



A Providers Guide to Cultural Sensitivity and Intersectionality



Introduction

It is useful for providers to understand culture and intersectionality as it relates to their professional work. Culture can be defined as, “The way people view the world ... [a] particular set of beliefs, norms, and values concerning the nature of relationships, the way people live their lives, and the way people organize their environments”¹². Because of the wide reach that culture has in individuals’ lives, all interactions between provider and client should be considered cross-cultural¹³.

Both providers and clients have their own cultural backgrounds and experiences that shape their view of the world. It is the provider’s responsibility to acknowledge this cross-cultural dynamic and integrate culture into conversations with clients. In order for these conversations to be sensitive and informed, providers should engage in education and awareness-raising activities to increase their cultural competency and decrease the likelihood that they will unintentionally cause harm to clients.

Maintaining cultural competency requires a consistent commitment to learning and growth across the professional lifespan. Cultural competency can be thought of as a continuum, where the goal is for the provider to continuously become more aware and knowledgeable⁷. Cultures evolve, and terminology is updated, so there is always something new to learn. Engaging with and being curious about diversity issues allows providers to challenge their own preexisting biases, stereotypes and assumptions.

This guide will:

- Identify key terms associated with intersectionality
- Define and help providers to understand microaggressions
- Suggest therapeutic strategies to help providers mitigate bias
- Help providers avoid common pitfalls and microaggressions
- Provide resources for more information on this topic

Intersectionality

First coined by Kimberle Crenshaw in 1989, the term intersectionality considers the ways that identities related to multiple socially constructed categories are qualitatively different than the sum of individual identities². It allows for a complex understanding of interlocking relationships between positions of privilege and oppression. For example, a Black lesbian woman might identify with other women’s experiences of oppression and discrimination as women as well as identify with the life experiences of Black men in terms of racial discrimination. Their experience is unique as they may experience discrimination due to their race, gender, or sexual orientation.

Key Terms

Racism	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 ¹⁰ .
Oppression	Harmful experiences or exclusion imposed on some but not others on the basis of status rather than lack of merit ² .
Privilege	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 ² .
Cultural humility	Ability to be open to the beliefs, values, and worldview of a person whose culture differs from your own ⁹ .
Cultural competence	Possession of the skills and knowledge that are appropriate for and specific to a given culture ³ .
Cultural sensitivity	Awareness and appreciation of the values, norms, and beliefs characteristic of a cultural, ethnic, racial or other group that is not one's own, accompanied by a willingness to adapt one's behavior accordingly ⁴ .
Minority stress	Framework for understanding the negative impact on mental health in minority groups due to stigma, prejudice, and discrimination. Minority stress, as a concept, can be helpful in understanding the prevalence of mental health issues among minority populations ¹¹ .
Microassault	An explicit racial derogation manifested as a verbal or nonverbal attack ¹⁴ .
Microinsult	Considered a more subtly rude or insensitive communication ¹⁴ .
Microinvalidation	When the thoughts, emotions, or experienced reality of a person of color are negated or excluded ¹⁴ .

Microaggressions

Microaggressions are “brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group”¹⁴. Microaggression can occur between a provider and Client; clients in therapeutic relationships have reported experiencing at least one microaggression⁸. When a provider exhibits a microaggression, it can cause the client to feel less safe and can damage the working alliance between client and provider, even lead to poor outcomes. Microaggressions communicate a lack of cultural humility and can cause the client to perceive the provider as less competent⁵.

Microaggressions can be further categorized as microassaults, microinsults, or microinvalidations (see Key Terms). Examples of microaggressions range from using a racially derogatory term or displaying a behavior that is overtly racist to more subtle examples like communicating surprise that an immigrant client can speak fluent English or discounting someone’s experience when they try to explain a racist encounter. For example, if a client were to report that their co-worker was being racist and insensitive, it would be a microaggression for a provider to question that experience, by asking “Were they really being racist or were you just reading too much into their comment?”

Strategies for Increasing Cultural Competency

Increasing cultural competency involves growing in awareness of one’s own cultural values, biases, and worldview, as well as developing culturally appropriate intervention strategies¹. Being culturally competent means that a provider is able to recognize the importance of race, ethnicity, and culture as integral to providing mental health services¹². Because everyone is shaped by their own cultural background and experiences, it takes additional work to identify the biases and assumptions that one brings with them into their professional role with clients. For in depth education on this topic, see the listed resources at the end of this brochure.

