# Creating a Culturally Safe Space in Service Provision & Clinical Practice

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**Regional Assessment and Resource Centre**
**Queen's University**
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# *Land Acknowledgment:*

***University of Windsor:*** University of Windsor sits on the traditional territory of the Three Fires Confederacy of First Nations, which includes the Ojibwa, the Odawa, and the Potawatomi. We respect the longstanding relationships with First Nations people in this place in the 100-mile Windsor-Essex peninsula and the straits – les détroits – of Detroit.

# State of the Issue/Problem

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# **Evidence of Mental Health Inequity:** BIPOC's Experiences in the Canadian Context

2018 the Canadian Psychiatric Association survey: 79% of its members reported discrimination towards a patient & 53% observed other medical professionals discriminate against a patient from psychiatry (cited in CMHA, 2018).

2020 Recent Study of Syrian Refugees: Satisfaction with Health was the single most important social determinant of mental & physical health of recent refugees (Kuo et al. 2020), with significant unmet needs (Tuck et al., 2019)

## A case in point: Death of Joyce Echaquan

37-years old, Indigenous mother of 7 died on Sept 28, 2020 in a hospital in Quebec (the Centre hospitalier de Lanaudière) .

***A Lack of Cultural Safety from Health Care Systems and Providers/Clinicians in Canada Exists & The Presence of Cultural Mistrust Prevails among Culturally Diverse Populations in Canada.***

- A Lack of cultural safety can be further complicated by other diversity dimensions/factors/identities, such as **disabilities**, that intersect with **racial, cultural, or ethnic oppressions & barriers**.

- Hence, support & intervention would require ‘unpacking’ & ‘processing’ of the relevant ‘pressure points’ related to diversity factors.

**In short, health inequity and health care disparity clearly exist – some benefited more than others (Racialized & marginalized communities). Changes are needed at:**

- ***Individual-Level*** as Health Care Professionals & Practitioners
- ***Systematic-Sociopolitical Level*** in the Structural, Organizational, Governmental, & Societal Domains from a *Historical* Perspective

# Objectives of this Workshop:

The training will address:

1). *Illustrate how* ***culture, race & diversity issues/factors intersect with service provision & mental health care***

2). *Introduce* ***'Multicultural Competence'*** *&* ***'Cultural Humility'*** *as building blocks for promoting cultural safety*

3) *Introduce* ***some actionable strategies*** *to promote cultural safety & responsiveness in support of culturally diverse students & clients.*

