

# Pathways to *empowerment*

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# Reaching Hard To Reach Populations



*No Client Left Behind*



Pathways to  
empowerment



# Purpose

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Raise the bar on numbers of hard to reach populations that receive services

“increase outcomes”

# Objectives

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- 1- Broaden personal, professional insights to effectively work with non traditional group
2. Further understand why advancing CP knowledge, skills, attitudes & professional readiness is critical to provider, program, org
3. Highlight the latest practices, research, evidenced based findings on CP

# Hard to Reach Populations

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- **Low utilization**
- **Early dropout**
- **Difficult to engage/connect/serve**
- **Non-traditional client/cultural groups**
- **Disproportional low numbers with successful discharge**

# Fundamental Facts

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- Cultural differences influence the success or failure in world at large
- Cultural or racial background becomes more of a factor that determines successful engagement and outcomes

# Facts continued

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- Each group sees treatment through their own ethnocentric perspective
- Each group has cultural beliefs about getting help, where they choose to get help and with whom, past experiences with mental health and substance abuse, and stage of change
- Ethnic/Racial/Linguistic clients/families feel more comfortable with culturally trained/skilled professional

# Facts continued

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Surgeon General 2000 Report on Race, Gender, Ethnicity

qualitative data that show clients/families that receive culturally in-tune services improve utilization and more likely to return

1<sup>st</sup> comprehensive report on mental health TX for minorities



# Hard to Reach Clients

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“ A large percentage of Asian-American and Hispanic-American immigrants show clinical evidence of posttraumatic stress disorder (PTSD) as a result of exposure to severe trauma, such as genocide, war, torture, or extreme threat of death or serious injury”  
(U.S. Department of Health and Human Services 2001).

In some samples, up to 70 percent meet diagnostic criteria

# No Client Left Behind

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Barriers –well documented by research, self report, outcomes and utilization studies

New opportunities--capacity building, improving KAS s that promote lifestyle change for in millions

Future of the TX profession absolutely lies with best practice efforts that WORK for expanding numbers

# Competitive Edge

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- If you are a supervisor or program manager who do you want to hire?  
promote?

The most effective, productive employee who is skilled to reach the underserved and underserved

# Competitive Advantage

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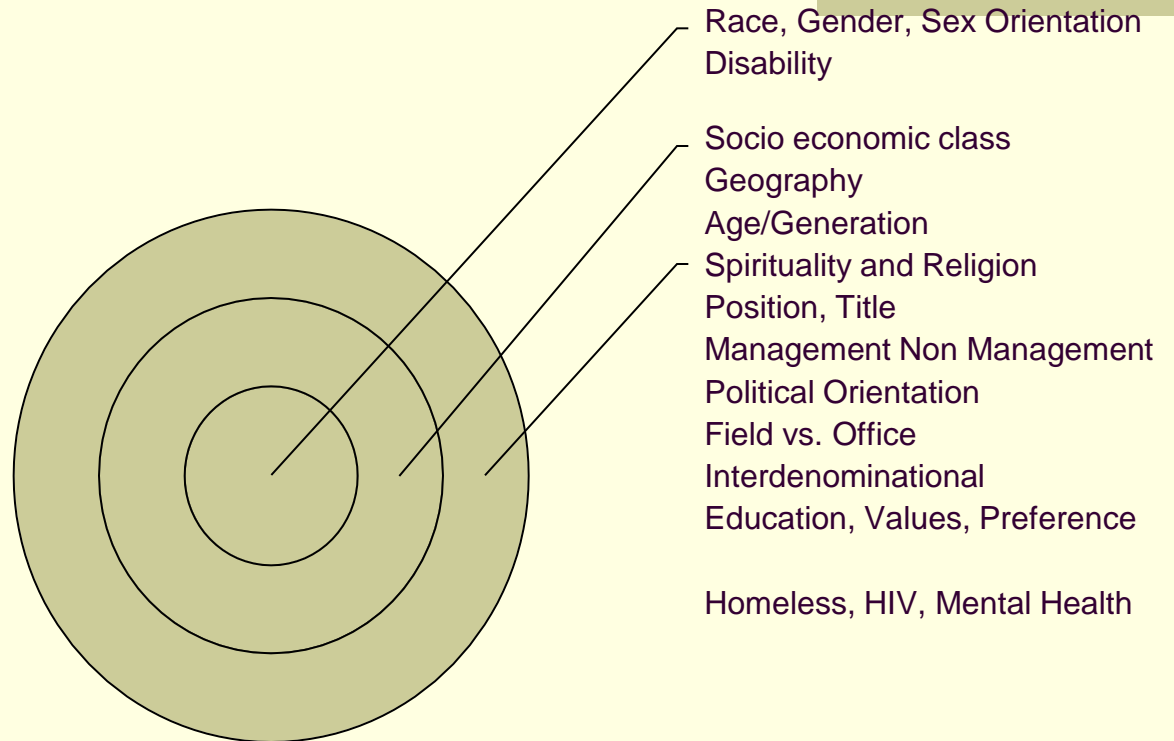
Bi –lingual individuals have a competitive advantage over mono lingual ^employable

