Connection through Cultural Humility: Reflections on Counseling in the Criminal Justice System

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Abstract: Cultural humility is an emerging construct in multicultural counseling literature. This paper summarizes the authors' experiences of cultural humility while leading groups for women in the criminal justice system, where the authors learned the value of the cultural humility framework. Ultimately, the authors demonstrate how cultural humility can lead to empowering and mutually beneficial counselor-client relationships across differences in power and privilege.

Keywords: cultural humility, addiction counseling, multicultural counseling, counseling women, criminal justice system

Multiculturalism is an essential component of ethical counseling (American Counseling Association, 2014). Counselors need the awareness, knowledge, and skills to work across various dimensions of culture (including but not limited to race, ethnicity, gender, class, and sexual orientation) in order to provide competent counseling (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015; Sue & Sue, 2013). Cultural humility goes beyond multicultural competence by speaking to our need to undergo a "lifelong-commitment to self-evaluation and critique" in order to address power imbalances in practitioner-client relationships and by developing "non-paternalistic" partnerships with marginalized communities (Tervalon & Murray-García, 1998, p. 123). For the counselor, cultural humility may manifest in attitudes of openness, self-awareness, and an "other-oriented" (Hook, Davis, Owen, Worthington, & Utsey, 2013, p. 354) orientation, as well as counseling relationships characterized as empowering and mutually beneficial (Mosher et al., 2017). Such an approach can increase the working alliance and client outcomes, and it can counteract microaggressions, defined as racially/culturally motivated slights or acts of aggression (Davis et al., 2018; Hook et al., 2016).

Cultural humility defines our (authors') professional orientation as counselors. Nowhere has this been more present than in our volunteer work in the criminal justice system, a setting where individuals are stripped of their rights and face extreme marginalization (Alexander, 2010; Kerrison, 2018). This paper will discuss our experiences as counselors leading psychoeducational groups with women experiencing incarceration, many of whom have histories of trauma and addiction. We will share how this experience has helped us develop cultural humility and how this framework ultimately allowed us to build meaningful, growth-promoting relationships with our clients. Implications will also be discussed.

To begin with, we will discuss our cultural backgrounds and connections to the topic. The first author identifies as a Latina woman who came from a low-socioeconomic background. I (first author) also have a family history of incarceration and addiction and have personally experienced early childhood traumas as well as interpersonal violence, which echo experiences of many of the women in our group. These aspects of my identity have helped me relate to the women in the group and, as they expressed, have helped me be an inspiration to them in overcoming adversity. The second author identifies as a cisgender White Jewish man who comes from an upper-middle-class background. I (second author) recognize the privilege I hold not only as a White male, but also someone who holds privilege due to my socioeconomic status (SES) and educational background, and due to the fact that I have not experienced childhood traumas. Because of our differing backgrounds, we have found ways to balance each other as co-leaders and in developing cultural humility through our dialogues and reflection.

Going into this work, the first author had a sense of familiarity because of her previous life experiences. I (first author) felt like I knew the women in the jail and that I could have easily been one of the women if things had worked out differently. This gave me the desire to help out of a sense of compassion for the struggles I knew many of these women faced. The second author has largely been removed from knowing people who are incarcerated but felt a deep calling for this work after volunteering previously in correctional settings. I (second author) came to this work also from a place of compassion for the suffering brought on by institutions of incarceration and because of my feelings of empathy for those who struggle with mental health problems and addiction, who make up nearly 60 percent of the prison population (Fazel, Yoon, & Hayes, 2017; James & Glaze, 2006). For both authors, there was an awareness of racial and class-based disparities in the criminal justice system (Alexander, 2010; The Sentencing Project, 2018) as well as an awareness of how women, People of Color, and people with mental health problems are mistreated while incarcerated (Kerrison, 2018; Roth, 2018).

When we first entered the jail to lead class together, the first author felt anxious. This was her first time going to jail while not visiting a family member or friend, and she felt unsure about what the women in the group were going to think about her. I (first author) wanted them to know I was there for the right reasons, only to help. I also felt depressed knowing so many of the women there were incarcerated for non-violent crimes or were just there awaiting trial (Kajstura, 2017). We both felt the dehumanizing architecture and atmosphere of the jail as we walked in. It felt bare, cold, and empty. The prison environment, including experiences it engenders, such as social stress, isolation, and abuse, has been shown to exacerbate and/or induce mental health problems for jail residents (Schnittker, Massoglia, & Uggen, 2012; Zwieg, Yahner, Visher, & Lattimore, 2015). The second author had specific reservations about working across genders with the women in the group. I (second author) wondered if I would have the sensitivity needed to build trusting relationships with the women in the jail and whether they would feel comfortable opening up to me. Both authors acknowledged these feelings and sought to minimize their influence by focusing on attitudes of cultural humility, such as openness, selflessness, and relationship-building (Foronda, Baptiste, Reinholdt, & Ousman, 2016).