# Define Key Terms & Culturally-Informed Framework

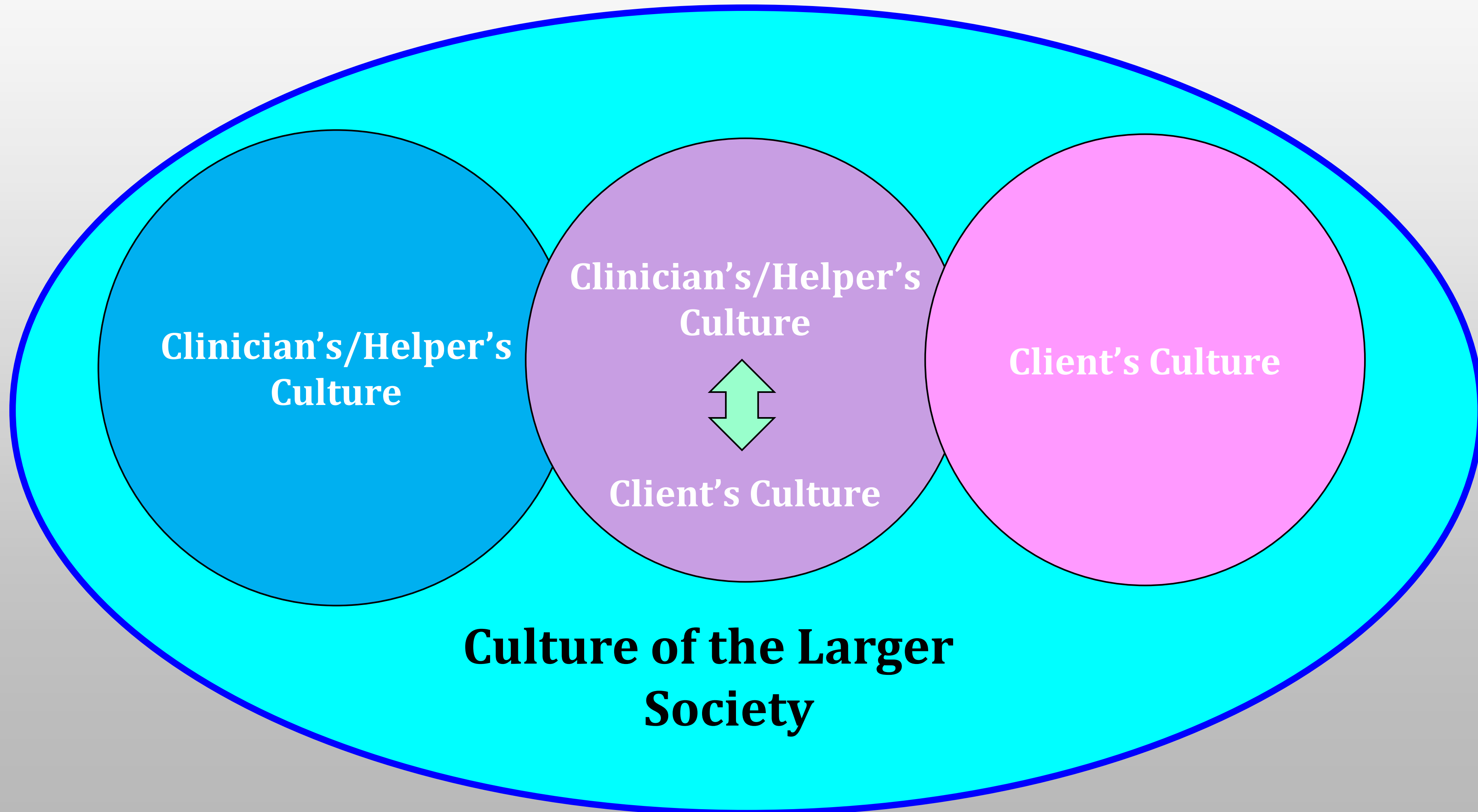
*That is, to develop an ear and an eye (a third ear/eye) for recognizing cultural & diversity themes, influences, & factors on the clients, the therapist themselves, & the client-therapist relationship.*

*Cultural learning & development is a **Process!** I call it an ongoing **'Multicultural Journey'**.*

***How do culture, race & diversity issues/factors intersect with service provision & mental health care?***

# A Transactional Conceptualization of Client-Therapist Interactions:

## A Multi-layered Influences of Cultural Forces



# Clinical Implications of these Universal, Group, & Individual Dimensions

- Western value-driven theoretical and clinical interventions and evaluation tools typically focused on the universal dimension ***(etic)***.
- They need to be reconsidered, recalibrated, and even challenged owing to the importance of the other two cultural group- & individual- specific dimensions ***(emic)***.
- Akin to the Indigenous Teaching of **'Two-Eyed Seeing'**: Western + Indigenous Knowledge

# Identity Perspective on Culture

- ***Identity Perspective:* The '*ADRESSING*' Framework** (by Pamela A. Hays, 1996)

***A***ge & Generation Influences
***D***isability
***R***eligion
***E***thnicity
***S***ocial Status
***S***exual Orientation
***I***ndigenous Heritage
***N***ational Origin
***G***ender + **more**…………..

# Dimensions of Human Experiences

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***Everyone is like everyone else.***

***(Shared Humanity - Universality)***

***Everyone is like someone else.***

***(Group Identity)***

***Everyone is like no one else.***

***(Individuality)***

# Varying Client-Clinician Relational Dynamics

Clinician's/Helper's Culture
(White, Middle Class
Able-bodied
Canadian Female)

Clinician's/Helper's Culture
↕
Client's Culture

Client's Culture
(Black African
Refugee
Male,
with a
Spinal Injury)

Culture of the Larger Society

# Implication – A Quick Takeaway

- Being mindful that BIPOC Client-Therapist clinical interactions need to be understood from **a broader historical & sociopolitical perspective/context.**

  (e.g., ‘cultural mistrust’ ‘cultural paranoia’)

