

THE CULTURE OF EMOTIONS
A CULTURAL COMPETENCE AND DIVERSITY TRAINING PROGRAM

Produced by Harriet Koskoff

FACILITATOR'S GUIDE

Harriet Koskoff
Francis Lu, M.D.

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4196 Washington Street
Boston, MA 02131
(800) 937-4113
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THE CULTURE OF EMOTIONS

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INTRODUCTION

Diagnosis and treatment are inextricably woven into the tapestry of culture. Medicine, psychiatry and all the health care disciplines reflect enduring beliefs about health, illness, and the loci of meaning. In every society worldwide, the arts of healing are highly valued and respected. Thus, the training of future health care providers across health professionals merits great resources, whatever they may be.

Historic shifts in America's population demographics combined with significant increases in the birthrates of minority groups born and residing in the U.S. challenge the knowledge and skills of health/behavioral health care providers who are ill prepared through education or experience to diagnose and treat individuals from unfamiliar backgrounds. Frequently, these individuals present with idioms of distress and culturally specific explanations of their origin as well as expectation for treatment and successful resolution.

Monumental changes in the ways that health care is now delivered across myriad systems raise questions about how the nation can address the pressing needs of underserved populations, improve access and treatment outcomes and reduce inappropriate use of general medical facilities in an era when cost containment dominates the perspectives of health care providers. This, in great part, drives the trend toward integrated healthcare.

Concurrently, this trend reflects a growing recognition of the interface between medicine and psychiatry and the fact that medical and psychiatric problems often occur together. In 2003, a new subspecialty of psychiatry, psychosomatic medicine, won official approval by the American Board of Medical Specialties and the American Board of Psychiatry and Neurology.

These developments deeply impact graduate medical and all other health/mental health provider training programs. An experiential gap exists between the theories and protocols taught in health professionals' educational institutions and the conditions that practicing professionals encounter in contemporary healthcare systems.

In its 2004 report, Improving Medical Education, the Institute of Medicine reinforced the urgency of enhancing the behavioral and social science content of medical school curricula across the educational continuum. Familiarity with the principles and methodology of the DSM-1V Outline for Cultural Formulation (OCF) assume special relevance as graduating physicians increasingly enter integrated health/behavioral healthcare delivery systems where they are more likely to encounter psychiatric disorders sometimes presenting with somatic complaints.

WHY DO WE NEED A CULTURAL FORMULATION?

The DSM-IV Outline for Cultural Formulation (OCF) originally appeared in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association, Washington, D.C., in 1994. It is a comprehensive and inclusive diagnostic tool for the assessment and treatment of mind/body illness across cultural boundaries and diagnostic categories. Totally compatible with other diagnostic systems which may be in use, it provides a structured methodology for teaching cultural competence and diversity skills to professionals across disciplines that include, but are not limited to, medicine, psychiatry, psychology, social work, nursing, pharmacy and dentistry. Despite understandable gaps in a clinician's knowledge and exposure to diverse cultural groups, the OCF provides a multidimensional process to *contextualize* individual expressions of suffering (idioms of distress) and thus avoid misdiagnosing culturally sanctioned behaviors as psychopathological symptoms.

Secondly, the Outline for Cultural Formulation can be used as a clinical tool to help fulfill accreditation standards for training programs of the disciplines listed above. For example, the Liaison Committee on Medical Education (LCME) accreditation standards include the following concerning cultural competence:

II. EDUCATIONAL PROGRAM FOR THE M.D. DEGREE

B. Structure

2. Content

ED-21. The faculty and students must demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments.

All instruction should stress the need for students to be concerned with the total medical needs of their patients and the effects that social and cultural circumstances have on their health. To demonstrate compliance with this standard, schools should be able to document objectives relating to the development of skills in cultural competence, indicate where in the curriculum students are exposed to such material, and demonstrate the extent to which the objectives are being achieved.

ED-22. Medical students must learn to recognize and appropriately address gender and cultural biases in themselves and others, and in the process of health care delivery.

The objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases. The objectives should also address the need for self-awareness among students regarding any personal biases in their approach to health care delivery.

