

Incorporating Lived Experiences in Our Thinking of Diversity to Enhance Quality of Care

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Southern Counties Regional Partnership (**SCR**P)

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In Loving Memory of Our Beloved Peer Leaders



Jay Mahler, Sally Zinman, &
Tina Wooton

“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
- RoccoAssociates@gmail.com

We'll Learn About:

- 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 considerations

I. Culture, Lived Experiences, 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 rising from the bottom right towards the center. The text is overlaid on the left side of the image.

**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 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, 2016)

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.

Disability



Personal
Health
Condition

Disability



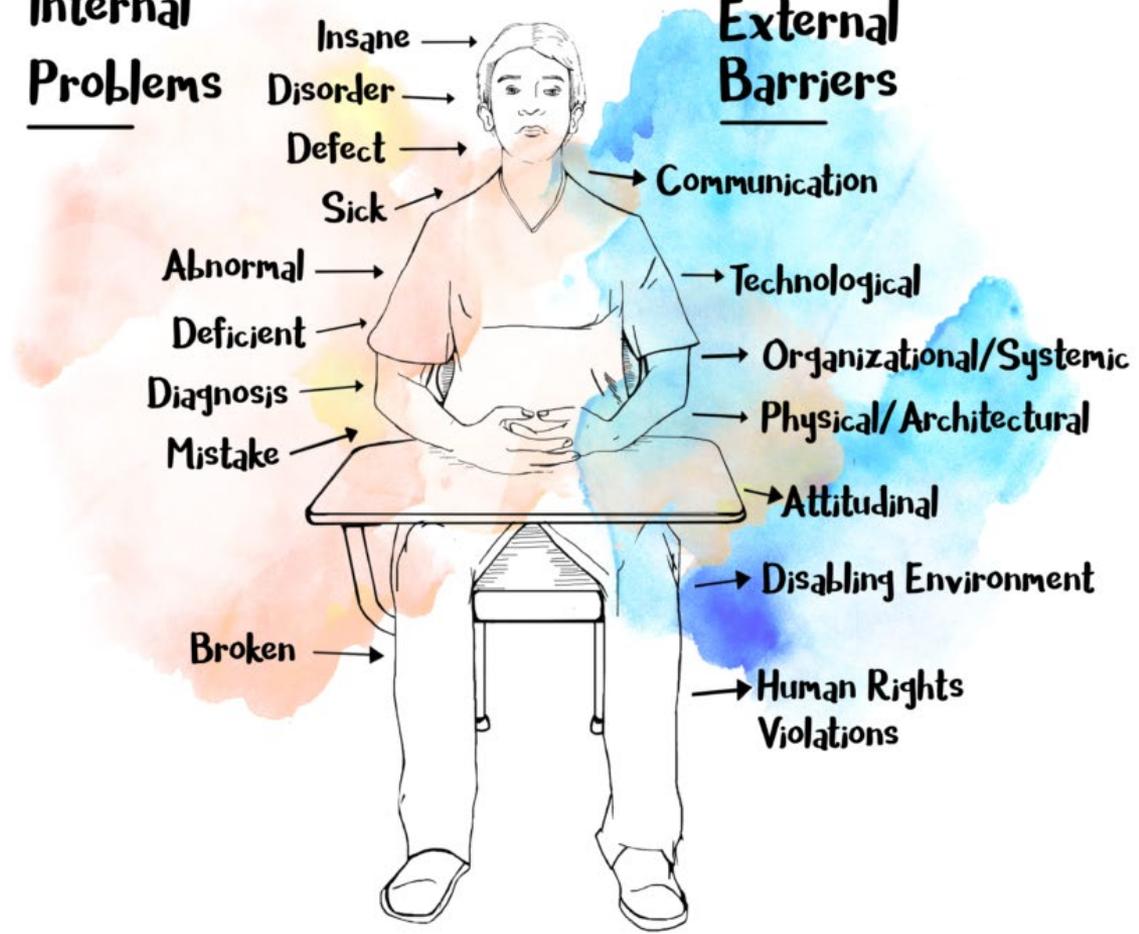
Mismatched
Human
Interactions

Internal Problems

- Insane
- Disorder
- Defect
- Sick
- Abnormal
- Deficient
- Diagnosis
- Mistake
- Broken

External Barriers

- Communication
- Technological
- Organizational/Systemic
- Physical/Architectural
- Attitudinal
- Disabling Environment
- Human Rights Violations



SOME DISABILITIES LOOK LIKE



OR



**BUT THERE ARE MANY
INVISIBLE DISABILITIES
THAT JUST LOOK LIKE**



ChronicallyHopeful.com

Common Neurodivergent Struggles

- Processing and learning differences
- Executive functioning challenges
- Sensory differences
- Muscle and movement coordination
- Impulse control
- Processing speed
- Empathy
- Sleep difficulties
- Trauma, fatigue, rejection, depression, anxiety

II. 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!”

Challenges of Not Including Consumers and Peers

- Does not foster sense of trust and collaboration
- “Lost in translation”
- May create a mismatch service delivery that is not effectiveness

“Neurodiversity may be every bit as crucial for the human race as biodiversity is for life in general. Who can say what form of wiring will be best at any given moment?”

— Harvey Blume, *The Atlantic*, 1998

Benefits of a Neurodiverse Workplace

- Companies with inclusive cultures 6 times more likely to be innovative and agile (Deloitte, 2018).
- Professionals in Autism at Work initiative made fewer errors and were 90% to 140% more productive than neurotypical employees (JPMorgan Chase).
- Teams w/ neurodivergent professionals in some roles 30% more productive than those w/o them. Inclusion and integration of neurodivergent professionals also boost team morale (Harvard Business Review, 2021).

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.
- Please be reminded that many of your staff also have lived experience (self/family members).

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**.*

Recovery in:

- 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

Diversity Affects Recovery

- Personal history
 - Trauma
 - Stress level
 - Coping strategies and resilience
 - Ethnic identity and pride
 - Recovery experiences
- Family environment
 - Support (non-rejection)
- Social environment
 - Social isolation vs. support
 - Stigma
- Spirituality

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



III. Take It to Action: Workplace Considerations

Culturally Competent Health Organization

- Social Benefits
- Health Benefits
- Business Benefits

(American Hospital Association, 2013)

System Requirements

Values



Capacity



Action

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

- **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.

- Disability is part of a person's identity
- 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

Communication

- Presume competence
- Provide accessible materials (e.g., lay terms, ASL, AAC)
- Accept different meaning/function of behaviors
- Assess for masking and compensatory strategies
- Recognize ND burnout
- Consider differences in feelings
- Consider adaptations/tailoring of treatment modalities
- Remember privilege and avoid pathologizing language

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/consumer)
- 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 (Accommodations!).
- 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, as well as respect for diversity and inclusion when providing services to consumers?

How can you support peer staff in a culturally competent and neurodiversity-affirming way?

Final Thoughts

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

but an enriching journey.

