Culturally Responsive Care to

Asian Community

- **O1.** Asian American Diversity **O4.** Culturally Sensitive Practice Issues
- Asian Americans & Gambling

05 Case Study

03 Barriers to Care

Table of Contents

TAE SON LEE

MBA, SUDP, WSCGC-II
Asian Counseling & Treatment Services



01.

Asian American Diversity

Asian American

Immigrant Society

- Cultural Diversity
- Over 50 countries
- Over 100 different languages and dialects
- Different history of immigration
- Level of Acculturation



Ethnic Minority Populations in the US

 Asian Americans will be the largest immigrant group in the USA by 2065. Estimated to be 46 million Asian Americans by 2060







Demographic Landscapes

50 Asian/Pacific Islander Groups	All have a very different immigration history to the US
100 Different Languages	In the Asian American category alone
Median Age	US-born Asians (19) vs national median age (36) Japanese median age (43) vs Hmong median age (16)
Language	More than 50% Japanese speak English at home. Less than 10% speak English at home among the Hmong, Vietnamese, Cambodian, and Laotians.
"Model Minorities"	High level of income and educational achievement

Different Types of Immigration



Labor migrants



Professionals
/Technicians



Family Connections



Refugees/Asy lees











Group identity

A separate, autonomous self is deemphasized

Social comparisons

Intense feelings of shame

Body types, physical appearances, or physical disabilities

Collectivist Culture









Group acceptance

Importance placed on female beauty

Much more pressure on women than men regarding physical appearances

For men in Asia, the focus of attention is more on educational and occupational attainment

Collectivist Culture —Body Image among Asian Americans

Emotional Restraint

Avoid extremely positive or negative emotions, be on the 'middle of the road'

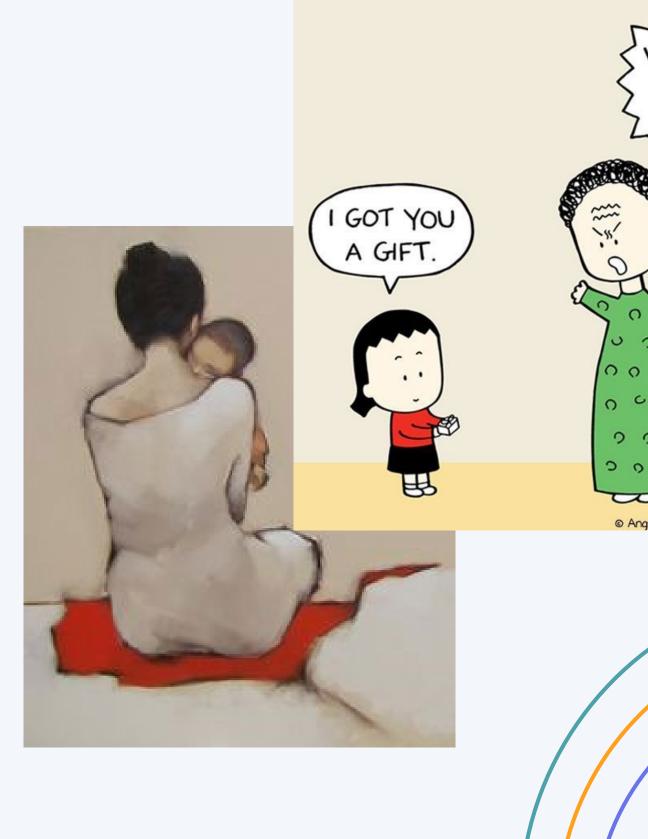
Preserve group harmony

Signs of patience

Self-control

Strong character

There is a stigma associated with mental illness and addiction problems



Collectivist Culture – Emotional Restraint

A core component of their cultural values.

Two-thirds of Asian Americans describe religion as playing an important role in their lives.

