

Cultural Diversity

Nancy Burley

nburley@govst.edu

James Golding MSW, MHS, CRADC, CCJP, MAC

jgolding@govst.edu



Goals and Objectives

Recovery Coach's successfully completing this module should be able to:

- 1. Explain health issues and learning styles that characterize the different cultural groups.
- 2. Describe health traditions, beliefs, practices, values and attitudes among the different cultural groups.
- 3. Attain cultural sensitivity and cultural competence within targeted populations.



Every aspect of a person's life

is influenced by that person's culture.



Case Study

- View case study (see handout)



Case Study (cont)

- Discuss the Case Study in class
- Hand out history of family cultural
- Discuss what you have learned.

The Global Village

If the world's population were represented by a village of 100 people, it would consist of...

- 56 Asians
- 21 Europeans
- 9 Africans
- 8 South Americans
- 6 North Americans



The Global Village (cont)

Of these people.....

- 30 Christian
- 17 Muslims
- 13 Hindu
- 5 Buddhist
- 9 Miscellaneous and
- 21 atheist or without religion



The Global Village (cont)

Of the 100 people...

- 6 would control half the total income
- 50 would be hungry
- 60 would live in shanty towns and
- 70 would be illiterate

The Culturalgram

- Developed by Elaine Congress

CULTURAGRAM - 2007

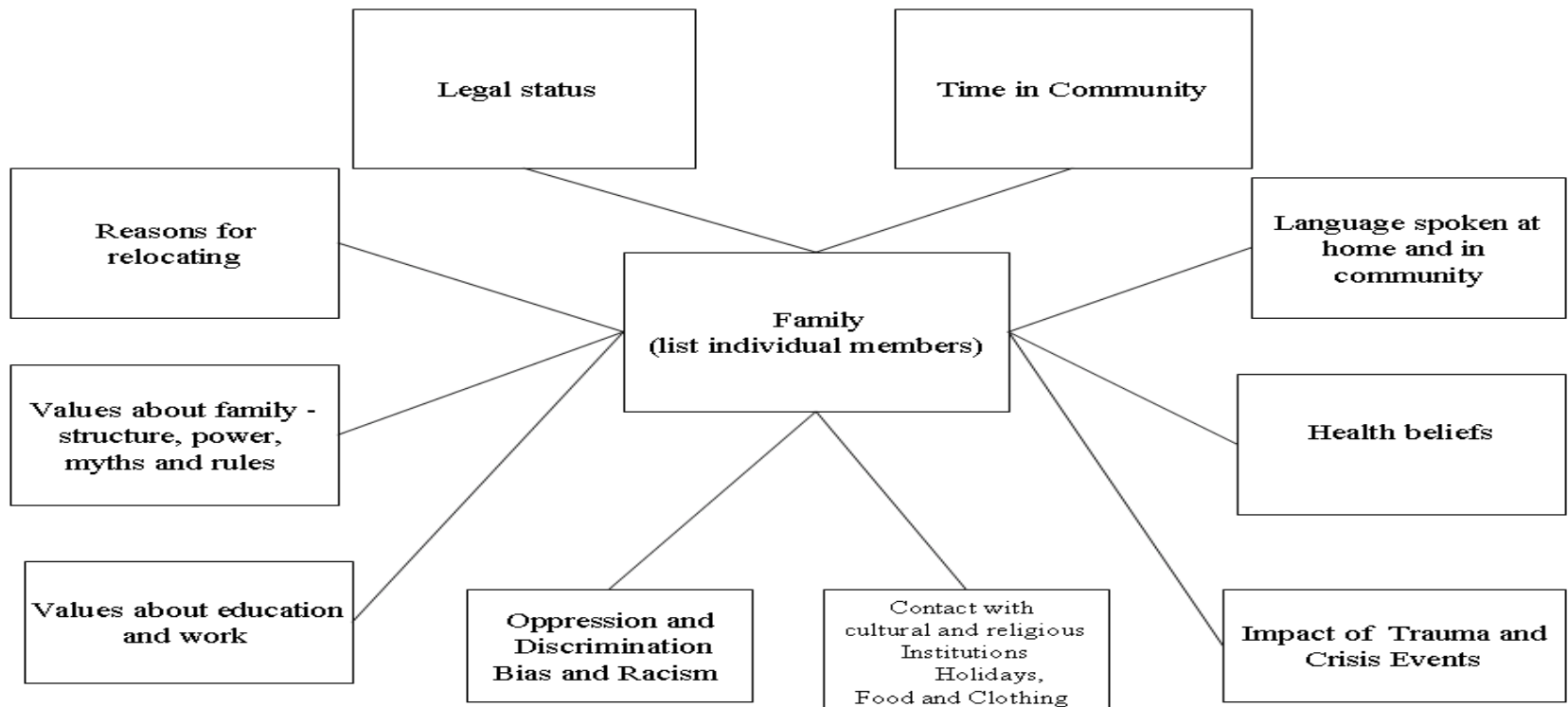


Table 1.1

Table 1.1 U.S. Population Numbers by Racial Groups

	United States	
	Estimate	Margin of Error
Total:	301,237,703	*****
White alone	223,965,009	±63,750
Black or African American alone	37,131,771	±28,694
American Indian and Alaska Native alone	2,419,895	±14,633
Asian alone	13,164,169	±17,493
Native Hawaiian and other Pacific Islander alone	446,164	±6,518
Some other race alone	17,538,990	±58,473
Two or more races:	6,571,705	±45,246
Two races including Some other race	1,338,960	±20,598
Two races excluding Some other race, and three or more races	5,232,745	±33,900

Source: U.S. Census Bureau, 2006–2008 American Community Survey.

A broader look at diversity

diversity is “the collective mixture of differences and similarities that includes for example, individual and organizational characteristics, values, beliefs, experiences, backgrounds, preferences, and behaviors.”





Why Does Culture Matter In Substance Abuse Treatment?

- ❑ Five major groups in multicultural U.S. society
- ❑ Differences among cultural, racial and ethnic groups in use, addiction, and treatment
- ❑ Substance abuse not an equal opportunity phenomenon
- ❑ Treatment providers racially stratified
- ❑ “Drug Wars” are racially, culturally and politically driven



Disparities in Use

- Variation within groups
- Generalizations lead to erroneous beliefs
- Greater acculturation associated with higher use in all groups



Racial and Ethnic Issues in Substance Abuse

- ❑ Absent from research until 1970
- ❑ Race and culture ignored in the treatment community
- ❑ Evolved into the use of (ineffective) colorblind doctrine
- ❑ Culturally-based approaches still lack empirical support/consensus



Treatment Needs and Issues for People of Color

- New paradigms, more research needed
- Racial and ethnic groups overrepresented in addiction and treatment
- Need strong relationships with counselors
 - Assume culture and race are always present and operating
 - Cultural, ethnic and racial issues may or may not be relevant for clients



Native Americans and Alaskan Natives

- ❑ 3 million Native Americans in U.S.
- ❑ 550 federally recognized tribes
- ❑ Extremely diverse
- ❑ Only 1/3 live on reservations
- ❑ Forced relocations, family division
- ❑ Lack of economic opportunity
- ❑ Higher drug and alcohol use than any other population groups
- ❑ Expectations about use vary with tribes

Treatment for Native American and Alaska Native Clients

■ Considerations

- Cultural stereotypes
- Chronic, historic trauma – distrust
- Institutional racism
- Collectivism, human interrelatedness with nature,
- Respect for spiritual and elder wisdom
- Emphasis on youth

■ Skills

- Include extended kin
- Integrate spirituality
- Understand importance of communalism to recovery
- Collaboration not confrontation
- Ceremony and spiritual renewal
- Studies are sparse identifying successful treatments; however

