Cultural Competence

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Culture Defined

- The United States (U.S. Department of Health and Human Services – The Office of Minority Health (OMH) [2013] define:
  - Culture – Integrated patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups (para. 1).
  - Culture is generally defined through the use of isolated words: race, religion, gender, sex, sexual orientation, ethnicity, nationality, etc…
  - Can produce a less integrated view of one’s culture and the impact these elements may have on one’s life
  - The perception of one’s mental illness and/or co-occurring psychiatric and substance use disorders (COPSD)
Culture: Mental Illness and COPSD Diagnoses

• What are some of the potential elements of “culture” of the populations we serve?
  • Low socio-economic status
  • Ethnic minority status
  • Culture of poverty
  • Culture of homelessness
  • Culture of criminal justice involvement
  • Culture of mental illness and COPSD issues
Cultural Competence

• Cross, Bazron, Dennis, and Isaacs (1989) define:
  • Cultural Competence – Systems, agencies, and practitioners with the capacity to respond to the unique needs of populations whose cultures are different than that which might be called “dominant” or “mainstream” American.
Cultural Competence

• How does one work towards becoming a culturally competent practitioner?
  • Engaging in activities that promote awareness of one’s own assumptions, values, and biases;
  • Developing an understanding of the worldview of the culturally different client; and
  • Establishing appropriate intervention strategies and techniques that are culturally sensitive
Cultural Competence: Self-Awareness

- Engaging in activities that promote awareness of one’s own assumptions, values, and biases
  - Pamela Hays (2001)
    - Wrote “Looking into the clinician’s mirror: Cultural self-assessment”
    - Included exercises that promoted an understanding of the role of privilege and oppression, the therapist’s cultural identities, and potential influences on work with clients
  - ADDRESSING activity

<table>
<thead>
<tr>
<th>A - Age and generational influences</th>
</tr>
</thead>
<tbody>
<tr>
<td>D - Developmental disability</td>
</tr>
<tr>
<td>D - Disability acquired later in life</td>
</tr>
<tr>
<td>R - Religion and spiritual orientation</td>
</tr>
<tr>
<td>E - Ethnic and racial identity</td>
</tr>
<tr>
<td>S - Socio-economic status</td>
</tr>
<tr>
<td>S - Sexual orientation</td>
</tr>
<tr>
<td>I - Indigenous heritage</td>
</tr>
<tr>
<td>N - National origin</td>
</tr>
<tr>
<td>G - Gender</td>
</tr>
</tbody>
</table>
Cultural Competence: Self-Awareness

• ADDRESSING Activity
  • Step 1
    • Take a lined piece of paper, and on the left side, vertically, write ADDRESSING- leave space to the right of and below each letter
  • Step 2
    • On the right side of the paper write a brief description of the influences you consider salient for yourself in each category
    • If current influences are different from those influences you had while growing up, note the salient influences and identities in relation first to your upbringing, then note current contexts
      • Note that the categories are not mutually exclusive so there may be overlap in information recorded for some categories
  • Step 3
    • Look back over each category and next to the areas in which you hold a dominant cultural identity, put a star next to it
      • e.g. Christian*; middle to upper socio-economic status*; Heterosexual*
### Cultural Competence: Self-Awareness

#### Example

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A- Age and generational influences</td>
<td>I am 29 yrs. old; 5th generation U.S. American; middle-income family; aware of familial slavery history; value education and hard work; hx. of strong religious participation</td>
</tr>
<tr>
<td>D- Developmental disability</td>
<td>No developmental disabilities*</td>
</tr>
<tr>
<td>D- Disability acquired later in life</td>
<td>Significant back problems</td>
</tr>
<tr>
<td>R- Religion and spiritual orientation</td>
<td>Raised Christian*; later in life became more spiritual than religious; grandfather-pastor; uncle-pastor; mother-teaches Bible study, Sunday School</td>
</tr>
<tr>
<td>E- Ethnic and racial identity</td>
<td>Self-identify as African American; family self-identifies as African American; grandmother- Octoroon- 1/8 Black ancestry; German and French ancestry</td>
</tr>
<tr>
<td>S- Socio-economic status</td>
<td>Born-middle class*; growing up- SES fluctuated- middle, upper, lower</td>
</tr>
<tr>
<td>S- Sexual orientation</td>
<td>Heterosexual*</td>
</tr>
<tr>
<td>I- Indigenous heritage</td>
<td>Familial hx. of slavery; great great grandmother was a slave in Cuero, TX, unsure of whereabouts prior to TX; bore children with the German slave master</td>
</tr>
<tr>
<td>N- National origin</td>
<td>American*</td>
</tr>
<tr>
<td>G- Gender</td>
<td>Female</td>
</tr>
</tbody>
</table>
Cultural Competence: Client’s Worldview

