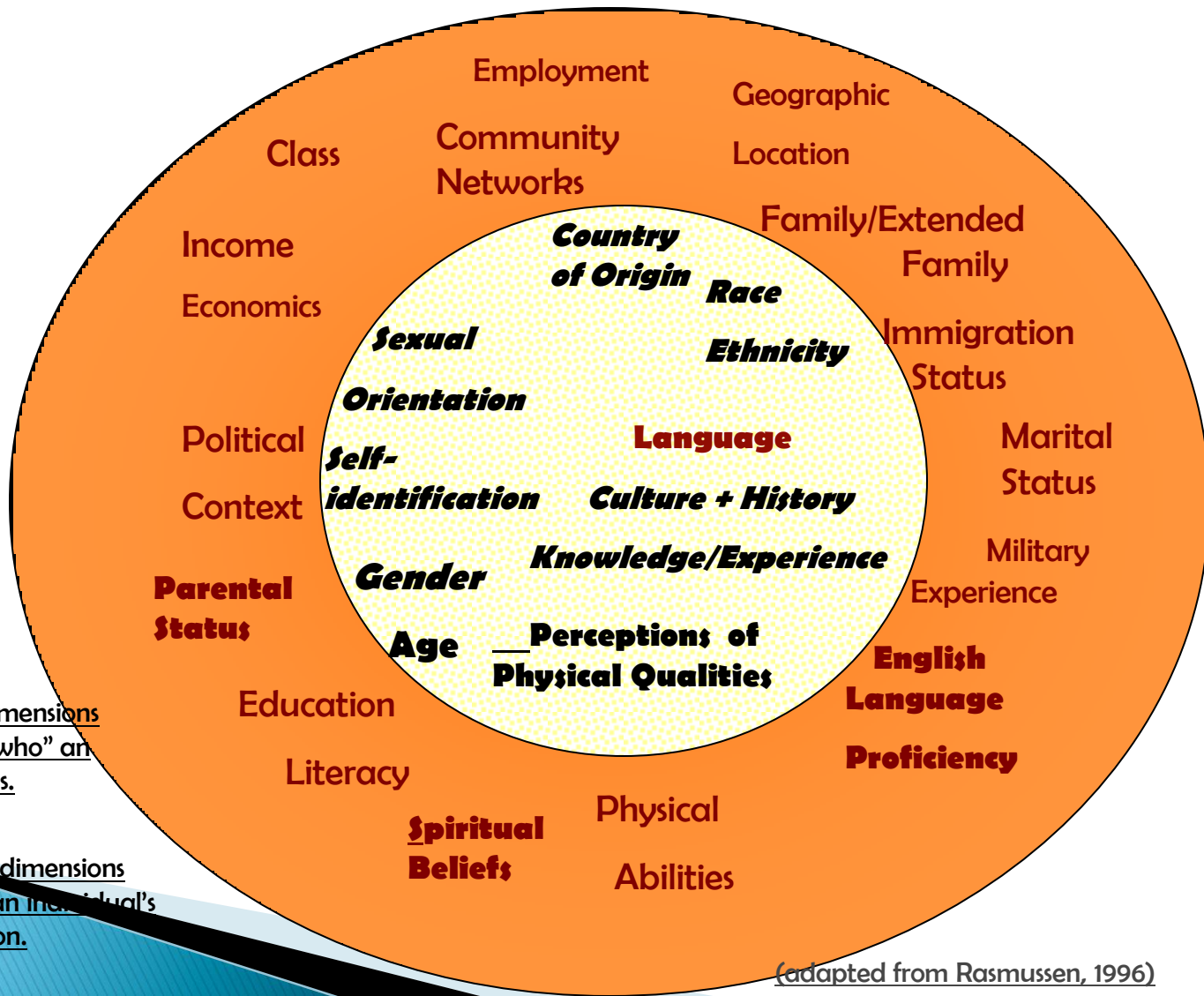


Assessing Cultural Competence in PROS

2nd Annual PROS Implementation Academy
November 17, 2011

Cultural Considerations: Primary and Secondary Dimensions

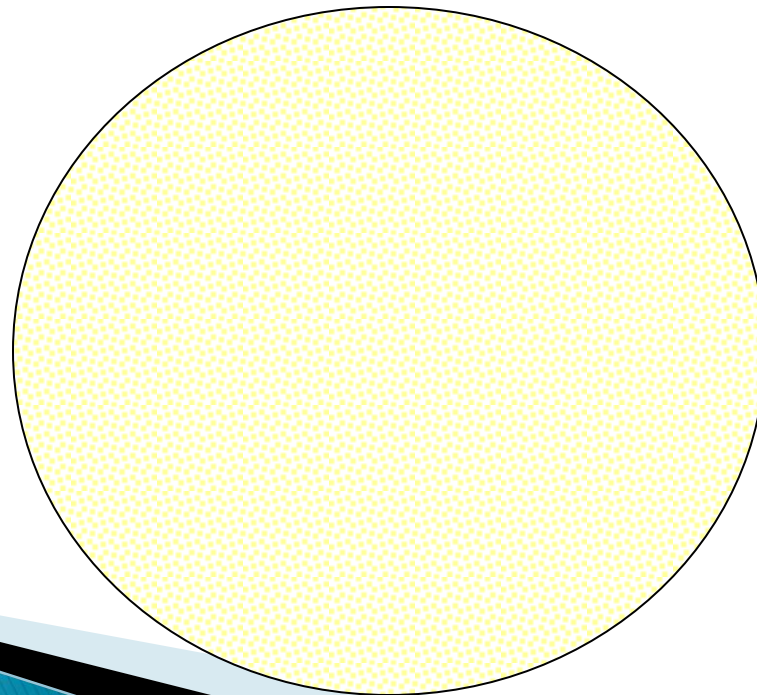


Primary dimensions influence "who" an individual is.



Secondary dimensions influence an individual's participation.

***Who am I? How do I Identify?
What are My Community Connections?***



Agency Policy and Procedures

- Mission Statement
- Hiring Practices – actively recruit bilingual employees from culturally diverse background, representing the client population
- Staff training and development
- Staff should develop a sense of their own value and belief system, expand cross cultural knowledge regarding peoples traditions, family support and family values. This will help with initial assessments

Agency Policy and Procedures

- Look at age, gender, marital status, national origin, sexual orientation, physical and mental abilities, religion and spirituality
- Suffolk County Multicultural Committee
- Annual conferences includes consumers from around the county
- Annual networking breakfast for agency administrators
- Individual agency trainings for audit requirements.

Service Delivery should include:

- Families and partners in determining the outcome for treatment – clinician should look at client likes and dislikes, preferences – clinician should feel comfortable asking the right questions, such as immigration, and resettlement patterns, acculturation issues, attitude of family of origin regarding mental health and medication, socio-economic background living arrangements
- Linkages in the community / Discharge Planning
- Respect client's right to seek alternative holistic treatment, look at the 5 elements of assessments

Service Delivery should include:

- Trained interpreters if needed
- Language bank accessibility
- Look at culture gaps ie: Age, cultural norms, length in community – (2) groups in particular are our young adults, gender identity and our forensic population – Gerri will focus in more detail
- Food, celebrations of special event and holidays – suggestion on celebration in program – international day – celebration of food and culture.

Assessing Cultural Competence

The National Center for Cultural Competence states:

Cultural competence requires that organizations and their personnel have the capacity to

1. Value diversity,
2. Conduct self-assessment,
3. Manage the dynamics of differences
4. Acquire and institutionalize cultural knowledge
5. Adapt to diversity and cultural contexts of individuals and their communities.

Culture is individual and person centered



What is diversity?

