

Cultural Considerations in the Provision of Substance Abuse Treatment for Appalachian Clients

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Section 1 – Introduction

“Their bloodline was stained by centuries of continuous warfare along the border between England and Scotland, and then in the bitter settlements of England’s Ulster Plantation in Northern Ireland. Their religion was a harsh and demanding Calvinism that sowed the seeds of America’s Bible Belt... They settled not in the plantations along the Southern coast or in the bustling towns of New England, but in the raw and unforgiving mountain wilderness...the overwhelming majority populating an area that stretched from Pennsylvania to Georgia and Alabama”

From Born Fighting: How the Scots Irish Shaped America by James Webb

Defining Appalachia

The federal government defines “Appalachia” as 420 counties in 13 states, stretching more than 1,000 miles from southern New York state to the edge of Mississippi. More than 23 million people live in this area. Although it is more rural in nature, the region includes metropolitan areas such as Knoxville, Tennessee and Pittsburgh, Pennsylvania.

When the general public thinks of Appalachia, they tend to think of the mountainous area covering West Virginia, Kentucky, and Tennessee. And unfortunately, much of the public’s thinking about the area is heavily influenced by the crude stereotypes of violent, dim-witted “hillbillies” portrayed in movies like “Deliverance,” television shows such as “The Dukes of Hazzard,” and in the routines of countless stand-up comics and radio personalities.

Such images obscure the fact that a distinct, rich culture exists within the defined Appalachian region. In fact, the first known references to Appalachia as a defined geographic and cultural entity appeared in the 19th century, and the U.S. government took a more active role in defining the area and identifying its needs in the 20th century.

And as a result of the sustained, large scale migration from rural Appalachia into numerous Midwestern urban centers (Cincinnati, Detroit, and Cleveland, just to name a few) that took place in the 19th and 20th centuries, the influence of Appalachian culture has taken hold in various forms outside the federally defined region. The existence of the Urban

Appalachian Council in Cincinnati, the Appalachian Center of the University of Kentucky in Lexington, and many other organizations and academic entities outside the defined region indicate the extent of this influence.

Even so, many residents of the Appalachian region and those with familial ties to the area do not identify themselves as “Appalachian” or any comparable term.

A Brief History

To work effectively with Appalachian clients, it helps to have a basic understanding of the region’s history.

The Appalachian Mountains were home to a number of Native American tribes before explorers and traders of European descent began arriving. English-speaking immigrants, particularly those of Scots-Irish descent, were the first to settle in the mountains in significant numbers. Although settlers of other nationalities followed, they were generally expected to assimilate into Scots-Irish culture, which dominates the region and indeed, much of the South to this day.

Slavery was not widespread in the Appalachians due to the nature of its economy and due to the value placed on freedom there. However, both the Union and the Confederacy found ample support in the region. The western part of Virginia split from the state and, by extension, the Confederacy, to become West Virginia, and the Underground Railroad thrived in Kentucky and elsewhere. On the other hand, many in the region viewed the actions of the northern states as tyranny and sided with the Confederacy.

The war resulted in years of devastation. Later, “King Coal” industrialization induced social upheaval and bitter conflicts between miners and owners over unionization. The term “redneck” is believed to be a reference to miners wearing red bandanas around their necks as a sign of solidarity in their attempt to unionize.

Later in the 19th century and well into the 20th century, large numbers of residents migrated to several urban centers in Ohio, Michigan, and elsewhere. Generally, the migrants’ skills and labor were welcome, but their lifestyle was often viewed with suspicion and contempt.

Substance Abuse

The impact of substance abuse in the Appalachian region has been noted in professional literature and covered extensively in the media. A recent study conducted on behalf of the Appalachian Regional Commission by the National Opinion Research Center (NORC) at the University of Chicago noted the following:

- Mental health diagnoses for serious problems independent from substance abuse are proportionately higher in Appalachia than in the rest of the nation. One indicator of this is higher suicide rates in Appalachian Ohio counties than in the rest of the state.
- Heroin admission rates are lower (although rising) in Appalachia than in the rest of the nation, but admission rates for other opiates and synthetics are higher than the rest of the nation, especially in coal-mining areas.
- Overall, Appalachian adults report lower dependence or abuse than adults outside the region on alcohol, illicit drugs, or both, according to household survey responses.

