

Future Black Female Guidelines and Glossary for Culturally relevant and Responsive Therapy.

Background

This guideline and glossary are a response to Black girls and women's feedback on their experience with therapy in Canada. Black girls and women expressed that their interactions with therapists and mental health personnel have not been culturally relevant or sensitive to their experiences. This guideline has been created with the intention to inform mental health therapists of culturally appropriate practices they can implement while working with racialized clients. Identifying the common disparities found within mental health systems and practices can prevent therapists from making assumptions about their clients' experience about race, ethnicity, or religion. Furthermore, anti-oppressive approaches and prioritizing emotional safety during therapy ensure that clients can open about their experiences as transparently as possible. The glossary will break down terms revolving around culturally relevant and responsive therapy to simplify common malpractices during therapy. Understanding the importance of the guidelines and glossary will encourage mental health sectors to think about Pro-Black mental health and inform Black girls and women about culturally relevant therapeutic practices.

General Guidelines

This guideline has been created to inform therapists about common culturally insensitive approaches and prevent assumptions about client's race, ethnicity, religion, or experiences with past mental health issues. Acknowledging the significance of the guidelines fosters a Pro-Black mental health perspective within health sectors, encouraging Black women and girls to access culturally sensitive treatment approaches.

1. Commit to an ongoing practice of learning to identify and address personal biases and understanding your own social positioning that may impact dynamics within therapy. It is an ethical demand of the profession to examine biases that impact your work.
2. Get curious about client's unique experiences rather than stereotyping them. Stereotyping clients based on their race, ethnicity and religion can trigger past trauma and discourage clientele from opening during sessions.
3. Avoid making assumptions about a client's background based on generalised research about their race or ethnicity; Statistics tell you about the group, but they do not give you useful information on one person.
4. Become aware of ways in which you may be committing microaggressions such as lack of curiosity, gaslighting or engaging from a patronizing space.

Microaggressions are subtle, often unintentional, or intentional, verbal, or non-verbal behaviors that communicate negative messages about a person's identity or background. In therapy microaggressions may arise due to differences in cultural understanding or unconscious biases. Understanding the impacts of microaggressions that invalidate racial experiences, family structures, cultural and religious practices during therapy is crucial in clients feeling safe enough to open up about their experiences.

Here are a few examples:

Colorblindness:

- Microaggression: "I don't see race. We're all the same."
- Impact: This can invalidate the clients' racial experiences and dismiss the importance of acknowledging and addressing racial issues.

Assumptions:

- Microaggression: "I assume you come from a single-parent household."
- Impact: Making assumptions about family structures based on race can perpetuate stereotypes and make the client feel misunderstood.

Exoticization:

- Microaggression: "You must be so strong and resilient because of your background."
- Impact: While meant as a compliment, this can stereotype the client as a strong, resilient person solely due to their racial background, overlooking individual differences.

Cultural Incompetence:

- Microaggression: "Can you explain what Kwanzaa is? I've never heard of it."
- Impact: Assuming the client is an authority on all aspects of their culture can make them feel like an outsider or burdened with representing their entire cultural group.

Invalidation of Experience:

- Microaggression: "Are you sure it was racism? Maybe it was just a misunderstanding."
- Impact: Dismissing the client's experience of racism can invalidate their feelings and contribute to a lack of trust in the therapeutic relationship.

It is crucial for therapists to be aware of the potential for microaggressions, actively work to avoid them, and create an open and culturally sensitive space where clients feel understood and respected. Addressing and apologizing for any unintentional microaggressions that may occur is also an important part of building a therapeutic alliance.

Gaslighting is the act of questioning and dismissing clients' experiences. Consider these examples in the therapy space:

- Questioning whether experiences that clients feel are related to their racial identities were racially driven.
 - Questioning a clients' desire for a therapist who shares their racial background.
5. Acknowledging difference and openly express commitment to inclusivity;

When working with a client and you sense or are told that you may not fully understand their identity or cultural experiences, the best approach is to ask and be open about it by acknowledging these differences and starting a conversation. By doing so, you signal to the client that you are willing to discuss race and racism, fostering a safe space for open dialogue. Discussing any issue, they have found uncomfortable can deepen the therapeutic relationship.

