Cultural Humility and Responsiveness in Behavioral Health Care

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Substance Abuse and Mental Health Services Administration

Northeast & Caribbean (HHS Region 2)
ATTC Addiction Technology Transfer Center Network
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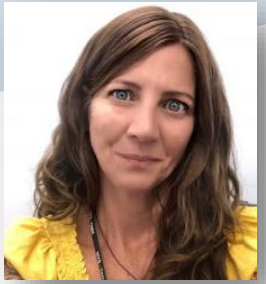

Disclaimer

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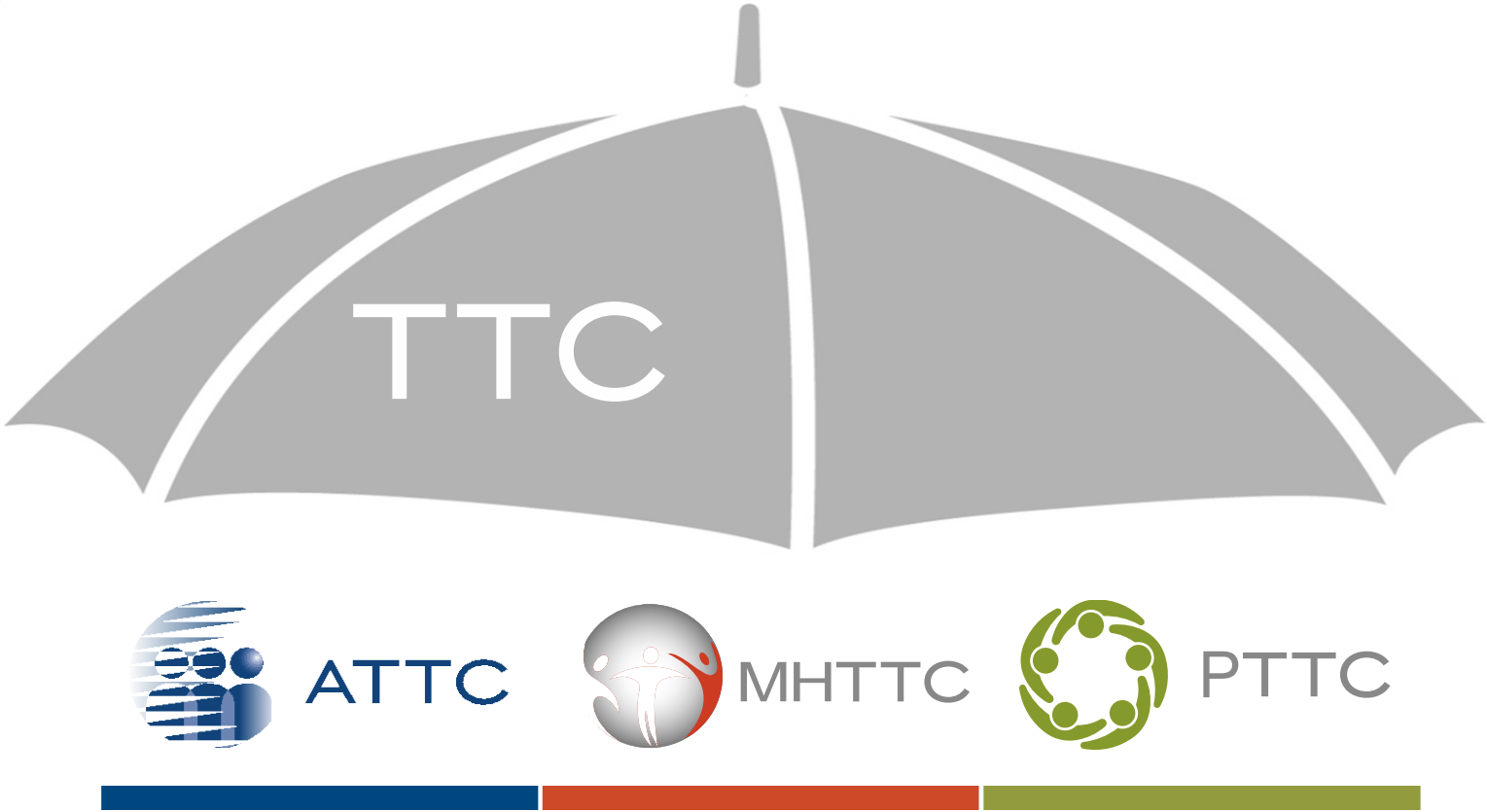
Purpose of SAMHSA's Technology Transfer Centers

The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.

Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.


TTC
ATTC
MHTTC
PTTC

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

Goal

Demonstrate how practicing cultural humility can help provide highest levels of quality care to multicultural community members; and discuss organizational and professional cultural responsiveness in care.

Personally & Professionally

- Why is cultural competence required by your license or credentials?
- Why do you think its important?
- How do you learn it?

Current Landscape

- More than half of Latino and nearly half of Black survey respondents reported experiencing an economic challenge because of the pandemic.
- 39% of women reported significant mental health concerns related to COVID-19, 13 percentage points higher than men.
- Black and Latino respondents reported pandemic-related mental health concerns at a rate approximately 10 points higher than Whites.

The Commonweath Fund, September 10, 2020, Beyond the Case Count: The Wide-Ranging Disparities of COVID-19 in the United States.

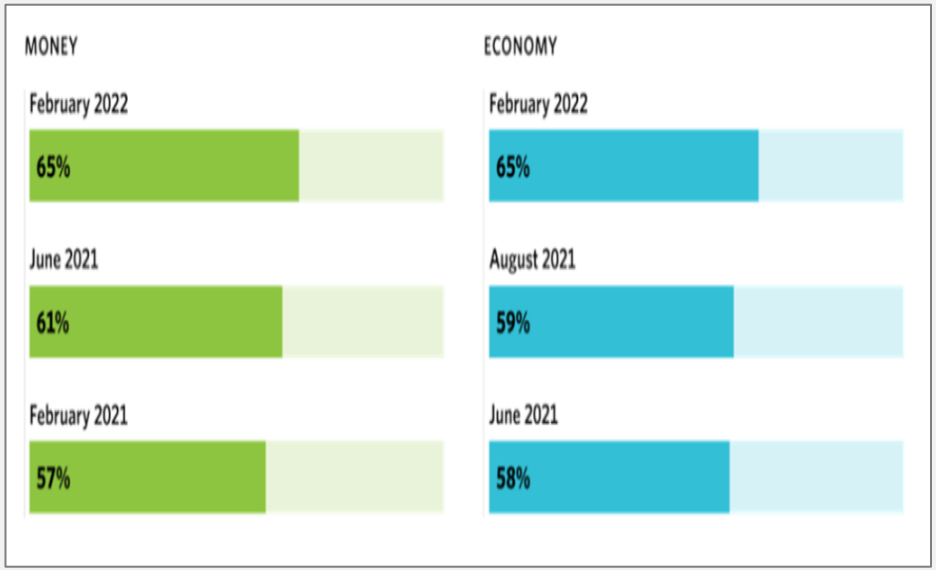
Scenario: The Atmosphere

A clinic serving mostly Medicaid and uninsured families is struggling to help patients keep their appointments.

