



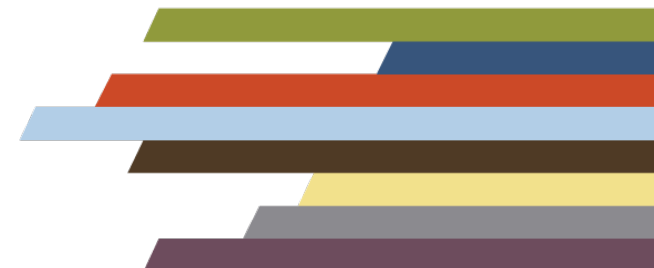
Northeast & Caribbean (HHS Region 2)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

CULTURAL HUMILITY and RESPONSIVENESS in Behavioral Health Care



Certificate of Completion



**Office of Addiction
Services and Supports**

- At the end of the session, you will complete an online evaluation prior to closing and going offline (instructions to follow).
- Certificates will be sent out within a week or so along with a copy of the slides.
- This webinar is approved for 2 hours of CASAC, CPP, CPS, CRPA and CARC credentialing.
- You must attend the entire session.

This webinar training is provided under New York State Office of Addiction Services and Supports (OASAS) Education and Training Provider Certification Number 0115, and acceptable for meeting CASAC/PP/CPS education and training renewal requirements. As an IC & RC member board, NYS OASAS accredited courses are granted reciprocal approval by the NJ Division of Consumer Affairs, Alcohol and Drug Counselor Committee, as do many other states. This webinar training is also approved under the ASAP-NYCB Certification Board for CARC Elective & CARC/CRPA CE.



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Disclaimer

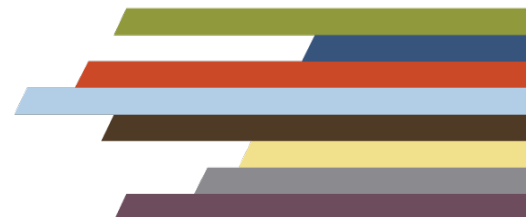
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Purpose of SAMHSA's Technology Transfer Centers

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.

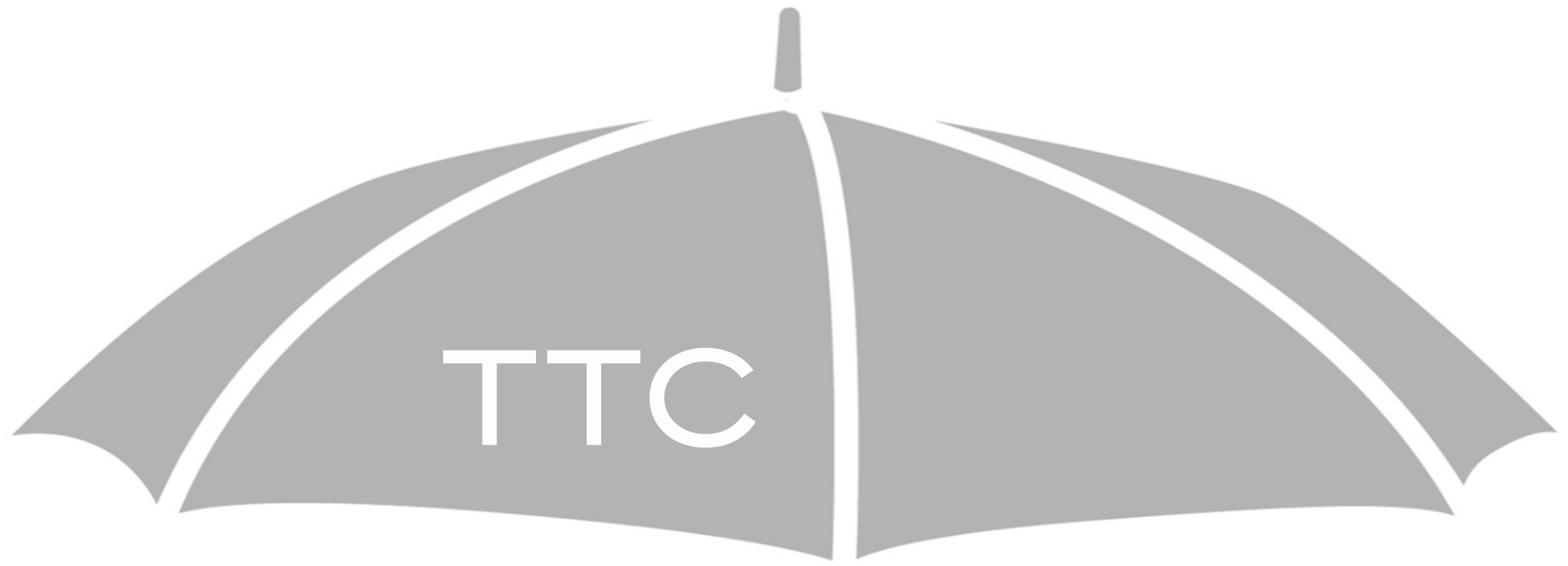
Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.



