Title: Complexity of Acculturation and Development of Children & Adolescents
Date: Wednesday February 29, 2012 - 1:00 - 5:00 PM EST
Sites: UT, McGill, UBC, University of Calgary

Learning Objectives:

By the end of the workshop, the participants will be able to:
1. Describe the process of acculturation and its impact on childhood and adolescent development
2. Describe the importance of complex cultural identities in identity formation in children and adolescents
3. Recognize the impact of racism and stigma on development
4. Identify challenges in acculturation that can result in internalizing or externalizing behaviors
5. Identify and employ strategies that can enhance the resilience of children and adolescents of multiple cultures

Agenda
1:00 - 1:20 PM Registration
1:20 - 1:30 PM Introduction & Welcome
1:30 - 1:50 PM Keynote 1 (Dr. Jaswant Guzder, McGill University)
1:50 - 2:00 PM Q & A
2:00 - 2:20 PM Keynote 2 (Dr. Monique Wong, UBC)
2:20 - 2:30 PM Q & A
2:30 - 2:50 PM Keynote 3 (Dr. Priya Watson, UT)
2:50 - 3:00 PM Q & A
3:00 - 3:15 PM Break
3:15 - 3:45 PM Resident Case Presentation (Dr. Gaëlle Belanger, Dr. Katerina Nikolitch, Dr. Lorin J Young)
3:45 - 4:45 PM Discussion & Q & A - Discussant (Dr. Cecile Rousseau, McGill University)
4:45 - 5:00 PM Concluding Remarks (Dr. Chetana Kulkarni, UT)

(*Bold – Interactive)
Keynote 1
Title: Child and adolescent acculturation: a developmental and life cycle agenda
Keynote Speaker: Dr. Jaswant Guzder

Abstract:
Acculturation is defined as a process embedded in identity formation that has internal and external variables. Dissonant, consonant, or selective acculturation is a transitional process with social, intrapsychic, systemic, historical, mythic and political impingements. Longitudinal research (NLSCY, OCHS, OHS) assists us in looking at the complex picture of immigrant vs nonimmigrant child mental health risk, and which factors promote resilience or add to risk. Focusing on nodal points in development and identifying high risk groups have helped us look at outcome and frame intervention targets on role transitions, school or mental health agendas that are either universally applicable or migration specific, pointing to the need for future research. Brief clinical vignettes will be included as psychiatric morbidity appears to vary with gender, generation, ethnicity and context.

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3. Recognize the impact of racism and stigma on development
4. Identify and employ strategies that can enhance the resilience of children and adolescents of multiple cultures

Brief Bio
Dr. Jaswant Guzder is Head of Child Psychiatry at Jewish General Hospital (JGH), Associate Professor, McGill University, Dept of Psychiatry (Divisions of Social and Transcultural Psychiatry and Child Psychiatry), JGH Director of Childhood Disorders, Day Hospital and Senior Consultant (Former Director) of JGH CCS (Cultural Consultation Service). Teaching and training involvement includes university and invited teaching in cultural psychiatry, child psychiatry, family therapy and psychotherapy. Recent or ongoing collaborative projects with McGill University, University of West Indies, and Ummeed Child Development Center (Mumbai) includes work in Sri Lanka, Nepal, India and Jamaica as well as research in Quebec on child and youth minority mental health, continue to relate to acculturation as a multidisciplinary social and child psychiatry topic. Training supervision of residents, art therapists, family therapists and other members of multidisciplinary team includes a long involvement in culture and ethnicity related sessions including collaboration with our Division of Social and Transcultural Psychiatry Annual McGill Summer Program course with Dr. Cecille Rousseau on clinical topics in cultural psychiatry and with Dr. Duncan Pederson on Global Mental Health.
Defining a process

- Acculturation implies shifts in identity related to migration and minority status. Problematic def.: implies assimilation of host cultural values/ adaptation without acculturation; hybrid or bicultural identity; intrapsychic and external factors; children of cross-cultural marriages/adoption; rapid culture change;
- Acculturation and temporality of psychological processes: linear time implications do not always adhere in psychodynamic process (Fuligni 2009, Hays 2001); family reconstitution and attachment;
- Measures: are cross-sectional data: don’t predict culture change as a long term complex process (?symptom change with length of stay);
- Child and Youth Ethnic minorities: barriers, stigma vary with social factors; articulation of bicultural/hybrid spaces;

Creating identities/Mirroring:

Dany Laferriere

"I am surprised to see how much attention is paid to a writer’s origins...I repatriated, without giving it a second thought, all the writers I read as a young man. Flaubert, Goethe, Whitman, Shakespeare, Lope de Vega, Cervantes, Kipling, Roumain, Amado, Diderot, they all lived in the same village that I did. Otherwise, what were they doing in my room? When years later I myself became a writer and was asked "are you a Haitian writer, a Caribbean writer or a Francophone writer?" I would always answer that I took the nationality of my reader, which means that when a Japanese reader reads my books, I immediately became a Japanese writer" (Edwidge Danticat. Create Dangerously, p.15.)