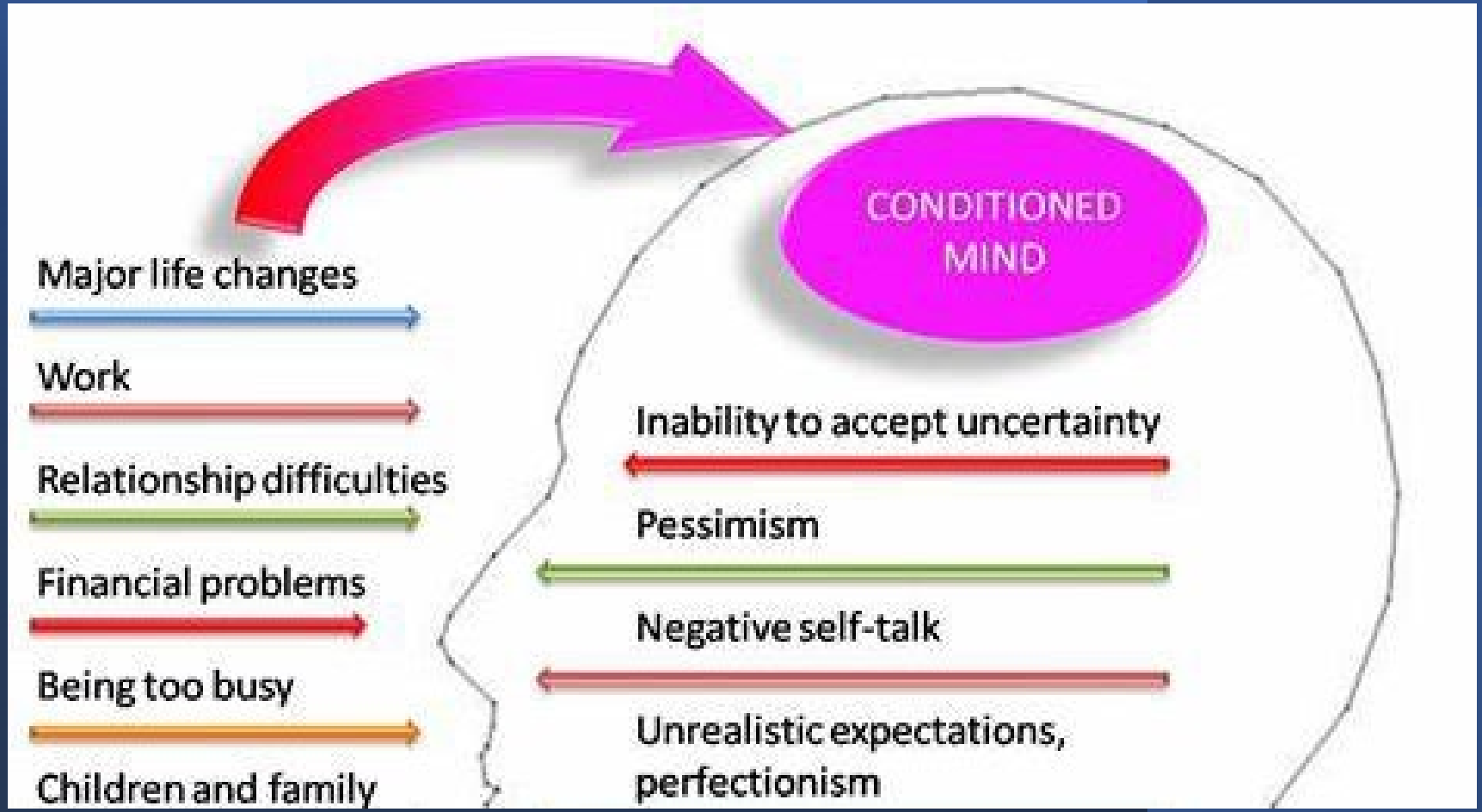
- Its patients, who come from the surrounding community, are often either unemployed or working minimum wage jobs.
- Most of the adults have at least one chronic illness, often heart disease or diabetes.
- Many have been touched by community violence, substance use, mental illness, or incarceration in some way.
- Some grew up in abusive homes, witnessing or experiencing physical, emotional, or sexual violence.

Center for Healthcare Strategies, Understanding How Trauma Affects Health and Health Care, November 2016, https://www.chcs.org/understanding-trauma-affects-health-health-care/

Stress in America Survey 2022



- 81% of Americans who participated in the poll were stressed out due to Supply Chain issues;
- 87% Americans are stressed due to the rising inflation in the country, up from 59% in August 2021 and 58% in June 2021.
- 80% Americans are tensed and stressed about possible Russian cyberattacks or nuclear threats to the US;
- 69% Americans fear that a World War III could break out and we are in the genesis phase of it;
- and 65% of Americans responded that they were stressed about money and the economy.


