

Thanks very much, Cindy. And thanks, everyone, for joining us today. I'd like to welcome you all to today's webinar-- How to Implement Cultural Competence and the National Standards for CLAS. This is the second in a three-part series. Our presenter today is Harold Gates, president and co-founder of the Midwest Center for Cultural Competence.

About the ATTC Network, we have a new tagline that we think explains what we do pretty well. We help people and organizations incorporate effective practices into substance use disorder treatment and recovery services. About the Great Lakes ATTC, we are based at the University of Wisconsin-Madison and we cover HHS, region five. That's Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. To find out more, you can visit our website which you can see on the screen.

A couple notes about today's broadcast. The audio will be broadcast through your speakers. So please make sure that they're turned on and up. And about the presentation slides, you can check the file pod at any time and click on the presentation link to browse to the file. In this webinar, we're going to be using the chat and questions feature for some interaction that you can have with the presenter. And we'll also have a Q&A session after the presentation.

I just want to tell you a little bit about our presenter, Harold Gates. He is the president and co-founder of the Midwest Center for Cultural Competence, which is based in Sun Prairie, Wisconsin, just outside of Madison. Harold's been consulting since 1989. He holds a master's degree in social work from the UW Madison, and a master's degree in Chinese Studies from Washington University in St. Louis, with a B.A. in Asian studies from Southern Illinois University of Carbondale. Harold has served as a cultural competence consultant and co-chair in the Cultural Competence Strategic Planning Committee and the Wisconsin Department of Health Services Division of Medicaid Services. Now I'd like to turn it over to our presenter.

Thank you, Maureen. Welcome, everybody. And to those who are on this for the first time, welcome. And for those of you who were here last time, great to see you on as well. Just a couple things before we get into the basics of the webinar today. I'm hoping that a few of you who were here last time were able to look at the cultural competence self-tests, because that's one of the things that I'll refer to from time to time, as well as the last presentation in August. But it will help you get a better sense of what your strengths are around cultural competence overall in terms of your physical environment, where you work, and where you practice communication styles and values and beliefs, those kinds of things, that you can see where you're doing well, and also challenges and things that you might want to work on.

The other thing that we included in the first webinar was the National Standards for Culturally and Linguistically Appropriate Services, and that's something I'll refer to in this workshop. And also the CLAS assessment tool that Massachusetts Department of Public Health has put together. And I think it's a great tool to help you look at your organizational needs and areas where you're strong, and other areas where you might want to put in some more effort and come up with an action plan. And we'll talk more about that in the third webinar as well.

So with that, we'll get started. The learning objectives for today we're going to be looking at initially from a clinical therapeutic perspective, but we'll also refer to some organizational things as we get into it. But to understand the importance of incorporating culture, your client's culture, into intake and assessment evaluation and treatment planning. And a lot of this information comes from one of the great tools I think you should look at if you haven't already downloaded. The price is right. It's free. But it has a lot of good information that the webinar from today was taken from, but it's even more detailed than what we'll be able to cover today. So *Tip 59* is available for you to get off of SAMHSA's website, and I would encourage you to do that. It's very useful.

So the core competencies that I'm going to focus on today that are also from [*TIP* ?] is self-knowledge. How much do we know about ourselves and our cultural background and the highs and lows of that, and how we value things, things that we see as issues that other people might not. Cultural awareness-- how aware are we of how our culture informs our day to day life and our professional life?

And then counselor competencies. Things that can help us intervene appropriately in terms of our own attitudes and beliefs, knowledge, and skills. And most of us have heard-- some of you maybe more than others-- that most professions now have some standards around cultural competence that we should be doing our best to practice on a regular basis and continue to grow and develop and evolve over time.

So these areas are broken down into nine different steps that we'll cover this morning, and I'm looking at them in terms of the initial ones, one through five, being more clinical or therapeutic ways of being with clients. And then the second part, six through nine, is looking at some of the things that are not only part of the work that's being done to work with people with substance use disorders, but organizational things that could be in place as well. So let's kind of just look at those individually.

