

BASED ON TIP 59

Improving Cultural Competence

QUICK GUIDE FOR CLINICIANS



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Based on TIP 59

Improving Cultural Competence

QUICK GUIDE FOR CLINICIANS

This Quick Guide is based entirely on information contained in TIP 59, published in 2014. No additional research has been conducted to update this topic since publication of TIP 59.

Why a Quick Guide?

This Quick Guide provides succinct, easily accessible information to behavioral health clinicians about culturally competent counseling skills. The guide is based entirely on *Improving Cultural Competence*, Number 59 in the Treatment Improvement Protocol (TIP) series.

Users of the Quick Guide are invited to consult the primary source, TIP 59, for more information and a complete list of resources for improving cultural competence. To order a copy of TIP 59 or to access it online, see the inside back cover of this guide.

DISCLAIMER

The opinions expressed herein are the views of the consensus panel members and do not necessarily reflect the official position of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS). No official support of or endorsement by SAMHSA or HHS for these opinions or for the instruments or resources described is intended or should be inferred. The guidelines presented should not be considered substitutes for individualized client care and treatment decisions.

What Is a TIP?

The TIP series provides professionals in behavioral health and related fields with consensus-based, field-reviewed guidelines on behavioral health treatment topics of vital current interest. TIPs have been published by SAMHSA since 1991.

TIP 59, *Improving Cultural Competence*, assists professional care providers and administrators in understanding the role of culture in the delivery of mental and substance use disorder services. The TIP:

- Defines cultural competence, presents a rationale for pursuing it, and describes the process of becoming culturally competent and responsive to client needs.
- Addresses the development of cultural awareness.
- Describes core competencies for counselors and other clinical staff.
- Provides guidelines for culturally responsive clinical services.
- Provides organizational strategies to promote the development and implementation of culturally responsive practices.
- Provides a general introduction to each major racial and ethnic group, providing specific cultural knowledge related to substance use and treatment.
- Explores the concept of “drug culture” and its role in substance use disorder treatment.

Introduction to Cultural Competence

Core Assumptions

Core assumptions that serve as the fundamental platform for this TIP were derived from clinical and administrative experiences, empirical evidence, conceptual writings, and program and treatment service models.

Assumption 1: The focus of cultural competence, in practice, has historically been on individual providers. However, counselors will not be able to sustain culturally responsive treatment without their organization's commitment to support and allocate resources to promote these practices.

Assumption 2: An understanding of race, ethnicity, and culture (including one's own) is necessary to appreciate the diversity of human dynamics and to treat all clients effectively.

Assumption 3: Incorporating cultural competence into treatment improves therapeutic decisionmaking and offers alternative ways to define and plan a treatment program that is firmly directed toward progress and recovery—as defined by both the counselor and the client.

Assumption 4: Consideration of culture is important at all levels of operation—individual, programmatic, and organizational—across behavioral health treatment settings. It is also important in all activities (including research and education) and at every treatment phase: outreach, initial contact, screening, assessment, placement, treatment, and continuing care and recovery support.

Assumption 5: Achieving cultural competence in an organization requires the participation of racially and ethnically diverse groups and underserved populations in the development and implementation of culturally responsive practices, program structure and design, treatment strategies and approaches, and staff professional development.

Assumption 6: Public advocacy of culturally responsive practices can increase trust among the community, agency, and staff. The community is thus empowered with a voice in organizational operations.

Defining Cultural Competence

The HHS Office of Minority Health merged several existing definitions to conclude the following:

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals

that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.¹

Multidimensional Model for Developing Cultural Competence²

Dimension 1: Racially and Culturally Specific Attributes

This dimension includes:

- The main population groups as identified by the U.S. Census Bureau.
- Other multiracial and culturally diverse groups.
- Sexual orientation, gender orientation, socioeconomic status, and geographic location.

¹Office of Minority Health. (2000). *Assuring cultural competence in health care: Recommendations for national standards and an outcomes-focused research agenda* (p. 28). Rockville, MD: Author.

²Sue, D. W. (2001). Multidimensional facets of cultural competence. *Counseling Psychologist*, 29(6), 790–821.

Dimension 2: Core Elements of Cultural Competence

This dimension includes:

- Cultural awareness.
- Cultural knowledge.
- Culturally appropriate clinical skills.

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.

Dimension 3: Foci of Culturally Responsive Services

This dimension targets key levels of treatment services:

- The individual staff member level
- The clinical and programmatic level
- The organizational and administrative level

Interventions need to occur at each of these levels to provide culturally responsive treatment services.

For more detailed information, see TIP 59, Chapter 1.