Although some indicators appear less severe than elsewhere in the nation, high rates of unemployment and poverty exacerbate the substance abuse problems and the related underground market for prescription painkillers in many Appalachian counties.

Reliable data about the rate of substance abuse among urban Appalachian populations is hard to come by. However, in their 2007 Adult Household Survey Report, the University of Kentucky Center on Drug and Alcohol Research determined that 20.2% of adults in the 8-county northern Kentucky region, which has a large number of families with roots in Appalachia, needed some level of substance abuse treatment (the three largest counties in the region are part of the Cincinnati metropolitan area). This was the highest percentage of the state's 14 regions.

Section 2 – Appalachian Culture

General Cultural Characteristics

When looking at any cultural group, remember that the group's characteristics are general as opposed to absolute, and do not necessarily apply to all individuals or even a majority of the group's members. Plus, in a treatment context, individual clients may be struggling against biases they experience within their cultural group, and that the client's own perceptions may be skewed as well.

The people of European ancestry who settled in Appalachia came to the area primarily from Pennsylvania and the Carolinas in the late 1700s and early 1800s. Since they came in small groups, or in families, self-reliance was a necessary characteristic for survival. One's position in the social order was determined in part by their ability to care for self and family. Since little immediate help was typically available in such remote areas, being able to rely on one's neighbors became a cultural characteristic, thus making "neighborliness" a desirable trait to this day in Appalachian culture.

The nuclear family worked together for survival and the sustenance of all, and extended family members usually had close ties with one another. Families gave status to the aged,

extending decision-making power to the elderly. Status was also assigned to the family matriarch, and female power increased with age.

Family loyalty remains important in Appalachian culture, and social lives develop primarily through family events and church. This is one reason why Appalachian persons have a strong connection to “place” and why residents of rural Appalachia, in particular, find cities discomfiting. Subsequently, many are willing to travel long distances to job sites rather than leave home.

One result of this, though, is conflict can arise when a family member strives for economic success. Striving to “get ahead” can be perceived as a threat to family unity and individuals are evaluated according to their personal characteristics more so than educational or occupational achievement. In addition, Appalachian culture encourages modesty and discourages the appearance of boasting or acting like one is better than others.

Another result of family loyalty is that Appalachian people are often uncomfortable with changes in the structure of the family. For example, the expectation that men will be “breadwinners” and women will primarily have childcare responsibilities is strong.

The historic scarcity of goods in Appalachia, combined with the de-emphasis on commercialization in much of the region, led to a cultural tendency to keep items often regarded as “junk” for their potential to be re-used.

Appalachians have a very strong sense of beauty and are particularly taken with skilled crafts, including music instrument-making, music composition, woodworking, needlecrafts, pottery, and art. And story-telling is regarded as a craft in its own right, which is one reason why treatment centers often look for ways to incorporate it into their programs.

Contemporary Issues In Rural Appalachia

A group’s cultural history and relative economic status can influence why certain substances become prominent in that cultural group. These factors have certainly influenced the selection process in Appalachia.

For example, “moonshining” (the manufacture and sale of home-made alcohol, which eventually became illegal) originated among individual farmers of Appalachia because they needed an adjunct to farm income when the price of grain was down. Objections were strong when the federal government imposed a tax on alcohol products, since it was believed that government should not be involved in what a farmer did with his home-grown corn. This taxation led to the rise of a system for producing and distributing illegal alcohol products. A regional, and even a national mythology remains in place about the struggle between law enforcement and locals, with the local “moonshiners” generally emerging as the cultural heroes.

In more recent times, trafficking in illegal products has been at least tolerated, and even admired by a certain segment of the population. In general, there appears to be more tolerance for some illegal trafficking (home-made alcohol and marijuana) than for products thought to be far more harmful (opiates and methamphetamine). Often, marijuana is not even viewed as a drug in the first place by many in the region.

Actually, according to the National Drug Intelligence Center, the Appalachian region is the second most productive area in the world for growing marijuana, with Mexico being the foremost marijuana producer. Especially in the more mountainous and less populated eastern regions of Tennessee, Kentucky, and West Virginia, marijuana can be protected from discovery by law enforcement when it is grown in wooded areas. Often, marijuana patches are found in national or state woodlands, making it difficult to ascertain who is growing it.

