CULTURAL ISSUES IN TREATING VIETNAMESE PATIENTS

I. WITHIN-GROUP DIVERSITY
   A. First wave
   B. Second wave
   C. Orderly departure program
   D. Ethnic Chinese

II. PREVALENT STRESSORS
   A. Emigration events
      1. Trauma
      2. Loss
      3. Separation
   B. Acculturation issues
      1. Role reversals
      2. Alienation
      3. Communication problems

III. VALUES AND NORMATIVE BEHAVIOR
   A. Stoicism, reluctance to express emotions and concern
   B. Importance of promoting harmony, avoiding conflict
   C. Importance of propriety and appearance
   D. Desire to avoid loss of face
   E. Collective, not individual orientation
   F. Willingness to do things the hard way when necessary
   G. Love of learning and industriousness
   H. Family orientation and filial piety
   I. Problems tend to be seen as situational, not intrapsychic

IV. CONCEPT OF MENTAL HEALTH
   A. Disease, illness result of disharmony and imbalance (yin and yang)
   B. Stigma and shame connected with mental disorders
   C. Help-seeking seen as disgraceful, sign of weakness

V. POSSIBLE CHARACTERISTICS OF VIETNAMESE PATIENTS IN COUNSELING
   A. Disagreement may not be expressed openly
   B. May be lack of trust of authority figures
   C. Minimal self-disclosure and restrained expression of feelings
   D. Protection of family members
   E. Expect authoritative behavior from counselor
   F. Expect they must exercise self-discipline, will-power

VI. USEFUL THERAPEUTIC APPROACHES
- A. Importance of form and propriety
- B. Discover culturally acceptable solutions
- C. Discuss barriers to return on first visit
- D. Emphasize confidentiality
- E. Reframe to emphasize positive, strengths (saves face)
- F. Use problem-oriented, pragmatic approach
- G. Show how interventions
  1. Increase chances for peaceful relationships
  2. Help others in family
  3. Enable patient to perform duty as family member
- H. Involve family members cautiously
- I. Avoid blaming or shaming
- J. Avoid confrontational strategies
- K. Avoid group strategies involving strangers
- L. Don't be afraid to prescribe medication
- M. Importance of hearing patient's story

CULTURAL ELEMENTS

(STATIC)

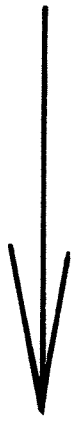
vs.

WORKING WITH CULTURE

(DYNAMIC)

THERAPIST

becomes



THE RAPIST

VIETNAMESE PATIENTS

CHARACTERISTICS OF VIETNAMESE PATIENTS IN COUNSELING

- Indirect Communication
- Suspicion of Authority
- Minimal Self-Disclosure
- Protection of Family Members
- Restrained Expression of Feelings
- Expectation Doctor Will Take Charge

VIETNAMESE PATIENTS

THEORIES OF MENTAL HEALTH PROBLEMS

Disharmony and Imbalance (yin and yang)

- Nervous Disorder (biochemical, physiological)
- Hot and Cold (bodily fluids and winds)
- Supernatural causes

VIETNAMESE PATIENTS

USEFUL THERAPEUTIC APPROACHES

- Importance of Form
- Barriers to Return Visit
- Stress Confidentiality
- Reframe to Emphasize Positive
- Use Problem-Focused Approach
- Interventions Should Stress -
  a. Promoting Peaceful Relationships
  b. Helping Others in Family
  c. Enabling Patient to Perform Family Duties

VIETNAMESE PATIENTS

USEFUL THERAPEUTIC APPROACHES

(CONTINUED)

- Avoid Blaming/Shaming
- Cautious About Family Involvement
- Judicious Use of Medication
- Authoritative Attitude

VIETNAMESE PATIENTS

PREVALENT STRESSORS

EMIGRATION EVENTS

- Loss
- Separation
- Trauma

ACCULTURATION STRESSORS

- Role Reversals
- Homesickness, Social Isolation
- Language Barriers
- Americanization of Children

