CULTURAL HUMILITY IN CORRECTIONAL ASSESSMENT AND TREATMENT

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Safer Society

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LEARNING OBJECTIVES

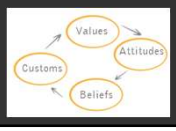
1. Explore therapist implicit biases and gain knowledge on how to become a culturally humble clinician.
2. Identify broad sociocultural (i.e., racial/ethnic, language, religion, gender/gender identity, sexual orientation, and disability) factors that influence individuals who have committed sexual offenses.
3. Explore how cultural differences in attitudes and beliefs about sexually inappropriate behavior.
4. Describe important diversity considerations for assessment and treatment.
5. Understand the utility of psychological and risk assessment methods with a diverse patient population.
6. Describe and discuss important cultural factors for treatment and management.

CULTURAL COMPETENCE

CULTURAL COMPETENCE

What is cultural competence?

"Cultural competence may involve both culture-specific and generic strategies to address a range of practical issues in intercultural work. This includes the clinicians ability to elicit cultural information during the clinical encounter." (Kirmayer et al., 2008)



CULTURAL COMPETENCE

Models of multicultural competencies frequently emphasize three components:

- **Self-awareness**—refers to developing an understanding of one's own cultural background and the ways in which it influences personal attitudes, values, and beliefs
- **Knowledge**—refers to learning about the worldviews of individuals from diverse cultural backgrounds
- **Skills**—refers to utilizing culturally appropriate interventions

CULTURAL COMPETENCE

Johnson et al. (2004) discuss the following five strategies to aid in achieving cultural competence:

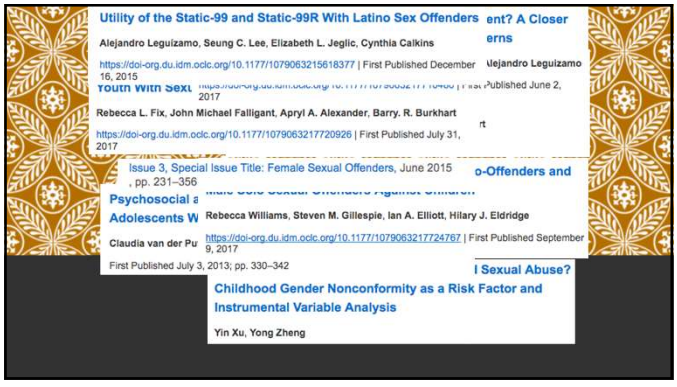
1. Develop sensitivity to the socialization experiences of the client
2. Examine disparities in risky behaviors and understand the context of problem behaviors
3. Explore barriers to education and employment
4. Assess family dynamics
5. Seek culturally appropriate and successful interventions

THOUGHT QUESTION

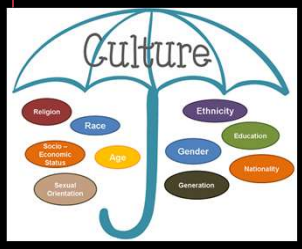
WHY ARE WE DISCUSSING THIS??

ETHICS

- Ethical Principles of Psychologists and Code of Conduct (APA, 2017)
  - 2.01 Boundaries of Competence
  - 2.03 Maintaining Competence
  - 3.01 Unfair Discrimination
  - 3.04 Avoiding Harm
  - 9.06 Interpreting Assessment Results
- Specialty Guidelines for Forensic Psychology (APA, 2013)
  - Guideline 2.07 Considering the Impact of Personal Beliefs and Experience
  - Guideline 2.08 Appreciation of Individual and Group Differences



WHAT IS CULTURE?



