

MODULE 4:

MULTICULTURAL AWARENESS AND RECOVERY

*If we want people to tell us stories about their lives,
why don't we just ask them?
– Larry Davidson*

Introduction

The goal of this module is to gain self-awareness of how one's own culture can influence our assumptions and expectations of others, and to practice ways of finding value in diversity.

Objectives

The learning objectives for this assignment are for you to be able to:

- Define culture and sub-cultures, and give *at least* three examples
- Describe cultural identity and its influence on recovery
- Describe *at least* three skills for increasing cultural awareness that can be integrated into practice
- Locate *at least* three resources for further study

What to complete

Your assignment is to read this workbook module and complete the assignments prior to coming to the training for this topic.

Plan about one hour to complete this section of the workbook.

Contents

Introduction.....	1
<i>Objectives.....</i>	<i>1</i>
<i>What to complete</i>	<i>1</i>
Culture basics.....	3
<i>Assignment #1: Cultural self-awareness exercise.....</i>	<i>3</i>
What is multicultural awareness?.....	4
<i>Assignment #2: Read about the influence of white privilege</i>	<i>6</i>
<i>Discrimination and prejudice</i>	<i>7</i>
<i>Assignment #3: View an episode of “What Would You Do?”</i>	<i>7</i>
<i>What is mentalism or saneism?.....</i>	<i>8</i>
<i>Assignment #4: Watch a short video “stop the stigma”.....</i>	<i>8</i>
<i>Assignment #5: Review the PRA language guidelines</i>	<i>8</i>
<i>Assignment #6: Discrimination in the workplace.....</i>	<i>9</i>
<i>Assignment #7: Expert reveals her own fight</i>	<i>10</i>
<i>Assignment #8: Mentalism, micro-aggression and the peer practitioner</i>	<i>10</i>
<i>Trauma Awareness</i>	<i>12</i>
<i>Assignment #9: For further study</i>	<i>12</i>
<i>Assignment #10: Principles of multicultural services.....</i>	<i>12</i>
<i>Assignment #11: Practice interview.....</i>	<i>12</i>
Summary Checklist.....	13
Selected References.....	14
Resources For Further Study	15
Appendix 4-A: Training Handouts.....	18

Culture basics

Culture refers to the values of a group of people and it influences dress, language, religion, customs, food, laws, codes of conduct, manners, behavioral standards or patterns, and beliefs. Culture and its components play an important role in how people of different backgrounds express themselves, seek help, cope with stress, and develop social supports.

Culture affects every aspect of an individual's life, including how the person experiences, understands, expresses, and addresses emotional and mental distress.

"Cultural Identity" refers to the group one identifies with and where one looks for standards of behavior. In short, culture is the way in which a person sees and identifies oneself. As most of us know, culture and recovery are intricately interwoven. Culture permeates all aspects of life and influences everyone's perceptions of recovery.

Assignment #1: Cultural self-awareness (preparation for class)

- Consider your current beliefs and traditions. Are they the same or similar to traditions and customs as your family of origin? Why or why not
- Describe a cherished personal ***artifact*** and why it is significant to you.

An artifact is something that evokes a special memory. Examples could be, a photograph, toy, a journal entry, an article of clothing, song or piece of music, painting, footwear, jewelry, ornament, religious artifact, memorabilia, flag, diploma, certificate, or any personal belonging that carries special significance.

Be prepared to share a description of your artifact at the training.

What is multicultural awareness?

Multicultural awareness is an extensive subject that could take several years of advanced study to begin to master. In this training we focus on a few key concepts related to peer support practices. The first step is to define culture.

Definition of culture

One popular definition is “the shared values, traditions, arts, history, folklore, and institutions of a group of people united 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, Mckay & Singh, 1998).

As you can see, culture includes many things, and, like recovery itself, a person’s culture cannot be experienced by anyone but the person. It is a mistake to assume we are the same culture just because we share certain things in common, such as race, age, gender, marital status, parenthood, or being a person who is in recovery. There are many aspects to consider, and that’s why “multicultural awareness,” is better than focusing only on a single aspect.

What are the dimensions of culture?

