

The Case for Cultural Competence

MHSOAC
Cultural and Linguistics Committee

Overview of California Brief Multicultural Competency Scale

- Developed in response to the 1999 U.S. Surgeon General's Report and 2001 Supplemental Report.
- Goal: Development of a Multicultural Competence Scale easily administered and scored-
- 1999 Scale Development
- 2000 lengthy Questionnaire 5 Scale (137 Q)
- 2000-01 1,244 CA. practitioners participated
- 2001 Client/Family members reviewed
- 2001-02 Training Manual- Richard Dana PhD
- 2002-03 From Manual to training program

Overview of California Brief Multicultural Competency Scale

- Summer 2004 40 mental health cultural competence experts participate in the review of CBMCS, training representing 14 counties and state DMH
- CBMCS 4 Modules were revised
- Summer 2005-2006 15 experts revised the CBMCS training from MH provider input
- Fall 2006 pilot of CBMCS begins
- The CBMCS represents a true partnership between the State and Local Mental Health and University evidence based research and development

CBMCS Scale Development

- University of La Verne
- Dept. of Mental Health
- California Institute of Mental Health
- Tri-City Mental Health Center

CBMCS Scale Development

- Consist of 21 items
- **Multicultural Knowledge:** issues of acculturation, racial /ethnic identity, language etc.
- **Awareness of Cultural Barriers:** Challenges people of color experience accessing mental health services
- **Sensitivity to Consumers:** What does it mean to be a person of color and a mental health consumer of services
- **Sociocultural Diversities** (formerly non-ethnic ability issues of gender, sexuality, aging, social class and disability)

CBMCS Pretest

- California Brief Multicultural Competence Scale (CBMCS) (5 min. to complete)

Rationale for Cultural Competence

Definition of Cultural Competence

- Individual Cultural Competence: “The state of being capable of functioning effectively in the context of cultural differences.”
- Organizational Cultural Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations.
- Culturally Competent Mental Health Care: Will rely on historical experiences of prejudice, discrimination, racism and other culture-specific beliefs about health or illness, culturally unique symptoms and interventions with each cultural group to inform treatment.
- Cross, Bazron, Dennis, & Isaacs, 1989; Pope-Davis, Coleman, Liu, & Toporek, 2003)

Organizational Levels of Cultural Competence

- Consumer
- Practitioner
- Administration and senior management
- Policy

The Five Essential Elements of Cultural Competence

Organizational

- Valuing Diversity
- Cultural Self-Assessment
- Managing for the Dynamics of Difference
- Institutionalization of Cultural Knowledge
- Adaptation to Diversity Policies, Structure, Values, Services

Individual

- Awareness and Acceptance of Difference
- Awareness of Own Cultural Values
- Understanding Dynamics of Difference
- Development of Cultural Knowledge
- Ability to Adapt Practice to the Cultural Context of Client

Challenges to the Mental Health System: U.S.
Surgeon General's Report

- U.S. mental health system may be ill prepared to meet the mental health needs of racial/ethnic groups due to deficiencies in level of cultural competence among service providers of all types (e.g., psychiatrists, therapists, case managers).
- Unique cultural differences exist among racial/ethnic groups with regard to coping styles, utilization of services, help-seeking attitudes and behaviors, and the use of family and community as resources.

Areas of Service Concern:
U.S. Surgeon General's Report

- Need
- Availability
- Accessibility
- Utilization
- Appropriateness
- Outcomes

The Need for Cultural Competence

- To gain a better understanding of what cultural competence means and its relevance
- A review of the mental health disparities and historical oppression
- To examine how cultural competence is reflected in the mental health system of care
- To explore cultural competence needs system wide

The Need for Cultural Competence

- To ensure that appropriate assessment, diagnosis, and treatment are provided to culturally diverse communities
- To increase voluntary utilization rates when mental health services are necessary
- To improve the overall quality of services and outcomes
- To respond to current demographics

Self Awareness

Transitional Stages of Change

- Denial (of differences)
- Defense (against differences)
- Minimization of differences (bury differences under cultural similarities)
- Acceptance (of cultural differences)
- Adaptation (of behavior and thinking to that difference)

Self-Awareness Definition

- Self-awareness involves the myriad ways that culture affects human behavior.
- Self-awareness involves recognizing how one's cultural background, experiences, attitudes, values, biases, and emotional reactions influence psychological processes.
- Self-awareness helps us to recognize the limits of our competencies and expertise.

