



**UW PACC**

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

# CULTURAL COMPETENCY AND HUMILITY MODELS IN PSYCHIATRY

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# SPEAKER DISCLOSURES

- ✓ Any conflicts of interest?  
No conflicts of interest

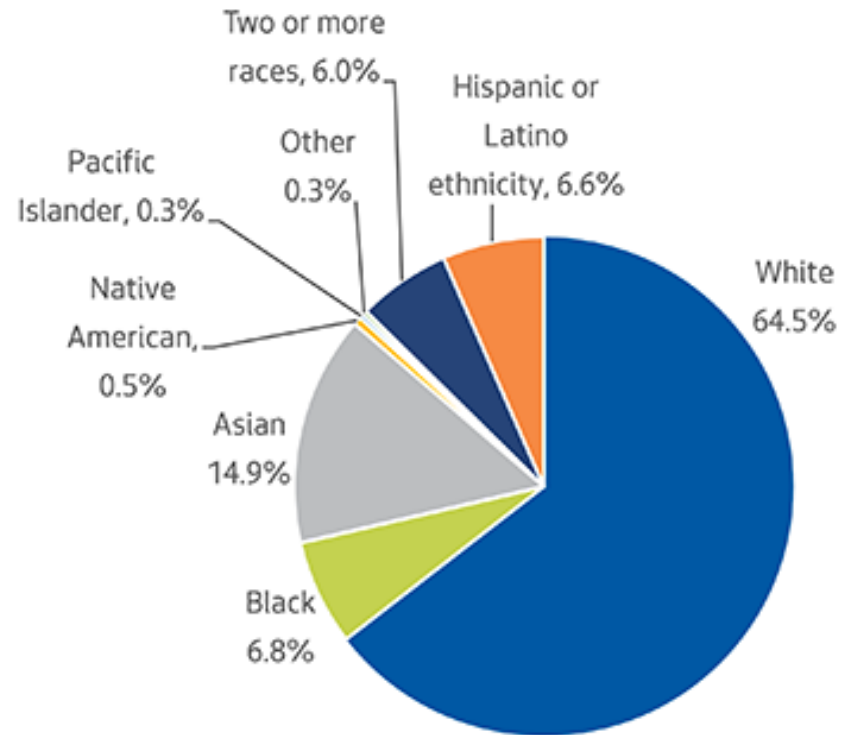
# OBJECTIVES

1. Understand the difference between cultural competency and cultural humility
2. Learn at least one tool to practice cultural humility in your clinical practice

