BASED ON TIP 59

Improving Cultural Competence

QUICK GUIDE
FOR ADMINISTRATORS

Contents

Improving Cultural Competence

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This Quick Guide is based entirely on information contained in TIP 59, published in 2014. No additional research has been conducted to update this topic since publication of TIP 59.

Why a Quick Guide?

This Quick Guide provides succinct, easily accessible information to behavioral health administrators about developing culturally competent organizations. The guide is based entirely on *Improving Cultural Competence,* Number 59 in the Treatment Improvement Protocol (TIP) series.

Users of the Quick Guide are invited to consult the primary source, TIP 59, for more information and a complete list of resources for improving cultural competence. To order a copy of TIP 59 or to access it online, see the inside back cover of this guide.

DISCLAIMER

The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

What Is a TIP?

The TIP series provides professionals in behavioral health and related fields with consensus-based, field-reviewed guidelines on behavioral health treatment topics of vital current interest. TIPs have been published by SAMHSA since 1991.

TIP 59, *Improving Cultural Competence*, assists professional care providers and administrators in understanding the role of culture in the delivery of mental and substance use disorder services. The TIP:

- Defines cultural competence, presents a rationale for pursuing it, and describes the process of becoming culturally competent and responsive to client needs.
- Addresses the development of cultural awareness.
- Describes core competencies for counselors and other clinical staff.
- Provides guidelines for culturally responsive clinical services.
- Provides organizational strategies to promote the development and implementation of culturally responsive practices.
- Provides a general introduction to each major racial and ethnic group, providing specific cultural knowledge related to substance use and treatment.
- Explores the concept of "drug culture" and its role in substance use disorder treatment.

Introduction to Cultural Competence

Core Assumptions

Core assumptions that serve as the fundamental platform for this TIP were derived from clinical and administrative experiences, available empirical evidence, conceptual writings, and program and treatment service models.

Assumption 1: The focus of cultural competence, in practice, has historically been on individual providers. However, counselors will not be able to sustain culturally responsive treatment without the organization's commitment to support and allocate resources to promote these practices.

Assumption 2: An understanding of race, ethnicity, and culture (including one's own) is necessary to appreciate the diversity of human dynamics and to treat all clients effectively.

Assumption 3: Incorporating cultural competence into treatment improves therapeutic decisionmaking and offers alternative ways to define and plan a treatment program that is firmly directed toward progress and recovery—as defined by both the counselor and the client.

Assumption 4: Consideration of culture is important at all levels of operation—individual, programmatic, and organizational—across behavioral health treatment settings. It is also important in all activities (including research and education) and at every treatment phase: outreach, initial contact, screening, assessment, placement, treatment, and continuing care and recovery support.

Assumption 5: Achieving cultural competence in an organization requires the participation of racially and ethnically diverse groups and underserved populations in the development and implementation of culturally responsive practices, program structure and design, treatment strategies and approaches, and staff professional development.

Assumption 6: Public advocacy of culturally responsive practices can increase trust among the community, agency, and staff. The community is thus empowered with a voice in organizational operations.

Defining Cultural Competence

The HHS Office of Minority Health merged several existing definitions to conclude the following:

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals

that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. "Competence" implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.[1]

Multidimensional Model for Developing Cultural Competence[2]

Dimension 1: Racially and Culturally Specific Attributes

This dimension includes:

- The main population groups as identified by the U.S. Census Bureau.
- Other multiracial and culturally diverse groups.
- Sexual orientation, gender orientation, socioeconomic status, and geographic location.

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[1]Office of Minority Health. (2000). *Assuring cultural competence in health care: Recommendations for national standards and an outcomes-focused research agenda* (p. 28). Rockville, MD: Author.

[2]Sue, D. W. (2001). Multidimensional facets of cultural competence. *Counseling Psychologist, 29*(6), 790–821.

Dimension 2: Core Elements of Cultural Competence

This dimension includes:

- Cultural awareness.
- Cultural knowledge.
- Culturally appropriate clinical skills.

