



ETHICS: SCOPE OF PRACTICE AND CULTURAL COMPETENCE



Overview

-
- Cultural Barriers and Cultural Competence
 - Culture and Boundaries of Competence
 - Developing Competence in Deaf Mental Health Care



Cultural Barriers

- ❖ Most mental health professionals lack adequate:
 - ▶ Conscious awareness of their own culture;
 - ▶ Multicultural and culture-specific training.
- ❖ Over 50% of minority clients discontinue therapy after one session.
- ❖ Providers' lack of cultural competence is a common reason for dissatisfaction.



Cultural Barriers

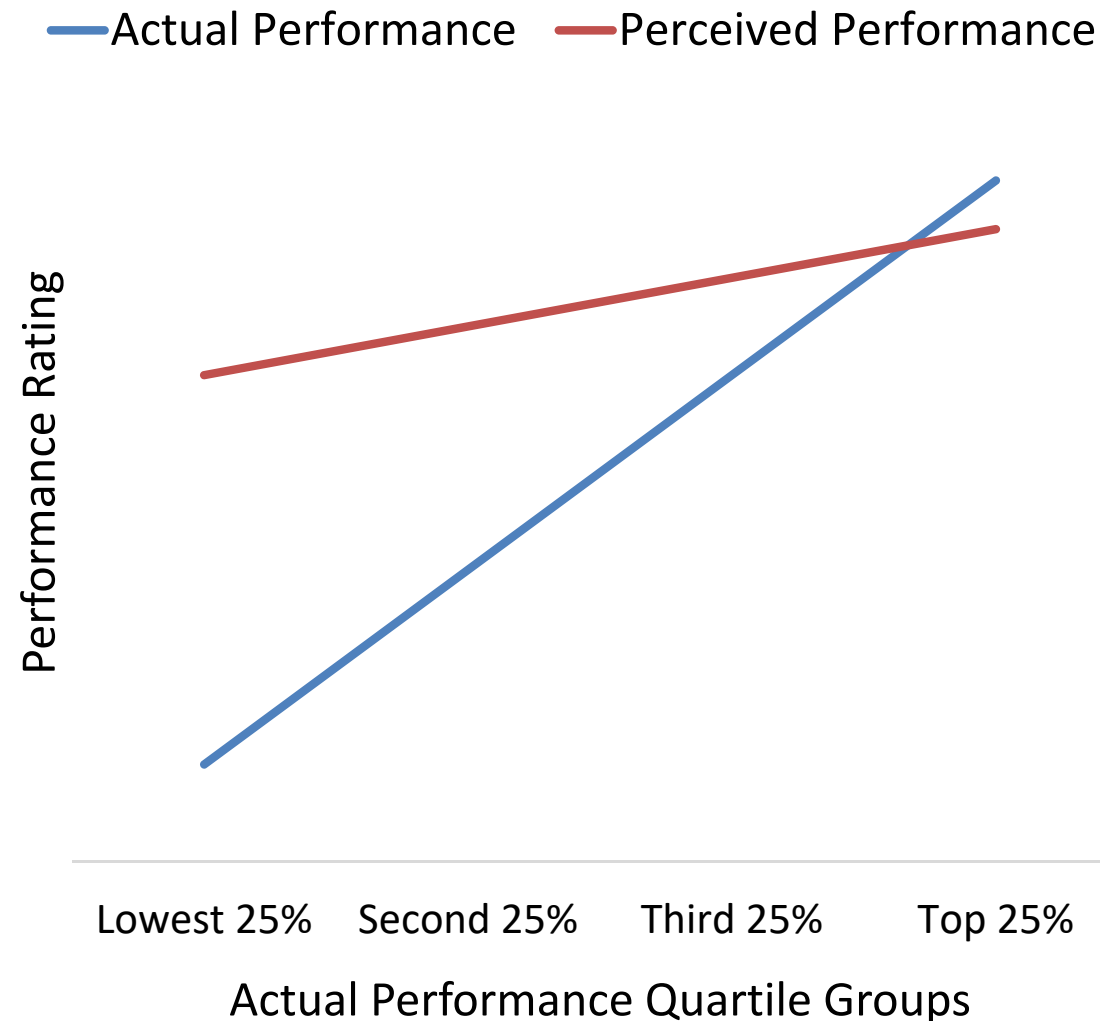
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- ❖ For Deaf consumers, providers often lack:
 - ▶ ASL fluency;
 - ▶ Knowledge of the unique psychosocial and developmental aspects of hearing loss;
 - ▶ Understanding of Deaf culture;
 - ▶ Understanding of how the above impact the ability to provide competent mental health assessment and treatment to deaf individuals.