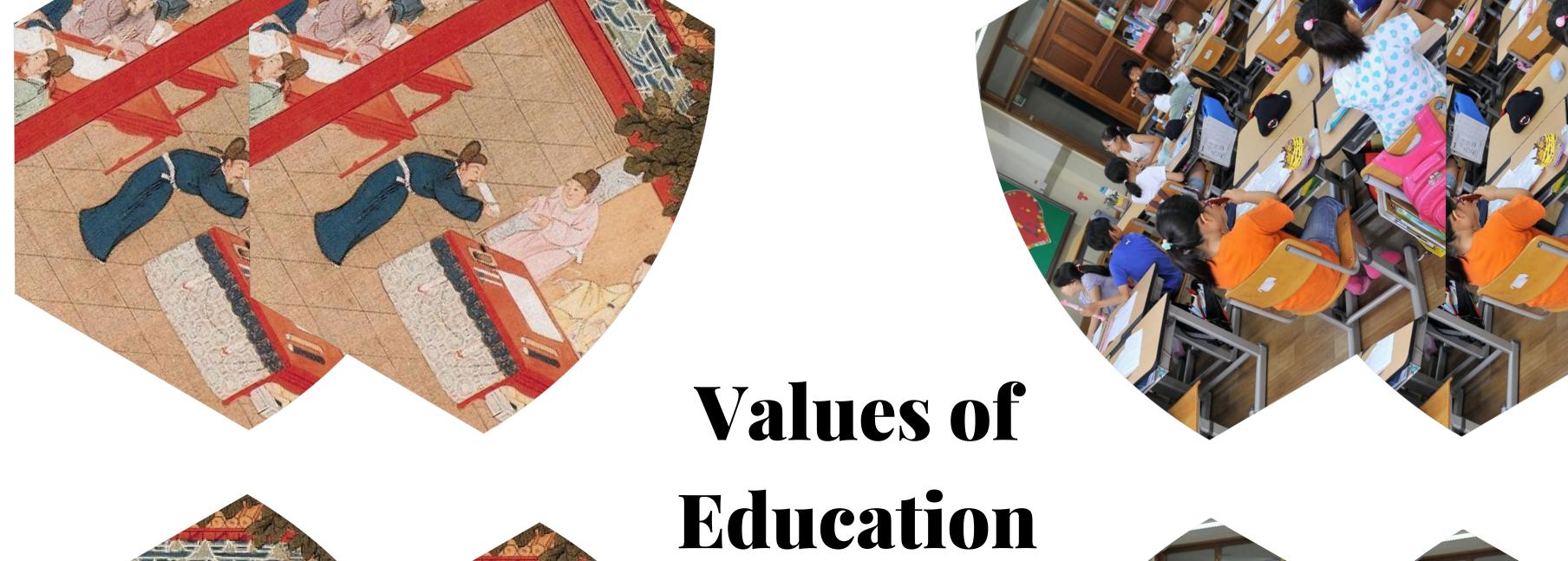
Connection with their ancestors

Getting fortune--福

Physical, Emotional, Spiritual Well-being: meditation, yoga, and Mindfulness



Collectivist Culture – Religious Practices











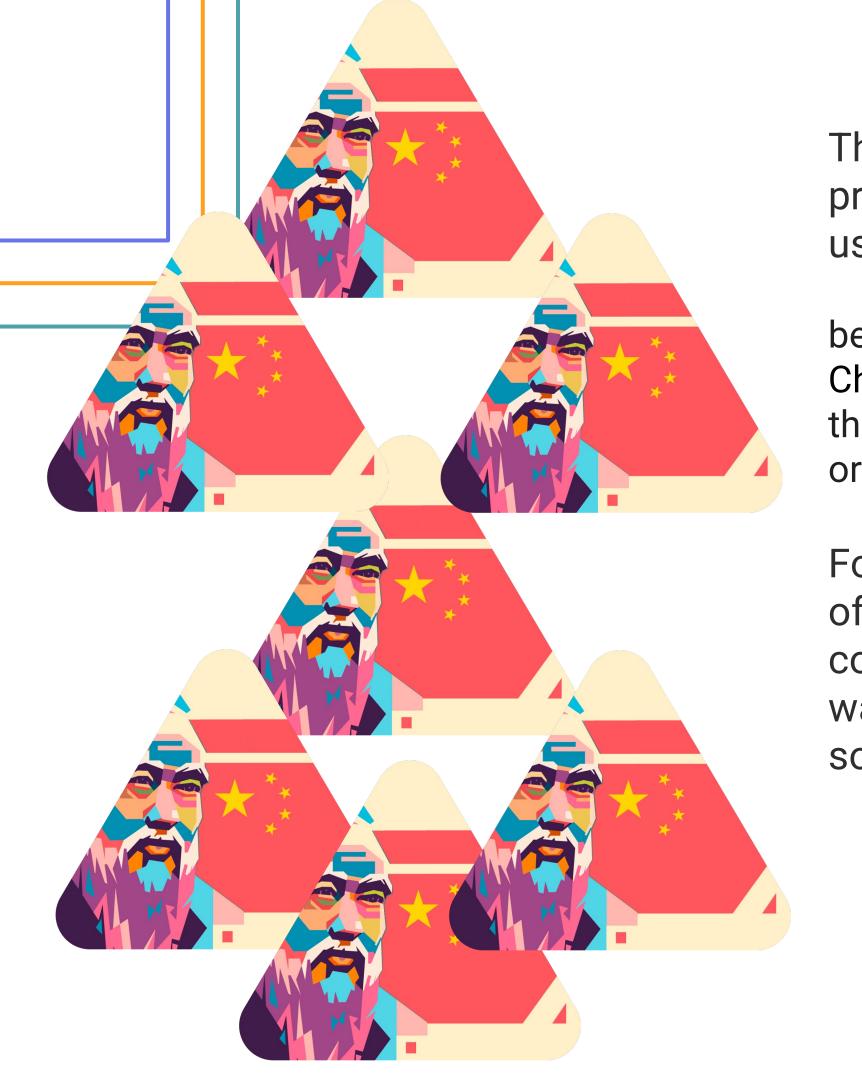
Strong examination orientation

Importance on the outstanding academic performance of their children.

Emphasis on the social or moral aspects of students' development.

For Southeast Asians, there is a strong religious orientation, and emphasis on the relations between humans and nature.





The Confucian culture, prevails in communities that use chopsticks:

a system of thought and behavior originating in ancient China, the harmony of the family, social order as a whole, and the world.

For societies of collectivism and conformity, formal education was the only path for upward social mobility.



02.





Casino Games

Black Jack, Roulette, Baccarat, Pai Gow Poker

Traditional Card Games

Dice, Majong

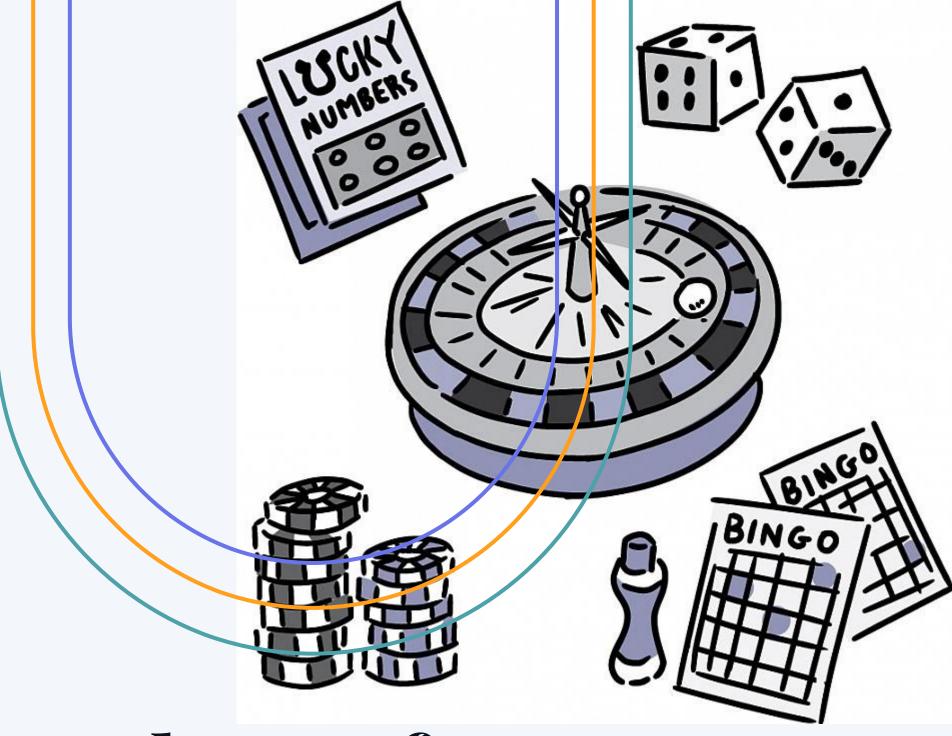
Slot Machines

Video Lottery Terminals, Lottery, Sports Betting

Japanese-Pachinko **Chinese-Mahjong** Japanese-Hanafudo **Korean- Hwatu**

One Chinese Proverb: "little gambling is soothing and relaxing, but heavy gambling could affect your mental health"

- Gambling is an acceptable social activity (cultural/social fabric for centuries)
- Asian immigrants find a new culture where gambling opportunities are plentifully available



Culture of Acceptance, Availability, and Access

Frequency, Problems, & Pathological

Anecdotally, Asian Americans are highly represented Frequency among recreational gamblers. Traditionally, gambling is a highly common social activity among Asian societies. Problem & In a recent study conducted in 2007, the overall rates of problem/pathological gambling were lower for Pathological Asian Americans, those Asian Americans whose primary language was not English were 2.8 times more likely to be a problem/pathological gambler as compared to the general California population. Superstition, numerology, the notion of luck, fate, or Driving forces fortune.

Predisposition, Personality, & Stress-relief

The apparent popularity of gambling with many Asian Americans.

"This is in our blood!" alluding to some inheritable predisposition.

Higher overall rates of disordered gambling in Asian countries.



The finding that immigrants have a higher rates of problem gambling based on two hypotheses.

Immigrants and refugees may have personality traits that make them greater risk takers. Such as sensation seeking, risk taking, and impulsivity.

Life experience. Experience of trauma and subsequent stresses of adaptation contribute to greater likelihood of problem gambling.

Gambling as a source of stressrelief for immigration and acculturation stress.