Culture is made up of different dimensions, and many of these have components and subcomponents. For instance:

- **Race** is a biological categorization (color of skin, eyes, hair...)
- **Ethnicity** is a group of racially similar people of similar origin.
- **Culture** is the shared beliefs, ideals, and values of a group of people regardless of race and ethnicity.
- **Subculture** is a segment of a culture with different customs, norms, or values from the main culture to which they belong.
- **Components of culture** include age, gender, sexual identity, religion, and other characteristics that contribute to a person’s cultural identity.
For example, women who fought for women’s rights have a cultural identity.

What is ethnocentrism?

Ethnocentrism¹ is judging another culture solely by the values and standards of one's own culture. *At the heart of ethnocentrism is the belief: "My way is the 'right' way."*

Ethnocentrism leads us to make false assumptions about others. We are ethnocentric when we use our cultural norms to make generalizations about other people's cultures and customs.

For example, "All geeks lack interpersonal skills."

Such stereotypes and generalizations, often made without conscious awareness that we've used our culture as a universal yardstick, can be off-base and cause us to misjudge other groups of people. Ethnocentrism can lead to cultural misinterpretation and it often distorts or hinders communication.

Ethnocentric thinking is bad² if it causes us to make false assumptions because:

- It leads us to make premature judgments.
- It sets up an "us" vs. "them" dynamic.
- "They" may not be very good at what we are best at.
- By evaluating "them" by what we are best at, we miss the many other aspects of life that "they" may do better than we do.

Some very simple examples of ethnocentric thinking. . .

- We talk about geeks as "socially awkward" in interpersonal situations. Why not just say "less experienced" or "challenging their comfort zones?"
- We talk about British drivers driving "on the wrong side" of the road. Why not just say "opposite side" or even "left hand side?"
- We talk about written Hebrew as "backward." Why not just say it is written "from right to left" or "in the opposite direction from English?"

To be more culturally appropriate, use phrases like, "Oh, that's different," rather than more pejorative terms when encountering strange manners, customs, dress, or foods.

¹Wikipedia (8/13/2013): <http://en.wikipedia.org/wiki/Ethnocentrism>

² Why is ethnocentrism bad? Southern Nazarene University (8/13/2013)
<http://home.snu.edu/~hculbert/ethno.htm>

What is xenocentrism?

Xenocentrism³ is the opposite of ethnocentrism. It refers to preferring ideas and things from other cultures over ideas and things from your own culture. *At the heart of xenocentrism is an assumption that other cultures are superior to your own. Be alert to this in peer support – especially when working with people who have been institutionalized or in treatment or services for a long time.*

What is cultural blindness?

Cultural blindness⁴ is the way in which people in a dominant culture view others. The underlying message seems harmless enough, “I see you the same as me,” and it might seem, from the perspective of the dominant culture, to be a genuine invitation to join with people from different cultures.

However, people from a position of privilege tend to see their own perspectives as normal and other perspectives as alien or wrong. The assumption when saying, “I see you the same as me,” is that you will automatically see things my way, because anything else is wrong.

Cultural blindness makes it difficult for those who benefit from privilege to fully understand how people who lack the same privilege experience the world, which ultimately allows prejudice, discrimination, and oppression to continue.

Cultural blindness can happen with race, age, gender, religion, sexual orientation, disabilities, and within sub-cultures of all of these cultures.

Assignment #2: Read about the influence of white privilege (optional)

A well written article, *White Privilege: Unpacking the Invisible Knapsack*⁵, by Peggy McIntosh is available online for further study on this topic. Peggy writes about “white privilege,” but as you read you can consider how any culture that is the dominant culture has privileges that are not available to other cultures.

Source: <http://www.nymbp.org/reference/WhitePrivilege.pdf>

Video: How Studying Privilege Systems Can Strengthen Compassion (TEDx)
<http://www.youtube.com/watch?v=DRnoddGTMTY>

³ Wikipedia (8/13/2013) <http://en.wikipedia.org/wiki/Xenocentrism>

⁴ Wikipedia (8/13/2013) http://wiki.answers.com/Q/What_is_cultural_blindness

⁵ Peggy McIntosh (1990). Unpacking the Knapsack of White Privilege.
<http://amptoons.com/blog/files/mcintosh.html>

Discrimination and prejudice

Discrimination happens to almost everyone at one time or another, but it is common among those who have experienced mental health, traumatic, or substance use conditions. Prejudice is especially prevalent against those from minority cultures.

Stigma and discrimination can have a powerful effect on a person's sense of self-esteem and self-worth, and the degree to which a person trusts others. Self-stigma is when one believes and internalizes negative messages about oneself until there seems to be no hope and no point in trying to change for the better.

