MOVING TOWARDS A PROGRESSIVE APPROACH IN ADDRESSING MENTAL HEALTH
Increasing Cultural Competence In Clinical Practice

The University of Nebraska Lincoln –Public Policy Center

The Nebraska Department of Health and Human Services Division of Behavioral Health

Presenter: Nyabang Buom, PhD
Tuesday March 26th, 2024

1

Icebreaker

- If you feel comfortable please introduce yourself in the chat!
  - What is your role/profession?
  - Why did you chose your current profession?
- What do you love most about your job/role/profession?

2

Training Purpose

1. This training will focus on increasing the cultural competence of behavioral health professionals to improve the quality of care provided to clients from culturally diverse backgrounds.

- The information discussed during this webinar provides a basic overview of important considerations related to cultural competence and DEI.

3

Goal Objectives 1 & 2

1. Define and describe how culture, cultural identity, intersectionality, and intersecting identities are related to behavioral health and behavioral health care.

2. Define and discuss the differences between intersectionality vs intersecting identities and its effect on the therapeutic alliance.

4

Goal Objectives 3& 4

3. Define key bias-based terminology and discuss how they may effect the clinician's perceptions, decisions, conceptualizations and therapeutic relationships.

4. Explain culturally competent constructs that encourage the practice of cultural sensitivity, and cultural understandings in psychotherapeutic processes, dynamics, and outcomes (i.e. how to learn about a client's cultural identity & clinical self-assessment).

5

Acknowledgements

THANK YOU!

6

Reflection: Share in chat

#1: What comes to mind when you hear cultural competence?

#2: Why is cultural competence important to you (what does it mean to you?)

7

Cultural Competence

- **Culture Competence-** the ability to effectively interact, work, and develop meaningful relationships with individuals from different cultures.
  - Skills that provide the ability to recognize that people have different experiences than you. Capacity to learn and understand the social, economic, or political reasons why experiences may be different and the willingness to use that understanding to appropriately empathize.
  - *Awareness, understanding, application*

American Psychological Association (APA), 2023

8

Diversity, Equity, and Inclusion

- **Diversity-** representation of various personal and social identity groups in an organization, or community.
  - *not individuals
- **Equity-** recognizing that everyone needs different levels of support to achieve the same results.
  - *not equality
- **Inclusion-** providing the same opportunities for everyone to be heard and engage in a meaningful way.

- Cultural competence is the skill(s) that underlies diversity, equity and inclusion work which requires a variety of multi-pronged approaches.
  - *Recognize*
  - *Capacity*
  - *Willingness*

American Psychological Association (APA), 2023

9

Developing Cultural Competence

- *How do you develop cultural competence?*
  - ○ Ongoing learning process- willingness to understand evolving multicultural engagements through the self-reflective process about intersectionality.
    - × Webinars
    - × Literature reviews
- *Learn how to talk and think about our identities using shared language.*
  - ○ Overcoming internal feelings of guilt, or embarrassment
  - ○ How do I start uncomfortable conversations?
  - ○ Learn strategies to engage in Cross-Racial Dialogue
- *Encourage and support trainees to self-identify and explore your various reference group memberships.*
  - ○ *Understanding Racial, Ethnic, and Cultural Identity different contexts.*

10

Check-point questions

11

Culture VS. Cultural Identity

- **Culture:** defined as shared beliefs, customs, values, and practices of a particular group**.** Culture shapes the way we perceive ourselves and the world around us, provides a sense of belonging.
- **Culture identity:** defined as characteristics that make us unique, influenced by experiences and interactions. Identity may shape the way we experience and interact with culture.
  - ○ Experiences among different sexual orientations, racial or ethnic groups.
  - ○ Culture experiences differ among someone who belongs to the dominant culture vs. someone who is a minority.
- **Why is this important?**
  - ○ List all of the cultural influences you can think of that explain or describe your identity:

12

ADDRESSING INFLUENCES

- ADDRESSING Framework- developed by Pamela Hays (1996, 2008)- emphasizes that culture identity is complex, there's so many ways to describe ourselves when asked our culture identity.