CULTURE

Multiculturalism

- Includes socioeconomic class, sexual orientation, gender, physical ability, age, and religious preference (see Sue & Sue, 2003)
- Much of our clinical training reflects mainstream culture—tends to reflect largely White, middle class ways of thinking and being in the world (Kalmbach & Lyons, 2006)

INTERSECTIONALITY

- Concept was birthed from feminist and critical race theory
- Coined by Kimberlé Crenshaw (1991) who proposed that theory, research and practice consider both gender and race in women's color's struggles and experiences
- Argued that race, class, gender, sexual orientation are inseparable, non-additive, nonhierarchical dimensions of oppression
- For example, transnational intersectionality wants to shift the focus from individual differences onto structural roots of inequality (i.e., social, economic, and political forces) that perpetuate interlocking systems of discrimination (Grabe & Else-Quest, 2012)

BACK TO BASICS—DEFINITIONS

Race
- Used to mark off groups within and between society (i.e., a social construct)
- Usually ascribed by others and cannot be readily changed or discarded unless larger social criteria change
- Also, social category employed in racist and discriminatory practices

Ethnicity
- "The collective identity of a group based on common heritage, which may include language, religion, geographic origin, and specific cultural practices"

Socioeconomic Status/Social Class
- "Reflects the fact that most societies are economically stratified and individuals' opportunities, mobility, lifestyle, and response to illness are heavily constrained by their economic position"

Kirmayer et al. (2008)

BACK TO BASICS—DEFINITIONS

Sex
- A typically binary system (male/female) set by the mainstream medical system that is assigned to people at birth based on physical traits such as genitalia, hormones, chromosomes and secondary sex characteristics

Gender
- "[R]efers to ways in which cultures differentiate and define roles based on biological sex or reproductive functions" (Kirmayer et al., 2008)

Gender Identity
- The gender that the person sees themselves as– woman, man, transgender/gender queer person, a combination, or as none of these categories

Kirmayer et al. (2008)

BACK TO BASICS—DEFINITIONS

Transgender
- An umbrella term for individuals whose gender identity is not accurately or adequately described by the sex they were assigned at birth
- This term includes individuals who live in accordance with their gender identity even when this does not match their assigned sex
- Can apply to a spectrum of gender identities and expressions

Cisgender/Cissexual
- An individual who is not transgender/transsexual. Someone who is gender/sex-conforming

Sexual Orientation
- An enduring emotional, romantic, sexual, spiritual, affectional, and/or relational attraction to other person or persons

Kirmayer et al. (2008)

BACK TO BASICS—DEFINITIONS

Religion/Spirituality
- "encompasses both the formal and organizational dimension of belonging to a religious tradition, including adherence to prescribed beliefs, values, practices, and participation in a religious community, as well as one's personal spiritual and religious beliefs, experiences, and sense of connection to a transcendent reality, which has more recently come to be defined as one's spirituality" (Gockel & Burton, 2013)

Thought Question:

Are you addressing in treatment? How are you addressing in treatment?

BIAS

BIAS

- Biases are pervasive
- Implicit vs. explicit bias
- Implicit Association Test (IAT): https://implicit.harvard.edu/implicit/takeatest.html

MICROAGGRESSIONS

- Brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group (Sue et al., 2007)
- Most of the early research on microaggressions focus on experiences of people of color (more on that in a few…)

MICROAGGRESSIONS

Three categories

- Microassaults—explicit behaviors intending to hurt a person of color, such as name calling, avoidance, and discrimination
  - Example: Referring to someone as "colored"
- Microinsults—communications conveying a hidden insult demeaning a person's heritage
  - Example: Asking a person of color, "How did you get this job?" Telling a person of color, "You speak so well."
- Microinvalidations—denial, exclusion, and invisibility of a person of color's thoughts, feelings, and experiences as they relate to his or her ethnic heritage
  - Example: Telling a person of color, "I don't see color"

Hernández et al. (2010); Sue et al. (2007)

MICROAGGRESSIONS

- Colorblindness
- Overidentification
- Denial or personal or individual racism
- Minimization of racial-cultural issues
- Assigning unique or special status on the basis of race or ethnicity
- Stereotypic assumptions about members of a racial or ethnic group
- Accused hypersensitivity regarding racial or cultural issues
- Meritocracy myth
- Culturally insensitive treatment considerations or recommendations
- Acceptance of less than optimal behaviors on the basis of racial or cultural group membership
- Idealization
- Dysfunctional helping/patronizing

MICROAGGRESSIONS

Derald Wing Sue—Microaggression: More than Just Race

While microaggressions are generally discussed in context of race and racism, any marginalized group in society (people of color, women, LGBTQ+ persons, differently abled, religious minorities, SES) can become targets

