CONSUMER CULTURAL ACTIVATION PROMPTS

Nathan Kline Institute Center of Excellence in Culturally Competent Mental Health

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ACHMA
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• Mission: to reduce racial/ethnic disparities in behavioral health care through research collaboration with community representatives, providers, consumers and their family members

• http://cecc.rfmh.org
PRESENTATION GOALS

- Understand the importance to caregivers of learning about a consumer’s cultural identity and values.

- Introduce a notion of cultural activation intended to promote consumer’s participation in the therapeutic process.

- Introduce a newly developed tool, Cultural Activation Prompts (CAPs), for use by consumers to help them present salient features of their culture that might influence the care process.
OUTLINE

- Background
  - Basic definitions
  - What is consumer cultural activation?
  - Why is it important?
  - What is it based on?

- Cultural Activation Prompts (CAPs)
  - What is it?
  - Illustration of its use
  - Relationship to health literacy and health activation

- Consumer/Peer Specialist’s perspective of CAPs
INHERENT Culture

- Way of life of a group of people that encompasses attitudes, behaviors, beliefs, values, and symbols that are accepted and passed along, by communication and imitation, from one generation to the next
  - Country affiliation
  - Language group
  - Religious group
  - Race/ethnic groups

- Influences the way we think, feel, act, perceive and respond to situations etc.

- Cultural group views are dynamic --influenced by time, place and circumstances
EXPERIENTIAL CULTURE

- Way of life of a group of people that encompasses attitudes behaviors, beliefs, values, that are learned through living experiences such as
  - Work affiliations
  - e.g., doctors
  - Common experiences
  - e.g., peers
  - LGBT
  - working women
  - Residential experiences
  - e.g., rural folks

- Belonging to an experiential cultural group can change - influenced by time, place and circumstances
Cultural Identity

- Shaped by being part of several ‘cultural groups’ that are important in one’s life.

- Working together, the defining features of these groups make up a **cultural identity**.

- Examples
  - Black professional woman
  - Conservative religious Muslim
  - Recent immigrant from Ecuador who speaks only Quechua
  - Gay person living in the suburbs who works in advertising
CULTURAL INFORMATION CARE GIVERS SHOULD KNOW

- Cultural identity

- What culturally matters when receiving care, recovering and living a valued life in the community
  
  • Worldviews, values and attitudes
  • Cultural strengths
  • Cultural care barriers
  • Cultural supports
IMPORTANCE OF CULTURAL INFORMATION

- Cultural information
  - Improves the therapeutic encounter
    - Trust building
  - Enhances likelihood of greater engagement and appropriate retention in care
  - Allows care choices to be made that are more appropriate
  - Allows recovery plans to be developed that are better attuned to cultural identity needs
Culturally competent clinicians

- Should conduct cultural assessments
  - Several instruments exist, e.g., APA endorsed DSM V Cultural Formulation Interview

- Cultural information should be shared and inform all phases of a treatment encounter

Neither of these events may take place.
CULTURAL ACTIVATION SHARED CONCEPTS

- **Shared decision making**
  - Sharing cultural information is a form of shared decision making
    - Treatment and recovery planning decisions which are jointly made are enhanced by the personal cultural lens

- **Consumer empowerment**
  - Empowering consumers to represent their cultural values
    - Enhances the direct role consumers can play in making treatment and recovery plans

- **Health activation**
  - Being culturally activated is a part of health activation
    - Health activation is promoted by consumers making known the role cultural views play in their mental health care
PATIENT HEALTH ACTIVATION

- “having skills and confidence that equip patients to become actively engaged in their healthcare *.”

- growing body of evidence showing that patients who are more activated have better health outcomes.

* Hibbard & Greene, 2013
Health activation is a process

Level 1
Starting to take a role.
Individuals do not feel confident enough to play an active role in their own health. They are predisposed to be passive recipients of care.

Level 2
Building knowledge and confidence.
Individuals lack confidence and an understanding of their health or recommended health regimen.

Level 3
Taking action.
Individuals have the key facts and are beginning to take action but may lack confidence and the skill to support their behaviors.

Level 4
Maintaining behaviors.
Individuals have adopted new behaviors but may not be able to maintain them in the face of stress or health crises.

Increasing Level of Activation
**Consumer Cultural Activation**

- **Activating consumers to** participate in the care process by providing care givers/direct care personnel with their personal **cultural lens** on who they are and what matters when receiving care.

- Informing any caregiver seen at any point of time in care delivery of pertinent cultural information that could impact clinical decisions.

- A portable cultural assessment.
Activating a consumer to participate in the care process by providing care givers with his/her personal cultural lens on what matters when receiving care.
CULTURAL ACTIVATION PROMPTS
CAPs: A TOOL TO PROMOTE CULTURAL ACTIVATION

- A list of 12 cues for consumers to use to convey information to caregivers on what culturally matters to them in receiving care.
FOUNDATIONS OF CULTURAL ACTIVATION PROMPTS (CAPs)

- Medical anthropology
- DSM-5 Cultural Formulation Provider Interview
- Consumer input
Medical anthropology

Medical anthropologist Kleinman’s “Three C’s” of Explanatory Model of Illness

- Call
- Cause
- Course... replaced by expectations of recovery
DSM-5 Cultural Formulation Interview

- Cultural definition of the problem
- Cultural perceptions of cause, context, and support
- Cultural factors affecting self coping
- Past help seeking
- Current help seeking treatment preferences
CONSUMER INPUT TO DEVELOPMENT OF CAPS

- Presentations at Multicultural Advisory Committees in New York State
- Consumer reviews
- Peer specialist reviews
Cultural Activation Prompts
CAPs

- Cultural Identity
  - Combinations of race, ethnicity, country you or your family came from, language you like to speak, how long you are in the US, community you live in, gender, educational level, income, occupational status, gender, sexuality, political and faith and religious affiliation, etc.

