BUILDING BRIDGES:
RESOURCES TO CENTER CULTURAL HUMILITY

REACH
RACIAL EQUITY, ADVOCACY, AND COMMUNITY HEALTH

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PREFACE

This toolkit was designed to be a resource for mental health service providers who are interested in more effectively engaging with diverse clients. The goal of this toolkit was to provide a comprehensive set of handouts, videos, recordings, and other tools that providers can use for training, learning, and professional development opportunities. The authors wanted to develop this toolkit after seeing firsthand how often researchers, clinicians, and training programs talked about the need for culturally relevant mental health care, with questions remaining—how can we actually have these conversations? How can we address some of the anxiety and uncertainty around having cultural conversations? What are some actionable ways to build culture into the way that we provide care? The goal of this toolkit is to provide a collection of resources that help to answer these persistent questions, whether you are starting with the basics or well-versed in cultural considerations.

Section 1 will introduce the concept of cultural humility for providers who may be new to this area, as well as providers who have hesitation about how to put these ideas into practice. Section 2 expands on these ideas—specifically, how to build cultural humility into the therapy assessment and why it's important to do so. Section 3 provides additional examples on how cultural humility may be integrated throughout treatment, and the Appendices give additional resources for training, education, and clinical practice. This toolkit can be used independently, with your supervisors (or your supervisees), and within your clinical teams. Our hope is that these resources will help mental health providers to collaborate with their clients in building a cultural bridge, allowing for better understanding of clients' lived experiences and more meaningful help and support.

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DEFINING CULTURAL HUMILITY

First things first – what do we mean by "culture"?

Many people first think of race and ethnicity as a way to define culture. However, there are many other aspects of a person's background that can contribute to their cultural identity—such as gender identity, sexual orientation, age or generational affiliation (e.g., Millenial vs. Gen Z), religion or spiritual beliefs, physical appearance (e.g., body size), health conditions, political affiliation, socioeconomic status, neighborhood or area of residence, personal and professional roles (e.g., parent, student, caregiver), and more. It's easy to see how complex it can get when we consider the myriad parts of a person's identity and where they all *intersect* for a given client. This is another reason for us to approach therapy with flexible approaches, that can be helpful across an infinite number of intersectional identities.

What is cultural humility?

More than 20 years ago, Tervalon & Murray-Garcia (1998) defined cultural humility as "a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities." Cultural humility has also been described as an "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" (Hook et al., 2013, p. 354). In essence, cultural humility is on ongoing process that involves becoming aware of your own cultural background, values, and beliefs, as well as being willing and interested to learn about others' unique cultural backgrounds, values, and beliefs—especially the elements that *they see and recognize as most important*.

Hook and colleagues (2017) described the *intrapersonal* and *interpersonal* aspects of cultural humility. Relevant to this toolkit, the intrapersonal part of this refers to how you, as a mental health care provider, view yourself in terms of the cultural aspects listed in the section above. The interpersonal part of cultural humility is where you can demonstrate openness, interest, curiosity, and respect for others' cultural identities. Notably, this also includes learning to identify your own biases, so that you can de-center yourself in clinical work by prioritizing your client's needs and preferences. This will be covered in more detail in Section 3: Cultural Humility Throughout Treatment.

CULTURAL HUMILITY:

"a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities."

— Tervalon & Murray-Garcia (1998)

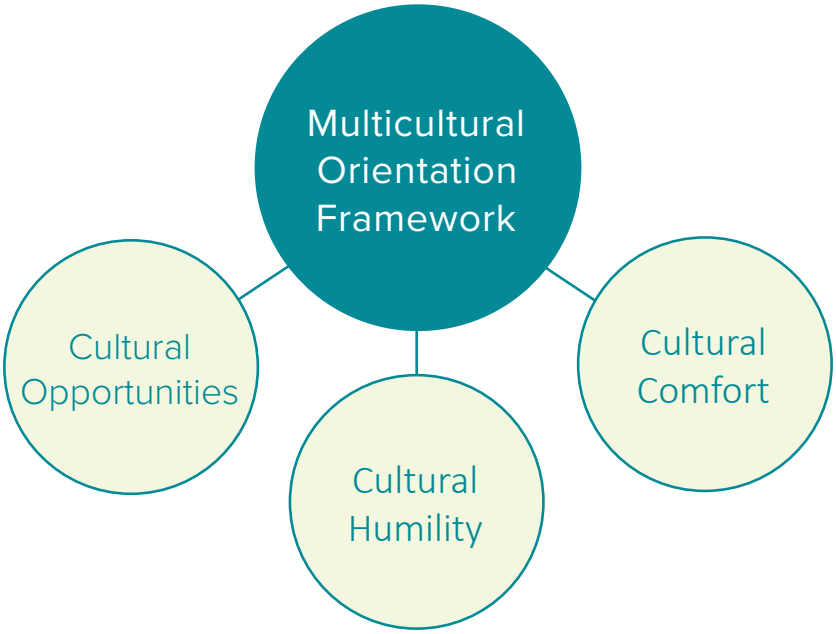
Distinguishing cultural humility from similar concepts

Some people use "cultural humility" interchangeably with *cultural competence*. Although these terms sound similar, the variations between them can represent some clear distinctions. Cultural competence is similar to cultural humility, but some researchers and clinicians have criticized the expectation that cultural competence can be operationalized as a specific, measurable outcome, with

a definitive conclusion. Researchers have described the limitations of cultural competence in clinical training and practice (Fisher-Borne et al., 2014; Tervalon & Murray-Garcia, 1998; Yeager & Bauer-Wu, 2013), and others have expressed concern about providers "checking the box" related to diversity, rather than truly integrating these principles into ongoing practice.

Despite the limitations of cultural competence, knowing at least a little bit about different communities and cultures can provide a foundation for having more informed cultural conversations. This background knowledge may also foster your willingness to take advantage of cultural opportunities, increasing your cultural comfort. As Hook and colleagues stated, "being culturally humble does not mean that the client moves into a 'teacher' role, providing lessons on their cultural identity" (Hook et al., 2017, p. 93). To that end, some researchers have suggested a combination of both cultural humility and competence, emphasizing cultural awareness over mastery (Nguyen et al., 2020).