Core Cultural Competencies for Counselors and Other Clinical Staff

Cultural competence:

- Is more than a discrete skill set or knowledge base.
- Requires ongoing self-evaluation on the part of the practitioner.

Culturally competent counselors:

- Are aware of their own cultural groups and of their values, assumptions, and biases regarding other cultural groups.
- Strive to understand how these factors affect their ability to provide culturally effective services to clients.

Given the complex definition of culture and the fact that racially and ethnically diverse clients represent a growing portion of the client population, the need to update and expand guidelines for cultural competence is increasing. Suggestions for counselors and other clinical staff are outlined below.

Self-Knowledge

Counselors should begin by exploring their own cultural heritage and identifying how it shapes their perceptions of normality, abnormality, and the counseling process.

Cultural Awareness

Counselors who are aware of their own cultural backgrounds:

- Are more likely to acknowledge and explore how culture affects their client–counselor relationships.
- Examine how their own beliefs, experiences, and biases affect their definitions of normal and abnormal behavior.
- Are more likely to take the time to understand a client’s cultural groups and their role in the therapeutic process, a client’s relationships, and his or her substance-related and other presenting clinical problems.

Counselors who are not aware of their own cultural backgrounds:

- May provide counseling that does not address obvious issues that specifically relate to race, ethnic heritage, and culture.
- May discount the importance of how their cultural backgrounds—including beliefs, values, and attitudes—influence their initial and diagnostic impressions of clients.
- Can unwittingly use their own cultural experiences as a template to prejudge and assess client experiences and clinical presentations.

- May struggle to see the cultural uniqueness of each client, assuming that they understand a client's life experiences and background better than they really do.

Racial, Ethnic, and Cultural Identities

Counselors who do not understand the process by which cultural identity develops can, regardless of their own race or ethnicity:

- Unwittingly minimize the importance of racial and ethnic experiences.
- Fail to identify cultural needs and secure appropriate treatment services.
- Unconsciously operate from a superior perspective (e.g., judging a specific behavior as ineffectual, a sign of resistance, or a symptom of pathology).
- Internalize a client's reaction (e.g., an African American counselor feeling betrayed or inadequate when a client of the same race requests a White American counselor for therapy during an initial interview).
- View a client's behavior through a veil of societal biases or stereotypes.

Worldview: The Cultural Lens of Counseling

Worldview:

- Is a set of assumptions that guide how one sees, thinks about, experiences, and interprets the world.
- Is developed starting in early childhood, facilitated by significant relationships (particularly with parents and family members).
- Is shaped by the individual's environment and life experiences, influencing values, attitudes, beliefs, and behaviors.

For clients and counselors, worldviews shape one's:

- Concept of time.
- Definition of family.
- Organization of priorities and responsibilities.
- Orientation to self, family, and/or community.
- Religious or spiritual beliefs.
- Ideas about success.

Counselors also contend with the clinical worldview.

This culture:

- Reflects specific counseling theories, techniques, and treatment modalities, along with general office practices.

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- Significantly shapes a counselor's beliefs pertaining to the nature of wellness, illness, and healing; interviewing skills and behavior; diagnostic impressions; and prognosis.
- Influences the definition of normal versus abnormal or disordered behavior, the determination of treatment priorities, the means of intervention, and the definitions of successful outcomes and treatment failures.

Counselors should:

- Engage in considerable reflection to identify how their own cultural worldviews influence their interactions both inside and outside of counseling.
- Question how their perspectives are perpetuated in and shape client–counselor interactions, treatment decisions, planning, and selected counseling approaches.
- Understand multiple worldviews and how these worldviews interact throughout the treatment process—including the views of the counselor, client, family, other clients and staff members, treatment program, organization, and other agencies, as well as the community.

Stereotypes, Prejudices, and History

Counselors need to examine:

- How they have directly or indirectly been affected by individual, organizational, and societal stereotypes, prejudice, and discrimination.
- How certain attitudes, beliefs, and behaviors have deterred them from obtaining equitable opportunities.
- Whether, and if so, how, discrimination and societal biases have provided benefits to them as individuals and as counselors.

Counselors who avoid or minimize the relevance of bias and discrimination in self-exploration:

- Will likely do the same in the assessment and counseling process.
- Can miss vital information that influences client responses to treatment and willingness to follow through with continuing care and ancillary services.

Trust and Power

Counselors need to understand the impact of their role and status within the client–counselor relationship.

Depending on the cultural context, clients may perceive them as:

- All-knowing professionals.
- Representatives of an unjust system.

