

# Mindful Continuing Education

## Improving Cultural Competence in Behavioral Health Settings

### Introduction to Cultural Competence

**1. Cultural competence is an essential ingredient in decreasing disparities in behavioral health, and culturally responsive skills can improve client engagement in services, therapeutic relationships between clients and providers, and treatment retention and outcomes.**

- A. True
  - B. False
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**2. For counselors, the first and most important step in developing cultural competence is to cultivate the willingness and ability to acquire knowledge of clients' cultures.**

- A. True
  - B. False
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**3. Culture is the conceptual system developed by a community or society, and it involves a particular set of beliefs, norms, and values that influence ideas about relationships, how people live their lives, and:**

- A. How people define the entity to which they belong or do not belong
  - B. The specific behaviors that characterize the social order
  - C. The way people organize their world
  - D. How practices, knowledge, and meaning are established
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**4. Although the term ethnicity is often used interchangeably with race, unlike race, ethnicity implies a certain sense of belonging, and is generally based on shared values, beliefs, and origins rather than shared physical characteristics.**

- A. True
  - B. False
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**5. Which of the following is NOT one of the core assumptions when incorporating cultural competence into behavioral health practices?**

- A. Incorporating cultural competence into treatment improves therapeutic decision-making and offers alternative ways to define and plan a treatment program firmly directed toward progress and recovery
  - B. Organizational commitment to supporting culturally responsive treatment services, including adequate allocation of resources, reinforces the importance of sustaining cultural competence in counselors and other clinical staff
  - C. Advocating culturally responsive practices increases trust within the community, agency, and staff
  - D. Consideration of culture is most critical at the system level of operation and in the beginning stages of treatment and recovery
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## **Core Competencies for Counselors and Other Clinical Staff**

**6. Culturally competent counselors frame issues in culturally relevant ways, allow for complexity of issues based on cultural context, interpret emotional expressions in light of the client's culture, expand roles and practices as needed, and explore culturally based experiences of:**

- A. Power and powerlessness
  - B. Trauma and victimization
  - C. Acceptance and tolerance
  - D. Healing and treatment
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## **Culturally Responsive Evaluation and Treatment Planning**

**7. Several studies have focused on the use of motivational interviewing with specific cultural groups, and have found that its nonconfrontational, client-centered approach is more culturally appropriate for most clients than other counseling approaches.**

- A. True
  - B. False
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## **Drug Cultures and the Culture of Recovery**

**8. Understanding the role that drug cultures play in clients' lives is particularly important because these cultures, more than any other cultural connections, influence clients' substance use or abuse and the behaviors in which they engage to manage mental disorders.**

- A. True
  - B. False
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## **Chapter One: Introduction to Cultural Competence**

**9. Even when culture is not a conscious consideration in providing interventions and services, it is a compelling force that often influences:**

- A. Balance of power and respect in the relationship
  - B. Client responses to treatment and subsequent outcomes
  - C. The unique and ever-changing dynamics of the client's experience
  - D. How trust is established and built in the therapeutic relationship
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## **What Are Health Disparities?**

**10. A health disparity is a particular type of health difference that, according to the U.S. Department of Health and Human Services, generally adversely affects groups of people who have systematically experienced greater obstacles to health based on each of the following EXCEPT:**

- A. Their racial or ethnic group, religion, gender, or sexual orientation
  - B. Their cognitive, sensory, or physical disability or mental health
  - C. Their geographic location or socioeconomic status
  - D. Their education level and employment status
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## **Exhibit 1-2: The Continuum of Cultural Competence**

**11. At the organizational level, cultural incapacity occurs when the behavioral health organization negates the relevance of culture in the delivery of behavioral health services and the clinicians have determined that mainstream culture and current services are superior and that other approaches need not be considered.**

- A. True
  - B. False
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## **Exhibit 1-3: Common Characteristics of Culture**

**12. Common elements that distinguish one culture from another may include identity development, rites of passage, role and use of language, images, symbols, and myths, as well as means of establishing trust, credibility, and:**

- A. Legitimacy
  - B. Confidence
  - C. Integrity
  - D. Authenticity
- 

## **What is Race?**

**13. Race is a social construct that describes people with shared physical characteristics, and it can have tremendous social significance in terms of behavioral health services, social opportunities, status, wealth, and so on.**

- A. True
  - B. False
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## **What Is Cultural Identity?**

