



Northeast & Caribbean (HHS Region 2)

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Addiction Technology Transfer Center Network  
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# CULTURAL COMPETENCE

## *A Modality for Practice*



Diana Padilla  
Program Manager  
NeCATTC

# ***Diana Padilla, RCR, CASAC-T*** **[padilla@ndri.org](mailto:padilla@ndri.org)**

Diana Padilla is a program manager at NDRI-USA, Inc., and a senior staff trainer for the Northeast & Caribbean Addiction Transfer Technology Center Network (NeC ATTC).

Ms. Padilla has a 20 year history of public health service which include direct service delivery predominantly to communities of color, disseminates research to practice in curricula development, conducts evaluation activities of substance abuse treatment programs and problem solving courts, engages in chronic disease research and prevention, and instructs behavioral health professionals, prevention specialists, and drug court practitioners on addiction and recovery support practices.

*This webinar training is provided under New York State Office of Alcoholism and Substance Abuse Services (OASAS) Education and Training Provider Certification Number 0115. Training under a New York State OASAS Provider Certification is acceptable for meeting all or part of the CASAC/ CPP/ CPS education and training requirements.*



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## ***Important Information about CASAC, CPP, CPS Hours***

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- Participants will receive a link for an evaluation after the 2<sup>nd</sup> session
- When we receive the evaluation, we will generate a certificate for 3 CASAC, CPP, CPS hours in 3-5 business days
- We cannot give partial hours if you only complete one session or partial sessions
- If some of you are sharing computers, please type everyone's name in the Q & A (instructions on next slide) & fills out an evaluation



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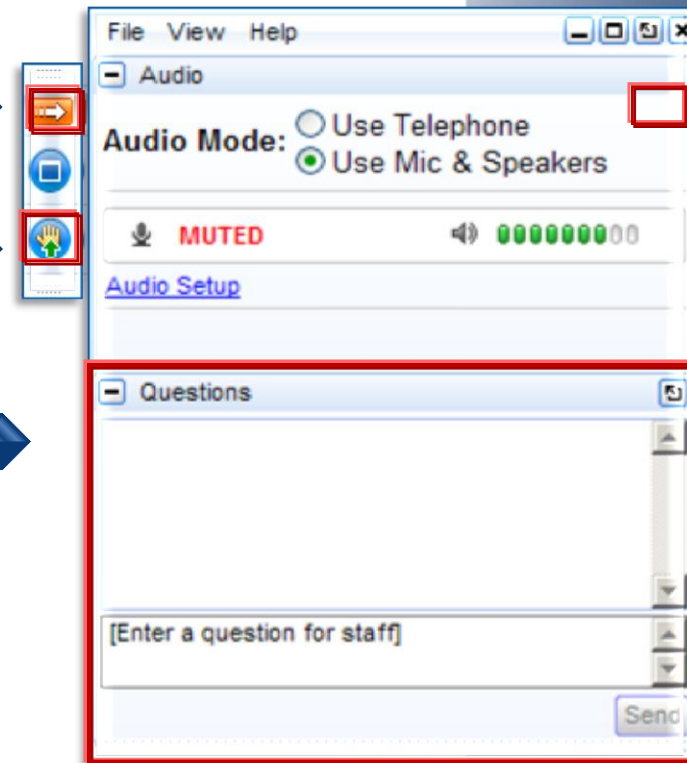
# Webinar Logistics:

Control Panel ➔

Raise your hand ➔

Q & A ➔

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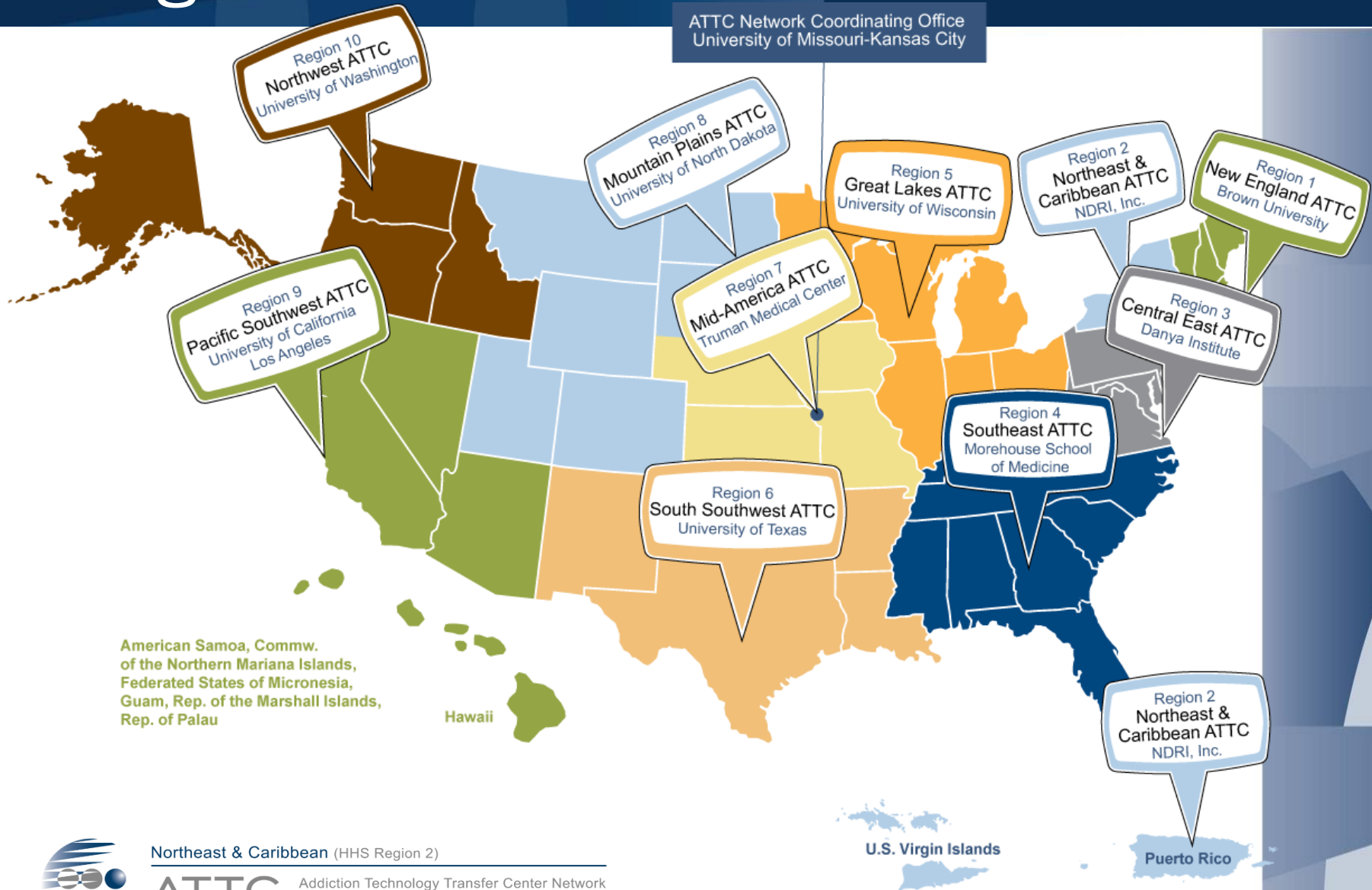