Acculturation frameworks

- Transitional phenomena (Winnicott1967)
- Third Individuation (Akhtar1995): attachment and individuation (Mahler) dynamic models of acculturation
- Systemic models (McGoldrick et al.)
- Neurobiological or developmental psychobiology interacting with caregiving, culture and adversity (Worthman et al.2010)
- Cultural Safety: Risk and Resilience literature (Ungar 2008, Bell, Williams 1999)

Ungar’s Seven “tensions”

1. Access to material resources (poverty, food, shelter)
2. Relationships (familial, community, social support, integrated friendship choices)
3. Identity (personal and collective)
4. Power and control (experiential, access, environmental support, resistance or absence)
5. Cultural adherence: local or global practices, beliefs, values
6. Social justice: (experience and dissonance)
7. Cohesion: (balancing self, spiritual and social)

demographics

- 1 in 5 Canadian children is either born elsewhere or newly arrived; more than 50% urban pop make them majority
- NLSCY 1994: long term Canadian study without sufficient immigrant or refugee representation for data
- First generation immigrant children (less than 10 yrs here): twice as likely to live in poverty but had fewer emotional or behaviour problems than native Canadians, less likely to be in divorced single parent families, less likely to have parenting dysfunction; but in long term mental disorders rise to higher than host culture in some studies
- NCCYS: high risk focus should be support for transitions to grade school (age 4-6) and transition to high school (age 11-13). * also verified by second language studies
Demographics cont

- NCCYS: above usual stressors: what are immigration specific factors? They will include strengths and stressors of ethnic origin, country of origin, and area of resettlement in Canada, socioeconomics

- Trends: boys > girls greater mental health risk, younger children > older higher risk for externalizing disorders, maternal depression increases immigrant child risk, parents with low fluency of English and French experienced more racism and had significant resettlement stress; all have more distressed children (Beiser, Toppleberg)

- Parent youth acculturation gaps do not predict risk for increased parent-adolescent conflict nor conduct disorder; youth who were more traditional than their parents had higher internalizing distress (Lau 2005): dissonances across generations have to be understood within context; Goa study on traditional adolescents results (Pillai 2008)

Risk factors

- Transnational immigration patterns and reunification issues involve parental absences or attachment risk: eg. the unique patterns of Hong Kong Chinese vs mainland China, Caribbean, Filipinos; impact of premigration trauma

- Level of host culture hospitality varies by province; with differentials or funding immigrant families for language training, daycare, job training, health care, education access

- Canadian schools perceived negatively by parents had higher aggression amongst immigrant children and poor school parent communication with immigrant families was a key factor in this reducing risk; it appears that social inclusion promotes reduced violence; institutional racism issues!

Risk for disruptive disorders: a clinical example

- Highest risk: Black children of minorities consider gangs, islamaphobia, isolation, stigmatized minority groups

- Eg. Ethiopian Jewish boy age 9: “taxing”, aggression, failing (no ADHD, no learning disabilities, 4 language shifts)

- Familial and social: gains and downward migration, loss of male status of father, social capital with familial migration, Montreal Jewish community, poverty, identities within collectives, nations, religious groups; gender (family mainly internalizing, boy was externalizing) identity/expectations

- Watching OJ Simpson trial: “I can’t decide which way is better, to be like the Japanese judge who I admire for being fair, or to be like OJ and get what I want; who looks stupid or smart in that story...this is not like Ethiopia.”

