

BASED ON TIP 59

# Improving Cultural Competence

## KAP KEYS FOR CLINICIANS





## Introduction

KAP Keys were developed to accompany the Treatment Improvement Protocol (TIP) Series published by the Substance Abuse and Mental Health Services Administration (SAMHSA). These KAP Keys are based entirely on TIP 59 and are designed to meet the needs of the busy clinician for concise, easily accessed “how-to” information.

For more information on the topics in these KAP Keys, see **TIP 59: Improving Cultural Competence**

### **Other TIPs relevant to these KAP Keys:**

**TIP 57:** Trauma-Informed Care in Behavioral Health Services

**TIP 56:** Addressing the Specific Behavioral Health Needs of Men

**TIP 51:** Substance Abuse Treatment: Addressing the Specific Needs of Women

**TIP 42:** Substance Abuse Treatment for Persons With Co-Occurring Disorders

**TIP 39:** Substance Abuse Treatment and Family Therapy

**TIP 35:** Enhancing Motivation for Change in Substance Abuse Treatment

## Attitudes and Behaviors of Culturally Competent Counselors

Attitude	Behavior
Respect	<ul style="list-style-type: none"> <li>• Exploring, acknowledging, and validating the client’s worldview</li> <li>• Approaching treatment as a collaborative process</li> <li>• Investing time to understand the client’s expectations of treatment</li> <li>• Using consultation, literature, and training to understand culturally specific behaviors that demonstrate respect for the client</li> <li>• Communicating in the client’s preferred language</li> </ul>
Acceptance	<ul style="list-style-type: none"> <li>• Maintaining a nonjudgmental attitude toward the client</li> <li>• Considering what is important to the client</li> </ul>
Sensitivity	<ul style="list-style-type: none"> <li>• Understanding the client’s experiences of racism, stereotyping, and discrimination</li> <li>• Exploring the client’s cultural identity and what it means to her/him</li> <li>• Actively involving oneself with individuals from diverse backgrounds outside the counseling setting to foster a perspective that is more than academic or work related</li> <li>• Adopting a broader view of family and, when appropriate, including other family or community members in the treatment process</li> <li>• Tailoring treatment to meet the cultural needs of the client (e.g., providing outside resources for traditional healing)</li> </ul>



## Attitudes and Behaviors of Culturally Competent Counselors (continued)

Attitude	Behavior
Commitment to equality	<ul style="list-style-type: none"><li>• Proactively addressing racism or bias as it occurs in treatment (e.g., processing derogatory comments made by another client in a group counseling session)</li><li>• Identifying the specific barriers to treatment engagement and retention among the populations being served</li><li>• Recognizing that equality of treatment does not translate to equity—that equity is defined as equality in opportunity, access, and outcome</li><li>• Endorsing counseling strategies and treatment approaches that match the unmet needs of diverse populations to ensure treatment engagement, retention, and positive outcomes</li></ul>
Openness	<ul style="list-style-type: none"><li>• Recognizing the value of traditional healing and help-seeking practices</li><li>• Developing alliances and relationships with traditional practitioners</li><li>• Seeking consultation with traditional healers and religious and spiritual leaders when appropriate</li><li>• Understanding and accepting that people from diverse cultural groups can use different cognitive styles (e.g., placing more attention on reflecting and processing than on content; being task oriented)</li></ul>

## Attitudes and Behaviors of Culturally Competent Counselors (continued)

Attitude	Behavior
Humility	<ul style="list-style-type: none"> <li>• Recognizing that the client's trust is earned through consistent and competent behavior rather than the potential status and power that is ascribed to the role of counselor</li> <li>• Acknowledging the limits of one's competencies and expertise and referring clients to a more appropriate counselor or service when necessary</li> <li>• Seeking consultation, clinical supervision, and training to expand cultural knowledge and cultural competence in counseling skills</li> <li>• Seeking to understand oneself as influenced by ethnicity and cultural groups and actively seeking a nonracist identity</li> <li>• Being sensitive to the power differential between client and counselor</li> </ul>
Flexibility	<ul style="list-style-type: none"> <li>• Using a variety of verbal and nonverbal responses, approaches, or styles to suit the cultural context of the client</li> <li>• Accommodating different learning styles in treatment approaches (e.g., the use of role-plays or experiential activities to demonstrate coping skills or alcohol and drug refusal skills)</li> <li>• Using cultural, socioeconomic, environmental, and political contextual factors in conducting evaluations (e.g., Alaska Native traditional practices, such as tundra walking or berry picking and other sustenance activities)</li> </ul>



## Initial Interview and Assessment Questions

When working with culturally diverse populations, explore:

- Number of generations in the United States.
- Number of years in the United States.
- Fluency in English (or literacy).
- Extent (or lack) of family support.
- Community resources.
- Level of education.
- Change in social status due to immigration (for immigrant or refugee).
- Extent of personal relationships with people from diverse cultural backgrounds.

