as intervention techniques and strategies needed in working with culturally different groups. Other ingredients of cultural competence are "scientific mindedness" and "dynamic sizing". By scientific mindedness, Sue means that health service professionals form hypothesis rather than make premature conclusions about the status of culturally different clients, develop creative ways to test hypothesis, and act on the basis of acquired data. Dynamic sizing means service providers place the client in a proper context and flexibly generalize in a valid manner. Providers are thereby able to avoid oversimplified generalization of cultural group stereotypes and, instead, categorize experiences appropriately.

Culture Assimilators

In late 60s and early 70s, people in the field of international business and other global organizations developed intensive multicultural adaptation (or assimilation) training programs for their workers who needed to quickly learn appropriate behavior that would respect the culture of a different country and simultaneously reduce the stress of culture shock for the worker. With these goals in mind, Triandis and others developed cross-cultural training programs, and initiated the training technique of so called "culture assimilators" (Pedersen, 2000).

A culture assimilator is a programmed selfinstruction instrument, originally in book form, consisting of a series of 75 to 100 short episodes briefly describing an intercultural encounter has a marked effect on the attitudes of the individual about members of the other culture. The episodes are presented in the format of multiple-choice questions where the learner is asked to choose among four alternative explanations for the events presented in the episode. If the learner chooses one answer, the assimilator directs the person to another page for immediate feedback. If the answer is incorrect, the program directs the learner to choose another explanation. The correct response leads to an explanation of events in the episode and some principle which helps the learner understand the host culture, and the learner moves on to the next episode.

The reasons behind the choice are more importantthan the option selected as they indicate the cognitive attribution used by the trainee to make inferences about culture-appropriate behavior.

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Therefore the goal of the culture assimilator is to provide the trainee with experience making decisions in realistic interactive situations, while imparting knowledge about the cultural norms specific to that culture (Morris & Robie, 2001).

Brislin, Cushner, Cherrie, and Yong (1986), developed a more sophisticated training tool for people about to interact inter-culturally, named the "culture-general assimilator." This model presents episodes and a series of possible answers related to situations with host customs such as interacting with hosts, settling in and making adjustments, tourist experiences, the workplace, the family, education and schooling, and returning home (Cushner & Brislin, 1996).

Requirements for Developing a Mental Health Culture Assimilator

Culture assimilators offer considerable promise for the mental health field both as trainings and evaluation instruments to promote cultural competence in the field. This approach lends itself particularly to web-based technology, which would give providers convenient access to opportunities for enhancing and testing their cultural competence. For this occur, however, several steps are required: developing vignettes specific to mental health; cognitive testing of the tool, and pilot testing for its use as training tool and as evaluation instrument. The following is an existing example of a mental health vignette, developed by Cushner and Brislin (1996).

Example of a culture-general assimilator vignette for mental health: The Reluctant Counselee (adapted from Cushner & Brislin, 1996).

Alex recently received his counseling degree from the university and was immediately offered a position in the Community Counseling Center. His primary responsibility was to provide support, guidance, and counseling for immigrants who were referred because they were having emotional and adjustment difficulties. One of Alex's first clients was a Malaysian man, Quah, who had been in the United States for 4 months. Quah, who complained of poor energy and lack of concentration, was initially referred to the medical center by his social worker. Unable to find any physical cause for Quah's problems, and believing them to be of psychosomatic origin, the medical center sent him to the Community Counseling Center.

During his first interview with Alex, Quah was rather quiet and withdrawn, offering little about himself or the problems that were troubling him. Although Alex was quite accustomed to silences during counseling sessions, he became increasingly uncomfortable with Quah, who seemed to sit patiently, for extremely long periods of time, as though waiting for Alex to speak. Alex diagnosed Quah as suffering from anxiety and, judging that Quah did not understand the counseling process, launched into a long monologue about the process and how it helps people with problems. At the close of the session, Quah did not ask any further counseling. After Quah left, Alex was surprised to realize that he knew very little about him; he really knew nothing of Quah's history or problems. Alex was disappointed in his skill as a counselor and began to have serious doubts about counseling clients who were culturally different from himself.

If you were asked to provide Alex with some insights into the situation that would help him better understand what was going on, what would you say?

(Here Cushner and Brislin present a set of possible explanations: Quah was too depressed to respond and should be hospitalized, he was suffering from culture shock and would eventually recover spontaneously, etc. They then discuss each of these possible interpretations, explaining how they are incorrect or inadequate, or in the case of the correct response, they explain the cultural factors underlying Quah's behavior.)

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Since culture assimilators were developed originally for those people of Peace Corp or companies who need to locate into a new culture with short preparation for the new culture, the episodes often do not reflect situations in mental health services in the U.S. In order to maximize its efficacy, it will be necessary to develop the episodes for culture assimilators that reflect and integrate the various multicultural situations of mental health services in the U.S. Although, some researchers such as Gropper (1996) introduced efforts to utilize the culture assimilator technique in general health professions training by developing intercultural episodes, there has been a lack of attempt to develop mental health specific vignettes.

The next step would be to develop mental health focused culture assimilators, performing cognitive testing and pilot testing, as a training tool or evaluation instrument. Testing of training would determine whether persons trained with the mental health culture assimilator delivered more culturally competent services than those not trained or trained in other ways. As a training tool, culture assimilators could be a self-guided learning approach that is cost-effective as well as effective in conveying facts and information about a culture through reading, observation, and reflective experiences. From an evaluation point of view, pilot testing would address reliability and validity of measures derived from instrument. Eventually, culture assimilators could be used as a cultural competence process measure,to_complement_existing_structure and outcome measures of cultural competence.

Reference

Brach, C., & Fraser, I. (2002). Reducing disparities through culturally competent health care: An analysis of the business case. Quality Management in Health Care, 10 (4), 15-28.

Brislin, R. W., Cushner, K., Cherrie, C., & Yong, M. (1986). Intercultural interactions: A practical guide. Beverly Hills, CA: Sage Publication.

Cushner, K., & Brislin, R. W. (1996). Intercultural interaction: A practical guide (2nd ed.). Thousand Oaks, CA: Sage Publication.

Gropper, R. C. (1996). Culture and the clinical encounter: An intercultural sensitizer for the health professions. Yarmouth, ME: Intercultural Press.

Morris, M. A., & Robie, C. (2001). A meta-analysis of the effects of cross-cultural training on expatriate performance and adjustment. International Journal of Training and Development, 5 (2), 112-125.

Pedersen, P. B. (2000). Handbook for developing multicultural awareness (3rd ed.). Alexandria, VA: American Counseling Association.

Snowden, L. R. (2003). Bias in mental health assessment and intervention: Theory and evidence. American Journal of Public Health, 93 (2), 239-243.

Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. Professional Psychology: Research and Practice, 21 (6), 424-433.

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. American Psychologist, 53, 440-448.

Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. W. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. Journal of Consulting and Clinical Psychology, 59 (4), 533-540.

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