These factors may appear to be at odds with the strong work ethic for which residents of Appalachia and their urban counterparts are known. However, the Appalachian region has always been rather unforgiving in terms of its geography, climate, and economy. There is a belief, usually unspoken, in many quarters that each person should be able to provide for his family, regardless of what steps might be taken to accomplish this. Added to the mix is a fairly prevalent belief that accepting help from sources outside the family is inappropriate, which may result in shame when outside sources are utilized.

These problems have been exacerbated by the economic downturn. Family farms typically cannot compete against large-scale agriculture operations, and many sections of Appalachia have relatively few jobs that pay a living wage. In addition, changes in coal mining practices have reduced jobs and created havoc on the environment, which has led to organized opposition in the form of groups such as Kentuckians for the Commonwealth.

So, a factor in the manufacture, sale, and use of substances is the economic situation present in the area, where many people need additional income. In addition, the work that is available is often strenuous, primarily physical work where there is a high risk of injuries, which can potentially lead to the misuse of opiates. And, on occasions where work may be more readily available, there can be a temptation to do excessive work (such as double shifts), which makes drugs such as methamphetamine attractive for those who believe it is necessary to work such grueling hours.

At the same time, problems such as the abuse of and dependency on substances are looked upon as personal failings rather than as community issues. Those who become drug or alcohol abusers are seen as irresponsible rather than ill. As a result, the public's support for social programs is relatively low in many parts of the Appalachian region. Meager public funding has also made it harder for communities to respond to the problem.

These factors have converged to make opiates and methamphetamine more prominent in Appalachia. The increase in opiate use has also stemmed from availability and the over-

prescription of pain medication, particularly OxyContin. At least one widely read investigative book, "Pain Killer", by Barry Meier, suggests PurduePharma, the drug company that originated OxyContin, is partly responsible for the epidemic of misuse of the drug that occurred in Appalachia shortly after its release. Both police and journalists agree that opiates continue to be a source of great concern in this region, with whole communities (primarily small, rural communities) showing multi-generational addiction in some families

Although methamphetamine, according to the Drug Enforcement Administration, is produced and sold in large amounts by drug cartels, it is also produced and sold in smaller amounts by individuals who attempt to create their own labs. Many of these individual labs have turned up in Appalachia.

Rural areas work well for the production of methamphetamine, because the process used to make it creates noxious odors that are apparent to others in the area. In addition, if the maker wants smallish amounts, one's trailer, garden shed, or car provide enough space to create this drug. The newest method of creation for meth is called the "shake and bake" method, requiring only one container. Unfortunately, the remaining ingredients are highly toxic, and shaking the container may actually produce an explosion. Living in a home contaminated with ingredients necessary for producing methamphetamine is highly dangerous to children, because of the toxicity with which they have to live, and the potential for explosion and fire. The toxicity of an environment in which this drug has been produced is so high that police officers have burned their clothes after raiding an area in which it has been produced.

Opiates and methamphetamine are often used together, by persons who want both an "upper" and a "downer", since these drugs counteract each other. While opiates relieve pain, methamphetamine makes longer and more intensive activity possible, resulting for some in a higher potential for various kinds of over-activity (such as working too long without sleep). Continued use, however, is very dangerous both physically and psychologically, and the potential for harm is high. While one drug is often initially prescribed, and one is not, both have high potential for addiction, high potential for resulting in criminal misconduct, and life-threatening side effects.

Both drugs have deeply impacted many communities, particularly in the Appalachian region, and local concern for the past and present effects of both substances continues to be serious.

Finally, alcohol misuse, abuse and dependency continue to be a serious concern in the Appalachian region. "Moonshining" still exists, and people continue to illegally make and distribute alcohol. Many communities still have laws banning establishments in which alcohol is sold. Some argue this contributes to the production of illegal products. As has happened in many places in the country, monies have become less available for the treatment of persons who have no insurance or cannot pay for treatment personally, so intervention is less available than it has been in the past.

Contemporary Issues In Urban Appalachia

The most significant migration to urban areas occurred after World War I and, in fact, the period between the 1940s and the 1970s is sometimes referred to as “The Great Migration” due to the large movement of people from Appalachia’s rural areas into various cities in search of better employment opportunities. Social support networks similar to those in rural areas formed, and people from a particular rural community might find temporary housing in the city with a branch of the family already living there. Urban social service and church affiliated organizations assisted in this process, too.

