

# MINIMIZING “CULTURAL ERRORS” IN PROFESSIONAL PRACTICE

Rex M. Swanda, Ph.D., ABPP  
Board Certified Clinical Neuropsychologist

Evelyn Sandeen, Ph.D., ABPP  
Board Certified in Clinical Psychology

UNM Continuum of Care  
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# Acknowledgements

## ■ REFERENCE

- *Sandeen, E., Moore, K.M., and Swanda, R.M. (2018). Reflective Local Practice: A pragmatic framework for improving culturally competent practice in psychology. Professional Psychology: Research and Practice, 49, 142-150. <http://dx.doi.org/10.1037/pro0000183>*

# Training Experience in Cultural Diversity

- What is the most recent cultural diversity training you received?
- What is the best cultural training experience you have been involved in?

# Historical Perspectives on Culture in Professional Practice

- Cultural Blindness
- Consciousness Raising
- Emphasis on Education about Specific Cultural Characteristics
- Intersectionality and Self-Awareness
  
- WHERE ARE YOU ON YOUR CULTURAL PATH?

# What is Culture?

- Culture is an umbrella term which encompasses the social behavior and norms found in human societies, as well as the knowledge, beliefs, arts, laws, customs, capabilities, and habits of the individuals in these groups. [Wikipedia](#)
- This discussion is based on the broadest possible definition of Culture

# GOALS for Cultural Competence Training for Professionals

- Apply ideas to any cultural community
- Use realistic principles that are likely to reach across the cultural divide, regardless of cultural background
- Expect the professional, who is likely to hold greater power and authority, to take responsibility for their cultural assumptions
- Since it is not realistic to gain expert knowledge of the culture of everyone we work with, emphasize training and tools that will improve effective cultural communication with everyone
- *Are there any professional situations to which a model of cultural competence should NOT be applied?*

# Cultural Competence Training Models

- Informational approach
- Self-Reflective approach
  
- *These are not mutually exclusive*
- *An effective cultural presence requires both*

# INFORMATIONAL APPROACH to Cultural Competence

- Emphasizes an instructional or didactic approach to learning about a defined cultural group
- Focused on “Otherness,” learning about the “Other“
- Assumes the professional is part of “majority” culture
- Often involves exploration of in-group vs. out-group differences, either implicitly or explicitly
- Relies on “expert” knowledge to learn about a defined cultural group



# SELF-REFLECTIVE APPROACH to Cultural Competence

- Goal of identifying, clarifying and making explicit the assumptions we all hold about other persons and situations
- Focuses on “Self” through self-examination
- Seeks to explore the impact of our assumptions on interactions with others
- Emphasizes cultural competence through self-awareness

# RLP: REFLECTIVE LOCAL PRACTICE

Emphasizes both INFORMATIONAL and SELF-REFLECTIVE approaches for improving and maintaining professional cultural competence.



# Reflective Local Practice

- The term serves as a mnemonic device
- “**Reflective**” refers to self-awareness of one’s own assumptions and increased awareness of implicit biases in order to increase the likelihood that the patient will benefit from professional services.
- “**Local**” refers to a professional expectation (obligation) to seek education and knowledge about specific cultures that are likely to be represented within the professional’s practice.
- “**Practice**” refers to the development and enhancement of professional skills to bring cultural awareness and sensitivity into the professional’s practice.

# Assumptions of RLP

- Universality: Everyone has a culture
- Culture is Intersectional: We exist in a Matrix of Cultures
- Culture is ever-shifting
- Bias is universal
- Training must include history and power analyses
- Cultural competence is ethically necessary

# REFLECTION

RLP: Reflective Local Practice



# Improving Communication: Reducing Barriers to Effective Reflection

- Language – how we label ourselves and others in discussions of culture – is often associated with judging, blaming or shaming, and can lead to shutting down discussion, avoidance and outright denial

- *Prejudiced*

- *Older White Male*

- *Racist*

- *Special Snowflake*

- *Privileged*

- *Misogynist*

- *Bigot*

- *“Karen”*

- How many terms are floating in your head that we wouldn't even want to put into writing?

# Improving Communication: Reducing Barriers to Effective Reflection

- Mandatory cultural training in the workplace
  - *Special challenges for the proverbial older white male, or those who are perceived to hold power*
- Challenging for all of us to grapple with culturally embedded attitudes, which we have never had to – or had opportunity to – explicitly face
  - *I am not prejudiced – I treat everyone the same*
- We are all challenged by the cultural corrals in which we are raised

# Improving Communication: Reducing Barriers to Effective Reflection

## ■ WHAT TO DO?

- *Acknowledge the possibility that our attitudes are shaped by unexamined assumptions*
- *Reflect and explore assumptions that underlie attitudes*
- *Seek out confirming and disconfirming information and experiences that will reinforce or weaken attitudes*