THE CULTURE OF EMOTIONS

Film is a social instrument. Because of its comprehensive and experiential quality, it is the quintessential interactive medium, the ideal vehicle for exploring issues of diversity and culture. **The Culture of Emotions**, a 58-minute cultural competence and diversity video training program with companion reader and facilitator's guide, was created to introduce the OCF. It brings together 23 eminent psychiatrists, social workers, psychologists, anthropologists and other experts to consider the interaction and interface between racial, ethnic, gender and other cultural variables in the assessment and treatment of individuals from diverse backgrounds. Already effectively taught in a variety of academic and professional settings, **The Culture of Emotions** can easily be incorporated into existing curricula throughout the continuum of undergraduate, graduate, and post-graduate education for licensed professionals, paraprofessionals and frontline staff in academic, public, private and community care systems. **The Culture of Emotions** is ideally suited for presentation during continuing education seminars, and at annual meetings, conferences and on-site training events across the care-provider spectrum.

The companion reader, "Issues in the Assessment and Diagnosis of Culturally Diverse Individuals" is available free from the website of the distributor, Fanlight Productions (www.fanlight.com). It is also on the DVD. It was authored by Francis G. Lu, M.D., ; Russell F. Lim, M.D., and Juan E. Mezzich, M.D., PhD. It first appeared in chapter form in Review of Psychiatry, Vol. 14; American Psychiatric Press, Washington, D.C., 1995. It is reprinted with permission of the publisher.

THE CULTURE OF EMOTIONS

A Cultural Competence and Diversity Training Program

OVERVIEW

In 1995, producer Harriet Koskoff made the acquaintance of Francis Lu, M.D., while she was producing a public television special called “Despair” about depression from multicultural perspectives. She learned that Dr. Lu, a Chinese-American psychiatrist and Professor of Clinical Psychiatry at University of California, was the architect of the first ethnic minority psychiatric inpatient units at San Francisco General Hospital in San Francisco where both she and Dr. Lu reside.

She invited Dr. Lu to become a cultural advisor to “Despair.” It was the beginning of an affiliation that has, to date, culminated in the creation of 3 original video training projects that highlight the pivotal role of culture in mind/body illness. The first of these programs is called **The Culture of Emotions**.

Up to this point, all of Ms. Koskoff’s documentaries focused on social, cultural and psychological issues, so she was immediately intrigued when Dr. Lu told her about the development of a new, innovative diagnostic instrument called the DSM-IV Outline for Cultural Formulation (OCF). It was conceived by a distinguished multiracial/multiethnic coalition of psychiatrists, medical anthropologists, and psychologists funded by the National Institute of Mental Health (NIMH) and called the NIMH Workgroup on Culture, Diagnosis and Care. Its mandate was to design a comprehensive, inclusive diagnostic model that identified culture as a core component in mind/body illness phenomena from causation and presentation to diagnosis and treatment.

Based on 20 year’s experience producing documentaries, Ms. Koskoff suggested that the most effective way to teach this dynamic diagnostic resource to the greatest number of current and future medical, psychiatric and other clinicians would be a video training program. It would explore the didactic principles of the OCF and, as importantly, provide the visceral experience of learning about distinctive cultural patterns and dynamics from multiethnic experts. Having devoted his entire professional career to academic psychiatry, Dr. Lu knew that there was an urgent need for such a training resource, and he quickly agreed to appear in the video and serve as its executive scientific advisor. Soon, Dr. Juan Mezzich, already one of the leading figures in cultural psychiatry and the World Psychiatric Association, agreed to serve as the second scientific advisor.

Today, **The Culture of Emotions** has been screened in over 35 diverse venues. It is being utilized in psychiatry residency training; graduate schools of psychology, counseling and related disciplines; as well as in community health/mental health agencies to train professional and support staff in health/behavioral healthcare delivery systems. In addition to the original VHS version, **The Culture of Emotions** is also available in a chaptered DVD version that includes the companion reader, bibliography on cultural psychiatry, and a facilitator's guide.

THE GOALS OF THE CULTURE OF EMOTIONS

- To introduce the DSM-IV Outline for Cultural Formulation as an integrated component in the educational curricula of departments of academic medicine and psychiatry and training programs of psychology, counseling, social work, nursing, dentistry and pharmacy.
- To support the continuing education of licensed clinicians and professionals in the above mentioned and allied fields in the assessment and diagnosis of diverse individuals who present for treatment across the spectrum of public and private health care systems, and reduce health and behavioral/mental healthcare disparities.
- To provide a comprehensive training experience for on-site staff and support staff to assure culturally appropriate and effective care in the context of a demographically shifting patient population and rapidly evolving health care policies and institutions.