Gaming Industry's Target Marketing



Potential patrons from communities with large Asian populations (Chinatown, Koreatown, etc.).

Hiring bilingual staff to increase comfort and ease of their Asian patrons.

Asian food and entertainment.

03.



Barriers to Care

Understanding individuals' patterns of help-seeking - a window to understanding attitudes toward mental health and the role of cultural schemas.

Difference between Western societies and Asian cultures for obtaining counseling or therapy.

Acculturation is another key variable in influencing help-seeking.

Level of family cohesion could affect help-seeking of mental health services.

Religiosity and spirituality also affect help-seeking patterns.

Stigma and the fear of losing face also affect help-seeking.

Attitudes Toward Help-Seeking



Acculturation Assimilation

Acculturation

A dynamic process of cultural change

Adaptation to the values, behaviors, and belief systems of the dominant group

Multidimensional

acculturation process is not linear but multidimensional

Integration

Becoming a part of a new dominant culture with their own cultural identity

Types of Acculturation

Separation

Not to adopt any of the cultural values of the dominant culture

- The traditional model of assimilation: complete incorporation into the host culture
- The current trends:
 Retainment of their ethnic identity and cultural traditions. Adjusting to the norms of the host country
- The segmented assimilation theory: Immigrants do not follow a linear path to assimilation due to age, gender, and socioeconomic status

Assimilation

Abandonment of his/her own cultural identity in favor of completely incorporating the value systems of the dominant culture

Marginalization

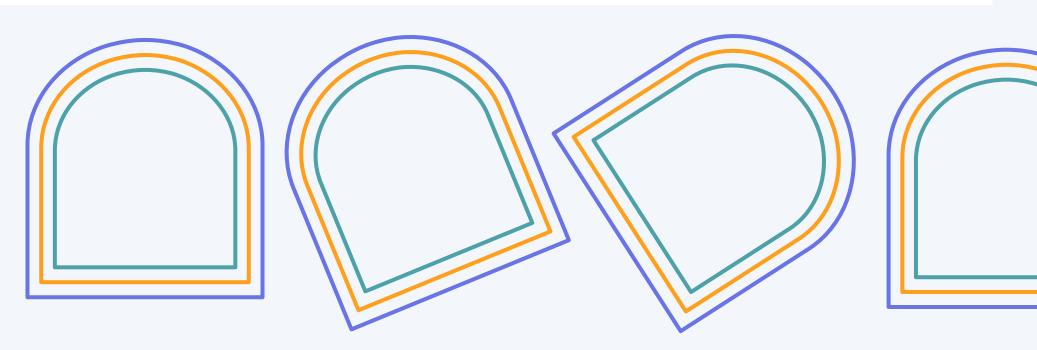
Loss of both his/her cultural identity as well as that of the dominant culture

Diversity: differences in and among societal groups based on race, ethnicity, gender, age, physical/mental abilities, religion, sexual orientation, and other distinguishing characteristics.

Prior to the middle of the 20th century, cultural context was mainly viewed as a nuisance, primarily a Euro-American value, Goals for self-improvement and self-actualization are very much Western tenet.

The concept of multiculturalism is based on the belief that culture pervades every aspect of our lives, practitioners should understand and interpret human behavior within a cultural context.





Multiculturalism: the coexistence of many cultures within one society



The Civil Rights Act of 1964, antidiscrimination law for sex, race, religion, and national origin.

Throughout the movement of civil activists, racial and ethnic minority psychologists began pressuring the American Psychological Association (APA) to endorse their interests.

Multiculturalism: the coexistence of many cultures within one society.

Cultural Competence



Cultural Competence







Philosophies

In western societies, emphasis on the demarcation or dichotomy between the mind and body. Emphasizes the use of rationalism—reason, measurement, and standardization

However, Eastern cultures, the yin/yang theory, a common Eastern belief system, captures a holistic systems view that the whole cannot be reduced into parts as the component parts are interrelated to the whole

Are the DSM diagnostic categories valid across cultures? Controversy stems from measurement issues.

Stress experience:

Guilt, for example, is a characteristic of survivors of trauma; yet, in many Asian cultures, many experience shame rather than guilt.

04.



Why is Culture Relevant?



Culture-Based Subjective



Illness



Cultural meaning systems are cognitive structures

For many of Asian cultures, mental illness is often labeled as "lunatic or crazy".

Asians usually refer cardiovascular problems to affective distress.

For Asian immigrants, environmental stressors, such as stress emanating from immigration, language problems, and changes in socioeconomic status are core issues for their depression.





In Korean, the term for alcoholism literally means "being poisoned by alcohol"

For Koreans, alcoholic means behavioral tolerance rather than family or interpersonal problems.

Korean women's expression of depression to be feelings of being clogged up in their chests and feeling trapped.

Depression is expressed in bodily or somatic terms using metaphors.

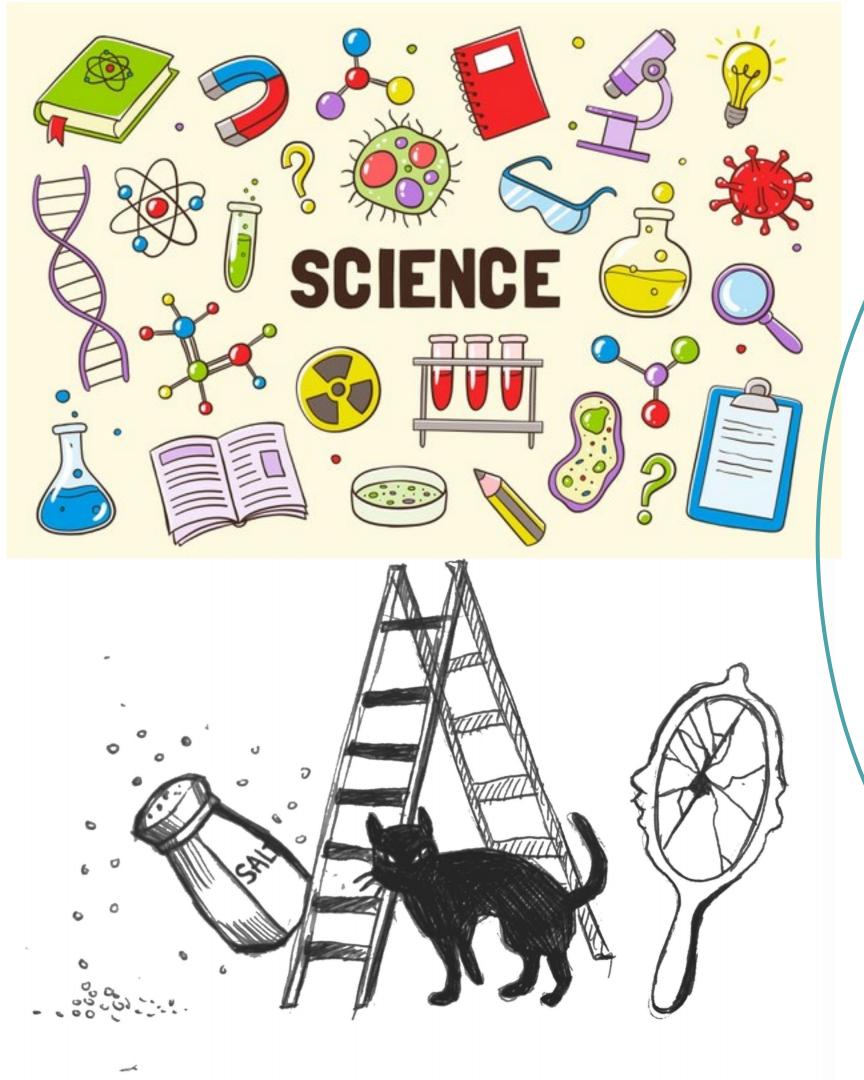
In Vietnamese, "depression" is not defined as an emotional disorder. Rather, discouragement, sadness, and sorrow

Han, or haan, is a concept of an emotion, variously described as some form of grief or resentment, among others, that is said to be an essential element of Korean identity by some, and a modern post-colonial identity by others.

