**Culturally Based Influences**

**on Recovery**



*“Men build too many walls and not enough bridges.”*

*~ Joseph Fort Newton*

**Overview**

This information is meant to open a discussion about participant’s own cultural background and the significance of unique activities, rituals, beliefs, and world-views. The dialogue in this module intends to create more understanding of the richness differences bring, the impact on communities, and the importance culture may play in the ability to maintain long-term recovery.

Focus will be paid to several cultures, but by no means, is an exhaustive list. Terminology related to culture will be explored. Information and examples of microaggressions will also be reviewed.

**Objectives**

* Recall terminology related to culture, as discussed in this module;
* Define *Cultural Competence* and explain some of its’ components; and
* Recognize the meaning and examples of microaggressions.

**Learning about a Culture**

The module will provide an overview and insight into several different cultures, though the most effective way to better understand the culture and history of another person is to get to know that person.

We are each unique. That is true as it pertains to our culture, as well. You can meet five people of the same religious denomination, but those people are not necessarily the same. So many other factors influence the whole culture of who we are. Focusing solely on one aspect will cause us to miss the whole person. Going on our own education and experiences will also often lead us astray.

**An important tip to remember:**

Do not generalize a set of characteristics to an entire group of people, simply based on your experience with one or two people from the same or similar culture.

**TIP and TAP**

SAMHSA publishes a series of best practices called TIP and TAP. The information contained within is developed by a consensus panel of experts from the profession and Federal Government experts. This series contains a wide variety of topics related to addiction and recovery and are all free.

These can be ordered or downloaded as a pdf from [SAMHSA’s clearinghouse](https://store.samhsa.gov/).

Information from the [TIP 59, Improving Cultural Competence](https://store.samhsa.gov/shin/content/SMA14-4849/SMA14-4849.pdf), will be discussed in this module. Download or order your copy for the additional information not discussed.

**Culture**

**Culture** was defined by SAMHSA as involving “the particular set of beliefs, norms, and values concerning the nature of relationships, the way people live their lives, and the way people organize their environments. (“TIP 59: Improving Cultural Competence", 2014, p. 11).

Simply stated, culture is our way of life. Culture includes our values, customs, traditions, symbols, beliefs, and even our language.

**Traditions** are shared experiences passed from generation to generation. Think of some of the traditions in your own family you practice that were taught to you by your parents or grandparents.

**Norms** are rules that govern the culture. There are no written rules, but they are known. For instance, in Japan no one would wear shoes inside a home.

**Language** is taught to us by our caregivers. Language is used to communicate within the culture. Language can change over time.

Characteristics such as personal space and eye contact can be cultural. Remember this when working with a client. Because you were raised to look a person in the eye when speaking does not mean everyone means disrespect if they do not look you in the eyes.

**Elements that constitute culture**:

1. A common heritage and history that is passed from one generation to the next.
2. Shared values, beliefs, customs, behaviors, traditions, institutions, arts, folklore, and lifestyle.
3. Similar relationship and socialization patterns.
4. A common pattern or style of communication or language.
5. Geographic location of residence (e.g., country; community; urban, suburban, or rural location).
6. Patterns of dress and diet (Castro, 1998).

**Common Characteristics of Culture**

|  |  |  |
| --- | --- | --- |
| Identity development | Rites of passage | Broad role of sex and sexuality |
| Images, symbols, and myths | Religion and spirituality | View, use, and sources of power and authority |
| Role and use of language | Ceremonies, celebrations, and traditions | Learning modalities, acquisition of knowledge and skills |
| Patterns of interpersonal interaction | Assumptions, prejudices, stereotypes, and expectations of others | Reward or status systems |
| Migration patterns and geographic location | Concepts of sanction and punishment | Social groupings |
| Perspectives on the role and status of children and families | Patterns and perspectives on gender roles and relationships | Means of establishing trust, credibility, and legitimacy |
| Coping behaviors and strategies for mediating conflict or solving problems | Sources for acquiring and validating information, attitudes, and beliefs | View of the past and future, and the group’s or individual’s sense of place in society and the world |
| History and other past circumstances that have contributed to a group’s current economic, social, and political status within the broader culture as well as the experiences associated with developing certain beliefs, norms, and values. | | |

Sources: American Psychological Association (APA) 1990; Center for Substance Abuse Prevention 1994; Charon 2004; Dogra and Karim 2010.

**Cultures Geographically**

|  |  |
| --- | --- |
| **Western Culture**  Influenced by European immigration, like the United States. | **Eastern Culture**  Includes countries in Far East Asia. |
| **Latin Culture**  Includes the Spanish-speaking countries, even though not all are joined geographically. | **Middle Eastern Culture**  The 20 countries located in the Middle East who have the Arabic language in common. |
| **North Africa**  Has strong ties to the Middle East. | **Sub-Saharan Africa**  Shared social, physical, and historical similarities very different from North Africa. |

(Zimmermann, 2017)

**Expressions of Culture**

|  |  |  |
| --- | --- | --- |
| **Music**  Each generation tends to express themselves through music. | **Ceremonies**  Rites of passage like births, funerals, marriages, and transitions from childhood to adulthood like [Cotillion](https://nljc.com/programs/junior-cotillion-5th-8th-grade/) or [Quinceaneras](https://www.tripsavvy.com/what-is-a-quinceanera-1588854). | **Hobbies**  Often passed on from parents to children as a result of what the parent enjoyed as a pastime as a child. |
| **Holidays**  The days celebrated and the traditions are similar within a culture. | **Festivals**  An expression of community beliefs or history. | **Food**  The food we select, how we prepare the food, and how we dine are parts of culture. |
| **Clothing**  Traditional clothing often represents the history of a culture. | **Economy**  A culture typically shares the same distribution and production. | **Lifestyle**  The day-to-day living of a culture includes our work, transportation, and social interactions. |

(Spacey, 2018)

**Not Only Language**

Culture is not just the language you speak or country you live. Two people speaking the same language, living in the same country can be from different cultures.

One can determine to which culture a person belongs by examining **Low Culture** and **High Culture**. Although, those words do not sound pleasing, they actually do not mean the same as they sound.

Low Culture is **Pop Culture**. High Culture are the things that distinguish society’s elite.

**Mainstream Culture** are the cultural patterns that are broadly in line with society’s cultural ideals and values.

**Subcultures** are cultural patterns that set apart a segment of society’s population.

Who decides what is mainstream and what is subculture? The culture with the majority is considered mainstream and the others considered subcultures. For instance, everyone gets Christmas off from work and school, but not everyone celebrates Christmas.