ABOUT THE PRINCIPALS

Harriet Koskoff Producer, Director, Writer

Harriet Koskoff is a multi-award winning independent film producer whose programs focus on social, cultural and psychological issues. Her documentaries “Patently Offensive; Porn Under Siege,” which explores the influence of the pornography industry on America’s social ecology, and “Despair,” the first feature-length PBS television program about depression from multicultural perspectives, were produced with KQED San Francisco and Connecticut Public Television, respectively. Both have aired nationally and internationally, and are widely distributed by Filmmakers Library in New York City and HiGrade Films, Paris, France.

Francis G. Lu, M.D. Executive Scientific Advisor

Francis G. Lu, M.D., is Professor of Clinical Psychiatry, University of California, San Francisco (UCSF) and has been affiliated with San Francisco General Hospital for 28 years. As a Distinguished Fellow of the American Psychiatric Association (APA), Dr. Lu has contributed to the areas of cultural psychiatry, psychiatric education, film and the transpersonal, and the interface of psychiatry and religion/spirituality through his presentations and more than 40 publications. He has participated on expert panels and advisory committees on diversity and cultural competence sponsored by the APA, the Office of the Surgeon General, the Office of Minority Health, HRSA, SAMHSA Center for Mental Health Services, the California Endowment, the Templeton Foundation, the California State Department of Mental Health and UCSF.

Juan E. Mezzich, M.D., Ph.D. Scientific Advisor

Dr. Juan Mezzich is President of the World Psychiatric Association (WPA). He is Professor of Psychiatry and Director of Psychiatric Epidemiology and the International Center for Mental Health at the Mount Sinai School of Medicine in New York. Dr. Mezzich is the author or co-author of over 200 scientific journal articles and book chapters, and 20 books and monographs.

PARTICIPANTS WHO APPEAR IN THE CULTURE OF EMOTIONS
(in order of appearance with current affiliations)

Ronald M. Wintrob, M.D., Clinical Professor of Psychiatry and Human Behavior, Brown University, Providence, RI

Irma J. Bland, M.D., Clinical Professor of Psychiatry, Louisiana State University, New Orleans, LA (deceased 2003)

Roberto Lewis-Fernandez, M.D., Associate Professor of Clinical Psychiatry, Columbia University, New York, NY

Carl C. Bell, M.D., President and CEO, Community Mental Health Council, Chicago, IL

Keh-Ming Lin, M.D., Professor of Psychiatry, UCLA, Los Angeles, CA

Frederick Jacobsen, M.D., Clinical Professor of Psychiatry, George Washington University, Washington, D.C.

Renato D. Alarcón, M.D., Professor of Psychiatry, Mayo College of Medicine, Rochester, MN

Abner J. Boles III, Ph.D., CEO, Westside Community Mental Health Center, San Francisco, CA

Byron J. Good, Ph.D., Professor of Anthropology and Psychiatry, Dept of Social Medicine, Harvard Medical School, Boston, MA

Juan E. Mezzich, M.D., Ph.D., Professor of Psychiatry, Mt. Sinai Medical Center, New York, NY

Delores L. Parron, Ph.D., National Institutes of Health, Rockville, MD

Francis G. Lu, M.D., Professor of Clinical Psychiatry, University of California, San Francisco, CA

Atwood Gaines, Ph.D., Professor of Anthropology, Ethics, and Psychiatry, Case Western Reserve University, Cleveland, OH

Donna M. Norris, M.D., Assistant Clinical Professor of Psychiatry, Harvard Medical School, Boston, MA

Kenneth M. Sakauye, M.D., Professor of Clinical Psychiatry, Louisiana State University, New Orleans, LA

Prakash N. Desai, M.D., Chief of Staff, Westside Division VA Hospital, Chicago, IL

Maria A. Oquendo, M.D., Associate Professor of Psychiatry, Columbia University, New York, NY

Billy E. Jones, M.D., Clinical Professor of Psychiatry and Behavioral Science, New York Medical College, Valhalla, NY

Evelyn Lee, Ed.D., Clinical Professor of Psychiatry, University of California, San Francisco, CA (deceased 2003)

Tana A. Grady-Weliky, M.D., Associate Professor of Psychiatry and Behavioral Science, University of Rochester, Rochester, NY