VIETNAMESE PATIENTS

WITHIN GROUP DIVERSITY

- First Wave
- Second Wave
- Orderly Departure Program
- Ethnic Chinese

VIETNAMESE PATIENTS

VALUES

- Promote Harmony--Avoid Conflict
- Importance of Form and Appearance
- Collective, Not Individual Orientation
- Willingness to do Things the Hard Way When Necessary
- Filial Piety
- Importance of Family

COUNSELING CLINIC PATIENTS

44 PATIENT CHARTS REVIEWED
(Total N=80)

Age: X = 38.4 years (Range 14-62)

Sex: 41 Female 3 Male

Ethnicity: Hispanic 27

Vietnamese 7

Caucasian 8

Unknown 2

Total Number Counseling Clinic Visits 72

Only One Visit 27

Two - Four Visits 17

RELATIONSHIP OF COUNSELING CLINIC

SESSIONS TO PATIENT VISITS

	Pre-C.C. (6 months)	Post-C.C. (6 months)	p-Value
Regular Visits	122	89	.05
Urgent Care	24	9	.01
Missed Appointments	21	29	n.s.

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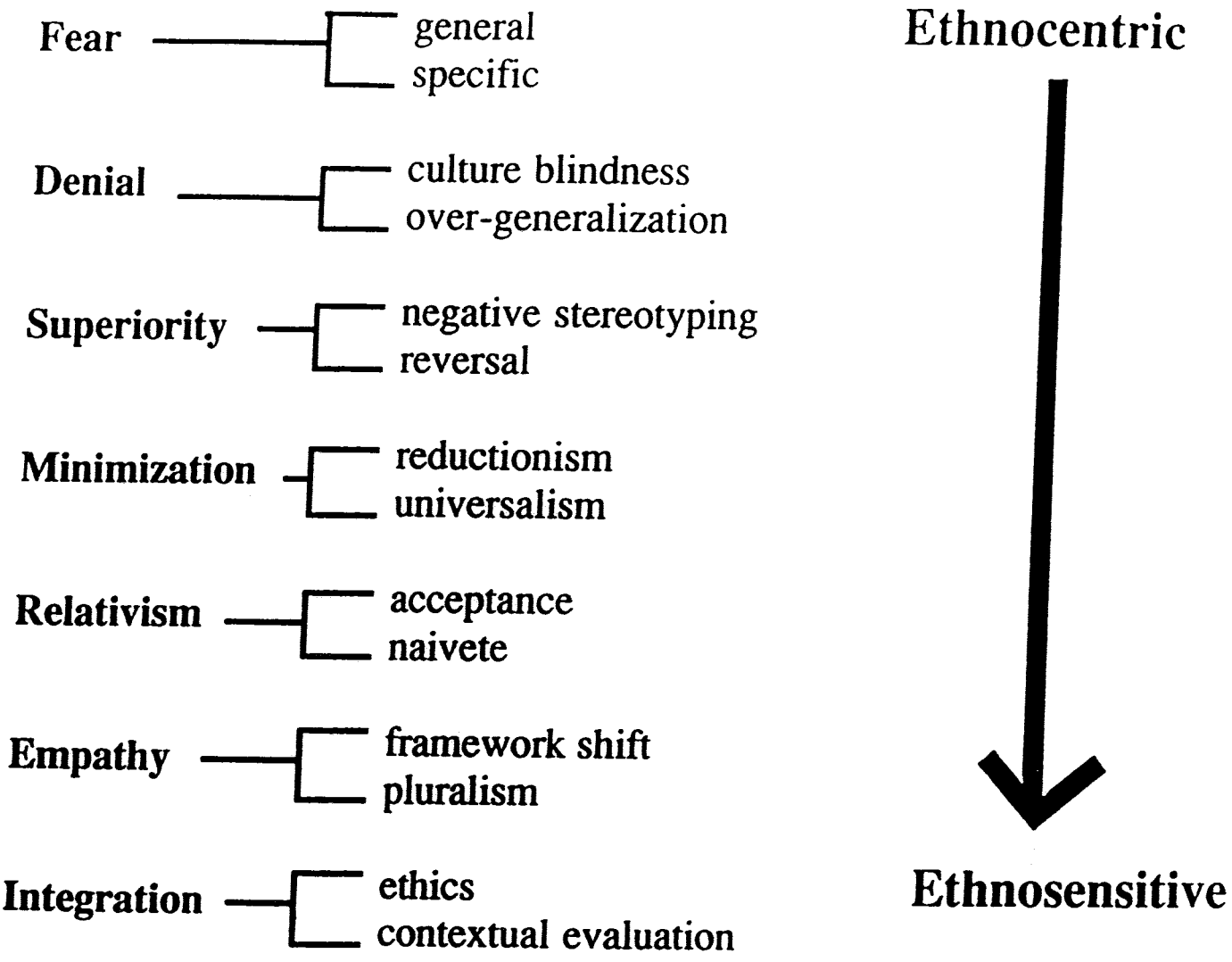
Developmental Model of Ethnosensitivity*



