A photograph of two women in a professional setting. The woman on the left has curly hair and is smiling while looking at the woman on the right. The woman on the right has her hair pulled back and is wearing large hoop earrings. They appear to be in a meeting or collaborative discussion.

**5-Part Learning Series
Improving Cultural Competency for Behavioral Health
Professionals Serving Public Housing Residents**

Learning Collaborative
Session 4
December 9, 2021

NCHPHA
National Center for Health in Public Housing

Introductions in the chat

- Name
- Title
- Organization



Welcome



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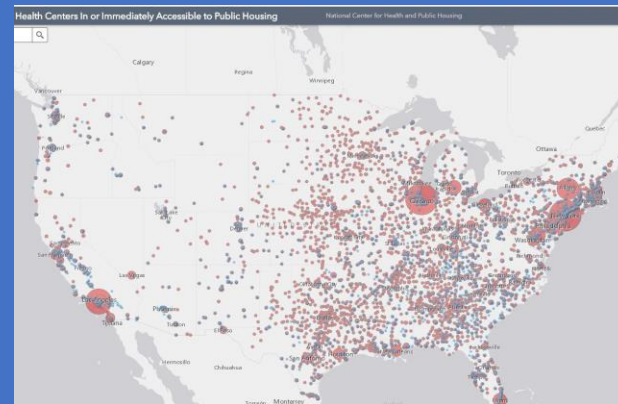
Strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees.

Training and Technical Assistance

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Outreach and Collaboration

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- **Monographs**
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- **Training Manuals**
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- **One-on-One Matching**



Join Us!

Consider minimizing your email

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MUTE

CHAT

RAISE HAND

Q&A

Engaging participants through multiple platforms



- **Zoom**
 - Session lecture slides
 - Chat
 - Post – evaluation surveys

- **Moodle**
 - Handouts
 - Power point slides
 - Recordings



- **Mentimeter**
 - Polls
 - Quizzes
 - Videos
 - Case studies videos and audio

- **Breakout Rooms**
 - Group discussions



Session 4 Modules

1

Learning about your client's cultural identity

2

Recognizing stereotypes and how they affect behavioral health care

3

Recognizing microaggressions and how they affect behavioral health care

4

Learning about how your clients express distress and seek help

How will this material benefit or impact your work?