As a peer support provider, it is important to be able to identify and point out stigma and discrimination, whether it is happening to a person or the person is doing it to themselves.

When you think about the kind of stigma and discrimination you have experienced in your own recovery, consider ways to share these experiences that help people to cope, put stigma and discrimination in perspective, and get beyond those negative messages that lead to low self-esteem, stress, lack of trust and isolation.

Assignment #3: View an episode of "What Would You Do?"⁶ (optional)

What Would You Do? – Confronting Discrimination and Prejudice in America

Which is it? Shut up or speak up? Get involved or look the other way? Stick your neck out or it's none of your business? This thought- and discussion-provoking video series observes (real) ordinary people finding themselves in situations that call for a response, even if that response is ignoring said behavior.

After watching the video segment, think about what your normal response is to these situations. Does your normal response change in situations that involve your peers?

Video Episode 1: <http://www.youtube.com/watch?v=Wu0-YGerUHO>

⁶ ABC News, Hidden Camera Show: What Would You Do? Episode: Would You Stop Muslim Discrimination? Retrieved from YouTube <http://www.youtube.com/watch?v=Wu0-YGerUHO>

What is mentalism or saneism?

Mentalism⁷ is a form of discrimination against people who have a mental health condition. Like other forms of discrimination, such as racism, classism, sexism, age-ism, or able-ism it refers to acts of prejudice based on the offender knowing a person has a mental health condition.

Some are now using the term saneism to avoid confusion with mentalism, which is performed by 'mentalists' who are like magicians or illusionists but their talent is to display amazing feats of psychic power on stage. Saneism refers to discrimination against anyone who is not "sane."

Assignment #4: Watch a short video "stop the stigma"⁸ (optional)

This video examines the effect of labelling people by diagnosis of mental illness, instead of getting to know who they are as 'people first'. Stigma and discrimination against those living with a mental health condition is a very real thing, and it can sometimes be one of the biggest obstacles to overcome in recovery.

Source: <http://www.youtube.com/watch?v=QficvVNlxTI>

Assignment #5: Review the PRA language guidelines (preparation for class)

The Psychiatric Rehabilitation Association (PRA) is the professional association for psychiatric rehabilitation professionals.

Click the link below to access and read the PRA Language Guidelines⁹. Focus on the guidelines related to person-first language and confronting discrimination. Decide whether these guidelines apply to the practice of peer support. **Be prepared to share your thoughts at the training.**

Source: <http://www.psychrehabassociation.org/node/218>.

⁷ Wikipedia (8/13/2013) [http://en.wikipedia.org/wiki/Mentalism_\(discrimination\)](http://en.wikipedia.org/wiki/Mentalism_(discrimination))

⁸ The Gestalt Project: Stop the Stigma (Mental Health Video) Retrieved from <http://www.youtube.com/watch?v=QficvVNlxTI>

⁹ PRA Language Guidelines. Retrieved from <http://www.psychrehabassociation.org/node/218>

Mentalism in the workplace

Mentalism in media and society is well known. But the prejudice against people with mental health conditions is especially strong in the one place where it should not exist at all: behavioral health care settings.

Assignment #6: Discrimination in the workplace

In the article, *Our Workforce's Biggest Secret*, Lori Ashcraft and Bill Anthony describe how those who work for the mental health system are discriminated against if they disclose having a mental health condition.

People who have invested years of their lives in attaining a professional license fear losing their jobs if their condition becomes known.

Ashcraft and Anthony explore the current state of discrimination in the workplace and offer a vision of the transformation that can happen if all of the licensed mental health professionals who have kept a mental health condition secret simply had the courage to step forward.

Our Workforce's Biggest Secret

Source: <http://www.behavioral.net/article/our-workforces-biggest-secret>

A courageous step forward

Marsha Linehan, Ph.D., creator of the popular dialectical behavior therapy (DBT), took a courageous step forward as she disclosed that she had borderline personality disorder.

An excerpt from a New York Times article by Benedict Carey:

"Are you one of us?" The patient wanted to know, and her therapist — Marsha M. Linehan — had a ready answer. It was the one she always used to cut the question short:

"You mean, have I suffered?"

"No, Marsha," the patient replied. "I mean one of us. Like us. Because if you were, it would give all of us so much hope."

