

# Embracing Cultural Humility by Integrating Trauma-Informed Practices in Infant and Early Childhood Mental Health

Sufna John, PhD

Associate Professor; Dept. of Psychiatry

University of Arkansas for Medical Sciences

# Who am I?

- ▶ I am a licensed child psychologist who specializes in infant and early childhood mental health and trauma, particularly for families in the child welfare system.
- ▶ I am a state trainer in Child-Parent Psychotherapy and the DC:0-5 diagnostic system for young children. I am also nationally-certified to provide multiple evidence-based treatments for trauma.
- ▶ I am a strong supporter of the Infant-Toddler Court Program and have engaged with my county's Safe Babies Court Team for several years.
- ▶ I am an Indian American mother of two biracial boys, ages 4 and 7.

# Overview

1. Understand the concept of cultural humility and how it intersects with components of trauma-informed care.
2. Recognize the need for cultural humility by scrutinizing ways in which dominant cultural views have shaped theories of trauma-informed care and infant and early childhood mental health.
3. Discover strategies for embracing a culturally-humble lens when working with young children and families who have experienced trauma.



# Understanding Terms

# Cultural Competence vs Cultural Humility

- ▶ **Cultural competence** implies the notion that you can achieve “competence” in the area of cultural practice. This school of thought traditionally relies on gaining knowledge about different membership groups to achieve competency. It has been critiqued as implying that cultural work has a tangible end-goal, reinforcing inherent power imbalances in who has knowledge, and frequently neglecting differences within communities.
- ▶ **Cultural humility**, instead, is “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.” It requires a humble stance that is constantly striving to be aware of historical and current marginalization and how they impact the quality of care that is provided to marginalized populations.

Tervalon, M., & Murray-García, 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(2), 117-125.

# A Trauma-Informed System...

- ▶ **Realizes** the widespread impact of trauma and paths to recovery.
- ▶ **Recognizes** the signs and symptoms of trauma.
- ▶ **Responds** by integrating knowledge about trauma into all aspects of the organization/system.
- ▶ **Resists** re-traumatizing individuals.





# The Impact of Dominant Culture on Infant and Early Childhood Mental Health: A Call to Embrace Humility

# Conceptualization of “Secure Base” and “Attachment”

- ▶ Secure base behavior is used as an indicator of secure attachment. The concept, and its measurement, has been critiqued for being culturally-insensitive.
- ▶ Why might certain cultural groups encourage or discourage exploratory behavior?
- ▶ How might historical trauma and current forms of oppression impact how caregivers and children engage in comfort-seeking behavior?
- ▶ How does the current model fail to include unique, adaptive parenting strategies that caregivers from marginalized groups use to encourage healthy attachment in their children?