For example, gender microaggressions

- Assertive female labeled as a "bitch" or "bossy" while her male counterpart is described as "a forceful leader"
- Female physician wearing a stethoscope is mistaken for a nurse OR negative perceptions of male nurses

Item	Frequency (% occurred at least once)	Frequency: *M* (*SD*)	Impact: *M* (*SD*)
1. My counselor avoided discussing or addressing cultural issues in our session(s).	52.0%	2.10_{a} (1.33)	1.68 (1.01)
2. My counselor sometimes was insensitive about my cultural group when trying to understand or treat my concerns or issues.	37.7%	1.62_{a} (.95)	2.27 (1.14)
3. My counselor seemed to deny having any cultural biases or stereotypes.	46.1%	2.12_{a} (1.44)	2.00 (1.17)
4. My counselor may have thought at times that I was overly sensitive about cultural issues.	32.5%	1.59_{a} (.98)	2.42 (1.26)
5. My counselor at times seemed to over-identify with my experiences related to my race or culture.	36.8%	$1.65_{a,b}$ (1.00)	2.14 (1.13)
6. My counselor at times seemed to have stereotypes about my cultural group, even if he or she did not express them directly.	46.7%	1.84_{a} (1.09)	2.32 (1.18)
7. My counselor sometimes seemed unaware of the realities of race and racism.	42.1%	1.82_{a} (1.14)	2.31 (1.23)
8. My counselor at times may have either overestimated or underestimated my capabilities or strengths based on my cultural group membership.	39.9%	1.74_{a} (1.08)	2.46 (1.20)
9. My counselor sometimes minimized the importance of cultural issues in our session(s).	44.3%	1.85_{a} (1.14)	2.12 (1.17)
10. My counselor may have offered therapeutic assistance that was inappropriate or unneeded based on my cultural group membership.	21.8%	1.38_{a} (.84)	2.43 (1.19)

Note. The means and standard deviations for the racial microaggression impact items include only those participants who reported that the racial microaggression occurred at least once during counseling. Items in columns with different subscripts differ at $p < .001$ (Bonferroni correction). RMCS = Racial Microaggressions in Counseling Scale.

MICROAGGRESSIONS IN THERAPY

Owen et al. (2014):
- 53% of racial/ethnic minority clients reported that a microaggression occurred in their therapy
- Clients' perceptions of microaggressions were related to lower quality alliances with their therapists

MICROAGGRESSIONS IN THERAPY

MICROAGGRESSIONS IN THERAPY

- My therapist made stereotypical comments about women's abilities, traits, or preferences.
- My therapist implied that I would be happier if I were in a relationship (or stayed in my current relationship).
- Even though my therapist did not make direct statements about women in general, I gathered that he or she had some stereotypes about women.
- My therapist encouraged me to be less assertive so that I do not present myself as being aggressive.
- My therapist looked at my body in a judgmental manner.
- At times, I noticed my therapist staring at my body.
- My therapist made jokes or comments that would be offensive to many women.

Theme	Microaggression
Assumption that sexual orientation is the cause of all presenting issues	When a client discusses academic issues, a therapist interjects, "What do you think this issue has to do with your sexuality?"
Avoidance and minimizing of sexual orientation	Therapist avoids using LGBQ terminology. When a client is accidently outed, a therapist responds, "Good, it's about time."
Attempts to overidentify with LGBQ clients	Therapist makes frequent references to distant family members who are LGBQ.
Making stereotypical assumptions LGBQ clients	Therapist tells an attractive lesbian woman, "You don't look like a lesbian."
Expressions of heteronormative bias	A LGBQ client notices that a therapist's office only displays heterosexual books and pamphlets.
Assumption that LGBQ individuals need psychotherapeutic treatment	Therapist encourages a client to stay in treatment against the client's wishes.
Warnings about the dangers of identifying as LGBQ	Therapist asks client, "Are you sure you want to enter this lifestyle?"

Shelton & Delgado-Romero (2011): Sexual orientation microaggressions

MICROAGGRESSIONS IN THERAPY

Journal of Theoretical and Philosophical Psychology
2009, Vol. 29, No. 2, 63–79

1068-8471/09/$12.00 DOI: 10.1037/a0016985

Is There a Pervasive Implicit Bias Against Theism in Psychology?