Counselors need to:

- Consider whether client perceptions inhibit or facilitate the counseling process and how they affect the level of trust in the client–counselor relationship.
- Identify and address these issues of trust and power early in the counseling process.
- Provide clients with opportunities to talk about and process their perceptions, past experiences, and current needs.

Practicing Within Limits

Counselors must engage in self-exploration, critical thinking, and clinical supervision to understand:

- Their clinical abilities and limitations regarding the services that they are able to provide.
- The populations that they can serve.
- The treatment issues that they are qualified to address.

Counselors risk providing services beyond their expertise if they:

- Lack awareness and knowledge of the influence of cultural groups on client–counselor relationships, clinical presentation, and the treatment process.
- Minimize, ignore, or avoid viewing treatment in a cultural context.

The following experiences can be helpful but are not sufficient to make individuals eligible or competent to provide multicultural counseling:

- Having similar experiences as their clients
- Being from the same race as their clients
- Identifying as a member of the same ethnic heritage or cultural group as their clients
- Having current or prior relationships with others from the same race or cultural background as their clients
- Attending training on cultural competence

Knowledge of Other Cultural Groups

Culture influences:

- Communication patterns.
- Values.
- Gender roles.
- Clinical presentations of distress.
- Counseling expectations.
- Behavioral norms and expectations in and outside the counseling session (e.g., touching, greetings, gift-giving, level of formality between counselor and client).

Cultural knowledge content areas include:

- Language and communication (verbal and nonverbal).
- Geographic location.
- Worldview, values, and traditions.
- Family and kinship.
- Gender roles.
- Socioeconomic status and education.
- Immigration, migration, and acculturation stress.
- Acculturation and cultural identification.
- Heritage and history.
- Sexuality.
- Religion and spirituality.
- Health, illness, and healing.

Counselors should:

- Filter and interpret client presentation from a broad cultural perspective instead of using only their own cultural groups or previous client experiences as reference points.
- Invest the time to know clients and their cultures, not only through ongoing client interactions, but also through the use of outside resources, cultural training seminars and programs, cultural events, professional consultations, cultural guides, and clinical supervision.

- Be mindful that they will not know everything about a specific population or initially comprehend how an individual client endorses or engages in specific cultural practices, beliefs, and values.
- Be as knowledgeable as possible and attend to a client's cultural attributes—beginning with the intake and assessment process and continuing throughout the treatment relationship.
- Not make assumptions about clients' race, ethnic heritage, or culture based on appearance, accents, behavior, or language.
- Explore with clients their cultural identity or identities.
- Discuss what cultural identity means to clients and how it influences treatment.
- Examine, collaboratively with clients, presenting treatment issues and obstacles to engaging in behavioral health treatment and maintaining recovery.
- Discuss with clients how cultural groups and cultural identities can serve as guideposts in treatment planning.

Cultural Knowledge of Behavioral Health

Knowledge that counselors need to acquire to work successfully with diverse clients includes:

- Patterns of substance use and treatment-seeking behavior specific to people of diverse racial and cultural backgrounds.
- Beliefs and traditions, including cultural norms, surrounding substance use.
- Beliefs about treatment, including expectations and attitudes toward counseling.
- Community perceptions of behavioral health treatment.
- Obstacles encountered by specific populations that make it difficult to access treatment, such as geographic distance from treatment services.
- Patterns of co-occurring disorders and conditions specific to people from diverse racial and cultural backgrounds.
- Assessment and diagnosis, including culturally appropriate screening and assessment and awareness of common diagnostic biases associated with symptom presentation.
- Individual, family, and group therapy approaches that hold promise in addressing mental and substance use disorders specific to the racial and cultural backgrounds of diverse clients.

- Culturally appropriate peer support, mutual-help, and other support groups (e.g., the Wellbriety movement, a culturally appropriate 12-Step program for Native American people).
- Traditional healing and complementary methods (e.g., use of spiritual leaders, herbs, and rituals).
- Continuing care and relapse prevention, including attention to clients' cultural environments, treatment needs, and accessibility of care.
- Treatment engagement/retention patterns.

Skill Development

Counselors need to:

- Develop a positive attitude toward learning about multiple cultural groups.
- Invest in ongoing learning and the pursuit of culturally congruent skills.
- Demonstrate commitment to cultural competence by behaviors that reflect attitudes of:
 - Respect.
 - Acceptance.
 - Sensitivity.
 - Commitment to equality.
 - Openness.
 - Humility.
 - Flexibility.

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- Work toward intervention strategies that integrate the skills discussed in the following sections.

