

California Association of Social Rehabilitation Agencies

PRINCIPLES OF MULTICULTURAL PSYCHIATRIC REHABILITATION SERVICES

Adopted February 13, 2007

Principle One: Culture is central – not peripheral – to recovery. It is the context which shapes and defines all human activity, including recovery.

Since every human being is born into a particular culture, every culture provides a context for individual growth and development. In doing so, each culture functions to provide a sense of self, identity, and belonging to its members through shared values, beliefs, customs, and perceptions (Basso and Selby, 1976).

Principle Two: Understanding culture as central to client recovery necessitates taking a “culture-centered” approach (Pederson, 1997) to recovery for *persons in recovery, **participants in the recovery process and the system of care in which recovery takes place.

A culture-centered approach recognizes and acknowledges the unique cultural context and background of the person in recovery and of all participants in the recovery process. Because culture is THE context for recovery, recovery comes to be re-interpreted as a change in one’s sense of self, a profound change in one’s cultural identity. A culture-centered approach to recovery begins with the client’s current cultural context, including family, friends, and support system. It extends to include both client cultures and professional cultures from which the person in recovery draws support and develops skills in the course of their recovery. This includes all clients as well as professional persons assisting recovery – practitioners, and system administrative and support staff – who are supportive and helpful to the person in recovery. A culture-centered approach to recovery acknowledges that every participant in recovery may function as a “cultural teacher” or “cultural broker” in supporting the person in recovery’s journey.

Principle Three: A “culture-centered” approach to recovery understands culture in its broadest sense as a constructed and evolving human activity. Each culture contains a virtually infinite number of cultural variables, components which can function as valuable resources for the recovery process.

Critically important contextual variables which may impact persons in recovery include the following: socio-economic status, race, ethnicity, age, sex, gender, sexuality, disability, regional and national identifications, religion, spirituality and other belief systems that provide personal meaning to life, as well as level of acculturation. The salience of these variables will vary according to the client's individual recovery trajectory. It is the task of all participants in recovery to familiarize themselves with these variables and learn how they can be used more effectively in the recovery process.

Principle Four: A culture-centered approach to recovery also recognizes that recovery itself is a multidimensional phenomenon. The personal transformation which we describe as “recovery” encompasses at least three dimensions, the first of which has been described as the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony, W, 1992). For clients who are experiencing the debilitating effects of co-occurring disorders, recovery has a second dimension, that of growing beyond the catastrophic effects of both a mental illness and substance and/or alcohol abuse. In addition, all persons in recovery are confronted with growing beyond the oppressive effects of stigma and a variety of “isms”, including – but not limited to – classism, racism, sexism, and homophobia.

When recovery is seen as involving these three critical dimensions, the task of creating a “culture of recovery” that encompasses persons, systems, and society itself becomes paramount. To be truly transformative in nature, culture centered recovery needs to begin with effective outreach and prevention efforts, enhance competency in interventions and recovery practices, and promote research and outcomes which improve the opportunities for a durable recovery for all persons in recovery.

Principle Five: A culture-centered approach to recovery is a culturally competent one.

Cultural competency “is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables that system, agency or those

professionals to work effectively in cross-cultural settings” (Cross et al., 1989; Isaacs and Benjamin, 1989). Based on a commitment to ongoing self-assessment and recovery readiness, participants in recovery need to develop an individual cultural competency plan which will enhance their recovery competencies in the areas of awareness, knowledge, and skills. This plan should include not only competencies which enable more effective interaction and service efficacy with others perceived as different, but advocacy and action in professional and political spheres to combat stigma, prejudice and discrimination against persons in recovery. It should be accompanied by similar plans for every service component of the system of care and for the system itself.

Principle Six: A culture-centered approach to recovery expects that participants in recovery are aware and knowledgeable about the problems posed by ethnocentrism and cultural encapsulation, and acquire the skills necessary to eliminate or delimit their negative influences. This awareness and knowledgeable begins with one’s own world view, including culturally learned assumptions and biases that are embedded in that world view.