**Cultural Identity**

Cultural identity, in the simplest terms, involves an affiliation or identification with a particular group or groups (“TIP 59: Improving Cultural Competence", 2014, p. xvii).**Cultural Diversity**

In the addiction and recovery profession, “Cultural Diversity” was the terminology that replaced “Multicultural”. By and large, these terms have essentially the same meaning.

Cultural Diversity can be defined as:

…a system of beliefs and behaviors that recognizes and respects the presence of all diverse groups in an organization or society, acknowledges and values their socio-cultural differences, and encourages and enables their continued contribution within an inclusive cultural context which empowers all within the organization or society (Rosado, n.d.).

**Supporting Cultural Diversity**

[The National Center for Cultural Competence](https://gucchd.georgetown.edu/cultural-competence.php) (NCCC) at Georgetown University created a [Self-Assessment](https://nccc.georgetown.edu/documents/ChecklistCSHN.pdf) and a list of suggestion to stay culturally competent.

* Increase your level of understanding about other cultures by interacting with people outside of your own culture—meaningful relationships may never develop simply due to a lack of understanding.
* Avoid imposing values on others that may conflict or be inconsistent with cultures other than your own.
* When interacting with others who may not be proficient in English, recognize that their limitations in English proficiency in no way reflects their level of intellectual functioning.
* Recognize and understand that concepts within the helping profession, such as family, gender roles, spirituality, and emotional well-being, vary significantly among cultures and influence behavior.
* Within the workplace, educational setting, and/or clinical setting, advocate for the use of materials that are representative of the various cultural groups within the local community and the society in general.
* Intervene in an appropriate manner when you observe others engaging in behaviors that show cultural insensitivity, bias, or prejudice.
* Be proactive in listening, accepting, and welcoming people and ideas that are different from your own(Goode, 2009).

**Multiculturalism**

*Then when you know better, do better.” ~ Maya Angelou*

20-years ago, addiction professionals in Texas were required to receive continuing education called, “Multiculturalism”. Oftentimes, the person making a presentation on “Multiculturalism” presented information about their own culture. While this was educational and interesting, this information was simply one person’s experience and perspective. This information did not necessarily provide the desired outcome, which was tools and techniques addiction professionals could use to be more diverse when interacting with cultures different form their own.

Now, the focus is on understanding there are differences and the value of asking questions.

**Drug Culture**

There is not a single drug culture in the United States today, but rather, a number of distinct drug cultures that differ according to substances used, geographic location, socioeconomic status, and other factors (“TIP 59: Improving Cultural Competence", 2014, p. 11).

Counselors working with people in treatment for Substance use disorder would be served well to understand the connection their client has with a drug culture. The stronger the connection the higher the possibility the client would be pulled back into that culture and experience a recurrence of use.

**Counter Culture**

A sub-culture whose values differ a great deal from those of the mainstream. Countercultures are often in opposition to the mainstream culture.

Counterculture’s you might remember:

* Hippies protesting the Vietnam War;
* Women burning their bras for women’s rights;
* The African-American community and allies fighting for equal rights; and
* The Stonewall riots.

**Cultural Competence**

**Cultural Competence** was defined in 1989 Project Paper, [*Towards a Culturally Competent System of Care*](https://spu.edu/~/media/academics/school-of-education/Cultural%20Diversity/Towards%20a%20Culturally%20Competent%20System%20of%20Care%20Abridged.ashx) as “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations” (Cross, et al., 1989, p. 13).

**Core Elements of Cultural Competence**

The Core Elements of Cultural Competence were defined in the 1989 Cross, et al. project paper and are still highly used and accepted today.

**Core Elements of Cultural Competence**

Cultural Awareness

Cultural Knowledge

Cultural Skill Development

To provide culturally responsive treatment services, counselors, other clinical staff, and organizations need to become aware of their own attitudes, beliefs, biases, and assumptions about others. Providers need to invest in gaining cultural knowledge of the populations that they serve and obtaining specific cultural knowledge as it relates to help-seeking, treatment, and recovery. This dimension also involves competence in clinical skills that ensure delivery of culturally appropriate treatment interventions. Several chapters capture the ingredients of this dimension (Cross, et al., 1989, p. 18).

**Benefits of Cultural Competence**

SAMHSA’s TIP 59 explains the reasons Cultural Competence is so important.

**Benefits to Clients**

* More access to services similar to his or her culture
* Greater sense of safety
* Opportunities to explore impact of culture on mental and physical health
* Language accessibility
* Increased client satisfaction with services

**Benefits to Staff**

* Likelihood of sustainability
* Meet funding requirements
* Minimizes risk to clients, thus the agency
* Enhanced communication between client and staff
* Clients more appropriately matched to needed services
* More community involvement
* Increased staff satisfaction
* Increase in hiring and promotion of people from diverse cultures

**Culturally Competent Counselors**

Culturally competent counselors:

* Frame issues in culturally relevant ways.
* Allow for complexity of issues based on cultural context.
* Make allowances for variations in the use of personal space.
* Are respectful of culturally specific meanings of touch (e.g., hugging).
* Explore culturally based experiences of power and powerlessness.
* Adjust communication styles to the client’s culture.
* Interpret emotional expressions in light of the client’s culture.
* Expand roles and practices as needed (“TIP 59: Improving Cultural Competence", 2014, p. xviii).

**Cultural Consideration Throughout Treatment**

A culturally competent counselor considers culture throughout the treatment episode of a client and weaves culture in from intake to discharge.

TIP 59 provides 9 steps for clinicians assessing and treatment planning

**Step 1:** Engage clients. Because the intake meeting is often the first encounter clients have with the behavioral health system, it is vital that they leave the meeting feeling understood and hopeful. Counselors should try to establish rapport with clients before launching into a series of questions.

**Step 2:** Familiarize clients and family members with the evaluation and treatment process. Often, clients and family members are not familiar with treatment jargon, the treatment program, the facility, or the expectations of treatment; furthermore, not all clients will have had an opportunity to express their own expectations or apprehension. Clinical and other treatment staff must not assume that clients already understand the treatment process. Instead, they need to take sufficient time to talk with clients (and their families, as appropriate) about how treatment works and what to expect from treatment providers.