# Intersectionality of Identities: Working with Client-Therapist Cultural Factors

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# Intersectionality of My Identities

Taiwanese

Middle Class

Asian

Canadian

Man

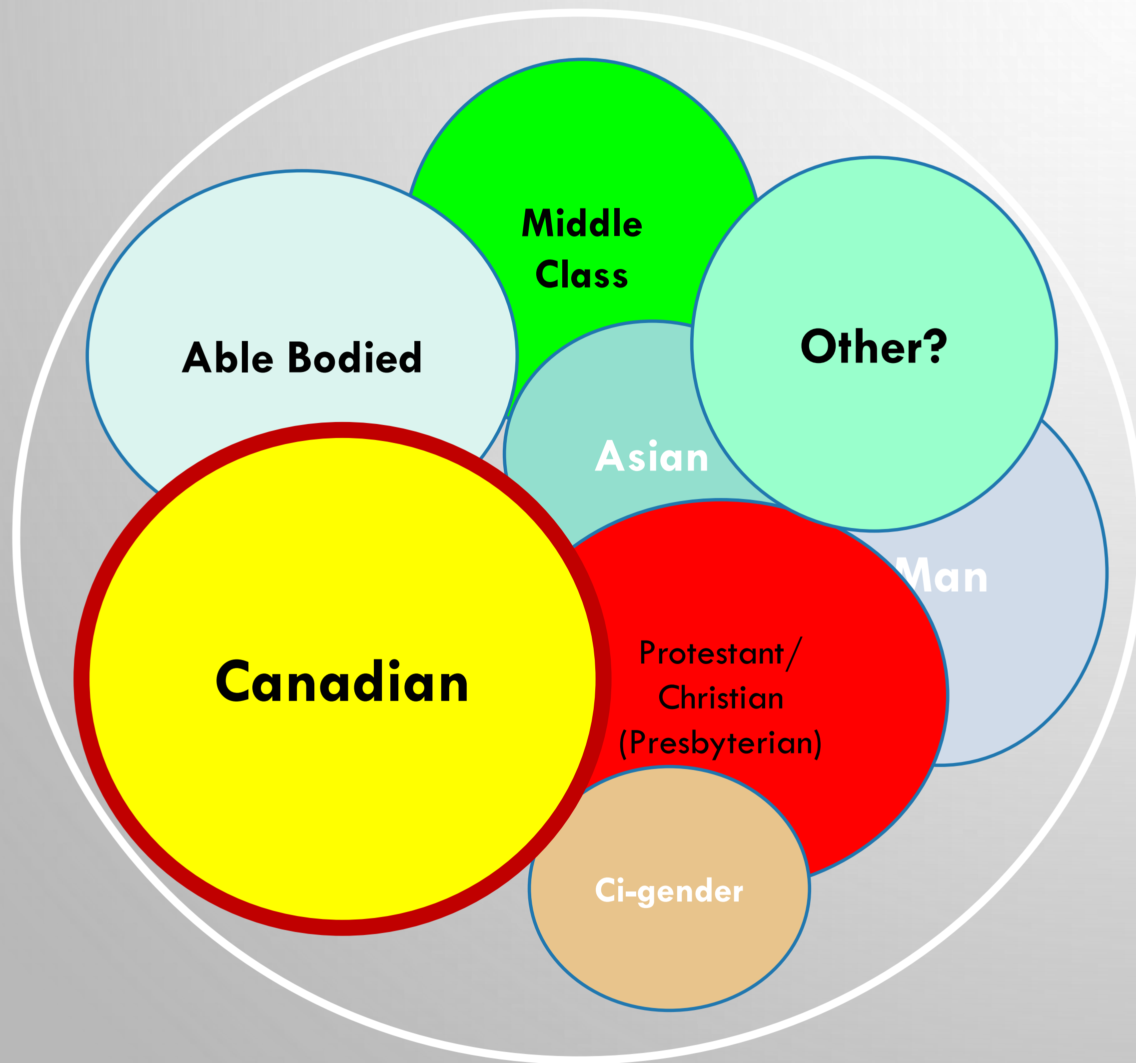
Protestant/ Christian (Presbyterian)

Other?

