Ensuring Cultural and Linguistic Competence State/Tribal/Adolescents at Risk Grantee Meeting

Facilitator:

Barbara J. Bazron, Ph. D., Managing Director, American Institutes for Research

Moderator:

Lisa McCarthy, Suicide Prevention Resource Center (SPRC)

Grantee: Lygia Williams, Tennessee Project

December 13, 200 p.m. - 5:00 p.m.

MERICAN INSTITUTES FOR RESEARCH®

Objectives

- Grantees will participate in activities designed to increase awareness of culturally based world views, behaviors, and values that affect risk and protective factors for suicide and their implications for prevention strategies.
- Grantees will develop strategies to design and modify current grant activities to incorporate cultural norms, beliefs and behaviors that increase the quality and effectiveness of suicide prevention activities.
- 3. A current grantee will describe her experience in implementing culturally informed practices in their project and organization.
- Grantees will learn about accessible resources (i.e. websites, guide books, tools) that can continue their development of culturally competent practices.

Agenda

- 2:00 Overview of Definitions and Value-base of Cultural and Linguistic Competence
- 2:30 Exercise: "Purple People"
- 3:15 Overview of Cultural Considerations for Suicide Prevention
- 3:30 Exercise: "Designing Culturally Specific Suicide Prevention Strategies"
- 4:30 Case Study: Developing a Culturally and Linguistically Specific Social Marketing Strategy
- 5:00 Adjournment

Common Language

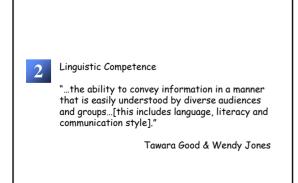
Culture –

"...the vast structures of behavior, ideas, attitudes, values, habits, beliefs, customs, language, rituals, ceremonies and practices peculiar to a particular group of people...[that]...provides them with a general design for living and patterns for interpreting reality..."

Wade Noble, M.D.

Characteristics of Culture

- Every human being has a culture.
- Culture *determines what we think, feel, and how we act* and respond to problems.
- **Culture is learned.** It is a group phenomenon that is passed on from generation to generation.
- Culture is dynamic and changes over time.
- People can be *bi-cultural* and/or *belong to different subcultures*.





Cultural and Linguistic Competence

"The state of being capable of functioning effectively in the context of cultural differences."

(Cross, Bazron, Dennis and Isaacs, 1989)

The "Dynamic of Difference"....

what happens when people from two cultures meet ...

Each person interprets the responses of others within the context of his/her own cultural experience. This interaction is affected by differences in:

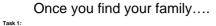
- Language and communication style Economic opportunity _
- _
- _ Family configuration and kinship structures
- _ How problems are defined or solved
- _ Non-verbal communication
- _ Political influences/judicial protection

(Cross, Bazron, Dennis and Isaacs, 1989)

EXERCISE: "Purple People"

Ground Rules:

- □ A *minimum* of three and a *maximum* of four people constitute a family group.
- □ You may *not* ask yes/no questions of anyone to determine their family.
- □ If you discover someone is not in your family, make a special effort to be unfriendly or unavailable to them.



When you find your family, find a space for your family separate from other groups and discuss the following:

- What was it like to search for your family? How did you find them? How does it feel to be with them? What were the other families like that you encountered on the way?

Task 2

Find a different family (i.e., if one is a "purple" family member, they must find a family with oranges and blues). No more than one other family member from you own family can be in your group. If you fail to find a new family group, you must report to the homeless shelter.

- Discuss your similarities and differences. How did you discover the similarities and/or differences? What was it like to be with a new family?

Homeless Shelter

How did you become homeless?
 What does it feel like to be homeless?

Value-Base of the American Culture

- 1. The Protestant Ethic- the individual is more important than the group.
- 2. Authority is Vested in Hierarchy- Decision-making is at the top of the chain of command
- 3. Patriarchy-Men control almost all major institutions and construct and interpret reality
- 4. Entitlement- God-granted rights to own land, be a decision-maker and take care of others.
- 5. Majority Rights- "might makes right"
- Either/or Thinking- Everything is either "A" or not "A" 6.
- Ends Justifies the Means Value of product over process 7.
- Success is Measured by Economic Gains A person is what he owns. 8.
- Rationality, Clarity and Linearity- outcome is important and we distance ourselves from impact or process. 9.
- Thinking/Feeling Split- If one is emotional, one cannot be thinking clearly therefore, the expression of emotions is unacceptable and is a sign of weakness. 10.