To provide culturally responsive treatment services, counselors, other clinical staff, and organizations need to become aware of their own attitudes, beliefs, biases, and assumptions about others. Providers need to invest in gaining cultural knowledge of the populations that they serve and obtaining specific cultural knowledge as it relates to help-seeking, treatment, and recovery. This dimension also involves competence in clinical skills that ensure delivery of culturally appropriate treatment interventions.

Dimension 3: Foci of Culturally Responsive Services

This dimension targets key levels of treatment services:

- The individual staff member level
- The clinical and programmatic level
- The organizational and administrative level

Interventions need to occur at each of these levels to provide culturally responsive treatment services.

Importance of Cultural Competence

Culturally responsive services:

- Likely provide a greater sense of safety from the client's perspective.
- Offer clients a chance to explore the impact of culture (including historical and generational events), acculturation, discrimination, and bias, and allow clients to examine how these impacts relate to or affect their mental and physical health.
- Recognize the fundamental importance of language and the right to language accessibility, including translation and interpreter services.
- Honor the belief that culture is embedded in clients' language and implicit and explicit communication styles.
- Acknowledge that language-accommodating services can have a positive effect on clients' responses to treatment and subsequent engagement in recovery services.

Most behavioral health studies have found disparities in access, use, and quality in behavioral health services among diverse ethnic and racial groups in the United States. The lack of culturally responsive environments, diversity in the workforce, and cultural knowledge among providers contributes to disparities in health care.

Potential consequences of no or limited cultural competence include:

- Ineffective provider–consumer communication.
- Delays in appropriate treatment.
- Misdiagnosis.
- Lower rates of consumer compliance with treatment.
- Poorer treatment outcome.

Potential benefits of cultural competence include:

- Increased access to care and improved assessment, treatment planning, and placement.
- Enhanced communication between clients and treatment providers, thus leading to improved understanding of clients' presenting problems.
- Increased use and cost effectiveness of services because services are more appropriately matched to clients from the beginning.

A key principle in culturally responsive practices is the engagement of the community, clients, and staff:

- The community will be more aware of available treatment services and thus will become more likely to use them as community involvement with and trust of the organization grows.

- Clients and staff are more apt to be empowered and invested if they are involved in the ongoing development and delivery of culturally responsive services.
- Client and staff satisfaction can increase if organizations provide culturally congruent treatment services and clinical supervision.

An organization also benefits from culturally responsive practices through planning for, attracting, and retaining a diverse workforce that reflects the multiracial and multiethnic heritages and cultural groups of its client base and community. Staff diversity at all levels of the organization can lead to:

- Broader and more varied treatment services to meet client and community needs.
- Better recognition of the roles of race, ethnicity, and culture in the delivery of behavioral health services.

In programs that prioritize and endorse cultural competence at all levels of service, clients will:

- Have more exposure to psychoeducational and clinical experiences that explore the roles of race, ethnicity, culture, and diversity in the treatment process.
- Receive help addressing their own biases, which can affect their perspectives and subsequent relationships with others, including other people in recovery.

- Be prepared to embrace their own cultural groups and life experiences, and to acknowledge and respect the experiences, perspectives, and diversity of others.

Achieving Cultural Competence

Becoming culturally competent is a developmental process that:

- Begins with awareness and commitment.
- Evolves into skill building and culturally responsive behavior within organizations and among providers.

Cultural competence is the ability to recognize the importance of race, ethnicity, and culture in the provision of behavioral health services. Specifically, it is:

- Acknowledging that people from other cultural groups do not necessarily share the same beliefs and practices or perceive, interpret, or encounter similar experiences in the same way.
- Recognizing that everyone has at least some ethnocentric views that are provided by that culture and shaped by his or her individual interpretation of it.
- Showing respect and openness toward someone whose social and cultural background is different from one's own.

