

# Matthew R. Mock

PhD

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- Former director of child and family mental health services, and ESM with the City of Berkeley
- Private practice psychologist trained, family therapist & consultant
- Third generation Chinese-American with a focus on the importance of personal, family and relational narratives: Our “True Story”
- Trainer, author, narrator, facilitator, proud father and more



**Cultural Humility &  
Responsiveness in  
Behavioral Health  
Treatment**

# Disclosures

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- Dr. Mock has no relevant financial or non-financial relationships to disclose



**Cultural Humility &  
Responsiveness in  
Behavioral Health  
Treatment**

# Learning Objectives

## General

- Be able to define cultural competence and cultural humility in relation to providing ABA and behavioral health related community services
- Identify barriers or challenges, through national CLAS (Cultural & Linguistic Appropriate Services) standards, to incorporate multicultural concepts into ABA-related service work
- List the primary components of the Cultural Formulation (DSM-5) for assessing ABA participants
- Describe aspects of diverse cultural communities including methods to understand and work with developmental disorders
- Identify and articulate (at least 3) ways to model effective use of self via addressing cultural differences and potential sources of conflicts with clients and colleagues

# Learning Objectives

## Immediate

- An increase in your CLASS: Cultural and Linguistic Appropriate Services Standards
- CLAS intention for policy standards versus research
- An understanding of federal funding and adherence to CLAS standards
- An understanding of the Principle Standard: *Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs*

# About Me



# About Me

- Former director of child, family mental health services, ESM with the City of Berkeley
- Private practice, psychologist trained, family therapist & consultant
- Trainer, author, narrator, facilitator, proud father, more
- Professor of Psychology
- Third generation Chinese-American man
- Importance of personal, family and relational narratives: My “True Story”...

# About Me

- I was raised and grew up in West Los Angeles where there were few Chinese or Asian families
- My father said “never forget you are Chinese” yet also said...
- As is traditional in my culture, I have a given Chinese name
- The middle child of 7, spanning 14 years, raised in a “resource stretched” home
- I attended Brown University in Providence, R.I. earning my Bachelors Degree\*  
Initially intended to be a writer of children & short stories, teach special education
- My PhD is from the California School of Professional Psychology, Berkeley
  - \*Stories while there...(what are yours?)

# Aspects of Ourselves with Clients

The ADDRESSING Framework (*Hays, 2012*)

*A.D.D.R.E.S.S.I.N.G. stands for:*

- **A**ge - **D**evelopmental and acquired **D**isabilities – **R**eligion – **E**thnicity – **S**ocioeconomic status – **S**exual orientation – **I**ndigenous heritage – **N**ational origin – **G**ender – **O**ther
- **Consider this:** Characteristics that represent - a) you as provider, b) a client different than yourself, c) the family or system of the client you are working with

# The Role of Diversity in the Wellness & Diagnoses of Clients

**A**ge:

**D**evelopmental: and acquired **D**isabilities:

**R**eligion:

**E**thnicity:

**S**ocioeconomic status:

**S**exual orientation:

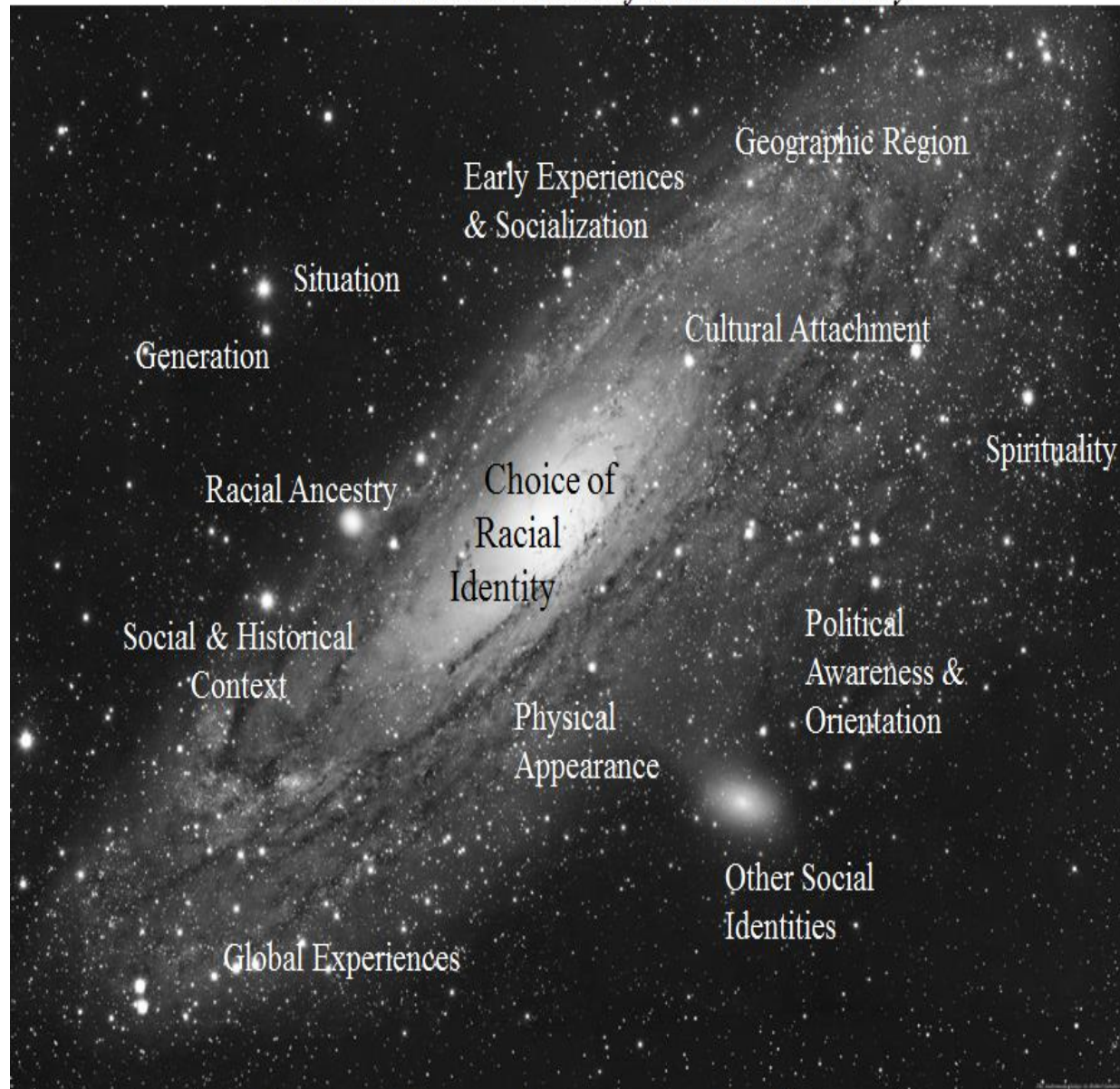
**I**ndigenous heritage:

**N**ational origin:

**G**ender:

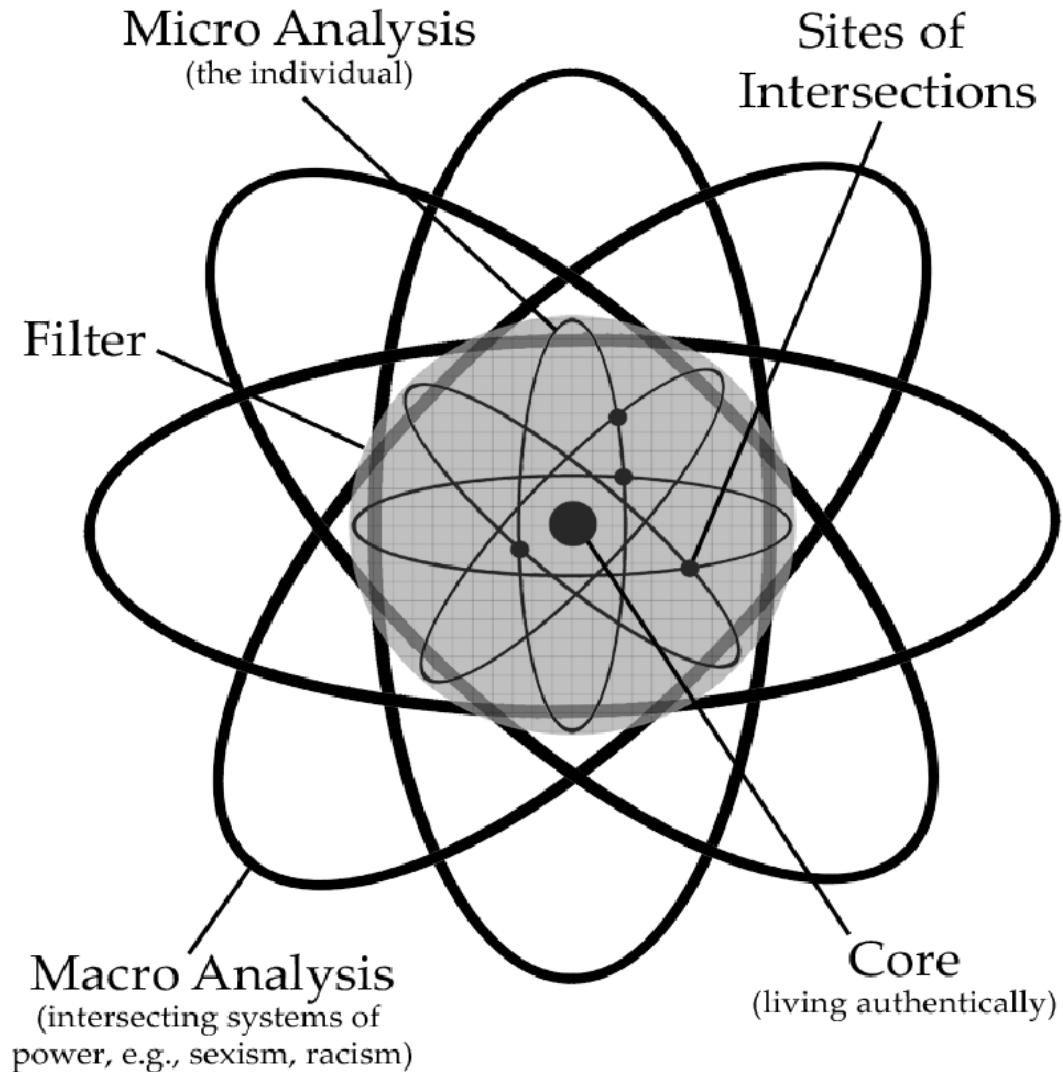
*(Hays, 2012)*

Figure 4.4  
*The Intersectional Model of Multiracial Identity*



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# Intersectional Model of Multiple Dimensions of Identity



