

# Including Lived Experiences in Thinking about Diversity

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# In Loving Memory of Our Beloved Peer Leaders



Tina Wooton &  
Jay Mahler

*“There is no empowerment without employment!”*

# ROCCO CHENG & ASSOCIATES



- Established by Dr. Rocco Cheng aiming to provide culturally and linguistically responsive training, consultation, and technical assistance
- RCA has trainers with solid mental health background as professionals and/or peers
- RCA provides training for employers and peers mostly in Southern California counties
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# We'll Learn About:

- Dimensions of diversity within mental health system
- Cultural humility as a vehicle of inclusion for service and recovery
- The importance of considering consumer and peer perspectives
- Workplace/system considerations

# I. About Culture and Diversity

A photograph of a fish swimming in clear blue water. The fish is positioned horizontally in the lower half of the frame, facing right. The water is a vibrant blue, and a wave is visible at the top of the image. Several bubbles are scattered in the water, particularly on the right side. The overall scene is bright and clean.

**Culture is to us like  
water is to fish.**

- Josie Romaro

# Common Culture/Diversity Dimensions

- Culture / ethnicity / language
- Age / generation
- Sexual orientation and gender identity/expression
- Religious affiliation & spiritual practice
- Political affiliation
- Nationality and/or place-of-origin
- Immigration / refugee status
- Occupation, social class, and place of residence
- Lifestyle and/or Alcohol and Other Drugs (AOD) use

# Diversity beyond Culture and Language

As we work in the mental health system, we also want to be responsive to the needs of diverse “customers”

- Mental Health status
- Gender identity/expression
- Physical/medical conditions
- Neurotype/Developmental Disability

# The Neurodiversity Movement



**Neurodiversity:** refers specifically to the limitless variability of human cognition and the uniqueness of each human mind.

*A political term.*

- Shift mainstream perceptions of marginalized NeuroMinorities
- Replace negative, deficit-based stereotypes of NeuroMinorities with a more balanced valuation of their gifts and needs
- Find valued roles for neurologically marginalized people
- Show that all society benefits from the incorporation of NeuroMinorities.

(Judy Singer, 2020)

# Models of Disability

Medical: your condition is the problem.

Functional: your inability to climb stairs is the problem.



©PacingPixie

Social: the stairs are the problem.

The **social model of disability** situates the problem in **social structures** and emphasizes on socio-political contexts.

## II. Our Response to Diversity

# Cultural Humility

*“A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.”*

~National Institutes of Health (NIH)

# Stigma, Implicit Biases, and Isms

- One of the most deterrent factors for people to seek for mental health services is stigma (and discrimination).
  - This is especially true for people from diverse backgrounds
- As we examine the stigma associated with mental health condition, we will also need to examine individual and collective implicit biases, and “-isms”
  - We may not be readily aware of our own implicit biases in experiencing and understanding (interpreting) our experiences.
  - As we get accustomed to the “color lens” we use to experience the world, we may habituate and forget that they are “our” color lens
  - Some of the isms include: ageism, ableism, sexism, mentalism etc.

## Anti-Oppressive Practices: Dismantling –isms

Characteristic	Prevention / Anti-Oppressive Practice
Perfectionism	Culture of appreciation, mistakes are expected
Sense of Urgency	Realistic workplans, leadership understands it takes longer
Defensiveness	Understand structure cannot alone facilitate/prevent abuse
Quantity over Quality	Organization value statement guiding daily work
Worship of the Written Word	Be clear that you have learning to do about the communities' way of communicating
Paternalism	Include people who are affected by decisions in the decision-making
Either/Or Thinking	Slow it down and encourage people to do a deeper analysis
Power Hoarding	A good leader develops the power and skills of others
Fear of Open Conflict	Distinguish between being polite and raising hard issues
Individualism	Evaluate ability to work as a team toward shared goals
Progress is Bigger/More	Create Seventh Generation thinking by asking how group actions now affect people seven generations from now
Objectivity	Everyone has a worldview that affects how they understand things
Right to Comfort	Discomfort is at the root of all growth and learning

(adapted from Jones & Okun, 2001)

## Equality



The assumption is that **everyone benefits from the same supports**. This is equal treatment.