Brent D. Slife
Brigham Young University

Jeffrey S. Reber
University of West Georgia

Come See the Bias Inherent in the System!

George Parker, MD

J Am Acad Psychiatry Law 44:411–14, 2016

Ethnicity, Race, and Forensic Psychiatry: Are We Color-Blind?

James W. Hicks, MD

Race, ethnicity, and culture have an effect on all aspects of mental illness. Forensic psychiatrists and psychologists should consider these issues when performing evaluations for legal purposes and when providing treatment to the special populations with whom they work. This article defines race and ethnicity and reviews the available literature on the impact of race and ethnicity on diagnosis, dangerousness assessment, involuntary commitment, competency, criminal matters, evaluation of children and matters related to them, and tort issues. Also discussed is the effect of ethnicity on the role of the forensic evaluator in his or her interactions with the subject and the justice system. Forensic evaluators are encouraged to develop specific skills related to competency in dealing with cultural matters.

J Am Acad Psychiatry Law 32:21–33, 2004

THERAPIST AWARENESS

Beliefs and attitudes
- Involves an awareness and sensitivity to own cultural background and to valuing and respecting differences

Knowledge
- Involves acquiring knowledge about own heritage and how it has affected your worldview

Skills
- Continually seeking experiences to enhance skills in working with diverse populations

CLIENT'S WORLDVIEW

Beliefs and attitudes
- Awareness of negative emotional reactions towards others

Knowledge
- Aware of life experiences, cultural heritage, and historical background of clients

Skills
- Familiarity with research regarding mental health of various groups

DEVELOPING INTERVENTION STRATEGIES

Attitudes and beliefs
- Respect clients' beliefs and values

Knowledge
- Understand how therapy may clash with cultural values; barriers that prevent seeking mental health treatment

Skills
- Utilizing skills that are culturally sensitive and appropriate

ASSESSMENT

INTERVIEWING

- Important to maintain a degree of sensitivity to attitudes, beliefs, and values unique to the worldview of the client
- Familiarity with the culture, empathy, and an awareness of cultural norms in social interactions are critical to the success of the interview
- How might your interview style be perceived by the client?
- How do you build trust or rapport with the client?

Perlin & McClain, 2009

INTERVIEWING

Be careful with how you interpret the client's behaviors

- Suspiciousness is common
- Client (and the evaluator) may experience fear or uneasiness
- In some cultures, social shame may be caused by revealing personal information (Tseng et al., 2004)

DEMOGRAPHIC INFORMATION

The Publication Manual of the American Psychological Association (APA, 2020; pg. 131-149) contains a discussion the use of biased language

- "Precision is essential in scholarly writing; when you refer to a person or persons, choose words that are accurate, clear, and free from bias or prejudicial connotations" (p. 132).
- "Respect the language people use to describe themselves; that is, call people what they call themselves" (p. 133).
- "Choose labels with sensitivity, ensuring that the individuality and humanity of people are respected" (p. 133).

DEMOGRAPHIC INFORMATION

- However, many of our reports lead with…

Andre Johnson, a 19-year-old married African American male, was referred for a risk assessment…

- What kind of bias might this create?
- Is this necessary? Why or why not?

DEMOGRAPHIC INFORMATION

- When explaining behavior, have you considered what the person experiences as normative?
- Have you described people in a way that does justice to their various identifications without stereotyping behavior?
- Have you considered which aspects of the person are marginalized or stigmatized by the person, the person's family, the person's community, and you?

