

# To Be Culturally Informed:

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*Counselors in Service to  
Gambling & Substance Use  
Disorder Clients*

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Supervision #925

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Midwest Consortium on  
Problem Gambling &  
Substance Abuse

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This educational presentation will focus on cultural competency within the mental health profession; specifically within the gambling and substance use disorder arena. Participants will be educated on effective communication with others from diverse socioeconomic, ethnic, and racial backgrounds. Identify one's ethical responsibility to their clients within a cultural context.

# R\*E\*S\*P\*E\*C\*T

*...to be treated in an appropriate manner*

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*“Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups. For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services. The concept of cultural respect has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients.”*

<http://www.nih.gov/clearcommunication/culturalcompetency.htm>

# Introductions

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*Please share the following:*

- Your name
- Nature/Scope of your employment
- What do you hope to gain today?

# A Safe Space

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- Without judgement
- Without dehumanizing labeling and/or name calling
- Avoid Stereotyping
- Respectful

- Which means...

? Cass model of sexual identify model -

[http://faculty.cord.edu/luther/safe\\_space/safe\\_space\\_resource\\_manual.pdf](http://faculty.cord.edu/luther/safe_space/safe_space_resource_manual.pdf)

[https://styluspub.presswarehouse.com/resrcs/chapters/1579229743\\_ot\\_herchap.pdf](https://styluspub.presswarehouse.com/resrcs/chapters/1579229743_ot_herchap.pdf)

# *Have a Heart*

## Group Exercise



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Write your personal concern/fear in relationship to the topic of **cultural competency** on a piece of paper.

- What concerns do you have as a mental health professional serving others of different cultural groups?
- What do you wish they had taught you in college and did not?
- What are you afraid to ask?

*Your anonymous piece of paper will be collected and read randomly. The reader will attempt to explain how you/ the author may feel to the group.*

# Learning Objectives

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## ➤ **Key Elements of Cultural Competency**

- Why clinicians in service to Gambling & Substance Use Disorder should be mindful of cultural competency

## ➤ **Six Stages of Cultural Competency**

- How to effectively address Gambling & Substance Use Disorder clients in a cultural humility manner

# Learning Objectives cont.

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- **Five Essential Elements Agency Ability to Become Culturally Competent**
  - All in! The benefit of a holistic agency approach to attend to gambling & substance use disorder clients' treatment needs
- **Special Populations**
- **The “S” word: Stereotyping**

# MSAPCB Code of Ethics

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## PRINCIPLE 4: Diversity

### **Respecting Differences**

Professionals should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups. The professional should obtain education about and seek to understand, the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sexual orientation, age marital status, religion, and mental or physical disability.”

MISSOURI SUBSTANCE ABUSE PROFESSIONAL CREDENTIALING BOARD

Code of Ethical Practice and Professional Conduct rev. 2013

# NASW – Core Values

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- INTEGRITY

- “Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.”

- COMPETENCE

- “Social workers continually strive to increase their professional knowledge and skills and to apply them in practice”

## 1.05 Cultural Competence & Social Diversity

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- (a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- (b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.
- (c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

# NASW CULTURAL COMPTENCY

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- Ethics & Values
- Self-Awareness
- Cross-Cultural Knowledge
- Cross-Cultural Skills
- Service Delivery
- Empowerment & Advocacy
- Diverse Workforce
- Professional Education
- Language Diversity
- Cross-Cultural Leadership

<http://www.socialworkers.org/practice/standards/NASWculturalstandards.pdf>

# Cultural Competence

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## **Substance Abuse and Mental Health Services Administration, Center for Mental Services**

Cultural Competence includes: Attaining the knowledge, skills, and attitudes to enable administrators and practitioners within system of care to provide effective care for diverse populations, i.e., to work within the person's values and reality conditions. Recovery and rehabilitation are more likely to occur where managed care systems, services, and providers have and utilize knowledge and skills that are culturally competent and compatible with the backgrounds of consumers from the four underserved/underrepresented racial/ethnic groups, their families, and communities. Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs and values in determining an individual's mental wellness/illness, and incorporating those variables into assessment and treatment.

<http://www.ncccurricula.info/culturalcompetence.html>

# Cultural Competence

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## What is Cultural Competency?

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. '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. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>

# Linguistic Competence

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Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate,

# Linguistic Competence

cont.