Culturally competent providers:

- *Recognize and consider their own privilege.*
- *Learn more about other cultures.*
- *Ask additional intake and assessment questions.*
- *Consider the impact of culture.*
- *Seek consultation, supervision, or referral when needed.*
- *Fully inform clients of psychological interventions.*
- *Seek to understand a client’s unique experience.* Avoid using clichés like “I don’t see color” with clients. Though it may be unintentional, this is a microinvalidation and communicates that you are not acknowledging a part of your client’s identity. Many groups have historically had their

culture erased or appropriated, so not “seeing” their cultural identity can be retraumatizing. Overlooking a client’s racial or ethnic identity may lead you to ignore something important to helping your client. It could also cause a rupture in your therapeutic relationship that may be difficult to repair.

Guidelines for cross-cultural psychotherapy:

- *Recognize nuances.* It is important to remember that everyone within a particular cultural group is different, especially given their intersecting identities.
- *Encourage social support.*
- *Ask questions rather than assume.* Avoid making assumptions about a person’s identity based on appearance, minimal details, or cultural group membership.
- *Be respectful.* Avoid asking inappropriate questions such as: “What are you?” or “Where did you come from?”
- *Remain open-minded.*

Consider taking these actions:

- Provide psychoeducational materials representing people of color or LGBT individuals in your clinic or office.
- Always refer to transgender people by their preferred pronoun (even when they are not present).
- Take time to read professional blogs, articles or books on clinical care with minority or LGBT populations.
- Attend continuing education courses specific to cross-cultural work.
- Consider seeking supervision or consultation with a clinician of a different identity.
- Read the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol (TIP) on cultural competence.
- As relevant, bring up racism or oppression before your client does.
- Be careful not to minimize your client’s experiences of racism.
- Help your client build self-advocacy skills as well as coping skills and problem solving.



Resources

Behavioral health equity resources for Black/African Americans

samhsa.gov/behavioral-health-equity/black-african-american

Behavioral health equity resources for Hispanic/Latinas

samhsa.gov/behavioral-health-equity/hispanic-latino

Behavioral Health Equity Asian American, Native Hawaiian, and Pacific Islander (AANHPI)

samhsa.gov/behavioral-health-equity/aanhpi

Behavioral health equity resources for LGBT individuals

samhsa.gov/behavioral-health-equity/lgbt

Behavioral health equity resources for American Indians and Native Alaskans

samhsa.gov/behavioral-health-equity/ai-an

Double Jeopardy: COVID-19 and Behavioral Health Disparities for Black and Latino Communities

samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf

Training resources for work with the LGBT community

samhsa.gov/behavioral-health-equity/lgbt/curricula

Improving Cultural Competence

store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf

Mental health brochures and fact sheets (many available in Spanish)

nimh.nih.gov/health/publications/index.shtml

Improving Cultural Competency for Behavioral Health Professionals

thinkculturalhealth.hhs.gov/education/behavioral-health

References

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²American Psychological Association, APA Task Force on Race and Ethnicity Guidelines in Psychology. (2019). Race and Ethnicity Guidelines in Psychology: Promoting Responsiveness and Equity.

³American Psychological Association. (n.d.a). *Cultural competence*. APA Dictionary of Psychology.

⁴American Psychological Association. (n.d.b). *Cultural sensitivity*. APA Dictionary of Psychology.

⁵Constantine, M.G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology*, 54, 1–16.

⁶Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine. Feminist theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(1), 139–167.

⁷Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care, Volume 1*. Washington, DC: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center.

⁸Davis, D. E., DeBlaere, C., Brubaker, K., Owen, J., Jordan, T. A., Hook, J. N., & Van Tongeren, D. R. (2016). Microaggressions and perceptions of cultural humility in counseling. *Journal of Counseling and Development*, 94, 483–493.

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¹⁰Jones, J. M. (1997). *Prejudice and racism*. McGraw-Hill Humanities, Social Sciences & World Languages.

¹¹Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697.

¹²Substance Abuse and Mental Health Services Administration. (2014). Improving Cultural Competence (Treatment Improvement Protocol (TIP) Series No. 59)

¹³Sue, D. W., Arredondo, P., McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70(4), 477–486.

¹⁴Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American Psychologist*, 62(4), 271–286.

¹⁵Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice*. John Wiley & Sons.