



Whole Family Engagement & Systemic Service Considerations

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County of San Diego
Children's System of
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Overview

- Cultural Competence Basics
 - Common Factors Across Refugee Populations
 - Stressors
 - Typical Stories & Experiences
 - Home Country & Immigrant Experiences
 - Social & Healthcare Service Barriers
 - Psychological Symptoms & Related Difficulties
 - Common Symptom Patterns
 - Radicalization Risks
 - Healthcare Service Utilization Patterns
 - Treatment Models & Considerations
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Basic Cultural Competence Perspective



Common Expectation: “Cultures on Parade”



Understanding Culture's Role

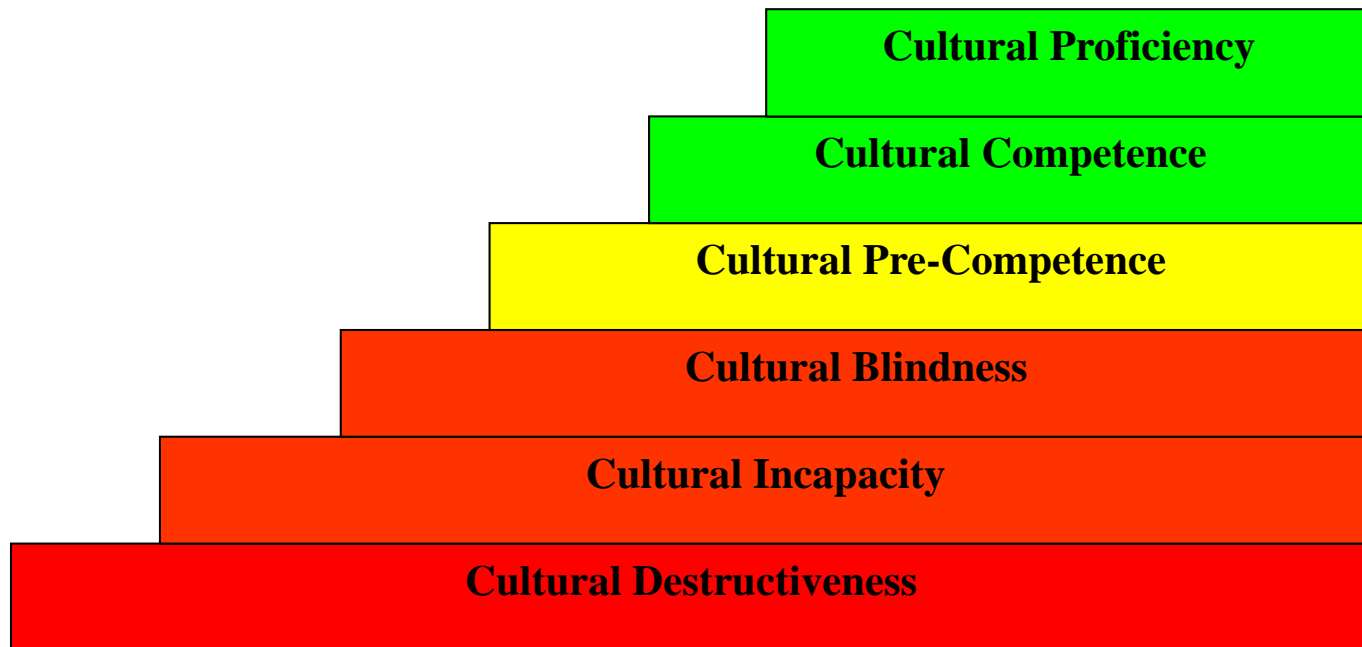


How we are all similar (Universals)