“That did it,” said [Dr. Linehan](#), 68, who told her story in public for the first time last week before an audience of friends, family and doctors at the [Institute of Living](#), the Hartford clinic where she was first treated for extreme social withdrawal at age 17.

“So many people have begged me to come forward, and I just thought — well, I have to do this. I owe it to them. I cannot die a coward.”

Assignment #7: Expert reveals her own fight (optional)

Read the following article by Benedict Carey: New York Times Series LIVES RESTORED: Expert on Mental Illness Reveals Her Own Fight

Source: <http://www.nytimes.com/2011/06/23/health/23lives.html>

After reading the article about Marsha Linehan, consider the following questions:

- Why do you think Marsha waited so long to disclose her own condition?
- Why do you think mental health professionals may be reluctant to talk about their own struggles?

Assignment #8: Mentalism, micro-aggression and the peer practitioner

Read the article by Pat Deegan: ‘Mentalism, micro-aggression, and the peer practitioner.’

Source: <https://www.patdeegan.com/blog/posts/mentalism-micro-aggression-and-peer-practitioner>

After reading the article by Pat Deegan, consider the following questions:

- Do you think discrimination is common in the mental health system?
 - Do you ever experience discrimination in your own workplace?
 - What do you do when you encounter discrimination?
-

Diversity and Disparity

Because these terms can be confusing, here are some quick definitions and examples:

- Diversity is anything that is “different from the majority.”
For instance, women are a minority in the military. There is diversity when women join and participate in typical military activities with men.
- Disparity is an inequality or a large difference; or both.
For instance, the number of women who become officers in the military is small compared to the total number of officers in the military. There is a disparity in military officers who are women vs. those who are men.

Disparities in Mental Health Services

The Surgeon General’s report *Mental Health: Culture, Race and Ethnicity*¹⁰ illustrated disparities in behavioral health services for members of racial and ethnic minorities.

People in these populations:

- Are less likely to have access to available mental health services
- Are less likely to receive necessary mental health care
- Often receive a poorer quality of treatment
- Are significantly underrepresented in mental health research

Members of racial minority groups, including African Americans and Latinos, underuse mental health services and are more likely to delay seeking treatment. Consequently, in most cases, when such individuals seek mental health services they are at an acute stage of illness. This delay can result in a worsening of untreated illness and an increase in involuntary services.

Generally, rates of mental disorders among people in most ethnic minority groups are similar to rates for Caucasians. However, members of minority populations are more likely to experience other factors – such as racism, discrimination, violence and poverty – that may exacerbate (make much worse) mental illness.

¹⁰ Temple University Collaborative on Community Inclusion – Cultural Competence in Mental Health
http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Cultural_Competence_in_MH.pdf

Trauma Awareness

Experiences of trauma play a significant role in the ability to heal from mental health, trauma, and substance use conditions. Because trauma often happens in childhood, trauma can have a significant cultural connection.

Assignment #9: For further study (optional)

The recommended chapter (below), discusses trauma and culture from the perspective of providing peer support to women. But most of the information can apply to men as well.

Source: Engaging Women in Trauma-Informed Peer Support¹¹: A Guidebook. Chapter 5: Culture and Trauma.

<http://www.nasmhpd.org/publications/engagingWomen.aspx>

Assignment #10: Principles of multicultural services (preparation for class)

The Psychiatric Rehabilitation Association (PRA) is the professional association for psychiatric rehabilitation professionals.

Click the link below to access and read the Principles of Multicultural Psychiatric Rehabilitation Services¹². Decide whether these principles apply to the practice of peer support or if they need to be different to reflect the perspective of equality and lived experience. **Be prepared to share your thoughts at the training.**

Source: <http://www.psychrehabassociation.org/node/223>.

Assignment #11: Practice interview (optional)

Appendix 4A contains a Tool for interviewing individuals about their cultural identity. Before coming to the training, answer the interview questions about yourself. Consider how these questions could be used in your practice of peer support to understand what is most meaningful to others.

¹¹ Engaging Women in Trauma-Informed Peer Support. <http://www.nasmhpd.org/publications/engagingWomen.aspx>

¹² Principles of Multicultural Psychiatric Rehabilitation on the PRA website
<http://www.psychrehabassociation.org/node/223>

SUMMARY CHECKLIST

After completing this workbook assignment are you able to...