Asian Americans/Pacific Islanders

- Extremely diverse cultural/racial group
 - 14 million, growing quickly
 - Significantly different use patterns among subgroups
- Absence of enzyme affects metabolism of alcohol
 - Face flushing, nausea, and headache
 - Occurs in 47-85% of Asian people

Treatment for Asian American Clients

■ Considerations:

- Language barriers
- Stigma of seeking help
- Treatment as forceful acculturation
- Family hierarchy
- Emotional restraint
- Avoidance of shame
- Social Harmony

■ Skills:

- Collaborate with ethnic organizations
- Psychoeducation groups
- Provide for anonymity (online groups)



Latinos

- Largest and fastest-growing ethnic minority in U.S.
 - Sub-culture heritages (Cuban, Mexican, Puerto Rican, South/Central American)
 - Greater within than between group differences
 - Higher prevalence of drug use (other than alcohol) among young Latinos
 - Alcohol use by Mexican Americans may be higher than subgroups



Treatment of Latino Clients

■ Considerations

- Language barriers
- “Power” of Latino family
- Racism and discrimination
- Survival skills/distrust of white culture
- Social-centric
- Gender hierarchy

■ Skills

- Involve whole family
- Groups/psychoed.
- Integrate client’s spiritual, cultural, and family values
- Supportive confrontation
- Honesty and expression of emotion



African Americans

- 12.3% of U.S. population
- Cultural upheaval of slavery
 - Continued disparities in education, health care, employment, and financial services
- Targeted for liquor and tobacco advertising
- Disproportionate rates of violence and health difficulties

Treatment of African American Clients

■ Considerations

- Racism
- Distrust of white culture
- Different beliefs and attitudes about health
- More external stressors possible
- Internalized negative self-images
- Communally based

theory

- Life skills training
- Integrate religion/spirituality
- Involve family, friends, religious leaders
- Staff of color
- Share own recovery experiences



Treatment Provider Attrition

Attrition is generally defined as the client's failure to return for therapy. It is estimated that 50% of culturally diverse groups terminated therapy after only one contact with a treatment professional.



Cultural Diversity and Addiction/Substance Abuse

- We All Have It!
- Obvious Manifestations:
 - Religion
 - Ethnicity (Race?)
 - National Origin (language)
 - Gender



Cultural Diversity and Addiction/Substance Abuse

- Less Obvious Manifestations:
 - Age
 - Education
 - Educational Status
 - Mobility (including handicaps)



Cultural Diversity and Addiction/Substance Abuse

- The Culture of Western Medicine
 - Meliorism – make it better
 - Dominance over nature – take control
 - Activism – do something
 - Timeliness – sooner than later
 - Therapeutic aggressiveness – stronger=better
 - Future orientation – plan, newer=better
 - Standardization – treat similar the same

Cultural Diversity and Addiction/Substance Abuse

□ “Ours”

- Make it Better
- Control Over Nature
- Do Something
- Intervene Now
- Strong Measures
- Plan Ahead – Recent is Best
- Standardize – Treat Everyone the Same

□ “Others”

- Accept With Grace
- Balance/Harmony with Nature
- Wait and See
- Cautious Deliberation
- Gentle Approach
- Take Life As It Comes – “Time Honored”
- Individualize – Recognize Differences



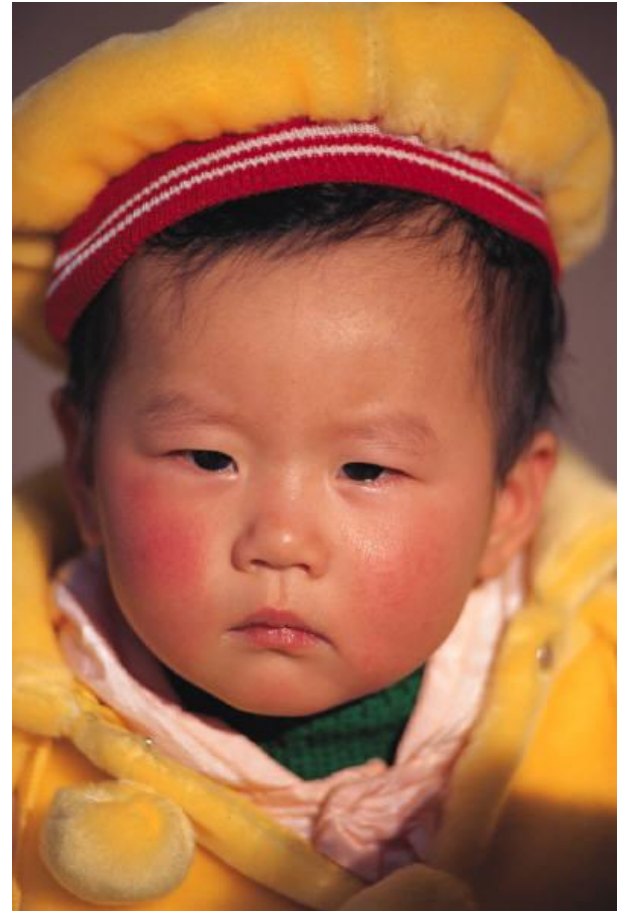
What is Cultural Competence

□ Cultural Competence – Definition

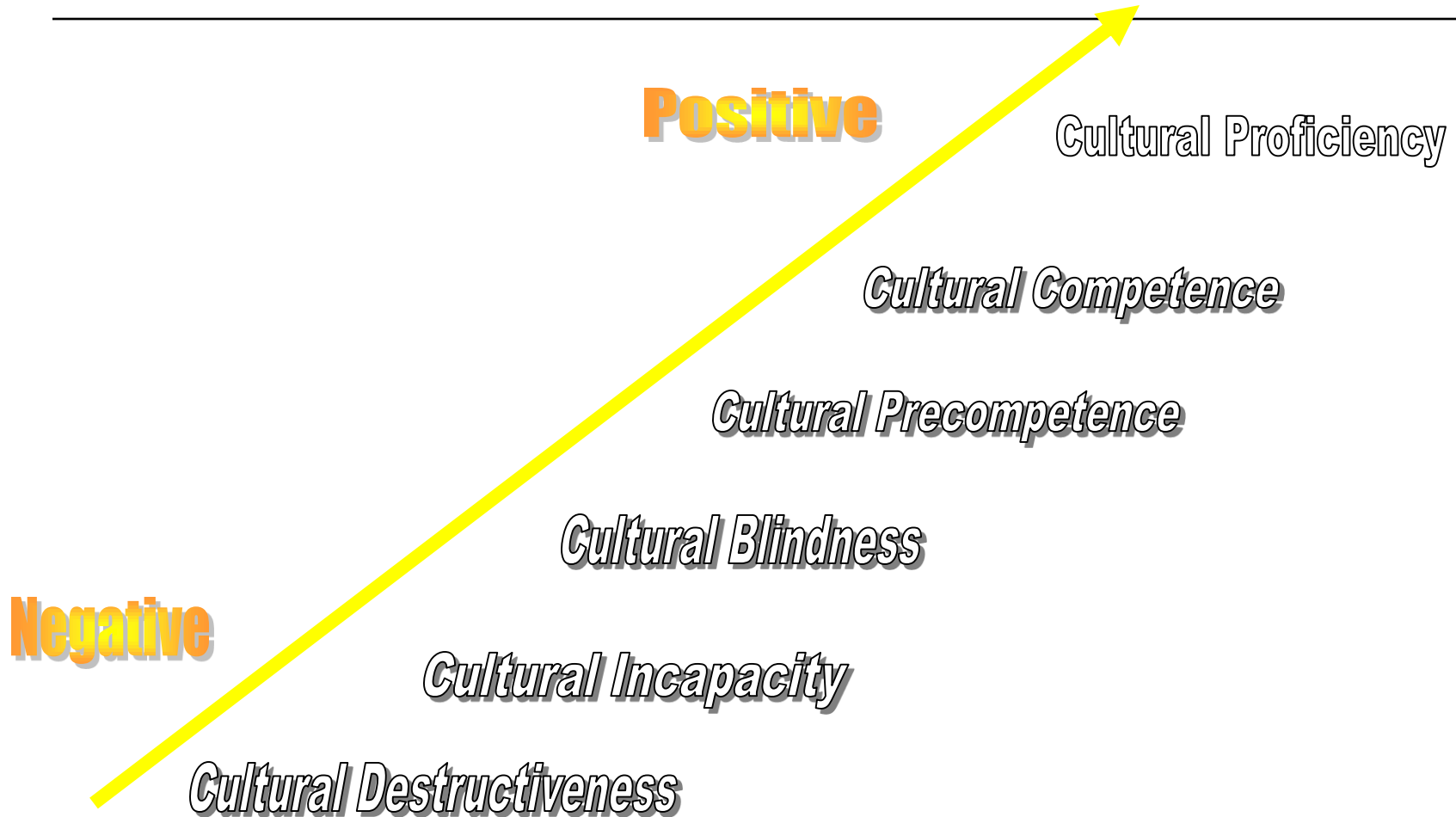
A set of congruent *behaviors, practices, attitudes and policies* that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations

Why be Culturally Competent?

- Many cultures populate our country
 - Vast array of customs, beliefs, practices
- Important to understand impact of different backgrounds on health delivery
 - Ethnic
 - Religious
 - Cultural
- [View Video](#)



The Cultural Competence Continuum





Definition and Purpose

- Cultural competence
 - recognition of and appropriate response to key cultural features that affect clinical care
- Purpose
 - to improve health care outcomes despite the existence of a culturally diverse population of individuals who utilize the health care system

Cultural Competence Definitions

- Cultural Destructiveness: forced assimilation, subjugation, rights and privileges for dominant groups only
- Cultural Incapacity: racism, maintain stereotypes, unfair hiring practices
- Cultural Blindness: differences ignored, “treat everyone the same”, only meet needs of dominant groups



Acquiring Cultural Competence

- Starts with Awareness
- Grows with Knowledge
- Enhanced with Specific Skills
- Polished through Cross-Cultural Encounters

The Focus of Cultural Competence

- ❑ The recovery coach's perception
- ❑ Systematic information gathering
- ❑ Effective communication
- ❑ Patient education
- ❑ Literacy
- ❑ Family dynamics
- ❑ Health beliefs



Health Care Disparities

- Disparities in health care delivery exist among
 - African Americans
 - Latino/Hispanics
 - Native Americans
 - Asians
 - Alaskans
 - Pacific Islanders
- Culturally competent health care guidelines will help eliminate these disparities

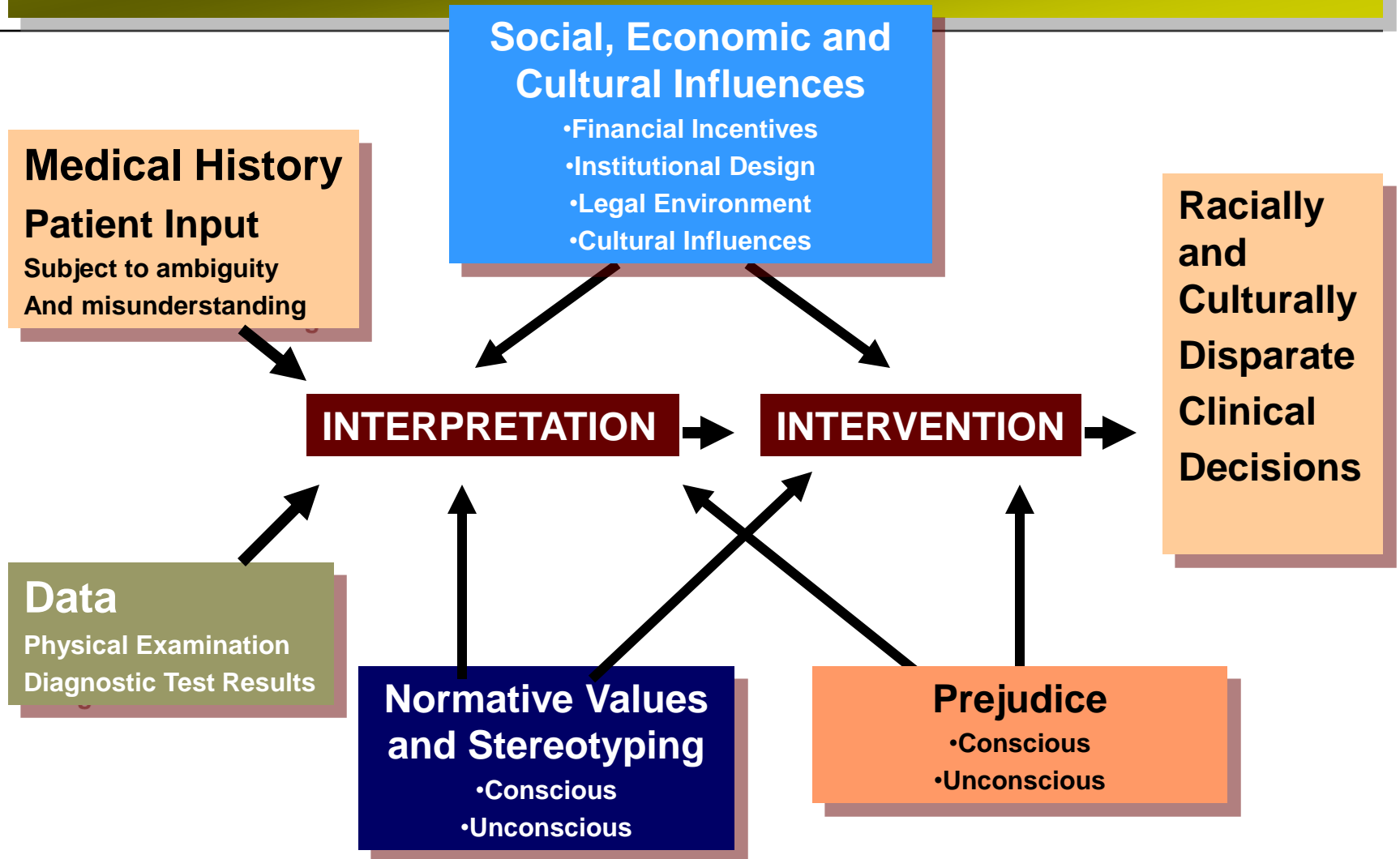


Alcohol-Related Health Disparities

Compared with whites:

- Hispanic men have higher rates of alcohol-related problems, intimate partner violence, cirrhosis mortality
- Black men have higher rates of intimate partner violence and cirrhosis mortality

Disparities: An integrated model



Minorities View of the Healthcare System

Health Quality Survey Commonwealth Fund 2002

- Minorities report belief that:
 - They are more likely to be treated with disrespect
 - They would receive better care if not black
 - Staying healthy is luck
- Minorities report a greater difficulty communicating with physicians

Historical Relationship to the Healthcare System

Tuskegee as an event and metaphor

- ❑ 63% of AA and 38% of whites believed MDs often prescribe meds to experiment without consent
- ❑ 25% of AA and 8% of Whites believe MD had given them experimental treatment without consent
- ❑ 45% of AA and 35% of Whites believed MDs would expose them to unnecessary risk
- ❑ 2 x as many AA as Whites felt they could not freely question their doctors

Key Components

- Purpose
- Attitude
- Skills





Purpose

- To improve health care outcomes despite the existence of a culturally diverse population of patients who utilize the health care system

Attitude

- A willingness to adapt to the needs of individuals and their family members, and to meet those needs in an objective, non-judgmental way



Skills

- Behaviors that exemplify appropriate interactions between recovery coach's, therapists, health care professionals and the individual they are working with.

