Adopting Cultural Sensitivity in Substance Use and Mental Health Programming

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This webinar seeks to introduce participants to the core definitional and operational dimensions of cultural sensitivity and culturally sensitive programming. Along the way, participants will learn pillars and extensions for successfully defining, creating, implementing, and evaluating culturally sensitive programming for individuals dealing with substance use and mental health conditions. Also, participants will learn how to sustainably—and reflexively—engage workforces around cultural sensitivity practices, and establishing the organizational infrastructure needed to maintain an ongoing atmosphere of equity, equality and understanding for all involved in the care continuum.
Notices

• Financial Interests: I have no conflicts of interest to report
• Expressions: The statements and opinions here do not reflect those of the University of Chicago
Learning Objectives

1. To be able to define cultural sensitivity in various cultural, social, linguistic, and environmental contexts
2. To learn how to successfully devise, apply and tailor cultural sensitivity principles
3. To understand how to effectively evaluate (and calibrate) cultural sensitivity practices and interventions at the employee, organization and individual level
Roadmap for Today’s Webinar

- **Part 1: Identifying and Defining Culturally Sensitive Practices**
  - A brief history on cultural “competence”
  - The emergence of cultural sensitivity and humility
- **Part 2: Cultural Sensitivity in Application**
  - Operationalizing cultural sensitivity
  - Applying cultural sensitivity principles in substance use and mental health practice
- **Part 3: Evaluating Cultural Sensitivity Programming**
  - Establishing basic program evaluation guidelines and tools
  - Implementing assessments and measurements
“Los Borrachos,” Diego Velázquez, 1628; US Public Domain
What’s happening in this Velázquez painting?

A Quick Poll

1. What are three interesting things that are happening in this painting?
2. What do you think Velázquez is saying here (if anything)?
3. How might you re-create this painting (what would you change) to better reflect that vision?
• “Los Borrachos,” Diego Velázquez, 1628; US Public Domain
Part 1: Identifying and Defining Culturally Sensitive Practices
Cultural Sensitivity in Broad Strokes

• Recognizes that each individual human sees, experiences and engages other people and the world differently
• Represents a fluid set of values and principles shaping how we can *try* to *understand, learn from, engage, and respond to* diverse populations that we work with
What do we want to accomplish with Cultural Sensitivity?

• Two primary goals:
  – Advance a paradigm of treatment and prevention that is specifically tailored to the individual (in the context of their cultural expectations)
  – Seek to create equality and equity between ourselves and individual in recovery (in the context of practice)
Cultural Humility

Cultural Sensitivity
Cultural Sensitivity focuses on intentionality, self-reflection and restorative approaches that practitioners can leverage to best address diverse individuals in social services and healthcare.
Through Cultural Sensitivity, we create balance between ourselves and the individuals we work with.

Courtesy Digitalist Mag
Courtesy of James/Karla Murray Photography
Culture

• To understand and unpack cultural sensitivity, first consider what culture (broadly speaking) is:
  – A set of beliefs, attitudes and/or practices that govern how we interact and approach the world and others
  – Socially heritable and “bi-directional” ideas (intergenerational and cross-cultural)

Culture

• To understand and unpack cultural sensitivity, first consider what culture (broadly speaking) is.
  – Connected at all levels of demography (race, ethnicity, gender identification, sexual orientation, religion, education, income, marital status, geographic region, etc.)
  – Individuals can have or exist in more than one culture

What are key traits of your culture? A Poll

• Think about three things you love to do
  – Why do you love these things?
  – When and where did you learn about these things?
• Now, dig deeper: is there a certain context in which you participate or indulge in this?
What are your cultural beliefs?
A Poll

• Think of three guiding beliefs you have about people, how they should behave, etc.
• Think of three philosophies you have about the world; luck, fate, destiny, etc.
How do other people define your personal culture?
The Roots: Cultural Competence

- Popularized by Dr. Josepha Campinha-Bacote, a psychiatric nurse.
- Focused on multicultural counseling and the unique ways in which clinicians and diverse people in psychiatry engaged—and were engaged by—one another in this process.

http://transculturalcare.net/biosketch/
The Roots: Cultural Competence

- Dr. Campinha-Bacote is a Cape Verden immigrant who settled in Connecticut in the late 1960s, a period of racial tumult in the Northeast.
- Campinha-Bacote’s early work reflected her own personal experience as someone not neatly represented by the Western “Black-White” medical binary.

http://transculturalcare.net/biosketch/
Being vs. Becoming Culturally Competent

• “The Process of Cultural Competence in the Delivery of Healthcare Services is a model that views cultural competence as the ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community).” Campinha-Bacote (2002)

Becoming culturally sensitive is what we really care about here.
Criticisms of Cultural “Competence”

• Broad criticisms have included:
  – A traditional and monolithic focus on race/ethnicity
    • This rigid framework ignores other markers of identity and self
  – A neglect of *intra* cultural diversity and tendency to impose a “one-size fits all” mentality (“ethnic glossing”)

Criticisms of Cultural “Competence” Cont.