6. Use culturally sensitive recourses. Therapists typically begin the first session of an intake by getting to know the client, learning their narrative, answering questions, and establishing rapport. However, some intake questions are not culturally sensitive or relevant. When building rapport, ensure that the intake questions are culturally sensitive and would not negatively affect the development of rapport or discourage the client from returning for additional sessions. The way questions are framed during therapy is crucial for creating a safe and respectful environment. This

is particularly important when discussing personal and potentially sensitive topics like living situations and family structures. Here are examples that highlight the importance of language sensitivity:

Living Situations:

Traditional Approach: "Where do you live?"

Culturally Sensitive Approach: "Can you share a bit about your current living situation? What feels like home to you?"

Explanation: The culturally sensitive approach recognizes that the word "home" can carry different meanings for individuals from various backgrounds. It also allows the client to share as much or as little information as they feel comfortable with.

Family Structures:

Traditional Approach: "Are you married? Do you have children?"

Culturally Sensitive Approach: "Tell me about the people who are important in your life. This could include family, friends, or anyone you consider family. What does your support system look like?"

Explanation: The culturally sensitive approach avoids making assumptions about traditional family structures. It recognizes that family can be defined in diverse ways, respecting the clients' unique relationships and support network.

Relationships:

Traditional Approach: "Are you in a romantic relationship?"

Culturally Sensitive Approach: "Let's talk about the important relationships in your life. This could include romantic, family, or friendship connections. How do these relationships influence your well-being?"

Explanation: The culturally sensitive approach broadens the scope beyond traditional romantic relationships, acknowledging and validating various forms of meaningful connections that can impact an individual's life.

Cultural Identity:

Traditional Approach: "What's your cultural background?"

Culturally Sensitive Approach: "I'm interested in learning more about your cultural identity. How do you connect with and express your cultural background? What does it mean to you?"

Explanation: The culturally sensitive approach emphasizes curiosity and openness, inviting the client to share their cultural identity in a way that feels authentic to them.

Mental Health History:

Traditional Approach: "Have you ever been diagnosed with a mental health condition?"

Culturally Sensitive Approach: "Let's talk about your emotional well-being. Have there been times when you have faced challenges in managing stress or difficult emotions? How have you coped?"

Explanation: The culturally sensitive approach reframes the question to focus on the client's emotional well-being, avoiding stigmatizing language and providing a more open and inclusive space for discussion.

Essentially, *using culturally sensitive language involves approaching questions with openness, avoiding assumptions, and recognizing the diverse ways individuals experience and define various aspects of their lives. It is about creating a therapeutic dialogue that respects and values the client's unique perspective and identity.*

Do's for Culturally Relevant and Responsive Therapy:	Don'ts for Culturally Relevant and Responsive Therapy:
Do	Don't
Acknowledge Otherness	Avoid Prototyping
Be Culturally Competent	Refrain from Acculturating
Practice Self-Reflection	Avoid Overgeneralizing
Engage in Social Activism	Prevent Erasure
Utilize an Anti-Oppressive Approach	Avoid Historicizing
Practice Flexibility in Ideals	Avoid Mythologizing
Ensure to Address Paradoxes	Avoid Fetishizing
Prioritize Emotional Safety	Avoid Commodifying
Show Respect for Alterity	Avoid Over-empathizing
Recognition of Deviation	
Practice Cultural Humility	

Explanation for Do's:

Glossary of terms:

1. Otherness:

- *Definition:* The state of being different or distinct from the mainstream, acknowledging and respecting unique experiences and perspectives.

The concept of "otherness" refers to the state of being different or distinct from what is considered the mainstream or familiar. It involves recognizing and acknowledging the uniqueness of individuals or groups,

particularly in terms of their identity, experiences, perspectives, and characteristics that may differ from the perceived norm.