**14. Cultural identity describes an individual's affiliation or identification with a particular group or groups, and is it generally static and consistent among people who identify with the same culture.**

- A. True
  - B. False
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## **What Are the Cross-Cutting Factors in Race, Ethnicity, and Culture?**

**15. Which of the following is NOT an accurate statement about cultural differences in language and communication?**

- A. Language is a key element of culture, but speaking the same language does not necessarily mean that people share the same cultural beliefs
  - B. Issues such as the use of direct versus indirect communication, appropriate personal space, social parameters for and displays of physical contact are culturally defined and reflect very basic ethnic and cultural differences
  - C. Low-context cultural groups such as White Americans place greater importance on nonverbal cues and the context of verbal messages than do high-context cultural groups such as Asian Americans
  - D. Counselors should avoid assuming that a client has a particular expectation or expression of nonverbal and verbal communication based solely on race, ethnicity, or cultural heritage
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## **Gender Roles**

**16. Negotiating gender roles in a treatment setting is often difficult, and providers should not assume that a client's traditional culture-based gender roles are best for him or her or that mainstream American ideas about gender are most appropriate.**

- A. True
  - B. False
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## **Immigration and Migration**

**17. The differences in parents' values and expectations and adolescents' behavior, known as the \_\_\_\_\_ can lead to distress and increased parent-child conflicts in close knit immigrant families.**

- A. Assimilation divide
  - B. Acculturation gap
  - C. Acclimation disparity
  - D. Adaptation imbalance
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## **Exhibit 1-6: Five Levels of Acculturation**

**18. An individual who has a marginal orientation to the process of acculturation is mostly oriented toward mainstream culture but has some familiarity with the traditional/native culture.**

- A. True
  - B. False
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## **Perspectives on Health, Illness, and Healing**

**19. In general, cultural groups differ in how they define and determine health and illness, who is able to diagnosis and treat an illness, their beliefs about the causes of illness, and their remedies, treatments, and healing practices for illness.**

- A. True
  - B. False
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## **Advice to Counselors: Spirituality, Religion, Substance Abuse, and Mental Illness**

**20. Understanding the roles of religion and spirituality is one form of cultural competence, including being able to differentiate between religion, which is an organized set of beliefs and practices designed to organize and further its members' holiness, and spirituality, which is typically conceived of as a personal matter involving:**

- A. Subjective experience and psychological growth
  - B. The process of transformation
  - C. The interpretation of true self and free expression
  - D. An individual's search for meaning
-

## **Core Competencies for Counselors and Other Clinical Staff**

**21. Tenets of all sound therapy include sensitivity to the client's cultural and personal perspectives as well as genuine empathy, warmth, humility, respect, and acceptance.**

- A. True
  - B. False
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### **Self-Knowledge**

**22. Counselors with strong trust in culturally accepted methods and practices such as traditional healing are generally better able to understand their clients, even those who seek scientific explanations of, and solutions to, their substance abuse and mental health problems.**

- A. True
  - B. False
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**23. To become culturally competent, counselors should begin by exploring their own cultural heritage and identifying how it shapes their perceptions of \_\_\_\_\_, and the counseling process.**

- A. How help seeking behavior manifests
  - B. Normality and abnormality
  - C. The expression of emotions
  - D. The way others view the world
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### **Cultural Awareness**

**24. Without cultural awareness, counselors may struggle to see the cultural uniqueness of each client and can unwittingly use their own cultural experiences as a template to prejudge and assess client experiences and clinical presentations.**

- A. True
  - B. False
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## **Racial, Ethnic, and Cultural Identities-Exhibit 2-1: Stages of Racial and Cultural Identity Development**

**25. According to the racial/cultural identity development (R/CID) model, the individual has minimal awareness of self as a racial person, believes strongly in the universality of values and norms, and perceives White American cultural groups as more highly developed than others.**

- A. True
  - B. False
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## **Worldview: The Cultural Lens of Counseling**

**26. Starting in early childhood, worldview development is shaped by the individual's environment and life experiences, influencing values, attitudes, assumptions, and behaviors, all of which is facilitated by:**

- A. Knowledge and perception
  - B. Belief systems
  - C. External and internal validation
  - D. Significant relationships
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## **Stereotypes, Prejudices, and History-Trust and Power**

**27. Client perceptions of counselors' influence, power, and control vary in diverse cultural contexts, where in some contexts, counselors can be seen as all-knowing professionals, but in others, they can be viewed as representatives of an unjust system.**