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individuals with disabilities, and those who are deaf or hard of hearing. Linguistic competence requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

[http://www.gucchdgeorgetown.net/NCCC/CLCFOA/NCCC\\_CLCFOAAssessment.pdf](http://www.gucchdgeorgetown.net/NCCC/CLCFOA/NCCC_CLCFOAAssessment.pdf)

# Deaf Communication

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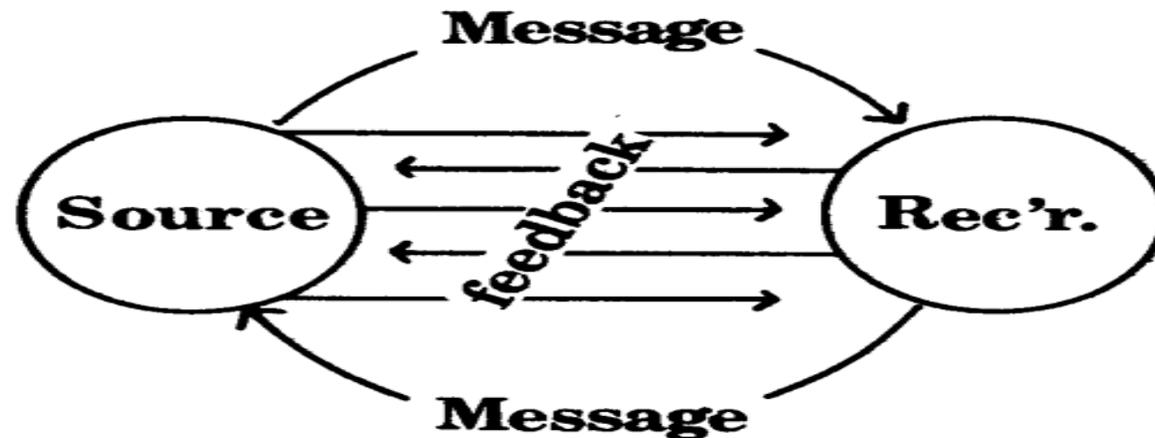
- Who are your allies in the deaf/HH community?
- What does your agency have to offer clients that are HH?
- When was the last time you reached out to partner agencies?
- Why are these concerns important?

# Cultural Humility

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- Cultural Competency vs. Cultural Humility

# Effective Communication Model



*If the message sent is NOT the message received, you have NOT communicated*

# Nelson Mandela

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*Talk to a man in a language  
he can understand and that  
goes to his head*

*Talk to a man in his language  
that goes to his heart*



# The Man in the Mirror

## *Self Assessment*

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I'm starting with the man in  
the mirror  
I'm asking him to change his  
ways  
And no message could have  
been any clearer  
If you want to make the world  
a better place  
Take a look at yourself, and  
then make a change



# Beyond Black & White

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## Ethnicity

- 1) An orientation toward the shared national origin, religion, race, or language of a people
- 2) A person's ethnic affiliation, by virtue of one or more of these characteristics & traditions. Ethnicity is a powerful determinant of an individual's patterns of feeling, thinking, and behaving. (pg.160)

## Race

The major subdivisions of the human species whose distinguishing characteristics are genetically transmitted. Races are divided in myriad ways including the three traditional groups (Negroid, Mongoloid, and Caucasian)...***Many characteristics by which people seek to distinguish racial groups are not genetically transmitted but culturally learned.*** (pg.397)

# There is a Difference

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- **Gender**

- **Sex**

# DSM 5

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An assessment should include:

culturally relevant content

The assessment should include cultural

These patient assessment measures were developed to be administered at the initial patient interview and to monitor treatment progress

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural>

## DSM 5 cont.

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The APA is offering the Cultural Formulation Interview (including the Informant Version) and the Supplementary Modules to the Core Cultural Formulation Interview for further research and clinical evaluation. They should be used in research and clinical settings as potentially useful tools to enhance clinical understanding and decision-making and not as the sole basis for making a clinical diagnosis. Additional information can be found in DSM-5 in the Section III chapter “Cultural Formulation.” The APA requests that clinicians and researchers provide further data on the usefulness of these cultural formulation interviews at

<http://www.dsm5.org/Pages/Feedback-Form.aspx>.

<http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural>

# Key Elements of Cultural Competency

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*People typically think of culture in terms of race or ethnicity, but culture also refers to other social groups defined by characteristics such as age, gender, religion, income level, education, geographical location, sexual orientation, disability, or profession.*

## **Culture includes the following elements:**

- Norms (how people behave)
- Values (what is important to people)
- Beliefs (what people think about something)
- Symbols (how people express themselves through art, stories, music, language, etc.)
- Practices (customs or patterns of behavior that may not be connected to beliefs and values)

<http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/cultural-competence/elements-culture>

# Respectful & Responsive

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## Respect

- Being *respectful* of the health beliefs, practices, and cultural and linguistic needs of diverse people and groups.

