Workforce and Talent Management

Training Curriculum Series

Cultural Competence Training

Instructor's Manual

Andrew M. Cuomo
Governor

Laurie A. Kelley
Acting Commissioner

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Agency Requirements for MSC Course Delivery

The MSC curricula found on OPWDD's website www.opwdd.ny.gov may be delivered by provider agencies that meet certain specified conditions.

For information, please go to:
http://www.opwdd.ny.gov/opwdd_careers_training/training_opportunities/documents/msc_agency_requirements_train

If you have any questions, please contact OPWDD Talent Development and Training at (518) 473-1190.

Instructor Requirements for MSC Delivery

Instructors must be an employee of, or affiliated with, an approved Agency/Provider Association operated or certified by OPWDD or other organization associated with the OPWDD service system.

In order to present training in Cultural Competence, instructors must have a minimum of two years experience with people with developmental disabilities and providers of developmental disabilities services. Instructors should have a foundation in providing cultural sensitivity, awareness or diversity training.

Instructors must have a minimum of two years of Medicaid Service Coordination work experience, or in another title with comparable working knowledge of Medicaid Service Coordination.

Instructors must be permitted by their agency sufficient time to participate in the requirements of this role.

Instructors must regularly monitor OPWDD's online curriculum for updates.
The Instructor or the Instructor's agency is responsible for retaining the signed, original sign-in documents for a period of six years from the date of training.

If you have any questions, please contact OPWDD Talent Development and Training at 518-473-1190.

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Prepare for next slide

Activity

Participant Manual

Overview and Introduction

Course Outline:

- **Laws and Regulations**
- **Understanding Barriers, Disparities and Biases**
- **Cultural Competence**
- **What's Culture Got To Do With It?**
- **Effective Communication**
- **Integrating Cultural Competence Into Everyday Practice**

Purpose:

This training will provide Medicaid Service Coordinators and Habilitation providers with an understanding of cultural competence as it relates to working with the individuals they serve. Staff who work directly with individuals with developmental disabilities are encouraged to attend.

Course Objectives:

- To understand what is cultural competence.
- To understand why cultural competence is important to the provision of services.
- What do we have to do to become more culturally competent (i.e. strategies)?
- How do we put cultural competence into practice?

Format:

- Facilitated discussion including questions and answers
- Group activities

Trainer Note: Encourage participants to ask questions as you go along with the training. Answer questions throughout or inform participants that a particular question will be answered later in the session.

Materials:

- Participant workbook;
- PowerPoint (optional);
- Flip charts and markers.

Introduction:

- Personal introduction by instructor (name, background, experience).
- Course introduction, purpose, and objectives **Refer to slide #2.**
- Purpose of the course **Refer to slide #3.**
- Course objectives **Refer to slide #4.**
- Review logistics and ground rules
    - Tell the participants the structure for the day (discussion, interactive activities)
    - Discuss sign in sheets, certificates, etc.
    - Present the agenda for the day including length of course, any breaks, etc.

- Remind: Turn off cell phones or put on vibrate; please no texting.
- Advise: Restrooms locations/exits; vending machine(s) if applicable.
- Explain: There will be conversations during the day related to different cultures and some of these conversations may become sensitive. Please remember that this is a learning environment and that everyone deserves respect.
- Discuss confidentiality as it pertains to discussions. If using an example of a person you serve, make sure names are changed.

- Suggested go-round for information gathering: Instructor may choose to ask participants their names and role within their agency and their expectations for the class. Instructor will have interaction with participants based on their responses.
- **Trainer Note:** The purpose of this is for the instructor to gain some information on the background of class participants and also to get an idea of their expectations for the day. By hearing participant expectations the instructor can relate topics to what will be covered during the day. The instructor may choose to write down (on flip chart) their expectations and refer to it during the training as expectations are met through class discussions and activities.
- Icebreaker

Icebreaker

- The purpose of this ice breaker is to introduce the concept of different cultures. It is to also discuss and reiterate that we have experiences with other cultures in our day-to-day lives.
- Instructor will ask (by a show of hands) the following questions or other questions related to knowledge of other cultures. After hands are raised for each question, instructor will elaborate by asking if anyone would like to share more information, such as, "What are the other languages that people in this room know – anyone?" Also ask, "How do you say 'Hello' in that language?" It is also important for the instructor to give examples from their own

experience involving working with a person with developmental disabilities, and/or the individual's family, who is from another culture than their own.