The first class we taught was on grief and loss (a subject that had been requested by many women). We introduced ourselves and tried to set norms by saying this was a safe space and there would be no judgement. We then opened the group for discussion by asking the women why they signed up for this group, expecting this to be a quick introduction before moving on to more topics. Unexpectedly, many of the women opened up in great depth about the traumatic losses they've endured and feelings of grief, as well as how they've attempted to cope with them. Many tears were shed, and this led to other women opening up as well, many for the first time. The emotions were heavy as everyone experienced each other's grief, and we were moved

to a place of humility, whereby we could only seek to nurture and validate their pain. We thanked the women for their openness and honesty before the class came to an end. This experience took time for us (authors) to process. We supported one another in coping with the emotions and reflected on ways we could be helpful and empowering in future classes. For both authors, the experience was a vivid depiction of the trauma and grief many women experience and how that can often lead to coping through drugs and alcohol, thus leading to incarceration (Fuentes, 2013; Green et al., 2016).

We spent the next several weeks of the class focusing on psychoeducation surrounding grief and trauma in order to promote self-care. We provided information on how trauma affects the body and brain (van der Kolk, 2014) and how it can lead to attempts to cope through drugs or alcohol (Fuentes, 2013). We watched as women began putting together pieces of education with their own life experiences. For some participants, it was realizing how their lives had changed by witnessing or experiencing traumatic acts or losses and how they could move forward by honoring their losses and finding new sources of purpose and meaning. It was inspiring to witness journeys of growth in our groups together as women found ways of supporting one another and coming to new realizations. However, it was heartbreaking leaving each session knowing that we got to leave and they didn't. We also witnessed firsthand the stress that family separation and incarceration had on the women with whom we worked. Oftentimes, it felt like there was little we could do to help in many situations (such as separation from children), yet we could offer a compassionate, open, and safe space for them. By the time our groups ended, the majority of the women were calmer and more hopeful. For these reasons, both we and the participants came to look forward to our groups together.

The longer that we worked with the women in the jail, the more we learned about their personal backgrounds and the more we shared ours. These relationships developed out of a great sense of cultural humility, which allowed us to step out of the expert role and be down-to-earth and authentic with participants (Foronda et al., 2016; Hook et al., 2013). This was incredibly important considering the oppression and marginalization incarcerated women typically face in treatment settings (Blakey & Grocher, 2017; Kerrison, 2018). For the first author, this meant sharing how previous acts of abuse, conditioning, and culture had shaped her life and development, and how she was able to overcome obstacles and develop greater resiliency and fulfillment in life. For the second author, this meant openly disclosing how he could not personally relate to many of their experiences, but that he was honored by their willingness to share and awed by their strength and resilience.

While we knew we could not solve many of their issues, we did our best to explore topics of value, like resilience and self-care. We emphasized healthy coping skills for trauma and addiction (Najavits, 2009) and mindfulness and self-compassion (Germer & Neff, 2013), all the while being open to their creative insights, ideas to cope effectively, and goals for their recovery. We purposely avoided imposing any of our beliefs and acknowledged that recovery and healing will look different for everyone (DiClemente, 2013). Many of the women shared stories of interpersonal violence and/or traumatic grief. While we offered psychoeducation on the healing process, we acknowledged that everyone comes to terms with what happens in different ways. We maintained an openness and other-oriented orientation central to cultural humility (Mosher

et al., 2017) to help the women feel valued and to feel like equal participants in the counseling process.

We also sought to take advantage of cultural opportunities when issues directly related to family, race, class, or gender emerged (Davis et al., 2018). For example, when an African American woman discussed feeling like a judge had been biased and unfair to her, we affirmed her reality and acknowledged the racism and bias in the criminal justice system (Alexander, 2010). We encouraged her to be resilient, seek support, and advocate for herself, which she was able to do successfully. We also discussed with clients their individual family cultures, which for many individuals involved cycles of addiction. In these cases, we listened openly without judgment while also exploring with clients their goals for themselves and how they wanted to break the cycle. Further, if anyone did not feel comfortable self-disclosing or participating in an activity, we did not pressure them to do so. We strove to offer several different opportunities for activities that allowed group members to participate in varying ways (e.g., journaling, role-plays, group discussions, art, and meditation).

