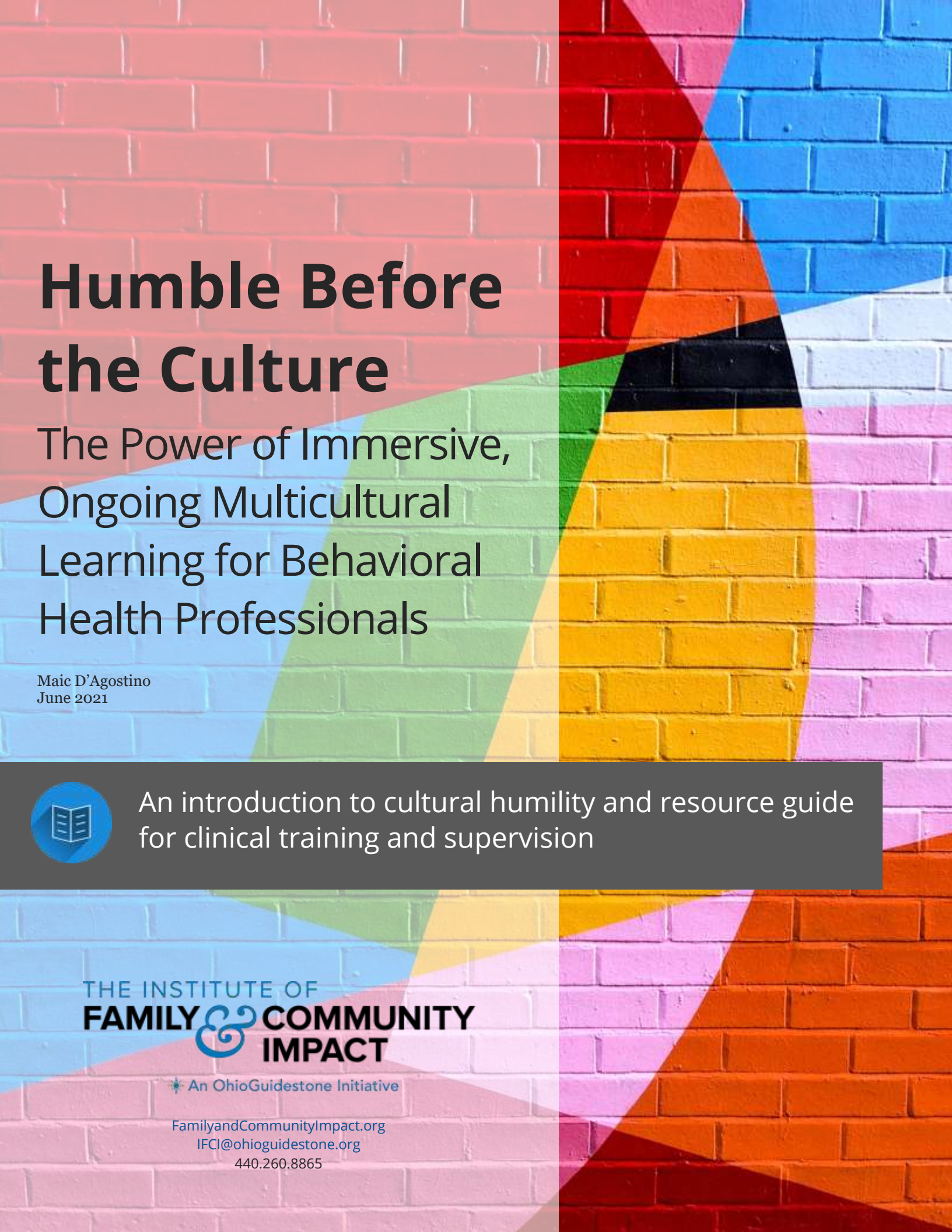

Humble Before the Culture

The Power of Immersive, Ongoing Multicultural Learning for Behavioral Health Professionals

Maic D'Agostino
June 2021

An introduction to cultural humility and resource guide for clinical training and supervision

THE INSTITUTE OF FAMILY & COMMUNITY IMPACT
An OhioGuidestone Initiative

FamilyandCommunityImpact.org
IFCI@ohioguidestone.org
440.260.8865

SUMMARY

Cultural humility — whether seen as the foundation of cultural competence or the garden in which cross-cultural relationships grow — is necessary for all behavioral health providers. It is closely entwined with trauma-informed care and therapeutic alliance, as vital keys to unlocking the best possible patient outcomes.

