

MODULE 7: CULTURAL RESPONSIVENESS



OUTLINE FOR THIS MODULE

- Practicing Cultural Humility
- Promoting Healthy Eating and Active Living
- Understanding Trauma and Supporting the Recovery of Survivors
- Review and Assessment
- Service Learning



REVIEW



- What did we learn during our last session?
- What stands out from the last few modules?
- What has been reinforced through your Service Learning experiences?



GROUP ACTIVITY 14.3, PART 2
DEVELOPING A RESUME

PRACTICING CULTURAL HUMILITY

LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Define the concept of cultural humility.
- Analyze the importance of becoming lifelong learners and practitioners of cultural humility.
- Describe the changing population in the United States and how this affects the work of CHWs.
- Discuss and analyze concepts of traditional health beliefs and practices and how they may influence the delivery of services to clients.
- Discuss how historical and institutional discrimination affects the health of targeted communities and influences their work with public health providers.
- Create a personal learning plan in order to become a culturally effective CHW.

WORDS TO KNOW

- Gender identity
- Heterogeneity
- Structural racism and discrimination



DEFINING CULTURAL HUMILITY

- Cultural humility is a guide that emphasizes understanding power relationships and cultural identities.
- Cultural humility is being flexible enough to:
 - Engage in self-reflection and self-critique.
 - Understand that all cultures deserve our respect.
 - Admit when you don't know the culture or social context of clients.
 - Use resources that broaden understanding of cultures in the communities you serve.
 - Recognize that the client is the expert of his/her own culture, values and beliefs.
 - Put assumptions aside when working with clients.
 - Ask clients to share their own experiences, knowledge and resources so that you can support their health and well-being.



STRUCTURAL RACISM

- Structural racism: inequities are built into the education, legal, employment, housing and health care systems.
- Racial discrimination results in poorer health outcomes.



DISCRIMINATION IN PUBLIC HEALTH

- Tuskegee study.
- Forced sterilizations.
- LGBTQ discrimination.



DEFINING CULTURE

- Culture includes beliefs, behaviors, attitudes and practices that are learned, shared and passed on by members of particular group.
- Culture is not static. It is dynamic, constantly changing and evolving with us.
- Culture includes ethnic identity, immigration status and experience, sexual orientation, gender identity, religion or spirituality, social class, family background, language, physical ability, traditions, etc.



IN THE UNITED STATES...

- 40.8 million immigrants, an estimated 11 million are undocumented.
- Most Latinos living the United States were born here.
- Most immigrants are from China, India, Mexico and the Philippines.

- Where were your grandparents and their parents born?
- Where are your neighbors, friends and co-workers from?
- Where are your doctor, mechanics and teachers from?
- What are the languages, cultures or other identities of your fellow students?

SELF-AWARENESS

- How do you identify culture?
- What do believe are key components of culture?
- How does culture impact values and beliefs?
- Is culture explicit or implicit?
- Is your culture inherited or learned?
- What is your culture?



SELF-AWARENESS

- Cultural humility is a lifelong process.
- Be aware of your own tendencies.
- Be willing to challenge your own assumptions.
- Understand your position of power.
- Remain client-centered and not controlling of client.



THE LEARN MODEL

- L** Listen with sympathy and understanding to the client's perception of the problem.
- E** Explain your perceptions of the problem.
- A** Acknowledge and discuss the differences and similarities between your perceptions and that of the client.
- R** Recommend resources.
- N** Negotiate agreement.



CULTURE AND HEALTH BELIEFS

- Culture-specific fears and stigmas.
- Common myths and misinformation.
- Use of alternative or complementary medicine.



GROUP ACTIVITY 6.3
PRACTICING CULTURAL HUMILITY ROLE PLAYS



PROMOTING HEALTHY EATING
AND ACTIVE LIVING



LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Identify key challenges to changing diets and levels of physical activity.
- Explain general guidelines for healthier eating and drinking.
- Explain general guidelines for healthy levels of regular activity or exercise.
- Analyze why a focus on health rather than weight may be most effective in supporting a client's well-being and in fostering positive relationships between CHWs and their clients.
- Explain a five-step approach to providing health education about nutrition, physical activity or other health topics.
- Describe how to apply client-centered concepts and skills for supporting clients to establish healthier patterns of eating and activity.

