

Interviewing Clients Across Cultures

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Plan for our time together

What is culture?

Culture is a set of:

Beliefs

Attitudes &

Behaviors

Shared by a group of people

Most institutions reflect worldview of dominant culture

Dominant culture

- People should be in control
- Individual & nuclear family are basic units
- Time should be “saved” & schedules strictly followed
- Questions should be asked & answered directly
- Speak openly so professionals can help
- Personal happiness & fulfillment are most important

Many minority cultures

- Life is determined by forces beyond one’s control
- Extended family, clan or tribe is basic social unit
- Time is relative & schedules are flexible
- Questions should be asked & answered to allow saving face
- Keep problems within the family
- Family & group needs come first, “Happiness” not most important value

Psychological Processes

Stigma effect: people in inferior conditions must be inferior in some way themselves: they must deserve these conditions

Fundamental attribution error: attributing behaviors to internal characteristics rather than the circumstances (e.g. clothing dirty or ill-fitting; meager furniture; parental inattention; fast food; truancy)

Confirmation bias: You notice what you expect to see & discount the rest (stereotyping, overgeneralizing)

Trauma: Primary & secondary can lead to burnout & distortions of all kinds including denial, minimizing, overgeneralizing, personalizing, splitting

Refugee/immigrant mental health

- Eurocentric assessment tools & treatment methods have limited utility across cultures.
- Refugee/immigrant suffering may be more about loss than about trauma

Diagnosing & Misdiagnosing

Mental health diagnoses usually based solely on history & presentation. Problems:

- No interpreting & poor interpreting
- Lack of equivalency in languages
- Distress expressed differently
- Lack of cultural equivalency
- Perceived incentives for particular stories

PTSD: Over & Misdiagnosed

- Horrific stories lead to diagnosis
- Focus on the past may impede focus on & solution for today's problems
- Is it "post" or current?
- The physiology of normal distress & the physiology of pathological distress are confused (Summerfield, 2001)
- Many refugees more helped by jobs, housing, schooling & social connections than therapy or medication for PTSD

- Most are “upset but not ill”

One major source of difficulty in cross-cultural interviews Linguistic misunderstanding

(Lack of linguistic competence)

“Amid the noise of traffic of English, it was a silent world.” Julia Alvarez

**Not understanding conversations that might change your future...
How does this feel?**

Counseling Non-native Speakers: Options

Session in English

Session in the other language only

Use an interpreter

Bilingual provider

Handling language issues compassionately

We are lacking, not the people we are serving

Language competency affects:

- ability to remember
- ability to communicate
- public & private, connection & disconnection
- shame

Language barriers

Lack of bilingual providers

Lack of documents in native language

Failure by professionals to access interpreters

Poor quality interpreting

Executive Order of 2000 Amending the Civil Rights Act of 1964 requires:

All agencies receiving federal assistance of any kind must provide services that are accessible to people with limited English proficiency.

Applies to most healthcare, legal, criminal justice, education, & social welfare settings

Prohibited: services of more limited scope or lower quality, unreasonable delays, limited participation in a program or activity, failure to inform LEP persons of right to

interpreter or requiring people to provide their own interpreter

When to use an interpreter

At any point even if person or family initially declines

Quality interpretation is a client's basic right & our professional obligation

It is not a favor or add-on

Offer interpreting services multiple times over the course of interventions

The federal order allows for qualified voluntary community interpreters who are bound by confidentiality agreements

Problems with informal interpreters

Conflict of interest/prior relationship

Embarrassment impedes accuracy

Desire to help family/community save face

Denial/disbelief

Confidentiality & perceived confidentiality

Dialect familiarity or lack of it

Limited language skills or knowledge of specific terms

Children interpreting

Interpreter "blamed"

May be asked to testify in court

Research on language competence in clinical interviews

Almost None!

Research in medical field shows interpreting is not neutral

Where is the interpreter's allegiance?

What has prepared the interpreter to be involved in an intimate event like this?

Is your agency providing the same services to people whose native language is not

English?

If not, what else can be done?

Commit to a step

Basic Demographic Information

Birthdays

Names

Family relationships

Who lives where

Diverse family structures

To improve multicultural services

Familiarity with the culture(s)
Consult cultural experts & resources
Diversify workplaces & create opportunities to speak together
Self-knowledge & development
Equitable policies & structure
Check for equitable OUTCOME not just intentions
Diversity assessment, plan & follow-up

Non-verbal Issues

Gestures
Eye contact,
Facial expressions & lying
Non-verbal Issues
Touch
Pace & Silence

Resources

www.BRYCS.ORG

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