Cultural competence in the Context of Trauma

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An Overview of Today's Discussion

- Examining how the lens of cultural competence informs trauma practice
- Explorations of epistemologies of difference and identity
- Norms for talking about difference
  - Openness to people's mistakes
    - If you can't get close enough to step on someone's toes you're not close enough to become culturally competent
  - Terminology-"Target" and "Dominant" or "Agent" groups

How Do I Define Culturally Competent Practice?

The therapist's capacity to be self-aware in regards to her or his own identities and cultural norms, to be sensitive to the realities of human difference, and to possess an epistemology of difference that allows for creative responses to the ways in which the strengths and resiliencies inherent in identities inform, transform, and are also distorted by distress and dysfunction.

The therapist knows self and identities. The therapist is attuned to the diversity and complexity of humanity, not pretending to not see or notice differences. The therapist understands difference as a multi-dimensional phenomenon not limited by visible characteristics such as phenotype, body morphology, or apparent sex. The therapist engages with clients from the position of these awarenesses, and derives a treatment plan from those understandings of the therapist-client dyad.

Rules and Algorithms

- A consequence of 20th Century models
  - "The handbook of psychotherapy with Alien Others"
    - Rules about how to interact with members of specific groups
    - Groups defined so as to enhance apparent homogeneity and downplay within-group differences
    - Identity as singular- one box checked
    - Competence defined as acquiring and using the correct set of rules for the group

Effects of 20th Century Models

- Positive
  - Opened the discourse re: culture and human distress
  - Created awareness of lacunae in mental health services delivery to marginalized populations
  - Developed basic skills and awareness re work with these group
- Problematic
  - Created false sense of competence in practitioners ("I know the rules, so I am competent to work with Alien Others")
  - Downplayed relational, contextual, and political meanings of mental health interventions by constructing phenomena as interesting cultural artifacts
  - Imposed dominant cultural categories (mental illness vs physical illness) on other groups, creating an implicit norm for both health and illness
  - Training often induced problematic affects of guilt, shame, avoidance, distancing
  - Limitations on knowledge- only one set of Alien Others at a time, no epistemic framework for extrapolating

21st Century Models

- Acknowledge multiple different locations of identity within each person
  - No requirement to check the box and leave others blank or invisible
- Emphasis on intersectionalities of identities
- But- knowing this model turns out not to be quite enough for cultural competence
- Why?

Intellectual and Emotional Competence- the 21st Century Paradigm

- Old-style cultural competence = intellectual competence
- 21st Century cultural competence = emotional competence + intellectual competence
  - Capacity in professional to hold ambiguity of client's intersections of identities, understand how they inform one another
  - Know and own one's own biases and prejudices-self-awareness
  - Awareness of own cultural identities and their meanings
  - Embrace of one's own ignorance, human capacities for bias, privilege
  - Commitment to this practice with *all*, clients, not just Alien Others (a carryover mindset from 20th Century cultural competence paradigms

The Myth of the Unbiased Professional

- People of good will (which commonly includes all of us working in mental health) prefer to see ourselves as unbiased
- This denies
  - The presence of our limbic system (the sub-routine for emotion)
  - Actual lived experiences and encounters with difference which classically condition our responses
  - How culture and context lend meaning to those encounters, creating appraisals of our over-learned responses

Embracing ignorance

- First step of culturally competent practice
- Knowing that/what I do not know
- Genly Ai and the Foreteller

Embracing the reality of our bias

- Presence of limbic system
- Affect-laden experiences of difference that have been classically conditioned
- The "sub-routine" for emotion
- Culturally-informed countertransference
  - "When and where I enter" – what we and our clients represent to one another

Aversive or Modern Bias

- Work of Dovidio, Greenwald, and others exploring non-conscious bias (which is called aversive or modern, as it reflects biases to which the person is consciously averse, and emerged from modern discourses on difference)
- Aversive bias is not simply a private affair
  – Substantial empirical data documenting negative effects of aversive bias on interactions with target group members (largely in context of race relations)