Cultural Competence

- ❖ Accreditation standards require agencies to address service access for cultural and linguistic minorities.
- ❖ Professional licensure requirements and codes of ethics limit scope of practice to a provider's boundaries of competence.
 - ▶ Includes competence with any special population: cultural, linguistic, disability, age, religion, LGBTQ, etc.
- ❖ “I can do it all” mentality is common but unethical.

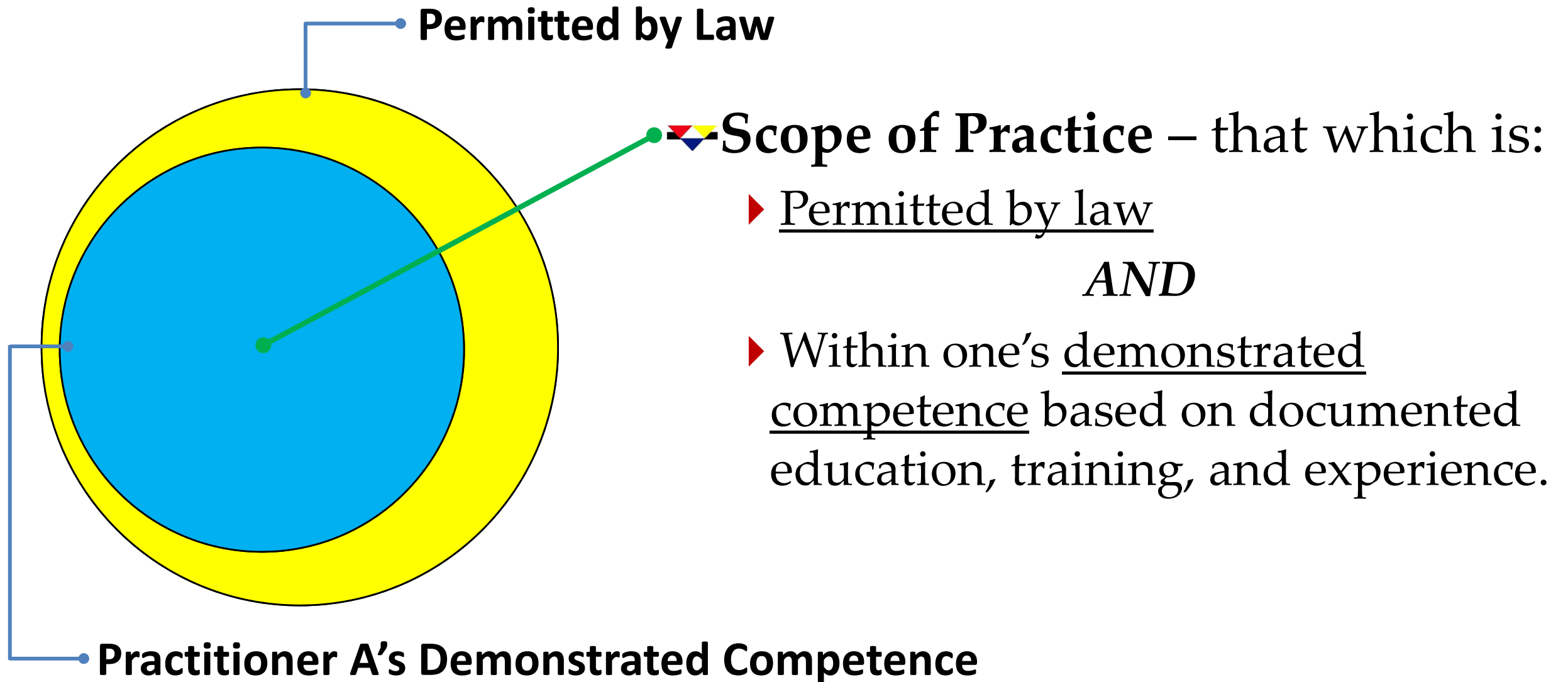
The Dunning-Kruger Effect: Blindness to Boundaries of Competence



