TRANSFORMING MENTAL HEALTH PROVIDERS TO BE CULTURALLY AFFIRMING PRACTITIONERS WHEN WORKING WITH YOUTH OF COLOR

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Purpose
- Why is culture important to mental health when working with youth of color?
- To share the cultural humility continuum
- To share a framework for building organizational cultural humility which aids direct practice
- What is meant by the concept of “culturally affirming”?

Relevance to practice
- Culture and society play pivotal roles in mental health, mental illness, and mental health services to youth of color
- Understanding the wide-ranging roles of culture, race, gender, gender identity, sexual orientation, class, etc. enables the mental health field to design and deliver services that are more responsive to the needs of culturally diverse youth

Youth of Color and Mental Health
- Youth of color are not exempt from experiencing mental health challenges
- Youth of color are at a greater risk of depression, social anxiety and suicidality (higher among trans youth of color)
- Feeling judged, “crazy” or even shunned from peers

Maslow’s Hierarchy Of Needs: Humanistic Theory

Assumption Made About Youth of Color in Mental Health
- They’re just angry or aggressive
- They’re violent
- They’re mandated to receive services
- They don’t care about their future
Intersectionality

What is Intersectionality?

- Intersectionality: (Influenced by critical feminist theories)
  - The awareness that each one of us has intersecting identities and it is the consumer/client who is able to establish their meaning of self. The practitioner and consumer’s intersecting identities can have a mutual influence through a process of engagement and social construction, within differential power relations.

Why Is It Important?

- Striking disparities for culturally diverse people in mental health services despite having similar community rates of mental disorders
- Lack of recognition of their multiple identities (if even recognizing 1 identity)
- Less access to mental health care than their white counterparts have
- Less likely to receive needed care and when they receive it, it is more likely to be poor in quality, discriminatory or isolating

Examples Of Disparities In Mental Health

African Americans
- Less likely to seek treatment
- When they do seek treatment, they are more likely to use the emergency room for mental health care, and they are more likely than whites to receive inpatient care

Latinos/Hispanic Americans
- In a national survey of high school students, Hispanic adolescents reported more suicidal ideation and attempts than whites and blacks
- Studies also show that Latino youth experience more anxiety-related and delinquency problem behaviors, depression, and drug use than do white youth

For More Information please refer to SAMHSA Surgeon General’s Report: Mental Health Fact Sheet for African Americans.
Available Online at: http://www.mentalhealth.samhsa.gov/cre/fact1.asp

For More Information please refer to SAMHSA Surgeon General’s Report: Mental Health Fact Sheet for Latinos/Hispanic Americans.
Examples Of Disparities In Mental Health

Asian American/Pacific Islanders
- Only 25 percent as likely as whites and 50 percent likely as African Americans and Latinos to seek outpatient care
- Less likely than whites to receive inpatient care
- When they do seek care, they are more likely to be misdiagnosed as “problem-free”

American Indians/Alaska Natives
- Appear to suffer disproportionately from depression and substance abuse
- Overly represented in in-patient care as compared to whites, with the exception of private psychiatric hospitals
- The prevalence rate of suicide is 1.5 times the national rate. Males ages 15 to 24 account for 2/3 of all AI/AN suicides

The Challenges Youth of Color May Face
- Disproportionality of incarceration
- Stigma
- Lack of trust
- Insurance and related policies
- System bias and institutional racism

Definition Of Cultural Humility
- Origins of Cultural Humility: The field of nursing
- Emphasis moves away from cultural competence (expert knowledge and assumed power and authority) to cultural humility [the clinicians] ability to enter cultural understanding from a position of “not knowing” (Ortega & Faller, 2011)

Cultural Humility: Dynamics Of Difference
- When a system of one culture interacts with a population from another, both may misjudge the other’s actions based on learned expectations
- It is important to remember that …frustration can be passion, is a natural part of cross-cultural relations and movement in the therapeutic relationship
- The system of care must be constantly vigilant over the dynamics of misinterpretation and misjudgment of what the youth’s experience is

For More Information please refer to SAMHSA Surgeon General’s Report: Mental Health Fact Sheet for Asian American/Pacific Islanders.
Available Online at: http://www.mentalhealth.samhsa.gov/cre/fact2.asp

For More Information please refer to SAMHSA Surgeon General’s Report: Mental Health Fact Sheet for American Indians/Alaska Natives.
Transformative Complicity

- The awareness that as participants in the US mental health system we are all responsible in the oppression of others through our privilege when gone unchecked, unrecognized and unseen.
- The awareness that everyone has varying and intersecting levels of power and privilege is key.
- The awareness that discourse and practice contradictions in our socioeconomic and ideological systems create spaces that allow for limited change within the mental health system.

