Before we get started, I want to make a few points as to why this training is one of the most important trainings, in my opinion, that we has health care providers and mentors and spiritual guides and all of the other hats we wear in the process of helping people recover and navigate the churning waters of early recovery could do.

The Buddha's message of peace, compassion and love for all living beings tells us to open our hearts and embrace all members of our human family, especially those in need.

We are all leaders in this room & the Zoom Room, dedicated to helping those in need. (ZOOM ROOM PARTICIPATION)

Jim Rohn said – If you want to be healthy study health, if you want to be wealthy study wealth, if you want to be happy, study happiness.

I believe – If we want to be more effective in our work and the world we should spend some time studying Leadership & People & What Makes People Truly Happy and Fulfilled

The leadership rolls we have accepted are not the easiest of leadership rolls. We work with those struggling with addiction and mental health issues. This is not a group of earth people who have decided it would be a good idea to take a canoe trip down a lazy river and you happen to be the one who is going to lead these people from point A to point B and the biggest issue you might face is Mary tips the canoe over and she gets wet and loses her cell phone. Traumatic yes but minimal compared to the daily dramas of our populations. The leadership roll you have chosen is about leading people through the challenges of life and trauma and fear and family issues and everything else we deal with. It's serious business. So studying leadership is important. We are doing that in our Recovery Residence Workshop. The other thing we should be studying is people and how we relate to people and how people relate to people and how we can be more efficient and effective in this leadership roll we have chosen in this lifetime. That's what this is. It's the study of the human relationship experience.

The Blue Zone – A study of what makes people live longer.

Move Naturally – Walk , Garden ,

Outlook – Unwind – Let Things Go - Faith – In Something – Purpose

Eat Wisely – Plant based foods – Nuts – Moderation

Connect – Family First – Partnerships – Be With The Right Tribe

Dan Buettner started BY STUDYING THESE ZONES AND LEARNING ABOUT WHAT THEY WERE DOING TO IMPROVE AND EXTEND LIFE HE WAS ABLE TO CREATE A BLUE ZONE in Albert Lea, Minnesota

What are the goals of this workshop?

1. To have a clearer understanding of what Cultural Competency is.

2. In doing so – To improve your Cultural Competence.

3. To have some cultural experiences to give you an opportunity of introspection and self-analysis about your own culture

4. The most important part of this whole training is to help us all to become more Culturally Aware – To Be Culturally Aware FIRST I have to Be Aware of My Own Inhibitions, beliefs, prejudices, cultural dynamics.

How many are in recovery in this room – well we know that the root of our troubles is selfish and self centeredness and I am all I think about so sometimes being aware of anything outside of myself is not natural for me.

So we are going to get a little uncomfortable to begin with.

Get up and go find someone you don't know – ask them their name and where they grew up – what was the family dynamic – Mom/Dad – Bothers Sisters – Grand Parents and what was the food served in your family that you really didn't like.   Make it quick we have a lot to cover but get those pieces in place and sit together with your new found friend so we can prepare to go on a cultural journey together.

10 minutes

First we need to clarify some definitions and make sure we are all on the same page and clear about how and why we are using these words.

Words to describe this culture thing we are dealing with – **What comes up for you when you hear that word. Culture -** meshing, clashing, difference, challenges misunderstandings, unawareness. **Prejudices , Unknown, fear, uncomfortable, different, misunderstanding, some weird stuff that is different from your own. How do you feel about that, what is your relationship with experiencing different cultures?**

1st Why Are We Calling It Cultural Competency.

The word **culture** is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. The word **competence** is used because it implies having the capacity to function effectively.

What does it look like to be more Culturally Competent as an individual: Discussion Topic Here – What do you think are the top 3 things?

1. A diplomatic mindset

2. Being mindful and intentional about cultural learning

3. An understanding and compassion about reasoning about other cultures

4. A disciplined approach to intercultural interactions.

What does it look like for an institution to be more culturally competent – Discussion Topic Here

5 essential elements contribute to an institutions ability to become more culturally competent which include:

1. Valuing diversity

2. having the capacity for cultural self-assessment

3. Being conscious of the dynamics inherent when cultures interact –

4. Having institutionalized culture knowledge -- which means you have developed some standards and policies and procedures about acquiring , preserving and disseminating knowledge about culture

5. Having developed adaptation to service delivery reflecting an understanding of culture diversity. Which means you have modified or adjusted your way of delivering services through the lens of appreciation and comprehension of cultural diversity.

Substance Abuse and Mental Health Services Administration, Center for Mental Services

Cultural Competence includes: Attaining the knowledge, skills, and attitudes to enable administrators and practitioners within system of care to provide effective care for diverse populations, i.e., to work within the person's values and reality conditions. Recovery and rehabilitation are more likely to occur where managed care systems, services, and providers have and utilize knowledge and skills that are culturally competent. Cultural competence acknowledges and incorporates variance in normative acceptable behaviors, beliefs and values in determining an individual's mental wellness/illness, and incorporating those variables into assessment and treatment.

