Why Cultural Competence is One of Wraparound's Greatest Strengths and Most Persistent Challenges

By Katherine Lazear

The concept of cultural and linguistic competence in behavioral health has continuously evolved throughout the last few decades. It has adapted in response to a wide range of ideas, experiences, and demographic changes reflecting an increasingly diverse population. Nevertheless, disparity data continue to show differences in outcomes among specific racial and ethnic groups due to factors such as unequal access to services and/or inappropriate treatment. Research also shows persistent over-representation of specific groups in our child and youth services, such as African American youth in juvenile justice facilities and foster care, and sexual and gender diverse (e.g., lesbian, gay, bisexual, transgender) youth in homeless shelters. Disparity and disproportionality have led to mandates and recent guidelines for culturally responsive, appropriate, and competent care which, in turn, have had considerable influence on behavioral health practice. For example, providers are focusing on ways to operationalize the Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Heath and Health Care (U.S. Department of Health and Human Services, n.d.). In addition, changes in societal norms and expectations and an openness to adapting established treatment practices have helped shape behavioral health interventions.

The ability to provide culturally responsive care, service planning, and coordination is especially important for practitioners, care coordinators, and peer advocates who function in increasingly diverse environments. However, culturally responsive treatment, services, and supports cannot be offered to all youth and families unless practitioners and care coordinators have a basic understanding of diverse cultural backgrounds, such as health beliefs, language, and customs. Practitioners must be effective in establishing rapport with youth and families, to accurately assess the issues, and, in partnership with the youth and family, develop and implement comprehensive service and support plans designed to meet the youth's needs. The development, implementation, and monitoring of culturally responsive plans may often require behavioral health care providers to have access to cultural brokers, trained

interpreters and accurately translated material. Skilled supervision of front line staff also must include an awareness of cultural needs and supervisors actively building competency in staff not only around a model or service intervention but also around engagement techniques and cultural competency areas. Furthermore, practitioners, along with peer supports and other treatment team members, often have to support decisions made by families and youth that may reflect a cultural perspective that conflicts with mainstream clinical practices and support interventions, or their own cultural health beliefs. Supervisors and managers need to ensure clear understanding of programmatic boundaries so modifications can be made based on the cultural needs of the families with whom they partner. Chip Wilder, LICSW, director of the Family Options Program in Marlborough, MA, examined Wraparound in relation to our own cultural narratives. Wilder concludes that:

> *Wraparound facilitators and managers must, therefore, strive to expand their own and team members' reflective awareness of the cultural frames and conceptual metaphors that guide their thinking, decision-making, and behavior. (p. 8)*

Cultural Adaptations to Wraparound and Practice

Cultural and linguistic competence is a major tenet of Wraparound, a team-based planning process and approach that helps youth and families realize their goals. The ten principles of the Wraparound process are 1) family voice and choice; 2) team-based; 3) natural supports; 4) collaboration; 5) community-based; 6) culturally competent; 7) individualized; 8) strengths- based; 9) persistence; and 10) outcome-based. For more information about Wraparound, go to the National Wraparound Initiative at http://www.rtc.pdx.edu/nwi. (Miles, P. et. al. 2006)

Various examples of culture-based Wraparound exist. One such example is Connecting Circles of Care (CCOC), a graduated system of care community funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). CCOC defines culture-based Wraparound as "an approach that expands on the Wraparound services model, defined by the National Wraparound Initiative by establishing a higher standard for cultural competence. The enhanced model ensures families can receive treatment services that are grounded in their cultures; designed by members of their cultures; and, provided by culturally matched staff. CCOC focuses on four distinctive cultural groups: African

Americans, Hmong, Latinos and Native Americans." (Palmer, et. al., 2011, p.1) In addition, CCOC offers a comprehensive approach to community engagement, an awareness of intergenerational and historical trauma, explicit reference to spirituality, and a high premium on relationships and trust building with families. More information on CCOC and culture-based Wraparound can be found by clicking here.

Cultural adaptations to Wraparound continue to be implemented in Native American communities. Framed in a holistic, ecosystemic, strength-based perspective, the approach moves from a deficit orientation focusing on illness and disease, to a focus on wholeness, wellness and health. *Wraparound in Indian Country: The Way of the People Are Who We Are* is a guide and training developed by the Native American Training Institute. More information can be found at www.nativeinstitute.org. This approach is similar to what Cross et al. (1995) described as "relational world view" model organizing the world into four quadrants that integrate and come into balance in tribal cultures. The four quadrants are context, mind, body, and spirit. This approach is foundational in many system of care tribal programs and used by the National Indian Child Welfare Association as an assessment tool for technical assistance. More information can be found at www.nicw.org.

Other adaptations to Wraparound, which can increase cultural responsiveness, include the integration of evidence-based interventions into the approach. For example, THRIVE – a graduated system of care grantee in Maine, in partnership with the child welfare system, has implemented Wraparound with a trauma-informed foundation. This has been especially important as Maine has seen increasing numbers of families who are refugees from over 30 countries settle in the state. Many of these families have experienced conflicts and tragedies, resulting in extremely adverse experiences in childhood and adolescence. To learn more about THRIVE, go to http://thriveinitiative.org/.