**Step 3:** Endorse a collaborative approach in facilitating interviews, conducting assessments, and planning treatment. Counselors should educate clients about their role in interview, assessment, and treatment planning processes. From first contact, they should encourage clients and their families to participate actively by asking questions, voicing specific treatment needs, and being involved in treatment planning. Counselors should allow clients and family members to give feedback on the cultural relevance of the treatment plan.

**Step 4:** Obtain and integrate culturally relevant information and themes. By exploring culturally relevant themes, counselors will better understand each client and will be better equipped to develop a culturally informed evaluation and treatment plan. to explore include immigration and migration history, cultural identity, acculturation status, health beliefs, healing practices, and other information culturally relevant to the client.

**Step 5:** Gather culturally relevant collateral information. Such information is a powerful tool in assessing clients’ presenting problems, understanding the influence of cultural factors on clients, and gathering resources to support treatment endeavors. By involving others in the early phases of treatment, providers will likely obtain more external support for each client’s engagement in treatment services. Counselors can obtain supplemental information (with client permission) from family members, medical and court records, probation and parole officers, community members, and so on.

**Step 6:** Select culturally appropriate screening and assessment tools. In selecting evaluation tools, counselors should note the availability of normative data for the populations to which their clients belong, the incidence of test item bias, the role of acculturation in understanding test items, and the adaptation of testing materials to each client’s culture and language.

**Step 7:** Determine readiness and motivation for change. Although few studies focus on the use of motivational interviewing with specific cultural groups, its theories and strategies may be more culturally appropriate for most clients than other approaches. Through reflective listening, motivational interviewing focuses on helping clients explore ambivalence toward change, decisions, and subsequent treatment. It is a nonconfrontational, client centered approach that reinforces clients as the experts on what will work and supports the key idea that change is a process.

**Step 8:** Provide culturally responsive case management. Many core competencies for counselors are also relevant to case managers. Like counselors, case managers should possess cultural self-knowledge and a basic knowledge of other cultures. They should possess traits conducive to working well with diverse groups and the ability to apply cultural competence in practical ways. Case management includes the use, as necessary, of interpreters who can communicate well in the specific dialects spoken by each client and who are familiar with behavioral health vocabulary relevant to the specific behavioral health setting in which service provision will occur. Case managers should acquire cultural and community knowledge to assist with the coordination of social, health, and other essential services and to secure culturally relevant services in and outside the treatment facility. Case managers should also keep a list of culturally appropriate referral resources to help meet client needs.

**Step 9:** Integrate cultural factors into treatment planning. Counselors should be flexible in designing a treatment plan to meet the cultural needs of clients and should integrate traditional healing practices into treatment plans when appropriate, using resources available in the clients’ cultural communities. Treatment goals and objectives need to be culturally relevant, and the treatment environment must be conducive to client participation in treatment planning and to the gathering of client feedback on the cultural relevance of the treatment being provided (“TIP 59: Improving Cultural Competence", 2014, p. xvii - xix).

**Review**

[Understanding Diverse Cultures in Delivering Recovery Services](https://recoverymonth.gov/road-to-recovery/tv-series/april-2014-webcast-understanding-diverse-cultures-delivering-recovery) [Television series episode]. (2014, April 01). In *Road to Recovery*.

**Cultures People Identify as Belonging**

The Recovery to Practice Communities of Practice was asked to name some cultures they felt they belonged to. These were the responses. These are in no particular order.

|  |  |  |
| --- | --- | --- |
| Native American | Native Texan | African-American |
| Women of color | SOGIE | LGBT |
| Transgender | Transsexual | Adolescence |
| Homosexual | Cis-gender | Heterosexual |
| Married | Divorced | Widowed |
| Parent | Childless adult | Single Parent |

The community also identified things could determine a person’s culture or sub-culture.

|  |  |  |
| --- | --- | --- |
| Socioeconomics | Age | Profession |
| Ethnicity | Race | Gender |
| Sexual Orientation | Marital Status | Region |
| Immigrant Status | People who live in America who do not speak English as a first language | Disability |
| HIV status | Terminal Illness | Mental Illness |
| Substance Use Disorder | Child in foster care | Learning Differences |

**Uncomfortable Conversations**

Bringing up stigma, bias, stereotypes, beliefs, and other topics related to diversity can often bring silence to a room. These are very important conversations, nonetheless.

We must set aside our egos in order to learn from others. This conversation is not about being right. This is about being open-minded, accepting differences – even those that make us uncomfortable, and listening.

It is difficult to change without a bit of disruption to our comfort.

**Activity**

Refer to [Appendix C](https://www.ncbi.nlm.nih.gov/books/NBK248429/) in Tip 59: Improving Cultural Competence.

Complete one of the Self-Assessments:

* Self-Assessment Checklist for Personnel Providing Children and Youth with Special Needs and Their Families
* Ethnic-Sensitive Inventory
* Iowa Cultural Understanding Assessment – Client Form

**Cultural Humility**

Complete the [Cultural Humility Self-Assessment](about:blank)developed by The National Center for Cultural Competence

Please select A, B, or C for each item listed below

A=Things I do frequently, or statement applies to me a great deal

B=Things I do occasionally, or statement applies to me to a moderate degree

C=Things I do rarely or never, or statement applies to me to a minimal degree or not at all

**Communication**

\_\_\_\_\_1) For children and families who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment or other interventions.

\_\_\_\_\_2) I attempt to determine any common terms used by families that may impact on assessment or other interventions.

\_\_\_\_\_3) I use visual aids, gestures, and physical prompts in my interactions with families who limited English proficiency.

\_\_\_\_\_4) I use bilingual or multilingual staff or trained/certified interpreters for assessment and other interventions with families who have limited English proficiency.

\_\_\_\_\_5) I use bilingual or multilingual staff or trained/certified interpreters during assessments, meetings and for other events for families who would require this level of assistance.

\_\_\_\_\_6) When interacting with parents who have limited English proficiency I always keep in mind that: \_\_\_\_\_Limitations in English proficiency are in no way a reflection of their level of intellectual functioning \_\_\_\_\_Their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin \_\_\_\_\_They may or may not be literate in their language of origin or English

\_\_\_\_\_\_7) When possible, I ensure that all notices and communications to families are written in their language of origin.

\_\_\_\_\_8) I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.

\_\_\_\_\_9) I arrange accommodations for family members who may require communication assistance to ensure their full participation in meetings (e.g. hearing impaired, physical disability, visually impaired, not literate or low literacy, etc.).