The degree to which these families adjusted to their new environments varied. In the Introduction to “Down Home Down Town: Urban Appalachians Today,” Phillip J. Obermiller put it best when he wrote, “Most families overcame the social and economic barriers they found in the cities by either assimilating or becoming bicultural. Many descendants of the first generation of migrants today are blue-collar workers living at the margins of the economy, getting along well enough during the good times and suffering greatly in times of economic downturn. A smaller, but significant portion of the migrant families and their descendants abide among the urban poor, surviving the ravages of life in the social welfare system.”

Especially among the latter group, a pattern of stigmatization began that persists today – Appalachians are frequently seen as uneducated people on welfare who are poor at both parenting and working. In response, political and cultural groups have formed in various cities to counteract these stereotypes and to promote Appalachian culture. And today, festivals celebrating in Dayton, Ohio and Cincinnati, Ohio that celebrate Appalachian music and crafts draw around 40,000 people each year.

As mentioned previously, data regarding the rate of alcohol and other drug use by urban Appalachians is hard to come by. However, like other ethnic groups, Appalachians who are working class are likely to have less access to community resources, including publicly funded substance abuse treatment plagued by long waiting lists. And like in rural environments, alcohol abuse and drug use and sales arise partly in response to difficult economic times.

Section 3 – Treatment Considerations

Cultural Competence

In order to successfully treat a client, counselors must first establish an effective relationship. The degree to which the counselor succeeds in this regard depends partly on cultural competence. As such, counselors are ethically obligated to engage in the appropriate

training needed to establish familiarity with particular client populations, including Appalachian populations.

A helpful guide for establishing cultural competence, originally developed by Cross et al (1989), is outlined in the Treatment Improvement Protocol 46 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Here, six stages of cultural competence are described, which are as follows:

Stage 1: Cultural Destructiveness. People in this stage demand that others assimilate to a certain culture and fit the pattern of that culture.

Stage 2: Cultural Incapacity. Those in this stage lack the capacity or will to help minority clients in the community. This person applies resources unfairly and may even see segregation as desirable.

Stage 3: Cultural Blindness. Here, professionals believe that race and culture make no difference because all people are the same. Not surprisingly, people in this stage tend to favor assimilation while ignoring the strengths of various cultures.

Stage 4: Cultural Precompetence. A counselor in this stage may lack information or may be unsure how to proceed, but generally realizes his/her weaknesses and desires to deliver quality services to minority populations.

Stage 5: Cultural Competence. The counselor shows acceptance of and respect for differences and actively expands his/her knowledge of other cultures and related resources.

Stage 6: Cultural Proficiency. Persons in this stage hold all cultures in high esteem while continuing to add to their base of knowledge.

Although this model was designed as tools for administrators to assess their organizations, counselors can, and should use it to examine their own competencies with particular populations. This continuum can also be used as a guide for suggesting training topics for individuals or whole organizations.

Establishing a Relationship

It has been noted in the relevant clinical literature that identification of the Appalachian client pertains more to geography than any other factor. This is particularly true for clients living in rural Appalachia, but can apply to urban clients, too.

As is often the case with clients who see themselves as belonging to one group or another, this definition cannot always be suspected simply by how the person looks. The counselor must seek information about the clients' cultural identification without making

assumptions about how the client sees himself or herself. Plus, bear in mind the client may have more than one kind of identification which, in some cases, may cause the client distress.

A look at the belief system intrinsic to Appalachian culture is found in the work of Loyal Jones, who identifies eleven primary elements of the Appalachian character. The characteristics mentioned are:

Individualism. This includes looking after one's self and desiring solitude and freedom from external constraints.

Strong sense of extended family. Kin are more important than community and the sense of family extends beyond immediate family members.

Love of place. This makes it hard for people to leave the "homeplace" even in the face of economic adversity.

Neighborliness and hospitality. Although usually friendly, Appalachian people are not always welcoming to strangers. Trust may be an issue when strangers are involved.

Traditionalism. Clients may be skeptical of "progress" and like things how they are.

Personalism. Clients may not have automatic regard for credentials or social status.

Modesty and being oneself. "Putting on airs" or being boastful are frowned upon.

Sense of beauty, which is found in the Appalachian person's strong affiliation with arts and music, as well as literature and storytelling.

Sense of humor, which is used especially in hard times.

Strong sense of solidarity. People should stand together even when they disagree.