From a culture-centered perspective, culture is understood as a learned phenomenon. Participants in recovery who adopt a culture-centered approach to recovery are committed to both un-learning beliefs and opinions which may act as barriers to more effective and culturally appropriate service delivery, and learning new values and beliefs that can assist in the recovery process. A culture-centered approach to recovery seeks to prevent the imposition of ***ethnocentric and ****culturally encapsulated beliefs (Wren, 1962) and practices on participants in recovery. It does so by asking all participants in recovery to engage in ongoing cultural competence training in order to increase their knowledge and skills of culturally appropriate interventions. All participants in recovery need to be committed to learning about problems and issues that adversely affect historically disadvantaged populations.

Because participants in recovery recognize that oppression, privilege, and stigmatization exist within our society, they acknowledge their responsibility to mitigate the effects of societal “-isms” (classism, ageism, sexism, homophobia etc), and to advocate for access to opportunities and resources for all persons in need of recovery.

Principle Seven: A culture-centered approach to recovery expects that participants in recovery are committed to strength based approaches to recovery, including the locating and utilizing sources of cultural resilience from the person's and one's own world view in the recovery process.

The world view of every participant in recovery is a rich and often untapped source of recovery potential, a container for values, beliefs and perceptions, many of which have been handed down from generation to generation through socialization and enculturation processes. Thus for every participant in recovery, individual attributes have their roots in cultural traditions and practices from their respective cultural heritages. As each participant in recovery learns to locate and mobilize resources from their respective cultural backgrounds, a process of reciprocal empowerment (Trickett, Berman & Watts, 1993) takes place which catalyses sources of healing and empowerment for the journey of the person in recovery.

Principle Eight: A culture-centered approach to recovery recognizes and understands that both the philosophy and practice of rehabilitation and recovery and contemporary theories and practices of psychiatric rehabilitation, medicine, psychology, social work, nursing, and other disciplines in the healing arts are derived from a specific Eurocentric cultural context.

A culture-centered approach seeks to broaden and strengthen contemporary theories and practices of psychiatric rehabilitation from medical, psychological, social work, and nursing disciplines etc. by interpreting them in the cultural context of the individual person in recovery. Culture-centered practitioners begin this process by first seeking to understand the strengths and limitations of these theories and practices by understanding the Eurocentric scientific and empirical context in which they arose. The next step for practitioners is to expand their cultural competency by learning how to reformulate these interventions in relation to the cultural backgrounds and contexts of the persons whom they serve. It also involves the acquisition and implementation of new theories and practices as they become available, including those based on both qualitative and quantitative research methodology.

For persons in recovery, it involves informed collaboration with practitioners when choosing from the array of culturally appropriate rehabilitation services for recovery as well as the need to learn about the cultural backgrounds of their peers in recovery.

Principle Nine: A culture-centered approach to recovery recognizes and accepts that both culture general (etic) and culture-specific (emic) approaches to recovery are needed for culturally competent service delivery to diverse populations.

A culture-centered approach to recovery combines interdisciplinary perspectives on illness and wellness. It does so to provide a more balanced and comprehensive interpretation of human behavior in terms of the context in where it was learned and how it is displayed (Pederson, 1996). A culture centered approach to recovery asks participants in recovery to move beyond the “comfort zone” of their professional disciplines, and seek out knowledge and skills which augment their existing competencies. It also asks persons in recovery to expand their resourcefulness and explore diverse recovery options – including indigenous healing traditions - which are appropriate to their individual needs and offer hope of a more complete and durable recovery.

Principle Ten: A culture-centered approach to recovery recognizes that embracing cultural differences requires nothing less than one’s own personal transformation. It presupposes the creation and development of an ethical foundation which will support the quest of “openness to the other” (Flowers B.J., and Davidov, B, 2006).

