

# Practicing Cultural Humility: Caring for the Dyad Affected by Substance Use Disorders

**Audience:** Physicians, nurses, pharmacists, lactation consultants, social workers, behavioral health providers, social workers, psychologists, counselors, child protective services workers, peer support specialists, recovery coaches, policy makers, law enforcement, judges, attorneys and court staff.

**Defining Culture:** Integrated patterns of human behavior including actions, beliefs, communications, customs, language, thoughts, values, and institutions of racial, ethnic, religious, or social groups. It's a system of rules that are the base of what we are and affect how we express ourselves as part of a group and as individuals<sup>1</sup>. Culture influences a person's views, values, loyalties, hopes, fears and worries.

**Defining Cultural Humility:** The ability to maintain an interpersonal stance that is oriented/open to the other person. This stance is in relation to aspects of cultural identity that are most important to the other person<sup>2</sup>. (see Figure 1 for key aspects)

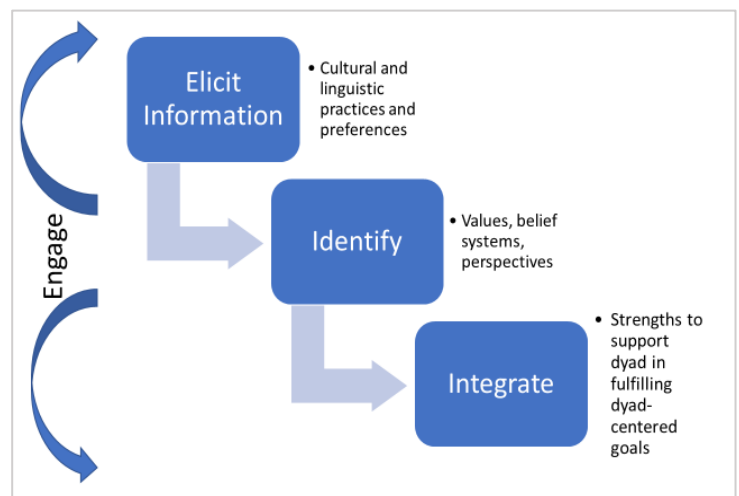
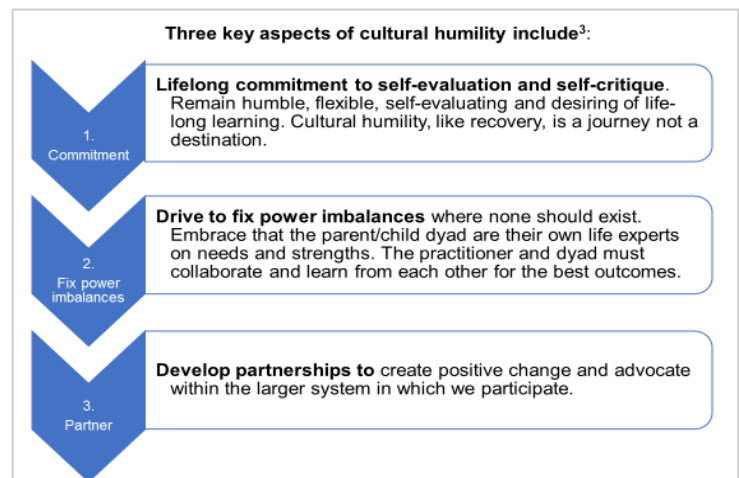
We have found success in helping dyads reach their goals by taking the following actions (see Figure 2):

**Engage the dyad-** We foster an inclusive environment that starts with our initial approach and greeting of the dyad. Greet and call each member of the dyad by the name they want to be called and with care toward the level of eye contact that is comfortable for them.

We foster rapport by eliciting information about what matters to the dyad and what beliefs, values and preferences they have. We use shared decision making in treatment decisions using person-first language within a strength-based approach to care.

We support prenatal and postnatal bonding through respect, education, choice, encouragement and empowerment.

We recognize the importance of historical and other forms of trauma that may influence the interactions between the dyad and with our care team. We use evidence-based interventions that are respectful and reflective of culture and trauma.



## RESOURCES

1. <https://www.movementforfamilypower.org/ground-zero>
2. <https://static1.squarespace.com/static/5be5ed0fd274cb7c8a5d0cba/t/5eead939ca509d4e36a89277/1592449422870/MFP+Drug+War+Foster+System+Report.pdf>
3. <https://commonsensechildbirth.org/jjway/>

## REFERENCES

1. US Department of Health & Human Services, Office of Minority Health, <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=11>, <https://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culture-and-diversity/main>
2. Hook, J. N., Davis, D. E., Owen, J., Worthington Jr., E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology*. doi:10.1037/a0032595
3. Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9, 117-125.