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Land Acknowledgment: The 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

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

There are socioeconomic gradients for mental illness hospitalizations; the LOWER the community's income and education, the HIGHER the hospitalization for mental illness. Mental illness 5.5x HIGHER Rate per 100,000 hospitalization is If Canadians living most among Canadians living in the most materially and deprived in the lowest income socially deprived areas than among Canadians living areas experienced least in the least materially and socially deprived areas.* deprived the same rates as those living in the highest income The hospitalization for mental illness is higher in areas where more areas, more than Indigenous peoples live, where the rate is: 2.2x HIGHER 2.1_X HIGHER Métis Inuit cases could be Inequities experienced by First Nations, Inuit and Métis populations are a direct result of colonial policies avoided in Canada. and practices that included massive forced relocation, loss of lands, creation of the reserve system, banning of Indigenous languages and cultural practices, and creation of the residential school system. Unaddressed intergenerational trauma adds to the ongoing challenges faced by Indigenous peoples. Reducing inequalities in mental illness hospitalization requires addressing the social determinants of mental illness including access to appropriate mental health services by increasing community resources for a range of mental health services, removing financial barriers and involving persons with mental illness and their families in the design of the services.

Source: Government of Canada (2019). Health Inequalities in Mental Illness Hospitalization in Canada.

https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/science-research-data/7.Mental%20illness-EN final.pdf

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)



In short, health and service access inequity and disparity clearly exist – some benefited more than others who are historically disadvantaged (Racialized & marginalized communities).

Changes are needed at:

- Individual-Level as Helpers, Professionals & Practitioners
- Systemic-Sociopolitical Level in the Structural, Organizational, Governmental, & Societal Domains from a <u>Historical</u> Perspective



How might culturally informed/competent, & social justice-oriented understanding improve my relationship & helping capacity with others (e.g., clients, colleagues, family, etc.)?



The Honourable Justice **Murray Sinclair**, Chair of the Truth and Reconciliation Commission.

"Education got us into this mess and education will get us out of it."

Education is to a key solution to healing, reconciliation, & social and racial justice! - The purpose of this Professional Development Series.



Operationalizing Culture, Diversity, & Social/Racial Justice Perspectives



Similar terminologies you might have heard

Cultural Safety

Culturally-informed/culturally-sensitive approaches

Cultural Competence

Multicultural Counselling Competence

Cultural Humility

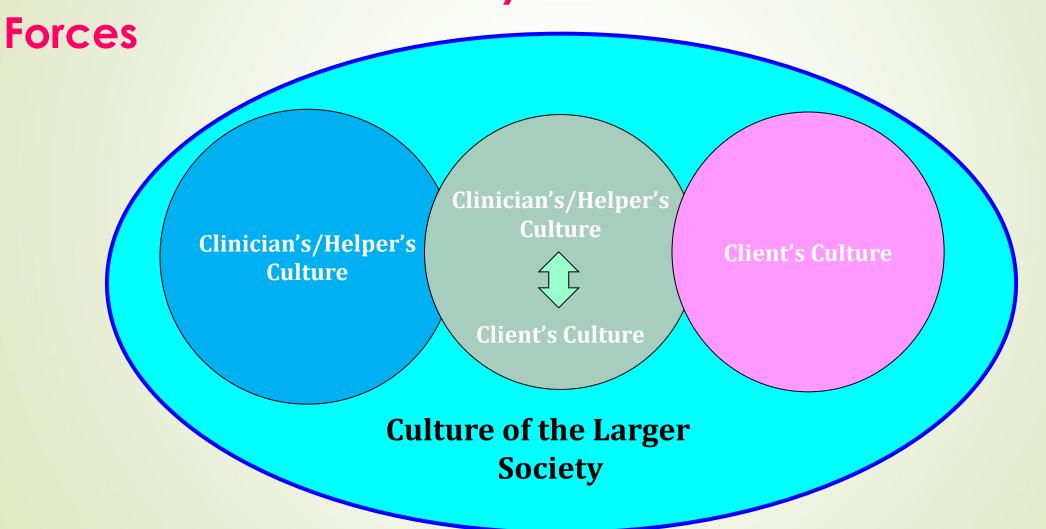
Dispelling the Myth: What Cultural Competence Is and Is and Is is

- It's not a set of 'skills' or 'techniques' to be used.
- It's not a collection of 'information' to be had (i.e., dos & don'ts).
- It is a Way of Thinking a value, a worldview, and a perspective of viewing & understanding others & oneself
- It is a Way of Being exercising an attitude that is coupled with action [as in 'Cultural Humility' - Mosher et al. (2017)]



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 clienttherapist relationship.

A Schematic Conceptualization of Client-Therapist Interactions: A Multi-layered Influences of Cultural





Define Culture:

"A unique meaning and information system, shared by a group and transmitted across generations, that allows the group to meet basic needs of survival, pursue happiness and well-being, and derive meaning from life."

