



New England (HHS Region 1)

ATTC

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Cultural Intelligence: Understanding and Incorporating CLAS Standards into Practice

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# Disclosures

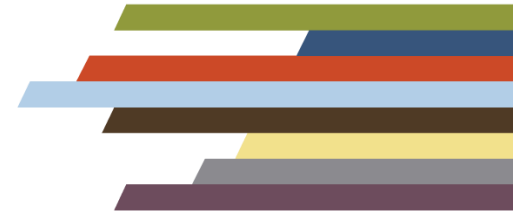
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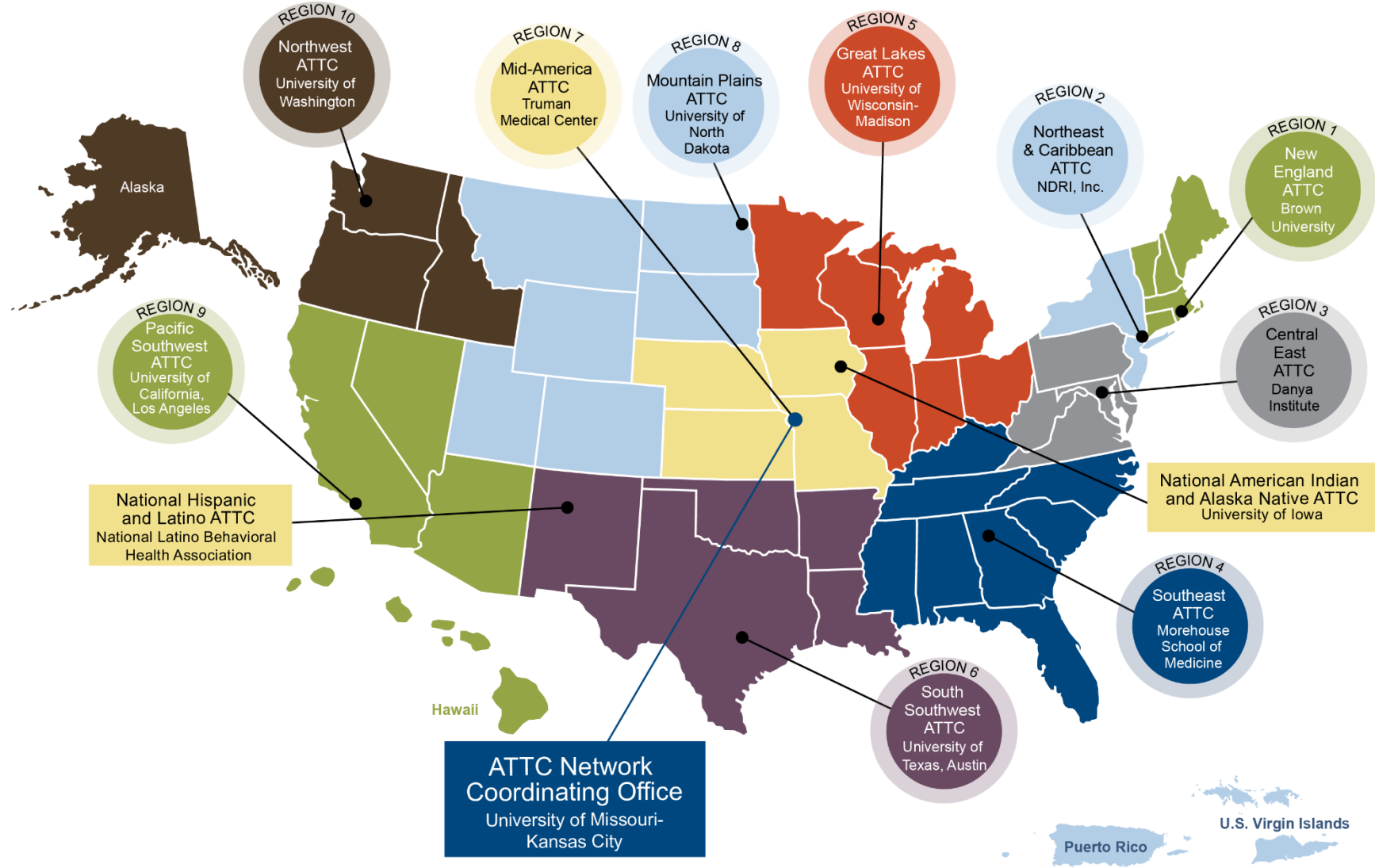




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# Learning Objectives

- Participants will be able to describe health disparities;
- Participants will be able to describe cultural intelligence;
- Participants will be able to identify and describe the CLAS standards;
- Participants will be able to identify at least 5 techniques and strategies for improving services; and
- Participants will be able to identify community based resources.