- Cultural view of mental health challenges
  - Call, cause, stigma, trauma

- Cultural supports and stressors
  - From cultural network
  - From providers
    - Treatment preferences

- Recovery
  - Desirable community outcomes
  - Desirable community supports
  - Desirable personal outcomes
**CAPs: Cultural Identity**

- Tell your care giver cultural identifying items that are most important to you and might help him/her get to know you better.

- Combinations of race, ethnicity, country you or your family came from, language you like to speak, how long you are in the US, community you live in, gender, educational level, income, occupational status, gender, sexuality, political and faith and religious affiliation, etc....
What is your cultural identity?

- 2\textsuperscript{nd} generation Latino, engineer
- Black, female, professional
- Conservative religious Muslim
- Immigrant from Russia
- Asian, gay, suburbanite, academic

Lenora’s response

1. I identify myself as Black, not African American.
2. I identify myself as Jamaican American.
3. I identify myself as a mother.
How you would like to be called?

- First name OK
- Señora
- Name you have adopted or feel more comfortable with

Lenora’s Response

1. I would like to be called Lenora.
2. I would like to be called Mrs. Reid-Rose.
3. I would love to be called Lenny. That’s what my friends call me.
What do you call the reason for why you are seeking care?

- Nerviosa
- Nervous breakdown

*Lenora’s Response*

1. “crazy”
What you or people from your cultural groups think might be the causes of needing to seek care

- Bad Karma
- Physical problem
- Sinner

**Lenora’s Response**

1. Hanging around with the wrong crowd
2. Not going to church
While planning for course of recovery, things you want to happen.

- Return to work
- Get off meds
- Attend social functions
- Greater participation in family life

Lenora’s Response

1. I want to party with my friends
2. I want to go back to singing on the church choir
Any **negative or traumatic experiences** you have had because of your cultural identity

- Racism
- Stigma
- Exclusion
- Name calling

**Lenora’s Response**

1. I have been discriminated against at work.
2. I have been passed over for the president of the Snow Club.
3. I have experienced racism.
4. I have been called ugly names.
Kinds of alternative treatment, advice or healing that you have used that were helpful

- Herbs
- *Botanica*
- Spiritual counseling

**Lenora’s Response**

1. Drinking *moringa* tea
2. Tying “sour sop leaf on my head
3. Going to church and speaking with my Minister
4. Massage
5. Acupuncture
Care that you have had that is **not helpful**; attitudes toward care medications will not help......only prayer will heal

*Lenora’s Response*

1. God knows best; he does not give me more than I can bear; he will take care of me; pray harder
2. Those people want to work experiments on me
Kind of person you would **feel good about getting care from**

- female (for female)
- religious Jew
- person who speaks my language
- Older person

**Lenora’s Response**

1. Mature black female
2. Someone from one of the Caribbean island
3. Someone who understands the Jamaican dialect and can pick up the nuances in my accent
Who from your cultural group might help you while you are in care?

*Lenora’s response:*

1. My cousin who lives in Jamaica
2. My best friend in Atlanta
3. My daughter
4. My minister
CAPs: Supports/Stressors

- What **supports** might your cultural group provide for you knowing you have sought care?
  - family/kin accompany you to clinic
  - prepare meals

- **Stresses** you or people from any of the groups you identify with feel about your seeking care
  - viewed as weak
  - take away from family responsibilities

- What might **help you cope** with your situation?
  - religion and church going
  - participation in community groups

- Your **views or values and that interfere with** you getting better?
  - felt group discrimination
  - importance of work
  - religious and spiritual beliefs
**HOW CAPS COULD BE USED**

- Posters in program rooms.
- Hip pocket/purse laminated card/Youtube/APP.
- With help of peer specialists:
  - Brings the essential message of hope
  - Cultural competency
  - Motivate and encourage consumers on the value of sharing this information with providers
  - Use cultural information in conversations with consumers
  - Use prompts as a way to begin conversations to build trusting relationships
- Create a *cultural card*. Consumers and their family members can be encouraged to create a “cultural card” prior to seeing their provider.
CULTURAL ACTIVATION PROMPTS
PROMPTS

- Say how would you like to be called
- Tell the care giver your cultural identity
- Tell them what you call the reason for why you are seeking care
- What you and persons from any of the groups you identify with think may be the causes of your health challenges?
- What supports might your cultural group provide for you knowing you have sought care?
- What stresses might your cultural group place on you because you have sought care?
- As a member of your cultural group, what might help you cope with your situation?
- What views or values of your cultural group might interfere with your improvement?
- What kinds of alternative treatment, advice or healing that are used in your culture group have helped you deal with distress in the past?
- What attitudes toward treatment that are common in your cultural group have gotten in your way of seeking help?
- Your requirement for a caregiver related to your cultural identity.
- Your cultural preference for a care-giver
**SAMPLE CARD - LENORA**

**CUE**

1. I want to be called ........
2. I want to be identified as ........
3. Trauma I have experienced because of my cultural identity
4. Individuals from my cultural group that know of my condition and will help...
5. The name they give to why I am seeking care
6. Things that have helped me

**RESPONSES**

1. Lenora
2. Black, Jamaican American
3. Discriminated at work; racism in social settings and called ugly names
4. My daughter will help; however I will talk to my cousin and best friend
5. “Crazy”
6. Drinking *moringa* tea and eating the seeds; talking to my minister
IN CONCLUSION: ACTIVATION TRIAD

Health Literacy

Cultural Activation

Health Activation