On the other hand, given the number of intersectional identities that are possible, even based on the cultural aspects that we've named here, it is certainly unrealistic for mental health care providers to know everything about every possible combination! Even more importantly, providers should not presume to know what parts of a client's identity are most important for them, based solely on what demographics they've reported. Instead, providers should focus on their ability to ask questions and have conversations about culture in order to find out about the client's culture *directly from the client*. This culturally humble approach helps us to avoid upholding stereotypes, while allowing opportunities for client-centered care that values their lived experiences.



Cultural humility in context

It is important to note that cultural humility is conceptualized as part of a larger *multicultural orientation* framework (Hook et al., 2017), which consists of (1) cultural humility, (2) cultural opportunities, and (3) cultural comfort. *Cultural opportunities* are the instances in therapy where providers have a natural chance to either explore culture with their clients, potentially leading to better, more relevant therapy—or avoid it. Although this may feel easier, avoiding cultural conversations can be perceived as a

microaggression (Hook et al., 2016) and can lead to disrupted therapeutic alliance and worse treatment outcomes (Owen et al., 2016). *Cultural comfort* is made up of the feelings that providers have that are related to cultural discussions, and how well they manage any discomfort that comes up. The resources in this toolkit should help you start to think some of these areas—how to learn about yourself, how to approach therapy with cultural humility, how to take advantage of cultural opportunities, and how to start to build cultural comfort. However, there are many books, articles, and other resources that discuss cultural humility in greater detail, which may be helpful as well—see Appendix A for a list of additional readings and resources.

REFERENCES

Fisher-Borne, M., Cain, J.,., & Martni, S.L. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165-181. http://dx.doi.org/10.1080/02615479.2014.977244

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*, 353–366. https://doi.org/10.1037/a0032595

Hook, J.N., Farrell, J.E., Davis, D.E., DeBlaere, C., Van Tongeren, D.R., & Utsey, S.O. (2016). Cultural humility and racial microaggressions in counseling. *Journal of Counseling Psychology, 63*(3), 269-277. http://dx.doi.org/10.1037/cou0000114

Hook, J.N., Davis, D., Owen, J., & DeBlaere, C. (2017). *Cultural humility: Engaging diverse identities in therapy*. American Psychological Association. https://doi.org/10.1037/0000037-000

Nguyen, P.V., Naleppa, M., & Lopez, Y. (2020). Cultural competence and cultural humility: A complete practice. *Journal of Ethnic & Cultural Diversity in Social Work, 30*(3), 273-281. https://doi.org/10.1080/15313204.2020.1753617

Owen, J., Tao, K.W., Drinane, J.M., Hook, J., Davis, D.E., & Kune, N.F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice, 47*(1), 30-37.

Tervalon, M. & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125. http://dx.doi.org/10.1353/hpu.2010.0233

Yeager, K.A. & Bauer-Wu, S. (2013). Cultural humility: Essential foundation for clinical researchers. *Applied Nursing Research, 26*(4), 251-256. https://doi.org/10.1016/j.apnr.2013.06.008

BUILDING CULTURAL HUMILITY

Developing cultural humility is truly a lifelong process and is important no matter what your cultural identities you hold. Your identities come with their own stories, and they are a part of who you are and how you relate to others and their different cultural identities. Building on your personal strengths, identifying areas for improvement as it relates your own and other's cultural stories, and understanding the intersection of identities starts with building cultural humility.

There are five attributes that studies show are important steps to building cultural humility. Although this is not an exhaustive list of approaches to promote cultural humility, we wanted to provide a few examples to help you on your journey to cultural humility, with activities within each attribute. Ideally, you would want to continually identify alternative approaches as you embark on your process to cultural humility.

Attribute #1: Openness

Openness is the initial step to cultural humility. It is willingness to keep an open mind to the complexities of working with culturally diverse individuals, each of whom has an identity that extends beyond race and their own unique lived experience.

Steps to openness:

- Be open to (and increase comfort with) cultural differences through cultural learning and exploration (e.g., ethnicity, race, age, religions, nationalities, immigration status, socioeconomic position, gender identity and expression, sexual preference, and physical or mental abilities).
- Be open to identifying and reducing cultural biases.
- Be open to using your power and privilege to work toward social justice.

ACTIVITY #1:

Have a cultural conversation to help develop your comfortability when discussing others' cultural identities and differences. This is important, as we work with individuals with different, complex cultural identities. Here are some questions to help start the conversation:

Choose someone you are comfortable with to have a cultural conversation with. Ask:

- What cultural group(s) do you identify with?
- Which cultural identities are most important to you?
- Which of your beliefs and values relate to the dominate culture?
- Experiences of individual and institutional racism
- Reflect on how you thought the conversation went. What were your thoughts and feelings that came up during and after the conversation?

Attribute #2: Self-Awareness

Self-awareness is part of moving toward a comfortability of working with others, by focusing on your awareness of your own limitations and strengths when working with culturally diverse individuals and the possible impact on the relationship.

Steps to self-awareness:

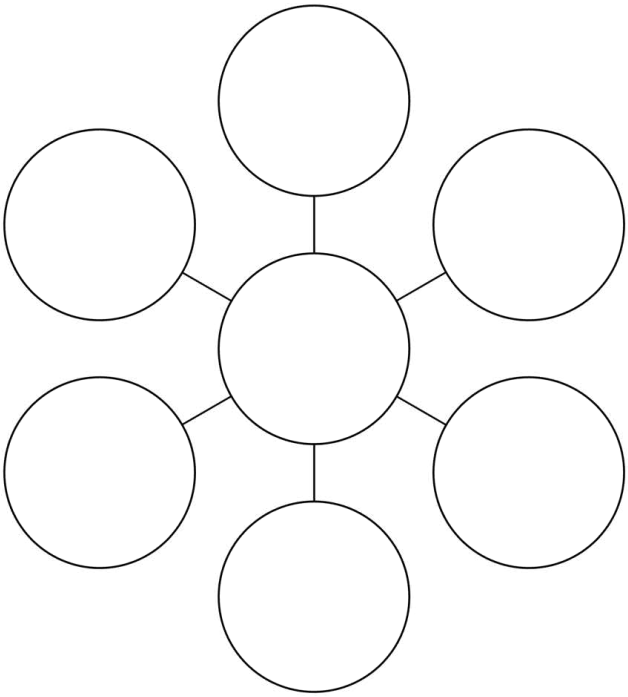
- Increase your knowledge regarding your own cultural background and identities, beliefs, and values.
- Think about the connections between your cultural identities and your experiences of privilege, power, and oppression.
- Consider the connection between your cultural identities and your cultural beliefs, values, and attitudes.
- Be aware of your limitations in understanding a client's cultural background and experiences.