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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.

Virtual Platform Logistics

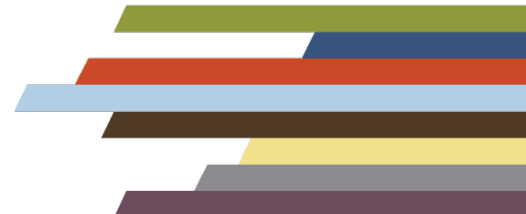
- Chat box
- Raise your hand
- Muting and unmuting
- Connectivity
- Camera visual and active participation



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Goal

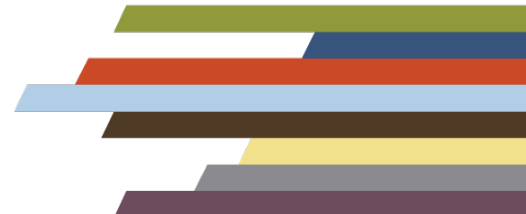
Demonstrate how practicing cultural humility can help provide highest levels of quality care to multicultural community members; and discuss organizational and professional cultural responsiveness in care.



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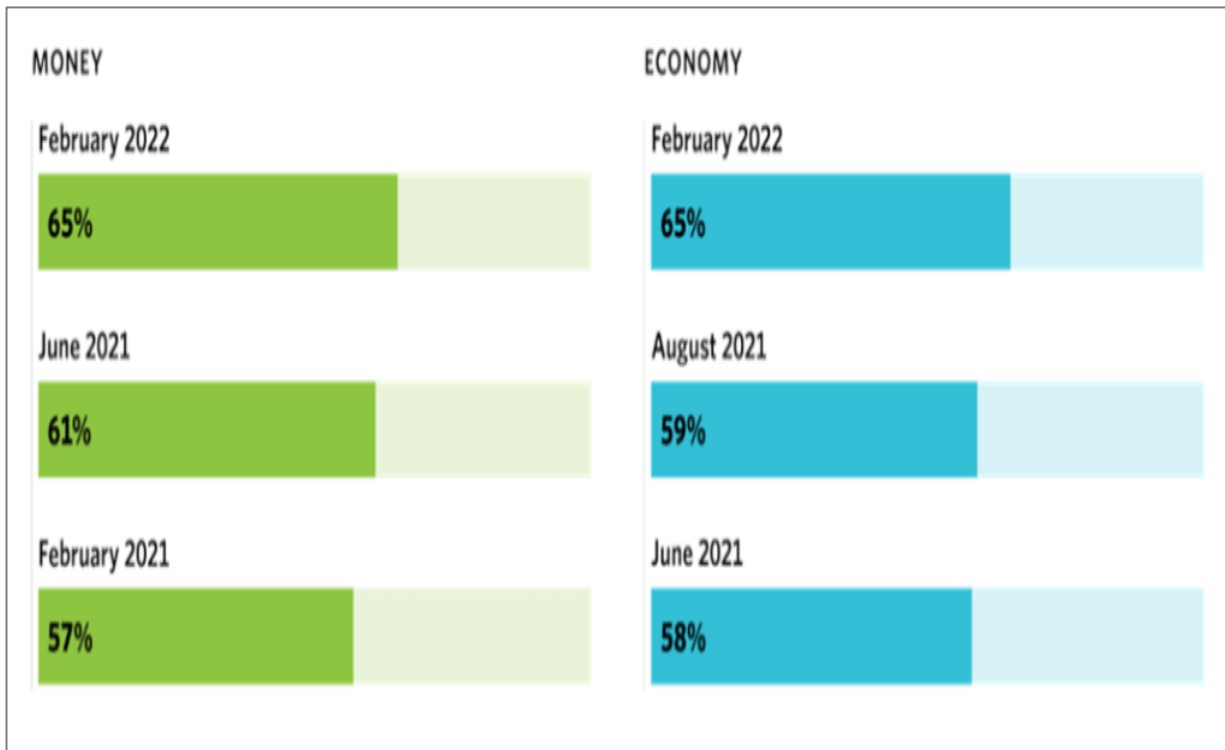