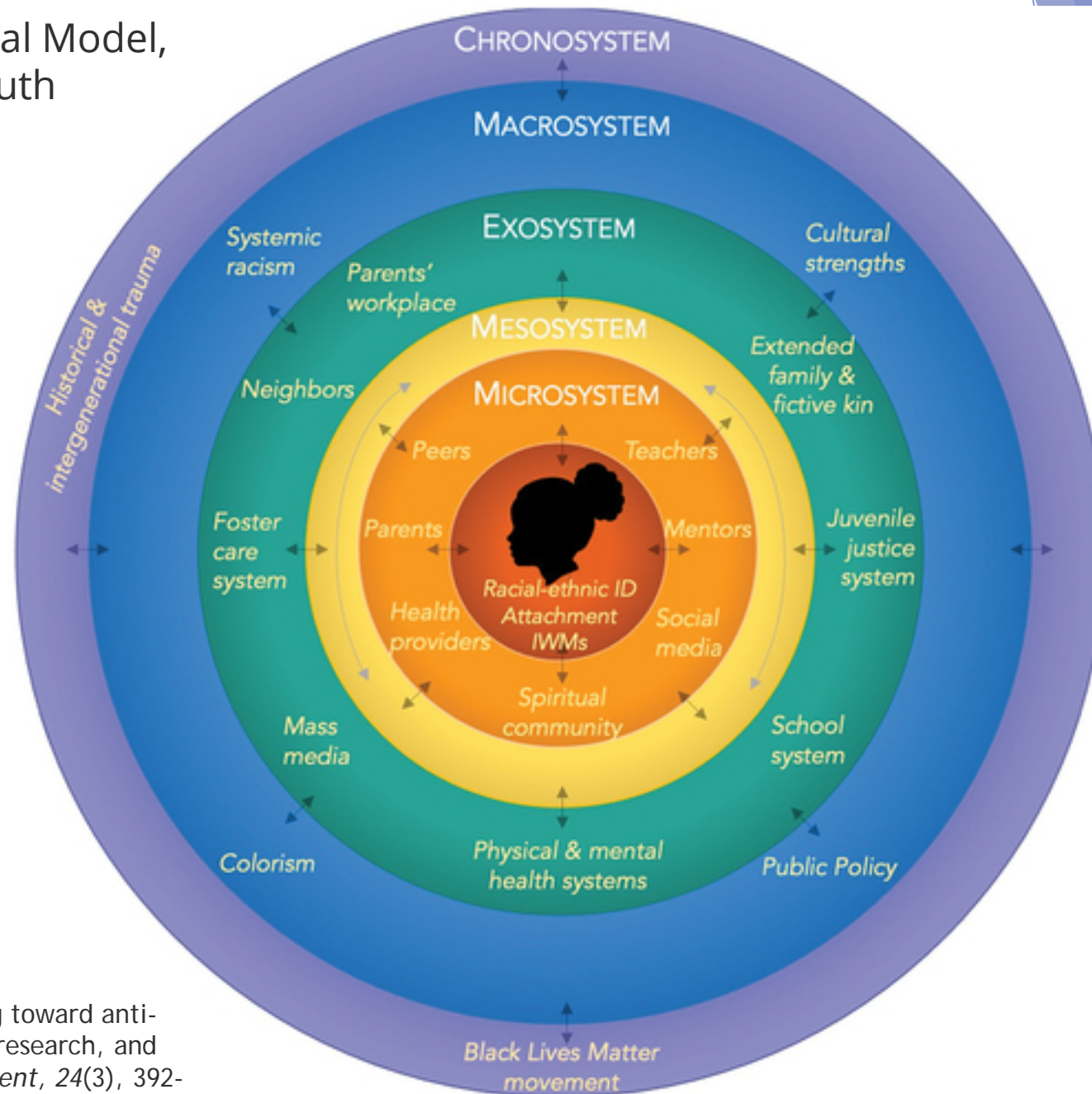
Stern, Barbarin, & Cassidy (2022). Working toward anti-racist perspectives in attachment theory, research, and practice, *Attachment & Human Development*, 24(3), 392-422. doi:[10.1080/14616734.2021.1976933](https://doi.org/10.1080/14616734.2021.1976933)



# Limitations of Only Considering Individual- or Family-Level Trauma

- ▶ Trauma-informed care often focuses on traumatic events that occur at the individual and family level, rarely including community-level incidents. Similarly, the focus is typically on current traumatic events without acknowledgement of historical or structural forms of oppression and trauma.
- ▶ Oppression in all its forms are not currently recognized in the DSM-5 as a qualifying type of trauma (for example, racial trauma or LGBTQ+ discrimination are not acknowledged as traumatic events, despite their known association with poor mental health and outcomes).

Bronfenbrenner's Bioecological Model,  
Adapted to Focus On Black Youth  
Development and Attachment  
Processes in Context.



Stern, Barbarin, & Cassidy (2022). Working toward anti-racist perspectives in attachment theory, research, and practice, *Attachment & Human Development*, 24(3), 392-422. doi:[10.1080/14616734.2021.1976933](https://doi.org/10.1080/14616734.2021.1976933)

# Delayed Gratification

- ▶ A child is given a marshmallow and told that if they they will get a second marshmallow if they wait 15 minutes before eating the first.
- ▶ The famous “marshmallow test” has been cited for decades to demonstrate the link between delayed gratification and subsequent stronger executive functioning skills, better standardized test score and academic achievement, stronger socioemotional skills, and other positive outcomes.
- ▶ A newer study by Watts and colleagues (2018) revisited this paradigm, with 10x the sample size that included a more diverse representation of children.
- ▶ Most significantly, they found that **the capacity to wait for a second marshmallow is significantly associated with poverty**. Ultimately, having low resources and all the accompanying risks are likely more appropriately predictive of future outcomes.