*Taken from "A Developmental Model of Ethnosensitivity in Family Practice Training," J. Borkan and Jon Neher, Fam Med 1991; 23:212-7

THE MEDICAL INTERVIEW

IN CONDUCTING CROSS-CULTURAL MEDICAL INTERVIEWS, KEEP IN MIND:

1. **PROVIDERS SHOULD SEEK BACKGROUND ON THE FOLK TRADITIONS AND HEALTH BELIEFS FOUND IN VARIOUS COMMUNITIES OF PATIENTS IN ORDER TO BETTER UNDERSTAND PATIENTS' RESPONSES TO MEDICAL ADVICE AND THERAPY.**

2. PROVIDERS NEED TO BE FAMILIAR WITH THE EPIDEMIOLOGY OF DISEASES COMMONLY FOUND IN PATIENT POPULATIONS IN ORDER TO ASK APPROPRIATE QUESTIONS IN AN INTERVIEW.

3. MEDICAL PERSONNEL BRING THEIR OWN UNIQUE VIEW, EMOTIONS AND BELIEFS TO CLINICAL SETTINGS.

4. AN INDIVIDUAL PATIENT'S COMPLAINT MUST BE CONSIDERED IN LIGHT OF THE SOCIAL, ECONOMIC, AND POLITICAL REALITIES AFFECTING HER/HIS COMMUNITY.

5. **IN COMMUNICATING WITH NON-ENGLISH SPEAKING PATIENTS, THE PROVIDER SHOULD ELICIT INFORMATION ABOUT THE PATIENT'S FAMILY SITUATION, RELIGION, CLASS, AND STATUS WITHIN HER/HIS COMMUNITY.**

DIFFICULTIES IN TRANSLATION:

CHOOSING THE BEST WORD

ANGER

(Spanish)	**CORAJE**	**-**	**ANGER**
	ODIO	**-**	**HATRED**
	RABIA	**-**	**RAGE, FURY**
	ENOJO		**IRRITATION**
	ENFADO	**}**	**ANNOYANCE**
	IRRITAR		
	DISGUSTO	**-**	**QUARREL**
			DISAGREEMENT

DEPRESSION

(Spanish) **CAIDA DE ESPIRITU - FALLEN SPIRITS**

TRISTE - SAD

DEPRESION - CLINICAL DEPRESSION

DEMORALIZADA - DEMORALIZED

GUILT

(Spanish)	**VERGUENZA**
	CULPA
	OFENDIDA
	APENADA

COLICO - ABDOMINAL COLIC

ANIS	T* ANISE
ESTAFIATE	T WORMWOOD
HEDIONDILLA	T CREOSOTE
GRANADA	T CHAMOMILE
NARANJO	T ORANGE LEAVES
NEGRITA	T ELDERBERRY
PIONILLO	T CROTON
YERBA BUENA	T MINT

GUIDELINES FOR HEALTH PRACTITIONERS: LEARN*

L = <u>LISTEN</u> WITH SYMPATHY AND UNDERSTANDING TO THE PATIENT'S PERCEPTION OF THE PROBLEM

E = <u>EXPLAIN</u> YOUR PERCEPTIONS OF THE PROBLEM

A = ACKNOWLEDGE AND DISCUSS THE DIFFERENCES AND SIMILARITIES

R = RECOMMEND TREATMENT

N = NEGATIVE AGREEMENT

* WILLIAM FOWKES, FAMILY PRACTICE CENTER, STANFORD UNIVERSITY