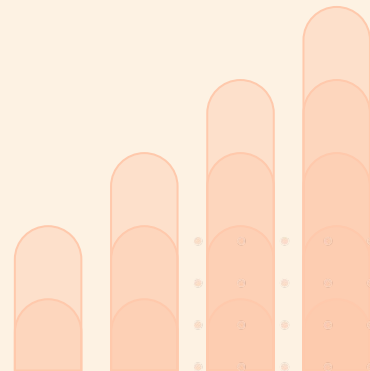
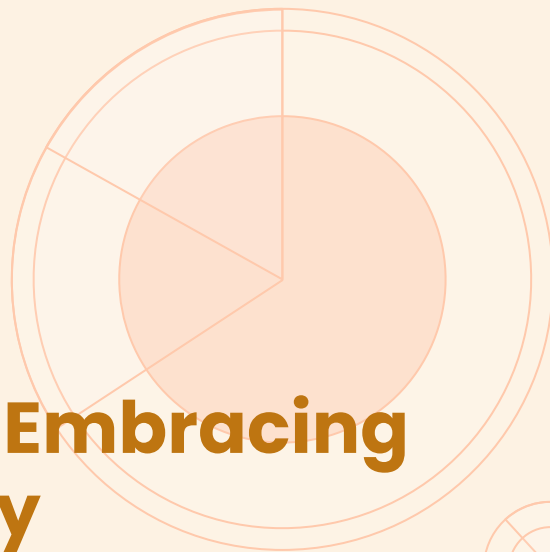


**Heartset Training Center**  
A Housing & Non-profit Learning Collaborative

# Windows of Opportunity: Embracing Culture in Service Delivery

Khalil Martin, LCSW & Ryan Villagran, LSW



# Objectives

By the end of this session you should be able to...

01

Examine cultural competence and cultural humility practices

02

Provide and critique examples of organizational power dynamics

03

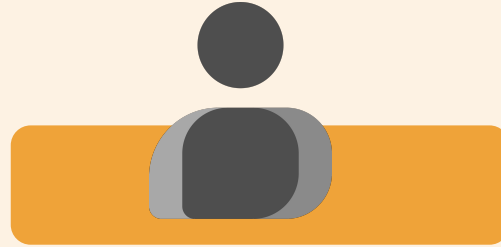
Identify 3 concrete strategies to engage with culturally different service populations



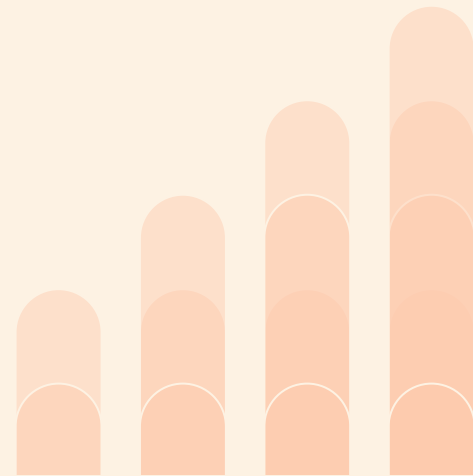
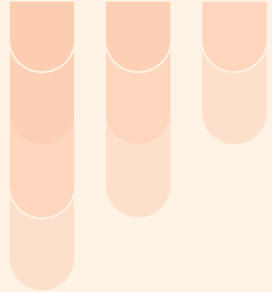
# Agenda

- 1.** Defining Culture
- 2.** Intersectionality
- 3.** Barriers to culturally responsive services
- 4.** Frameworks for cultural responsiveness
- 5.** What can we do?
- 6.** Questions?
- 7.** Next steps

John Doe is a 42 year old  
Black male who lives in  
Philadelphia, PA. John has  
commercial insurance  
through his employer



# Culture





## How About You?

Give us a few words to describe your cultural identity.