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# Regional ATTCs

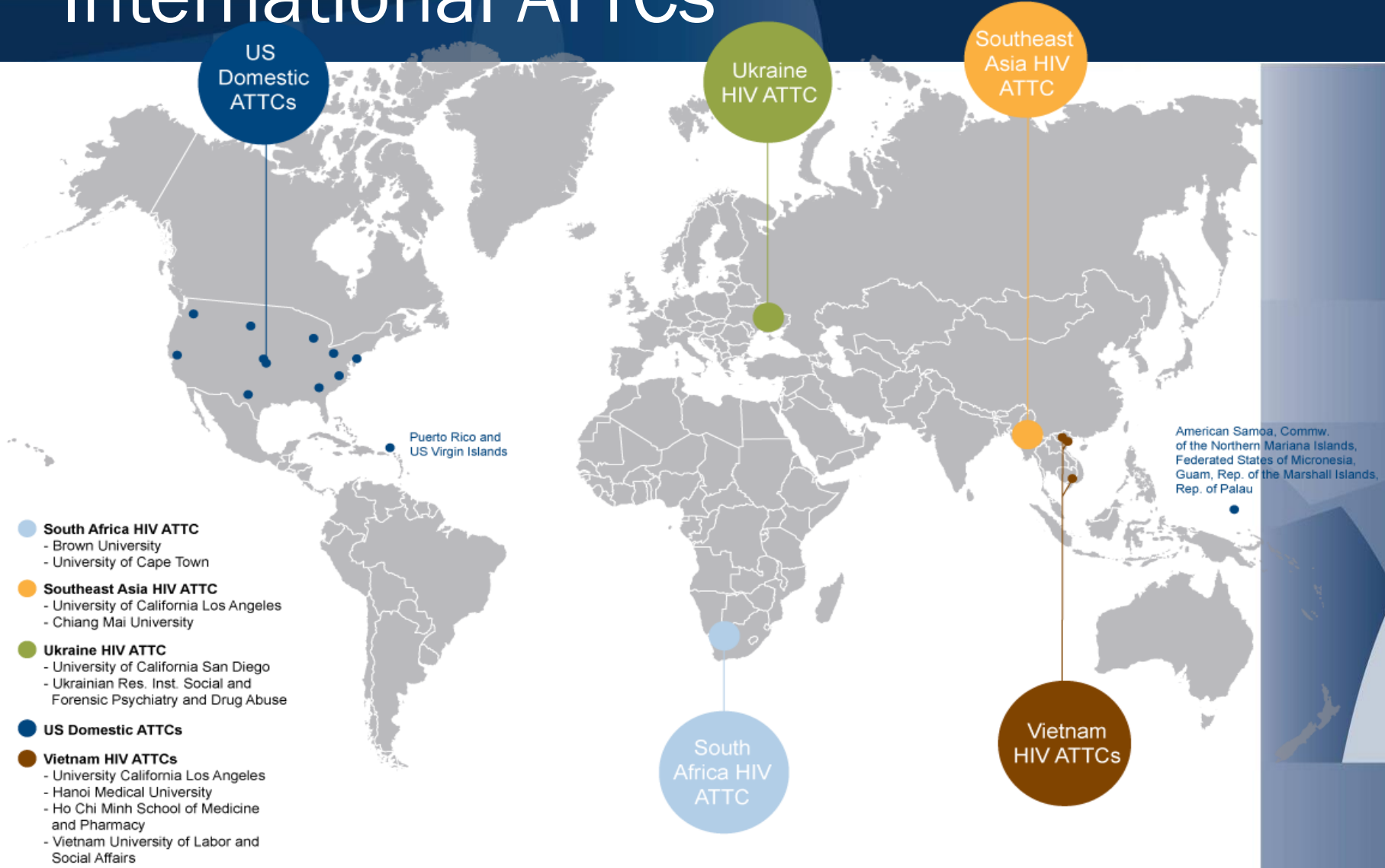


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# International ATTCs



- **South Africa HIV ATTC**
  - Brown University
  - University of Cape Town
- **Southeast Asia HIV ATTC**
  - University of California Los Angeles
  - Chiang Mai University
- **Ukraine HIV ATTC**
  - University of California San Diego
  - Ukrainian Res. Inst. Social and Forensic Psychiatry and Drug Abuse
- **US Domestic ATTCs**
- **Vietnam HIV ATTCs**
  - University California Los Angeles
  - Hanoi Medical University
  - Ho Chi Minh School of Medicine and Pharmacy
  - Vietnam University of Labor and Social Affairs

American Samoa, Commw. of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, Rep. of Palau

South Africa HIV ATTC

Vietnam HIV ATTCs



# Objectives

## Part 1 - June 15, 2018

- Identify how bias attitudes lead to micro aggressions and its potential impact on consumers of diverse backgrounds.
- Describe how cultural filters can impact on perception of consumer motivation and behavior
- List strategies to identify and address implicit bias and increase provider efficacy.

## Part 2 - June 22, 2018

- Identify culturally informed strategies that augment professional and consumer communication including recovery based language.
- Outline a person centered, process oriented approach that culturally informs and supports the consumer's recovery process.
- CLAS standards



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# Question

*Why do we need to be culturally competent?*



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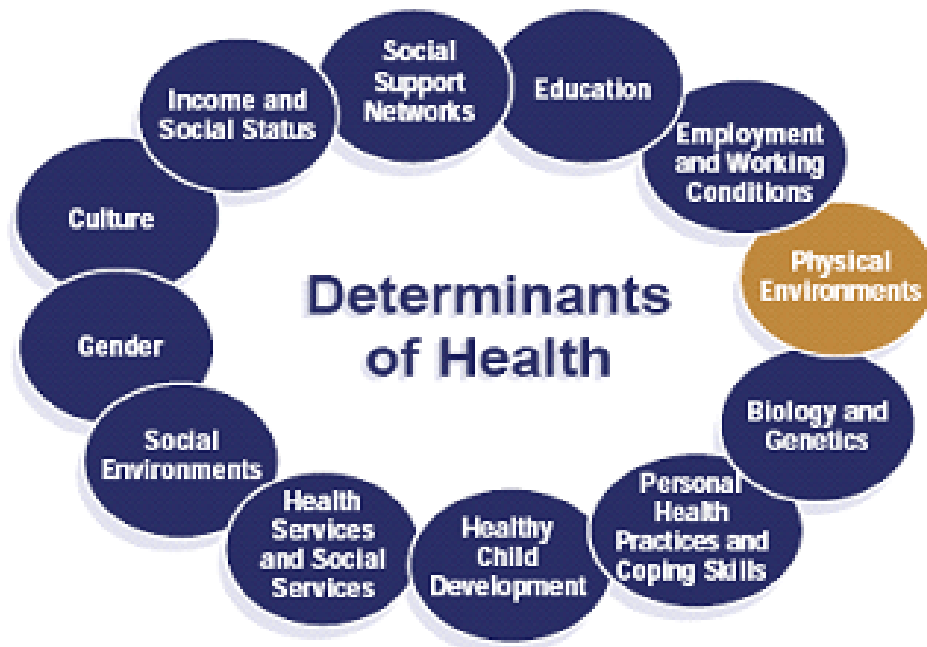


# Quick Glimpse at Where We Are

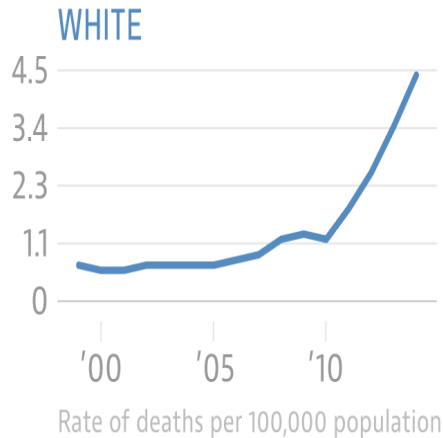
Higher stress among minority and low-income populations can lead to health disparities

Blacks and Hispanics are less likely than Whites to complete addiction treatment, largely due to socioeconomic factors

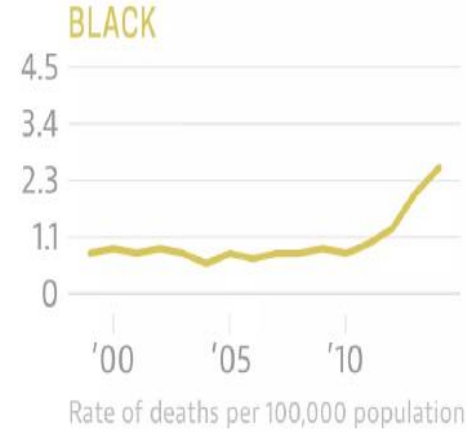
20%- 30% of gay and transgender people abuse substances, compared to about 9% of the general population



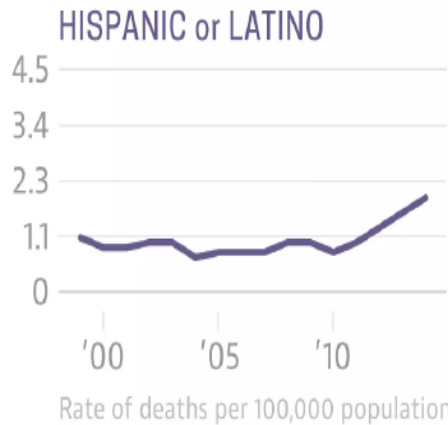
# Overdose Death Rates by Community of Color