ACTIVITY #2:

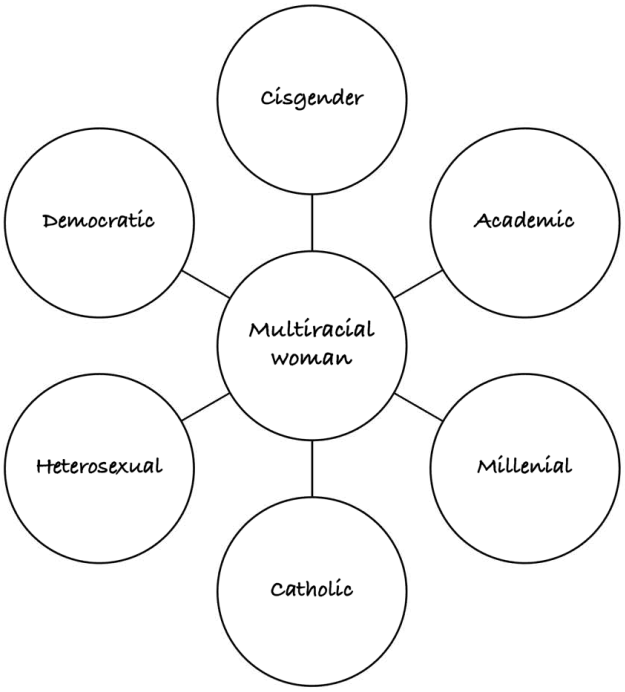
The **Sociocultural Identity Wheel** (Hook et al., 2007, adapted from Metzger, Nadkarni, & Cornish, 2010) helps to conceptualize the cultural identities that make you who you are. On the following page, write which cultural identity represents the "essence" of you in the center of the figure. What other cultural identities are most important to you (e.g., race, ethnicity, gender sexual orientation, religion, social class, age, disability or ability status, political affiliation)? Write those identities in the surrounding circles. Reflect on the following questions:

- Think about the advantages, disadvantages, inequities, and/or discrimination you have experienced because of these cultural identities.
- What messages have you received by the media about your cultural identities?
- What beliefs do others have about your cultural identities?
- For each cultural identity, identify if it is a privileged or disadvantaged identity in the US by placing a P (privileged) or D (disadvantaged) in the circle. Think about if your experience is consistent with these labels. If not, why do you think that is?

Sociocultural Identity Wheel



Sample Identity Wheel



Attribute #3: Being Egoless

Being egoless is a humbling of oneself and not coming from a place of the expert.

Steps to being egoless:

- Adopt an interpersonal stance that is considerate of others, rather than self-focused, regarding the cultural background and experience of clients.
- Recognize there are several valid ways of viewing the world and develop a sense of curiosity about others' beliefs and values.

ACTIVITY #3:

Plan a day to intentionally look for cultural opportunities (e.g., someone mentioning aspects of their cultural identities) with individuals you feel comfortable having cultural conversations with. This demonstrates your interest in other's cultural background and experience and offers you opportunities to see how others view the world. Ask the individual questions about their cultural identities and let the conversation flow on its own. Reflect on the following:

- At the end of the day, take some time and reflect on what you noticed from this experience (there is no right or wrong answer).
- Ask yourself, was it helpful to be more attentive to the cultural opportunities that came up as it relates to being egoless?

Attribute #4: Supportive Interaction

Supportive interaction is one's ability to understand their responsibility in creating positive interactions with culturally diverse individuals. Clients tend to disclose more intimate aspects of themselves when cultural conversations are held.

Steps to supportive interaction:

- Acknowledge any sociodemographic differences between you and your client.
- Attempt to create an environment wherein these differences and issue can be discussed.
- Be careful not to paraphrase or alter a client's way of describing an event to you, as you don't want to miss any "cultural opportunities."

ACTIVITY #4:

Engage in mindful active listening after asking genuine open-ended questions of the individual to better understand their cultural beliefs and practices.

Attribute #5: Self-Reflection & Critique

Self-reflection and critique are one's lifelong commitment to critical evaluation of self in relation to working with culturally diverse individuals.

Steps to self-reflection & critique:

- It may be challenging sometimes to admit that we have areas of bias, but the truth is we all have some type of bias and make assumptions as it relates to cultural identities. Self-reflection and critique are an acceptance of this and an active engagement in self-assessment. It is important to understand that this is a lifelong process!
- Be willing to seek feedback from supervisors, peers, and clients.

ACTIVITY #5:

The **Cultural Humility Scale** (Hook et al., 2013) is an assessment of the client's perception of the clinician's level of cultural humility towards the cultural identities most important to the client. You can have clients complete independently but give opportunity to discuss with you if they would like to. Or, you can have them complete it during sessions to create an environment where feedback is welcomed.

- Reflect on responses received from scale and client discussion.
- Consider where your biases are, and how they conflict with your client's perspectives and experiences.

Instructions: Please think about your counselor. Using the scale below, please indicate the extent to which you agree or disagree with the following statements about your counselor.

Regarding the core aspect(s) of my cultural background, my counselor…	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree
1. Is respectful.	1	2	3	4	5
2. Is open to explore.	1	2	3	4	5
3. Assumes they already know a lot.	1	2	3	4	5
4. Is considerate.	1	2	3	4	5
5. Is genuinely interested in learning more.	1	2	3	4	5
6. Acts superior.	1	2	3	4	5
7. Is open to seeing things from my perspective.	1	2	3	4	5
8. Made assumptions about me.	1	2	3	4	5
9. Is open-minded.	1	2	3	4	5
10. Is a know-it-all.	1	2	3	4	5
11. Thought they understand more than they actually do.	1	2	3	4	5
12. Asks questions when they are uncertain.	1	2	3	4	5

To score, first reverse code responses to items 3, 6, 8, 10, and 11. Then add up the scores. Higher scores indicate higher levels of cultural humility. Adapted from Hook et al. (2013).