How is it done?

- ❑ Incorporation of cultural assessments into general individual assessments
- ❑ Serves purpose of making health providers more aware of needs of the individual and family members



Gather information about . . .

- Used to collect and organize information about different groups of people
 - may be shared with others
 - may be refined to meet facility needs
 - may be updated as more information is learned



Gather information about . . .

- Heritage, inhabited localities
- Dominant language, cultural communication patterns, temporal relationships
- Family roles and organization
 - Head of household
 - Taboos
 - Gender roles
 - High risk behaviors
- Work force issues
- Endemic diseases, skin color, variations
- Childbearing rituals
- Death rituals
- Spirituallity
- Home care practices
- Home care practioners

Explanatory

- Groups of questions to ask the individual
 - designed to encourage the individual to discuss perceptions of illness and related experiences
 - use conversational tone – don't interrogate!
 - questions may be incorporated into other commonly used assessment instruments

Explanatory Model:

Sample Questions

- What do you think caused your to use drugs/alcohol.
- Why do you think it started when it did? How do you feel? What change did you notice?
- What do you think your alcohol/drug use does to you? How does it work in your body? In your mind?
- What do you know about drugs/alcohol? How do you feel about it?
- What have you done to help yourself with your alcohol/drug use?
- What have your friends and family done to help? How do you think these remedies are working for you? What are the most important results you hope to receive from this treatment?
- What kind of treatment do you think you need now?
- What do you fear most about your alcohol/drug use? How severe do you think it is?
- How are you managing or dealing with this issue?



Essential Elements of Cultural Competence

- Elements that contribute to a system's capacity to become culturally competent
 - Valuing diversity
 - Possessing capacity for cultural self-assessment
 - Being conscious of dynamics inherent in interactions between cultures
 - Having institutionalized cultural knowledge
 - Developing adaptations of service delivery reflecting an understanding of cultural diversity



Important Points

- Avoid stereotyping
- Do not misapply scientific knowledge when attempting to integrate your own world view with that of your patients
 - Learn about your patients' traditional healthcare practices
 - Teach them in personal and sensitive ways about Western methods

Important Points

- Remember that in certain cultures treatment that involves sharing personal or emotional concerns may be met with resistance.
- Recognize when choices made by patients or family members are based on cultural forces and do not merely reflect ignorance of Western medicine and its rationale.
 - It's ok to incorporate harmless folk remedies, such as herbal teas, into treatment regimen to communicate caregiver understands their importance.
- Remember that in certain cultures treatment that involves sharing personal or emotional concerns may be met with resistance.
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Literacy and Reading Level

- Many functionally illiterate individuals do not read their own language well enough to understand instructions on prescriptions or care plans in which they are expected to participate.
- Most effective reading materials include graphic illustrations and text written in large enough font (12 point min) to be easily read by older adults.
 - Sentence case is easiest to read.
 - 3rd or 4th grade reading level
 - Use familiar terminology (breathing treatment, not small volume nebulizer tx)



Culture

- **Is a learned set of shared interpretations**
- **Is about beliefs, values, and norms**
- **Affects the behavior of a relatively large group of people**

Key Terms: Culture

- **Cultural identity** – developed within the context of formal & informal connections that leads to values, beliefs, expectations, worldviews, symbols, behaviors, & acceptance of those in personally meaningful ways.
 - Culture and cultural identity...
 - are complex, multidimensional and integrated.
 - give counselors insight into their own & their clients' sense of self, language, communication patterns, dress, values, beliefs, use of time & space, relationship with family & significant others, food, play, work, & use of knowledge.
 - Some of the most significant markers of cultural identity are nonverbal.

Culture and Conflict

- *Intractable conflict is almost always, at least in part, cultural conflict. Thus cultural fluency and self-knowledge are imperative to resolving conflict.*

- **Cultural Fluency consists of understanding...**
 - What culture is
 - How it works
 - The inter-relationship of
 - - Culture
 - - Communication
 - - Conflict

- **Self-Knowledge** - understanding one's own cultural lenses
- Cultural assimilation—members of a minority group are absorbed by the dominant culture, taking on the characteristics of the dominant culture.



CULTURE'S CHARACTERISTICS

Culture is not inherited or innate, rather, it is integrated throughout all the interrelated components, motivations, activities, world views, relationships, and individuality are affected by consistent patterns of behavior and form a cohesive whole.



CULTURE'S CHARACTERISTICS (continued)

- Culture is learned.
- Culture is shared.
- Culture is dynamic (constantly changing).
- Culture is tacit (unspoken). Everyone in the cultural group understands acceptable behavior

Importance of Context

- **Communication can be:**
- **High Context** - uses implied meanings which arise from the setting
- **Low Context** - focuses on literal meanings of words, independent of setting
- ** Note: this distinction does not describe a dichotomy, but rather poles on a continuum.*
- **Everyone engages in both, depending on:**
- The relationships involved
- The situation
- The purpose of communication



Context Differences

- **Low-context communicators** dealing with **high-context communicators** should remember:
- Nonverbal messages/gestures are important
- Status and identity may be communicated nonverbally
- Face-saving and tact are important
- Building a good relationship may be essential
- Indirect routes and creative thinking may be important



Context Differences II

- **High-context communicators** dealing with **low-context communicators** should remember:
- Statements may be taken at face value
- Roles and functions may be decoupled from status
- A sustained focus on tasks may be necessary
- Direct questions are not meant to offend
- Indirect cues may be ineffectual

Community/Autonomy

- *Cultures differ as to the degree of emphasis placed on **community** versus **individual autonomy***

- **In Communitarian Settings**
 - People see themselves as part of a circle of relationships
 - Identity is as a member of a group
 - In conflict, response is chosen jointly

- **In Individualistic Settings**
 - People see themselves as independent and autonomous
 - Identity is individual
 - In conflict, response is individual

Community/Autonomy II

□ **In *Communitarian* Settings**

- Maintaining group harmony and cohesion is important
- Choices are made in consultation
- People are part of a hierarchy
- People are accountable to the group

□ **In *Individualistic* Settings**

- Achievement involves individual goal-setting and action
- Everyone is capable of making their own choices
- People are autonomous
- People are accountable to themselves

Intersections

- **Context/Community intersections:**
 - **High-Context** cultures are usually **communitarian**
 - **Low-Context** cultures are usually **individualistic**

- ***NOTE:*** These are broad generalizations. Individual people and situations will vary widely.



Biculturalism

Socio-cultural skills and attitudes used by racial minorities as they move back and forth between the dominant culture and their own ethnic or racial culture

Embedded (Sub) Cultures

- Coal Miners
- Factory Workers
- Farming
- Hearing Impaired
- Visually Impaired
- Regional
 - “Southern”
 - “Northern”
- Military
- Corporate
- Human Services
- Sexual Orientation
- Mentally Challenged
- White collar/Blue Collar
- “Rich”/”Poor”
- Immigrant(Documented/
Undocumented)
- Sports

Individualism:

- Individualism is the preoccupation with placing priority on personal needs at the expense of others
- Autonomy, a traditional American value, places priority on self and personal achievement; lacks acceptance and inclusion



Developing Self-Awareness

□ Self-Awareness:

- person's consciousness of own factors and events that influence his or her psychological, social, emotional, and cultural attributes
- One's sense of identity as influenced by the perception of self and others
- A broad array of factors such as culture, race, ethnicity, gender, social class, and sexual orientation

Awareness and Sensitivity to One's Own Culture

- Counselors should be able to:
 - Identify culture to which they belong
 - Identify specific cultural groups from which they derived fundamental cultural heritage and significant beliefs and attitudes
 - Recognize the impact of their beliefs on their ability to respect others
 - Identify specific attitudes, beliefs and values that support respect
 - Recognize the influence of other personal dimensions of identity and their role in self-awareness



Monoculture & Diversity

- A culture that accepts only one way to do things
- There is only one set of values and beliefs



What does culture do?