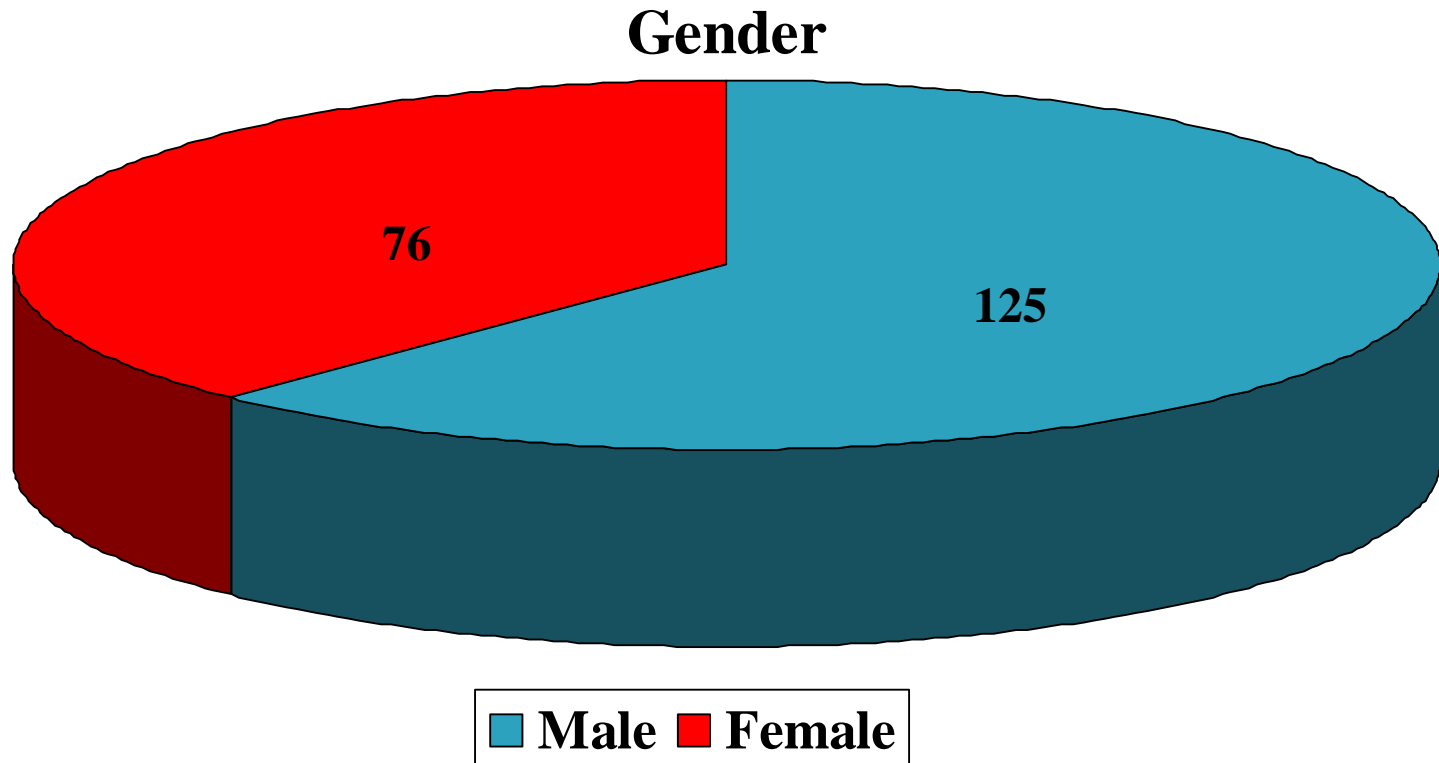
It is nothing more than a difference from the majority, in any culture there is a majority and many minorities, culture is set of norms that set standards for a society of what is acceptable.

What is Self-Assessment?

North Carolina SOICC – knowing your self – it involves taking an inventory of your likes and dislikes, personal characteristics, values, wants and needs.