Throughout our work with the women, we also strove to maintain awareness of our cultural biases, a concept key to cultural humility (Foronda et al., 2016). We have been purposeful about not using potentially stigmatizing terms like *addict, inmate*, or *disorder* (Ashford, Brown, & Curtis, 2018). We also tried to connect our themes and content to our clients' personal beliefs, such as their spirituality and religion. When clients shared the importance of their religious beliefs and spiritual practices, such as prayer, we affirmed the importance of these values and practices. Through cultural humility, we attempted to utilize the language of clients to affirm their role as an expert in their personal spiritual lives, which can be important to enhancing recovery (DiClemente, 2013) and personal growth (Cashwell & Young, 2011).

A major component of our cultural humility was also recognizing our limitations while also striving to be supportive of our clients in every way possible (Foronda et al., 2016; Mosher et al., 2017). There was little we could do as volunteers in many instances to change certain issues within the jail and criminal justice system at large. When possible, we tried to help by writing letters of support for the clients, providing clients with certificates for participating in the class, or reporting issues to our supervisors. But more than anything, we listened to the hardships the women endured every day in the jail while affirming their successes with recovery and growth. In the aftermath of leading the group, we found it important to process with each other our sense of anger and sadness regarding the difficulties the women face and the injustice they so often experience. Part of the continuing journey with cultural humility has entailed learning more about social justice issues in the criminal justice system and finding ways to be advocates for these issues through outside organizations.

The more we worked with this group of women, the humbler we grew. Our reflections brought us to the realization that these women had already been through so much and were extremely resilient. It was clear that this approach of humility was noticed and appreciated by the women. They expressed on multiple occasions that they perceived us as genuine and were learning and growing from the group experience. This experience was mutually beneficial, as it had been truly rewarding for us as well. One of our proudest moments was attending a graduation ceremony for women in our class who had completed their substance abuse treatment program. It was amazing to see the participants who had come so far being celebrated for their hard work.

Reflecting on our experience as counselors in the jail, it is clear to us that cultural humility played a fundamental role in our ability to build trusting relationships in our group. For us, cultural humility entailed the attitudes of empathy, respect, self-awareness, authenticity, and non-judgement. By maintaining these attitudes, trust can emerge between us and our clients (Foronda et al., 2016; Hook et al., 2013). If we had taken an approach of cultural arrogance, the women in our group would not have been as open or trusting and may have perceived microaggressions (Hook et al., 2016). Only by taking an authentic, down-to-earth perspective were we able to build trust and lead groups effectively. Our experience aligns with research that women experience the most growth and healing when they perceive their counselors as authentic and empowering and when they feel listened to and cared for (Blakey & Grocher, 2017). Cultural humility offers a vehicle for truly listening to and valuing our clients across differences of privilege and oppression (Hook et al., 2013; Mosher et al., 2017).

We believe there are many implications for professional helpers, especially those working with mandated and/or systemically marginalized populations. First, cultural humility is more than a concept; it is a way of life (Tervalon & Murray-García, 1998). Professional helpers who seek to embody cultural humility must devote their personal and professional lives toward uncovering hidden biases, becoming more aware of social issues, and adopting attitudes of openness, authenticity, and humbleness. Another major implication is the importance of building relationships when working with mandated/marginalized populations. Relationship-building factors, such as empathy and working alliance, contribute significantly to successful therapeutic outcomes (Norcross & Wampold, 2011), and we believe they may be even more important with individuals who have experienced marginalization and oppression. In the criminal justice system, issues of race, class, identity, mental health, trauma, and addiction often intersect (Kerrison, 2018; Roth, 2018), meaning counselors must strive to attend to these issues with empathy and understanding in order to provide counseling that is perceived as empowering (Blakey & Grocher, 2017). Cultural humility offers a relationship-based framework for attending to differences in power and privilege (Mosher et al., 2017), which we have found to result in meaningful connection despite differences in identity and social location.

In sum, we believe that cultural humility offers a credible framework for building empowering relationships across differences in identity through the demonstration of openness, authenticity, and non-judgement and through the practice of self-reflection and awareness. These ideas echo the growing literature on cultural humility, which demonstrates its efficacy as a framework for multicultural counseling relationships (Davis et al., 2018; Hook et al., 2016). As counselors, we must acknowledge that we all have different experiences of culture, power, and privilege, and we must make it part of our professional identity to be aware of our own social location and how it impacts counseling relationships. Most importantly, we must be able to authentically relate to clients despite our differences. In our counseling practice, we believe cultural humility has allowed us to be open and caring in a way that is perceived as authentic, empowering, and growth-promoting by our clients.