Otherness can manifest in several ways, such as differences in race, ethnicity, gender, sexuality, culture, or any other characteristic that sets individuals apart from a dominant or expected societal standard.

Acknowledging otherness involves respecting and valuing these differences rather than viewing them as inferior or deviant. The term is often used in discussions related to diversity, inclusion, and cultural understanding.

Additionally, the concept of being "othered" exists. The Other (with a capital O) indicates both the concrete other and the totality of what the other says to a client. In this case, the therapist is "Other" to the client. The concept of being "othered" by a therapist refers to the experience of feeling marginalized, misunderstood, or treated as different or "other" within the therapeutic relationship. This term is often used in the context of social identity, where individuals may perceive that their therapist views them through a lens of difference, emphasizing aspects of their identity that diverge from the perceived norm.

Case scenario of being "othered":

Samantha, a 16-year-old high school student, started seeing a therapist named Dr. Rodriguez to talk about her struggles with anxiety and self-esteem. Samantha is a Latina with a strong connection to her cultural heritage.

In the first few sessions, Samantha noticed that Dr. Rodriguez often brought up her cultural background, focusing on it more than other aspects of her life. While Samantha valued her heritage, she felt that Dr. Rodriguez was making assumptions based solely on her ethnicity.

During one session, Dr. Rodriguez asked, "Samantha, tell me more about how your cultural background influences your feelings about school and friendships." Samantha, feeling a bit uncomfortable, replied, "I mean, it's a part of who I am, but I also just want to talk about regular teenager stuff."

As the sessions continued, Samantha felt increasingly "othered" by Dr. Rodriguez. She sensed that her therapist viewed her primarily through the lens of her cultural identity, often emphasizing aspects related to being Latina. This made Samantha feel like her therapist was not seeing her as a whole person with a range of experiences beyond her ethnicity.

In a subsequent session, Samantha decided to express her feelings. She said, "Dr. Rodriguez, I appreciate you wanting to understand my culture, but sometimes it feels like that's all we talk about. I'm more than just my ethnicity, and I want to explore other parts of my life too."

Dr. Rodriguez, realizing the impact of her approach, apologized, and acknowledged Samantha's feelings. She explained that her intention was to create a culturally sensitive space but admitted she might have unintentionally emphasized one aspect of Samantha's identity over others.

From that point on, Dr. Rodriguez adjusted her approach. She actively listened to Samantha's experiences without overemphasizing her cultural background. The therapy sessions became more balanced, allowing Samantha to explore various aspects of her life, including typical teenage concerns.

In this case scenario, Samantha's experience reflects the concept of feeling "othered" in therapy due to the therapist's focus on a specific aspect of her identity. The resolution involves open communication,

therapist self-reflection, and an adjustment of therapeutic approach to create a more inclusive and balanced environment.

Case Scenario of Acknowledging otherness:

Therapist (T): Good afternoon, Maya. It is nice to see you again. How have things been since our last session?

Maya (M): Hi, therapist. I have been okay, but there is something I wanted to talk about. It's been on my mind a lot.

T: I am glad you feel comfortable bringing it up, Maya. This is a safe space for you to share whatever is on your mind. What has been going on?

M: Well, you know, sometimes it feels like people do not really get what it is like for me. Being the only Muslim in my class, it is simply different.

T: Thank you for sharing that, Maya. It is important to acknowledge and explore those feelings. I want you to know that I am here to understand your experiences better. Can you tell me more about what it is like for you being the only Muslim in your class?

M: Yes, it is like during discussions, some assumptions get made about my beliefs, or people make jokes without realizing they might be hurtful. It is isolating.

T: I appreciate you opening about that, Maya. It sounds like there is a sense of being misunderstood or isolated. I want you to know that I see you as an individual with unique experiences, and I am committed to understanding them. How can we work together to address these challenges?

M: I am not sure. I just want people to understand that being different does not mean I am not like them. I wish there were more awareness.