Strong sense of patriotism, which includes strong feelings for country and its symbols.

Not all identified Appalachian clients fit within this framework, but it is useful for the counselor to look for them in the context of helpful tools, or potential barriers for treatment. For example, if a client's extended family includes other members who abuse substances, the client may have issues with limiting their contact with those family members in order to achieve sobriety and stability.

Counselors should also remember that his/her job is to help clients resolve the presenting substance abuse issue, and not to instill new values in the client the counselor thinks are more appropriate. For example, a client who believes nothing is inherently wrong with

growing marijuana may not benefit from a values discussion, but may be able to see the connection between this route to income and his/her failure to achieve sobriety.

When establishing relationship with the Appalachian client, it is important to bear in mind that the eldest female in the family, or the most readily available adult female in the family may speak on the client's behalf. For example, she may be the one who calls to set up an appointment, or she may do most of the talking in an intake session.

Counselors should resist the temptation to automatically assume the woman is enabling the client (especially if the client is a male), or to demand that the identified client speak for himself. If this is a family that identifies strongly with Appalachian culture, the counselor runs the risk of alienating the family if he/she does not tread carefully here.

Counselors may find that a more indirect form of communication is preferable to direct questioning or confrontation with Appalachian clients. Counselors may want to engage in more "small talk," especially at the outset of a session, and may find that within reason, a certain amount of self-disclosure can increase rapport with this population. Appalachian clients tend to value egalitarianism and the group more so than self-actualization. As much as possible, the counselor should try to stay away from positioning himself/herself as an expert, or as "one-up" on the client.

Counselors should also exercise caution when it comes to viewing clients telling a story as "getting off on a tangent" or as a form of passive resistance to counseling. In fact, storytelling (or story-listening, as it's often called) may be useful to incorporate into counseling with this population, and in general. Trainer and speaker David Austin Sky (www.davesky.com) offers workshops and products related to this topic.

Ideally, professionals should undergo training before fully incorporating this into practice, but here are some basic tenets and tips related to his story-listening approach (source – two David Austin Sky workshops on this topic attended by one of the authors):

- The time frame in which a story is told may not be the time frame where the client really has issues. For example, if the client's story involves certain feelings about past events, the client may have similar issues about something going on presently.
- Paraphrasing is discouraged. People are naturally drawn to stories because of their emotional component. With paraphrasing, the counselor runs the risk using words that pull the client away from his emotion and into his head, where the story loses power. Instead, the counselor should remain in the client's frame of reference by using the key words or phrases the client uses. (As an aside about paraphrasing, counselors may want to use paraphrasing sparingly with this population anyway, since it runs the risk of making the counselor seem like the expert).

- Words and phrases the client uses more than once when telling a story should be noted by the counselor. Conversely, what the client doesn't say is important, too.
- Even lies are revealing, since they often contain elements of truth in them or they shed light on how the client sees himself, or on how he wants to be viewed.

Counselors should be aware that a single woman who identifies with Appalachian culture may be very reluctant to come alone to a session with a male therapist. Depending on who the client wants to bring along, the counselor may need to be flexible in this regard.

Section 4 – Religion Considerations

Since religion is a strong factor in Appalachian life and culture, some clients may feel more comfortable with participating in faith-based programs or with attending church in lieu of treatment or 12 Step groups. The client's comfort level with church, often in combination with a discomfort with treatment or A.A., could result in the client viewing a faith-based program as easier to explain to family.

One faith-based program that has become more common in Appalachia is "Celebrate Recovery," an adaptation of the 12 Steps developed by the evangelical Saddleback Church, which is led by the Rev. Rick Warren. The program, which has begun operating out of numerous churches in Appalachia, was not designed specifically for alcoholism or drug addiction, but instead was intended to deal with a multitude of problems. Participants are required to view the Christian faith as the primary component in recovery. Independently researched statistics about the program's effectiveness do not appear to be available.

Not all identified Appalachian clients fit within this framework when it comes to religion or spirituality, but as is usually the case when looking at other life areas, the counselor should help the client explore whether various aspects of their religious views or involvement help or hinder treatment or recovery.

Section 5 – Treatment Considerations for Women

Research in general has indicated female involvement in substance abuse and dependency has a stronger basis in anxiety and depression, particularly due to physical and sexual abuse, than that of men.

