

Unlearning is the New Learning:

An Ethical Guide to Integrating and Normalizing Trauma-Informed Cultural Competence into Your Therapy Practice

Welcome!

For questions and assistance, email
empoweridaho@jannus.org



with Vikash Ravi, LCSW, MSW

Unlearning is the New Learning

Integrating and Normalizing Trauma-Informed Cultural Competence Into Your Therapy Practice

- Vikash Ravi, LCSW

Who Am I?

Acknowledgment – Nuance and Context

Part 1 – Distinguishing Between
“Cultural Competence” and
“Trauma-Informed Cultural
Competence”

Cultural Competence

- AAHE – ability of a clinician or clinical space to understand and respect values, attitudes, beliefs, and morals that differ across cultures and to consider and respond appropriately to these differences in planning, implementing, and evaluating treatment plans
- National Medical Association – application of cultural knowledge, behaviors, and interpersonal clinical skills that enhances a provider's effectiveness managing patient care
- Regardless – Same Ideas!

Trauma

- Trauma – phenomena of inability to process an experience
- Trauma-informed – understanding the effect of trauma on our body

So.... Trauma-Informed Cultural Competence

- Understanding how cultural practice directly influences susceptibility to trauma
- Cultural Competence vs. Trauma-Informed Cultural Competence
 - Understanding VS. Immersing with a focus on practice deviation
- Distinction comes down to framing competence on a spectrum

Example – Ramadan

Cultural Competence

- Commemoration of when the prophet Muhammad was given the first revelations of Quran. Includes fasting during daylight hours and avoidance of impure thoughts or immoral behavior
- Understanding

TI Cultural Competence

- Interaction with Muslim clients – immersion of their experience with fasting, their experience with avoidance of thoughts/behaviors.
- Immersion

Example Application – Ramadan

COSG Case Study

Now You Try!

Cultural Competence vs. TI-Cultural Competence

Christmas

- Cultural Competence?
 - Understanding the knowledge of
- TI-Cultural Competence?
 - Immersion of the detail into
 - F/U Question – how does this immersion contribute to being trauma-informed?
 - Effect on a human body

Questions?



A blurred background image of a breakfast table. On the left, a white coffee cup sits on a saucer. Next to it is a folded newspaper. On the right, a white plate holds several golden-brown pastries. In the background, a vase with flowers is visible.

Break Time!

We'll be back in 15 minutes

Part 2 – Unlearning through Intentional Schema Reframing

Disclaimer – this next part might be the most challenging and uncomfortable. Care behavior and patience with self are encouraged here



Schemas – mental
categories

A diagram consisting of two rounded rectangular boxes. The top box is green and contains the text 'Schemas – mental categories'. The bottom box is blue and contains the text 'Schema reframing – alteration of mental categories' followed by a bulleted list: '• Assimilation' and '• Accomodation'. A large, light green arrow points from the bottom of the green box down to the top of the blue box.

Schema reframing –
alteration of mental
categories

- Assimilation
- Accomodation

Schemas and Schema Reframing

Reframing Practice: Taboo and Morality

Anecdote 1 – A Dog on the Road

- Reactions – what are you feeling right now? What are your thoughts on this?

Anecdote 2 – Siblings

- Reactions – what are you feeling right now? What are your thoughts on this?

Harmless- Taboo Study

- Intention is to evoke disgust
- Transcript to moral judgement
- Relevance to clinical work – it is impossible to separate ourselves from the hats that we wear

Application to TI-Cultural Competence

- Both are Wrong
- Wrong for Americans, Acceptable for Indians
- Wrong for Indians, Acceptable for Americans
- Competence vs. Harm

Contending with Your Moral System

- We don't have to agree to understand – but you must understand to be considered TI-Culturally Competent
- Meeting a client where they're at
- Client story 1 – A man wants to get married
- Client story 2 – A person makes a choice (COSG anecdote)
- Client story 3 – A person describes their Orthopedic encounter

This Work is Difficult – Make Space for Self and Care

- We are not designed to have our systems so challenged so consistently; it's important that we take time to care for our bodies and our minds outside of sessions
- Cultural competence is genuinely difficult; we are not designed to intentionally hold space for dissonance, but this is required for competent work

Questions?



Part 3 – Integration into Practice

Integration

Before Meeting the Client

- Basics
 - Pronouns, Cultural Knowledge/Identifiers
- Inclusive Therapists Template

When Meeting the Client

- Intake language
 - “Religious” to “Spiritual”
 - “husband/wife” to “partner”
 - Acknowledgment of Nuance

Feedback

- Normalizing practice of feedback moments
- Example of implementing
 - Space disclaimer
 - Vulnerability question
 - Competence question

Vikash Ravi, LCSW, MSW

- IG - @vikashravailcsw
- Email – vikashravailcsw@gmail.com

That's all folks!

Thoughts/Feedback/Reflections?

Sources

- “How Minds Change” – David McRaney
- “The Righteous Mind: Why Good People Are Divided by Politics and Religion” – Jonathan Haidt