Definitions

Culture

- Is defined by a community or society
- Structures the way people view the world
- Involves the particular set of beliefs, norms, and values concerning the nature of relationships, the way people live their lives, and the way people organize their environments
- Is not a definable entity to which people belong or do not belong

Within a nation, race, or community, people belong to multiple cultural groups, each with its own set of cultural norms (i.e., spoken or unspoken rules or standards that indicate whether a certain behavior, attitude, or belief is appropriate or inappropriate).

Race

- Is not reliably based on genetic information
- Is a social construct that describes people with shared physical characteristics
- Can have tremendous social significance in terms of behavioral health services, social opportunities, status, wealth, and so on

The perception that people who share physical characteristics also share beliefs, values, attitudes, and ways of being can have a profound impact on people's lives regardless of whether they identify with the race to which they are ascribed by themselves or others.

The major racial groupings designated by the U.S. Census Bureau are:

- African American or Black.
- White American or Caucasian.
- Asian American.
- American Indian/Alaska Native.
- Native Hawaiian/Pacific Islander.

Racial labels:

- Do not always have clear meaning in other parts of the world; how one's race is defined can change according to one's current environment or society.
- Do not easily account for the complexity of multiracial identities.

Further notes about race:

- The percentage of the U.S. population who identify as being of mixed race is expected to grow significantly in coming years.
- White Americans will be outnumbered by persons of color sometime between the years 2030 and 2050.

- The terms *African American* and *Black* are used synonymously at times in literature and research, but some recent immigrants do not consider themselves to be African Americans. The racial designation *Black* encompasses a multitude of cultural and ethnic variations and identities (e.g., African Caribbean, West African).

- The racial category *Asian* is defined by the U.S. Census Bureau as people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. The tremendous cultural differences among these groups make generalizations difficult.

- Until recently, Asian Americans were often grouped with Pacific Islanders (collectively called *Asians and Pacific Islanders*, or APIs) for data collection and analysis. Beginning with the 2000 Census, however, the federal government recognized Pacific Islanders as a distinct racial group.

- *Native American* is a term that describes both American Indians and Alaska Natives. Racially, Native Americans are related to Asian peoples (notably, those from Siberia in Russia), but they are considered a distinct racial category by the U.S. Census Bureau, which further stipulates that people categorized as Native American must have a tribal affiliation or community attachment.

Ethnicity

- Is sometimes used interchangeably with *race,* but it is distinct
- Refers to the social identity and mutual sense of belonging that defines a group of people through common historical or family origins, beliefs, and standards of behavior (i.e., culture)
- Can also refer to identification with a clan or group whose identity can be based on race as well as culture (some Latinos, for example, self-identify in terms of both their ethnicity [e.g., their Cuban heritage] and their race [e.g., whether they are dark or light skinned])

Within a racial group, there are many diverse ethnicities; these diverse ethnicities often reflect vast differences in cultural histories.

Hispanic and Latino

- *Hispanic*—literally means people from Spain or its former colonies.
- *Latino*—refers to people from Spain or Portugal or places colonized by either of these two countries.

Further notes about Hispanics and Latinos:

- Regional and political differences exist among various groups as to whether they prefer one term over the other.

- The term *Latinas* is used to refer specifically to women who are a part of the Latino cultural group.
- The U.S. Census Bureau defines Latinos as an ethnic group rather than a race because Latinos can belong to a number of races.
- Latinos are the fastest growing ethnic group in the United States.

Cultural Identity

- Describes an individual's affiliation or identification with a particular group or groups
- Arises through the interaction of individuals and culture(s) over the life cycle
- Is not static
- Is something that all people, regardless of race or ethnicity, develop
- Is not consistent even among people who identify with the same culture

Some Cross-Cutting Factors in Race, Ethnicity, and Culture

- Styles of communication and nonverbal methods of communication are important aspects of cultural groups (e.g., appropriate personal space, amount of eye contact expected).

- Local norms or community rules can significantly affect a culture. Thus, it is important for providers to be familiar with the local cultural groups they encounter—to not think, for example, in terms of a homogeneous Mexican culture so much as the Mexican culture of Los Angeles, CA, or the Mexican culture of El Paso, TX.