## Responsiveness

- Being *responsive* to the health beliefs, practices and cultural and linguistic needs of diverse people and groups.

# Six Stages of Cultural Competency

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- **Cultural destructiveness** – Attitudes and practices (as well as policies and structures in organizations) are destructive to a cultural group.
- **Culture incapacity** – The capacity to respond effectively to the needs, interests, and preferences of culturally and linguistically diverse groups is lacking.

# Six Stages of Cultural Competency

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- **Cultural blindness –**

The predominant philosophy is one that views and treats all people as the same.

- **Cultural pre-competence**

There is awareness of strengths and areas for growth to respond effectively to culturally and linguistically diverse populations.

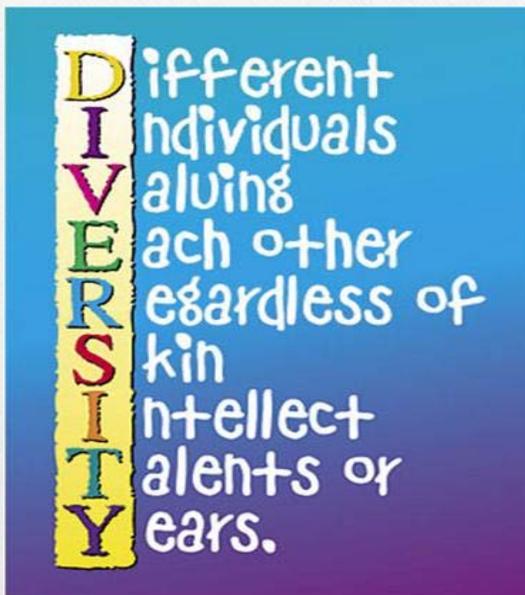
# Six Stages of Cultural Competency

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- **Cultural competence** – Acceptance and respect for culture is consistently demonstrated in policies, structures, practices, and attitudes.
- **Cultural proficiency** – Culture is held in high esteem and used as a foundation to guide all endeavors.
- <http://captus.samhsa.gov/prevention-practice/strategic-prevention-framework/cultural-competence/cultural-competence-continuum>

Five Essential  
Elements for  
Agencies to become  
Cultural Competent

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# VALUING DIVERSITY

- *value(n) to consider with respect to worth, excellence, usefulness, or importance.*
- The value (worth and respect) can be translated into accepting and respecting differences (diversity) within and between various people and associated sub-cultures

Five Essential  
Elements for  
Agencies to become  
Cultural Competent

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## CULTURAL SELF- AWARENESS

- Miscommunications can be
- avoided through cultural self-assessment and understanding the dynamics of difference.
- If a person is aware of her or his own cultural behaviors, she or he can learn to modify
- them when appropriate. Not only do individuals have a culture to assess, but institutions,
- have and embody a culture as well.

Five Essential  
Elements for  
Agencies to become  
Cultural Competent

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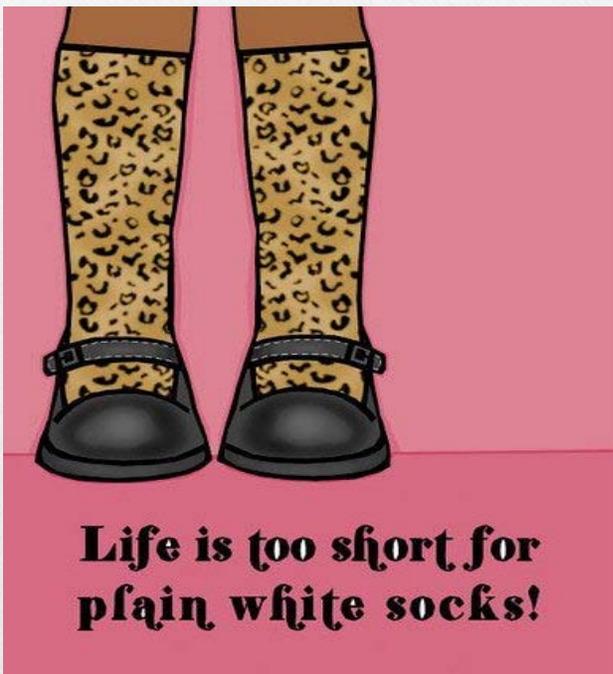


## AWARENESS OF DYNAMICS OF CULTURAL INTERACTION

- Be mindful, and willing to implement the culture of others. This includes referring to family members according to culturally appropriate titles. Follow
- the appropriate rules for body language, social distance and eye contact as defined by the
- client. By showing this cultural respect, staff and clients have the ability to cultivate improved
- relationships.