PERSON-CENTERED LANGUAGE

- In our training, we commonly describe problems instead of people
- Shifting to person-centered language helps remove stigma and prejudice from our clinical jargon
- Use bias-free language (APA, 2020; pg. 132-149)

PERSON-CENTERED LANGUAGE

COMMONLY USED	PERSON-CENTERED LANAGUAGE
Mentally ill people	People with mental health experiences/conditions
Schizophrenic/Bipolar/Borderline	A person living with Schizophrenia/Bipolar Disorder/BPD
Mental retardation	Intellectual disability

PSYCHOLOGY, CRIME & LAW, 2018
https://doi.org/10.1080/1068316X.2017.1421640

Routledge
Taylor & Francis Group

Check for updates

Why call someone by what we don't want them to be? The ethics of labeling in forensic/correctional psychology

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ABSTRACT

Labelling a person by their past behavior or a criminal conviction is commonplace throughout forensic and correctional psychology. Labels including 'offender' and 'sex offender' infiltrate academic writing and conference presentations, names of professional organizations and treatment programmes and, at times, traverse therapeutic work. That such labels are frequently used and rarely advocated against suggests that helping professionals either (i) don't recognize labeling as an ethical issue, or (ii) don't consider it their role to challenge. The current paper aims to encourage critical reflection on the use of labels in forensic and correctional psychology. Key concerns are illustrated through a focus on labels commonly assigned to individuals who have sexually abused, where labeling is especially prolific. The scope of labeling is reviewed, and implications for rehabilitation and reintegration discussed. Next, an analysis of the ethics of labeling individuals on the basis of criminal convictions, past behavior or psychological phenomena is presented. It is argued that the use of such labels contradict core ethical principles including beneficence and nonmaleficence, respect for the dignity of all persons, and responsibilities to society. A de-labelling movement for forensic/correctional psychology and related fields is proposed.

ARTICLE HISTORY
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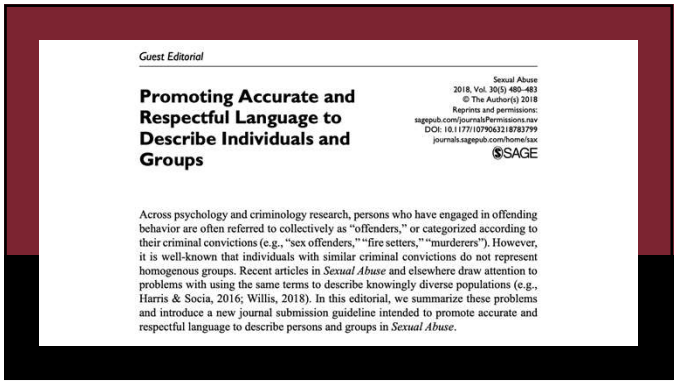
KEYWORDS
Labeling theory; pygmalion effect; professional ethics; desistance; rehabilitation



Guest Editorial

Promoting Accurate and Respectful Language to Describe Individuals and Groups

Sexual Abuse
2018, Vol. 30(5) 480–483

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Across psychology and criminology research, persons who have engaged in offending behavior are often referred to collectively as "offenders," or categorized according to their criminal convictions (e.g., "sex offenders," "fire setters," "murderers"). However, it is well-known that individuals with similar criminal convictions do not represent homogenous groups. Recent articles in *Sexual Abuse* and elsewhere draw attention to problems with using the same terms to describe knowingly diverse populations (e.g., Harris & Socia, 2016; Willis, 2018). In this editorial, we summarize these problems and introduce a new journal submission guideline intended to promote accurate and respectful language to describe persons and groups in *Sexual Abuse*.

ASSESSMENT MEASURES

- *Daubert v. Merrill Dow Pharmaceuticals Inc* (1993) & *Frye v. United States* (1923)
- If the literature regarding the use of tests in multicultural populations does not support the proposition/assertion that they are reliable and valid for a given population, or the test itself is not utilized in that population, the results can be rejected (Perlin & McClain, 2009)

ASSESSMENT MEASURES

Examples:

- Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
  - Commonly used personality test in forensic evaluations
  - However, much research has found scale score differences between different racial/ethnic populations
- Static-99
  - Decreased ability of Static-99 to predict sexual recidivism for Latinos compared to Whites who have committed sexual offenses (Hanson & Thornton, 2000)
  - Leguizamo et al. (2015) found that the Static-99 was able to predict recidivism among Latinos of continental U.S. or Puerto Rican origin, but the measure performed poorly with Latinos who were not born in those countries

TEST INTERPRETATION

- Interpretation of assessments should consider the individual's cultural background
- Research the cultural reliability and validity of the assessments used
- Have you read your test manuals? (Your answer should be Yes, FYI) What is the norm sample? Reading level of the instrument?
- Have you examined for potential personal bias in your report?