## ■ EASIER SAID THAN DONE

- <https://implicit.harvard.edu/implicit/takeatest.html>



# Improving Communication: Reducing Barriers to Effective Reflection

## ■ WHAT TO DO?

- *Accept reality that we all hold unquestioned attitudes that are shaped by unexamined assumptions*
- *Recognize what a challenge it is, to explore assumptions that underlie lifelong beliefs*
- *Give yourself credit for willingness to seek out new information, listen to an alternative news source, check out an ethnic restaurant that is new to you, and try to do one new thing to imagine the worldview of another person*

## ■ SET CHANGE INTO MOTION WITH SMALL, DO-ABLE STEPS

## ■ DEVELOP A HABIT

# Improving Communication: Reducing Barriers to Effective Reflection

- Hot Spots
- Blind Spots
- Soft Spots

# “Hot Spots”

- Strong emotions that are likely to occur when a person has experienced powerlessness, oppression, harm
- “hot” emotion is understandably associated with these experiences
- Unacknowledged hot spots can cause disproportionately strong reactions, with potential harm to professional relationships
- Not necessarily good or bad, but important to recognize in order to manage
- Examples?

# “Hot Spots”

- Examples of “hot spots” that would be likely to evoke strong emotional responses and risk cultural errors:
  - *Almost any politically divisive topic!*
  - *Strongly held personal conviction, often shaped by personal trauma, spiritual beliefs, or other experience*
  - *Personal vulnerability*

# “Blind Spots”

- Gaps in awareness of relevant cultural information that are filled in with often-unexplored, culturally-based assumptions
- Predictably occur across power divides
- Lower-power groups are typically more aware of higher-power culture than vice-versa (but not necessarily)
- We cannot manage something we are not aware of
- Blind spots can lead to underestimating potential or overlooking strengths in others

# “Blind Spots”

- Examples of “blind spots” that would be likely to risk cultural errors that could damage a professional relationship:
  - *Assumptions about education and related challenges of expense or lack of support within the culture*
  - *Ease and freedom to engage in business transactions without fear of harassment*
  - *Perceptions of law enforcement*
  - *Challenges of transportation. What does it take for a patient who is dependent on bus to arrive on time?*

# “Soft Spots”

- Soft spots occur when unexamined assumptions lead to deviations from one’s usual professional practice, usually in the direction of lowered expectations
- May be associated with strong identification with the patient
- Can also occur through guilt or pity toward the patient
- Usually driven by “blind spots” that are based on unexamined assumptions or attributions about another person’s culture
- Can result in cultural errors that lead to sub-optimal outcomes and/or microaggressions

# “Soft Spots”

- Examples of “soft spots” that increase risk for cultural (and ethical) errors and increase risk for damage to a professional relationship:
  - Consistently going “above and beyond” for a particular patient.
  - Failing to enforce or clarify routine practice rules.
  - Agreeing to “bend” practice rules.
- Deviations from “usual and customary” standards of professional practice



# “Soft Spots”

- Deviations from “usual and customary” standards of professional practice result in increased risk for Cultural (and Ethical) errors when
  - *unexpressed resentment builds up over time,*
  - *inappropriate power dynamics are reinforced*
  - *willingness to work with the patient in the future is affected*
- Exceptions to “usual and customary” standards should prompt effort to explore ethical implications, and sort out underlying cultural assumptions that might be driving willingness to make an exception.

# Applying this analysis to yourself

- Assume that everyone has a combination of these “spots”
- Look for examples of strong emotion that have been aroused in you, especially through professional interactions
- Be honest with yourself in acknowledging disempowering or painful experiences in your past as well as limitations in your “cultural corral” that can be traced to your “spots”
- Be aware of times you may have altered your usual clinical practices for a “special” patient

# Cultural Self-assessment

## ■ Provocative Questions

- *Use your understanding of your own culture to identify cultural assumptions that were passed on through your own family and cultural community*
- *Some of these items may show contrast between family culture and the community or ethnic culture with which you identify*
  - e.g., “How was death handled in your family?”

# Provocative Questions

- What was the attitude toward education in your family?
- Describe an experience when you became acutely aware of cultural differences between yourself and those around you.
- Describe an experience when you became aware of cultural differences between how you were raised and how you had developed as an adult.
- Describe a professional experience in which you made a “cultural error.”
- Describe a prejudice or bias that you acquired in childhood.
- Describe a time when you felt shame about some aspect of your family of origin.
- Describe a time when you felt hurt or damaged by cultural blindness on someone else’s part.
- What were your family’s attitudes toward “independence” vs. “interdependence”?

