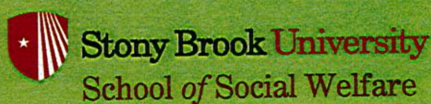
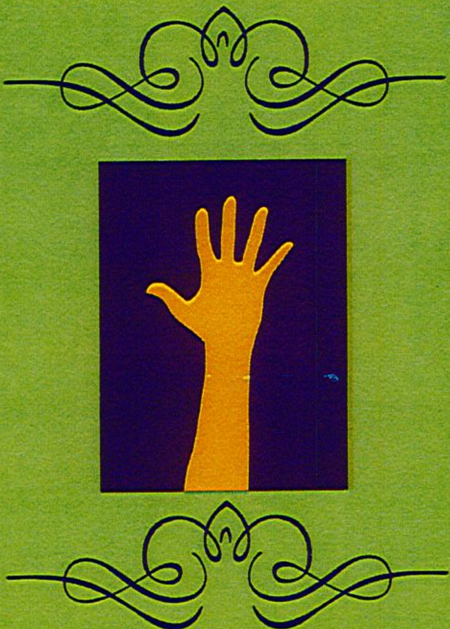
A Guide for Becoming Culturally Competent Health Care Providers

Culture-Focused, Compassionate Care To Advance Mental and Physical Health and Wellness

THE CENTER FOR CULTURALLY COMPETENT EDUCATION & TRAINING



Frances L. Brisbane, Ph.D., Dean and Center Director



$5.00

Being aware and respectful of cultural differences among individuals and groups, as well as their sameness in many ways, makes for good social and health care outcomes. Human service organizations that have as a goal the practice of culturally competent care can effectively meet the needs of their multicultural clients/patients.

The Center for Culturally Competent Education and Training

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Dean and Director

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May 2007/Rev. 2009, 2012

The Center for Culturally Competent Education and Training

The Center for Culturally Competent Education and Training at Stony Brook University is part of the School of Social Welfare and has been in existence since 1999 as a formal entity. For over 20 years, the center's director (Dean Frances L. Brisbane) has conducted cultural competence training seminars throughout the nation, taught courses in the M.S.W. curriculum in this area and edited three monographs in the culture competence series for the Center for Substance Abuse Prevention (CSAP) in the Substance Abuse and Mental Health Services Administration (SAMHSA). Among the three, one was in collaboration with the Bureau of Primary Health Care, and another in collaboration with the National Association of Social Workers. She also authored two books on *Working with African Americans-The Professional's Handbook*, and *African American Children of Trauma, Children of Triumph* and edited a third book on *Treatment of Black Alcoholics.*

During the last ten years, faculty of the School of Social Welfare has conducted many cultural competence training sessions at health and human service agencies, conferences, and on-site in the School's Continuing Professional Education programs. We have received excellent evaluations and the volume of requests for our services has grown significantly since 2001 from about three a month to over seven a month. All of this without any marketing on our part. This result has occurred due to "word of mouth" from professionals satisfied with our work.

Since the need for culturally competent professionals is rapidly growing as a high priority, we have expanded our offerings at the Center for Culturally Competent Education and

Training. In fact, our broad vision has us branching out beyond our University walls and establishing a national executive board as the foundation of the Center's infrastructure.

Some of the programs we have implemented, or those in the planning stage, use one of the most frequently requested models (outline of model enclosed) are:

- Seminars on diagnoses and treatment of mental and physical illnesses within the context of cultural beliefs and practices.
- Cultural competency training to address health disparities and to increase access through culturally relevant care, policies, and attitudes.
- Cultural Immersion Experiences (In Russia and USA Neighborhoods of Russian Newcomers; In Latino/Hispanic Countries and USA Neighborhoods of Latino/Hispanic Newcomers; In China and USA Neighborhoods of Chinese Newcomers; In African Ancestral Communities in the Caribbean, Africa and USA Neighborhoods of African Ancestral Newcomers; and many, many other places and groups.
- Language and Cultural Experiences that provide intense seminars to equip service providers with basic conversational language skills in Spanish, Russian, French, Chinese, Korean, Japanese and other languages where a significant number of clientele speak a language different from the workforce professionals, particularly where the clients constitute a cultural, ethnic and linguistic newcomer group.