- Define culture and give *at least* three components of culture
- Describe cultural identity and its influence on recovery
- Describe *at least* three skills for increasing cultural awareness that can be integrated into peer support practice
- Locate *at least* three resources for further study

Based on what you've learned in this workbook assignment, what questions would you like to have answered at the training?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Thank you for completing this workbook assignment! We look forward to your participation at the training!

SELECTED REFERENCES

- Ashcraft, L. & Anthony, W. (2007). Our Workforce's Biggest Secret. *Behavioral Healthcare*. September, 2007. Downloaded on 08/14/2013. <http://www.behavioral.net/article/our-workforces-biggest-secret>
- Blanch, A., Filson, B., Penney, D. & Cave, C. (2012). *Engaging Women in Trauma-Informed Peer Support: A Guidebook*. Chapter 5: Culture and Trauma, pp. 25-31. National Center for Trauma-Informed Care. <http://www.nasmhpd.org/publications/engagingWomen.aspx>
- Carey, B. (2011). Lives Restored Series: Expert on Mental Illness Reveals Her Own Fight. Marsha Linehan Discloses She Suffered from Borderline Personality Disorder. *New York Times*. New York. <http://www.nytimes.com/2011/06/23/health/23lives.html?pagewanted=1>
- Davidson, L. & Mathai, C. (2011). Is recovery different for people from different cultural backgrounds? *SAMHSA Recovery to Practice Highlight*, Vol. 2. Issue 8. March 4, 2011. <http://www.dsgonline.com/rtp/WH%202011/Weekly%20Highlight%20March%204.pdf>
- Deegan, P. (2004). Mentalism, micro-aggression, and the peer practitioner. Pat Deegan, Ph.D. and Associates blog. Downloaded on 10/2/2013. <https://www.patdeegan.com/blog/posts/mentalism-micro-aggression-and-peer-practitioner>
- Hellman, R. (2011). Peer Support for Lesbian, Gay, Bisexual or Transgender (LGBT) Individuals. *SAMHSA Recovery to Practice Weekly Highlight*, Vol. 2, Issue 4. Feb. 4, 2011. <http://www.dsgonline.com/rtp/WH%202011/Weekly%20Highlight%20February%204.pdf>
- McIntosh, P. (1990). Unpacking the Knapsack of White Privilege. Excerpt from the *Winter 1990 issue of Independent School*. Excerpt retrieved from <http://amptoons.com/blog/files/mcintosh.html>
- PRA. (2003). Language Guidelines. <http://www.psychrehabassociation.org/node/218>.
- Singh, N.N., McKay, J.D., & Singh, A.N. (1998). Culture and Mental Health: Nonverbal Communication. *Journal of Child and Family Studies*; Dec. 98, Vol. 7 Issue 4, p.403. Abstract: <http://connection.ebscohost.com/c/editorials/1386448/culture-mental-health-nonverbal-communication>
- Southern Nazarene University (n.d.) Why is ethnocentrism bad? Retrieved from <http://home.snu.edu/~hculbert/ethno.htm>
- Temple University Collaborative on Community Inclusion. Cultural Competence in Mental Health. http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/community_inclusion/Cultural_Competence_in_MH.pdf
- USPRA. (2008). Principles of Multicultural Psychiatric Rehabilitation Services. https://uspra.ipower.com/Certification/2008_Multicultural_Principles.pdf currently posted on the PRA site: <http://www.psychrehabassociation.org/node/223>

