Ensuring Linguistic Competence in Person-Centered Practices and Systems

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NCAPPS

Welcome to Today's Webinar

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Thank you for joining us to learn about linguistic competence.

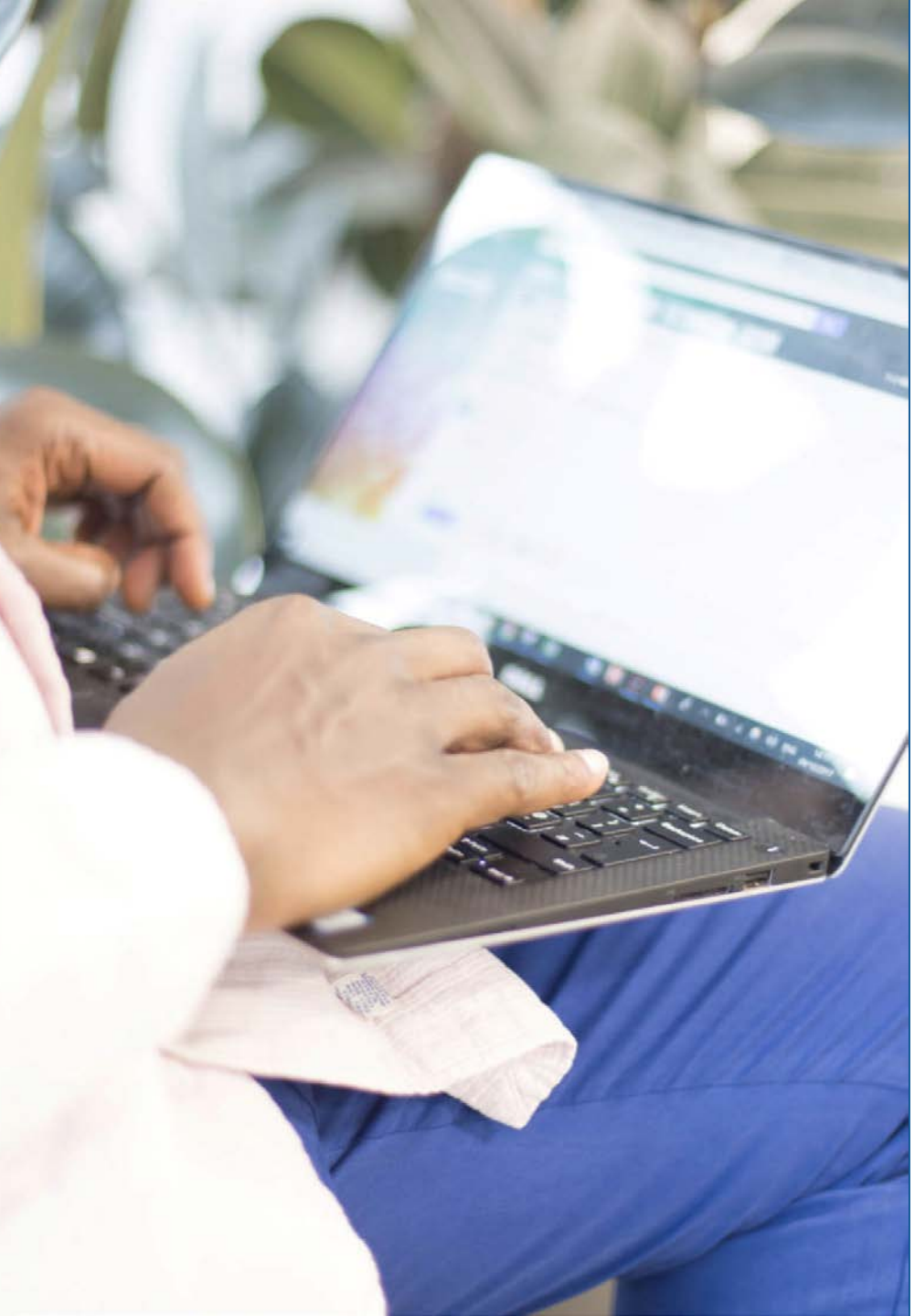
This webinar series is sponsored by the National Center on Advancing Person-Centered Practices and Systems. NCAPPS is funded by the Administration for Community Living and Centers for Medicare & Medicaid Services.

NCAPPS webinars are free and open to the public.

The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration but a reality in the lives of people across the lifespan.

Webinar Logistics

- Participants will be muted during this webinar. You can use the **chat** feature in Zoom to post questions and communicate with the hosts.
- Toward the end of the webinar, our speakers will have an opportunity to **respond to questions** that have been entered into **chat**.
- The webinar will be live captioned in English and Spanish. To access the Spanish captions, please use this link: https://www.streamtext.net/player?event=HSRI-SPANISH
- El seminario de web estará subtitulado en vivo en Inglés y Español. Para tener acceso a los subtítulos en Español, utilice este enlace: https://www.streamtext.net/player?event=HSRI-SPANISH
- This live webinar includes polls and evaluation questions. Please be prepared to interact during polling times.



Feedback and Follow-Up

- After the webinar, you can send follow-up questions and feedback about the webinar to NCAPPS@hsri.org.

(Please note that this email address is not monitored during the webinar.)

- The recorded webinar, along with a pdf version of the slides and a Plain Language summary, will be available within two weeks at NCAPPS.acl.gov. We will also include questions and responses in the materials that are posted following the webinar.

New COVID-19 Resources from NCAPPS

https://ncapps.acl.gov/covid-19-resources.html

- **NCAPPS Shorts: Wisdom during the Pandemic**
- **Resources for Person-Centered Planning during the Pandemic**
- **Resources for Protecting Your Rights as a Person with a Disability during COVID-19**
- *Coming Soon* **Health Care Passport and Person-Centered Profile with Instructions and Examples**

A few resources are posted now, with more rolling out in the coming weeks! Follow us on Facebook for updates.

Meet Our Speakers

Tawara Goode

Director,

National Center for Cultural Competence

Octavio Martinez

Executive Director,

Hogg Foundation for Mental Health

Yanira Cruz

President and CEO,

National Hispanic Council on Aging

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Ensuring Linguistic Competence in Person-Centered Practices and Systems

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Georgetown University Medical Center

May 20, 2020

GEORGETOWN UNIVERSITY
National Center for Cultural Competence

GEORGETOWN UNIVERSITY
Georgetown University Medical Center

University Center for Excellence in Developmental Disabilities
GEORGETOWN UNIVERSITY CENTER FOR CHILD AND HUMAN DEVELOPMENT

What we will do together this afternoon

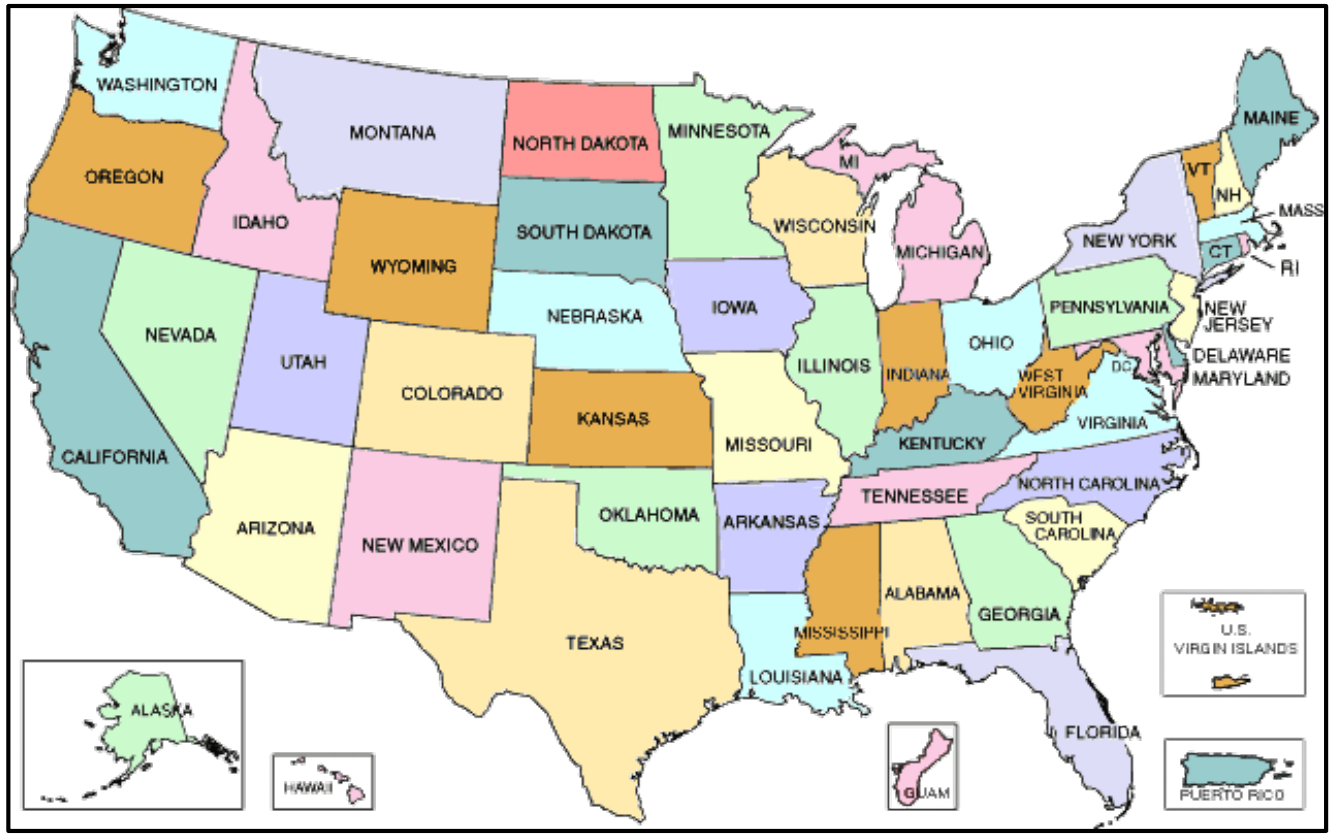
- Take an in depth look at linguistic competence
- Describe its foundational policies, structures, and practices with an emphasis on health care, mental health care, and disability and aging services
- Offer the perspectives of persons with lived experience and the organizations that provide linguistically competent care, services, and supports
- Delineate the inseparable relationship between linguistic competence and person-centered practice.