Source:

American Psychological Association. (1990). *APA guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations*. Washington, DC:

Author.

## Questions Related to Health, Illness, and Healing

The following questions highlight many of the culturally related issues that are prevalent in and pertinent to assessment, treatment planning, and case management. This list of considerations can help facilitate discussions in counseling and clinical supervision contexts.

- Does the cultural group in question consider psychological, physical, and spiritual health or well-being as separate entities or as unified aspects of the whole person?
- How are illnesses and healing practices defined and conceptualized?
- What are acceptable behaviors for managing stress?
- How do people who belong to the culture in question typically express emotions and emotional distress?
- What behaviors, practices, or customs do members of this culture consider to be preventive?
- What words do people from this cultural group use to describe a particular problem?
- How do members of the group explain the origins or causes of a particular condition?
- Are there culturally specific conditions or cultural concepts of distress?
- Where do people from this cultural group typically seek help for psychological concerns and substance misuse?
- What traditional healing practices and treatments for psychological concerns and substance misuse are endorsed by members of this group?
- Are there biomedical treatments or procedures that would typically be unacceptable?
- Are there specific counseling approaches more congruent with the beliefs of most members?
- What are common health inequities for this population?



## Questions Related to Health, Illness, and Healing (continued)

- What are acceptable caregiving practices?
- Do members of this group attach honor to caring for family members with specific diseases?
- Are individuals with specific conditions shunned from the community?
- What are the roles of family members in providing health care and in making decisions?
- Is discussing consequences of and prognosis for behaviors, conditions, or diseases acceptable?
- Is it customary for family members to withhold prognosis from the client?

## Behaviors for Counselors To Avoid

- Addressing clients or their families informally, which may be perceived as disrespectful; counselors should not assume familiarity until they grasp cultural expectations and client preferences.
- Failing to monitor and adjust to the client's verbal pacing (e.g., not allowing time for the client to respond to questions).
- Using counseling jargon and treatment language (e.g., "I am going to send you to our primary stabilization program to obtain a biopsychosocial and then, afterwards, to partial").
- Using statements based on stereotypes or other preconceived ideas generated from experiences with other clients from the same culture.
- Using gestures without understanding their meaning and appropriate context within the given culture.
- Ignoring the relevance of cultural identity in the client–counselor relationship.
- Neglecting the client's history (i.e., not understanding the client's individual and cultural background).
- Ignoring cultural context by providing an explanation of how current difficulties can be resolved without first obtaining the client's own explanations of the problems and how he or she thinks these problems should be addressed.
- Downplaying the importance of traditional practices and failing to coordinate these services as needed.

### Sources:

Fontes, L. A. (2008). *Interviewing clients across cultures: A practitioner's guide*. New York: Guilford Press.

Lynch, E. W., & Hanson, M. J. (2011). Steps in the right direction: Implications for service providers. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with children and their families* (4th ed., pp. 472–489). Baltimore: Brookes.

Pack-Brown, S. P., & Williams, C. B. (2003). *Ethics in a multicultural context*. In P. Pedersen (Series Ed.), *Multicultural Aspects of Counseling Series: Vol. 19*. Thousand Oaks, CA: Sage.

Srivastava, R. (2007). Understanding cultural competence in health care. In R. Srivastava (Ed.), *The healthcare professional's guide to clinical cultural competence* (pp. 3–27). Toronto, Canada: Mosby.



## Tips for Cross-Cultural Communication

- Slow down.
- Use plain, nonpsychiatric language.
- Show or draw pictures.
- Limit the amount of information provided at one time.
- Use the “teach-back” method. Ask the client, in a non-threatening way, to explain or show what he or she has been told.
- Create a shame-free environment that encourages questions and participation.