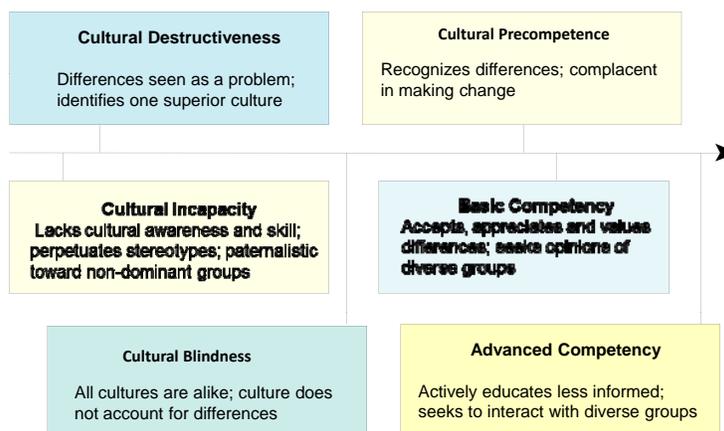
Definition of Worldview

- Worldviews represent beliefs, values, and assumptions about people, relationships, nature, time, and activity in our world. (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001)
- Worldviews affect how we perceive and evaluate situations and how we derive appropriate actions based on our appraisal.
- The nature of clinical reality is also linked to one's worldviews.
- Sue & Sue, 2003

Racial/Ethnic Identity

- Refers to the part of personal identity that contributes to one's self-image as an ethnic member or one's subjective experience of ethnicity.
- Racial identity reflects the psychological consequences of racial socialization.

The Cultural Competence Continuum



Awareness of Others

Stereotyping

- To recognize the ethnic/racial/cultural stereotypes in order to minimize any negative impact when providing mental health services.

Acculturation

- Psychological acculturation refers to how individuals adapt to the contact between two cultures.
- Different modes of acculturation may lead to more or less acculturation stress and better or worse psychological adjustment.
- Factors such as whether the culture change was voluntary or involuntary affect acculturation stress and adaptation.
- Characteristics of old culture and new culture affect acculturation stress and adaptation.

Power Imbalance

- Differences between providers and consumers affecting relationships/ intervention outcomes:
 - Values
 - Health-illness beliefs
 - Expectations
 - Recognition of class differences

Skin Color Privilege

- Skin color privilege results from an identifiable racial hierarchy that creates a system of social advantages or “special rights” primarily on race rather than merit. Certain persons/groups are assumed to be entitled to more than an equitable share in the allocation of resources and opportunities. These unearned advantages are invisible and often unacknowledged by those who benefit.
- (McIntosh, 2000; Neville, Worthington, & Spanierman, 2001)

Communication Styles

Direct-indirect: Speakers’ willingness to disclose intentions in verbal communications

- Elaborate-succinct: Volume and quantity of talk
- Personal-contextual: Use of generic/specific personal pronoun, informality-formality
- Instrumental-affective: Goal/outcome oriented vs. collaborative/process oriented talk

Cultural Influences on Communication: Nonverbal Behavior

- Nonverbal behavior is influenced by culture, age, gender, personal idiosyncrasies, and the situation.
- 65%–90% of a message’s meaning is communicated nonverbally.
- Sensitive and responsive providers work to familiarize themselves with nonverbal signals common to cultural groups that they serve.

Knowledge, Awareness, and Sensitivity to: Sociocultural Diversities

Men and Women
Sexual Orientation/Identities
Older Adults
Persons With Disabilities
Socioeconomic Status (SES)
Interaction Among Multiple Identities
Identifying Sources of Personal-Professional Bias/Prejudice
Discrimination

The Impact of Oppression on Communities

Tools

- Unjust use of power
- Assumption of superiority
- Racism
- Sexism
- Ageism
- Classism
- Dehumanization

Consequences

- Marginalization/discrimination
- Limited economic mobility (poverty)
- Limited educational mobility
- Interference with access to resources
- Disparities in health care

Deficiencies in Standard Assessment Protocols Across Cultures

- Test construction
 - Culture specific
 - U.S. and Western European based
- Test administration
 - High technology and low touch (medical model)

Deficiencies in Standard Assessment Protocols Across Cultures

- Test interpretation (assessor bias):
 - Distortion as a result of minimizing differences among people
 - Pathologized by labeling
 - Caricature as a result of stereotyping
 - Dehumanization as a result of inapplicable personality theories

Deficiencies in Standard Assessment Protocols Across Cultures

- Lack of consideration for social etiquette
- Lack of consideration for different cultural perspectives
- Failure to include culture specific tests
- The translation of an instrument does not necessarily mean that it is culturally appropriate

Awareness

- There is a dynamic interaction between gender roles and other factors that impact service delivery.
- Culturally competent delivery of mental health services requires an incorporation of the multiple factors that interact with gender.

Interaction of Gender Roles With Other Factors Affecting Service Delivery

- Acculturation
- Religion/spirituality
- Ethnic/racial identity
- Socioeconomic status
- Age
- Education
- Disability
- Other

Disparities in Treatment

Expression of Power

- Power is associated with authority, control, dominance, mastery, strength, and superiority.
- Undergirds status, increases access to desired goals, achievement, possessions, independence, etc.
- Consumer-provider power differential.
- Positional power, personal power, legitimate authority.
- Class dominance: Power is concentrated in a small group of individuals who compose a power elite.
- Those who have power are the gatekeepers of resources (e.g., mental health services, health care, employment, and educational opportunities).