(Matsumoto & Juang, 2007 – Culture & Psychology)

Two Perspectives on Culture

- Cultural View: Etic (Cultural Universalism) vs. Emic (Cultural Relativism) – issues of cultural similarities & differences
- Identity-Diversity View: The 'ADRESSING' Framework (by Pamela A. Hays, 1996)

Age & Generation Influences

Disability

Religion

Ethnicity

Social Status

Sexual Orientation

Indigenous Heritage

National Origin

Gender

+ more.....

Everyone is like everyone else. (Shared Humanity)

Everyone is like someone else.

(Group Identity)

Everyone is like no one else.

(Individuality)

Varying Client-Clinician Relational Dynamics





Clinician's/Helper's
Culture



Client's Culture

Client's Culture

(Arabic-Speaking, Middle-Age Iraqi Male In His Late 40s)

Culture of the Larger Society

Varying Client-Clinician Relational Dynamics





(First-Generation Syrian Canadian Social Worker in His 30s) Clinician's/Helper's Culture



Client's Culture

Client's Culture

(First-Generation Chinese-Speaking Mother in Her 30s)

Culture of the Larger Society



Implication - A Quick Takeaway

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

(e.g., 'cultural mistrust' 'cultural paranoia')



Discussion Questions:

In light of what we have discussed so far, what specific cultural issues have you encountered or observed as a helper in support of those who are dissimilar from you socially, culturally, religiously &/or linguistically?

What it is about the experience that you've found it challenging or inspiring?



Principles & Parameters of Multicultural Clinical/ Counselling Competency & Social Justice Perspectives



While the following definitions were developed & prescribed in the context of mental health counselling, therapy, and interventions (i.e., psychological in nature), they can be applied broadly as the foundation in understanding intercultural/multicultural helping in this training series.

Multicultural Counselling/Therapy:

Definition, Scope, & Dimensions



"Multicultural counseling & therapy can be defined as both a helping role & a process that uses modalities & defines goals consistent with the life experiences & cultural values of clients: recognizes client identities to include individual, group, & universal dimensions; advocates the use of universal & culturespecific strategies & roles in the healing process; & balances the importance of individualism & collectivism in the assessment, diagnosis, & treatment of client and client system."

(D. W. Sue & Torino, 2005)



"Multicultural counseling & therapy can be defined as both a helping role & a process (Therapeutic Tasks & Relationships) that uses modalities & defines goals consistent with the life experiences & cultural values of clients: recognizes client identities to include individual, group, & universal dimensions; (Intersectionality of Identities) advocates the use of universal & culture-specific (Etic & Emic) strategies & roles in the healing process; & balances the importance of individualism & collectivism (Diversity of Worldviews) in the assessment, diagnosis, & treatment of client (Intrapersonal) and client system." (Extrapersonal - Contextual -Socio-political – Social Justice) (D. W. Sue & Torino, 2005)

Helper's Cultural Competence: Definition, Scope & Characteristics



"Cultural competence is the ability to engage in actions or create conditions that maximize the optimal development of client & client systems. Multicultural counselling competence is defined as the counsellor's acquisition of awareness, knowledge, & skills needed to function effectively in a pluralistic democratic society (ability to communicate, interact, negotiate, & intervene on behalf of clients from diverse backgrounds), and on an organizational/ societal level, advocating effectively to develop new theories, practices, policies, & organizational structures that are more responsive to all groups." (D. W. Sue & Torino, 2005)





MC Competence as Manifested through

- 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 client



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

4) Cultural Relationship/Alliance:

Therapist's ability to connect, build, & enhance client-therapist relationship & manager therapeutic rupture.





Defining 'Cultural Humility'

- "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).



1). Cultural Humility: defined above

- Three Strategies
 to Enhance
 Cultural Clinical
 capacities (Davis et al.
 2018 The Multicultural
 Orientation Framework)
- 2). Cultural Opportunity: are "markers that occur in therapy in which the client's cultural beliefs, values, or other aspects of the client's cultural identity could be explored (Owen et al., 2016)
- 3). Cultural Comfort: refers to the therapist's thoughts & feelings that emerge before, during, & after conversations about the client's cultural identities or culturally focused content (Owen et al., 2016)





- A lifelong motivation to learn from others
- Critical self examination of cultural awareness
- Interpersonal respect
- Developing mutual partnerships that address power in imbalance (e.g., social injustice)
- An other-oriented stance open to new cultural information

Mosher et al., (2017). Cultural humility: A therapeutic framework for engaging diverse clients. Practice Innovation, 2, 221-233.



Social Justice (Social Advocacy) Stance:

Acknowledgment of social inequity, inequality, & privileges & corresponding interventions from institutional, contextual, and/or sociopolitical levels.

Therefore, comprehensive & effective 'helping' approaches for the underprivileged & oppressed populations require the helper to engage in social action & advocacy for changes & resources at the systemic level.



Practical Application from Today's Learning – Do the following:

For this coming month, explicitly pay attention to and monitor the extent to which your own cultural awareness, cultural knowledge, cultural skills, and cultural humility at work when working with your newcomer or culturally-diverse clients. Then reflect your own cultural sensitivity and competence base on these culturally-informed dimension.



That's a Wrap!

Thank You! Merci! 納納!



Let's Talk! Dialogue with Dr. Kuo

QUESTIONS & ANSWERS

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