

## Brief Cross-Cultural Counseling Training for Family Medicine Residents

Describe the Special Programs being applied for. Include a detailed budget and justify the funds requested.

### Introduction

Various studies support the contention that between 60% and 80% of patients seeking treatment in family physicians' offices carry diagnoses of anxiety, depression, and stress-related disorders in addition to the presenting symptom which ostensibly has caused them to seek medical assistance. It is generally agreed that the psychological and psychosocial problems of patients in need of medical care greatly complicate and prolong their medical treatment. Such patients are associated with patterns of "unnecessary" office visits, protracted recovery, and recurrence of symptomatology. On the positive side, however, research has also demonstrated that brief counseling intervention can significantly improve the sequelae associated with the presence of psychopathological factors. Other studies have shown that it is possible to teach such skills to family physicians, who are often the first contact point in the health care system for these patients.

The difficulties in dealing with the psychosocial concerns of patients and families are greatly exacerbated by the introduction of cross-cultural factors. The paucity of medical and psychological support services for indigent Hispanic and Vietnamese patients in Orange County is well-documented. It is particularly tempting to overlook the psychological needs of these patients because of the great demands on the time and resources of physicians attempting to address their basic medical problems. While community referrals exist (e.g., the Nueva Esperanza clinic in Santa Ana, the Vietnamese Community of Orange County), these facilities are generally overwhelmed by a large patient volume, with 4-8 week waiting periods. It is also true that many immigrant patients are reluctant to seek psychological assistance from unfamiliar organizations. Thus, the burden of care tends to fall on physician care-givers, who are often hampered in their efforts to render quality care by cultural and language barriers. Lack of a shared language and cultural assumptions is particularly difficult when communication about sensitive and private areas of personal life (such as occurs in psychotherapy or counseling) is attempted.

### Program Description

For these reasons, the following program is proposed. Under the direction of behavioral science faculty in the Department of Family Medicine, second and third year family practice residents will be trained to do brief counseling with Hispanic and Vietnamese

patients who seek health care services at the Community Clinic of Orange County (CCOC). CCOC sees approximately 8500 patients per year; about 4900 of these are Hispanic, and 1600 Vietnamese. Only about 2000 have Medi-Cal insurance; the majority fall into various self-pay categories which qualify them as indigent.

Training will be provided to residents in brief intervention skills, including a) active listening skills b) behaviorally-oriented analysis and intervention c) problem-solving techniques. Cultural sensitivity training will also be included as part of the educational package. On a once-monthly (PGY IIs) and twice-monthly (PGY IIIs) basis, each resident will then engage in counseling sessions with patients referred from the Community Clinic. Over the course of a year, it is estimated that approximately 20 residents will be involved in this program. Each resident will be scheduled for 1-2 counseling clinics per month, and will see between 1-3 patients per session. This schedule will generate between 120 and 600 patient visits (some of these visits may represent return patients). All counseling sessions will be conducted in the presence and with the help of a licensed clinical psychologist or social worker, and all sessions will make use of a bilingual interpreter.

Much research attention has been focused on the interpreter-assisted medical interview. The goal of this program is to extend that model to the psychological realm. The interpreter will play a key role in mediating the interaction between resident/behavioral science faculty/ and patient, as well as giving appropriate guidance regarding cultural-specific understandings of patient responses. Prior to commencing the program, the interpreter will also receive training as to how to successfully fulfill these functions. Interpreters will be bilingual minority students recruited from UC Irvine and Santa Ana High School (a local public high school).

#### BUDGET

##### Personnel

Johanna Shapiro, Ph.D., Program Director	0	
TBR, two Bilingual Interpreters	7,650	
TBR, Bilingual Research Assistant	1,500	
Total Personnel		9,150

##### Supplies/Expenses

Xeroxing Training Materials	500	
Total Supplies		500
TOTAL ESTIMATED BUDGET		\$9,650

PATIENT QUESTIONNAIRE

Date:  
Interpreter:

Patient Chart Number:

Faculty:  
Resident:

1. What was the reason you came to see the doctor today?  
\_\_\_\_\_

2. What did you expect to happen when you came to see the doctor today?  
\_\_\_\_\_

3. How satisfied were you with this visit?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	VERY
SATISFIED	SATISFIED	SATISFIED	SATISFIED	SATISFIED

4. How caring did the doctor seem to you?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

5. How much do you think talking with the doctor will help your problem?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

6. What did the doctor tell you to do about your problem?  
\_\_\_\_\_  
\_\_\_\_\_

7. Did the doctor ask you any questions that were too personal?

YES NO  
If YES, what were they? \_\_\_\_\_  
\_\_\_\_\_

8. With how much respect did you feel the doctor treated you?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

9. How concerned about your family did the doctor appear to be?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	A GREAT DEAL