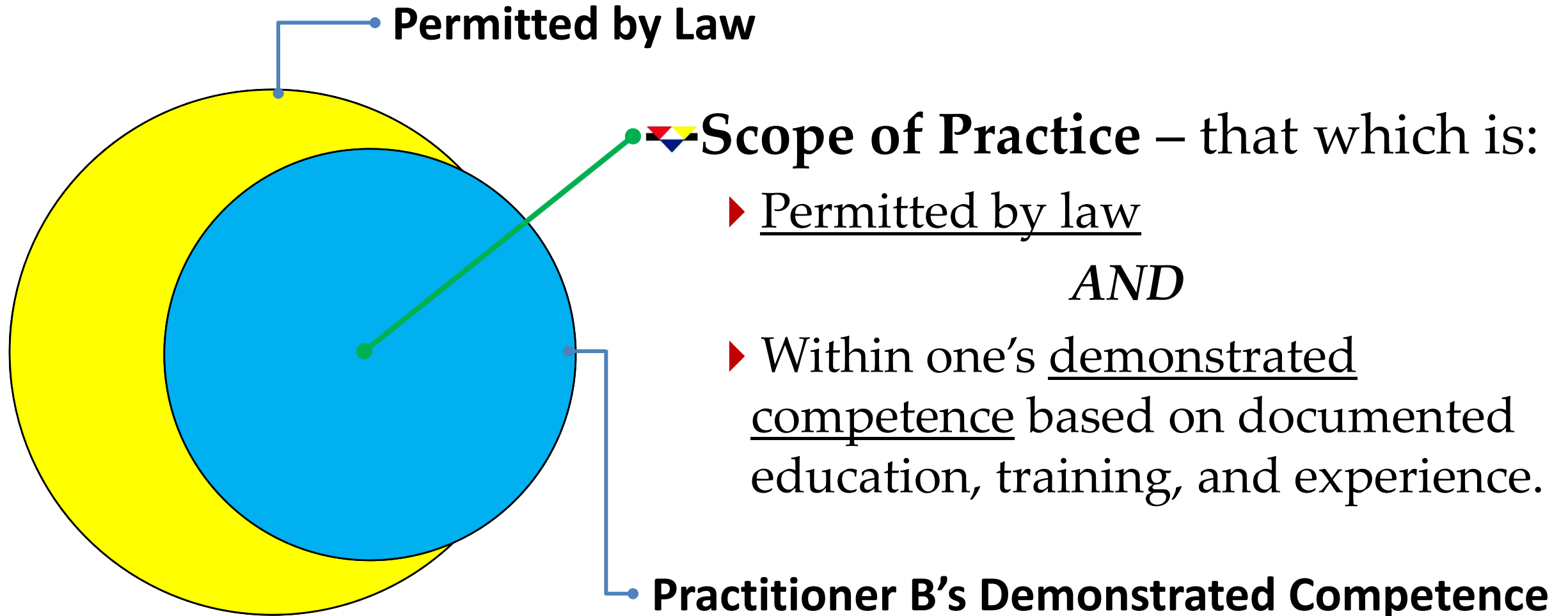
- ▶ Most people think they are more competent than they are.
- ▶ Lowest performers overestimate their performance the most, often rating themselves as above average.
- ▶ Multiple studies have demonstrated this phenomenon across many knowledge domains, e.g.:
 - ▶ Writing grammatically
 - ▶ Firearms proficiency
 - ▶ Psychology exam performance
 - ▶ Knowledge of medical terminology
 - ▶ Patient interviewing skills

(Dunning, Johnson, Ehrlinger, & Kruger, 2003)

Scope of Practice and Boundaries of Competence



Scope of Practice and Boundaries of Competence





ACA Code of Ethics

❖ C.2.a Boundaries of Competence

- ▶ Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

❖ A.11.a Competence Within Termination and Referral

- ▶ If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.