# Dimensions of Sociocultural Identity

**!** = A central and organizing aspect of how I think of myself

**○** = Not at all significant to me

**+** = A less important aspect of my identity

**?** = Have not thought much about this dimension

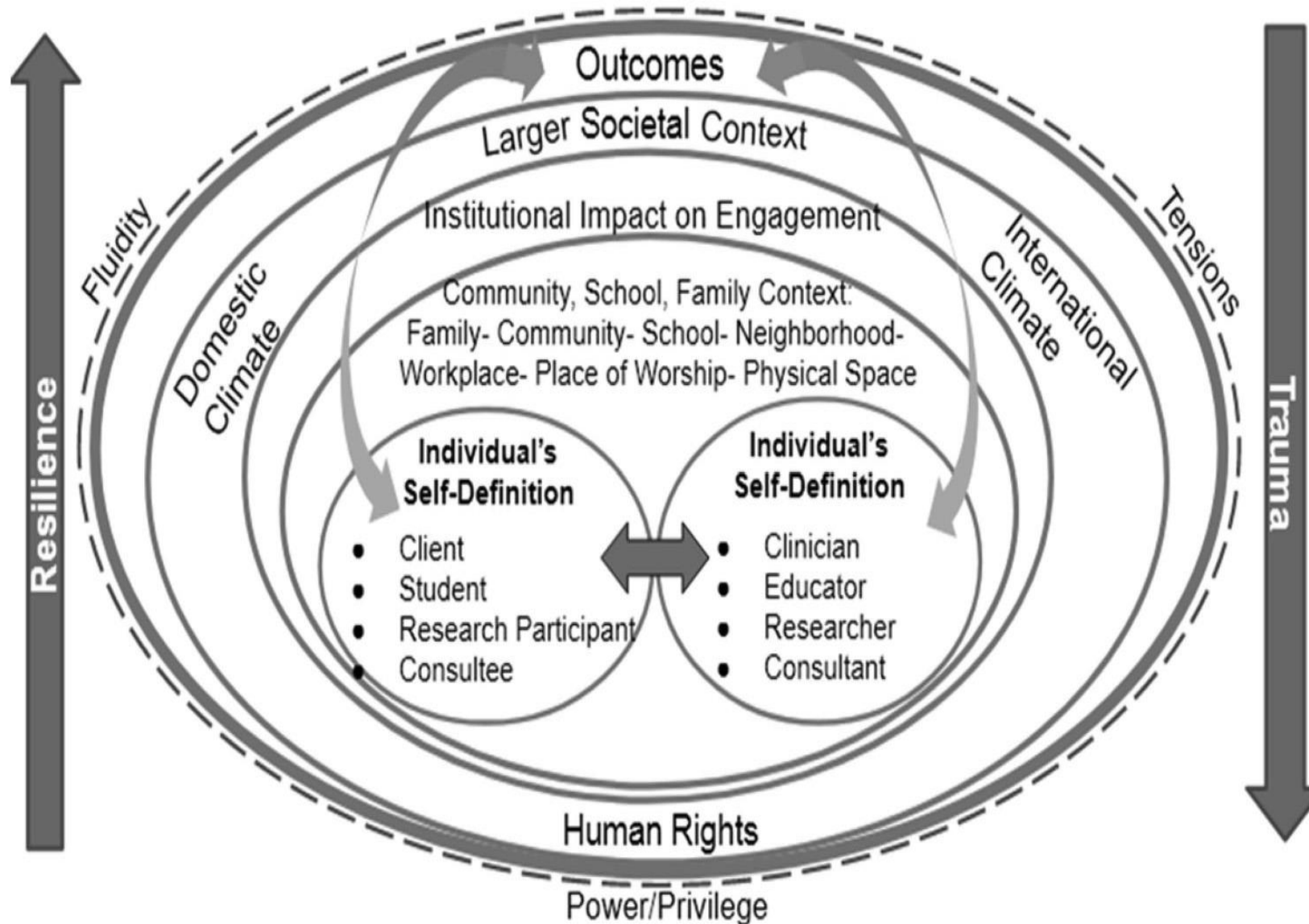
**×** = Negative or aversive aspect of my identity

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\_\_\_\_\_ Age Cohort/Generation  
\_\_\_\_\_ Ethnicity or National Origin  
\_\_\_\_\_ Sexual Orientation  
\_\_\_\_\_ Religion-Spirituality  
\_\_\_\_\_ Physical Illness or Condition  
\_\_\_\_\_ Immigration Hx/Generation  
\_\_\_\_\_ Profession/Occupation

\_\_\_\_\_ Gender Identity/Identification  
\_\_\_\_\_ Race  
\_\_\_\_\_ SES/Social Class  
\_\_\_\_\_ Disability (may inc. Dx)\* \*(DSM-5)  
\_\_\_\_\_ Nationality/Citizenship  
\_\_\_\_\_ Military Affiliation  
\_\_\_\_\_ Political Party/Social Justice Focus

# Layered Ecological Model of the Multicultural Guidelines



# Ongoing Applied Behavior Analysis (ABA) Imperatives



Identify the interconnectedness of cultural competence, social justice and ethical practice (i.e., striving for relational bridging in ABA-related services)



Be able to assess cultural competence and the ethics of practice using an equity and social justice lens



Develop an action plan for ongoing professional development to strengthen the ethics and cultural competence in on going practice

# Seeing the Unseen & Hearing the Unheard About Ourselves

**Who are each of us?** (*Taiye Salasi*)



“Where are you from? No, where are you *really* from?”



“What are your rituals?”



“What/who are your relationships?”



“What are your restrictions (or what is your ‘relative influence’ or ‘relative power’)?”

# ABA Service Enhancement/Development

- 1 Cultural humility/competence and sensitivity:  
Racial, cultural, linguistic and ethnic diversity
- 2 Multicultural development, and incorporation in behavioral  
health practices
- 3 Impact of SES, poverty and deprivation
- 4 Impact of social insecurity, inadequate resources, stress, stigma  
and food insecurity on mental health

# Autism Diagnoses in Communities

- 🎯 Rates of autism diagnosis across decades increased dramatically
- 🎯 Prevalence generally highest among Whites and those of higher socioeconomic status (SES)
- 🎯 In California, incident rate of diagnosed autism increased:



- 🎯 Increase not uniform across sociodemographic and racial groups
- 🎯 In 2009, in California, legislation to improve linguistic and cultural competency at DDS regional centers

# Autism (ASD) & Related Developmental Disability Diagnoses among Racial & Socio-Demographic Communities

- By 2018, children of Black and Asian mothers were diagnosed at higher rates than children of non-Hispanic White mothers
- Among children of non-Hispanic White and Asian mothers, children of lower SES were diagnosed at higher rates than children of higher SES
- Potential disparities in:
  - Information and education
  - Access to services
  - Assessment and quality of services
  - Availability of responsive services

# Autism Spectrum Disorder (ASD) Diagnoses Among Increasing Socio-Demographic Communities

- Autism, as a neurodevelopmental disorder, is shown by deficits in social interaction and communication, and restricted repetitive patterns of behavior
- Diagnosis of autism relies on symptom acknowledgement and detection with access to diagnostic services
- Diagnosis affords access to special education services via the US Individuals with Disabilities Act
- From 1998 to 2008, as measured by Medi-Cal receipt, diagnosis of autism incidence rose for all ethnic/racial groups regardless of SES

*(Winter, Fountain, Cheslack-Postava, & Bearman, December 2020)*

# Sources of Disparity in Autism Among Diverse Communities

- In general, health disparities in the U.S. mirror racial and socioeconomic disparities
- Poorer non-Whites bear the burden of these disparities

## Key drivers include:

Differential access to information and resources. With access, there may be more ready ascertainment and early intervention to secure services and treatments

In California, diagnosis confers special education in school as well as essential support services, including in-home respite, out-of-home day programs, transportation and more

# Ongoing Learning Agreements



Be present



Be respectful



Be patient with yourself and others



Listen with an open mind and heart



Suspend judgment



Maintain confidentiality of others



Try to genuinely understand

# Relationship Agreements



Consider a framing of a perspective working with children, parents and families of diverse backgrounds



## **Example for a Service Provider:**

“I’m aware that you and I are of different backgrounds. If, and when, that comes up during our work together, I invite a dialogue about it.”

# Do We All 'See' The Same Thing?

*Finished files are the result of years of  
scientific study combine with ABA work and  
experience of many years*

# Definition of Culture

**Culture:** “An integrated pattern of human behavior that includes thought, communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group”

*(California State DMH)*

- We *all* have culture, cultural backgrounds and live amid multiculturalism in our communities
- Experiencing differences and diversity is part of living and life experiences

# When ABA Staff & Behavioral Health Providers Are Being Culturally Competent, They Are...



Aware of one's own cultural values, beliefs and behaviors



Aware of others' values, beliefs and behaviors



Knowledgeable of context and historical factors that create social privilege and disparities



Continuously developing competencies (knowledge, values and skills) to bridge differences and serve as agents of change

# Characteristics of Effective Multicultural Work

*(Constantine 2005/APPIC Competencies Conference 2002/Rodolfa 2000; Mock, 2008, Mock, 2019)*

1. Addressing cultural issues in our work is important and avoidance hurts the relationships and working towards common goals
2. When cultural issues are important in leadership, staffing, operations, we need to be cognizant of them:
  - **A)** What are primary demographic variables that comprise your identity? What are some power / “relative influence” issues?
  - **B)** What world views (e.g., values, assumptions and biases) do you bring to working relationships based on your cultural identities?
  - **C)** What struggles and challenges have you faced in your work with culturally different staff/clients/supervisees and families/communities that you encounter in work life?

