Healthcare Providers Service Organization
Risk Advisor for Counselors

Improving health literacy improves client outcomes

Your new client signs a consent for treatment form and you proceed with the session. Two weeks later, he fails to keep his appointment. You learn that he has decided not to continue counseling because, as he says, “I don’t know why I had to sign that paper before you’d talk to me. I’m not going to anybody any more.” You recall that after discussing the consent form he shook his head “no” when you asked, “Do you have any questions?” Now you’re worried that his mental health will deteriorate without the help he needs, and you feel you let your client down. What happened in this situation?

The answer is that like many healthcare providers, you probably overestimated the client’s health literacy. According to a 2003 report from the Department of Health and Human Services (the most recent available data), only 12 percent of U.S. adults have “proficient” health literacy, meaning they can understand and use health information effectively, and more than a third are at a basic or below basic level. That translates into millions of people in the U.S. who don’t understand the vital health information we give them. Such lack of knowledge can be deadly. A 2011 report from the Agency for Healthcare Research and Quality found that low health literacy is linked to poorer health status and a higher risk of death. It can also result in communication failures that lead to adverse events and the courtroom.

One component of health literacy of particular interest to counselors is overall mental health literacy. Lack of understanding about mental illness diagnosis can be a formidable barrier to accessing appropriate services. Clients may fail to seek help because they believe a stigma is still attached to mental illness diagnosis in our society. In fact, a recent analysis of studies from Europe, the United States, Australia, and New Zealand published in Acta Psychiatrica Scandinavica found that although mental health literacy has significantly improved among the general public, attitudes toward people with mental illness diagnoses have not.

To help their clients, counselors need to recognize the issues of health and mental health literacy and use tools such as “teach-back” and client-friendly education materials and tests to help ensure comprehension. These actions will also help avoid legal action. For example, a patient who doesn’t understand your instructions could sue if he or she experiences harm as a result. To avoid this situation, be sure you document the information you provide in your notes.

The value of health literacy

Clients need to understand consent forms and instructions so they can manage their own care and improve outcomes. Three 2010 initiatives recognize the vital role of health literacy—The Affordable Care Act, the National Action Plan to Improve Health Literacy from the Department of Health and Human Services, and the Plain Writing Act. Effective July 1, 2012, The Joint Commission’s new standards on patient-centered communication also includes guidelines on health literacy. Many organizations have developed policies to ensure they are adhering to these standards. It’s important to be aware—and
follow—these policies to reduce your risk of litigation. In addition, keep in mind that the current healthcare environment is a place where counselors will be held accountable for meeting their clients’ health literacy needs. Legislation, facility policies, and standards of practice could be cited in litigation involving mishaps related to a patient’s taking incorrect action—or failing to take action—because he or she didn’t understand the provided information.

A “universal” resource
You can’t tell a client’s health literacy by looking at him or her. That’s why the North Carolina Program on Health Literacy says that just as healthcare professionals use universal precautions to prevent spread of bloodborne disease for all clients, they need to use health literacy universal precautions for all clients.

The North Carolina program developed the Health Literacy Universal Precautions Toolkit, available as a free download at www.nchealthliteracy.org/toolkit. The toolkit, commissioned by the Agency for Healthcare Research and Quality, includes steps that healthcare providers can easily implement in their practice such as selecting provided tools, applying them, and assessing how effective they were in the interaction with the client. Tools include how to use teach-back (see The power of teach-back) and a reminder of key communication strategies.

Boosting understanding
You can use several simple strategies to address health literacy. For example, you might ask a client how he or she prefers to receive educational information (by reading, hearing, or seeing). Avoid technical jargon and speak in simple terminology. Be aware of the affect a client’s health literacy may have had as you review results of assessment tools. Remember to review all the forms your clients must complete for clarity. Document in your notes communication tools you used and the client’s responses as well as any accommodations you have made to meet the needs of clients with inadequate health literacy.

Building a partnership
Any method counselors use, from speaking slowly to encouraging questions, will help patients be more informed. More informed patients are less likely to sue because they are able to follow instructions and give themselves the best opportunity for successful self-management. By developing trust and promoting open communication, counselors can address health literacy and build a relationship with their clients that achieves the best possible outcomes, while keeping the individual counselor out of the courtroom.

The power of teach-back
If asked, “Do you understand?” after receiving information, most clients will say yes rather than admit their lack of knowledge. “Teach-back” is a powerful method that ensures a client truly comprehends what you have said. In this method, ask him or her to “teach” you the information. For example, you might say to client who is going to try a new communication technique with a specific person in his or her life, “I want to be sure that I explained this correctly. Can you please walk me through the steps you’re going to take the next time you talk with Mary?”

Teach-back can help you ensure that the patient understands the information you provided so he or she is more likely to adhere to instructions, thus reducing the likelihood of complications and a possible lawsuit.


RESOURCES


Are you competent in cultural care?