CONDITIONED MIND
Major life changes
Work
Relationship difficulties
Financial problems
Being too busy
Children and family
Inability to accept uncertainty
Pessimism
Negative self-talk
Unrealistic expectations, perfectionism

Racial Trauma

Race-based traumatic stress injury is an “emotional or physical pain or the threat of emotional or physical pain stemming from racism in the form or harassment, discrimination, or discriminatory harassment.” (Carter, 2007)

- *“Research is showing that microaggressions have an impact on our nervous system and create a stress or trauma response similar to other types of trauma.*
- *There are also more overt acts of racial trauma in the form of race-based violence and the vicarious trauma of seeing others who look like you be murdered or assaulted, as well as the experience of not feeling respected a full human being.” – Dr. Nathalie Edmond*

Common Examples

- Overt racial slurs and threats made by anyone
- Police harassment, body searches, and assaults
- Workplace discrimination
- Community violence
- Distressing medical experiences
- Incarceration
- Deportation

Uncovering the Trauma of Racism: New Tools for Clinicians, https://www.psychologytoday.com/us/blog/culturally-speaking/201901/uncovering-the-trauma-racism-new-tools-clinicians

Minority Stress

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

Scenario: The Atmosphere

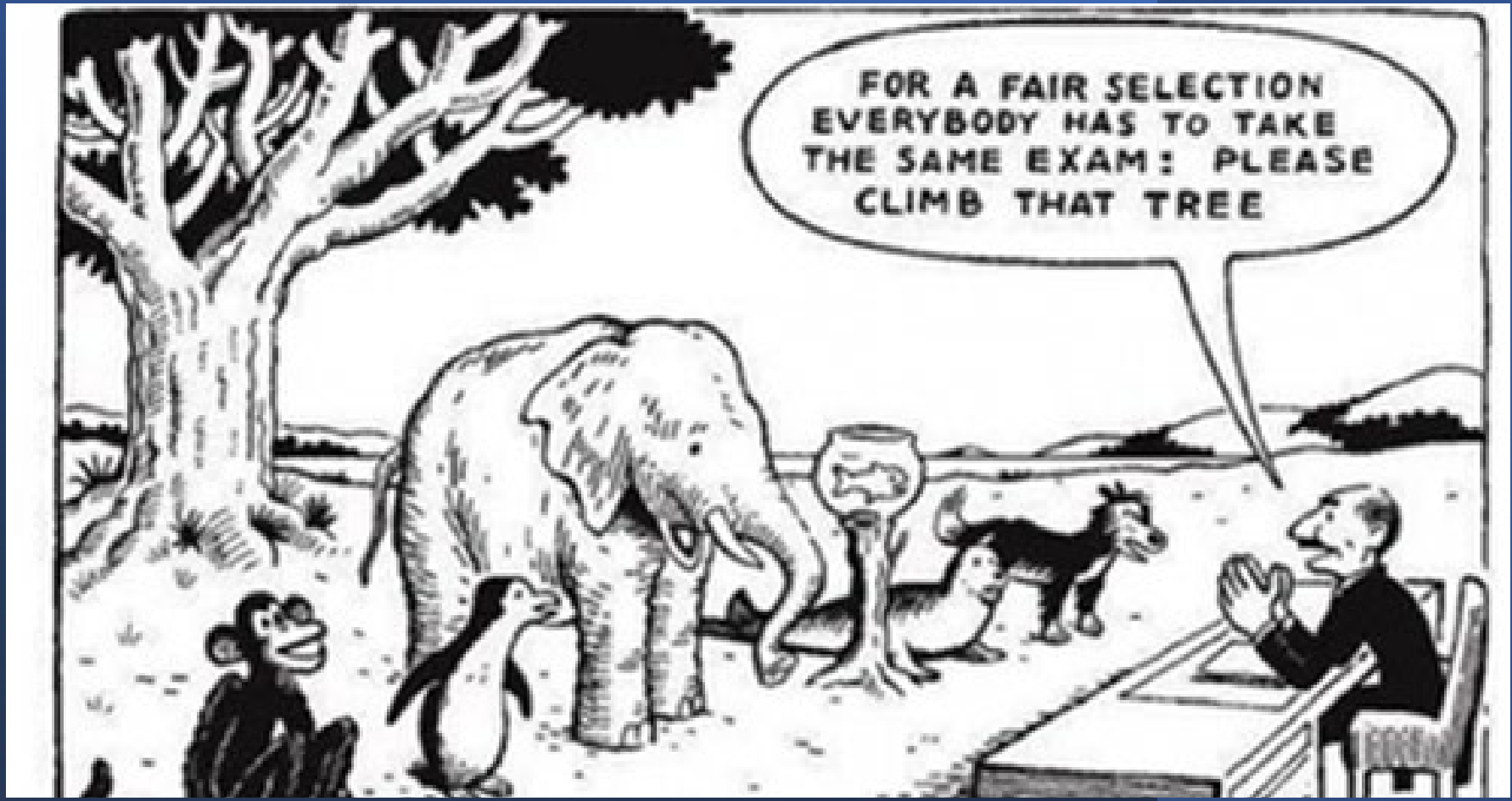
When they come to the clinic, the patients are often stressed, and many become impatient. When last-minute changes or long waits occur, some patients shout profanities, make threats, or slam doors.