Risk factors

- Bicultural minorities are underserved as a child or adolescent, parental language can be obstacle

- Variations by ethnicity and local context: eg. Black Caribbean Canadians (25% group home, 3% pop in Montreal); Hispanics in USA and have higher risk for depression, suicide, exposure to violence, academic underachievement, and dropping out of high school than host culture adolescents; Tamil youth study 2009

- Bilingualism is a great asset: language delay should be tested early, clearly distinguished from selective mutism; should consider family and environment

Toppleberg et al. 2010

- Dual language trajectories: impact from age 5 school entry

- 1. cultural considerations of family and identity to let go of maternal language should not be dismissed as irrelevant

- 2. delays of language acquisition: assess early as morbidity is high for missed diagnosis (important problem area)

- 3. complete assessment involves testing in both languages

- 4. a brief, nonverbal period is normal: not selective mutism

- 5. support constructive support of dual language realities

Otherness: advantage & risk

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Identity based inclusion: ‘cultural safety’/Acculturation

- Permissive: allow language/religious practices at school

- Affirmative: inclusive multicultural curriculum ev/ black history month/critique of ghettos, ethnocentrism

- Receptive: institution considers implications of religious meaning or beliefs

- Dissonant: racism, exclusion or limited accommodation of other linguistic, religious or identity groups; reasonable accommodation, code-switching

- Institutions promoting resilience: social inclusion vs institutional racism (Fernando, Fanon) post colonial
Race is a risk marker, not a risk factor

- African American and Hispanic youth are more likely to involved in violence than any other racial/ethnic group (2011, Douglas, Bell)
- We have no evidence to predict which children at risk will have a good outcomes with protective factors
- African American youth: double risk for adult violence; higher risk for psychosis; social connection, trauma and attachment are crucial issues

Cultural Camouflage

Rabbi Friedman

- Rather than supplying the determinants of family dynamics, culture and environment supply the medium through which family process works its art...it is the failure to appreciate how emotional processes are camouflaged rather than determined by culture that enables family members to blame (ethnicity of Others) as the source of their discontents and their inability to change...to avoid taking responsibility for their own points of view...or worse; their therapists allow important emotional forces operate...perniciously...while the family discussion remains focused on interminable background factors (a cultural defense)

References

Keynote 2

Title: Be Aware of the Untold Story – Considering culture in the assessment and treatment of children

Keynote Speaker: Dr. Monique Wong

Abstract:
Acculturation is a complex and stressful process for families. Immigration and the process of learning how to fit into a new culture are challenging tasks. For children, this can be a particularly difficult process as they also are actively in the early stages of developing motor, language, and social emotional skills. Children are balancing possibly conflicting personal, social, and family values. There is often immense pressure to succeed after immigration creating further stress on the family system. In assessing and treating children and adolescents, it is important to appreciate the migration story of the individual, the family, and the extended intergenerational family to understand the fabric of the person as a whole and add understanding to the clinical situation.

Learning Objectives:
By the end of this talk, the participants will be able to:
1. Describe how acculturation can impact child development and identity formation.
2. Describe how complex trauma as incurred through the process of acculturation can result in internalizing and externalizing behaviors.
3. Identify ways in which psychodynamic skills can help in working with children who are experiencing acculturation.

Brief Bio
Dr. Monique Wong is a Clinical Instructor in the Department of Psychiatry at UBC. She works as an infant and child psychiatrist in the Early Childhood Mental Health Program at Richmond Hospital. In this clinic she assesses and treats children 0-5 with their families. Common problems include noncompliant behavior, aggressive behavior, feeding issues, toileting issues, developmental delay, suspected pervasive developmental disorders, emotional issues related to traumatic stress, adoption issues, and separation anxiety. She provides child-parent psychotherapy and play therapy. She is involved in initiatives providing early intervention to infants, children, and their families. Richmond is a community that is culturally diverse and home to many new immigrant families. Dr. Wong is interested in the impact of transnational separation of infants from their parents, as she has become aware of this practice through her clinical work in assessing and providing therapy to infants, children, and their families.
Be Aware of the Untold Story
Working with Transcultural Families

Dr. Monique Wong
Clinical Instructor
UBC Dept. of Psychiatry

Learning Objectives

1. Describe how acculturation can impact child development and identity formation.
2. Describe how complex trauma as incurred through the process of acculturation can result in internalizing and externalizing behaviors.
3. Identify ways in which psychodynamic skills can help in working with children who are experiencing acculturation.