\_\_\_\_\_10) I accept and recognized that there are often differences between language used in school settings and in the home setting.

**Values and Attitudes**

\_\_\_\_\_11) I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.

\_\_\_\_\_12) I intervene in an appropriate manner when I observe other professionals, staff or family members within my program or agency engaging in behaviors that show cultural insensitivity, bias or prejudice.

\_\_\_\_\_13) I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents etc.)

\_\_\_\_\_14) I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturations into the dominant or mainstream culture.

\_\_\_\_\_15) I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. who makes major decisions for the family, play and social interactions expected of male and female children etc.)

\_\_\_\_\_16) I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families etc.)

\_\_\_\_\_17) Even though my professional or moral viewpoints may differ, I accept the family as the ultimate decision makers for services and supports for their family.

\_\_\_\_\_18) I recognize the meaning or value of behavioral health prevention, intervention and treatment may vary greatly among cultures.

\_\_\_\_\_19) I recognize and understand that beliefs and concepts of emotional well-being and physical health vary significantly from culture to culture.

\_\_\_\_\_20) I understand that beliefs about mental illness and emotional disability are culturally based I accept that responses to these conditions and related treatment/interventions are heavily influenced by culture.

\_\_\_\_\_21) I understand the impact of stigma associated with mental illness and behavioral health services within culturally diverse communities.

\_\_\_\_\_22) I accept that religion, spirituality and other beliefs may influence how families respond to mental or physical illnesses, disease, disability and death.

\_\_\_\_\_\_23) I understand that traditional approaches to disciplining children are influenced by culture.

\_\_\_\_\_24) I understand that families from different cultures will have different expectations of their children for acquiring self-help, social, emotional, cognitive and communication

\_\_\_\_\_25) I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.

\_\_\_\_\_26) Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.

\_\_\_\_\_27) I seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse families served by my program or agency.

\_\_\_\_\_28) I advocate for the review of my program’s or agency’s mission statement, goals, policies, and procedures to ensure that they incorporate principles and practices that promote cultural diversity and cultural and linguistic humility.

\_\_\_\_\_29) I keep abreast of new developments in pharmacology particularly as they related to racially and ethnically diverse groups.

\_\_\_\_\_30) I either contribute to and/or examine current research related to ethnic and racial disparities in mental health and health care and quality improvements.

\_\_\_\_\_31) I accept that many evidence-based prevention and intervention approaches will require adaptation to be effective with families from culturally and linguistically diverse groups.

**Physical Environment, Materials and Resources**

\_\_\_\_\_32) I encourage and provide opportunities for families to share their experiences through storytelling, puppets, marionettes or other props to support the “oral traditions” among many cultures.

\_\_\_\_\_33) I insure that magazines, brochures, and other printed materials in the reception areas are of interest to and reflect the different cultures of families served by my program/agency.

\_\_\_\_\_34) When using videos, films, CD’s, DVD’s or other media resources, I insure that they reflect the cultures of families served by my program/agency.

This checklist is intended to heighten the awareness and sensitivity to the importance of cultural diversity and cultural humility. It provides concrete examples of the kinds of values and practices that foster such an environment.

There is no answer key with correct responses, however if you frequently responded “C” you may not necessarily demonstrate the values and engage in practices that promote culturally sensitive service delivery.

Once you have completed the assessment, review your responses. As indicated on the assessment, make note of the frequency you answered “C” and consider the reasons for this.

* What can you do to improve your cultural humility?

**Cultural Humility**

An exploration of differences between Cultural Competence and Cultural Humility can be found by reading [Cultural competence and cultural Humility](http://www.tripartners.com/Downloads/Session2/CCC_Humility_032018.pdf): A Literature Review for Understanding and Action. In this literature review, a very basic difference between the two were distinguished when a professional interacts with a person of another culture:

Cultural Competency implies *“I am the expert”.*

Cultural Humility says, *“You are the expert”.*

A person with Cultural Humility:

* Is interactive;
* Is life-long;
* Embracing similarities *and* differences;
* Seeks to understand;
* Asks rather than assumes.

Gaining knowledge about other cultures cannot be completed during one workshop. Rather, this is a lifelong process that begins with an understanding that others are different than you. Also, understanding that a person who may have one similarity to you (or someone else) does not mean that person is a duplicate.

The idea of cultural *humility* also requires accepting you will not know everything about the person sitting across from you. Learning about another person’s culture, language, religion, traditions, beliefs, and practices is best accomplished by asking the person and approaching this interaction from a place of curiosity.

This [YouTube video](https://www.youtube.com/watch?v=SaSHLbS1V4w&feature=youtu.be) provides some insight into Cultural Humility.

**Privilege**

It is difficult to discuss Cultural Humility without addressing privilege.

A popular activity meant to demonstrate this idea is the [Privilege Walk](https://edge.psu.edu/workshops/mc/power/privilegewalk.shtml). Read through the questions asked of participants.

Imagine how you might respond to these questions.

* Picture how you might respond to the activity internally.
* Envision how you might respond to this activity externally.
* Consider how this activity might be impacted by completing it with others.

This [*What is Privilege*](https://www.youtube.com/watch?v=hD5f8GuNuGQ&feature=youtu.be) video shows a group completing a Privilege Walk and their responses to the activity.

**Micro-aggressions**

Micro-aggressions are slights, insults, and denigrating messages. It is possible you are not even aware when you conveying a micro-aggression. Many people see themselves as non-judgmental and open-minded yet make statements that may say otherwise.

Micro-aggressions can be communicated regarding race, gender, ethnicity, sexual orientation

Research shows that many biases are unconscious. It is important we stay aware of our thoughts, beliefs, and actions and become educated in order to avoid these.