Han is derived from the Chinese character <u>恨</u>, which means resentment, hatred, or regret

The word "schizophrenia" in Chinese is interpreted as meaning "catastrophe of the mind"





It is important for professionals not to dichotomize causal factors into science and superstition.

A typology based on externalizing and internalizing systems is helpful in understanding belief systems about the etiology of illness

Chinese, Filipinos, and Southeast Asians, frequently attribute organic factors to psychiatric problems, supernatural forces, or punishment invoked by a dead ancestor, resulting in imbalances of yin and yang.





The DSM also acknowledges the existence of culture-bound syndromes.

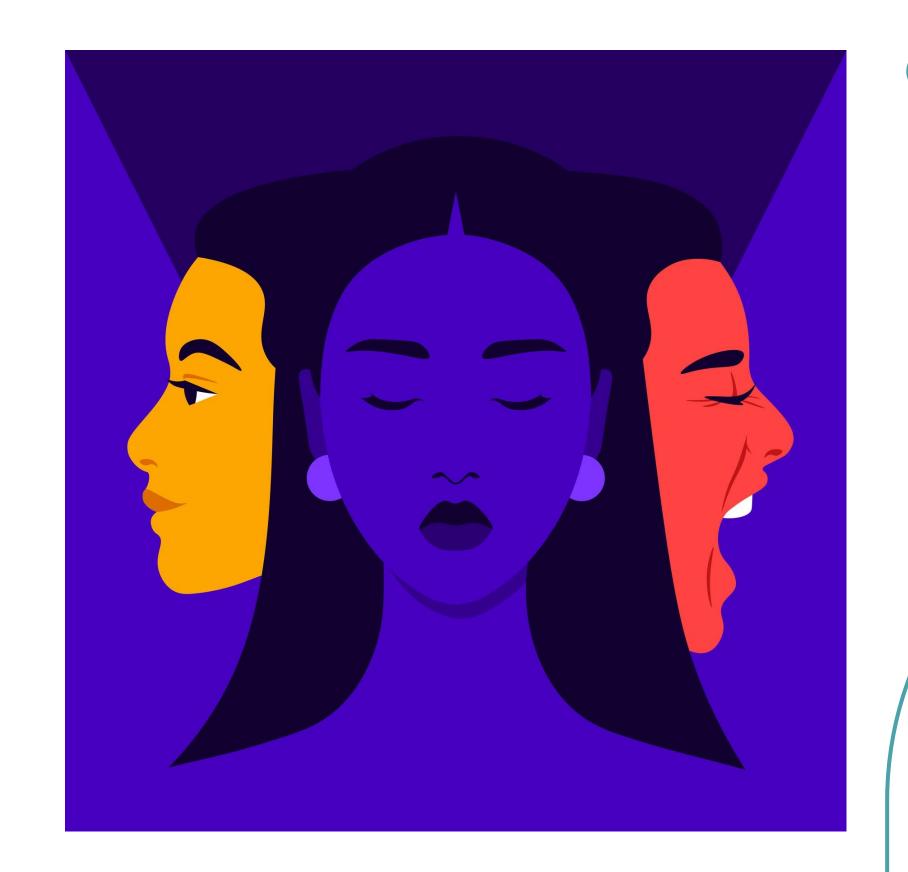
Distinct entities of mental illness existing in a particular cultural context and caused by specific triggers.

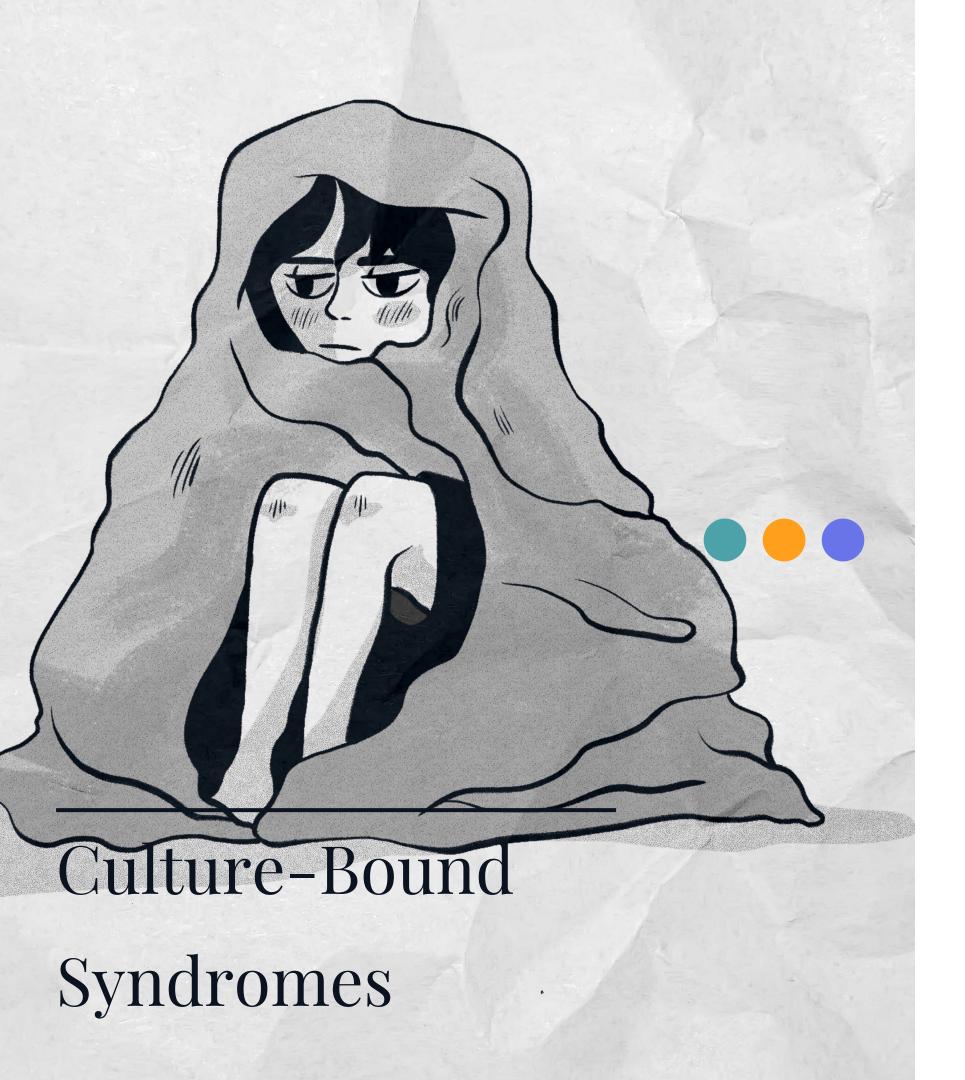
Culture-Bound
Syndromes

Neurasthenia is a widely used diagnosis in China for depression. The core symptoms include headaches, dizziness, and insomnia.