REFERENCES

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60,* 353–366. https://doi.org/10.1037/a0032595

Hook, J.N., Davis, D., Owen, J., & DeBlaere, C. (2017). *Cultural humility: Engaging diverse identities in therapy.* American Psychological Association. https://doi.org/10.1037/0000037-000

COMMON CONCERNS FOR CULTURAL HUMILITY IN THERAPY

Cultural humility, and assessment of cultural background, isn't covered in the therapy manual that I'm using. Is it necessary for treatment?

For decades, considering the role of culture in therapy has been recommended, but not required. Agencies like the American Psychological Association have encouraged mental health providers to integrate culture into treatment, but many providers were unclear how to do this—particularly since it was often seen as an "extra" addition to manualized treatment protocols. However, cultural humility can to result in better treatment engagement, retention, and outcomes for diverse communities. By providing therapy with a culturally humble mindset, providers may be better able to promote outcomes in the contexts and settings that are most important for clients—where they live, work, socialize, pray, and relax. Finally, consider that therapy manuals aren't exhaustive. For instance, they typically don't cover other skills, like reflective listening, that are understood to be a necessary aspect of providing therapy.

I've never treated a patient from this background (e.g., race, ethnicity, religion, gender identity, sexual orientation). Do I have to know a lot about this community to effectively work with them or provide successful treatment?

It helps to know a little bit about the historical, structural, or systemic challenges that exist for some cultures—or the areas of power and privilege that exist for others. However, it's important to balance having an understanding of cultural context with avoiding stereotypes, or pre-set expectations about a given group that are biased, simplistic, and rigid. As discussed in the toolkit handout, *Defining Cultural Humility*, we advocate moving away from cultural competence—with expectations of knowing everything about a certain culture—and toward cultural humility, as a mindset and life-learning process. You will not always know how to handle a certain set of cultural identities that a client holds—and that's okay! It's more important to know how to have the conversations with your client about their cultural identity, so that you can understand how culture presents for each person as an individual. You will also grow in your ability to ask these questions, and have conversations related to cultural humility, as you practice.

I'm concerned about offending my patient by introducing these topics. What if I ask the wrong question(s)?

Part of cultural humility, and a multicultural orientation framework, is being able to explore culture with your patient by asking open-ended questions that demonstrate your interest, without having made assumptions about their background. If your client doesn't strongly identify with an aspect of identity that you ask about (e.g., religion or spirituality), you can simply move on to other topics. It's not likely that patients will be offended by being asked about their values and beliefs in open-ended ways. The tools and resources presented in this guide should help you to do so—and we believe that it's better to ask the questions about cultural identity, but not need to address those aspects, than to miss an important opportunity to more deeply engage with clients and to grow your ability to practice with cultural humility.

I want to understand my client's cultural background, but what if I miss something?

We want to reiterate that people are complicated! A client's cultural background can be made up of their race, ethnicity, gender identity, sexual orientation, age or generational affiliation (e.g., Millenial vs. Gen Z), religion or spiritual beliefs, physical appearance (e.g., body size), health conditions, political affiliation, socioeconomic status, neighborhood or area of residence, personal and professional roles (e.g., parent, student, caregiver), and more. Given the number of unique intersections that are possible, you likely will not capture every aspect of their culture right away, let alone knowing how that relates to their symptoms, presenting concerns, or case conceptualization. But you can, and should, take advantage of cultural opportunities when they arise, so that you can flexibly integrate culture throughout your practice.

Should I still ask about aspects of the patients' cultural background when the answer(s) seems obvious?

In some cases, it may feel silly to ask about aspects of a client's cultural identity, particularly when we think we can see the answer. For example, if a client is male-presenting (e.g., dressing in traditionally masculine clothing styles, using a traditionally male name), it may feel uncomfortable to ask about their pronouns or to offer yours. However, you could think of this as an opportunity to embrace that uneasiness in order to grow in cultural comfort. It's also a possibility—likely in some cases—that our assumptions are wrong. It's easy to think that our judgments are correct based on how a person looks, sounds, or speaks, but we can't really know their cultural identity, experiences, or values without asking and having open conversation.

I'm worried about seeming insensitive to a patient with a cultural background that is different from mine. How can I be sure they understand my intentions in asking certain questions?

Part of cultural humility is genuine interest in others' cultural identity. This means that you should ask about culture to understand, not to be seen asking. If you're asking about culture without interest or value in your client's perspective, or bringing up their culture in supervision without exploring these areas with the client themselves, then you may be engaging in virtue signaling (i.e., endorsing ideas so that you can show that you are a good, upstanding, or ethical person). This is driven by social desirability, rather than genuine desire to bring cultural humility into treatment.

My patient and I disagree on how their cultural background might be impacting their current symptoms and presenting concerns. How do we resolve this?

One of the important aspects of cultural humility is understanding your own biases and assumptions to de-center yourself, so that you can focus on understanding your client's identity as it is relevant for them. Listening to their lived experiences, and their salient values and beliefs, will be more important than anything you will learn from your client's demographic questionnaire. In part, this is because groups based on race, ethnicity, religion, or other cultures are not monolithic. This means that there are a wide range of experiences, beliefs, and values even within a given cultural group, so we must be willing to explore these areas with our clients.

What if I run out of time during the assessment?

As with any assessment, it'll take time and practice to find your own pace, rhythm, and wording when asking these questions. Remember that you can, and should, continue to explore the impact of culture during therapy, so don't worry about fully capturing every nuance of their identity during the first or second meeting. Demonstrating that you are open to these discussions, and willing to explore these areas with the patient, will allow for even more natural opportunities throughout the course of treatment. However, the Cultural Formation Interview (CFI; see Appendix) is a good place to start—there are sixteen questions that allow you to explore your client's cultural background and how their identity has impacted their presenting concerns. Research has shown that the CFI is relatively quick to implement, and after only a few practices, providers are able to conduct the CFI within about 20 minutes (Lewis-Fernández et al., 2017).

Will integrating cultural humility and the patient's cultural identity into treatment take a lot more time and effort?

As mentioned in the previous section, it will take practice to know how to integrate culture into treatment—but discussion of culture (i.e., taking advantage of cultural opportunities) doesn't have to be time-consuming. As you'll see in the resources presented in this toolkit, there are a lot of ways to integrate culture into treatment and flexible options depending on patient needs. Yet, engagement in culture-related discussions can lead to greater rapport, stronger alliance between clients and providers, and better treatment outcomes.