My Work Culture

- Infant and Child Psychiatrist
- Assess and treat children 0-5 years of age within their caregiving relationship
- Child parent psychotherapy
- Richmond Hospital – Community Hospital
- Diverse ethnic population

Simon

- 4 year old boy
- Problems with aggression at preschool (scratching, throwing chairs)
- Plays only with cars
- Unable to play with peers
- Referred by pediatrician via community health nurse
- Initial assessment
- Parents, Simon, interpreter
- Parents report no concerns at home, could not understand behavior reported at school

Working diagnosis after 1st session
- Adjustment DO - Related to preschool problem
- Unclear

School Observation
- 1 teacher spoke Cantonese
- Attached to soft spoken gentle teacher
- Initially very clingy
- Acts out when left on his own by peer/teacher
- Odd behavior
- Working diagnosis changed to ASD

Child Parent Therapy
- Worked on understanding of Simon's behavior
- Parent child problems became apparent (M easily angry, very intrusive/directive in play, controlling)
- Odd behaviors: squawking, and hopping on his knees in a circle
- Meaning behind the behavior
- Odd/angry acting out behaviors came when stressed in session
- M began to see the link between his behavior, his emotions, and the situation
- M was more calm
- M then able to remember and reveal important parts of the family story

Simon
Simon

- His of Covert traumas had contributed to Simon’s very sensitive/difficult temperament
- Early hospitalization and separation (M’s memory of his distress in nursery)
- Separation from his early caregivers, lack of preparation for separation
- M’s depression/isolation on arrival to Canada from China
- Detail oriented, child that is particular, intelligent

- Intergenerational difficulties with emotional regulation (threatening, yelling, punitive discipline, critical, teasing/belittling), need for control
- ASD assessment negative
- Working Dx Change: behavior more related to complex PTSD (Oppositional Defiant Sx, OCD Sx)

ACT model - forces that shape development and perception

Attachment

- Disrupted attachment
  - Bereavement
  - Hospitalization
  - Intergenerational disrupted attachment
  - Disorganized attachment
  - Mix of avoidant/resistant/insecure

Acculturation

- Cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture; also: a merging of cultures as a result of prolonged contact

Family caught between cultures

- Parents don’t want to lose their culture of origin, positive aspects of the culture
- Loss of intergenerational knowledge of parenting, due to separation from own parents
- Some parenting knowledge may not be as applicable in new cultural setting

- Child wants to please parents but lives in a different cultural world (school)

Culture

- Acculturation
  - Conflict of cultures, values
    - “say hello” situation = conflict of customs and relationship (attachment)
  - Preschool acclimatization situation = conflict of beliefs and attachment
Trauma

- Hospitalization
- Move to Canada
- Loss of primary caregiver
- Adjustment to new caregiver/style
- Depressed mother
- New language
- Family style of conflict resolution

Child Development

- Development is a dyadic process (relies on a secure attachment)
- Cognitive, motor, language, social development depend on emotional development
- Emotional Development
  - Understanding one's emotions
  - Expression of emotions
  - Recognition of others emotions
  - Regulation of one's emotions

Consequences to Child Development

- Delay in sense of self, sense of agency
- Delay in emotional regulation skills to the point of appearing to have a pervasive developmental disorders
- Simon: aggressive, oppositional ... could not consistently manage even PT kindergarten, developing ODD, OCD, ?personality disorder

Looking for the feedback loop

- Rigid authoritarian parenting style
- Modeled only way of getting what you need is to threaten, control, get angry/aggressive, i.e. to overpower another
- Only way Simon could assert his sense of self was to be passive aggressive by resistance, or to be overtly aggressive
- Resulted in parents becoming more controlling, upset

Therapy- learning to think and reflect

- Therapeutic alliance, family attaches to therapist, trust, regular availability/predictability
- Learn to value play, to enjoy each other
- Learn through in the moment experiences that both parent and child’s needs can be met with some negotiation (except where there are safety issues)
- Helping parent child ‘couple’ learn to read each others’ cues; see the situations that have caused stressed emotions and adjust to each other
- Cooperative vs. adversarial stance
- Concept of therapy can sometimes clash with culture

Why the Untold Story?

- Lack of understanding of mental health symptoms and why/how symptoms develop
- Shame: having a child with a problem thought to reflect on parenting capabilities
- Trust/Fear: diagnosis will be in school record
- Cultural explanation for sx is different from N. American or psychodynamic viewpoint: child is lazy, child is bad, parent hasn’t worked hard enough
- Intergenerational trauma (political climate, immigration trauma)
- Starvation
- Authoritarian government
- Different ways of expressing feelings (love, affection)
Transcultural Psychiatry

- Risk Factors
  - Higher risk for mental health issues, due to higher risk of complex trauma

- Opportunity
  - Be aware of the story that is yet untold
  - Be patient and the story will unfold and have an open mind about how the pieces fit with the clinical picture
  - When appropriate, share this understanding with your patients to help them