- Language and Cultural Immersion Experiences as a blend of the above, beginning with language immersion seminar(s), arranged visits to a particular country, community, Native American Nation, and/or agency for a five to 30 day on-site interactive, co-cultural experience.
- Seminars for understanding religions and religious beliefs that define cultural, social, familial, and childrearing practices and how gender roles are defined and valued/devalued.
- Seminars on overcoming stigma, prejudices, racism, and stereotypical views that hinder professionals' intercultural mobility.
- Seminars to help workforce professionals understand the many sub-cultural groups among African Americans, Hispanics/Latinos, Asian Americans, Native Americans, Pacific Islanders, European Americans, Caribbean Americans, and others, in order to increase awareness that no one brush can paint an accurate picture of the many attributes of cultures within these groups.
- Serve as a clearinghouse to collect and disseminate materials, provide trainers, speakers and researchers who are competent to conduct studies, evaluations and seminars in areas that will enhance workforce professional's cultural competence.

- Conduct agency assessments to help administrators determine who and what are needed in order to become a culturally competent service organization and provider, and to develop culturally specific programs, for example: an Africentric women's program, a Haitian health forum, or a Latino English seminar.

- Conduct research and prepare manuals for case managers with information to shape attitudes that will lead to cultural fluency and skill development to meet the challenges of working with culturally diverse groups.

- Training of Trainers (TOT) to provide culturally competent education and training in substance abuse, health care, drug treatment courts, university and corporate settings.

- Develop culturally and linguistically competent health, mental health, and substance abuse teaching and practice materials to enhance client/ patient outcomes.

In order to provide the above services and to respond to new markets that appear likely in the next two to five years, the Center has an executive board that identifies with and are representative of the populations, purposes, and goals expressed above.

Every member of the executive committee has been specifically asked to serve because she or he is also capable of providing education and training in two or more areas above. Hence, in addition to being on the executive board, each person serves as a member of the Center's *Training and Consultation Team,* the program implementers.

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The Outline of the Cultural Competence Model for The Center for Culturally Competent Education and Training

Ingredients for Becoming Culturally Competent

- Develop *A Way of Knowing* about each cultural group you work with

  People who are part of a particular culture should constitute the primary source for gathering information. Talk to people from different backgrounds because there is great diversity within each cultural group. Read the history about a group to ascertain what the culture sees and accepts as foundational values and tries to pass down through generations. Pay particular attention to cultural beliefs, rituals, religions, who and what they rely on during difficult times, learning pattern, axiology (nature of value), ontology (nature of being or reality), ceremonies, childrearing practices, treatment of the elderly, superstitions. These reflect the values they embrace and the way they may wish to be known.

- Recognize that cultural competence training is not a substitute for forcefully and legally eliminating racism

- Realize that cultural competence is as much a positive attitude about multiculturalism as it is retention of multicultural content

- Accept cultural differences as simply making a difference and not deviant, weird, bad or better

- Learn the typical worldviews of cultural populations and let these worldviews inform your responses to different cultural groups

- Understand that many people make a distinction between *fact* and *truth* based on their cultural and religious belief system

- Respect religious diversity because it is frequently the dominant foundation for beliefs, lifestyle practices, childrearing practices and social rituals and celebrations

- Understand that a person's survival instincts mandate that she or he is bi-cultural and subscribes to both a *home* and *host* culture (Vidal, C. 1996)

- Distinguish cultures from fads

  There are people within a culture or sub-cultural group who do things that are abhorrent to most people in the same cultural group. Because the behavior is usually by individuals in one cultural group, this does not give it cultural legitimacy. Instead it is usually seen by the larger cultural group as a cultural aberration. It is also referred to as individuals "losing their cultural immune system" (Akbar, N., 1992). Fads, unlike cultures, have currency but not longevity.

- Study what constitutes correct behavior in different cultures regarding death, dying, funerals, births, weddings, church attire, church behavior, cross generational communication, superstitions and sacred holiday(s)
- Acquire the ability to feel comfortable in the presence of people who are racially and culturally different from yourself

  (View them as co-human beings with burdens, hopes, aspirations, desires, goals for themselves and their children the same as you have. Once you connect with people as co-human beings with different experiences and ways for expressing their views that are unique to them, you become more comfortable in their presence while making them comfortable with you. Accept invitations to their social, religious, and celebratory events).

