



Culturally Responsive Trauma Assessment & Treatment

March 07, 2022

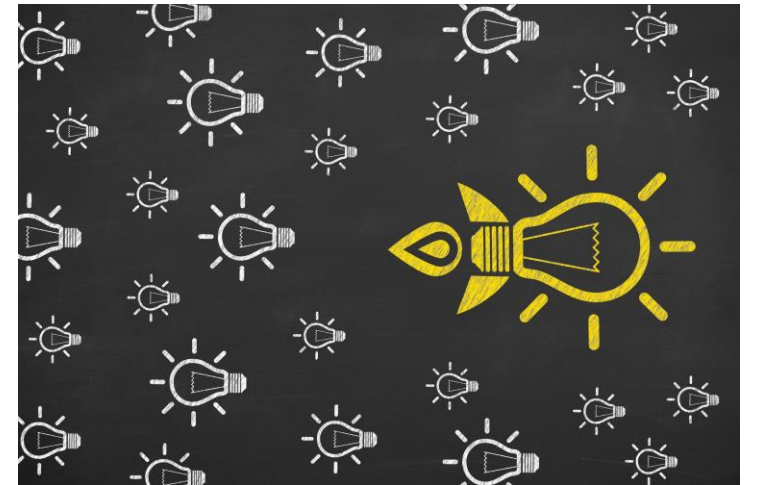
Laurel Niep, LCSW

Instructor - CU School of Medicine, Department of Psychiatry

Bilingual Therapist - START Center

Learning Objectives

- Methods for gathering and incorporating information on the client/family beliefs and values.
- Ability to recognize strengths that come from client/family identity, culture, and experience.
- Strategies for naming power/oppression dynamics that inherently impact provider/client interactions and opportunities. Methods to build rapport within these dynamics.



Introductions

- Laurel Niep, LCSW: Bachelors in Psychology & Spanish; MSW - University of Denver
- White
- Cis-gender
- Female



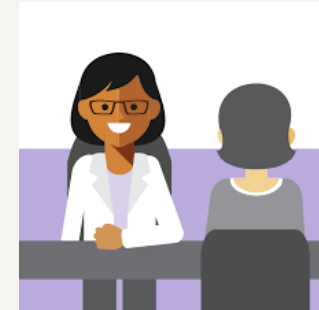
What does it mean to be culturally responsive?

- Importance of recognizing that each patient brings **ALL** of their identities and experience with them to every appointment and interaction.
 - *This includes 'visible' and 'invisible' identities.*
 - *This also includes past experiences - positive and negative with providers.*
- This is a lifelong process with no 'end' achievement.
- With **intention** creating space that is welcoming and inclusive.



Components to Consider

- Environment
- Patient Interaction
- Personal Work



Environment

- How is the space decorated?
- Do the clients see themselves represented in the space?
 - *Pamphlets / handouts?*
 - *Photos on the walls?*
 - *Staff / Providers who look like them?*
- What language are the materials in?
- Impact of discrimination – even perceived, on health and help seeking behaviors (Hibbler, 2021)



Patient Interaction

- Greeting

- How do you greet your patient?
- Names are IMPORTANT! If you are unsure of how to pronounce their name, ask. And ask what they would like to be called.
- During their assessment, be aware of assumptions you might be making, and ask questions instead.
- Perceived discrimination creates reluctance to seek care (Pascoe & Smart Richman, 2009)



Patient Interaction

- Assessment

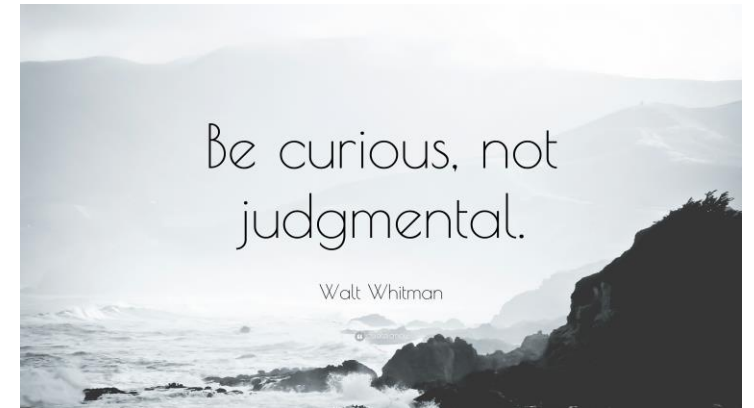
- Does your assessment include questions about the following:
 - *Religious or spiritual beliefs*
 - *Culture*
 - *Past experiences with providers*
 - *Family values*
 - *Traditions*



Patient Interaction

– Rapport

- Address differences head on
 - *Communicate in a way that is genuine for you*
 - *Acknowledge your role and goal to be helpful/supportive*
 - *"I want to acknowledge that my lived experiences may be very different than yours. My goal as a provider/doctor/etc is to provide a space where I can hear your experience and support you in accessing care for all of your needs."*
- Importance of non-judgement
- Own mistakes and missteps



Patient Interaction

– Strengths

- Identify strengths in the information you're hearing
- How are the client/family beliefs, experience, culture assets?
- What is the client/family sharing about their world that they view as a strength – even if it is different from your lived experience or 'expectations'?
- How can their strengths support effectively addressing their needs?



Personal Work

- Cultural humility is a journey - there is no end
- We always have more to learn about ourselves
- Accountability partners - highly recommend
- Set personal goals for your own growth and learning - don't rely on others to 'teach' you or push your learning forward



Why does this matter?

As providers who are also human, we can (and often do) engage in discriminatory and oppressive behaviors.

There is extensive research documenting the negative impacts of discrimination – even perceived discrimination, on mental and physical health.

In order to prevent additional harm and heal past experiences, we need to actively employ culturally responsive techniques with our clients / patients.

Resources

Hibbler, LeChey S., "Perceived Discrimination Within The Patient-Provider Relationship And Its Impact On Help-Seeking Behaviors" (2021). *Dissertations*. 558.

<https://digitalcommons.nl.edu/diss/558>

Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychological bulletin*, 135(4), 531–554. <https://doi.org/10.1037/a0016059>

Shelton, K., & Delgado-Romero, E. A. (2013). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 59–70. <https://doi.org/10.1037/2329-0382.1.S.59>

Questions?

Laurel Niep, LCSW

Instructor - CU School of Medicine, Department of Psychiatry

Bilingual Therapist - START Center

Laurel.Niep@cuanschutz.edu