Source:

Weiss, B. D. (2007). *Removing barriers to better, safer care: Health literacy and patient safety; Help patients understand. Manual for clinicians*. Chicago: American Medical Association Foundation.

## Client Strengths and Supports

Initial interviews and evaluations can overemphasize presenting problems and concerns while underplaying client strengths and supports. This list, although not exhaustive, reminds clinicians to conduct interviews that acknowledge client strengths and supports from the outset.

- Pride and participation in one's culture
- Social skills, traditions, knowledge, and practical skills specific to the client's culture
- Bilingual or multilingual skills
- Traditional, religious, or spiritual practices, beliefs, and faith
- Generational wisdom
- Extended families and nonblood kinships
- Ability to maintain cultural heritage and practices
- Perseverance in coping with racism and oppression
- Culturally specific ways of coping
- Community involvement and support

Source:

Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd ed.). Washington, DC: American Psychological Association.

## Questions About Culture and Acculturation

Counselors can adapt the wording in the questions below to suit clients' cultural contexts and styles of communication; the questions are only examples. Ask the questions tactfully so they do not sound like an interrogation. Try to integrate the questions naturally into a conversation rather than asking one after another. Not all questions are relevant in all settings.

- Where were you born?
- Whom do you consider family?
- What was the first language you learned?
- Which other language(s) do you speak?
- What language or languages are spoken in your home?
- What is your religion? How observant are you in practicing that religion?
- What activities do you enjoy when you are not working?
- How do you identify yourself culturally?
- What aspects of being \_\_\_\_\_ are most important to you? (Use the same term for the identified culture as the client.)
- How would you describe your home and neighborhood?
- Whom do you usually turn to for help when facing a problem?

Source:

Fontes, L. A. (2008). *Interviewing clients across cultures: A practitioner's guide*. New York: Guilford Press.

## Questions To Elicit Client Views on Presenting Problems

Some clients do not see their presenting physical, psychological, and/or behavioral difficulties as problems. Instead, they may view their presenting difficulties as the result of stress or another issue, thus defining or labeling the presenting problem as something other than a physical or mental disorder. In such cases, word the following questions using the clients' terminology rather than using the word "problem." These questions help explore how clients view their behavioral health concerns:

- I know that clients and counselors sometimes have different ideas about illness and diseases, so can you tell me more about your idea of your problem?
- Do you consider your use of alcohol and/or drugs a problem?
- How do you label your problem? Do you think it is a serious problem?
- What do you think caused your problem?
- Why do you think it started when it did?
- What is going on in your body as a result of this problem?
- How has this problem affected your life?
- What frightens or concerns you most about this problem and its treatment?
- How is your problem viewed in your family? Is it acceptable?
- How is your problem viewed in your community? Is it acceptable? Is it considered a disease?
- Do you know others who have had this problem? How did they treat the problem?
- How does your problem affect your stature in the community?
- What kinds of treatment do you think will help or heal you?



## Questions To Elicit Client Views on Presenting Problems (continued)

- How have you treated your drug and/or alcohol problem or emotional distress?
- What has been your experience with treatment programs?

### Sources:

Lynch, E. W., & Hanson, M. J. (2011). Steps in the right direction: Implications for service providers. In E. W. Lynch & M. J. Hanson (Eds.), *Developing cross-cultural competence: A guide for working with children and their families* (4th ed., pp. 472–489). Baltimore: Brookes.

Tang, W. W. H., & Bigby, J. (1996). Cultural perspectives on substance abuse. In L. Friedman, N. Fleming, D. Roberts, & S. E. Hyman (Eds.), *Source book of substance abuse and addiction* (pp. 41–56). Baltimore: Williams & Wilkins.

Taylor, T. (2002). Effective cross-cultural communication in drug abuse intervention among ethnic minority populations. In G. X. Ma & G. Henderson (Eds.), *Ethnicity and substance abuse: Prevention and intervention* (pp. 19–37). Springfield, IL: Charles C. Thomas.