Embracing the Reality of Aversive Bias

- Aversive bias supports and is supported by denial and undoing
  - "I'm not biased, but…"
  - Creates crazy-making emotional data for member of target group, leading to distance, disconnection, and distrust
    - Ironically, overtly racist individuals were rated as more trustworthy than those disavowing racism but holding implicit aversive bias
    - Notice implications for trauma practice and how survivors my hypervigilantly read others/therapists

Assessing Your Own Aversive Bias

- Take the Implicit Association Test
  - http://www.understandingprejudice.org/iat/
  - Empirically demonstrate the presence of non-conscious biases, including race, gender
  - Challenging, eye-opening activity to engage in as it's difficult to game the test
  - Cultural competence includes a willingness to confront non-conscious bias in ourselves

Confronting our shame and guilt

- Donald Nathanson has proposed four common responses to shame
  - Distancing from the source
  - Blaming the source
  - Fusion with the source
  - Self-hate
  - None of which are useful to therapy
- Especially important to metabolize- shame over privilege

Understanding Privilege

- The "invisible backpack" of privilege carried by members of dominant groups
  - Unearned, cannot be taken off or gotten rid of
  - Confers dominance and potential for oppression
  - Denial of privilege frequently accompanies aversive bias, as both involve assumptions that playing fields are level
    - Eye of beholder phenomenon (where do you stand on the playing field)
    - Privilege or disadvantage have specific effects on mental and physical health and well-being

What is privilege?

- Some examples...
  - You can drive any car you want without worrying that you will be stopped so long as you are obeying traffic laws
  - You can marry the person you love and receive survivor benefits if they die first
  - You can walk into any store wearing anything you want pretty well assured that you will not be followed or harassed
  - Your culture's holidays are always days off from work or school
  - You can be imperfect and few people will generalize from your imperfections to those of everyone in your group
  - You can swear, or dress in second hand clothes, or not answer letters, without having people attribute these choices to the bad morals, the poverty, or the illiteracy of your group
  - If your day, week, or year is going badly, you need not ask of each negative episode or situation whether it has overtones of bias or whether you're being paranoid

Notice…

- Privilege creates
  - Ease—your group is the norm and defines what is real
  - Safety—your group is not targeted because of its characteristics
  - Clarity—no need to decipher and unpack potentially ambiguous situations
  - All of which contribute to resilience in the face of psychosocial stressors—but can also become vulnerability when this very just world is challenged by events
- Privilege unscrutinized can impair empathic relating by psychotherapists
  - "S/he's just over-reacting" (aka demonstrating Axis II characteristics)
  - Special salience for trauma practice- the culture/identity of trauma survivorship

Privilege and Cultural Competence

- Acknowledging privilege is one step toward cultural competence
- Necessary—managing affects of shame and guilt associated with awareness of privilege—component of emotional competence for practice
  - Failures of accurate assessment and treatment can arise *both* from denial of privilege and guilt/shame over its existence
  - Acknowledging privilege allows for the creation of alliance in psychotherapy

ADDRESSING

- An epistemology of difference that
- Moves your thinking away from the "how to work with Alien Others" model
- Attends to the complexities of each person's identities, including those of therapist
- Supports an intersectionalities model of identities

What It Stands For

- A-Age related factors. Actual age and age cohort (generation)
- DD-Disability- visible and invisible disabilities, developmental (born with) and acquired
- R-Religion and spirituality
- E-Ethnic identity- race, culture

ADDRESSING

- S-Socioeconomic status- current and former (and family's current and former)
- S-Sexual orientation-gay, lesbian, bisexual, heterosexual
- I-Indigenous heritage/colonization history
- N-National identity- immigrants, refugees, temporary residents and adult children of same
- Gender- biological sex, transgender, intersex