Culturally competent counselors:

- Frame issues in culturally appropriate ways.
- Allow for complexity of issues based on cultural context.
- Make allowances for cultural variations in the use of personal space.
- Display sensitivity to culturally specific meanings of touch.
- Explore culturally based experiences of power and powerlessness.
- Adjust communication styles to a client's culture.
- Interpret emotional expressions in light of a client's culture.
- Allow for more flexible clinician roles and practices—while still maintaining appropriate professional boundaries—when working with clients.

For more detailed information, see TIP 59, Chapter 2.

Culturally Responsive Evaluation and Treatment Planning

The following nine steps are important to incorporate in evaluation and treatment planning processes to ensure culturally competent clinical and programmatic decisions and skills.

Step 1: Engage Clients

- Use simple gestures as culturally appropriate—handshakes, facial expressions, greetings, and small talk—to help establish a first impression and begin building the therapeutic relationship.
- Involve one's whole being in a greeting—thought, body, attitude, and spirit.
- Aim to ensure that the client leaves the initial meeting feeling hopeful and understood.
- Try to establish rapport before launching into a series of questions.
- Draw attention to the presenting problem without probing too deeply.
- Ensure that the client feels engaged with any interpreter used in the intake process.
- Use culturally responsive interview behaviors.

Step 2: Familiarize Clients and Their Families With Treatment and Evaluation Processes

- Remember that clients are typically new to treatment language or jargon, program expectations and schedules, and the intake and treatment process.
- Educate clients and their families about treatment expectations.
- Walk clients through the treatment process, starting with the goals of the initial intake and interview.

Step 3: Endorse Collaboration in Interviews, Assessments, and Treatment Planning

- Take time to familiarize clients with the intake, interview, evaluation, and treatment planning processes and how they can participate in these processes.
- Use a collaborative approach in the initial interview and evaluation to discuss the expectations of both counselor and client.
- Establish ways for the client to seek clarification of his or her assessment results.
- Encourage collaboration by emphasizing the importance of client input and interpretation.
- Use client feedback to help interpret results and identify cultural issues that may affect intake and evaluation.

- Extend collaboration to client preferences regarding inclusion of family and community members in evaluation and treatment planning.

Step 4: Integrate Culturally Relevant Information and Themes

Explore culturally relevant themes to more fully understand clients and identify their cultural strengths and challenges. Themes include:

- Immigration history.
- Cultural identity and acculturation.
- Membership in a subculture.
- Beliefs about health, healing, help-seeking, and substance use.
- Trauma and loss.

Step 5: Gather Culturally Relevant Collateral Information

- Obtain supplemental information, with the client's permission, from sources other than the client (e.g., family members, medical and court records, probation and parole officers, community members).
- Obtain culturally relevant collateral information from the family (e.g., organizational memberships, beliefs, practices that shape the client's cultural identity and understanding of the world).

- Engage families early in the treatment process and be especially sensitive to the cultural background of family members providing collateral information.

Step 6: Select Culturally Appropriate Screening and Assessment Tools

- Explore the availability of mental and substance use disorder screening and assessment tools that have been translated into or adapted for other languages and have been validated for that particular population group.
- Consider instruments' cultural applicability to the client being served (e.g., a screening instrument that asks the respondent about his or her guilt about drinking could be ineffective for members of cultural, ethnic, or religious groups that prohibit consumption of alcohol).
- Keep in mind that research is limited on the cross-cultural applicability of specific test items or questions, diagnostic criteria, and psychologically oriented concepts in evaluative and diagnostic processes.

Step 7: Determine Readiness and Motivation for Change

- Clients enter treatment programs at different levels of readiness for change; these different levels require different approaches.

- Motivational interviewing can help counselors prepare culturally diverse clients to change their behavior and keep them engaged in treatment.

Stages of Change

To understand motivational interviewing, it is first necessary to examine the process of change that is involved in recovery. The transtheoretical model of change—which is applicable to culturally diverse populations—divides the change process into several stages:³

- **Precontemplation.** The individual does not see a need to change. For example, a person at this stage who misuses substances does not see any need to alter use, denies that there is a problem, or blames the problem on other people or circumstances.
- **Contemplation.** The person becomes aware of a problem but is ambivalent about the course of action. For instance, a person struggling with depression recognizes that the depression has affected his or her life and thinks about getting help but remains ambivalent about how to do this.

³ Prochaska, J. O., & DiClemente, C. C. (1984). *The transtheoretical approach: Crossing traditional boundaries of therapy*. Homewood, IL: Dow Jones-Irwin.