## Multicultural Intake Checklist

Ask questions on the following topics to explore a client's views of his or her behavioral health concerns:

- Immigration history
- Relocations (current migration patterns)
- Losses associated with immigration and relocation history
- English-language fluency
- Bilingual or multilingual fluency
- Individualistic/collectivistic orientation
- Racial, ethnic, and cultural identities
- Tribal affiliation, if appropriate
- Geographic location
- Family and extended family concerns (including nonblood kinships)
- Acculturation level (e.g., traditional, bicultural)
- Acculturation stress
- History of discrimination/racism
- Trauma history
- Historical trauma
- Intergenerational family history and concerns
- Gender roles and expectations
- Birth order roles and expectations
- Relationship and dating concerns
- Sexual and gender orientation
- Health concerns
- Traditional healing practices

## Multicultural Intake Checklist (continued)

- Help-seeking patterns
- Beliefs about wellness
- Beliefs about mental illness and treatment for mental illness
- Beliefs about substance use, misuse, and dependence
- Beliefs about substance use treatment
- Family views on substance use and substance use treatment
- Treatment concerns related to cultural differences
- Cultural approaches to healing or treatment of substance use and mental disorders
- Education history and concerns
- Work history and concerns
- Socioeconomic status and financial concerns
- Cultural group affiliation
- Current network of support
- Community concerns
- Review of confidentiality parameters and concerns
- Cultural concepts of distress (*Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, American Psychiatric Association, 2013; DSM-5)
- DSM-5 culturally related V-codes

### Sources:

Comas-Díaz, L. (2012). *Multicultural care: A clinician's guide to cultural competence*. Washington, DC: American Psychological Association.

Constantine, M. G., & Sue, D. W. (2005). *Strategies for building multicultural competence in mental health and educational settings*. Hoboken, NJ: Wiley.

Sussman, L. K. (2004). The role of culture in definitions, interpretations, and management of illness. In U. P. Gielen, J. M. Fish, & J. G. Draguns (Eds.), *Handbook of culture, therapy, and healing* (pp. 37–65). Mahwah, NJ: Erlbaum.

## Culturally Responsive Screening and Assessment

- Assess the client's primary language and language proficiency prior to the administration of any evaluation or use of testing instruments.
- Determine whether the assessment materials were translated using specific terms, including idioms that correspond to the client's literacy level, culture, and language. Do not assume that translation into a stated language exactly matches the specific language of the client. Specifically, the client may not understand the translated language if it does not match his or her ways of thinking or speaking.
- Educate the client on the purpose of the assessment and its application to the development of the treatment plan. Remember that testing can generate many emotional reactions.
- Know how the test was developed. Is normative data available for the population being served? Test results can be inflated, underestimated, or inaccurate due to differences within the client's population.
- Consider the role of acculturation in testing, including the influence of the client's worldview on responses. Unfamiliarity with mainstream U.S. culture can affect interpretation of questions, the client–evaluator relationship, and behavior, including participation level during evaluation and verbal and behavioral responses.

Sources:

Association for Assessment in Counseling and Education. (2012). *Standards for multicultural assessment* (4th ed.). Alexandria, VA: Author.

Saldaña, D. (2001). *Cultural competency: A practical guide for mental health service providers*. Austin, TX: Hogg Foundation for Mental Health.

## National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

### Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

### Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

### Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

### Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

## National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (continued)

10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Source: Office of Minority Health. (2013). *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care*. Washington, DC: U.S. Department of Health and Human Services. For more information, visit [www.ThinkCulturalHealth.hhs.gov](http://www.ThinkCulturalHealth.hhs.gov).

### Note

A 2014 report, *Improving Cultural Competence to Reduce Health Disparities for Priority Populations*, extends the findings of TIP 59. This report is a systematic review of system-, clinic-, and individual-level interventions to improve culturally appropriate health care for people with disabilities, gender and sexual minority populations, and racial/ethnic minority populations. The report encourages consideration of diversity competence, to encompass all populations that experience health disparities. The report also highlights the need for "structural equity-focused interventions." The report, which is a product of the Agency for Healthcare Research and Quality, can be accessed through [www.effectivehealthcare.ahrq.gov](http://www.effectivehealthcare.ahrq.gov).

# Ordering Information

---



## **TIP 59** Improving Cultural Competence

### **TIP 59-Related Products:**

Quick Guide for Administrators  
Based on TIP 59

Quick Guide for Clinicians  
Based on TIP 59

Publications may be ordered or downloaded from SAMHSA's Publications Ordering Web page at <http://store.samhsa.gov>. Or, please call SAMHSA at 1-877-SAMHSA-7 (1-877-726-4727) (English and Español).

*Do not reproduce or distribute this publication for a fee without specific, written authorization from the Office of Communications, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.*

HHS Publication No. (SMA) 16-4933  
Printed 2016

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Treatment