Watts, Duncan, & Quann. (2018). Revisiting the Marshmallow Test: A conceptual replication investigating links between early delay of gratification and later outcomes. *Psychological Science*, 29(7). <https://doi.org/10.1177/0956797618761661>



# Strategies for Embracing Cultural Humility within the Context of our Work with Families Exposed to Trauma

# Being Courageous

- ▶ Engaging in culturally humble work take bravery. It demands that we take a close look at ourselves and others.
- ▶ Tenants of the “Courageous Conversations” framework remind us to:
  - ▶ Expect and Accept a Lack of Closure
  - ▶ Expect to Experience Discomfort
  - ▶ Stay Engaged
  - ▶ Speak Your Truth

Singleton and Linton. (2006). *Courageous Conversations about Race: A Field Guide for Achieving Equity in Schools*. Thousand Oaks, CA: Corwin Press.

# Reflecting on Our Own Identities

- ▶ Cultural humility requires us to be humble as we approach the impact of our own cultural identities on our values, perceptions, and behaviors.
- ▶ The ADDRESSING Model (Hays, 1996) is a framework that examines:
  - ▶ Age and Generation
  - ▶ Developmental Disability
  - ▶ Disability (Acquired)
  - ▶ Religion
  - ▶ Ethnicity and Race
  - ▶ Socioeconomic Status
  - ▶ Sexual Orientation
  - ▶ National Origin and Language
  - ▶ Gender

# Honoring Intersectionality

- ▶ Our identities do not operate in a vacuum. Instead, they interact with one another to produce unique lived experiences (e.g., there is something unique about being a woman, there is something unique about being gay, there is something unique about being a gay woman).

**There is no such thing  
as single-issue struggle  
because we do not live  
single-issue lives.**

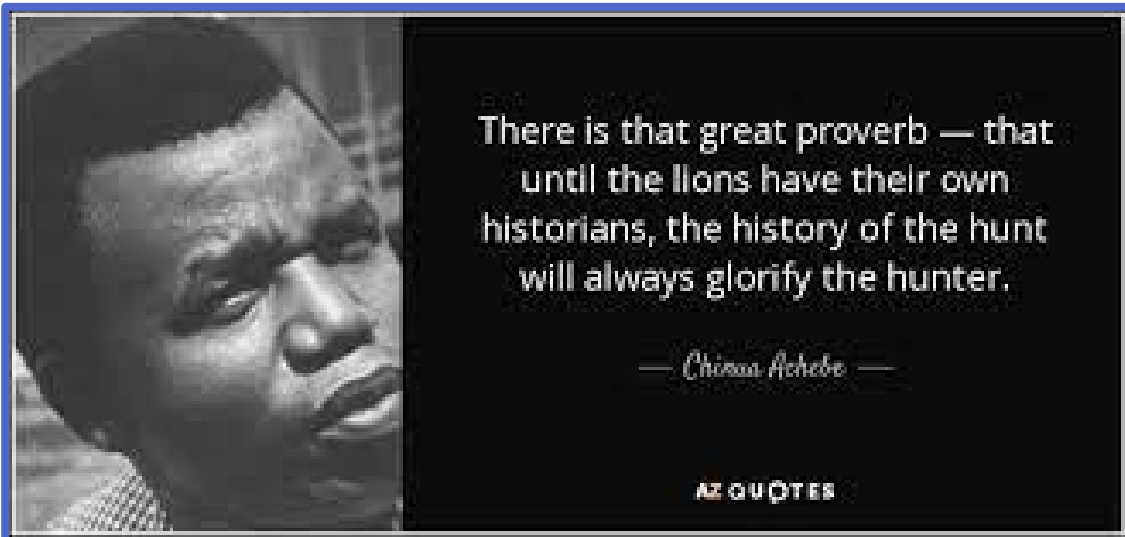
**–Audre Lorde**





# Holding a Stance of Genuine Curiosity

- ▶ **Genuine** curiosity is at the heart of cultural humility.
- ▶ How do you elicit and believe the stories of others?
- ▶ Are there stories you have trouble hearing without judgment?



