



Intersectionality and Cultural Sensitivity in Your Practice

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- The views expressed in this presentation are those of the author and do not necessarily reflect the official policy or position of the Department of Defense, nor the U.S. Government.
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Acknowledgement



I would like to personally acknowledge the native American peoples who nurtured and cared for the land on which I live. The Tuscarora and Piscataway people historically occupied that land that we now call Frederick County in Maryland. The tribe is part of the Iroquois Confederacy, which flourished for hundreds of years in what is now upstate New York. About 900 years ago, the Tuscarora left the area and began migrating, traveling prior to settling in North Carolina. I would like to express acknowledgement and appreciation for the care and nurturing of this land.

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Dr. Holly N. O'Reilly



I am a clinical psychologist. I use she/her/hers pronouns. I am a sexual assault/harassment and inclusive mental health SME at Psychological Health Center of Excellence, Defense Health Agency. I have been interested in cross-cultural psychotherapy throughout my education and career. I minored in Women's studies while majoring in Clinical Psychology at Northern Illinois University and have sought training and experience with cross-cultural psychotherapy.



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Agenda



- Intersectionality – definition and overview
- The role of intersectionality
- Increasing cultural sensitivity and competence

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Learning Objectives



At the end of the presentation, you will be able to


- Explain intersectionality
- Describe two examples of how intersectionality may manifest for female or non-binary individuals
- Identify three steps towards increasing cultural sensitivity

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Intersectionality

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Combahee River Collective



**"If black women were free,
it would mean that everyone else would have to be free,
since our freedom would necessitate the destruction
of all the systems of oppression"**

(Combahee River Collective, 1978)

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Intersectionality



■ Kimberle Williams Crenshaw

"...because the intersectional experience is greater than the sum of racism and sexism. An analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated." (Kimberle Williams Crenshaw, 1989)

■ Patricia Hill Collins

"highlights how social groups are positioned within unjust power relations, but it does so in a way that introduces added complexity to formerly race-, class-, and gender-only approaches to social phenomena" (Collins, 1998, p. 205)

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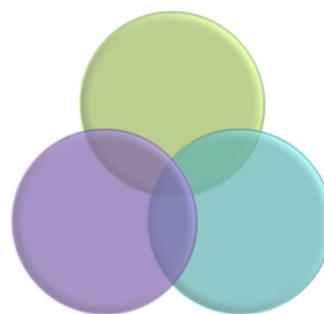
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What is Intersectionality?



Intersectionality considers the ways that identities related to multiple socially constructed categories create similar, additive, and unique intersections of experiences, which are qualitatively different than the sum of individual identities.



(APA, 2019)

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Key Terms

cont. 1 of 3




- **Racism** - racism is the belief in the superiority of one’s own race and the inferiority of another race and the power to take individual or collective action against the racial group(s) deemed as inferior. (Jones, 1997)
- **Oppression** - oppression refers to harmful experiences or exclusion imposed on some but not others on the basis of status rather than lack of merit. (APA, 2019)
- **Disability** - umbrella term for a lasting physical or mental impairment that significantly interferes with an individual’s ability to function in one or more central life activities, such as self-care, ambulation, communication, social interaction, sexual expression, or employment. (APA, n.d.)

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Key Terms

cont. 2 of 3



- **Privilege** - privilege is unearned power that is afforded to some but not others on the basis of status rather than earned merit; such power may come in the form of rights, benefits, social comfort, opportunities, or the ability to define what is normative or valued. (APA, 2019)
- **Gender identity** - one’s self-identification as male or female. (APA, n.d.)
- **Gendered Racism** - racism and sexism “intertwine and combine under certain conditions into one hybrid phenomenon.” (Essed, 1991)

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Key Terms

cont. 3 of 3



- Microaggressions - “brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group.” (Sue et al, 2007, p.273)

- Minority stress - the physiological and psychological effects associated with the adverse social conditions experienced by ethnic and racial minorities, lesbians, gay men, bisexual and transgender individuals, and others who are members of stigmatized social groups. (APA, n.d.)

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Assigned Sex vs Identity vs Attraction



Images: NIH

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Poll Question #1



Intersectionality is NOT...