Question Discussions:

- "Who can say 'Hello' in another language?"
  - Suggested elaboration/discussion:
    - "What are the other languages that you know?"
    - "How do you say "Hello" in that language?"
- "Who has eaten food from another culture?"
  - Suggested elaboration/discussion:
    - "What did you have and where was it from?"
    - "What was your first reaction – before trying it?"
    - "What was your reaction – after trying it?"
- "Who has attended a religious service that was different from their own?"
  - Suggested elaboration/discussion:
    - "What was your reaction?"
    - "What things did you find different to your own type of religious service?"
    - "What things did you find similar?"
- "Who has ever had a pen pal or a friend on a social network from another country?"
  - Suggested elaboration/discussion:
    - "From where?"
    - "What did you learn from this?"
    - "How did this person's experiences compare to yours?"

Provide a transition to topic areas:

You might say:

We serve people from different cultural backgrounds. To be effective serving them we need to know how culture influences the individuals we serve. Today, we will discuss strategies for developing culturally competent services by understanding our biases and recognizing disparities and barriers for individuals and families. Throughout the day, we will explore, through introspection, our own cultural values, beliefs and customs. Later we will identify tools and strategies to help enhance our skills to be more culturally competent.

Make the point: Cultural competence is a journey and process of continual learning.

Instructor will give an example from his/her own experience of a time in which he or she worked with an individual or family from another cultural background. Instructor will elaborate with some examples of challenges or insights.

Show slide #5 (Participant Manual Slide #3)

Module 1
Laws and Regulations

Instructor introduces this section:

In this section, we will be discussing laws and regulations that protect the rights of people with developmental disabilities, people of color and other traditionally underserved populations. By the end of this training, you should be familiar with these laws and have a clearer understanding of why they are important and relevant in working with the individuals you serve.

Activity 1: Cultural Diversity

Show slide #6 (Participant Manual Slide #4)

Refer participants to slide #4 of the participant materials and give participants time to review the information. **Explain** that this document is a "contract" for this course and each participant is required to read and sign the contract in order to proceed with the course. Allow a few minutes for participants to review. Then ask by a show of hands who has signed and then who has not.

Instructor Note: The majority of participants will not agree to sign.

Discuss: Take a few responses of why participants have chosen not to sign. Then ask participants to imagine how the people we serve feel when we ask them to sign something they don't understand.

Show slide #7

Share the English version of the "contract" with the group.

Discuss with participants that as service coordinators and habilitation providers we serve many people from different cultural backgrounds. The service coordinators role is to assist individuals and

families; however we must consider that sometimes what we perceive as help might not be seen the same way by others. As we move through this course, we will engage in discussions and activities that will help us to better understand ways to effectively work with the people we serve, and to be cognizant of the need to understand their culture. Throughout the day we will explore; through introspection, the cultural differences and similarities we all have. Knowing that there are similarities is necessary for building and nurturing relationships and richer communications with others as well as clarifying how culture impacts everyone differently.

Show slide #8 (Participant Manual Slide #5)

Refer participants to participant materials slide #5 and give participants time to review the information.

Discuss:

This slide references Title VI of the Civil Rights Act of 1964 which states, "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance" (http://www.justice.gov/crt/about/cor/coord/titlevistat.php)

Title VI applies to any agency that receives federal and state funding, especially Medicaid funding. Under Title VI agencies are also responsible for examining services to ensure they do not encourage any discriminatory practices or barriers for people with developmental disabilities, people of color and other protected classes.

Instructor: Ask participants, to share examples of barriers they have noticed in the course of their work. Also, what steps were taken to remove those barriers?

Instructor Note: Instructors should be prepared to share examples from their own experiences.

Show slide #9 (Participant Manual Slide #6)

Refer participants to participant materials slide #6 and give participants time to review the information.

