Cultural and Contextual Factors

In the RESPECT toolkit we focus on key interrelated *cultural and contextual factors* that influence client's beliefs and experiences with mental health and treatment.

Prior research and feedback from clinicians and families have highlighted several *cultural and contextual factors* that are particularly relevant for any mental health treatment. *Cultural factors* include beliefs, values, and family norms related to shared aspects of identity. *Context* refers to the environment, systems, and structures in which youth live. Remember: *everyone* has a culture and life context. Much of the below information is general and can be applied to any youth seeking mental health support and is especially important to attend to for youth with minoritized identities.

Note: Strategies to assess, conceptualize, and address these factors are provided in other sections of this toolkit.

We organize and describe common cultural and contextual factors that can impact youth anxiety and OCD treatment within six different levels of context, utilizing the health equity implementation framework. These are salient factors discussed in interviews with clinicians, clients and caregivers and are incorporated throughout the guidelines in this toolkit.

Societal Factors: *Economies, physical structures, and sociopolitical forces.*

Sociopolitical Context includes historical and current oppression of marginalized groups (e.g., racism, classism, or transphobia) that may be institutionalized within any organizational or local context (e.g., "don't say gay" bill, anti-immigrant legislation, redlining). Oppression based on intersecting marginalized identities lead to many of the inequities that exist for individuals with marginalized or minoritized identities when it comes to receiving quality mental health care. The sociopolitical context influences all other cultural and contextual factors.

Social Determinants of Health (SDOH) are the circumstances that affect the quality of life of all individuals and are associated with physical and mental health outcomes. SDOH include:
1) economic stability (e.g., access to basic needs such as housing and food)
2) education access and quality
3) healthcare access and quality
4) neighborhood and built environment (e.g., community violence and resources)
5) social and community context (e.g., family/peer conflict, (intergenerational) trauma)

Negative SDOH disproportionately affect youth from minoritized backgrounds, can influence treatment engagement and outcomes, and often warrant specific treatment focus.

Clinic Context: *Aspects of the mental health clinic including resources, policies, culture, or structures that influence care.*

Clinic Policies and Practices to Support Culturally Responsive Care include availability and structure of mental health services (e.g., location of the clinic, telehealth, flexible scheduling), advocacy and community engagement (e.g., outreach and consultation with community organizations/leaders), reduction of mental health inequities and support for therapists (e.g., peer supervision and support for clinicians of color). An organizational commitment to allocate resources to promote culturally responsive practices and support access to care is imperative.

Treatment Characteristics: *Characteristics and nature of exposure-based-CBT (Ex-CBT)*

Assumptions of Ex-CBT are the cultural assumptions of Ex-CBT within a Eurocentric, middle-class perspective which prioritizes individualistic versus collectivist values. These assumptions may or may not align with the client's needs and values.

Nature of Ex-CBT includes the structured and skills focused approach of Ex-CBT that influence clients' success in therapy. Ex-CBT strategies have been found to be effective in reducing anxiety and OCD symptoms for those experiencing maladaptive anxious avoidance behavioral patterns.

Clinician Factors: *Aspects of clinician's background, identity, or training that influence therapy.*

Clinician Cultural Humility is the clinician's awareness of their own biases and beliefs, their intention to understand each clients' context and experiences with respect, curiosity, and openness, and their action towards addressing potential inequities. Greater clinician cultural humility is associated with treatment satisfaction and improved clinical outcomes.

Clinician Social Identity and Experiences of Discrimination includes salient aspects of clinicians' identities and how they relate to their experiences providing therapy. Specifically, clinicians with marginalized or minoritized identities may experience microaggressions or explicit discrimination in the clinical context and are rarely trained on how to respond to such situations.

Client Factors: *Aspects of client background, identity, experiences, and chronic stressors that relate to their experience in therapy***.**

Values, Beliefs, and Experiences with Mental Health and Help-Seeking include a client's and/or family's cultural values, their beliefs about mental health (e.g., stigma, perceived causes), cultural differences in symptom expression, and past experiences with mental health care. Families from minoritized backgrounds are more likely to have negative experiences with the mental health care system. Beliefs and experiences with mental health care can influence engagement in services.

Social Identities are socially constructed aspects of identity, defined by physical, social, and mental characteristics of individuals (e.g., race, sexuality, gender, class, immigration status, religion or spirituality, ability status, neurodivergence, language). Importantly, we all have intersectional identities, which refer to how our identities relate to multiple socially constructed categories. These intersections create unique experiences of relative oppression and privilege, affecting youth and families' beliefs and experiences with mental health and help-seeking.