- A. An additive model of racism and sexism
- B. A framework to describe the impact of multiple marginalized identities
- C. A model to understand the experience of someone with more than one marginalized identity
- D. A way to describe the unique social space occupied by a woman who identifies with more than one oppressed group

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Model of Cultural Competence



Cultural Competence

Awareness of bias and personal culture

Knowledge of culture, stressors and challenges

Skills to assist

Adapted from Pederson, 1994



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Cultural Competence Continuum



Adapted from Cross et al, 1989

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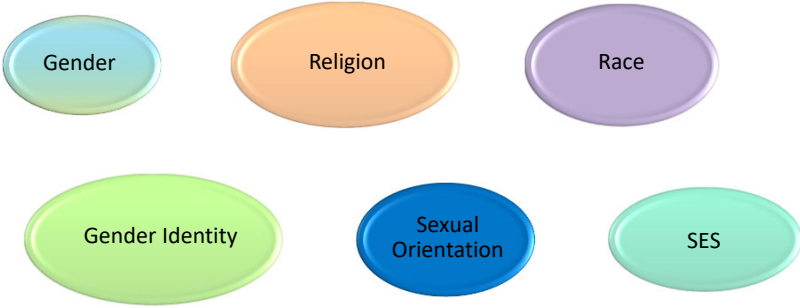

Clinical Examples

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Examples

cont. 1 of 2



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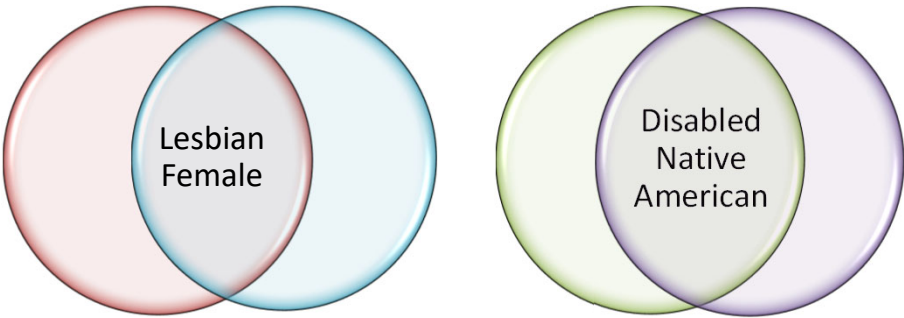

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Examples

cont. 2 of 2



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Case Example

cont. 1 of 2



- Jane
 - 32 years old
 - Identifies as Native American, appears to be of mixed heritage
 - Seeking support and problem solving as she would like to finish her B.S.


 - Reports that people keep asking her where she is from
 - Has repeatedly been informed of childcare support and services
 - Has been “complimented” on how articulate she is
 - Has been invited to several dinner parties which turn out to be weird cultural quizzes
 - Reports several inappropriate flirtations, feels uneasy

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Case Example

cont. 2 of 2



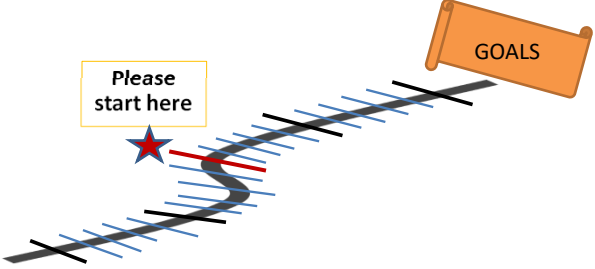

What would you focus on in the early sessions?

How might you ask Jane if sexism plays a role in her experience?

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Exercise: Privilege



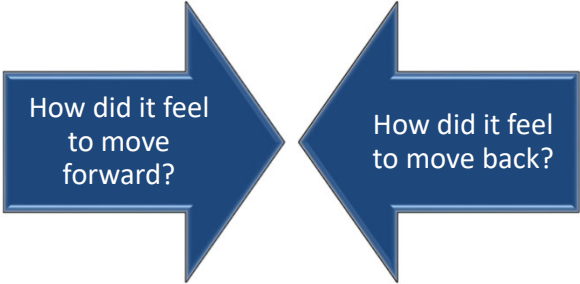

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Reflections on the Exercise



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More Clinical Examples



- Microaggressions - “brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group” (Sue et al, 2007, p.273)
- Discrimination - behaviors, policies
- Devaluation and hyper-sexualization of women of color

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Microaggressions

cont. 1 of 5

- Microassault - explicit racial derogation manifested as a verbal or nonverbal attack
- Microinsult - rude and insensitive communications
- Microinvalidation - exclude or negate the thoughts, emotions or experienced reality of a person of color


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Microaggressions
cont. 2 of 5




An amputee reports that she is embarrassed when two women “go well out of their way” to clear a path for her as she gets onto the commuter train

What is the hidden message?

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Microaggressions
cont. 3 of 5




A client comes in visibly distressed and reports that she just had another “all lives matter debate”

Do you know *why* she may be upset?

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Microaggressions
cont. 4 of 5




A woman of color has applied for a promotion at work. She overhears her supervisor say, "She is a very hard worker and a credit to her race"

Why might she be angry?

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Microaggressions
cont. 5 of 5



Your client is upset because the only options for marital status are "single," "married" and "divorced." She says, "Just once, I would like to see an option that creates room for the LGBT community"

Why might she be frustrated?

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What is the Impact of Microaggressions?



