



## H. Steven Moffic, MD, on

## 7 ways to improve 'cultural competence'

s this nation's population becomes increasingly diverse, tailoring your practice to your area's demographics is crucial to providing effective treatment.

Here's how to improve your "cultural competence."

- 1. Recognize that culture extends beyond skin color. Although darker-skinned persons are commonly identified as "black" or African-American, some identify themselves as Hispanic, Jamaican, or white. Others may identify with their religion, gender, sexual preference, age, geography, socioeconomic status, or occupation. For example, the "tough-it-out" ethos of firefighters can breed denial of depression or trauma that limits their desire to seek or stay in treatment.
- **2.** Find out each patient's cultural background. On your intake forms, include questions about race, ethnicity, language(s), religion, and age, or ask the patient to discuss his or her cultural background during the initial interview.
- **3. Determine your cultural effectiveness.** A sample breakdown of your patients can help you analyze treatment, compliance, progress, and outcomes among cultural groups.
- **4. Make your patients feel "at home."** If possible, your staff should reflect your area's cultural makeup.

Also, stock your waiting room with reading material in languages commonly spoken in your area and with toys that are popular among the cultures you work with.

**5. Conduct culturally sensitive evaluations.** Cultural identification often leads to misdiagnosis. For example, African-American men tend to

be over-diagnosed with paranoid schizophrenia or antisocial personality disorder.<sup>2</sup>

The "specific culture, age and gender features" sections under each major diagnosis in DSM-IV-TR can help you tailor your examinations. Appendix I of DSM-IV-TR, "Outline for cultural formulation and glossary of culture-bound syndromes," is also helpful.

**6. Elicit patient expectations and preferences.** Some cultures distrust modern drug therapy, while some patients think medication should magically resolve their disorders. Still others think psychotherapy works only for whites.

Knowing the patient's expectations and preferences—such as his or her desire for a clinician from the same culture—can help prevent misunderstandings. Be sure the patient knows what to expect from treatment.

Also, find out if the patient is using any folk remedies, herbal medicines, or drugs from the "old country" before planning treatment.

7. Understand your cultural identity. Do a "cultural self-analysis" and see how your values apply to psychiatry. For example, if your culture values independence and individuality, you may underestimate the effectiveness of family therapy for patients whose cultures value interdependence.

## References

- Moffic HS, Kinzie JD. The history and future of cross-cultural psychiatric services. Comm Mental Health J 1996;32(6):581-92.
- Whaley A. Cultural mistrust of white mental health clinicians among African Americans with severe mental illness. Am J Orthopsychiatry 2001;7(2):252-6.

**Dr. Moffic** is professor of psychiatry, Medical College of Wisconsin, Milwaukee.