Culturally Competent Care for Substance Abuse

Ethnic and cultural issues are becoming increasingly important in the prevention and treatment of individuals with substance abuse and related issues. Individuals across racial and cultural groups may vary widely in their perceptions of their symptoms, in their beliefs about their symptoms, and in their view of whether such symptoms can be treated and by what methods. In a mission statement recently published by the Picker Institute, 8 dimensions of what they label “person-centered care” speaks directly to this issue of improving the care of all individuals with substance abuse. To ensure that decisions respond to and respect individuals’ wants, needs, and preferences as well as solicit individuals’ input on the education and support they will need to make decisions and participate in their own care, the Picker Institute outlines the following 8 dimensions:

1. Respect for an individual’s values, preferences, and expressed needs
2. Coordination and integration of care
3. Information, communication, and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family and friends
7. Continuity and transition
8. Access to care

In addition to these 8 dimensions, the LEARN model of care summarizes several principles of person-centered care:

- **L**: Listen with sympathy and understanding to an individual’s perception of the problem
• E: Explain your perceptions of the problem
• A: Acknowledge and discuss the differences and similarities
• R: Recommend treatment
• N: Negotiate agreement

For further information regarding improving efforts at providing culturally competent, person-centered care, please see the mission statement of the Picker Institute at http://www.pickerinstitute.org/about/about.html

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