A culture-centered approach to recovery recognizes and accepts that encountering and embracing cultural differences will have a profound impact on one’s world view and cultural identity. As the cultural identity of both persons in recovery undergoes a radical change from that of a person with an illness/disability to that of a person in recovery from an illness/disability, persons in recovery will need to seek out and develop resources which will help them manage the “culture shock” (Pedersen, 1996) which accompanies this journey, and the personal transformation which results from it.

Both persons in recovery and participants in recovery will need to learn and embody the character strengths needed for such a transformation. These virtues include – but are not limited to - honesty, courage, and justice - strengths which can be taught by those who already exhibit these capacities. In this quest of “openness to the other”, it is essential that all persons in the recovery process seek out cultural brokers (Pipher, M, 2002) and cultural teachers who will help them acquire the necessary character strengths to sustain them in this venture. This will also assist them in the personal development of an ethical foundation which will support the personal transformation which is implicit in a culture-centered approach to recovery.

GLOSSARY

- * person in recovery – refers to a client or consumer, a person receiving rehabilitation services in a system of care.
- ** participant in recovery – refers to any individual who assists the client in their recovery journey. It may include other clients, family members, rehabilitation practitioners, administrator or support staff or community members.
- *** Ethnocentrism: individual or group notions of superiority based on one or more cultural variables.
- **** Cultural Encapsulation: the imposition of a particular world view on the world view of persons from other cultures.

ADDENDUM:

Organizational Rationale

Principles 1 – 3 describe the relationship between culture and recovery, and establish a rationale for a “culture-centered” approach to recovery.

Principle 4 posits “cultural competence” as a central tenet of a “culture-centered” approach to recovery.

Principles 5 – 7 posit that awareness and knowledge of self as well as one’s cultural heritage are critical components of a culturally competent approach to recovery, and establish “necessary but not sufficient” conditions for culturally competent service provision.

Principle 8 posits that a culturally competent approach to recovery necessitates an awareness and understanding of the cultural contexts of both recovery as well as to illness/wellness as Eurocentric in nature.

Principle 9 posits that intervention skills to assist in the recovery of others stem from a multidisciplinary and multicultural approach to healing.

Principle 10 posits that a culture-centered approach to recovery requires nothing less than personal transformation, and that the authentic pursuit of “openness to the other”, a virtue which is predicated upon a durable ethical foundation for all persons in recovery and participants in recovery.

Abbreviated list of 10 Principles

1. Culture is central – not peripheral – to recovery because it is THE context which shapes and defines all human activity, including recovery.
2. Culture is a constructed human activity and contains a virtually infinite number of variables which can be used as resources in the recovery process.
3. A “culture-centered” approach (Pederson, 1997) to recovery recognizes and acknowledges the unique cultural context and background of a *person in recovery and all **participants in the recovery process.
4. A culture-centered approach to recovery is a culturally competent one, encompassing both participants in recovery and the system of care in which recovery takes place.
5. A culture-centered approach to recovery expects that participants in recovery are aware and knowledgeable about their own world view, including culturally learned assumptions and biases that are embedded in that world view.
6. A culture-centered approach to recovery expects that participants in recovery will be able to locate sources of strength and cultural resilience with which to enhance the recovery process, both from within their culture of origin and in other cultural contexts as well.
7. A culture-centered approach to recovery recognizes the potential limitations on recovery when personal and systemic ethnocentrism and cultural encapsulation is present in the cultural context of recovery, and actively seeks ways to mitigate the influence of oppression, privilege, and stigma.
8. A culture-centered approach to recovery recognizes and understands that contemporary theories and practices of psychiatric rehabilitation, as well as those from medicine, psychology, social work, nursing, and other disciplines in the healing arts are derived from a specific Eurocentric cultural context.
9. A culture-centered approach to recovery recognizes and accepts that neither a culture general (etic) approach to the healing arts nor a single set of interventions derived from any particular discipline of the healing arts is sufficient to accomplish the goal of culturally competent service delivery to diverse populations.
10. A culture-centered approach to recovery recognizes that embracing cultural differences requires nothing less than personal transformation and the creation of an ethical foundation which will support the quest of “openness to the other” (Flowers B.J., and Davidov, B, 2006).

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