Culturally Responsive, Evidence-Based Practices for Engaging Communities of Color

Workshop #1

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Overview

- About Me
- Objectives of Training
- Defining and Understanding Key Terms
- Factors Impacting Disparities in Mental Healthcare
- Interactive Activities
- Enhancing Cultural Humility
- Culturally-Responsive, Evidence-Based Strategies

Objectives

- <u>Objective #1:</u> Understand and have ability to identify 5 terms: culture, race/ethnicity, cultural humility, racism, and diversity.

- <u>Objective #2:</u> Describe 2 major factors impacting disparities in mental healthcare.

- <u>Objective #3:</u> Identify 5 culturally responsive, evidence-based strategies for addressing mental healthcare disparities.
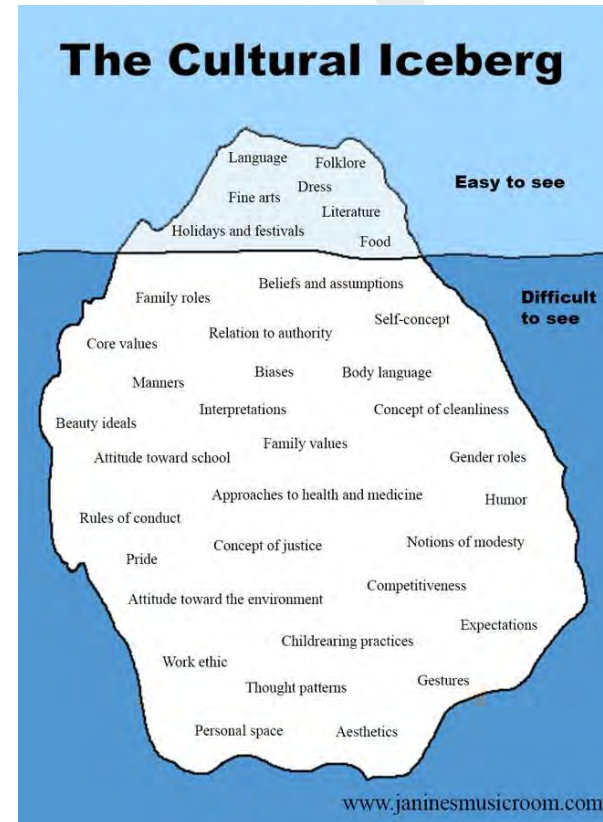
What is Culture?

"A unique meaning and information system, shared by a group and transmitted across generations, that allows the group to meet basic needs of survival, pursue happiness and well-being, and derive meaning from life."

(Matsumoto & Juang, 2013)

Cultural Psychological Processes

- Attitudes
- Values
- Beliefs
- Worldviews
- Norms
- Unspoken Rules
- Etc.

The Cultural Iceberg

Language Folklore
Fine arts Dress
Literature
Holidays and festivals Food

Easy to see

Beliefs and assumptions
Family roles
Self-concept
Relation to authority
Core values
Biases Body language
Manners
Interpretations Concept of cleanliness
Beauty ideals
Family values
Attitude toward school Gender roles
Approaches to health and medicine Humor
Rules of conduct
Concept of justice Notions of modesty
Pride
Competitiveness
Attitude toward the environment
Expectations
Childrearing practices
Work ethic Gestures
Thought patterns
Personal space Aesthetics

Difficult to see

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What are some examples of cultural identities?
(Matsumoto & Juang, 2013; Markus & Kitayama, 2010)