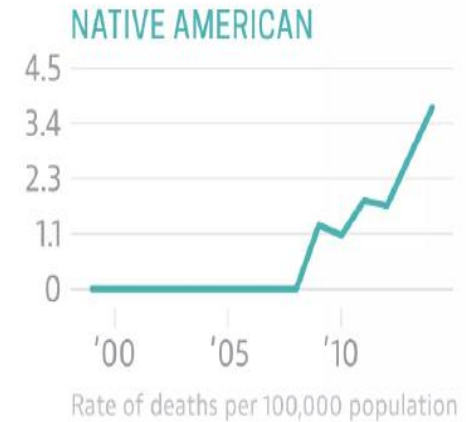
**267%**  
increase from 2010-2014



**213%**  
increase from 2010-2014



**137%**  
increase from 2010-2014



**236%**  
increase from 2010-2014



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How the Heroin Epidemic Differs in Communities of Color,  
<https://www.pbs.org/wgbh/frontline/article/how-the-heroin-epidemic-differs-in-communities-of-color/>

# Our Purpose

Culturally Sensitive

Cultural Responsiveness

Cultural Humility

**EQUITY & INCLUSION**

Cultural Competence

Cultural Intelligence

Culturally Informed Practice



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# Culture

## Define ‘Culture’

- Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
- It's a system of rules that are the base of what we are and affect how we express ourselves as part of a group and as individuals.



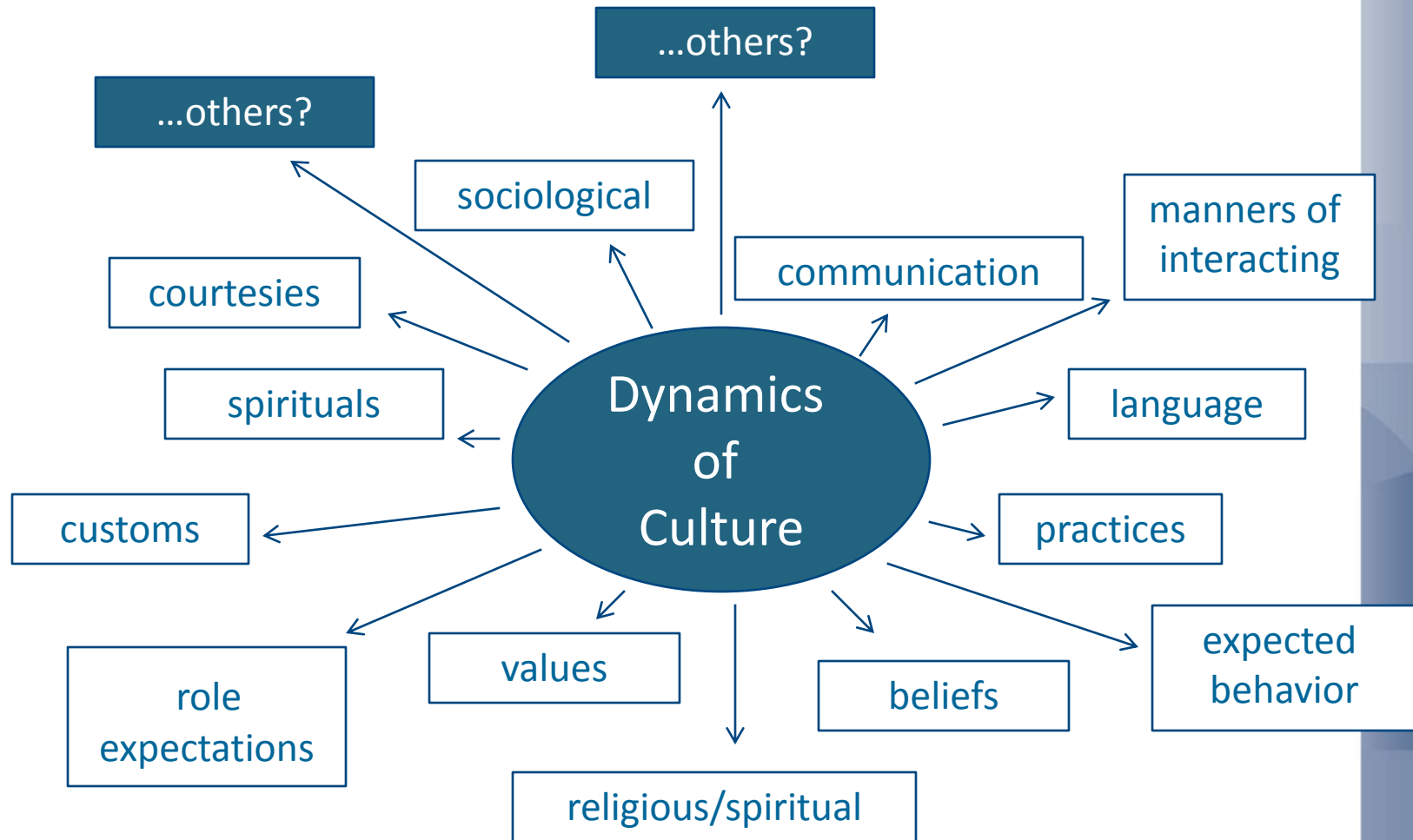
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US Department of Health & Human Services, Office of Minority Health,  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11>,  
<https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culture-and-diversity/main>

# Dynamics of Culture



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# How We Evolve

Culture is a strong part of people's lives. It influences their views, their values, their humor, their hopes, their loyalties, and their worries and fears.

*...philosophies that evolve over time through hear say and experiences*



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# Cultural Competence *Core Elements*

## Awareness

- Differences of culture and one's own
- Value diversity

## Attitude

- Aware of own biases, values & belief systems
- Acknowledgement & respect for cultural differences

## Knowledge

- Inherent cultural trends of population
- Current research on effective practice

## Skills

- Use of appropriate name or pronouns
- Engagement approaches



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Addiction Counseling Competencies, <https://store.samhsa.gov/product/TAP-21-Addiction-Counseling-Competencies/SMA15-4171>

A young man who had been badly injured in a car accident has been brought into a hospital's emergency department. The doctor determines that emergency brain surgery is required. Accordingly, the brain surgeon is paged. Upon seeing the patient, the surgeon exclaims, my god, I can't operate on that boy, he's my son!

*..the brain surgeon is not the boy's father. How can the apparent contradiction be explained?*



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# Bias

- Bias is a natural and necessary part of being human. They help us be receptive or unfriendly toward someone or something, decide if something or someone is safe or not safe.
- We all have biases that help us choose to either support or not support ideas, behaviors, philosophies, people.
- Unfortunately, our biases may result in behavior that is often unjustified

