Cultural Humility: A Tool for Social Workers When Working with Diverse Populations

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Abstract: Although we have cultural competency-based educational lessons and trainings in our preparation to become social workers, it has long been considered that achieving cultural competency is impossible. Through cultural humility, one can be more culturally responsive as one achieves a level of openness and, therefore, be more successful when working with diverse populations. In this paper, I walk through some examples of my attempts to be culturally humble when working with diverse populations and how self-reflection has helped to foster this development.

***Keywords*:** cultural humility, competency, awareness, responsiveness, effectiveness of treatment, diversity, power differential, reflection, intervention

Introduction

In the interest of this reflective paper on cultural humility and my experience as a licensed clinical social worker, I think it is important to begin with clarifying the perspective through which I am viewing cultural humility. I believe that cultural humility is an important concept to incorporate in social work education and throughout the development of social work careers. In order to be prepared for the rapid changes of society, social workers need to be open and flexible to those changes and adapt accordingly. The lens through which I am viewing this is tinged with a social reconstructionism philosophy. "Social reconstructionism argues that education can and should be used to create a new, more democratic, more humane, and more equitable society" (Gutek, 2013, p. 390). With this lens and these examples in practice, I attempt to illustrate how cultural humility can be an effective instrument in better serving diverse populations.

Cultural competence comes with the idea that one can achieve a level of proficiency as it pertains to diverse cultures. It is implied that cultural competence can be achieved by becoming self-conscious of assumptions, understanding human behavior and the diverse cultures of clients, and, lastly, understanding and acknowledging organizations' denial of diversity (Mlcek, 2013). On the other hand, cultural humility can be used to explain how well a provider or organization is open to others in relation to their social, cultural, and linguistic identity, which is very much part of individuals receiving or not receiving services. Cultural humility takes into account the fluidity and subjectivity of culture and challenges both individuals and institutions to address inequalities (Fisher-Borne et al., 2015). This is important because, as noted by Fisher-Borne et al. (2015), in order to become culturally competent, one needs to be culturally humble. Furthermore, there are discussions in reference to it being impossible to achieve cultural competency, as it assumes an entirety stance.

As previously stated, cultural humility is the ability to be open to others in relation to an individual's social, cultural, and linguistic identity. Haidt (2013), in his book *The Righteous Mind: Why Good People Are Divided by Politics and Religion*, brings up a good question to us

as individuals: Are we really able to step outside the box and not be "for" or "against" anything? He implies that we could understand where a person's reasoning may be coming from because of their moral foundation. Could we acknowledge that we may not understand a person's reasoning for what they are "for" and/or "against"? Is there some way of stepping out of our own moral matrix, and if so, what does that look like, where is it, and how do we get to it? To me, this challenge associates perfectly with the concept of cultural humility. In order to be a more culturally humble social worker, a social worker needs to step out of their moral matrix. As a social worker, it is my duty and responsibility to be more culturally responsive, and for that, I must have an openness to diverse cultures, which is better named cultural humility.

In order to be more culturally responsive, I have reflected primarily on the notion of the top-bottom approach. Through my practice with diverse populations, I noticed that minority populations tended to view me as an expert—they looked at me for guidance and even to tell them what to do directly. Although I have lots of training and understanding about human behavior, I have found through practice that every client is different and an expert in their own life. Even if they are experiencing symptoms like those described by the DSM-V, their experience is still very unique and the way it manifests is interpreted and managed very differently. For that reason, I make it a point to explain to my clients in their initial session that I am not an expert in them as an individual, that they are the experts of themselves—however, I am there to facilitate a process for them through some interventions and models I have learned that may be helpful to them. I always start with something along the lines of this as my introduction to my clients:

> "I am a woman, a mother of three boys, a wife, a daughter, a sister, an auntie, a cousin, a niece, a friend, and a social worker. In my different roles throughout my life I have learned different things about myself and about others."

