

AATA MULTICULTURAL ART THERAPY COMPETENCIES

I. Art Therapist Awareness of Own Cultural Values, Biases, and Assumptions

A. *Attitudes and Beliefs*

1. Culturally competent art therapists believe that cultural self-awareness and sensitivity to one's own cultural heritage is essential.
2. Culturally competent art therapists of how their own cultural background and experiences have influenced attitudes, values, and biases about psychological, creative, and art making processes.
3. Culturally competent art therapists are able to recognize the limits of their multicultural competency and expertise.
4. Culturally competent art therapists recognize their sources of discomfort with cultural differences that exist between themselves and clients.

B. *Knowledge*

1. Culturally competent art therapists have specific knowledge about their own racial and cultural heritage and how it personally and professionally affects their definition and biases of normality/abnormality and the process of art therapy, coupled with the images produced by clients.
2. Culturally competent art therapists possess knowledge and understanding about how oppression, racism, discrimination, and stereotyping affect them collectively, personally, and in their work. This allows individuals to acknowledge their own racist attitudes, beliefs, and feelings. Although this standard applies to all groups, for White art therapist it may mean that they understand how they may have directly or indirectly benefited from individual, institutional and cultural racism as outlined in models of racial identity development.
3. Culturally competent art therapists possess knowledge about their social impact upon others. They are knowledgeable about differences in styles of communications with respect to self-disclosure, nonverbal behavior, directness, respect, and assertiveness. Art therapists recognize how their unexamined assumptions can negatively impact the therapeutic relationship and the art therapy process.

4.

C. *Skills*

1. Culturally competent art therapists seek out educational, consultative, and training experiences to improve their understanding and effectiveness in working with clients from diverse racial and cultural groups. Being able to recognize the limits of their competencies, art therapists (a) seek consultation, (b) seek further training or education, (c) refer out to more qualified individuals or resources, or (d) engage in a combination of these options.
2. Culturally competent art therapists are constantly seeking to understand themselves as cultural beings. They acknowledge that one's racism exists and this requires an unpleasant association with an honest appraisal of one's biases and prejudices in order to develop an authentic and positive cultural identity.

II. Art Therapist Knowledge of Clients' Cultural Values, Biases, and Assumptions

A. Attitudes and Beliefs

1. Culturally competent art therapists are aware of their negative and positive emotional reactions toward other racial, cultural, and ethnic groups that may prove detrimental to the therapeutic relationship. They are willing to contrast their own beliefs and attitudes with those of their culturally different clients in a nonjudgmental fashion.
2. Culturally competent art therapists are aware of their stereotypes and preconceived notions that they may hold toward other racial, cultural, and ethnic minority groups.

B. Knowledge

1. Culturally competent art therapists possess specific knowledge and information about the particular group with which they are working. They are aware of the life experiences, cultural heritage, and historical background of their culturally different clients. This particular competency is strongly linked to the "minority identity development models" available in the literature.
2. Culturally competent art therapists understand how race, culture, and ethnicity may affect personality formation, vocational choices, manifestation of psychological disorders, help seeking behavior, and the appropriateness or inappropriateness of art therapy approaches.
3. Culturally competent art therapists understand and have knowledge about sociopolitical influences that can impinge upon the lives of all individuals. Discrimination, racism, oppression, prejudice, stereotyping, racial profiling, poverty, powerlessness, and immigration issues may significantly impact self-esteem and self-concept in the therapy process.

C. Skills

1. Culturally competent art therapists should familiarize themselves with relevant research and latest findings regarding mental health and mental disorders that affect various racial, cultural, and ethnic groups. They should actively seek out educational experiences that enrich their knowledge, understanding, and cross-cultural skills for more effective therapeutic behavior.
2. Culturally competent art therapists should familiarize themselves with the artistic traditions and art making processes of various cultural groups. They strive to understand how their clients' art reflects those values, even if they would be seen as pathological, resistant, or stereotypic when viewed through another perspective.
3. Culturally competent art therapists become actively involved with culturally different individuals outside the art therapy setting (e.g., community events, social and political functions, celebrations, friendships, and neighborhood groups) so that their perspective of culturally different individuals is more than an academic or helping exercise.