Culturally congruent to Chinese cultural values, which emphasize on inhibition of emotions.

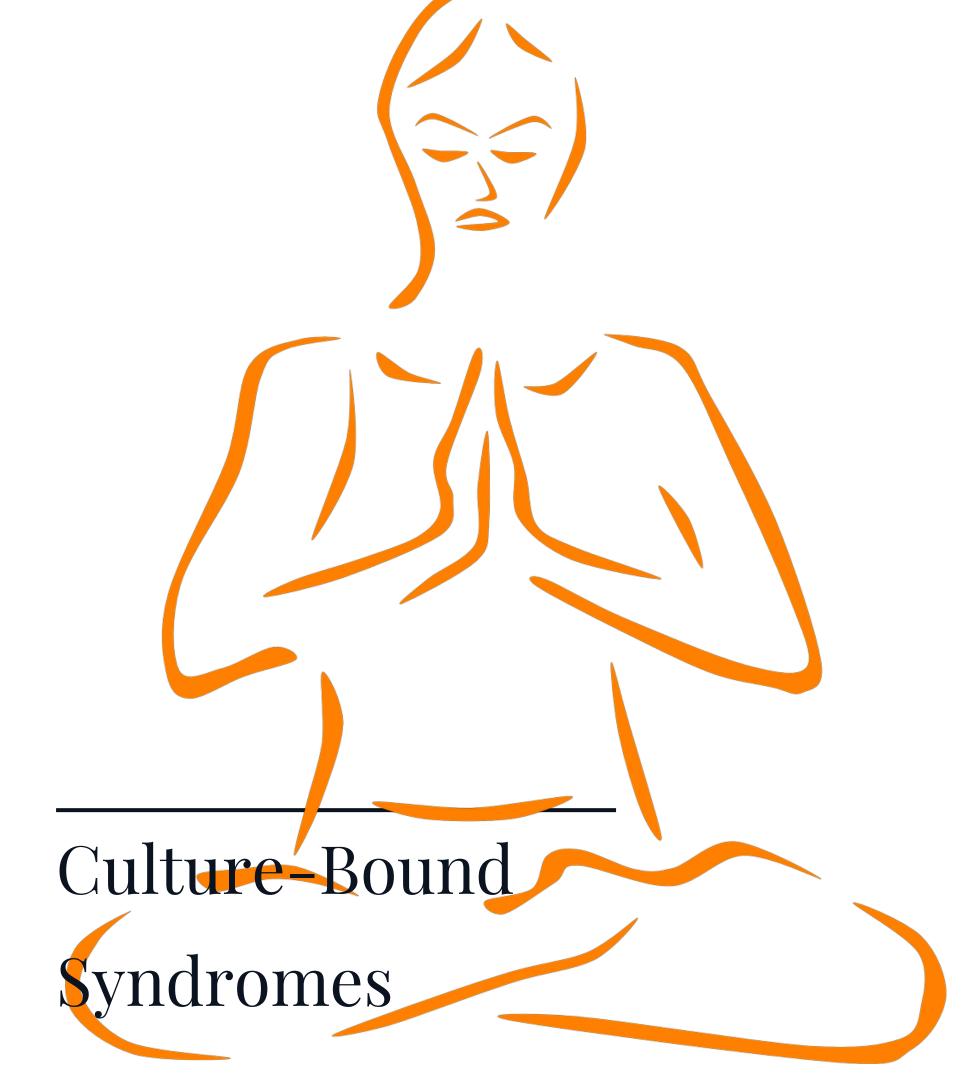
Culture-Bound Syndromes





taijin kyofusho is an anxiety disorder for Japanese interpretation.

The individual with *taijin kyofusho* is concerned that one's appearance and actions during social interactions will offend someone.



In Korea, there is a condition called *hwa-byung*, The Koreans attribute this disorder to anger suppression.

Asian values emphasize harmony in interpersonal relationships.

A passive vehicle for exhibiting the anger.

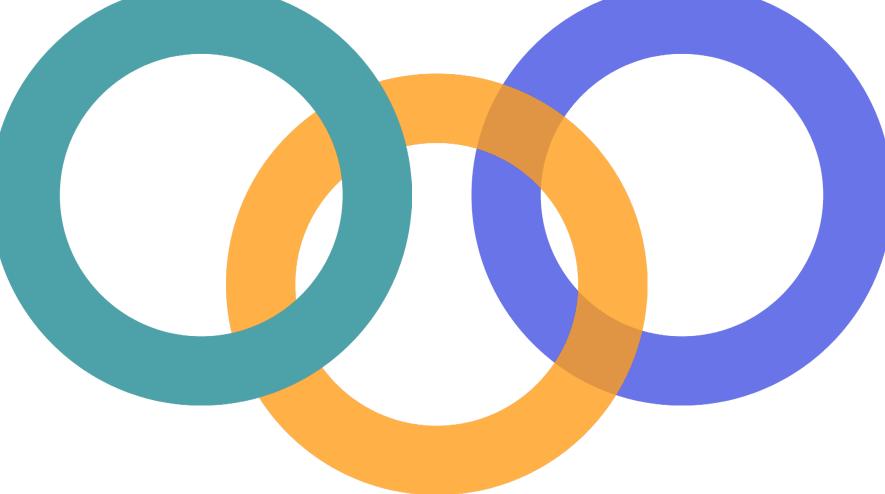




In several Asian countries, including Japan and Korea, a disorder called *hikikomori* has emerged.

Some regard it as a modern-type of reclusive depression, precipitated by a shift from collectivistic to more individualistic value systems

Culture-Bound
Syndromes



Culturally Sensitive Practice Issues





1

High-context cultures:
Shared experience, implicit
messages, nonverbal cues,
and the relationship
between the two parties.

2

Low-context cultures:
verbal communication
what is explicitly stated
in the conversation.