Joseph J. Westermeyer, M.D., Professor of Psychiatry, University of Minnesota, Minneapolis, MN

Edward F. Foulks, M.D., Professor of Psychiatry and Anthropology, Tulane University, New Orleans, LA

Spero M. Manson, Ph.D., Professor of Psychiatry and Director of the American Indian and Alaska Native Program, University of Colorado, Denver, CO

THE NIMH WORKGROUP ON CULTURE, DIAGNOSIS AND CARE

The DSM-IV Outline for Cultural Formulation was developed by the National Institute of Mental Health Workgroup on Culture, Diagnosis and Care. The Steering Committee was comprised of the following seven members, five of whom appear in the training video program:

Juan E. Mezzich, M.D., Ph.D., Chair; Arthur Kleinman, M.D.; Horacio Fabrega, M.D.; Delores L. Parron, Ph.D.; Byron J. Good, Ph.D.; Keh-Ming Lin, M.D.; Spero M. Manson, Ph.D.

FUNDERS

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Harriet Koskoff
Producer
San Francisco, CA
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SUGGESTIONS FOR THE FACILITATOR
Ways to Use The Culture of Emotions in Teaching
by
Francis G. Lu, M.D.

The Culture of Emotions can be used to teach about the DSM-IV Outline for Cultural Formulation in several ways depending on the playback equipment, class size, and amount of time available. In general, for classes it is best to have it projected with a video projector and to use an amplified sound system; depending on class size, a large monitor might be fine. The DVD version could also be played back on a desktop or laptop computer for individual study with headphones or small speakers for sound.

The most effective way to use the program would be to show portions of it and then to intersperse discussion rather than to simply play it in its entirety. This process would allow time for much-needed discussion after each of the five sections of the Outline; this is especially helpful because of the richness of the material. Although it would be best to show the entire program in this way, the 7-minute prologue section ending with the acknowledgements could be omitted if the time available is severely limited.

The amount of time for discussion after playing each of the five sections would vary depending on the amount of total teaching time. The program could be shown and discussed in one session of at least one hour if this is all the time that is available. If a single session of more than one hour is available, the discussion time could be adjusted accordingly. From my experience, a minimum of two hours is needed to adequately show and review the program. Alternately, the program can be shown and reviewed over multiple sessions closely spaced together.

Discussion questions listed below could be used to stimulate dialogue. Also, case-based material could be introduced to illustrate the concepts in each section. This material could come from many sources ranging from patient vignettes of the students and faculty to published cases following the Outline for Cultural Formulation that can be found in the journal Culture, Medicine and Psychiatry or the book Cultural Assessment in Clinical Psychiatry, authored by the Group for the Advancement of Psychiatry and published in 2002 by the American Psychiatric Press, Inc.

Approximately 17 cases have been published in Culture, Medicine and Psychiatry since 1996; some of the excellent teaching cases appear in the following issues:

1. Shin-byung (Divine Illness) in a Korean woman, December, 2000
2. Adjustment Disorder: Intergenerational Conflict in a Chinese Immigrant Family, December, 2002
3. Reformulation of Diagnosis with Attention to Cultural Dynamics: Case of a Japanese Woman Hospitalized in Melbourne, Australia, June, 2003
4. Clinical Case Study: The American Indian Veteran and Posttraumatic Stress Disorder: A Telehealth Assessment and Formulation, June, 2004

Before viewing the program it is recommended that students read the chapter “Issues in the Assessment and Diagnosis of Culturally Diverse Individuals,” which is available on the DVD or at www.fanlight.com. (“Study Guide”) In addition, the introductory chapters of Cultural Assessment in Clinical Psychiatry listed above would be of value. Also included in the DVD version in a separate chapter is “Annotated Bibliography on Cultural Psychiatry and Related Topics,” which provides additional reading material that could be customized to meet the needs of the readers. It, too, is available at www.fanlight.com.

Finally, pages 14-16 of this Facilitator’s Guide can be copied as a handout for the students as they watch and discuss the program. It contains the DSM-IV Outline for Cultural Formulation and the suggested discussion questions.

THE DSM-IV OUTLINE FOR CULTURAL FORMULATION

A. Cultural Identity of the Individual. Note the individual's ethnic or cultural reference groups. For immigrants and ethnic minorities, note separately the degree of involvement with both the culture of origin and the host culture (where applicable). Also note language abilities, use and preferences (include multilingualism).