• Other broad criticisms have included:
  – Positions the Western biomedicine model as the (preeminent) model that all cultures should aspire to
    • All else is framed as inferior, un-evolved and ineffective etc.
  – Stipulates needing to “walk on eggshells” and submit to irrational or unfounded demands

GIVE IT TO ME STRAIGHT, DOC,... I CAN TAKE IT... WHAT'S WRONG WITH ME?

YOU'RE NOT A WHITE MALE.

Pittsburgh Post-Gazette, 1999
Bringing it All Together: Cultural Sensitivity and Cultural Humility

• Acknowledges our inevitable limits in how much we can actually understand, relate to, and respond to individuals from cultures that are different from ours (or even people from our own culture!)

• But how do we know our limits (if we’re limited in what we know)?
Cultural sensitivity is the “ability to maintain an interpersonal stance that is other-oriented in relation to aspects of cultural identity that are most important to the [individual]” (Hook et al, 2013: 2)
But what is Cultural Sensitivity really?

- Cultural Sensitivity Is
  - Inclusive
  - Evidence-Based
  - Holistic
  - Strengths-Based
But what is Cultural Sensitivity really?

- Cultural Sensitivity Is
  - Adaptable
  - About Verbal Communication (what we say and how we say it)
  - …and Non-verbal Communication (what we show and how we show it)
What Cultural Sensitivity Is Not

• Cultural Sensitivity Is Not
  – Just about race and ethnicity, gender or sexual orientation
  – A science
  – A tool for just “frontline” practices
What Cultural Sensitivity Is Not

• Cultural Sensitivity Is Not
  – A political orientation
  – A temporary solution
  – About perfection
“Take nothing on its looks; take everything on evidence. There's no better rule.” - Mr. Jaggers

From *Great Expectations* (Charles Dickens, 1861)

*Great Expectations, 1861*
What’s missing from our professional and personal interactions?

• Very rarely do we set genuine expectations for behavior or action—whether in our employer-employee relationships, relationships with significant others, or in exchanges with individuals in recovery.
Expectation-setting is in the **engine** in cultural sensitivity programming for substance use and mental health.
Donald Rumsfeld: Cultural Sensitivity Warrior?

*There are known knowns; there are things we know that we know.*

*There are known unknowns; that is to say, there are things that we now know we don’t know.*

*But there are also unknown unknowns – there are things we do not know we don’t know.*

-Donald Rumsfeld

*Courtesy of Post Status*
Why don’t we know what people we engage with expect?

- There are four interweaving dimensions to this. The first two dimensions concern us, the practitioner.
  - We don’t ask them—*because we don’t think to ask*
  - We don’t ask them—*because we’re concerned about their response*
Why don’t we know what people we engage with expect?

• The next two dimensions concern the people we interact with:
  – They don’t tell us—because they don’t think to tell us or don’t know how (cognitive, linguistic barriers, etc.)
  – They don’t tell us—because they’re concerned about our response (fear of rejection, being shamed, etc.)
Part 2: Cultural Sensitivity in Application
Becoming Cultural Sensitive is Becoming Inquisitive

In practice, have you **A.S.K.E.D.** the right questions?

- You can access the individual’s expectations by tapping into your:
  - Cultural **A**wareness
  - Cultural **S**kill
  - Cultural **K**nowledge
  - Cultural **E**ncounters
  - Cultural **D**esire

There are many routes to applying culturally sensitive procedures. The key is to be **systematic** and **consistent**.