So the best way to engage a client, obviously establish some kind of rapport with people when they come in before you launch into your series of questions. Draw attention to the presenting problem without becoming overly involved in understanding what the problem is. How do you get information, but not too much at one time? Third, ensure the client feels engaged and comfortable with any interpreters that might be used doing the intake process, because obviously, some of our clientele, English is not their first language, or they have low literacy skills, or they might have a disability that we need to pay attention to as well. And then lastly, use a culturally

responsive interview process such as LEARN, and I'm sure some of you have heard about this particular concept. Not the only one, but it's one that I've just picked out for today.

Listen to each client from his or her own cultural perspective. Explain the overall purpose of the interview and intake process. A lot of people are not familiar with that necessarily. Acknowledge a client's concerns, and discuss the probable differences between you and your clients. Yeah, we don't all think and do and appreciate things from the same perspective. So how do we keep that in mind and acknowledge that? Recommend a course of action through collaboration with the client, and we'll talk about that a little bit more. It helps that we're all working together for the same purpose. And then, lastly, negotiate a treatment plan that weaves the client's cultural norms and life ways to treatment goals, objectives, and steps. So that's the LEARN model and overview.

So with that list, let's give it a little practice. So there's a client scenario I'd like for you to tune into, and I'll read it. And then you can respond and tell me what you think. So your client is a 52-year-old Filipino woman whose husband has died two years ago. She has a history of digestive and related disorders. She admits to drinking several glasses of wine every night, though she hasn't ever considered whether it's a problem. So given that, how would you apply the LEARN model to this situation? So I'll give you a few minutes to think and figure out how you might apply the LEARN model.

So if you could chime in on the chat spot there, that would be great.

I see a few of you are going ahead and typing in. We'll wait for you so we can read some of their comments on the case studies. But just know, we'll also head back to that main chat pod, and I will let you know how you can access that first webinar. I think someone asked that.

So yeah, someone just asked-- what's her cultural view on drinking wine? That's a good point. Listen and ask questions, establish a rapport, great.

Why is she coming in to see you in the first place would be maybe a place to start. And then, listen to how she's explaining her concerns. Adjust [INAUDIBLE] as related to drinking. Yeah, certainly tuning into people's biological issues or medical issues might be one way to look at it also. Acknowledge her loss. That might be certainly a major reason why she's doing what she's doing, or we don't know that. So we can ask more questions.

Here's a good one. Ask also how life has changed since her husband's passing. How do you deal with that stress and not start with the wine right away? That's a good point. How do we not turn people off or stigmatize them or whatever, because we don't really know until we inquire more about what the person's concerns are and why they might be coming to see us in the first place. Rapport is needed, or they often do not trust and may not answer questions. Excellent.

Here's a good one. How does her culture or community process and deal with grief? Excellent. Good one-- discuss safe drinking levels for women in their age group, and standard drink sizes. I think that sometimes people don't necessarily know that or think about that depending on the circumstances.

Then one last one. Ask her how her family is adjusting to the loss, as well as due to people possibly changing after a loved one dies. And various cultures deal with that obviously in different ways. What do we know about that, and how can we tune into that to assist that person with what they're being challenged with?

I'm going to stop there to send in. You can continue to chime in, but we're going to move on to the next area. And thanks, everybody, for your comments. We certainly have quite a number. I couldn't, obviously, get to them all.

So the next piece of the model I mentioned at the beginning in terms of culturally responsive evaluation of treatment planning is familiarizing people, our clients and their families, with treatment and the evaluation process. Again, not everybody is familiar with the process. So how do we help them with that? It's important to the client's overall success and treatment to educate them and their families about the treatment expectations and processes.