## Equity



**Everyone gets the supports they need** (this is the concept of "affirmative action"), thus producing equity.

## Justice

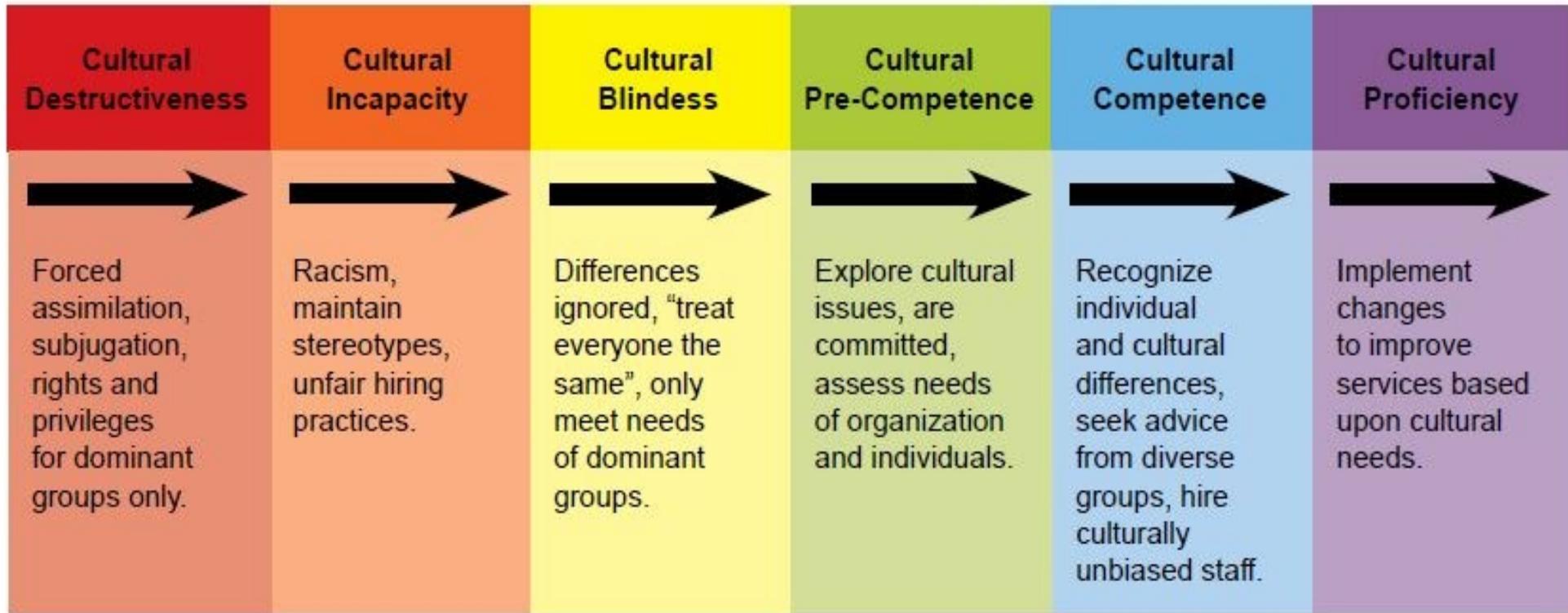


All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

## Cultural . . .

<b>Sensitivity</b> (Dabbah, 2020)	Being <b>aware</b> that <b>cultural differences</b> and similarities between people exist without assigning them a value (e.g., right/wrong or better/worst).
<b>Competence</b> (Cross et al., 1989)	A set of <b>congruent behaviors, attitudes, and policies</b> that come together in a system, agency or among professionals and enable that system, agency or those professions to <b>work effectively</b> in <b>cross-cultural situations</b> .
<b>Humility</b> (Hook, 2013)	The ability to maintain an interpersonal stance that is <b>other-oriented</b> (or open to the other) in relation to aspects of <b>cultural identity</b> that are most important to the [person].
<b>Attunement</b> (Falicov, 2014)	Embrace the dialectical tension of: 1) having <b>knowledge</b> about <b>different culture groups</b> and 2) acknowledging that <b>we can't know all of the different aspects</b> of each culture given how different cultural identities interact to create unique ecological niches for families/individuals.