> **Identity-Related Stressors** include experiences related to interpersonal and structural marginalization (e.g., governmental policies and laws) related to aspects of social identity (e.g., identity-based discrimination, immigration-related stressors, poverty related stressors, acculturation stressors or the stress associated with adjusting to a new culture). Identity-related stressors may be a part of the presenting problem for clients and have implications for the selected treatment strategies.
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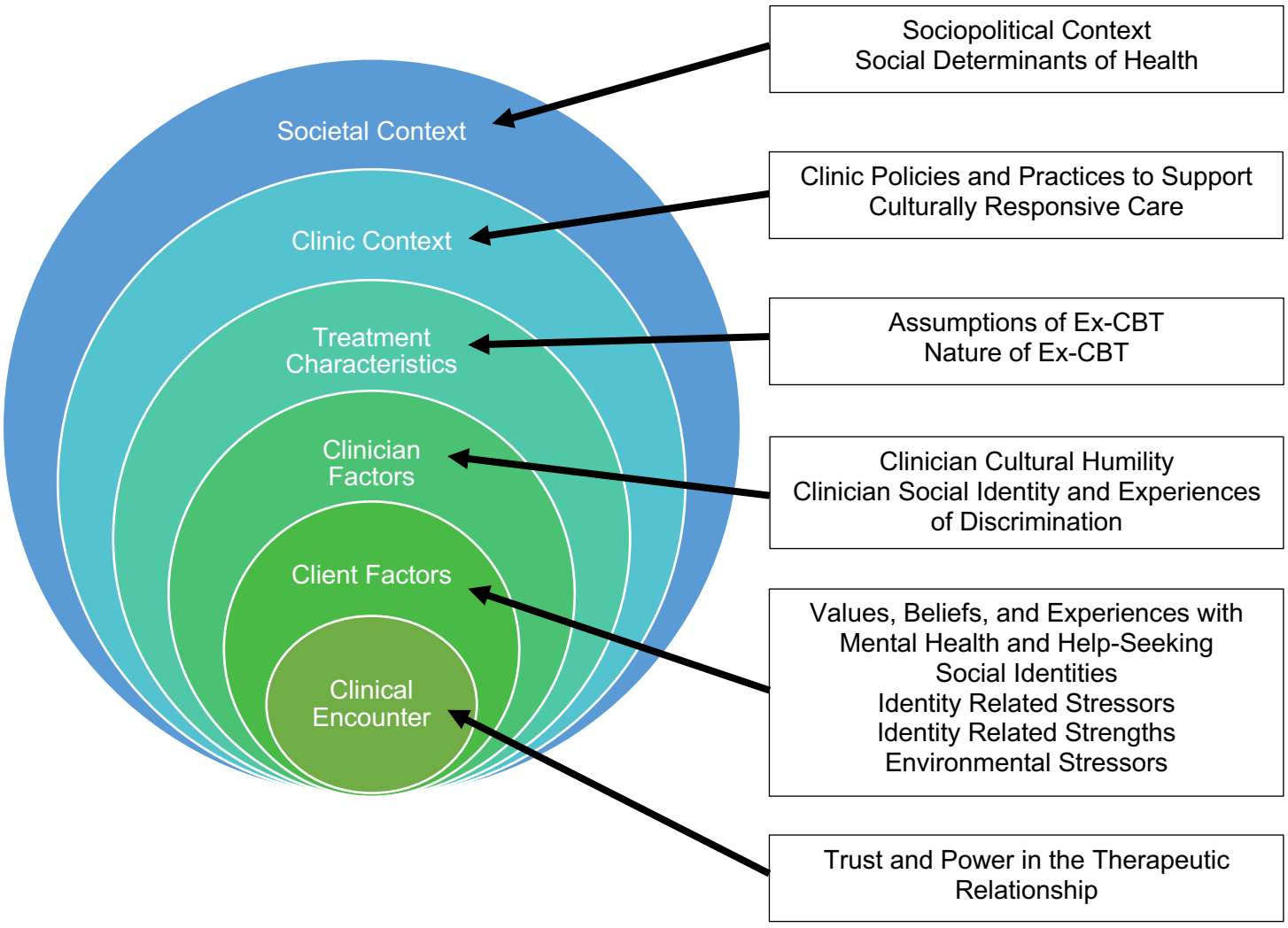
> **Identity-Related Strengths** include strengths from many aspects of life, including individual (e.g., interests, hobbies, personality traits, religion/spirituality), family (e.g., family closeness, family rituals/routines), and cultural and community, (e.g., languages spoken, racial/ethnic pride, rituals/norms, safe community spaces, religious communities). Understanding what is

important to a client can help develop and bolster these strengths and incorporate them into treatment planning.

Environmental Stressors result from adverse SDOH that play a role in the client's life, such as economic instability, housing/food insecurity, challenges with healthcare access, community violence, and even climate change and war. In addition, social and community stressors, such as family/peer conflict and (intergenerational) trauma, can result from environmental conditions. Environmental stressors may be a part of the presenting problem for clients and have implications for selected treatment strategies.

Clinical Encounter: *The interaction that occurs between clients and clinicians in therapy.*

Trust and Power in the Therapeutic Relationship represents the interaction between the client/family and the clinician which includes topics of building relationship, trust/mistrust, power dynamics in the therapeutic relationship, and feeling heard. These factors are important for all clients, but especially for clients from minoritized backgrounds who are more likely to have had previous negative experiences with providers and have a long history of mistreatment in the medical field, resulting in higher mistrust of providers and health systems. Clients and caregivers expressed the need for trust and the therapeutic relationship to be intentionally addressed through strategies such as clinician self-disclosure and transparent communication. Trust and strength of the therapeutic relationship form the basis of successful treatment.



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