DUANE BUCK CASE

- Mr. Buck has been on death row for the 1995 murders of Debra Gardner and Kenneth Butler
- In this Supreme Court case, he was not arguing his innocence. He requested a new sentencing hearing because his own trial counsel was ineffective
- Testimony was introduced which indicated Mr. Buck was more likely to be dangerous in the future because he was Black
- Dr. Walter Quijano testified that the fact that Buck was black "increased the probability" that he would commit future acts of criminal violence


Justices skeptical of testimony black man more dangerous because of his race

By Ariane de Vogue, CNN Supreme Court Reporter

Updated 2:47 PM ET, Wed October 5, 2016

TREATMENT

THOUGHT QUESTIONS

- What aspects of traditional sex offender treatment could involve areas of bias?
- Which aspects lack culturally competent practice?

CLIENT EXPERIENCES

Patel & Lord (2001) surveyed 24 convicted ethnic minority sex offenders aged 18-54 years who had taken part in SOTP

- Do ethnic minority sex offenders believe that race and culture are an issue on SOTP?
  - 38% responded yes
- Do ethnic minority offenders believe that their experiences were different from other group members?
  - 46% agreed
- Do ethnic minority offenders believe that there is a clash of interests with other group members of SOTP?
  - 67% replied yes

CLIENT EXPERIENCES

- Do ethnic minority sex offenders believe that they were treated differently by the tutors compared to other group members?
  - 58% agreed
- Do ethnic minority sex offenders believe that tutors were actively aware of their needs as members of ethnic minorities on SOTP?
  - Of the remaining individuals who believed they had different needs, 89% responds that their tutors were not aware of their needs
- Do ethnic minority sex offenders believe that the SOTP programme material dealt well with the experiences of ethnic minorities?
  - 58% agreed the material dealt well with their experiences

Culturally Competent Practice with African American Juvenile Sex Offenders

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Authors note that while we are more informed on what works for juvenile offenders in general and juvenile sex offenders, we are not as clear on what treatment approaches are most effective for African American juvenile sex offenders

THERAPIST-CLIENT MATCHING?

- To improve mental health services for people of color, professionals have emphasized the need for cultural congruence between therapists and clients
- There has been a general presumption that matching clients with therapists of the same race/ethnicity should result in stronger therapeutic alliances

Cabral & Smith (2011)

THERAPIST-CLIENT MATCHING?

Thought Questions

- What is the composition of your treatment team?
- How do you navigate client-therapist matching?
- What limitations do you have based on geographic location?
- Other types of matching?

THERAPIST-CLIENT MATCHING?

Cabral & Smith (2011) meta-analysis examined 152 studies evaluating participants preferences for racial/ethnic match:

- Mental health treatment outcomes do not substantively differ when clients do or do not have a therapist of their same race/ethnicity
  - It's the relationship!
  - Note: These findings do not negate the importance of having a diverse staff
- Similar to Sue (1998), "Match is neither necessary nor a sufficient condition for positive treatment outcomes…[M]atch may be important for some, but not all, clients."
- One notable exception in the findings is that African Americans very strongly preferred to be matched with African American therapists

GROUP THERAPY

Thought Questions

- How do you navigate diversity issues in group therapy?
- What steps do you take to ensure you have an inclusive group environment?

FUTURE DIRECTIONS

CULTURAL HUMILITY

- Cultural awareness and competence to ***Cultural Humility***
- *Cultural humility* is the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are more important to the client (Owen, 2013)
- Culturally humble individuals:
  - Have a more accurate view of the self and greater awareness of their limitations
  - They maintain a respectful, other-focused perspective
  - Have an open and aware mindset
  - Have a lifelong commitment to self-examination and the redress of power imbalances in the client-therapist/examiner dynamic

CONCLUSION

SUMMARY

- Cultural competence is a life-long commitment and process and can be seen as a form of critical thinking
- Awareness of similarities and differences that are present in persons and groups and how those factors contribute and influence the individual and the assessment process
- Seeking opportunities to work with individuals and groups from diverse backgrounds

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QUESTIONS?