APA Ethical Principles of Psychologists and Code of Conduct

2.01 Boundaries of Competence

- ▶ (a) Psychologists provide services... with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.
- ▶ (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services..., psychologists have or obtain the training, experience, consultation or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.
- ▶ (c) Psychologists planning to provide services... involving populations... new to them undertake relevant education, training, supervised experience, consultation or study.
- ▶ (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation or study.



NASW Code of Ethics

1.05 Cultural Awareness and Social Diversity

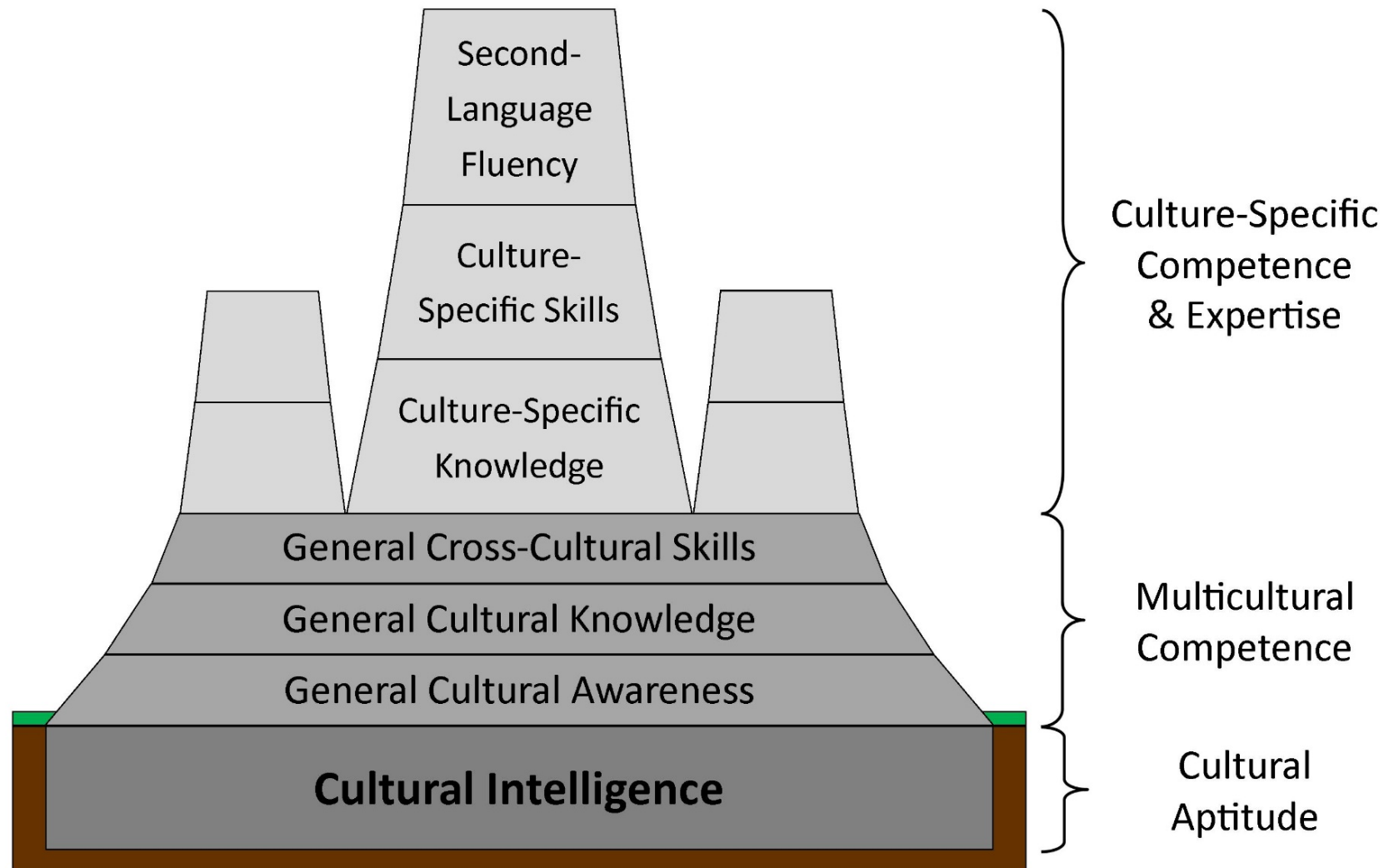
- ▶ (a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.
- ▶ (b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