- Acknowledge that cultural *differences make a difference* rather than over relying on sameness while dismissing differences

- When you work with people for whom you know very little about, share with them your lack of cultural information and ask them for guidance

  (When it is impossible to make cultural accommodations at your agency, make referrals, if possible. If you cannot or the situation does not lend itself to a referral ask the person(s) to identify a *cultural coach or cultural broker* you can work with on the person's behalf).

- Learn how different cultural groups define their economic and social status. It is likely to have more to do with their values than their income or "address"

- Learn the help-seeking behavior of different cultural groups. It will indicate who you will need to consult, do or not do with people of a particular culture

- Make a personal and professional commitment to distinguish stereotypes from facts, and to learn the origin of stereotypes

  Determine if a stereotype is a racial, religious, and/or cultural prejudice. Then further determine if and how stereotypes are internalized by the stereotyped group. In a client situation determine if either should be treated as a clinical, social, or other issue in treatment

- Seek and you will find strengths in everyone.

  (Everyone has strengths. Once they are identified, they become the *Human Capital* that propels treatment into a positive conclusion)

- Through constant introspection and self-awareness when working across cultures do not permit ones fears to make her or him appear racist to another cultural, racial, income, religious group

- Understand that a common language does not constitute a common culture

- Make certain that language interpreters share the same cultural background, whenever possible

- There is no cultural homogeneity within a broad cultural group. Instead, there is multicultural beliefs, behavior, religious practices, etc. within each cultural group

- Understand that a worker's ability to optimally provide culturally competent care is determined by the organization's/agency's commitment to and value of cultural competence and the worth and dignity of *all* people

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Rev 2009

HANDOUTS

Relevant to working with Specific Cultural Groups*

1. Culture Based Counseling Re: African Americans and Hispanics/Latinos
2. African Americans Helping African Americans
3. Do Not Blame the Victim
4. Build on the Client's Strengths
5. 10 Important Things to *know* and *do* When Working with African Americans and Other People of African Ancestry
6. 10 Important Things to *know* and *do* When Working with Latinos/Hispanics from Many Subgroups
7. In Order to Follow a Spiritual Path When Working with People of Color…
8. Filipino Customs
9. Cultural Competency Caveats and Wisdom Drawn from Years of Practice
10. There is a Difference Between Statements of Categorical Facts and Categorical Stereotypes

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*Note: These handouts refer to people of African ancestry and Hispanic/Latinos because this particular training was developed for professionals who work with this predominant population.

When other groups, for example: Koreans, Russians, etc. are the predominant group that the professionals being trained are working with, the handouts will be relevant to that particular group.

Culture Based Counseling #1

Re: African Americans and Hispanics/ Latinos

CULTURAL CAVEATS, PRINCIPLES, AND PROVERBS TO ENHANCE TREATMENT AND SKILLS

Frances L. Brisbane, Ph.D. and Carlos M. Vidal, Ph.D.

Rev. July 2002

- Among Blacks and Hispanics/Latinos there is intrinsic value in *just being;* not having their self-worth attached to their jobs or degrees.
- Blacks and Hispanics/Latinos have a high regard and respect for the interpersonal relationship.
- Blacks and Hispanics/Latinos care more about how much you care before they care about how much you know.
- Many Black and Hispanic/Latino children whose parents are substance abusers are functioning well and are without a storeroom of victim stories to tell.
- Many young Blacks and Hispanics/Latinos have lost their cultural immune system, thereby doing things that are culturally counter indicated.
- African Americans and Hispanics/Latinos love novelty and "gift" giving. Incorporate this into treatment.
- All Black people are not poor and neither are all White people middle class, contrary to the frequent characterization of Blacks and Whites.
- Blacks and Hispanics/Latinos will not remain in treatment that is more painful than their problem.

THESE ARE NOT TRUE ALL THE TIME.... #2
TURN THEM INTO QUESTIONS AS YOU WORK
WITH YOUR CLIENTS.

AFRICAN AMERICANS HELPING AFRICAN AMERICANS

In keeping with the kinship tradition among African Americans, Martin & Martin (1985) recommend asking the following questions:

- How strong are family ties, and to what extent do family members come to the aid of one another?
- What is the relationship of well-off family members to less well-off ones, and to what extent do lower [income] and middle-class family members aid one another?
- How strong are male-female relationships and to what extent are social values instilled in children?
- How strong is the religious or spiritual life of the individuals or family members, and to what extent do they rely on spiritual resources...?
- How race conscious are family members, and to what extent is racial consciousness a source of inspiration, pride, therapy?