Thus, healthcare organizations of all stripes should not merely make cultural humility a type of program or component of their training, but infuse it into every aspect of their operations. A desire to learn and an attitude of respect toward all the many intersecting cultures will enhance care and benefit both clinician and client, particularly those in underserved or marginalized communities.

WHO SHOULD USE THIS PAPER

- Behavioral health organizations
- Healthcare providers
- Clinicians
- Supervisors
- Educators
- Researchers

TAKEAWAYS & ACTION ITEMS

- Cultural humility or cultural competence is an ongoing, immersive learning process that is vital for delivering health care.
- Culturally competent care is particularly necessary in behavioral and mental health services due to the high importance of relationship building in therapeutic treatment.
- Culture is a flexible framework for how a person or community operates in the world, and thus journeying to understand a client's cultural context will help develop better and more personalized care.
- The principles of culturally humble care overlap with many of the principles of trauma-informed care, namely the decentering of clinical authority in favor of the empowerment of client experience.
- In addition to counseling and support services, cultural humility is equally important for clinical supervision and research.
- Many resources are available for cultural competency training; however, the most important step toward cultural humility for providers and researchers is the first one.

THE INSTITUTE OF FAMILY & COMMUNITY IMPACT
An OhioGuidestone Initiative

Humble Before the Culture

The Power of Immersive, Ongoing Multicultural Learning for Behavioral Health Providers

Maic D'Agostino, *OhioGuidestone*

Introduction

To best serve communities, health professionals must constantly learn about and work to understand the cultural contexts of the people in their care. This is true also of health researchers in connection to the communities they study. And it is particularly vital for community-based behavioral health providers, such as here at OhioGuidestone and our many partners, affiliates, counterparts, and colleagues. From social services to therapeutic treatments, the success of behavioral health care relies on relationship building (Umberson & Montez, 2010; Baier et al., 2020; Frosch et al., 2021).

An important component of creating an alliance between a patient, client, or community and their care provider(s) is respect and openness to the culture of the individual, family, or community that the provider is serving. Although we sometimes call this "cultural competence," it is perhaps more effective to frame this developmental experience as "cultural humility" (Hook et al., 2013; Foronda et al., 2016). Whatever term is used, the key to effective care in diverse, multicultural settings is relationality and collaboration between provider and client, and, as such, hinges on the provider's willingness to learn about and incorporate the client's cultural context into the process of their services (Davis et al., 2018; Greene-Moton & Minkler, 2019; Purdie-Greenaway & Bennett, 2021).

This is a professional and personal journey that healthcare workers must maintain throughout their careers. It requires commitment, curiosity, and, yes, humility. Without this effort, mental health interventions, therapy, and related support services will be reductive and insufficient, leading to less accessible care, a lack of health literacy, and continued inequity and disparities in outcomes (Purdie-Greenaway & Bennett, 2021). Fortunately, a wealth of resources for clinicians and other health professionals are available.

As with any necessary professional development, the most important step toward cultural humility is the first one.

What Is Culture?

Understanding what culture actually is — which is a highly complex task — can be a potential barrier to undertaking a process of cultural learning and continuous improvement of cultural competence. Cultural competence (and cultural humility) in the context of psychotherapy in the United States often functions as a code-word for white clinicians improving their professional practices, behaviors, and interactions with people from what white researchers have historically deemed "minority" populations: Black people, in particular, as well as women (Pine, 1972), sometimes people from Latinx, Indigenous, and AAPI (Asian American and Pacific Islander) communities (Sue et al., 1982), and more recently LGBTQ+ individuals and other marginalized people (Sue et al., 1992).

In other words, "cultural competence" has usually meant treating "non-white" clients, emphasized by the former name of the Association for Multicultural Counseling and Development prior to 1985: the Association for Non-White Concerns. Besides the racist implications of defining multiculturalism as "non-white," the mainstream concept of multiculturalism fails to grasp what culture and identity truly encompass (Purdie-Vaughns & Walton, 2011).