I begin with this introduction because my goal is to balance the power differential as much as possible and avoid the top-bottom approach. More immediately, I began using this because I admired other professionals doing something similar, "showing their human side." As I think back, one feedback stands out to me from a young individual I served who stated they felt a sense of relief hearing my introduction. The individual shared a previous experience with another provider that made them feel a lack of connection or a lack of humanity, specifically stating, "I wasn't sure that provider actually could understand." This validates the reason I make this statement to my clients. It varies and is adjusted depending on many factors—however, in general, the statement I want to come across is that I am as human as they are, and I am here to serve them.

When I encountered professionals like my professors, supervisors, and other colleagues who made me feel like I could really talk to them, they made themselves more approachable and therefore more fruitful conversations occurred. For example, with my professors, as experts with many years of experience, I felt that my education experience was a collaborative approach rather than an essentialism or perennialism philosophy of education approach. The students were very much part of the learning process, and I consider this to be equally important in clinical practice. The work that I do with my clients is a collaborative approach where I am going to

contribute some of my skills and expertise to help them and they are going to contribute their experience in order for the process to progress. This ties in very well with the social reconstructionism philosophy, where, as a professional, I am attempting to create that new society Gutek (2013) discusses.

As a woman, I have encountered moments of discrimination and others, though rarely, of privilege. As a mother, auntie, cousin, niece, and friend, I have encountered moments of injustice and desires to advocate. As a wife, I have experienced diverse joys, injustices, and difficulties. As a friend and sister, I have experienced affinity and on some occasions difference of opinion. Many of my scenarios in my personal life I can also relate to my professional life. I have noticed that as we adopt the mentality of experts in fields or interventions, we disconnect from our most common connection: being human. I believe that introducing myself to my clients is part of building rapport, and I think the most genuine way I can connect with them from the very beginning is by eliminating this top-bottom approach and setting the stage to be balanced by validating each individual's role and expertise in the therapeutic relationship.

In recent years, I have had a diverse population with which I have been intentional in introducing myself in a similar manner. The previously mentioned scenario comes to mind, where an individual had expressed their feelings about my introduction. This individual was one of my younger adult clients who had met with other mental health providers. In these experiences, the individual reported harboring personal distrust and discomfort, feeling investigated and judged, and sensing pretentiousness from the professionals encountered. The individual stated that from my introduction there was a feeling of comfort in knowing that I was a normal human being who could be related to, not someone who knew it all and had it all.

As a social worker, I have had the fortune of being trained in diverse interventions through the agencies I have worked in. Because of my family upbringing, I have the fortune of being bilingual, and because of some privileges, I have also had the fortune to travel in the United States and abroad. These privileges can also give me the opportunity to claim expertise in some areas; however, I do not believe myself to be an expert in people's lives. I believe that throughout my training I have gained tools and skills that may be helpful to individuals experiencing tough situations, but in their own lives the only experts are themselves. I believe that in order for me to provide a service to each individual that comes through my office, I have to have an openness or a humility to understand that each individual that enters is exactly that: an individual. This means that although they may be Latinx, there is more to it—or even more specific, if they are Dominican, there is more to it. Not all Latinxs speak Spanish, not all Latinxs are from a specific religion, not all Latinxs have experienced the same hardships, not all Dominicans like to dance and eat *mangu*. My clients' experiences shape who they are as individuals, and they are the ones who hold the key to learning more about them through my facilitation of this process.

The importance of knowing the cultural aspects that affect diverse communities helps us to be more culturally responsive as social workers. Being culturally humble when performing interventions with diverse populations means accepting that we may not understand fully the symptoms being experienced by individuals as described in our clinical textbooks. Furthermore,

the way they are managed and eradicated will be different from individual to individual. As a social worker, it is important to acknowledge that the experiences of diverse communities with the environment and other social aspects of their lives are things we may never fully understand. Helping these individuals may take more than just applying an intervention for symptoms of depression, anxiety, oppositional defiant disorders, etc.