OBJECTIVES

Participants will:

1. Differentiate linguistic competence from language access and implementation.
2. Cite legal mandates, requirements, and standards for language access and implementation.
3. Examine these concepts and mandates within the context of their respective roles and responsibilities.

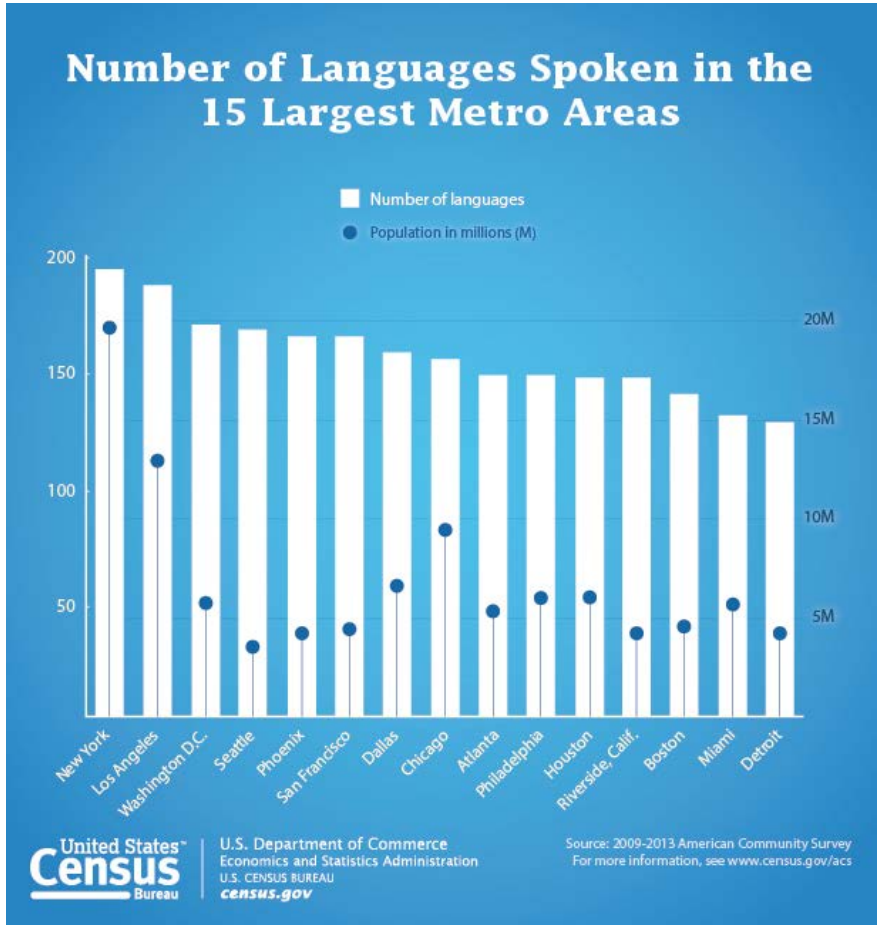
Selected demographic trends in languages spoken in the U.S., Territories, & Tribal Nations



SELECTED CITATIONS: LANGUAGES SPOKEN IN THE U.S. 15 LARGEST METRO AREAS

New York metro area

- At least **192 languages** are spoken at home.
- 38% of the metro area population age 5 and over speak a language other than English at home.
- One of the smaller language groups found there is **Bengali**, with 105,765 speakers



Washington, DC metro area

- At least **168 languages** are spoken at home.
- 26 percent of the metro area population age 5 and over speak a language other than English at home.
- One of the smaller language groups found there is **Amharic**, with 43,125 speakers.

Seattle metro area

- At least **166 languages** are spoken at home.
- 22 percent of the metro area population age 5 and over speak a language other than English at home.
- One of the smaller language groups found there is **Ukrainian**, with 15,850 speakers.

Houston metro area

- At least **145 languages** are spoken at home.
- 37 percent of the metro area population age 5 and over speak a language other than English at home.
- One of the smaller language groups found there is **Tamil**, with 4,690 speakers.

Boston metro area

At least **138 languages** are spoken at home.
23 percent of the metro area population age 5 and over speak a language other than English at home.
One of the smaller language groups found there is **Albanian**, with 6,800 speakers.

Source: https://www.census.gov/newsroom/press-releases/2015/cb15-185.html

Languages Spoken at Home in the U.S. in 2018

Estimated Total Population 5 years and over ***307,521,124***

Speak only English **78.1%**

Speak a language other than English **21.9%**

Speak Spanish **41,460,427 (13.5%)**

Speak Indo European languages **11,285,467 (3.7%)**

[French (Patois, Cajun), French Creole, Italian, Portuguese, Portuguese Creole, German, Yiddish, Other West Germanic languages, Scandinavian languages, Greek, Russian, Polish, Serbo-Croatian, Other Slavic languages, Armenian, Persian, Gujarathi, Hindi, Urdu, Other Indic languages]

Speak Asian and Pacific Island languages **10,945,719 (3.6%)**

[Chinese, Japanese, Korean, Mon-Khmer, Cambodian, Miao, Hmong, Thai, Laotian, Vietnamese, Tagalog, other Pacific Island languages]

Other Languages **3,577,055 (1.2%)**

[Navajo, Other Native American languages, Hungarian, Arabic, Hebrew, African languages, other unspecified languages]

Limited English Speaking Households

Limited English Speaking Households formerly (linguistic isolation) refers to households in which no member 14 years old and over: (1) speaks only English or (2) speaks a non-English language and speaks English “very well.”

Limited English Speaking Households in the Unites States in 2018

All households	4.4%
Households speaking--	
▪ Spanish	21.3%
▪ Other Indo-European languages	15.0%
▪ Asian and Pacific Island languages	24.2%
▪ Other languages	15.9%

Data Source: U.S. Census Bureau, American FactFinder,
2018 American Community Survey- 1 Year Estimates, Table S1602

Polling Question

Do you know the top five languages (other than English) spoken in:

- your state or territory?
- city or geographic locale?

This data source does not include American Sign Language

Languages Spoken in the U.S. (other than ASL)*

Varies by Source

World Atlas

1. English
2. Spanish
3. Chinese
4. French & French Creole
5. Tagalog
6. Vietnamese
7. Korean
8. German
9. Arabic
10. Russian

U.S. Census Bureau**

1. Spanish
2. Chinese
3. Vietnamese
4. Korean
5. Russian
6. Arabic
7. Tagalog
8. Polish
9. French
10. Haitian Creole

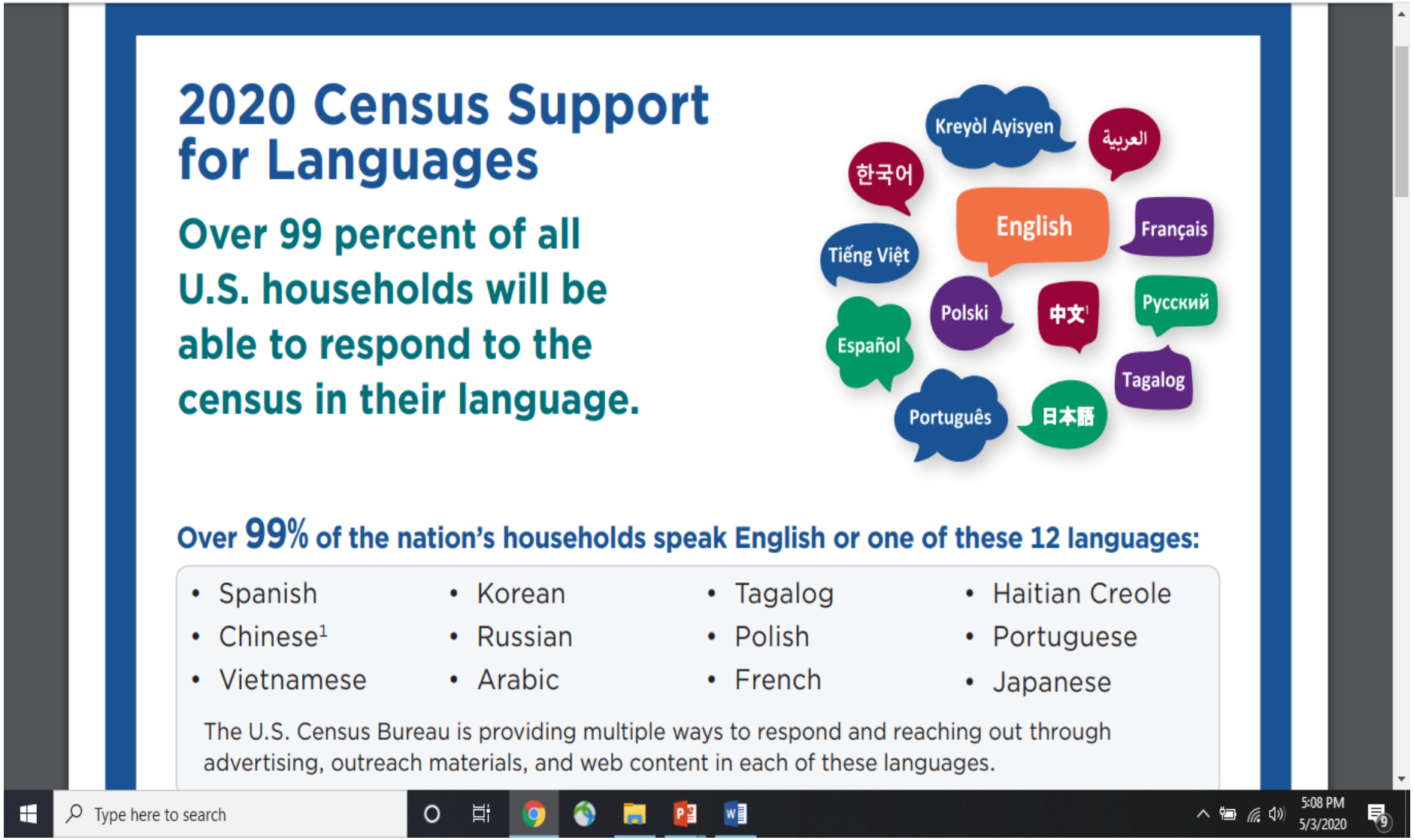
Statistica

1. English
2. Spanish
3. Chinese
4. French & French Creole
5. Tagalog
6. Vietnamese
7. Korean
8. German
9. Arabic
10. Russian