Perhaps anticipating this hostility, the front-desk staff rarely make eye contact with patients, preferring to keep their gaze on the computer screen as they ask rapid-fire questions about health insurance and reasons for visiting.

Their disengagement often creates more animosity and patients are often even more irritated when they enter the exam room to interact with the clinicians.

Center for Healthcare Strategies, Understanding How Trauma Affects Health and Health Care, November 2016, https://www.chcs.org/understanding-trauma-affects-health-health-care/

education
social & community context
social determinants of health
health care
economic stability
neighborhood & environmental


FOR A FAIR SELECTION EVERYBODY HAS TO TAKE THE SAME EXAM: PLEASE CLIMB THAT TREE

Social Inequalities Explained in a $100 Race, October 2017, https://www.youtube.com/watch?v=4K5fbQ1-zps

Column A	Column B
“That’s so gay”	Your experiences as a minority are no different than anyone else’s
“The only race is the human race”	Your appearance dictates your skill
(To an Asian student) “Can you help me with my Math homework?”	You are not American
(A White woman to a Black woman) “As a woman I understand what you experience as a minority”	Being gay is unacceptable
“No, where are you really from?”	I’m not racist because I am oppressed like you.

Diverse Communities Need Care That Meets Their Unique Needs

Culture

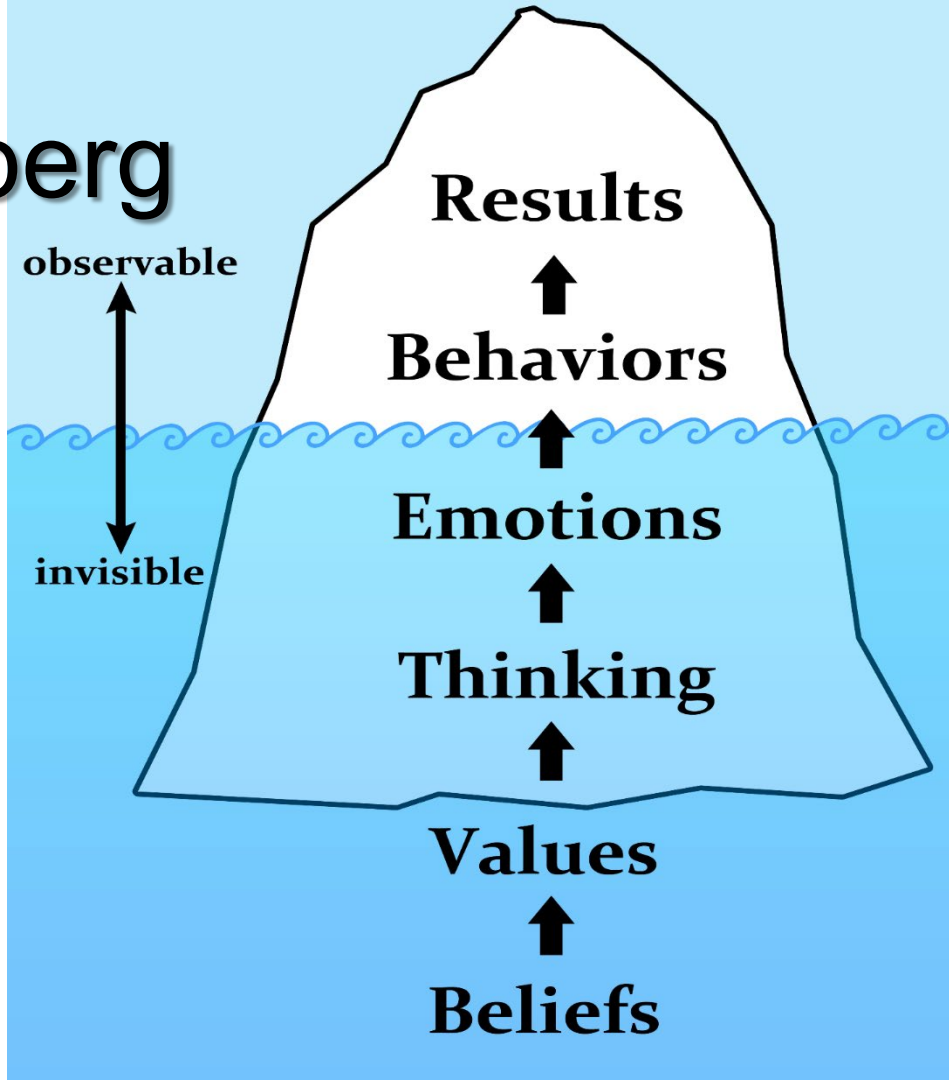
- Integrated patterns of human behavior that includes thoughts, communications, languages, practices, beliefs, values, customs, courtesies, rituals, manners of interacting, roles, relationships and expected behaviors of a racial, ethnic, religious or social group.

National Center on Cultural Competence, (NCCC) Bridging the cultural Divide in Health Care Settings