# Continuum of Cultural Competency



# Cultural Proficiency Levels

- Individual
- Organizational
  - Consumer
  - Peer
  - Practitioner
  - Administration & Senior Management
  - Policy
- Culturally competent mental health care

# III. Importance of Including Consumers and Peers

# Including Consumer and Peer Perspectives

- With the passing of SB803, we need to consider the perspectives of individuals with lived experience more than ever.
- Consumers/Peers are primary stakeholders.
- Consumers/Peers give us the unique insight of their lived experiences.
- “Nothing about us without us!”

# Contributions from Ind. w/ Lived Experience

- Engagement
- Authenticity
- Humility
- Creativity in problem-solving
- Realistic expectation of the system and individual contribution
- Person-centered
- Relationship-focused
- Recovery-focused

# Peer Staff Contribution

Help shape/modify services to meet the needs of the client and community:

- Determine cultural appropriateness of intervention
- Work towards cultural integration
  - Cultural exchange in which one group assumes the beliefs, practices and rituals of another group without sacrificing the characteristics of its own culture
  - Healthy intermingling of the beliefs and rituals of two unique cultures
  - Programs utilize cultural practices or strengths from the community to improve services provided

# Consumer Contributions to MH system

- There is no “system” without consumers.
- Who’s the true expert?
- Mental health condition is to the consumer/peer, like water is to fish.
- So what is your role as a provider?
- EBP vs. CBP/CDE
- Please be reminded that many of your staff also have lived experience (self/family members).

# WORKPLACE EXAMPLES.

Autistic teams undertaking software-testing roles in an Australian Federal Government Department **demonstrated 30% higher productivity** over Neurodiversity-typical teams.

A team in another Government Department were provided with a significant backlog of firewall security event logs. The backlog was assessed as likely to take 18 months to clear. However, the new team were able to **clear it in 4 months and redesigned the process** at the same time.

Cyber security analysts start at a level one and normally progress to level two after five years. In some cases, in a new autistic team in an Australian bank, some trainee analysts were **writing level two reports after only five months**.

In early 2018, a major Australian bank commenced their Autism@Work Program. Their initial cohort of nine trainees were **proficient four months earlier than expected**, returning **12 months' value in five months** and delivered an **over 50% increase in productivity**. In April 2019, the bank took on its second cohort of trainees. Within four months, this team had created detection rules in the security/intelligence tools used and moved from a process that was mainly manual to the **automation of more than 78% of the process** – resulting in an **ongoing saving of hundreds of hours per month**.

# WORKPLACE EXAMPLES.

A team at an Australian Bank – dealing with access requests – were **26% more productive** than neurotypical team within 2 months of commencement

A program implemented by JPMorganChase in the US demonstrated **48% higher productivity** from a neurodiverse team when compared to a “neurotypical” team. After three to six months working in one area of the bank, autistic workers were doing the work of people who took three years to ramp-up – and were even more than **50% more productive**.

A study by Curtin University in 2016 found that employing autistic adults **benefited employees, employers and their organisations without incurring additional costs.**

A survey of co-workers of those in Autism At Work programs in Australia (as part of a larger longitudinal study by Olga Tennison Autism Research Centre) indicated **strong conviction about the importance and value of such programs:**

# SAMHSA's Working Definition of Recovery

*A process of change through which individuals improve their health and wellness, live a **self-directed** life, and strive to reach their **full potential**.*

- Health
- Home
- Purpose
- Community

# SAMHSA's Ten Guiding Principles of Recovery

1. Hope
2. Person-Driven
3. Many Pathways
4. Holistic
5. Peer Support
6. Relational
7. **Culture**
8. Addresses Trauma
9. Strengths/Responsibility
10. Respect