- Negotiating gender roles in a treatment setting is often difficult; providers should not assume either that a client's traditional culture-based gender roles are best for him or her or that mainstream American ideas about gender are most appropriate.

- Behavioral health services must assess the needs of refugee populations, as the clinical issues for these populations may be considerably different than those for immigrant groups.

- Clients who are migrants (e.g., seasonal workers) face difficulties connecting to treatment programs and recovery communities. Logistical obstacles include difficulties with:
  - Child care.
  - Insurance.
  - Access to regular health care.
  - Transportation.

- Cultural groups differ in:
    - The ways they define and determine health and illness.
    - Who is able to diagnosis and treat an illness.
    - Their beliefs about the causes of illness.
    - Their remedies (including the use of Western medicines), treatments, and healing practices for illness.
    - Rules about which members of a community or family can make decisions about health care.
- Any mental disorder or symptom is only considered a disorder or problem by comparison with a socially defined norm.
- Some mental disorders only present in a specific cultural group or locality; these are called *cultural concepts of distress*.

For more detailed information, see TIP 59, Chapter 1.

Pursuing Organizational Cultural Competence

At the organizational level, cultural competence or responsiveness refers to a set of congruent behaviors, attitudes, and policies that enable a system, agency, or group of professionals to work effectively in multicultural environments. Organizational cultural responsiveness is a dynamic, ongoing process; it is not something that is achieved once and is then complete. The commitment to increase cultural competence must also involve a commitment to *maintain* it through periodic reassessments and adjustments.

In behavioral health services, development of cultural competence involves three principal components that coincide with the Multidimensional Model for Developing Cultural Competence (described on pages 6–7 of this Quick Guide):

- The organization needs a defined set of values and principles, along with demonstrated behaviors, attitudes, policies, and structures, that enable effective work across cultures.
- The organization must value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities it serves.

- The organization must incorporate the above in all aspects of policymaking, administration, and service delivery and systematically involve consumers and families.

Specific organizational tasks within domains of cultural competence can aid program and administrative staff in developing a culturally responsive clinical, work, and organizational environment. The domains and tasks are listed below.

Organizational Values

Task: Commit to Cultural Competence

- Organizations that are unaware of cultural issues can fail to recognize that diverse groups may have difficulty accessing and engaging in treatment.
- A strong mandate from the board or CEO, coupled with a commitment to provide resources, can be a good motivator for staff and committees to undertake major organizational change.

Task: Review and Update Vision, Mission, and Value Statements

- Involve stakeholders in the development process.
- Plan for periodic review of statements to ensure continued organizational responsiveness as needs, populations, or environments change.
- Operationalize mission and vision statements through identified goals as well as measurable indicators to track progress.

Task: Address Cultural Competence in Strategic Planning Processes

- Hold a formal strategic planning meeting to determine specific goals, objectives, and tasks that will ensure quality improvement in culturally responsive services.

- Develop timelines and methods to evaluate progress, obstacles, and directions for each goal.

Governance

Task: Assign a Senior Manager To Oversee the Development of Culturally Responsive Practices and Services

Key responsibilities include:

- Ongoing development and facilitation of cultural competence committees and advisory boards.
- Management of evaluative processes.
- Facilitation of the development of a cultural competence plan and its implementation.
- Oversight of policies and procedures to ensure cultural competence within the organization and among staff.

Task: Develop Culturally Competent Governing and Advisory Boards

- Ensure that the governing board is educated about the organization's mission, values, and vision.

- Establish a community advisory board that includes stakeholders, specialists, and/or experts in multicultural behavioral health services, plus key administrators and staff.
- Include representation from clients, alumni, family members, and community-based organizations.

Task: Establish a Cultural Competence Committee

- Create an inclusive committee within the organization to guide the process of becoming culturally competent, with direction from program administrators.
- Have the cultural competence committee:
  - Oversee the organization's self-assessment.
  - Create a demographic profile of the organization's community.
  - Develop the cultural competence plan.
  - Formulate and monitor procedures that evaluate the implementation and effectiveness of the cultural competence plan.