Health Disparities: African Americans

- African Americans:
 - May be at higher risk of mental disorders than whites due to socioeconomic differences (Reiger et al., 1993)
 - Tend to be underrepresented in outpatient treatment, overrepresented (by twice as many) in inpatient treatment (Snowden, 2001; Snowden & Cheung, 1990), with difficult access to culturally competent services (Snowden & Yamada, 2005)
 - More likely to use the emergency room for mental health problems than whites (Snowden, 2001)
 - Higher rates of misdiagnosis compared with whites and, consequently, mistakes that lead to the use of inappropriate medications
 - See NAMI's summary of 2008 report on African Americans.
- U.S. Department of Health and Human Services, 2001)

Health Disparities: American Indians/Alaskan Natives

- American Indians/Alaskan Natives:
 - Few epidemiological surveys of mental health and mental disorders
 - Depression a significant problem for many American Indians/Alaskan Indians
 - Higher risk of alcohol abuse and dependence
 - High rates of suicide
 - U.S. veterans, higher prevalence rates of PTSD than whites

Health Disparities: Hispanics/Latino/a Americans

- Hispanic/Latino/a Americans:
 - Prevalence rates of mental disorders in Mexican-born Mexican Americans similar to general population; however,
 - Prevalence rates for depression and phobias higher in U.S.-born Mexican Americans relative to European Americans
 - Limited data are available for some Latino/a groups (e.g., Cuban, Puerto Rican, Guatemalans, etc.)
 - The mental health service system fails to provide for the vast majority of Latinos/as in need of care
 - Latino/a immigrants have very limited access to mental health services
 - Latino/a youth are at high risk for poor mental health outcomes
 - Historical and sociocultural factors suggest Latinos/as are in great need of mental health services

Health Disparities: Asian Americans/Pacific Islanders

- Asian Americans/Pacific Islanders:
 - Model minority myth and other subgroup stereotypes
 - Underutilization due to stigma and shame: Delay seeking services until problems become very serious
 - Access barriers due to lack of language proficiency of service providers
- U.S. Department of Health and Human Services, (2001)

Barriers to Service

- Provider's perspective:
 - Failure to acknowledge the long history of racism and its impact on mental health services for people of color.
 - Failure to acknowledge the pervasiveness of racism in the lives of consumers.
Failure to acknowledge how individual, institutional, cultural racism has influenced conventional treatment modalities, diagnoses, and assessment.

Barriers to Service

- Consumer's perspective:
 - Failure to trust the mental health system.
- Agency's perspective:
 - Failure to acknowledge that racism is also an institutional/systemic problem and that the agency may also perpetuate racism.
 - Failure to acknowledge that changes must be made at every level of the agency.

Barriers to Care

- Consumer challenges
- Conflict in consumer-provider cultural values
- Power differentials
- Institutional barriers to services
- Personal beliefs and stereotypes

Cultural Responsiveness

Sensitivity and Responsiveness

- Cultural sensitivity and responsiveness facilitate treatment and result in better outcomes for diverse clients.
- Conversely, cultural insensitivity and lack of responsiveness reduce treatment effectiveness

Sensitivity and Responsiveness: Definition

- Sensitivity refers to the provider's ability to understand consumers' experiences of racism, oppression, and discrimination.
- Provider responsiveness affects the experience of being a mental health consumer and his or her level of functioning.

Benefits of Multicultural Awareness

- Proactive multicultural sensitivity and responsiveness
- Advocacy within institutions
- Increased ability to work in multicultural settings
- Improved clinical outcomes
- More effective evaluation/assessment
- Enjoyment of multiculturalism
- Increased access to services for racial/ethnic/cultural groups

Benefits of Multicultural Awareness

- Multicultural awareness helps to ensure that appropriate assessment, diagnosis, and treatment are provided to culturally diverse consumers.
- Provider self-awareness is important for improving clinical outcomes because providers and consumers exchange worldviews, values, attitudes, beliefs, and experiences as part of the therapeutic process.
- Self-awareness assists in improving the overall quality of services.

Benefits of Multicultural Awareness

- Establish a therapeutic relationship that acknowledges cultural differences.
- Use credible service delivery styles that demonstrate respect.
- Use culture-specific elements (emic) combined with culture-general (etic) interventions (MAIP model).

Culturally Responsive Behavior Leads To:

- Low attrition
 - High consumer satisfaction
 - High consumer motivation
 - High utilization
 - Consumer rating of counselor as credible, empathic, and trustworthy
 - Positive ratings on outcome measures
- (Ridley, Mendoza, Kantiz, Angermeier, & Zenk, 1994)

Multicultural Knowledge

- Requires a personal commitment to be well informed about the communities we serve
- Requires a lifetime commitment
- Requires avoidance of simplistic characterizations of cultures
- Requires a personal commitment to be honest with oneself and accept what one does not know