My clinical supervisor hasn't mentioned cultural humility as part of the therapy process. Should I still bring it up when discussing patients?

It may be helpful to have a conversation with your supervisor about why you value cultural humility, and what you find that brings to the therapy process. Particularly for mental health providers in training, being able to discuss these aspects of your work can be helpful for your professional development. It's possible that not every supervisor will have as much of a focus on cultural humility or have as much experience applying these concepts. If this is the case, then you could consider seeking out additional supervisor(s) or mentor(s) who can fill this role for you, as one might when learning new treatments.

REFERENCES

Lewis-Fernández, R., Aggarwal, N.K., Lam, P.C., Galfalvy, H., Weiss, M.G., Kirmayer, L.J., Paralikar, V., Deshpande, S.N., Díaz, E., Nicasio, A.V., Boiler, M., Alarcón, R.D., Rohlof, H., Groen, S., van Dijk, R.C.J., Jadhav, S., Sarmukaddam, S., Ndetei, D., Scalco, M.Z., … Vega-Dienstmaier, J.M. (2017). Feasibility, acceptability and clinical utility of the Cultural Formulation Interview: Mixed-methods results from the DSM-5 international field trial. *The British Journal of Psychiatry, 210,* 290–297. https://doi.org/10.1192/bjp.bp.116.193862

SECTION 1 SUMMARY

The concept of cultural humility has been around for more than 20 years, but given the complexity of "culture," it's not surprising that there's still questions remaining about the best ways to incorporate culture into treatment. Self-education about the histories and experiences of diverse groups can provide a good foundation for having more informed cultural conversations—you can share what you know (or have experienced), which provide a helpful starting point for having open discussions and can reduce the burden on your client to teach you about diversity.

Other key takeaways from Section 1 are:

- Culture can be very complex, especially when we consider intersectionality. This is one the reasons why we encourage cultural humility as a flexible approach, rather than a specific protocol for any given group based on race, ethnicity, gender identity, sexual orientation, or other identity.
- There are intrapersonal and interpersonal aspects of cultural humility. Intrapersonally, you (as a mental health care provider) can clarify how you view yourself in terms of cultural identity. Interpersonally, you can demonstrate cultural humility through openness, interest, curiosity, and respect for others' cultural identities.
- The five attributes associated with cultural humility are Openness, Self-Awareness, Being Egoless, Supportive Interaction, and Self-Reflection and Critique. To expand on each of these areas, we encourage you to:
    1. Be open to cultural differences.
    2. Consider your knowledge regarding your own cultural background and identities, beliefs, and values, plus relationships to social power and privilege.
    3. Cultivate a sense of curiosity about others' beliefs and values.
    4. Look for opportunities to create supportive, open conversations between you and others.
    5. Be willing to seek feedback from others (e.g., supervisors, peers, clients) as part of a lifelong developmental process of developing cultural humility.
- Given how deeply personal cultural identity can be, and how it's tied up with our values, beliefs, and experiences, it's understandable that you may be uncertain about the best ways to start these conversations with clients. But that's even more reason to build cultural humility into practice! The resources in Section 2 should help you in these efforts.

SECTION 2:

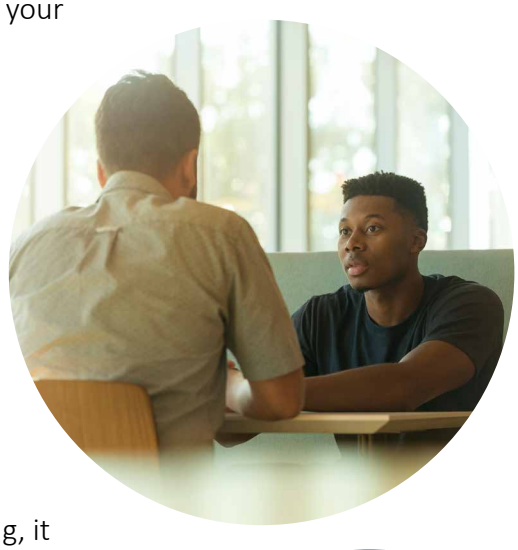
Cultural Humility in the Therapy Assessment

REASONS TO ASK ABOUT CULTURAL BACKGROUND WITH CLIENTS

Gathering Information During Intake Sessions

Information gathering is a key part of intake session(s), including understanding the client's presenting concerns, duration and severity of symptoms, previous physical and mental health diagnoses, and other factors related to treatment conceptualization and treatment planning. These areas are often assessed through a combination of discussion and clinical assessments—which many providers use as a first opportunity to assess a client's demographic characteristics (e.g., age, gender, race, ethnicity, income or educational background).

There are many ways to assess demographic characteristics using self-report measures—each with pros and cons, which go well beyond the scope of this handout. Instead, we want to focus on why it's still worth asking your client about cultural background directly.



Collecting demographic characteristics can give you an important snapshot into who your client is, but often these questions don't tell you about *how important* each of those aspects is for your client's cultural identity, and they won't tell you about your client's *lived experiences*. For example, based on a simple questionnaire, you may not know whether a client's race, ethnicity, sexual orientation, or another aspect of their identity, is most important for how they see themselves. It's possible that all these aspects are important for their identity—or maybe one or two stand out compared to the others. Additionally, there is the risk of making assumptions based on a person's demographics. In order to avoid stereotyping, it is absolutely vital to give your client the space to discuss their own cultural backgrounds and experiences.

Questionnaires and surveys also likely won't be able to give you a sense of the *interactions* in their identity—what is your client's experience as a young, cisgender, heterosexual Indigenous woman? As a gay, cisgender, Black man with strong religious beliefs? Considering the number of cultural identities that a person can hold, and the ways that they can intersect, we believe that it's virtually impossible to capture these nuances through questionnaires alone. Thus, we may ***think*** that know all we need to, but it's likely that we're still missing a lot of crucial information.

Discussion is Key for Cultural Humility

You can demonstrate a cultural humility approach by exploring your client's cultural identity through open-ended questions and discussion, rather than relying on self-report assessments alone. The latter may serve to reinforce you as "the authority figure" in the room, holding all the power related

to assessment, diagnosis, and treatment planning. This may be off-putting for clients—particularly for individuals from underserved and oppressed communities. By *asking* clients about salient aspects of their cultural identity, and how these aspects relate to their presenting concerns, you can show them that you respect and value their lived experiences—which may be very different from yours. Using a collaborative approach to treatment, including when, where, and how to integrate their cultural identity, can lead to a much stronger therapeutic alliance. Furthermore, being open to these discussions early in treatment can signal to your client that it's safe to bring up these topics throughout treatment—leading to even more natural discussions as they arise throughout the course of therapy (e.g., *cultural opportunities*).