T: That is a valid desire, Maya. Your experiences and feelings matter. I want to acknowledge the uniqueness of your perspective and work collaboratively to raise awareness. We can explore ways to communicate your experiences with your classmates or find resources to promote understanding. What are your thoughts on that?

M: Yes, that could be helpful. I just want to be seen for who I am.

T: Absolutely, Maya. I hear you, and I am here to support you in navigating these challenges. Let us continue our conversation and explore strategies to create a more inclusive environment for you.

In this scenario, the therapist actively acknowledges Maya's feelings of being different due to her cultural and religious background. The therapist creates a space for Maya to express herself, validates her experiences, and collaborates with her to address the challenges she faces in a supportive and understanding manner.

2. Cultural Competence:

- *Definition:* The ability to understand, appreciate, and effectively work with individuals from diverse cultural backgrounds. It involves understanding, respecting, and effectively navigating the cultural nuances and experiences of individuals from the Black community, and tailoring therapeutic approaches to consider the specific experiences, challenges, and strengths of Black

girls. Here are key components of cultural competence for a non-black therapist: active listening, self-reflection, avoid stereotyping, practice cultural humility, and use culturally sensitive language.

3. Self-Reflection:

- *Definition:* The process of examining one's own thoughts, biases, and assumptions to gain insight and address personal prejudices.

The concept of self-reflection means to identify and understand your own biases, prejudices, and assumptions that may impact their perceptions of clients. This awareness is crucial for maintaining objectivity and avoiding the imposition of personal values onto the therapeutic process.

4. Social Activism:

- *Definition:* The advocacy for social and political change to address and eliminate systemic oppression and injustice.

Therapists when engaged in social activism, work towards challenging various injustices or inequalities when dealing with their clients, with the goal to improve wellbeing through advocacy, direct action to draw attention to a cause.

Case Scenario of Social Activism:

Therapist (T): Good afternoon, Aisha. It is good to see you today. How have you been since our last session?

Aisha (A): Hi, therapist. I have been okay, but with everything happening, it has been tough.

T: I understand, Aisha. The current events can indeed take a toll. I want you to know that I am here to support you. Beyond our individual work, I have been reflecting on how we can address some of the broader issues affecting the Black community. Would you be open to discussing that in our sessions?

A: Yes. It feels like there is so much that needs to change.

T: Absolutely. I have been looking into ways that I, as a therapist, can contribute to positive change. One initiative I am exploring is creating a support group specifically for Black girls. I want to provide a space where they can share their experiences and feelings while receiving support. What are your thoughts on that?

A: That sounds great. I am sure it would help a lot of girls who might not have a space like that elsewhere.

T: I am glad to hear your positive response. I also want to involve you in shaping how the group functions. Your insights will be invaluable in ensuring it meets the needs of the participants. Additionally, I am considering organizing workshops on mental health and empowerment tailored specifically for Black girls. What topics do you think would be important to cover?

A: Mental health is crucial, and addressing issues like self-esteem and racial identity could be beneficial. Also, including resources for dealing with discrimination.

T: Excellent suggestions, Aisha. I will work on incorporating those topics. Beyond our therapeutic work, I want to actively contribute to creating a more supportive and understanding environment.

If you have any other ideas or if there is a particular aspect you would like to be involved in, please let me know.

A: I appreciate that, therapist. It feels good to know that you are taking steps to make a positive impact.

T: It is important to me, Aisha. Our work goes beyond the individual sessions, and I am committed to supporting not just you but also contributing to positive change on a broader scale.

In this scenario, the therapist actively engages in social activism by taking concrete steps to support Black girls beyond individual therapy sessions. The therapist initiates the creation of a support group, seeks the client's input, and explores organizing workshops to address specific needs. This approach demonstrates a commitment to social activism in the context of mental health support

5. Anti-Oppressive Approach:

Definition: An active stance against oppressive systems, advocating for equity, justice, and dismantling discriminatory practices.