Culture provides a system in which people:

- ❑ set goals, make decisions, and solve problems;
- ❑ explain and define social roles;
- ❑ emphasize cooperation or competition;
- ❑ view human nature, truth, time orientation, and property; and
- ❑ define identity and individuality.



Communication

- **Is the vehicle by which culture is expressed**
- **Is directly effected by communication patterns**



Communication (cont)

- ❑ Not everyone shares the same language.
- ❑ This can lead to misunderstanding and frustration.
- ❑ Alternative methods include gestures and flash cards.
- ❑ Family members may be able to assist.
- ❑ Interpreters may be used.



ORIENTATION TO TIME AND SPACE

- The distance that a person prefers to maintain from another is determined by one's culture.
- Individual's orientation to time may affect:
 - Promptness, attendance at appointments.
 - Compliance with self-medication schedules.
 - Reporting the onset of illness.



Key Terms: Culture

- **Culture** – a set of “values, beliefs, expectations, worldviews, symbols, & appropriate behaviors of a group that provide its members with norms, plans, & rules for social living”

Key Terms: Race

- **Race** – a powerful political & socioeconomic construct correlated with artificial categorical differences in physical appearance.
 - Can impact an individual's psychological functioning (i.e., identity development process).
 - Understanding the complexity of race allows counselors to more appropriately and fully address clients' concerns.

- **Racial identity development** – dynamic, multi-staged process, characterized by periods of momentary integration as racial experiences are processed and interpreted within a personal context.



TERMS

- **Racial identity** is defined as a person's sense of identification based on physical characteristics and genetic origins.
- African American, Amerasian, Interracial identification, Regional Affiliations



BIOLOGICAL VARIATION

- ❑ Distinguishes one racial or cultural group from another.
- ❑ Includes variations in hair texture, eye shape, skin color, thickness of lips, and body structure.
- ❑ Also includes enzymatic differences and susceptibility to disease.

Key Terms: Ethnicity

- **Ethnicity** – “group classification in which members believe they share a common origin & a unique social & cultural heritage”.
 - May help to shape clients’ sense of identity, appropriate behavior, & opportunity.
 - Counselors must be aware of ascribed categorization & stereotyping that some clients experience, especially for **visible racial or ethnic groups**.

- **Ethnic identity development** – a complex process in which individuals negotiate the degree that particular ethnicities belong to them; influenced by external evaluation.

- **Orthogonal cultural identity** recognizes the multiplicity of coexisting identities in individuals.
 - Suggests that adaptation to cultures can be independent.

Definition

Ethnic Group:

Subgroups that claim common ancestry & share one or more of the following: culture, phenotype, religion, language, kinship, or place of origin

- Native American and Individual Tribes are examples of ethnic groups

Ethnic Identity:

One's sense of self as a member of an ethnic group

- Indicates a dynamic understanding of self & ethnic background
- Can change across generations, in a new culture, in different contexts, with age & development

Aspects of Ethnic Identity

- Three Aspects:
 - 1) Ethnic Self Identification
 - 2) Sense of Belonging to an Ethnic Group + Feelings About Membership (Strength & Valence)
 - 3) Ethnic Identity Development: the extent to which an individuals' feelings & understanding about their group have been consciously examined & issues surrounding ethnicity have been resolved → *Achieved Ethnic Identity*
 - *Refer to Urban American Indian Ethnic Identity*

Ethnic Identity & Social Identity Theory

- **Definition of Ethnic Identity = Ethnic Component of Social Identity**
 - Component of self concept comes from knowledge of membership in an ethnic group + the value attached to that membership

- **How Is Ethnic Identity Expressed?**
 - negative to positive Self identification
 - Attitudes towards one's own group and the dominant society
 - What is important to note is that individuals vary from negative to positive views of their ethnic identity
 - Possible to encounter different ethnic identities among social work clients. These identities can range from traditional to bi-cultural to fully assimilated.



Worldview

- **Worldview** is defined as the perceptions, attitudes, beliefs, and assumptions that individuals and groups hold about the world.

Worldview Shaping Counseling

- Most humans do not give thought to their philosophical or theoretical approach to life.
 - People are more concerned with what their function is (e.g., what they need to get done) as opposed to the explanations, motivations, or reasons for living their lives.
- At times of crisis or change, people may become more interested in the process underlying their ways of life.
 - During these times, most people discover their motivation for living their personal theory for life.
- Personal theories for life have been characterized in counseling literature as a synonym for **worldview**.

Worldview Shaping Counseling (continued)

- A person's worldview is comprised of personal constructs that are created within familial, cultural, & societal contexts, and are typically constructed from 5 value orientations.
 - theoretical model:
 - Human Nature – evil, mixed, or good
 - Person/Nature relations – subjugation to Nature, Harmony with Nature, or Mastery over Nature
 - Social Relations – Lineal, Collateral, or Individual
 - Time Sense – Past, Present, or Future
 - Human Activity – Being, Being-in-Becoming, or Doing
 - The extent to which individuals combine these orientations varies based on their identification with a particular cultural group.

Worldview Shaping Counseling

- Worldview orientations & identified 9 basic assumptions that counselors use to create & support their approaches to counseling:
 - Approaches
 - Freedom/determinism
 - Rationality/irrationality
 - Holism/elementalism
 - Constitutionalism/environmentalism
 - Changeability/unchangeability
 - Subjectivity/objectivity
 - Proactivity/reactivity
 - Homeostasis/heterostasis
 - Knowability/unknowability
 - These assumptions can be conceptualized along a continuum.
 - Most people find themselves between the 2 poles & the combination of assumptions dictates how people see themselves & others.
 - Theories are included among these & base the development of their approaches on these assumptions.

Transition

- From the foundation of personal worldviews, individuals begin to make sense out of their lives & account for the contexts in which they live.
 - People may extend their worldview to others.
 - Worldviews may soon evolve into explanations for why things happen for groups of people.
 - As worldview expands from the individual to larger groups, theory can be born.
 - Most all counseling theories & techniques are derived from personal worldviews.
- Potential for both success & folly are present due to the fact that a counselor's worldview can affect personal philosophy & theoretical orientation.
 - Congruence between counselor's theory & client's worldview can help to facilitate a stronger client-counselor alliance & counselor empathy.
 - When counselor & client differ, the therapeutic relationship can be negatively affected.

Transition

- From its more individualized beginnings in worldview, theory attempts to take on a more comprehensive explanation for human experience.
- Theory has been characterized as a collection of “interrelated ideas, constructs, & principles proposed to explain certain observations”.
 - Counseling theory commonly incorporates guidelines for human development & typical/desired functioning.
 - Counseling theory finds its limits in trying to define typical human development & functioning.
 - Human functioning is socially contextualized & infinite in scope; it can never be fully characterized by one theory.
 - Despite its reported comprehensiveness, a counseling theory will work with particular clients under particular conditions.
 - In order to remain culturally competent, counselors need to understand the worldview of their clients as well as the worldview of theories & try to balance the two.



