Humble Before the Culture
The Power of Immersive, Ongoing Multicultural Learning for Behavioral Health Professionals

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

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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.
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).
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/10.1177/001100014548900
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.
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Kristen Mitzel

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Kristen Mitzel

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Statewide Demonstration of the Effectiveness of Mental Healthcare via Telehealth Required Before New Rules and Presentation of “An Algorithm of Tele-Mental Health Care”
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