Dr. Priya Sehgal explains 3 different micro-aggressions an article written for The American Psychiatric Association, [Racial Micro-aggressions: The Everyday Assault.](https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2016/10/racial-microaggressions-the-everyday-assault)

These 3 different types of micro-aggressions were originally the work of Derald W. Sue, Ph.D., a psychology professor at Columbia University.

|  |  |
| --- | --- |
| Type | Explanation |
| Micro-assaults | Conscious.  Explicit racial or derogatory actions that are intended to hurt. |
| Micro-insults | Unconscious communication that demeans a person from a minority group. |
| Micro-invalidations | Disregarding or minimizing the feelings or experiences of a person of color. |

***Examples of Micro-aggressions:***

|  |  |
| --- | --- |
| Changing sides of the sidewalk when seeing a person of color walking toward. | Clutching purse when a person of a color boards the train. |
| Complimenting a person of color for being articulate. | Labeling a female “aggressive” for speaking her mind, but not doing the same for a male. |
| Assuming a female doctor is a nurse. | Whistles or catcalls. |
| Using the term “gay” to describe something negative or undesirable. | Telling a same sex couple not to flaunt their sexuality when seen holding hands in public. |
| When bargaining over an item using the term, “jew down” in reference to getting a lower price. | Speaking loudly to a person with a visual impairment. |
| Assuming a person is shoplifting based on a bias. | The statement, “If you live in America you should learn to speak English”. |

**Micro-aggression Resources**

*The following are listed in alphabetical order.*

[*Examples of Micro-aggressions in the Classroom*](https://www.messiah.edu/download/downloads/id/921/Microaggressions_in_the_Classroom.pdf)

[*Examples of Racial Micro-aggressions*](http://sph.umn.edu/site/docs/hewg/microaggressions.pdf) from University of Minnesota

[*Making the Invisible Visible*](https://www.unh.edu/sites/www.unh.edu/files/departments/unh_advance/PDFs/microaggressions.pdf)*: Gender Micro-aggressions*

[*Micro-aggressions:*](https://www.psychologytoday.com/blog/microaggressions-in-everyday-life/201011/microaggressions-more-just-race) *More than Just Race*

[*Recognizing Micro-aggressions and the Messages They Send*](https://academicaffairs.ucsc.edu/events/documents/Microaggressions_Examples_Arial_2014_11_12.pdf)from Wiley & Sons

**Color-blindness Contributes to Racism**

For many years we were told that being “color-blind” to differences was being culturally diverse. Today, there is research showing evidence that this may actually contribute to instead of decreasing racism.

Racism is the view of one color being superior over another. Color-blind racism is the belief that racism is no longer a problem. Being “color-blind” to racism is saying you do not see the color of skin and see everyone as the same. In recent years significant research has been made available to disprove color-blindness toward race as effective.

If we encourage people to see others without race we are taking a person’s identity from them. We all come from somewhere and our race, culture, language, and traditions make up much of who we are. Denying those differences takes from the richness of individuality.

Suggesting people do not have a race (or color) suggests something wrong with individual race. Most people will not believe a person who says they do not see color, anyway.

**Colorblind Ideology Resources**

[*Colorblind Ideology is a form of Racism*](https://www.psychologytoday.com/blog/culturally-speaking/201112/colorblind-ideology-is-form-racism)

[*Color-blind Racial Ideology*](https://www.ncbi.nlm.nih.gov/pubmed/24016116)*: Theory, Training, and Measurement Implications in Psychology*

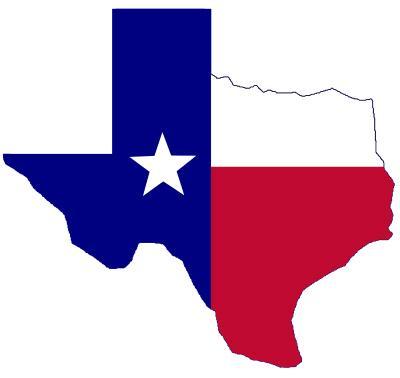
**Cultural Barriers to Treatment**

There are still barriers to treatment in Texas related to culture. While many people have a large pool to make treatment referrals, there are still areas yet to be explored. Most people prefer to be near and feel most comfortable when interacting with those who are most similar to ourselves. Someone seeking treatment likely desires the same level of familiarity.

To whom do you refer when a person needs Substance Use Treatment for any of the following populations?

|  |
| --- |
| Diverse Populations |
| A person who is primarily Spanish Speaking. |
| A person with a visual impairment. |
| A person with a hearing impairment. |
| A person with physical limitations. |
| A person without US citizenship or social security number. |
| A person who does not want to practice the 12-Steps. |
| A person unable to read. |
| A woman with children she desires to keep with her during treatment. |
| A man with children he desires to keep with him during treatment. |

**Diverse Cultures in Texas**

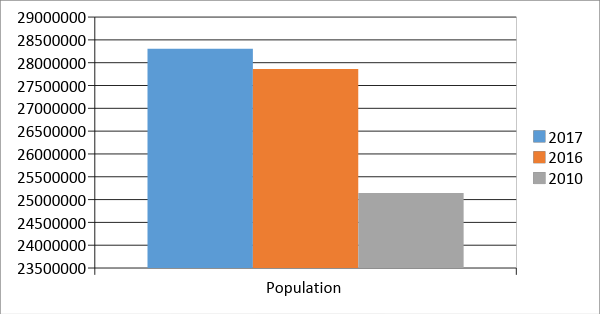


Texas is large…268,597 square miles to be exact. The state is 790 miles long and 660-mile wide. It would take about 14 hours to drive from one edge of Texas to the other. The Texas [website](http://www.texas.com) tells us that Texas is the second largest state in the United States. Texas has a population of about 23 million.

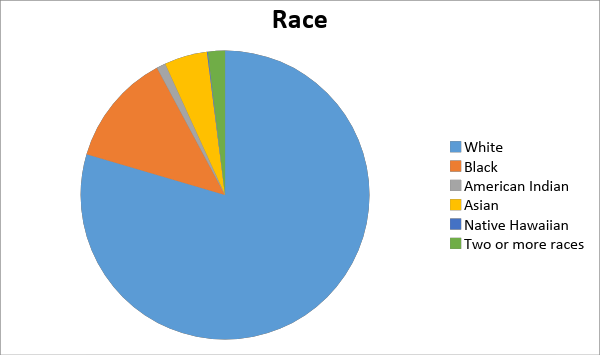
The diversity of cultures in Texas is also vast. There are many towns historically rooted to settlements from around the world.

The United States Census Bureau breaks down the population of Texas into age, sex, race, education, economy, and several other interesting categories that distinguish the richness of this state. The information below is taken directly from the United Census Bureau July 1, 2017 update.