Discuss:

On a state level, OPWDD complies with 14 NYCRR Part 633, which is the code and regulations of New York that provide protection to individuals receiving services in facilities operated, and or certified, by OPWDD. Specifically, the 14 NYCRR Part 633.4 OPWDD regulation applies to state-operated and licensed programs. This regulation ensures and protects the civil rights of people receiving services from the system of care, which includes the right to and respect of culture, spiritual practices and the dignity of language access. Services should be inclusive to all regardless of an individual's ability to speak English, or if that person may be deaf and/or hard of hearing. All services need to be provided in a timely manner and equal to those of English speaking individuals. More information on New York Codes, Rules and Regulations 14 NYCRR Part 633.1 can be found at: http://www.dos.ny.gov/info/nycrr.html

Show slide #10 (Participant Manual Slide #7)

Module 2

Understanding "Barriers, Disparities and Biases"

Discuss:

Many disparities and barriers exist for all people with developmental disabilities. Some disparities are experienced by individuals with developmental disabilities due to the lack of education, awareness or stigma. There are times these disparities and barriers exist due to racism, discrimination and other social factors. We will explore them in more detail in this module.

Show slide #11 (Participant Manual Slide #8)

Refer participants to participant materials slide #8 and give participants time to review the information.

Discuss:

The National Council on Disability is an independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities. In 2009 the *Current State of Health Care for People with Disabilities* was issued reporting that 54.4 million people have a disability. According to this report African-Americans and Hispanics typically experience disability at a higher rate than White/Caucasians.

Show slide #12 (Participant Manual Slide #9)

Refer participants to participant materials slide #9 and give participants time to review the information.

Discuss:

People with disabilities face many barriers every day–from physical obstacles in buildings to systemic barriers in employment and civic programs. Some barriers may include:

- Poorer health and use of health care
- Lack of health insurance
- Lack of care-coordination
- Experience stereotypes from healthcare providers about disabilities
- Exclusion from health-related research
- Racial and ethnic disparities
- Limited access to health information

In addition, to barriers there are also stereotypes held by some health care providers about people with disabilities. Some false assumptions may be:

- People with disabilities probably live in nursing homes and get all their care in hospitals;
- People with disabilities are not employed, are all on welfare, and do not have private insurance;
- People with disabilities don't have a good quality of life;
- People with disabilities do not feel pain;
- People with disabilities have cognitive deficits because they do not speak standard English, and;

- People with disabilities do not require reproductive counseling and care because they are not having sex.

Show slide #13 (Participant Manual Slide #10)

Refer participants to participant materials slide #10 and give participants time to review the information.

Discuss:

Social Disparity- is a group of people having unequal access to services. This may be due to racism, language barriers, religion, poverty, and/or living conditions (rural communities).

Individuals encounter disparities in many different forms; more often than not, these disparities are not experienced in isolation but rather, concurrently. A majority of the individuals we serve may experience some of the following disparities at a higher instance than people without disabilities:

- Language
- Religion
- Health Care
- Living Conditions
- Homelessness
- Community

You might say:

Does anyone want to share any disparities they have recognized for individuals and families that they have or currently work with?

Activity 2: Cultural Jeopardy

Show slide #14

Instructor: Explain that we are now going to divide into two large groups and participate in a Cultural Jeopardy activity. Explain – the instructor will read the definition from below and the group will supply the answer to the definition. **Refer participants to participant materials slide #11**. Have the group divide into two sections. The instructor will choose one of the words below and read the definition. Each group will have the chance to provide their own answer, (the answer is the word that is being defined). Explain to participants that this is very similar to the TV show Jeopardy. Participants can respond, "What is…" *and provide the word that is being defined. The instructor will read each definition until all the words listed below have been defined.*

- **Race**-Specific characteristics used to define cultural groups.
- **Stereotype**-preconceived negative characteristics about a particular group.
- **Sexism**-the belief one gender is superior to the other.
- **Ageism**-discriminating against individuals or groups due to their age.
- **Oppression**- the use of power to marginalize, silence or otherwise subordinate one social group or category; often to further empower and/or privilege the oppressor.
- **Racism**-prejudice or animosity against people who belong to other races.
- **Heterosexism**-discrimination based on sexual orientation-lesbian, gay, bi-sexual, transgender and queer, questioning, and two spirited.
- **Discrimination**-negative behavior directed *against* a certain group.
- **Ethnicity**-relating to a group or groups in society with distinctive cultural traits.
- **Ableism**-Discrimination based on somebody's illness or disability.