## Defining Culture

***“Culture...is that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by individuals as a member of society”***



## Guiding questions

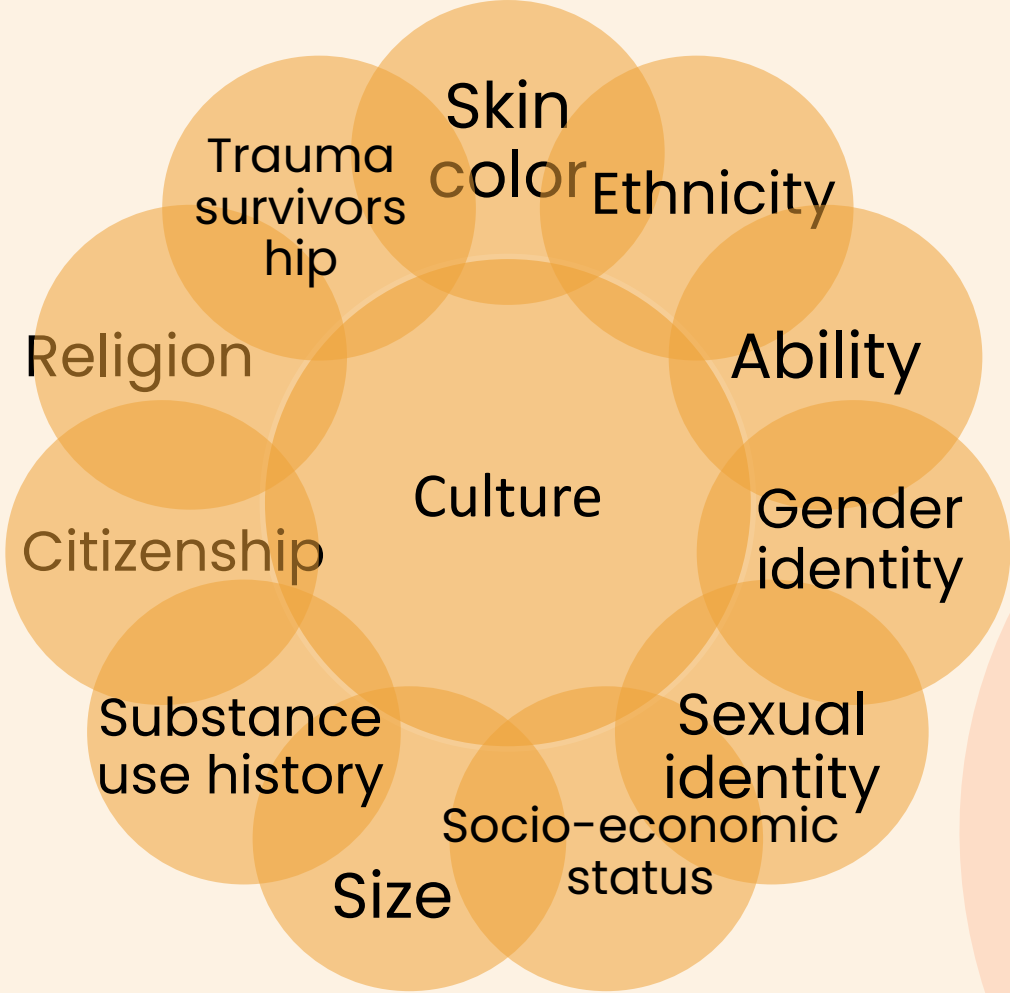
Who do I find it challenging to associate with?

Do the people I spend time with share similar values?

What do I wish people understood more about me?

## Beyond Race & Ethnicity

Outside of my family, who do I associate myself with & why?



Any identity that holds a common set of values, beliefs or practices

# Intersectionality



“the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage



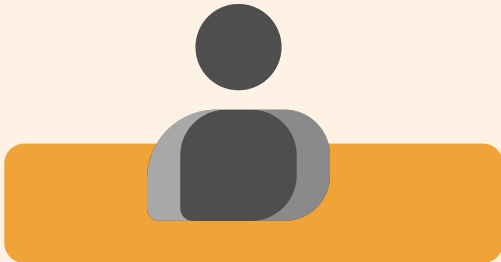
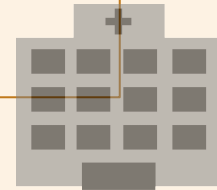
# Cultural Identity is...

- **Shared**
- **Intersectional**
- **Influenced**
- **Diffused**
- **Relational**
- **Evolving**
- **Self-determined**



**John**

John needs his annual physical exam but because of his distrust of the healthcare system, his appointment is overdue.