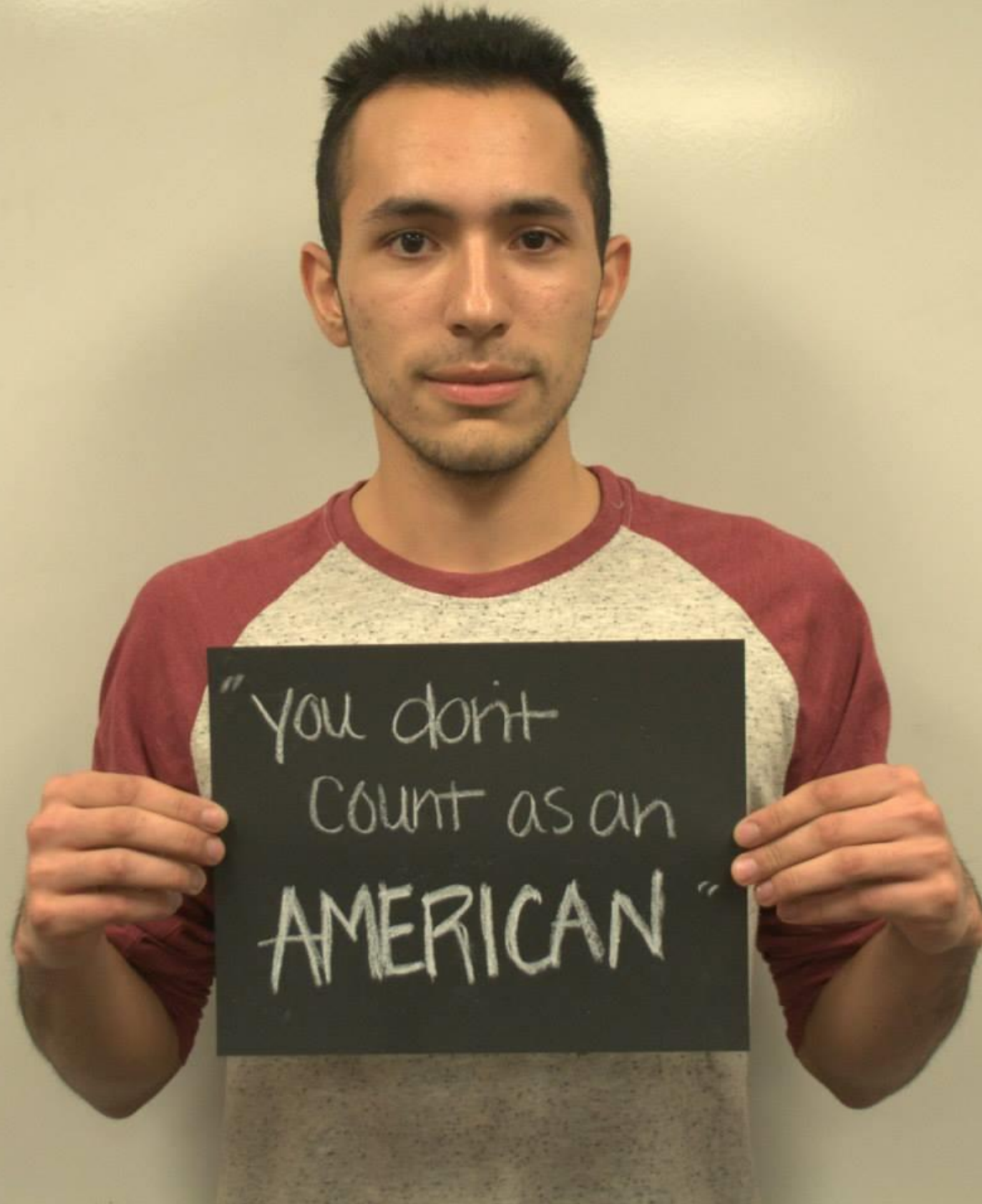


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"Can you see as  
much as white  
people? You know,  
because of your  
EYES...?"



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# Microaggressions

The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their identity.



Implicit Bias

Stereotypes

Prejudice

Discrimination

Microaggressions

The Many Faces of Homophobia: Microaggressions and the LGBTQIA+ Community  
September 15, 2014 by Maddie McClouskey, 21 Racial Microaggressions You Hear On A Daily Basis,  
[https://www.buzzfeed.com/hnigatu/racial-microaggressions-you-hear-on-a-daily-basis?utm\\_term=.deV9vJdnV#.vhw5p3A18](https://www.buzzfeed.com/hnigatu/racial-microaggressions-you-hear-on-a-daily-basis?utm_term=.deV9vJdnV#.vhw5p3A18)

# Minority Stress

- Minority stress refers to high levels of stress experienced by persons of stigmatized minority groups
- It may be caused by a number of factors, including poor social support and low socioeconomic status, but the most well understood causes of **minority stress** are interpersonal prejudice and discrimination.

