

Cultural Sensitivity Series Overview of Staff Reactions
Prepared by June Helme, LCSW-R

"I learned a great deal about myself and others—what role my identity plays in my professional work—how much I know and don't know about others' cultural background."

"I was very excited [to have] the opportunity to engage in dialogue over an extended period of time. As a result of this opportunity I feel as though I have been able to get to know my colleagues on a higher level [and this] contributes to a deeper level of understanding [that] enhances communication. The forum has enriched my own clinical work."

"I found the topics interesting and relevant to our work here....We need to constantly examine our relationship with culture to fully understand ourselves and our clients. Because my ethnic background is different than my clients, it is very important not to lose sight of how this fact affects my work."

"The discussions were both informative and good reminders of issues that we might know but not always remember to be aware of in our work with other individuals/cultures."

"The presentations brought many topics to the forefront of my awareness and opened further discussions outside of the presentations."

"A great forum to gain insight and understanding of cultural views that I might not previously [have] thought about."

"I enjoyed discussing these topics, and I think they are very important to bring up since they can easily be overlooked."

"I learn to be more open and sensitive to issues when I talk to parents and kids. I find it incredibly helpful to listen to the experiences of other clinicians and their salient moments with clients. Hearing another colleague talk about a 'culturally sensitive' moment that had an impact on treatment—this helps me to evolve my own self-concept and clinical practice."

"The ...series provided me with knowledge on ...cultures and topics that sometimes I was just not aware of. I learned to be more insightful and respectful of other people's culture, values and opinions."

"I think the cultural sensitivity series has been clinically rich and a really nice opportunity for staff to share about their experiences as individuals and clinicians in addressing cultural/racial/gender issues."

"It is my belief that these conversations are necessary to have among staff as culturally embedded beliefs impact our work on a daily basis. I think that without these

conversations, culture, gender, sexual orientation, economic status, beliefs surrounding power, medication becomes either the pink elephant in the room, or we as the therapist end up imposing our values on the client.”

“I think that these questions are best explored together [with] colleagues *where learning can be compounded, and expanded based on responses from others.*”

“I found it extremely *relevant and helpful [in] assisting me to adopt new ideas in how I can use our paperwork to promote a collaborative clinical practice.*

Since that time I have used the progress note, Part A, and [the] treatment plan review collaboratively with a few of my parents. In order to do this, my perspective also changed on what the parent and child [were] actually doing in treatment. Documenting this in an empowering way and having a parent respond to it has led to positive outcome each and every time.

“*What would we be doing as clinicians if we did not take the time to explore the essence of what makes us who we are, and what makes our clients who they are?* I’m thankful for the opportunity to dialogue about culture on a group level, with regularity. Many of us have taken emotional risks in our sharing during these discussions, which seems to be key in taking our dialogue past generic observations about “the culturally different” and on to the REAL struggles we face in negotiating our identities in the therapy room.”

[Cultural sensitivity discussions develop self-awareness of the ways we are different, awareness of our own identities and then move us to attend to the same issues in our broader experience in the world. Cultural sensitivity discussions enhance our awareness of ourselves in our work and “build muscles” to talk about difficult topics everywhere. These conversations make possible an awareness that prevents us from imposing our own values upon our clients.]

Going Forward

“I would like to do this by learning how to use clinical skill to obtain other helpful stories in the lives of my families that they could draw from during ... difficult times- thereby connecting their hopes and dreams to their resources and strengths.”

“I would also like to become linked more to the community in which I work. I think the community should also know about us (OPC). This may come in the form of having a breakfast with the Senator next door, learning about how we as therapists can advocate and link with parents to advocate for services for children and families, how we as therapists can become more involved politically.”

“My hope is to change [my] presentation [to] all of my families, and that [my] paperwork would reflect these changes as well.”

“My hope is that discussion topics continue to feel authentically related to culture.

Topics I'd be interested in discussing: issues of privilege; the impact of cultural communication styles on the relationship & therapy process; obligations that our organization has in adapting practices to better serve the cultural groups we serve."

"Next step: sharing the value of this work with administrators for other programs and advocating this to [be] implemented throughout our agency."

"I believe the next logical direction for our clinic is to begin exploring more in depth the social and political climate of our work. Social policy issues are very important to our community and the clients we service. I believe it is important to be informed and active in our world and the communities we live in and serve. I will be the first to admit that I often shied away from politics and policy issues fearing that I was not informed enough to participate in a discussion let alone enact essential policy to help bring change to our communities. *I would like the opportunity to learn and focus intensively around the issues that surround our communities and become an informed agent to bring about change.*

[I am interested in] documentaries that [explore] cultural issues that we could watch and discuss.

For example: something on homelessness, immigration, how various ethnic groups from distinct communities in NYC support/celebrate their culture.

"I would like to continue the series. Some things I have been interested in recently ...
How have cultural traumas affected current generations-- Holocaust and Slavery.
How [have] these groups processed these traumas?"

Another topic that has interested me is the African Diaspora/ Latino Caribbean. How ... have [these groups] disconnected and rejected African Ancestry, and how [does] this affect their identities as immigrants here in America?"

"In the future I would like the Cultural Sensitivity Series to include discussions that focus on:

gender, different age groups, single parent family, the role of discipline in different cultural groups, cultural views on societal interventions (like ACS, court intervention, etc) and its impact on family's and individuals' behavior."

"Patients reactions to young unmarried female professionals without children."

"How about [therapist] age and experience and how that affects the impression of our families?"

"I was thinking about what other topics we can discuss, maybe the worker's sexual orientation in working with kids, how different cultures can have different views and opinions, does it matter to the families? How do the families feel about it?"

“I think we can continue by either hearing other points of view on the same topics or revisit and further deepen conversations on previously presented cases and experiences.”

“I would love to see these issues applied to specific cases...e.g. perhaps we could read a case as a group and talk about how cultural sensitivity may come into play in the case.”

“...if people shared cases where the clinician feels cultural issues may be central to establishing rapport or acting as a barrier to treatment, it would allow us to keep thinking about these issues as a group.”

“Self-care work”