And lastly, education about the treatment culture. So start with the initial intake and interview. Doing this at this point in the process helps a lot of times with engagement and retention, especially with clients who are racially and ethnically diverse. So familiarizing folks with the process and procedures is a good thing.

The next part of the process is endorse collaboration in interviews, assessment, and treatment. So the initial interview and evaluation can be intrusive, and sometimes can contribute to shame or dishonor, and that's definitely going to be a challenge from time to time depending on what the person's cultural background is. And substance abuse treatment counselors can get rid of some of their clients' fears and concerns by taking a collaborative approach to the process.

So how are we going to work together? How are we going to help you? And what do you want to achieve in this process? Doing it in a collaborative way or mentioning that is certainly going to be useful. So what is the collaborative approach, or what does that look like?

Be sure to allow time with the client to discuss expectations, yours and the client's expectations, explain the interview, intake, and treatment planning process, emphasize the importance-- the importance of the client's input and interpretations of things, be inclusive of the client's preferences and desires, especially regarding family, community members being involved in the evaluation and treatment planning process. Not everybody sees the process on the same perspective. And sometimes people want family members or significant others or community members involved with this. So how do we consider that and keep that in mind?

And then lastly, acknowledge the client's strengths and support, such as their social skills, whether they're bilingual or multilingual, their spiritual and religious practices, generational wisdom, extended family, cultural heritage, coping skills, and community involvement. Some of those things could be very useful in terms of collaborating with our clients throughout this process.

So with that, the collaborative approach, let's take a look at another scenario. So this scenario your client is a 24-year-old indigenous man who lives on a reservation in northern Wisconsin, using an example from here. He admits to drinking a lot on weekends, and he has high blood pressure and high cholesterol. He's also used marijuana and methamphetamines.

So what steps would you take to ensure you are using a collaborative approach when working with this client? So again, the collaborative approach being discussing expectations, explain the process, emphasize input and interpretations for both the client's and yours-- well, the client's in particular-- include preferences and desires, like who should be involved, how do they want to process the treatment planning and evaluation phase? Then acknowledge strengths and supports. So what do you think?

This is a good one. So determine his interests in changing any of these behaviors. And we'll kind of allude to that as we get a little bit more into the webinar. But yeah, where is that person in terms of their change process? Does he have a doctor? Will he sign a release to speak with that person, him or her?

First, establish permission for asking questions, and then ask about family history in regard to drug use and determine any strengths, and work off of them. Very good, excellent. Identify how he views these issues, and not assume that he views it as a problem. OK, that's a good point. What does he get out of his use? One of the things that we can talk to people about as the benefits and consequences of use, because there's obviously some benefits, or they wouldn't be doing it, and there's also consequences, and are people aware of those? Discuss the client's health and how substance use is contributing to the decline of [? saying ?] very good.

How does the person's use affect the family, and what worries you about your current situation? So some good points that you raised. Discuss what he wants to get out of treatment. Does he prefer a male or female counselor? Very interesting. So yeah, very good points you're raising. And I have another question for you briefly.

I meant to mention as earlier too. As you think about some of these, the parts of the process of working with a client, think about some of the CLAS standards. For example, [? listen, ?] I was thinking that, in the area of continued engagement, continuous improvement and accountability, there are some standards, 11, 12, and 13, that might relate to this particular scenario. For example, 11 is collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of class on health equity outcomes and to inform service

delivery. 12 is conduct regular assessments for community health assets. And 13, partner with the community to design, implement, and evaluate policies and practices.

So one of the things I think is, again, useful from an organizational perspective is looking at the standards and how they relate to the practical application of these kinds of things, and working with clients specifically. So just some things to think about and look at, again, from the materials you got from webinar one. So thanks, everybody, for chiming in. We might be able to touch base on some of these at the end in our Q&A session as well. Let's move on to the next one. Thanks again for chiming in.

So another piece of the process-- the first part of the process that we were alluding to is how to integrate culturally relevant information and themes. So we can ask questions about culture and race that relate to the intake process. Where are people coming from, the country of origin? Immigration status, that's certainly a really major concern right now for a number of reasons.