Finding Effective Strategies for Client's Worldview

- Counselors must work outside of counseling sessions to
 - Educate themselves about groups with which they work
 - Learn about cultural and institutional barriers to treatment
 - Educate clients and community to eliminate biases




Self Identification

□ Self identification alone (written or verbal) is not an indicator of one's ethnic identity:

□ Example:

Please check appropriate box to indicate your ethnicity?



Ethnic Identity and Social Identity Theory

- All individuals need a sense of group identity to maintain a sense of well-being
- Group membership creates a sense of belonging which leads to a positive self concept
- Ethnic Groups = special case of group membership
- If ethnic group is held in low status within dominant society there is the potential that membership within the group could lead to negative self-concept

Other terms and definitions

- Stereotyping—belief that people in same ethnic, racial, or cultural group act the same way, share same beliefs, attitudes.
- Dominant culture—the group whose values prevail within a given society.
- Minority group—constituting less than a numerical majority of the population.
- Cultural assimilation—members of a minority group are absorbed by the dominant culture, taking on the characteristics of the dominant culture.



Key Terms:

Oppression & Marginalization

- **Oppression** – unjust use of authority, force, or societal norms & laws to exert control over individuals, people, or a group.

- **Marginalization** – social process of becoming excluded from or existing outside of mainstream society or a given group.
 - Places individuals of group on the outside or fringes of the dominant culture while placing them inside the dominant culture
 - People from these backgrounds often do not receive equality, justice, or fair treatment.

-
- Increasingly important terms as attention to cultural issues expand.
 - Advocacy defined – promoting an idea, policy, or cause that better the lives of those who have less power, access, advantage, or social status.
 - Sense of responsibility to change the *status quo*
 - Individual & systemic interventions to empower individuals
 - Assumed power differential/privilege
 - Privilege defined – often unconscious & unearned power, access to resources, advantage, & social position based on cultural membership.
 - White, male, heterosexual, higher SES, able-bodied, Christian
 - Privilege creates oppression
 - Oppression defined – lack of power, inaccessibility, disadvantage, minority social status
 - Racial & ethnic minority groups, females, sexual minorities, less able-bodied, lower SES, religious minorities

Marginalization

- ❑ Requires some onset event or experience that challenges the individual's ascription to the dominant societal values
- ❑ A sense of being different creates dissonance with one's ability to continue to identify with non-(cultural) beliefs and practices
- ❑ Contact with other (cultural) people in a different stage of development may be the onset event
- ❑ Referred to as awakening to racial, ethnic, cultural, spiritual, and political consciousness
- ❑ One does not immediately drop the old views and adopt a new “(Cultural)” identity. There is struggle and ambivalence as one negotiates a new sense of self and group identity and how to be in response to the larger society
- ❑ The experience of being caught between two worlds characterizes this stage with its attending feelings of anxiety and depression
- ❑ There is an increase in self esteem with a decrease in anxiety toward the end of stage two as contact with other (like cultures) increases

Externalization

- ❑ Marked by the shedding of dominant group attitudes with attempts to immerse the self in the ones culture resulting in an increased desire to attend cultural events, and community gatherings, become politically active, and seek out relationships with other similar culture/people
- ❑ Stereotypes are replaced by an idealization of what it means to be a (cultural)
- ❑ There is a desire for knowledge of traditional beliefs, spirituality, and practices. A Pan-Indian identity may be assumed in contrast to a specific tribal affiliation if the individual or their tribe/s is more acculturated
- ❑ The consolidation of self and group identity is progressing
- ❑ Orientation toward the dominant group is anger and rage, which is a primary affect in this stage
- ❑ Cognitive characteristics are hyper vigilance and suspiciousness of dominant society and its members
- ❑ Lowered self esteem and increased anxiety accompany this stage as well due to confrontations with individuals and organizations that espouse the dominant societal values and views. Internal confrontations abound as the individual addresses any remaining negative internalizations of Native Americans
- ❑ The end of this stage is indicative of knowledge and respect for within group diversity

BIAS and PREJUDICE

BIAS

- *Preference that inhibits impartial judgment*
- All “whites” are superior
- Young people are physically superior to old people
- Women are inferior to men
- College-educated people are superior to uneducated individuals

PREJUDICE

- *Pre-judging: a strong belief about a person/subject that is formed without reviewing facts of information*
- Every individual is prejudice to some degree, but in health care, it can't be shown

Avoiding Bias, Prejudice and Stereotype

- ❑ Be aware of own personal values/beliefs
- ❑ Obtain info about different ethnic/cultural groups
- ❑ Be sensitive to practices that are different
- ❑ Ask questions and share ideas
- ❑ Be open to differences
- ❑ Avoid jokes that offend
- ❑ Remember: you are not being asked to adopt other beliefs, just respect them

Awareness and Attitudes, Values and Biases

- Counselors need to be able to:
 - Identify the history of their culture in relation to educational opportunities and current worldview
 - Identify relevant personal cultural traits and explain their influences on cultural values
 - Identify social and cultural influences on cognitive development
 - Identify social and cultural influences in their history that have influenced their views, which may affect counseling
 - Articulate the beliefs of their own cultural and religious groups as they relate to sexual orientation, able-bodiedness, and the impact of these beliefs on counseling relationships



Key Terms:

Enculturation & Acculturation

- **Enculturation** – socialization process through which individuals learn & acquire the cultural & psychological qualities of their own group.
 - Takes place through interactions with parents/caretakers, peers, or from other adults, & culturally-based institutions or affiliations.

- **Acculturation** – changes in behavior, cognitions, values, language, cultural activities, personal relational styles, & beliefs as a cultural minority group comes in continuous contact with the dominant culture.
 - Models of biculturalism which reflect adherence to indigenous and host cultures help to explain this complex process.
 - Geography & proximity of co-diverse communities, and age & generational issues may influence process.



Key Terms:

Enculturation & Acculturation

- **Additive acculturation** – is achieved as immigrants acquire knowledge, skills, & language of the dominant culture; adding to their worldview.
 - Expands one's behavioral and attitudinal repertoire rather than replace it..

- **Downward assimilation** –limited education & job skills, weak local economies, and racism & discrimination forces some immigrants to become part of a social underclass.
 - Often leads to limited opportunities for upward mobility & may lead to feelings of despair & alienation, marginalization, antisocial behaviors & attitudes.

Acculturation

- Acculturation defined – degree to which immigrants identify with & conform to a new culture of a host society.
 - Can identify with both homeland & host culture, embracing one culture over another, or rejecting both cultures.
 - Models of Acculturation:
 - Assimilation
 - Separation
 - Integration
 - Biculturalism
 - Marginalization
 - Unique counseling considerations for each model.
- Determined by number of years in process, country of origin, age at onset of acculturation process, & ethnic identity.
- Many stressors attributed to acculturation

Key Terms:

Enculturation & Acculturation

- **Dissonant acculturation** – most often, second generation immigrant youths experience when their acculturation is not accompanied by similar acculturation processes in the first generation.
 - Children and adolescents often left “on their own.”

- **Culture shock** – the varying & reoccurring feelings of loss & disorientation when facing the absence of cultural familiarity.
 - May lead to feelings of helplessness, rage, fatigue, disappointment, & idealized longing for cultural familiarity.
 - Can be experienced by members of the dominant culture when facing new life situation.
 - Counselors should openly discuss culture shock with clients as relevant, facilitate the development of support systems, & model appropriate adaptation to new roles & cultural identities.

