

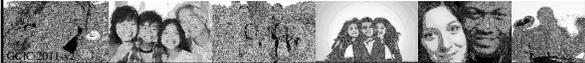
Culturally Sensitive GAIN Interpretation



GAIN National Clinical Training Team
2011 Version 2 Materials

Objectives

- Understand the importance of being aware of possible systemic bias, instrument bias, and interpreter bias in clinical assessments
- Be able to recognize considerations for culturally-alert diagnosis with GAIN information
- Be able to discuss risks of potential misinterpretation
- Think about ways to use GAIN-based information to tailor treatment programs for diverse populations and treatment planning recommendations for individual clients from diverse groups
- Desire to learn more about bringing cultural competence to the process of interpreting GAIN reports



Major Cultural Groupings

Common Ethnic Groups

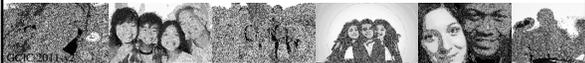
- African Americans
- American Indian/ Native Alaskan
- Asian-Americans (numerous subgroups)
- European Americans
- Latino/Latina Americans
- Middle Eastern Americans
- Mixed-Race (Various)

Social Groups

- Religion and Spirituality
- Gender
- Social/Economic
- Sexual Orientation
- Rural vs. Urban

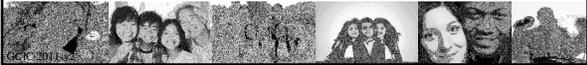
Disability Groups

- Hearing impaired
- Visually impaired
- Mobility impaired
- Developmental/Cognitive delay or disability



Cultural *insensitivity*
increases the potential for...

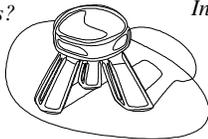
- Non-compliance with treatment
- Treatment failure
- Attrition



**Reviewing the “3 Legged” Stool through
the lens of Cultural Bias**

A. Clinical Judgment
Interpreter bias?

B. GAIN Reports
Instrument bias?



C. Additional Diagnostic Information
Systemic bias?



Bias, Bias, Bias!

Exploring three primary types of bias



Interpreter Bias

Clinical interpreters must assess themselves before they assess the client.

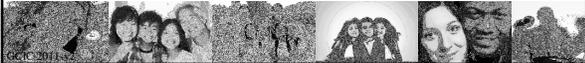
- **Interpreter (cognitive) bias:** Occurs because clinical interpretation is influenced inherently by the experiences, loyalties, beliefs and relationships of *the people* doing the interpretation.
 - This is typically not “eliminated” by education or training.
 - However, as interpreters become more aware of biases, they can be intentional in adopting compensating correction mechanisms.



Guidelines for Minimizing Interpreter Bias

(Adapted from Panaigua, 2005)

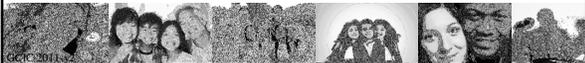
1. Examine your own biases before evaluating clients of another culture.
2. Be aware of the potential effects of racism and discrimination.
3. Include an evaluation of socioeconomic factors.
4. Try to reduce the socio-cultural gap between client and assessor.



Guidelines for Minimizing Interpreter Bias

(Continued)

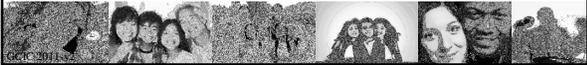
5. Include an evaluation of *culture-related syndromes* and distinguish them from cultural variations.
6. Ask culturally appropriate questions.
7. Consult with paraprofessionals and indigenous healers from the client’s particular cultural group.
8. Use any mental status exam in a cultural context.
9. Try to use the least biased assessment strategies first.



Instrument Bias

Does a culturally unbiased assessment exist yet?

- **Instrument bias:** Occurs when *the instrument* has the potential for culturally-based inaccuracies in the assessment and diagnosis.



Does a totally “culture-free” instrument exist?

A culture-free instrument (not biased toward or against any cultural group) must fulfill five validity criteria (Flaherty et al, 1988):

1. Content equivalence (Are the items relevant for the cultures?)
2. Semantic equivalence (Is the meaning of each item the same in all cultures?)
3. Technical equivalence (Is the method of assessment comparable across cultures?)
4. Criterion equivalence (Would the interpretation of variables remain the same when compared with the norms for all cultures studied?)
5. Conceptual equivalence (Does the assessment measure the same theoretical construct across cultures?)