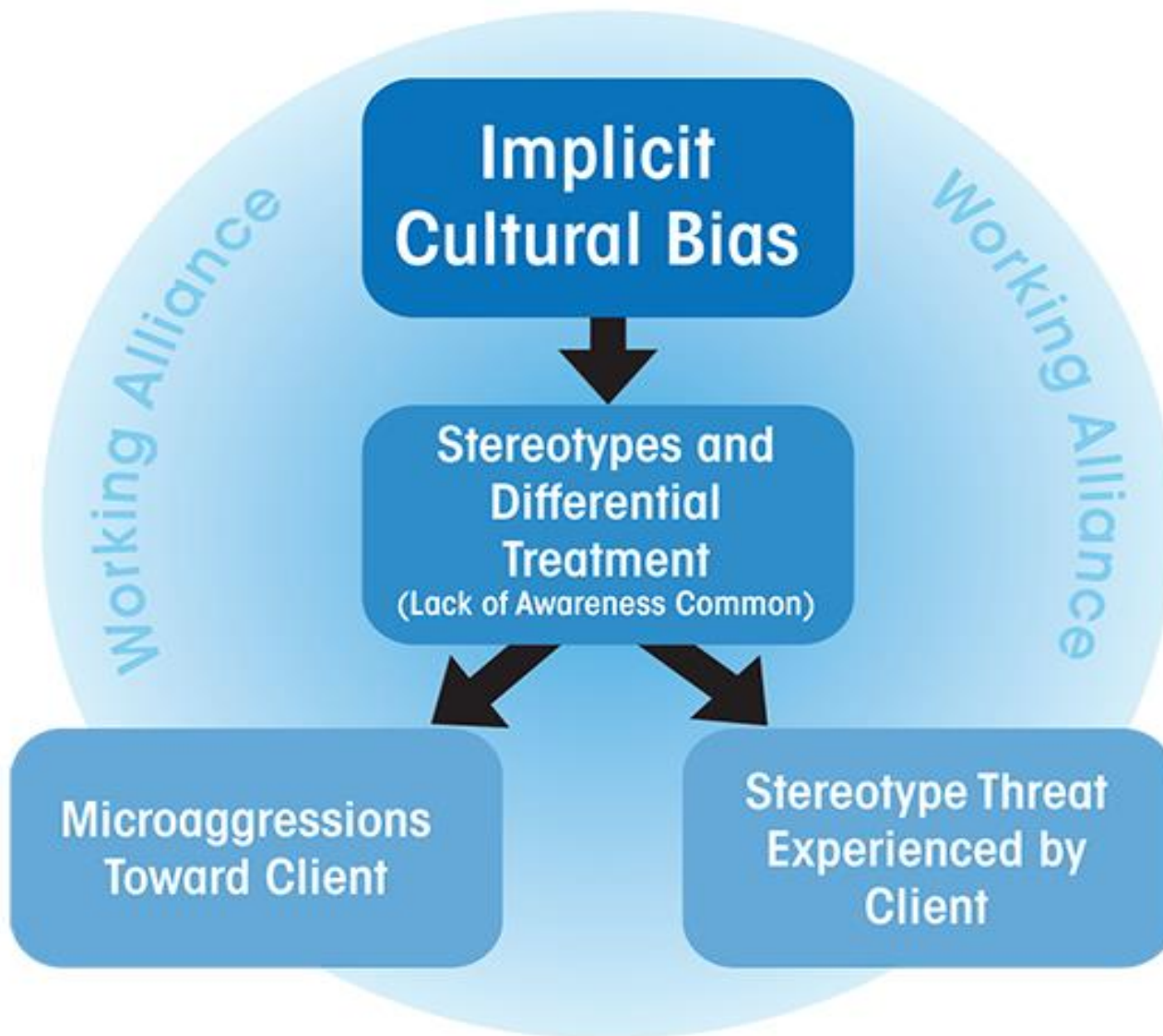


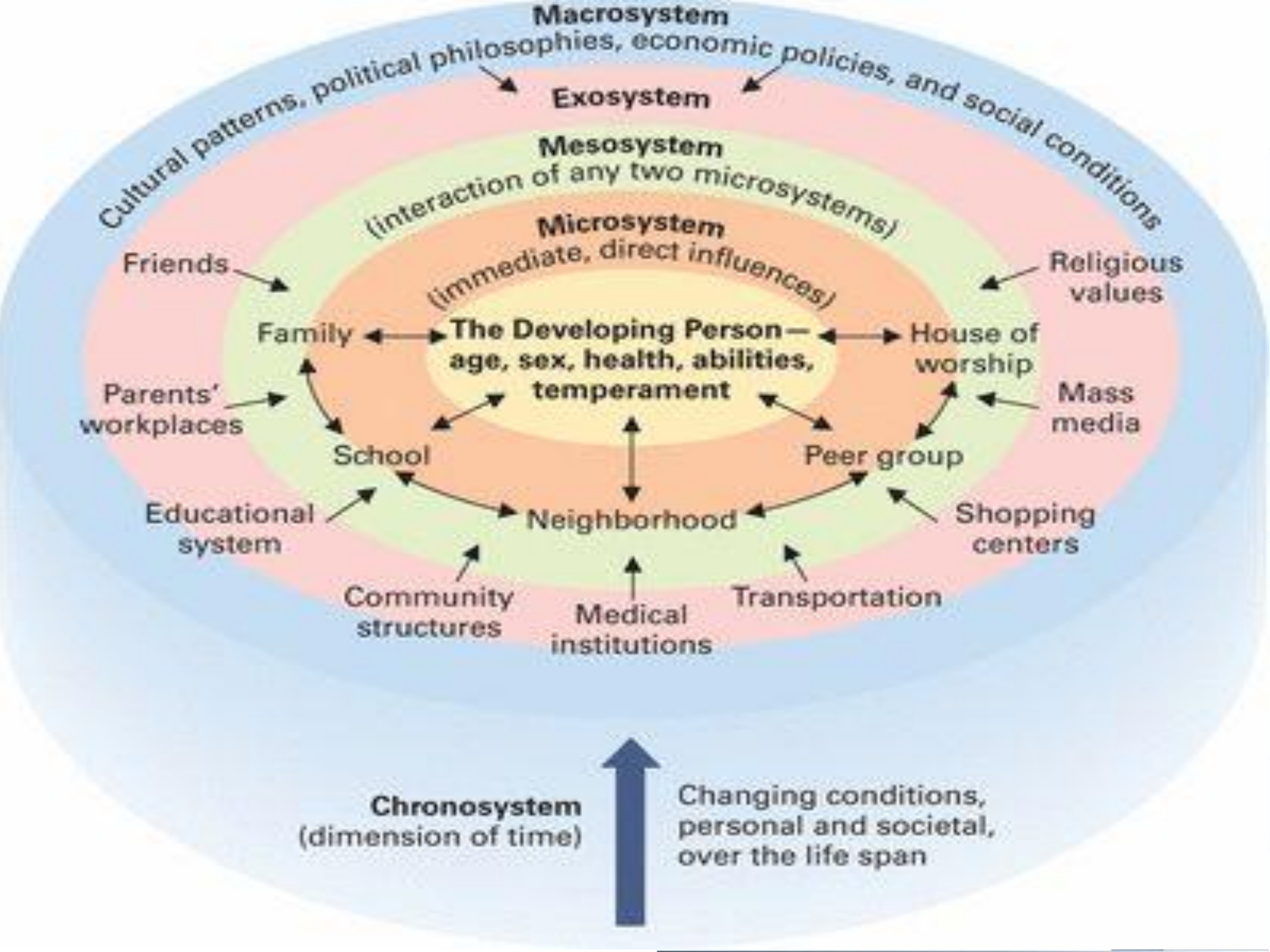
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# Conditioning Dynamics

- You are conditioned since childhood to internalize the environment around you, always reading and absorbing signs and messages from your environment and people you engage with throughout your life.
- The brain both consciously and unconsciously processes information *very rapidly* and causes an action for a particular situation



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# Implicit Bias

- Implicit (unconscious) bias refers to the subconscious attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.
- Despite our intentions of fairness, and the fact that many of us explicitly reject overt racial stereotypes and discriminatory action, we are unaware that we harbor unconscious attitudes or racial association.



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# Practitioner Awareness



Consciousness of one's personal reactions to people who are culturally different.

Social science research indicates that our values and beliefs may be inconsistent with our behaviors, and we ironically may be unaware of it.



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Kirwan Institute, Implicit Bias, <http://kirwaninstitute.osu.edu/wp-content/uploads/2014/03/2014-implicit-bias.pdf>

# Cultural Patterns

- Can be used to understand groups of people.
- These patterns are not frozen, or static, but open to exceptions since many individuals have experiences that are not shared by their group.



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**Module 3**  
**Using a Cultural Lens**

# Cultural Perspective...?





# Cultural Lens

Our provider perception warrants an acknowledgment of our own values and beliefs, then we may be able to distinguish from someone else's cultural perspectives



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# Moving Toward Action!

- “While expunging all biases and prejudices from our minds is psychologically impossible, we believe it is possible to reduce or prevent the most harmful effects of those biases.” -Marsh (2015)
- In fact, research has demonstrated that implicit biases are **malleable** and can be gradually altered through a variety of bias reducing approaches.
- Need to employ a theoretical model to facilitate this process. *You can choose* to create and follow a plan that will help you develop new unbiased behavior.



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# Ask Yourself...

- Who are your three best friends?
- Do you automatically exclude certain neighborhoods as places you might live or send your kids to school?
- Do you 'only date' a certain type?
- Do you have a 'gay friend'? A 'black doctor'?

## Harvard Implicit Association Test (IAT)

<https://implicit.harvard.edu/implicit>



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# The Data

## Who are your 3 best friends?

Younger whites are almost twice as likely as Hispanics and blacks to say they socialize mostly within their own race (68% of whites age 18-34 say they overwhelmingly associate with other whites, compared with 37% of Hispanics and 36% of blacks of the same age); the gap is just as wide on where young whites choose to live.

## Do you automatically exclude certain neighborhoods as places you might live or send your kids to school?

A majority of whites (69%) say the people they live around are mostly of the same race as them, while Hispanics predominantly say they live around people of other races (59%). Blacks are split, with 51% saying they live around people of other races and 41% saying they live around mostly other black people.



# The Data

## Do you 'only date' a certain type?

In 2013, about 12% of new marriages in the U.S. were between spouses of different races, according to a Pew Research analysis of American Community Survey data.

Many factors play into our choice of potential partners: religion, social values, political views, physical appearance.

## Do you have a 'gay friend'? A 'black doctor'?

It's hard to say whether it's linked to hidden bias, especially since labeling someone might be a conscious, well-meaning effort to identify that person from others with their most distinctive quality.

But consider the reverse: *How often do you refer to someone as your "straight white friend"?*



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# Starting With the 'I'

- **Recognize that implicit bias is in you** through a life time of conditioning and experiences that have helped to develop latent negative attitudes and stereotypes toward people of color.
- **Know that implicit bias** adversely affects decision making, even if you don't set out to intentionally discriminate against anyone.
- **Take measures to identify and assess** for your own implicit bias that manifests in your profession, practices, and decision making.



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# Bias Reducing Techniques

- Raise your own awareness of implicit bias
- Routinely check thought processes and decisions for possible bias
- Identify distractions and sources of stress in the decision-making environment and remove or reduce them
- Identify sources of ambiguity in the decision making context and establish more concrete standards before engaging in the decision-making process
- Institute feedback mechanisms
- Strengthen community relations, 'contact theory,' the more you are exposed to different people, the more likely you reduce implicit bias.



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Three Ways to Reduce Implicit Bias in Policing

[https://greatergood.berkeley.edu/article/item/three\\_ways\\_to\\_reduce\\_implicit\\_bias\\_in\\_policing](https://greatergood.berkeley.edu/article/item/three_ways_to_reduce_implicit_bias_in_policing)

# A Multicultural Strategy

- A newer approach to culturally competent clinical practice focuses on foundational communication skills, awareness of cross-cutting cultural and social issues, and health beliefs that are present in all cultures. We can think of these as universal human beliefs, needs, and traits.
- This approach relies on identifying and negotiating different styles of communication, decision-making preferences, roles of family, sexual and gender issues, and issues of mistrust, prejudice, and racism, among other factors.



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Patient-centered care: the key to cultural competence



- For those sharing a computer, have you typed in your names in the Q & A box?
- Otherwise you will not receive the evaluation link which you need to receive a certificate of completion.
- *(Clyde, please launch the evaluation link)*



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# *Cultural Competence: A Modality for Practice*

## *End of Part One*

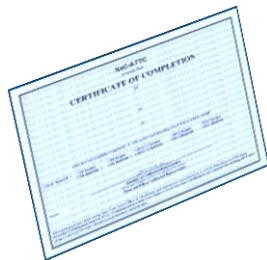
*Part 2: June 22, 2018*

### **Presenter:**

Diana Padilla, RCR, CASAC-T  
Program Manager/Senior Trainer

### **Organizer:**

Clyde Frederick  
Technologist/Program Support



**A follow-up email** will be sent to your in-box one hour after part 2 on March 30, 2018. Please complete your evaluation to receive your OASAS “Certificate of Completion”. It will only take a few minutes. This course provides 3 CASAC hours. Your certificate will be issued in 3-5 business days.