Assumptions of the ADDRESSING model

- People do not have one identity
  - Instead, there are multiple intersectionalities of identities and social locations for each person
  - Aspects of identity have different salience in different social contexts
  - Observers will construct a person's identity differently than persons construct it themselves
  - Cultural competence includes knowing visible identities and not assuming that these are primary, or what they mean for the individual
  - Trauma exposure adds a dimension of identity that combines variously with other variables

Multiple trajectories of intersectionalities

- Developed by Maria Root from studies of mixed-race sibling pairs
- Identified five common trajectories
  - Trajectory not related to visible characteristics
  - Identities and their intersectionalities were frequently context-driven, or at least context-informed
- Intersectionalities models allow for understanding how trauma is represented in aspects of self

Cultural competence and ESRs

- ESRs are core to culturally competent practice and frequently arise naturally from a culturally competent stance
  - Respect, genuineness, empathy, emphasis on the nature of the therapeutic alliance
  - Working to reduce therapist shame/guilt and increase acceptance of bias =improved skills at repair of alliance rupture, ESR that is particularly important in work with trauma survivors

Trauma as Component of Identity

- How can trauma become associated with identity?
  - Developmental trauma occurring at vulnerable points in early identity development
  - Cultural histories of trauma
  - Post-colonial trauma- particular kinds of cultural histories of all-inclusive overwhelming trauma
  - Intergenerational trauma

Identities as Aspects of Trauma Response

- Experiences of target or dominant identities can affect trauma response and capacities in the face of trauma
- Survivor's relationship to stigmatized or marginalized identities may increase capacity to deal with trauma
- But may also lead to inabilities to see injustice in own trauma experiences (the absence of a just world).
- Conversely- strong beliefs in just world increase risk of trauma arising from this source in members of dominant groups or groups with privilege

Therapist as representation of trauma

- When and where the trauma enters...
  - Does therapist represent aspect of trauma in her/his identities?
  - Is therapeutic stance sufficiently disempowering as to evoke cultural/identity components of extreme powerlessness
  - Risks of insidious traumatization in therapy

Resilience arising from identities

- Uncovering and identifying cultural strategies for dealing with trauma
  - Humor
  - Ritual
  - Story-telling
- Caution- do not assume that membership in a culture = will receive value from culturally normative healing strategies
  - These can also be a component of what is traumatic
  - Survivors may dis-identify with aspects of identity as component of coping/healing

Additional Reading

- Brown, L.S. (2009). Cultural competence: A new way of looking at integration in psychotherapy. *Journal of Psychotherapy Integration, 19,* 340-353

- Brown, L.S. (2009). Cultural competence in the treatment of complex trauma. In C. Courtois & J. Ford (Eds.) *Treating complex traumatic stress disorders: An evidence-based guide.* New York NY: Guilford Press.

- Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback.* Washington DC: APA.

- Comas-Diaz, L. (2012). *Multicultural care: A clinician's guide to cultural competence.* Washington DC: APA.

- Hays, P. (2007). *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy.* Washington DC: APA.

And still more reading

- Brown, L.S. (1991). Antiracism as an ethical imperative: An example from feminist therapy. *Ethics and Behavior, 1*, 113-127

- Hall, C.I. (1996). Cultural malpractice: The growing obsolescence of psychology with the changing U.S. population. *American Psychologist, 51.*

- McIntosh, P. (1990). White privilege: Unpacking the invisible knapsack. *Independent School, 49,* 31-36.

- Mio, J. S., & Roades, L. A. (2003). Building bridges in the 21st century: Allies and the power of human connection across demographic divides. In J. S. Mio & G. Y. Iwamasa (Eds.), *Culturally diverse mental health: The challenge of research and resistance* (pp. 105-117). New York: Brunner-Routledge.

- Root, M.P.P. (1998). Experiences and processes affecting racial identity development: Preliminary results from the biracial sibling project. *Cultural Diversity and Mental Health, 4,* 237-247

- Siegel,R.J. (1990). Turning the things that divide us into strengths that unite us. In L.S. Brown and M.P.P. Root (Eds). *Diversity and complexity in feminist therapy.* (pp. 327-336). New York: Haworth Press.