

Fostering Growth in Cultural and Linguistic Competence



Presentation by
Cultural and Linguistic Competence
Committee
MHSOAC

1

Objectives



- Rationale for Cultural Competence
- Awareness of Self
- Awareness of Others
- Disparities in Treatment
- Cultural Strengths
- Cultural Responsiveness
- Incorporating Cultural Competence in Decision Making

2

Rationale for Cultural Competence



3

What is Culture?



- An integrated pattern of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors of a racial, ethnic, religious, or social group and the ability to transmit the above to succeeding generations.

4

Definition of Cultural Competence



- ☞ Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve.
- ☞ Incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

5

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.

6

Cultural Considerations



- Ethnicity
- Race
- Country of Origin
- Gender
- Age
- Socio-economic Status
- Primary Language
- English Proficiency
- Spirituality /Religion
- Literacy Level
- Sexual Orientation
- Employment
- Geographic Location
- Physical Ability/Limitations
- Immigration Status
- Criminal Justice Involvement
- Political Climate

7

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

8

Organizational Levels of Cultural Competence



- Consumer
- Practitioner
- Administration and Senior Management
- Policy

9

Cultural Humility



- Is a philosophy that addresses the role of power and privilege in a system, as well as the imbalanced power of voice and power to make decisions (i.e., the power **over** and the power **to**).
- Is a lifelong process of self-reflection, self-critique and commitment to understanding.
- Is respecting different points of view, and engaging with others humbly, authentically.
- Is a unique framework for moving us toward equity.
- Reduces the harm of prejudice and oppression and open opportunities for equity.

10

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.

11

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 and improve the overall quality of services and outcomes.
- To ensure that appropriate assessment, diagnosis, and treatment are provided to culturally diverse communities.

12

Self Awareness



13

Self-Awareness



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

14

Definition of Worldview



- Worldviews represent beliefs, values, and assumptions about people, relationships, nature, time, and activity in our world.
- 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.

15

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.

16

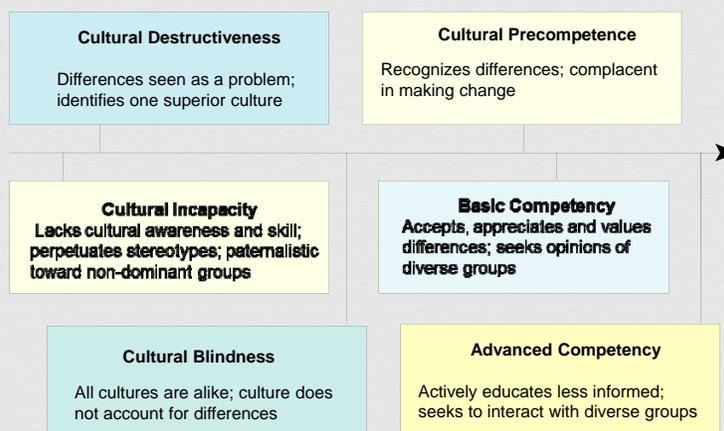
Transitional Stages of Change



- 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).

17

The Cultural Competence Continuum



18

Awareness of Others



19

Stereotyping



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

20

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.

21

Linguistic Competence



“The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.”

22

Power Imbalance



Differences between providers and consumers affecting relationships/intervention outcomes:

- Values
- Health-illness beliefs
- Expectations
- Recognition of class differences

23

Shadeism



- Discrimination that exists between the lighter-skinned and darker-skinned members of the same community.
- Shadism is a form of skin tone bias that identifies groups and individuals on the basis of degree of skin pigmentation.

24

Identity Privilege



- **What is “identity privilege?”:** Any unearned benefit or advantage one receives in society by nature of their identity. Examples of aspects of identity that can afford privilege: Race, Religion, Gender Identity, Sexual Orientation, Class/Wealth, Ability, or Citizenship Status.

25

White Privilege



- White 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.

26

Colorism



- Discrimination based on skin color, or colorism, is a form of prejudice or discrimination in which human beings are treated differently based on the social meanings attached to skin color.

27

Knowledge, Awareness and Sensitivity to Sociocultural Diversities



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

28

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.

29

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

30

Interaction of Gender Roles With Other Factors Affecting Service Delivery



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

31

Disparities in Treatment



32

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).

33

Health Literacy



- Is the ability to obtain, process and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment.
- A recent government study estimates that over 89 million American adults have limited health literacy.