Culture: LETS BREAK IT DOWN

First, what *is* culture, anyway, and how do we humans acquire our cultures? A good working definition is the following: ***Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world.*** It comprises beliefs about reality, how people should interact with each other, what they "know" about the world, and how they should respond to the social and material environments in which they find themselves. It is reflected in their religions, morals, customs, technologies, and survival strategies. It affects how they work, parent, love, marry, and understand health, mental health, wellness, illness, disability, and death.

Much of culture resides only in people's heads; thus, it is invisible and sometimes hard to detect. One way to understand culture is to think of it as the "software" of the mind. Essentially, individuals are "programmed" by their cultural group to interpret and evaluate behaviors, ideas, relationships, and other people in specific ways that are unique to their group. Another excellent analogy for understanding the cultural process is to see culture as the "lens" through which people in a specific group view the world.

Culture is akin to being the person observed through a one-way mirror; everything we see is from our own perspective.

It is only when we join the observed on the other side that it is possible to see ourselves and others clearly – but getting to the other side of the glass presents many challenges.

(Lynch & Hanson 1992 Developing Cross Cultural Competence)

Slide Source: National Center for Cultural Competence, 2007

Notice that these analogies imply that culture exercises a kind of invisible control over members of a cultural group. Psychologists call this "internalizing" our cultural norms and concepts. We all do this very naturally. However, this process often has the effect of rendering our own culture invisible to us, though we can readily identify cultures that differ from ours.

Despite the invisibility of "software" or a "lens," a culture is clearly *reflected* outwardly in such things as how people behave, what they eat, how they dress, the tools they use, and the values and ideas they express. Nevertheless, it takes considerable introspection and self-analysis for individuals to discover how deeply and strongly their culture influences their own thoughts and behaviors.

15 minutes

Workshop Here – Break them up in groups of 5 – Ask 3 Culturally Aware Questions To Make Them See themselves and introduce themselves to the group through the lens of their own culture.

What is the holiday your family celebrates the most and what are some of the rituals?

If you wanted to serve a visitor a meal that would help them to understand your cultural heritage, what meal would you serve?

What culture are you most intrigued or attracted to?

SUBCULTURES

Cultures generally always contain **subcultures**. These subcultures revolve around such things as gender, age, class, race, religion, occupation, or sexual orientation and identity. Additionally, some subcultures are formed on the basis of a specific disability, such as deafness. The point here is to understand that a subculture shares much of the overarching culture of the larger group within which it occurs, but also has characteristics that are unique and identifiable both to itself and the larger culture. These subcultures are an important source of variation within a culture.

For example, women in a culture are often guided by beliefs and rules for behavior that apply only to the women in that culture. These might include dress, occupations, and maternal, caregiver, and healer roles.

Such subcultures often include a sizeable number of people, so we often hear references to "the culture of medicine," "institutional culture," "organizational culture," "youth culture" or "gay culture." The culture of medicine (see next page), for example, is made up of individuals from the larger culture who share specific understandings about science, biomedicine, policies, and ethics related to provider/patient relationships and how health and mental health care services are appropriately delivered.

A specific organization, such a as a hospital, college, or health management organization, may also have its own practices, norms, and understandings that the people within it have uniquely developed over time.

These create an organizational culture that is often apparent to people both within and outside the organization. Not surprisingly, persons from outside an occupational or organizational culture, when forced to interact with it, may find its policies and procedures puzzling or problematic.

When we speak of "baby boomer culture," we are referring to a subgroup or cohort defined by its place in historical time. There are other names given to generational cohorts, such as "The Greatest Generation," or "Generation X." These names relate specifically to the age of the persons within the cohort, as well as to distinctive subcultural characteristics that seem to set it apart from other generations.

Other subcultures center on regional/geographic differences. In the U.S., we recognize these differences by such terms as "Midwesterner," "Southerner," and "Yankee." These designations signify that there are commonly recognized subcultural differences in norms, customs, and world view that accrue to place of birth or upbringing. Significant variation within a cultural group is often related to regional differences. For example, an African American from a southern state may differ considerably in language expression, customs, and beliefs from one who grew up in California or New York State.

The use of **hyphenated designations**, such as Mexican-Americans, Polish-Americans, and African-Americans, acknowledges both the enduringness of ethnic culture and a shared national culture. These designations also call attention to the existence of bicultural or multicultural individuals who integrate characteristics of two or more cultures in their way of life.

Social class is also an important source of variation within a cultural group because it is associated with subcultural differences based on education, occupation, and income. Class differentiation in behavior, norms, values, and habits is recognized both by social scientists and the general public. Researchers utilize mechanisms such as Social Economic Status (SES), which are amalgams of education, income, and occupation, to differentiate upper-, middle-, and lower-class levels; the general public uses terms like "Joe-six-pack" or "high society." Unlike most other subcultures within a culture, social class mediates access to resources and power. It may interact with and cross-cut other subcultural groups, such as those based on ethnicity, gender, and age.