#2 Cont.

- Which institutions, agencies, or natural helping networks are in the Black community and the wider society to help Black people survive, advance...? (p.85- 86).
- **Brisbane & Womble** (1992) suggest the following questions, in addition to or substitution for the questions posed by **Martin and Martin:**
- How does your family see you? The one you grew up in? Your family of marriage?
- What do you consider are your major strengths that you contributed to the family you grew up in? Your family of marriage?
- When other members of your family talk about you, what do they say you do best? Is this the thing they feel they can count on when the family is having difficulty? If not, what is?
- Who in your extended family is the "glue" that keeps the family together?
- Who in your extended family has the key to unlock hearts and wind-up batteries to mobilize members into action? (p.39)

FLB/2001

#3

Do Not Blame the Victim

Being a victim in a racist society is tragic. Being a victim of racism twice - first in society and again in counseling - is more of a tragedy. Counselors who strictly hold to the medical model and disregard the biopsychosocial model are almost certain to victim-blame minority clients. Their reactions, to quote Corey et al. (1993), result from "tunnel vision."

Reprinted from *Overcoming Unitentional Racism in Counseling and Therapy by* Charles R. Ridley *(1995)*

#4

Build on the Client's Strength

A major criticism of multicultural counseling is the tendency of counselors to concentrate almost exclusively on the weakness of minority clients. Certainly, minority clients may have serious presenting problems. But they also have many strengths and tremendous potential. While vigorously looking for psychopathology, counselors miss many opportunities to help clients identify their assets and use these assets advantageously. All clients need to realize that they have assets.

Reprinted from *Overcoming Unintentional Racism In Counseling and Therapy by Charles R.* Ridley *(1995)*

10 Important Things to know and do when Working With African Americans and Other People of African Ancestry #5

1. People of African ancestry are connected to and influenced by their African history, even when they are unaware of it. It is almost impossible to grow-up African American and not to have had African values, roots, behaviors consciously or unconsciously passed into and onto succeeding generations. Example: It is relatively impossible not to "inherit" some of the cultural nuances, child-rearing practices, and habits of your mother whom you watch rear you and your siblings. This happens in spite of pronouncements we may make to the contrary.

2. Become language conscious because what we say reflects what we feel and think and vice versa. When working with African people take extra precaution not to define them as "the problem" but as a person who brings a problem for you to help them with. Refrain from saying "welfare mothers" instead "these are mothers who receive welfare." Do not use the word "slavery." Instead "people of African ancestry were enslaved." They did not willingly walk into slavery. With your clients/patients it is important -- and therapeutic - to help them re-frame (or redefine) issues and problems in which they are negatively portrayed by society. Also give African parents, especially mothers, an opportunity to talk about their children especially the one(s) who is "doing well", regardless of the reason that brings them to see you.

#5 Cont.

3. People of African ancestry had a life, and a history that pre-dated their enslavement. In their history is documented evidence of kings, queens, world leaders, professionals and anything that one finds, that is positive, within the larger American society and perhaps the world. While "slavery" was an unfortunate period of devastation to a group of human beings, it did not destroy the will and resiliency of African people. As evidenced all about us, many African people have been able to advance consistent with heights of the former "slave master's great, great grandchildren."

4. African ancestral people have achieved and continue to achieve mammoth goals, and have outstanding success in every area. This has pleased our ancestors who paved the way with their sweat, blood, tears, even their lives.

5. African people believe they are somebody, and they have value just by simply *being*. The intrinsic value is in one's *being* much more than in what one does. In the eye of the God of their understanding, He cares as much about the prostitute as He does the police.

6. Being Black in America is a continuum-one that is not broken from our African roots because we are in the United States or have sub-group identification as an African American, Caribbean American or moving from "colored", "Negro", "Black", African American. For all of these subgroups and changing name or identification, *Black* refers to race and African American, Caribbean American refer to culture.

#5 Cont.

7. No descendants of Africa, regardless of their "station" or status in life, are excused from having responsibility for the collective good of African people. From time to time who is the helper or the expert, in a social or clinical situation, shifts when the relationship is circular rather than hierarchal. In a client/patient relationship the client/patient is the authority on her/himself. The social worker/physician may be the authority on community resources or treatment the person may need. When the relationship is circular the person feels respected and useful in her/his own treatment.