B. Cultural Explanations of the Individual's Illness. The following may be identified: the predominant idioms of distress through which symptoms of the need for social support are communicated (e.g., "nerves", possessing spirits. Somatic complaints, inexplicable misfortune), the meaning and perceived severity of the individual symptoms in relation to the norms of the cultural reference group, any local illness category used by the individual's family and community to identify the condition (see "Glossary of Culture-bound Syndromes...").

C. Cultural Factors Related to Psycho-Social Environment and Levels of Functioning.

Note culturally relevant interpretations of social stressors, available social supports, and levels of functioning and disability. This would include stresses in the local social environment and the role of religion and kin networks in providing emotional, instrumental, and informational support.

D. Cultural Elements of the Relationship Between the Individual and the Clinician. Indicate differences in culture and social status between the individual and the clinician and problems that these differences may cause in diagnosis and treatment (e.g., difficulty in communicating in the individual's first language, in eliciting symptoms or understanding their cultural significance, in negotiating an appropriate relationship or level of intimacy, in determining whether a behavior is normative or pathological).

E. Overall Cultural Assessment for Diagnosis and Care. The formulation concludes with a discussion of how cultural considerations specifically influence comprehensive diagnosis and care.

Source: American Psychiatric Association: Diagnostic and Statistical Manual, Fourth Edition (DSM-IV). American Psychiatric Press, Washington, D. C. 1994.

SUGGESTED DISCUSSION QUESTIONS

A. Cultural Identity

1. What are the cultural identity variables that patients may use to self-identify?
2. Within each cultural identity variable, such as ethnicity, to what extent does the term encompass homogeneous vs. heterogeneous phenomena?
3. How does the clinician come to know the individual's cultural identity? To what extent does this require discussion with the individual vs. simply observing the person?
4. How do the several cultural identity variables relate to one another to form more complex forms of cultural identity? For example, what is the degree of involvement with the culture of origin and the host culture?
5. Do Caucasians have a cultural identity?
6. What is the cultural identity of each viewer in the audience?
7. What is the importance and significance of understanding the individual's cultural identity? How might it help the clinician with understanding the other sections of the Outline?

B. Cultural Explanations of Illness

1. What are the idioms of distress discussed in this section of the program?
2. How can it be determined if a particular phenomenon is related to the individual's culture vs. individual's psychopathology?
3. When should a cultural consultation be requested?
4. How can stigma of mental illness affect the reporting of symptoms?
5. What are the Culture-Bound Syndromes discussed in the program? Have viewers come across any in their work?
6. What explanations of illness are discussed in the program?
7. What treatment pathways are discussed in the program?
8. What is the significance of understanding the topics in this section? What difference might it make in the differential diagnosis and treatment planning?

C. Cultural Factors Related to the Psychosocial Environment and Levels of Functioning

1. What are the cultural stressors seen in this section of the program?
How might they affect the onset and course of illness?
2. What are the cultural supports seen in this section of the program?
How might they affect the onset and course of illness?
3. What supports/stressors are primarily intrapsychic vs. interpersonal vs. environmental?
4. How would the viewer assess the individual's religion/spirituality?
5. How would the viewer assess the individual's family/kin network?

D. Cultural Elements of the Relationship Between the Individual and the Clinician

1. How important is it to understand the clinician's own cultural identity?
2. What aspects of the relationship can be affected by similarities of cultural identity variables? By differences?
3. What transference phenomenon influenced by culture have viewers experienced?
4. What counter transference phenomenon influenced by culture have viewers experienced?

E. Overall Cultural Assessment for Diagnosis and Care

1. Discuss how understanding of the four areas above aid in the process of constructing a differential diagnosis that incorporates cultural issues?
2. How can the clinician utilize the "Age, Gender and Cultural Features" sections of the narrative sections of the diagnostic categories in aiding the process of differential diagnosis?
3. How can the clinician utilize the "Other Conditions that May be a Focus of Clinical Attention" in aiding the process of differential diagnosis that include cultural issues?
4. What biological aspects of treatment planning are affected by cultural issues?
5. What psychological aspects of treatment planning are affected by cultural issues?
6. What sociocultural interventions may be useful for individuals and their families?
7. What religious and spiritual interventions may be useful for individuals and their families?