# The Imperatives of History & Accountability

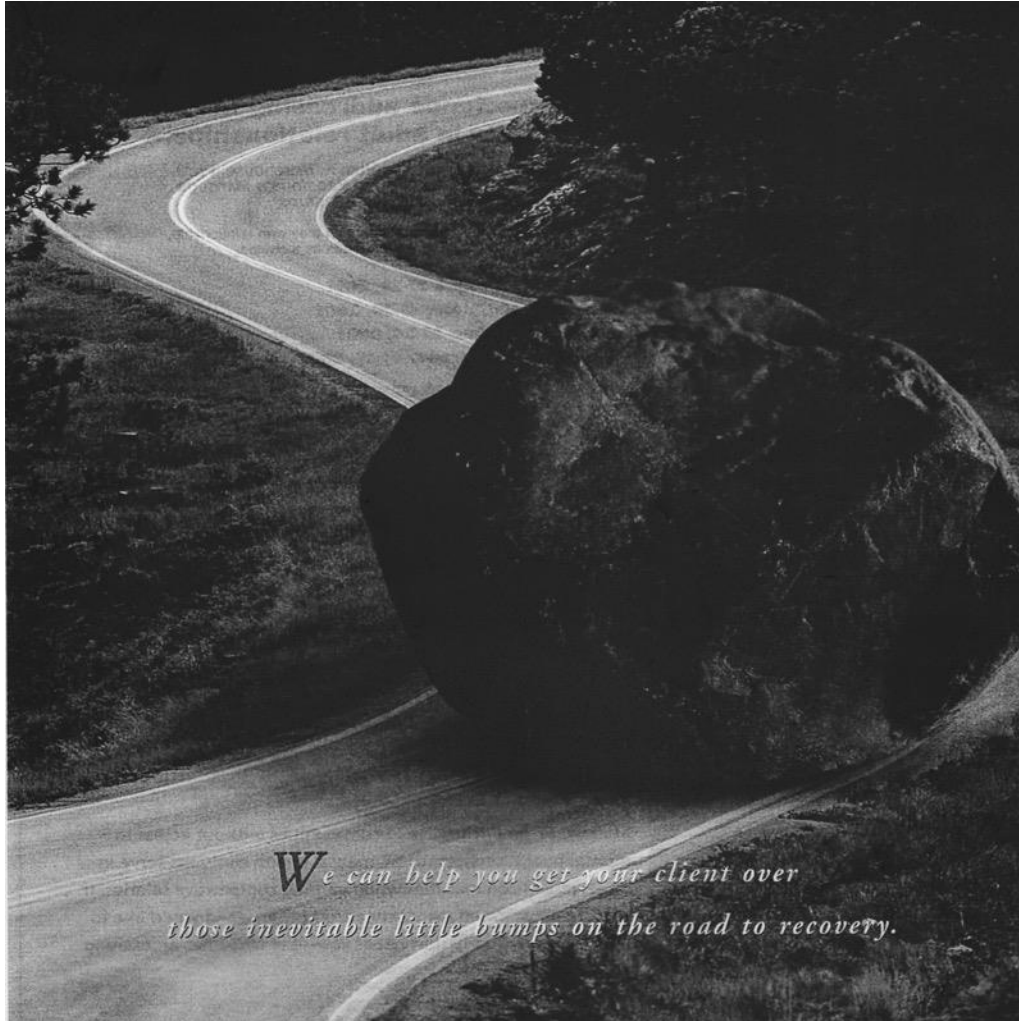
## Adverse Childhood Experiences (ACES)

Dr. Nadine Burke-Harris & Trauma-Informed Care

1. Listening to community needs and eliminating disparities and inequities means accountability to historical events
2. Historical and intergenerational trauma
3. Documentary: *Dawnland* (PBS, 2019)
4. Documentary: *Families with Autism: Let Them Stand Tall* (J. Johnson, Producer, 2012, AUCD at UH)

# My Visual Depiction...

...of Cultural Competence, Difficult Dialogues  
& Brave Courageous Conversations



*We can help you get your client over  
those inevitable little bumps on the road to recovery.*

# Book Chapter: “Visioning Social Justice: Narratives of Diversity & Personal Compassion”

“Our stories (and those of clients) are not always composed by us but come to us in powerful ways from others. If, as children, family members describe us in a particular way, these family stories often remain the same no matter how we change. What others believe about us, what we learn in school, in the media and from the reactions of strangers, define our stories...”

“In searching for alternative narratives about ourselves, we are often drawn to stories about others. Listening to these stories may offer us new possibilities, but if our new life stories are to fully emerge, we must also challenge the underlying myths and prejudices that limit us” (Author: “Gin Phan” aka: MRM)

# Consider These Vignettes\*:

1. A Filipino child speaking for his monolingual speaking grandmother with a friend accompanying him
2. A Vietnamese-speaking 12-year-old arguing with her refugee father in an office waiting room
3. Latino parents pacing in the waiting room, meeting the ABA team via an interpreter by phone
4. An MD, using an interpreter, for an Asian woman accompanied by her 14-year-old daughter

\* **Note:** Additional details to be provided

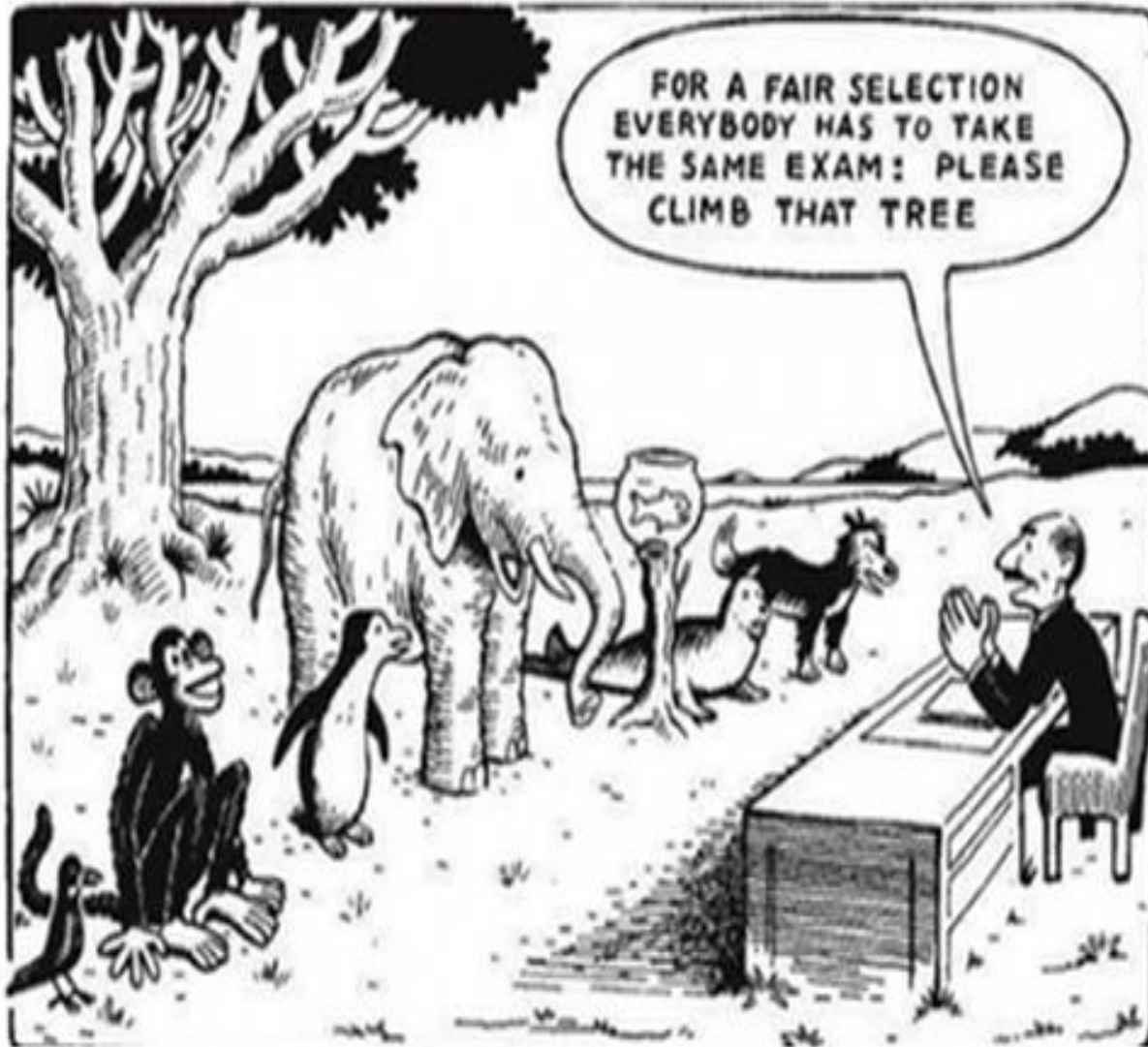
# Connecting Teaching & Lifelong Learning with Cultural Humility and Competence