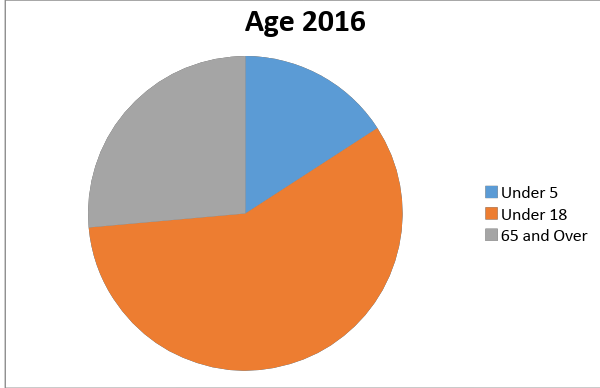
**Population of Texas**



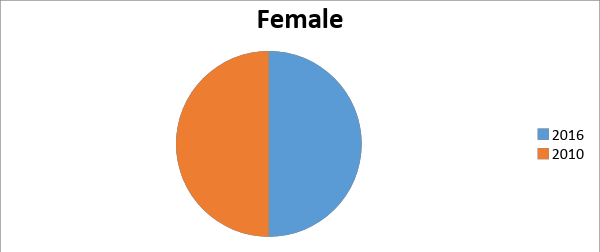
|  |  |
| --- | --- |
| Population estimates, July 1, 2017, (V2017) | 28,304,596 |
| Population estimates, July 1, 2016, (V2016) | 27,862,596 |
| Population estimates base, April 1, 2010, (V2017) | 25,146,100 |
| Population estimates base, April 1, 2010, (V2016) | 25,146,100 |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017) | 12.6% |
| Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016) | 10.8% |
| Population, Census, April 1, 2010 | 25,145,561 |



|  |  |
| --- | --- |
| Race and Hispanic Origin |  |
| White alone, percent, July 1, 2016, (V2016) | 79.4% |
| Black or African American alone, percent, July 1, 2016, (V2016) | 12.6% |
| American Indian and Alaska Native alone, percent, July 1, 2016, (V2016) | 1.0% |
| Asian alone, percent, July 1, 2016, (V2016) | 4.8% |
| Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016) | 0.1% |
| Two or More Races, percent, July 1, 2016, (V2016) | 1.9% |
| Hispanic or Latino, percent, July 1, 2016, (V2016) | 39.1% |
| White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016) | 42.6% |



|  |  |
| --- | --- |
| Age |  |
| Persons under 5 years, percent, July 1, 2016, (V2016) | 7.2% |
| Persons under 18 years, percent, July 1, 2016, (V2016) | 26.2% |
| Persons 65 years and over, percent, July 1, 2016, (V2016) | 12.0% |



|  |  |
| --- | --- |
| Sex |  |
| Female persons, percent, July 1, 2016, (V2016) | 50.4% |
| Female persons, percent, April 1, 2010 | 50.4% |

|  |  |
| --- | --- |
| Population Characteristics |  |
| Veterans, 2012-2016 | 1,513,294 |
| Foreign born persons, percent, 2012-2016 | 16.7% |
|  |  |
| Housing |  |
| Housing units, July 1, 2016, (V2016) | 10,753,629 |
| Housing units, April 1, 2010 | 9,977,436 |
| Owner-occupied housing unit rate, 2012-2016 | 61.9% |
| Median value of owner-occupied housing units, 2012-2016 | $142,700 |
| Median selected monthly owner costs -with a mortgage, 2012-2016 | $1,444 |
| Median selected monthly owner costs -without a mortgage, 2012-2016 | $467 |
| Median gross rent, 2012-2016 | $911 |
| Building permits, 2016 | 165,853 |
|  |  |
| Families & Living Arrangements |  |
| Households, 2012-2016 | 9,289,554 |
| Persons per household, 2012-2016 | 2.84 |
| Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016 | 83.5% |
| Language other than English spoken at home, percent of persons age 5 years+, 2012-2016 | 35.2% |
|  |  |
| Education |  |
| High school graduate or higher, percent of persons age 25 years+, 2012-2016 | 82.3% |
| Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016 | 28.1% |
| Health |  |
| With a disability, under age 65 years, percent, 2012-2016 | 8.1% |
| Persons without health insurance, under age 65 years, percent | 18.6% |
|  |  |
| Economy |  |
| In civilian labor force, total, percent of population age 16 years+, 2012-2016 | 64.2% |
| In civilian labor force, female, percent of population age 16 years+, 2012-2016 | 57.7% |
| Total accommodation and food services sales, 2012 ($1,000) | 54,480,811 |
| Total health care and social assistance receipts/revenue, 2012 ($1,000) | 145,035,130 |
| Total manufacturer shipments, 2012 ($1,000) | 702,603,073 |
| Total merchant wholesaler sales, 2012 ($1,000) | 691,242,607 |
| Total retail sales, 2012 ($1,000) | 356,116,376 |
| Total retail sales per capita, 2012 | $13,666 |
|  |  |
| Transportation |  |
| Mean travel time to work (minutes), workers age 16 years+, 2012-2016 | 25.9 |
| Income & Poverty |  |
| Median household income (in 2016 dollars), 2012-2016 | $54,727 |
| Per capita income in past 12 months (in 2016 dollars), 2012-2016 | $27,828 |
| Persons in poverty, percent | 15.6% |

Link to [Quick Facts](https://www.census.gov/quickfacts/TX) about Texas through the US Census Bureau

**Institute of Texan Cultures**

Located at UTSA-HemisFair Park Campus

801 East Cesar E. Chavez Boulevard

San Antonio, Texas 78205

Phone: (210) 458-2300

**Simon Tam on Racial Inequality**

Simon Tam, an award-winning musician and author is a social justice activist. He spoke at UNT’s PACS Fall Forum in 2015. On his own website, Simon describes himself as, an “author, musician, speaker, and troublemaker”.

[Video](https://www.youtube.com/watch?v=jlH_3DtKxi4) of Simon Tam at UNT

Simon Tam [Website](https://simonstam.wordpress.com/)

**Activity**

* Identify your own cultural and family beliefs and values.
* Define your own personal culture/identity: ethnicity, age, experience, education, socio-economic status, gender, sexual orientation, religion…
* Are you aware of your personal biases and assumptions about people with different values than yours?
* Challenge yourself in identifying your own values as the “norm.”
* Describe a time when you became aware of being different from other people.

**Ted Talks Related to Cultures**

*Descriptions are taken directly from Ted Talks and listed in alphabetical order.*

[Color Blind or Color Brave](https://www.ted.com/talks/mellody_hobson_color_blind_or_color_brave)

The subject of race can be very touchy. As finance executive Mellody Hobson says, it's a "conversational third rail." But, she says, that's exactly why we need to start talking about it. In this engaging, persuasive talk, Hobson makes the case that speaking openly about race - and particularly about diversity in hiring - makes for better businesses and a better society.