People are constantly changing, growing, and developing; therefore it is necessary for everyone to re-assess themselves periodically

Description of Population: 201



Description of Population

- **Age Groups**

18 – 28	29
---------	----

29 – 40	39
---------	----

41 – 58	110
---------	-----

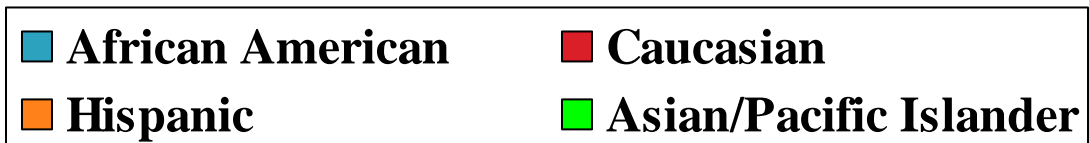
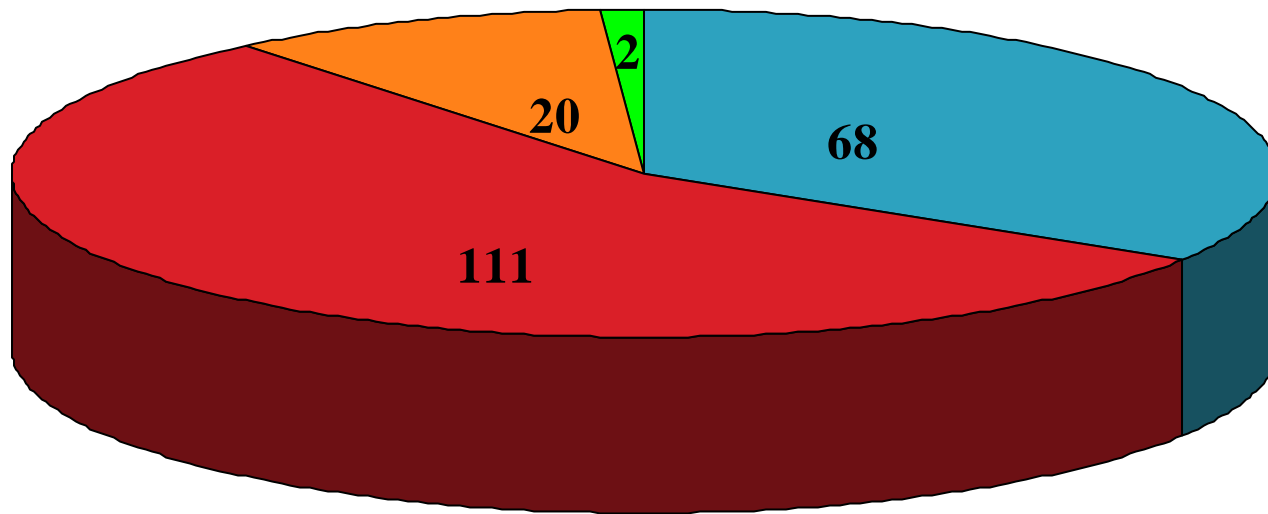
59 and above	23
--------------	----

- **Range** 18 – 72

- **Average** 52

Description of Population

Ethnicity/Race



Description of Population:

- **Housing Information**
 - Family Care Providers, Community Residence 35
 - Supportive Apartment Programs, SROs 33
 - Family 86
 - Independent 47

*LI neighborhoods

Description of Population:

- **Vocational Background**
 - Competitive Work 93
 - Other Work 20
 - No Work 88

- **Education Background**
 - College Graduate or Higher 12
 - College Graduate or Higher 20
 - High School Diploma 115
 - Some/No High School 54

Description of Population:

- **Religious Affiliations**

Christians 160

Jewish 25

Muslim 5

Other 11

Religious Affiliations: Evangelical Protestants (Baptist, Methodist, Lutheran, Anglicans, etc), Historically Black Churches (Baptist, Methodist, Pentecostal, Nondenominational), Orthodox, Mainline Protestant Church, Jehovah Witness, Hindu, Other World Religion, etc...