Discuss:

Defining these key terms shows the basis of discrimination and how stereotypes and prejudice is reinforced in our day-to-day life. Prejudice's that are reinforced on a daily basis create a cycle of oppression.

Show slide #15 (Participant Manual Slide #12)

Refer participants to participant materials slide #12 and give participants time to review the information.

You might say:

Where have you acquired information about others in your early years? Were you given misinformation, missing history, or biased history?

The instructor should be prepared to discuss misinformation, missing history, or biased history they may have received in their own work experience?

Discuss:

As we grow, there is the process of socialization, which reinforces what we have learned as children.

You might say:

What are some stereotypes you have heard from family, friends or the media?

Discuss:

The cycle of oppression is reinforced by:

- Stereotypes

- Omissions
- Distortions
- People
- Systems
- Institutions

These re-enforcers come from those we know, love and trust:

- Family
- Neighbors
- Educators
- School
- Media
- Government
- Houses of Worship

We then begin to internalize this information and we can either reject it or accept it.
As we learn facts about different groups of people and reject the misinformation we have been given, we can break the cycle. However, on the other hand, if we internalize the process and view the misinformation we have been given as truth, we then become oppressed or become the oppressor and the cycle continues.
We are responsible to take a stand, otherwise the cycle will continue. We need to understand what misinformation has been given to us before and how we can learn from it by not making the same mistakes.

Show slide #16 (Participant Manual Slide #13)

Refer participants to participant materials slide #13 and give participants time to review the information.

Discuss:

The social process of becoming or being made insignificant, unimportant or minor, especially as a group within the larger society is known as **marginalization**.

Historically people with disabilities were discriminated, segregated, and abused. Individuals with disabilities were seen as incapable and incompetent. In different cultures, people with a developmental disability were seen as "possessed". They were perceived as a burden to family and society as a whole. They were placed in asylums and institutions, and viewed as outcasts.

During this time the system took a paternalistic approach. This approach did not include self-determination; but rather it adhered to the medical model; placement and services were solely based on diagnosis, thus isolating the population.

Show slide #17 (Participant Manual Slide #14)

Refer participants to participant materials slide #14 and give participants time to review the information.

Discuss:

The United States Department of Health and Human Services (HHS) is the federal agency that oversees all human service agencies. In response to the Affordable Care Acts requirements to take

action steps to reduce racial and ethnic disparities, HHS developed a plan. This plan promotes the development and implementation of culturally competent standards that include:

- **Training/education:** ongoing training for information on best practices when working with culturally diverse groups.
- **Workforce diversity:** hiring staff that are reflective of the population served.
- **Effective communication:** ensuring mechanisms for interpretation and translation for individuals that are limited-English proficient or deaf and/or hard of hearing. This also includes making sure the information we provide is distributed or presented in an easily understood format for individuals/families.
- **Data collection:** we need to collect comprehensive data about the people we serve. The data collected should be used to improve quality of care.
- **Research:** development and implementation of research for best practices for people with developmental disabilities and people of color.

Once we take these steps we adapt our services so they are culturally appropriate.

Show slide #18 (Participant Manual Slide #15)

Module 3
Cultural Competence

You might say:

In this section we will be focusing on increasing our understanding of cultural competence.

Instructor: ask participants if they can provide a definition of cultural competence?

Instructor: Based on input from participants write down and build a definition of cultural competence.

Show slide #19 (Participant Manual Slide #16)

Refer participants to participant materials slide #16 and give participants time to review the information.

Discuss:

The definition of cultural competence as outlined on the slide and how it is similar/different from the group definition.

Show slide #20 (Participant Manual Slide #17)

Refer participants to participant materials slide #17 and give participants time to review the information.

Discuss:

Cultural competence is a multi-prong approach with actionable steps that include the integration and transformation of knowledge about individuals and groups of diverse people into specific standards, policies, practices, and attitudes used to increase the quality of care thereby, producing better outcomes.