(Sue et al, 2007)

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Self-Awareness

cont. 1 of 2



Never

Often



- Do you have people of color or LGBT educational materials visible in your clinic or office?
- Do you refer to transgender people by their preferred pronoun? Even when they leave the room?
- Have you read any professional blogs, articles or books on clinical care with minority or LGBT populations?
- Have you attended any continuing education courses specific to cross-cultural work?
- View the client as encountering problems rather than having a problem

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Self-Awareness

cont. 2 of 2



Never Often




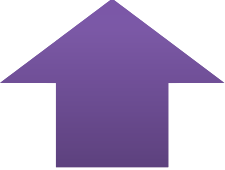
- Have you had a clinical supervisor of a different identity?
- Have you taken any professional courses to learn more about people of different backgrounds and cultures?
- Have you read SAMHSA's TIP on cultural competence?
- Have you brought up racism or oppression before your client did? Or did you wait for them to tell you it was a problem?
- Have you minimized your client's experience of racism?
- Do you focus on coping skills and problem solving to the exclusion of self-advocacy?

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Self-Reflection - Personal Bias





Which of my identities
allow me to experience
privilege?





Which identities expose
me to oppression?


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Strategy:
“Ask the Other Question”



 If the situation seems racist...
Does sexism play a role?

 If the situation seems sexist...
Does homophobia play a role?


 If the situation looks homophobic...
Is it also classist?


(Matsuda, 1990)


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Strategy:
Ask Additional Assessment Questions



 How can I help?

 What do you think is causing your problem?


 Why do you think this is happening to you?


(Sue et al, 2019; Matsuda, 1990)


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Strategy:
Focus on Strength



 Intersectionality can be a source of significant strength


 Acknowledge this strength (and provide support)

 Reinforce and support positive actions

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Intersectionality in Treatment




- Recognize and consider your privilege
- Ask questions about other identities
- Learn more about other cultures: including their stressors, cultural norms and struggles
- Know that race and culture may play a role even if the client does not explicitly say so

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Build A Plan for Development
cont. 1 of 3




- Awareness of Personal Bias and Culture
 - Self-assessment
 - Recognize privilege
 - Recognize your personal beliefs and how they may impact therapy

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Build A Plan for Development
cont. 2 of 3



- Knowledge of Culture, Stressors and Challenges
 - Read academic books, journal articles, RAND reports
 - Consider joining other divisions of APA, NASW, etc.
 - Continuing education coursework
 - Attend scholarly conferences (ethnic minorities, LGB, women's health)
 - Watch documentaries
 - Identify culturally-specific ways of helping

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Build A Plan for Development

cont. 3 of 3



■ Skills to assist

- Graduate level education and training
- Continuing education coursework
- Guided readings
- Clinical supervision by culturally competent clinician
- Consider joining other divisions of APA, NASW, etc.

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Help Your Clinic Increase Cultural Sensitivity



Resources

- Create a list of culturally appropriate local resources

Engage

- Engage in community outreach, specific to cross-cultural work

Be Inclusive

- Create a culturally sensitive environment
- Individuals may be looking for safety signals
- Diverse clinic materials

Increase Awareness

- Help team members to understand cultural differences and beliefs
- Beliefs about disease vs personal responsibility
- Beliefs about asking for external help

Support

- Cross-cultural training
- Share training resources in your clinic


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Be Careful of Pitfalls




Don't tell clients that you "don't see color"	Don't over-identity	Don't let clients "hide" behind identity
Recognize nuances	Encourage social support	People are not binary

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Key Takeaways



- Become aware of your personal biases and beliefs
- Recognize privilege and its impact
- Empower your clients to share their experiences and validate them
- Learn more about cross-cultural beliefs, stressors and struggles
- Make a plan to increase your cultural sensitivity

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Resources

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- Behavioral Health Equity for Black and African-Americans
<https://www.samhsa.gov/behavioral-health-equity/black-african-american>
- Behavioral Health Equity for Latinas
<https://www.samhsa.gov/behavioral-health-equity/hispanic-latino>
- Behavioral Health Equity Asian American, Native Hawaiian, and Pacific Islander (AANHPI) <https://www.samhsa.gov/behavioral-health-equity/aanhpi>
- Behavioral Health Equity for LGBT <https://www.samhsa.gov/behavioral-health-equity/lgbt>
- Work with American Indians and Native Alaskans
<https://store.samhsa.gov/product/American-Indian-and-Alaska-Native-Culture-Card/sma08-4354>

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Resources

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- Mental health fact sheets (many available in Spanish)
<https://www.nimh.nih.gov/health/publications/index.shtml>
- Impact of COVID-19 on Black and Latino communities
<https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>
- Training resources for work with LGBT community
<https://www.samhsa.gov/behavioral-health-equity/lgbt/curricula>
- Improving cultural competence <https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849>
- Improving Cultural Competency for Behavioral Health Professionals
<https://thinkculturalhealth.hhs.gov/education/behavioral-health>

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Questions?




Thank you for your time and attention today.

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