

Handout 1-1: Case Study – Mr. Cho

Background

Horace Cho is a 57-year-old businessman from Hong Kong who has lived in Seattle for 15 years. He was referred to a psychologist for insomnia, fatigue, loss of appetite, gastrointestinal distress, and depressed mood.

Part 1

Mr. Cho grew up in Hong Kong, completed his MBA in California, and then moved to Seattle to join his wife's family and start a new business. Despite Mr. Cho's excellent English and knowledge of U.S. practices, his business is in difficulty. He thinks his business troubles are a result of him being sick. However, he fails to see that he is sick because of psychosocial stressors.

Mr. Cho lives in a majority Chinese suburb and encourages his children to stay close to Chinese traditions, but his children desire greater participation in American society. He describes his wife as much more traditional than himself, but to his surprise it is she who encourages the children to participate in American society.

At the initial interview, Mr. Cho denies depressed mood but agrees that symptoms, business difficulties, and value conflicts in his family are "upsetting sometimes."

Part 2

After the initial assessment, Mr. Cho began a 16-week course of cognitive behavioral therapy (CBT) for depression. The case at first appeared to be a textbook case of "Chinese somatization." Mr. Cho discussed his physical ailments almost exclusively, without linking them to his psychosocial stressors. Conversations about Mr. Cho's stressors sometimes made him cry.

Due to the institutional demands of the mental health clinic, the psychologist preferred to emphasize symptoms and attributions rather than the understandable suffering Mr. Cho was experiencing from business and family difficulties.

The psychologist worked to establish rapport with Mr. Cho. Then, the psychologist and Mr. Cho identified depressed mood, guilt, and pessimism as reactions to Mr. Cho's physical symptoms and their impact on his business and family life.

Mr. Cho asked several times about how the CBT could help him with his primary concern – the physical symptoms. However, the psychologist continued to focus on depressed mood, guilt, and pessimism instead, and Mr. Cho began to miss sessions. The psychologist realized that to keep Mr. Cho engaged, the treatment needed to be adapted to address his unique needs.

At the next session, the psychologist reframed the treatment in line with CBT approaches to chronic fatigue syndrome – emphasizing holism of mind and body, talking more openly about somatic symptoms, and incorporating some somatic approaches such as sleep hygiene and diet regulation. The psychologist emphasized that psychological and physical causes and symptoms were legitimate topics of discussion. This aligned with Mr. Cho's initial reasons for seeking therapy.

Part 3

By the end of treatment, Mr. Cho was still struggling but wanted to try making changes by himself. He continued to prioritize somatic symptoms but agreed that psychological symptoms were part of his experience.

At 6-month follow-up, Mr. Cho reported ongoing appetite and gastrointestinal problems, but much better sleep, energy level, and mood. He mentioned that he was now working with a specialist, who was finding that the ongoing gastrointestinal and appetite problems might be related to a specific medical issue. The possibility of this separate issue may have been lost in the context of other symptoms.

Handout 1-2: National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.