A diverse group of people call the United States home, so counselors routinely encounter clients of different cultures in their practice. But how confident are you in your ability to meet varied cultural needs? Your competency is key, not just to help your client achieve desired outcomes, but also to protect yourself from possible litigation.

What is cultural competence?
According to the U.S. Office of Minority Health (OMH), culture refers to patterns of behavior of racial, ethnic, religious, or social groups. Cultural competence is the ability to meet the needs of diverse populations so that delivered health services are safe and equitable. The National Quality Forum (NQF) says culturally competent care tries to eliminate misunderstandings and improve client adherence with treatment.

OMH notes that cultural competence is essential for closing the disparities gaps in healthcare because culture and language can affect someone’s beliefs about health, disease, and the behaviors that lead to both.

In essence, being respectful of—and responsive to—individuals’ cultural needs ensures more effective communication, which in turn with help improve outcomes. If you are not responsive to cultural needs and harm occurs—for example, your client hurts himself or herself—you may find yourself in the middle of a court case.

If you practice within an organization, be familiar with any policies related to cultural competence. Many organizations are subject to federal civil rights laws such as Title VI of the Civil Rights Act of 1964 and the Age Discrimination Act of 1975. You need to know and follow those policies to avoid being named in a lawsuit if a client’s cultural needs aren’t met.

Developing cultural competence
There is an important caveat to remember when building cultural competence—don’t stereotype. Culture is just one factor that shapes us; others include environment, socioeconomic status, and psychological factors. All these factors shape different people in different ways.

What you need to know about integrating cultural competence into your practice
The best way to understand a client’s cultural needs is to simply ask. One general question that might be helpful is, “Are there any cultural, religious, or spiritual beliefs that might influence your care?” Below are a few examples of action steps that you might want to consider. In each case, the most important point is to provide options that are acceptable to the client.

• Assess the cultural composition of the population your practice serves, and then learn more about those cultures.
• Identify any cultural beliefs that may impede a client’s response to therapy.
• Although it’s important to understand beliefs, do not assume that members of different cultures all think alike.
• Provide materials that are in the client’s preferred language. This is especially important in the case of consent for treatment forms.
• Use professional interpreters—not the client’s family or friends—as needed if you do not speak the client’s language.
• Consider cultural limitations of traditional testing instruments when choosing tests and evaluating the results.
• Be aware of barriers that may prevent members from certain cultural groups from seeking help.
• Document communication strategies used and the client’s response, as well as any modifications you make for individual clients, in your notes.
of client’s worldview, and culturally appropriate intervention strategies. Each category includes attitudes and beliefs, knowledge, and skills. This document, available at www.counseling.org/Resources/Competencies/Multicultural_Competencies.pdf, is a resource you can use to assess your own cultural competence. In addition, the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling has published competencies for counselors, which are available online at www.algbtic.org/resources/competencies.

Following competency recommendations and standards from professional associations such as the two mentioned will ensure that you establish valuable connections with your clients and, should you be involved in a lawsuit, provide valuable support that your attorneys can turn to when defending you.

Another resource for self-assessment is the Cultural Competence Health Practitioner Assessment, which you can access on the National Center for Cultural Competence (NCCC) website at http://nccc.georgetown.edu/features/CCHPA.html. NCCC also provides a self-assessment checklist for personnel providing services to children with disabilities and special health needs and their families.

Be sure to consider your own possible biases. For instance, cultural influences may cause some clients to turn to religious leaders when they have psychological needs. Would you be comfortable working collaboratively with the leader?

Meeting clients’ cultural needs in practice
First, understand that you have a responsibility not to discriminate against someone by not providing counseling; if you do, you could be sued. Once a client agrees to treatment, you must consider his or her cultural context. In fact, the American Counseling Association Code of Ethics (2005) specifically addresses culture in more than one area. For example: "Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy."

Assess each client’s cultural beliefs. As with any assessment, be sure to document your results in your notes. Flag any key information through the use of stickers or other techniques to ensure other healthcare providers are aware of the client’s cultural needs.

Understand that at times, it may be challenging to meet a client’s cultural needs. Keep an open mind so you can negotiate a mutually agreed upon solution. On a more global scale, consider the environment where you practice. Do you have artwork and magazines that would be of interest to members of the cultural groups that you see?

Ongoing learning
One of the NQF’s guiding principles of cultural competency is that it should be an ongoing process. It’s important to update your cultural competence skills in the same way you update your counseling
Medical malpractice claims can be asserted against any healthcare provider, including counselors. Although there may be a perception that physicians are held responsible for the majority of lawsuits, the reality is that counselors are more frequently finding themselves defending the care they provide.

The defendant counselor was a licensed chemical dependency and mental health counselor. He also owned (with his co-defendant spouse) the facility where the plaintiff was admitted for treatment of her eating disorder. The plaintiff was a 23-year-old female admitted to the defendant counselor’s facility for treatment of depression and the eating disorder anorexia...

To read the full case with risk management recommendations, go to www.hpso.com/case-studies/casestudy-article/360.jsp.