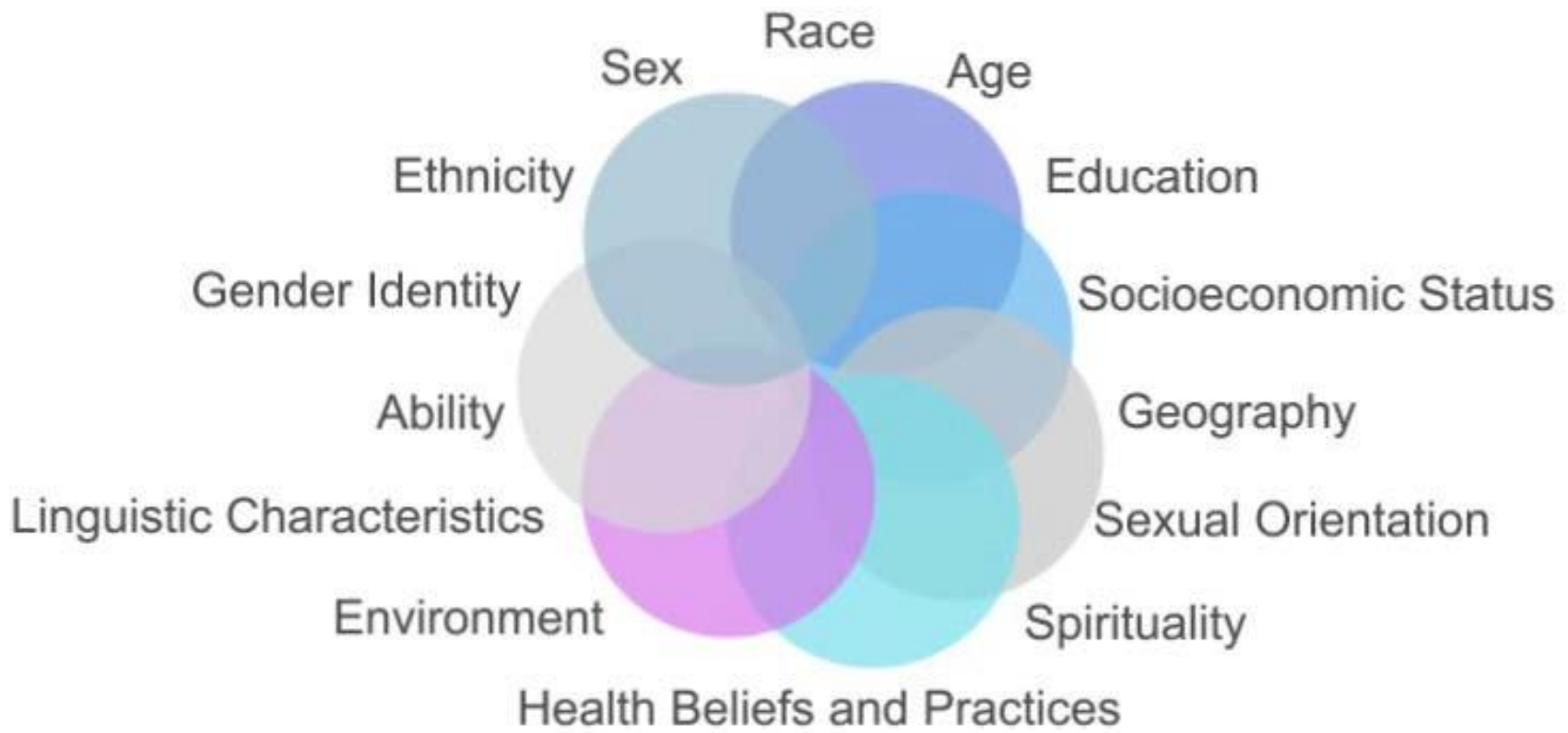


Video: Learning about a client's cultural identity and establishing trust (Introduction)



1

Learning about your client's cultural identity



Intersectionality of social identities



Intersectionality of social identities

Our client's cultural identity shapes:

- How they experience the world, including experiences with discrimination and oppression;
- How they view their mental health or substance use;
- How they view you and interact with you; and
- How you view them, interact with them, and provide care to them.

Questions to consider to learn more about your client's social identities

How does the client describe themselves?

What does the client think about others in their cultural groups? What about those who are different?

How do the client's social identities intersect to form their unique cultural identity?

Which social identities are they most aware of day-to-day?

Which social identities most influence how the world views them?

Intersectionality of social identities



What a client's social identities mean to them



Ms. Yi is a 66-year-old who moved to the U.S. from Korea as a teen and identifies strongly with her traditional Korean heritage. Ms. Yi was referred to you from her primary care physician for treatment of anxiety.



What a client's social identities mean to them



Mi-young is a 52-year-old woman who also moved from Korea to the U.S. as a teen. She was also referred to you from her primary care physician for treatment of anxiety.



Understanding different social identities

Key historical events	<p>What lingering damage might American Indian communities face as a result of the history of compulsory boarding schools separating American Indian children from their families?</p> <p>How might a Hmong refugee be impacted by the long history of persecution and displacement faced by members of the Hmong ethnic group?</p>
Socio-political issues	<p>For a transgender client, what is the message sent with the passage of “Bathroom Bills”?</p> <p>How might a Latinx client be affected by current changes in immigration enforcement and plans to build a wall on the border with Mexico?</p>
Basic values and beliefs	<p>How might values of independence and individualism, common in dominant groups in the U.S., contrast with values of collectivism and family predominant in many Asian, African, and Latin American cultures?</p> <p>What misunderstandings could arise between groups that value straightforwardness, such as the dominant U.S. cultural group, and groups that value politeness, perhaps depending more on non-verbal cues to communicate?</p>
Cultural practices	<p>What cultural practices common among the dominant groups in the U.S. contrast with cultural practices of other groups? Take personal space. What impression would an insistence on personal space give a person from a Latin American or Mediterranean culture where people prefer to stand or sit very close to others while talking?</p>



2

Recognizing stereotypes and understanding how they affect behavioral health care



"I don't do martial arts."



"I am not limited in all ways."



"I didn't grow up on a reservation."



"I am not promiscuous."



"I am not lazy."



"I am not an illegal immigrant."



"I'm not in an arranged marriage."



"I didn't grow up in the inner city."

Case study – Carlos



Carlos, a Latino man in his 30s, is diagnosed with bipolar II disorder. He lost his job a few months ago, and his family is struggling to make ends meet.

Stereotype

A set of beliefs about the members of a social group that usually consists of personality traits, behaviors, and motives.