Where Do I Start?

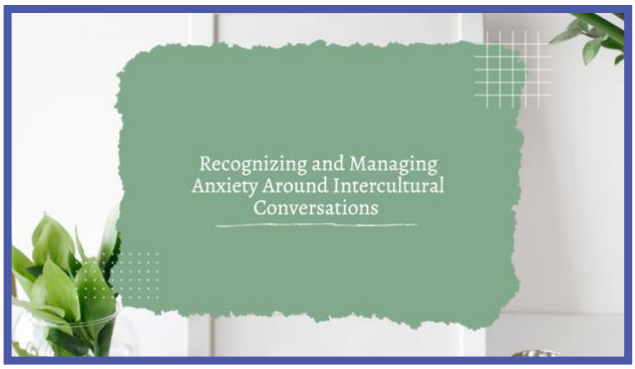
We know this can sound daunting. It sounds like there's so much to cover and try to understand! But there's no need to panic, or to reinvent the wheel—a good starting point for having these discussions is the Cultural Formation Interview (CFI), published with the DSM-5 (American Psychiatric Association, 2013). The CFI consists of 16 questions across four areas. The first, *cultural definition of the problem*, consists of three questions that tap into how your client sees their problems and area(s) of distress, plus the language that they use to name the problem. The second, *cultural perceptions of cause, context, and support*, is the largest portion of the interview—but still only seven questions. These prompts can help you to assess the causes, stressors and supports, and role of cultural identity in their presenting concerns. In addition to giving you an idea of possible treatment targets, these questions can also give insight into your client's strengths and areas of support, which can be built on in treatment. The third section is *cultural factors that affect self-coping and past help seeking*. The three questions in this part of the CFI help you to know how your client has been managing the problem, the kinds of help and support they've sought out (whether helpful or not), and obstacles that prevented them from getting other care that they needed. Finally, the three questions in the fourth section, *cultural factors that affect current help seeking,* can help you to understand how to help your client—what they want and need at the current moment, what others have suggested, and their concerns for building a trusting relationship with you.

A benefit of the CFI is that these questions have a great deal of flexibility. If you already have an existing assessment protocol or battery, see where you might be able to fit them in. Practice using some of these questions in your intake sessions, but remember that you can also explore cultural identity, and the role of your client's culture, throughout treatment—and that by opening the door, your client may be more willing to share with you throughout your work together.

REFERENCE

American Psychiatric Association. (2013). Cultural formulation. In *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (pp. 748-759). Washington, DC: American Psychiatric Association.

RECOGNIZING AND MANAGING ANXIETY AROUND CULTURAL CONVERSATIONS



Watch this video to learn more about how to recognize and challenge the uncertainty and anxiety that can come with discussing cultural identities.

Length: 13 minutes

Scan the QR code to watch the video or use the link address:

https://youtu.be/YVZq7kxuHsM

CULTURAL FORMATION INTERVIEW INFOGRAPHICS

Click here to download the printable version
https://bit.ly/3SKIAXA

THE CULTURAL FORMATION INTERVIEW

CULTURAL DEFINITION OF THE PROBLEM

1

What brings you here today?

People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would *you* describe your problem?

Sometimes people have different ways of describing their problem to their family, friends, or others in their community.

How would you describe your problem to them?

2

3

What troubles you most about your problem?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Why do you think this is happening to you? What do you think are the causes of your [problem]?

Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.

4

5

What do others in your family, your friends, or others in your community think is causing your [problem]?

Are there any kinds of support that make your [problem] better, such as support from family, friends, or others?

6

7

Are there any kinds of stresses that make your [problem] worse, such as difficulties with money, or family problems?

ROLE OF CULTURAL IDENTITY

Sometimes, aspects of people's background or identity can make their [PROBLEM] better or worse.
By background or identity, I mean, for example: the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion.

For you, what are the most important aspects of your background or identity?

8

9

Are there any aspects of your background or identity that make a difference to your [problem]?

Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

10

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

11

Sometimes people have various ways of dealing with problems like [problem]. What have you done on your own to cope with your [problem]?

.....

Often, people look for help from many different sources, including different kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you sought for your [problem]?

What types of help or treatment were most useful? Not useful?

Has anything prevented you from getting the help you need?

For example, money, work or family commitments, stigma or discrimination, or lack of services that understand your language or background?

CULTURAL FACTORS AFFECTING CURRENT HELP SEEKING

What kinds of help do you think would be most useful to you at this time for your [problem]?

14

15

Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?

Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

Have you been concerned about this and is there anything that we can do to provide you with the care you need?

16

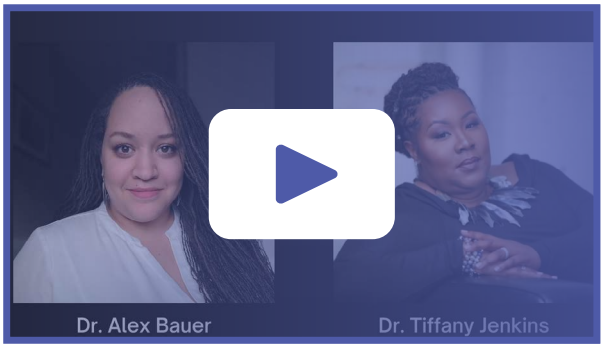
CONDUCTING A CULTURALLY INFORMED ASSESSMENT

Watch this video on how to conduct a culturally informed assessment and connect people to proper treatment and care.

Length: 13 minutes

Scan the QR code to watch the video or use the link address: https://youtu.be/s2ffl3oRc2A

A PROVIDER'S ROAD TO CULTURAL HUMILITY: A CONVERSATION WITH DR. TIFFANY JENKINS



Watch this interview with Dr. Tiffany Jenkins to learn clinical approaches to cultural humility to create safe spaces for holistic change.