Tests fail the tests

- Currently researchers and clinicians lack a test or assessment instrument of any kind that can fulfill ALL five of these criteria (Escobar, 1993; Panaigua, 2005).
- Nonetheless, there is agreement that despite the reality of bias in most instruments, such instruments must still be used because they provide clinicians with a common language for assessment and diagnosis.
- Ethically mandated cultural competence means figuring out how to use the available instruments with clients from diverse cultural backgrounds.



Adaptations to Instruments

"Many scholars have attempted to eliminate or control biases in the assessment and diagnosis of members of multicultural groups, including by translating assessment instruments into languages of the groups being tested and by developing culturally appropriate norms (Dana, 2000; Turner, Demers, Fox, and Reed, 2001; Westermeyer, 1992; Yamamoto, 1986). Despite these attempts, the overall sense among researchers and clinicians is that biases in cross cultural testing are still a reality (Anastasi, 1988; Dana, 1993b)."

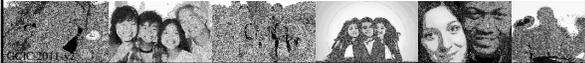
(Panaigua, 2005, p. 126)



Systemic Bias

Sometimes the system serves the system better than it serves the client.

- **Systemic bias:** Occurs when there is an inherent tendency of *the process* to favor particular outcomes



Sometimes definitions serve the system more so than the client.

Dr. Samuel Cartwright, an early 19th century physician in the U.S., described two "*mental disorders*" that he thought were prevalent among slaves:

- **Drapetomania:** Characterized by a single symptom: the uncontrollable urge to escape slavery.
- **Dysathesia aethiopia:** Characterized by multiple symptoms: destroying property on the plantation, being disobedient, talking back, fighting with "master," refusing to work, etc.

(McGoldrick, 1998)



Fighting Systemic Bias: Recognizing Advocacy Opportunities

Include advocacy opportunities in Summary Recommendations of the GRRS, for example:

“Staff recommends case management and advocacy on behalf of (client situation).”



Examples of Situations with Potential for Advocacy

- The absence of an accessible ramp to a building or curb.
- Racial imbalance in special education, advanced classes, or in gifted and talented programs.
- Inadequate services for students with learning disabilities or those who are lower achieving.
- Student harassment (e.g. anti-gay or racial slurs, without prevention programming or enforced school policies).
- School/agency décor and events that do not represent diverse groups or are not disability-friendly.



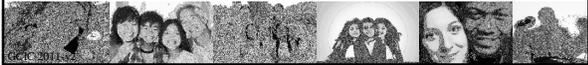
Examples of Situations with Potential for Advocacy

- African American males receiving disproportionately harsh sentences and being overrepresented in jails and prisons (as well as receiving a disproportionate number of discipline referrals and harsher consequences in school).
- Schools in economically strained neighborhoods and/or with a higher percentage of people of color having fewer resources, inadequate facilities, and a higher percentage of under-qualified teachers.
- African Americans being diagnosed for schizophrenia at twice the rate of whites, and Latinos/Latinas at a 50% greater rate.



Culturally Alert Diagnosis

Normal behavior must be defined contextually



Diagnostic Possibilities

- Over-diagnosis
- Under-diagnosis
- Misdiagnosis
- Culturally Alert Diagnosis



Over-diagnosis with GAIN information

- Giving a diagnosis that suggests a mental or substance disorder that is not warranted in the client's culture or context.
- Ascribing a higher severity to a valid diagnosis.



Under-diagnosis with GAIN information

- Failing to recognize a diagnosis that is clinically indicated because the clinician ascribes a clinical problem to a cultural or environmental factor.
- Underestimating the severity of a serious problem.



Misdiagnosis with GAIN information

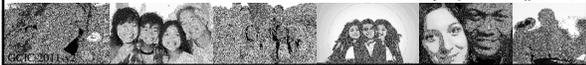
- Giving an incorrect diagnosis because of failure to distinguish the salient cultural and clinical factors.
- Giving an incorrect diagnosis in order to qualify for funding/reimbursement. (Occurs when problems that are culturally-based require services but do not qualify for coverage in our payer systems).



Culturally Alert Diagnosis

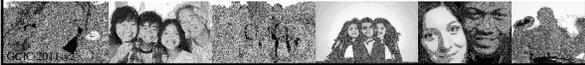
1. Work through *DSM* in an Axis IV-III-I-II order.
 - First, consider psychosocial and environmental problems (Axis IV) such as religious or spiritual problems, acculturation or identity issues.
 - Next, weigh medical conditions (Axis III) that might contribute to, trigger, or be the source of distress.
 - Then consider clinical disorders (Axis I), with cultural expressions in mind (e.g. talking to spirits).
 - Finally, consider Axis II, personality disorders, with special care. Culture affects how personality is seen (e.g., what is narcissistic in an individualistic culture, what is dependent in a collectivist culture.)