Evidence-based culturally responsive and specific interventions and approaches are also growing in numbers, as evidenced by their increasing representation in the SAMHSA National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable online registry of more than 330 substance abuse and mental health interventions and programs. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation. Several of these NREPP listed programs are illustrated in Table 1.

Cultural Adaptation of Cognitive Behavioral Therapy (CBT) for Puerto Rican Youth	Cultural Adaptation of Cognitive Behavioral Therapy (CBT) for Puerto Rican Youth is a short-term intervention for Puerto Rican adolescents, ages 13-17, who are primarily Spanish-speaking and have severe symptoms of depression.
Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)	Hip-Hop 2 Prevent Substance Abuse and HIV (H2P) is designed to improve knowledge and skills related to drugs and HIV/AIDS among youth ages 12-16 with the aim of preventing or reducing their substance use and risky sexual activity.
Project Venture	Project Venture is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade American Indian youth. It aims to develop the social and emotional competence that facilitates youths' resistance to alcohol, tobacco, and other drug use.
SANKOFA Youth Violence Prevention Program	The SANKOFA Youth Violence Prevention Program is a strengths-based, culturally tailored preventive intervention for African American adolescents ages 13-19. The goal of the school-based intervention is to equip youth with the knowledge, attitudes, skills, confidence, and motivation to minimize their risk for involvement in violence, victimization owing to violence, and other negative behaviors, such as alcohol and other drug use.

Table 1

These and other program descriptions can be found at http://www.nrepp.samhsa.gov/. There are also programs that, as Pires (2003) writes in *Building Systems of Care A Primer* "…reflect a growing literature about promising approaches, which have not yet had the benefit of scientific research, but which, experientially, are demonstrating effective outcomes. This is sometimes referred to as "practice-based evidence" or "community-defined evidence." Both evidence-based services and treatment approaches and those supported by practice-based or community-defined evidence are needed in system of care." (p. 124)

Additionally, The National Wraparound Implementation Center (NWIC) has partnered with PracticeWise to develop an integrated model of Wraparound and the Managing and Adapting Practice (MAP) system. Through this integration, evidence-based approaches are strategically incorporated into the Wraparound process to provide families with access to an array of evidence-based practice elements

tailored to their individual needs and culture. For more information about the integration of Wraparound and the MAP system, go to http://www.nwi.pdx.edu/NWI-book/Chapters/Bruns-5g-(wrap-MAP).pdf.

The principle of cultural and linguistic competence is also intended to be operationalized in the Wraparound plan itself. In addition to cultural modifications of the process, the development of a comprehensive family story inclusive of a family's strengths, traditions, culture, and history, as well as the development of strategies and determination of outcomes, are grounded in a cultural lens. For example, Illustration A on the next page depicts selected contents of a Wraparound plan for John, a youth who identifies as a gay male. (Shown are vision, culture/strengths, needs, and strategies; not shown are who is responsible, timelines, benchmarks/goals/outcomes, safety plan.)

Meeting Challenges

The challenges faced in implementing a culturally competent Wraparound approach are both systemic and individual. Wraparound Milwaukee has tackled some of these challenges. In a previous *TA Telescope* article, focused on sustaining the progress in cultural and linguistic competence in systems of care, we talked about the broad, diverse provider network of Wraparound Milwaukee. Approximately 40 percent of Wraparound Milwaukee's contracts are with minority-owned and -operated providers, part of Wraparound Milwaukee's effort to meet the challenge of developing a culturally responsive provider network. Wraparound Milwaukee's provider policies and structure enable smaller, culturally diverse community-based providers to compete for service contracts with larger, more established providers. Families have a great deal of choice related to who is providing services to them. There are also policies on cultural competency/diversity in service provision, including provider non-discrimination policies and language translation service requirements.

Another challenge to providers is meeting the needs of families who do not have access to or feel a lack of connection in mainstream American health care settings. For example, the Asian Pacific Counseling Treatment Centers (APCTC), a program of the Los Angeles County Department of Mental Health, recognized the lack of utilization of services for Asian Pacific Islanders, due to access issues, such as language or cultural misunderstanding. Taking a multidisciplinary and culturally sensitive approach,