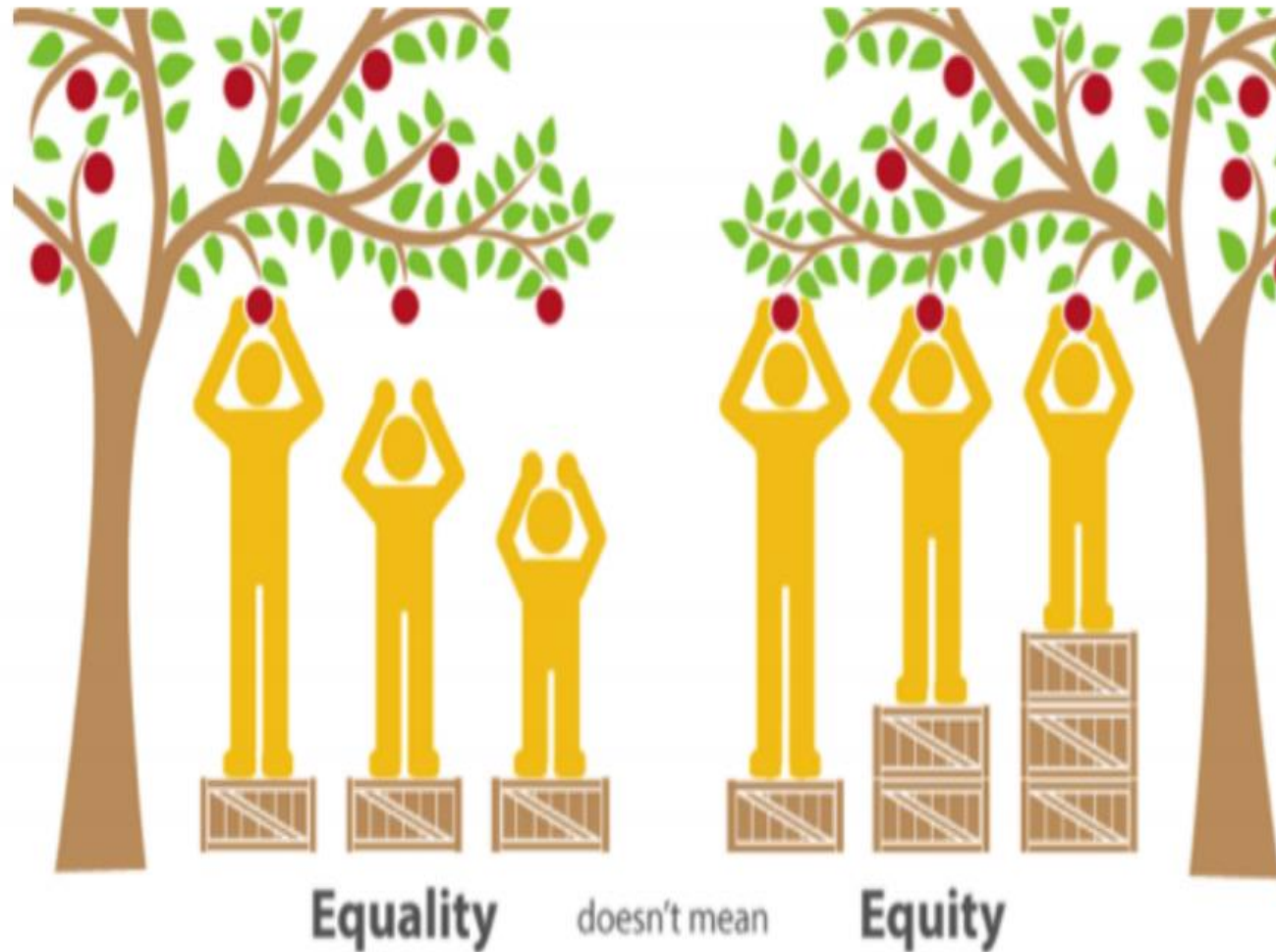


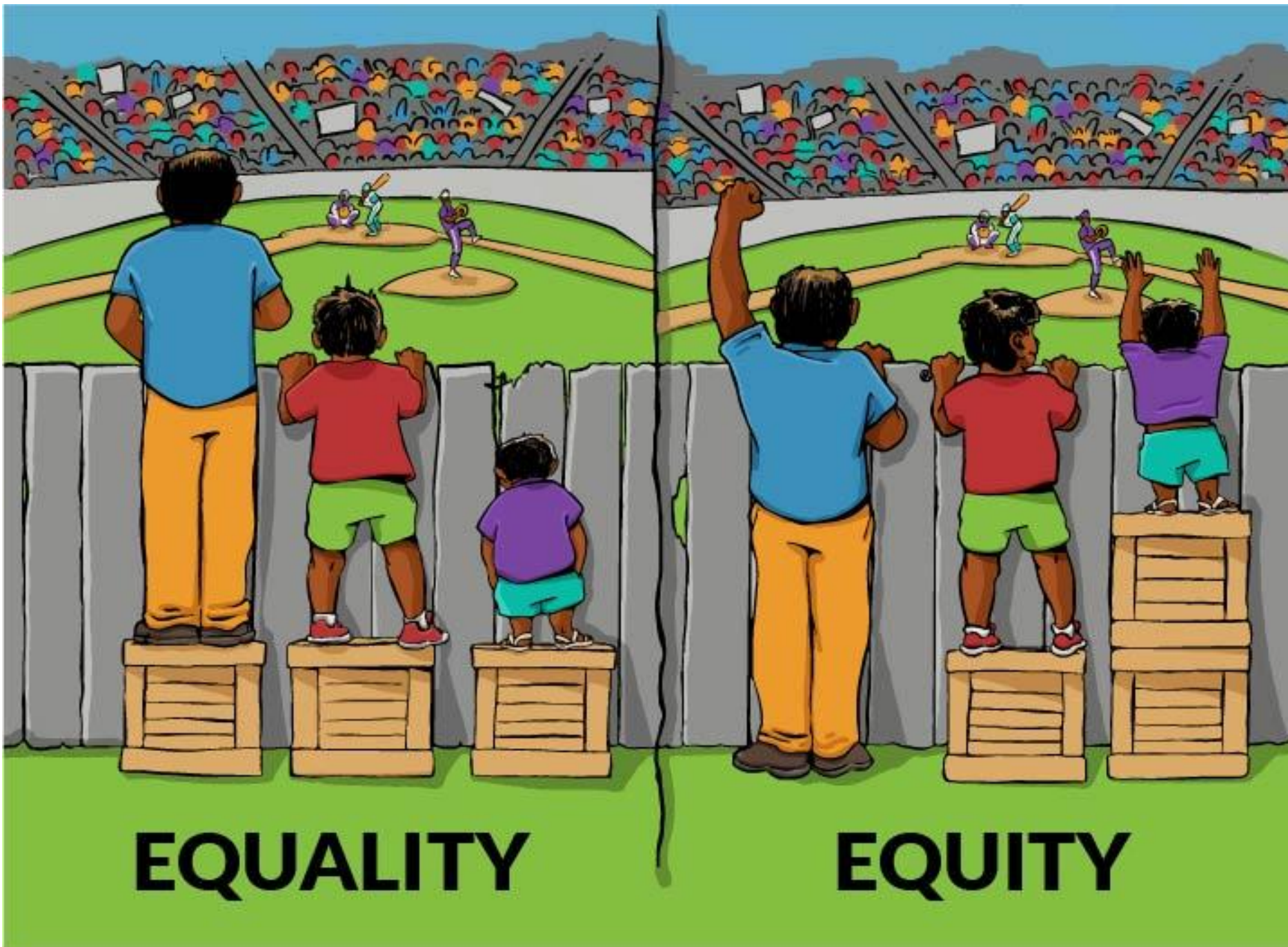
Fostering individual and organizational cultural competence requires using a social justice framework and equity lens to address power, privilege, and oppression within our practice, our clients lives and relevant organizations/systems.

# 'Fair' vs. Equitable Opportunities

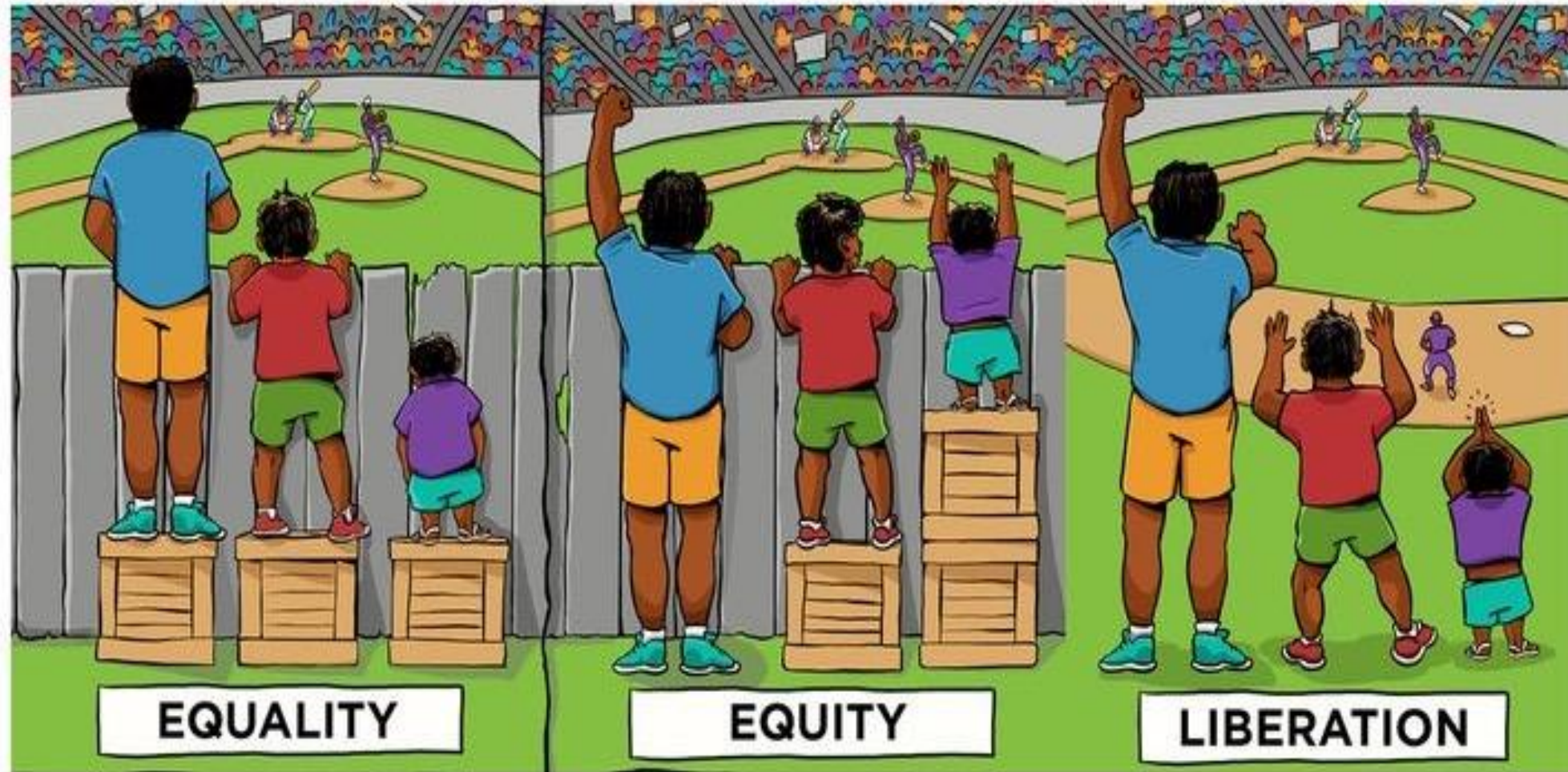


# Understanding Through an Equity Lens





Don't just tell a different version of the same story, **change the story!**



# What is Multicultural Competence (MC) for Mental health Professionals?

The demonstrated ability to consistently and carefully consider the cultural dimensions of **Self, Other, and Context**, and to engage in ethical and culturally responsive behavior that reflects these considerations in all professional roles (i.e., assessment, intervention, research, teaching, consultation, supervision, administration).

*(S.P. Harrell, 1997/2016)*

# Developing Multicultural Awareness Competence



Intersectional cultural identity (self and other)  
(*Kimberle W. Crenshaw, Attorney*)



Intercultural/Intergroup experience and dynamics  
of difference



Implicit Bias, Prejudices, Stereotypes, Micro-aggressive  
and Discriminatory Behavior



Sociopolitical dynamics and experiences (power, privilege, oppression)

# Dimension-Specific Multicultural Competencies: **RACE**

Racism  
Racial dynamics  
Racial trauma  
Racial bias or biases

# Potential Barriers in Effective Practice

Implicit bias &  
non-reflective practices

# Implicit Bias

Implicit bias refers to the activation of attitudes and stereotypes outside of our immediate awareness that affect our feelings, preferences, actions, and decisions in an unconscious manner; it is when we have attitudes towards people or associate stereotypes with them without our conscious knowledge.