*Varies by source and year. Citations from 2018-2019

** Excludes English

12 Primary Languages Spoken in U.S. Households According to the U.S. Census



Data Source: U.S. Census Bureau
https://2020census.gov/content/dam/2020census/materials/partners/2020-02/2020-support-languages.pdf

Ten of the Largest Native North American Languages by Numbers of Speakers over Age Five Year in the U.S.*

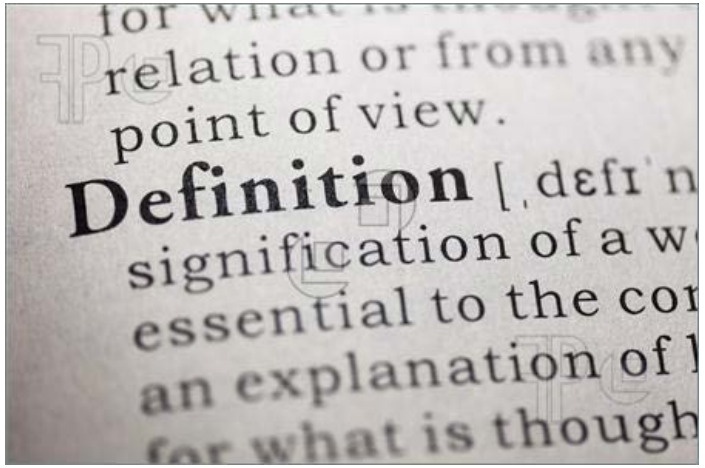
1. Navajo (Dine)
2. Yupik
3. Dakota
4. Apache
5. Keres
6. Cherokee
7. Objibwa
8. Choctaw
9. Zuni
10. Pima

Alaska, Arizona, and New Mexico are home to half of the nation's Native language speakers.

*Data varies by source and date.

Data source: U.S. Census Bureau 2009-2013
https://www.census.gov/content/dam/Census/newsroom/facts-for-features/2015/cb15-ff22_graphic.jpg

DEFINITION AND CONCEPTUAL FRAMEWORK



Linguistic Competence

The NCCC's Guiding Values and Principles for Language Access

- Services and supports are delivered in the preferred language and/or mode of delivery of the population served.
- Written materials are translated, adapted, and/or provided in alternative formats based on the needs and preferences of the populations served.
- Interpretation and translation services comply with all relevant Federal, state, and local mandates governing language access.
- Consumers are engaged in evaluation of language access and other communication services to ensure quality and satisfaction.

Polling Question

Has your organization, program, or setting reached consensus on:

- A definition for linguistic competence?
  □ yes □ no □ don't know □ in progress

- Values and/or guiding principles for linguistic competence?
  □ yes □ no □ don't know □ in progress

How Linguistic Competence is Referenced and Defined in the Extant Literature

- Many definitions of linguistic competence focus on language usage as defined by linguists.
- The health care literature has the most frequent reference to linguistic competence.
- Most definitions of linguistic competence combine cultural and linguistic competence into one definition. An example is adding linguistic to existing definitions of cultural competence.
- Very few definitions of linguistic competence include the capacity to address the communication interests and needs of people with disabilities in general. The NCCC's participation on the National Project Advisory Committee for the National CLAS Standards was effective in including individuals with disabilities.

Your organization may need to create a definition that expands beyond the provision of interpretation and translation services.





Definitions of Linguistic Competence in the Literature

Agency for Health Care Quality and Research

Linguistic competence is providing readily available, culturally appropriate oral and written language services to limited English proficiency (LEP) members through such means as bilingual/bicultural staff, trained medical interpreters, and qualified translators.
https://www.ahrq.gov/professionals/systems/primary-care/cultural-competence-mco/cultcompdef.html

American Speech-Language and Hearing Association

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.
Source: ASHA Code of Ethics. https://www.asha.org/Practice/ethics/Cultural-and-Linguistic-Competence/

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards)

Linguistic competence is the capacity of individuals or institutions to communicate effectively at every point of contact. Effective communication includes the ability to convey information — both written and oral — in a manner that is easily understood by diverse groups, including persons of limited English proficiency, those who have low literacy skills or who are not literate, those having low health literacy, those with disabilities, and those who are deaf or hard of hearing.

Source: National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice (2013). Office of Minority Health U.S. Department of Health and Human Services. p 139.
https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

Linguistic Competence

- is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who are not literate or have low literacy skills, individuals with disabilities, or those who are deaf or hard of hearing

- requires organizational and provider capacity to respond effectively to the health literacy and mental health literacy needs of populations served

- ensures policy, structures, practices, procedures and dedicated resources to support this capacity

Health Literacy Requires Individual Capacity to…

- Access information
- Access care
- Communicate with professionals
- Provide information
- Understand directions
- Follow regimens
- Recognize cues to action
- Navigate institutions
- Complete forms
- Provide consent

Data Source: Rima Rudd, MD, Harvard University, Senior Lecturer on Health Literacy, Education, and Policy http://www.hsph.harvard.edu/rima-rudd/

HEALTH LITERACY: EVOLVING CONCEPTUALIZATIONS

Health literacy is the degree to which *individuals have the capacity to obtain, process, and understand* basic health information and services needed to make appropriate health decisions.

U.S. Department of Health and Human Services, 2010

What does this mean for your organization, agency, practice or setting?

Health literacy is the *capacity of professionals and health institutions* to provide access to information and support the active engagement of people.

Rudd, R. Health Literacy: Time to Refocus &Expand. Retrieved on 5/4/20 from http://www.hsph.harvard.edu/healthliteracy/slide-presentation-by-rima-rudd

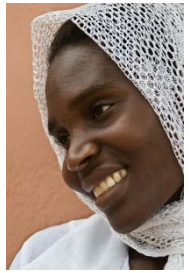
Definition of Mental Health Literacy

Mental health literacy has evolved over time. A definition promoted in the literature is:

Mental health literacy is understanding how to obtain and maintain positive mental health; understanding mental disorders and their treatments; decreasing stigma related to mental disorders; and, enhancing help-seeking efficacy (knowing when and where to seek help and developing competencies designed to improve one's mental health care and self-management capabilities).

Data Source: Kutcher S, Wei Y, Coniglio C. Mental Health Literacy: Past, Present, and Future. *Can J Psychiatry*. 2016;61(3):154-158. doi:10.1177/0706743715616609

A WORD ABOUT HEALTH LITERACY AND CULTURE



"Recognizing that culture plays an important role in communication helps us better understand health literacy. For people from different cultural backgrounds, health literacy is affected by belief systems, communication styles, and understanding and response to health information. Even though culture is only one part of health literacy, it is a very important piece of the complicated topic of health literacy. The U.S. Department of Health and Human Services recognizes that culture affects how people communicate, understand, and respond to health information."

Data Source: National Libraries of Medicine. Health Literacy. Retrieved on 5/4/20 from http://nnlm.gov/outreach/consumer/hlthlit.html

Language access and implementation: Considerations for your Organization, Agency, or Practice,

What are the legal mandates, guidance, or standards related to linguistic competence and language access?

How will or does your organization address these legal requirements?

How do these legal mandates, guidance, and standards impact services and supports in health care, mental health care, aging and disability services?

Title VI - Civil Rights Act of 1964

SEC. 601 TITLE VI--NONDISCRIMINATION IN FEDERALLY ASSISTED PROGRAMS

Title VI of the Civil Rights Act of 1964- Sec. 601

ensures nondiscrimination in Federally Assisted programs and states that “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance”.

https://www.justice.gov/crt/title-vi-1964-civil-rights-act

Data Source: Civil Rights Act of 1964, P.L. 88-62

Who Does Title VI Protect?

EVERYONE !

Title VI Civil Rights Act of 1964 states that:
““No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

☑Title VI protects persons of all colors, races, and national origins.

☑Title VI protects against national origin discrimination and is **not** limited to U.S. citizens.

Data Source: Civil Rights Act of 1964, P.L. 88-62

Title VI – National Origin Discrimination

Provisions related to language access:

Service providers must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP).

[68 Fed. Reg. 153 at 47322]

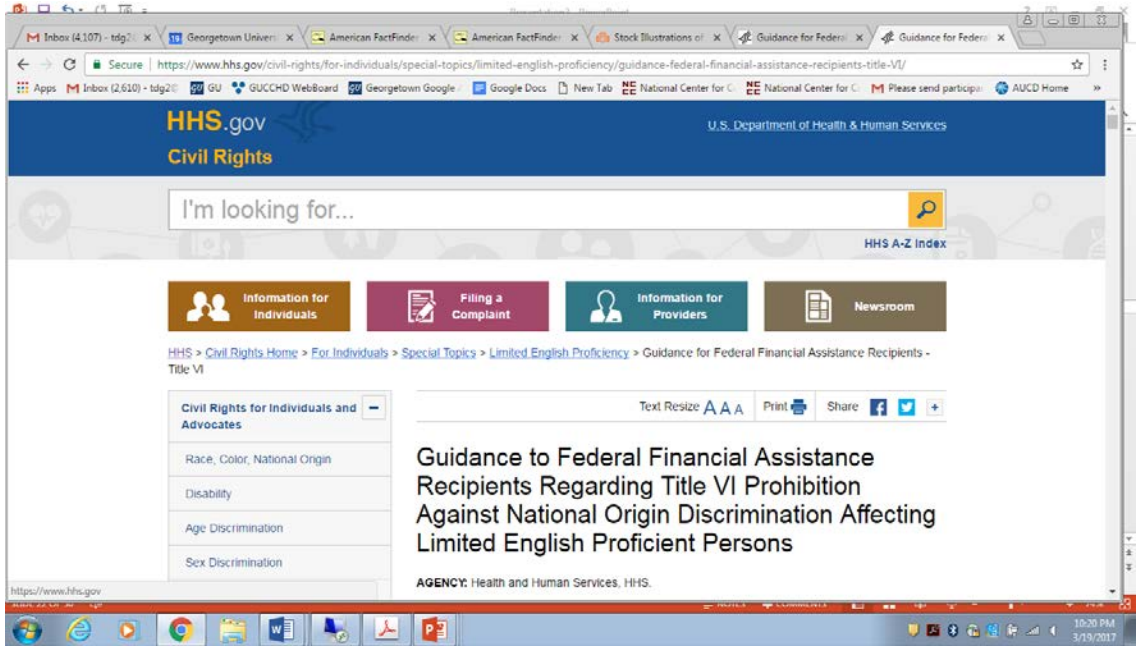
Providers that must provide language assistance services in order to comply with Title VI should implement policies and procedures to provide information in appropriate languages and ensure that LEP persons are effectively informed of and have meaningful access to covered programs.