Description of Population:

- Learning Disabilities 25%
- Mental Retardation 10%
- Substance and ETOH–Related Disorders 45%
- Other disabilities
 - Physical
 - Medical
 - Significant Histories/Experiences
 - Legal / Incarcerations
 - Trauma
 - from city to LI suburbia

PROS

- Program Purpose
 - To assist individuals in recovering from the disabling effects of mental illness through the coordinated delivery of rehabilitation, treatment and support services.

PROS Components

- **CRS – Community Rehabilitation and Support**
- **IR– Intensive Rehabilitation**
- **ORS–Ongoing Rehabilitation and Support**
- **Clinical Treatment**

CRS – SKILLS and Supports

- Assessment
- Basic living skills training
- Benefits and financial management
- Community living exploration
- Crisis intervention
- Engagement
- Information and education regarding self help
- Structured skills development and support
- Wellness self–management
- * Accessing resources and supports in the community

Wellness Self-Management workbook to go:

- Coping Skills Training – how to manage mental health symptoms, stress and reduce risks of stress
- Medication Education and Self-Management – important material/information for individual and loved ones on medications, side effects and compliance issues.
- Problem Solving Skills Training – how to develop and improve what works for the individual in dealing with stressful everyday life situations.
- Relapse Prevention Planning – learn the triggers, know how to deal with symptoms; the individual’s “safety plan” know what to do when and if relapse happens

Tip: basic foundation of success in PROS- WSM has to work

F.E.G.S

- **WSM** – all about building personal strengths, making the informed decisions, **how your cultural background affects your recovery**, overcoming negative thinking and taking the small action steps.
- **Lesson 13 of WSM:** focuses on the importance of cultural background, family (customs, including roles expected of mothers, fathers, daughters, grandparents, etc.), type of food, holiday celebrations, customs to marriage and intimate relationships, music and recreational activities, values related to privacy and disclosing of personal information

F.E.G.S

- **IMPORTANT WHY?** it affects one's decisions about treatment and life goals/roles, feelings about mental illness (social-cultural factors) and recovery, comfort and interest in seeking out help (ie: developing the relationship with the treatment team). Important when developing “community connections”; finding supports in the community to sustain recovery
- ***Cultural factors** – “different cultures have different explanations about the causes of mental health problems.”

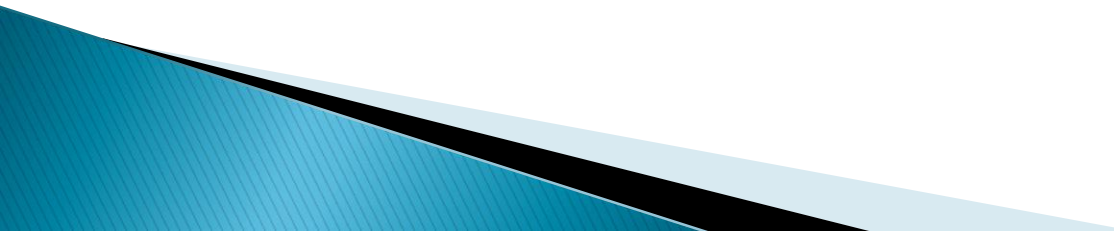
Tip: these factors are important when developing the Relapse Prevention Plan



Examples of CRS Services and Groups:

- “Women in Recovery”
- “Men's Trauma and Recovery”
- “Recovery Goals in the Legal System” (*ROAR)
- “Young Adult Connections Skills” (*social network)
- “LGBTQ”
- “Women’s Health”
- “Understanding Differences”
- “Self Empowerment”
- “Movement for Mind, Body and Soul”