- They are triggered involuntarily and without an individual's awareness or intentional control

# Implicit Bias

## Implicit bias refers to...

- Implicit attitudes and stereotypes underlie those behaviors which diverge from a person's avowed or endorsed beliefs or principles (e.g., "I believe in racial equality")
- They develop through early socialization experiences within families and communities, as well as through saturated messages embedded in news, entertainment, and social media

# De-Biasing

## Implicit biases are malleable

- Our brains are incredibly complex, and the implicit associations that we have formed can be gradually unlearned through a variety of de-biasing techniques

De-biasing strategies can be integrated into the training of mental health professionals

# Microaggressions

“Subtle, stunning, often automatic, and often non-verbal exchanges which are ‘put downs.’ ”

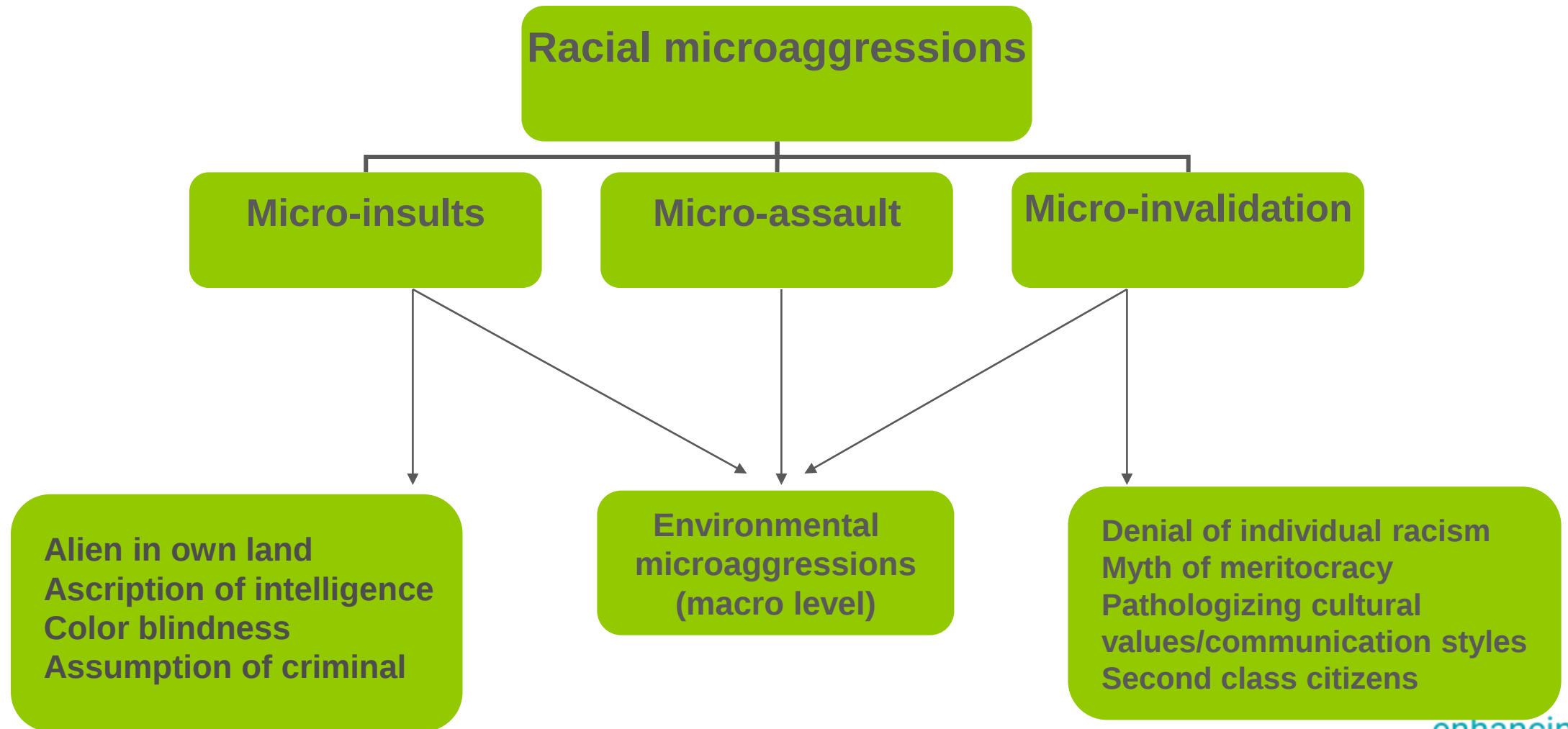
*(Pierce et al., 1978)*

“Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative (racial) slights and insults to the target person or group.”

*(Sue et al., 2007)*

# Racial Microaggressions

(Sue et al., 2007)



# Racial Microaggressions

(Pierce, C. 1978; 1995; Sue et al, 2007)

## Micro-assault

Explicit racial derogations characterized primarily by a violent verbal or nonverbal attack to hurt the intended victim

## Micro-insult

Behavioral/verbal remarks or comments that convey rudeness, insensitivity and demean a person's racial heritage or identity

## Micro-invalidatation

Verbal comments or behaviors that exclude, negate or nullify the psychological thoughts, feelings or experiential reality of a person of color

***Intention does not equal impact***

# Current and Changing Demographics: **California**

- Over 50% of the state's population consists of “persons of color”
- California's cultural and linguistic diversity will continue to grow
  - **Immigration**
  - **Population growth**
  - **Economic growth, as well as stretch**
  - **With growth and diversity comes changes, challenges and opportunities**

# History & Accountability for Current Cultural Relationships

## Childhood trauma among adult survivors:

- Community needs and addressing mental health disparities and inequities means healing relationships bi-directionally while listening to those marginalized, abused or oppressed
- ACE & historical and intergenerational trauma
- Documentary: *“Freedom Writers: Stories from the Heart”* (PBS, 2017), *“Dawnland”* (PBS, 2019), *“In This Family”* (PBS Short, 2020), *“The Talk”* (PBS)
- Documentary: *Families with Autism: Let Them Stand Tall* (Dr. Jean Johnson, CDS, University of Hawaii, 2012)

# Current and Changing Demographics: **States & Areas**

- What is the population diversity in your state?  
In your area? Your country, community?
- What are health trends in your service area?
- What are the changes in demographics of those needing services?  
Seeking services?
- What are the *existing* disparities & inequities?
- What are the *targeted* disparities & inequities?
- What are the demographics of our workforce?

# Essential History & Perspectives: Cultural Competence & Humility Together

## Cultural Competence Definition:

- “A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals that enable them to work effectively in cross-cultural situations” (*Cross et.al., 1989*)

## Cultural Humility Definition:

- Stance of “not knowing”, role of power, systems accountability (*Tervalon & Murray-Garcia, 1998; Mock, 2008, 2019*)

# Essential History: 5 Elements

A **culturally competent** system of care has several core components:

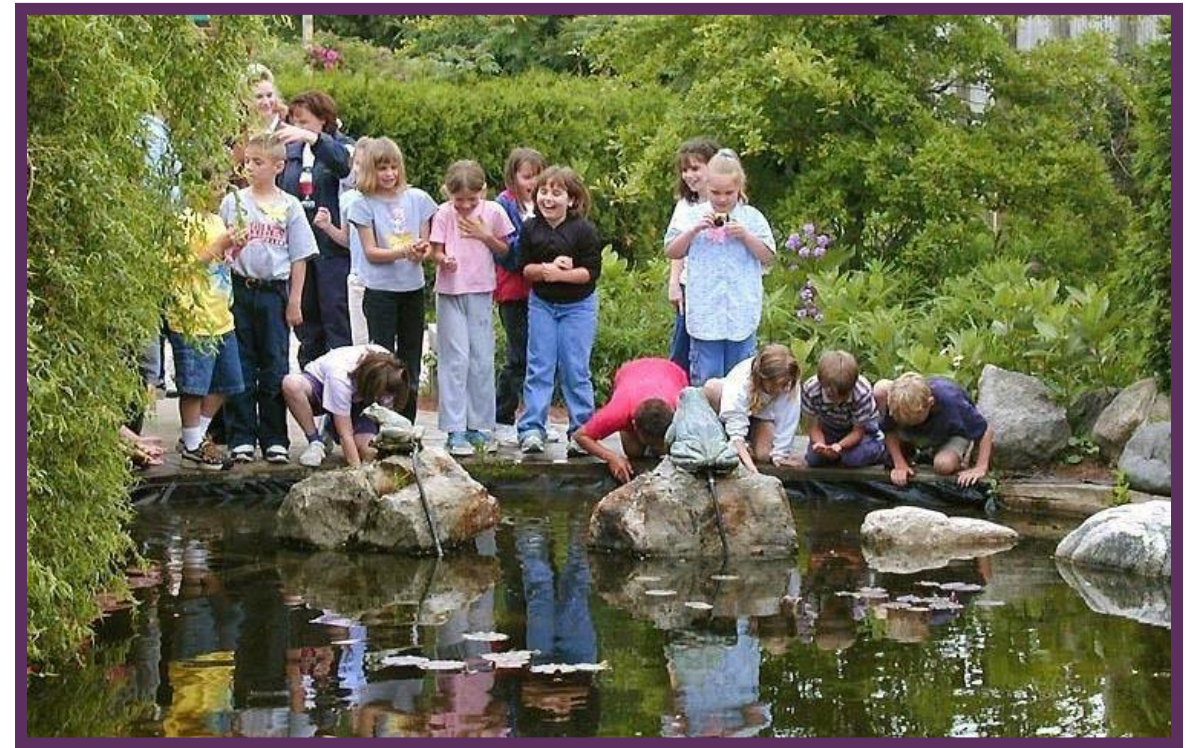
1. Valuing diversity (with complexity)
2. Continual cultural self-assessment
3. Attending to dynamics of difference
4. Institutional “knowledge” of culture
5. System adaptation to diversity and change (with ongoing social movements for justice & equity)

*(Cross, et al)*

Cultural competence, as originally conceived, emerged as an issue with public health efforts to make services more responsive to growing ethnically diverse populations in urban and rural areas

**There is another perspective that goes beyond this as a process...**

**Embodied in “Children Full of Life,” by teacher Mr. Kanemori with his students in Japan**



# Culturally Competent Guiding Values & Principles Within ABA & Behavioral Health

- Work with natural, informal supports with recovery, wellness, strengths-based and culturally responsive
- Network with culturally diverse communities (neighborhood, associations; ethnic, social and religious organizations; spiritual leaders and healers, and more)
- Current contextual issues, some who “have”, some who “have not”...
- Killing of George Floyd, Women’s March, Black Lives Matter, protests for social justice etc. as “shake” or “wake up” calls.