Obviously, a single individual may be a male, a nurse, a baby boomer, an Asian- American, a middle-class Southerner and a Catholic (gender, occupational, age, class, regional, racial, and religious subcultures) while still being a member of a larger cultural group. Moreover, an individual may move more fluidly through some subcultural groups than others. Age, for example, cannot be changed, but people sometimes move from one religious, occupational, or class subculture to another.

Another complication to this picture of culture and subcultures is that seemingly similar subcultures across ethnic groups may be very different in content. While gender subcultures exist in all cultural groups, they exhibit different characteristics across groups: The roles and expectations of women and men in Arabic cultures, for example, are quite different from the norms for the genders in many European cultures. A culturally aware person will not expect gender subcultures to be the same across ethnic groups and will not make assumptions based on the characteristics of subcultures within a single cultural group.

Avoiding such easy assumptions when policy making, planning, or delivering health and mental health services to several different ethnic or cultural groups is critical.

The interaction of subcultures, and the dynamism that occurs when a culture interacts with its total social and material environment, means that individuals and groups within a single culture vary in terms of their acceptance and enactment of core cultural values, customs, beliefs, and norms. In small, relatively homogeneous ethnic groups, this type of variation is not great; in complex societies in which there is much interaction among many cultural groups and subcultural groups, consistent immigration of a variety of groups, easy travel across regions, and much outside influence, intracultural variation tends to be much greater.

Not surprisingly, with all this complexity, **cultures are dynamic**. They change and adapt over time through a variety of influences: contact with other cultures, the invention of new technologies, war, and environmental change, just to name a few. Some aspects of a culture change slowly, as with religious beliefs or social roles; other aspects of culture change more rapidly, such as adoption of new foods or technologies. Perspectives of health, mental health, disease, disability, and well-being, if they are linked to a culture's religious or spiritual beliefs, which they often are, may be resistant to change. However, with the advent of new health care technologies and procedures that are seen to be effective, even long-held beliefs often can be modified.

Culture is diverse, dynamic and ever-changing. It is learned and shared values, beliefs and rules of conduct that make people behave in a certain way. Culture is the standard for perceiving, believing, evaluating and acting. One thing I have learned through the years is you can not understand someone's culture without getting to know them, having an open mind, be willing to dismiss any prejudices you may have, and understand you know very little about this person you are trying to help. Do you have any suggestions on how to help the resident do the same? That is the problem I seem to have more often than not. It hinders the resident from progressing at times and it takes a long time to build the rapport that is necessary. I currently build rapport by discussing and sharing in their pain. Pain no matter where we/they come from is universal. It is the one thing all cultures can identify with.
Lorri Strickland – The Wise Place

The most important aspect of Cultural Competency & Building Cultural Awareness begins with respect for all persons involved, including but not limited to training for all staff.
Glenn doyle

What are some effective ways to bring awareness?

How to build Culture awareness

Cultural Awareness

Why is it important that health and mental health professionals and the persons who instruct them develop cultural awareness?

There are two very important reasons.

First, we can acquire a much deeper self-knowledge when we are able to understand the basis for our own beliefs, actions, and responses toward others.

Second, and even more important, we live in a world in which there are myriad different cultures that inform the beliefs and behavior of others. Cultural awareness is the first step in becoming proficient in working well with people from a variety of cultures.

By understanding the cultural genesis of our own and others' beliefs and behaviors, and by remaining open to the idea that other people's cultures guide them in the same way that ours guides us, we as health and mental health professionals, policy makers, and educators will have a better chance of interacting positively with, and appropriately serving, people of varying cultural backgrounds. Such understandings are particularly important for health and mental health professionals and administrators because cultural perspectives and beliefs profoundly affect all aspects of people's behavior with regard to health and well-being.

15 minutes

Group Exercise – 3 Questions about difficulties with Cultural Awareness

#1 – Describe a time when you were first aware of the differences in your culture vs. another

#2 - Share about how you feel right now about what is coming up for you

#3 - Share if, anything you feel is important for you and your program to do to generate more cultural awareness and competency

Close with If You Want To Be More Culturally Aware - Study Culture – Where do you do that. We live in one of the most diversified places in the world. - Buford Highway.

Blue Zone – What Makes People Happy / Fulfilled / Healthy

Move Naturally

- Do things by hand
- Garden
- Walk

Outlook

- Unwind
- Faith
- Purpose

Eat Wisely

- Plant – Based
- Moderation

Connect

- Family First
- Partnership
- Right Tribe

Cultural Diversity --

https://nccc.georgetown.edu/curricula/modules.html

Era

- Historical Events
- World Events
- Cultural Events
- Political Events

Organizational

- Function
- Union Affiliation
- Work Content/Field
- Seniority/Tenure
- Department/Division
- Work Location
- Management / Status / Title

External

- Socioeconomic Status
- Education
- Interests
- Citizenship
- Appearance
- Belief System/Religion
- Family Status
- Experiences
- Geographic Location

Internal

- Age
- Race
- Sexual Orientation
- Gender
- Physical/Mental Ability
- Ethnicity
- National Origin

Personality Is At The Center