F.E.G.S

- ***in the works:** PATH (Persons Attaining Total Health) our 50+ individuals/participants; “Seniors,” their needs and values are changing as they age and mature affecting their life goals/roles and their health.
 - **Tip:** Identify and always be aware of “special groups” emerging in your PROS. Important, to provide the changing needs of your PROS community.
- 

IR

- **Family Psychoeducation**
- **Integrated Dual Disorder Treatment (IDDT)**
- **Intensive Rehabilitation Goal Acquisition**
- **Intensive Relapse Prevention**

Family Psychoeducation: EBP

- Collaborative service between the individual and family members of their choice to assist and promote their recovery and goals in life
- The role culture plays in this process; culture impacts the way people interact with one another , culture can influence how the family seeks for help, coping style and supports they access.
- Affects communication style, self disclosing, eye contact, personal space, familial role and responsibilities, religious and spiritual beliefs and practices
- (article on Cultural Diversity and MH Services)

F.E.G.S

“In placing emphasis of such efforts to engage, the service provider will ultimately be viewed as an extension of this support system rather than an intruder trying to impose their own values or expectations toward implementing change. And as the experience of working with the family unit as a whole progresses, the overall goal of supporting the recipient’s journey in his/her recovery process will maintain as the connecting thread shared by all involved.” (Noemi Velasquez, MSW FEGS PROS)

Tip: Provide language sensitive literature and linguistic interpreters to ensure the communication is at their comfort level.

Integrated Dual Disorder Treatment (IDDT) – EBP

Concurrent approach in dealing with mental health and substance/ETOH disorders. Provide stage-wise interventions, motivational interviewing, harm reduction and the development of cognitive and behavioral skills.

Cross-cultural factors in drug use: by age, sex, ethnic groups, neighborhoods and socio-economic

Tip: You need to know what is current and new out there!



Intensive Relapse Prevention – intensive and frequent

- “To prevent relapse or loss of life role (imminent risk)”
- Relapse Prevention Planning; know and learn the early warning signs and know what to do to prevent it from happening
- Cultural factors; can influence the how , who and when.
- ***ROAR** (Re–Entry Opportunities and Recovery) individuals who have been incarcerated; their experiences gives them a set of behaviors, beliefs, language and values that sets them apart from others.

F.E.G.S

“When people with mental illness leave correctional facilities and return to the community, they carry their culture, the culture of incarceration, with them. The adaptations made in jail and prison have become their survival skills. Upon returning to the community, the attitudes, beliefs and behavior learned in jail and prison interfere with successful adjustment to therapeutic settings and the community.” (RAP, Re-entry After Prison/Jail)

**Tips: be aware of prison code cultural dictates, be aware of the “experience of incarceration” to better understand their needs and behaviors. Trust, takes longer to build and do not underestimate the power of peers in this group.
(Olex Elien, MSW PROS FECS)**

Intensive Rehabilitation Goal Acquisition – intensive and frequent

“To attain a desired life role,” overcome barriers and focus on teaching skills that are critical to recovery

Cultural factors: in identifying and attaining the life goal and the supports/collaterals in achieving this goal
le: Life roles as a parent, as spouse or resuming role as a community member, volunteer (what is important to me!)

le: Cultural diversity in the work place , how to work with and respect individuals who are different from you, a hostile work environment

ORS – PROS ‘special feature’

- To provide ongoing PROS services and supports to individuals while working (at least 10 hrs. week)
- To manage symptoms, provide counseling
- Overcome functional impairments on the job
- No time limit, for as long as they need to keep working
- On the job problem solving and advocacy

Clinical Services

- Clinical counseling
 - Medication management
 - Symptom monitoring and management
 - Psychiatric assessment
-
- Be aware of language diversity, cultural, educational, economic and family structure when providing these services
- Tip: Also be aware of mixed cultures and mixed race and families and adoptions (i.e.: Gary's dads and his new brother)**

F.E.G.S

How do we assess our cultural competence in PROS? It is our behaviors, attitudes, communications, actions, beliefs and values that dictates our competence.