Health Disparities



Blacks, Hispanics, American Indians/Alaska Natives, Asians, and Native Hawaiian or Other Pacific Islanders (NHOPIs) bear a disproportionate burden of disease, injury, premature death, and disability.

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.

Scenario: The Setting

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**.

**health
care**

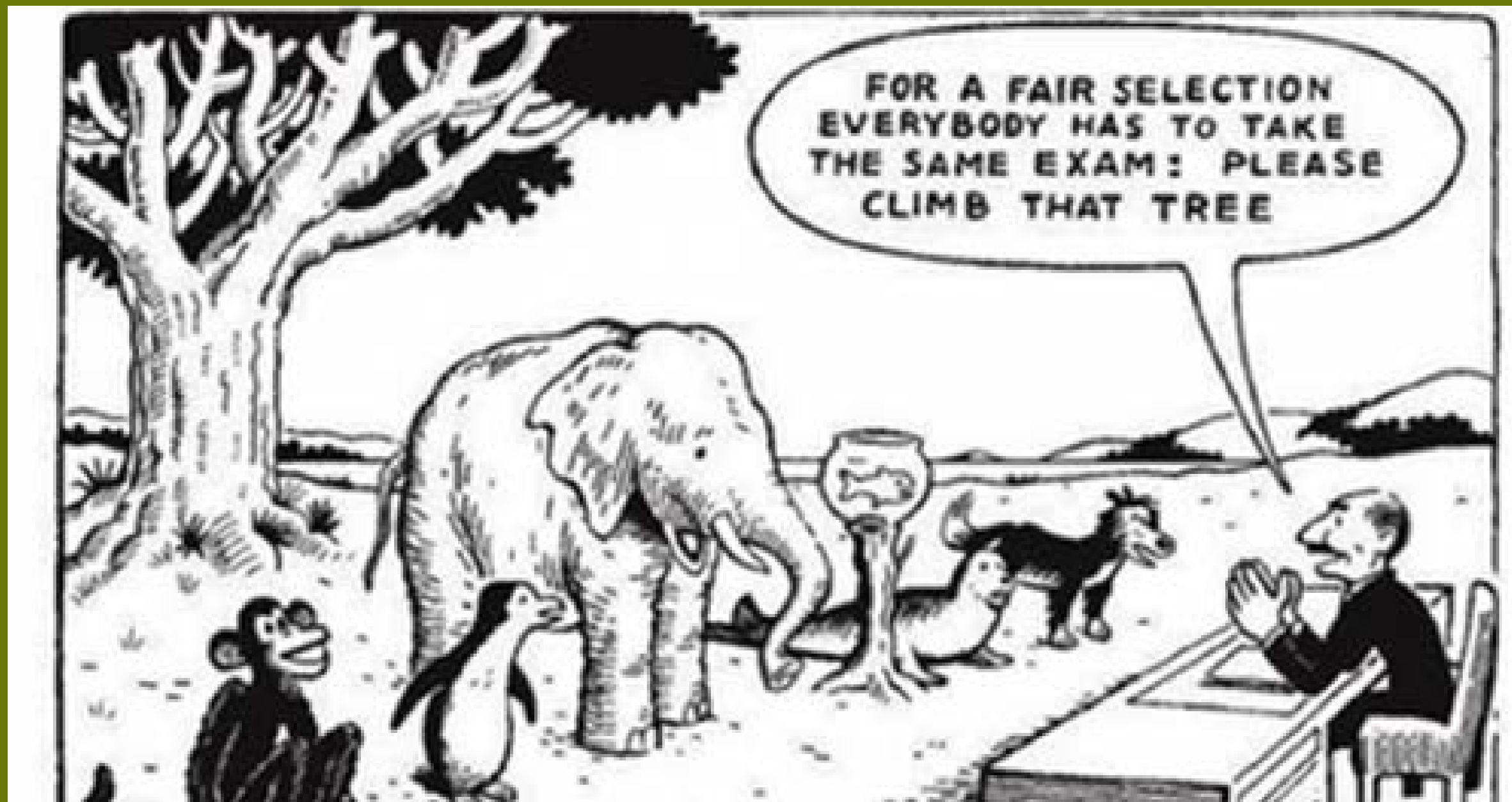
education

**social &
community
context**

**social
determinants
of health**

**economic
stability**

**neighborhood &
environmental**



A Perspective of Life...



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.



Culture and Intergenerational Trauma

- Membership in groups with historical trauma and present day risk factors may be more likely to experience decreases in daily functioning and quality of life.