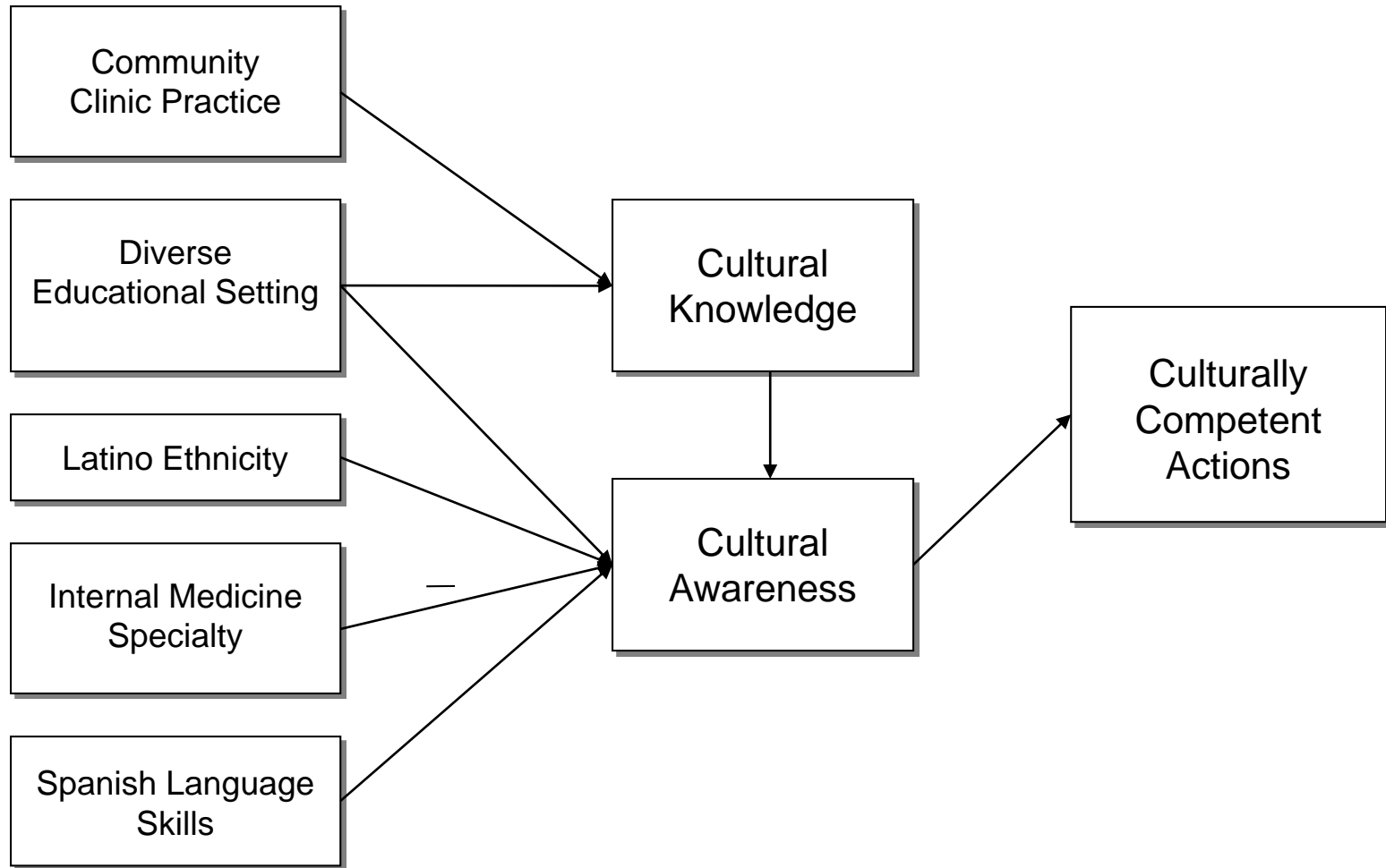
How some of us are similar (Culture)

How we are each unique (Individual Differences)

Cultural Skill Step-Ladder



What Predicts Culturally Competent Actions?



Common Factors Across Refugee Populations

- The Resettlement Process
 - Acculturation: Stress and Strategies
 - Disruption in Family Dynamics
 - Family Power Dynamics (parents and children)
 - Service Access (who speaks for the family?)
 - Health & Wellness
 - Service Factors and Strategies
 - Questions / Comments
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Resettlement & Acculturation



- ❖ Stressors (migration itself is a traumatic event)
 - ❖ Family Dynamics (disruption in traditional family roles)
 - ❖ Who speaks for the family?
 - ❖ Educational Factors (for children and adults)
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Health & Wellness



Wellness Factors

- ❑ Medical service history (or lack thereof in refugee camps)
- ❑ Changes in home country to host country diets
- ❑ Understanding health & illness (traditional healing)
- ❑ What is mental health & illness (“I’m not crazy!!”)
- ❑ Changes in how to get around (home vs host country - aka what exactly is a pedometer and why would I need one?)
- ❑ Vision, Hearing, and Oral Health



Service Models & Considerations

TRUST

- ☐ Evidence-Based Practices
 - ☐ Practice-Based Evidence
 - ☐ Community Defined Practices
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Some Basic Steps Toward Cultural Competence:

1. Before anything else develop and on-going awareness of your own biases (we all have them);
 2. Learn about the cultural factors (language, beliefs, behaviors) of the groups you come in contact with;
 3. Learn to recognize when such factors are applicable to (or not applicable to) individual encounters (respect with-group diversity);
 4. As with any skill, keep up to date with new developments;
 5. Seek the help of skilled colleagues as “sounding boards;”
 6. Do not automatically consider beliefs or habits that appear odd or unusual as problematic;
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Practical Service Considerations

Systemic

- Language: (attention to dialect – e.g. Brava, - not just a country's primary language);
 - Interpretive Issues (mechanical process vs. cultural broker);
 - Few providers are knowledgeable about these groups;
 - Provider attitudes about client motivations;
 - Limited information regarding demographics (who gets to be a “minority”?);
 - Collaboration / Competition between “minority” groups;
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Practical Service Considerations

Consumer / Client

- Collectivism: (individual “weakness” = failure of larger family & social units);
- Community suspiciousness about others in greater society;
- Patriarchal Cultures? (Depends on who is ‘sick;’ wellness is a family project);
- Advice from religious leader (e.g., Imam) may be most acceptable;
- Primary Care / medications more acceptable;
- “Crazy” associated with psychotic features;
- Generational splits in the community.
- Dietary changes with acculturation & associated health problems

Friends & Family



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