Mindful Continuing Education

Ensuring Cultural Competence in Behavioral Health

- 1. All of the following should be specifically assessed for but one in a multicultural intake process. What does not belong?
- A. Family incarceration history
- B. Languages spoken
- C. Geographic location
- D. Tribal affiliation
- 2. In the LEARN method for familiarizing clients with the behavioral health treatment process, the N stands for what?
- A. Navigate
- **B.** Necessitate
- C. Negotiate
- D. Notice
- 3. All of the following but one are recommended strategies for cross-cultural communication. Which does not belong?
- A. Explaining information
- B. Using technical terms
- C. Talking slow
- D. Using plain language
- 4. Which levels should organizations seek to have diverse staff?
- A. Clinician level
- B. Management level
- C. Upper management level
- D. All levels
- 5. One of the following practices should be avoided by clinicians to be culturally competent. Which is it?
- A. Being informal in addressing patients
- B. Giving clients flexibility with scheduling as needed

- C. Referring to outside services as needed
- D. Practicing cross-systems collaboration
- 6. Which of the following is not an example of a traditional healing practice?
- A. Cognitive behavioral therapy
- **B.** Acupuncture
- C. Energetic therapies
- D. Plant or animal ceremonies
- 7. Which of the following is an accurate statement about target status and agency?
- A. Agency refers to individuals who hold lesser status in a specific group and are therefore may be subject to mistreatment and discrimination
- B. Individuals with target status often name and define their realities and identify what is normal, real, and correct
- C. People with agency are powerful and are often those who determine systems, write laws, and interpret the law
- D. Targets may overtly and covertly exploit and marginalize others
- 8. Which of the following is an example of an agent
- A. A black woman
- B. A queer woman
- C. An Indian man
- D. A white man
- 9. What is the definition of intersectionality?
- A. the capacity for the interconnection of platforms, systems, and applications
- B. the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise"
- C. an approach characterized by a high degree of collaboration and communication among individuals, communities, and societies
- D. the interconnected nature of physical and behavioral health categories
- 10. For every \$1 that a white man makes, how much does a black woman make?
- A. \$0.48
- B. \$0.64
- C. \$0.52
- D. \$0.68

| 11. All of the following are important domains to consider where culture is concerned EXCEPT: |
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| A. Languages spoken and immigration history B. Geographic location and relocation status C. Religious affiliation and help-seeking history and patterns D. Problem solving abilities and levels of resilience |
| 12. What often happens when providers are not culturally competent? |
| A. Individuals avoid going to treatment B. Those involved in the process begin to question motives and commitment C. Self-care rates increase because individuals don't trust outside professionals D. Introspection and integrative awareness in the professional is enhanced as clients prematurely leave treatment |
| 13. Disability refers to what? |
| A. Physical functional B. Mental functioning C. Physical and mental functioning D. How well someone can support themselves |
| 14. 1 in Americans are born outside of the United States? |
| A. 5 B. 7 |
| C. 9 |
| D. 10 |
| 15. What percentage of the population lives in poverty? |
| A. 9.5% |
| B. 10.2% C. 10.5% |
| D. 11% |
| 16. All of the following but one are the main domains that clinicians must understand about clients in order to be culturally competent. Which does not belong? |
| A. Cultural identity |
| B. Subculture membership C. Trauma history |

D. Motivation for help-seeking

- 17. Individuals who struggle to effectively communicate may rely on their collateral contacts to meet with their clinicians and provide missing information that is helpful to the treatment process, and this is often true with young patients and patients with:
- A. Cognitive disabilities
- B. Substance misuse issues
- C. Mood disorders
- D. Language barriers
- 18. Which of the following defines the contemplation stage in readiness for change
- A. in this second stage, patients begin to consider what action to change might look like.
- B. in this third stage, patients prepare to engage in change behavior. They might take small steps towards change.
- C. in this fourth stage, patients engage in the changed behavior.
- D. in this final stage, patients continue to engage in the action behaviors but they are more integrated into their lifestyles.
- 19. Which of the following is not a governance task for organizational cultural competence
- A. reviewing the mission, vision, and values statements to ensure they are culturally competent
- B. assigning senior managers to ensure that organizational change is culturally appropriate and responsive
- C. developing boards that advise cultural competency
- D. creating a committee that ensure the organization is diverse
- 20. Which of the following statements is true?
- A. Black Americans are more likely to self-refer for therapy services than White Americans
- B. Black Americans are less likely to self-refer for therapy services than White Americans
- C. Black Americans have less internalized fear about systems and therapy than White Americans do
- D. Black Americans need less time to establish a relationship with clinicians than white Americans do

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