# Principle 7: Culture

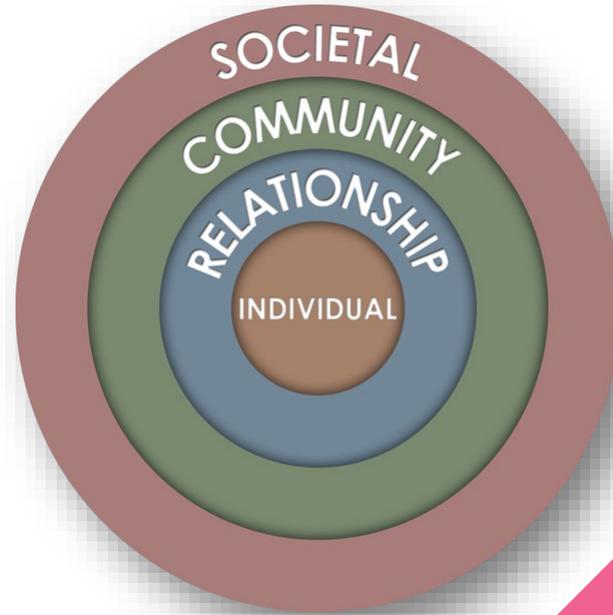
## **Recovery is culturally-based and influenced**

- Culture and background are keys in determining a person's unique pathway to recovery
- Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs

# What Do Culture/Diversity Have to Do w/ Recovery?

Known **risk** factors for mental health disorders:

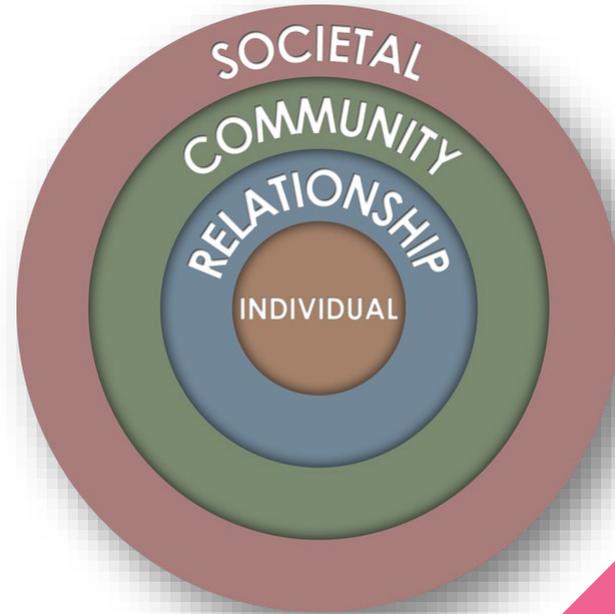
- Family history
- Personal history
- Trauma
- Environment
- Personal stress
- Social isolation
- Stigma



# What Do Culture/Diversity Have to Do w/ Recovery?

Known **protective** factors for mental health:

- Family strengths
- Personal strengths
- Traumatic growth
- Resiliency & growth
- Kinship support
- Ethnic identity & pride
- Spirituality
- Community acceptance



# Keeping Recovery Elements in Mind

Four stages of Recovery (Ragins, 2007) -

1. Hope
2. Empowerment
3. Self-Responsibility
4. Meaningful Role in Life

# Cultural Differences in Expression

**Symptoms,  
Meaning**

**Causation,  
Prevalence**

**Family Factors**

**Coping Styles**

**Treatment  
Seeking**

**Mistrust**

**Stigma**

**Immigration**

**Overall Health  
Status**

# Many Pathways to Recovery

Effective services begins with understanding the cultural norms and practices of the individual and the community they identify with, and making changes to the established treatment accordingly.