Cultural Identity Wheel
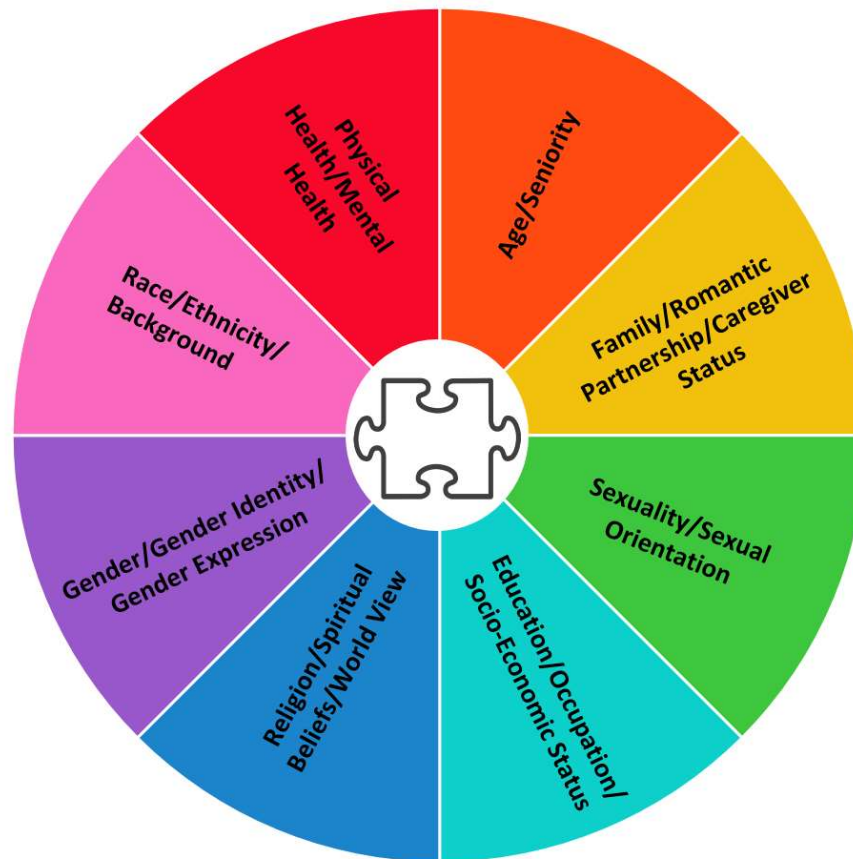
Cultural Awareness Activity

- List 3 cultural identities that impact you – **2 min**
- Breakout Room: Share with Partner why you picked what you did – **2.5 min each (5 min total)**
- Come back to main session for brief discussion
- Breakout Room: Share with Partner how you would feel differently – **2 min each (4 min total)**
- Come back to main session for Discussion

What are MH Disparities?

*"Disparities between populations with respect to **MH access, quality of care, and/or outcomes** that are not justified by the underlying health conditions or treatment preferences of patients"*

(CDC, 2011; IOM, 2002)

Unmet MH Need for Ethnic Minority Youth

- Ethnic minority youth have higher rates of unmet MH need compared with White youth

- Minority families that initiate services are more likely to be disengaged in treatment and discontinue prematurely

- MH services that fail to reach those families in need cannot be said to be effective

Key Governmental Publications Highlighting Disparities

- 2001: Surgeon General's Report *A Supplement to MH: Culture, Race, and Ethnicity*

- 2001: NIMH *Blueprint for Change*

- 2001: IOM *Crossing the Quality Chasm*

- 2003: IOM *Unequal Treatment: Confronting Racial/Ethnic Disparities in Health Care*

- 2003: President's *New Freedom Commission*

- 2006-2013: AHRQ *National Healthcare Disparities Report*

- 2008: NIMH *Strategic Plan*

- 2011: HHS *Action Plan to Reduce Racial/Ethnic Health Disparities*

- 2013: CDC *Health Disparities and Inequalities Report*

…and many more recent reports since 2013!

Barriers to Mental Health Care

1. Structural/Practical

Cost, lack of insurance, transportation problems, childcare issues, scheduling, etc.

2. Perceptual/Cultural

Stigma, mistrust, past negative tx experiences, belief that problem can be handled on own, using other sources of help, keeping problems within family

How Can We Address Mental Health Disparities?

- Given the complexity of multiculturalism, we have a responsibility to recognize the value and diversity of our clients.

- We must enter work with diverse families with cultural humility, acknowledging that we are always in the process of learning and growing.

Mental Health Services Act

- Prop 63 (MHSA), was approved by CA voters in 2004, which provides funding for MH services

- MHSA adheres to 5 principles:

  1. Cultural Competence
  2. Community Collaboration
  3. Client, Consumer, and Family Involvement
  4. Integrated Service Delivery
  5. Wellness and Recovery

Cultural Competency

- Generally referred to as having the knowledge, skills, and attitude to work effectively in cross-cultural situations

- Binary = competent vs. not competent

- While it may provide some helpful baseline information, it may compromise effective service delivery by reinforcing stereotypes, as it assumes learning is finite

Cultural Humility

- An evolution of cultural competence work

- Involves more than just gaining or practicing scientific knowledge, as it includes:
  - critical self-examination of cultural awareness
  - an other-oriented stance open to new cultural info
  - developing partnerships that address power imbalances
  - interpersonal respect with lifelong motivation to learn from others

- We must work with cultural humility, acknowledging that we're always in process of learning & growing.