# Introductions:

- Name
- Position
- Cultural Trait
- One Expectation

**Define Culture**

# **Culture Is...**(Merriam-Webster)

- The integrated pattern of human knowledge, beliefs, and behaviors that depends upon a person's capacity for learning and transmitting knowledge to succeeding generations;
- The customary beliefs, social forms, and material traits of a racial, religious, or social group; and
- The set of shared attitudes, values, goals, and practices that characterizes a group.

# **What is Cultural Intelligence?**



# **Cultural Intelligence is.....**

“A set of behaviors, attitudes and policies that come together in a system, agency, or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among, and between groups.”

National Center for Cultural Competence: <http://nccc.georgetown.edu/>

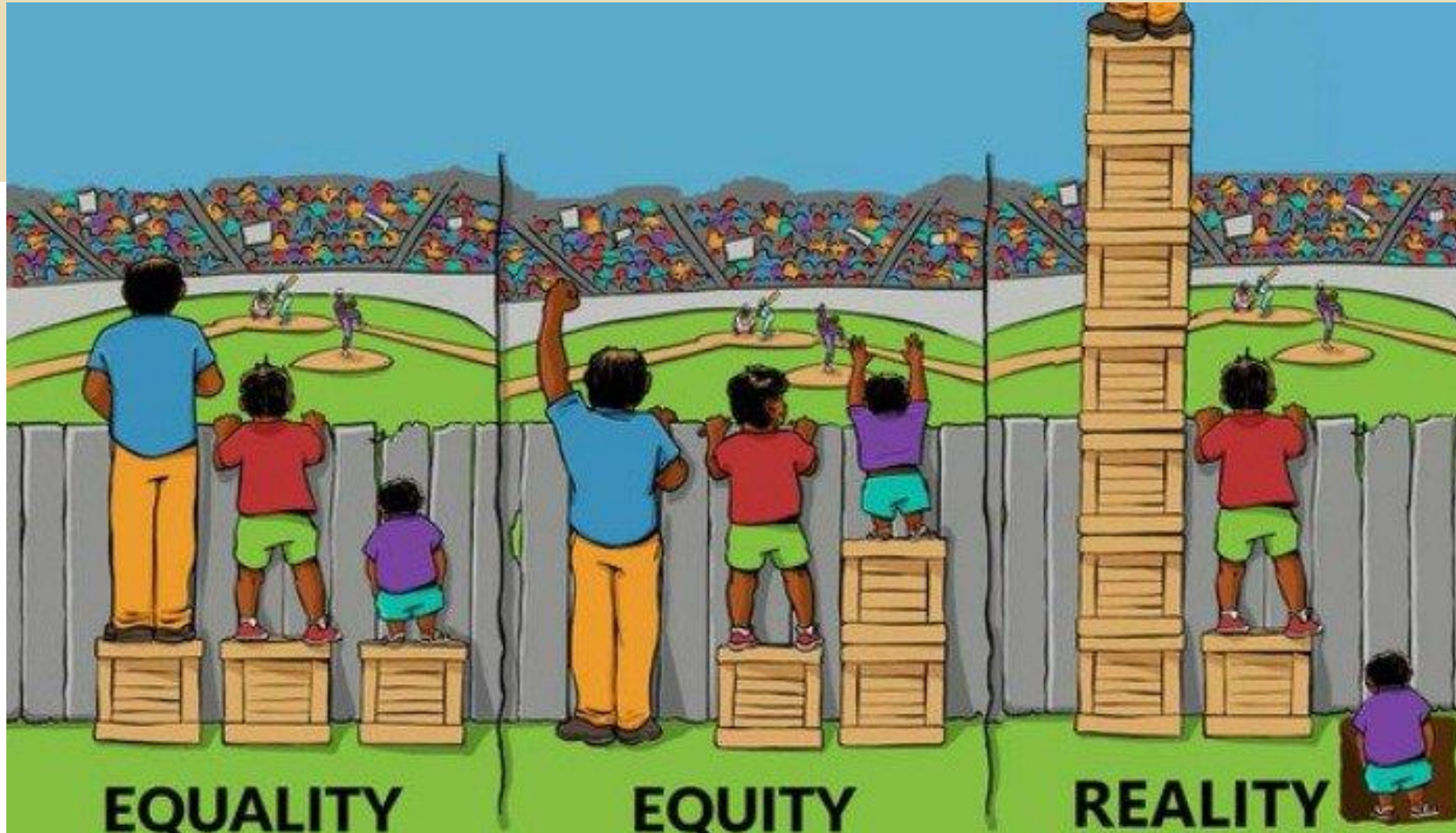
# **How We Claim We Treat People....**

- Non-biased
- Non-Judgmental
- As they come
- As we want to be treated and
- The Same

# Understanding Health Disparities

- A health outcome that is seen to greater or lesser extent between populations
- Particularly linked with social, economic, and/or environmental disadvantage

# Building Health Equity



# Enhanced National CLAS Standards

The enhanced **National Standards for Culturally and Linguistically Appropriate Services** in Health Care are issued by the USDHHS' Office of Minority Health to **advance health equity, improve quality and eliminate health care disparities** by establishing a blueprint to implement culturally and linguistically appropriate services.

Source: OMH, 2017

# Principal Standard (CLAS)

- Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

# Three Broader Themes (CLAS)

- Theme 1: Governance, Leadership and Workforce (Standards 2-4).
- Theme 2: Communication and Language Assistance (Standards 5-8).
- Theme 3: Engagement, Continuous improvement and Accountability (Standards 9-15).

# **Five Essential Elements of Cultural Competence.....**

1. Valuing diversity
2. Awareness of the “dynamic of difference”
3. Ability to institutionalize cultural knowledge
4. Adaptation to diversity
5. Cultural self-assessments



# **Spectrum of Attitudes....**

- People Viewed as Objects
- People Viewed as Recipients
- People Viewed as Resources

# **Cultural Competency Continuum....**

- Destructiveness
- Incapacity
- Blindness
- Pre-competence
- Competence
- Proficiency