As we go through the following **A.S.K.E.D.** principles, think about how you might tailor and approach the assessment process with individuals in recovery.
Cultural Awareness

• Understanding that people have different behaviors and coping styles which are informed by their culture and biology

• Examining your own prejudices and biases
  – Identifying where these come from, why, and also understanding how they impact your attitudes/behaviors with people

Table 3

Stigmatizing Attitudes toward Adults and Children by Vignette Type and Social Venue, U.S. General Social Surveys, 1996 and 2002

<table>
<thead>
<tr>
<th>Vignette Type</th>
<th>Percent Unwilling to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Move next door</td>
</tr>
<tr>
<td>Troubled person</td>
<td>9.5</td>
</tr>
<tr>
<td>Depression</td>
<td>22.9</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>37.0</td>
</tr>
<tr>
<td>Alcohol dependence</td>
<td>45.6</td>
</tr>
<tr>
<td>Drug dependence</td>
<td>75.0</td>
</tr>
<tr>
<td>Children/adolescents</td>
<td>Have child as classmate</td>
</tr>
<tr>
<td>Asthma</td>
<td>2.80</td>
</tr>
<tr>
<td>“Daily troubles”</td>
<td>5.95</td>
</tr>
<tr>
<td>Attention deficit hyperactivity disorder</td>
<td>19.30</td>
</tr>
<tr>
<td>Depression</td>
<td>11.04</td>
</tr>
</tbody>
</table>

<sup>a</sup>Adapted with permission from Martin et al. (2000).
<sup>b</sup>Adapted with permission from Martin et al. (2007).
Cultural Skill

- Collecting pertinent cultural details about an individual’s history and presenting problems.
- These "cultural details" include the individuals’ beliefs, values and behaviors.

A Case Study

• We know that the prevalence of drinking among people who identify as Hispanic are far lower than it is among people who identify as non-Hispanic White.
  – 70.3% of Whites vs. 54.5% of Hispanics had at least 1 drink in the past year.

• But people who identify as Hispanic who do drink actually consume more (binge). Why is that?
  – Among other key factors, acculturation, a cultural preference for immersion (social gatherings), and a preponderance of neighborhood liquor stores may spur increased usage.
Cultural Knowledge

• The process of seeking and obtaining information about diverse groups.

• Focuses on health-related beliefs and cultural values, disease incidence and prevalence, and treatment efficacy (Lavizzo-Mourey, 1996).


A Case Study

• *Ataque de nervios*: a common condition characterized by intense emotional episodes, anger and disassociation often presenting in people of Caribbean origins.
  – Up to 15% of Puerto Ricans may experience it (Guarnaccia et al, 2010)
  – “The ataque is an expression of anger and grief resulting from the disruption of family systems, the process of migration, and concerns about family members in peoples’ countries of origin.” (Guarnaccia et al, 1989)

Mujeres al Borde de un Ataque de Nervios

CARMEN MAURA  ANTONIO BANDERAS  ROSSY DE PALMA

Courtesy of Society 6
Cultural Encounters

• Directly engaging in cross-cultural interactions with individuals from culturally diverse backgrounds.
• Recognizes that *what you read in books* does not align 100% with actual encounters and lived experiences.

Cultural Desires

• Developing an internal want to work with culturally diverse individuals in prevention, treatment, and recovery.

• Finding and amplifying our intrinsic desires to help—and extending this desire to diverse individuals in prevention, treatment, and recovery.

What’s happening in this painting?
A Quick Poll

1. What are three interesting things that are happening in this painting?
2. What is Picasso saying here (if anything)?
3. How might you recreate this painting (what would you change) to better reflect that vision?
Cultural Sensitivity in Substance Use and Mental Health Programming

• Take-home points:
  – We want to fluidly tease-out and identify specific social, cultural and environmental factors contributing to a person’s beliefs, attitudes and behaviors
  – We want to understand how these factors may contribute to ongoing challenges and barriers to prevention, treatment and recovery
• Take-home points:
  – We want to position ourselves to “reverse engineer” risk factors into factors in a productive, equitable practitioner-individual relationship
  – Research shows that cultural sensitivity in substance use and mental health programming improves outcomes and satisfaction


“Culture is a way of coping with the world by defining it in detail.”

- Malcolm Bradbury
Infusing Cultural Sensitivity into Self-Reflection

• Through the A.S.K.E.D. model, we can begin to map-out approaches to successfully engaging individuals in prevention, substance use and mental health programming.
• As we discuss this process, take an inventory of the kinds of diversity that you encounter in everyday life.
Understanding Why Someone In Treatment Is In Treatment—And Why That Person Is Who They Are

• Think about the people you encounter in practice
• Think about the people you encounter outside of your practice (e.g., at the church or gym you go to, etc.)
• What are the intersections—and why?
Social Networks

• In general, we **all** fall into specific social networks (even if they’re small ones!).