Women in Appalachia may face additional barriers such as transportation, inability to pay fees, unsafe or unstable housing, and childcare. Transportation and less anonymity are believed to be reasons why fewer Appalachian women participate in recovery support groups such as Alcoholics Anonymous and Narcotics Anonymous. In their review of Appalachian

programs, the University of Kentucky found that only 23% of women served in the time frame studied had an AA or NA sponsor, in comparison to 39% of women in non-Appalachian programs. Plus, beliefs related to fatalism, self-sufficiency, and distrusting outsiders can be potential barriers to accepting treatment.

Including storytelling as a component of group treatment is becoming popular in Appalachia and has been the subject of research conducted by the University of Kentucky Center on Drug and Alcohol Research.

Otherwise, it appears that the most promising approaches and interventions for women in general are applicable to Appalachian women. These include helping clients strengthen their self-esteem and to attain a level of trust in themselves they previously did not possess.

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Cultural Considerations in the Provision of Substance Abuse Treatment for Appalachian Clients

Post-Test Questionnaire

1. The term “redneck” is believed to have originated from:
 - a. Farmers getting sunburns on their necks
 - b. Miners attempting to unionize wearing red bandanas as a sign of solidarity
 - c. Red River Gorge in Kentucky
 - d. None of the above

2. The United States government defines the Appalachian region as covering ___ states.
 - a. 7
 - b. 11
 - c. 13
 - d. 4

3. Overall, Appalachian adults report lower dependence or abuse than adults outside the region on alcohol, illicit drugs, or both, according to household survey responses.
 - a. True
 - b. False

4. Which of the following is not a reason why marijuana use and cultivation has reached a certain degree of social acceptability in Appalachia?
 - a. The forested, rugged terrain makes it easier to conceal marijuana cultivation.
 - b. Many people in the region do not view marijuana as a drug in the first place.
 - c. Marijuana has overtaken tobacco as a money-making crop in the region.
 - d. Many churches advocate the use of marijuana.

5. Counselors who hold all cultures in high esteem while continuing to add to their base of knowledge are in the stage of:
 - a. Cultural competence
 - b. Cultural blindness
 - c. Cultural proficiency
 - d. None of the above

6. Which of the following is a characteristic of Appalachian culture, per Loyal Jones?
 - a. Individualism
 - b. Love of place
 - c. Sense of solidarity

d. All of the above

7. Which of the following has become a popular component of treatment for women in Appalachia and has been the subject of research?

- a. Storytelling
- b. Sewing
- c. Meditation
- d. Yoga

8. Mental health diagnoses for serious problems independent from substance abuse are proportionately higher in Appalachia than in the rest of the nation.

- a. True
- b. False

9. The period from the 1940s to the 1970s, when numerous Appalachian families relocated from rural areas to urban ones, has been called _____:

- a. The Movement
- b. The Culture Change
- c. The Great Migration
- d. None of the above

10. Women in Appalachian programs participate in AA or NA at about the same rates as women in programs outside of Appalachia.

- a. True
- b. False

11. Paraphrasing should be used with caution because:

- a. It can make the counselor seem like the “expert.”
- b. It can divert a client from their heart and into their head, where their story loses power
- c. None of the above
- d. Both a & b are correct

12. When working with Appalachian clients, the counselor should be open to more indirect forms of communication.

- a. True
- b. False

13. The time frame in which a story is told may not be the time frame where the client really has issues.

- a. True
- b. False

14. Opiates and methamphetamine are often used together, by persons who want both an "upper" and a "downer", since these drugs counteract each other.

- a. True
- b. False

15. When establishing relationship with the Appalachian client, it is important to bear in mind that the eldest female in the family, or the most readily available adult female in the family may speak on the client's behalf.

- a. True
- b. False

16. People in the ____ stage demand that others assimilate to a certain culture and fit the pattern of that culture.

- a. cultural insensitivity
- b. cultural blindness
- c. cultural destructiveness
- d. none of the above

17. In the ____ stage, professionals believe that race and culture make no difference because all people are the same. Not surprisingly, people in this stage tend to favor assimilation while ignoring the strengths of various cultures.

- a. cultural insensitivity
- b. cultural blindness
- c. cultural destructiveness
- d. none of the above

I, _____ (name of participant) affirm that I am the person who completed this home study and am responsible for this post test.

Signature: _____