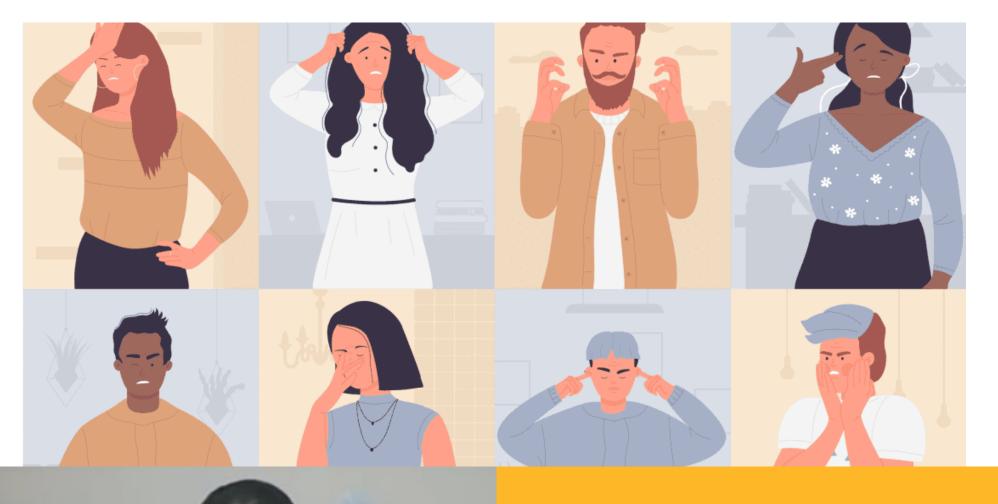
3

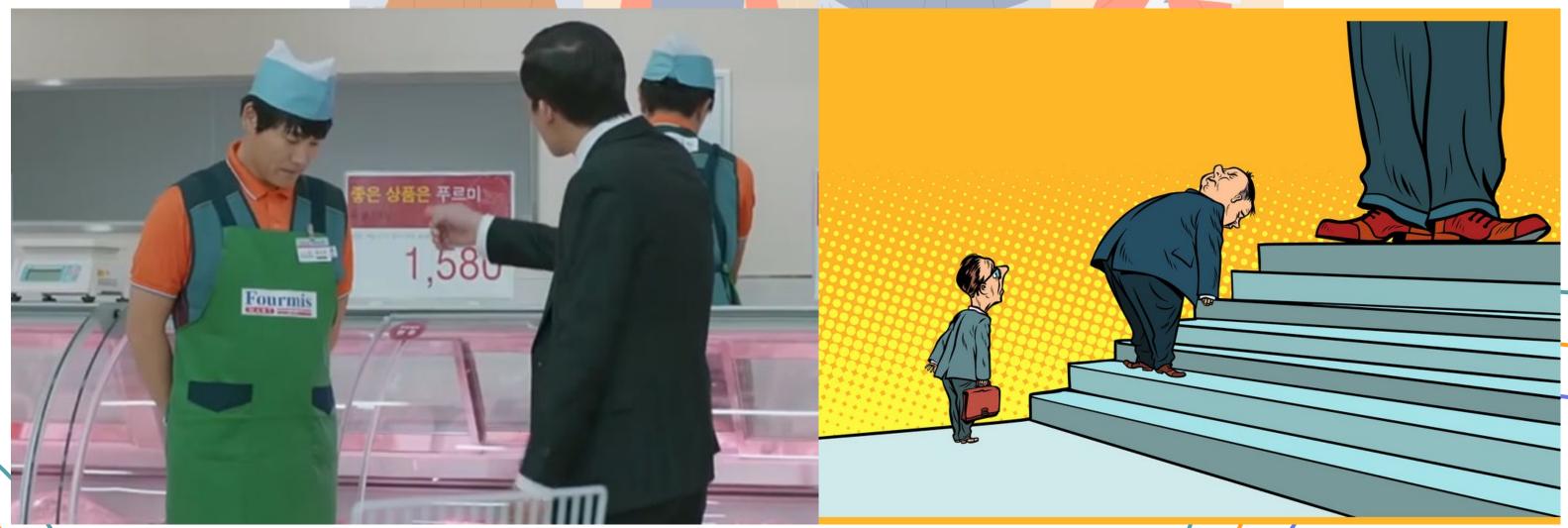
High-context cultures: Shared experience, implicit messages, nonverbal cues, and the relationship between the two parties.

Less talk and less eye contact Interpersonal sensitivity Use of feelings to facilitate behavior Assumed recollection of shared experiences Reliance on nonverbal cues such as gestures, tone of voice, posture, voice level, rhythm of speaking, emotions, and pace and timing of speech

Assimilation of the "whole" picture, including visual and auditory cues
Emotional speech
Use of silence
Use of more formal language, emphasizing hierarchy between parties
Use of indirect modes of communication
Use of vague descriptions

7





2

Low-context cultures: verbal communication what is explicitly stated in the conversation.

Employing direct patterns of communication
Using explicit descriptions and terms
Assuming meanings are described explicitly
Utilizing and relying minimally on nonverbal cues
Speaking more and often raising their voices (more animated, dramatic)

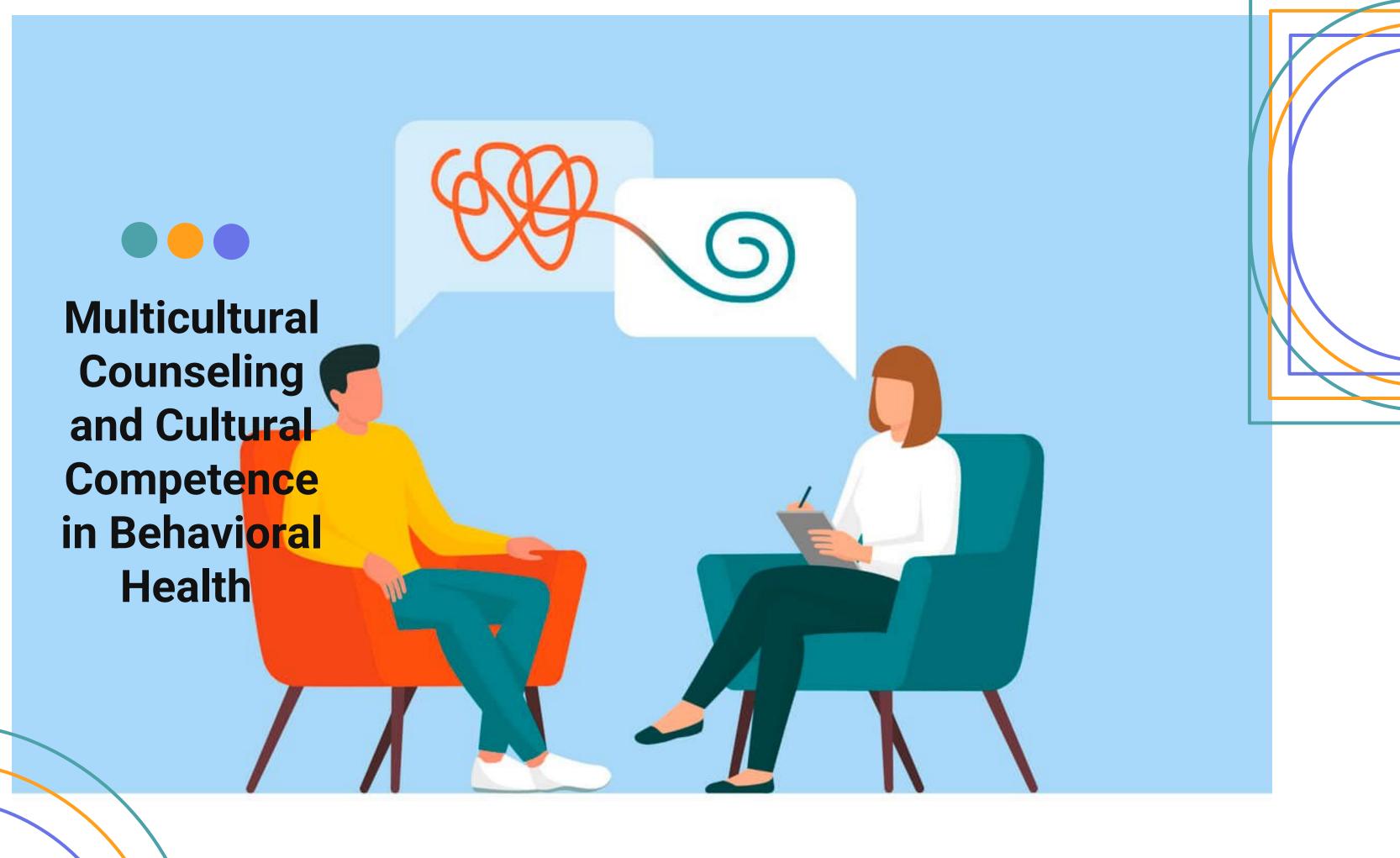
Often being impatient to get to the point of the discussion Using more informal language; less emphasis on hierarchy, more equality between parties (more friendly) Being more comfortable with fluidness and change Uncomfortable using long pauses and storytelling as a means of communicating