# INTERSECTIONALITY

## Influences on YOUR cultural identity

Social Class	Sexual Orientation	Gender Identity	Education Level
Family Role	Looks / Body Type	Geographic origin	Veteran status
Profession / Work / Retirement	Political affiliation	Religion / Spirituality	Health / Disability
Survivor status	Race	Ethnicity	Age

# Cultural Self-assessment

- How does your cultural identity reflect Power and Disempowerment

- *Consider how your own identity might be related to*

- Hot spots

- Blind spots

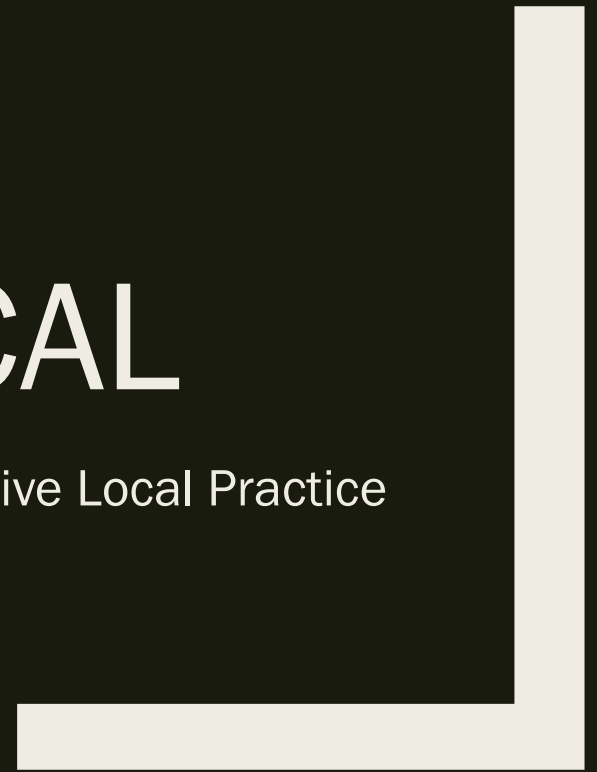
- Soft spots

# Assessment of Power and Disempowerment

Social Class	Sexual Orientation	Gender Identity	Education Level
Family Role	Looks / Body Type	Geographic origin	Veteran status
Profession / Work / Retirement	Political affiliation	Religion / Spirituality	Health / Disability
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# LOCAL

RLP: Reflective Local Practice





# Local: Geographically-specific content information

- What are the most common “cultures” that you see in your practice?
- Do you know much about the history of those cultures?
- Are there some “cultures” that you failed to recognize as cultural communities?
- How much time do you spend in your own neighborhood? In other neighborhoods?
- Can you identify opportunities to seek out experiences in learning about cultures other than your own?

# SUGGESTIONS for enhancing your familiarity with LOCAL culture

- Learn relevant history
- Get out of your neighborhood
- Movies, literature, poetry, visual art, food
- Seek out a “Cultural Plunge”
- Take every piece of learning as something to be used in hypothesis-testing
- Listen for unique language and vocabulary
- Experts?
- What else?

# LOCAL cultural knowledge

- What local cultural groups do I need to be better informed about?
- How can I learn more?
- How will I know when I know enough?
- Am I an **observer**? Or a **participant**?
- How generalizable is the information?

# PRACTICE

RLP: Reflective Local Practice



# Development of culturally sensitive practice

- Make it a PROFESSIONAL HABIT to place patient's issues in a cultural context
  - routinely incorporate discussion of culture in professional interactions
  - Come up with a ROUTINE QUESTION that you can include as part of your standard practice
- The goal is to signal your interest and willingness to listen and learn from your patient or their support system.
  - *"Tell me about your growing up. What was your family like?"*
  - *"How would other people in your [cultural] community handle this issue?"*
  - *"What do I need to know about you and your background to better understand what is going on for you right now?"*
- Are there areas you routinely neglect or avoid? Think about your own "spots."

# Standard Assessment of PATIENT'S cultural identity

Social Class	Sexual Orientation	Gender Identity	Education Level
Family Role	Looks / Body Type	Geographic origin	Veteran status
Profession / Work / Retirement	Political affiliation	Religion / Spirituality	Health / Disability
Survivor status	Race	Ethnicity	Age

# Inclusive language

- The language we use signals our willingness to hear the things that are difficult for a patient to express
- Use of personal pronouns
  - *Given your professional style and characteristics, how would you signal your willingness to learn about your patient's preferred personal pronouns?*
- Is there any culturally-specific information about yourself you would want to share with your patients
  - *If so, why?*
  - *If not, why not? What cultural information would NOT be appropriate to share with a patient?*

# SUMMARY: Development of culturally sensitive practice

- Develop a professional HABIT of examining the assumptions you bring to every professional interaction.
- Listen to your internal thoughts for judgmental language or emotional reactions that might signal “hot spots”
- By definition, it is difficult to be aware of “blind spots”.
  - *Forgive yourself and keep trying!*
  - *The goal is to explicitly practice empathy, trying to put yourself in the position of the other person.*
- Examine deviations from normal practice for “soft spots.”
- Practice “Universal Assumptions”. ASSUME that important cultural factors are present in EVERY interaction – it is your responsibility to be aware of those factors.
- You may be at highest risk for missing important cultural factors or failing to examine cultural assumptions in the presence of someone you think is culturally similar to you.