- **Preparation.** The individual has determined that the consequences of his or her behavior are too great and that change is necessary. Preparation includes small steps toward making specific changes. For example, the client may have begun experimenting with possible change approaches such as going to an Alcoholics Anonymous (AA) meeting or stopping substance use for a few days.
- **Action.** The individual has a specific plan for change and begins to pursue it. In relation to substance misuse, the individual may make an appointment for a drug and alcohol assessment prior to becoming abstinent.
- **Maintenance.** The person continues to engage in behaviors that support his or her decision. For example, an individual with bipolar I disorder follows a daily relapse prevention plan that helps him or her assess warning signs of a manic episode and reminds him or her of the importance of engaging in help-seeking behaviors to minimize the severity of an episode.

Progress through the stages is:

- Nonlinear, with movement back and forth among the stages at different rates.
- Not a one-time process, but rather a series of trials and errors that eventually translates to successful change.

Motivational Interviewing

- Motivational interventions assess a person's stage of change and employ techniques likely to move the person forward in the sequence.
- Motivational interviewing is characterized by the strategic therapeutic activities of:
 - Expressing empathy.
 - Developing discrepancy.
 - Avoiding argument.
 - Rolling with resistance.
 - Supporting self-efficacy.
- The counselor's major tools are engaging in reflective listening and soliciting change talk.
- This nonconfrontational, client-centered approach to treatment differs significantly from traditional treatments in several ways, creating a more welcoming relationship.

Step 8: Provide Culturally Responsive Case Management

Obstacles faced by culturally diverse clients seeking behavioral health services can include:

- Immigration status.
- Lower socioeconomic status.
- Language barriers.

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- Cultural differences.
- Lack of or poor health insurance coverage.

Such obstacles can:

- Interfere with or prevent access to treatment and ancillary services.
- Compromise appropriate referrals.
- Impede compliance with treatment recommendations.
- Produce poorer treatment outcomes.

Case management:

- Provides a single professional contact through which clients gain access to a range of services.
- Helps identify the need for (and then helps coordinate) social, health, and other essential services for each client.
- Can be helpful during treatment and recovery for a person with limited English literacy and knowledge of the treatment system.
- Focuses on the needs of individual clients and their families and anticipates how those needs will be affected as treatment proceeds.

The case manager:

- Advocates for the client.

- Eases the way to effective treatment by assisting the client with critical aspects of life (e.g., food, child care, employment, housing, legal problems).

The case manager who cannot provide culturally or linguistically competent services himself or herself should:

- Find an interpreter who communicates well in the client's language and dialect and who is familiar with the vocabulary required to communicate effectively about sensitive subject matter.
- Work within the system to ensure that the interpreter, when needed, can be compensated.

Culturally competent case managers build and maintain rich referral resources to meet clients' assorted needs.

Step 9: Incorporate Cultural Factors Into Treatment Planning

Typically, programs that provide culturally responsive services:

- Approach treatment goals holistically and include objectives to improve physical health and spiritual strength.
- Stress implementation of strength-based strategies that fortify cultural heritage, identity, and resiliency.

- Operate on the premise that treatment planning is a dynamic process that evolves along with an understanding of client history and treatment needs.

Counselors should:

- Be mindful of each client's linguistic requirements and the availability of interpreters.
- Be flexible in designing treatment plans to meet client needs.
- Draw, when appropriate, upon the institutions and resources of clients' cultural communities.

Culturally responsive treatment planning is achieved through:

- Active listening.
- Consideration of client values, beliefs, and expectations.
- Incorporation of client health beliefs and treatment preferences in addressing specific presenting problems (e.g., purification ceremonies for Native American clients).
- Referrals to appropriate traditional treatment resources to supplement clinical treatment activities.

For more detailed information, see TIP 59, Chapter 3.

Behavioral Health Treatment for Major Racial and Ethnic Groups

- Considerable diversity exists within any specific culture, race, or ethnicity.
- Cultural beliefs, traditions, and practices change over time.
- The differences between two members of the same racial/ethnic group can be greater than the differences between two people from different racial/ethnic groups.
- Many individual variations exist in the ways people interact with their environments and in how environmental context affects behavioral health.

Counselors are encouraged to learn as much as possible about the specific racial/ethnic populations they serve, including each population's:

- Beliefs about and traditions involving substance use.
- Patterns of substance use and substance use disorders.
- Patterns of mental and co-occurring disorders.
- Treatment patterns.
- Beliefs and attitudes about treatment.
- Other treatment issues and considerations.

Counselors are also encouraged to learn culturally congruent treatment interventions for each population, including cultural adaptations of:

- Family therapy.
- Group therapy.
- Mutual-help groups.
- Traditional healing and complementary methods.
- Relapse prevention and recovery.