“ The universe  
is **made**  
of stories,  
not atoms. ”

Muriel Rukeyser



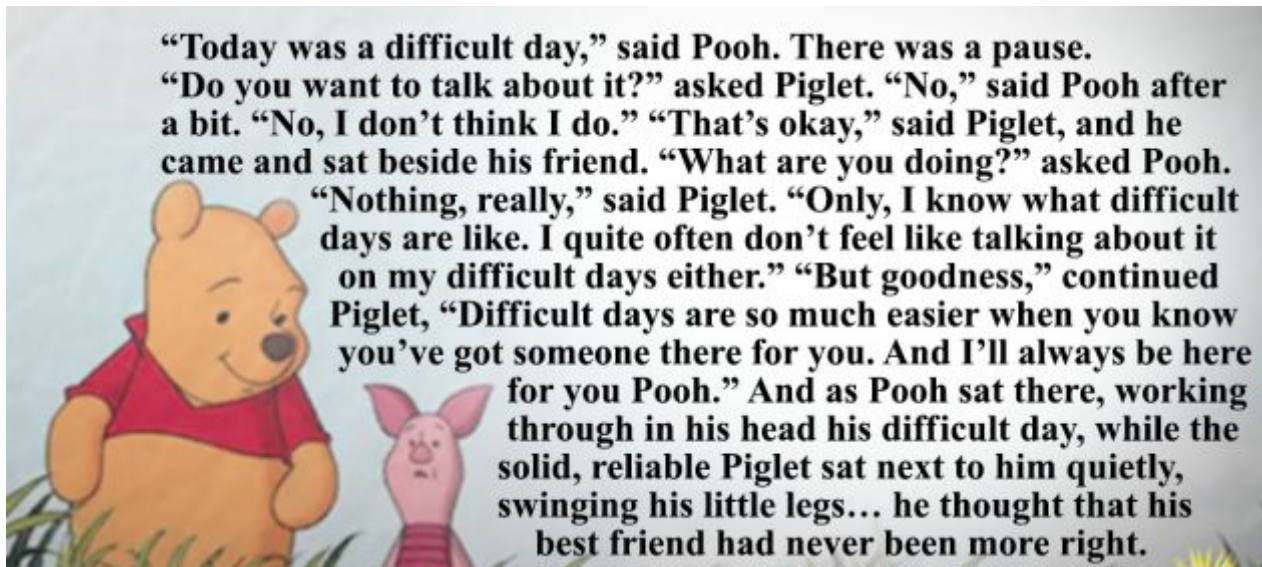
# Including Cultural Context in Information Gathering

- ▶ Consider what types of information you consider “valid” sources. Do I limit my information to scientific theories? How do I incorporate cultural wisdom or lived experiences as a source of information?
- ▶ Remember to ask about cultural context for every child and family; much of identity is not visible.
- ▶ Take care to recognize the relationship between your cultural groups and the families you serve. Are there histories or current oppression between your groups that may influence how someone would feel comfortable sharing information with you?
- ▶ **A great place to start:** The DSM-5 includes the Cultural Formulation Interview as a way to gather information on cultural domains from clients you serve. Are there parts of this interview that you can integrate into your current practices?

American Psychiatric Association. (2013). Cultural formulation. In *Diagnostic and statistical manual of mental disorders* (5th ed., pp. 745-759). Washington, DC: Author. Retrieved from [https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA\\_DSM5\\_Cultural-Formulation-Interview.pdf](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf)

# Bearing Witness to Trauma and Pain

- ▶ As helping professionals, our first instinct when encountering pain is often to move quickly into problem-solving. It's hard to simply bear witness to the pain of others.
- ▶ Bearing witness may be even harder if we experience guilt or shame related to our own membership groups and the role they play in someone's pain (e.g., how does it feel as someone able-bodied to hear of the pain someone with a disability has experienced at the hands of people who are like me? How does it feel to be a man hearing about sexual assault at the hands of another man?).
- ▶ Are we humble enough to recognize that the most sustainable and applicable "fixes" to a family's problem are often generated by the family themselves? When we create space to bear witness and hold pain, we allow families to come to their own understanding of their problem and ways to fix it.



# Evaluating Policies, Environments, and Practices with a Focus on Diversity, Equity, and Inclusion

- ▶ Re-evaluate policies, environments, and practices with a culturally-humble, trauma-informed lens.
- ▶ Example: rules surrounding public decorations for holidays at the office
  - 1) Do these rules create an inclusive space for everyone (i.e., would everyone feel welcome in this space?)
  - 2) Do these spaces include religious symbols, and if so, how could these be experienced by individuals with religious trauma?
  - 3) Do these rules extend across all holidays by all groups, or do they only include certain holidays?