Culturally proficient will have competitive advantage ^employable

Self initiators, highly motivated to grow cultural proficiency continuum

ex. Iraq war with Vietnam arms/tactics

# Diversity Dimensions



**WA**

**Census 2005**

**USA**

**85%**

**White**

**80.2%**

**3.5%**

**Black**

**12.8%**

**1.7%**

**American Indian**

**1.0%**

**Alaska Native**

**6.4%**

**Asian**

**4.3%**

**.05%**

**Native American**

**.02%**

**Pacific Islander**

**3.0%**

**Two or more races**

**4.3%**

# Diversity Dimensions

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Race, Gender

1960-1980

Sex Orientation

1990 -2000

Language, Disability, Bi-racial

2000-

Multi Racial HIV, Homeless, Class, Mental Health, Substance Abuse, or Combination

Traditional, Acculturated, Assimilated

2005-

# Disablism

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"discriminatory, oppressive or abusive behavior arising from the belief that disabled people are inferior to others".



# Diversity Dimensions

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## 2<sup>nd</sup> Tier Invisible

Class

Generation/Age ( visible and invisible)

Geographic

region

urban/rural

Religion and Spirituality

Personality

# Diversity Dimensions

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## 3<sup>rd</sup> Tier

Political orientation

Leadership Style    Authoritarian

Inter-denominational

Education, Values

Position, Title

Management vs. Non Management

Departments Inter department

# Yankoloba

*YANKOLOBA*

Leadership

Respect

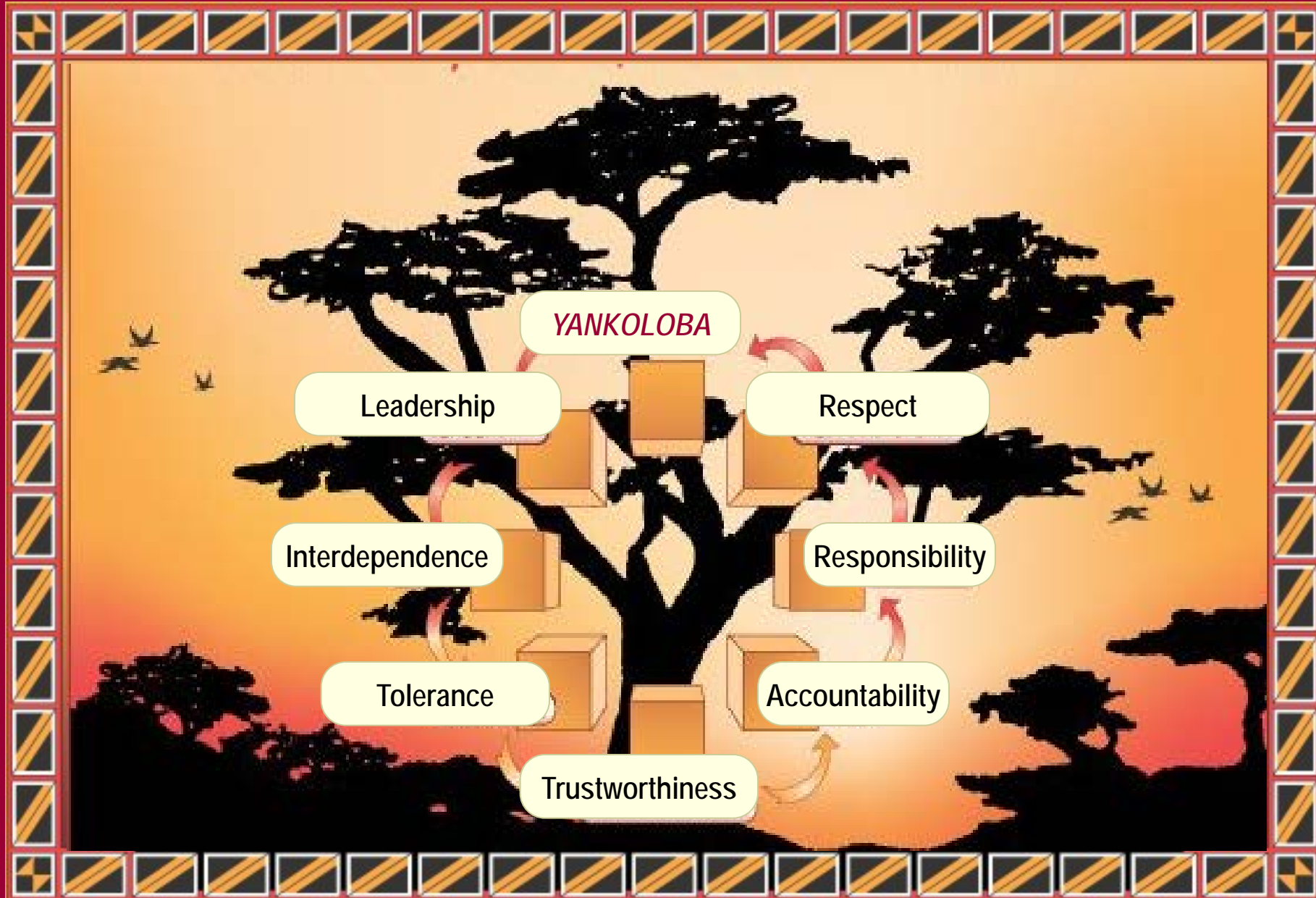
Interdependence

Responsibility

Tolerance

Accountability

Trustworthiness



# Respect



To treat with consideration or regard; to avoid intruding upon; to esteem

*“Men are respectable only as they respect.”*

--Ralph Waldo Emerson

# Respect

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- Show respect for the person's time and person hood as a multidisciplinary team member providing more specialized services, i.e. testing, medication consult
- Pronounce name correctly. Ask about the pronunciation of the name, if unsure
- Ask about a preferred name

# Respect



- Greet patient with a smile
- Tune into culture-special rules on eye contact
- Be cognizant of non verbal communication
- Respect the patient's physical appearance
  - ethnic garb
  - ethnic/cultural rituals
  - social economic status

# Respect

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- Give the patient your undivided attention
- Communicate verbally and non-verbally that the patient has value beyond his/her substance dependence and life's un-manageabilities
- Extend first class courtesies

# Responsibility



The ability to respond or be accountable;  
to meet obligations for a job or task without  
supervision

*“It is easy to dodge our responsibilities, but we  