Planning

Task: Engage Clients, Staff, and the Community in the Planning, Development, and Implementation of Culturally Responsive Services

- Clients and the community should have an opportunity to provide input on how services are delivered and the types of services that are needed.

- Staff members are likely to have specific knowledge of client needs and to be able to identify potential obstacles or challenges in how an organization attempts to implement culturally responsive policies and procedures.

Task: Develop a Cultural Competence Plan

- The written plan should include specific objectives, means of achieving these objectives, and recommended timelines and processes for evaluating progress.
- Among the components that the plan should include are:
  - Strategies for recruiting, hiring, retaining, and promoting qualified diverse staff.
  - Methods to enhance professional development in culturally responsive treatment services.
  - Fiscal planning for funding and human resources needed for priority activities (e.g., training, language services).
  - Guidelines for implementation that describe roles, responsibilities, timeframes, and specific activities for each step.

Task: Develop and Review Policies and Procedures To Ensure Culturally Responsive Organizational Practices

- Many accrediting bodies require a cultural competence plan that is assessed as part of the accreditation process, but their requirements can be minimal.

- Organizations should go beyond such requirements in their own planning to ensure that they are responding adequately to the needs of the communities they serve.

Evaluation and Monitoring

Task: Create a Demographic Profile of the Community, Clientele, Staff, and Board

- Intake, admission, and discharge data provide a good starting point for determining clientele demographics.

- A demographic profile should also summarize information about clinical, medical, and nonclinical staff members as well as board members.

Task: Conduct an Organizational Self-Assessment of Cultural Competence

Step 1: Identify key stakeholders who can provide valuable feedback about current strengths and areas in need of improvement regarding the function of the organization and the needs of its community.

Step 2: Adopt a self-assessment guideline for organizational cultural competence.

Step 3: Determine the feasibility of using consultants and/or external evaluators to select, analyze, and manage assessment.

Step 4: Select assessment tools suitable for each stakeholder group (e.g., clinical staff, clients).

Step 5: Determine distribution, administration, and data collection procedures (e.g., confidentiality, participant selection methods).

Step 6: Compile and analyze the data.

Step 7: Establish priorities for the organization and incorporate these priorities into the cultural competence plan.

Step 8: Develop a system to provide ongoing monitoring and performance improvement strategies.

Language Services

Task: Plan for Language Services Proactively

- Anticipate the need for language services and the resources required, including funding, staff composition, program materials, and translation services.

- Develop a list of available resources and program procedures that staff members can follow when a client's language needs fall outside the organization's usual client demographics.

- Put procedures in place to provide pretreatment contact and follow-up in the client's language to bridge the gap until language services are arranged.

Task: Establish Practice and Training Guidelines for the Provision of Language Services

- Assess language proficiencies among staff members.

- Encourage staff members to learn a language relevant to the population served, or, at a minimum, some treatment-related terminology and phrases.

- Have administrative policies that provide a means for determining the credentials of any language service organizations.

- Have policies that place the burden on language service providers to immediately identify and disclose to supervisors any dual relationship (e.g., an interpreter who is a client's neighbor) and on supervisors to determine the appropriateness of using a given interpreter.

- Require the selected interpreter to sign a confidentiality agreement.

- Provide information routinely to clients about their confidentiality rights in using language services.

Workforce and Staff Development

Task: Develop Staff Recruitment, Retention, and Promotion Strategies That Reflect the Populations Served

- Staff composition should be a major strategic planning consideration.
- Recruitment strategies need to embrace a more comprehensive and long-term approach that includes:
  - Internships.
  - Marketing to those interested in the field at an early age.
  - Mentoring programs for clinical and administrative roles.
  - Support networks.
  - Educational assistance.
  - Training opportunities.