WORDS TO KNOW

- Body Mass Index
- Food security
- Food insecurity
- Saturated fat
- Trans fat
- Vegetarian
- Vegan
- Weight-cycling
- Weight-inclusive
- Weight-normative



WHAT WE EAT

- Largely a result of food policy.
 - Subsidies for the "American diet."
 - Monopolization of food production.
 - Lobbyists.
- Hunger.
 - Food deserts.
 - Food security.
 - Food insecurity.



FOOD POLICY

- Subsidizing "American diet."
- Monopolization of food production.
- Lobbyists.
- Food deserts.
 - Food security.
 - Food insecurity.



BARRIERS TO CHANGING OUR DIET

- Family and culture.
- Pleasure.
- Time and money.
- Lack of confidence.
- Prejudice.
- Stigma.
- Access.
- Mental health.



WEIGHT AND HEALTH

- Body Mass Index.
- Weight-cycling (yo-yo diets).
 - Damage to health.
- Diet vs. lifestyle change.
- Ask yourself:
 - Does your family focus on weight vs. health?
 - What assumptions do you have about health and weight?
 - Does your social network value health or weight?



WEIGHT INCLUSIVE APPROACH

1. Do no harm.
2. Appreciate that bodies come all shapes and sizes.
3. Health is multi-dimensional; maintain a holistic focus.
4. Encourage a focus on day-to-day quality of life.
5. Critically evaluate weight-loss treatments.
6. Create healthful, individualized practices and sustainable environments.
7. Work to increase health access, autonomy and social justice for all on the weight spectrum.



CHALLENGES TO UNDERSTANDING INFORMATION ABOUT NUTRITION

- Too many sources of information.
- Distinguishing reputable information.
- Highly specific, scientific information.



GUIDELINES FOR HEALTHY NUTRITION

- Vegetables.
 - Variety of colors and types.
- Fruits.
 - Variety of colors and types.
- Whole grains.
 - Low or unprocessed, such as brown rice and whole wheat.
- Healthy proteins.
 - Lean meats, beans, nuts, grains and vegetables.
- Water.
 - Limit sugar and caffeine.
- Healthy oils.
 - Limit trans and saturated fats.

PRACTICAL GUIDELINES FOR HEALTHIER EATING

- Nutritional plans should be:
 - Affordable.
 - Accessible.
 - Realistic.
 - With the family in mind.
 - Enjoyable.
 - Non-judgmental.



SIX-STEP APPROACH TO HEALTH EDUCATION

1. Determine what the client already knows.
2. Determine their interests in learning more.
3. Share general information.
4. Keep culture and cultural humility in mind.
5. Provide more detailed nutritional information.
6. Keep informational practical and specific to client's life circumstances.



ACTIVITY GUIDELINES FOR HEALTHY ADULTS (18-64)

- 150 minutes (2 hours and 30 minutes) of moderate aerobic activity per week.
 - Muscle-strengthening activities two or more days per week.
- OR
- Equivalent mix of moderate and vigorous aerobic activity per week.
 - Muscle-strengthening activities two or more days per week.
- OR
- 75 minutes (1 hour and 15 minutes) of vigorous aerobic activity per week.
 - Muscle-strengthening activities two or more day per week.

SUPPORTING INCREASED ACTIVITY

Keep these concepts in mind:

- Injury prevention.
- Gradual change.
- Realistic.
- Affordable.
- Accessible.
- Enjoyable.
- Non-judgmental.
- With others or alone.
- Community resources.



UNDERSTANDING TRAUMA AND SUPPORTING THE RECOVERY OF SURVIVORS



LEARNING OBJECTIVES

By the end of this section, you will be able to:

- Define trauma and post-traumatic stress disorder (PTSD).
- Explain how common exposure to trauma is in the United States.
- Identify common responses to trauma (symptoms and effects) for individuals and communities.
- Identify a variety of strategies for healing from trauma for individuals and communities.
- Discuss ways to promote community resiliency to trauma.
- Analyze the CHW scope of practice when working with survivors of trauma, and when and how to provide referrals.
- Explain and demonstrate key skills for working with survivors of trauma.
- Identify strategies to support groups and communities in responding to trauma.

WORDS TO KNOW

- Cognitive-behavioral therapy.
- Historical trauma.
- Post-traumatic stress disorder.
- Somatic therapies.
- Resiliency.
- Secondary resilience.
- Secondary trauma.
- Trauma-informed approach.