• These networks tend to be comprised of people who are “like us”—they’re often the same race/ethnicity, age range and/or level of education, etc.. This is called *homophily*.

Social Networks

• Why do we as practitioners need to care about networks?
  – In networks, people’s beliefs, ideas and behaviors tend to be accepted, tolerated and/or reinforced—as a result, people tend to want to stay in these networks for support and “to belong.”

How Can Social Networks Help Us Be Culturally Sensitive?

Network Visualization (Arcadia Data)
Florida’s Demographics Show Us The Scope and Power of Social Networks

• Florida is the third most populous state in the US (~ 21 million people), with a mix of urban, rural and suburban environments
• Florida is also highly racially/ethnically and linguistically diverse:
  – Black: 16.9%
  – Hispanic or Latino: 25.6%
  – White: 54.1%
  – Asian: 2.9%
  …. and 28% of Floridians speak a language other than English at home!

Florida’s Demographics Show Us The Potential Scope and Power of Individuals’ Networks

• In addition to these demographic traits, among adults, 24.0% identify as non-religious; 20.1% are over the age of 65; and a little under 1% identify as transgender.

• How do traits like these and networks impact our “intuitive” approaches to practice?

What We Know About Health Disparities

• Certain mental health conditions and use of certain substances is **substantially higher** among individuals with certain demographic traits.

• Thus, among the individuals we see in practice in Florida, we are likely to see more individuals with these particular traits (**surface structures**).

Why Do We Care About The Demographic Details of Floridians?

- Knowing that some mental health conditions or substances are more prevalent among particular demographic subgroups (and their networks) gives us an opportunity to target our attention and tailor our resources to these individuals and their networks (deep structures).

Figure 2: Percent (95% CI) of Adults with Poor Mental Health for ≥ 14 of the Past 30 Days in Florida, by Race/Ethnicity, 2014

Non-Hispanic White: 11.6% (10.6-12.7)
Non-Hispanic Black: 13.6% (10.7-16.6)
Hispanic: 11.9% (9.5-14.3)

Non-Hispanic Black adults had the highest percent of poor mental health days in Florida during 2014 (Figure 2).
2013 Florida Middle School Health Behavior Survey (MSHBS)
Current alcohol use
In 2013, 9.4% of students (approximately 52,200) had at least one drink of alcohol during the past 30 days. This behavior did not vary significantly by sex or race/ethnicity.

Ever used marijuana
In 2013, 10.2% of students (approximately 61,600) had used marijuana in their lifetimes. This behavior did not vary significantly by sex or race/ethnicity.

2013 Florida Middle School Health Behavior Survey (MSHBS)
Cultural Sensitivity and Tailoring
Center for Excellence for Cultural Competence at the NY State Psychiatric Institute

- Established in the early 2000s through the New York State Office of Mental Health
- Key focus:
  - Examining the mental and physical health of racial/ethnic minorities with serious mental illness (SMI)
  - Concentrating specifically on the communities of Harlem and Washington Heights; areas with high concentrations of Black, Puerto Rican and Dominican individuals
Cultural Sensitivity in Real World Contexts

• Our Clinical Motivation
  – Individuals in the US with SMI have far higher rates of chronic disease (obesity, hypertension, diabetes etc.) and die much sooner than people in the “general population”
    • These trends are even larger for Blacks and Hispanics with SMI

• Our Research Motivation
  – Determining if anyone had created an effective “lifestyle” intervention (exercise and nutrition programs) to improve the physical health of racial/ethnic minorities with SMI
Lifestyle Interventions for Adults With Serious Mental Illness: A Systematic Literature Review

Leopoldo J. Cabassa, Ph.D.
Jetel M. Ezell, M.P.H.
Roberto Lewis-Fernández, M.D.