Length: 1 hour and 7 minutes

Scan the QR code to watch the video or use the link address: https://youtu.be/ka5hWRkRag0

SECTION 2 SUMMARY

Remember that collecting demographic characteristics can give you an important snapshot into who your client is, but these standardized questions may not tell you about how important each of those aspects is for your client's cultural identity—and they won't tell you about your client's lived experiences. It's still important to have cultural conversations with your clients to get a better picture of how their identity relates to their presenting concerns.

Other key takeaways from Section 2 are:

- Your clients most likely don't expect you to be an expert in their culture. Sharing what you know, or have experienced, can help to build rapport and a shared understanding. But there is no substitute for being open to hearing their experiences, and how they relate to their symptoms or current concerns—which can help clients feel valued, respected, and empowered.
- The Cultural Formation Interview (CFI) can be a good place to start with cultural conversations. The CFI is publicly available and has four parts: cultural definition of the problem; cultural perceptions of cause, context, and support; cultural factors that affect self-coping and past help seeking; and cultural factors that affect current help seeking.
- You can integrate questions based on the CFI throughout your existing assessment practice—see where there is a fitting time point or language that feels more natural for you.

SECTION 3:

Cultural Humility Throughout Treatment

CULTURAL HUMILITY IN ACTION

The purpose of this resource is to examine ways cultural humility can be integrated throughout the entire continuum of care.

Length: 15 minutes

Scan the QR code to watch the video or use the link address: https://youtu.be/McGnVe8rSjI

DISCUSSING MISSED CULTURAL OPPORTUNITY IN SUPERVISION

Supervision is essential to ensure that the best quality of care is being provided to our clients. Learn how supervisees can explicitly address concerns related to critical attributes of client diversity.

Length: 9 minutes

Scan the QR code to watch the video or use the link address: https://youtu.be/jjdrKeIVkdU

HANDLING CULTURE-RELATED DISRUPTION IN SESSION

Ruptures in therapeutic alliance, or the working bond between the provider and client, can and do happen in treatment. Use this resource to understand and identify potential cultural ruptures that may occur, and improve engagement with your client.

Length: 7 minutes

Scan the QR code to watch the video or use the link address: https://youtu.be/w8ctFqHpCAE

SUMMARY

We know that the idea of adopting a cultural humility mindset can be daunting, but it's our hope that the tools and resources included in this toolkit will help you to get started, or to continue, on the journey. This is one area where a little bit of effort goes a long way: to opening the door for your clients to feel comfortable bringing up cultural concerns, to you feeling more confident in having cultural conversations, and to bridging gaps in how mental health services are provided.

Here are some of the most important takeaways:

- We advocate for providing services with cultural humility for one simple reason: to improve outcomes for our clients. It is not intended to be an extra obligation, or a complication in how therapy is provided. Rather, this approach has potential to expand on the good work that you are already doing.
- Some providers may be worried that it's divisive to bring up cultural differences. In practice, cultural humility isn't about focusing on our differences—it's about building a bridge to understand what life is like for someone else, so that we can be better prepared to provide help and support that is meaningful.
- Cultural humility is an ongoing process, so remember that the goal isn't to be perfect or to never make a mistake. Give yourself the space to continue to learn, and keep in mind this isn't a skill to "master"—but as you go, it will likely get easier (e.g., you'll build cultural comfort over time and may be more attuned to cultural opportunities).
- There's no "one size fits all" approach to cultural humility. For instance, you might change the way you ask the questions included in the Cultural Formation Interview—by making it your own, and building into your existing assessment and treatment practices, it will probably feel a lot more natural.
- As mental health service providers, we should all be practicing with cultural humility—including even those of us who belong to traditionally excluded, minoritized, or oppressed groups. There are so many intersectional ways to consider diversity, and no culture or group is a monolith (meaning all the same, across its many members). Each of our journeys toward cultural humility will look different, and some providers will be a little further along based on their own experiences, but we all have to start somewhere.
- Giving clients space to discuss how their cultural beliefs, values, and experiences impact presenting problems, with more input on decision making, is a meaningful way of empowering your clients. This doesn't take away from the training and knowledge that you bring to the therapeutic relationship. Instead, it can lead to a stronger partnership, where each person is able to contribute expertise. As a result, clients may better able to apply what they've learned in therapy in the spaces where they live, work, and socialize.

We hope this toolkit has been helpful, wherever you may be on your road to cultural humility. Additional resources, including readings, measures, and self-assessments, are listed in the Appendices. We also encourage you to seek out other opportunities for self-education on cultural groups and trainings on adopting cultural humility into practice.

APPENDIX A:
Readings and Additional Resources

CULTURAL HUMILITY

- Gallardo, M. (2022). Developing Cultural Humility. Cognella Academic Publishing.
- Hook, J.N., Davis, D., Owen, J., & DeBlaere, C. (2017). *Cultural humility: Engaging diverse identities in therapy.* American Psychological Association. https://doi.org/10.1037/0000037-000
- Mosher, D.K., Hook, J.N., Farrell, J.E., Watkins, C.E., & Davis, D.E. (2016). Cultural humility. In E.L. Worthington, D.E. Davis, & J.N. Hook (Eds.), *Handbook of humility: Theory, research, and applications.* (pp. 91-104). Routledge. https://doi.org/10.4324/9781315660462
- Mosley, J. (2017, November). *Cultural Humility.* TED Conferences. https://www.ted.com/talks/juliana_mosley_ph_d_cultural_humility

CULTURAL HUMILITY IN SUPERVISION

- Hook, J.N., Watkins Jr., C.E., Davis, D.E., Owen, J., Van Tongeren, D.R., & Ramos, M.J. (2016). Cultural humility in psychotherapy supervision. *American Journal of Psychotherapy, 70*(2), 149-166. https://doi.org/10.1176/appi.psychotherapy.2016.70.2.149
- Patallo, B.J. (2019). The multicultural guidelines in practice: Cultural humility in clinical training and supervision. *Training and Education in Professional Psychology, 13*(3), 227-232. http://dx.doi.org/10.1037/tep0000253
- Watkins, C. E., Jr, Hook, J. N., Owen, J., DeBlaere, C., Davis, D. E., & Van Tongeren, D. R. (2019). Multicultural orientation in psychotherapy supervision: Cultural humility, cultural comfort, and cultural opportunities. *American Journal of Psychotherapy, 72*(2), 38–46. https://doi.org/10.1176/appi.psychotherapy.20180040
- Zhang, H., Watkins Jr., C.E., Hook, J.N., Hodge, A.S., Davis, C.W., Norton, J., Wilcox, M.M., Davis, D.E., DeBlaere, C., & Owen, J. (2021). Cultural humility in psychotherapy and clinical supervision: A research review. *Counselling and Psychotherapy Research, 00,* 1-10. https://doi.org/10.1002/capr.12481

