

DIVERSITY FRONT AND CENTER

Mapping the territory in Public Mental Health Practice
Presentation by Dr. Haydee Montenegro at CAPIC/MHSA
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Diversity as “us”, instead of “them”

- ▶ * Tendency in Mental Health Professionals to think of diversity in reference to clients only.
- ▶ * Re-thinking diversity to include the Mental health professional.

- ▶ Nuts and bolts of this approach.

- ▶ 1) Ongoing appraisal of our own live baggage and assets.

- ▶ 2) Awareness of the fallacy of the Mental Health Professional as capable of processing client’s input “objectively”.

- ▶ A Multiaxial approach:
- ▶ The ADDRESSING framework in diversity.

- ▶ A – Age and Generational influences.
- ▶ D – Developmental disabilities.
- ▶ D – Acquired disabilities.
- ▶ R – Religion and spiritual orientation.
- ▶ E – Ethnicity.
- ▶ S – Socioeconomic status.
- ▶ S – Sexual orientation.
- ▶ I – Indigenous heritage.
- ▶ N – National origin.
- ▶ G – Gender.

Pamela A. Hays, PhD

Therapist' Personal Factors

- ▶ * Flexibility.
- ▶ * Multicultural awareness.
- ▶ * Multicultural knowledge.
- ▶ * Multicultural skills.
- ▶ * Appreciation and curiosity for diversity.
- ▶ * Motivation to lifelong learning.
- ▶ * Understanding that we “will never arrive” in regard to diversity issues.

MHSA Role in effective diversity-based CA Mental Health System

- ▶ * Maintain financial and other incentives for diverse graduate students to serve the underserved.
- ▶ * Inclusion of communities of interest in Mental Health initiatives.
- ▶ Weaving of diversity concerns into every MH initiative.
- ▶ * Support of existing diverse professionals in the field.

Some useful assessment strategies in Public Mental Health

- ▶ 1) Genograms.
- ▶ 2) Timelines.
- ▶ 3) Spheres of supportive context in the client's past.
- ▶ 4) Spheres of supportive context in the client's present life situation.
- ▶ 5) Draw-a-map of your universe.

Balancing acts in therapeutic encounters with diverse clients

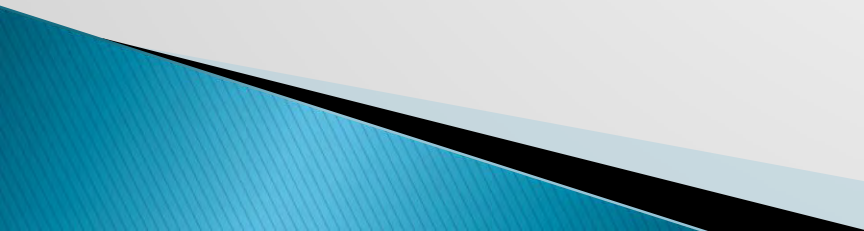
Potentially effective

- ▶ * Therapist' respect for client' knowledge of him/herself and his/her context.
- ▶ * Use of therapist's axial identities as bridges with similar identities in client.
- ▶ * Explore and highlight client's strengths and contextual resources.

Potentially ineffective

- * Therapist uses client as cultural broker.
- * Identification or rejection of a counter-transferential nature.
- * The "Polly Anna effect".

Evidence-Based treatment

- ▶ Definition:
 - ▶ Evidence-based treatment approaches are those approaches that have been found to be significantly effective in the treatment of identified psychological/psychiatric disorders by research studies, in comparison with alternative treatments or no treatment.
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Some Benefits in the implementation of Evidence-Based Treatments in Public MH

- ▶ 1) Based on scientific approach.
- ▶ 2) Allows for standardized outcome measures of treatment effectiveness across populations.
- ▶ 3) Facilitates cross-sectional studies of interventions for discrete psychiatric disorders.
- ▶ 4) Reduces the possibility of potentially harmful interventions by unqualified therapists.
- ▶ 5) Last, but not least, increases credibility of professional interventions vis a vis society.

Some Pitfalls in the implementation of Evidence-Based Treatments in Public MH

- ▶ 1) Frequent goals of existing research are to conduct it with homogeneous populations, in an effort to reduce variability in research design.
- ▶ This tends to conflate dissimilar groups together and negates the richness of possible axial combinations inherent to placing diversity front and center.
- ▶ 2) There is significant parsimony in evidence-based practice research with underserved groups.
- ▶ 3) Strict adherence to evidence-based practices reduces incentives for creativity in implementing treatment interventions.
- ▶ 4) The emphasis on diagnostic categories counteracts the emphasis on the client as qualitatively more than the presenting symptoms.
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