# Holding Ourselves and Our Colleagues Accountable

- ▶ We often have the most natural compassion for those who are understandable to us. It can be challenging to grant grace and experience empathy for those who are different.
- ▶ Groups who have been through trauma are validly hesitant to trust others, to share sensitive information, and to feel emotionally safe. How do I feel as a provider when my client does not trust me?
- ▶ A start: how do you speak about this family to team members? Focus on the messages they give you in return. **Are we dropping a culturally humble, trauma-informed lens during FTMs or court hearings?**
- ▶ Consider appointing designated individuals on your team to watch for times when the team is lacking a trauma-informed or culturally-humble approach. Set this as an intentional goal and welcome feedback.

# Continued Learning

The background features a complex, abstract geometric design. It consists of several overlapping, semi-transparent shapes in various shades of blue and purple. The shapes are primarily triangular and polygonal, creating a layered, dynamic effect. The colors range from light, airy blues to deep, rich purples and dark blues. The overall composition is modern and clean, with a focus on geometric forms and color gradients.

## Principles of an Anti-Racist, Trauma-Informed Organization

### BEARING WITNESS, CENTERING VOICES, & HONORING LIVED EXPERIENCE

- We proactively center, amplify, and learn from the voices of those most impacted by racism and trauma, bearing compassionate and non-judgmental witness to their stories and realities.
- We honor each individual's intrinsic value, lived experience, humanity, and innate strengths, including the various unique social identities they embody (e.g., race, gender identity, ethnicity, sexual orientation) and the strengths and protective factors of their communities.

### ORGANIZATIONAL VALUES, GOVERNANCE, & STRATEGIC OVERSIGHT

- We commit to equity-based governance, power redistribution, and shared decision-making processes across all staffing levels and with the communities we serve.
- We acknowledge the impact of racism, historical trauma, power dynamics, and systemic inequities.
- We commit to taking sustained steps to dismantle racism, white supremacy, and privilege in our structures, policies, procedures, practices, performance evaluations, and outcomes.
- We promote accountability and transparency in decision-making and leadership with all those who are impacted, including partners and those accessing services.

### STRUCTURAL REFORMS, PARTNERSHIPS, & SYSTEMS CHANGE

- We commit to socio-structural reforms and promote practices designed to foster truth, atonement, and collective repair and to enhance radical healing of people who are Black.
- We commit to addressing conflicts when partners and funding sources actively cause harm to Black communities and/or limit anti-racist work.
- We acknowledge the ways in which systems have been used to control and destroy Black bodies and harm Black families, and that understanding informs how we engage with and confront those systems.

### HUMAN RESOURCES, STAFF SUPPORT, & LEADERSHIP DEVELOPMENT

- We prioritize the hiring, development, promotion, and retention of people who are Black at all levels of the organization.
- We value, support, and cultivate leaders and managers who continually examine, acknowledge, and address the ways in which they and their organizations may contribute to oppression.
- We support holistic well-being for Black staff.
- We assume responsibility for providing staff with the necessary knowledge and skills required to support staff and deliver care to Black communities.
- We seek, implement, and invest in interventions and innovations designed by Black practitioners and in close collaboration with Black communities.

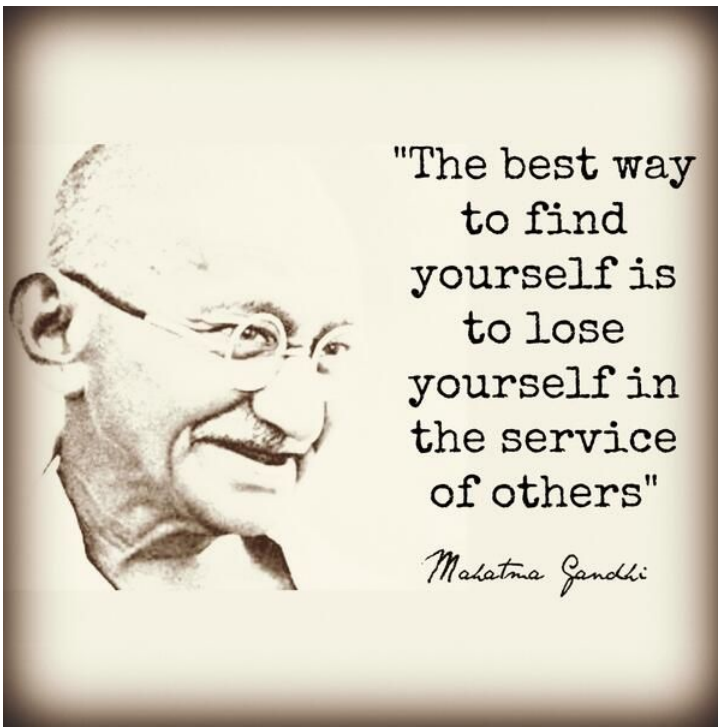
National Child Traumatic Stress Network. Being Anti-Racist is Central to Trauma-Informed Care: Principles of an anti-racist, trauma-informed organization.