References

Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New York, NY: New Press.

American Counseling Association. (2014). ACA code of ethics. Alexandria, VA: Author.

Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, *189*, 131-138. doi:10.1016/j.drugalcdep.2018.05.005

Blakey, J. M., & Grocher, K. B. (2017). "Keeping it real": The relational effects of trauma among African American women and their substance abuse treatment counselors. *Journal of Interpersonal Violence*, 7(2), 1-32. doi:10.1177/0886260517708403

Cashwell, C. S., & Young, J. S. (2011). *Integrating spirituality and religion into counseling: A guide to competent practice*. Alexandria, VA: American Counseling Association.

Davis, D. E., DeBlaere, C., Owen, J., Hook, J. N., Rivera, D. P., Choe, E., . . . Placeres, V. (2018). Multicultural orientation framework: A narrative review. *Psychotherapy*, *55*(1), 89-100. doi:10.1037/pst0000160

DiClemente, C. C. (2013). Paths through addiction and recovery: The impact of spirituality and religion. *Substance Use & Misuse*, 48(12), 1260-1261.

Fazel, S., Yoon, I. A., & Hayes, A. J. (2017). Substance use disorders in prisoners: An updated systematic review and meta-regression analysis in recently incarcerated men and women. *Addiction*, *112*(10), 1725-1739. doi:10.1111/add.13877

Foronda, C., Baptiste, D., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, *27*(3), 210-217. doi:10.1177/1043659615592677

Fuentes, C. M. (2013). Nobody's child: The role of trauma and interpersonal violence in women's pathways to incarceration and resultant service needs. *Medical Anthropology Quarterly*, *28*(1), 85-104. https://doi.org/10.1111/maq.12058

Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856-867. doi:10.1002/jclp.22021

Green, B. L., Dass-Brailsford, P., Hurtado de Mendoza, A., Mete, M., Lynch, S. M., DeHart, D. D., & Belknap, J. (2016). Trauma experiences and mental health among incarcerated women. *Psychological Trauma: Theory Research Practice and Policy*, 8(4), 455-463. doi: 10.1037/tra0000113

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. doi:10.1037/a0032595

Hook, J. N., Farrall, J. E., Davis, D. E., Deblaere, C., Van Tongeren, D. R., & Utsey, S. O. (2016). Cultural humility and microaggressions in counseling. *Journal of Counseling Psychology*, *63*(3), 269-277.

James, D. L., & Glaze, L. E. (2006). Mental health problems in prison and jail inmates. Retrieved from https://www.bjs.gov/content/pub/pdf/mhppji.pdf

Kajstura, A. (2017, October 19). *Women's mass incarceration: The whole pie 2017*. Retrieved from https://www.prisonpolicy.org/reports/pie2017women.html

Kerrison, E. M. (2018). Exploring how prison-based drug rehabilitation programming shapes racial disparities in substance use disorder recovery. *Social Science & Medicine*, *199*, 140-147. doi:10.1016/j.socsimed.2017.08.00

Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations*, 2(4), 221-233. doi:10.1037/pri0000055

Najavits, L. M. (2009). Psychotherapies for trauma and substance abuse: Review and policy implications. *Trauma, Violence and Abuse, 10*(3), 290-298. doi:10.1177/1524838009334455

Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy*, *48*(1), 98-102. doi:10.1037/a0022161

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and social justice counseling competencies*. Washington, DC: American Counseling Association.

Roth, A. (2018). *Insane: America's criminal treatment of mental illness*. Boulder, CO: Basic Books.

Schnittker, J., Massoglia, M., & Uggen, C. (2012). Out and down: Incarceration and psychiatric disorders. *Journal of Health and Social Behavior*, 53(4), 448-64.

Sue, D. W., & Sue, D. (2013). *Counseling the culturally diverse: Theory and practice* (6th ed.). Hoboken, NJ: John Wiley and Sons.

Tervalon, M., & Murray-García, 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. doi:10.1353/hpu.2010.0233

The Sentencing Project. (2018). *Incarcerated women and girls, 1990-2016*. Retrieved from https://www.sentencingproject.org/wp-content/uploads/2016/02/Incarcerated-Women-and-Girls-1980-2016.pdf

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York, NY: Penguin Books.

Zwieg, J. M., Yahner, J., Visher, C. A., & Lattimore, P. K. (2015). Using general strain theory to explore the effects of prison victimization experiences on later offending and substance use. *The Prison Journal*, *95*(1), 84-113.

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