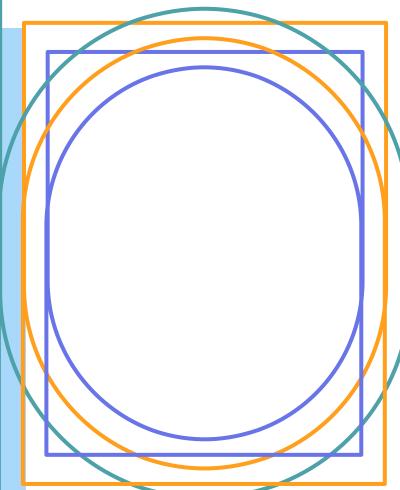
1











Assessment Guidelines

Self-Awareness of One's Own Cultural Identity

- What are the practitioner's biases from his or her cultural background?
- How are the
 practitioner's own
 cultural values
 different from and/or
 similar to that of the
 client/patient?
- What are the dominant culture's values and belief systems?

Assessing the Client's/Patient's Cultural Orientation, Belief Systems, Level of Acculturation, and Language Preference

- How acculturated is the client/patient? (There is great diversity within ethnic groups, and the length of time the client/patient has lived in the United States will influence his/her belief systems.)
- To what extent does the client/patient navigate between the norms of the dominant culture and those of his or her own culture?
- What is the client's/patient's language preference when communicating with medical professionals?

Assessing Stress and Functioning

- What are the different adjustments and transitions the client/patient is coping with in the United States?
- How are these transitions affecting emotional and physical health?

Assessing Client's/Patient's Family Relationships and Support Systems

- How do cultural values and belief systems influence the client's/patient's family system or kin network?
- What is the structure of the traditional family system within the client's/patient's culture?
- Who has the power in the family? Who makes the primary decisions?
- What gender roles exist within the client's/patient's culture?
 How are women regarded compared to men?
- What are the client's/patient's social support systems?

Assessing Client's/Patient's Views and Concepts of Health and Illness

- How does the client/patient define illness? How is health defined?
- What are the client's/patient's beliefs about the cause of illness?
- How does the client/patient describe the symptoms?
- Where does the client/patient go for healing? Where does his/her family traditionally go for healing?

Self-Awareness of One's Own Cultural Identity



Language and Cultural Identity

What are the practitioner's biases from his or her cultural background?

How are the practitioner's own cultural values different from and/or similar to that of the client/patient?

What are the dominant culture's values and belief systems?

Assessing the Client's/Patient's Cultural Orientation, Belief Systems, Level of Acculturation, and Language Preference



How acculturated is the client/patient? (There is great diversity within ethnic groups, and the length of time the client/patient has lived in the United States will influence his/her belief systems.)

To what extent does the client/patient navigate between the norms of the dominant culture and those of his or her own culture?

What is the client's/patient's language preference when communicating with medical professionals?

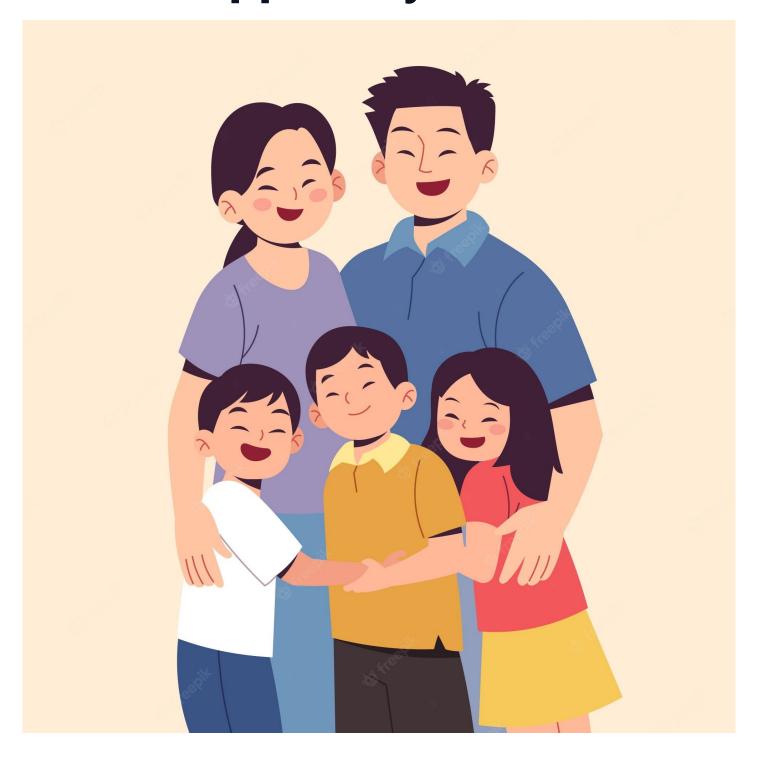
Assessing Stress and Functioning



What are the different adjustments and transitions the client/patient is coping with in the United States?

How are these transitions affecting emotional and physical health?

Assessing Client's/Patient's Family Relationships and Support Systems



How do cultural values and belief systems influence the client's/patient's family system or kin network?

What is the structure of the traditional family system within the client's/patient's culture?

Who has the power in the family? Who makes the primary decisions?

What gender roles exist within the client's/patient's culture? How are women regarded compared to men?

What are the client's/patient's social support systems?