Length of time in the United States, a lot of times those are things that we can ask our clients about in terms of whether parents were born, how that affects them, what languages do they speak at home. And a lot of these kinds of questions are important to get information about their degree of acculturation and cultural identity, and the ties that people have with their culture. So these are some of the things that are worth touching base on to get more information and to get to know your client a lot better.

Another point to keep in mind is that few evidence-based practices have been tested with minority populations. One of the groups that I was familiar with from the past is the Nathan Kline Institute in New York state that has done a monograph on evidence-based practices and how to also look at cultural components when you're doing that. And I know one of the examples they use was a study they did at [INAUDIBLE] with some of the local indigenous people, in terms of how they were impacted by certain issues. And they looked at it in terms of the culture and how evidence-based practice could be modified in order to include that.

So that's a source you might want to check out at some point, the Nathan Kline Institute. They have a website that you can check out if you need more details, information. Can't find it, you can always email me or let us know. We'll figure out how to post it on the website as well. So let's move on.

Five-- gather culturally relevant collateral information. And there's a tool that we discovered in looking at some other work that has been done around cultural competence in CLAS, and that's a cultural ground for mapping the role of culture. And it's one way for you to gather information, and it's helpful in understanding people's backgrounds and their families' background. So there are 10 areas that are included in questions specific to the client's life experiences, as well as questions about their family history. And so, you can take a look at the diagram here. And we have a reference for that that we'll post later. That's something you can go online and take a look at

and check out this tool. And I'm sure some of you are familiar with it, and some of you might not be.

The culturagram also could be used as a guide in your interviews, initial interviews, your counseling session, or in clinical supervision sessions with clients, to get more culturally relevant multi-generational information that may be unique to that person and their family. So again, the culturagram, I think, is a good tool to take a look at as part of our culturally responsive evaluation and treatment planning process.

So if we move from this one to the second piece that, again, is relevant not only to the counseling or clinical process, but to the organizational piece, is select culturally appropriate screenings and assessment tools. And I'm sure you're familiar with a lot of those, but I picked out a few, and some comments about those just to put out there, and then you can respond.

But screening instruments that ask clients about their guilt, about drinking, could be ineffective with people from cultural, ethnic, or religious groups that expect complete abstinence from alcohol or drugs. And there are cultures and religions that actually emphasize that. So how are you able to figure out screening tools that are appropriate if that's the case?

In 1990, some research was conducted by a couple of folks that found that the Short Michigan Alcoholism Screening Test was highly sensitive to individuals who use alcohol in traditional Arab Muslim society. One question on the test, do you ever feel guilty about your drinking, failed to distinguish between people with alcohol dependency disorders and treatment and people who drink in the community. So I mean, these are cultural issues that might be unique to certain cultures and people from different backgrounds, and that's worth considering and thinking about when you're figuring out what are appropriate screening and assessment tools.

Another part of this is there are some particular tools that I'm going to mention that I'm sure some of you are familiar with that look at, again, this whole process of what's going to be useful as we look for people that have challenges with substance abuse disorders. And CAGE, C-A-G-E, is one that is pretty well known for this particular area, because of that four questions that are used to detect possible alcohol use disorder. Again, I'm sure that some of you are familiar with that.

And then a composite international diagnostic interview substance abuse module that was put together by Cottler in 2000. And this one looks at the detailed interview diagnosis-- excuse me, [INAUDIBLE] diagnosis of substance abuse and dependence. And that's an expanded version of this tool that's used as well. So those two things, those two particular assessment tools, are ones that have been mentioned, but obviously there are many more that you could use and that might be appropriate for your particular clientele, and always, again, go back to the demographics.

Who are we working with? What do I know about them and what don't I know about them? So I can continue to grow and become more culturally competent in terms of my knowledge, skill, and awareness around providing excellent service to my clientele.