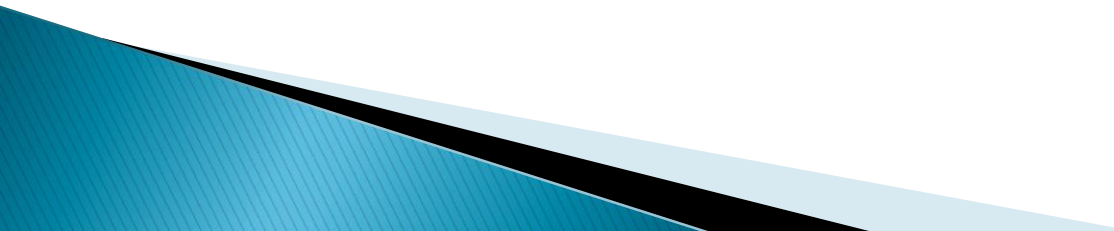
STAFF: Behaviors and Attitudes – you and your staff genuinely believe that recovery is possible for each individual you serve –that personal and desired life goals are attainable.

Staff and their own Self- Awareness – understand their own personal and cultural values and beliefs

- “Research indicates that a psychiatric diagnosis does not predict rehabilitation outcome and that diagnostic labeling of psychiatric patients does not provide relevant information about their rehabilitation potential.” (Anthony and Buell, 1973, 1974)
- The psychiatric rehabilitation approach is based on research literature indicating that clients’ skills, not symptoms, relate most strongly to rehabilitation outcome.” (Anthony, 1979)

- “Rehabilitation research has shown repeatedly that psychiatric clients can learn a variety of physical, emotional, and intellectual skills, regardless of current symptomatology.”
(Anthony)

F.E.G.S

- **Environment:** Physical Space –Inviting and Accessible and Respect for those you serve
 - **Hours of Operation** – flexible and determined by what your participants need (incl. family)
- 

F.E.G.S

- Environment that supports and motivates recovery and hope: have the individual experience this as they first enter your PROS facility
- First 30 days of Engagement in PROS – build the relationship. (tip – do a formal orientation of your services, provide a “Handbook” so that the individual is informed, not just of the PROS services but of their role in their treatment and their rights and responsibilities.

F.E.G.S

- **Assessment Process:** identifies strengths and barriers in all of life areas for that individual. Important to understand what is important for the individual and their experiences. (tip resource – “Probes for LIFELINES by Courtney M. Harding, PhD
- **Use all your assessment tools** – Psychosocial, rehab readiness determination, vocational and educational and the cultural evaluation (see this tool)

F.E.G.S

- **IRP Planning:** Use “Person centered planning” approach, “taking my medication” is not a life goal (tip resource – refer to Rehabilitation Readiness determination form) – use to dialogue aspiration for change in their life. Dialogue to determine what is important, what is your dream. If the individual can not articulate this, use creative ways and outreach to the others in their lives who might know.

Work is one of the most if not the most sought after goal in our PROS: “Work is front and center in PROS”

- Create an environment of learning and growth. PROS is strength-based. Use Direct Skills Teaching, based on education, a “teaching as treatment” model. Hire staff who can effectively teach skills, develop supports/resources and nurture hope
- Using the principles from behavioral and social learning. **IMPORTANT:** the individual can learn and perform the skill as needed