<https://www.nctsn.org/resources/being-anti-racist-is-central-to-trauma-informed-care-principles-of-an-anti-racist-trauma-informed-organization>

# Additional Resources on Trauma-Informed Care and Cultural Humility

- ▶ <https://www.zerotothree.org/issue-areas/racial-equity-diversity-inclusion/>
- ▶ <https://elearn.zerotothree.org/itcp-equity>
- ▶ <https://www.acf.hhs.gov/trauma-toolkit/early-childhood-programs>
- ▶ <https://www.samhsa.gov/childrens-awareness-day/child-traumatic-stress-resources>





"The best way  
to find  
yourself is  
to lose  
yourself in  
the service  
of others"

*Mahatma Gandhi*

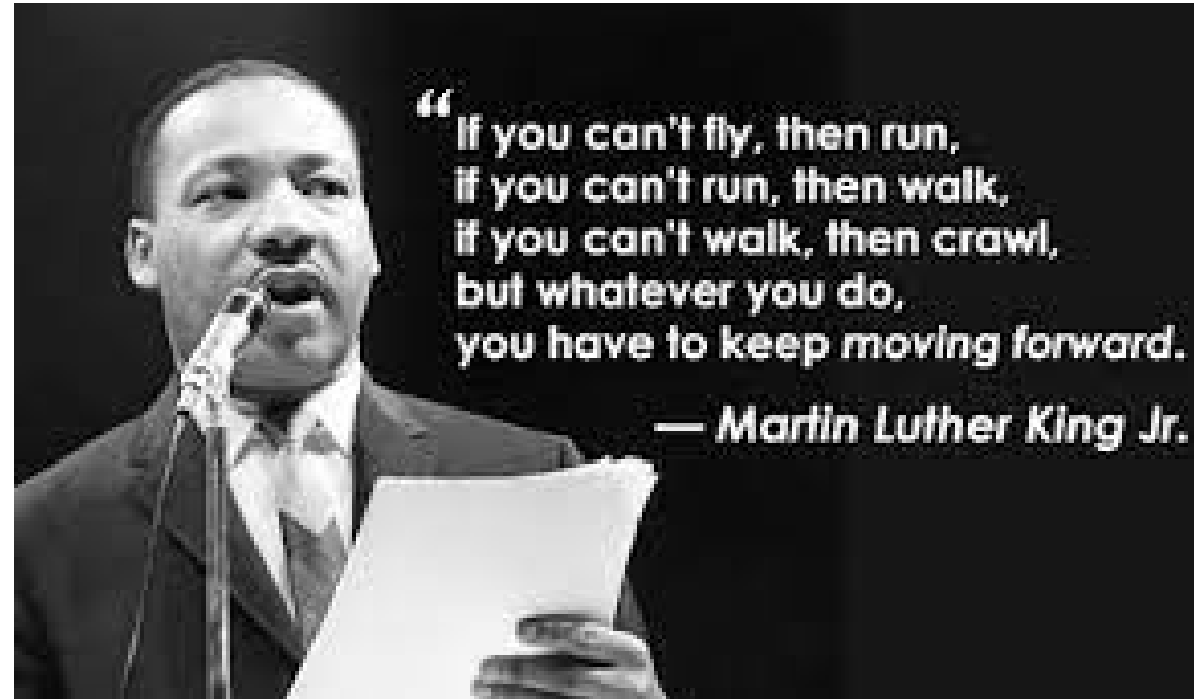
Thank you for your attention  
and the good work you do on  
behalf of our most vulnerable  
children and families.

Contact me: [SGJohn@uams.edu](mailto:SGJohn@uams.edu)



I CANNOT DO ALL  
THE GOOD THAT  
THE WORLD NEEDS.  
BUT THE WORLD  
NEEDS ALL THE GOOD  
THAT I CAN DO.

- JANA STANFIELD



"If you can't fly, then run,  
if you can't run, then walk,  
if you can't walk, then crawl,  
but whatever you do,  
you have to keep moving forward.

— Martin Luther King Jr.