Let's move on to another. Determine readiness and motivation for change, as someone alluded to that earlier. Is the person coming because they are court ordered or they have to be there, or are they coming because they know that they have a problem and they want to deal with it? What are the reasons for why people are coming in? How do we do that?

One of my all time favorite models to use for this, and there are obviously other ones, but understanding the stages of change and using a strategy like motivational interviewing can help counselors prepare culturally diverse clients to change their behavior, as well as keep them engaged in treatment. And then a couple of things that are useful about that process is figure out where people are. Are they at a pre-contemplative phase, or are they already moving on to dealing with their issues and ready to move to another phase, and to even maintenance, which would be the ultimate. But where are people in terms of their motivation to change? That's one way to look at it.

Then motivational interviewing, I remember, also not only talks about how do you deal with resistance, but it talks about the benefits and consequences of use. So you can talk with the person about what they're doing so that hopefully they can start to get some insight into-- yeah, I do it because it helps me relax or relieve stress, but yeah, I have diabetes, and maybe I'm affecting my health by continuing to drink or use drugs.

And so how do we know that we can ask people questions in such a way that helps them look at what they're doing so that they can come to some place where they want to deal-- and the challenge always is they don't have to be where I think they should be. In fact, it's where are they in terms of how they want to deal with this, and how do I help them with that process. And I think motivational interviewing, in my opinion, is one of the best models or methodologies, counseling techniques. There are others, again, but it helps with people's cultural perspectives, because they're telling you what they want, where they're at, and how they want to deal with things, and it's not what you think.

The interventions also can not only assess people's stages of change and techniques that can help them move forward, but it's a non-confrontational and client-centered approach to treatment, which helps create relationships between yourself and your clients. And that's key, because all of us know-- I think we can agree for the most part that none of us really like to be confronted. It's definitely a turnoff for a lot of people. So this method helps the person, in most cases, move to some sense of how things are impacting them so that we're not having to confront them with the issues. They're looking at themselves and figuring out where they're at and how they want to deal



with it.

So determining readiness and motivation for change, I think, is critical in terms of helping people no matter what their cultural backgrounds or beliefs. This particular one is mindful-based techniques and cognitive behavioral therapy and other things that might be useful, but I think motivational interviewing is one the top in terms of helping people deal with any substance use disorder, and also, it's a process that I think is very user-friendly for the counselors, as well.

So getting into some more of the management pieces, how do we provide a culturally responsive case management process, or is that something that you routinely do? Is it something that you could do a better job at? Could you look at some of the class standards to help get more focused on where you're at with that process? But clients from diverse racial, ethnic, and cultural groups sometimes face additional obstacles with seeking treatment. We only have to think about the opioid epidemic and how it's affecting various groups of people. But how do we even get in touch with that, and what are the barriers to people getting treatment?

Are we more or less criminalizing things? Are we opening up things more for an empathetic, compassionate approach? Do we even have treatment facilities enough to go around for people that really want the help they need? So that's something we're thinking about in terms of case management. The obstacles that are presented for people to get into treatment may interfere with or prevent them from receiving treatment, and also services that are accompanying that. It might compromise appropriate referrals. It might also hurt them, in terms of compliance with treatment recommendations or produce poorer treatment outcomes in the process.

So again, case management, how we look at these things, are they things we already do well, or are there things that we know we could continue to improve on? And lastly, case management can be very helpful in terms of during treatment and recovery for all clients, especially those with limited English literacy, and with little knowledge of the treatment process and the system that's around treatment.

So case management, I can't overemphasize on your own individual/professional level, but also organizationally, how are we maintaining and managing people's access to treatment, their ability to not have so many obstacles and barriers to treatment, how do they access outcomes and evaluation of that is certainly a useful way of thinking about it.