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**Thank you for your participation!!!**



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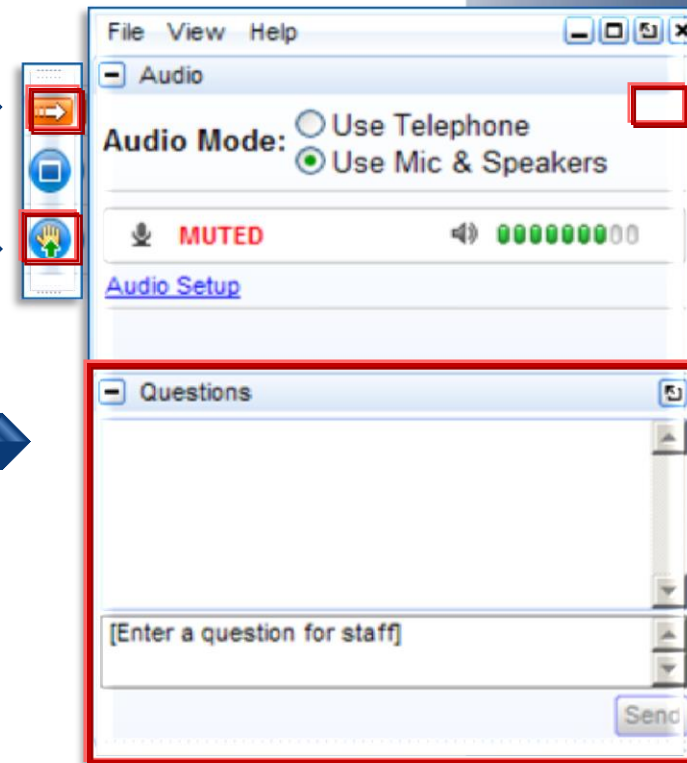
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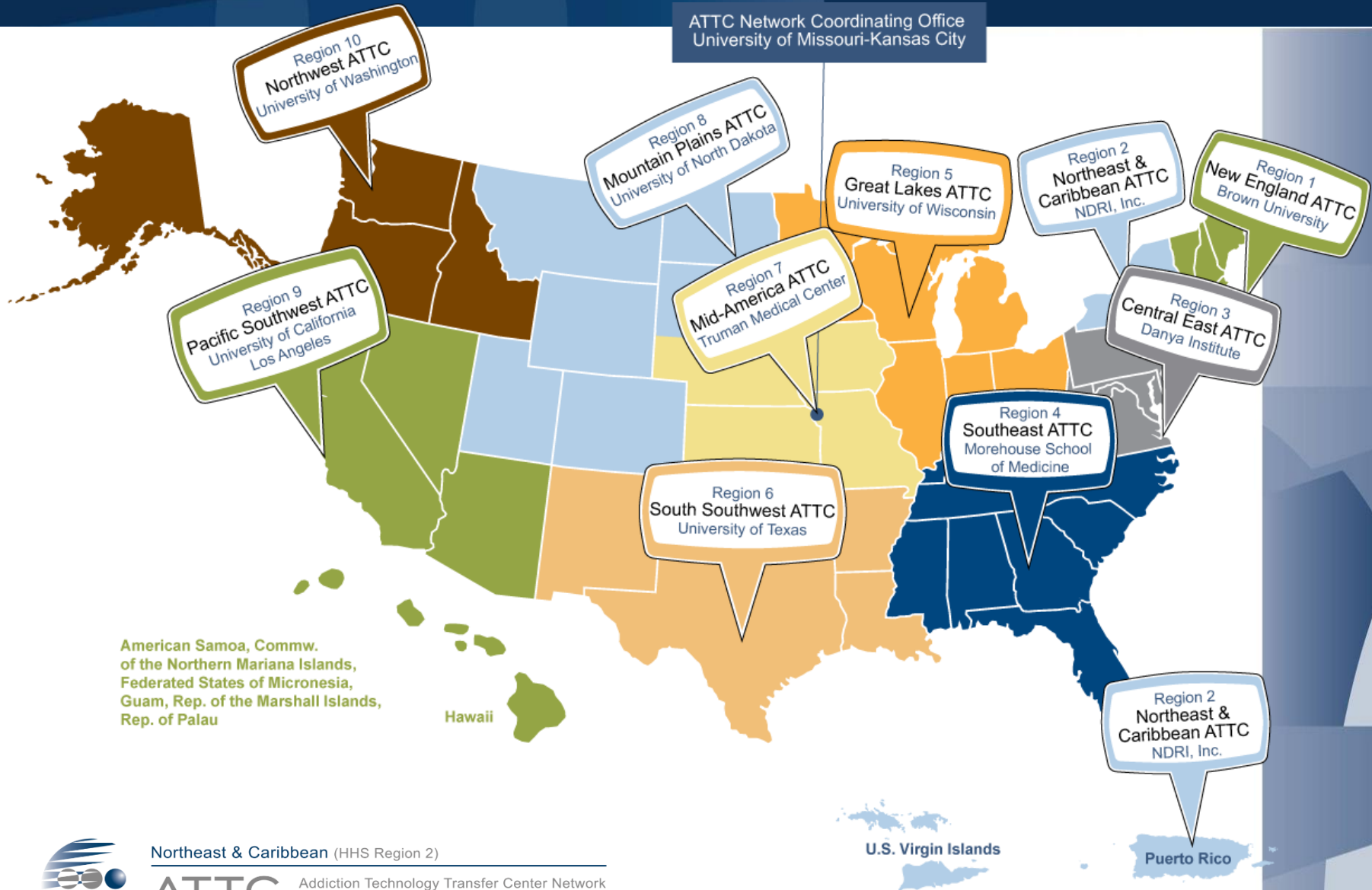


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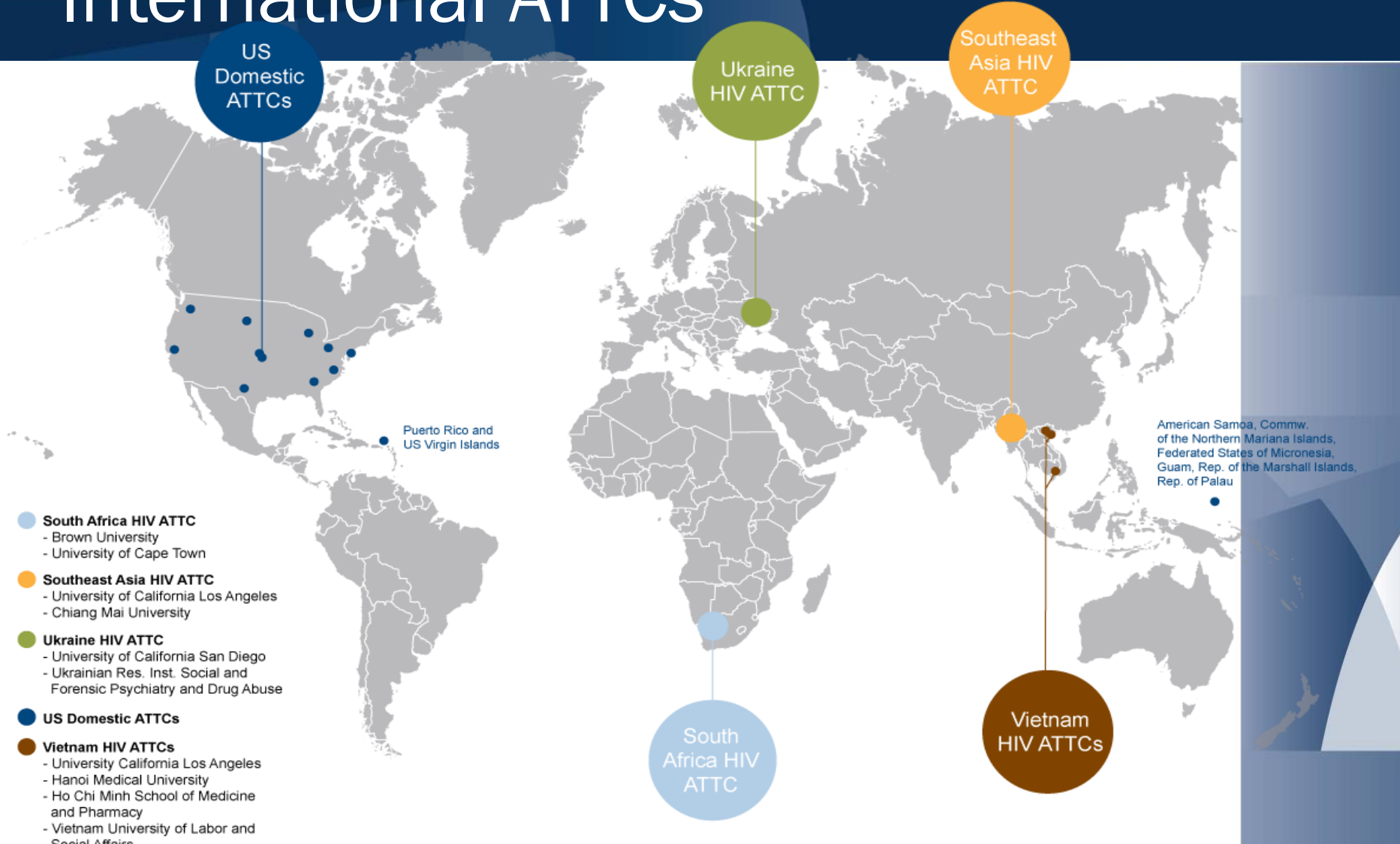