RESOURCES FOR FURTHER STUDY

Articles and Books

- AHRQ (2013). *The CLAS Standards and Cultural Competence Research Agenda Projects*. Agency for Healthcare Research and Quality (AHRQ).
<http://www.ahrq.gov/research/cultural.htm#Context>
- Blanch, A. (2011). A Matter of Faith. *National Council Magazine*, 2011-2, p. 75.
- Cross, T. L., Dennis, K. W., Isaacs, M. R. & Bazron, B. J. (1989). *Towards a culturally competent system of care*. Washington, D.C. National Technical Assistance Center for Children's Mental Health at Georgetown University.
- Humphrey, S. & Townsend, W. (2005). The Impact of Culture on Person/Family Centered Planning. *A paper presented at the SAMHSA Person/Family Centered Planning Consensus Meeting*. Washington, DC.
- Inoue, Y., (2007). Cultural Fluency as a Guide to Effective Intercultural Communication: The Case of Japan and the U.S. *Journal of Intercultural Communication*, Issue 15, November 2007.
<http://www.immi.se/intercultural/nr15/inoue.htm>
- National Center for Cultural Competence. (2004). Bridging the Cultural Divide in Health Care Settings: The Essential Role of Cultural Broker Programs. http://nccc.georgetown.edu/documents/Cultural_Broker_Guide_English.pdf
- National Resource Center for Hispanic Mental Health (NRCHMH). (2012). *Toolkit to Eliminate Disparities and Enhance Mental Health Service Delivery to Hispanics*.
<http://www.nrchmh.org>
- President's New Freedom Commission on Mental Health; *Achieving the Promise: Transforming Mental Health in America*, July, 2003.
- Ragins, M. (2010). Recovery Culture Readiness Inventory. *Writings from the Village, Integrated Service Agency*. http://www.village-isa.org/Ragin's%20Papers/recovery_culture_readiness_inventory.htm
- Ragins, M. (2010). Knowing a Recovery Culture When You See One. *Writings from the Village, Integrated Service Agency*. http://www.village-isa.org/Ragin's%20Papers/knowning_a_recovery_culture_when.htm
- Saladna, D. (2001). *Cultural Competency: A Practical Guide for Mental Health Service Providers*. Hogg Foundation for Mental Health. University of Texas at Austin. Downloaded 8/2/13.
http://www.uscerefugees.org/2010Website/5_Resources/5_3_For_Service_Providers/5_3_3_Cultural_Competency/Hogg_Foundation_for_MentalHealth.pdf

Substance Abuse and Mental Health Services Administration Center for Mental Health Services Administration (2004) *National Consensus Conference on Mental Health Recovery and Systems Transformation*. Rockville, MD: U.S. Department of Health and Human Services.

University of Illinois at Chicago (2010) *Cultural Competency in Mental Health Peer Run Programs and Self Help Groups*. UIC in partnership with NAMI STAR Center.
www.cmhsrp.uic.edu/download/CulturalCompetencyTool.pdf

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity – A supplement to Mental Health: A report of the Surgeon General – Executive summary*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General.
<http://www.surgeongeneral.gov/library/mentalhealth/cre>

U.S. Department of Health and Human Services. (2013). *What is Cultural Competence and why is it important?* CLAS standards (Cultural and Linguistic Competence in Mental Health) Office of Minority Health. <https://www.thinkculturalhealth.hhs.gov>

USPRA (2008). Background for the Principles of Multicultural Psychiatric Rehabilitation Services.
https://uspra.ipower.com/Board/Governing_Documents/MC_Principles_Background_Document.pdf

Online Resources and Web Sites

Loden, Marilyn. *Leaders Toolkit on Diversity*.
www.diversitycentral.com/leaders_toolkit/toolkit/definition1.html

NAMI Multicultural Action Center:
www.nami.org/Content/NavigationMenu/Find_Support/Multicultural_Support/Cultural_Competence/Cultural_Competence.htm

NAMI STAR and UIC National Research and Training Center. (2010). *Cultural Competency in Mental Health Peer-Run Programs and Self-help Groups: A Tool to Assess and Enhance Your Services*. www.cmhsrp.uic.edu/download/CulturalCompetencyTool.pdf

Nathan Kline Institute (2012) Center of Excellence in Culturally Competent Mental Health: Cultural Competency Assessment Scales. <http://ssrdqst.rfmh.org/cecc>

National Network to Eliminate Disparities in Mental Health: <http://www.nned.net>

Samuels, J., Schudrich, W., & Altschul, D. (2010). Toolkit for modifying evidence-based practice to increase cultural competence: Checklist and workbook. Orangeburg, NY: Research Foundation for Mental Health. <http://ssrdqst.rfmh.org/cecc/index.php?q=node/86>

Velasco, J. (2012). Knowing Yourself: Cultural Differences and Self-Awareness. Presentation originating from Montclair State University, Upper Montclair, NJ. Downloaded on 4/9/2012 http://m.wpi.edu/Images/CMS/IGSD/Cultural_Differences_2.pdf

Videos and Webinars

ABC News: What Would You Do? **Confronting Discrimination and Prejudice in America**
<http://www.youtube.com/watch?v=Wu0-YGerUH0>