13

Cultural influences of Identity Activity

ADDRESSING Model Framework and Overview

Cultural characteristic	Power	Less power
Age and Generational Influences	Adults	Children, adolescents, elders
Developmental Disability	Temporarily able-bodied	Individuals with disabilities
Disability Acquired Later in Life	Temporarily able-bodied	Individuals with disabilities (e.g., multiple sclerosis or dementia caused by stroke)
Religion and Spiritual Orientation	Christians	non-Christian
Ethnicity/Race Identity	White or Caucasian	Persons of color
Socioeconomic Status	Owning & Middle Class (access to higher ed.)	People of lower status because of occupation, education, income, or rural habitat
Sexual Orientation	Heterosexuals	Gay, lesbians, and bisexual people
Indigenous Heritage	Non-native	Native
National Origin	U.S. born	Immigrants, refugees, and international students
Gender	Male	Women, transgender, and intersex people

Hays, P. A. (2001). Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors. Washington, D. C.: American Psychological Association.

14

Let's See The Results

15

5

Intersectionality

- **Intersectionality:** Constructed by Kimberle` Williams Crenshaw in 1989- to describe the double discrimination of racism and sexism faced by Black women.
- Metaphor used to recognize how systems of inequality compound themselves and create harm and obstacles based on gender, race, ethnicity, sexual orientation, gender identity, disability, socioeconomic status, class and other categories of social identity.
  - A tool to understanding invisible power and how they shape inequality, not identity.
  - Intersectionality is NOT a synonym for diversity or an avenue to construct a hierarchy of inequality

16

Intersecting Identities

- Concept that an individuals' identity consist of multiple intersection factors.
- In this concept there is an emphasis on identity being fluid and shifting throughout one's life.
  - The difference is due to the amount of power, privilege, societal hierarchy, and systemic oppression at play.

17

Cultural Competence in Behavioral Health and Behavioral Healthcare

- Helps professionals engage in considerable reflection to identify how their own cultural worldviews influence their interactions both inside and outside of the field.
- **Interpersonal:** the ADDRESSING framework helps avoid inaccurate generalizations on the basis of characteristics such as the person's physical appearance, name, or language.
- **Personal work:** The privileges professionals hold in relation to ethnicity, education, mental and physical abilities, and professional status are likely to separate her from people who do not hold such privileges.

Comprehensive perspective- how their perspectives are perpetuated in and shape client–counselor interactions, treatment decisions, planning, and selected counseling approaches.

18

Important Terminology

- Stigma- cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people.
- Racism
- Stereotypes
- Discrimination

19

Importance of Cultural Competence

- Culturally competent constructs that encourage the practice of cultural sensitivity, and cultural understandings in psychotherapeutic processes, dynamics, and outcomes (i.e. how to learn about a client's cultural identity & clinical self-assessment).
  - How do I build their trust?
  - Am I reframing in a manner that best resonates with them?
  - Historical systematic harm- Assessment and diagnoses in multicultural communities? –
    - How can I utilize this as a tool? What type of learner, how do they best interpret words; by numbers? Explanatory questions?

20

Important Considerations

- The tough question is, as professionals? How do we best teach how, who, and what influences to focus on?
- Reviewing the treatment process with the client- walk them through the process.
  - RESPECT Model: Stereotypes , Prejudices, Power, History
- Bias-based structures how they may effect the clinician's perceptions, decisions, conceptualizations and therapeutic relationships?
  - Diagnostic over shadowing, Am I causing more harm or are they "too sensitive, communication barrier"
    - "what I'm just following the manual?"
- Reflect on how terms such as "distortion" dysregulation, thinking errors" may be harmful…
- Power dynamic and control "Am I allowing the client to be the expert of their own experiences?"
  - "Did I create space for them to tell their story today?"
  - "No" okay what tasks of the privileged did I engage in?

21

Multicultural Orientation Approach (MCO)

22

Multicultural Orientation Approach (MCO)

- Multicultural Orientation Framework (MCO) proposed by Owen and colleagues (Owen, Tao, Leach, & Rodolfa, 2011; Owen 2013) emphasizes on providing a psychotherapy-specific explication of processes that can be used to any therapeutic orientation or approach.
- MCO is not designed to stand-alone but rather, it is implemented to compliment existing models of therapy and provide a comprehensive approach that describes the nature of psychopathology, and health.
- MCO is unique in that it articulates three constructs during therapy:

23

Key Terms MCO

1. Cultural humility (way of being)
2. Cultural opportunities (way of identifying and responding to therapeutic cultural markers)
3. Cultural comfort (way of understanding self in these moments)

24

Example Patient Information

- College- aged
- Ethiopian- Eritrean
- Female identifying- pronouns: she/hers
- Raised in the Midwest region of the USA

25

Reason For Referral

- Referred to psychotherapy services to obtain psychological support and address anxious feelings within the context of her environment.
  - Referral initiated by parent/guardian
    - Noticed that patient was frequently coming home from campus emotionally distressed (e.g., tearfulness, self-isolation, and anxious)
  - An increase in self-reported panic attacks
    - Overwhelming emotional distress, feeling of being out of control, trembling, sweating, and nausea.
    - Self-reported that shortly after a panic attack she develops an intense migraine (has only occurred a few times)

26

Medical History & Psychological History	Academic History	Strengths/Likes
Reported that she experiences intense migraines started while in high school • Intensity & frequency increased shortly after she contracted COVID-19 • Unknown cause, no single identified trigger	Has always excelled academically • AP classes in high school • Enrolled in honors college	Enjoys: skiing, listening to music, writing poems, and learning about different cultures
Reported that increased intensity & frequency of migraines have impacted her focus and concentration • Currently under medication management with neurologist	Decrease in concentration & focus • Reported that she was unable to keep-up with classes • Decided to leave the honors college	**Values:** Compassion, honesty, integrity & selflessness
Did not report any prior psychotherapy engagement or history of underlying diagnoses	Prior to contracting COVID-19 no academic or behavioral concerns	**Family/Social Supports:** Reports having a strong familial and social support

27

Presenting Concerns

- Difficulty asserting self and engaging in behaviors that promote feelings/emotions of self-defeat, and sense of helplessness.
- Difficulty managing distressful emotions that arise during situations that disempower her.
  - Reoccurrence of these distressful emotions have caused intense emotional reactions in the past such as self-reported panic attacks.
- Feelings of alienation, and lack of intrapersonal belonging stemming from feelings of disconnection from the Ethiopian-Eritrean culture; and the African-American culture.
  - "Too Black to be White but not Black enough to feel accepted in the African American community."

28

Proposed Treatment Goals

- Goal 1: Improve emotional coping consistent with sociopolitical belief system.
- Goal 2: Encourage engagement, and reflection of external oppressions and the manifestation of her emotional distress.
- Goal 3: Improve mood by encouraging patient to process intersectional identities within the context of her environment to promote change and attenuate human suffering and improve overall well-being.

29

Proposed Treatment Plans

- Treatment goal #1: Encourage process and utilize interventions that reduce sense of interpersonal helplessness and incorporate concepts of decolonization, healing action and transformation.
  - Increasing engagement in self-awareness strategies to help illicit source of current feelings/emotions.
- Treatment goal #2: Offer engagement in components from the MCO and other approaches that encourage cultural understanding from the patient's worldview, values and beliefs (lived experiences, everyday reality, and historical memories).
- Treatment goal #3: Utilize process based and liberating interventions that offer an opportunity to reclaim her history and develop her own reality of how her present and lived situations may have been distorted due to systemic and external oppressions.

30

10

Conceptualization Cont.

- 1. The divide and distress that immigrant families must endure to make sure their children are provided with the same opportunity as their peers.
  - Cultural alienation
  - Cultural discomfort
  - Code switching
- 2. Acculturation in the school systems->invalidating environment
  - English Language Learners (ELL OR ESL)
  - Limited opportunity to be a space that promotes positive cultural identity/development
  - "When I was in school, being African was a diss." –Starboy African musician
- 3. Showcasing of traumatic experiences as an educational tool and proof in order to receive an appropriate response or be believed.
  - Repeated instances of emotional discomfort

31

Conceptualization (contd.)