Assessing Client's/Patient's Views and Concepts of Health and Illness



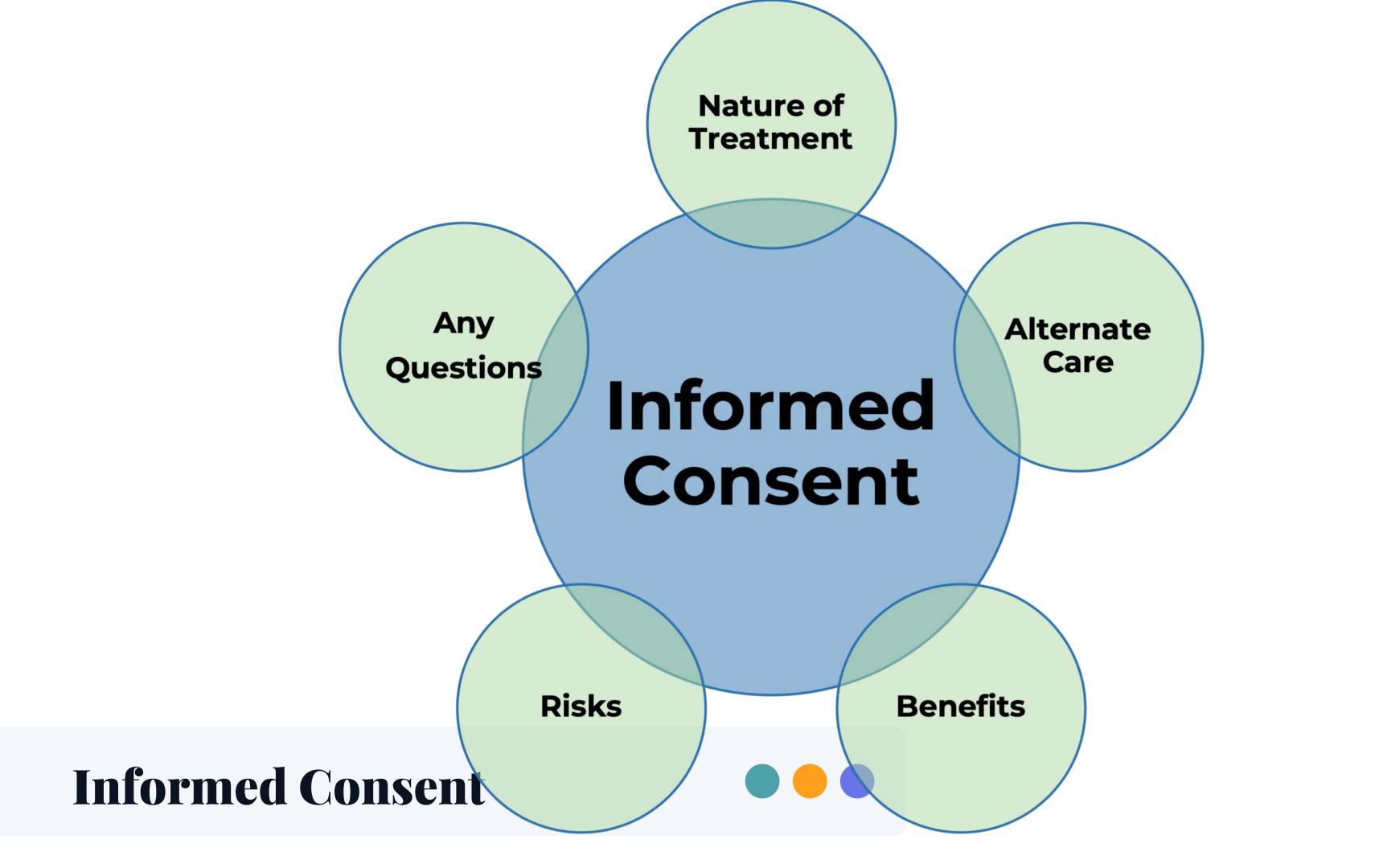
How do cultural values and belief systems influence the client's/patient's family system or kin network?

What is the structure of the traditional family system within the client's/patient's culture?

Who has the power in the family? Who makes the primary decisions?

What gender roles exist within the client's/patient's culture? How are women regarded compared to men?

What are the client's/patient's social support systems?





In Western societies, autonomy, individualism, and self-determination are highly valued (first-order autonomy).

In collectivistic societies, group-oriented and decision-maker who is accorded authority and respect (second-order autonomy).

Western cultures value explicit information, the more information given is better.

Asian cultures, for example, believe that it is important not to discuss terminal illnesses and death and dying (bad fortune and bad luck).

A signature is required on most Western informed consent forms to represent understanding and agreement.

This might be viewed as a violation in social etiquette in some cultures. Signatures are usually associated with major life events and legal matters (lack of trust).









An interpreter may be difficult to locate and expensive if one is found.

Bringing in an interpreter creates a triangular relationship.

The "interpreter as a conduit" model: interpreters as machines or robots that remain in the background and merely relay information back and forth.

An active agent or co-diagnostician: negotiating between two cultures and assisting in promoting culturally competent communication and practice, as a cultural broker for the client.

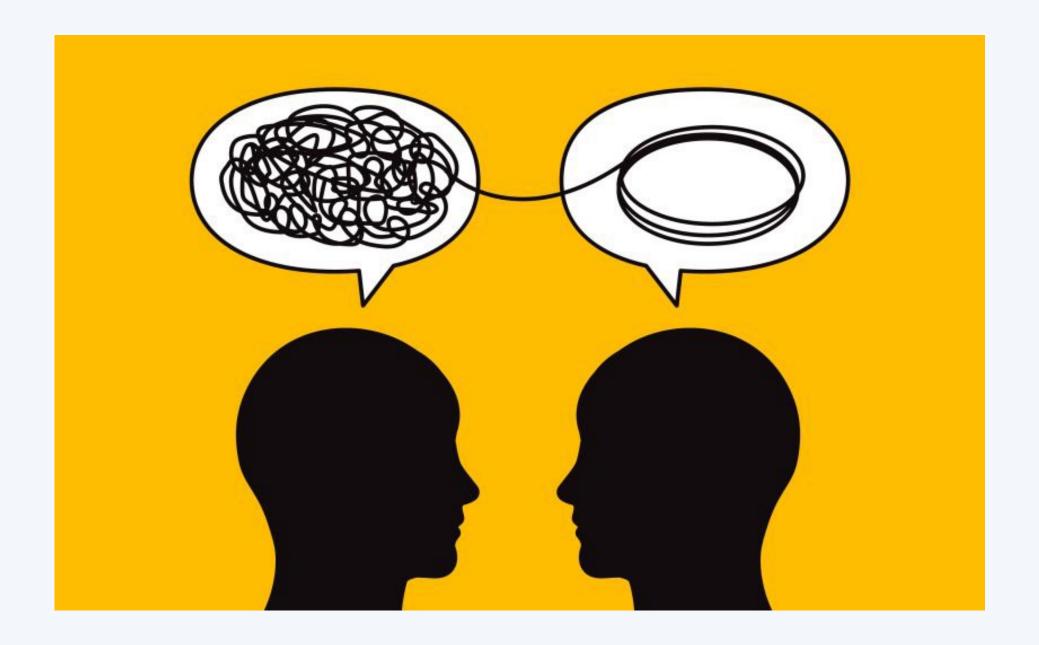


Interpreters

On the clients'/patients' side, it is difficult to express themselves through an interpreter, If an interpreter is from the same community as the client/patient.

The client/patient to feel insulted that their language proficiency has been questioned.

If an interpreter is from a conflicting ethnic group.



Interpreters

05.