-- Blaine, B. E. (2007).

Techniques for combatting stereotypes

Stereotype replacement	Becoming aware of stereotypes you hold and creating non-stereotypical alternatives to them
Counter-stereotypic imaging	Remembering or imagining someone from a stereotyped group who does not fit the stereotype
Individuating	Seeing someone as an individual not a group member; paying attention to things about them besides the stereotypes of their group
Perspective-taking	Imagining the perspective of someone from a group different than your own
Contact	Seeking opportunities to get to know people from stereotyped groups

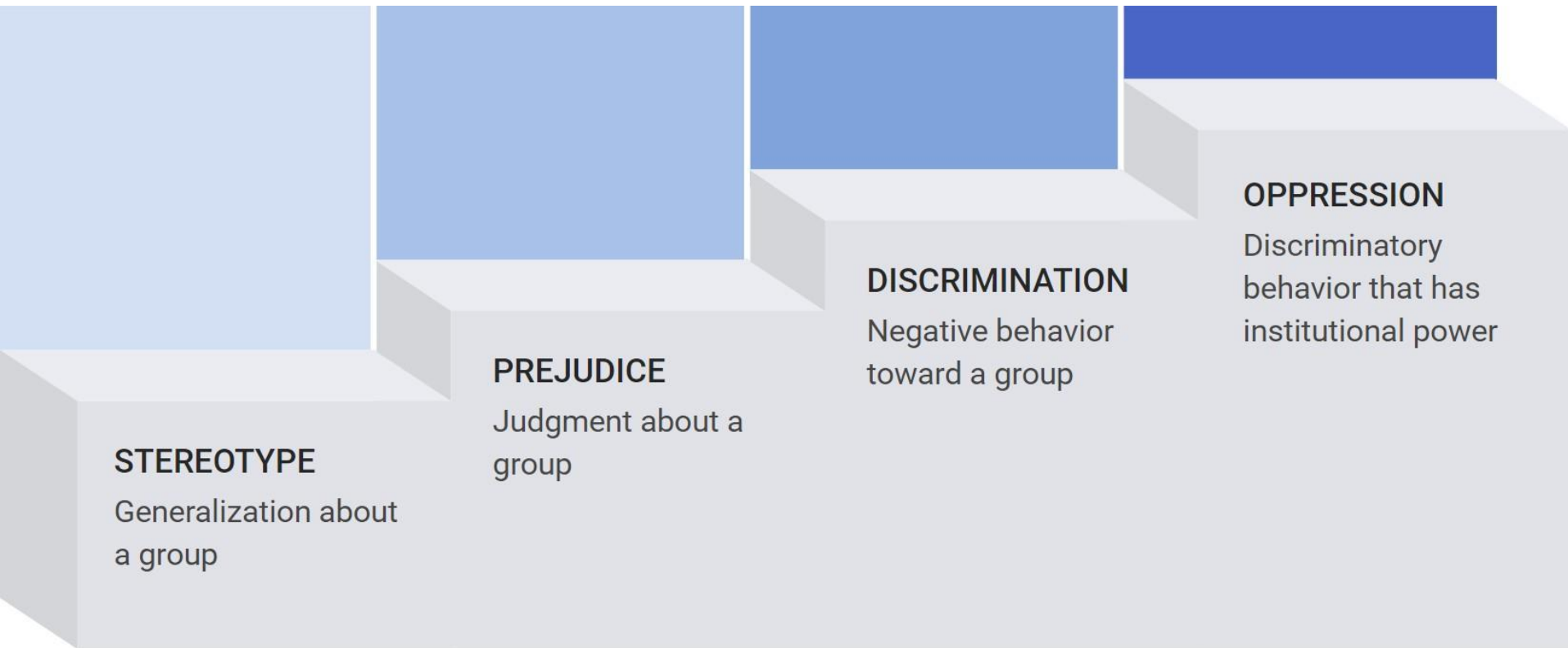


Why combat stereotypes

Recognizing and combatting stereotypes commonly held about different groups can help you:

- Realize when someone is being stereotyped
- Develop greater empathy for individuals confronting stereotypes
- Avoid playing into stereotypes or saying something hurtful

Stereotypes can lead to prejudice, discrimination, and oppression



3

Recognizing microaggressions and understanding how they affect behavioral health care

Microaggressions: The everyday slights, putdowns, invalidations, and insults aimed at people from nondominant groups, by people who may be unaware that what they have said or done is harmful.