An example from my own practice is a client who was showing behavioral issues in the educational setting they attended. This particular client came from a Latin American country with their mother due to being persecuted by gangs of their particular town. The client's mother, to keep herself and the client safe, began a journey towards the United States of America. In this journey, the client's mother was repeatedly raped, and the client was a witness. This horrible experience made this mother disconnected emotionally from the client. She provided primary needs for the client; however, her emotional disconnect made it difficult for the client to learn some appropriate behaviors. This became a problem when the client began to attend an educational setting. When the client's mother came to my practice, she had experienced previous therapist attempts to help her with her child's behavior. The client's mother would not attend sessions regularly. Interventions like play therapy and parent-child interactive therapy were attempted but not successful. The treatments for this client were all directed towards the client, but the mother's story was not being taken into account. I went on to treat this mother and began to utilize parent-child interactive therapy while both considering that the mother was not going to be able to follow the intervention 100 percent and connecting her to other resources to receive her own support.

The model was adapted as I considered it to be necessary for this mother's needs and the client's needs. For example, because this intervention is very strict regarding intonation, it requests that statements which might be misinterpreted as questions be restated properly in order to avoid confusion. However, I had to be culturally humble and understand that for this particular culture very different from mine, I could be hearing a question. Instead of viewing it from my own culture, I engaged in conversations that allowed her to clarify whether she had asked a question and allowed me to provide psychoeducation that helped the mother understand why we wanted to keep the fidelity of the model by not asking questions, while also respecting that the mother's intonations may not have been intended as questions. This client's mother currently reports the child is doing very well in the educational setting; however, there is still more to be done.

As social workers, we know our code of ethics states the responsibilities we have to the clients. In terms of cultural awareness and social diversity: "Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures" (NASW, 2017, Ethical Standards 1.05a). This ties in perfectly with the idea of this paper. When we look at the client's culture, we then have a better chance to support and help our clients based on the cultural aspects of their lives that are very significant and can contribute to their behaviors and/or symptoms. These can also be part of the strength the client needs in order to have a better treatment outcome. Furthermore, this section also states, "Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups" (NASW, 2017, Ethical Standards 1.05b). This brings up the question of how

successful a professional of mental health can really be when they are not in harmony with their client. The professional could be less in tune with their client if they are not sufficiently culturally humble to acknowledge their lack of understanding of the client's culture. This is why it is so important to be culturally humble, to be able to work towards cultural competency.

This previous statement raises the question of the cultural appropriateness of interventions and their effectiveness. Current scientific debate exists regarding the need to culturally adapt efficacious interventions before dissemination among ethnic minorities. Some type of adaptation must be required because there are many aspects, for example, of the Latinx culture, that are important when it comes to serving this community. Furthermore, Smith et al. (2010) stated:

> The debate has been recently augmented by meta-analytic research findings that show that culturally adapted treatments have a greater effect than traditional treatments . . . , that more cultural adaptation results in better treatment outcomes, and that most successful implementations were conducted with single minority ethnic groups. (as cited in Rodríguez et al., 2011, p. 170)

This proves that that there is a need to adapt interventions for specific diverse communities.

Furthermore, for example, the Latinx population includes many countries which within themselves have many subcultures. As a practicing clinician, it has been a challenge at times understanding how to keep fidelity to a specific model that has proven to be successful, while also adapting it to be culturally appropriate while serving different Latinx cultures. "Latinx" is a term that is used to refer to an individual's relationship with a Latin American country, and it is important to recognize that Latinxs are not a homogenous group. Therefore, when we are adapting interventions to serve the Latinx community, how can we be sure that we have adapted it appropriately?

The cultural and ethnic backgrounds of Latinxs are very diverse, and it is for this reason it is important for social workers to have cultural humility when executing interventions with Latinx clients. Domenech-Rodríguez and Wieling (2004) stated that research with Latinx parents has demonstrated the importance of adapting existing interventions for Latinx populations by ensuring that program content is culturally relevant as well as linguistically appropriate.