8. Treat African people as positive vessels and you'll find them discharging self affirming energy. People feel good, healthy, have high self-esteem when they get positive feedback, positive strokes and feel valued, talked to and not *at*.

9. Help African people to know you have respect for their rituals and holidays. If they are not actively practicing their rituals those that are popular within the culture-suggest that they return to them if they were a source of satisfaction in the past.

10. Give recognition to religion as a central therapeutic force in the lives of most African people. Also recognize the spiritual realm in which they may live their lives. Give them an opportunity to talk about spiritual values (or lack of value in some cases) for them. Learn how what they believe in and to whom they pray, determine their habits, health practices, help seeking behavior, and who they believe is best suited to help them.

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10 Important Things to *know* and to do when working With Latinos/ Hispanics from Many Subgroups

#6

1. In 2003 all Federal programs must begin to use both Hispanics *and* Latinos and not use either term alone when discussing or writing about this population of subgroupings. They may use the terms interchangeably or as Latinos/Hispanics or Hispanics/Latinos.

2. According to the 2000 Census, Latinos/Hispanics constitute a diverse population. Among them are:
   - 58.5 Mexican Americans
   - 9.6% Puerto Ricans
   - 4.8% Central Americans
   - 3.8% South Americans
   - 3.5% Cuban Americans
   - 19.8% Other Latinos/Hispanics

3. Among subgroups of Latinos/Hispanics, especially those from rural areas, looking an authority figure in the eye is a sign of disrespect. Sometimes the person will keep her or his head focused on the ground while a person in authority is speaking to her or him. Great effort is exerted not to make eye contact.

4. Do not use a friend or relative of a client/patient as an interpreter. To do so is to invite that person into a confidential communication that the person would most likely not have present if she or he could effectively communicate in the dominate language.

#6 *Cont.*

5. When gathering information from clients/patients ask questions quietly although some of their responses may be in a louder tone of voice. In any case, the session should be conducted in privacy. Not to do so will be interpreted as disrespectful and/or an act of racism.

6. Most Latinos/Hispanics, particularly the newcomers, are non-confrontational. They signal agreement with a nod or a "yes" when asked their opinion but may not intend to follow through affirmatively.

7. Each subgroup of Latinos/Hispanics has a history that is unique. It determines the way they view themselves in relation to others in the U.S., their belief in and use of traditional healers, religion, prayer and home/folk remedies as part of their healing process.

8. Become language conscious about what you say because your words reflect what you feel and think and vice versa. When working with Latinos/Hispanics take extra precaution not to define them as "the problem" but as people who bring a problem for you to help them with. Also, do not imply that any problem they discuss with you is related solely to their being Latinos/Hispanics. When appropriate use words such as *concerns, issues, feelings, needs,* instead of problems.

9. Learn about the rituals of the different subgroups and initiate a discussion with your client/patient. This shows respect for the individual and the place of rituals and holidays in her or his life, and the practices that may distinguish one subgroup from another.

#6 Cont.

10. Become aware of the role of and respect for women, the elderly, father, mother, and extended family and ascertain if and how they may or may not be used in the help being provided to the client/patient.

Note: Although people of Latino/Hispanic cultural groups speak Spanish, their cultures, not their language alone, define who they are, how they see themselves, the experiences they have had, their goals, aspirations, and values.

Frances L. Brisbane, Ph.D.
Angel Campos, Ed.D.
Carlos Vidal, Ph.D.
August 2002

#7

In order to follow a spiritual path when we work with people of color, the following will appear and/or need to be understood and addressed.

Spontaneity

Most addicted people are very spontaneous. Respect this behavioral characteristic. They do not permit fear to keep them from taking risks. At the same time, we need to teach our clients not to take the maximum risks when a lesser course may achieve the same goal.

Positive Beliefs

Most Blacks and Hispanics/Latinos believe there are forces over which they have no control and these play a significant role in determining their fate.

Integration of Mind-Body-Spirit

Most people of African ancestry believe in the power of prayer. Hence, they or others are likely to believe prayer can cure an illness, including substance abuse. In addition, older relatives of substance abusers often believe addictions are the consequences of sin, bad thoughts, the devil.

Whether or not *you* believe this, remember in 1998 that 50% to 65% of your clients or their support system believed this. Therefore, this "fact" has implications for treatment. Introduce it, and if necessary, "redirect" their thinking.

#7 Cont.