- Psychological, historical, and cultural trauma can undermine a person's sense of self-worth, the well-being of families, and children's sense of positive possibilities.

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 of harassment, discrimination, or discriminatory harassment.” (Carter, 2007)
- **Symptoms:** Anxiety, anger, rage, depression, hypervigilance, nightmares, flashbacks, somatic experiences, guilt, shame, helplessness.

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.

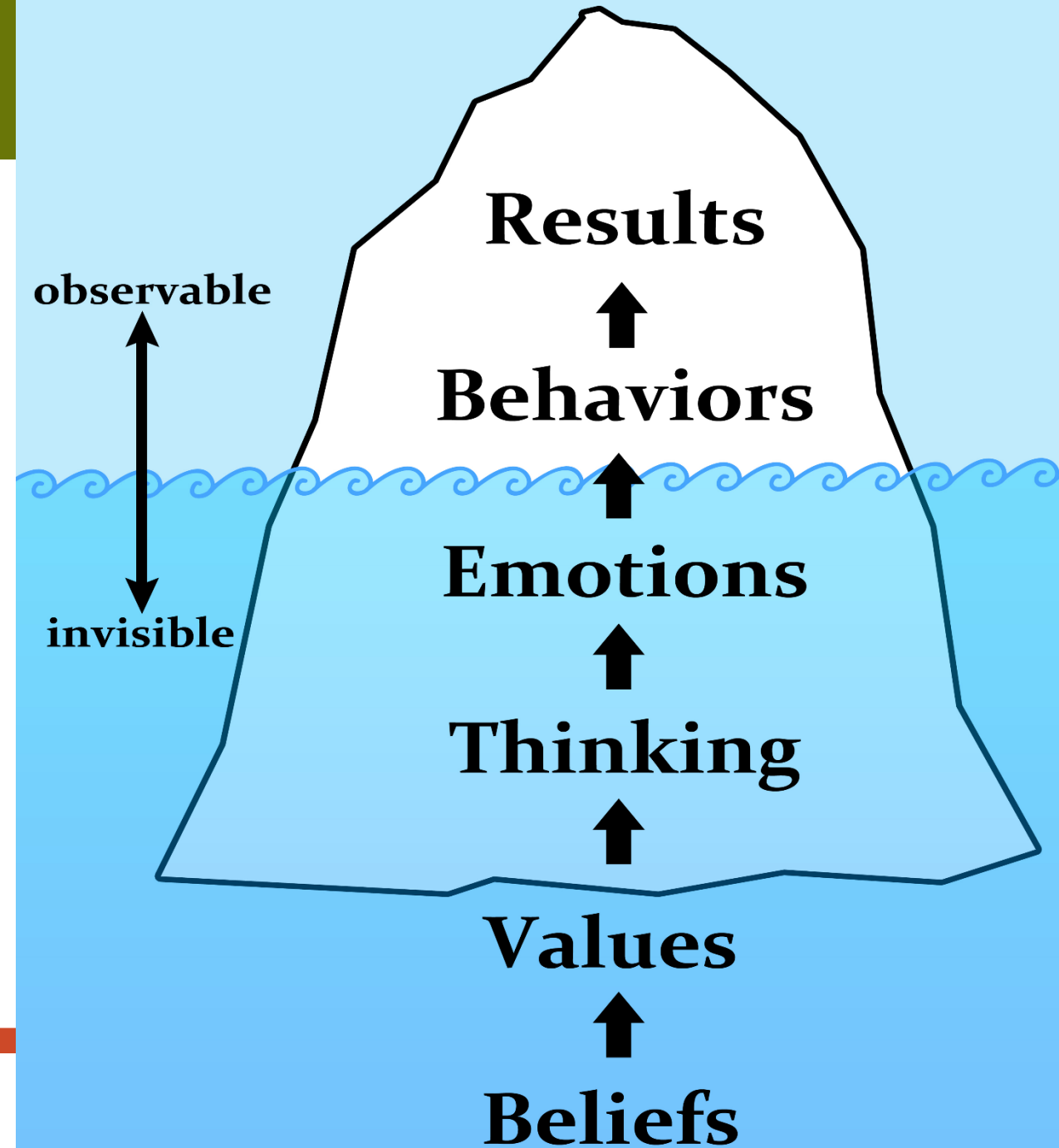
Perhaps anticipating this hostility, the front-desk staff rarely make eye contact with patients, preferring to keep their gaze on the computer screen as they ask rapid-fire questions about health insurance and reasons for visiting.

