

STRATEGIES TO ENHANCE CULTURAL HUMILITY WITHIN THE CLINICAL ENCOUNTER

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CASE EXAMPLE – SKY



DEFINING CULTURAL HUMILITY



- Cultural humility: self-reflective, other-oriented, and power-attenuating openness to clients as multicultural beings (Hook, Davis, Owen, Worthington, & Utsey, 2013); high value on the client/patient as the expert of their lives, and of the therapist as an active collaborator; respect, openness, egoless, and consideration of the client's cultural background
- Additionally across studies, cultural humility involves developing mutual partnerships that address power imbalances and an other-oriented stance open to new cultural information ([Mosher, Hook, Farrell, Watkins, & Davis, 2017](#)).
- Counterbalance to cultural competence by promoting orientation of attending to the client's cultural background in the moment with critical reflection of one's biases and privileges

CULTURAL COMPETENCE



- Cultural competence reflects cultural awareness of self and others; interpersonal or intergroup problem solving skills within a therapeutic setting (Whaley&Davis,2007)
- **Awareness**, knowledge, skills (Sue & Sue)
- Potential cons: Can promote stereotypes and assumptions; Can imply a sense of completion
- Whereas cultural competency practices may enhance treatment, cultural humility may work toward building a real relationship (e.g., being genuine, viewing the client as a fellow person) in therapy with strong emotional bonds, agreement on goals and tasks, and a collaborative experiential process (Mosher, Hook, et al 2017)

A CULTURALLY HUMBLE CLINICIAN CONSIDERS:

- What is it like to be this client? What is it about this person in front of me that makes him or her culturally unique? What aspects of this client's cultural background are important to him or her? How does this person's culture impact his or her reasons for attending counseling? How might this client's cultural context serve as a strength or support when working toward goals? How might this client's—and my own—cultural background impact our interaction and our ability to meaningfully connect and work together? (Mosher, Hook, et al. 2017)



OUTCOMES ASSOCIATED WITH CULTURALLY-RESPONSIVE MENTAL HEALTH SERVICES

- Working alliance and perceived improvement in counseling (Davis, D. E., DeBlaere, C., Brubaker, K., Owen, J., Jordan, T. I., Hook, J. N., & Van Tongeren, D. R. 2016)
- Develop strong therapeutic bonds, work through **cultural** ruptures, and navigate value differences.
- Greater improvements in therapy than cultural competence (Hook et al, 2013)



SPECIFIC STRATEGIES TO HELP CLINICIANS BECOME MORE CULTURALLY HUMBLE AND OFFER CULTURALLY-SENSITIVE SERVICES

- **a.** Consider youth through the lens of a social ecological framework, systems of bidirectional influence
 - i. Ecomaps – visual representation of relationships, social support, cultural context; relationship between family and larger community (Crawford, Grant, & Crews, 2014)
 - ii. Culturagrams – tool to assess and empower by recording immigration, language, health beliefs; celebrated holidays and special events; impact of crisis events; values regarding family, education, and work; and contact with cultural institutions (Congress, 2004)



MORE STRATEGIES



- **b.** Foster racially and ethnically diverse youth's engagement in therapy through culturally-sensitive methods
 - i. Motivational interviews – listening on same side vs. “resistant”
 - ii. Repeated assessments of barriers to treatment over time (circumstances may change and more disclosure as trust develops)
 - iii. Fostering of a strong therapeutic alliance (client as expert, strengths-based, psychologist disclosure, body language, etc.)

EXAMPLES OF CULTURALLY-ADAPTED AND CULTURALLY EMERGENT CLINICAL PRACTICE:

- **Culturally-modified Trauma-Focused Cognitive Behavioral Therapy (de Arellano & Danielson, 2005)**
- **Womanist and Mujerista Psychologies (Bryant-Davis & Comas-Diaz, 2016)**
- **Emotional Emancipation Circles (Association of Black Psychologists, 2009)**
- **Culturally Modified Mindfulness Cognitive Therapy (Erazo & Hazlett-Stevens, 2014).**