10. How helpful do you think it would be to come back for another visit with this doctor?

1	2	3	4	5
NOT AT ALL	JUST A LITTLE	SOMEWHAT	QUITE A BIT	VERY
HELPFUL	HELPFUL	HELPFUL	HELPFUL	HELPFUL

11. Do you plan to return for a follow-up visit? (If recommended)  
YES NO

Observer comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSTRUCTIONS TO INTERPRETERS

**BACKGROUND.** Welcome to the pilot program, "Interpreter-Mediated Brief Counseling for Hispanic Patients." This program, funded by the Latino Research Program at UC Irvine, is an effort to meet some of the basic counseling needs of the low-income, Spanish-speaking patients at the Community Clinic of Orange County (CCOC). This clinic is a general outpatient medical clinic, administered and staffed by the Department of Family Medicine, UC Irvine. Medical care is provided by family practice residents and medical students.

It has been repeatedly observed that many of the clinic patients have psychological and psychosocial problems as well: depression, anxiety, panic disorder; marital conflict, parenting problems, alcoholism and substance abuse in the home. But the crowded schedule of regular clinic hours rarely allows more than superficial attention to these issues. Historically, the clinic has regularly referred patients to Nueva Esperanza, a local, non-profit mental health center; and to County Mental Health. However, it was felt that an additional resource was needed. At the same time, department faculty were looking for a mechanism to teach basic counseling skills to family practice residents.

The convergence of these two needs led to the development of the counseling clinics. The purpose of the counseling clinics is twofold: 1) To provide limited counseling on a range of problems to the CCOC patient population 2) To educate family practice residents in a) basic counseling and psychotherapy techniques b) cross-cultural interactions with a Hispanic population. In order to fulfill goal #2, residents will attend a series of lectures and group discussions on psychotherapy in general, and cross-cultural helping in particular. The first set of these presentations will be the first three Mondays in July, in the biomedical library at UCIMC, and you are all encouraged to attend.

**DESCRIPTION OF COUNSELING CLINICS.** The counseling clinics are scheduled for 3 hours, from 9:00 - 12:00 in the morning, and 2:00 to 5:00 in the afternoon. They are staffed by the behavioral science faculty: Johanna Shapiro, Michael Masters, and Pat Lenahan. In addition to a behavioral scientist, a resident will also be scheduled. Generally, 3 patients are scheduled per session. The behavioral scientist and resident meet briefly (usually the first half hour before the clinics commence) to review the scheduled patients and discuss their problems. Each session lasts approximately 50 minutes, with 10 minutes for discussion and case write-up.

Only third year residents participate in counseling clinic (this is a total of about 7 residents at CCOC). They are expected to refer patients to themselves for counseling from their regular practices. In addition, first and second year residents as well as medical

students may refer patients to counseling clinic. Whenever possible, they should complete the referral form which can be found at the nursing stations.

**ROLE OF THE INTERPRETER.** As interpreter, your role is essential. You will provide a linguistic and in some cases cultural bridge between patient and helpers. There are a few guidelines to follow which will make your task both easier and more effective.

1) As soon as the patient has entered the room, invite her to be seated. Introduce yourself, explain your function, and introduce both the resident and the behavioral scientist (address both as doctor).

2) We encourage the resident to look at the patient when he is speaking, even though he is speaking English and she only understands Spanish. When this happens, don't feel that you are being ignored.

3) For interpretation to be successful, small units of communication are essential. Most of us, helpers and patients, have a tendency to want to tell our entire story in one breath. Don't be reluctant to politely interrupt a patient or helper: "Excuse me, senor, allow me to tell what you have just said to the doctor. I want to make sure she understands exactly what you are saying." "Excuse me, doctor, let me tell that to the patient."

4) As much as possible, try to translate the patient's or helper's EXACT words. This may seem more time-consuming than a simple summary, but the purpose of the interpreter is to approximate an actual dialogue as closely as possible.

a) Never "censor" a patient's communication because you think it sounds uneducated, superstitious, illogical, or doesn't make sense. We want to know exactly what the patient says, in her own words, and then we will sort it out together.

b) We understand that sometimes, as Anglo helpers, we may phrase a question in an unintentionally insensitive way. Don't edit us! Instead, don't be afraid to voice your concern, and the resident or behavioral scientist will work on more appropriate phrasing.

c) By the same token, if you are not clear about what the helper or patient has said, don't simply try to translate anyway. Ask for clarification.

5) We value any expertise you might bring regarding Mexican or Latin American culture and customs; or about the experience of Mexican-Americans in the United States. In addition to accurate translation, we hope you will share any insights or ideas you have as to the best way to help a particular patient.