Five Essential  
Elements for  
Agencies to become  
Cultural Competent

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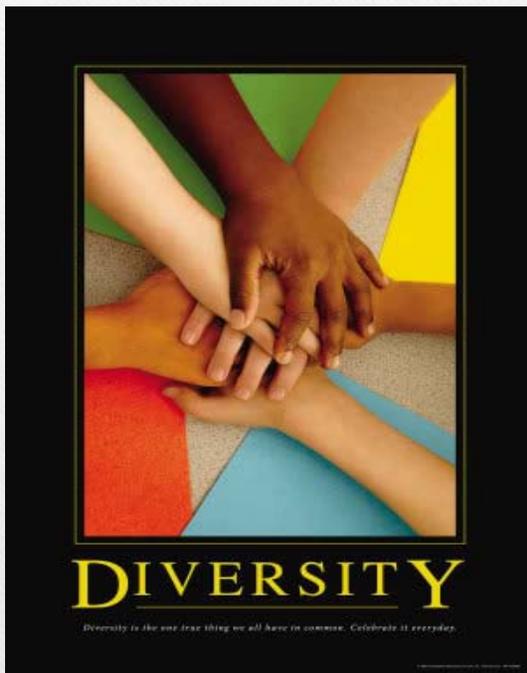
**Life is too short for  
plain white socks!**

## Institutionalize Cultural Knowledge

- The knowledge developed regarding culture and cultural dynamics, must be
- integrated into every facet of an agency. Such culturally inclusive practices produce better outcomes for clients.

## Five Essential Elements for Agencies to become Cultural Competent

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## Service Delivery Reflecting an Understanding of Diversity

- Working with cultural groups that stress veneration of ancestors and invoking a
- sense of duty in children by illustrating the actions and values of their ancestors provides
- an example. A child's cultural background provides traditional values that can be used to
- create new interventions
  
- [http://www.nlada.org/Training/Train\\_Civil/Equal\\_Justice/2004\\_Materials/020\\_2004\\_Handout1](http://www.nlada.org/Training/Train_Civil/Equal_Justice/2004_Materials/020_2004_Handout1)

# Cultural Activation Prompts

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The tool is called The Cultural Activation Prompts (CAPs). It is a set of cues on information that a consumer might benefit from communicating to a caregiver on: how he/she would like to be called, what name they give to mental health challenges, their perceived causes, and consequences. It also provides prompts on communicating what are group supports, stresses, coping strategies, and hindrances; and views on treatment including the usefulness of alternative treatments, attitudes towards main stream mental health treatments; and from a cultural perspective caregiver requirements and preferences. The tool draws on the domains covered in the Diagnostic Statistical Manual-5 (DSM) Cultural Formulation Interview (CFI) and on Arthur Kleinman's "Three C's" in his Explanatory Model of Illness (Call, Cause, and Course). The CFI administered by a clinician contains questions that work to elicit a cultural definition of the problem; cultural perceptions of cause, context, and support; cultural factors affecting self coping; and past and current help seeking.

[http://omh.ny.gov/omhweb/resources/newsltr/2014/Feb/culturally\\_speaking.html](http://omh.ny.gov/omhweb/resources/newsltr/2014/Feb/culturally_speaking.html)

# Special Populations

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## African Americans

- Homicide/Cancer/Stroke are the leading causes of death
- Access to healthcare is a major disparity
- Distrust of healthcare providers

• <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5401a1.htm>

## African Immigrants

- Many providers who work with African immigrants experience challenges when delivering care to this population, including in identifying appropriate resources and understanding the cultural needs of their patients. Similarly, many African immigrant patients experience barriers to communicating with healthcare practitioners, which often results in reduced medical adherence.
- \*Be Mindful of the Stigma Associated with HIV/AIDS

• <http://minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=38&ID=337>

# Special Populations

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## Asian Americans

- Asian/Pacific American Heritage Month (May)
- The common perception of Asians as a "model minority" is a myth that overlooks significant health disparities among AAPI populations
- <http://erc.msh.org/aapi/de2.html>
- The largest Asian ethnic group in the US is Chinese, followed by Filipinos, Asian Indians, Vietnamese, and Koreans (US Census Bureau 2004)

