## Cultural Diversity and Social Work Practice in the Forensic Setting: Poverty and Homelessness

PRESENTED BY

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TODAY'S PRESENTATION WAS DEVELOPED FROM "PSYCHOTHERAPY AND CULTURAL DIVERS POVERTY AND HOMELESSNESS," PRESENTED 3/29/18 AT CHERCISE HEALTH SYSTEMS IN

## Objectives:

- 1. Analyze three issues encountered in defining "the culture of poverty."
- 2. Describe at least three cultural factors to address in practice with indigent clients in a forensic social work setting.
- 3. List five strategies for engaging indigent clients in the worker-client relationship.
- 4. Identify indicators of enacting middle-lower socioeconomic power differentials.
- 5. Describe different patterns of homelessness, including contributing factors.

## Poverty in the United States

More than 43.1 million people or 13.5% of all Americans live below the poverty line:

> Single \$11,880 Family \$24,339

Children comprise 18%

Marital

5.8% married

19.1% individual/living alone

Race and Ethnicity

10.1% of all white persons 12% of all Asian persons

23.6% of all Hispanic persons

5.2% of all African-American person

28.3% of all Native American persons

## Poverty and Mental Health (Complex)

oSome studies suggest direct causation linkage

oPoverty Related Stress (PRS) contribute to onset or exacerbation of mental illness

oEconomic stress spawns parental distress and conflict

oEconomic stress activates physiological responses - easier activated and last longer

oRelationship between poverty and diminished emotional well-being

oSevere mental illness increases risk of poverty

oCDC National Health Interview Survey indicated 8.7% of those below poverty level suffered mental illness compared to 1.2% at or above.

# Discrepancy between Need and Services: Psychotherapy

 $\circ \text{People in poverty are underserved: availability and accessibility}$ 

oLess likely to utilize

o Mismatch between what is offered and perceived needs

o Mistrust

o Lack of awareness

oDiscontinue therapy prematurely

oSystem Barriers

o Neighborhood disadvantages

o Lack of transportation, insurance, childcare

o Inadequate number of bilingual and ethnic minority therapists

o Tendency to view as resistant

# Discrepancy between Need and Services: Psychotherapy

#### Personal Barriers:

- Stigma concerns
- History of mistrust
- Fear of losing child custody
- Negative experiences
- Immigration status
- Perceived ineligibility
- Attitude of self reliance
- · Family disapproval



Psychotherapy and	l Poverty - A Slow
Fvolu	tion

The psychoanalytic perspective

- "... Those patients who do not possess a reasonable degree of education and a fairly reliable character should be refused" (Jones).
- Fee payment seen as a critical element in psychotherapy
- $\circ$  Theme of psychotherapy inapplicable to the poor and the psychotic patient

Mental health legislation in 1960s

• Expansion of paraprofessionals with assumption that culturally congruent led to greater effectiveness

Literature in 1970s reflects argument that psychoanalytic therapy was applicable to the poor

Psychotherapy and Poverty - A Slow
Evolution

Research in 1980s - 2000s recognized social context

- Positive outcomes when contextual stressors addressed
- Patients in psychotherapy experience increase in income

Culture inclusion in DSM-IV and V

° "Understanding the cultural context of illness experience is essential for effective diagnostic assessment and clinical management" (p. 749).

"APA Committee on Socioeconomic Status is working to ensure that all practicing psychologists are ready to treat clients living in poverty."

## Psychotherapy and Poverty - A Slow Evolution

"The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty."

(National Association of Social Workers [NASW], 2017, preamble)

<b>Cultural Co</b>	mpetence
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- o Cultural competence loosely defined as, "the idea that having skills and knowledge relevant to a client's cultural background is essential."
- o Cultural competence works because it creates:

  1. A contextual match with client's external realities;
  - 2. An experiential match in the microsystems of the therapeutic relationship or framework;
  - 3. An interpersonal feeling of being understood and empowered within the client.
- o Solution (?) to problems of low utilization, poor retention, under-inclusion of cultural minorities and lack of effectiveness.

## Is There a Culture of Poverty?

Culture refers to the social behaviors and norms found in human societies. It includes "the systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations" (DSM-V).

"Because social class is a cultural identity that cuts across diverse phenotypes, gender expressions, sexual orientation, and religions, it is likely that all clinicians will work with a low income client at some point in their career" (Thompson, et.al.)

There have been numerous attempts to define the traits and characteristics of specific groups or cultures. Our focus is on poverty, especially that of the Appalachian region.

Jack Weller, in his book, Yesterday's People: Life in Contemporary Appalachia, written during the "War on Poverty," identified traits and comparison with middle class America. Several traits are of interest.

## **Culture of Poverty**

Personal characteristics include among

o Individual is m

o Traditionalistic

oFatalism oOriented to existence

No savings or budgeting

 $\circ \mathsf{Expert} \ \mathsf{opinion} \ \mathsf{not} \ \mathsf{recognized}$ 

 $o Family \ life \ characteristics, \ included:$ 

oAdult centered

oMale dominant

 ${\circ} Separate\ reference\ groups\ of\ husband$ 

and wife

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Relationships with others, included:

oDetachment from work

oFear of doctors, hospitals, authority, well-educated

oAntagonist toward government and law

oSuspicion and fear of the outside world

oRejection of joining groups

oWhile not specifically identified in the list, religious individualization, and self-reliance could be cited and may have implications for psychotherapists.