[68 Fed. Reg. 153 at 47320]

Data source: Retrieved on 5/4/20 from
https://www.govinfo.gov/content/pkg/FR-2003-08-08/pdf/03-20179.pdf

Linguistic Competence:
LEGAL MANDATES & GUIDANCE

Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons



Source: https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html

Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency

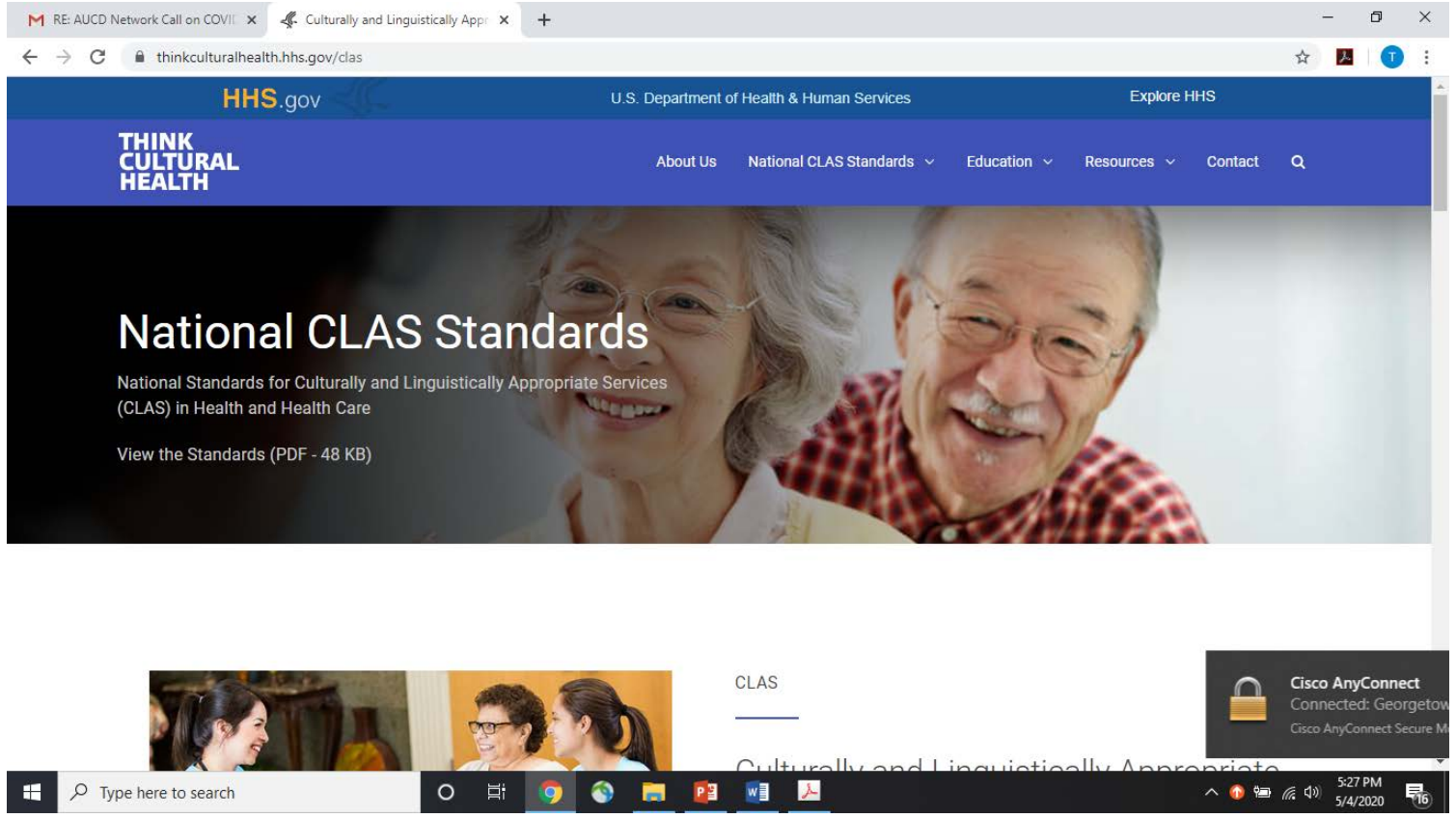
U.S. Department of Health & Human Services

U.S. Department of Education

U.S. Department of Justice

U.S. Department of Labor

National Standards on Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)



Source: https://www.thinkculturalhealth.hhs.gov/clas

National CLAS Standards Themes

Principal Standard 1:
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.

Standard 1
Principal Standard
Standards 2-4
Governance, Leadership & Workforce
Standards 5-8
Communication & Language
Standards 9-15
Engagement, Continuous Improvement & Accountability

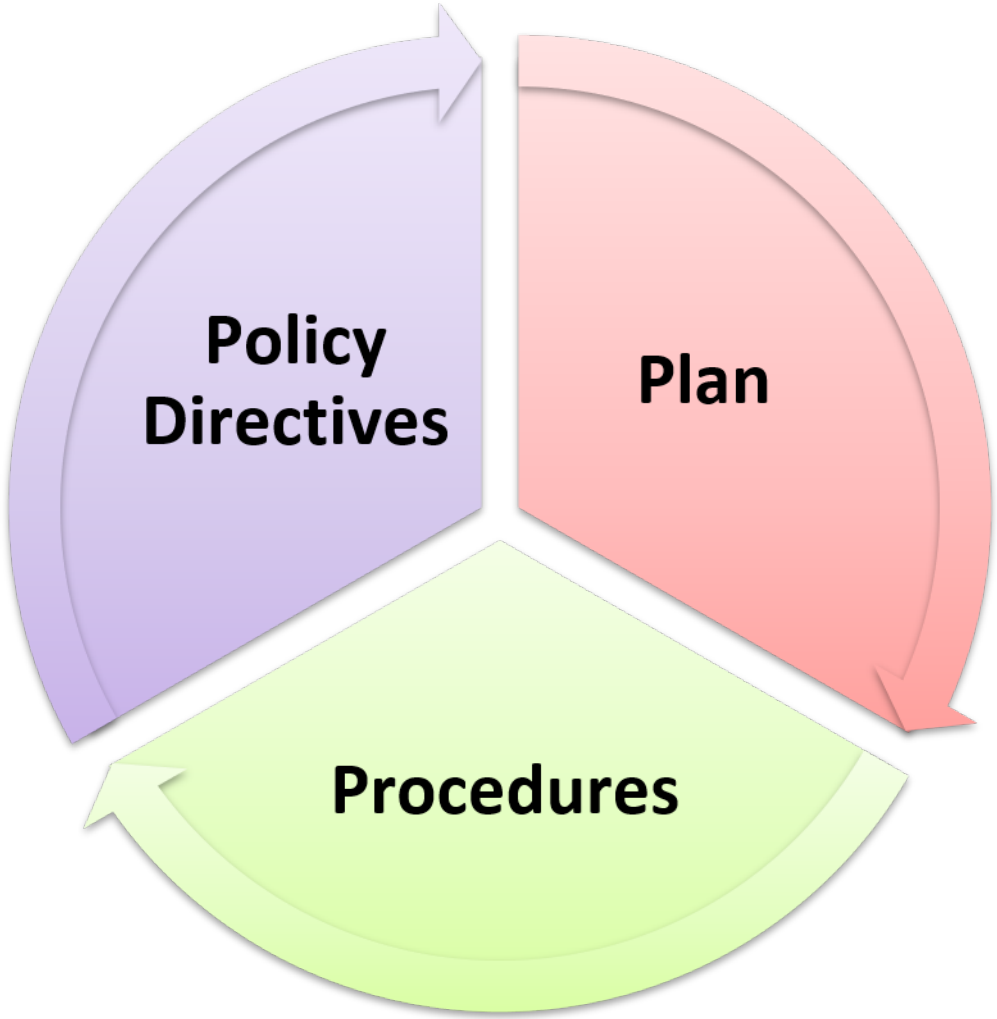
Polling Question

Has your organization developed a Language Assistance and Implementation Plan (Language Access Plan)?

- ❑Yes
- ❑No
- ❑Don’t know
- ❑In progress

Adapted from Language access assessment and planning tool for federally conducted and assisted programs (May 2011). Civil Rights Division, U.S. Department of Justice. Retrieved on 5/4/20 from http://www.lep.gov/resources/2011_Language_Access_Assessment_and_Planning_Tool.pdf

COMPONENTS OF A LANGUAGE ACCESS PLAN



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Polling Question

How familiar are you with your organization's Language Access Implementation Plan required by Federal law (Title VI, Section 601)?

- ❑ Very familiar
- ❑ Somewhat familiar
- ❑ Not familiar at all

POLLING QUESTION

How is your organization, agency, practice, or program addressing linguistic competence as defined by the NCCC?

