

# The Ethics of Cultural Competency: Implications for Clinical Businesses

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While you are waiting, please fill out the **Self-Inventory** and the  
**Pre-Test** on your table

*These are 2 separate documents*

# Welcome and Housekeeping

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- Breaks
- Lunch
- Cell Phones
- Computers
- Ground Rules

# Icebreaker

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- On your table, you will find index cards
- On one side of the card, write all the possible ways that “culture” can be defined on one side of your card that are visible, and on the other side write all the ways that culture can be defined that are not visible
- Select ONE of these to introduce yourself

# Introductions

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- How and Why we developed this training  
Michelle Edelen  
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# Self-Inventory

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- Which questions were the easiest to answer?
- Which questions were the hardest to answer?
- Are there any you think have a “right” answer?

# Overview

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- What will your take-away be? (remember one word and one phrase for the end of the day – write ideas on index card)
- Why is this especially relevant in behavioral health?

*What do you think??*

**Does cultural competency in one area generalize to cultural competency in other areas ?**

# Overview of the Day

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- Ethical Implications, Ethical Codes, Terminology
- Experiential Activities regarding specific cultural issues
- The National CLAS Standards
- DSM-5 – Cultural Definitions of Disorders, Case studies and Role Plays
- Exploring your cultural perspective through poetry
- Wrap Up Activity

# ETHICS

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# Challenges

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- Terminology - see handout for a more extensive list.
- A few highlights:
  - Cultural Tunnel Vision
  - Cultural Empathy
  - Implicit Bias

*How do terminology changes affect cultural competency? Can you think of any examples?*

# Purpose of Exploring Ethics of Cultural Competency

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- Remove barriers of access to medical care and to eliminate health disparities
  - Principle 1: Acknowledgment of the importance of culture in people's lives
  - Principle 2: Respect for cultural differences
  - Principle 3: Minimization of any negative consequences of cultural differences

# Ethical Response to Principle 1

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- Detached mastery of particular cultures is never, in and of itself, the goal of cultural competence.
- Essential purpose in learning about cultures is to develop tools for insight and improved working relationships with each particular individual.
- The main ingredient is one of person-centeredness. The process of enthusiastic engagement with the human beings who we serve will facilitate culturally competent

# National Center for Cultural Competence

“Why is Cultural Competence important?”

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- To respond to current and projected demographic changes in the United States
- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds
- To improve the quality of service and health outcomes
- To meet the legislative, regulatory, and accreditation mandates
- To gain a competitive edge in the marketplace
- To decrease the likelihood of liability/malpractice claims

# “Somewhere in America”

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- How did each girls’ perspective possibly influence their behavior?
- How could this relate to the behavior of individuals that may be involved in behavioral health services?
- How could this relate to the behavior of the providers involved in behavioral health services?

# Cultural Tunnel Vision

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- Defines reality according to one set of cultural assumptions
- Accepts unreasoned assumptions without proof or ignores proof because that might disconfirm one's assumptions
- Fails to evaluate other viewpoints and makes little attempt to accommodate the behaviors of others
- Is trapped in one way of thinking that resists adaptation and rejects alternatives

# Cultural Empathy

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- Is empathy an emotion, thought, or behavior?
- Can it be taught or developed?
- How can cultural empathy be effectively communicated?

# Implicit Bias

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- How can cultural views result in implicit bias?
- What can helping professionals do to avoid their own bias?
- What tools are available?

# Challenges of Reaching Diverse Client Populations

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- Professionals are encouraged to recognize that as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions and interactions with individuals who are culturally different from themselves.
- Professionals are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.
- Psychology is based on Western assumptions, may leave some individuals slow to form trusting relationships
- Medical model of counseling is seldom a good fit for people in lower socioeconomic class.

# Ethical Codes from a Diversity Perspective

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- Look through the summaries from some ethical codes in front of you
- In your group, identify the following
  - Similarities
  - Differences

*Are there implications in your current job as a result of one of more of these ethical codes?*

# Basic Ethics

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- Beneficence
- Non-maleficence
- Autonomy
- Justice
- Veracity
  
- APA -competence, integrity, professional and scientific responsibility, respect for people's rights and dignity, concern for others' welfare, and social responsibility

# Related Areas

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- In groups and Out groups
- Empathy
- Bullying
- Examples in the Media

# MI

- Two central themes
- 1. MI works by selectively reinforcing change talk
- 2. The resolution of ambivalence is promoted by accurate empathy alone, and tends to resolve in a positive direction without directive help from the counselor.