# Culturally Competent Guiding Values & Principles Within ABA & Behavioral Health

- Family/community are defined differently by different cultures...is usually the primary system of support and preferred intervention
- Families with concerns, inc. autism, have different attributions of the “problem”, different sources of “cure”
- Family/youth consumers are the ultimate decision-makers for services and supports



The concept of “**cultural humility**” means:

- A) Continuous striving, lifelong learning to understand with critical self-reflection;
- B) Recognizing and changing power imbalances for respectful partnerships;
- C) Ongoing institutional and systems accountability

*(Tervalon & Murray-Garcia, 1998)*



***Cultural humility is a perspective, a stance of sorts of holding ourselves, regarding others in relationships.***

*(Mock, 2020)*

# Cultural Humility

*(Tervalon & Murray-Garcia, 1998)*

- Cultural humility is a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but engages in an examination of her/his own beliefs and cultural identities
- Recognition of:
  - 1) informed curiosity;
  - 2) power differentials;
  - 3) participant in systems
- Starts with open-mindedness and recognition that one's views, assumptions and reactions are not facts
  - Difference between well-sourced information & personal opinion
- Recognizes and honors differences in lived experiences and the location of the different "windows" that we see and interpret the world through. Also, power differentials.
- It is more than just self-awareness, but requires one to step back to understand one's own assumptions, beliefs, biases values, as well as how one's background and social environment and has shaped experiences and beliefs. Also, members of systems.

# Cultural Humility

- Contemporary emphasis within health care professions
- **Cultural humility is a necessary and central foundation for ongoing engagement in the development and enhancement of cultural competencies**
- Involves commitment to and active engagement in lifelong learning, self-reflection, personal development, and critical consciousness related to cultural diversity
- Recognition that there is not an end point where one “gets it”; recognition of how much you don’t know; knowledge is constantly evolving.

# Cultural Humility: Requirements

Requires...

- **Courage & Flexibility**

- Courage to tolerate discomfort and get out of comfort zone of existing ways of thinking and reacting; to sustain engagement in the context intergroup anxiety and conflict
- Flexibility to stretch one's mind to consider new information
- Willingness to:
  - Participate in “courageous conversations” (Singleton)
  - Hear how one's words and behavior impact others
  - Be influenced and changed by new information and hearing someone else's story
- Dropping assumptions, defenses, and exploring possible blind spots
- Unpeeling of the layers of identity, experience and values

# Behavioral Health Care Services:

## Foundational Cultural Competence and Humility & Intersectionality

- Our understanding and application of intersectionality reflects the perspective offered by Wijeyesinghe and Jones (2014), that “the purpose of intersectionality is not simply to locate individuals within a matrix of domination and privilege” but to use them for better understanding the dynamics of interacting and relational power.
- The concept of cultural humility (Tervalon & Murray-Garcia) serves as a constant reminder that **1)** we can never truly know but that we should always be respectfully curious; **2)** we must be aware of power and related dynamics; **3)** to be aware of our being embedded in circles of power within institutions.
- Work within the realm of behavioral health care services certainly involves relational as well as systemic power dynamics.

# Communication & Relational Bridging as Essential for ABA Assessment & Treatment

When culture-specific health beliefs, assumptions and behaviors are part of a shared dialogue between provider and patient, communication and delivery of care are more effective. Mutual respect is key!



***Cultural  
validation!***



# Conducting Culturally Sensitive Assessments & Relational Bridging

## Diagnostic and Statistical Manual DSMIV-TR and DSM-5

- Outline for Cultural Formulation -
- Culture Bound Syndromes -

# Conducting Culturally Sensitive Assessments & Treatment Plans

## Cultural Formulation (DSMIV-TR, DSM-5)

1. Cultural identity of the individual
2. Cultural explanations of problem/illness
3. Cultural factors – psychosocial
4. Cultural elements of client-provider relationship
5. Overall assessment for diagnosis/care

# Conducting Culturally Sensitive Assessments for Autism SD & Related DD

## Cultural Identity of the Individual

**Q:** *What are some aspects of the child's and family's identity and background related to a potential autism diagnosis?*

# Conducting Culturally Sensitive Assessments for Autism SD & Related DD

## Cultural Elements of the Person's Illness

**Q:** *Why do you think this is happening? Why do you think your child behaves the way they do? What do you think, now?*

# Conducting Culturally Sensitive Assessments for Autism SD & Related DD

## Cultural Factors Related to Psychosocial Environment and Level of Functioning

**Q:** *What is defined as the “community” for the child and family? What is their support system (formal and informal)?*

# Conducting Culturally Sensitive Assessments for Autism SD & Related DD

## Cultural Elements of the Relationship Between the Client and Clinician

**Q:** *What are the pre-existing and ongoing elements of “credibility” and “giving”?*

# Conducting Culturally Sensitive Assessments for Autism SD & Related DD

## Overall Cultural Assessment for Diagnosis and Care

**Q:** *How does the child, family and support community understand the situation and recommendations for behavioral treatment and education?*

**Q:** *What does ongoing help-seeking, coping, sources of cultural wellness, social network and beyond look like?*

# Elements of Linguistically/Culturally Competent Service: **CLAS Standards**

## Materials and Information should...

- Reflect a multicultural approach
- Be published in a variety of languages
- Show cultural inclusion!

## Services and Treatment Planning should...

- Reflect the consumer's primary language and cultural comfort level, beliefs and preferences (e.g., criteria of threshold languages)
- Include “cultural brokers” in some situations, and may be effective members



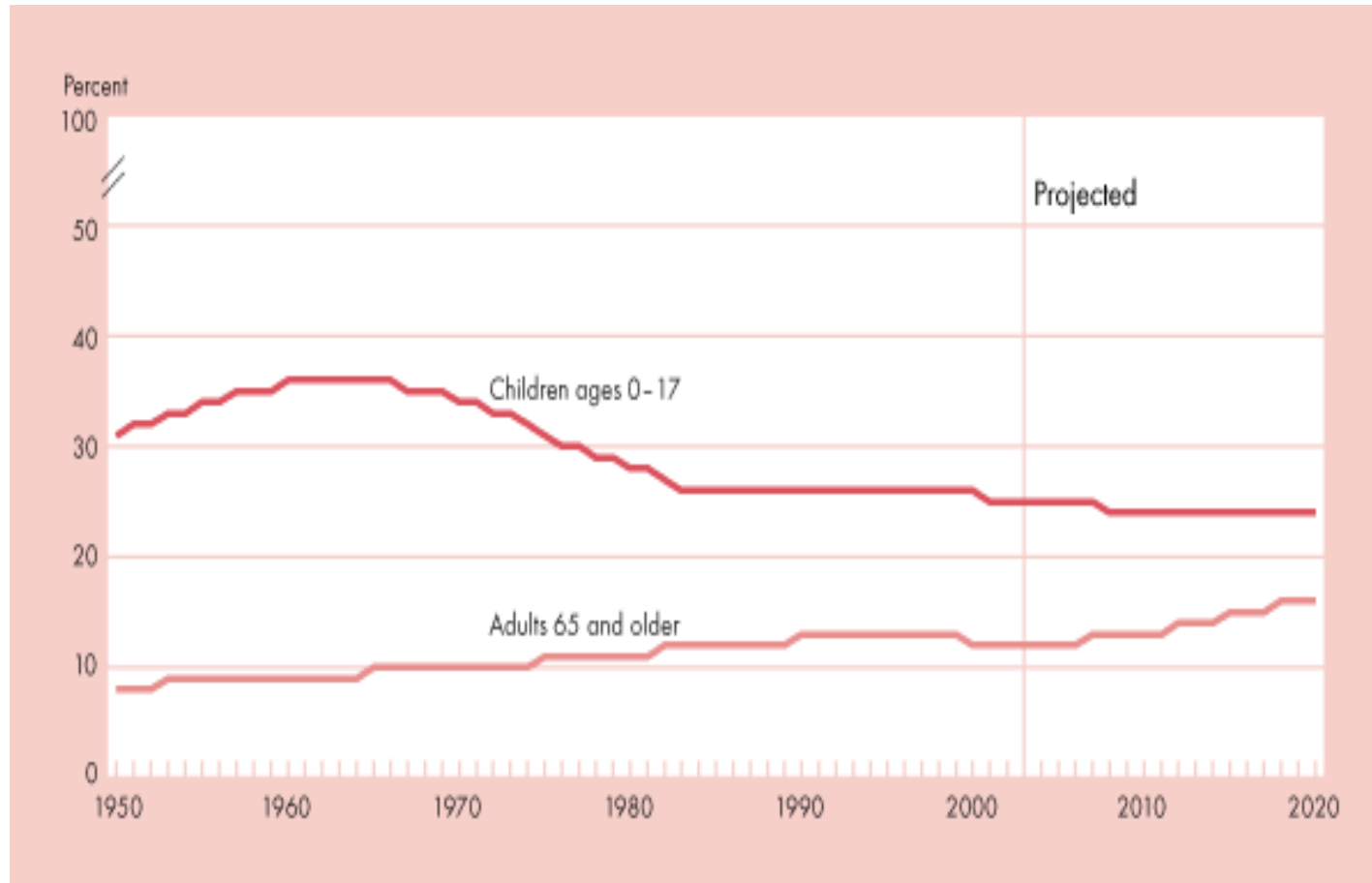
# Improved Outcomes: Higher CLAS!