The last point in our whole rubric of culturally responsive evaluation and treatment planning is looking at incorporating cultural factors into treatment planning. So for example, looking at approaches that stress the implementation of strength-based strategies that fortify cultural heritage, the person's identity and resiliency. And then, what can we do with the counselor?

How about designing flexible treatment plans? I know that's a challenge from time to time. But one of the things I've learned over time is that efficiency is a challenge for cultural competence and class. Because we have to get that done. Yesterday, I had to turn in my treatment plan. I had to get all this done.

But one of the things I've also seen is that when we don't do some of those things, we end up cleaning up after ourselves and having to go back and do things that we might have not had to do had we paid attention to some flexibility, tuning into people's cultural ways of being, and incorporating that into our process and figuring out best practices in terms of working with people from any background.

And then, this is a crucial piece-- drawing upon institutions and resources in the client's cultural community. A lot of times, there are things out there that we are clueless about, or we don't know enough about, or we just haven't been informed of. And that's part of the collaborative approach, in my opinion, with the clients is that they might know things in their community, their church, their clan-- if they're Hmong or southeast Asian-- or their social club, or the fraternity that they belong to, or the barbershop or beauty shop where they go.

There are resources that are out there that might be really critical to us providing the best possible treatment plan and outcomes. But are we tuned into that? And if we are, great. And if we're not, how do we continue to tune into it and make that part of our process?

Let's do one more client scenario. So speaking of-- your client is a 29-year-old Hmong woman who's not married and drinks socially. You remember reading somewhere that clan affiliation is an important part of Hmong culture, and you know the Hmong came to the United States in large numbers from Laos after the end of the Vietnam War. How would you incorporate the client's cultural background into treatment planning? So what are your thoughts about that? Let's take a few minutes to tune in.

So one thought is to educate ourselves as a social worker about her cultural background. And just FYI, I was riding in this morning listening to our local independent radio station, WORT in Madison, and they had a speaker on this morning, [INAUDIBLE] who's a local expert on Hmong culture here in the Madison Dane County area, and they're having a Hmong institute-- well, they created a Hmong institute, but there's a conference coming up later in August, I think it's the 17th and 18th, that'll cover a number of these topics, specifically, Hmong are really prevalent in three states.

I'm sure some of you are familiar with this. California, Minnesota, and Wisconsin have the largest populations of Hmong in the country, and they're a population that a lot of times is overlooked. But they are becoming-- well, they have become more and more part of our communities, but also might be somewhat reticent to use our services, especially when we don't seem to be able to tune into what their needs are from their cultural perspective.

So some of your thoughts about the client was ask to learn more about cultural beliefs about drinking. How asking how her situation stopped her from doing what she wanted to do in life, and how can I assist you with your culture. There's a need to know more-- have more information about Hmong culture and her experiences. Sometimes one person's cultural experiences is not similar to others in the same culture, very good point. Most cultures are not monolithic.

People are individuals, as well. So starting with where that person is, that's one of the things, again, I go back to for motivational interviewing, is that we start where the client is. We talk about that a lot. But how much do we actually do it consistently is a challenge.

Educate yourself. Ask if she has natural or paid resources in this culture. Identify resources supporting the culture and stay curious. Do not assume her level of involvement. Ask her to share difficulties she has experienced as he transitions to the new culture, and living styles, language, work, transportation. Very good.

Does she have resources or contacts in the community who share her culture that are supportive? Because you know people at different stages of acculturation too. Some folks still go by the old ways and are still into their traditional healing processes, and other people are more tuned into American culture or the culture where you live, and they might or might not even relate to those kinds of things. So who am I working with? How does this person see what's going to be useful for them, and not even from their own culture perspective?

If she identifies culture as important, ask how you might be able to incorporate it into her treatment. Very good. What would be helpful? What would not be helpful? Two very important things to keep in mind.