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- **US Domestic ATTCs**
- **Vietnam HIV ATTCs**
  - University California Los Angeles
  - Hanoi Medical University
  - Ho Chi Minh School of Medicine and Pharmacy
  - Vietnam University of Labor and Social Affairs

Puerto Rico and US Virgin Islands

American Samoa, Commw. of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, Rep. of Palau

South Africa HIV ATTC

Vietnam HIV ATTCs





# Objectives

## Part 2 - June 22, 2018

- Identify culturally informed strategies that augment professional and consumer communication including recovery based language.
- Outline a person centered, process oriented approach for practice that culturally informs and supports the consumer's recovery process.
- CLAS standards: principles for a supportive environment



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# Cultural Competence

**Cultural competence** involves understanding and appropriately responding to the unique combination of cultural variables and the full range of dimensions of diversity that the professional and client/patient/family bring to interactions.

**Cultural competence** is an *ongoing* process.



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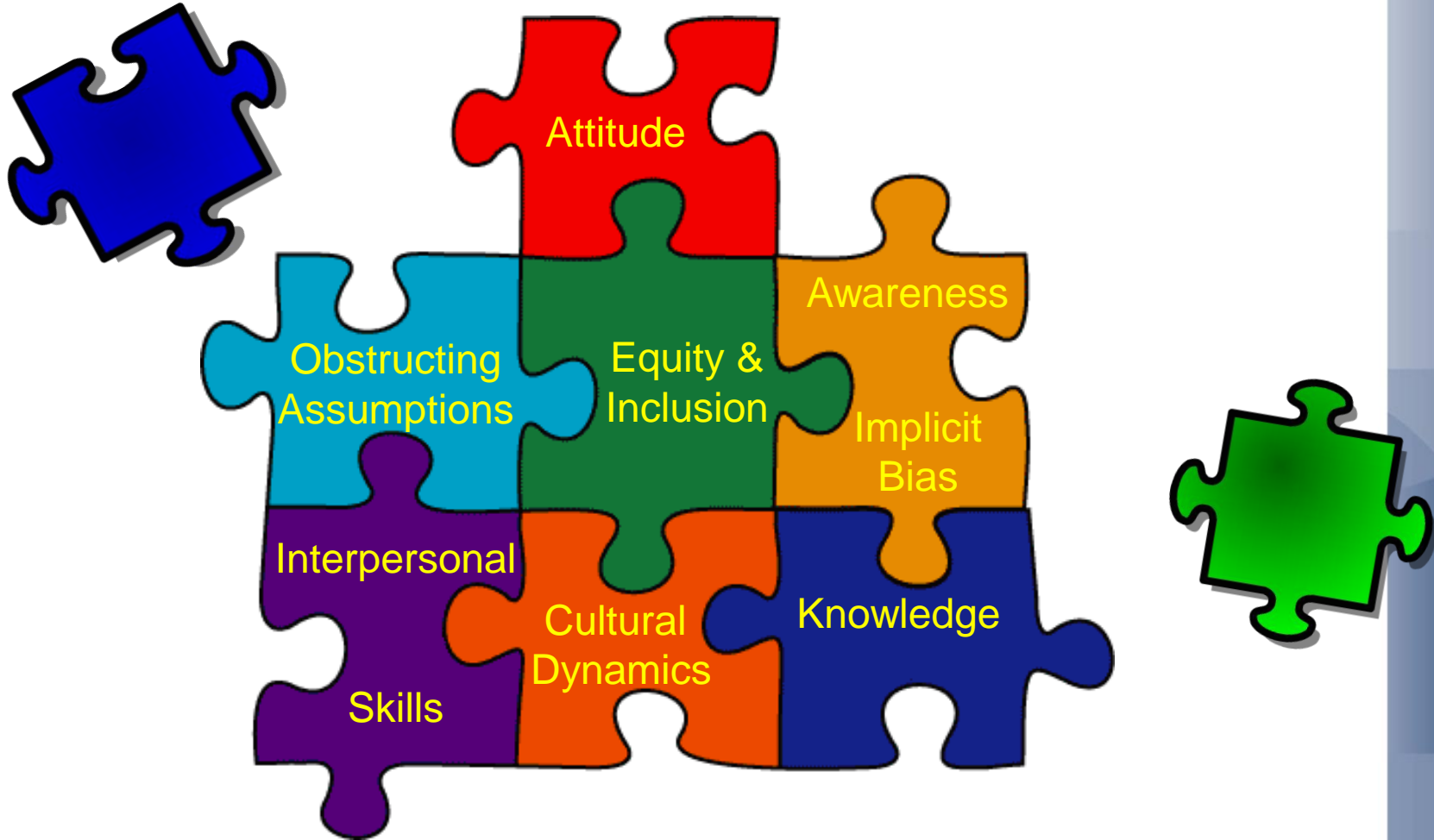
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American Speech-Language -Hearing Association

<https://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence>

# Putting the Pieces Together



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# Cultural Competence *Core Elements*

## Awareness

- Differences of culture and one's own
- Value diversity

## Attitude

- Aware of own biases, values & belief systems
- Acknowledgement & respect for cultural differences

## Knowledge

- Inherent cultural trends of population
- Current research on effective practice

## Skills

- Use of appropriate name or pronouns
- Engagement approaches



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Addiction Counseling Competencies, <https://store.samhsa.gov/product/TAP-21-Addiction-Counseling-Competencies/SMA15-4171>

# Awareness and Attitude

## Self reflection

- Incorporate an understanding of culture, relational dynamics and differences
- Develop self awareness and identify personal cultural perspectives
- Recognize and address personal bias

**Self-reflection activity:** Take time each evening to reflect on your behavior for the day. *How do you perceive yourself? How do others perceive you? What can I learn from observing my behavior today?*