Objective: The promotion of healthy lifestyles among persons with serious mental illness is an integral part of their recovery. The aim of this systematic literature review was to rate the methodological quality of lifestyle intervention outcome studies for persons with serious mental illness, summarize intervention strategies, examine physical health outcomes, and evaluate the inclusion of racial and ethnic minority groups in these studies. Methods: Electronic bibliographic database searches were performed to locate studies conducted in the United States. Articles written in English and published in peer-reviewed journals between 1980 and 2000 were included. The authors used a standardized instrument to rate studies’ methodological quality. Results: Twenty-three articles were reviewed. Based on studies’ methodological quality, three levels of evidence were found: single-group reports, quasi-experimental studies, and randomized controlled trials. Most interventions used behavioral techniques to improve dietary habits and increase physical activity. Twelve studies reported significant improvements in either weight loss or metabolic syndrome risk factors associated with receiving a lifestyle intervention. Persons from racial and ethnic minority groups were underrepresented, especially Hispanics and Asian Americans. Only one study included non-English-speaking participants. Conclusions: Lifestyle interventions adapted to persons with serious mental illness show promise in reducing weight loss and some risk factors for metabolic syndrome. The under-representation of persons from racial or ethnic minority groups in this literature limits its generalizability. Implications for research and practice are discussed. (Psychiatric Services 61:774-785, 2010)

The elevated rates of morbidity and mortality among adults with serious mental illness (for example, schizophrenia and bipolar disorder) constitute a public health crisis (1). Individuals with serious mental illness die on average 25 years before persons in the general population, largely because of preventable medical conditions, such as cardiovascular disease and diabetes (2). Modifiable risk factors, including high rates of smoking, poor dietary habits, obesity, and a sedentary lifestyle, cause and aggravate the physical health needs of adults with serious mental illness (3,4). Moreover, medication side effects, such as secondary weight gain and metabolic alterations linked to the use of second-generation antipsychotic agents, contribute to the high prevalence of medical comorbidities and poor health outcomes documented in this population (5). These physical health needs of persons with serious mental illness are exacerbated by a lack of access to high-quality medical care (1).

In an effort to mobilize action to address these serious health disparities, the Substance Abuse and Mental Health Services Administration’s Center for Mental Health Services formulated the “Pledge for Wellness,” which promotes national efforts to prevent and reduce early mortality among persons with serious mental illness by ten years within the next decade (6). The promotion of healthy lifestyles and wellness among individuals living with serious mental illness is an integral part of the recovery process (7). A critical step in improving the physical health of adults affected by these conditions is to develop and implement effective, culturally appropriate, and sustainable lifestyle interventions. We define lifestyle interventions as structured approaches that help individuals engage in physical activity, manage their weight, eat a balanced and healthier diet, and engage in health promotion activities.

What is the current state of the U.S. literature examining lifestyle interventions for adults living with serious mental illness? This article seeks...
Contours of Usual Care: Meeting the Medical Needs of Diverse People with Serious Mental Illness

Jerel M. Ezell, MPH
Elizabeth Siantz, MSW
Leopoldo J. Cabassa, PhD, MSW

Abstract: Purpose. To examine practices, barriers, and recommendations for addressing the physical health of racially and ethnically diverse people with serious mental illness (SMI). Methods. Semi-structured interviews and participant observations were conducted with 21 administrators and 25 clinicians representing six mental health care organizations. Data were analyzed using constant comparative methods. Results. Practices included intermittently collecting consumers’ physical health data, connecting consumers with primary care, and providing on-site, culturally-tailored health promotion programs. Barriers included limited care coordination infrastructure, financial and professional boundaries, unhealthy local environments and culturally-specific dietary habits. Recommendations included: strengthening dialogue with medical providers and developing staff training programs. Conclusion. Meeting the physical health needs of diverse consumers with SMI is impeded by organizational, environmental, and consumer-level barriers. Establishing better care coordination networks, increasing mental health provider education on medical issues, and culturally-tailoring health promotion programming provide plausible strategies for improving the physical health of this vulnerable population.

Key words: Serious mental illness, medical care, care coordination, chronic disease, qualitative research.

People with serious mental illness, defined as meeting criteria for at least one of the DSM-IV/SCID diagnoses (e.g., schizophrenia, bipolar disorders), other than a substance use disorder, and having serious functional limitations, have a higher relative risk of death and more years of lives lost than people in the general population. Chronic conditions such as cardiovascular disease and diabetes have been shown to be particularly elevated in populations with Serious Mental Illness (SMI). Primary factors known to drive this health disparity are poor lifestyle habits (e.g., poor nutrition, physical inactivity, smoking, etc.). In addition, second-generation antipsychotic...
Primary Cultural “Tailoring” Techniques

• Consistently inquiring about a person’s understanding of their usage and treatment efficacy, including prevention specialist engagement, during your interactions with them
  – “How would you describe your usage or health?”
  – “What would success in treatment look like to you?”