cannot dodge the consequences of dodging our  
responsibility.”* *--Unknown*



# Responsibility

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- Am I mentally focused and available for the client?
- What can I do to create a safe, culturally inclusive environment on a one to one level?
- Do I actively advocate for the patients within the agency?

# Responsibility

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- Seek consultation if needed
- Conduct research, lit. review before/after
- Work with collaborative resources – ethnic specific Guadalupe Center
- Think from a “No Client Left Behind” framework

# Accountability



Capable of being called in for account or explanation; to answer

*What greater mission, vision, cause, call am I working towards?*

# Accountability

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- Create a safe, inclusive agency for the patient
- Greet the patient with the greater mission in mind
- Deliver “above and beyond attention” to the patient within the professional code of ethics

# Trustworthiness



Reciprocal reliance; shows oneself as worthy of another's trust

*Can others consistently rely on me ?*

*Do I honor my commitments?*

# Trustworthiness

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- Demonstrate trust where possible
- Pay attention to your non-verbal posture
- Be on time for appointments
- Follow through with commitments

# Tolerance



Forbears in judgment of opinions, customs, or acts of others; freedom from bigotry or from racial or religious prejudice

*“Tolerance is the highest form of education”*

--Helen Keller

# Tolerance

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- Where am I on the tolerance scale?
- Where am I on the tolerance for “different” scale?
- How tolerant am I of racial, ethnic, and linguistically diverse patients?
- How tolerant am I of ethnic or cultural garb, spiritual or religious practices, foods, language, communication styles?



# Tolerance

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- How do I communicate tolerance?
- How can I increase my tolerance intelligence?
- In what ways do my indifference or intolerance manifest itself in my attitude, decisions, professional practices?

# Food for Thought

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No Client Left Behind

No Counselor Left Behind

Who do you want to see hired (certification, accountability, credentials )?

**You are your colleague?**

Who do you want to get a raise based on experience and competence

**You are your colleague ?**

# **Our Strength Lies in Our Differences not in Our Similarities.**

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**family**

**community**

**nation**

**world**

**Start ....Stop?**

**Application**

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# Evaluations