Tips from a recent graduate

- Sometimes the untold story is the key to understanding a patient, knowing that there is an untold story is the skill gained from learning to think psychodynamically
- I have found Psychodynamic skills very valuable in working with a transcultural population but also in types of work where I wouldn’t necessarily have expected i.e., Emergency psych
- If you have any interest, residency is an ideal time to start to develop these skills (getting supervision, providing long term therapy)
- Monique.Wong@vch.ca
Keynote 3

Title: Addressing issues of acculturation and identity development in newcomer adolescents

Keynote Speaker: Dr. Priya Watson

Abstract:
Acculturation can significantly impact a key developmental task of adolescence, which is identity formation. Newcomer teens are frequently thrust into roles and responsibilities which are beyond their developmental age and stage. They also have to navigate host-culture expectations and family-culture expectations of how to “be a teenager”. These expectations can sometimes clash, leaving the adolescent in a situation which may be severely distressing or isolating. Recent prominent news stories have focused on the potentially tragic outcomes of such culture-clashes, but have left relatively un-examined the ways in which teenagers and their families can be helped to cope with the multiple challenges of identity formation, acculturation and culture-retention. This talk will discuss the role of psychotherapy in identifying and rectifying problems of identity and culture in newcomer adolescents and their families.

Learning Objectives:

By the end of this talk, the participants will be able to:
1. Identify the role of psychotherapy in treating newcomer adolescents and their families
2. Identify the therapeutic challenges presented by 'asymmetric acculturation'
3. Describe the importance of individual therapy and family therapy in addressing the interplay of acculturation and mental health.

Brief Bio

Dr. Priya Watson is a child and adolescent psychiatrist at the Centre for Addiction and Mental Health, and a Lecturer in the Department of Psychiatry at the University of Toronto. She has a research and clinical focus in transcultural child psychiatry, and completed a CIHR fellowship in this field in 2006. Dr. Watson is a collaborator in the CIHR-funded “Leavers and Stayers” study, which compares the mental health of Ethiopian youth who immigrated to Canada with their counterparts who remained in Ethiopia. Dr. Watson is co-chair of the Global Mental Health Research group in the Canadian Coalition for Global Health Research. Dr. Watson also chairs the Program in Child and Adolescent Psychotherapies for the Division of Child and Adolescent Psychiatry at the University of Toronto.
Psychotherapy with Newcomer Adolescents and Families

Objectives
1. Identify the role of psychotherapy in treating newcomer adolescents and their families
2. Identify the therapeutic challenges presented by 'asymmetric acculturation'
3. Describe the importance of individual & family therapy (using IPT model) in addressing the interplay of acculturation and mental health.

Mila S
- 16 year old Azerbaijani girl
- Refugee claimant (with her mother and grandmother)
- Depression since in Canada 2 months
- Intermittent suicidal ideation, poor academic performance, social isolation
- Grandmother very medically ill. Frequent fights with mother
- No friends: clothes, accent, depressive sx
- School: language, course level, depression’s impact on memory and concentration

Why Psychotherapy?
- Multiple studies show modest effect of medication vs placebo in adolescent depression. Best results when psychtx added.
- Parents can be reluctant to support medication
- Patient compliance can be an issue
- Psychotherapy supports developmental tasks of adolescence: frontal lobe functions of narrative construction, development of higher-order coping strategies, communication improvement, identity formation and relationship development

Psychotherapy and Culture
- Complicated interplay of lenses – the culture of the therapist, the culture of the patient, the culture of “mental health” (eg. Psychiatry)
- Psychotherapy, which addresses the relationship to self and other, is enacting cultural principles and is itself a cultural practice

Resident Survey
Dept. of Psychiatry
(Noh, Dang, Fung)
- Anonymous voluntary survey 2004
- 60% response rate
- Up to 50% of pts seen in last 12 mos spoke neither English or French as a first language
- Up to 70% of pts were “visible minorities”
- 85% did not consider cultural factors in psychotherapy
- 75% avoided psychotherapy with minority pts
Acculturation & Psychotherapy
- Psychotherapy, open and inquisitive, can be the most ‘culturally competent’ intervention, through an iterative process of developing a shared understanding of the problem and the cure
- Address issues of role and identity conflict
- Assess and address family functioning, including ‘asymmetric acculturation’

Asymmetric Acculturation
- Process of acculturation which occurs at different rates, or with different agendas
- Adult newcomers may have different cultural agendas (e.g. retention and repetition) while their children may prioritize assimilation, at least in public sphere
- This ‘asymmetry’ can generate conflict