• Consistently asking about the composition of a person’s network (family, friends, etc.) and who provides support
  – “Are there people in your life whom you feel connected to as you work through your recovery? Tell me about them and why you feel this way.”
Primary Cultural “Tailoring” Techniques

• Asking a person about their desired “labels” (e.g., Hispanic vs. Latino vs. Latinx) and pronouns (e.g., “she/her/hers” “they/them/theirs” etc.), and using them to the extent these labels are relevant to the individual.

• Having a translator available and translating materials/forms into different languages

• Where possible, matching prevention and clinical providers and individuals by various cultural features
An Exercise

- An individual comes to you looking for some support in relation to substance use and mental health treatment
  - How do you ensure you are engaging this person with cultural sensitivity?
What Do You Know About the Individuals You See in Practice?

• First, let’s consider this individual’s “surface structures”
  – Do you know how they identify in race? How about ethnicity?
  – Do you know how they identify in gender?
  – How about their preferred language? Or their religion?
  – Do you know who the people in their social networks are (in terms of role, race/ethnicity, age, gender, religion, etc.)?

What Do You Know About the Individuals You See in Practice?

• Now, let’s consider the individual’s “deep structures”
  – What kind of cultural factors [do they believe] contributed to their usage or condition?
    • Chance/bad luck?
    • A punishment from a higher power (religious/spiritual justification)?
    • Unique social, cultural, political, or economic pressures?

What Do You Know About the Individuals You See in Practice?

• Considering the “deep structures” (continued):
  – How do cultural factors impact their response to treatment and how is success being defined?
    • Do they believe clinical providers have their best interests in mind? Do they trust them? Do individuals have cultural health capital?
    • What helps them better understand and follow evidence-based treatment strategies (e.g., appropriate, understandable terminology; factsheets; family support)?

Part 3: Evaluating Cultural Sensitivity Programming
Evaluating Effectiveness of Cultural Sensitivity Practices

• Three key, interlinked components:
  – Understanding an individual in recovery’s standards, expectations and goals—and ours
  – Determining how to assess and measure those standards, expectations and goals
  – Pre-and-post tracking, assessment and measurement of standards, expectations and goals
Understanding an individual’s expectations and goals

• How do they describe their prior health?
• How do they describe their current health (and how does it link to their perception of their prior health)?
• What have their prior experiences in clinical/practice settings been like (e.g., with practitioners, office staff, etc.)?
Understanding an individual’s expectations and goals

• What do they feel would be impactful and achievable in treatment and prevention (and how does this mesh with evidence-based practice)?
  – If there is discord here, how can it be remedied?

• What is their timeline for recovery or improvement (and how do they define this)?
Basic Data Can Help Us Sift Through What Works—And What Doesn’t—in Cultural Sensitivity Programming
Measuring The Effectiveness Of Our Cultural Sensitivity Efforts

• Selected tools for measuring cultural sensitivity for individual practitioners:
  – Multicultural Counseling Self Efficacy Scale
  – Ethnic-Sensitive Inventory (ESI; Ho 1991), reproduced with permission

• And for organizations:
  – Agency Cultural Competence Checklist
  – Multiculturally Competent Service System Assessment Guide

• And for individuals in treatment:
  – Iowa Cultural Understanding Assessment (Client Form)
Evaluating Ourselves and our Cultural Sensitivity Programming

Courtesy of Pixabay
Measuring My Cultural Sensitivity

• In working with diverse individuals, I …
  
  [5 (always) to 4 (frequently), 3 (occasionally), 2 (seldom), or 1 (never)]
  
  – Consider it an obligation to familiarize myself with their culture, history, and other ethnically related responses to problems
  
  – Can identify the links between systematic problems and individual concerns.
  
  – Am sensitive to their fear of racist or prejudiced orientations.

Ethnic-Sensitive Inventory (ESI; Ho 1991, reproduced with permission)
Measuring My Cultural Sensitivity

• In working with diverse individuals, I …
  [5 (always) to 4 (frequently), 3 (occasionally), 2 (seldom), or 1 (never)]
  – Realize that my own ethnic and class background may influence my effectiveness.
  – Am aware of the systematic sources (racism, poverty, and prejudice) of their problems.