https://nccc.georgetown.edu/culturalbroker/8_Definitions/index.html

The Culture Iceberg

- 10% what we see

90% we don't see



Cultural Experiences Impact

- **How symptoms are expressed**. For example, traditional Chinese culture may place a value on the caregiver shielding the patient from having to discuss with providers the full severity of an illness, in contrast to Western medicine.
- **What type of treatment is preferred**. For example, Native American older adults, often referred to as “elders,” traditionally play an important role as health care advisors and healers and may suggest using folk medicine approaches.
- **Who provides care.** Asians, Blacks, and Latinx may prefer to care for a relative at home instead of placing a family member in a nursing home.

Which Communities Do You Serve?

- Who lives in your community right now?
- What languages are spoken?
- What stressors do they deal with?
- Which substances do they tend to use?

Cultural Context of Communication

"Culture hides more than it reveals, and strangely enough what it hides, it hides most effectively from its own participants." - Edward T. Hall

- Culture provides the overall framework wherein humans learn to organize their thoughts, emotions, and behaviors in relation to their environment.

Sage Publications, The Cultural Context, https://www.sagepub.com › upm-binaries ›42958_2_The_Cultural_Context

Culture-Related Communication

- Cultural differences in explanatory models of health and illness
- Differences in cultural values
- Cultural differences in patients' preferences for clinician/patient relationships
- Racism and perceptual biases
- Linguistic barriers

Cultural Responsiveness

Culturally Responsive services are those that are ***respectful of, and relevant to, the beliefs, practices, cultural and linguistic needs*** of diverse communities.