[How Students of Color Confront Impostor Syndrome](https://www.ted.com/talks/dena_simmons_how_students_of_color_confront_impostor_syndrome)

As a black woman from a tough part of the Bronx who grew up to attain all the markers of academic prestige, Dena Simmons knows that for students of color, success in school sometimes comes at the cost of living authentically. Now an educator herself, Simmons discusses how we might create a classroom that makes all students feel proud of who they are. "Every child deserves an education that guarantees the safety to learn in the comfort of one's own skin," she says.

[The Beauty of Human Skin in Every Color](https://www.ted.com/talks/angelica_dass_the_beauty_of_human_skin_in_every_color)

Angélica Dass's photography challenges how we think about skin color and ethnic identity. In this personal talk, hear about the inspiration behind her portrait project, Humanae and her pursuit to document humanity's true colors rather than the untrue white, red, black and yellow associated with race.

[The Innovation of Immigrants](https://www.youtube.com/watch?v=wqmBkMqtcA8)

Heroes are found through stories, many of which are as close as our family members. The stories of the challenges, struggles and successes of immigrants can lend guidance and inspiration in our everyday pursuits.

**NAADAC Webinars related to Culture**

NAADAC offers webinars, free for all to view. There are many to choose from; however, these are a few directly related to the topic of culture. The link and descriptions were taken directly from their website:

[Cultural Humility](https://www.naadac.org/cultural-humility-clients-in-the-five-current-generations): Clients in the Five Current Generations

*Description provided by NAADAC: This free webinar will present the five current generations in the United States to participants. In addition, it will analyze the other aspects of culture from the generational perspective. Each generation, for instance, views race, sexual identity, spirituality, family, and substance use differently. A prime example within the realm of substance use is generational differences in view on marijuana. Each of the five generations will be defined, general characteristics will be explored, and the applicability to the addiction professional will be explained.*

[Effective Treatment of Substance Use Disorders and Trauma for Older Adults](https://www.naadac.org/effective-treatment-of-substance-use-disorders-andtrauma-for-older-adults)

*Description provided by NAADAC: The growth rate for Americans over the age of 60 is expected to grow at a rate of 65% over the next five years. The prevalence of substance use disorders and trauma among adults age 40 and older is also growing at a very fast rate. Older adults who complete 30 days or less in an inpatient/residential treatment centers often relapse shortly after discharge. This is due to several factors including generational and gender beliefs and creating a therapeutic alliance. This webinar will help participants become more aware of some of the clinical challenges in treating this older population as well as gain insights into the role that mindfulness and meditation play in SUD and trauma recovery from both a clinical and spiritual perspective.*

[Life after Incarceration](https://www.naadac.org/life-after-incarceration-current-policy-landscape--toolkitfor-professionals): Current Policy Landscape & Toolkit for Professionals

*Description provided by NAADAC: This webinar is aimed at professionals working with clients either currently or formerly involved in the criminal justice system. This includes prison, jail, parole, probation, intensive supervised probation (ISP), and drug court. This session will cover the current state of our national criminal justice system, including statistics that show that America is the number one jailer in the world. The costs of maintaining county, state and federal jails/prisons will also be covered. We will review current reforms in a few forward-thinking states. Participants will discuss the top three ways to avoid recidivism: education, treatment and employment. Participants will receive a toolkit of concepts, topics and strategies that they can engage in with their clients. Recommended readings will be offered to help participants gain a strong foundation in the American criminal justice system. Statistics will also be provided regarding the number of people, crimes and costs. The need for reform will be presented, including discussion of problems and inequities within the system that need to be addressed, such as the impact that heroin and prescription drugs have had on the criminal justice system. The webinar will also cover soft and hard skills that we need to teach our clients in order for them to lessen their chances of recidivating, along with examples of success. Participants who have clients in the criminal justice system will leave the webinar with a plan for work with clients and an understanding of the clinician’s role in the work of criminal justice clients.*

[Overlapping Issues](https://www.naadac.org/domestic-sexual-violence-webinar)

*Description provided by NAADAC: Many persons with substance use disorders have multiple vulnerabilities. Professionals must know the correlations, implications, and ramifications of these intersections. Clients have often experienced traumas, including domestic violence or sexual assault. Survivors of these crimes also experience trauma reactions such as depression, anxiety, and PTSD. Some have pre-existing conditions, while others develop them as a result of the traumas. Many have turned to addictive substances to cope with ongoing abuse or traumatic memories of prior abuses. Best practices require competency to address substance use disorders and these vulnerabilities. This session will discuss overlapping concerns and hope to address them in partnership with victims and survivors of domestic violence and sexual assault.*

**Additional Resources**

You can find a unique piece of information regarding [Culture and Spirituality](http://attcppwtools.org/LearnASkill/ECHODidactics.aspx#Spirituality) from the Addiction Technology Transfer Center.

You can find a [Fact Sheet:](http://attcnetwork.org/resources/resource.aspx?prodID=1142&rcID=19&regionalcenter=*&producttype=*&keywords=cultural) Developing Culturally Centered Interventions from the Addiction Technology Transfer Center.

Kathy FitzJeffries provides a comprehensive slide deck, [Cultural Humility](https://www.naadac.org/assets/2416/kathleen_fitzjefferies_ac17ppt.pdf): Reflection on Self and Practice from her presentation at the NAADAC 2017 Annual Conference.

Priscilla G. Wilson provides a definition and breakdown to the term “Microagression” in this *Counseling Today* article published by the American Counseling Association, [Raising counselors’ awareness of mircoagressions](https://ct.counseling.org/2016/06/raising-counselors-awareness-microaggressions/).

Sidney Shaw explains the benefits of Multicultural Orientation, rather than the previously encouraged Multicultural Counseling Competencies in this *Counseling Today* article published by the American Counseling Association, [Practicing cultural humility](https://ct.counseling.org/2016/12/practicing-cultural-humility/).

Podcast: the cultural front line. Episode on [daring disabled artist](https://www.bbc.co.uk/programmes/w3cswp6h).

Practice Cultural Competence

Assess yourself

Know your biases, values, beliefs

Intentionally experience other cultures besides your own

Develop a relationship with someone from another culture. Perhaps, find someone who is interested in knowing more about your culture. Have in-depth conversation. Answer questions. Provide feedback. The best place to learn about the culture is from a person of that culture

**Terminology**

**Assimilation** A gradual process by which a person or group belonging to one culture adopts the practices of another, thereby becoming a member of that culture (Chegg, 2013).