Actualization

- Self acceptance, lowered anger, decreased anxiety, and higher self esteem create an inner balance that is based on an integrated Indian self identity and positive group identity
- Cultural connections of a spiritual, political, and cultural nature grow with social action as the primary means of confronting negative dominant group attitudes and practices
- There is a focus on specific customs and practices. A cultural identity may often replace the prior primary cultural identification
- The ability to negotiate two worlds is characteristic of this stage without any compromise of the individuals internal beliefs
- Interactions with White Americans are determined on an individual level versus reacting to them as purely dominant group members



Key Terms:

Cultural Identity Development

- Cultural identity provides a framework for recovery coaches that assists in the understanding of client identification within cultural context and the effects of culture, ethnicity, & race in the counseling relationship.

- **Cultural Identity development** – is the process of making one’s cultural group membership salient.
 - Models begin with low salience and move to higher levels of involvement with culture.
 - Some refer to identity development statuses rather than stages.
 - Often development spiral rather than moving in linear paths.

Distinguishing Ethnic Identity from Acculturation & Enculturation

- Acculturation refers to the process by which individuals learn about and identify with the dominant society.
- Enculturation refers to the process which individuals learn about and identify with their traditional ethnic culture.
- Acculturation and enculturation both affect ethnic identity, but they are not the same as ethnic identity.



Attitudes Toward Diversity

- Ethnocentrism = belief that one's own group or subculture is inherently superior to other groups or cultures
- Ethnorelativism = belief that groups and subcultures are inherently equal
- Pluralism = an organization accommodates several subcultures

Stages of Diversity Awareness

Highest Level of Awareness

Integration

- Multicultural attitude-enables one to integrate differences and adapt both cognitively and behaviorally

Adaptation

- Able to shift from one cultural perspective to another
- Able to empathize with those of other cultures

Acceptance

- Accepts behavioral differences and underlying differences in values
- Recognizes validity of other ways of thinking and perceiving the world

Minimizing Differences

- Hides or trivializes cultural differences
- Focuses on similarities among all peoples

Defense

- Perceives threat against one's comfortable worldview
- Uses negative stereotyping
- Assumes own culture superior

Denial

- Parochial view of the world
- No awareness of cultural differences
- In extreme cases, may claim other cultures are subhuman

Lowest Level of Awareness



Multicultural Counseling

Multicultural counseling competency overlaps with essential attributes associated with basic counseling competency.

Competent counselor's have the ability to establish rapport, display interest in the client's concerns, and comprehend the transactions between people and environments within a variety of social contexts.



Multicultural counseling

- **Multicultural counseling** is defined as a counseling relationship between a counselor and client who adhere to different cultural systems.
- All counseling is multicultural.



Multicultural Counseling

- The counselor attends to his or her own worldview, racial- and ethnic-identity, as well as to the worldview, racial- and ethnic-identity of his or her client



Multicultural counseling

- Four areas of emphasis:

Social Systems Emphasis

Awareness of Counselor Limitations

Empowerment Focus

Skills Focus

Social Systems Emphasis

- ❑ Multicultural counseling **does not** view problems as wholly residing within individuals (European-American);
- ❑ adopts a perspective in which problems result from interactions among persons and social environments.
- ❑ Specifically, distress in individuals is traceable to clashes between the cultural norms of clients and the social norms of the dominant culture.



Awareness of Counselor Limitations

- Recognize that clients are likely to possess distinctive world views that differ from those of counselors.
- Counselors attempt to understand and work within the cultural framework of clients.
- Counselors who uncritically adopt the perspectives of the dominant culture, can reinforce the very patterns of misunderstanding and evaluation that generate client presenting problems.



Empowerment Focus

- Multicultural counselors view their roles as developmental, emphasizing the creation of experiences of empowerment for clients.
- ...Affirm distinctive world views and raising clients' awareness of the often harmful impact of the dominant culture,
- ...Facilitate identity development, enabling individuals to understand, accept, and value their own differences and those of others.



Skills Focus

- Counselors recognize that clients may possess culturally-distinctive social norms and communication styles.
- ..strive for “cultural competence” by learning how to recognize and work within the norms and styles presented by a diverse clientele.



Addressing Racial & Ethnic Identity in Counseling

- Understand & integrate appropriate principles of racial & ethnic identity models.
- Counselors should not force clients through developmental models.
- Counselors must...
 - Recognize that clients rarely fit into a well-defined stage.
 - View clients from contextual/developmental frameworks
 - Seek to increase self-awareness & historical competence regarding issues of multiculturalism.
 - Confront and challenge negative or distorted culturally-based perceptions
 - Engage in advocacy & social justice issues.

Issues in Multicultural Counseling

- How can counselors most effectively assess clients of differing cultural backgrounds?
- Five questions
 - What needs to be assessed & are they culturally based?
 - What types of assessment instruments reflect cultural perspective?
 - What evidence indicates that they are culturally responsive?
 - What ethical and legal responsibilities are associated w/multicultural assessment?

Assuring Cross-cultural Efficacy:

RESPECT

- **R**espect - Demonstrate respect
- **E**xplanatory model - Understand how the patient makes sense of the world (including this visit)
- **S**ocio-cultural context (avoid stereotyping)
- **P**ower - Mitigate status differences
- **E**mpathy - Make sure the patient feels heard and understood
- **C**oncern - Elicit concerns about drinking
- **T**rust - These practices establish *a trusting and therapeutic alliance*



African-Americans

- Black vs. African-Americans
- Treatment of Illnesses
- Spirituality
- Family Systems



Counseling Implications

- ❑ Ask for client preference
- ❑ Use as combined or alternative treatment
- ❑ Include clergy
- ❑ Figure out who is head of household



Trivia Fact

Job Applicants With Ethnic-Sounding Names Were Disadvantaged

- A recent study shows that people with "white-sounding" names are 50% more likely to get a response to their resume than are those with "black-sounding"



BELIEFS IN HEALING

- Traditional healers: elderly women healers, “community mother” or “granny,” “root doctor,” voodoo healer, spiritualist.
- Healing practices: herbs, roots, oils, poultices, rituals, talismans.



Asian/Pacific-Islanders

- ❑ Over 30 different groups
- ❑ Shared decision-making
- ❑ Silent communication
- ❑ Preservation of harmony
- ❑ Care for the elderly



Counseling Implications

- Family-oriented treatment
- See therapist as figure of authority
- Show expertise and authority
- Alternative home care for elderly



BELIEFS IN HEALING

- Traditional healers: herbalist, physician.
- Healing practices: hot and cold foods, herbs, soups, cupping, pinching, and rubbing, meditation, acupuncture, acupressure, tiger balm, energy to restore balance between yin and yang



Latin Descent Americans

- **Latin descent Americans, are residents of the United States who trace their ancestry to countries in the western hemisphere where the Spanish language is spoken. People of Hispanic background have lived in what is now the United States since the 17th century.**



Latin Descent Americans

- **In 2000 the U.S. census counted 30.3 million Latin descent Americans.**
- **An additional 2 to 3 million illegal Latin descent immigrants live in the United States.**
- **Latin descent Americans are the fastest-growing minority group**
- **Experts predict that Latin descent Americans will number more than 50 million by the year 2025.**



Latin Descents

- Mexican Americans
- “Tex-Mex”
- Puerto Ricans
- Cuban Americans



BELIEFS IN HEALING

- Traditional healers: curandero, espiritualista, yerbero, brujo, sobadora, santiguadora.
- Healing practices: hot and cold foods, herbal teas, prayers and religious medals, massage, azabache, “three baths” ritual.



Counseling Implications

- ❑ Much diversity within the culture.
- ❑ Extended family is often important to clients.
- ❑ Behavior and its impact on family rather than self often important.
- ❑ Negative over-identification with culture can lead to dysfunction I.e. gang involvement.
- ❑ Language issues.
- ❑ Be Multiculturally competent.
- ❑ Who is he?