Cultural Humility as a Concept

Cultural Humility involves acknowledging oneself as a learner (humility) when it comes to understanding another's perspective (culture).

Humility (humble)

not proud or arrogant; modest; courteously respectful

Culture (individual)

beliefs, systems of language, communication, and practices

Cultural Humility as a Process

Cultural Humility is the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person"

- Maintain lifelong learning
- Engage in continuous self-reflection
- Become comfortable with "not knowing"
- Recognize power/privilege dynamics

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

Cultural Competence Core Elements

Awareness	Attitude	Knowledge	Skills
Differences of culture and one's own	Aware of own biases, values, and belief systems	Inherent cultural trends of population	Use of appropriate name or pronouns
Value diversity	Acknowledgement and respect for cultural differences	Current research on effective practice	Culturally conducive engagement approaches

Addiction Counseling Competencies, The Knowledge, Skills, and Attitudes Of Professional Practice, TAP 21, https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4171.pdf

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 did I do today, did I feel uncomfortable after anything I said? How do others perceive you? What can I learn from observing my behavior today?*

Knowledge

- Common challenges that present in care.
- Familiarize yourself with cultural characteristics of groups in your catchment area.
- Individuals adhere to values and belief systems to certain degrees, not at all, expressed differently than others in their cultural group.
- Cultural patterns are not frozen, or static, but open to exceptions since many individuals have experiences that are not shared by their group.
- Integrate a person-centered approach.

Skills

- Explore and recognize the importance of how situations are perceived (other person view) and addressed from a cultural context.
- Perspectives highlight values with strengths that can be reframed to support recovery and wellness.

Elicit

- Preferred language and meaning within context
- Use **OARS** for person centered communication
  - **O**pen-ended Questions
  - **A**ffirmations
  - **R**eflective Listening
  - **S**ummaries

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.

James is a 32-year-old African American male who currently resides in Queens, New York with his girlfriend of four years and their two children, ages 3 and 2. James currently holds a BA in finance and was recently laid off from his job of 5 years at a local bank in March.

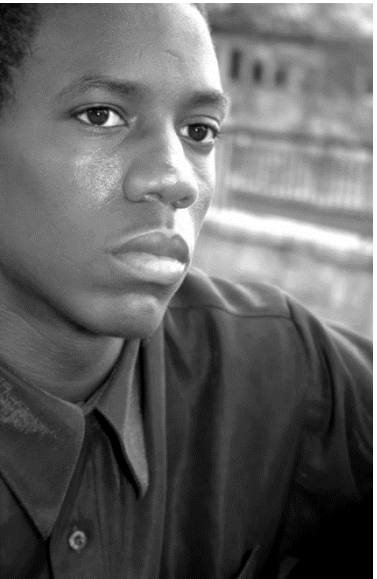
James reports being in recovery from cocaine for the last three years and had been attending NA meetings several times a week until he lost his job. He reports that his girlfriend is a strong support for him in the recovery process.

James currently resides in a predominantly Caucasian middleclass neighborhood and feels that his difficulty in obtaining a job has much to do with being discriminated against due to the color of his skin.

James, who has a history of depression and anxiety, had decided to seek treatment after experiencing great difficulty in finding employment and beginning to feel like he might relapse. When James first arrived at your office, he stated that "*I don't think this is going to work, you wouldn't be able to understand what I'm going through*."

James

In your groups, read your case study and discuss the following:



- Consider a culturally appropriate, trauma informed, affirming response to James' comment (write response and report out)
- What are potential factors to explore with James?