DEFINING TRAUMA

Emotions, thoughts, and feelings in response to a terrible event.

- Intense fear.
- Helplessness.
- Loss of control.
- Bodily harm or threat of.
- Threat of fear or annihilation.
- Rupture or loss of meaningful relationships.
- Victim-identified event (subjective).



IDENTIFYING TRAUMA

- Child abuse and neglect.
- Sexual assault.
- Death of a loved one.
- War or armed conflict.
- Neighborhood violence.
- Domestic violence (including physical, verbal, emotional).
- Incarceration.
- State-sponsored (including police brutality).
- Torture.
- Natural disasters.
- Accidents.



HOW COMMON IS TRAUMA?

- Much more common than you think.
 - 60% men.
 - 50% women.
- Childhood exposure.
 - Very common.
 - Affects brain development, mental and physical health.
- Military.
 - High risk of PTSD.
 - 5-18% of Iraq and Afghanistan vets.
 - Estimated 22 commit suicide each day.



POST-TRAUMATIC STRESS DISORDER (PTSD)

- Named in 1982.
- PTSD
 - Children 6 years and under.
 - Children and adults over 7 years.
- Four categories:
 - Intrusion symptoms.
 - Avoidance.
 - Negative alterations in cognition.
 - Alterations in arousal and reactivity.



THE LEGACY OF HISTORICAL TRAUMA

- Slavery.
- Jim Crow.
- Civil War.
- World Wars.
- Holocaust.
- Depressions.
- Local conflicts.



COMMON LANGUAGE FOR TRAUMA RESPONSES

<p>Physical</p> <ul style="list-style-type: none"> ■ Startle response. ■ Hyper vigilance. ■ Increased heart and respiratory rates. ■ Changes in sleep and dreaming. ■ Night terrors and nightmares. ■ Chronic pain. ■ Injuries. 	<p>Emotional</p> <ul style="list-style-type: none"> ■ Numbing or inability to feel. ■ Anger or rage. ■ Fear or terror. ■ Sadness or despair. ■ Self-blame and guilt. ■ Humiliation and shame. ■ Overwhelming.
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TRAUMA RESPONSES

<p>Behavioral</p> <ul style="list-style-type: none"> ■ Avoidance. ■ Isolation. ■ Alcohol and drug use. ■ Changes in sexual feelings. ■ Changes in appearance. ■ Changes in diet. ■ Frequent arguments or conflicts. ■ Acting out. ■ Hurting oneself. ■ Risk taking behaviors. ■ Returning to situations. 	<p>Cognitive</p> <ul style="list-style-type: none"> ■ Anxiety. ■ Thoughts of death. ■ Revenge thoughts or fantasies. ■ Self-blame, shame, worthlessness. ■ Self-hatred. ■ Confusion and doubt. ■ Asking "why me?"
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TRAUMA RESPONSES

<p>Concepts of the future</p> <ul style="list-style-type: none"> ■ Loss of a sense of meaning for life. ■ Future will not be better. ■ A sense of doom. ■ Difficulty in imagining the future. ■ Expectation of dying early. <li style="padding-left: 20px;">Or ■ Acceptance of human vulnerability. ■ Deeper commitment to a meaningful life. ■ Focus on the next generation. 	<p>Other</p> <ul style="list-style-type: none"> ■ May loose their faith. ■ May loose their sense of meaning. ■ Question their god or religion. ■ Life has no purpose. <li style="padding-left: 20px;">Or ■ Dedicate life to education about trauma. ■ Deeper dedication to faith.
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COLLECTIVE IMPACTS

- Rupture of social connections.
- Inhibited communication.
- Avoidance / isolation.
- Transformation of community values.
- Detachment from organizational processes.
- Paralysis or inaction.
- Lack of basic needs.
- Generalized climate of fear and insecurity.
- Violence in response to violence.



CULTURAL HUMILITY AND CLIENT-CENTERED PRACTICE

- Don't assume you know.
- Overcome bias.
- Stay curious; ask open-ended questions.
- Don't tell people what to say, think or do.
- Don't make assumptions about how clients identify.
- Let people choose their own healing route.
- Stay alert.
- You are not responsible for "fixing."
- Discuss cultural norms that may make healing harder.
- Keep learning about trauma.
- Take care of yourself.