The definition of culture is often foggy and flexible because cultural identity is not a hardwired biological phenomenon but rather is based on social constructs, including race, gender, sexual orientation, migration history, citizenship, sociopolitical location, community membership, neighborhood, disability status, education, and other factors that surround the "who" of each person's individual identity. These are not extricable from each other, hence the movement to recognize the importance of intersectionality in many fields or even as its own field (Cho et al., 2013), including within social psychology (Purdie-Vaughns & Eibach, 2008; Goff & Kahn, 2013; Bowleg, 2017).

The most salient point here is that culture and identity are flexible frameworks for how a person or a community operates in the world. The best way to learn about a person's culture, then, is to be inquisitive but not intrusive, with a desire to learn in order to build relationships and improve services and outcomes, not to gain data or knowledge or check a box on a list of credentials (Purdie-Greenaway & Bennett, 2021).

What Is Cultural Humility?

At its core, cultural humility is a simple concept: Do not presume to know or understand what others know, experience, or feel, as an individual or as a collective. In the early stages of treatment, care providers likely do not know or at least do not fully grasp and appreciate their clients' cultural contexts. This matters because how the people they care for understand whatever pain, harm, or distress they have experienced or are experiencing is filtered through multiple cultural lenses.

To have cultural humility, then, is to begin a care relationship from a place of learning. It requires, on the part of the provider, openness, self-reflection, and mutuality, a decentering of clinical authority in favor of an empowerment of client experience (Hook et al., 2013; Foronda et al., 2016; Falicov et al., 2021). Not coincidentally, these principles overlap with the foundations of trauma-informed care (see Raja et al., 2015).

Taking this perspective, in a therapeutic relationship, behavioral health workers can begin with a simple framework based around basic inquiries:

- I want to learn more about you.
- I want to hear your story.
- I want to get to know who you really are.
- I want to know where you come from.

But the point is not simply for the provider to gain knowledge. It is to adapt and reframe treatment and services to fit the needs of the client.

While the goals may be simple, the application in practice often is complex, multifaceted, and demanding of time and patience, for both the client and the clinician (and, if applicable, the clinician's supervisor). Mental health workers will need to equip themselves with tools that will help them practice and progress in their care craft, in order to adapt to the diverse needs and experiences of their clients.

Incorporating Cultural Humility into Behavioral Health Care

Since we have established the key role of relationship in health and health care, it is important to recognize the many nodes in the networks of relationships and how varying cultures influence them. Multicultural learning for behavioral health providers begins in training (Watkins Jr. & Mosher, 2020) and particularly should be emphasized in clinical supervision (Davis et al., 2018; Watkins Jr. et al., 2019; Jones & Branco, 2020; Falicov, 2021; Mitchell & Butler, 2021), for both the supervisor and the clinician.

The client-clinician and clinician-supervisor relationships are significant to the practices and outcomes of behavioral health care. This underscores the importance of lifelong learning for mental health workers at all stages of their careers,

from unlicensed community-based specialists to experienced clinical supervisors. In supervision, too, cultural humility must be practiced (Jones & Branco, 2020). Supervisors should not interact with their supervisees in a top-down model, but rather in an open and collaborative partnership, much like the therapeutic relationship between the clinician and the client (Falicov, 2021).

Incorporating multicultural approaches into clinical practices for behavioral health have been increasingly highlighted in psychological research, through a variety of related yet distinct frameworks (see Ratts et al., 2016; Falicov, 2017; David et al., 2018). While learning every approach and theoretical concept is not reasonable for practicing clinicians and especially unlicensed mental health specialists, the basic principles are the same. The foundations of any approach to culturally competent care are self-reflection, curiosity, and humility, drawing practitioners into immersive encounters where they can build their cultural knowledge base and interrelational skills (Purdie-Greenaway & Bennett, 2021).

Along with lifelong learning and authentic relationship, the other necessary cog to all of this is an awareness and commitment to social justice (Vera & Speight, 2003; Flores et al., 2014; Zeeb, 2020; Mitchell & Butler, 2021). For the populations that our medical and research institutions have marginalized, discriminated against, and failed to adequately serve, social justice isn't simply a buzzword or something to learn about but a necessity for attaining health and well-being.

How to Find Resources

One of the difficulties in practicing cultural humility is finding resources to aid in learning and self-reflection. While resources and trainings for cultural competence are abundant on the internet, parsing through them for worthwhile information and insights can be time-consuming.