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

The Culture Iceberg

10% what we see


90% we don't see



Culture



Integrated patterns of human behavior that include 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.



Who Are the Diverse Communities You Serve?

1. Who lives in your community right now?
2. What languages do they speak?
3. Which substances do they tend to use?
4. What stressors do they deal with?

Culture-Related Communication

- Cultural differences in how health, illness, mental health, or substance use is understood
- Differences in cultural values
- Cultural differences in patients' preferences for clinician/patient relationships
- Racism and perceptual biases
- Linguistic barriers



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.

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.

Culturally Responsive Services



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

Human Connection for Client Care





“Empathy is not connecting to an experience it’s connecting to the emotions that underpin an experience”



Cultural Humility

Cultural Humility: “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.”

- Commitment to lifelong self-reflection
- Become comfortable with “not knowing”
- Seek to understand
- Recognize power/privilege dynamics

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 me? 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 can adhere to values and belief systems to various degrees, sometimes same values 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 a cultural 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.

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.”



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 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 early 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 integrate 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 enhancements to the CLAS Standards, see "What's New in the National CLAS Standards?" <http://www.youtube.com/watch?v=FzGwNlyBfGQ>



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

Improving Your Cultural Humility

- Engage with people who are different from you.
- Learn to pronounce names.
- Be prepared when someone brings up race and/or ethnicity and what it means to them, listen non-defensively.
- Approach improving your cultural humility with a beginner's mind.
- Show interest, appreciation, and respect for other cultures.
- Talk about racism, sexism, and classism and believe others when they speak about their experiences.

Resources

- **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](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/>



Building Health Equity and Inclusion

ATTC Network, Building Health Equity and Inclusion, [Free Resources](#)

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ATTCnetwork.org/northeastcaribbean

If you are sharing a computer with others, please type your names in the chat box.

Please fill out your evaluation forms – it will only take a couple of minutes! Just scan the code with the camera on your smart phone, click on the link in the chat box, or type the link into your browser: <https://ttc-gpra.org/P?s=102180>

Don't worry if you can't – an email with the link will be sent to you tomorrow, along with a copy of the slides.



SAMHSA

Substance Abuse and Mental Health
Services Administration