Comprehensive understanding of the cultural context of language, belief systems, attitudes, help-seeking patterns and other behavior is critical to *successful outcomes* in behavioral health services

**Provide effective, equitable, understandable and respectful quality care and services...responsive to diverse...cultural needs.**

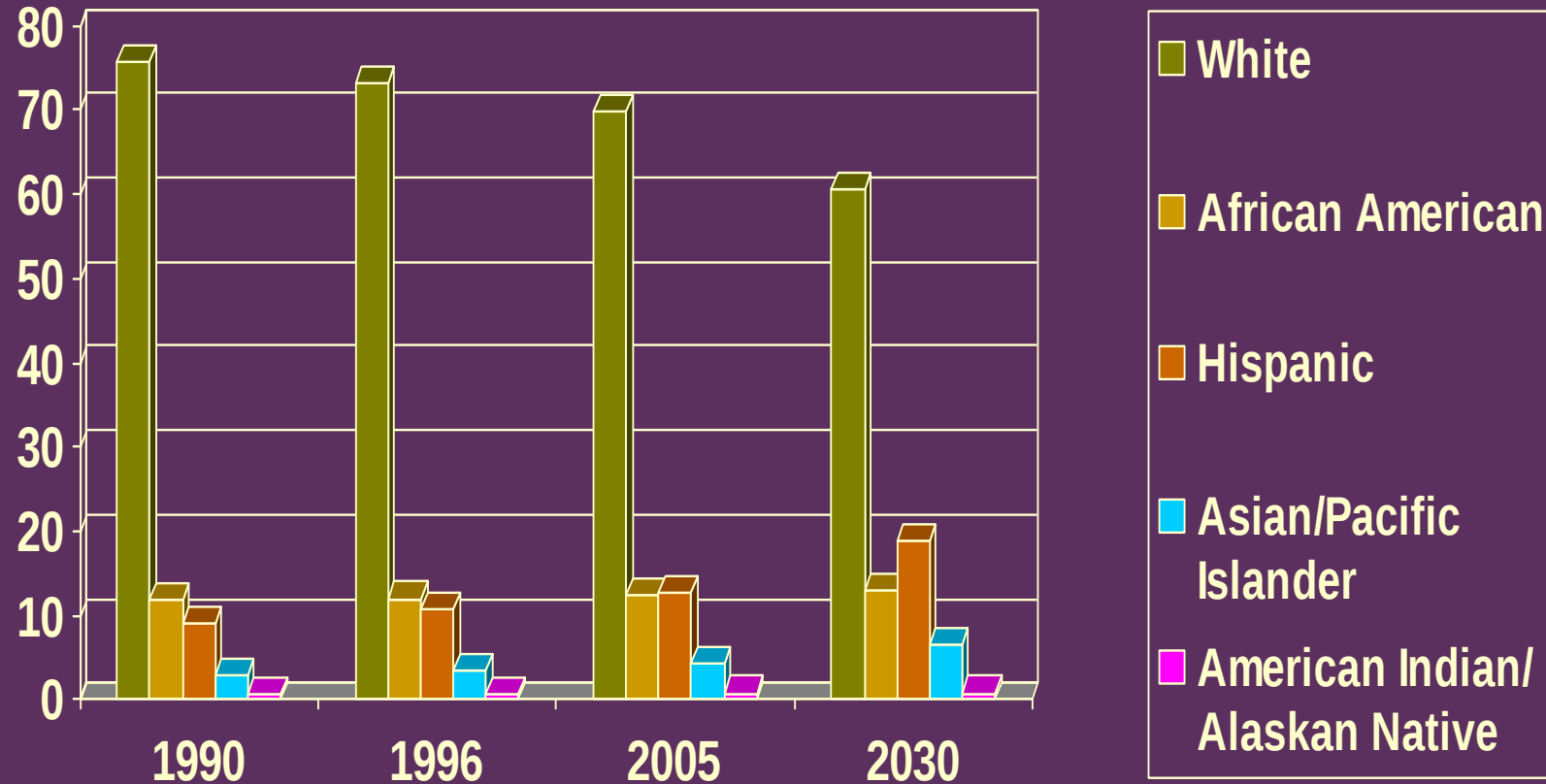


# Children & Their Families as a Proportion of the U.S. Population



Source: Huang, 2006

# Demographic Trends: Increasing Diversity



Source: U.S. Census Bureau

# Disparities Among Cultural, Ethnic, Racial & Linguistic Communities

- Historic “Mental Health: Culture, Race and Ethnicity: A Supplement to the Surgeon General’s Report on Mental Health” (2001, USDHHS)  
[www.surgeongeneral.gov/library](http://www.surgeongeneral.gov/library)
- “Reparable Harm”... “APA Immigration Monograph”... etc.
- Latino Paradox – the longer here the more problems. *Why?*
- Striking disparities in:
  - Access to care
  - Quality of services
  - Availability of responsive services

# Imperatives:

## Some Key Findings

- 40%+ of Hispanic Americans report limited English proficiency, yet there are limited bilingual bicultural providers
- Asian/Pacific Islanders who seek care for mental illness present with more severe illness, perhaps due to stigma (not “Model Minority” but still used...)
- Disproportionate numbers of African Americans who are homeless, incarcerated, in child welfare, victims of trauma (police stops, deaths at the hands of police)
- Historical trauma of Native Americans, its effects continuing today, and insufficiently acknowledged
- **Q:** *What do recent events tell us about inequities?*
- Documentary: *Freedom Writers: Stories from the Heart* (2019)

# A Brief History of Cultural Competence Initiatives Nationally

- Child and Adolescent Services System Program – CASSP
- Minority Resource Initiative Committee
- Historic Georgetown Monograph: “Towards a Culturally Competent System of Care” (1989)
- Health/MH disparities linked to race, ethnicity, class, gender, sexual orientation (LGBTQ) and appreciation of intersectionality

# Specific California History

- CMHDA creates Cultural Competence Committee (1990)
- Mental Health Legislation – AB 1288, Chapter 89 and AB1491, Chapter 611 mandates cultural competence (1991)
- Cultural Competence Summits began 1993
- Latino Behavioral Health Institute in 1996
- Eliminating Disparities and Social Justice

# Specific California History

- Cultural Competence Requirements for County Managed Care Plans--1997
- State DMH Office of Multicultural Services - 1998
- CIMH establishes the Center for Multicultural Development 2000 now CIBHS
- Santa Barbara Convening 2002
- CMHDA Framework for E-Disparities 2005 and 2012 (“Draft”)
- Cultural Competence & MH Summits, now CA Health Equity Summit (2021)

# California Guiding Framework

The CMHDA Framework for Eliminating CERL Disparities, 2005 (Adopted) & 2012 (“Draft”?):

- 1) Contains guiding principles for the development of culturally competent services
- 2) References commitments to an ongoing health process for health equity
- 3) Reminds providers to work *collaboratively with* rather than doing for cultural communities

# Managed Care Plan Requirements

- County geographic and socio-economic profile
- Population by ethnicity, age, gender and primary language spoken
- Service system demographics, linguistic skills
- Utilization of Medi-Cal Specialty Mental Health services and Mental Health Services Act
- Analysis of that information – what conclusions, i.e., where are disparities and why (root cause)?
- Performance Improvement Projects (P.I.P.)

# Plan Requirements (continued)

- Administrative practices and policies
- Human Resources – Pipeline strategies
- Quality of Care
  - Includes “client culture definition” with the adage “Nothing about us...without us”
- Quality Assurance
  - culturally specific outcome measures bi-directionally derived

# Established Standards: **Access**

- Written materials
- Responsiveness
- Language
- Culturally and Linguistically Appropriate Services (CLAS) – Federal to Local Level
- California Brief Multicultural Competence Survey (CBMCS) – Evidence-Based

# Standards:

## Quality of Care

- Consumer and family involvement
- Competent – evaluation, diagnosis and treatment – for all!
- Competence in understanding client culture including wellness, recovery, resilience, empowerment, consumer driven, evidence vs. practice-based, and inclusive, equitable

# Standards:

## Quality Management

- Penetration rate
- Retention rate, appropriate engagement
- Capacity
- Continuous quality improvement activities
- Note: Annual Performance Improvement Projects (PIPS) and Eliminating Disparities based in identified system problems (stretch goals and PDSA cycles)

# Some Practical Guidance

- Proviso, disclaimer, another view of cultural competence...

“Cultural competence is not an end destination...It is the ongoing journey along the way...each time...”

(Mock, 2002; 2017)

Documentaries & Narratives of Diverse Family Experiences:

*“Families with Autism: Let Them Stand Tall”* (CDS, Univ. of Hawaii, 2012)

# Increasing ABA Cultural Competence & Responsiveness: Questions

- Cultural appropriateness may be the most important factor in accessibility of services
- Rapport building is critical
  - Does the client feel welcomed?
  - Does he/she/they (pronouns) think, have confidence that the clinician can understand?
  - Does the clinician understand the cultural and societal/contextual barriers that the client might experience?

# Increasing ABA Cultural Competence & Responsiveness: Questions

- Who does the client perceive as a “natural helper” and whom does he/she/they view as traditional helpers? How are these individuals, wellness partners a part of helping, supporting the recovery of the client?
- What outcomes are important to the client?
- How does the client define his/her/their family and community? In what ways do they represent support in the situation?

# Guidelines:

## ABA Possessing Essential Knowledge

- Clients' culture: history, traditions, values, family, world view of problem and solution
- Impact of racism, poverty and oppression
- Living in current context
- Help-seeking behaviors
- Roles of language, different ways of communicating

# Guidelines:

## ABA & Providers

### Possessing Essential Knowledge

- Social service policies impacting clients of color
- Resources, practices that are culture specific
- Awareness of differences in values
- Power relationships including within the community

# Guidelines:

## Importance of ABA & Behavioral Health Communication

- Reception and rapport
- Personal space, contact/touching
- Eye contact and exchange behaviors
- Interruption and turn-taking behaviors
- Gesturing, documentation
- Facial expressions
- Use of silence, volume, idioms, medical terms
- Dominance/Power behaviors

# **Guidelines:**

## **Translators & Interpreters in Cross-Cultural Autism Treatment**

- Trained in mental health, behavioral health and health
- Relationship to the client, family, community
- Conceptual equivalence of written words
- Clear understanding of role
- Defusing & briefing session

# Guidelines: Power & Stance of “Not Knowing”

(Mock, 2001; 2018)

- Cultural empathy\*  
(\* “Visioning Social Justice: Narratives of Diversity...”)
  - Socially “pc” vs. *authentically “PC”* and its true meaning (*Mock, 2001; Mock, 2018*)
- Acknowledging “not knowing”
- Respectful naivete
- Credibility and giving (*Sue & Zane*)
- Cultural humility (*Tervalon & Murray-Garcia*)

# Guidelines:

## ABA Providers Responding to Cultural Variability

- Acculturation
- Poverty
- Language
- Transportation, Housing and Childcare
- Education/Reading Ability
- Background
- Beliefs
- Physical, social characteristics
- Living in current context of our times

# Guidelines:

## ABA Providers Responding to Cultural Variability

- Social history and previous experiences
- Culture shock (ex. immigration and internal migration, urban vs. rural, context)
- Limited awareness of, access to community resources and supports
- Availability of existing *natural supports* – the potential for integrated care, practice based or community defined evidence

# ABA & Behavioral Health Provider Key Knowledge References

- Professional & Ethical Compliance Code for Behavioral Analysis (BACB, 2015)
  - Creating more culturally aware functional behavioral assessments
- BACB Fourth Edition Task List
  - Needs to explicitly address cultural content in behavior analytic course systems

*(Fong, E.H., Catagnus, R.M, Brodhead, M.T., Quigley, S. & Field, S.)*

# Transforming Systems to Increase Cultural Community Relevance

- Working to become **SMARTER\*** on a continuous basis.  
(Mock, 2002; 2016)
- Behavioral health care systems must develop continuous strategies that are:
  - 1) **S**pecific
  - 2) **M**easurable
  - 3) **A**chievable
  - 4) **R**esults oriented
  - 5) **T**imelined
  - 6) **E**xpected change analyzed
  - 7) **R**epeated cycles of learning

*\* Also see Triple C-A-R-E Model (Mock, 2016, 2018)*

# How might we honestly evaluate ourselves & ABA behavioral health systems for culturally competent care with humility and CLAS?