III. Art Therapist Skill in Developing Appropriate Interventions, Strategies, and Techniques

A. Attitudes and Beliefs

1. Culturally competent art therapists respect clients' religious and/or spiritual beliefs and values, including attributions and taboos, because they affect worldview, psychosocial functioning, and expressions of distress.

2. Culturally competent art therapists respect indigenous helping practices and helping networks among diverse cultural groups.
3. Culturally competent art therapists value bilingualism and do not view another language as an impediment to art therapy.

B. Knowledge

1. Culturally competent art therapists have a clear and explicit knowledge and understanding of the generic characteristics of art therapy (culture-bound, class-bound, and monolingual) and how they may clash with the cultural values of various cultural groups.
2. Culturally competent art therapists are aware of institutional barriers that prevent clients from various cultural groups from accessing and utilizing mental health services.
3. Culturally competent art therapists have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of the clients. Notably, this may include giving clients permission to express strong emotions in their native language/tongue, which can then be translated to the art therapist.
4. Culturally competent art therapists have knowledge of family structures, hierarchies, values, and beliefs from various cultural perspectives. They are knowledgeable about the community where a particular cultural group may reside and the resources in the community.
5. Culturally competent art therapists should be aware of relevant discriminatory practices at the social and community levels, coupled with global sociopolitical issues (i.e., wars and natural disasters in country of origin) that may be affecting the psychological welfare of the population being served.

C. Skills

1. Culturally competent art therapists are able to engage in a variety of verbal and nonverbal helping responses. They are able to send and receive both verbal and nonverbal messages accurately and appropriately. They are not tied down to only one method or approach to helping, but recognize that helping styles and approaches may be culture bound. When they sense that their helping style is limited and potentially inappropriate, they can anticipate and modify it; thereby expanding their personal growth and training as therapists.
2. Culturally competent art therapists are able to understand how their clients' expected art traditions may affect their participation, choice of materials, and creation of imagery in art therapy.
3. Culturally competent art therapists are able to exercise institutional intervention skills on behalf of their clients. They can help clients determine whether a "problem" stems from racism or bias in others (the concept of healthy paranoia) so that clients do not inappropriately personalize problems.
4. Culturally competent art therapists are not averse to seeking consultation with traditional healers or religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate.

5. Culturally competent art therapists take responsibility for interacting in the language requested by the client and, if not feasible, make appropriate referrals. A serious problem arises when the linguistic skills of the art therapist do not match the language of the client. This being the case, art therapists should (a) seek a translator with cultural knowledge and appropriate professional background or (b) refer to a knowledgeable and competent bilingual art therapist.
6. Culturally competent art therapists have training and expertise in the use of traditional assessment and testing instruments. They not only understand the technical aspects of the instruments but are also aware of the cultural limitations, which may warrant (a) refusal to use the instrument, (b) modification of the instrument or (c) lobbying efforts to change a biased instrument.
7. Culturally competent art therapists should attend to as well as work to eliminate biases, prejudices, and discriminatory contexts in conducting evaluations and providing interventions. They should develop sensitivity to issues of racism, oppression, sexism, heterosexism, elitism, religious and ethnic discrimination, and vilification.
8. Culturally competent art therapists take responsibility for educating their clients about their rights and responsibilities as partners in the therapeutic process. Art therapists recognize that properly executed, the informed consent process is a way of engaging the participation of clients; a means of empowering clients; and a means of providing clients with clear information about the benefits and the limitation of treatment.

MULTICULTURAL ISSUES FINAL EXAM

General Terms

1. Define racism
2. Define sexism
3. Define classism
4. Define Prejudice (original definition)

MATCHING

Each of the brief examples mentioned has been simplified to be more clearly associated with a label. Although the examples show similarities to several labels, only the most clearly correct label is to be used.