OK. Thanks for all those good points. And again, hopefully we can cover some of those as we get into Q&A. Starting to wind down a little bit. I think we're at a quarter to if I'm not mistaken. So what questions do you have. If you have questions that we can't cover today, here is where you can reach me. And also, I know Maureen is very good about posting things and keeping us tuned in to information and putting things up so that you can access them later.

Thanks so much, Harold.

Alrighty. And there were a couple of other things, Cindy, that I think Maureen might want to share with folks. And then we can go into Q&A after that.

That sounds great. And I just wanted to check my audio. Can you hear me OK?

Yeah, you're fine [INAUDIBLE].

OK, great. Excellent. OK. We mentioned a few resources throughout Mr. Gates' presentation, and those links are in the chat transcript. But I will also post them when we post the recorded webinar with Mr. Gates' PowerPoint slides. And I also wanted to bring your attention to a new course that's available from the ATTC network that's related to the topic today. This course is called Understanding the Basics of Race, Ethnicity, and Culture. You can take it for free on Healthy Knowledge, which is the network's free online learning portal. It's the first course in a diversity suite that's being developed.

And then the next webinar in Mr. Gates' series is coming up on August 8, and he'll be talking about that tricky issue of sustaining any change in your organization, and cultural competence would be no different. How to sustain cultural competence at the individual and organizational level. So again, August 8 from 11:00 to 12:00 central time, and we'll be sending reminders as we have with the past two webinars.

Also, about continuing education credits, you'll be getting an email after the webinar on that process. And now, I'd like to turn it over to the Q&A section. We did get some questions from our participants. Thanks to everyone for being so engaged in the presentation.

So the first question was related to a recommendation of asking about immigration status. A couple of participants asked, how do you ask about immigration status without getting into legal trouble? Many places that I worked have a don't ask, don't tell policy to avoid having to involve ICE.

Yeah, I was just chiming in on that too, Maureen. If you're in an organization or agency, I would ask what the policies and procedures are around that, because various organizations and agencies have different policies and procedures. So you want to know what those are. But also, what's your professional ethical standards around those kinds of things as well? Most professions have ethical standards in how you deal with ethical dilemmas. So those are also just ways to think about this. And if you're in solo practice, who do you get clinical supervision from, and who can you turn to for support when you might bump up against something like this?

Thanks, Harold. Another question that came in from Steven Rosenthal-- there are cross-cultural, mutually understood and accepted social interactions between some cultures. But are there any universally understood interactions to be used during assessments and interviews of clients or patients?

That's a good question. I go back to my all time favorite motivational interview, and that has some ways to ask anybody any question, and it helps you, again, get that person's perspective, because they're coming from their cultural point of view when they give you the answers or don't give you the answers. And then having a better knowledge of the demographics of your clientele-- who are you working with? So are they indigenous people? Are they say from Eastern Europe or Southeast Asia? And then learning about some of the customs and ways of being might be useful.

Thanks, Harold. I see we have some participants-- oh, did you have more to add?

Oh, no. That was it.

And I see we have some participants typing. So we'll see if we have some more questions coming in. A lot of people were asking about how they could view the first webinar in the series. And I just wanted to let you all know it's on the Great Lakes ATTC website. You can go to the banner on the left side of our Great Lakes page, look under distance education, and you'll find recorded webinars there.

Thanks, Maureen. And we're just going to wait for some more questions to come in. We've still got close to eight minutes left. While we're letting you think about your questions, I will tell you that probably next Monday or Tuesday, you'll receive an email from me, Cindy Christie, ATTC Network, and it'll contain information about obtaining your NAADAC CEU for one hour. And if you have any trouble downloading the first one, please make sure you email me, and we'll make sure you get your certificate for both. It is only available for the live webinars, not for the recorded ones. Are there any more questions in there, Maureen?

I don't see questions. I see a lot of great feedback about the presentation today. A lot of you are commenting on how you liked the interaction that was involved in discussing the case scenarios.