- Desire to control the narrative
  - Imposter syndrome. Highly self-critical. Overcompensating in academics, and literacy skills in order to shift the focus away from appearance and assumptions deprived.
  - Neglecting and minimizing her own needs, wants, values and beliefs→ interpersonal helplessness and disempowerment
- Identity alienation
  - Conflicted between meeting the needs/norms defined by society versus her personal definition based on her wants, needs, values and belief system.
- Understanding and processing the virtues of cultural truths vs. ideas and beliefs developed by the dominant culture
  - Offering a space for emotional process increases awareness and ownership of ones' history and discovering the virtues of cultural truths in order to make sense of current oppressive circumstances.
    - Unraveling the negative biases and beliefs developed by White supremacists and patriarchy
    - Psychoeducation & engaging in interventions and strategies that re-invent power within the patient, allowing for emotional flexibility, choice and acceptance

32

Important Characteristics to Consider as the Professional During Conceptualization

- Immigrant household
  - Bilingual
  - Cultural expectations/ beliefs about mental health
    - Differences
    - Patients family accepting and supportive of mental health services
    - Challenged my internalized assumptions about mental health based on cultural views
      - Age difference; differences in the Ethiopian- Eritrean culture versus South Sudanese
- Raised in predominantly White environment (Nebraska)
  - Invalidating space that offers limited space for cultural exploration
  - Experiences of colorism by members of the African American community
- Overwhelming feeling/experiences of the need to work 2x harder in order to prove worth and level of competency
  - Experiences tokenized or weaponized when discussed in spaces that do not support cultural identity of the use of lived experiences as a tool

33

Self-Reflection, Feedback &Critique

- Provided increased engagement and understanding of "following the process" rather than focusing on the content vocalized. Practicing "a way of being with the patient."
  - Eliminated beliefs based on western approaches and the idea of only one theoretical framework that incorporates manualized treatment approaches may focus on pathologizing patients and limits the ability to engage fully in treatment.
- Encourages the removal of assumptions and norms determined by society. Promotes engagement and learning perception of norms from the patient's worldview, values, and experiences.
  - Recognizing my own cultural humility allowed me to explore my cultural assumptions
    - Based on my experiences and cultural upbringing, I assumed that since the patient was also from Eastern Africa that their family may not want to be engaged in therapy or may have a negative view about the individual because they are receiving mental health services.
    - Understanding that cultural discomfort is not an indicator of a failed session.

34

Lets Discuss

- What does culturally competent care mean to you?
- Honesty- true engagement or just appearing as culturally "woke" but I have no intention of implementing and strategies…."somebody else will deal with it"
- What will it take for you and the client to both show-up as your true authentic selves?
- What does this look like to you and the client?
  - The ability to step-outside comfort zone; willingness to ask questions, learn, and share the power dynamic.
  - *Example:* Clinician being able to locate on the world map where South Sudan and or Nebraska is located?
  - Identifying my boundaries and my client's boundaries do they conflict?
  - As a professional would I feel comfortable taking my family member/ loved one to this agency?
    - Would I receive services here? Without identifying my credentials?

35

Conclusion

- *Understanding:* Cultural competency- is a constant practice. cultural discomfort is not an indicator of a failed session.

- Importance of self-reflection as the clinician and being able to identify the behaviors appropriate to addressing.
  - Removal of assumptions, biases, etc., opens opportunity for the clinician to follow "the process" and practice "a way of being with the client" rather than focusing on the "content vocalized" often used in diagnosis and **diverts the attention to the clients individual factors that may lead to suffering because it upholds the oppressive systems of the dominant culture.**

- *Reality:* Step away from the textbook- recognizing and discussing that clinician cultural discomfort is not an indicator of a failed session(s)- the burden of my culturally diverse coworkers- my lived experiences and realties- are not for display-*showing casing of traumatic experiences as educational tools.*

- *Lead:* integrating and implementing modernized approaches to complement existing models that assist culturally diverse communities (refugees, immigrants, migrants) in rebuilding protective factors and healing systems that lead toward better mental health outcomes.

36

Questions, Comments?

37

References

- Crenshaw, Kimberle Williams (2020) Intersectionality matters: under the blacklight: history rinsed and repeated [Podcast]. 28 April 2020. Stream 14. Under the Blacklight: History Rinsed and Repeated by Intersectionality Matters with Kimberlé Crenshaw | Listen online for free on SoundCloud

- Hook, J. N., Davis, D., Owen, J., & DeBlaere, C. (2017). Cultural humility: Engaging diverse identities in therapy. American Psychological Association.