Becoming culturally competent is a journey, like we indicated earlier in the training. It is about the policies and procedures we put into place that impact service delivery and enhance practices that improve the quality of care for the people and families we serve. Those processes may include using natural supports such as; family, peers and the community to help individuals to live richer fuller lives.

You might say:

Can anyone describe some changes they made to accommodate an individual's distinct cultural needs?

Let's talk about how we move towards integrating cultural competence into our services. First, we need to know who we are serving. In the next module, we will be discussing cultural landscape.

Show slide #21 (Participant Manual Slide #18)

Module 4
Cultural Landscape

Activity 3: Connections/Disconnections

Instructor: refer to page 38-39 of the instructor manual and refer participants to participant materials page 15-16 and provide directions for this exercise.

Directions: Pair up with someone you do not know. Interview your partner using the connections/disconnections work sheet. For those items that are similar between the two of you write "yes" or "no" or "similar". Have a couple of groups share their findings and discuss.

Discuss

What did you learn about the other person? Did you learn anything that you were surprised to hear? Did you have commonalities that surprised you? What are some of the questions from the exercise you believe would be beneficial to include in the assessment and intake process?

Discuss: To be culturally competent, we need to understand our own views as well as the views of others. It is important to avoid stereotyping. Cultural competence is a mix of obtaining cultural information about others and then applying that knowledge. Cultural awareness allows for seeing the whole picture and improving the quality of our interactions. Cultural competence involves flexibility and respect for others.

Show slide #22 (Participant Manual Slide #19)

Refer participants to participant materials slide #19 and give participants time to review the information.

Discuss

Slide 22 provides information per the 2010 NYS Census Data's American Cultural Survey New York State's population by race.

Show slide #23 (Participant Manual Slide #20)

Refer participants to participant materials slide #20 and give participants time to review the information.

Discuss

According to the 2010 NYS Census data, New York State was made up of the following cultural groups.

New York State population has changed and we continue to become more diverse. Race is not the only factor to consider. Individual's ethnicity starts to capture the makeup of an individual so that we have a better understanding of their culture.

Show slide #24 (Participant Manual Slide #21)

Refer participants to participant materials slide #21 and give participants time to review the information.

Discuss

Nirbhay N. Singh has broadly defined Culture as, "the shared values, traditions, arts, history, folklore, and institutions of a group of people that are *unified* by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender age, disability, or any other cohesive group variable" (Singh, 1998).

It is important that we:

- Recognize and respect that we all come from various backgrounds;
- Help individuals to discover and explore their own culture;
- Recognize that other cultures view disability in different ways;
- And, address the lack of information about other cultures.

Show slide #25 (Participant Manual Slide #22)

Refer participants to participant materials slide #22 and give participants time to review the information.

Discuss

Discuss as a group how culture is important because it influences our beliefs and it changes over time.

Instructor should be prepared to share some experiences and discuss how we should always maintain an "asking stance".

Instructor asks: How can we as service coordinators and habilitation providers prepare ourselves to be able to work together successfully with the diverse population that we serve?

To begin the conversation the instructor may say: Information from individuals and families about their culture may be discussed during face-to-face visits.

Instructor asks participants to share other ways they have successfully gained information about the people they work with.

Show slide #26 (Participant Manual Slide #23)

Refer participants to participant materials slide #23 and give participants time to review the information.

Discuss

With the group develop examples of how culture influences individuals and families.

Family is defined differently for cultural groups and includes 2nd and 3rd generation. Neighbors and close friends.

Show slide #27 (Participant Manual Slide #24)

Module 5
Effective Communication

Show slide #28 (Participant Manual Slide #25)

Refer participants to participant materials slide #25 and give participants time to review the information.

Discuss

Effective communication is vital to the individual/provider interaction. It is important that we make sure individuals with developmental disabilities, families, caregivers, and guardians understand all aspects of treatment and services.

You may say

We are going to discuss important components of effective communication.

Show slide #29 (Participant Manual Slide #26)

Refer participants to participant materials slide #26 and give participants time to review the information.

Discuss

Health Literacy is the ability to read, understand and use healthcare information to make decisions and follow instructions for treatment. If almost 90 million people have difficulty understanding and using health information to make good health care decisions, we as providers, must make sure that the people we serve and their families know how and who to ask to gain a better understanding of all aspects of their care.