Personal discriminatory behavior

- A. **Factors that support discriminatory behavior "isms"**
- B. **Strategies for combating discriminatory behavior "isms"**

5. ___ We can influence our and others' perception of another person by continually expressing our negative expectations of that person.
6. ___ Women have a special ability to nurture and support, but are not emotionally able to handle a stress filled work environment as men.
7. ___ We must respect the differences among our own race and gender. Accepting those differences is a first step in understanding and respecting differences in others.
8. ___ Some individuals find it easier to conform to the standard norm of the group than it is to challenge the attitude.
9. ___ "I am not prejudiced because some of my best friends are black" (or women or any other minority group).
10. ___ You often have a 'better grasp' on issues than a minority person and feel compelled to make clear what 'needs' to be said.
- 11 ___ Sub-groups at the workplace enable people to formally or informally meet and support each other's prejudiced attitudes.
12. ___ Education empowers people to recognize behaviors related to racism and sexism. Individuals can then reflect and check their own behaviors and attitudes.

13. ___ Simply put, providing more beneficial jobs, positions, or assignments to majority members than to minority members can maintain a calm status quo.
14. ___ Whoever has the power can control resources and make policies. The group in control develops a feeling of superiority.
15. ___ Too much cross-cultural contacts can highlight unfamiliar features such as skin color, names, and cultural habits. This can cause anxiety. Limited social contact will make everyone feel more comfortable.
16. ___ Calling minorities and women by their nicknames while addressing other persons by their proper titles just lets them know that you see them as special.
17. ___ Accommodating discriminatory behavior by reinforcing it, rather than questioning, checking, or opposing it allows time needed to resolve issues.
18. ___ To make a difference in these areas, we must be aware of the potential for both racism and sexism. We must also make a conscious effort to look for problems or problem areas in which either or both could happen.
19. ___ The behavior of acting 'fatherly' or over-protective of someone is common if their independence and resourcefulness makes us uncomfortable. Frequently, this behavior will take place towards a female.
20. ___ It helps to take part in activities in which you interact with members of different races and gender
21. ___ Often, one of the hardest things a person must do is to be honest with themselves when we harbor prejudices and fears about other groups.
22. ___ When a person feels threatened, they will discount what a minority or female says.
23. ___ A person may not let people speak for themselves'. When someone asks a direct question of a woman or minority, they will interrupt and answer the question for them.
24. ___ The implicit rules may not only refer to the 'law of the land' relevant to racism and sexism, but can also be 'woven into' the standards and policies within your workplace.
25. ___ If one holds the belief that one's own ethnic group is superior to all other groups, this belief can become even more damaging to minority groups.
26. ___ When everyone wants a piece of the pie, generally, it will be the group in power who get the bigger piece.
27. ___ We learn stereotypical behavior from parents, school, peers, and the media.
28. ___ Good sex-role socialization, also helps acquire attitudes and values associated with these roles.

29. ___ 'Good natured' ethnic, racist, or sexist jokes help everyone become less sensitive about such issues.

30. ___ This may imply that the minorities' or women need more help in doing their job, or surviving without a majority person taking them under their wing and helping them along.

Source; CO2 HANDBOOK

http://chppm-www.apgea.army.mil/co2/CO2_book/Lp14.htm

Lecture

Title: Multicultural Competency

Purpose:

Establish and maintain a competent therapy group, with required sensitivity, attitude, beliefs, knowledge and skills of cultural and sub cultural issues.

Thesis:

As therapist we are faced with visible and invisible diversity in our groups.

Multiculturalism is a term that indicates any relationship between individuals or sub groups represented that may impact the therapy session.

Preview:

Many things can complicate the group's ability to function. With required sensitivity, attitude, beliefs, knowledge and skills of cultural and sub cultural issues.

Gender

Sexual orientation

Cultural or Sub-cultural

Military related issues

Religion

Substance abuse

Attitude of emotional illness, treatment or medication

Socio-economic status

Historical experience with the dominate culture

Disability visible or invisible

Physical functioning

Cognitive functioning

Illness or behavior that impacts the group session

Type of Intervention:

Knowledge

Being sensitive to ones biases, prejudices, and discriminatory

Being able to recognize the limits of therapist abilities and finding successful alternatives approaches when needed.

Skills

Develop sensitivity to issues of racism, oppression as they manifest themselves in the session related to pathology. (You are not one to convert or change cultural controversy.)

The therapist should demonstrating experiences, understanding and effectiveness in working with special clients.