Core Culturally Responsive Principles in Counseling African American Clients

- Discussion of clients' substance use should be framed in a context that recognizes the totality of life experiences faced by clients as African Americans.
- Equality is sought in the therapeutic counselor–client relationship, and counselors are less distant and more disclosing.
- Emphasis is placed on the importance of clients' changing their environment—not only for the good of clients themselves, but also for the greater good of their communities.
- Focus is placed on alternatives to substance use that underscore personal rituals, cultural traditions, and spiritual well-being.

- Recovery is a process that involves gaining power in the forms of knowledge, spiritual insight, and community health.
- Recovery is framed within a broader context of how recovery contributes to the overall healing and advancement of the African American community.

Culturally Responsive Program Development for Asian American Clients

- Create an advisory committee using representatives from the community.
- Incorporate cultural knowledge and maintain flexible attitudes as a counselor.
- Use cotherapist teams in which one member is Asian and bilingual (if necessary).
- Provide services in the clients' primary language.
- Develop culturally specific questionnaires for intake to capture information that may be missed by standard questionnaires.
- Conduct culturally appropriate assessments of trauma that ask about the traumatic experiences common to the population in question.
- Visit client homes to improve family involvement in treatment, if given permission.
- Provide support to families during transitions from and to professional care.

- Emphasize traditional values.
- Explore client coping mechanisms that draw upon cultural strengths.
- Use acupuncture or other traditional practices for detoxification.
- Emphasize relationship-building; help clients with life problems beyond behavioral health concerns.
- Provide concrete services, such as housing assistance and legal help.

Treatment Issues and Considerations for Latino Clients

- Counselors should employ *personalismo* (warm, genuine communication).
- Counselors are advised to adopt scheduling strategies that provide more flexibility.
- Counselors should avoid framing noncompliance as resistance or anger. Instead it is often a *pelea nonga* (relaxed fight) showing both a sense of being misunderstood and respect for the counselor's authority.
- Counselors should recognize aspects of Latino culture that can be assets in treatment: strength, perseverance, flexibility, and an ability to survive.
- Some Latino clients may benefit from culturally specific treatment and ethnic and gender matching with providers.

- Latino clients are likely to benefit from orientation sessions that review treatment and counseling processes, treatment goals and expectations, and other components of services.
- Counselors should explain confidentiality regardless of the mode of therapy, because many Latinos, especially undocumented workers or recent immigrants, are fearful of deportation.
- Counselors should consider the importance of *familismo* (the centrality of the family in Latino culture).
- Counselors should consider the appropriateness of 12-Step participation on a case-by-case basis. For some Latino clients, barriers can include language, attitudes of *machismo* (the belief that men must be strong and protect their families), and concerns about divulging family issues in public.
- Latino clients may benefit from a recovery management approach that involves social clubs, religious communities, and family support systems.

Counseling Native American Clients

- Use active listening and reflective responses.
- Avoid interrupting the client.
- Refrain from asking about family or personal matters unrelated to substance use without first asking the client's permission to inquire about these areas.

- Avoid extensive note-taking or excessive questioning.
- Pay attention to the client's stories, experiences, dreams, and rituals and their relevance to the client.
- Recognize the importance of listening and focus on this skill during sessions.
- Accept extended periods of silence during sessions.
- Allow time during sessions for the client to process information.
- Greet the client with a gentle (rather than firm) handshake and show hospitality (e.g., by offering food and/or beverages).
- Give the client ample time to adjust to the setting at the beginning of each session.
- Keep promises.
- Offer suggestions instead of directions (preferably more than one, to allow for client choice).

Treatment Issues and Considerations for White American Clients

- Providers can assume that most well-accepted treatment approaches and interventions (e.g., cognitive-behavioral therapy, motivational interviewing) have been tested and evaluated with White American clients.

- Approaches may need modification to suit class, ethnic, religious, and other client traits. Providers should establish not only the client's ethnic background, but also how strongly the person identifies with that background.
- With White Americans, useful approaches in family therapy focus on specific problems or content and encourage open, direct, and nonthreatening communication.
- In research with largely White populations, AA participation has been found to be an effective strategy for promoting recovery from alcohol use disorders. The 12-Step model works especially well for White ethnic groups (e.g., Irish Americans, Polish Americans).
- Factors that promote recovery for White Americans include the learning (and use) of coping skills.
- Social and family supports are also important in maintaining recovery and preventing relapse among White Americans.
- Other important factors for treatment of White Americans include continuing care, the development of substitute behaviors (i.e., reliance on healthy or positive activities in lieu of substance use), the creation of new caring relationships that do not involve substance use, and increased spirituality.

For more detailed information, see TIP 59, Chapter 5.