# Cultural Competence Trainings & Summits

- CMHDA Statewide conference through the Ethnic Services Committee - Sponsored by counties in collaboration with CIBH (CIMH)
- Each year in different region, county location with APA, MSW, LPCC, MFTs...
- Provides information, support on many cultures and relevant clinical interventions, best practices, exemplary relationships.
- *What will you do for ongoing education?* – Continuous acknowledgment.

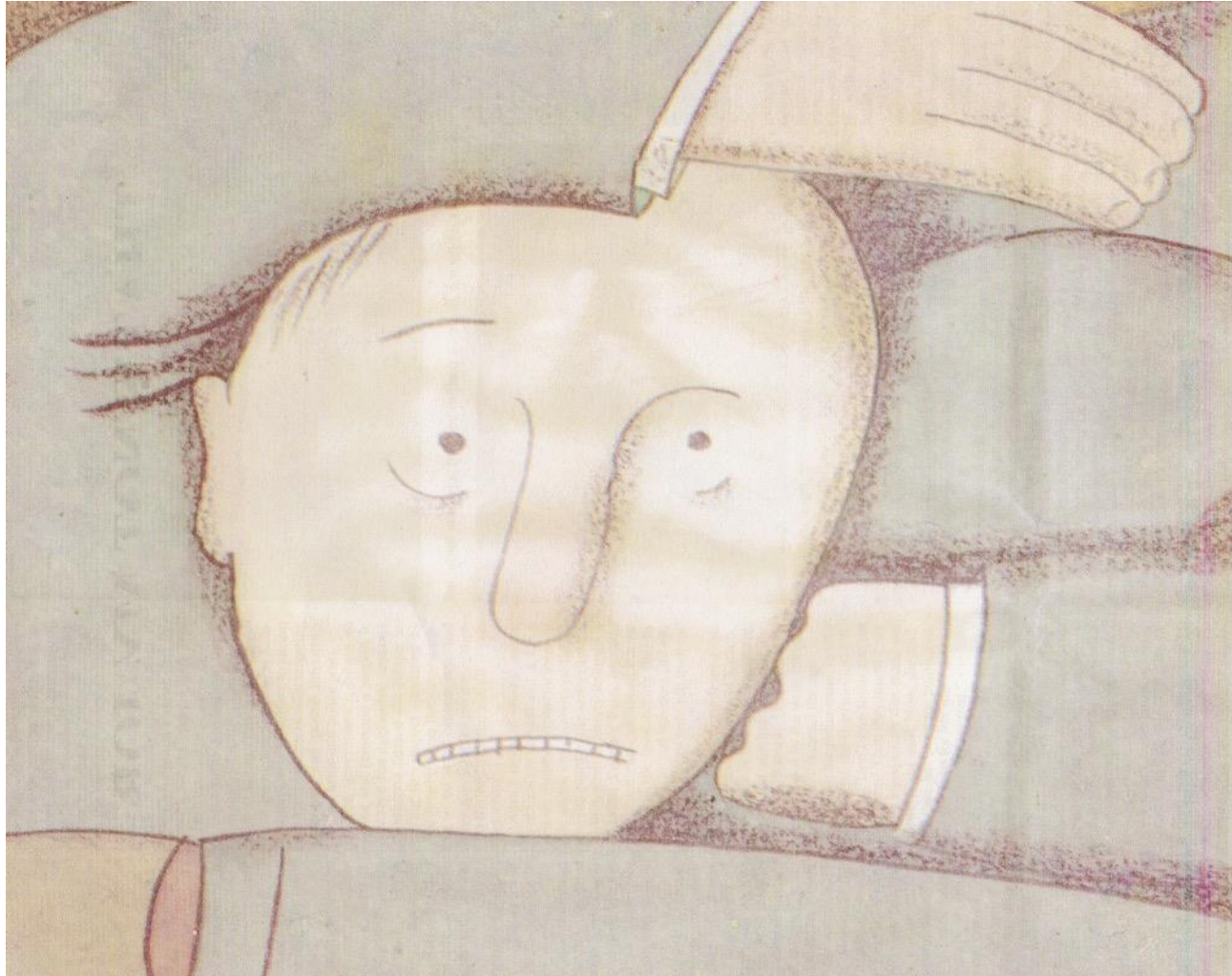
# Summary:

## Our Journey Today

- The definition of **Cultural Competence**
- Brief history of **Cultural Competence & Humility**
- Some elements of Cultural Competence plans, including responding with **CLAS!\***
- Some practical guidance, considerations
- Sources of more information (ex. CMHDA Framework)
- Ways we and our systems can be more “PC” as well as **SMARTER!**

\* Focus on policies, less on research!

# Providing ABA Services As Per Usual...

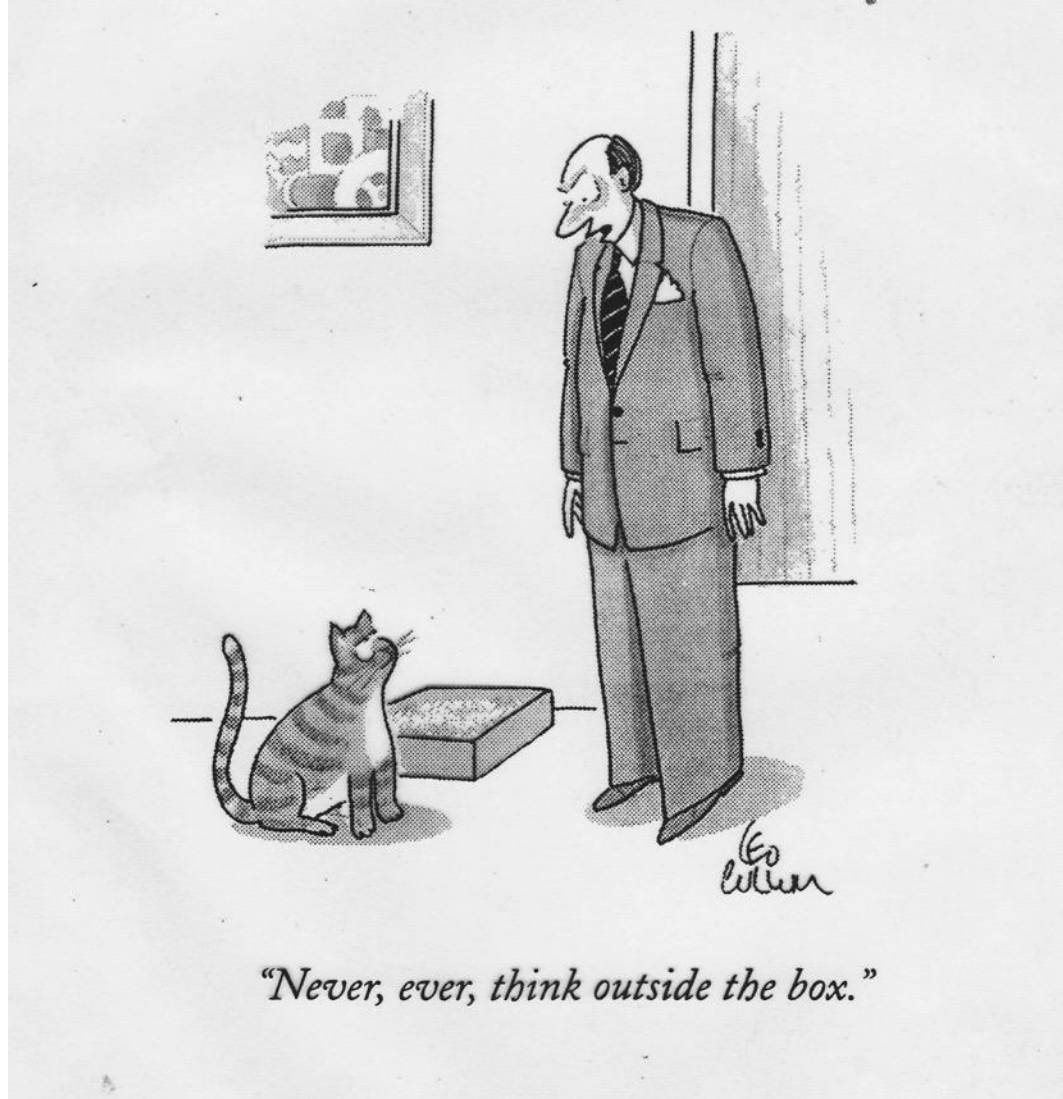


# Inclusive Healthcare Transformations

*“The real difficulty in changing the course of any enterprise lies not in developing new ideas but in (perhaps) escaping old ones.”*

**Question:** How do we address inequities while also confronting systemic racism?

# Thinking in Ways That Transform!



# How Those We Serve May Remember Us As Clinicians, Administrators, Staff, Healers...

*“The arc of the moral universe is long,  
but it bends towards justice.”*

*- Dr. Martin Luther King, Jr.*

*“All of our survival is tied to the survival of everyone.”*

*- Brian Stevenson, JD, Racial Equity Initiative*

# How Those We Serve May Remember Us As Clinicians, Administrators, Staff, Healers...

*“People will forget what you said,  
people will forget what you did,  
but people will never forget how you made them feel.”*

*- Maya Angelou*

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# Addendum

## **Additional Presentation Materials: January 2021**

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# Care of Self & Cultural Communities During COVID-19 Health, Social & Political Crises

**A)** What are ways you/family continue to be challenged by the ongoing health, social protests, political conflicts & relational crises? (*2 minutes*)

***Name one most pressing or formidable...***

# Care of Self & Cultural Communities During COVID-19 Health, Social & Political Crises

**B)** What have you/your cultural family drawn upon for ongoing hope, coping, connecting, sources of support, holding on, optimism for the future, etc.

*Share words or a phrase... (2 minutes)*

*“May your choices reflect your hopes, not your fears.”*

*– Nelson Mandela -*