1.04 Competence

- ▶ (a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

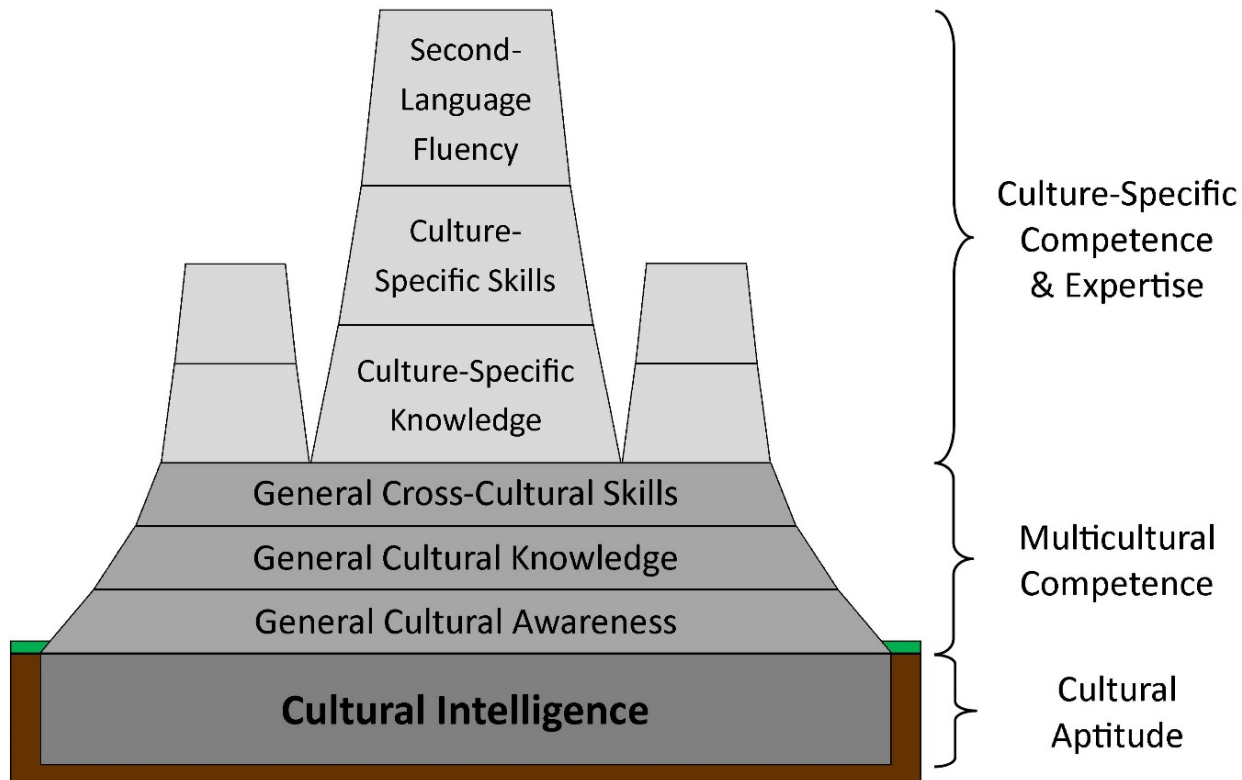
The NASW Code of Ethics does not expressly apply boundaries of competence to working cross-culturally or with specific populations, but that does not alter the obligation to provide services only within one's limits of cross-cultural competence.