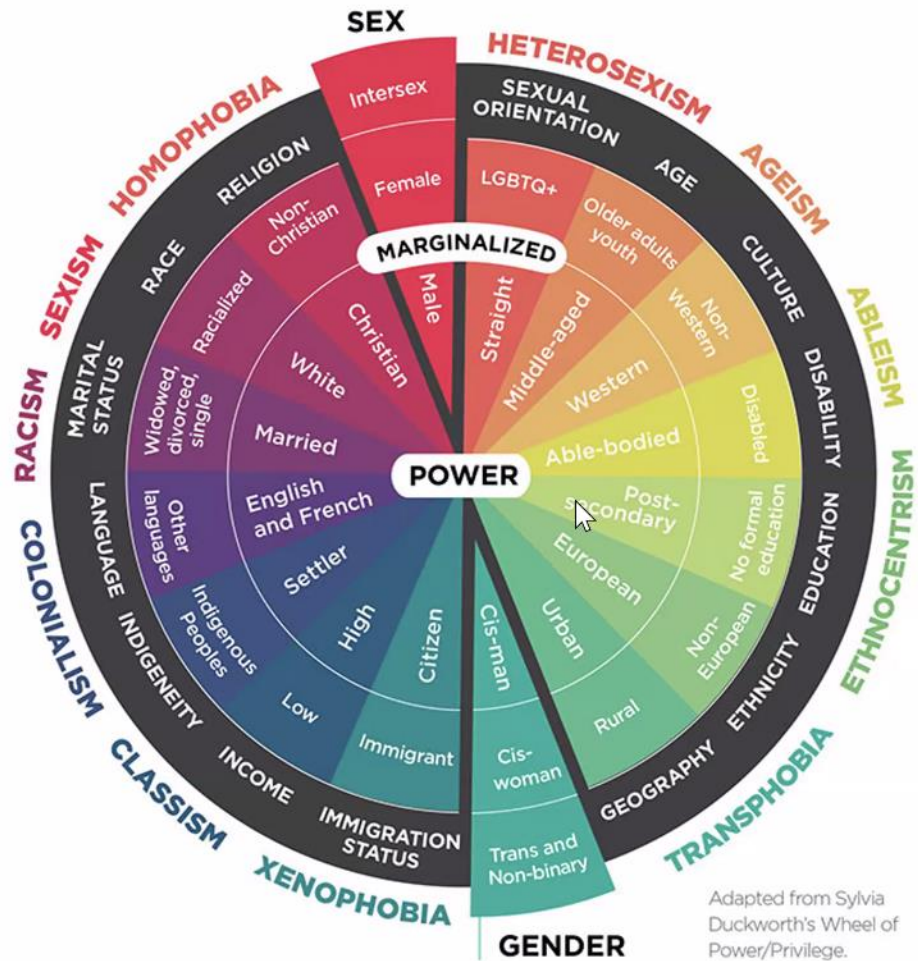
# CASE PRESENTATION

# BACKGROUND

**Race & Ethnicity of Seattle Population  
2014-2018 ACS 5-Year Estimates**



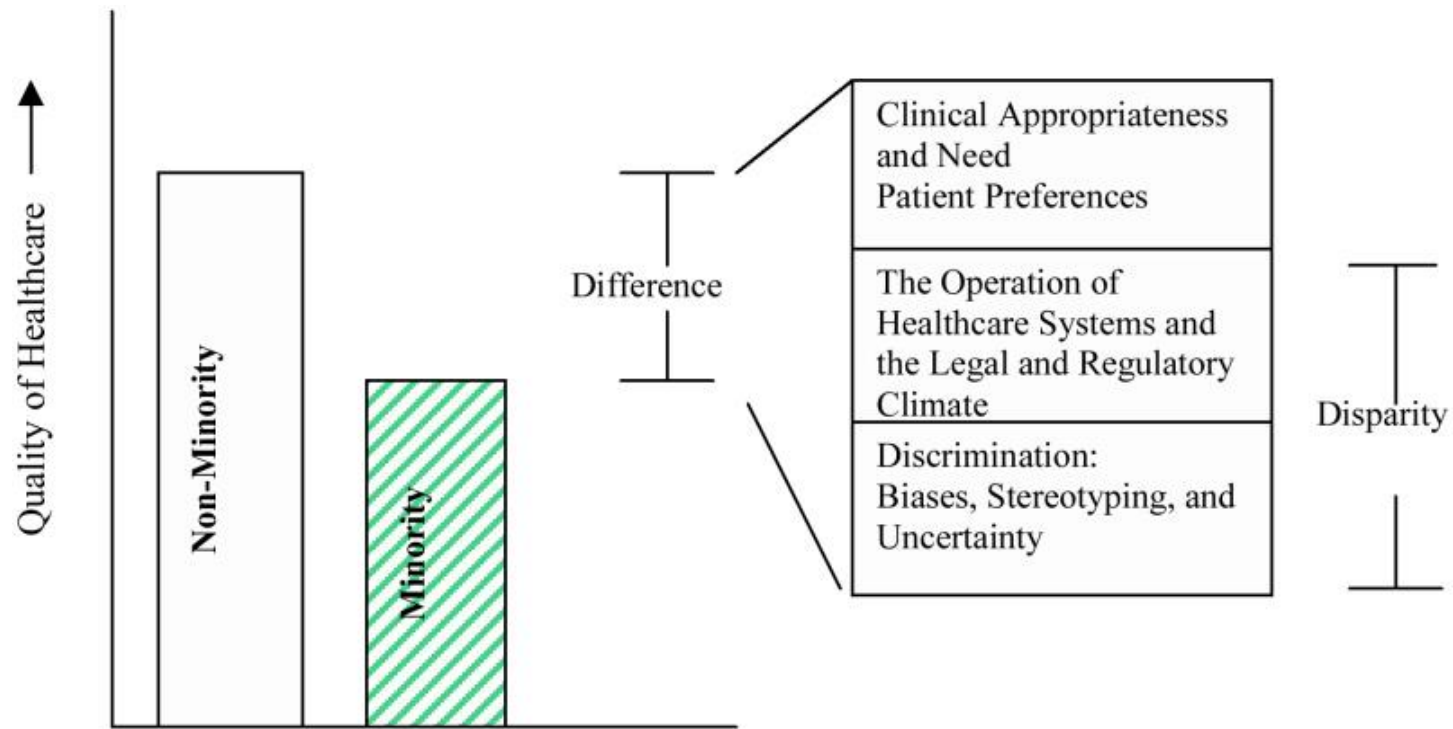
Source: 2014-2018 American Community Survey (ACS) 5-Year estimates, U.S. Census Bureau.  
Notes: People of Hispanic or Latino ethnicity of any race are grouped together. ACS estimates carry



Adapted from Sylvia Duckworth's Wheel of Power/Privilege.

# EXPERIENCES IN HEALTHCARE

- Trans People of Color – “100% of participants described healthcare experiences that were negatively impacted because of provider responses to their race and/or gender identity.”  
– (Howard et al., 2019)
- Black Patients – “African Americans experience poor communication with their health care providers, medical mistrust, and perceived discrimination when accessing health care in numerous and sometimes interrelated ways.”  
– (Cuevas et al., 2016)



Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.

Source: Gomes and McGuire, 2001



# FROM CULTURAL COMPETENCY TO CULTURAL HUMILITY

## Cultural Competence

“Cultural competence is the ability to interact effectively with people of various cultural, racial, ethnic, socioeconomic, religious and social groups. Cultural Competence is often tackled by learning about the patterns of behavior, beliefs, language, values, and customs of particular groups.”