HEALING

- Set goals.
- Multiple paths:
 - Medication.
 - Therapy.
 - Support (family, faith, community).
 - Educational groups.
 - Acupuncture.
 - Somatic therapies.
 - Healing arts.
 - Social or political action.
 - Spiritual practices.
 - Mindfulness.
- Telling the story.



CHARACTERISTICS OF RESILIENT INDIVIDUALS AND COMMUNITIES

- Access to adequate physical and economic resources.
- Adaptability and inner sense of control.
- Social connectedness.
- Ability to ask for support when needed.
- Ability to advocate for self and others.
- A sense of purpose or meaning.



GROUP ACTIVITY 18.2
TRAUMA RESPONSES

CHW SCOPE OF PRACTICE

- Focus on the present.
- Demonstrate respect and kindness.
- Pause, stop, take a break if needed.
- Comment on the process.
- Clarify your scope of practice with your client.
- Encourage client to consider a referral.
- Seek help when you need it.
- End the session.



IN YOUR SCOPE OF PRACTICE

- Listen with patience.
- Normalizing the surviving of the trauma (people can heal, not alone).
- Reinforcing the availability of help.
- Provide referral to local and relevant assistance.
- Accompany clients to appointments and legal proceedings.
- Support safety plans.
- Keep focus on the present.



GUIDELINES FOR WORKING WITH SURVIVORS

DO NOT

- Judge.
- Blame.
- Undermine autonomy.
- Interrogate.
- Make physical contact.
- Rescue them.
- Pressure them to report.
- Assume based on your experiences.
- Tell the client "I know how you feel."
- Focus on a particular aspect.
- Promise more than you can do.



GUIDELINES FOR WORKING WITH SURVIVORS

DO

- Be aware of your tendencies for denial.
- Listen.
- Be comfortable with silence.
- Use OARS and Motivational Interviewing.
- Let the client lead.
- Encourage working with licensed professionals.
- Apologize when you make a mistake.
- Share messages like:
 - It is not your fault.
 - I will be here for you.
- Practice self-care.



SUICIDE WARNING SIGNS

- Talking about wanting to die or kill oneself.
- Looking for a way to kill oneself.
- Talking about feeling hopeless.
- Talking about feeling trapped or unbearable pain.
- Talking about being a burden.
- Increasing use of alcohol or drugs.
- Acting anxious or agitated.
- Withdrawal.
- Mood swings.



SCREENING FOR SUICIDALITY

1. Ask them if they are thinking about killing themselves.
2. Listen without judging.
3. Stay with the person.
4. Remove all dangerous objects.
5. Call the National Suicide Prevention Lifeline.
6. If danger is imminent, call 911.



FACILITATING GROUPS WITH TRAUMA SURVIVORS

Types of groups:

- Healing circles.
- Life books or memory boxes.
- Workshops for parents or families.
- Groups as part of other services.
- Support groups for specific types of trauma.



FACILITATING GROUPS WITH TRAUMA SURVIVORS

- Re-establish safety.
 - Physical and emotional.
- Support diverse modes of healing.
 - Active listening.
 - Mindfulness.
 - Relaxation.
 - Creative expression.
- Strengthen connections.
 - Icebreakers.
 - Share experiences.
 - Celebrate successes.
 - Ease into difficult topics.



TRAUMA-INFORMED CARE PRINCIPLES

1. Safety.
2. Trustworthiness and transparency.
3. Peer support.
4. Collaboration and mutuality.
5. Empowerment, voice and choice.
6. Cultural, historical and gender issues.



TRAUMA-INFORMED CHW PRACTICE

- Understand trauma.
- Understand its effects on health.
- Pay attention to signs of trauma history.
- Speak comfortably with clients about it.
- Understand harm-reduction principles.
- Practice client-centered skills.
- Provide referrals to appropriate resources.



SECONDARY TRAUMA, SECONDARY RESILIENCE

- **Secondary trauma:** developing signs and symptoms of traumatic stress reactions over time through witnessing the trauma stories of clients or community members.
- **Secondary resilience:** internalizing and benefiting from the opportunities to witness courage, creativity, generosity and resilience from clients.



POTENTIAL OPTIONS FOR CHW SELF-CARE

- Counseling, therapy, etc.
- Mindfulness.
- Regular self-assessment.
- Regular supervision.
- Movement (yoga, exercise, etc.).
- Seeking support from external resources.



REVIEW – WHAT HAVE WE LEARNED TODAY?





SERVICE LEARNING