-- Sue, D. W., & Sue, D. (2016).

Case study – Jamie and Adam (Parts 1-3)



Jamie is a 30-year-old black woman who attends a prestigious, private university in the Southeastern U.S. Jamie is the first in her family to have graduated from college. She is now earning a master's degree in public policy, while working part-time as an administrative assistant for her department.



Adam is a 50-year-old white male counselor who primarily works with clients who are white and of a high socioeconomic status – the characteristics of most of the students at this university. Adam considers himself a culturally competent provider because he has counseled students from all over the world.



What is the message conveyed by these microaggressions?

“Where were you born?” to an Asian American

A heterosexual person glaring at two men holding hands

“I have nothing against Muslims. I’m just afraid of those who are religious fanatics.”

An able-bodied person helps a person with a physical disability board a train without being asked.

“Why do they have to talk so loud?”

“Men and women have equal opportunities for advancement.”

“Did something terrible happen to you in your childhood?” to a transgender person

“When I look at you, I don’t see color.”

A white person mistakes a person of color for a service worker.



Which statements are a microaggression?

1. “I don’t think we need to focus on your race to understand your depression.”
2. “I haven’t walked in your shoes, but I’m here to help. What can I do better to make sure you get the care you need?”
3. “Some people say that bisexuality is a phase during which a person is trying to find their sexual identity. Have you been struggling with identity issues?”
4. “Can you share a little more about how your experiences with xenophobia are related to your stress and anxiety?”
5. “I’m not sure your experience of feeling ignored at your job is a result of ableism. Perhaps you’re reading too much into things.”



Avoiding microaggressions

Try to be other-oriented. Empathize with others' life experiences.

Create a culture of feedback that offers clients a safe space to discuss their experiences with you and with microaggressions and oppression. For example, say:

- “I want to make sure I understand your perspective. Although I know some things about your cultural background, I may not fully understand how this impacts your life and relates to challenges that have brought you to counseling. I welcome your thoughts about anything I may not understand about you, your values, or your life experiences. I really welcome your feedback.”
- “Before we end today, I want to ask about how things were for you in our session. How did you feel about our session today? Did I seem to understand things from your perspective? Was there anything I missed or misunderstood regarding how culture plays a role in what we discussed today? I would really like your honest feedback about this.”

When you recognize that you've committed a microaggression, address it and apologize for it.



4

Learning about how your clients express distress and seek help

Cultural concepts of distress: Ways that cultural groups, experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions

-- American Psychiatric Association. (2013).

Knowing common cultural concepts of distress can help you build a stronger rapport with your clients, improve your diagnoses, and improve the effectiveness of your interventions.

Common cultural concepts of distress

Cultural idioms of distress – Ways of expressing distress that may not involve specific symptoms or syndromes, but that provide collective, shared ways of experiencing and talking about personal or social concerns. For example:

- Somatization (the tendency to describe mental ailments in physical terms).
- Saying that we “feel depressed.”

Cultural explanations of distress – Labels, attributions, or features of an explanatory model that indicate culturally recognized meaning or etiology for symptoms, illness, or distress. For example:

- Believing psychological problems are related to spirits or caused by witchcraft.
- Explaining psychological issues in physiological terms.

Cultural syndromes – Clusters of symptoms and attributions that tend to co-occur among individuals in specific cultural groups, communities, or contexts. For example:

- Ataque de nervios (encompasses symptoms such as uncontrollable shouting, crying, trembling, fainting spells, and physical and/or verbal aggression), reported among Latinxs (especially those from the Caribbean) in response to a stressful event.
- Taijin kyofusho (encompassing an intense fear that one’s body, its parts, or its functions displease, embarrass, or offend other people in appearance, odor, facial expressions, or movement), included in the official Japanese diagnostic system for mental disorders

Different groups express distress differently

Depression can be shown in these ways	Individuals from these groups may more frequently express depression in this way
Somatization (e.g., headaches, stomachaches)	Asian cultures, Latin American and Latinx cultures, African and African American cultures
Behavioral problems (e.g., irritability, withdrawal)	Children and adolescents
Cognitive changes (e.g., disorientation, memory loss, distractibility)	Older adults
Visitation by spirits	American Indian and Alaska Native cultures, Hmong, some Latin American and Caribbean cultures
Emotional complaints (e.g., feeling hopeless)	The dominant groups in the United States and Western Europe

How a client may seek help

For many people, seeking professional help may be a last resort. Instead, people may prefer:

- Asking a friend, or family or community member, for advice
- Talking to a spiritual or religious leader and/or using folk treatments
- Dealing with it alone
- Engaging with alcohol and other substances

Also, many people who experience distress due to mental health and/or substance abuse issues do not perceive they have a serious problem or do not think they need help.