Native Americans

- Go to other PowerPoint (Native Americans)



BELIEFS IN HEALING

- Traditional healers: shaman, medicine man/woman.
- Healing practices: plants and herbs, medicine bundle or bag, sweet grass burned to purify the ill person, estafiate (dried leaves) tea, the Blessingway ceremony, sand paintings.



Managing Diversity in Groups

- Consider three dimensions
 - Age, culture, ethnicity, gender, sexual orientation, and social class
 - Education, geographic region, spiritual beliefs
 - Historical era and current social context



Type of Addiction in Groups

- ❑ Alcoholics may prefer being with other alcoholics
- ❑ Clients who abuse drugs more open to groups that address multiple substances
- ❑ Difficult for facilitators to navigate



Issues in Practice and Research

- Do not typically assess an individual's ethnic identity, but ask for ethnic self identification
- Appears to be a broad/general understanding of ethnic identity, but defined differently in research
- Ethnic identity, acculturation, and enculturation are critical concepts for recovery coach's to understand
 - Significance of ethnic identity to psychological functioning
 - Shapes behavior, thoughts, emotions
 - Orientation toward wellness, illness, coping behavior, and service use



Recovery Coach Implications

- ❑ Be aware of ethnic identity and its complexity within the individual, their families, and communities
- ❑ Assess ethnic identity if possible
- ❑ Different strengths of the identity statuses exist across individuals that self identify as their culture
- ❑ Ethnic identity development is fluid and changes across time within a person
- ❑ Ethnic identity has been studied as a protective factor for mental health
- ❑ Marginal status has been associated with a higher risk for depression



Recovery Coach Interventions

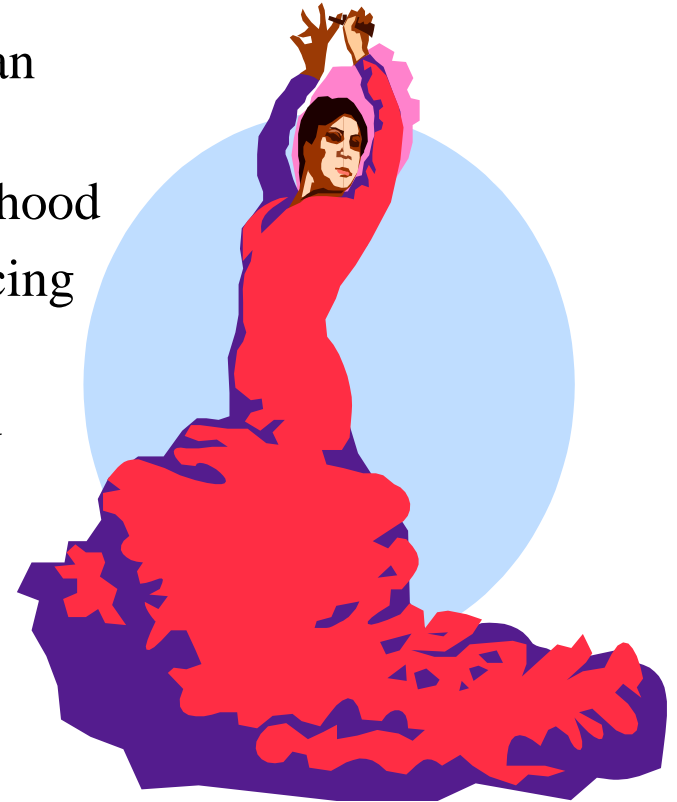
- For those that are marginal and not identified with a culture, American society, or any ethnic group
 - Interventions to move them from a marginal status to identification with a group is a potential intervention dependent on the client's identification of this as a goal

Recovery Coach Interventions (cont)

- Create macro level interventions that will enhance cultural identification
 - Interventions will be accessible for those that want to increase their connection
 - Interventions that communicate the history within the federal government of assimilation that impacted acculturation, enculturation, and ethnic identity to resolve potential issues related to anger or guilt for losing a sense of the self as a tribal member

Example of Successful Intervention

- Overweight, hypertensive Mexican-American women
 - Unwilling to jog through their neighborhood
 - Very willing to participate in Salsa dancing lessons at local community center
- Successfully lowered both weight and blood pressure





The LEARN Model

Listen to the individual's perception of the problem

Explain your perception of the problem

Acknowledge and discuss differences/similarities

Recommend treatment

Negotiate treatment



The Bottom Line

- An individual's satisfaction with treatment, tendency to adhere to therapy regimens, and continuity of care may depend on sensitivity of recovery coach to folk illness beliefs.
- Judgmental attitude on part of recovery coach may lead to termination of future encounters.



The Goal

- Cultural competence
 - enhances the compatibility between Western and traditional cultural health practices
 - builds healthy communities through community development programs

Counselor's Ethical Responsibilities

- ❑ acknowledge and recognize ethnic, racial, and cultural factors as significant to the counseling relationship;
- ❑ respect and be aware of the many ethnic, cultural, and racial factors that might contribute to the orientation and values of the client;
- ❑ consider the impact, importance, and potential support of community and social agencies that the client might be involved with;
- ❑ acknowledge and recognize ethnic, racial, and cultural factors as significant to the counseling relationship;
- ❑ respect and be aware of the many ethnic, cultural, and racial factors that might contribute to the orientation and values of the client;
- ❑ consider the impact, importance, and potential support of community and social agencies that the client might be involved with;



The Challenge of Ethical Practice


- All professionals' ethical codes prohibit discrimination on the basis of age, disability, sex, race, ethnicity, religion, SES, sexual orientation, or any other difference of the client from mainstream.
- All ethical practitioners are to commit themselves to gaining knowledge, personal awareness, sensitivity, & skills pertinent to working with diverse clients.
- According to some authors, competence to work with diverse clients when diagnosing, assessing, & providing subsequent treatment means knowing how to conduct an overall cultural assessment.
 - Understanding the cultural framework of the client's identity, cultural explanations of illness experiences & help seeking behavior, cultural meanings of adaptive functioning & social context, and cultural elements in the counselor-client relationship.
 - Counselors should develop these abilities for the cultures of the clients they predominantly serve, and should develop a referral base of counselors for clients from cultures with which they are less familiar.

The Challenge of Ethical Practice (continued)

- Counselors should...
 - avoid making assumptions about clients based on their cultural groups.
 - acquire knowledge about different cultures' norms and interaction styles.
 - commit to ongoing awareness about their own biases, assumptions, & cultural encapsulation.
- Developing knowledge, skills, & awareness can be challenging.
- Culturally sensitive diagnosis & conceptualization is easier to talk about than to actually do.
- Wide variations exist among people from different cultures in perspectives about “normal” behavior.
- Can counselors ever completely eliminate the influence of systemic oppressions (e.g., institutionalized racism/sexism) when diagnosing people who differ from the majority?

Keep in mind that . . .

- ❑ Modern treatment goes a long way toward treating the recovery processes, but has little influence on changing behavior and practices.
- ❑ Public health studies consistently show improvement in outcomes as recovery coach's and treatment providers bridge cultural gaps between themselves and their patients.
- ❑ Communication and understanding lead to improved diagnoses and treatment plans
- ❑ Improved individual satisfaction leads to greater compliance with care plans and fewer delays in seeking care
- ❑ Cultural competence allows provider to obtain more specific and complete information to make appropriate diagnosis



“Unintentional behavior is perhaps the most insidious form of racism. Unintentional racists are unaware of the harmful consequences of their behavior. They may be well-intentioned, and on the surface, their behavior may appear to be responsible....The major challenge facing counselors is to overcome unintentional racism and provide more equitable service delivery (Sue et al., 1998).”