Drug Cultures and the Culture of Recovery

Drug culture refers to shared values, beliefs, customs, and traditions that evolve from substance use. For most clients in treatment for substance use disorders (including those who have a co-occurring mental disorder), drug culture will likely have affected their substance use and can affect their recovery.

Many drug cultures seem to have all the elements ascribed to a culture. A given drug culture (a drug subculture) may have:

- Its own history (pertaining to drug use), which is usually orally transmitted.
- Certain shared values, beliefs, customs, and traditions.
- Its own rituals and behaviors that evolve over time.
- Similar ways of dressing, socialization patterns, language, and style of communication among members.
- A social hierarchy that gives different status to different members of the culture based on their roles within that culture.

Drug cultures are prone to fragmentation. They can differ based on such factors as:

- Substance used.
- Locale.
- Socioeconomic status.
- Cultural attitudes related to the use of substances.
- Changes introduced over time.

Most people who use drugs participate in a drug culture, and they value this participation. Others, however, are “acultural” users: they initiate and sustain their substance use in relative isolation from other people who use drugs (e.g., the medical professional who misuses prescription drugs).

The Relationship Between Drug Cultures and Mainstream Culture

Drug cultures:

- Define themselves, to some extent, in opposition to the mainstream culture.
- May reject some, if not all, of the values and beliefs of the mainstream culture in favor of their own.
- Will often adapt some elements of the mainstream culture in ways quite different from those originally intended.

- Are often identified with by individuals who feel excluded from or unable to participate in mainstream society.
- Provide an alternative source of social support and cultural activities; those activities can run counter to the best interests of the individual because the focus is on the substance, not on the well-being of the people who participate in the culture.

Mainstream culture does not—for the most part—have an accepted role for most types of substance use, unlike many older cultures, which may accept use, for example, as part of specific religious rituals. Thus, people who experiment with drugs in the United States usually do so in highly marginalized social settings (e.g., settings that encourage excessive use of a given substance and experimentation with other, often stronger, substances), which can contribute to the development of substance use disorders.

Individuals who are marginalized by their substance use:

- Tend not to seek access to mainstream institutions that typically provide sociocultural support; this can result in even stronger bonding with the drug culture.
- Are viewed as behaving abnormally even when they attempt to act differently; this further reduces the chances of any attempt to change behavior.

- May view a substance use disorder as a normal state, a status symbol, and a source of pride, and they may celebrate their drug-related identity with other members of the drug culture.
- May form oppositional values and beliefs that can promote unity among members of the drug culture.

Understanding Why People Are Attracted to Drug Cultures

Problematic substance use is, to some extent, a learned behavior:

- Many commonly misused substances are not automatically experienced as pleasurable by people who use them for the first time.
- Those who have greater expectations of pleasure with drug use typically have a more intense and pleasurable experience; these expectations may play a part in the development of substance use disorders.
- Drug-seeking and other behaviors associated with substance use have a reinforcing effect beyond that of the actual drugs. Activities such as rituals of use provide a focus for those who use drugs when the drugs themselves are unavailable and help these individuals shift their attention away from problems they might otherwise need to face.

Drug cultures serve as an initiating force, providing a way for people new to drug use to learn:

- What to expect.
- How to appreciate the experience of getting high.
- How to ingest the substance for strongest effect, how much to take, and other practical matters involved in using substances.

In buying (and perhaps selling) drugs, individuals can:

- Find excitement that is missing in their lives.
- Find a sense of purpose, which they otherwise lack, in the daily need to seek out and acquire drugs.
- Gain approval from peers who use drugs and a feeling that, by navigating the difficulties of living as a person who uses drugs, they are successful at something.

Participation in the drug trade can be:

- In some communities, one of the few economic opportunities available.
- In both economically deprived and affluent communities, a means of gaining the admiration and respect of peers.

Marginalized adolescents and young adults find drug cultures particularly appealing. Risk factors associated with adolescent substance use are also risk factors for youth involvement with a drug culture.

- Individual risk factors include:
 - Feelings of alienation from society.
 - A strong rejection of authority.
 - Traits such as sensation-seeking and poor impulse control.
- Social risk factors include:
 - Rejection by peers.
 - Poverty.
 - Failure in school.

Family involvement with drugs is also a significant risk factor, because of the additional exposure to the drug lifestyle and early learning of the values and behaviors associated with it (e.g., lying to cover for parents' illicit activities).

Drug cultures serve as sustaining forces:

- Supporting continued use.
- Reinforcing denial that a problem with alcohol or drugs exists.
- Providing social sanction for the substance use.
- Imparting skills that can help participants avoid the pitfalls of the substance-misusing lifestyle and thus continue using (e.g., how to avoid arrest, how to get money to support their drug use).

