

CULTURAL DIVERSITY





Objective of this course

This course is designed to introduce the fundamental elements of cultural competence, emphasizing that it is not merely a concept to be learned, but an ongoing process of developing awareness, understanding, and acceptance of cultural differences—and recognizing how those differences influence our interactions and experiences.







Definitions

- Diversity refers to the presence of differences within a given setting, including but not limited to race, ethnicity, gender, age, sexual orientation, disability, religion, socioeconomic status, language, education level, and cultural background. It recognizes that every individual is unique and brings distinct perspectives, experiences, and values that contribute to a richer, more inclusive environment.
- Cultural Competency The ability to understand, respect, and effectively interact with people from diverse cultural backgrounds.
- Culture Shared beliefs, values, customs, behaviors, and artifacts that characterize a group or society. It shapes how people think, communicate, and interact with others and their environment. It can be impacted by education, geographic location, and economic status.



Cultural Considerations

- Celebrations
- Physical Conditions
- o Race
- Religion/Spirituality
- Sexual Orientation
- Sub-populations
- Language

- Music
- Economic
- o Education
- Ethnicity
- o Gender Identification
- Geographical

Considerations that may impact how you would interact with persons served:

- Personal space
- Slang
- Hand gestures
- Mental health and addiction treatment
- o Dress
- Punctuality

- Role of religion/spirituality
- Importance of family
- Authority figures
- Death and dying
- Sexuality, gender roles, and relationships
- Politics



Why is Cultural Competency Important?

- First and foremost, cultural competency promotes effective interventions which lays the groundwork for positive outcomes in our work with persons served, our interactions with co-workers and members of our community.
- Second, there are Federal, State, and Accrediting body mandates that require a culturally competent practice.







Cultural Barriers to Cultural Competency

- Stereotypes Exaggerated beliefs or fixed ideas about various groups that distort, devalue, or exaggerate particular qualities.
- Ethnocentrism An assumption or belief that one's own group or cultural approach offers the "only way", or "the right way", or the "best way" to view people and events.
 - We are ethnocentric when we use our own interpretations, beliefs, or biases to interpret another's ideas, beliefs, or behaviors. We are also ethnocentric when we "assume similarity".
- Fear Of the unknown. What we don't understand about someone can be fearful.



Why does Cultural Competency Matter to LCCMH?

Developing culturally sensitive practices can help reduce barriers to:

- Effective treatment utilization Person served focused
- Effectively dealing with the organization's multiple facets and functions intra-organizational focus
- Effectively working with our community partners and stakeholders interorganizational focus.





Clinical Implications of Cultural Competency

Building rapport is a vital part of developing competency in any helping profession. Establishing a strong, respectful connection with individuals helps to build trust, which is essential for effective engagement. When people feel understood and supported, they are more likely to invest in the process and remain actively involved in their treatment or personal development. Rapport not only strengthens the therapeutic relationship but also lays the foundation for long-term success.







The Road to Cultural Competence Begins With ALL OF US!

- o Be open and respectful to different cultures.
- o Understand your own cultural background and beliefs.
- o Recognize how cultural differences affect relationships.
- Learn about the cultures of the people you work with and serve.
- Use what you learn to change how you communicate and interact.
- o Respect differences in values, how people talk, their beliefs, and what "family" means to them.
- Don't just accept these differences appreciate them.
 They can help support healing and connection.



How Cultural Conditioning Influences our Beliefs

o Culture:

- Provides a framework for how people live and understand their surroundings
- o Shapes how individuals view the world and organize their community and family life
- o Influences a person's values, beliefs, and attitudes toward others and the world around them
- o Realizing differences is crucial as they can influence how services are delivered and affect relationships.
- It is crucial to learn about the cultures of those using services and those we interact with, including their values, views on health and work, and social structures.
- o Historically, people of color and in the minority have always been expected to adapt to the dominant culture's institutions in order to access services and be successful at work.



Some of the factors that may require adaptations include:

- Where services are offered: Consider the accessibility of service locations for diverse communities, ensuring they are easy to reach and inclusive for all.
- Communication styles: Adapt communication methods to be culturally sensitive and responsive to the diverse preferences of those served.
- Referral process: Ensure clear communication about referral processes, including how the organization refers individuals to external resources and how those referrals are communicated.





Some of the factors that may require adaptations include (continued):

- Staffing considerations: Hire diverse staff and provide necessary interpretation resources, ensuring that staff reflects the community served. Additionally, ensure the organization's décor represents and celebrates cultural diversity.
- Service hours: Offer flexible hours, taking into account the needs of the community and being mindful of cultural or religious observances that may affect availability.
- Decision making and conflict resolution: Implement culturally responsive decisionmaking and conflict resolution strategies that respect different cultural approaches and values.







When Providing Services

- Reflect Community Demographics: Ensure services are culturally responsive and representative of the populations we serve.
- o Focus on Screening & Assessment: Identify risk, resilience, and strengths to guide prevention and early intervention.
- Ensure Holistic Treatment: Address physical, emotional, social, and environmental needs.
- Be Sensitive and Respectful: Approach all interactions with empathy, respect, and cultural awareness.

Cultural Competency in Health

- View video here https://www.youtube.com/watch?v=vHePY3J5wJs
- View video here https://www.youtube.com/watch?v=zcFADtVc5FM



Key Points

- o The acceptance and respect for difference
- o A continuous self-assessment regarding culture
- o An attention to the dynamics of difference
- o The ongoing development of cultural knowledge
- o The resources and flexibility within service models to meet the needs of minority populations.
- o It is critical we strive toward cultural competency. There are people from different cultures, backgrounds, and faiths etc. in our communities in need of our services.
- We need to remove barriers and embrace our differences to be as effective as possible in our interactions with our consumers, co-workers, and members of our community.
- o The process of becoming culturally competent is a long-term, ongoing process.
- Cultural competency exists on a continuum from being culturally destructive to culturally competent. Examples include:
 - Making a person served attend church
 - Celebrating other people's holidays
 - o Eat foods they don't like
- o Take a personal inventory, and we all must plan to make the necessary adaptations.





Remember...

- We don't use labels that negatively categorize individuals. We DO use positive language when communicating with persons served.
- We don't miscommunicate through cultural ignorance or insensitivity. We DO communicate through Cultural Awareness and Sensitivity.
- We don't refer to people as being their circumstances rather than experiencing their circumstances (i.e., referring to someone as "mentally ill" as opposed to a person with "mental illness). We DO use the first language of the person served.
 - Example: Instead of referring to someone as a "schizophrenic" or a "bipolar," we would say a person served who has Schizophrenia or bipolar.
- We don't use your own culture as the norm. We DO use the culture of the person served when providing services.



Summary



This module was designed to acquaint you with cultural diversity and sensitivity.

Completion of this training should have helped make you familiar with cultural issues and described how you can do your part to respect others' differences and cultural beliefs.

Age, gender, race, ethnicity, language and religion are all diversity issues and it is each individual's responsibility to overcome unconscious biases and work toward a happier, healthier, diverse workplace.