- Modification
- Adaptation
- Tailoring



# IV. Take It to Action: Workplace & System Considerations

# Culturally Competent Health Organization

- Social Benefits
- Health Benefits
- Business Benefits

*(American Hospital Association, 2013)*

# System Requirements

**Values**



**Capacity**



**Action**

# Culturally Responsive Protocols – 9 Domains

1. Commitment, governance and leadership
2. Racial Equity Policies and Implementation Practices
3. Organizational Climate, Culture and Communications
4. Service Based Equity
5. Service User Voice and Influence
6. Workforce Composition and Quality
7. Community Collaboration
8. Resource Allocation and Contracting Practices
9. Data, Metrics and Quality Improvement

# Implementing the Protocol

- Policy reflects commitments
- Governing body and upper leadership
  - Supports policy
  - Implement the full spectrum of domains included in protocol.
- Recruit leaders with experience
- Budgeting reflects cultural responsiveness & racial equity
- Invite community leaders to develop a Community Action Board (CAB)
- Annual review of organization's integration of Protocol
- Ensure Protocol Assessment is conducted accurately.
- Annual Protocol Assessment and Improvement Plan reviewed and verified by CAB & community advocates

# Welcome Feedback!

## Ask stakeholders for feedback regularly

- Welcoming culture of the organization (represented in materials, website, office, pictures)
- Respect by relevant staff
- Understanding by staff of culture, history, policy barriers, discrimination
- Experience of being valued by the organization and absence of disparaging discourses
- Experience of interpreter services
- Barriers in seeking and receiving services

# Integrating Diverse Perspectives - Challenges

- **Individual**
  - External stigma vs. Internal stigma
- **Provider**
  - Us vs. Them
  - Stigma
- **System**
  - Medical model vs. Recovery model
  - Culture within the system
  - Stigma

# Boundaries & Role Conflict

Peer Support Staff need a lot of support because they:

- Manage a lot of client crises and trauma
- Higher likelihood of job confusion and job stress
- Higher likelihood of needing an unconventional job structure
- Higher likelihood of stigma and discrimination
- Increased risk of role conflicts (e.g., previous therapist)
- Increased difficulty with maintaining clear boundaries (due to similar lived experiences)

# Language Preferences

- **Pronouns**

- He, him, his/She, her, hers/They, them, their
- Non-binary

- **Person-first vs. Identity-first language**

*A person's dimension of diversity represent phenomenological differences in thinking, perceiving, organizing information. It is inseparable from the person. It is not transient, affects the person globally, and hold substantial strengths, genius, and creativity.*

- Default to identity first, comply with personal preference

# Functioning Labels

“The difference between high functioning autism and low functioning is that high functioning means your deficits are ignored, and low functioning means your assets are ignored.”

- Laura Tisoncik

- Outdated
- Inherently ableist
- Ignores someone's strengths or someone's support needs
- Creates hierarchy based on neurotypical norms

# Diversity-Affirming Assessment & Treatment

- Seeking consultation and training from neurodivergent & diversity-affirming assessors and practitioners
- Read research and writing from neurodivergent scholars
- Include lived experiences as valid data for assessments/treatments
- Expand psychological understanding to beyond behaviors (to include the inner experiences of the peer/consume)
- Utilizing treatments beyond EBTs (e.g., geek therapy)
- Check your expectations for them to behave a certain way
- Celebrate meaningful events in their universe.

# Diversity-Affirming Supervision

- Collaboratively agree upon expectations and how work will be completed.
- Check assumptions (especially fundamental attribution error)
- Avoid understanding a peer staff through the lens of functioning labels
- Advocate for an environment/work process that respects peers' strengths and support needs (e.g., assume that one or more peers have hardships)
- Check your privilege and your -isms regularly
- Attend to supervision process to avoid making assumptions about social behaviors

It's all data collection!! Be ready to listen and adapt!

# Diversity-Affirming Leadership & Advocacy

- No more “business-as-usual” or “you’re the only one with that issue”
- Advocate for systemic change to allow peers’ strengths to fully develop
- Step back as needed to let peers step up
- Be transparent; describe and explain the system as you know it to peers
- Be accountable; do what you say you will do
- Boost organizational capacity in community-based organizations and programs
  - Funding (MYGOD - multi-year general operating dollars)
  - Stakeholder engagement
  - Reduce barriers (e.g., different forms for each grant)

# What Do You Think?

What are some ways you can consistently demonstrate cultural competence when providing services to consumers?

How can you support peer staff in a culturally competent way?

# Final Thoughts

**Cultural competence  
is not an end point,**

**but an enriching journey.**