## Bosnian

- Assess the level of posttraumatic stress disorder (PTSD) symptoms among Bosnian war refugees
- Bosnians place a great deal of value on extended family ties
- Significant mental health challenges such as depression, anxiety, and post-traumatic stress are common human reactions to uncommon circumstances
- <http://www.iowahealthdisparities.org/documents/bosniansrefugees.pdf>

# Special Populations

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## Criminal Justice Populations

- Instability coupled with racial and ethnic difference impact effective care
- Individuals involved in the criminal justice system often experience multiple health care transitions. An individual with diabetes placed on chronic medications by their community physician can be detained in a jail upon arrest, after which they may transition to a prison, transferred to another facility, released to a half-way house, and discharged back to the community on parole, while remaining at risk for re-incarceration.

• <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3284594/>

## Latinos

- Depression may not be seen as an illness. It is often seen as a weakness and an embarrassment to family
- The mother determines when a family member requires medical care; the male head of the household gives permission to go to the medical center.

<http://depts.washington.edu/pfes/PDFs/LatinoCultureClue.pdf>

# Special Populations

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LGBTQ

Marginalized Persons

# Special Populations

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## Native Americans

- Strong Spiritual Connection
- Respect for Elders/Leaders

## Religious/Spiritual Differences

- Christianity
- Jewish
- Muslim
- “Cults”

# Special Populations

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## Veterans

- Subcultures include ethnicity/racial/women
- PTSD
- Homelessness
- 877.4AID.VET
- Military Sexual Trauma (MST)
- Actively working to be more inclusive of women in VA care
- [http://www.womenshealth.va.gov/WOMENSHEALTH/docs/WH\\_facts\\_FINALE.pdf](http://www.womenshealth.va.gov/WOMENSHEALTH/docs/WH_facts_FINALE.pdf)

## Honorable Mention

- Senior Citizens
- Women

# Veterans

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# Native American – American Indian

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# Case Study – Dusty Johnson

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- 25 yr. Caucasian transgender
- Presents as female; blonde wig, nails
- Several suicide attempts
- In active addiction
- Prostitution



# Case Study – HUU NAM

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- 45 yr. old Vietnamese male
- He reports to not understanding English
- Staff refer to him as “the Chinese man”

# Case Study – Victoria Daniels

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- 25yr old divorced  
Caucasian female
- Mother of one
- Former participant of a  
unique relationship of  
three women and one  
subservient man
- Divorced
- Grew up Catholic

# Adrian Cotton, CRADC, CGDC

~A Witness & A Warrior

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- I'm a recovering chemical dependent and gambling addict
- It was beneficial to have treatment with my cultural context
- Social norms is the same as cultural context

# News Maker – Gambling Nun

*(CBS/AP) ALBION, N.Y. - Sister Mary Anne Rapp, a Roman Catholic nun with a gambling habit, has pleaded guilty to stealing nearly \$130,000 from two rural western New York parishes.*

*The Daily News of Batavia reports that the 68-year-old Rapp pleaded guilty Monday in Orleans County Court to grand larceny. She admits she stole the money from St. Mary's Church in Holley and St. Mark's Church in Kendall from March 2006 to April 2011.*

*According to CBS affiliate WIVB, Rapp has served as a nun for nearly 50 years and served in both churches where the money was taken.*

*Rapp was arrested in November after discrepancies were found during an audit. She was reportedly placed on administrative leave. Rapp faces up to six months in jail when she's sentenced July 1. She'll also be required to pay restitution that would be worked out at a later date.*

*Investigators said she stole the money to feed a gambling addiction and spent the money at western New York casinos*



<http://www.cbsnews.com/news/holy-roller-sister-mary-anne-rapp-alleged-gambling-nun-admits-stealing-128k-from-ny-churches/>

# Video Links

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- Verses & Flow – season 5.2
  - <http://www.luxuryawaits.com/versesandflow/season-5/season-5-episode-2/>
  - At 9:00 min in
- PBS – LGBT
  - <http://video.pbs.org/video/2365253744/>

# The “S” Word: Stereotyping

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- Stereotyping - The kiss of death
  - Work to learn an effective balance

# Historical Trauma

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# Community Collaboration

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Current Events?

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# Questions?

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*Thank you for the opportunity to share with you today!*

# Contact Information: New Haven Wellness Services

www.newhavenws.com