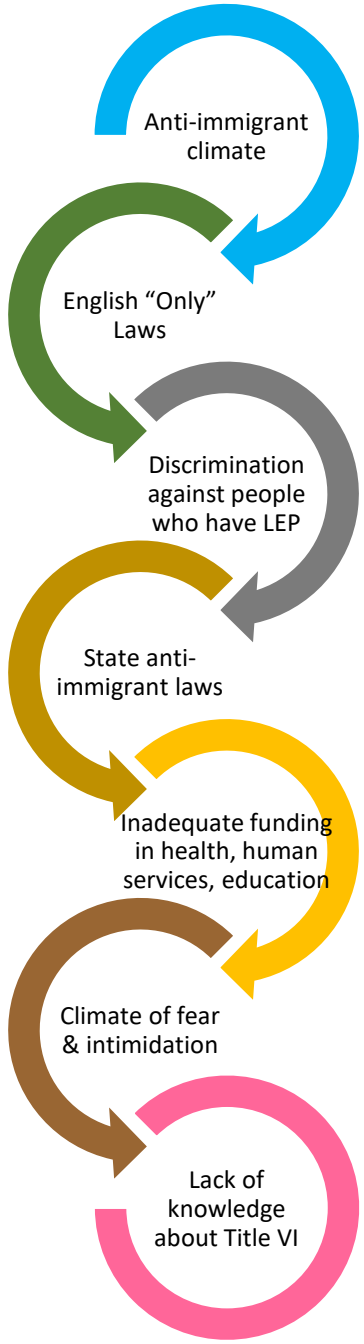
A. No staff training, formal policies and procedures, nor dedicated budget

A. Formal policies and procedures are in place, staff have received training, provides interpretation and translation services routinely, has an adequate budget allotted for this capacity

A. Has a language assistance implementation plan with which all staff are knowledgeable, complies with all aspects of Title VI, have staff who speak the languages of the populations and communities served, evaluates the effectiveness of language access services as component of quality improvement.

We cannot ignore the “isms” and their impact on linguistic competence

SPIRALING EFFECT



How is the socio-political and economic climate affecting language access in your state or jurisdiction?

How do you address these challenges?






QUICK SELF-ASSESSMENT

Response Key
A = Things I do frequently, or statement applies to me to a great degree
B = Things I do occasionally, or statement applies to me to a moderate degree
C = Things I do rarely or never, or statement applies to me to minimal degree or not at all

When interacting with individuals and families who have limited English proficiency I always keep in mind that:

— limitations in English proficiency are in no way a reflection of their level of intellectual functioning.

— their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.

— they may neither be literate in their language of origin nor in English.

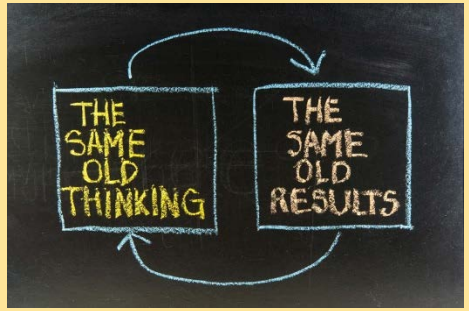
Source: Tawara D. Goode ▪ National Center for Cultural Competence ▪ Georgetown University Center for Child & Human Development▪ University Center for Excellence in Developmental Disabilities, Education, Research & Service ▪ Adapted Promoting Cultural Competence and Cultural Diversity for Personnel Providing Services and Supports to Children with Special Health Care Needs and their Families ▪ June 1989 (Revised 2009).

Without language, one cannot [communicate with] people and understand them; one cannot share their hopes and aspirations, grasp their history, appreciate their poetry, or savour their songs.

Adapted from Nelson Mandela
Long Walk to Freedom, 1994

Person-Centered Thinking

It is not just about providing interpretation and translation. Culture and language are inextricably linked. Culture is encoded in language (e.g,. forms of expression, communication preferences, the way words are used).



Person Centered Planning

It is: (1) having the knowledge and skills to address all forms communication in the planning process; and (2) revisiting and revising extant tools and approaches that do not address the language-culture link.

Person-Centered Practice

It is ensuring that linguistic competence and language access are defined, embedded in organizational policy and practice, and that fiscal resources are allocated.





Languages Spoken in the U.S. (other than ASL)* Data Sources

World Atlas

https://www.worldatlas.com/articles/the-most-spoken-languages-in-america.html

U.S. Census Bureau

https://2020census.gov/content/dam/2020census/materials/partners/2020-02/2020-support-languages.pdf

Statistica

https://www.statista.com/statistics/183483/ranking-of-languages-spoken-at-home-in-the-us-in-2018/

* Varies by source and year. Citations from 2018-2019

** Excludes English

Data Source: U.S. Census Bureau
https://2020census.gov/content/dam/2020census/materials/partners/2020-02/2020-support-languages.pdf

CONTACT US

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Culturally and Linguistically Centered Mental Health Care

Octavio N. Martinez, Jr., MD, MPH

NCAPPS

State of Mental Health in the United States
(pre-COVID-19)

- One in four U.S. adults experiences a diagnosable mental illness annually; six percent have a serious mental illness. *
- One in five children in the U.S. has a diagnosable mental health disorder. *
- ½ of all lifetime cases begin by age 14 and ¾ have begun by age 24. #
- Untreated mental illness: 4-6x more likely to be incarcerated. **
- One in every eight visits to an emergency department is due to individuals with mental health and substance use disorders. +

- ** Substance Abuse and Mental Health Services Administration*
- *# National Institute of Mental Health*
- *** National Council for Community Behavioral Health*
- *+ HealthAffairs.org*

The U.S. was in a Mental Health Crisis Prior to COVID-19

- 2016: More than 45,000 suicides.
  - 123 per day = more than 5 per hour.
- Suicide is the 2nd leading cause of death among 15 – 34 year olds.
  - 4th leading cause of death among 15 – 64 year olds.
- Greater than 30% increase in 25 states since 1999.
- Veteran Suicides: 17 to 22 daily.

CDC
Centers for Disease Control and Prevention

Significant Factors for Mental Health & Substance Use

- **The acceptability and use of mental health and substance use services are highly governed by cultural attitudes, beliefs, and practices.**
  - **Highly collaborative and participatory.**
  - **Multiple cultures interact: the culture of the individual, the culture of the provider, the culture of mental health and substance use, the culture of the agency.**
- **The current science base around psychiatric diagnosis and treatment is derived from research primarily involving European-origin populations; therefore, its validity for non-European-origin populations is not fully established.**
- **Minority populations face many increasing challenges around mental illness and substance use such as lower access to services and evidence-based treatments, higher burdens of morbidity, and a multitude of social determinant stressors.**

Significant Factors for MH/SU as it Relates to Racial & Ethnic Minorities

- **Many racial and ethnic minorities are wary of accessing care due to prior experiences with historical misdiagnoses, inadequate treatment, and a lack of cultural understanding.**
- **Tend to rely on family, religious, and social communities for emotional support rather than turning to health care professionals.**
  - **Much more likely to seek help through primary care as opposed to accessing specialty care.**
- **Somatization (normal, subconscious process by which psychological distress is expressed as physical symptoms) is more prevalent.**
- **Overall, more likely to receive poorer quality of care once in treatment.**

Significant Factors for MH/SU as it Relates to Racial & Ethnic Minorities

- **The under-provision of mental health care for minority children contrasts starkly with the high frequency of punitive sanctions that their behaviors elicit.**
  - **Excessive rates of school discipline, such as suspensions and expulsions, starting at preschool ages.**
  - **Minority teens have disproportionate contact with the juvenile justice system, with higher arrest rates for nonviolent, low-level offenses.**
- **Diversity of the Mental Health Workforce:**
  - **AA: 3 % of psychiatrists, 2 % of psychologists.**
  - **Latinx: 4 % of psychiatrists, 2% of psychologists.**
- **Mental illness and substance use are frequently stigmatized and misunderstood.**

MH/SU Consequences of Not Understanding Culture and Language

- **Misunderstandings can occur from the individual's perspective and the provider's perspective.**
  - **Lack of therapeutic alliance.**
  - **Misdiagnosis.**
  - **Poor adherence to treatment plans.**
  - **Poor clinical outcomes.**
- **Contributes to racial and ethnic disparities in mental health and substance use access, availability, and utilization of services.**

The Case of Rita Quintero

- **1983: Found wandering the streets of a Kansas town.**
  - **She was oddly dressed, seemed not to have bathed recently, and was not able to communicate except for a few Spanish words.**
- **She was taken into protective custody, determined to be mentally ill, and subsequently involuntarily committed.**
- **A patient advocacy group took an interest in Rita and learned that she was a citizen of Mexico, but not a native Spanish speaker. She in fact was a member of the Tarahumara Indian Tribe of Mexico.**
  - **Her appearance, dress, and behaviors (which had been described as odd and indicative of mental illness) were traditional aspects of her culture.**
  - **She was a native speaker of Ramuri, a tribal language.**
- **After a Ramuri interpreter was located, she was released, and returned to Mexico. The year, 1995.**

Positive Impact of Culturally & Linguistically Centered Mental Health/Substance Use Care

- Respond to current and projected demographic needs.
- Address long standing disparities in health status for people from diverse racial, ethnic, socio-economic, and cultural backgrounds.
- Help achieve the Quaternary Aim:
  - Improve quality of services and outcomes, enhance the patient experience of care, decrease cost, and increase engagement.
- Continue to diminish and eventually eliminate the stigma associated with mental illness and substance use disorders.

National Culturally and Linguistically Appropriate Services (CLAS) Standards

- **The National CLAS Standards serve as a health equity mapping framework for community and state mental health agencies.**
  - **Help to address the causes of disparities:**
    - **Low patient literacy.**
    - **Clinician biases.**
    - **Lack of language-matched services in organizations.**
    - **Unequal geographical distribution of mental health and substance use resources.**

Status of the National CLAS Standards

- According to a recent nationwide policy analysis of public mental health agencies:
  - Only 8 states have adopted all National CLAS Standards.
  - 10 states had no policies.
  - 5 had policies under one domain.
  - 3 had policies under two domains.
  - 25 had policies under all three domains, but not full adoption of all the standards.

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Linguistic Competence: Foundations and Principles of Person-Centered Practices and Systems

May 20, 2020

Presenter:

Mathew McCollough, Director

District of Columbia Office of Disability Rights

Presentation's Purpose

Objective #3:

Examine these concepts and mandates with the context of their respective roles and responsibilities

The Learning Community for Person Centered Practices envisions a world where all people have positive control over the lives they have chosen for themselves.

Our efforts focus on people who have lost or may lose positive control because of society's response to the presence of a disability. We foster a global learning community that shares knowledge for that purpose.