(Mosher, Hook, Farrell, Watkins, & Davis, 2017)

Scenario

"A father and son were involved in a car accident in which the father was killed and the son was seriously injured. The father was pronounced dead at the scene of the accident and his body was taken to a local morgue. The son was taken by ambulance to a nearby hospital and was immediately wheeled into an emergency operating room. A surgeon was called. Upon arrival and seeing the patient, the attending surgeon exclaimed 'Oh my God, it's my son!'"

How can this be?

Adapted from *"Diversity training: Putting theory into practice"*
(Pendry, Driscoll, & Field, 2007)

Why is it Important to Apply Cultural Humility in Daily Practice?

- How you view the world impacts you and your work with clients

- Important to reflect and have ongoing self evaluation of who you are, your experiences, and how you view the world through your own identity lens

- Not fall in the trap of holding certain stereotypes and racist attitudes

Implicit Bias

- Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner

- These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control.

- Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness

From the Kirwan Institute for the Study of Race and Ethnicity
(The Ohio State University, 2015)

Racism

1. *"A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race"*

2. *"The systemic oppression of a racial group to the social, economic, and political advantage of another"*

Retrieved August 8, 2020, from
https://www.merriam-webster.com/dictionary/racism

Racism & Stereotypes

▶ "Psychology of Everything" by Paul Bloom
▶ Professor of Psychology at Yale University.

https://youtu.be/328wX2x_s5g?t=18m40s

Ways to Mitigate Biases & Unconscious Influences

Dr. Patricia Devine, Professor of Psychology at UW Madison, developed set of practices, "Break the prejudice habit," which include:

- Exposing people to counter-stereotypic examples of group members
- Consciously contrasting negative stereotypes with specific counter-examples
- Assume the perspective of an outgroup member.
- Making more of an effort to encounter and engage in positive interactions with members of other racial and ethnic groups.
- Developing a little humility about how much we know
- Rather than aim to be color-blind, the goal should be to "individuate" by seeking specific information about members of other racial groups.

Culture & The Clinical Encounter

"Culture affects the clinical encounter for every patient, and therefore cultural formulation is an essential component of any comprehensive assessment."

Cultural Formulation Interviews in APA DSM-5
* http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural
* https://www.youtube.com/watch?v=QpIFWmteGuo
* http://vimeo.com/84957645

(Lewis-Fernandez et al., 2014)

Cultural Considerations

- Alternative sources of help
  - Curandero
  - Spiritual healer
  - Church/Priest/Minister

- Certain cultures may emphasize certain problems and may not discuss others

- Acknowledge and remember to incorporate treatment alternatives as best as you can