I just wanted to mention again, as you're asking questions or thinking of things, then go back to either the cultural competence self-test to see where you're at, where you're good at, what you're doing well, and what are challenges still that you might want to continue to look at. And then the class standards themselves, because they help you get a better sense of how this fits into overall organizational as well as treatment planning and evaluation so that you're starting to come up with a more systematic approach to working with any client that walks in your door.

And you're continuing to improve on your ability to become more culturally competent as a practitioner, but also pushing along your organization to either have a cultural competence or class committee that's given a charge by your board or executive director or chief executive to actually do this on some more quarterly, at minimum, or monthly basis so you have a place to process all these things. Because stuff comes up, but then where you turn to when you need help, or how do you make it become more and more part of the work you do every day.

Thanks, Harold. We do have another question that's come in from Sara Jerome, and she asks-- do you have examples of implementing the CLAS standards outside of the clinical setting?

That's a very good question. I think that the CLAS standards, as they were revised in 2013, can relate to organizations in general, not just health care or substance use disorder. So I would take a look at those initially,

because I'm not aware myself of ones that are how I would relate to, say, a business environment. But a good resource to check that I've seen is one called *Reinventing Diversity* by Howard Ross. It's a book that looks at how to incorporate cultural competence in the business setting. And I'm not remembering the publisher offhand, but if you wanted to send me a note or whatever, I could give you that later.

And then, the *Harvard Business Review* has a lot of great articles. In fact, they had a series in July about a year or so ago on diversity and inclusion and how to manage diversity, and what works and what doesn't work in the business setting. That might be worth looking at. I think it was the July issue.

And then, there's some-- Howard Goldman who does emotional intelligence-- that's another area that I think can help us do this work-- has a whole series of monographs, and a website on emotional intelligence that might be useful for how to implement some of these things from that perspective. But the class standards themselves, I think, are very useful for any organization no matter what type of work they're doing. But I understand your question about it. I haven't seen many models on the business side.

Harold, we had a request for the name of the book by Harold Ross.

By Howard Ross, it's *Reinventing Diversity*.

And the author is Howard Ross?

Correct.

All right. Looks like a quick Google search brings that up on Amazon.

Yeah, it's been around for a few years now.

And who is the author of that *Emotional Intelligence* book you mentioned?

That's Howard Goldman.

Oh.

He's sort of the guru on emotional intelligence.

Thank you, Harold. Harold, I just wanted to mention for anyone who is interested in learning about Hmong culture, there's a great book that you've probably read that's called *The Spirit Catches You When You Fall Down*.

It's excellent.

I'll put a link to that in the chat box.

Thanks.

We still have a couple of minutes if you have any last minute burning questions. I want to let you know that I'm going to leave this room open for about five minutes once we're finished. I'll stop the audio, but all of you can scroll back through the comments feature and go up and collect the links that folks added, as well as downloading the slides and other resources if you haven't had a chance to do that yet. And then, please don't hesitate to email me or Maureen Fitzgerald. We can get you to Harold or get you answers. And let us know what you need

Thanks, Cindy.

We have lots of resources. Yeah, go ahead, Maureen.

Another question about a recording of today's webinar. It will be up on the Great Lakes ATTC website probably within a week or 10 days.

And thanks to Michelle for correcting me. It was Daniel Goldman, not Howard Goldman. So thanks. I was on a Howard roll.

All right. Well, I have one minute before the top of the hour. So I see all your comments coming in thanking our wonderful presenter. So big thank you to Harold, and we're going to have him one more time in August. The rest of you have a fantastic day. Again, we'll leave the room open for a few minutes for you to gather up any of the resources. And I'm going to say goodbye and shut off the audio. Take care, everyone. Have a great afternoon.

Thanks, everybody.

Bye bye, Cindy. Thank you

Thank you.

Thank you. Bye bye.

Chris, are you still there?

Yeah.

Oh, OK.

I guess I didn't need anything, huh?

[INAUDIBLE]

OK.

[INAUDIBLE]