# Cultural Destructiveness

- This represents the most negative end of the continuum. Example: Culturally destructive people and/or agencies are those that support attitudes, policies and practice that are destructive to a particular culture.

# Cultural Incapacity

- In this instance, the agency or individual does not intend to be destructive to a culture; rather, it simply lacks the ability to be responsive. In this instance, there is a basic assumption of superiority of the dominant culture.

# Cultural Blindness

- An agency or individual that falls at this point along the continuum is one that purports to be totally unbiased. Its philosophy is the well-intended view that all people are the same. “We are all equal.” This view does not allow for modification strategies to meet the needs of clients, but rather feels that those strategies that apply to most should apply to all.

# **Cultural Pre-Competence**

- The pre-competent individual or agency recognizes its inability to provide appropriate services to clients of a different culture as it is currently structured and attempts to improve some aspects of its service delivery in order to do so.

# **Cultural Competence**

- These agencies and individuals are characterized by respect for difference among cultural groups, continuous self-assessment, expansion of cultural knowledge and attention to the dynamics of difference.

# Cultural Proficiency

- All of the concepts of cultural competence are incorporated into an agency's policy, practice and attitude. This agency or individual has the ability to add to the body on knowledge and to teach those concepts to others.



# Resources

- <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>
- [http://www.samhsa.gov/recoverytopractice/RTP-Contribution-Detail-For  
A\\_Practical\\_Guide\\_for\\_Implementing\\_the\\_Recommended\\_National\\_Standards\\_for\\_Culturally\\_and\\_Linguistica-374.aspx](http://www.samhsa.gov/recoverytopractice/RTP-Contribution-Detail-For-A_Practical_Guide_for_Implementing_the_Recommended_National_Standards_for_Culturally_and_Linguistica-374.aspx)
- National Center for Cultural Competence:  
<http://nccc.georgetown.edu/>
- Individual and Organizational Self Assessments:  
<http://nccc.georgetown.edu/resources/assessments.html>
- Additional Readings:  
<http://nccc.georgetown.edu/resources/publicationstitle.html>

**Thank You!**  
**¡Muchas Gracias!**