Task: Create Training Plans and Curricula That Address Cultural Competence

- Training should increase staff self-awareness and cultural knowledge, review culturally responsive policies and procedures, and improve culturally responsive clinical skills.
- A professional development training plan details the frequency, content, and schedule for staff training and continuing education.

- Training should create a welcoming, nonjudgmental, and professional atmosphere in which staff members, regardless of race, ethnicity, or cultural group, have the freedom and safety to explore their own beliefs and to learn about other cultural groups.

Task: Provide Culturally Congruent Clinical Supervision

- Organizations need to provide counselors with clinical supervisors who:
  - Are culturally aware.
  - Have engaged in multicultural training.
  - Model culturally competent behaviors in clinical supervision sessions (e.g., allow or engage in discussions on race, ethnicity, and cultural groups in the session).
- Clinical supervision is often the only avenue of ongoing clinical training and follow-up on cultural competence after specific workshops or trainings are offered by the organization.

Task: Evaluate Staff Performance on Culturally Congruent and Complementary Attitudes, Knowledge, and Skills

- Commitment to culturally responsive services needs to be reflected in job descriptions and staff evaluations.

- Examples of culturally responsive performance evaluation criteria include:
  - Seeks opportunities to engage in cross-cultural activities and interactions.
  - Participates in hands-on training opportunities and seeks practice and feedback that build toward mastery of responsive needs assessment techniques.

Organizational Infrastructure

Task: Plan Long-Range Fiscal Support of Cultural Competence

- The cultural competence committee, executive staff, and board will likely have to prioritize which organizational changes are financially feasible, at least initially.
- Strategic and financial planning should be used to build resources that are consistently designated for culturally responsive services.

Task: Create an Environment That Reflects the Populations Served

- The self-assessment process should include an environmental review of the organization's physical facilities in which barriers to access are examined.
- The design of the facility, including use of space and décor, should be inviting, comfortable, and culturally sensitive.

- Signage should be written in all primary languages spoken by the clients served.
- Business practices should help create an environment that reflects the local culture (e.g., hiring local and community vendors where possible).

Task: Develop Outreach Strategies To Improve Access to Care

- Outreach should include formal and informal contacts with community organizations, spiritual leaders, and media.
- Examples of outreach strategies include:
  - Co-locating with a community-based organization that already has solid, positive visibility in the community and a culturally competent workforce.
  - Using outreach workers who are of similar cultural origin to the population being served and who are familiar with the community where they work.
- Placing notices in community newspapers, on radio and television channels, on billboards, and in stores in the languages spoken locally.

For more detailed information, see TIP 59, Chapter 4.

Notes

In 2000, the HHS Office of Minority Health introduced national standards for culturally and linguistically appropriate services (CLAS) in health and health care (National CLAS Standards). The standards are included in Appendix C of TIP 59, pages 265–266. In 2013, enhanced standards were introduced. The enhanced standards may be accessed at www.thinkculturalhealth .hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf.

A 2014 report, *Improving Cultural Competence to Reduce Health Disparities for Priority Populations,* extends the findings of TIP 59. This report is a systematic review of system-, clinic-, and individual-level interventions to improve culturally appropriate health care for people with disabilities, gender and sexual minority populations, and racial-ethnic minority populations. The report encourages consideration of diversity competence, to encompass all populations that experience health disparities. The report also highlights the need for "structural equity-focused interventions." The report, which is a product of the Agency for Healthcare Research and Quality, can be accessed through www.effectivehealthcare.ahrq.gov.

Ordering Information

TIP 59
Improving Cultural Competence

TIP 59-Related Products:
KAP Keys for Clinicians Based on TIP 59

Quick Guide for Clinicians Based on TIP 59

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Other Treatment Improvement Protocol (TIPs) that are relevant to this Quick Guide:

TIP 57: Trauma-Informed Care in Behavioral Health Services

TIP 56: Addressing the Specific Behavioral Health Needs of Men

TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women

TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders

TIP 39: Substance Abuse Treatment and Family Therapy

TIP 33: Enhancing Motivation for Change in Substance Abuse Treatment