Case study – Abel and Jenna (Part 1)



Abel is a 68-year-old Ethiopian man. A few years ago, following the death of his wife, Abel moved from his hometown in Ethiopia to the suburbs of Washington, D.C., where his children had immigrated to decades before. He lives with his daughter, son-in-law, and their teenage children. Abel's sons and their families also live nearby. Recently, Abel has experienced memory loss, fatigue, and difficulty concentrating, and he is increasingly socially isolated.



Jenna is a 39-year-old Arab-American woman. Jenna has worked as a clinical psychologist for over a decade.



Stigma

A sign of disgrace or discredit that sets people apart from others. Mental illness and substance abuse are highly stigmatized in many cultures, and individuals with these issues may face exclusion and discrimination.

-- Byrne, P. (2000).

Case study – Abel and Jenna (Parts 2 & 3)



Abel is a 68-year-old Ethiopian man. A few years ago, following the death of his wife, Abel moved from his hometown in Ethiopia to the suburbs of Washington, D.C., where his children had immigrated to decades before. He lives with his daughter, son-in-law, and their teenage children. Abel's sons and their families also live nearby. Recently, Abel has experienced memory loss, fatigue, and difficulty concentrating, and he is increasingly socially isolated.



Jenna is a 39-year-old Arab-American woman. Jenna has worked as a clinical psychologist for over a decade.



Video: Learning about a client's cultural identity and establishing trust



Course 3 Summary

1

Learning about your client's cultural identity

2

Recognizing stereotypes and how they affect behavioral health care

3

Recognizing microaggressions and how they affect behavioral health care

4

Learning about how your clients express distress and seek help

How will you put this information into practice?



Earn your credits

1. Log into the participant's website at <https://www.thinkculturalhealth.hhs.gov/Behavioral-Health/SmallGroup/>
2. Complete the post-Course activities:
 - Confidence scale
 - Test
 - Survey

You will receive your certificate (or statement of participation) by email

Resources

- Hays, P. (2016). [Addressing cultural complexities in practice: Assessment, diagnosis, and therapy](#) (3rd ed.). Washington, DC: American Psychological Association Press.
- Korn, L.E. (2016). [Multicultural counseling workbook: Exercises, worksheets & games to build rapport with diverse clients](#) . Eau Claire, WI: PESI Publishing and Media.
- Mio, J.S., Barker, L.A., & Domenech Rodríguez, M.M. (2016). [Multicultural psychology: Understanding our diverse communities](#) (4th ed.). New York: Oxford University Press
- Sue, D.W., & Sue, D. (2019). [Counseling the culturally diverse](#) (8th ed.). Hoboken, NJ: Wiley.
- Learn more about military culture – Review the Uniformed Services University’s modules, [Military Culture: Core Competencies for Healthcare Professionals](#)

Resources

- Learn more about prejudice – Visit the Ball State University website [Breaking Prejudice](#) for many more related resources, including podcasts, videos, and interviews
- Review resources to help you comply with the law – Check out these [resources from the HHS Office for Civil Rights about complying with civil rights laws](#)
- Learn about National Origin Discrimination – Check out [these resources, guidance, and documents](#) from the HHS Office for Civil Rights
- Learn about Section 1557 of the Affordable Care Act – [Review the nondiscrimination provision of the ACA](#), which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities

Resources

- [Microaggressions: Comments that sting](#) – The New York Times explores racial microaggressions and efforts to combat them on a college campus. (4 minutes)
- [Microaggressions in everyday life](#) – Dr. Derald Wing Sue explains what a microaggression is, how it manifests itself, how it impacts people, and what can be done to address it. (4 minutes)
- [No way but through](#) – Dr. Melanie Domenech Rodríguez makes the case for continuing to engage – to “fail better” – with each interaction. (13 minutes)
- Learn about a cultural group - Pick a cultural group you’re not very familiar with and find out everything you can about its perspectives on behavioral health
- Learn more about the connections between culture and mental health - Read [Chapter 2 Culture Counts: The Influence of Culture and Society on Mental Health](#) in Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General
- Understand [cultural concepts of distress](#) - [For example, review this table of cultural syndromes](#)