Show slide #30 (Participant Manual Slide #27)

Refer participants to participant materials slide #27 and give participants time to review the information.

Discuss

Some individuals and families that we work with may be limited English proficient. We need to have the resources to communicate with them effectively so that we are truly providing person centered care.

Show slide #31 (Participant Manual Slide #28)

Refer participants to participant materials slide #28 and give participants time to review the information.

Discuss

We may work with individuals and families who are blind and/or deaf or hard of hearing. We need to know where to access materials and information in a format that is used by the person or family member.

You may say

Individuals with developmental disabilities may also use a variety of non-verbal communications methods to meet their needs. These methods could be both traditional and nontraditional depending on the culture of the individual.

Show slide #32 (Participant Manual Slide #29)

Refer participants to participant materials slide #29 and give participants time to review the information.

Discuss

There are two primary types of language assistance services available, oral communication and written communication.

Show slide #33 (Participant Manual Slide #30)

Refer participants to participant materials slide #30 and give participants time to review the information.

Discuss

It is the provider's responsibility to work with the individual and family to identify the language access service needs they may have. Some people with developmental disabilities or their family members may not feel comfortable asking for help. As you talk with individuals and families you

must pay attention to the communication taking place and verify that what you are saying is understood.

Show slide #34 (Participant Manual Slide #31)

Refer participants to participant materials slide #31 and give participants time to review the information.

Discuss

Some language services that are available are: interpreters, computers, telephone conferences, video meetings, and document translation.

Show slide #35 (Participant Manual Slide #32)

Refer participants to participant materials slide #32 and give participants time to review the information.

Discuss

There are more than 50 forms and documents on the OPWDD website, www.opwdd.ny.gov, that have been translated. This is a great resource for you as providers as well as to share with the individuals and families you work with. Discuss with the group any other services that they are aware of in their areas.

Show slide #36 (Participant Manual Slide #33)

Module 6

Integrating Cultural Competence into Everyday Practice: Outreach and Engagement

Discuss

We have been discussing components of cultural competence and about being sensitive to other people's cultures. One of the ways to do that is to ask for information from individuals and their families. Another way is to have cultural brokers to assist in engaging diverse cultural groups.

Show slide #37 (Participant Manual Slide #34)

Refer participants to participant materials slide #34 and give participants time to review the information.

Ask: What/who do you think cultural brokers are?

Instructor will ask for input from the group – below are some examples.

- **Who they are:** Cultural brokers have knowledge and experience in an area and share it with the person being brokered. For example, an experienced teacher might broker a student teacher or beginning teacher. Cultural brokers have knowledge about and experience with other cultures. They can be used to help open doors to better communication and building improved relationships with individuals, their families, and communities.

Discuss

Cultural brokering is defined as, "the act of bridging, linking or mediating between groups or persons of differing cultural backgrounds for the purpose of reducing conflict or producing change" (Jezewski & Sotnik, 2001).

As service coordinators and advocates we may be the cultural brokers for the individuals receiving or seeking our services. Cultural brokers can be used to help open doors to better communication, as well as building relationships with people with developmental disabilities, their, families and the communities in which they live. Brokers can also assist agencies with reaching diverse cultural groups about the services provided.

Instructor Ask: Where do you think a cultural broker can be found or accessed?

- A cultural broker may be someone that works in the person's home, community (places of worship), work, part of their Circle of Support, etc. Cultural brokers help to provide knowledge, be a teacher, provide support, be a sounding board, etc.

Instructor should have and be prepared to share examples from their own experience.

Instructor Ask: How many of us wear other hats in our community, such as church leader/role, PTA mom/dad or community organizer?

Instructor Say: Involve yourself in cultural activities in the community. You will be able to meet others that perhaps could be cultural brokers. Remember, by participating in these cultural activities, you will gain knowledge and information about the different cultures through this experience.

Show slide #38 (Participant Manual Slide #35)

Refer participants to participant materials slide #35 and give participants time to review the information.