Davidson, L. (Moderator), Mancuso, L., BigFoot, D. & Christian, G. (Presenters). *Understanding and Building on Culture and Spirituality in Recovery-Oriented Practice*. SAMHSA Recovery to Practice Webinar broadcast on April 4, 2012. Running time: 90 min. Archived: <http://www.dsgonline.com/rtp/webinars/4.4.2012.html>

DiversityRx Webinars improve the accessibility and quality of health care for minority, immigrant, and indigenous communities. <http://diversityrx.org/past-webinars>

National Network to End Disparities in Mental Health: <http://vimeo.com/37681236>

Peggy McIntosh (2012). *How Studying Privilege Systems Can Strengthen Compassion*. TEDx Timberlane. <http://www.youtube.com/watch?v=DRnoddGTMTY>

The Gesalt Project (2012) Stop the Stigma.
<http://www.youtube.com/watch?v=QficvVNIxTI>

Training Activities Related to Culture

AVP Education Committee. (2002). Alternatives to Violence Project (AVP) Basic Course Manual., Manual for Second Level Course., and Facilitators Training Manual. AVP Distribution Services, St. Paul, MN. <http://avpusa.org>

Blanch, A., Filson, B., Penney, D. & Cave, C. (2012). Engaging Women in Trauma-Informed Peer Support: A Guidebook. NCTIC - National Center for Trauma-Informed Care. <http://www.nasmhpd.org/publications/engagingWomen.aspx>

Center for Psychiatric Rehabilitation (2002). Psychiatric Vocational Rehabilitation: A training curriculum. Module 6A: Meeting the Needs of Culturally Diverse Service Recipients. Boston, MA: Center for Psychiatric Rehabilitation at Boston University.

DiversityRx - <http://diversityrx.org/topic-areas/cultural-competence-training>

Mattingly, B. (2009). Help Increase the Peace Program Manual (Fourth Edition). Middle Atlantic Region, American Friends Service Committee. <http://www.afsc.org/hipp>

Pollet, N. (2013). Peace Work: Activities inspired by the Alternatives to Violence Project (AVP). www.heartcircleconsulting.com

Rosenberg, M. (2005). Non-Violent Communication. www.radicalcompassion.com

Seeking Educational Equity and Diversity (SEED) Project. <http://www.nationalseedproject.org/>

Weinstein, M. & Goodman, J. (1980). Playfair: Everybody's guide to non-competitive play. Impact Publishers. San Luis Obispo, CA.

APPENDIX 4-A: TRAINING HANDOUTS

Beyond Stereotypes

- How does your group describe itself?
- How does your group describe the other groups?
- How do you think the other groups describe your group?

Cultural Identity Questions

- Tell me about a place where you feel you belong...
- Tell me about one of your customs or traditions growing up....
- Tell me about your most cherished artifact ...

Cultural Scenarios

You will receive 5 blank index cards.

- On one card write a **location** where peer service is provided.
- On another card write a **reason** why someone might seek peer support.
- On the remaining cards, write three **cultural elements** (one per card).

For example, pick three of the following and describe...

- A race (Caucasian, African American, Native American...)
- A gender (Male, Female, Transgender...)
- An age (Youth, 20's, 30's, 40's, 50's, 60's...)
- A sexual Orientation (Straight, Gay, Bi-Sexual...)
- A religion (Atheist, Buddhist, Moslem, Jewish, Christian...)
- A socio-Economic status (Wealthy, Poverty, Homeless...)
- A geography (Urban, Suburban, Rural, Frontier...)

NOTE

The next section contains a Tool for interviewing people about their cultural identity provided with permission by co- Maria Restrepo-Toro, a Recovery To Practice Project advisor.

Tool for interviewing individuals about their cultural identity

Patricia B. Nemeč, Psy.D., C.R.C., C.P.R.P.

Maria E. Restrepo-Toro, M.S., C.P.R.P.

These handouts were originally developed as part of the training curriculum for: The Certificate Program In Psychiatric Vocational Rehabilitation, the reference handbook for Module 6A: Meeting the Needs of Culturally Diverse Service Recipients, edited by Patricia B. Nemeč, Kim MacDonald-Wilson, Debbie Nicolellis, and Maria E. Restrepo-Toro. This project was partially funded by the Rehabilitation Services Administration, US Department of Education

Many thanks also are due to the Multicultural Committee of the International Association for Psychosocial Rehabilitation Services (IAPSRS), the staff of HSRI, Inc. of Cambridge, MA, and the many scholars who laid the foundation for the content presented in this workshop.