Transformative Complicity Continued

- The possibility that through "vulnerable risk-sharing" between practitioner/clinician and consumer/youth...trusting and joining can be made.
- This promotes greater positive transformative power while decreasing complicity in the therapeutic relationship.
- How you use your power and privilege can impact youth of color and their mental wellness.

Theoretical Concepts within Cultural Humility

1. Transcendence: (Appears counterintuitive, but is not)
   - The ongoing awareness that what we know is only a very small part of what there is to be known, and that there is no possible way for us to know everything.

2. Epistemic privilege: (Influence by critical theories)
   - The awareness that our knowledge of ourselves and others is limited and influenced by our experiences. The balance between learning and teaching in the therapeutic dyad.

Cultural Humility and Transformative Complicity When Providing Direct Services

- The cultural [self] genogram:
  - Hardy et. al– Points to issues of pride and shame that are associated with our various identities. Our sense of pride and shame can affect the nature and quality of care we give to our consumers/youth of color.
  - Cultural humility promotes this kind of awareness in an ongoing way. The cultural genogram is a kinesthetic and graphic exercise that promotes cultural humility while revealing complicity and transformation.

Cultural Humility and Openness

- Through openness it helps us address the impact of feelings of shame, pride and privilege in our relationship with the youth.
- This also allows for spaces of transformative agency work. It changes the culture and the climate of how the agency delivers services to youth of color (it must start from all levels: From the top down and from down to the top).

Culturally Affirming
Encompassing Intersectionalities When Affirming Youth of Color

1. Self-reflection – reflect on your own upbringing, attitudes and beliefs; acknowledge areas of privilege; recognize bias.

2. Get involved – become familiar with the issues; strive for social justice and social change for youth of color and all of their intersectional identities.

3. Create an affirmative setting – provide LGBT friendly reading material, literature and resources; include affirming language on all paperwork;

4. Be aware-use youth’s preferred name; or preferred gender pronoun

5. Be open about your commitment to providing affirmative therapy with all clients, regardless of culture, ethnic identity, sexual orientation or gender identity.

6. Act as a mental health advocate ensuring that service providers have knowledge and resources.

Small Group Activity

Case of Vanessa

Vanessa is a 15 year old Latina who has been receiving mental health services to treat her depression. Vanessa shared in a previous session that she feels the weight of her family everyday. Vanessa reports that she hasn’t told her family that she identifies as being a lesbian. Vanessa is now coming for her 8th session and reports that she cannot take it anymore and she wants to come out to her family and wants your advice?

1) Identify the youth’s identities?
2) What must you be aware of when working with the youth?
3) How would you affirm the youth?
4) What might be some of your challenges in working with the youth?

Case of Tia

Tia is a 13 year old African American girl who was referred to you by Child Services for mental health services. Tia was sexually assaulted when she was living on the streets. How would you continue to work with Tia?

1) Identify the youth’s identities?
2) What must you be aware of when working with the youth?
3) How would you affirm the youth?
4) What might be some of your challenges in working with the youth?

Case of Marcos

Marcos is a 18 year old Mexican American male who was just released from jail. Marcos shared that he wakes up at least three times a week in cold sweats and he reports having nightmares. When you explore with Marcos what were the nightmares about he says you wouldn’t understand. How would you continue to work with Marcos?

1) Identify the youth’s identities?
2) What must you be aware of when working with the youth?
3) How would you affirm the youth?
4) What might be some of your challenges in working with the youth?
Case of Shay

Shay is a 17 year old African American transgender girl. Shay shared with you during the assessment that things have happened to her in her life. She also shared that when she turns 18 she is going to another country to have a procedure done. Shay is currently homeless and is staying on the streets. When asked if she would be interested in staying in a shelter she replies, “Hell No! They’re fucked up in the shelter and I don’t have time for their bullshit!” You have been working with Shay for the past three weeks. How would you continue to work with Shay?

1) Identify the youth’s identities?
2) What must you be aware of when working with the youth?
3) How would you affirm the youth?
4) What might be some of your challenges in working with the youth?

Small Group Discussion Questions

- Reflection
  - What youth groups of color will you have the easiest time working with? The most difficult?
  - What did you learn about yourself and your cultural identity? How might this influence your tendencies as a professional/helper?
  - To what extent was the exercise helpful for you? In what way?
  - What impact will cultural humility have on your work with clients/youth from both similar and dissimilar cultural backgrounds and identities?
  - How will you utilize affirmations in your practice with youth of color with diverse backgrounds/identities

In Summary

- Be aware of your individual beliefs, values, identities
- Aim at having cultural humility
- Advocate for youth of color with diverse backgrounds
- And Affirm, Affirm and Affirm!

Thank You!

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References