SOURCE: Adapted from McAuliffe(2008).



Culturally Alert Diagnosis

A case study...



Case Study: Carl

- From rural farming community (population 300)
- 16-year old white male who self identifies as gay
 - Came out to best friend and parents at age 15
 - Parents did not accept him (labeled him as rebellious, no longer a good kid)
 - Disclosure to best friend went poorly
- Faces constant harassment and bullying at school, home and in community
 - Bad grades
 - Skips school



Case Study: Carl Continued

- Fear of harassment and bullying at home and school is consuming him
 - Can no longer concentrate or focus
 - History of running away
- Carl feels completely outcast, alone and depressed
- Carl regrets his decision to disclose his sexual orientation
 - Despite negative reactions is confident in his sexual identity
- Has Alcohol Dependence
 - Occasionally “huffs” gasoline



GAIN Diagnostic Impressions

- **Axis I: Clinical Disorders/Focal Conditions**
 - Alcohol Dependence
 - Past use of inhalants: Gasoline
 - 296.90 Mood Disorder NOS
 - Rule out 309.81 Posttraumatic Stress Disorder, 308.30 Acute Stress Disorder or other disorder of extreme stress
 - **314.00 Attention Deficit Hyperactive Disorder- Inattentive Type**
 - [(6+M3a1-9 & 1+ in M3d = 2)]
 - **312.89 Conduct Disorder**
 - [3+ Sx in M3b1-15, M3b17-19 & 1 + days in M3c]



Items Endorsed: ADHD-Inattentive Type [(6+M3a1-9 & 1+ in M3c) or M3d=2]

Using Card A...

EPS M3. When was the last time, if ever, you had any problems paying attention, controlling your behavior, or broke rules you were supposed to follow?

(Select one)

Within the past two days	6
3 to 7 days ago	5
1 to 4 weeks ago	4
1 to 3 months ago	3
4 to 12 months ago	2
More than 12 months ago	1 [GO TO M4]
Never	0 [GO TO M4]

Please answer the next questions using yes or no.

BCS/IDS M3a. During the past 12 months, have you done the following things two or more times?

		Yes	No
1. Made mistakes because you were not paying attention	<input type="radio"/>	0	0
2. Had a hard time paying attention at school, work or home	<input type="radio"/>	0	0
3. Had a hard time listening to instructions at school, work or home	<input type="radio"/>	0	0
4. Not followed instructions or not finished your assignments	<input type="radio"/>	1	0
5. Had a hard time staying organized or getting everything done	<input type="radio"/>	0	0
6. Avoided things that took too much effort, like school work or paperwork	<input type="radio"/>	1	0
7. Lost things that you needed for school, work or home	<input type="radio"/>	1	0
8. Been unable to pay attention when other things were going on	<input type="radio"/>	1	0
9. Been forgetful or absentminded	<input type="radio"/>	1	0

Items Endorsed: ADHD-Inattentive Type [(6+M3a1-9 & 1+ in M3c) or M3d=2]

Please answer the next question using the number of days.

EPS M3c. During the past 90 days, on how many days have you had any problems paying attention, controlling your behavior, or broke rules you were supposed to follow?

9 | 0

Days

Does Carl Really Have ADHD-Inattentive Type?

- Look at school environment and home environment
 - He is constantly tormented and harassed
 - Fear can be a major distraction and can effect anyone's ability to focus or calm down
 - Carl doesn't feel safe probably spending a great deal of his time strategizing how to avoid the next un-kind word or physical torment
 - He probably is experiencing a great deal of "worry" as he doesn't feel accepted at home, school or community, worry can also be a big distraction
- Bottom line: Need to determine if these behaviors get worse when he is faced with situations in his **environment** that force him to constantly strategize ways to seek safety or avoid verbal attacks.



Items Endorsed: 312.80 Conduct Disorder [3+ Sx in M3b1-15, M3b17-19 & 1+ days in M3c]

Please answer the next questions using yes or no.