Building Individual Cultural Competence



Building Individual Cultural Competence

Attitude Cuts Across All Domains



- ❖ Application may be context-specific.
 - ▶ I.e. ability for advanced social application does not automatically translate to ability for advanced professional application.
- ❖ All MH providers should be able to:
 - ▶ Meet minimum standards for multicultural competence.
 - ▶ Recognize boundaries of competence re: culture-specific knowledge and skills.
- ❖ The degree of culture-specific knowledge and skills needed to provide competent care depends on cultural distance.



Boundaries of Cultural Competence

➤ **Cultural distance:** the degree of difference between the provider's culture and the consumer's culture.

May include factors such as:

- ▶ Values
- ▶ Behavior conventions
- ▶ Social distance
- ▶ Economic status
- ▶ Communication norms
- ▶ Primary/preferred language
- ▶ Gender roles
- ▶ Religion/view of ultimate reality
- ▶ Hofstede's cultural dimensions
- ▶ Degree of conformity to cultural norms
- ▶ Intersectionality
 - Degree of enculturation into and identification with multiple first cultures
 - Degree of acculturation into and identification with second cultures

Hofstede's Cultural Dimensions

Power-Distance Index

- ▶ High: Accepted hierarchical order in society.
- ▶ Low: Minimize power differences unless justified.

Individualism vs. Collectivism

- ▶ High: Prioritizes responsibility for the individual and immediate family.
- ▶ Low: Prioritizes group interdependence/caretaking in exchange for loyalty.

Masculinity vs. Femininity

- ▶ High: Society values competitiveness, assertiveness, achievement, heroism, and material success.
- ▶ Low: Society values cooperation, modesty, cooperation, caring for the weak, and quality of life.

Uncertainty-Avoidance Index

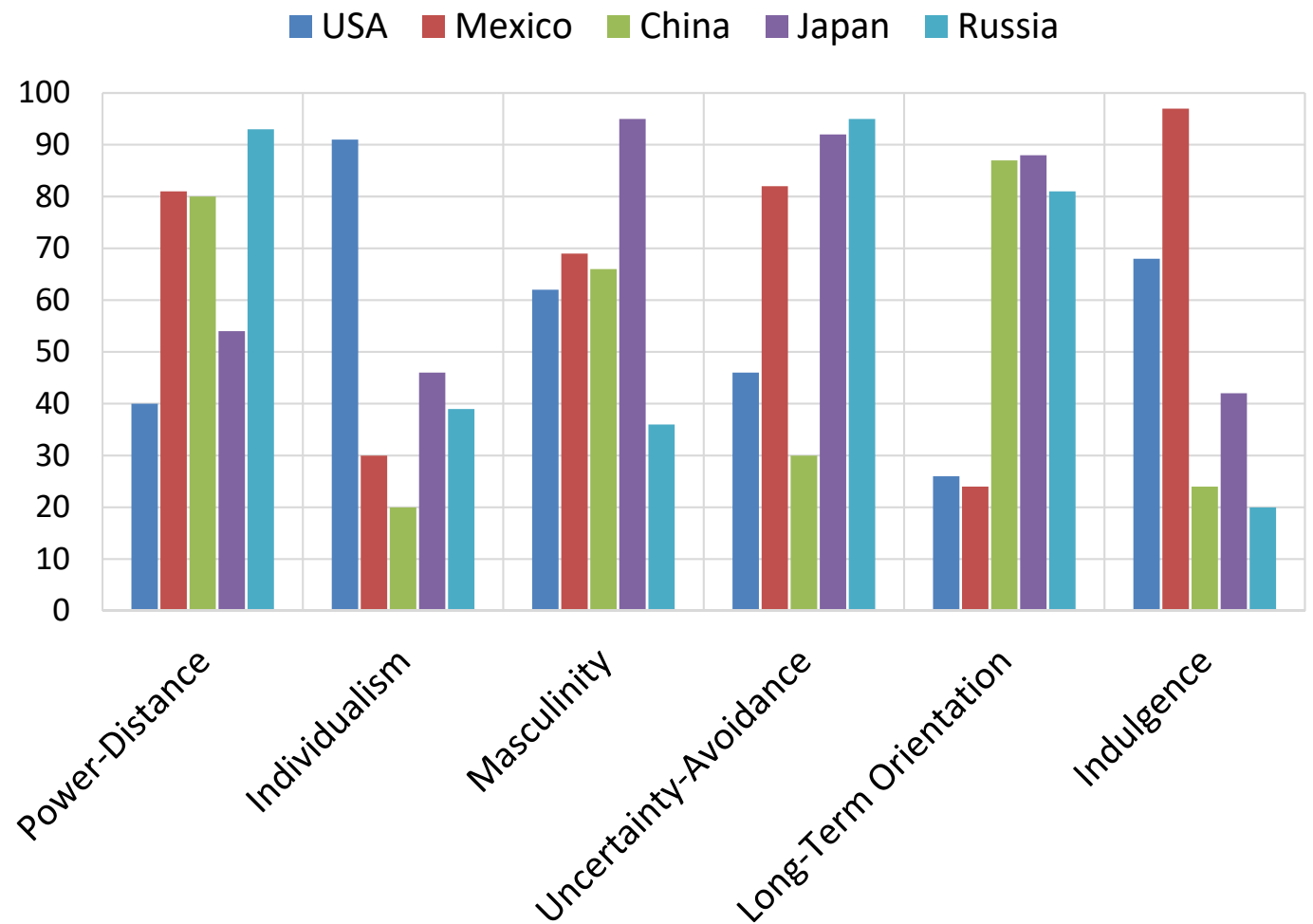
- ▶ High: Rigid codes of expected behavior and belief.
- ▶ Low: Results matter more than methods.