After the session is over, thank the patient for coming. Then mention that you would like to ask her a few brief questions. The

resident and the behavioral scientist will leave the room. You will explain that we are still learning how best to help patients at the clinic, and we would like them to answer these questions as honestly as possible. Inform them that their answers will be handled confidentially and anonymously. Then ask them the accompanying questions, thank them again, and escort them to the waiting room.

After the patient has left, please jot down in the appropriate section any OBSERVATIONS you had about the counseling session, either about the patient, the resident, or the behavioral scientist. "Patient did not seem to understand what the doctor was trying to get her to do." "Patient seemed relieved and happy to have someone to talk to." "Resident worked very hard at really understanding what was going on with this patient." "Behavioral scientist was asleep (Just kidding!)."

Thank you very much for your participation in this project. If you have any questions, please direct them either to the behavioral scientist to whom you are assigned, or to Dr. Johanna Shapiro, 634-5171.

COUNSELING CLINICS:  
Interpreter-Assisted Brief Counseling for Spanish-speaking  
and Vietnamese Medical Clinic Patients

The program described below is in urgent need of volunteer interpreters who would be willing to spend an afternoon (3-4 hrs) every week assisting physicians-in-training and a supervising psychologist counsel indigent Spanish-speaking and Vietnamese patients at the Community Clinic of Orange County. The experience of serving as interpreter is extremely valuable for anyone interested in counseling, psychotherapy, cross-cultural issues, and how best to provide health-related services to a multiethnic community. It is truly a unique and fascinating opportunity. Anyone interested should contact

Dr. Johanna Shapiro  
Director, Behavioral Science Training  
UCI Department of Family Medicine  
456-5171

Please leave a message. The program is in need of volunteers Monday, Tuesday, and Thursday afternoons.

**BACKGROUND:** The counseling clinic program is an effort to meet some of the basic counseling needs of the low-income, Spanish-speaking and Vietnamese patients at the Community Clinic of Orange County. This clinic, located at 2000 West Walnut, Santa Ana (near Bristol and First) is a low-cost outpatient medical clinic administered and staffed by the University of California Irvine Department of Family Medicine. The clinic sees approximately 8500 patients per year; about 4900 of these are Hispanic, and 1600 Vietnamese.

Many of the clinic patients have psychological and psychosocial problems in addition to their medical complaints: depression, anxiety, post traumatic stress disorder, panic attacks; marital conflict, parenting problems, alcoholism and substance abuse. The crowded schedule of the regular medical clinic rarely allows more than superficial attention to these issues. While patients are routinely referred to Clinica Nueva Esperanza, a local non-profit mental health center; to the Vietnamese Community Center; and to County Mental Health, it was felt that an additional, on-site resource was needed. At the same time, department faculty were looking for a mechanism to teach basic counseling skills to family practice residents.

The convergence of these two needs led to the development of the counseling clinics, which have now been in operation for two years. The purpose of the counseling clinics is twofold: 1) To provide limited counseling (usually once/month) on a range of problems to the CCOC patient population 2) To educate family practice residents in a) basic counseling and psychotherapy techniques b) cross-cultural interactions with Latino and Vietnamese populations.

**DESCRIPTION OF COUNSELING CLINICS:** The counseling clinics are scheduled for 3 hours, from 9:00-12:00 in the morning, and 2:00-5:00 in the afternoon. They are staffed by the department's behavioral science faculty, Johanna Shapiro, Ph.D., Michael Masters, Ph.D., and Patricia Lenahan, LCSW. In addition to the behavioral science faculty member, a family practice resident is always present and participates in the counseling. Only third year residents are involved in the counseling (there are a total of 9 3rd year residents in our program). Residents are expected to refer patients for counseling from their own regular clinic practices. In addition, first and second year residents as well as medical students may refer patients to counseling clinic. Generally, 3 patients are scheduled per session. The behavioral scientist, interpreter, and resident meet briefly (usually during the first half hour before the clinics commence) to review the scheduled patients and discuss their problems. Each session lasts approximately 45 minutes, with 10 minutes for discussion and case writeup.

**ROLE OF THE INTERPRETER.** The interpreter's role is essential. The interpreter provides a linguistic and in some cases a cultural



bridge between patient and helpers. To better enable the interpreter to fulfill this function, the program provide basic training in interpreter skills that emphasizes exact translation and avoidance of censoring. We value any expertise the interpreter might bring regarding Mexican, Latin American or Vietnamese culture and customs. We regard the interpreter as a vital member of the treatment team and treat this individual accordingly.

In addition to providing direct translation, the interpreter administers two brief questionnaires to the patients. One is a depression screening inventory administered at the start of the counseling session; the other is a patient satisfaction questionnaire, administered at the close of the session. Each questionnaire takes approximately 5 minutes to administer.