Being bilingual in Spanish and English is not enough. As a clinician, I find myself needing to learn more about other cultures to understand first where the issues may have surfaced from and how certain things make sense to the individual from their cultural lens. Once I am able to understand these aspects from the individual's lens, then I am more culturally equipped to appropriately adjust the model to meet the client's needs. For example, I had a client who was struggling after suffering a traumatic event. One of the biggest struggles for this individual was visual hallucinations. Through many therapeutic sessions that involved asking questions as they related to the individual's culture, the way his hallucinations went away was with a practice from his culture and spiritual beliefs. Since as the individual's therapist I showed interest in the practices and beliefs of his culture and also validated the need for this practice, he returned to about five more sessions and we then discharged successfully as the individual felt better and

had resolved the symptoms that came from the experience of trauma. This practice was unconventional and different from my understanding; however, my viewpoint was that I needed to be culturally humble to understand that I did *not* fully understand. Regardless, I could be respectful of the individual's culture. This means that I am always learning from my clients, and I am always evolving and adapting to the specific client being served and making sure that my approach is the appropriate one.

Santisteban et al. stated that interventions for Latinx immigrants should also increase individuals' motivation to participate by building alliances, developing trust, and effectively communicating the benefits of mental health interventions (as cited in Cardona et al., 2009). In my practice with a previously mentioned client and mother, I explained to this mother the intervention I was going to use and from the beginning, as a social worker attempting to be culturally humble, I acknowledged the language component. The first language of this mother was a dialect from her country of origin, and many words I was not able to understand fully. The way I addressed this was by telling the client that at times I may need her to tell me what something meant. Also, in the language component for this particular intervention, there would be no questions asked while in the session directed at the child. However, the mother's inflection could often be interpreted as a question, and it was a learning process for me to understand when a question was being asked or when it was just her way of speaking. As previously explained, I engaged in conversation that attempted to keep fidelity to the model while also being open to the individual's cultural language.

This is one example in practice of how cultural humility was attempted. As a social worker, my purpose was to be honest with my client about the fact that her culture was not something I knew much about—however, my intention was to learn with her in order to provide her with the best adapted version of the intervention to suit the needs of the client. Cardona et al. (2009) discuss that evidence-based interventions developed with little or no inclusion of ethnic minorities should be culturally adapted before dissemination among diverse populations.

As social workers, we are trained to view things from a multidimensional perspective, which is the way the presence of Latinxs in this country can be appreciated (Delgado, 2007). When we look at immigration and the reasons behind some Latinos being in the United States, we further see the impact of politics in this community. Then we can see that the cultural adaptation of interventions is important through a culturally humble lens. Cultural adaptation is defined as the systematic modification of an evidence-based treatment (EBT) or intervention protocol to consider language, culture, and context in such a way that it is compatible with the client's cultural patterns, meanings, and values (Bernal et al. 2009).

Most treatment research with adults and children does not permit generalization of ethnic minority populations (Bernal et al., 1995). The fact that this is not allowed raises the question: How do social workers effectively provide interventions to diverse communities when, in their practice, the interventions designed are not applicable to all—for example, to ethnic minorities? This calls for the need to develop cultural humility as a model that helps to adapt existing interventions to provide treatment to the Latinx community. Latinx clients and Latinx families are like other cases and clients in this sense; no two cases will ever be completely the same.

It is important to acknowledge the influence of culture on individuals and how this may manifest in symptoms and affect treatment so that cultural adaptation is considered. An evidenced-based cultural adaptation has the potential to provide a methodology to modify treatments in a systematic manner so that the culture and context of diverse groups are considered (Bernal et al., 2009). Once an evidence-based cultural adaptation model is created with cultural humility as one of the main tenants, we may find a way to keep fidelity to models and effectiveness in treatment when treating the Latinx community (Domenech Rodríguez et al., 2011).

In conclusion, I believe that through a culturally humble lens, I have found my own growth as I self-reflect on ongoing ways to better serve diverse communities. Social workers have an ability through a few of our primary perspectives, like person-centered, person-in-environment, and strength-based, to foster and further develop cultural humility. As Elias-Jimenez and Knudsin-Martin stated (2016), in order to practice from a multicultural and culturally humble perspective, it is vital to develop mutually respectful relationships and listen to the voices of socially devalued groups. Culturally adapted interventions are necessary to effectively treat diverse communities. Through a cultural humility lens, we are promoting a lifelong learning stance needed in order to really advance with diversity and social change.

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