- Developing an understanding of the worldview of the culturally different client
  - Intersectionality Defined (Crenshaw, 1991)
    - The need to account for multiple grounds of identity when considering how one’s social world is constructed
  - Example
    - Courtney, what does being African American mean to you?
    - What does being an African American woman mean to you?
    - What does being an African American woman with a Ph.D. mean to you?
  - The idea is that exploring the intersectionality of these multiple identities provides a more in depth understanding of one’s cultural world versus exploring these identities in isolation
Practicing Cultural Competence

• Developing appropriate intervention strategies and techniques

• The OMH – U.S. Department of Health and Human Services
  • Established national standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Healthcare
    • “These standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to follow” (US. Department of Health and Human Services – OMH, 2013, para. 1).
    • These standards can be downloaded at the website below:
Practicing Cultural Competence

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 population 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, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations’ planning and operations.

Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

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.

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.

Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.
Practicing Cultural Competence

• Magellan Health Services
  • In 2007 published a cultural competency resource kit that can be downloaded online
  • Covers cultural competence and organizations that have published guidelines and standards for practice
    • **American Psychological Association**: Guidelines on Multicultural Education Training, Research, Practice, and Organizational Change for Psychology
    • **Substance Abuse and Mental Health Services Administration**: Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups
    • **The American Counseling Association**: Multicultural Counseling Competencies
    • **The National Association of Social Workers**: Standards for Cultural Competence in Social Work Practice

Developing a Culturally Competent Workplace

• Multicultural Competence Service System Assessment Measure
  • Agency self-assessment tool
    • 54-items
    • Scored on a 5-point Likert scale
  • Eight domains
    • Agency Demographic Data
      • A culturally competent agency collects basic demographic information to assess and determine such information as:
        • Ratio of staff to clients by race, ethnicity, gender, etc.
        • Client performance and outcome pattern
        • Composition of the service area by key demographics
    • Policies, Procedures and Governance
      • A culturally competent agency has:
        • A board of directors that represents diverse community populations, and promotes the importance of cultural competence to achieve quality outcomes
        • A culturally informed advisory committee or a policy development group that is proportionally representative of the staff, client/consumers and community members
Developing a Culturally Competent Workplace

• Services/Programs
  • A culturally competent agency offers services that are culturally competent and in a language that ensures client/consumer comprehension.

• Care Management
  • A culturally competent agency ensures that:
    • Client services are monitored for clinical and cultural appropriateness
    • Supervision of clinicians includes addressing cultural aspects of care
    • Referrals consider the cultural appropriateness of the referred agency

• Continuity of Care
  • A culturally competent continuum of care includes services that not only meet criteria for the appropriate level of care, but also includes services that are culturally appropriate and compatible across levels and agencies.
Developing a Culturally Competent Workplace

• **Human Resources Development**
  • A culturally competent agency implements staff training and development in cultural competence at all levels and across all disciplines including for leadership and governing entities, as well as for management, supervisory, treatment and support staff.

• **Quality Monitoring and Improvement**
  • A culturally competent agency has a quality monitoring and improvement program that:
    • Evaluates services in terms of access, retention and engagement and service quality by key client demographics
    • Utilizes these data for service planning and improvement purposes

• **Information/Management System**
  • Does the organization monitor, survey, or otherwise assess the QI utilization patterns, Against Medical Advice (A.M.A.) rates, etc., based on the culture/ethnicity and language?
  • Are client/consumer satisfaction surveys available in different languages in proportion to the demographic data?
  • Are there data collection systems developed and maintained to track clients/consumers by demographics, utilization and outcomes across levels of care, transfers, referrals, re-admissions, etc.?
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References