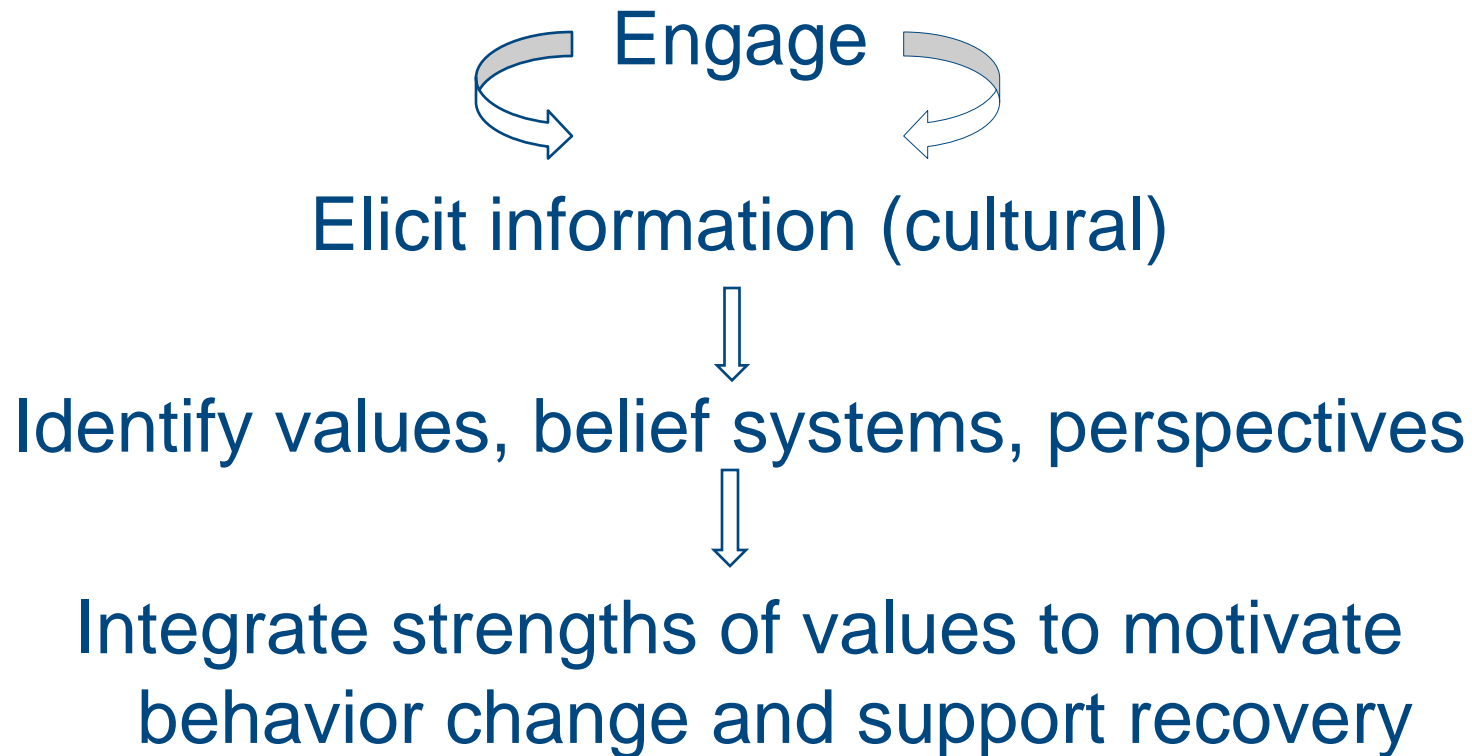


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# Culturally Informed Modality



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# Engage

- Inclusive environment
- Initial approach and greeting
- Fostering a rapport

Recovery oriented language is strength based and person centered, which is foundational to culturally informed practice.



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# When Language Impacts

- People with mental illness were labeled as “lunatics” and sequestered into “insane asylums.”
- Early days of HIV, patients were referred to as having “gay-related immune deficiency.” (GRID)
- For someone struggling with addiction or substance use disorder, language can be impactful.
- Stigma and shame are typically uniformed biases, that can further depress potential motivation needed for recovery.



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Botticelli-Koh-Changing-the-Language-Addiction, JAMA 2016



# We Don't Always 'Hear' It

Provider/patient language or choice of wording can reflect:

- Societal views
- Personal values
- Internalized labels



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# Recovery Oriented Rephrasing

Language that is commonly used within the mental health system can often be improved. The following are examples of simple, practical ways to reframe the conversation in recovery-oriented ways.

<b>Rather than these words:</b>	<b>Use words that promote recovery:</b>
Refused	Declined / Repeatedly said no
Resisted	Chose not to / Disagreed with the suggestion
Client believes that...	Client stated that...
Delusional	Experiencing delusional thoughts
Paranoid	Experiencing paranoid symptoms
Decompensate	Experiencing an increase in symptoms
Manipulative	Seeking alternative methods of meeting needs
Noncompliant	Not in agreement with the treatment plan
	Difficulty following treatment recommendations
Unmotivated	Bored / Has not begun
Suffering from...	Has a history of...
Low functioning	Has difficulty with...



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**MHA, A Guide to the Use of Recovery-Oriented Language**  
In Service Planning, Documentation, and Correspondence

# Working on Change

- Changing language, (and policies and programs) will take time. For instance, the word “abuse” continues to appear in the titles of highly respected addiction journals and in the names of federal government agencies despite the changes in the DSM5.
- By beginning to change the language of addiction, it is possible to foster a better future for people with SUDs and remove barriers that hold back people from committing to treatment they need.



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# Practitioner Knowledge

- Familiarity with inherent cultural trends of communities being served can be helpful in guiding interactions
- Stay abreast of culturally and linguistically appropriate evidence based practices and interventions



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# Contrasting Values, Attitudes, Behaviors

## Eye contact

- It is best to look at people directly in the eye when talking to them; otherwise, you are seen as dishonest or uncaring.
- It is very rude and hostile to look at people directly in the eye when talking.



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NDRI, Cultural Proficiency in Drug Court Programs curricula,  
Contrasting Values, Attitudes and Behaviors, 2002

# Contrasting Values, Attitudes, Behaviors

## Control over illness

- We all have the power to help ourselves get better.
- There is nothing we can do about being sick, because our fate is in the hands of a higher power.



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# Elicit Information

**Cultural humility** (avoid assumptions) is one construct for understanding and developing a process-oriented approach to competency.

- Preferred language and meaning within context
- Ask open ended questions of themselves, their view of their situation, support systems, etc.
- Active listening, reflecting, summarizing



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American Psychology Reflections on Cultural Humility,  
<http://www.apa.org/pi/families/resources/newsletter/2013/08/cultural-humility.aspx>

# Values & Belief Systems

- Explore and recognize the importance of how situations are perceived (other person view) and addressed within context

**Case:** Hispanic mother allows son to use in house. Son has a low paying full time job and sniffs several bags of dope a day...

**Potential strategy..?**



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# Skills: Culturally Informed Questions

1. Tell me about your racial /ethnic /religious background and share something about the commonly held values and beliefs of people in your community.
2. How are you the same as others in your community?
3. How are you different from others in your community?
4. What two things would help the program deliver effective services to you?



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# Cultural Formulation Interview (CFI) DSM5

- Cultural definition of problem
- Cultural perceptions of cause, context, and support
- Stressor and supports
- Role of cultural identity
- Cultural factors affecting self-coping and past help seeking



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# 7 Lessons in Cross Cultural Dialogue

1. Don't assume sameness
2. What you think of as normal human behavior may only be cultural
3. Familiar behaviors may have different meanings. Same behaviors may not mean the same thing
4. Don't assume that what you meant is what was understood
5. Don't assume that what you understood is what was meant
6. You don't have to like or accept "different" behavior, but you can try to understand where it comes from
7. Most people do behave rationally, you just have to discover the rationale



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Source: C. Storti, (1994). "Cross-cultural Dialogues."

# Evaluation

- Reviewing outcome data provides insight as to successful outcomes for culturally specific groups (*by race, ethnicity, gender, gender non conforming, age, disabilities*) for specific conditions or disorders, and identifies effective and not so effective strategies.
- Integrate confidential processes to elicit patient/consumer thoughts of services



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# CLAS Standards

## Culturally and Linguistically Appropriate Services (CLAS)

- CLAS is services that are respectful of and responsive to each person's culture and communication needs.
- CLAS helps you take into account:
  - Cultural health beliefs
  - Preferred languages
  - Health literacy levels
  - Communication needs



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- For those sharing a computer, have you typed in your names in the Q & A box?
- Otherwise you will not receive the evaluation link which you need to receive a certificate of completion.
- *(Clyde, please launch the evaluation link)*



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# *Cultural Competence: A Modality for Practice*

## *End of Part Two*

### **Presenter:**

Diana Padilla, RCR, CASAC-T  
Program Manager/Senior Trainer

### **Organizer:**

Clyde Frederick  
Technologist/Program Support



**A follow-up email** will be sent to your in-box one hour after part 2 on March 30, 2018. Please complete your evaluation to receive your OASAS “Certificate of Completion”. It will only take a few minutes. This course provides 3 CASAC hours. Your certificate will be issued in 3-5 business days.



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**Thank you for your participation!!!**