# MI

- Practice of MI may lead to greater attunement between counselor and client - this relationship is a window into a new pattern that may begin to alter brain structure in a way that allows a person to experience the discrepancies of their values and choices that does not involve the negative consequences. (Joel Porter, 2005)

# OARS Activity

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- Open-Ended Question
  - Affirmation
  - Reflection
  - Summary

# What Would You Do?

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Have someone from your group select an envelope, and with the information inside, identify the cultural dilemma

# Discussion Questions for Your Group

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1. What are some of the obvious and less obvious cultural dilemmas for this group?
2. Are there any examples you've seen or experienced you are willing to share?
3. If this issue came up in your daily job (or has), how would you (did you) handle it?
4. What ethical guidelines could guide decision making?
5. Who should be at the table in making these decisions in your scenario?

# The National CLAS Standards

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- 1 - Principal Standard
- 2-4 Governance, Leadership, and Workforce
- 5-8 Communication and Language Assistance
- 9-15 Engagement, Continuous Improvement and Accountability
  
- It has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \_\_\_\_\_ ??

# DSM-5

## Cultural Formulation

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American Psychiatric Association Diagnostic and Statistics Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

# Outline for Cultural Formulation

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- Cultural identity of the individual
- Cultural conceptualization of distress
- Psychosocial stressors and cultural features of vulnerability and resilience
- Cultural features of the relationship between the individual and the clinician
- Overall cultural assessment

# Cultural Formulation Interview (CFI)

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- The Cultural Formulation Interview (CFI) is a set of 16 questions that clinicians may use to obtain information during a mental health assessment about the impact of culture on key aspects of an individual's clinical presentation and care.
- Brief, semi-structured interview
- Focuses on the individual's experience and social context of the clinical problem
- Follows a Person-centered approach
- Available at [www.psychiatry.org/dsm5](http://www.psychiatry.org/dsm5)

# CFI Format

## Cultural Definition of the Problem

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### *Guide to Interviewer*

- Elicit the individual's view of core problems and key concerns
- Focus on the individual's own way of understanding the problem

Instructions to the interviewer are *ITALICIZED*

- 1. What brings you here today?
- IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE.

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- Use the term expression, or brief description elicited to identify the problem in subsequent questions
  - People often understand their problems in their own way, which may be different from how doctors describe their problem. How would you describe your problem?

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- Ask how individual frames the problem for members of the social network

- 2. Sometimes people have different ways of describing their problems to their family, friends, or others in their community. How would you describe this problem to them?

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- Focus on the aspects of the problem that matter most to the individual

- 3. What troubles you most about your problem?

# Cultural Perceptions of Cause, Context, and Support

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- 4. Why do you think this is happening to you? What do you think are the causes of your problem?
- 5. What do others in your family, your friends, or others in your community think is causing your problem.
- 6. Are there any kinds of supports that make your problem better?
- 7. Are there any kinds of stressors that make your problem worse?

# YOUR JOB

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- How is this similar/different from current assessments?
- Implications for screening
- Supervision

# CFI – Informant Version

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- Collects collateral information from an informant who is knowledgeable about clinical problems and life circumstances of the individual. Can be used to supplement information obtained from core CFI or can be used instead of the core CFI when the individual is unable to provide information – as might occur, for example, with children or adolescents, floridly psychotic individuals, or persons with cognitive impairment.

# Cultural Concepts of Distress

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- Cultural syndromes
- Cultural idioms of distress
- Cultural explanations or perceived causes

*All forms of distress are locally shaped*

# Cynthia

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- Ling has recently set up a private practice in a culturally mixed neighborhood.
- Cynthia comes to Ling for counseling. She is depressed, feels that life has little meaning, and feels enslaved by the needs of her husband and small children. When Ling asks about any recent events that could be contributing to her depression, she tells him that she has discussed with her husband her desire to return to school and pursue a career. Her husband threatened a divorce if she follows through with her plans. Cynthia then consulted with her pastor who pointed out her obligations to her family.

# Ling

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- Ling is aware of his own cultural biases, which include a strong commitment to family and the role of the man as the head of the household.
- Although he feels empathy for Cynthia's struggle, he persuades her to postpone her own aspirations until her children have grown up.

# Cynthia

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- She agrees to this because she feels guilty asserting her own needs and is fearful of being alone.
- Ling then works with her to find other ways to add meaning to her life that would not have such a dramatic impact on the family

# Ethics

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- What are the potential gender and cultural issues?
- Was a referral indicated? Why or why not?
- Would she be likely to receive a diagnosis?
- What are the implications?
- What ethical codes apply?

# I am.....

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- Chief the Poet
- Two copies of template in your handouts

# Wrap-Up

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- On a card, write the following to share :
- **ONE WORD** that seems most meaningful to you from today's training
- **ONE PHRASE** that is your personal take-away from today's training

# THANK YOU!

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We welcome your feedback or questions. Feel free to contact us directly

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