Person Centered Thinking

- Underlies and guides respectful listening which leads to actions, resulting in people who:

  - Have positive control over the life they desire and find satisfying;

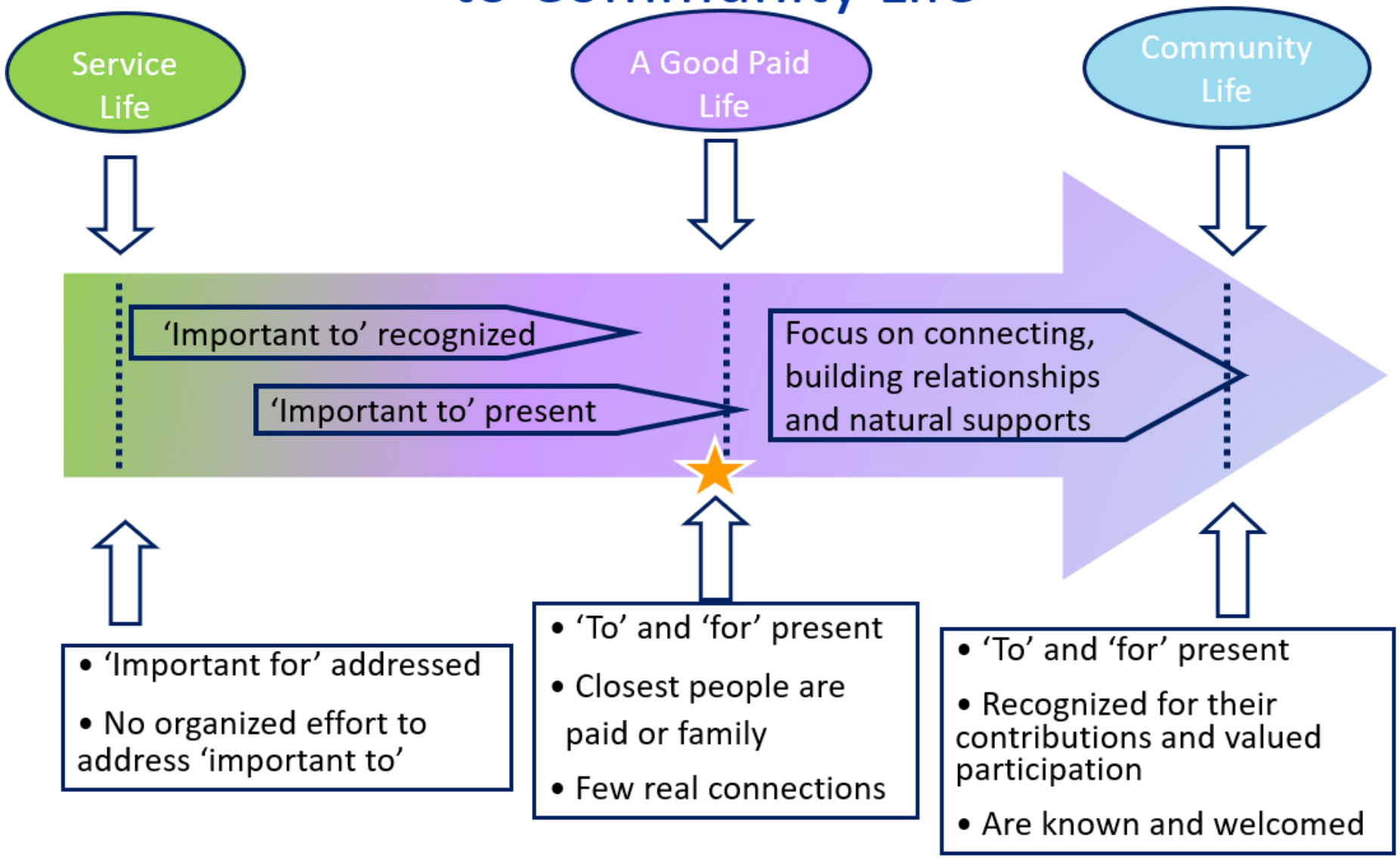
  - Are recognized and valued for their contributions (past, current, and potential) to their communities; and

  - Are supported in a web of relationships, both natural and paid, within their communities

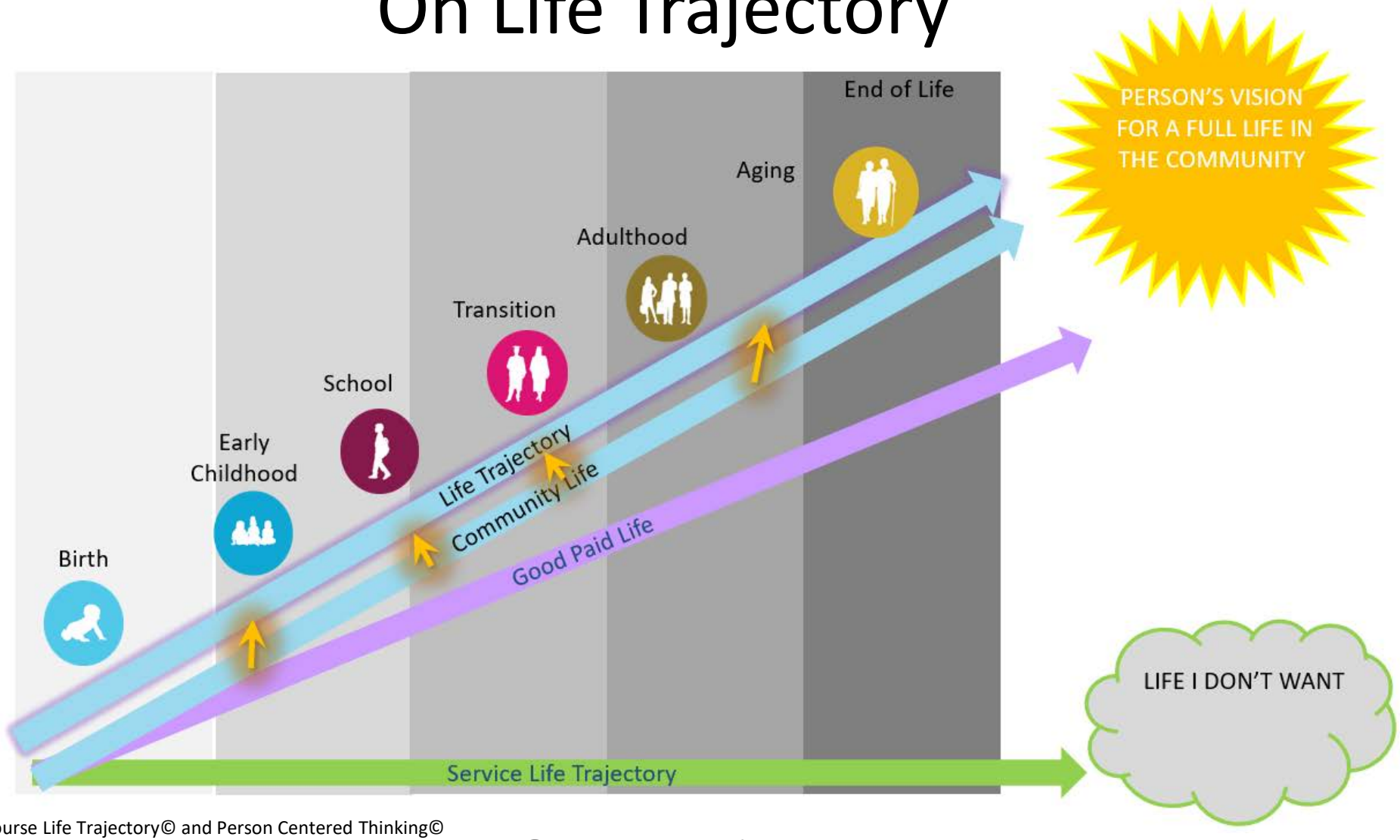
What are Person Centered Thinking Skills?

- A set of skills that reflect and reinforce values that:
  - Propel the learning cycle
  - Help us support rather than fix
  - Work for humans
  - Work at every level in the organization
  - Build the culture of learning, partnership, and accountability
  - Affirm our belief that everyone can learn

Moving from Service Life to Community Life



Impact of Planning & Decision Making On Life Trajectory



Integration of LifeCourse Life Trajectory© and Person Centered Thinking©

Your Opinion Please:

1) When I invite someone over, I prefer that they:

a) Arrive a little early

b) Arrive on time

c) Arrive a little late

2) When someone I don't know well visits my home, I am:

a) More aware of how I look and act

b) More aware of how they look and act

c) Aware equally of how I and they look and act

3) When I have company:

a) I am not comfortable unless my home is perfectly clean

b) I am ok with my home whatever the state

4) When I have guests:

a) I always offer them food and/or drink

b) I do not offer them food and/or drink

5) When guests eat at my home:

a) I eat first

b) My guests eat first

c) We eat at the same time

6) When I offer food/drink to my guests:

a) I am offended if they refuse to accept it

b) I don't mind if they refuse to accept it

7) When guests dine with me in my home:

a) I expect them to stay for a while after the meal

b) I expect them to leave as soon as the meal is eaten

8) When I see an old friend, I will mention it if she or he has put on weight

a) Yes

b) No

Thinking about Culture

Keep Culture in Mind

- Culture is:
  - **About why you think things are right and wrong, good or bad, how things are supposed to be.**
  - **Is learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. It includes, but is not limited to communication, rituals, and roles.**

Culture can be revealed in comments like:

- That is not how we do things in our family
- That is not right
- Nice people don't do that
- Women/men don't do that
- You will embarrass the family
- That is against my (our) religion
- People with disabilities shouldn't (cannot) do that
- That is not something we talk about

You should:

- Be aware of cultural assumptions
- Be prepared to express your own point of view in a transparent way when necessary

You may need to:

- Think about what other person's cultural values might be and check with person
- Plan how to explain cultural issues--*be understood and respected yet flexible*
- Be prepared to have more than one conversation

Core Concept of Person-Centered Principles:

IMPORTANT TO

AND

IMPORTANT FOR

AND

THE BALANCE BETWEEN THEM

Important *TO*

What is important to a person includes those things in life which help us to be satisfied, content, comforted, fulfilled, and happy. It includes:

- People to be with /relationships
- Status and control
- Things to do and Places to go
- Rituals or routines
- Rhythm or pace of life
- Things to have

Important TO

- Includes what matters the most to the person – their own definition of quality of life.

- What is important to a person includes only what people "say":
  - with their words
  - with their behavior

When words and behavior are in conflict, pay attention to the behavior and ask "why?"