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## Cultural Humility

“Cultural humility involves an ongoing process of self-exploration and self-critique combined with a willingness to learn from others. It means entering a relationship with another person with the intention of honoring their beliefs, customs, and values. It means acknowledging differences and accepting that person for who they are.”

Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*<sup>®</sup>. doi:10.1037/a0032595

# CULTURAL HUMILITY

- Cultural humility goes beyond the concept of cultural competence to include:
  - A personal **lifelong commitment to self-evaluation and self-critique**
  - Recognition of power dynamics and imbalances, a desire to **fix those power imbalances and to develop partnerships with people and groups who advocate for others**
  - **Institutional accountability** (Tervalon & Murray-Garcia, 1998)

# Cultural Humility

PEOPLE, PRINCIPLES & PRACTICES

# FROM CULTURAL COMPETENCY TO CULTURAL HUMILITY

Becoming **culturally competent** and practicing **cultural humility** are ongoing processes that change in response to new situations, experiences and relationships. Cultural competence is a necessary foundation for cultural humility.

## CULTURAL HUMILITY

### GAINING CULTURAL KNOWLEDGE

What are other cultures like, and what strengths do they have?

### DEVELOPING CULTURAL SELF-AWARENESS

What is my culture, and how does it influence the ways I view and interact with others?

### HOLDING SYSTEMS ACCOUNTABLE

How can I work on an institutional level to ensure that the systems I'm part of move toward greater inclusion and equity?

### UNDERSTANDING AND REDRESSING POWER IMBALANCES

How can I use my understanding of my own and others' cultures to identify and work to disrupt inequitable systems?

## CULTURAL COMPETENCE



# TOOLS: CULTURAL HUMILITY

- ADDRESSING model
- DSM-5 Cultural Formulation Interview
- Cultural Awareness Self-Assessment

# ADDRESSING

DEVELOPED BY PAMELA HAYS (1996, 2008)

<b>A</b>	Age and Generation		
<b>D</b>	Developmental Disability		
<b>D</b>	Disability (acquired)		
<b>R</b>	Religion		
<b>E</b>	Ethnicity and Race		
<b>S</b>	Socioeconomic Status		
<b>S</b>	Sexual Orientation		
<b>I</b>	Indigenous group membership		
<b>N</b>	National Origin and Language		
<b>G</b>	Gender		
	Other aspects of identity:	Military and Veteran culture	

# DSM 5 CULTURAL FORMULATION INTERVIEW

Figure. Flow of Cultural Formulation Interview domains for cultural assessment



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## CULTURAL DEFINITION OF THE PROBLEM

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### CULTURAL DEFINITION OF THE PROBLEM

(Explanatory Model, Level of Functioning)

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*Elicit the individual's view of core problems and key concerns.*

*Focus on the individual's own way of understanding the problem.*

*Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").*

*Ask how individual frames the problem for members of the social network.*

*Focus on the aspects of the problem that matter most to the individual.*

1. What brings you here today?

*IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:*

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?

2. 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?

3. What troubles you most about your problem?



## CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

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### CAUSES

(Explanatory Model, Social Network, Older Adults)

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*This question indicates the meaning of the condition for the individual, which may be relevant for clinical care.*

*Note that individuals may identify multiple causes, depending on the facet of the problem they are considering.*

*Focus on the views of members of the individual's social network. These may be diverse and vary from the individual's.*

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

*PROMPT FURTHER IF REQUIRED:*

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.

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

## ROLE OF CULTURAL IDENTITY

(Cultural Identity, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Older Adults, Children and Adolescents)

*Ask the individual to reflect on the most salient elements of his or her cultural identity. Use this information to tailor questions 9–10 as needed.*

*Elicit aspects of identity that make the problem better or worse.*

*Probe as needed (e.g., clinical worsening as a result of discrimination due to migration status, race/ethnicity, or sexual orientation).*

*Probe as needed (e.g., migration-related problems; conflict across generations or due to gender roles).*

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.

8. For you, what are the most important aspects of your background or identity?
9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?
10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

## CLINICIAN-PATIENT RELATIONSHIP

(Clinician-Patient Relationship, Older Adults)

*Elicit possible concerns about the clinic or the clinician-patient relationship, including perceived racism, language barriers, or cultural differences that may undermine goodwill, communication, or care delivery.*

*Probe details as needed (e.g., "In what way?").*

*Address possible barriers to care or concerns about the clinic and the clinician-patient relationship raised previously.*

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

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

# CULTURAL AWARENESS SELF-ASSESSMENT

- To begin to assess your cultural self-awareness, ask yourself several questions<sup>\*\*</sup>:
- What are some of my core beliefs and how have they been culturally influenced?
- How would I describe my worldview?
- How would I describe some of the students' worldviews?
- How might these differ from the ways in which I see the world?
- How much do I know about my students' cultural backgrounds?
- What information am I missing and how can I get that information?
- How can I incorporate my students' worldviews into my course materials?
- What worldviews are demonstrated through the course materials I currently use?
- How can I enhance those materials so that other worldviews are represented?

<https://www.uwb.edu/globalinitiatives/resources/intercultural-competence-tool-kit>