**What gets in the way of  
embracing culture in  
my work role?**





# Ingroups & Outgroups

- A group of people who identify with each other
- Dominant culture

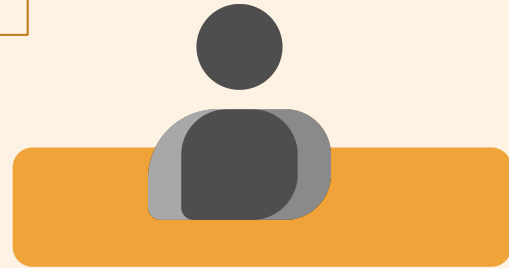


- Anybody (or group of people) not in our ingroup!



# John

When John arrives for his appointment, he is seen by a white doctor.





# Barriers to care

**Harmful power dynamics**

**Assimilation vs. Acculturation**

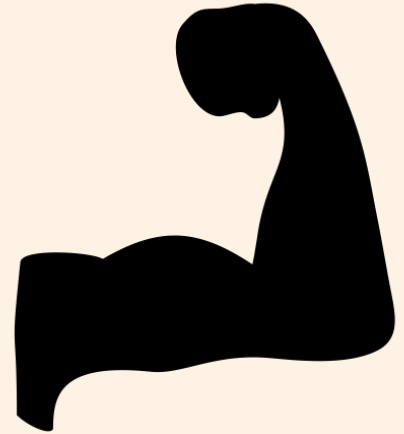
**Microaggressions**

**Unconscious Bias**

**Stereotype**

**Prejudice**

**Discrimination**

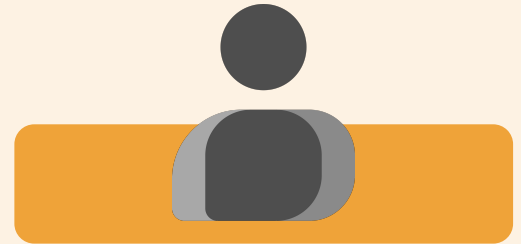


# John



John describes to his doctor that he is experiencing trouble sleeping.

John's provider rushes through the appointment and therefore does not diagnose John based on his needs.





# Frameworks for cultural responsiveness





# Cultural competence

## **Awareness**

Awareness of the ways our assumptions about human behavior, values, biases, preconceived notions, personal limitations may be reflected in their work with racial and ethnic minorities.

## **Knowledge**

Attempting to understand the worldview of the culturally different client without negative judgements

## **Skills**

Actively developing and practicing appropriate, relevant, and sensitive intervention strategies to work with culturally different clients

# Limitations

**Narrow Definition of Culture**

**Focuses heavily on  
effectiveness**

**Can promote stereotypes &  
assumptions**

*Is it possible to really “know”  
and become “competent” in  
another, especially  
marginalized culture? Multiple  
cultures?*

# Cultural Humility

- Institutional & individual accountability
- Lifelong learning & critical self-reflection
- Recognize & challenge power imbalances





# Cultural opportunities

- Moments to directly attend to cultural identity
- Purposeful dialogue about client's identity
- Naturally unfolding process- Not abrupt!
- High cultural humility = fewer missed cultural opportunities + clients are more forgiving

# What's the difference?

## Cultural Humility

- Flexible
- Ongoing
- A mindset
- Diminishing power dynamics
- Co-learning

## Overlap

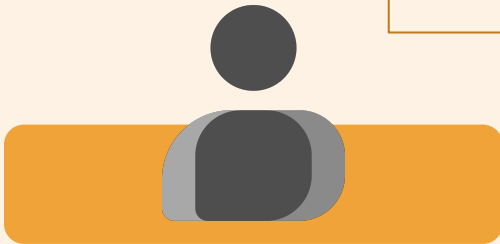
- Working with difference
- Addressing inequalities
- Working collaboratively
- Bringing our own stories to the situation

## Cultural Competence

- Static
- Discrete mastery
- A Goal
- Expertise
- Knowledge
- Skill-building

# John

John is not properly screened and therefore leaves his appointment with no treatment recommended by his doctor.