**Belief**: Something that is accepted, considered to be true, or held as an opinion: something believed; *especially* a tenet or body of tenets held by a group ("Merriam-Webster", 2018).

**Bias**: An inclination of temperament or outlook; especially a personal and sometimes unreasoned judgment: prejudice ("Merriam-Webster", 2018).

**Color-blindness**: The racial ideology that posits the best way to end discrimination is by treating individuals as equally as possible, without regard to race, culture, or ethnicity ("Merriam-Webster", 2018).

**Color-evasion**: The denial of racial differences, by emphasizing sameness ("Merriam-Webster", 2018).

**Counterculture** A sub-culture whose values differ a great deal from those of the mainstream. Countercultures are often in opposition to the mainstream culture.

**Culture** the particular set of beliefs, norms, and values concerning the nature of relationships, the way people live their lives, and the way people organize their environments. (“TIP 59: Improving Cultural Competence", 2014, p. 11).

**Cultural Competence** A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations (Cross, et al., 1989, p. 13).

**Cultural Diffusion** An affiliation or identification with a particular group or groups (“TIP 59: Improving Cultural Competence", 2014, p. xvii).

**Cultural Diversity** A system of beliefs and behaviors that recognizes and respects the presence of all diverse groups in an organization or society, acknowledges and values their socio-cultural differences, and encourages and enables their continued contribution within an inclusive cultural context which empowers all within the organization or society (Rosado, n.d.).

**Cultural Lens** Viewing a situation from the perspective of another culture (Kinney, 2017).

**Discrimination** The unfair or unequal treatment of an individual (or group) based on certain characteristics, including age, disability, ethnicity, gender, marital status, national origin, race, religion, and sexual orientation (Thomson Rueters, 2018).

**Drug Culture** There is not a single drug culture in the United States today, but rather, a number of distinct drug cultures that differ according to substances used, geographic location, socioeconomic status, and other factors (“TIP 59: Improving Cultural Competence", 2014, p. 11).

**Ethnicity**: Ethnic quality or affiliation, a particular ethnic affiliation or group ("Merriam-Webster", 2018).

**Ethnocentrism** The practice of judging one culture by the standards of another (Kinney, 2017).

**Mainstream Culture** The cultural patterns that are broadly in line with society’s cultural ideals and values (Kinney, 2017).

**Micro-aggression**: A comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority) ("Merriam-Webster", 2018).

**Prejudice** An unjustified or incorrect attitude (usually negative) towards an individual based solely on the individual’s membership of a social group (McLeod, 1970).

**Pop Culture** (popular culture). Those are the behaviors and ideas popular within a society (Kinney, 2017).

**Racism:** A belief that race is the primary determinant of human traits and capacities- and that racial differences produce an inherent superiority of a particular race ("Merriam-Webster", 2018).

**Stereotype** A fixed, over generalized belief about a particular group or class of people (Cardwell, 1996).

**Subcultures** are cultural patterns that set apart a segment of society’s population (Kinney, 2017).

**Tradition:** An inherited, established, or customary pattern of thought, action, or behavior. A belief or story (or a body of beliefs or stories) relating to the past that are commonly accepted as historical, though not verifiable ("Merriam-Webster", 2018).

Many of these definitions can be found in the [video and video transcript](http://www.yousubtitles.com/Cultures-Subcultures-and-Countercultures-Crash-Course-Sociology-11-id-649006), Cultures, Subcultures, and Countercultures: Crash Course Sociology #11.

**References**

Assimilation Lesson. (2013). Retrieved from <https://www.chegg.com/homework-help/definitions/assimilation-49>

Castro, F.G. Cultural competence training in clinical psychology: Assessment, clinical intervention, and research. In: Bellack, A.S., and Hersen, M., eds. Comprehensive Clinical Psychology: Sociocultural and Individual Differences, Vol. 10 (pp. 127–140). Oxford: Pergamon, 1998.

Culture Terms. (2018). Retrieved from <http://www.sociologyguide.com/culture/culture-terms.php>

Dictionary by Merriam-Webster: America's most-trusted online dictionary. (2018). Retrieved from <https://www.merriam-webster.com/>

Goode, T. D. (2009). Cultural Competence. Retrieved August 01, 2018, from <https://gucchd.georgetown.edu/cultural-competence.php>

Kinney, Cheryl C. (Producer). (2017, May 22). *Cultures, Subcultures, and Countercultures: Crash Course Sociology #11* [Video File]. Retrieved from <http://www.yousubtitles.com/Cultures-Subcultures-and-Countercultures-Crash-Course-Sociology-11-id-649006>   
  
Rosado, C. (n.d.). What Makes a School Multicultural? Retrieved August 01, 2018, from <http://www.edchange.org/multicultural/papers/caleb/multicultural.html>

Spacey, J. (2018, May 11). 16 Examples of Traditional Culture. Retrieved August 01, 2018, from <https://simplicable.com/new/traditional-culture>

McLeod, S. (1970, January 01). Saul McLeod. Retrieved from <https://www.simplypsychology.org/prejudice.html>

T. (2018). What is Discrimination? Retrieved from <https://civilrights.findlaw.com/civil-rights-overview/what-is-discrimination.html>

The Health Literacy Team of BC Mental Health & Substance Use Services and BC Children’s Hospital and the Population Health Promotion Team of BC Women’s Hospital & Health Centre. (n.d.). Defining Culture. Retrieved May 5, 2018, from <https://culturallyconnected.ca/cultural-humility/>

Tervalon, M. and Murray-Garcia, J. (1998). Cultural humility versus cultural competency: a critical distinction in defining physician training outcomes in multicultural education. [Editorial Research Support, Non-U.S. Government P.H.S. Review]. Health Care Poor Underserved, 9(2) 117-125.

Understanding Diverse Cultures in Delivering Recovery Services [Television series episode]. (2014, April 01). In *Road to Recovery*.

United States, US Department of Health and Human Services, SAMHSA. (2014). *TIP 59: Improving Cultural Competence*. Rockville, MD: US Department of Health and Human Service. Retrieved from <https://store.samhsa.gov/shin/content/SMA14-4849/SMA14-4849.pdf>

Zimmermann, K. A. (2017, July 12). What Is Culture? | Definition of Culture. Retrieved August 01, 2018, from <https://www.livescience.com/21478-what-is-culture-definition-of-culture.html>