Discuss

Outreach is an important element of developing culturally competent practices because individuals with developmentally disabilities and people of color are often not involved in services due to the barriers and disparities that we discussed earlier. Some of those barriers are often lack of trust and lack of culturally appropriate services to reach certain cultural groups.

To build trust and understanding we need to meet the people we support where they are most comfortable. This will provide opportunities to build rapport with individuals and families and to begin connecting them to their community through faith-based organizations, peer groups, community organizations/centers, or other areas of interest.

Show slide #39 (Participant Manual Slide #36)

Refer participants to participant materials slide #36 and give participants time to review the information.

Discuss

We are going to conduct an individual assessment; it was developed by the National Center for Cultural Competence. The assessment measures where we are at as individuals in providing services that meet the cultural needs of the people and families we serve.

Activity 4: Promoting Cultural Diversity and Cultural Competency

Instructor: refer to page 40-42 of the instructor manual and have participants refer to page 17-19 of the participant manual.

Instructor: **Directions:** Have the participants follow the instructions and answer the questions. After the group has completed the questions, as a group have a discussion. Choose a couple of questions from each section.

Show slide #40 (Participant Manual Slide #37)

Refer participants to participant materials slide #37 and give participants time to review the information.

Discuss

For all agencies and providers it is about putting the person first. Being culturally competent is an important element to addressing disparities and barriers for individuals with disabilities and their families of various cultural backgrounds.

Cultural competence is a continuum of the elements we have discussed and shown today (introspection, awareness of others, understanding, sensitivity, being culturally competent). Being culturally competent is essential to forming a true partnership with the people we support. Our residences and service environments are filled with people whose backgrounds are sometimes far more important than the sum of their disability. We need to be conscious of these differences and find out more about the cultures of the people we serve and how it affects their daily lives. Cultural competence includes the skill to recognize cultural distinctions and to use these distinctions to promote quality services.

Show slide #41 (Participant Manual Slide #38)

Refer participants to participant materials slide #38 and give participants time to review the information.

Discuss

As service coordinators and habilitation providers we work with the people we serve to develop Individualized Service Plans through a person-centered planning (PCP) process. This is a lifestyle discovery process used to ascertain what is truly important to and about a person. It is values based with the contention that each and every person has unique capacities and skills. The individual is always the center of the person- centered planning process looking at unique skills as well as identifying various needs and strategies to address those needs. An individual's culture will strongly influence their dreams, interests, preferences, and attitudes towards supports and services they want and need.

Show slide #42 (Participant Manual Slide #39)

Refer participants to participant materials slide #39 and give participants time to review the information.

Discuss

Provided are resources and references to what has been discussed today.

Summarizing and ending the day:

Instructor: will go back and review the objectives of the day and some of the expectations the class raised at the beginning of the day.
Instructor: will summarize what was taught and discussed and wrap it all together.
Instructor: will thank the group for their participation and suggestions and special things that the group did.

Additional Resources

Office for People With Developmental Disabilities (OPWDD)
http://www.opwdd.ny.gov/resources/language-access
Office of Minority Health
http://www.omhrc.gov
The Cultural Competence Centers of Excellence are:
New York State Psychiatric Institute
http://www.nyspi.org/culturalcompetence/
Nathan Kline Institute
http://ssrdqst.rfmh.org/cecc/
National Center for Cultural Competence
http://www11.georgetown.edu/research/gucchd/nccc/
National Council on Disability
http://www.ncd.gov/

Show slide #43

Question and answer discussion

Activities

Activity 1: Cultural Diversity

Культурное разнообразие, все из нас являются частью чего-то большего, чем у нас,-что-то большее значение, что-то в большей необходимости чем нашей мирской жизни. Ваши знания, опыт, верования и ценности формируют уникальный культурной самобытности и самореактивных определение ты решающую лицо для ваших взносов форму мира. Мы должны понять, как общество, построен из целостности, каждый человек обогащает нашу жизнь через разнообразие их культур. Мы должны признать сильные стороны различных культур мира, который мы едины для нашего признания и понимания общих ценностей Фостерс нашего сотрудничества. Давайте работать рука об руку, чтобы выразить нашу благодарность и сделать мир более лучшим местом. Давайте объединим в мире объятия и праздновать наш мир культурного разнообразия ~ Маналапан, NJ

Signature **Date**

Cultural Diversity

All of us are part of something bigger
Than us-
Something of greater importance,
Something of greater necessity
Than our mundane lives.