Reference: Anthony Buonocore, Whiteness as a Culture

Value Base of a Culturally and

Linguistically Competent System of Care 1. Respects the unique, culturally defined needs of various client

- populations.
- 2. Acknowledges culture as a predominant force in shaping behavior, values, and institutions.
- 3. Understands when values of minority groups are in conflict with dominant society values.
- 4. Believes that diversity within cultures is as important as diversity between cultures.
- 5. Acknowledges and accepts that cultural differences exist and have an impact on service delivery.
- Views natural systems (family, community, church, healers, etc.) 6. as primary mechanisms of support.

Value Base of a Culturally and Linguistically Competent System of Care

- 7. Recognizes that the concept of "family", "community", etc., are different from various cultures and even for subgroups within cultures.
- 8. Starts with the "family" as defined by each culture, as the primary and preferred point of intervention.
- 9. Respects the family as indispensable to understanding the individual.
- 10. Respects cultural preferences which value process rather than product and harmony or balance within one's life rather than achievement.
- 11. Recognizes that people of color have to be at least bicultural, which in turn creates its own set of mental health issues.
- 12. Advocates for culturally competent services.

Some Causal and Contributing Factors of Suicide

- 1. Role of immigration and acculturation
- 2. Sense of alienation and marginalization
- 3. Role of racism and prejudice
- 4. Stigma related to seeking help for mental health problems

Considerations for Prevention Efforts-Cultural Views of Distress

- Latinos (IOM Report 2002)

 Stigma attached to mental illness
 Physical symptoms described to express mental distress
- Reliance on healers instead of physicians
- . Holistic view of the mind and body as one
- Others?

African-Descent and/or Black Americans (Poussaint and Alexander, 2000) • "stay strong"—stigma attached to mental illness

- .
- Racism, oppression and impact of slavery linked to low self-esteem Self-medicating Belief that problems can be solved through faith—"Take it to the Lord."
- Disconnection from traditional supports like the church has resulted in isolation (Jewelle Taylor Gibbs) .
- : Viewed by majority culture as being happy, able to withstand great adversity and inferior Others?

- Asian Americans and/or Pacific Islanders (IOM Report 2002) No separation of mind and body; mental illness is often manifests itself with physical symptoms Mental illness often perceived as manifestations of evil
- Being labeled as a "bad person" motivates families and individuals to hide symptoms and delay seeking help Intense desire to belong to a group, or to become a part of the establishment associated with high rate of suicide among Japanese (Takahashi and Berger, 1996) . •
- . Others?

- American Indians and Alaska Natives (IOM Report 2002)
 Historical unresolved grief and pervasive sense of pain from what happened to their ancestors
- ancestors Experience related to cultural oppression, racism and loss of traditions, assimilation policies Balance of mind, body and spirit
- Reliance on traditional/natural healers Others? .

Cultural Knowledge Base

- History of the population of focus including their history in the United States—How did they get here? What has been their experience entering American culture? 1.
- 2 Values, behavior, kinship structure
- 3. Language and communication pattern
- 4. Cultural values related to identity formation, childrearing practices, appropriate behavior and responses
- Help-seeking behavior 5.
- 6. Concepts of health, mental health and disease

EXERCISE: "Designing Culturally Responsive Suicide Prevention Strategies'

- Choose an evidence-based or promising practice for suicide prevention. You may use one of the strategies described in your packet or one that you are currently using in your project.
- Meet with your group. Choose a recorder and reporter. The recorder will take notes and help the reporter prepare a five minute presentation, which will be shared with the large group.
- 2. Choose a population of focus for your work.
- 3. Determine what cultural accommodations should be made to the chosen strategy to enhance its effectiveness with the group you have selected.
- 4. Prepare a five minute report on your work to share your ideas.

Report-Out: Address the following considerations:

- 1. Describe your population of focus.
- 2. What cultural/linguistic factors did you consider when designing your strategy?
- 3. Describe your strategy?
- Who will implement the strategy.
 Traditional/natural helpers? Primary care physician? Mental health professionals? Teachers? Religious leaders? Employers? Co-workers? Others?
- 5. How will you know if it is effective?

Culturally Informed Practice: One Grantees Experience Developing a Social Marketing Strategy

Presenter/Facilitator:

Lygia Williams Tennessee project

mahalo	mercí	istutiy
XIE XIE	THANK-YOU	
	for	surkria
Participating in this Session!		
dziel	kuje gracias	danke
toda	J	