### **Culture of Poverty**

Hidden Rules of Economic Class

Ruby Payne, PhD, in her book, A Framework for Understanding Poverty, and in her workshops aimed at educators, presented an extensive list of characteristics. Payne's "Hidden Rules of Economic Class" is interesting and controversial.

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## **Culture of Poverty**

While not an academic study, J.D. Vance's <u>Hillbilly Elegy</u> offers insight beyond his family biography. He reminds us of terms and themes of the culture such as:

oMamaw/Papaw

oHoller

oPeril of insulting one's mother

oDisloyalty

oViolence

oHillbilly justice

Hillbilly E	legy
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Vance's observations about his family who, like so many families from rural Kentucky, migrated to urban Ohio for employment:

"Working class whites are the most pessimistic group in America..." (p. 4)

"Our religion has changed -built around churches heavy on emotional rhetoric but light on the kind of social support necessary to help poor kids to succeed." (p. 4)

"Our men suffer from a particular crisis of masculinity..." (p. 4)  $\,$ 

"There is a lack of agency here - a feeling that you have little control over your life and a willingness to blame everyone but yourself." (p,7)

## Hillbilly Elegy

"(Mamaw) loathed and there was no greater disloyalty than class betrayal." (p. 17)

"These were classic good versus evil stories and my people were on the right side." (p. 17)  $\,$ 

"The people are physically unhealthy...mean about it...Don't wish to be judged." (p. 19)

"In a December 2000 paper, sociologists Carol A. Markstorm, Sheila K. Marshall, and Robin J. Tryon found that avoidance and wishful thinking forms of coping 'significantly predicted resiliency' among Appalachian teens. Their paper suggests that hillbillies learn from an early age to deal with uncomfortable truths by avoiding them, or pretending better truths exist. This tendency might make for psychological resilience, but it also makes it hard for Appalachians to look at themselves honestly." (p. 20)

#### **Culture of Poverty**

Gorski's article, "Peddling Poverty for Profit: Elements of Oppression in Ruby Payne's Framework," challenges Payne's characterization and is worthy of consideration when trying to define traits of a culture.

- Uncritical and Self-Serving "Scholarship"
- 2. The Elusive Culture of Poverty
- 3. Abounding stereotypes
- 4. Deficit Theory
- Invisibility of Classism
- 6. The "It's Not About Race" Card
- 7. Peddling Paternalism
- 8. Compassionate Conservation

## Recognizing and Addressing Cultural Factors in Psychotherapy

Clinician self-awareness is critical. It is a bias to assume poor not interested in

- Often hold middle class values and perceptions bias?
- "Poor because they do not want to work"
- "Vast majority are African-American or Hispanic"
- $^{\circ}$  "Have more children for welfare benefit"

The relationship is key.

- Collaboration
- Engagement
- $^{\circ}$  Avoid enacting the power differential

Recognizing and Addressing Cultural
Factors in Psychotherapy

Recognize the impact and stresses of poverty

Naming poverty, inequality, barriers to upward mobility, lack of access to resources is a powerful tool of empowerment.

 $Stress-linked\ to\ hopelessness,\ hostility,\ vigilance,\ anger,\ fear,\ anxiety\ (Goodman)$ 

- Inability to meet basic needs
   Traumatic life events (e.g. infant mortality)
- $\circ$  Community violence, imprisonment, domestic violence

Social isolation and exclusion

- Coping with attitude of personal deficits stereotypes (unmotivated, "welfare queen")
   Stigma of public assistance
- Classism
- · Criminalization of poverty

## Recognizing and Addressing Cultural Factors in Psychotherapy

o Becomes internalized

o Viewed as unmotivated

Hopelessness

Recognize cultural characteristics that may be relevant (avoiding contests and scenario induction) o Ambivalence - fear of authority - treatment

o Lack of psychological-emotional sophistication o Religious individualism and self-reliance

o Disability and welfare

## **Engagement Strategies**

oDisplay immediate respect.

oBe clear on purpose.

oPreparatory/Socialization Interview

oAttention to relationship development.

oRecognize "self-expertness."

oAssessment reversal  $\circ \text{Caution premature trust}.$  oCompliment strengths/survivor/coping.

oShow usefulness.

oUtilize evidence-based methods (e.g., CBT, mindfulness, relaxation).

 $\circ \text{Negotiate time limits}.$ oRequest permission.

oRoll with resistance.

oTend to termination.

#### Homelessness

Types

oAcute

oEpisodic

oChronic (one year; 4 episodes in 3 years; disability)

**Contributing Factors** 

oHousing

oMental illness - deinstitutionalization

oSubstance abuse/addiction

oDomestic violence

#### Homelessness

Other

Childhood trauma - foster care - sexual abuse

Personal risk factors (e.g., family instability)

Single female headed household Lack of social support

Health 4-5 times greater risk of premature death Life expectancy 30 years less than housed

"Homeless because they want to be"

"Other cities sending homeless to Knoxville"

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## Homelessness

#### Additional Considerations

Organization

 ${\tt oRemember\ engagement\ strategies}.$ 

oAccessible hours-locations

oValidate – "People look through you." oOutreach

 $\circ Relationship.\\$ 

 $\circ \mathsf{Transportation}$ 

 $\circ {\sf Discuss\ future\ contacts}.$ 

oContact (telephone, text, email)

oBe comprehensive and coordinate (homelessness is a fragmented existence).

oOther persons

# Questions?

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