Skills and Techniques for Bridging Cultural Differences

By: Julie Radlauer-Doerfler, L.M.H.C.
Welcome

Why are we here?

- Participants will increase their knowledge and understanding of how culture impacts clinical success.
- Participants will be able to identify their own internal bias around working with individuals in the clinical setting.
- Participants will increase their knowledge about how specific cultures respond to formal clinical treatment and their preferences for behavioral health support.
About Me

Julie Radlauer-Doerfler L.M.H.C

• C.E.O., Collectively ~ A Radlauer Venture, Inc.
• Principal in the Ronik-Radlauer Group, Inc.
• Over 25 years of experience in the Human Services field in all capacities
• Experienced trainer and coach at the individual, organizational and community level
• Currently enrolled in a DrPH program specializing in public health and community behavioral health
• Phone: (954) 649-1902
• www.collective-ly.org
• Email: julie@collective-ly.org
Our intention is to shift the paradigm

Getting Grounded

• Judgment-free zone
• Safe space to express yourself
• What happens in training stays in training

Setting Expectations

• Be strength-based
• Bring your full selves to this work (be committed)
• Reflection is the key (document along the way)
So Why Are We Here?

According to SAMHSA (2020):

50% of White Americans do not choose to access or do not have access to behavioral health services

69.4% of Black and Brown Americans do not choose to access or have access to behavioral health services

Only 1 out of 3 Black and Brown Americans with behavioral health conditions will receive services
Inequities (Disparities)

Racial Disparities in Mental Health Treatment

31% of white children with mental health problems receive mental health services.

Only 13% of children from diverse racial and ethnic backgrounds with mental health problems receive mental health services.

Source: National Center for Children in Poverty
Community Conditions that Create Inequities

- Socio-economic status, exposure to childhood adversity (ACES), Neighborhood level factors

- Lack of insurance or underinsurance- 17.3% of Black and Brown individuals in Florida had no health insurance (CBPP)

- Need for culturally competent providers

- Lack of providers from diverse racial/ethnic backgrounds as less than 2% of mental health providers are Black. (APA, 2014)

- Distrust of the health care system due to Historical trauma related to research and treatment. (NAMI, 2019)

- Stigma associated with mental illness - 63% of Black and Brown individuals believe that a mental health condition is a personal sign of weakness. (SAMHSA, 2017)
Behavioral Health and African Americans

• African Americans over-represented in prisons, 60% of the prison population, 37% of drug arrests, but only 14% of drug users (NAMI, 2014)

• In 2017 suicide was the second leading cause of death for African American youth (SAMHSA, 2017)

• Rate of mental illness in African Americans same as general population however, disparities exist in quality of care, access to care and access to culturally competent care

• African Americans make up 13% of the population but are overrepresented in high-risk populations (NAMI, 2019)
  40% homeless population
  60% of the prison population
  45% of the child welfare population
Blacks are 2 to 5 times more likely to have poor outcomes across systems in Florida.
So, what can you do about this....

Good Intentions are not ENOUGH
We want Impact!
What Families Say…

Professional Education and Social Support

“Behavioral Health practitioners should be trained with an anti-racist component that includes the rhythm and cadence of Black life” (SME 6)

Professionals should be trained in helping families access Social Support
Addressing Stigma:

“I think that a prerequisite for any clinician or anybody involved in the behavioral health field would be to understand the history of this particular country as it relates to the races. And as it relates to culture and the intentionality around of structural and institutional racism, because their practice is built off of that evil genius.” (AA Family 8)
Understanding Bias and Unconscious Bias!
Video: Blind Spots

https://youtu.be/BFcjfqmVah8
Like an iceberg, only a fraction of culture is visible, manifested through customs, language, physical appearance.

Most culture is hidden from view and expressed implicitly, through deep-held values and preferences.

The iceberg analogy was first proposed by Edward T. Hall in his 1976 book, Beyond Culture.
The What

Behaviours and artifacts
Accessible to the senses
Observable
Explicit
Taught
Conscious

The Why

Attitudes, beliefs, expectations, values, assumptions
Intangible
Not directly observable
Implicit
Caught
Subconscious
Video: Worlds Apart

https://youtu.be/lbljGxc1vjo
What is Implicit Bias?

• Implicit biases are the product of learned associations and social conditioning.
• They often begin at a young age, and most people are unaware that they hold them. Importantly, these biases do not necessarily align with personal identity.
• It's possible to unconsciously associate positive or negative traits with one’s own race, gender, or background.
- Be aware of your biases and challenge them
- Harvard Implicit Associations Test: measures reaction times when matching descriptive words to faces
- *Test is not perfect or meant to be used as a diagnostic tool
Show of Hands

• Do you eat or drink in a family home?
• Have you shared information about your personal life with a family?
• Are you comfortable when a family gives you a welcome hug?
• Would you take your shoes off in a family home if they asked you to?
• Do you share how you celebrate holidays with a family?
• Do you talk about current events and share your views with a family?
Common Barriers to Engagement

• Social Determinants of Health: poverty, single parent status and stress
• Concrete obstacles: time, transportation, childcare, homelessness, loss of employment
• Attitude about mental health, stigma
• Previous negative experiences with mental health providers
• Fear of “Mental Health” resources or system surveillance
• Concerns about confidentiality
• Isolation
• Waitlist times
Culturally competent counselors:

• Are aware of their own cultural groups and of their values, assumptions, and biases regarding other cultural groups.