Case scenario of Anti-Oppressive approach:

Meet Keisha, a 16-year-old Black girl seeking therapy to navigate the challenges of racism, microaggressions, and identity exploration. Her therapist, Dr. Williams, is a white woman committed to applying an anti-oppressive approach in her practice.

Therapist: Hi Keisha, I am glad you are here. I want to let you know that my approach is rooted in actively challenging and dismantling oppressive systems. We will explore ways to advocate for equity, justice, and work towards dismantling discriminatory practices. How does that sound to you?

Keisha: That sounds good. I just want someone to understand what I am going through.

Throughout their sessions, Dr. Williams consistently applies an anti-oppressive approach by affirming Identity and addressing microaggression.

6. Flexibility in Ideals:

Definition: The acknowledgment that societal norms and values change over time, and the ability to adapt to evolving cultural perspectives.

Case Scenario of flexibility in ideals:

Meet Alex, a 20-year-old female, seeking therapy to explore their gender identity. Alex identifies as non-binary and is navigating the complexities of self-discovery in a society with evolving perspectives on gender. Their therapist, Dr. Garcia, is committed to practicing flexibility in ideals.

Therapist: Hi Alex, I am here to support you on your journey. It is important to acknowledge that societal norms and values change over time, especially when it comes to aspects like gender identity. Our approach will be flexible to adapt to your unique experiences and the evolving cultural perspectives on gender. How does that resonate with you?

Alex: That sounds great. I have felt a bit overwhelmed navigating this on my own.

Throughout their sessions, Dr. Garcia consistently applies flexibility in ideals by acknowledging the fluidity and evolving nature of societal perspectives on gender, adapts their approach to align with Alex's unique experiences, recognizing that there is no one-size-fits-all model for exploring gender identity and ensure that the therapy process is tailored to Alex's evolving understanding of self.

7. Addressing Paradoxes:

Definition: Recognizing, confronting, and working through contradictions or conflicting elements within the therapeutic relationship or the client's experiences to maintain a safe space.

Paradoxes in therapy may arise from conflicting emotions, thoughts, expectations, or external factors that create tension or ambiguity. The therapist's role in addressing paradoxes involves acknowledging these contradictions, fostering understanding, and assisting the client in navigating and resolving the conflicts to maintain a safe and supportive therapeutic space. This approach aims to promote insight, growth, and resilience as the client grapples with complex and sometimes contradictory aspects of their experiences or self-perceptions.

8. Emotional Safety:

Definition: Creating an environment where individuals feel secure, heard, and respected, prioritizing emotional well-being in therapy.

9. Alterity:

Definition: The state of being different or other, recognizing and respecting the uniqueness of everyone in the therapeutic relationship.

10. Recognition of Deviation:

Definition: Acknowledging and addressing the painful historical experiences that individuals from marginalized groups may bring to therapy.

11. Cultural Humility:

Definition: Approaching therapy with an attitude of openness, humility, and a willingness to learn from the cultural experiences of clients.

12. Prototyping:

Definition: Taking a one size fits all approach due to lack of knowledge Refraining from applying a one-size-fits-all approach, appreciating, and respecting the diversity of cultural expressions.

13. Acculturating:

Definition: Prescribing your own sociocentric perspectives as treatment. To Avoid acculturating means to refrain from imposing one's own cultural perspectives as treatment, recognizing the value of maintaining subcultural norms.

14. Overgeneralizing:

Definition: Expecting to see specific symptoms expressed in a certain way, without accounting diverse cultural expressions of emotions, including pain. To avoid generalizing is to refrain from expecting specific symptoms to manifest in a particular way, considering the diverse cultural expressions of emotions.

15. Erasure:

Definition: The destruction, loss, or forgetting the invisible aspects in pursuit of treatment plans, diagnoses, or professionalism. To avoid erasure means avoiding overlooking or neglecting the less visible aspects of a client's identity while formulating treatment plans or diagnoses.

16. Historicizing:

Definition: Treating current experiences as historical. It is essential to refrain from treating current experiences solely as historical, acknowledging the ongoing impact of cultural, racial, and social factors.