Ethnic-Sensitive Inventory (ESI; Ho 1991, reproduced with permission)
Measuring The Cultural Sensitivity of Our Organizations

• What has your organization achieved?
  – Has your organization appointed executives, managers, and administrators who take responsibility for, and have authority over, the development, implementation, and monitoring of the cultural competence plan?
  – Has the program arranged to provide materials and services in the language(s) of limited English-speaking individuals (e.g., bilingual staff, in-house interpreters, or a contract with outside interpreter agency and/or telephone interpreters)?

Multiculturally Competent Service System Assessment Guide
Measuring The Cultural Sensitivity of Our Organizations

• What has your organization achieved?
  – Has your organization identified the demographic composition of the program’s service area (from recent census data, local planning documents, statement of need, etc.) which should include ethnicity, race, and primary language spoken as reported by the individuals?
  – Does the program involve individuals and their family members in all phases of prevention, treatment, assessment, and discharge planning?

Multiculturally Competent Service System Assessment Guide
Measuring The Satisfaction of Individuals in Recovery

• Do you…
  [5 (strongly disagree) to 4 (disagree), 3 (neither agree nor disagree), 2 (agree), or 1 (strongly agree).]
  – The staff here understands the importance of my cultural beliefs in my treatment process.
  – The staff here understands the difference between their culture and mine.

Iowa Cultural Understanding Assessment–Client Form
Measuring The Satisfaction of Individuals in Recovery

• Do you…

  5 (strongly disagree) to 4 (disagree), 3 (neither agree not disagree), 2 (agree), or 1 (strongly agree).

  – The staff here understands some of the ideas that I, my family, and others from my cultural, racial, or ethnic group may have.

  – The staff here knows how to use their knowledge of my culture to help me address my current day-to-day needs.
• “Los Borrachos,” Diego Velázquez, 1628; US Public Domain
Wrapping Up: Bridging A.S.K.E.D. Model with Practice
Becoming Culturally Aware

• Cultural Awareness: When dealing with an individual in recovery, are you aware of your personal biases and prejudices towards cultures different than your own?

  – Try to understand the person’s culture and how the ways it is both similar or unlike yours
  – Try to reflect on prior exposures you have had with a person from their culture. Which aspects were negative?
Becoming Culturally Skilled

• Cultural Skill: *Do you have the skill to conduct a cultural assessment and perform a culturally-based assessment?*

  – *Listening with earnesty and interest to different beliefs and practices in the individual’s culture*
  – *Being nonjudgmental (ethno-relativism) about these beliefs and practices*
Becoming Culturally Knowledgeable

- Cultural Knowledge: Do you have the knowledge of the individual’s worldview, cultural-bound illnesses, and the field of biocultural ecology?

  - Building upon your “cultural skill,” consider the instrumental role of substance use and mental health and how they align (or do not align) with the individual’s culture values
  - Consider how these cultural values influence or are related to the efficacy of treatment.
Reflecting on Cultural Encounters

- Cultural Encounters: *How many face-to-face encounters have you had with individuals from diverse cultural backgrounds?*
  
  - Go beyond what you read, and seek out and enter into cross-cultural exchanges with individuals in practice
  - Be ready to adapt to attitudes and actions from individuals that do not align with your cultural expectations
Developing Cultural Desire

• Cultural Desire: *What is your desire to “want to become” culturally sensitive?*

  – As in all careers (and all activities we engage in), in this field, we have extrinsic and (ideally) intrinsic reasons for doing what we do.
  – Cultivating desire is a life-long process.
Summary

• Cultural sensitivity is truly a two-way street, requiring input(s) and output(s) from you, the individual, and their network
• Always be inquisitive, using the A.S.K.E.D. model—or variations of it—to guide your practices, assessments and adjustments
• Be open to self-reflection and people inquiring about you
Summary

• Always attempt to set expectations (acknowledging that expectations naturally are, and must be, fluid)

• Success in cultural sensitivity is ultimately defined and measured by you and the individual; the organization should serve as a stable, reinforcing foundation for these exchanges
THANK YOU
Contact

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References

- Agency Cultural Competence Checklist
- Alcohol and the Hispanic Community NIAAA
• Ethnic-Sensitive Inventory (ESI; Ho 1991, reproduced with permission).

References
References

- Iowa Cultural Understanding Assessment (Client Form)
- Pew Research Center. (2013) Religious Landscape Study: Adults in Florida
References

• Pew Research Center. (2013) Religious Landscape Study: Adults in Florida