

Culturally Informed ERP



Working with African Americans

- OCD symptoms are similar to other races/ethnicities
- However, themes of cleanliness or violence may be related to history of being labeled as less clean or violent
 - Focus may be to combat stereotypes

Working with African Americans

- Keep in mind barriers for treatment (cost, transportation issues, fear of judgment, fear of getting the wrong treatment, lack of belief in treatment, cultural insensitivity)
- Emphasize family involvement
- Consider and recognize religious affiliations
- Involve African Americans in clinical trials
- Use the YBOCS or OCI-R to diagnose
- Keep in mind stigmatization of mental health in the black community

WORKING WITH ASIAN AMERICANS AND INDIAN AMERICANS

What does OCD look like in people from Asian countries/cultures?

While Asian Americans and Indian Americans deal with the same OCD symptoms as other races/ethnicities (perfectionism, doubt/checking, aggression, mental compulsions, etc.) there are certain subtypes that are more commonplace. Some of the more common obsessions and compulsions found in those countries/cultures are outlined below:

OBSSESSIONS:

- Contamination (*Japan¹, Taiwan², Korea³, China⁴, India⁶*)
- Symmetry (*Japan¹, Taiwan², China⁴*)
- Violence/aggression (*Japan¹, Korea³, China⁴*)
- Pathological doubt (*Taiwan², India⁶*)
- Repeating (*Korea³*)
- Religious (*Korea³, China⁵, India⁷*)
- Somatic (*Korea³*)
- Sexual (*Korea³, India⁸*)

COMPULSIONS:

- Checking (*Japan¹, Taiwan², China⁵, India*)
- Washing (*Japan¹, Taiwan², Korea³, China⁵*)
- Arranging (*Japan⁴*)
- Repeating (*Japan¹, Korea³, India*)
- Exactness/orderliness/precision (*Japan¹, Taiwan²*)

Working with Asian Americans and Indian Americans Continued

- Keep barriers in mind (Cost, culture, language, misdiagnosis, shame, stigma, religious practices)
- Severe cases – due to stigma, treatment may not be sought until symptoms are severe
- Treatment– consider other treatment approaches that can be used in addition to western approaches for comprehensive treatment
- Involve family members
- Reach out to community leaders
- Stay informed of research and consider cultural competency training and consultation

Working with Hispanic/Latinx Americans

- ▶ Be aware of symptom somatization- feeling mental health symptoms in the body
 - ▶ May seek medical advice first
 - ▶ CBT/ERP may not help with somatic symptoms making treatment seem less effective
- ▶ May be more likely to have contamination and turn to religion for coping/have scrupulosity obsessions/compulsions

Working with Hispanic/Latinx Americans

- Keep in mind barriers (language, stigma, machismo/caballerismo, immigration status, religious affiliation)
- Offer family sessions
- Address religious beliefs
- Address machismo and caballerismo
- Consider financial barriers
- Involve Hispanic/Latinx individuals in research studies

WORKING WITH THE TRANSGENDER OCD COMMUNITY

- Use appropriate pronouns
- Use client's chosen name
- Use gender-inclusive paperwork
- Do not assume someone is seeking treatment d/t being trans
- Focus on client's care not your curiosity
- Be mindful and aware of microaggressions

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<https://iocdf.org/wp-content/uploads/2013/12/Tips-for-Clinicians-Working-with-the-Transgender-OCD-Community.pdf>

A note on SO OCD and Gender- Themed OCD

- Pinciotti et al. (2022)
 - The issue:
 - ERP for this subtype has typically focused on stereotypes and fears associated with LGBTQ+ people, prioritizing OCD symptom reduction in the individual over damage incurred to the LGBTQ+ community (e.g. fear factor exposures; othering)



Recommendations

- Psychoeducation
 - About LGBTQ+ identities
 - Fluidity of gender and sexual identity
- Neutral and positive exposures
 - Exposures that directly target aspects of being LGBTQ+
 - Neutral stimuli: Pride flag, neutral media portrayals that portray LGBTQ+ individuals without emphasizing trauma and minority stress, talking to an individual of the same gender and tolerate the uncertainty that they may believe you are attracted to them
 - Positive exposures that celebrate LGBTQ+ identity and community

Recommendations

- Targeting core fears and uncertainty with exposures/downward arrow
 - Fear of never knowing who they are and how they identify/not being authentic
 - Fear of the uncertainty and feeling as though one needs to have certainty around sexual identity to live a fulfilled, authentic life
 - Fear of how sexual identity may lead to stigma and being treated poorly, as well as how sexual identity may hurt others in their lives (e.g. ending a relationship with a spouse/partner)

Questions to ask when designing exposures around these themes:

- What is the client learning from this exposure?
- What is the function of the exposure?
- What is this client's sexual orientation/gender identity?
- Does this exposure tokenize LGBTQ+ people?
- Does this exposure play off stereotypes/stigma/prejudice?
- Does this exposure exploit queer people?
- Can a downward-arrow approach be used to create a more targeted exposure?
- Can the exposure be made about appreciation/celebration over tolerance of a community?
- Would this exposure need to be clarified to peers in a group-based treatment setting?
- Is the client's anxiety/distress rooted in homophobia/biphobia/transphobia?
- Would you feel comfortable doing this exposure in front of a queer person?