Ci-gender

An individual's identity & characteristics ought to be viewed & understood as a product of multiple identities – not based on a singular identity or stereotype.

# Intersectionality of Identities




- Identity is **multi-dimensional** & **fluid**
- Identity is **context-dependent**

- Individuals with multiple non-dominant identities may experience different kinds of disadvantages & oppression

(e.g., a 1.5-generation Filipino immigrant gay male who is a devoted Catholic & has not come out to his parents).

- ***'Salience'*** of one's identity is dependent on social circumstances & the issue at hand.

- **RECOMMENDATIONS:** Critical to explore with students/clients what their intersectional identities are, how their different identities shape & affect them, & the impact their intersecting identities might bear on their functions, well-being & presenting issues.

# **Multicultural Competency & Cultural Humility:** *Foundation of Culturally-Informed Framework*

# The ‘Anchors’ of ‘Multicultural Competence’

(Sue et al., 2022)

1) ***Cultural Awareness:*** Therapist’s awareness of one’s own assumptions, values, social positions, & biases.

- Of cultural themes & factors affecting clients’ concerns & therapy process.

2) ***Cultural Knowledge:*** Therapist’s understanding of the worldviews of culturally diverse clients

3) ***Cultural Skills:*** Therapist’s capacity to develop or adapt culturally appropriate intervention strategies & techniques.

# Defining Cultural Humility

## Hook et al., (2013) define it as follows:

- *"the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client"*
- Similar to the notion of assuming a '*Culturally-Informed Client-Centred Therapy*' stance
- **Effective work with cultural issues involves not only what one does know, but also how one handles what one doesn't know.** (Davis et al, 2018).

**Hook et al., (2013). Cultural humility: Measuring openness to culturally diverse clients, *Journal of Counseling Psychology*, *60*, 353-366.**

# *Social Justice:* A Critical Element of Culturally-Responsive Helping with Diverse Populations

- Varying identities entails differing degrees of social power, resources, privileges, & oppression.
- Culturally-informed therapy & helping process must then address clients' social 'locations' & corresponding privileges or lack thereof to be effective.
- Social justice counselling/helping stance then necessitates advocacy at the institutional, organizational, & even policy levels, wherever needed.

# Takeaways For Moving Toward Culturally-Informed Practice:

## *Actions & Directions of Change*

# Question:

Openly initiating a conversation about cultural differences by a therapist/counsellor/professional helper with culturally diverse and/or racialized clients (e.g., BIPOC) should always be avoided as it can be perceived as a form of stereotype or racism.

True ______ or False _______

**False** √

# Recommendation #1: Open Verbal Invitation

- *'Lean into Cultural Difference'* between the client/patient & the therapist/clinician

- Communicate to the client that you are open & appreciate the importance of cultural factors for clients & the service/treatment being providing to them

During the in-take session, I issue the following invitation to my new client:

***"'For many people, their culture means a lot to them. When I say 'culture' I am referring to people's race, ethnicity, social class, religion, spirituality, gender identity, sexual orientation, immigration status, persons with disability, & many more. As we work together, if any of these factors come up for you that you think are important for us to talk about, I would like to ask you to please bring them up with me. So that we can discuss them, because they are very important to our work here. Is that O.K. with you? "***

# Recommendation #2: Cultural Broaching

- Early in the working relationship, broach the topic of racial-cultural differences with clients & invite their feedback:

- **This communicates a therapist's ongoing respect for culture & diversity & permits the client to speak up about these issues.**

- ***How do I bring up the subject of cultural diversity with my supervisees?***

- **Cultural Broaching:** *"Broaching involves raising the topics of race, ethnicity, & culture along with associated power inequalities in order to invite open, affirming reflection about identity & to directly acknowledge ecological or systemic factors."* (King et al., 2020).

- Most effective when brought up early **within the first 2 sessions** with the student/client/supervisee

**Recommendation #3:** Engage in Social Justice Work & Advocacy & Assume a Socially Responsible Stance in Clinical Practice with Diverse Populations

**Recommendation #4:** Persist on & Continue with Your Cultural Learning, Development & 'Journey'

- Topics to be explored in future training: **privileges, interactional identities, social locations, implicit biases, experiential learning, clinical supervision, etc.**

# Merci!

# QUESTIONS & ANSWERS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