Vision	Culture and Strengths	Needs	Strategies
Life will be better when we (John and his mother) are hanging out like we used to and having fun with friends and family.	• John is a good artist and uses art to express his feelings and get out his anger. • Claire (mother) likes to help others and believes "in the Golden Rule." • Claire has strong roots in her church community and leans on fellow members for strength • Claire meditates to find peace and re-center herself. • Claire and John have a large extended family and enjoy family get-togethers with good food and 'jam sessions.' • Sara (probation officer) has lived in the same community as Claire and John for years and has strong community connections. She knows about resources in the area. • Ed (school guidance counselor) is someone John trusts at school and goes to when he gets upset. Ed is sponsor for the school's Gay/Straight Alliance club. He is committed to ending all bullying in schools and knows from personal experience what bullying was like.	• John needs to know he can be himself and make friends he can trust. • John needs to know there is life after high school. • John needs to know being gay is ok. • Claire needs to feel confident she has taught her son her family values. • Claire needs to know John can have all the things she dreamed for her son. • Claire needs to know John can be gay and still be safe.	• John works with other youth to design logos and posters for the gay/straight alliance group. • Art teacher will introduce John to famous gay artists, (e.g., Keith Haring, Erik Sosa). • Claire will attend PFLAG and local Federation of Families meetings. • John, Dave (John's brother), Claire and Ray (live-in boyfriend), participate in family counseling. • School will provide in-service to school staff to understand LGBTQI2-S issues and provide strong support and intervention in the event of bullying • John will pick his top 3 colleges to visit, and the family will take a road trip to visit them. • The family will volunteer at a shelter for runaway youth and cook lunchtime meals for the shelter on Saturdays. • Claire will talk to her pastor at church about how they can both support John in participating in church activities without being bullied.

Illustration A

APCTC was developed to meet the unique needs of rapidly increasing numbers of Asian Pacific immigrants and refugees who were in need of a wide range of mental health services. To learn more about APCTC, go to http://www.apctc.org/.

Nevertheless, systemic challenges still exist. These challenges are well defined by Barbara Lutz (2012), in her dissertation to The Chicago School of Professional Psychology. Lutz conducted an intensive single case study to highlight the impact of Wraparound on a 16-year-old youth of immigrant background on probation. Lutz emphasized the importance of attending to culture with an increasing emphasis on outcomes and cost effectiveness to measure the "success" of behavioral health services.

However, few studies related to these programs took the time to pay detailed attention to the experiences of the youth participating in these programs, such as their life journeys, their culture, and their ways of understanding the different worlds they navigate. Wraparound programs embrace a holistic view of the participants and support integrative interventions. Still the voices of the youths requiring help can get lost in the efforts focused on treatment success. Yet listening to the concerned youths is the key to a better understanding of the complicated realities they face and to creating the appropriate networks of support for sustainable positive outcomes. (p.2)

In addition to systemic challenges, there are also personal challenges that may arise in the provision of culturally competent care and services. There is significant evidence that health care providers hold unconscious stereotypes — based on patient race, class, sex, and other characteristics — that influence their interpretation of behaviors and symptoms, and their clinical decisions. In the Health Beliefs Tool Kit (2014), the authors note that "there is a vast list of available resources related to the culture of specific ethnic groups, including discussions of their main attitudes and beliefs. Although this information may provide basic knowledge on how to address the cultural needs of specific groups, the 'one size fits all' approach has limitations." (p. 6) In addition, to provide culturally competent care, behavioral health care providers must determine the extent to which persons belonging to cultural or ethnic groups have acculturated to (i.e., modified their culture as a result of contact with another culture) or assimilated into (i.e., gradually adopted and integrated characteristics of the prevailing culture into their own culture) U.S. society. One of the core principles of Wraparound, developing an individualized plan, can help to address unintentional biases. The youth, family, and other team members develop and implement a customized set of strategies, supports and services, based on the unique and specific needs and strengths of the youth and family.

Conclusion

Culture is one of the most influential variables known to shape our health beliefs and practices. The increasingly diverse, multicultural population being served in systems of care is offering new challenges in the provision of culturally competent behavioral health care by practitioners, care coordinators and other service and support providers. As such, each provider must be aware of how cultural beliefs affect treatment and healing practices, as well as health and well-being (Vaughn, Jacquez, & Baker, 2009; Scheppers, et al., 2006). Resources, such as the recently published Health Beliefs Tool Kit (Concha, et.

al., 2014), provide practitioners with tools that address family health beliefs and cultural considerations. In addition, the Tool Kit presents exercises for practitioners to reflect on their own health beliefs and how their own beliefs may shape attitudes and interventions for children, youth, and their families.

To this end, the behavioral health care field continues to assess the need for culturally competent care and to develop training programs and skill-based supervision for practitioners and providers that are designed to address this need. The Surgeon General's Report, Culture, Race, and Ethnicity (2001) stated:

> *It is necessary to expand and improve programs to deliver culturally, linguistically, and geographically accessible mental health services. Financial barriers, including discriminatory health insurance coverage of treatment for mental illness, need to be surmounted. Programs to increase public awareness of mental illness and effective treatments must be developed for racial and ethnic minority communities, as must efforts to overcome shame, stigma, discrimination, and distrust.* (p. 168)

If the provision of the most effective services and supports for all children, youth, and families is the goal, each practitioner, care coordinator, peer advocacy and support provider, and all Wraparound team members must take an active role in developing their own culturally informed information base in which to be an effective team member. The ability to deliver behavioral health care that will allow effective interactions and the development of appropriate interventions for children, youth and families from diverse cultures, races, ethnic backgrounds, or who identify as sexual or gender diverse is a challenge, as there is no "one size, fits all." With persistent challenges to the existing systems levied by committed individuals, a willingness by those in leadership positions to commit resources , and an openness by the practitioners and the research community to explore and implement culturally responsive adaptations to interventions, it is a goal that can and must be met.

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