- McGee-Avila, J. (2018, June 21). Practicing cultural humility to transform health care. Robert Wood Johnson Foundation Culture of Health Blog. https://www.rwjf.org/en/blog/2018/06/practicing-cultural-humility-to-transform-healthcare.html

- Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug. Chapter 2 Culture Counts: The Influence of Culture and Society on Mental Health. Available from: https://www.ncbi.nlm.nih.gov/books/NBK44249/

- McGee-Avila, J. (2018, June 21). Practicing cultural humility to transform health care. Robert Wood Johnson Foundation Culture of Health Blog. https://www.rwjf.org/en/blog/2018/06/practicing-cultural-humility-to-transform-healthcare.html
- Davis, Don & Deblaere, Cirleen & Owen, Jesse & Hook, Joshua & Rivera, David & Choe, Elise & Van Tongeren, Daryl & Worthington, Everett & Placeres, Vanessa. (2018). The multicultural orientation framework: A narrative review. Psychotherapy. 55. 89-100. 10.1037/pst0000160.

- El-Galaly TC, Gaidzik VI, Gaman MA, Antic D, Okosun J, Copland M, Sexl V, Fielding AK, Doeswijk R, Parker H, Dreyling M, Döhner K, Almeida AM, Macintyre E, Gribben JG, Grønbæk K. A Lack of Diversity, Equity, and Inclusion in Clinical Research Has Direct Impact on Patient Care. Hemasphere. 2023 Feb 21;7(3):e842. doi: 10.1097/HS9.0000000000000842. PMID: 36844176; PMCID: PMC9946429.

- Hays, P. A. (2022). Addressing Cultural Complexities in Counseling and Clinical Practice: An Intersectional Approach (4th edition). Washington DC: American Psychological Association.

- Martín-Baró, Ignacio. (1994). Writings for a liberation psychology. Cambridge, Mass. :Harvard University Press.

38

Reading Recommendations

Kendi, I. X. (2019). *How to be an antiracist.* New York, One World.

Watkins M. & Shulman H. (2008). *Toward psychologies of liberation.* Palgrave Macmillan.

Comas-Díaz, L., & Torres Rivera, E. (Eds.). (2020). *Liberation psychology: Theory, method, practice, and social justice.* American Psychological Association. https://doi.org/10.1037/0000198-000

39

Reading Recommendations

- Davis DE, DeBlaere C, Owen J, Hook JN, Rivera DP, Choe E, Van Tongeren DR, Worthington EL, Placeres V. **The multicultural orientation framework: A narrative review. Psychotherapy** (Chic). 2018 Mar;55(1):89-100. doi: 10.1037/pst0000160. PMID: 29565626.

- Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy* (2nd ed.). American Psychological Association. https://doi.org/10.1037/11650-000

- Hays, P. A. (2001). Addressing Cultural Complexities in Practice: A Framework for Clinicians and Counselors. Washington, D. C.: American Psychological Association. https://www.youtube.com/watch?v=ViDtnfQ9FHc&t=3s

- Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review, 43*(6), 1241–1299. https://doi.org/10.2307/1229039

- Crenshaw, Kimberlé. 1989. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics." *University of Chicago Legal Forum*: 139–67.

- Kivlighan DM, Chapman NA. Extending the multicultural orientation (MCO) framework to group psychotherapy: A clinical illustration. Psychotherapy (Chic). 2018 Mar;55(1):39-44. doi: 10.1037/pst0000142. PMID: 29565620.

- Watkins CE Jr, Hook JN, Owen J, DeBlaere C, Davis DE, Van Tongeren DR. Multicultural Orientation in Psychotherapy Supervision: Cultural Humility, Cultural Comfort, and Cultural Opportunities. Am J Psychother. 2019 Jun 1;72(2):38-46.
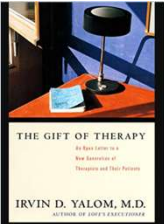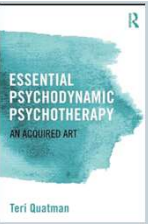
40

Reading Recommendations

Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients.* HarperCollins Publishers

Volkan, Vamik. (2018). Immigrants and Refugees: Trauma, Perennial Mourning, Prejudice, and Border Psychology. 10.4324/9780429475771.

Quatman, Teri, "Essential Psychodynamic Psychotherapy: An Acquired Art" (2015). *Faculty Book Gallery*. 40. https://scholarcommons.scu.edu/faculty_books/40

41