Long-Term vs Short-Term Normative Orientation

- ▶ High: Society values short-term sacrifice for long-term rewards.
- ▶ Low: Society values time-honored traditions; suspicious of change.

Indulgence

- ▶ High: Permissive gratification of desires for fun and enjoyment.
- ▶ Low: Strict social norms restrict gratification of desires.



Cultural Distance





Boundaries of Cultural Competence

- ❖ The greater the cultural distance, the more culture-specific knowledge and skills will be needed to provide competent services.
- ❖ Recognizing limits of cultural competence requires general multicultural knowledge and skills.



Boundaries of Cultural Competence

▀ Providers should

- ▶ Have and continue to develop general multicultural competence.
- ▶ Be able to assess cultural distance and determine whether they are competent to provide culture-specific services on a case-by-case basis.
- ▶ Be aware of culture-specific resources and be able to make referrals when appropriate.
- ▶ Consider taking reasonable steps to obtain culture-specific training and/or consultation when needed to ensure individuals seeking services have appropriate access.
- ▶ Refuse/discontinue services based on culture when and only when standards of competence cannot be met.



Developing Competence in Deaf Mental Health Care

- Deaf mental health care is an established specialized area of practice involving distinct:
 - ▶ Cultural considerations,
 - ▶ Language and communication needs, and
 - ▶ Psychosocial and developmental considerations.
- Developing specialized competence in Deaf mental health care typically requires 1-3 years of training and practice under qualified supervision or consultation.
- Developing the fluency necessary to provide clinical services directly in ASL typically takes 5-7 years (although some learn faster).



Developing Competence in Deaf Mental Health Care

➤ A good place to start:

- ▶ Read *American Ways* (3rd ed, 2011) by Gary Althen to develop a better conscious understanding of American culture.
- ▶ Learn more about Hofstede's Cultural Dimensions.
- ▶ Take/encourage other providers to take continuing education focused on developing basic multicultural competence.
- ▶ Have all providers who work with deaf consumers take DMH's Deaf Services Training in Relias Learning.
- ▶ Have all providers who work with hard of hearing or late-deafened consumers take MN DHHSD's Working with People with Hearing Loss training online.
- ▶ Contact the Office of Deaf Services for consultation.



Resources in the DSA Manual

dmh.mo.gov/deafservices/dsamannual



Questions?