34

Health Equity



- Healthy People 2020 defines *health equity* as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

35

Health Disparities: African Americans



- May be at higher risk of mental disorders than whites due to socioeconomic factors.
- Tend to be underrepresented in outpatient treatment, overrepresented (by twice as many) in inpatient treatment with difficult access to culturally competent services.
- More likely to use the emergency room for mental health problems than whites.
- Higher rates of misdiagnosis compared with whites and, consequently, mistakes that lead to the use of inappropriate medications.

36

Health Disparities: 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.

37

Health Disparities: Hispanics/ Latino/ Americans



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

38

Health Disparities: 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.
- Language disparity.
- Access to transportation.
- Unfamiliarity with Western mental health services.

39

Cross-Cultural Strengths



- Strong achievement orientation .
- Flexible family roles.
- Strong work orientation.
- Strong kinship bonds.
- Strong religious orientation.
- Resiliency is a cornerstone of family systems.
- Traditions learned from elders and community members provide a shield for families.
- Family loyalty
- Interdependence over independence
- Cooperation over competition

40

Cross-Cultural Strengths

-
- ❧
- Importance of family obligations and loyalty, filial piety, and parental sacrifice for the future of the children.
 - Teaching of strong focus on family harmony and interpersonal relationships.
 - Strong focus on family harmony and interpersonal relationships.
 - Family support as being important resilience factors.
 - Cultural traditions as being protective factors.
 - Parental respect.
 - Social support.

41

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.

42

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.

43

Barriers to Care



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

44

Cultural Responsiveness



45

Cultural Sensitivity and Responsiveness



- 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.
- Facilitates treatment and results in better outcomes for diverse clients.
- Conversely, cultural insensitivity and lack of responsiveness reduce treatment effectiveness.

46

Benefits of 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.
- Proactive multicultural sensitivity and responsiveness.
- Self-awareness assists in improving the overall quality of services.
- More effective evaluation/assessment.
- **Add something specific to the Commissioners and staff.**

47

Benefits of Multicultural Awareness



- Increased ability to work in multicultural settings.
- Advocacy within institutions.
- Enjoyment of multiculturalism.
- Increased access to services for racial/ethnic/cultural groups.
- Establishes 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).

48

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

49

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.

50

Incorporating Cultural Competence in Decision Making



- Continuous self-assessment.
- Applying strategies to mediate and resolve conflicts and misunderstandings that stem from cultural differences.
- Expanding employees' cultural competence and adapting services to meet culturally unique needs.
- Developing effective service delivery that includes input from culturally diverse communities and individuals.
- Advocating for and supporting culturally competent and responsive programs.
- Measuring the impact that services have on culturally diverse populations.

51

Thank You



Questions

52

References



- U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
- <http://www.tapartnership.org/COP/CLC/>
- <http://www.deanza.edu/equityoffice/cultural-humility.html>
- <http://www.pakeys.org/uploadedContent/Docs/ELinPA/ELL%20Toolkit/Cross%20Cultural%20Competence.pdf>
- Adapted from Cross et al, 1988, 1989, and Ponterotto, 1988.
- <http://www.ama-assn.org/ama/pub/about-ama/ama-foundation/our-programs/public-health/health-literacy-program.page>
- CBMCS Multicultural Training
- National Center for Cultural Competence, Georgetown University
- The National Council for Cultural Competence (NCCC), which based its work on Cross (1988, 1989)
- Cross, Bazron, Dennis, & Isaacs, 1989; Pope-Davis, Coleman, Liu, & Toporek, 2003)
- (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001
- Sue & Sue, 2003
- Cultural Humility, (Tervalon & Murray-Garcia, 1998). Tervalon and Murray-Garcia

53

References



- **Linguistic Competence**, (Goode & Jones, 2004).
 - White Privilege, . (McIntosh, 2000; Neville, Worthington, & Spanierman, 2001)
 - Colorism, (Jones, Trina, Shades of Brown: The Law of Skin Color. Duke Law Journal, Issue 49, No. 1487).
 - Health Literacy, (1995- 2013 **American Medical Association**).
 - See NAMI's summary of 2008 report on African Americans. (U.S. Department of Health and Human Services, 2001)
- ☞ (U.S. Department of Health and Human Services, 2001
 ☞ Health Disparities, (Snowden, 2001; Snowden & Cheung, 1990)
 ☞ (U.S. Department of Health and Human Services, 2001)
 ☞ Cultural Responsiveness,
 ☞ (Ridley, Mendoza, Kantiz, Angermeier, & Zenk, 1994)

54