*Copyright 2008
Center for Psychiatric Rehabilitation
Sargent College of Health & Rehabilitation Sciences*

Aspects of Diversity

Identity	how you describe yourself
Culture	shared values and beliefs within a defined group
Acculturation	degree to which a person can function in the mainstream culture
Discrimination	barriers to opportunity based on prejudice
Economic status	your family earnings in relation to the average family
Education	how much and what type of schooling you had
Ethnicity	your ancestry and heritage
Experience/trauma	specific events in your life that influenced your world-view
Extended family	all people you consider family, may include close friends
Gender	whether you consider yourself male or female
Illness/disability	your current physical condition and past medical history
National origin	where you were raised (what you consider your country, home)
Nuclear family	usually you, your parents, and your siblings
Primary language	the language you spoke at home growing up
Race	usually refers to physical characteristics, such as skin color
Religion	your affiliation with an organized, spiritually-oriented group
Sexual orientation	feeling attracted to people of the same and/or opposite gender
Traditions	practices and routines handed down in your family and/or culture

Used with permission of co-author Maria Restrepo-Toro.

Personal profile

Instructions:

Understanding our cultural heritage is an important part of establishing our personal identity. The questions included here ask about your ancestry and how you would describe yourself. If there are any questions that are not clear or that you do not wish to answer, you may leave them blank.

The following areas are important to consider when accessing psychosocial rehabilitation services. Check all those that you think are relevant to your participation in the psychosocial rehabilitation process.

<input type="checkbox"/> my values and beliefs	<input type="checkbox"/> my family responsibilities
<input type="checkbox"/> my customs and traditions	<input type="checkbox"/> my physical limitations or disability
<input type="checkbox"/> my religious affiliation	<input type="checkbox"/> my skin color
<input type="checkbox"/> my sexual orientation or relationships	<input type="checkbox"/> my weight
<input type="checkbox"/> my gender (whether I am a man or woman)	<input type="checkbox"/> my appearance

How would you describe your primary ethnic or cultural identity?

Language

What is your primary or preferred language? _____

What other languages do you speak?

continued on next page

Used with permission of co-author Maria Restrepo-Toro.

Personal Profile, page 2 of 3

Country of Origin

Where were you born? _____

If you were not born in the United States, when did you first come to this country to stay?

How many generations of your family has lived in the United States?

What do you consider to be the national origin of your family? *(check all that apply)*

<input type="checkbox"/> American	<input type="checkbox"/> Asian
<input type="checkbox"/> Eastern European	<input type="checkbox"/> Latino (Central/South American)
<input type="checkbox"/> Western European	<input type="checkbox"/> Native American
<input type="checkbox"/> North African/ Middle Eastern	<input type="checkbox"/> Caribbean Islands
<input type="checkbox"/> East/West African	<input type="checkbox"/> Other

Provide any other details, such as country, province, state, locality, or tribe.

Family

Who do you consider an important part of your family life today? *(check all that apply)*

<input type="checkbox"/> My children, under age 18	<input type="checkbox"/> My aunts and/or uncles
<input type="checkbox"/> My children, age 18 or over	<input type="checkbox"/> My grandparents
<input type="checkbox"/> My spouse (wife or husband)	<input type="checkbox"/> My cousins
<input type="checkbox"/> My siblings (brothers, sisters)	<input type="checkbox"/> Elders (tribal, religious, or community leaders)
<input type="checkbox"/> My parents	<input type="checkbox"/> Friends/Roommates
<input type="checkbox"/> Other:	

Do any of the people in your family live outside the US? *(circle one)* Yes No

If yes, do you send them financial support? *(circle one)* Yes No

continued on next page

Used with permission of co-author Maria Restrepo-Toro.

Personal Profile, page 3 of 3

Religious Affiliation (if relevant)

How would you describe your family's religious or spiritual affiliation?

How would you describe your own religious or spiritual affiliation?

How often do you participate in religious or spiritual services or practices?

Are you an active member of a religious or spiritual group, such as a church, temple, or religious study group? *(circle one)*

Yes

No

Sexual Orientation (if relevant)

I describe myself as *(check one)*

heterosexual male or female (straight)

bisexual male or female (straight and gay)

gay male

lesbian

transgendered

other

Any other information that is important to know about you:

end of Personal Profile Form

Used with permission of co-author Maria Restrepo-Toro.