Asymmetric Acculturation
- Acculturation is a process which profoundly impacts identity
- Asymmetry within family can impact on closeness of relationships or create conflict, increasing adolescent risk for social, academic or mental disorder
- Other ‘asymmetries’ can include language skill, social or economic capital

Identity and Adolescence
- Developmental “norms” – identity formation, individuation
- Hybrid cultural identity predominant among newcomer youth
- Dis-integration at times of transition; multiple concurrent identities can cause distress

Role Confusion
New roles for newcomer adolescent
- Translator
- Advocate
- Income earner
- Surrogate parent

IPT-A
- Adapted from IPT, for adolescents
- Time-limited, manualized, empirically validated
- Addresses depression, in the context of life events. Treatment works by emphasizing social supports, interpersonal bonds and resilience strategies (approach and affiliation, not avoidance)
- Adolescence a time for great engagement in (but also great struggle with) relationships
IPT-A Focal Areas

Depression due to:
• Role disputes – what should the teen be doing. Loss of reciprocity and trust. Conflict with close person.
• Role transition – demands of new role, loss of old role. Developmental and social transitions.
• Grief – bereavement; complicated and prolonged
• Deficits – social impoverishment. Lack of relationships, prolonged isolation.

IPT and the Family

• In IPT-A, parents and family members are a central focus of treatment
• Parents are ‘recruited’ to support their teen’s attempts at new ways of relating
• Conflict between teen and parents is explicitly addressed: wishes and expectations, communication patterns, themes of conflict

IPT and Culture

• Trials of IPT-A in Uganda and culturally-diverse US pop’ n, IPT in Ethiopia, India “highly efficacious in reducing depression and dysfunction”
• “Our experience supports the idea that the problem areas identified in IPT as triggers of depression (death of a loved one, disagreements with important persona in one’s life, life changes which disrupt close attachments) are intrinsic and universal elements of the human condition.”

Mila

Focal areas
• Role dispute – conflict with mom. Translator, advocate for grandmother in hospital.
• Role transition – ‘newcomer’ role – uncertainty about how to ‘be’ a teenager in Canada. Loss of social ‘place’ and status.
• Outcome: depression resolved after 12 sessions of IPT-A. Reduced family conflict, clarification of Mila’s role in the family and its impact on her, improved academic work, new friendships forged.

References


References

Acculturation in Children and Adolescents: Cultural Conflict and the System
A Case Study

Presenters:
Gaëlle Belanger, MD, RII Psychiatry
Katerina Nikolitch, MD, RI Psychiatry
Lorin J Young, MD MSc, RIV Psychiatry

29 February, 2012

Clinical Case

Cultural Case Formulation

Acculturation

Summary

Outline & Objectives

- Clinical Case
- Cultural Case Formulation
- Acculturation
- Summary

Outline for Cultural Formulation

- Cultural identity of the individual
- Cultural explanations of the individual’s illness
- Cultural factors related to psychosocial environment and levels of functioning
- Cultural elements of the relationship between the individual and the clinician
- Overall cultural assessment for diagnosis and care

Acculturation

- “Cultural modification of an individual, group, or people by adapting to or borrowing traits from another culture; a merging of cultures as a result of prolonged contact.”

Acculturation & Stigma

- The role of stigma
- Lack of support for the family
- Happens throughout the system, but arguably more so for immigrants and refugees (Simich, et al 2005)
**Acculturation & Stigma**

- Honor killings
- Violence within families: exists across culture

**Summary**

- Clinical Case
- Cultural Case Formulation
- Acculturation
  - Stigma
  - Honor killings

**References**

Discussant: Dr. Cécile Rousseau

Dr. Cécile Rousseau is a Professor of Psychiatry at McGill University working with refugee and immigrant children. She has developed and evaluated school-based prevention programs for immigrant and refugee children using different creative expression modalities. Presently, her research is focusing, on the effect of the international context around 9/11 on minorities and mainstream community, on the impact of migratory politics on mental health of refugees and on the evaluation of collaborative care models in multiethnic neighborhoods.

Closing Remarks: Dr. Chetana Kulkani

Dr. Chetana Kulkarni is currently an Assistant Clinical Professor in the Department of Psychiatry & Behavioural Neurosciences at McMaster University. She is actively involved in clinical work and teaching at both McMaster University and the University of Toronto. She works with a wide variety of children, youth, and families in a number of different clinical settings.
References