BCS/ CDS	M3b	During the past 12 months, have you done the following things two or more times?	Yes	No
	1.	Been a bully or threatened other people	1	<input type="radio"/>
	2.	Started physical fights with other people	1	<input type="radio"/>
	3.	Used a weapon in fights	1	<input type="radio"/>
	4.	Been physically cruel to other people	1	<input type="radio"/>
	5.	Been physically cruel to animals	1	<input type="radio"/>
	6.	Taken a purse, money or other things from another person by force	1	<input type="radio"/>
	7.	Forced someone to have sex with you when they did not want to	1	<input type="radio"/>
	8.	Set fires	1	<input type="radio"/>
	9.	Broken windows or destroyed property	1	<input type="radio"/>
	10.	Taken money or things from a house, building or car	1	<input type="radio"/>
	11.	Lied or conned to get things you wanted or to avoid having to do something	<input type="radio"/>	0
	12.	Taken things from a store or written bad checks to buy things	1	<input type="radio"/>
	13.	Stayed out at night later than your parents or partner wanted	<input type="radio"/>	0
	14.	Run away from home (partner) for at least one night	<input type="radio"/>	0
	15.	Skipped work or school	<input type="radio"/>	0
	M3b17	Before you were 18, did you ever run away for 2 or more days or two or more times?	<input type="radio"/>	0
	M3b	Before you were 13 years old, did you	Yes	No
	18.	often stay out at night later than your parents wanted?	1	<input type="radio"/>
	19.	skip school or work many times?	1	<input type="radio"/>

Items Endorsed: 312.80 Conduct Disorder [3+ Sx in M3b1-15, M3b17-19 & 1+ days in M3c]

[IF NONE REPORTED IN M3b1-19, GO TO M3c]

M3b20 Have you ever had any of the problems just mentioned for six or more months?

M3b21 How old were you when you first started having these problems with other people, animals, property or breaking rules?

[IF 4 TO 12 MONTHS AGO REPORTED IN M3, GO TO M4]

if 5.6.3 CSAT Full 64 07

GAIN-I

[NOTE: The next questions include behaviors reported in M3a and M3b.]

Please answer the next question using the number of days.

EPS M3c During the past 90 days, on how many days have you had any problems paying attention, controlling your behavior, or broke rules you were supposed to follow?

Does Carl Really Have Conduct Disorder?

- Looking again at Carl's community, school and home environment.
 - Carl feels like an outsider and like everyone hates him
 - Carl is ridiculed at home, looking for escape (runs away)
 - Carl doesn't want to go to school and is probably avoiding interaction with his father at home (lies and cons)
 - Carl skips school because he wants to avoid teasing and harassment
- Bottom line: The interpreter must decide if the behaviors are maladaptive or just a mode of survival.



Treatment Planning with Cultural Sensitivity

Using the GAIN to Tailor Interventions



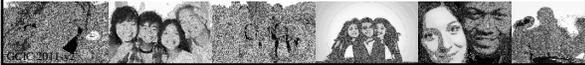
Using GAIN-based information to tailor interventions

- Edit GRRS treatment planning statements; consider cultural adaptations that include a culturally sensitive list of add-in treatment planning statements for the diverse groups served by your program.
- Consider how family roles and structures may differ; who should be invited to participate in the client's treatment.
- Consider common RFQ's for groups that your program serves (Items S9ab, S9ac, S9ad).
- Assess whether traditional interventions, group themes, etc. reflect an awareness of historical trauma or discrimination.



Other Treatment Planning Considerations

- Use therapeutic modalities that are recommended for each diverse group.
- Explore the possible reasons for disparities and trends; avoid using GAIN-information to make biased assumptions about cause and effect correlation.
- Determine your program's position on cultural compatibility, i.e. racial-ethnic match in assessments.
- Think about the availability of resources in the client's community when making referrals and recommendations in the GRRS.



Emphasize Strengths-Oriented Counseling

- Traditional counseling often focuses on deficits.
- Non-dominant cultures (e.g. people of color, women, working class and poor persons, etc.) have been treated as inferior. Help clients recognize and use strengths from their cultural background.
- On the GAIN, look at the reverse scales.

Adapted from McAuliffe(2008).



The Clinician's Responsibility: Awareness

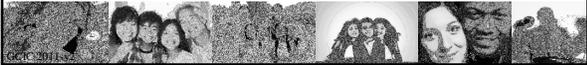
1. Become familiar with the culture-related issues common to members of diverse groups.
2. Develop a list of any symptoms that a client has that might suggest the presence of a culture related syndrome and consider the presence of such syndromes before assuming the presence of psychopathology.
3. Consult with the client's family, if appropriate, or other members of the culture to determine if the beliefs or behaviors are culturally supported.



The Clinician's Responsibility: Awareness

(Continued)

4. Consider the perception and effect of racial discrimination and historical trauma.
5. Learn how members of the culture typically think about mental health and substance use disorders, as this may affect their self-report (e.g. under-reporting; over-reporting).
6. Determine the level and impact of client acculturation.



GAIN Cultural Sensitivity Resources

- A bibliography of resources can be found on your USB flash drive
- GAIN Cultural Sensitivity Advisory Board



Thank You!