Relationships

African ancestral people and Hispanics/Latinos have a high regard for relationships, which characterize their worldview. Therefore, treatment cannot be hierarchal and mechanistic but must emanate from a relationship between two or more people.

Imprints of Superstition, Intuition, and Hunches

Many important life events and decisions are made through reliance on superstition, intuition, and hunches. Sometimes clients will be led to action by certain revelations in dreams.

Therapeutic-Novelty

Incorporate activities in treatment that are not only serious but appear to be fun. People of African ancestry and Hispanics/ Latinos seldom stay in treatment for anything that is not immediately life threatening if it is more painful then their problem.

Unity

Demonstrate a sense of oneness with your clients. Use words: us, we, our and show your commitment to helping them move into recovering because it is as much for your well being as it is for her or him.

Attitude of what will be...

Needs convincing to use responsible prevention approaches to illnesses/diseases that are preventable.

#7 Cont.

Listens well

In the presence of a counselor or authority figure will listen to advice and direction. Likely to believe this is role of professional.

Imitative

Learn best by imitating what they see. They subscribe to the theory of See/Learn/Do

Trustworthy-Evaluators

Have an instinct about who is trustworthy from the moment they see the person. Demonstrate trust worthiness by responding to person in their cultural context. If they are religious show respect for their religious beliefs and incorporate references to it in their treatment. Keep promises and when you cannot explain reason why.

Yes-Oriented and No-phobic

People in general and those of African ancestry in particular are more likely to follow directions, remain in treatment, and believe in and trust us when we give them a positive reason for doing something rather than a litany of why they should not do something.

Frances L. Brisbane, Ph.D.
May 2000

Filipino Customs

#8

Faithfulness to the family is a tradition that is characteristic of Filipino society. This family loyalty is apparent in the fact that there are no booming businesses for retirement homes or orphanages in the Philippines.

Also important to Filipinos is treating elders (even someone a year older is an "elder") with the respect and deference they deserve and require. There are many ways a person can show respect, whether it is by using hand gestures or speaking in a manner that denotes respect.

As with many Asian countries. removal of shoes is customary when entering someone's home. By doing this the visitors shows his/her respect for the family and their home, as well as having basic courtesy.

To recognize an elder's presence a younger person may take the elder's hand (usually someone at least 15 years older), bring it to your forehead and then release it.

It is also customary for Filipinos to use a lot of hand and facial gestures to communicate. In their communication with each other. speaking politely is important as is speaking with a gentle tone of voice. Arguing is not acceptable, along with public criticism.

Unlike other Asian countries where women tend to be in more subservient positions, women in the Philippines have had high societal positions since pre-colonial times.

#8 Cont.

Since there is sexual equality, businesses are more accepting of women performing business. This attitude is apparent with the current Philippine president. President Gloria Macapagal-Arroyo is the second woman to hold this esteemed position. Corazon Aquino was the first female president and held the position from 1986-1992.

www.asianinfo.org
3/07/2001

Cultural Competency Caveats and Wisdom Drawn from Years of Practice

By Frances L. Brisbane, Ph.D.

#9

- One of the clearest pathways to becoming culturally competent is to learn about and appreciate cultural and religious diversity.

- A pathway to effective culturally competent care is to recognize that attitude is more important than content (knowledge/information), and one's racism, classism, sexism, and homophobia will over-ride one's skill level to implement culturally competent care. In essence skill alone is not enough and attitude is *virtually everything.*

- Forming a culturally competent relationship with patients and clients is a major determinant of positive treatment outcomes. In many situations it will be more important than counseling and chemical medicine.

#9 Cont.

- Before meeting a client who is culturally and racially different from yourself and for whom you have little or no knowledge about the person's reference group, find a way to learn the "no - no's," the mores about greetings, eye contact, family decision-making, the way they define health or illness or crime, and what will constitute resolution of the problem for which a person or family is being seen. Because you seldom get a second chance at a first chance with people you have insulted or appear to be racist or insensitive or rude.

- Become keenly aware of your biases and fears and constantly work on them. Do not let them spill over into a treatment or other helping relationship, thereby causing you to appear racist, when no such intent resides at the core of your behavior.

- Be careful about publicly or in a one-on-one relationship sharing information you term "straight from the heart" or "I want to be honest with you," and then go on to share your inner feelings of racism toward a group, and about people who have disabilities, or your intolerance for a certain religion or religious practices and beliefs. Your "truth" or your "heart confessions" could cause someone pain. You never know who you may be insulting. It could be a child, mother, or other relative of the listener or client.