• Strive to understand how these factors affect their ability to provide culturally effective services to clients.
Counselors that are aware of personal Cultural Background

• Are more likely to acknowledge and explore how culture affects their relationships.

• Examine how their own beliefs, experiences, and biases affect their definitions of normal and abnormal behavior.

• Are more likely to take the time to understand a client’s cultural groups and their role in the therapeutic process, a client’s relationships, and his or her substance-related and other presenting clinical problems.
Addressing Culture

• Invest the time to know clients and their cultures- do your research.
• Be mindful that we not know everything- question cultural practices, beliefs, and values.
• Be as knowledgeable as possible and attend to a client’s cultural attributes.
• Do not make assumptions about clients’ race/ethnicity based on appearance, behavior, language
• Explore with clients their cultural identity or identities.
• Discuss what cultural identity means to clients and how it influences treatment.
• Examine with clients their needs and obstacles to engaging in behavioral health treatment.
• Discuss how cultural groups/identities can serve as guideposts in treatment planning.
Cultural Knowledge of Behavioral Health

• Patterns of treatment-seeking behavior specific to people of diverse racial and cultural backgrounds
• Beliefs and traditions, including cultural norms, surrounding behavioral health
• Beliefs about treatment, including expectations and attitudes toward counseling
• Community perceptions of behavioral health treatment
• Obstacles encountered by specific populations that make it difficult to access treatment, such as geographic distance from treatment services
• Patterns of co-occurring disorders and conditions specific to people from diverse racial and cultural backgrounds
• Assessment and diagnosis, including culturally appropriate screening and assessment and awareness of common diagnostic biases associated with symptom presentation
• Individual, family, and group therapy approaches that hold promise in addressing behavioral health specific to the racial and cultural backgrounds of diverse clients
• Culturally appropriate peer support, mutual-help, and other support groups
• Traditional healing and complementary methods (e.g., use of spiritual leaders, herbs, and rituals)
• Treatment engagement/retention patterns
What Can You Do?

• Use simple gestures as culturally appropriate—handshakes, facial expressions, greetings, and small talk—to help establish rapport.
• Involve one’s whole being in a greeting—thought, body, attitude, and spirit.
• Ensure the client leaves the meeting feeling hopeful.
• Establish rapport before launching into questions.
• Draw attention to the presenting issue without probing.
• Ensure that the client feels engaged with any interpreter used in the intake process, when necessary.
• Use culturally responsive interview behaviors.
You had me at Hello...

The first step in engagement and setting the tone for services relies on an understanding of child, family, community and system level barriers to behavioral health care.

Goals:

- Clarify the need for behavioral health
- Increase caregiving investment and efficacy
- Identify attitudes about previous experiences with behavioral health care and institutions
- Problem solve with the family any concerns they might have
Video: Our Hidden Bias—How it Shows up

https://youtu.be/ZWgVs4qj1ho
Let’s Process Together...

- Do you see yourself in this video?
- What was the most difficult part about watching this video?
- What would you hope was different?
- Did you see any biases in this video?
The Art of Engaging Individuals and Families

- Speak so everyone understands what is being said
- Recognize that everyone has strengths
- Acknowledge that family members are a valued resource
- Understand that individuals and families are often doing the best they can
- Balance “acceptance with change”
- Demonstrate authenticity, warmth, and flexibility
- Show commitment
- Be open minded
- Ask open-ended questions
- Imagine how you would feel if you were in their situation
- Offer hope
- Use empathy
Cultural humility involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values.
Video: Cultural Humility

https://youtu.be/wDIXUzULug
Reflection

• Review what you documented along the way- how did it make you feel?
• What is something new that you learned?
• What is something you want to learn more about?
• What is something that you will do differently based on the training?
Together we can re-imagine her future

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Resources

- Agency for Healthcare Research and Quality
  Blacks Experiencing Fast-Rising Rates of Overdose Deaths Involving Synthetic Opioids Other Than Methadone. This data spotlight was developed in collaboration with the Office of Behavioral Health Equity, Substance Abuse and Mental Health Services Administration (SAMHSA)

- Department of Health and Human Services Office of Minority Health webinar series on the opioid crisis and racial/ethnic minority populations.
  https://share.nned.net/2020/01/opioid-crisis-and-racial-ethnic-minority-populations/

- National Institutes of Health
  Disparities in opioid overdose deaths continue to worsen for Black people, study suggests, September 9, 2021.

- SAMHSA’s National Network to Eliminate Disparities in Behavioral Health (NNED) includes resources focused on opioids and communities of color on the NNEDshare website. Two examples include a SAMHSA/NNED webinar series, Strategies to Address the Opioid Epidemic in Black and Hispanic/Latinx Communities at
References


References, Cont’d.


- Slide 20: Harvard Implicit Bias Test; https://implicit.harvard.edu/implicit/takeastest.html

- Slide 23: Proctor and Gamble: The Pause; https://www.youtube.com/watch?v=dxwYkvPzUGI


- Slide 34: University of Pittsburg; Cultural Humility: https://youtu.be/wDIGXUzULuq