Engaging Minority Families in Mental Health Treatment & Recovery

Ingrid Diaz, MA, MSW, LCSW
# Working with Families

<table>
<thead>
<tr>
<th>Working with Families</th>
<th>Benefits</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Working with Families</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
During focus groups, we’ve asked consumers about what they would most like case managers to know about working with families.

What do you think they said?
Consumer Wishes and Working with Families

What they said:
1. We sometimes consider you family
2. We often appreciate you more than we say.
3. Families (and some consumers) “don’t understand what the role of all the mental health providers.”
4. Please ask about our wishes concerning family involvement (if and how we want them involved).
5. Please ask how we define family.
6. Help us to bridge the gaps between us and our families (including conflict resolution skills).
7. Help our families to get the support that we have.
8. Please ask about family involvement throughout your time with us.
Cultural aspects and Perceptions of Mental Illness

- Stigma across every culture
- We all belong to multiple cultures (e.g., race, color, nationality, ethnicity, gender, marital status, profession and various associations)
- Asian, African American, and Latino concepts of family and mental illness
Humans are storytellers, myth makers and framers of reality

...because we need to make sense of our environment

...by accommodating and reframing

...in order to fit into family truth
Families are defined as…

- Their biological association
- Their affiliation to the biological families (neighbors, childhood friends, extended families)
- Support systems in replacement or compliment of biological association
- Significant others
Importance of Involving Family

- Tends to provide support and yield positive outcomes
- Gives insight regarding the diagnosis/struggle of the consumer
- Can be utilized as an educational intervention to due away with myths & stigmas.
We all have preconceived notions about ourselves and other groups.

It is important for us to be mindful of ourselves, when confronted with the various groups and not make assumptions.

The following is a generalization about the various groups, based on available research and should not be considered absolutes.
Asians

- They are the fastest growing racial/ethnic in New Jersey
- 1990 Census reported 7 million Asians in the U.S. increased to 12 Million by the 2000 Census
- NJ has the 3rd largest population of Asians in the United States (largest concentration in Middlesex County, then Bergen followed by Hudson)
Asians are a complex group:

Includes various countries from Far East Asia, Southeast Asia, and Indian Subcontinent:

- Cambodia
- China
- Japan
- Indian
- Korea
- Malaysia
- Philippine Islands
- Vietnam
Languages spoken by Asian Indians include:

- Japanese
- Chinese
- Vietnamese
- Bengali
- Gujarati
- Hindi
- Kannada
- Malayalam
- Marathi
- Telugu
- Urdu

Source: Tazuko Shibusawa, Ph.D. LCSW
When you think about Asians, what comes to mind?
Cultural Characteristics of Asian American Families

- Hierarchical
- Loyalty to family
- Role description
- Interdependence (we concept)
- Closed network
- Primary relationship: parent-child
Expectations

- Self determination
- Self control
- Loyalty
- Obedience
- Individuals are a reflection of the family and do not stand alone
Model Minority Pressure

- Perceived by society to be smarter
- Family pressures to become high achievers
- Family chooses career path, jobs, etc
- Family pressure affects the girls more than the boys
- Girls have less freedom than boys.
Possible contributing factors to MH issues

- Immigration losses
- Language barriers
- SES
- Lack of access to resources
- Acculturation stressors/conflict
- Changes in family relationships
- Domestic violence
- Racisms
Appropriate Strategies

- Mindful of own attitudes
- Use a psychoeducational approach
- Respectful of family structure/dynamics
- Attend to somatic complaints
- Shame stigma of seeking help
- Language barriers (seek interpreters)

Source: Tazuko Shibusawa, PhD, LCSW
African Americans

- African Americans make up about 13% of Americans in the United States
Protective Factors

- greater religiosity
- social support
- larger extended families, which are protective factors.
Possible contributing factors to MH issues

- Urban Settings
- Poor social support
- Stigma about mental health
- Barriers to access mental health treatment
- SES
- Substance Abuse
Latinos

- By the year 2020 Latinos will represent 17% of U.S. Population, surpassing all other racial/ethnic minority

- By the year 2100 Latinos are predicted to compose 50% of the U.S. population
Protective Factors

- Coping skills
- Positive attitude for help-seeking
- Personalismo
- Respeto
- Flexibility of family roles
- Familismo
- Spirituality
- Colectivismo
Latina girls are expected to:

- Control their anger
- Show obligation and respect to their family
- Compliant and docile
Appropriate Strategies

- Understand possible dual stressors, migration, biculturation, language barriers, etc.
- Be respectful of the parent concept (this is my child & it takes a village to raise a child)
- Perspective that independence leads kids to living “la vida loca”
Family Functionality - Minuchin

- Repair any dysfunction within the system
- Identify problem or problem “member”
- Help is expected based on “their” framed reality
- Remember, by seeking help, the family system is stating that they have not been able to do this alone.
Family Crisis Continuum

Defensive/ Proactive
- Get help

Respond/ act out

Anxiety/ Annoyance
- Decompensation

Tension Reduction/ self repair or avoidance
Providers and Family

- Ask the consumer if they want family involvement (more than once)
- Educate, Educate, Educate (with permission)
- Understand that…
At times, you may feel as welcome as...
Because...

- The presence of a loved one in the Mental Health system could indicate that the issues at hand are viewed as outside the current capability of the family.

- Family involvement could vary between:
  - “I want to be involved”
  - “I’m done”
  - Somewhere in between

- Your presence indicates that at least two systems have not yet been able to offer sufficient help to their loved one (e.g., family & other treatment services).
Family Components

- Multicultural Aspects
  - Expectations of providers
  - Expectations of children
  - Privacy and confidentiality - Cultural implications

- Impact of ethnicity, culture and religious aspects on families and psychiatric settings.
Feelings

- Anger / Hope
- Frustration / Determination
- Helplessness / Hopelessness
- Others....
As humans, we are emotional beings and are wired to respond accordingly and instinctively in very little time.

It may take at least 10-20 minutes without additional stimulus to de-escalate from anger and/or intense emotions.
In crisis…

- Emotions are high and personal issues arise as point of reference and response (for us, the family & consumer!!!)
- Stimuli are constant
- Resolution is the only sought outcome
Goals of our intervention

- For case worker/clinician:
  Improve / stabilize the situation

- For family members, goals may appear to be:
  - “I’m done & washing my hands of it”
  - “I want to help, please tell me how”
  - Or somewhere in the middle…

- Sense of powerlessness / hopelessness may impact how goals are identified.
How do we handle the different family perspectives & agendas?
How We Respond

Procrastination and Counter-transference

- The reward cycle of procrastination
- Counter-transference and Procrastination
Motivational Interviewing approach

- The role of Empathy
- OARS and Rolling with Resistance
  - Open ended questions
  - Affirmations
  - Reflections
  - Summaries
“The Angry Phone Call” Avoidance (Procrastination) and Reinforcement

- Positive Reinforcers
- Negative Reinforcers
- Punishment
Wrapping it all up