Cultural Formulation Interview (CFI) DSM-5

- 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

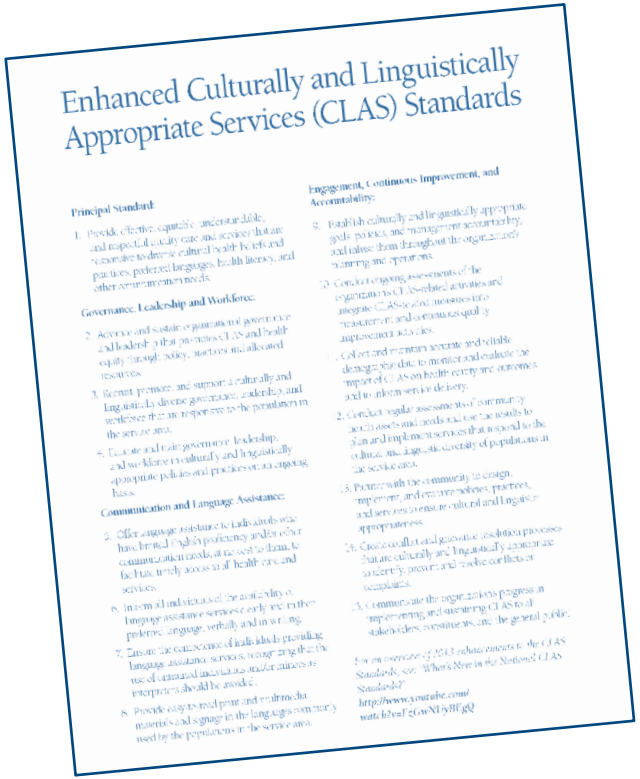
CLAS Standards for Behavioral Health

Culturally and Linguistically Appropriate Services

"The CLAS Standards are intended to advance health equity, improve quality of care and help eliminate health care disparities by providing a blueprint for ***individuals*** and health and health care ***organizations*** to implement culturally and linguistically appropriate services."

OMH Home, Blog: National Partnership for Action, What Do the New CLAS Standards Mean for Behavioral Health? Huang, L., PhD, 7/30/13
https://minorityhealth.hhs.gov/npa/blog/BlogPost.aspx?BlogID=2808

Enhanced National CLAS Standards



Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards

Principal Standard:

1. 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.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the populations in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance services, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-read print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

For an overview of 2013 updates/changes to the CLAS Standards, see: "What's New in the National CLAS Standards?" http://www.youtube.com/watch?v=FzGwNUyBFgQ

- Principal Standard
- Governance, Leadership, Workforce
- Communication and Language Assistance
- Engagement, Continuous Improvement and Accountability

CLAS Standards ~ 15 Actionable Items

PRINCIPAL STANDARD 1

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.

THEME 1
Governance, Leadership, Workforce

- Policies & procedures
- Diversity amongst all professional levels
- Annual culturally informed trainings

THEME 2
Language and Communication

- Inform and provide language assistance
- Interpreter services
- Linguistically (signage) conducive materials

THEME 3
Engagement, Continuous Improvement, and Accountability

- Establish CLAS goals, policies, management accountability processes
- Ongoing assessment and demographic data collection

Resources (1)

- **Bryan Stephenson:** https://hub.jhu.edu/2018/05/24/commencement-2018-stevenson/
- **Krieger: The Lancet 2017** https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30569-X.pdf
- **Socialized racial trauma:** https://www.bc.edu/content/dam/files/schools/lsoe_sites/isprc/pdf/racialtraumaisrealManuscript.pdf
- **Perception Institute, The Science of Equality, Volume 1,** https://perception.org/publications/science-of-equality-vol-1/

Resources (2)

- David Williams on the Ezra Klein Podcast re Social Determinants of Health - https://www.stitcher.com/podcast/vox/the-ezra-klein-show/e/69533249
- **NY Times Article on Compensation + Diversity:** https://www.nytimes.com/2020/07/14/business/economy/corporate-diversity-pay-compensation.html
- **Neville, H: on Racial Trauma:** https://psycnet.apa.org/fulltext/2019-01033-001.pdf
- **Carl Hart on MSNBC with Chris Hayes** (rethinking drug use): https://youtu.be/jTddraERTyA

ATTC Network, Building Health Equity and Inclusion, Free Resources