# 3 Key Strategies

- Identify stereotypes and biases we hold
- Perspective taking
- Mindfulness
- Building new associations
- Peer supervision groups with people from different cultural backgrounds

- Assessment
- CFI (A. Sanchez, personal communication, August, 2021).
- Informed consent includes acknowledgement of cultural differences
- Ecomaps, Culturagrams
- Kleinman's 8 questions
- Unconditional positive regard
- Culture of feedback

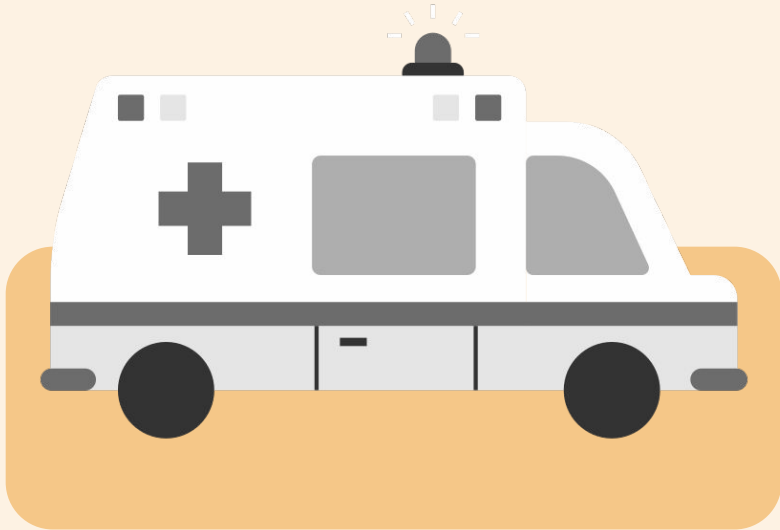
- Being attuned to recognizing power dynamics
- Power Over vs Power To
- Client led goals and documentation
- Trauma-informed approach
- Own our cultural biases

**Compassionate Awareness  
& Self-Inquiry**

**Be Open &  
Teachable**

**Bear in Mind the Social  
Structures**

# John



Because he wasn't treated properly for his high cholesterol, John develops more serious symptoms requiring a costly visit to the emergency department.

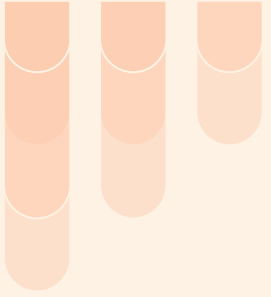




## More...

- Culturally-modified Trauma-Focused Treatment
- Womanist and Mujerista Psychologies
- Emotional Emancipation Circles
- Culturally Modified Mindfulness Cognitive Therapy





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**Questions?**

?

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## Next steps

1. Complete the evaluation
  - a. Email address to receive materials
  - b. Give us feedback!
2. Practice
  - a. Take note of 1 cultural opportunity every day for the next month

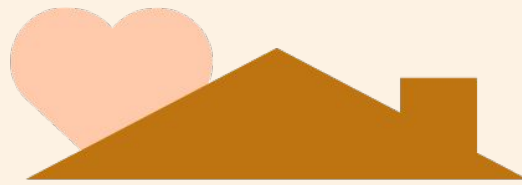


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# Heartset Training Center

A Housing & Non-profit Learning Collaborative



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**Ryan Villagran, LSW**

1

John Doe is a 42 year old Black male who lives in Chicago, IL. John has commercial insurance through his employer

2

John needs his annual physical exam but because of his distrust of the healthcare system, his appointment is overdue.

Even when Black patients voice concerns about their health, they are sometimes ignored or treated differently than their white counterparts.

7

Because he wasn't treated properly for his high cholesterol, John develops more serious symptoms requiring a costly visit to the emergency department.

If all Black men received the same level of preventive services as non-Black patients, it would reduce the black-white cardiovascular mortality rate by 19%.

3

When John arrives for his appointment, he is seen by a white doctor.

The mortality gap between Black and white patients could be reduced by 19% through matching Black patients with Black doctors.

4

John describes to his doctor that he is experiencing trouble sleeping.

Studies have shown that providers spend less time with Black patients when compared to white patients, and are less likely to perceive the patient as being honest regarding his or her symptoms.

5

John's provider rushes through the appointment and therefore does not diagnose John based on his needs.

Individuals with at least some medical training hold and may use false beliefs about biological differences between Black and white individuals to inform medical judgments.

6

John is not properly screened and therefore leaves his appointment with no treatment recommended by his doctor.

Black patients are 10% less likely to be screened for high cholesterol than white patients.