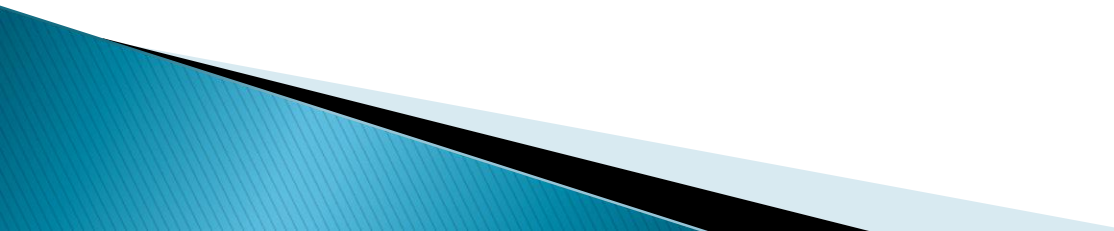
F.E.G.S

- Create an environment where work is valued no matter at what level. People feel good about themselves when they are productive and part of the community that is active and works
- Hire peers and survivors!
- Create an environment that motivates individuals to develop and acquire skills “club-like settings, work ordered day. Work is contagious...and an effective way to develop instrumental skills to recovery.
- *article on “Overcoming the Impossible” by Ronald Bassman, PhD

F.E.G.S

- Classrooms instead of therapy group rooms, staff uses curriculums and lesson plans.
- Classes/services are Small and intensive
- Services/ “Required courses”: to graduate and achieve life goal. PROS is not their last stop.
- Activities/Electives: Opportunities to provide an array of activities that is recovery based, promote interaction and skill building, to learn and practice skills (Independent study in “Raising the Bar Library,” Resource/computer room, “Self-Expression studio,” “Employment Hub,” “Relaxation Station.”)

F.E.G.S

- Provide the individual with tools, materials and resources towards goal obtainment, get rid of any barriers if possible (i.e.: transportation, shelter, food, service hours)
 - Philosophy of agency as a whole is: of recovery
 - Staff attitude (all staff at all levels, including support staff) – **RESPECT** and always raising the bar, do not expect or settle for less
- 

F.E.G.S

- **A-TEAM** : collaborative teamwork with the individual front and center; between MH clinical, employment specialist, peers, case management, family, residence and parole/probation, advocates. (any one in the community as identified and chosen)
- Identify key staff with knowledge, special skills and expertise, offering the best you have (ie: EBP trained staff, employment specialists, Cognitive Specialists, DBT trained)

Distinct Features of PROS that supports Work:

- **CRS** – use to engage and motivate participants to explore work . Use in pre–employment assessment, development of skills and supports to post–placement supports (evening support group), Cog Rem, Wellness Self Management and Benefits and Financial Management
- **IR** – use to actively and intensively to obtain work (the HUB and SCIT). IR services also to target and prevent relapse to secure employment (re–hosp, loose housing, relapse to jail)

F.E.G.S

“The main goal of the mental health system is to help people to live, learn, work, and participate fully in their communities.” (OMH)

“When people who have been diagnosed and treated for serious mental illness work and play side by side with others, they will be seen and valued for who they are with all their strengths, weaknesses and foibles. By demystifying madness, we can begin to appreciate the beautiful gifts that diversity offers to everyone.”

(Ronald Bassman, PhD.)



F.E.G.S

Resources:

NYAPRS

NYSOMH (statewide and local)

NASW (cultural competence 2007)

Mental Health: Report of the Surgeon General “Overview of Cultural Diversity and Mental Health Services)

Wellness Self-Management Personal Workbook, developed by the NYSOMH and UIBH

Family Survival Handbook Reaching Mental Health Recovery Together, NYSOMH

Psychiatric Rehabilitation by William Anthony, PhD

Re-entry After Prison/Jail by Rotter MD, Massaro, LMSW and Steinbacher

Overview of Cultural Diversity & MH Services, A report from Surgeon General

Cultural Issues and Support: from the Family Survival Handbook

NAMI Multicultural Action Center (MAC) www.NAMI.org

NYSOMH’s Bureau of Cultural Competence (518) 474-4144

Office of Minority Health (240) 453-2882

**PROS Possibilities
Personalized Recovery Oriented Services**

**445 Oak Street
Copiague, New York 11726
Phone: (631) 691-7080
Fax: (631) 264-0432**

**Hyacinth Spence, Assist. Director and MAC Chair, Suffolk County
Geraldine Santos, Sr. Director
November 17, 2011**