Cultural Formation Interview

- Aggarwal, N.K. & Lewis-Fernández, R. (2015). An introduction to the Cultural Formation Interview. *Focus, 18,* 77-82. https://doi.org/10.1176/appi.focus.18103

SOCIAL, POLITICAL, AND HISTORICAL BACKGROUND OF CULTURAL GROUPS

- Butler, J. Wacker, G., & Balmer, R. (2011). ***R****eligion in American life: A short history.* Oxford University Press.
- DiAngelo, R. & Dyson, M.E. (2018). ***W****hite fragility: Why it's so hard for white people to talk about racism.* Beacon Press.
- Hook, J.N. & Davis, D.E. (2019). Cultural Humility: Introduction to the Special Issue. *Journal of Psychology and Theology, 47*(2), 71-75. https://doi.org/10.1177/0091647119842410
- Hutchinson, W.R. (2003). *Religious pluralism in America: The contentious history of a founding ideal.* Yale University Press.

- Kendi, I.X. (2017). *Stamped from the beginning: The definitive history of racist ideas in America.* Bold Type Books.
- Killerman, S. (2017). *A guide to gender (2nd Ed.): The social justice advocate's handbook.* Impetus Books.
- Kimmel, M.S. & Ferber, A.L. (2016). *Privilege: A reader.* Routledge.
- Kendi, I.X. (2019). *How to be an antiracist.* One World.
- Oluo, I. (2019). *So you want to talk about race.* Seal Press.
- Wilkerson, I. (2020). *Caste: The origins of our discontents.* Random House.
- Wilkerson, I. (2011). *The warmth of other suns: The epic story of America's Great Migration.* Vintage.

APPENDIX B:
Measures and Self-Assessments

CULTURAL FORMATION INTERVIEW

- Standard Version
- Informant Version
- Supplemental Modules

CULTURAL HUMILITY, OPPORTUNITIES, AND COMFORT

- *Cultural Humility Scale* (client-rated)
  - Citation: Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. https:// doi.org/10.1037/a0032595
- *Cultural Opportunities Scale* (client-rated)
  - Citation: Owen, J., Tao, K.W., Drinane, J.M., Hook, J., Davis, D.E., & Kune, N.F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. Professional Psychology: Research and Practice, 47(1), 30-37. https://doi.org/10.1037/pro0000046
- *Multidimensional Cultural Humility Scale* (counselor-report)
  - Citation: Gonzalez, E., Sperandio, K.R., Mullen, P.R., & Tuazon, V.E. (2021). Development and initial testing of the Multidimensional Cultural Humility Scale. *Measurement and Evaluation in Counseling and Development, 54*(1), 56-70. https://doi.org/10.1080/07481756.2020.1745648
- *Therapist Cultural Comfort Scale* (client-rated)
  - Pérez-Rojas, A.E., Bartholomew, T.T., Lockard, A.J., & González, J.M. (2019). Development and initial validation of the Therapist Cultural Comfort Scale. *Journal of Counseling Psychology, 66*(5), 534-549. http://dx.doi.org/10.1037/cou0000344

REPAIRING CULTURAL RUPTURES

- Chang, D.F., Dunn, J.J., & Omidi, M. (2021). A critical-cultural-relational approach to rupture resolution: A case illustration with a cross-racial dyad. *Journal of Clinical Psychology, 77*, 369-383. http://dx.doi.org/10.1002/jclp.23080
- Miles, J.R., Anders, C., Kivlighan, D.M., & Belcher Platt, A.A. (2021). Cultural ruptures: Addressing microaggressions in group therapy. *Group Dynamics: Theory, Research, and Practice, 25*(1), 74-88. https://doi.org/10.1037/gdn0000149

SUPERVISION

- Multicultural Supervision Inventory
  - Citation: Pope-Davis, D. B., Toporek, R. L., & Ortega-Villalobos, L. (2003). Assessing supervisors'

and supervisees' perceptions of multicultural competence in supervision using the Multicultural Supervision Inventory. In D. B. Pope-Davis, H. L. K. Coleman, W. M. Liu, & R. L. Toporek (Eds.), *Handbook of multicultural competencies: In counseling & psychology* (pp. 211–224). Sage Publications, Inc. https://doi.org/10.4135/9781452231693.n14

- Supervisory Working Alliance Inventory
  - Citation: Efstation, J. F., Patton, M. J., & Kardash, C. M. (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology, 37*(3), 322–329. https://doi.org/10.1037/0022-0167.37.3.322
- Multicultural Supervision Competencies Questionnaire
  - Citation: Wong, P.P. & Wong, L.J. (1999). Assessing multicultural supervision competencies. In W. J. Lonner, D. L. Dinnel, D. K. Forgays, & S. A. Hayes (Eds.), *Merging past, present, and future: Selected papers from the XIVth International Congress of the International Association for Cross-Cultural Psychology* (pp. 510-519). Netherlands: Swets & Zeitlinger.
- Multicultural Supervision Scale
  - Citation: Sangganjanavanich, V. F., & Black, L. L. (2011). The initial development of the Multicultural Supervision Scale. *Journal of Professional Counseling: Practice, Theory, and Research, 38,* 18-36. https://doi.org/10.1080/15566382.2011.12033869

THERAPEUTIC ALLIANCE

- Elvins, R. & Green, J. (2008). The conceptualization and measurement of therapeutic alliance: An empirical review. *Clinical Psychology Review, 28*(7), 1167-1187. https://doi.org/10.1016/j.cpr.2008.04.002
- Revised Helping Alliance Questionnaire
  - Citation: Luborsky, L., Barber, J. P., Siqueland, L., Johnson, S., Najavits, L. M., Frank, A., & Daley, D. (1996). The revised helping alliance questionnaire (HAq-II): Psychometric properties. *Journal of Psychotherapy Practice and Research, 5*(3), 260–271.
- Working Alliance Inventory-Revised Short Form
  - Citation: Hatcher, R. L., & Gillaspy, J. A. (2006). Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Research, 16*(1), 12–25. https://doi.org/10.1080/10503300500352500