Of all cultural affiliations, drug culture is likely to be the one most intimately connected with a client's substance use.

Drug Cultures in Assessment and Engagement

To learn about local drug cultures, counselors can:

- Make use of their own insights, if in recovery.
- Learn from counselors in recovery.

Counselors can also learn from clients by:

- Avoiding asking clients point-blank questions about their involvement in a drug culture.
- Talking to clients about their relationships, daily activities, and habits relating to substance use, as well as their values and views of other people and the world.

Behavioral health services providers need to help their clients weaken and eventually eliminate their connections to the drug culture. In the process of engaging clients, the provider can help them:

- Identify how their connections to the drug culture prevent them from reaching their goals.
- Identify how the loss of these connections would affect them if they chose to cut ties with the drug culture.

Finding Alternatives to Drug Cultures

A client can meet the psychosocial needs previously satisfied by the drug culture by:

- Strengthening cultural identity (e.g., by replacing involvement in the drug culture with involvement with his or her family or cultural peers).
- Replacing ties with the drug culture with new ties to a culture of recovery.

Programs can help clients break ties with drug cultures by:

- Challenging clients to replace the elements of the drug culture (e.g., style of dress, music, language, communication patterns) with something new that is positively associated with a culture of recovery.
- Reframing something (e.g., the setting for listening to music) so that it is no longer associated with drug use or the drug culture.

Developing a Culture of Recovery

- People in recovery can participate in activities with others who are having similar experiences to build a culture of recovery.
- No single culture of recovery exists.
- Some cultural diversity exists within the large international mutual-help organizations like AA.

- Regional differences exist within such organizations in meeting-related rituals or attitudes toward certain issues (e.g., use of prescribed psychotropic medication, approaches to spirituality).

Most treatment programs try to foster a culture of recovery for their clients:

- Some modalities (e.g., therapeutic communities) focus on this issue as a primary treatment strategy.
- One-on-one outpatient treatment programs typically encourage attendance at mutual-help groups, such as AA.
- Most providers also recognize that clients need to replace the activities, beliefs, people, places, and things associated with substance misuse with new recovery-related associations.

Ways to create a culture of recovery for clients include:

- Teaching clients about the existence of drug cultures and the potential influence of drug cultures on their lives.
- Teaching clients about cultures of recovery and discussing how elements of the drug culture can be replaced by elements of a culture of recovery.

- Establishing clear boundaries for appropriate behavior (e.g., behavior that does not reflect drug cultures) in the program and consistently correcting behaviors that violate boundaries (e.g., wearing shirts depicting marijuana leaves; displaying gang-affiliated symbols, gestures, and tattoos).
- Working to shape a peer culture within the program so that longer-term clients and staff members can socialize new clients to a culture of recovery.
- Having regular assessments of clients and the entire program in which staff members and clients determine areas where work is needed to minimize cultural attitudes that can undermine treatment.
- Involving clients' families (when appropriate) in the treatment process so they can support clients' recovery as well as participate in their own healing process.

Programs can also:

- Build linkages with mutual-help groups.
- Include mutual-help meetings in their programs.
- Provide access to community mutual-help meetings.
- Include mutual-help rituals, symbols, language, and values in treatment processes.

For more detailed information, see TIP 59, Chapter 6.

Notes

In 2000, the HHS Office of Minority Health introduced national standards for culturally and linguistically appropriate services (CLAS) in health and health care (National CLAS Standards). The standards are included in Appendix C of TIP 59, pages 265–266. In 2013, enhanced standards were introduced. The enhanced standards may be accessed at www.thinkculturalhealth.hhs.gov/pdfs/EnhancedNationalCLASStandards.pdf.

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

Ordering Information

TIP 59 Improving Cultural Competence



TIP 59-Related Products:

KAP Keys for Clinicians Based on TIP 59

Quick Guide for Administrators Based on TIP 59

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

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Other Treatment Improvement Protocol (TIPs) that are relevant to this Quick Guide:

- TIP 57:** Trauma-Informed Care in Behavioral Health Services
- TIP 56:** Addressing the Specific Behavioral Health Needs of Men
- TIP 51:** Substance Abuse Treatment: Addressing the Specific Needs of Women
- TIP 42:** Substance Abuse Treatment for Persons With Co-Occurring Disorders
- TIP 39:** Substance Abuse Treatment and Family Therapy
- TIP 35:** Enhancing Motivation for Change in Substance Abuse Treatment

See the inside back cover for ordering information for all TIPs and related products.

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