- A. True
  - B. False
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## **Exhibit 2-3: ACA Counselor Competencies: Counselors' Awareness of Their Own Cultural Values and Biases**

**28. According to the American Counseling Association, culturally skilled counselors exhibit knowledge about cultural values and biases through each of the following strategies EXCEPT:**

- A. They have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects the process of counseling
- B. They possess knowledge and understanding of how oppression, racism, discrimination, and stereotyping affect them personally and in their work, which allows them to acknowledge their own racist attitudes, beliefs, and feelings
- C. They seek out knowledge from those who have a different cultural backgrounds, experiences, attitudes, values, and biases

D. They possess knowledge about their social impact on others and are knowledgeable about communication style differences, and recognize how their style may clash with or foster the counseling process with minority clients

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## **Exhibit 2-5: Attitudes and Behaviors of Culturally Competent Counselors**

**29. Behaviors that culturally competent counselors exhibit to demonstrate acceptance include proactively addressing racism or bias as it occurs in treatment and tailoring treatment to meet the cultural needs of the client.**

- A. True
  - B. False
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## **Interpret Emotional Expressions in Light of the Client's Culture**

**30. Counselors must recognize that not all cultures place the same value on verbalizing feelings, and clients from some cultures may not perceive that emotional expression is a worthy course of treatment and healing at all.**

- A. True
  - B. False
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## **Chapter Three: Culturally Responsive Evaluation and Treatment Planning- Step 1: Engage Clients**

**31. A common framework used in many healthcare training programs to highlight culturally responsive interview behaviors is the LEARN model, which includes:**

- A. Listen to each client from his or her cultural perspective
  - B. Explain the overall purpose of the interview and intake process and acknowledge client concerns
  - C. Recommend a course of action through collaboration with the client and negotiate a treatment plan that weaves the client's cultural norms and lifeways into treatment goals, objectives, and steps
  - D. All of the above
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## **Step 3: Endorse Collaboration in Interviews, Assessments, and Treatment Planning**



**32. When counselors facilitates culturally responsive interviews where they are perceived as the authority or sole expert, clients are more likely to participate out of respect for the process.**

- A. True
  - B. False
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## **Step 4: Integrate Culturally Relevant Information and Themes-Trauma and Loss**

**33. According to the authors, which of the following are NOT included as specific issues that may need to be considered when addressing trauma and loss among some immigrant subcultures?**

- A. Severed community ties along with poor living conditions upon relocation
  - B. Migration and emigration history, which may include separation from homeland, family, and friends, and the stressors and loss of social support that can accompany these transitions
  - C. Clients' personal or familial experiences with American Indian boarding schools
  - D. Experiences with genocide, persecution, torture, war, and starvation
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## **Step 5: Gather Culturally Relevant Collateral Information**

**34. Collateral information may be obtained with the client's permission from sources other than the client when the individual is unwilling or unable to provide a full personal history from his or her perspective.**

- A. True
  - B. False
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## **How To Use a Culturagram for Mapping the Role of Culture**

**35. A culturagram is an assessment tool that helps clinicians understand culturally diverse clients and their families by examining each of the following EXCEPT:**

- A. Values about family structure, power, myths, and rules, reasons for relocation or migration, and legal and socioeconomic status
  - B. Feelings about heritage and national origin, and experiences with institutional structure and figures
  - C. Time in the community, languages spoken in and outside the home, and health beliefs and beliefs about help-seeking
  - D. Impact of trauma and other crisis events, oppression and discrimination, and values about education and work
-

## Diagnosis

**36. Psychological concepts that are appropriate for and easily translated by some groups are inappropriate for others, such as in the Asian culture where feeling refers more to a physical than an emotive state and where questions designed to infer emotional states may not be easily translated.**

- A. True
  - B. False
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## Step 8: Provide Culturally Responsive Case Management-Exhibit 3:1

**37. Research consistently indicates that race or ethnicity is more important than gender congruence in client-counselor matching.**

- A. True
  - B. False
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## Step 9: Incorporate Cultural Factors Into Treatment Planning

**38. Culturally responsive treatment planning is a dynamic process that should consider client values, beliefs, and expectations and that is achieved through:**

- A. Empathy and compassion
  - B. Practice and experience
  - C. Active listening
  - D. Willingness and understanding
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