As stated earlier, however, the most important step for cultural humility in behavioral health practitioners is the first one. Acknowledging the significance of multicultural lenses in mental health treatment, from client to clinician to supervisor, is the doorway to health equity.

Here are a few resources cited or related to the topics and references of this paper:

ABOUT CULTURAL COMPETENCE

Association for Multicultural Counseling and Development (AMCD)
Division of the American Counseling Association (ACA) with resources for cultural education and professional development
multiculturalcounselingdevelopment.org

National Center for Cultural Competence (NCCC)
Promotes cultural competence in health care and offers many self-assessments
nccc.georgetown.edu

Improving Cultural Competency for Behavioral Health Professionals
Online training from the U.S. Department of Health & Human Services
thinkculturalhealth.hhs.gov/education/behavioral-health

Cultural Competence in Health Care: Laying the Foundation
Webinar by Purdie-Greenaway & Bennett (2021)
psychu.org/cultural-competence-in-healthcare-laying-the-foundation

MODELS AND FRAMEWORKS

Multicultural and Social Justice Counseling Competencies (MSJCC)
Framework developed by Ratts et al. (2016), endorsed by AMCD and ACA
multiculturalcounselingdevelopment.org/competencies

Multidimensional Ecosystemic Comparative Approach (MECA)
Framework developed by Falicov (2013), detailed in her book *Latino Families in Therapy*
psycnet.apa.org/record/2013-41560-000

Multicultural Orientation (MCO)
Framework developed by Owen et al. (2011)
multiculturalorientation.com

Critical Consciousness of Anti-Black Racism (CCARB)
Racial trauma prevention and resistance model developed by Mosley et al. (2021)
doi.org/10.1037/cou0000430

Color-Blind Racial Ideology (CBRI)
Framework described by Neville et al. (2013) with implications for psychology, both in clinical settings and in research
doi.org/10.1037/a0033282

Social Justice Pedagogical Model
Model proposed by Flores et al. (2014) for developing social justice competencies
doi.org/10.1177/0011000014548900

Conclusion

Cultural humility — whether seen as the foundation of cultural competence or the garden in which cross-cultural relationships grow — is necessary for all behavioral health providers. It is closely entwined with trauma-informed care and therapeutic alliance, as vital keys to unlocking the best possible patient outcomes.

Thus, healthcare organizations of all stripes should not merely make cultural humility a type of program or component of their training, but infuse it into every aspect of their operations. A desire to learn and an attitude of respect toward all the many intersecting cultures will enhance care and benefit both clinician and client, particularly those in underserved or marginalized communities.

In fact, the reason that these communities are underserved and marginalized is due to the systemic discrimination — from exploitation to erasure — of those communities in institutions such as healthcare. By re-centering people according to their cultural contexts, their lived experiences, and their desires, we can transform socially determined and discriminatory health disparities into authentic and accountable care. From this will blossom respect for the dignity and well-being of each and every person.

REFERENCES

Baier, A. L., Kline, A. C., & Feeny, N. C. (2020). Therapeutic alliance as a mediator of change: A systematic review and evaluation of research. *Clinical Psychology Review, 82*, 101921. https://doi.org/10.1016/j.cpr.2020.101921

Bowleg L. (2017) Intersectionality: An underutilized but essential theoretical framework for social psychology. In B. Gough (Ed.) *The Palgrave Handbook of Critical Social Psychology*. Palgrave Macmillan. https://doi.org/10.1057/978-1-137-51018-1_25

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs, 38*(4), 785–810. https://doi.org/10.1086/669608

Davis, D. E., DeBlaere, C., Owen, J., Hook, J. N., Rivera, D. P., Choe, E., Van Tongeren, D. R., Worthington Jr., E. L., & Placeres, V. (2018). The multicultural orientation framework: A narrative review. *Psychotherapy, 55*(1), 89–100. https://dx.doi.org/10.1037/pst0000160

Falicov, C. J. (2013). *Latino families in therapy* (2nd ed.) (pp. 17–50). Guilford Press.