17. Mythologizing:

Definition: Forcing the client into the role of the hero or champion because of their experience of oppression. Essentially, Avoid the imposition of stereotypical roles based on a client's experience of oppression, such as the "strong Black woman" stereotype.

18. Fetishizing:

Definition: Using clients to fulfill personal desires or fantasies, maintaining professional and ethical boundaries.

A related concept that may be relevant in therapeutic settings is **Pathologizing**. In therapy, pathologizing refers to the tendency to view certain behaviors, thoughts, or characteristics as abnormal or indicative of a mental health disorder without considering the broader context or individual experiences. It involves reducing complex human experiences to diagnostic categories and may lead to oversimplification or misinterpretation of a person's unique situation.

It is crucial for therapists to avoid pathologizing their clients and instead approach their concerns with cultural sensitivity, empathy, and an understanding of individual differences. The goal is to appreciate the diversity of human experiences without reducing them to predetermined categories or stereotypes. Therapists should strive to create a supportive and inclusive therapeutic environment that respects the complexity of each client's unique identity and experiences.

19. Commodifying:

- *Definition:* The forceful imposition of ideals and justifications that perpetuate racism and discrimination within social services and educational systems.

20. Over-empathizing:

- *Definition:* Exercising caution not to excessively take on the client's pain, instead focusing on being receptive and understanding without appropriating their experiences.

Acknowledge Otherness: Recognize and honor the unique experiences and perspectives that individuals bring, going beyond ethnic, racial, or sexual differences.

Cultural Competence: Strive to understand and respect the diverse cultural backgrounds and experiences of clients to provide effective and sensitive therapy.

Self-Reflection: Engage in ongoing self-reflection to identify and address personal biases, assumptions, and unconscious prejudices that may affect therapeutic relationships.

Social Activism: Embrace the role of a social activist, advocating against oppression, and working towards creating a more inclusive and just society.

Anti-Oppressive Approach: Actively challenge and oppose oppressive systems within the therapeutic context, promoting equity and justice.

Flexibility in Ideals: Acknowledge that societal ideals change over time while remaining flexible and adaptive to evolving cultural norms.

Address Paradoxes: Confront and address paradoxes within the therapeutic system to avoid emotional tensions and create a safe therapeutic space.

Prioritize Emotional Safety: Create an environment where clients feel heard, understood, and respected, prioritizing emotional safety within the therapeutic relationship.

Respect for Alterity: Understand that otherness occurs uniquely for each individual within the system, recognizing therapy as a relationship of otherness.

Recognition of Deviation: Acknowledge and address the painful history that individuals from marginalized groups may bring to therapy without harmful denial or overcompensation.

Cultural Humility: Approach therapy with cultural humility, recognizing that you may not fully understand a client's experience and being open to learning from your clients.

Explanation for Don'ts:

Avoid Prototyping: Refrain from taking a one-size-fits-all approach, understanding, and appreciating the diversity of cultural expressions and experiences.

Refrain from Acculturating: Do not impose your own sociocentric perspectives as treatment, recognizing that maintaining subcultural norms is not necessarily pathological.

Avoid Overgeneralizing: Refrain from expecting specific symptoms to be expressed in a particular way, considering diverse cultural expressions of emotions and pain.

Prevent Erasure: Do not overlook or forget the invisible aspects of a client's identity in pursuit of treatment plans, diagnoses, or professionalism.

Avoid Historicizing: Refrain from treating current experiences as purely historical, recognizing the ongoing impact of cultural, racial, and social factors.

Avoid Mythologizing: Do not force clients into stereotypical roles based on their experience of oppression, such as the strong Black woman.

Avoid Fetishizing: Refrain from using clients to fulfill personal desires or fantasies, maintaining a professional and ethical boundary.

Avoid Commodifying: Do not force clients into ideals and justifications that perpetuate racism and discrimination within social services and educational systems.

Avoid Over-empathizing: Be cautious not to over-empathize to the point of taking on the client's pain; instead, focus on being receptive and understanding without appropriating their experiences.