Your knowledge, experience, beliefs, and values
Form your unique cultural identity and
Self-definition
You are a crucial individual
For your contributions
Shape the world.

We must understand,
As a society built from integrity,
That each individual enriches our lives.
Through the diversity of their cultures
We must recognize the strengths
Of the various cultures of the world
We stand united
For our acceptance and understanding
Of shared values
Fosters our cooperation.

Let us work hand in hand
To express our gratitude
And make the world a better place.
Let us join hands around the world
To embrace and celebrate
Our world of cultural diversity

~Manalapan, NJ

Activity 3: Connections/Disconnections

Connections / *Disconnections*

Choose a person. Then, for each cultural consideration write your information in the "self" box and their information in the "other box.

Ethnicity		Gender		Sexual Orientation	
Self	Other	Self	Other	Self	Other

Language At home, with friends and atwork		Parenting Status Are there children, who parents them where are they?		Employment Past and present. Any changes due to educaiton or migration?	
Self	Other	Self	Other	Self	Other

Communication Style		Family Involvement		Education and Literacy	
Self	Other	Self	Other	Self	Other

Time in America First generation? Immigration status?		Spirituality Beliefts, practices, affiliations		Community Connections Groups, service clubs, hobby-related clubs, gangs	
Self	Other	Self	Other	Self	Other
Health/Disease Physical, mental, substance abuse		**Criminal Justice System Involvement**		**Homelessness** **Out of home placement**	
Self	Other	Self	Other	Self	Other
Age		**Physical Ability**		**Migration/CurrentLocation**	
Self	Other	Self	Other	Self	Other
Helpers and Healers		**Country of Origin**		**English Proficiency**	
Self	Other	Self	Other	Self	Other

Activity 4: Cultural Diversity and Cultural Competence

Promoting Cultural Diversity and Cultural Competency
Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports

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

A=Things I do frequently
B=Things I do occasionally
C=Things I do rarely or never

Physical Environment, Materials & Resources

1. I display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of individuals and families served by my program or agency.

2. I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of individuals and families served by my program or agency.

3. When using food during an assessment, I insure that meals provided include foods that are unique to the cultural and ethnic backgrounds of individuals and families served by my program or agency.

Communication Styles

4. For individuals and families who speak languages or dialects other than English, I attempt to learn and use key words on their language so that I am better able to communicate with them during assessment, treatment or other interventions.

5. I use visual aids, gestures, and physical prompts in my interactions with individuals who have limited English proficiency.

6. I use bilingual staff or multilingual trained/certified interpreters during assessments, treatment sessions, meetings, and other events for individuals and families who would require this level of assistance.

7. When interacting with individuals/families who have limited English proficiency I always keep in mind that:

a. Limitations in English proficiency are no way a reflection of their level of intellectual functioning.
b. Their ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.
c. They may or may not be literate in their language of origin or English

8. When possible, I insure that all notices and communiqués to parents, guardians and caretakers are written in their language of origin.

9. I understand the principles and practices of linguistic competency and apply them within my program or agency.

10. I understand the implications of health/behavioral health literacy within the context of my roles and responsibilities.

Values and Attitudes

11. I use alternative formats and varied approaches to communicate and share information with individuals and their families who experience disability.

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

13. In group therapy or treatment situations, I discourage individuals from using racial and ethnic slurs by helping them to understand that certain words can hurt others.

14. I intervene in a appropriate manner when I observe other staff or parents/guardians within my program or agency engaging in behaviors that show cultural insensitivity, bias or prejudice.

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

16. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant or mainstream culture.

17. I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. high value placed on the decisions of elders or the role of the eldest male in families).

18. 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).

19. I recognize that the meaning or value of behavioral health prevention, intervention and treatment may vary greatly among cultures.

20. I understand the impact of stigma associated with disability and behavioral health services within culturally diverse communities.

Tawara D. Goode- Georgetown University Center for Child & Human Development
University Center for Excellence in Developmental Disabilities Education, Research & Service
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