





Cultural Competence Goals for Mental Health Practitioners	Understand	Understand the importance of culture and of framing individual client issues within a cultural context
	Understand	Understand the important dimensions of culture and social identity specific to each client (including norms, values, beliefs, needs, etc.)
	Maintain	Maintain an attitude of humility while being aware of and seeking to overcome one's own cultural bias

Cultural Competence Goals for Mental Health Practitioners	Adapt	Adapt methods to a client's cultural context and needs
	Educate and empower	Educate and empower clients to be culturally aware, as appropriate
	Implement	Implement interventions that treat the internalized effects of culturally- based trauma

Cultural Competence Goals for Mental Health Practitioners	Implement	Implement interventions that treat social prejudice and discriminatory behaviors
	Support and ally	Support and ally with humanitarian efforts for social change including victim/survivor empowerment, social justice, and policy reform
	Build and sustain	Build and sustain therapist organizations which support the cultural competence of practitioners and which are culturally competent organizations

























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- 1. Aspirational Capital hopes and dreams
- 2. Linguistic Capital language skills their advantages
- 3. Familial Capital family connection, support and culture
- 4. Social Capital networks of connection
- 5. Navigational Capital skills in navigating cultural challenges
- 6. Spiritual Capital religious and spiritual practices and

beliefs Venkatraman-Levis (2017)



















Social Connection and Belonging The innate human need for social connection and belonging includes needs for:

acceptance appreciation belonging being "known" or "seen" closeness community connection (social) friendship

inclusion (social) mutuality partnership shared realities support teammates/allies trust (social)

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Socially-Based Negative Cognitions

The normal fulfillment of the need for **social connection and belonging** are violated by adverse social experiences including:

- Ostracism
- Exclusion
- Discrimination and oppression
- Stigmatization
- Other micro-aggressions

Violations in this domain create social insecurity and aloneness.

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Socially-Based Negative Beliefs

join others

Negative Cognition

- I'm alone
- I don't belong
- I am disconnected
- I'm an oddball/weirdo
- I'm a reject
- I'm an outsider

Positive Cognition

- I have others with me
- I do belong (inherently)
- I can connect with others
- I'm unique, as are all people (its OK)
- I deserve respect and inclusion I'm worthy, I have my groups, I can

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Therapeutic Reframes

- Be prepared to offer culturally aware interweaves
 - Are there ways in which being a _____ (e.g. black man) may have impacted this situation?
 - Do you think another woman/man in your position may have felt that way?
 - When you look through a cultural lens, how do you view it?
 - Do you think social forces came into play in this situation?
 - Do you feel this was socially just?

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What does Stigma Look Like?

Ask, What does stigma(or oppression) look like? Elicit an abstract image from the client.

Target that image for reprocessing.

Follow associative channels. Anticipate that it may link into more narrative memory.





No one cares about old peopleInternalized Cultural MessagesMen shouldn't express emotionsTransgender people are dangerousIf you aren't thin, you aren't attractivePeople should stay in their place (social position)If you can't speak the language, be silentOne's value is based on how much one has/earns









Making Prejudice a Clinical Issue

- 1. Is it my place, is it ethical?
- 2. Does this relate to therapy goals?
- 3. Is this prejudice affecting anyone else?
- 4. Will it do any good?
- 5. Is this the right time?
- 6. Can the therapeutic relationship handle it?
- 7. There is a lot of truth in that stereotype
- 8. It offends me, but I'm supposed put that aside.

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Evidence- Based Prejudice Reduction Resource Strategies

Humanizing strategies

- activating the human care-giving system and related physiological responses
- adopting the other's perspective
- noticing the other's personal attributes
- creating positive body/motor reinforcement (simple smiles toward the other groups)
- noticing counter-stereotypic role models



- regarding other group members as distinct individuals
- interacting in an interpersonal rather than group-based manner
- creating positive intergroup contact

Evidence- Based Prejudice Reduction Resource Strategies

Coming under one umbrella of common identity to build on a sense of in-groupness

- finding overarching shared identity
- $\ensuremath{\cdot}$ identifying other groups with shared identities



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Other Possible
Target
Memories
Associated with
Prejudice
Include:Witnessing prejudice
Colluding with prejudice when it felt
wrong
A current situation in which the client was
aware of their prejudice
Stereotypic beliefs and when they were learned
Being criticized for being prejudice
Current triggers
Future fears related to exposure to
prejudice



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Exploring
Social Privilege
andSocial privilege is an
advantage or right which is
available only to a particular
person or group of people
based upon unequal social
position and opportunities.



Exploring Social Disadvantages Social Advantages or Disadvantages Exploratory questions:

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Have you ever felt any unfair advantage or disadvantage because of your cultural or social identity?

Do you have strong feelings about this topic that you'd like to work on?

Or, Are there ways you take advantage of others because of your social position?



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Collection of Articles: Multiple Authors

Stereotypes and Prejudice: Essential Readings, (Stangor, C., 2000)

The Handbook of Prejudice, Stereotyping, and Discrimination (Nelson, 2009)

The Oxford Handbook of Multicultural Identity (Bebet-Martinez & Hong, 2014)