#10

There Is A Difference Between Statements of Categorical Facts and Categorical Stereotypes

CATEGORICAL STEREOTYPING BREEDS ANGER

(When people/professionals think in stereotypical categories, it is difficult for them not to indicate it by their behavior in the presence of or in their relationship with a group, "slip-of-the-tongue", etc. Because attitudes are shaped by ones values, beliefs, and often lack of or limited experience with the group being ste-reotyped).

FACTS

These are descriptions of facts:

Blonde Women
Tall Black Young Men
Equal Employment Opportunities
Redheads
Slavery was Dehumanizing

People who use Crack Cocaine
People who use Cocaine
Asians
American Indians
Middle Class Americans
Poor People
Poor White People
Gay Men
Blacks
Italians
Irish

STEREOTYPES

These are biases, and untruths:

Dumb Blonde Women
"Do you play basket ball?"
"I'll only hire people who are qualified"
Redheads have hot tempers
'Why are you people always bringing up slavery?"
(Black) Crack heads
(White) Recreational Drug users
The Model Minority
'Why do they drink so much?"
European Americans
African Americans, Latino/Hispanics
Whites living in Appalachia
AIDS
Crime
Mafia
Drunkards

Frances L. Brisbane, Ph.D. - April 2000

Working with African Ancestral People

Frances L. Brisbane, Ph.D.

When working with African Ancestral people the following two concepts will help you achieve positive treatment outcomes in the context of cultural relevance and cultural competence. They are: **Connectivity** and **Symbolink.**

Connectivity

Connectivity is: Connecting a therapeutic action between the therapist and client (T/C) to problem solve at times when the T/C dyad are not in-session. The client is shown how to use in-session discussions and activities to solve problems between sessions, thereby sustaining the therapeutic process. By assigning the client repeatable activities that initiate the same problem solving value they experienced in-session with the therapist is a form of connectivity. For example: Ask the client who has anger management issues to remember during the week at least one thing that was said in session that helped him or her realize that "people who seek to destroy you must first make you angry." Then, ask the person to bring that discussion into his or her active thinking and retreat from "giving someone an opportunity to destroy her or him." At the conclusion of every session do an "audit-taking" of what was most beneficial. Then, have the person identify how s/he can/will use that therapeutic connectivity between the time the therapist and client are not together. In some instances, the therapist may give the person permission to call her or him to discuss a problem(s) other than the primary one for which s/he is being seen. An example of this is similar to the relationship that a recovering person has with a sponsor.

Everyone has a need to be connected to someone and to gain a sense of support and to believe the person(s) will be there if needed. An example: Someone talks about a "best friend" who was a college roommate. They haven't seen each other in ten years. They only talk via phone on holidays and birthdays. But each would declare being "absolutely positive that the other person – *based on their experiences together during college days* – will come running" if either one was in any type of difficulty.

Symbolink

Symbolink is: The transfer of therapeutic symbols: Materials, activities, games, and exercises from the treatment/training session(s) into use with ones family members, co-workers, and others as a way of affording them the opportunity to receive the same benefits the person received in therapy or training. Each time someone shares – through demonstration – with others the therapeutic symbols used in therapy or training it extends the therapeutic value beyond the walls of the therapy/training session. Plus, it multiplies the value, potentially to many, many others.

At each session, whenever possible, begin it by giving the client or trainee something that is memorable. It may be an inspirational card, crystal, rock, or other small non-expensive item. You may elect to give a symbol that highlights an important point in a discussion. For example: If it is a training session and you are talking about whistle-blowers, you may give out little whistles. If a person in treatment is obsessed with believing one day their bad

dreams will come true, you may give the person a "dream catcher" after you have had an extensive discussion about the problem. In essence, there is a link between how something was used in-session to its ability to bring joy, problem resolution, sharing, and imitation to others and self outside the in-session experience. The value of the experience gets multiplied beyond the structured therapeutic or training session. Because the symbol is unique and relevant to the person's situation, it becomes easy to talk about the therapeutic value received from therapy or training. Using the symbol to demonstrate-the-value adds to the ease in sharing the experience with others, plus re-experiencing the value for self.

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The reason for the above two concepts having relevance for most African ancestral people is their lack of assigning much value to talk-dependent therapy, especially when a "lot" of time intervenes between sessions.

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