Falicov, C. J. (2017). Multidimensional ecosystemic comparative approach (MECA). In J. L. Lebow et al. (eds.), *Encyclopedia of Couple and Family Therapy.* Springer, Cham. https://doi.org/10.1007/978-3-319-15877-8_848-1

Falicov, C. J., Nakash, O., & Alegria, M. (2021). Centering the voice of the client: On becoming a collaborative practitioner with low-income individuals and families. *Family Process, 60*(2), 670–687. https://doi.org/10.1111/famp.12558

Flores, M. P., De La Rue, L., Neville, H. A., Santiago, S., ben Rakemayahu, K., Garite, R., Spankey, Brawn, M., Valgoi, M., Brooks, J., Lee, E. S., & Ginsburg, R. (2014). Developing social justice competencies: A consultation training approach. *The Counseling Psychologist, 42*(7) 998–1020. https://doi.org/10.1177/0011000014548900

Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing, 27*(3), 210–217. https://doi.org/10.1177/1043659615592677

Frosch, C. A., Schoppe-Sullivan, S. J., & O'Banion, D. D. (2021). Parenting and child development: A relational health perspective. *American Journal of Lifestyle Medicine, 15*(1), 45–59. https://doi.org/10.1177/1559827619849028

Goff, P. A., & Kahn, K. B. (2013). How psychological science impedes intersectional thinking. *Du Bois Review, 10*(2), 365–384. https://doi.org/10.1017/S1742058X13000313

Greene-Moton, E., & Minkler, M. (2019). Cultural competence or cultural humility? Moving beyond the debate. *Health Promotion Practice, 21*(1), 142–145. https://doi.org/10.1177/1524839919884912

Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. https://doi.org/10.1037/a0032595

Jones, C. T., & Branco, S. F. (2020). The interconnectedness between cultural humility and broaching in clinical supervision: Working from the multicultural orientation framework. *The Clinical Supervisor, 39* (2), 198–209. https://doi.org/10.1080/07325223.2020.1830327

Mitchell, M. D., & Butler, S. K. (2021). Acknowledging intersectional identity in supervision: The multicultural integrated supervision model. *Journal of Multicultural Counseling and Development, 49*(2), 101–115. https://doi.org/10.1002/jmcd.12209

Mosley, D. V., Hargons, C. N., Meiller, C., Angyal, B., Wheeler, P., Davis, C., & Stevens-Watkins, D. (2021). Critical consciousness of anti-Black racism: A practical model to prevent and resist racial trauma. *Journal of Counseling Psychology, 68*(1), 1–16. https://doi.org/10.1037/cou0000430

Neville, H. A., Awad, G. H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist, 68*(6), 455–466. https://doi.org/10.1037/a0033282

Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy, 48*(3), 274 – 282. https://doi.org/10.1037/a0022065

Pine, G. J. (1972). Counseling minority groups: A review of the literature. *The National Catholic Guidance Conference Journal, 17*(1), 35–44. https://doi.org/10.1002/j.2164-5183.1972.tb00209.x

Purdie-Greenaway, V., & Bennett, M. E. (2021, February 18). *Cultural competence in healthcare: Laying the foundation* [Webinar]. PsychU. https://psychu.org/cultural-competence-in-healthcare-laying-the-foundation

Purdie-Vaughns, V., & Eibach, R. P. (2008). Intersectional invisibility: The distinctive advantages and disadvantages of multiple subordinate-group identities. *Sex Roles, 59*, 377–391. https://doi.org/10.1007/s11199-008-9424-4

Purdie-Vaughns, V., & Walton, G. M. (2011). Is multiculturalism bad for African Americans? Redefining inclusion through the lens of identity safety. In L. R. Tropp & R. K. Mallett (Eds.), *Moving beyond prejudice reduction: Pathways to positive intergroup relations* (pp. 159–177). American Psychological Association. https://doi.org/10.1037/12319-008

Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed care in medicine: Current knowledge and future research directions. *Family & Community Health, 38*(3), 216–226. https://doi.org/10.1097/FCH.0000000000000071

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*(1), 28–48. https://doi.org/10.1002/jmcd.12035

DP Institute. (2020, September 14). *Multicultural orientation (MCO) deliberate practice webinar* [Video]. YouTube. https://www.youtube.com/watch?v=IJ1cWH88RI0

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttall, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*(2), 45–52. https://doi.org/10.1177/0011000082102008

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development, 70*(4), 477–486. https://doi.org/10.1002/j.1556-6676.1992.tb01642.x

Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behavior, 51*(1, Suppl.), S54–S66. https://doi.org/10.1177/0022146510383501

Vera, E. M., & Speight, S. L. (2003). Multicultural competence, social justice, and counseling psychology: Expanding our roles. *The Counseling Psychologist, 31*(3), 253–272. https://doi.org/10.1177/0011000003031003001

Watkins Jr., C. E., Hook, J. N., Owen, J., DeBlaere, C., Davis, D. E., & Van Tongeren, D. R. (2019). Multicultural orientation in psychotherapy supervision: Cultural humility, cultural comfort, and cultural opportunities. *American Journal of Psychotherapy, 72*, 38–46. https://doi.org/10.1176/appi.psychotherapy.20180040

Watkins Jr., C. E., & Mosher, D. K. (2020). Psychotherapy trainee humility and its impact: Conceptual and practical considerations. *Journal of Contemporary Psychotherapy, 50*, 187–195. https://doi.org/10.1007/s10879-020-09454-8

Zeeb, I. A. (2020). Multicultural and social justice counseling competency: A body psychology perspective. *International Body Psychotherapy Journal, 19*(2), 102–111. https://www.ibpj.org/issues/articles/Ila%20Anemone%20Zeeb%20-%20Multicultural%20and%20Social%20Justice%20Counseling%20Competency.pdf

THE INSTITUTE OF FAMILY & COMMUNITY IMPACT

Find our white papers online at **familyandcommunityimpact.org/white-papers**.

Joyful Together®: Addressing and Preventing Childhood Toxic Stress in Ohio
Brittany R. Pope & Rose Frech

Lived Experiences' Effects on Health: An Introduction to Social Determinants of Health for Community Mental Health
Sharmika Primm

CBT: Is Its Evidence-Base Valid for Mental Health Treatment in Community Settings?
Brittany R. Pope, Reinhild Boehme, & Isabella Hu

"Just Try Harder" Doesn't Heal: Addressing the Therapeutic Needs of Clients in Community Mental Health Treatment with Evidence-Based Innovation
Maic D'Agostino, Brittany R. Pope, & Reinhild Boehme

Informational: Perception of Hope for Substance Use Disorder Treatment in Ohio
Kristen Mitzel

We Cannot Talk About Substance Use Without Talking About Mental Health
Kristen Mitzel

Lead Poisoning & Behavioral Health: Increased Referrals for Treatment Can Mitigate Long-term Consequences of Childhood Lead Poisoning
Brittany R. Pope, Isabella Hu, & Maic D'Agostino

Expand Insurance Coverage of the PLAY Project to Support Developmental and Relationship-based Treatment of Young Ohioans with ASD
Kristen Mitzel, Ashley Cunningham, & Maic D'Agostino

OhioGuidestone's Impact on Ohio's Health Value: A Response to HPIO Strategies to Improve Ohioans' Health
Maic D'Agostino & Brittany R. Pope

Push for PROMs: Patient-Reported Outcomes Are Necessary for Evidence-Based & Client-Centered Community Mental Health Treatment
Brittany R. Pope, Isabella Hu, Maic D'Agostino, Whitney Yoder, & Emily Fagan

Statewide Demonstration of the Effectiveness of Mental Healthcare via Telehealth Required Before New Rules and Presentation of "An Algorithm of Tele-Mental Health Care"
Benjamin Kearney, Brittany R. Pope, & Maic D'Agostino

Addressing ACEs by Closing the Divide Between Community Mental Health and Primary Care Screening: Training, Innovation, and Local Primary Care Partnerships
Brittany R. Pope

Preventing Harm and Deaths from Racism and Poverty: The Need to Eradicate Sources of Toxic Stress in Our Communities to Improve Public Health
Maic D'Agostino & Brittany R. Pope

Altering the Path Our DNA Paved: Epigenetics and OhioGuidestone's Theory of Change
Maic D'Agostino

The Danger of Misusing Prevention Data: Resisting Pathologization and Hypersurveillance in Behavioral Health Screenings Through Trauma-Informed, Community-Centered Prevention Strategies
Maic D'Agostino

An Evolution of Substance Use and Mental Health Treatment: The Post-Pandemic Need for Technological Change
Kristen Mitzel