Anti Black Racism, Cultural Safety
Clinical Practice Components/Competencies

Awareness and Attitude

Awareness of Own Cultural Values and Biases

- Aware of and sensitive to own cultural heritage, social location and self-identity
- Aware of own background/experiences, values and biases and how they might influence psychological processes and affect Black clients
- Able to recognize the limits of own cultural competence and expertise
- Acknowledges and is aware of one's own potentially racist, sexist, heterosexist, or other detrimental attitudes, beliefs, and feelings
- Aware of differences between self and Black clients in terms of race, gender, sexual orientation and other sociodemographic variables
- Aware of cultural transference and countertransference and defensive reactions and how these might affect clinical support
- Engage in critical self-reflection regarding personal identity and attitudes to African Canadians, self-monitoring, and self-correction
- Understanding how oppression, especially anti-Black racism and discrimination personally affect oneself and one's work
- Values and respects self-care and self-awareness
- Valuing and respecting humility and willingness to learn from others; open-mindedness.

Awareness of Client's Worldview

- Values/respects differences, diversity among and within the Black community
- Respects religious and/or spiritual diversity and beliefs in the community
- Respects community helping practices and community networks
- Respects the Africentric worldviews, values and cultural norms of members of the community
- Can be non-judgemental

Knowledge

Culture-Specific (Emic)

- Possesses specific knowledge of normative values/beliefs about illness, "normality"/ "abnormality", help-seeking behaviours, culturally unique symptoms and interventions, interactional styles, and worldview of diverse African Canadian communities with which one is working
- Possesses specific knowledge about Black cultures one serves to anticipate barriers to access
- Possesses enough knowledge about the Black community to avoid breaching client's taboos, health care beliefs, or rules of interaction
- Knowledge of available community and mainstream service resources for culturally safe care

Culture-Generic (Etic)

- Aware of institutional barriers that prevent some members of the community from using mental health services
- Knowledge of history, experience and consequences of oppression (especially anti-Black racism), prejudice, discrimination, and structural inequalities
- Understands culture-bound, class-bound, and linguistic features of psychological help/interventions
- Knowledge of the heterogeneity that exists within & across the Black community and the need to avoid overgeneralization and negative stereotyping
- Good understanding of Canada's and Toronto's socio-political system and its treatment of African Canadians in terms of issues like, immigration, poverty, powerlessness, etc.
- Knows how anti-Black racism operate at a community level.
- Knowledge of own social impact and communication styles
- Knowledge about personal dynamics of acculturation, ethnic identity development and cultural identification
- Understanding the process by which clients internalize oppression, how process is manifested, and how it results in surplus powerlessness

Skills

Pre-Engagement

- Help-seeking pathways

Engagement

- Establishing rapport and therapeutic alliance in culturally congruent way considering culture-bound interpretations of verbal and nonverbal cues, personal space, and eye contact
- Educates clients one's practice
- Cultural empathy
- Establish goals collaboratively
- Ability to inspire hope, maintain a strengths perspective focussing on resilience.

Assessment/Feedback

- Ability to assess issues at client's level of acculturation, acculturative stress, and stage of gay or lesbian identity development
- Ability to modify standardized tests/assessment tools and qualify conclusions appropriately (incl. Empirical support where available) for use with community members, with consideration of inherent cultural biases
- Conduct assessments through open-ended questions to elicit client's perceptions and beliefs, concepts/definitions of health, disease, mental health care utilization and healing;
- Integrate physical, psychological, social, cultural, and spiritual dimensions in assessing problems and strengths
- Use of cultural Consultant/Broker
- Assessment of family dynamics and support systems
- Knowledge of culture-specific diagnostic categories and understanding
- Ability to ascertain effects of therapist-client language difference (incl. Use of cultural interpreters/ translators) on assessment and intervention

Treatment/Intervention

- Ability to use cross-cultural communication skills—send and receive and generate a wide variety of verbal and nonverbal responses, cues, use patience, listening and respect of silence to leave space for client
- Ability to problem-solve based on client perspective
- Can seek consultation with community Elders, Traditional Healers, Wise Women, or religious/spiritual leaders and practitioners in treatment of Black families and children

- Ability to ensure clinical approach fully integrates ABR considerations, references, resources and tools
- Ability to work with cultural interpreters
- Ability to support client empowerment working with and through community-based organizations
- Confidence in one's ability to provide high quality, culturally safe, anti racist
- Ability to negotiate interventions based on cultural/traditional and mainstream perspectives and strategies
- Advocate for client-centred care
- Support clients in identity pride, building on strengths and encouraging self-definition, drawing on cultural anchors and resources.

Closure/Discharge

- Ability to define appropriate circumstances in which should reconsult with client and family members

Power Relationship Issues

Client-therapist Dyad (Micro-Level)

- Knowledge about cultural differences and power dynamics that might affect clinical interactions
- Set goals, develop treatment plans and choose interventions collaboratively with clients
- Sensitivity to issues of power, trust/mistrust, respect and intimacy in practitioner-client relationship
- Managing rather than masking emotional responses

Client-System (Macro-Level)

- Social justice orientation and recognition of power issues in relationships
- Ability to engage in systems level advocacy as appropriate in relation to ABR and service inequities
- problems/barriers as residing outside the client. (Eg. Outreach, consultant, change agent, program changes, resources, etc.)

Practitioner-Oriented Research and Knowledge Development

- Systematic process-outcome research and data collection on relevant Black community issues and developments
- Seeks out ongoing educational, consultative, and ABR/AO training experiences and resources.

Some Examples of how Anti-Black Racism is manifested in Mental Health Care

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- **Criminalization & Pathologizing:** The ways in which Black families/identities are sometimes criminalized and pathologized in narratives or viewed by system (workers etc.) Negative descriptions, characterizations (angry, aggressive, violent etc.). Language and ideas that speak about Black families in criminal ways or view Black families in a criminal way. The Criminalization and Pathologizing of Black identities in the larger society is sometimes transferred into mental health care.
- **Erasing of Culture & Identity**: Failure to document or identify the families' culture or identity or speak to it in assessments and recording. Failure to consider it thoroughly in clinical services to families and in planning and referral decisions. Not understanding the importance of affirming racial and cultural identity and not adequately supporting identities. Insufficient understanding of how Anti-Black Racism impacts the experience of Black Children & youth.
- **Over Surveillance & Invisibility:** The ways in which Black families and communities are over -surveilled by various systems e.g. Child Welfare, TDSB, Hospitals, and Schools. Leads to over reporting of Black families. Families are more hyper visibile to various systems. **Invisibility** re the agencies understanding of the cultural needs of Black families and how racism and trauma impact families' responses.
- **Differential Use of internal Policies & Procedures:** Workers sometimes justify intrusiveness or response through Policies, Procedures or Protocols. Same policies, same procedures however different application by the agency. Not resorting to these policies and procedures with Black families to the same degree.
- **Racists/biased stereotypes and assumptions**: How biases and assumptions about families, clients contribute to negative characterization, decision making about families. Black families sometimes viewed in a pathologized and criminal manner and the way that they are characterized negatively will likely impact decision making. Assumptions in cases without context or understanding the experience of racism in the agency. Racist ideologies. Social biases and stereotypes are manifested in the agency.