Engagement Strategies

Psycho-Education

Relationship Building/ Personalismo

Collaboration

Empowerment

Engagement Strategies

Barriers to Participation

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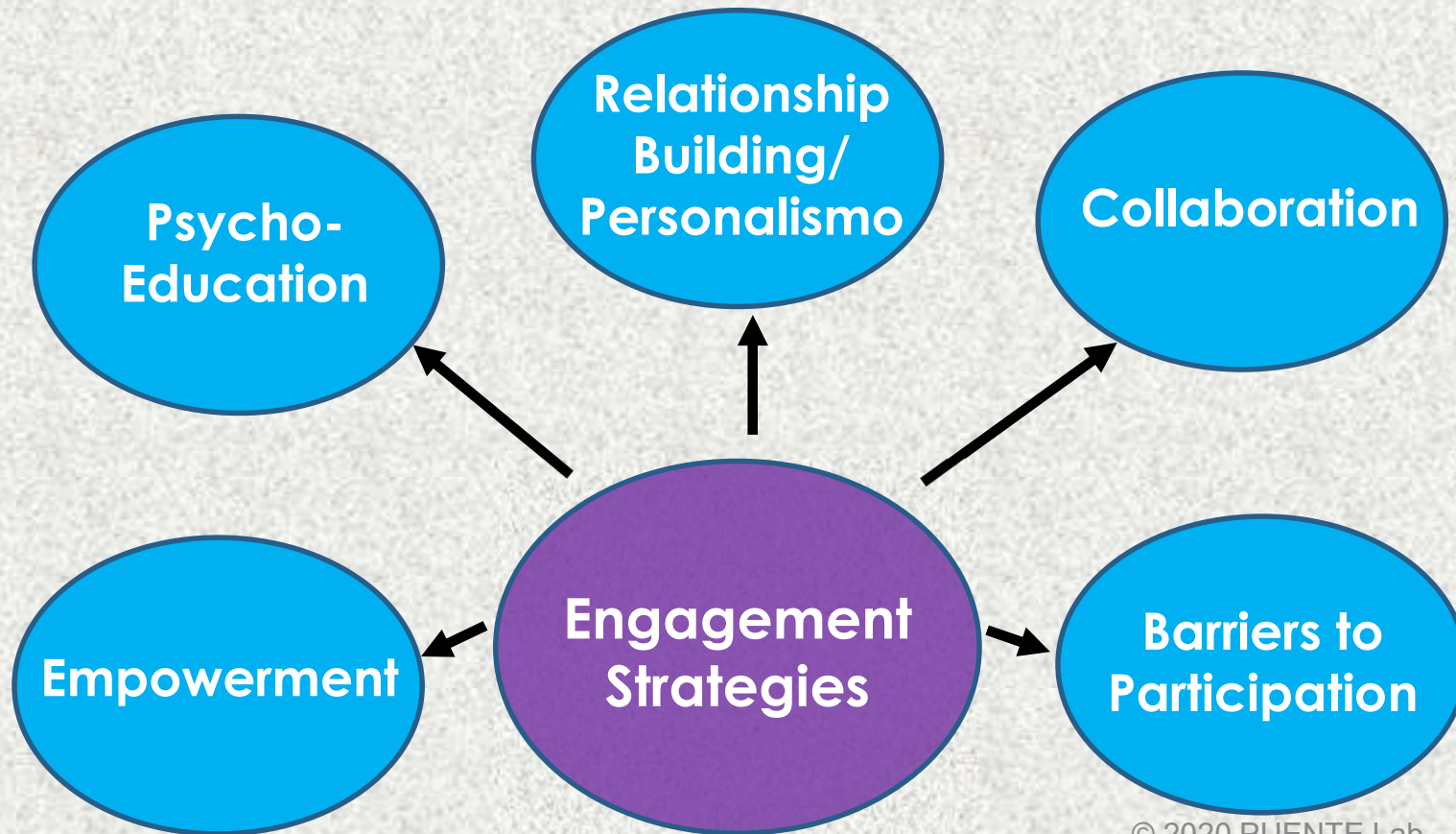
Relationship-Building/ Personalismo Strategies

- In initial sessions, families want you to "hear their story" to understand "where they are coming from."
- It is important to be patient and listen to family in an empathic and nonjudgmental manner

| Active/ Reflective Listening | Empathizing with Family' Experience | Validating/ Expressing Concern |

Psychoeducation Strategies

- EBP that emphasizes presentation of factual info about MH problems & effective tx options
    - Facilitates comprehension of complex info
    - Provides optimistic messages
- Family beliefs about tx credibility and expectations for tx are significant predictors of engagement

Describing Emotional/ Behavioral Issues

Discussing Causes of Emotional/ Behavioral Issues

Describing What Will Occur in Tx

Empowerment Strategies

- Let family (especially parents) know they are the expert on their family and their role is invaluable
- Support family strengths/effort to make them feel confident in their abilities to carry out therapy work

Emphasizing Family as Expert

Praising Family Strengths & Effort

Supporting Self-Efficacy

Collaboration Strategies

- Emphasizing a team-based, partnership approach between family and provider in tx is key
- Understanding changes that family wants will help with buy-in and collaborative goals

Conveying Provider-Family Partnership

Offering Suggestions for Tx

Seeking & Incorporating Family Input

Barriers to Tx Strategies

- If we do not ask what might get in the way of coming into tx consistently, families may not return
- It is crucial to help families identify barriers and help problem-solve to increase chances of them returning

Address Family Concerns

Help Identify Potential Barriers

Help Problem-Solve Barriers

Engagement Strategies Q&A Activity

- What are ways to build the therapeutic relationship with the families?
- What are areas you want to provide psychoed on?
- What are examples of how to convey collaboration?
- What are examples of how to empower parents?
- How do you go about identifying and problem-solving barriers to parent participation?

Cultural Humility and Implicit Bias: Strategies and Recommendations

- http://www.mentalhealthamerica.net/issues/cultural-competence
- http://crculturevision.com/
- http://www.cigna.com/assets/docs/health-care-professionals/875307_Health%20Equity_White_Paper_HCP.pdf
- http://www.iceforhealth.org/library/documents/ICE_C&L_Provider_Toolkit_7.10.pdf
- http://www.cigna.com/assets/docs/health-care-professionals/americas-hispanic- community.pdf
- https://cccm.thinkculturalhealth.hhs.gov/
- http://archive.calendow.org/uploadedfiles/principles_standards_cultural_competence .pdf
- http://www.apa.org/gradpsych/2010/09/culturally-competent.aspx/index.aspx

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Friday 10/02/20 1-3 PM

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