Important FOR

- Issues of health:
  - Prevention of illness
  - Treatment of illness / medical conditions
  - Promotion of wellness (e.g.: diet, exercise)
- Issues of safety:
  - Environment
  - Well being ---- physical and emotional
  - Free from Fear
- What others see as necessary to help the person:
  - Be valued
  - Be a contributing member of their community

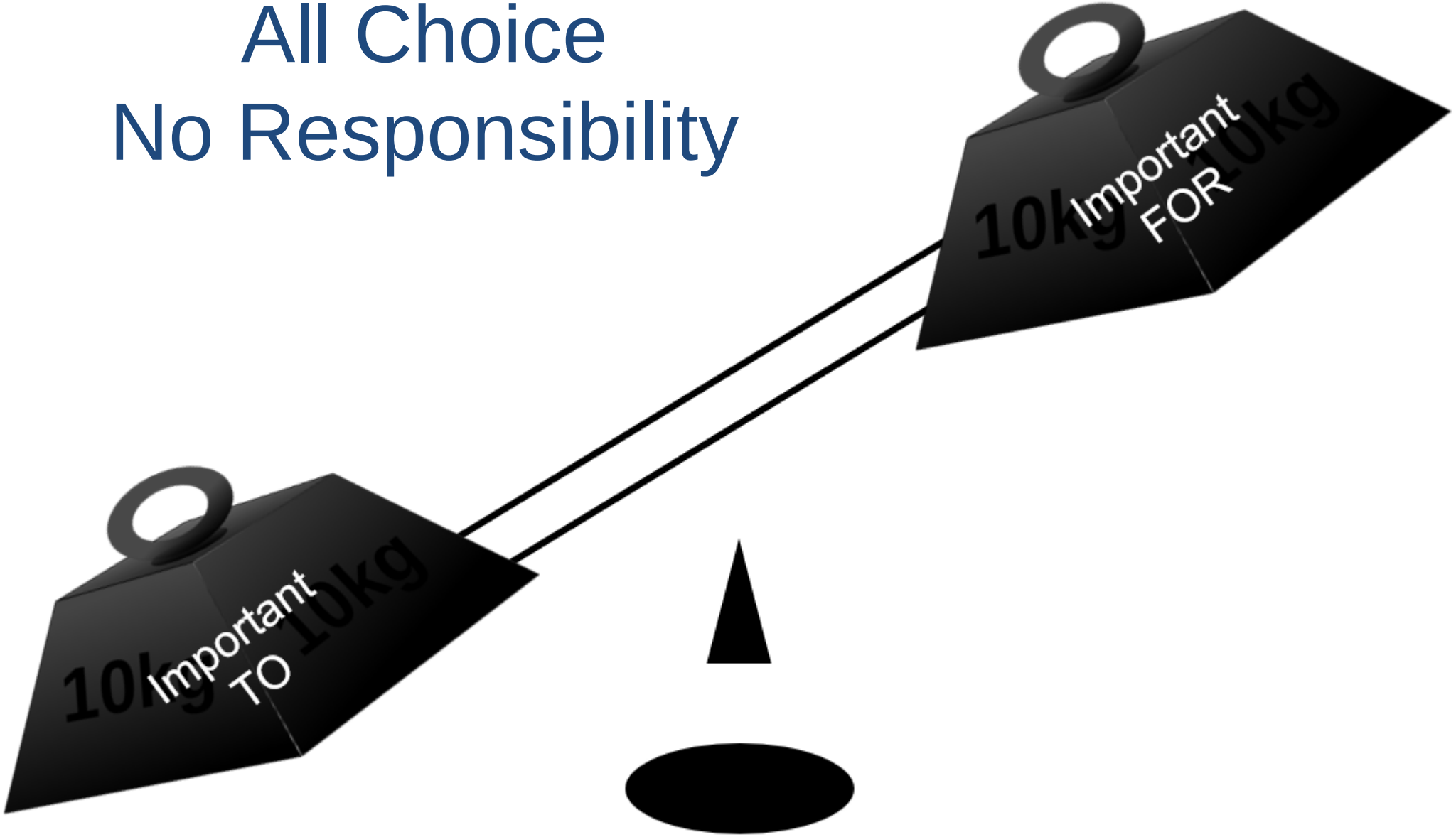
Important To and For are Connected

- Important to and important for influence each other
- No one does anything that is “important for” them (willingly) unless a piece of it is “important” to them

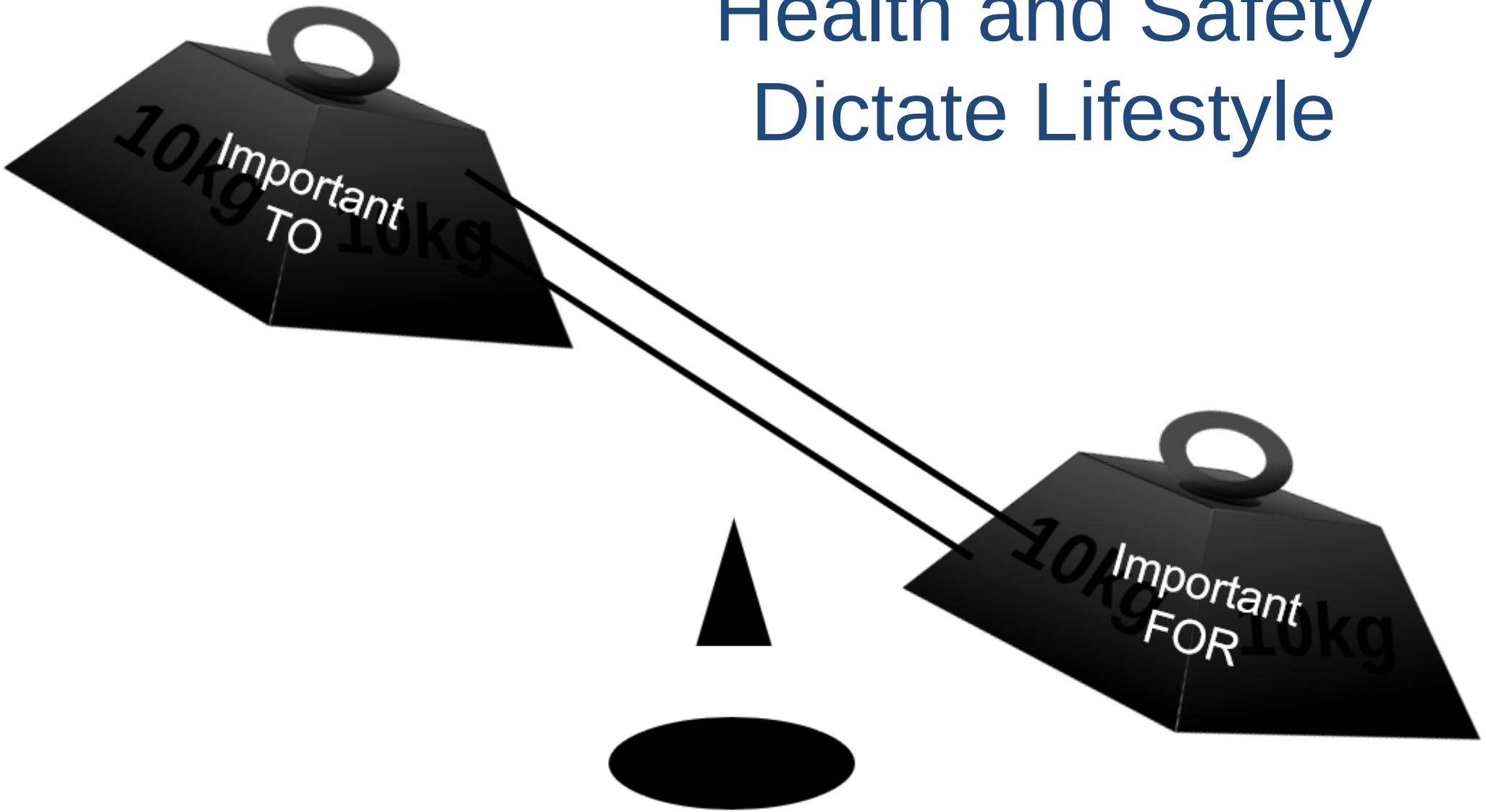
Balance is dynamic (changing) and always involves tradeoffs:

- Among the things that are “important to”;
- Between important to and for

All Choice
No Responsibility



Health and Safety Dictate Lifestyle

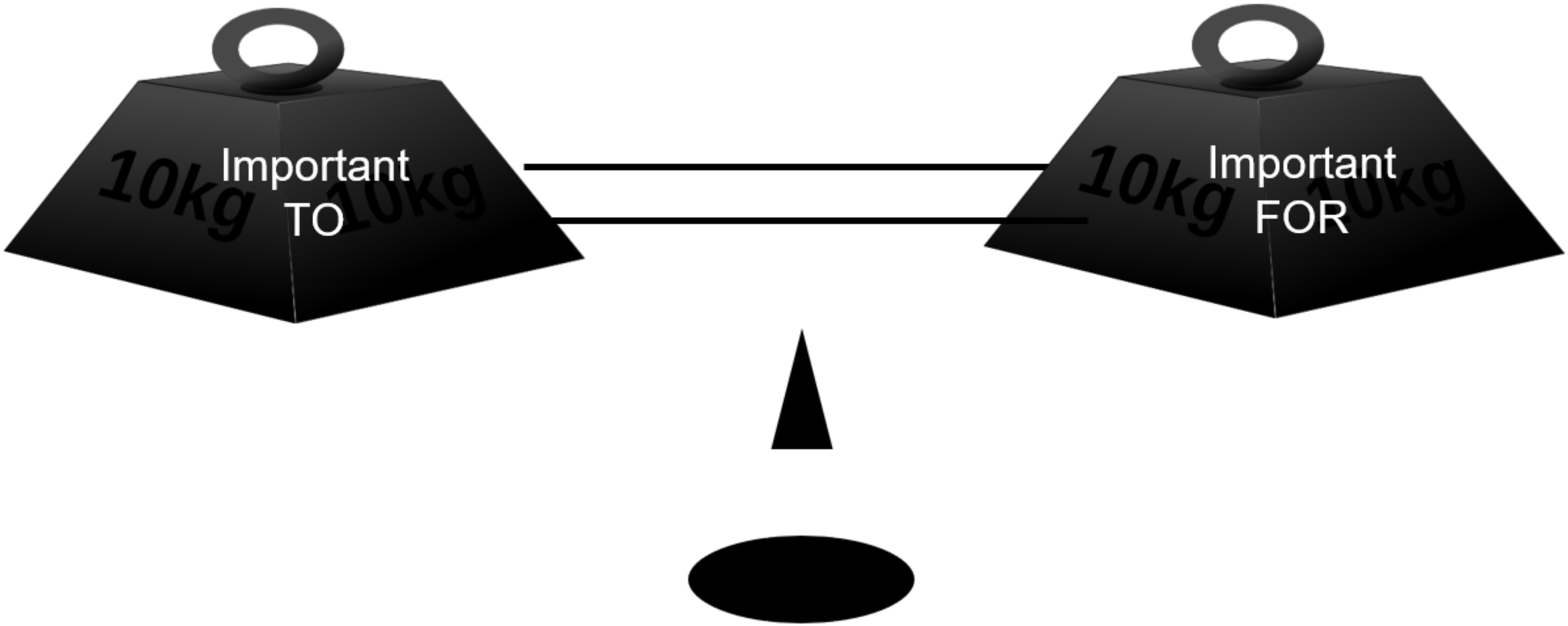


Decision Making

A Key to Positive Control:

- Choice is not picking between two options (this or that)
- Choice has limitations and impact (understanding them)
- The person must find the options appealing to them

Balance

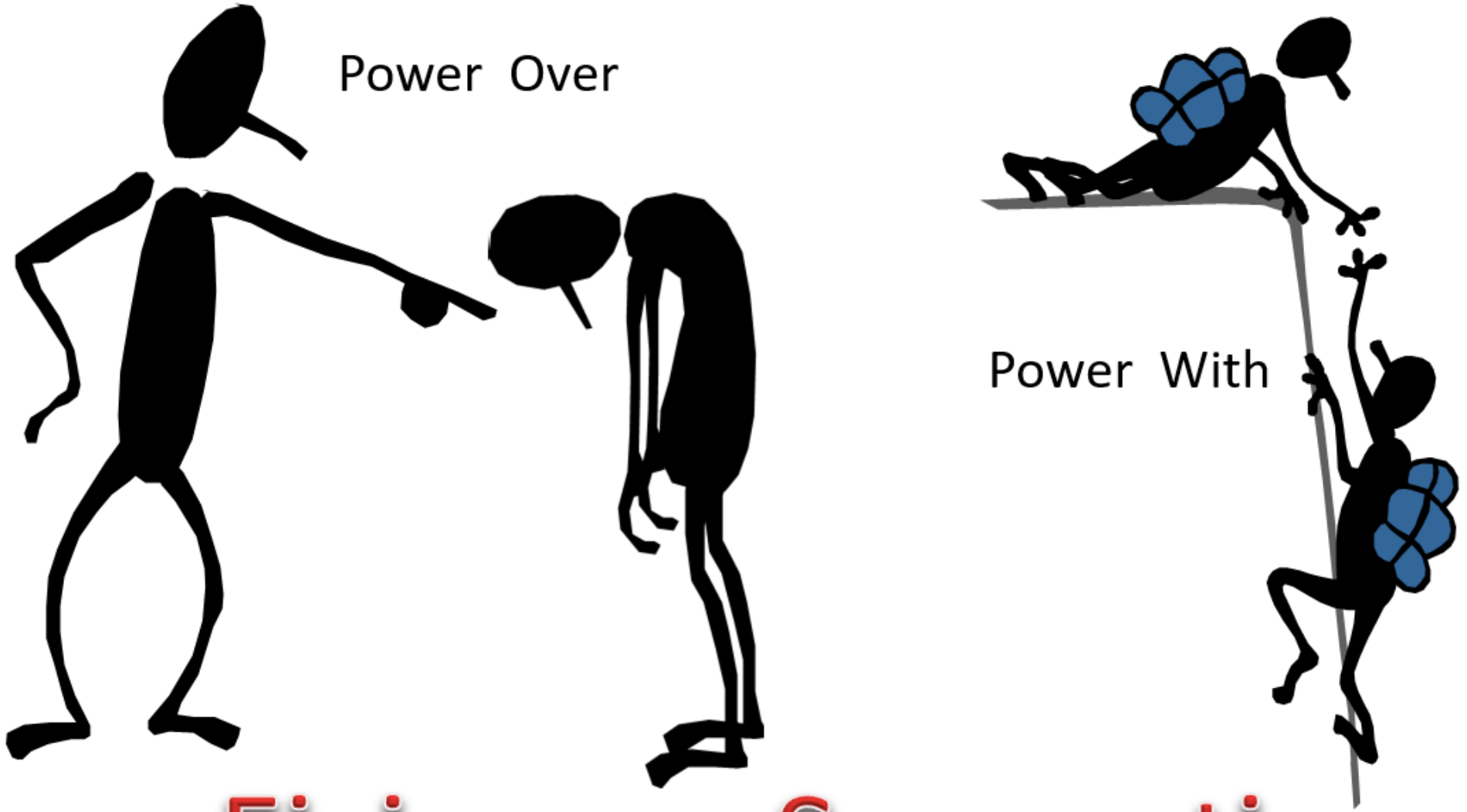


Choice and Balance

- **As we think about choice, we can see**
  - **All choice can be irresponsible (happy and dead)**
  - **And dictating lifestyle is unacceptable (alive and miserable)**

- Good support means finding the balance
  - Finding the balance can create conflict
  - We all have a right to make choices, even bad choices

Learning about Support

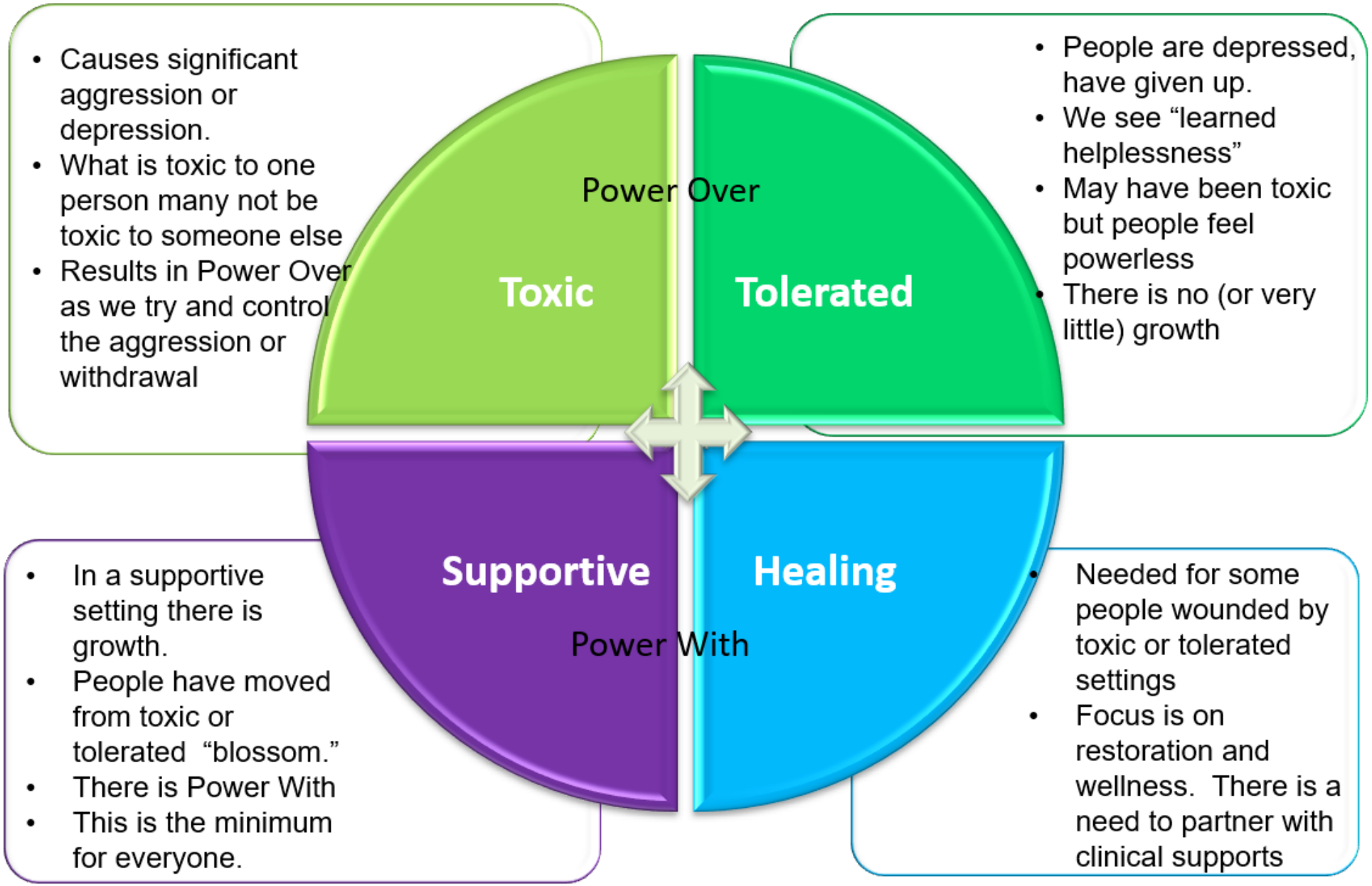


Fixing vs. Supporting

Questions That Help You Get to Support Rather Than Fixing

- What can other people do to help you be successful with what is important to or important for you?
- When things were not working for you, did anyone ever do something that helped you to cope?
- What did they say or do?
- When you were having a bad day did anyone do something that made the day a bit better?
- When you were having a good day did anyone do something that made the good day even better?
- What support would you like?

Importance Of Environments



- Causes significant aggression or depression.
- What is toxic to one person many not be toxic to someone else
- Results in Power Over as we try and control the aggression or withdrawal

- People are depressed, have given up.
- We see "learned helplessness"
- May have been toxic but people feel powerless
- There is no (or very little) growth

- In a supportive setting there is growth.
- People have moved from toxic or tolerated "blossom."
- There is Power With
- This is the minimum for everyone.

- Needed for some people wounded by toxic or tolerated settings
- Focus is on restoration and wellness. There is a need to partner with clinical supports

Help people get better lives

Not just better paper

Thank You!

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