

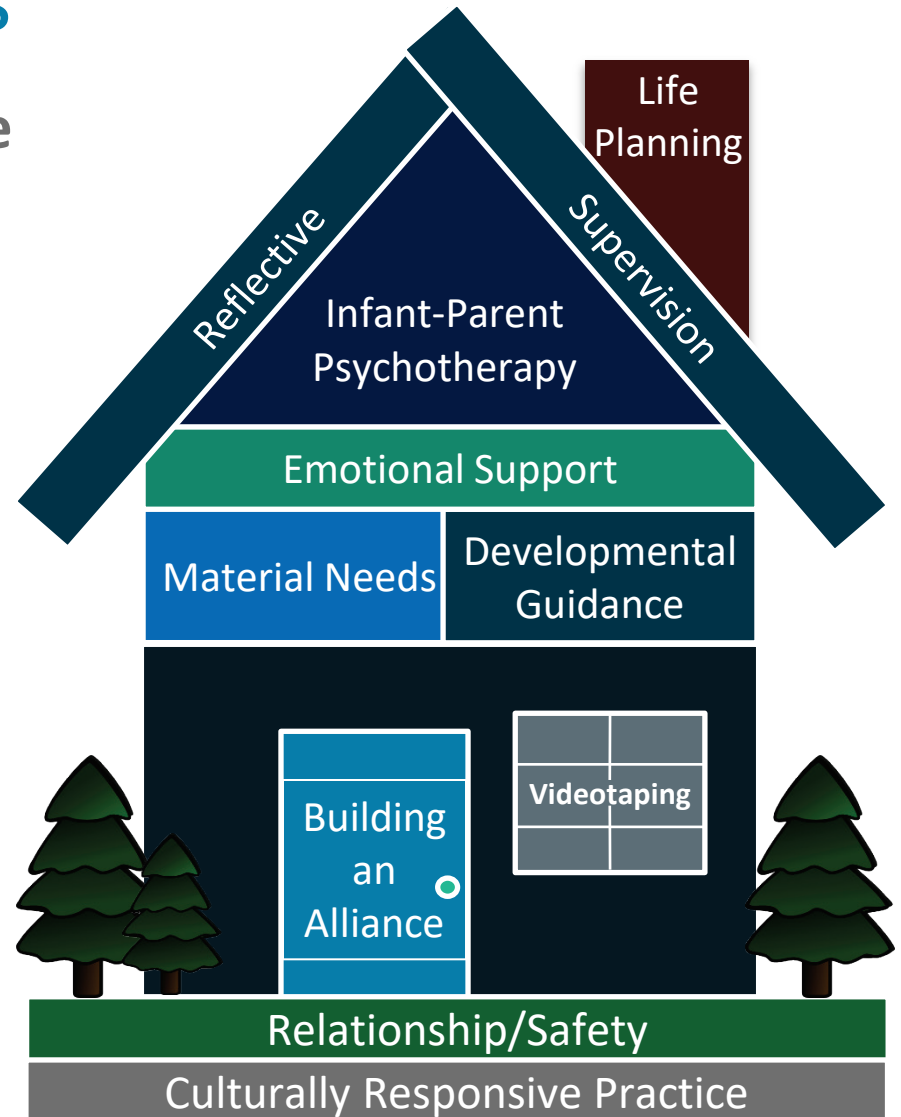
Culture & Diversity In- Depth

Training in Infant Mental Health-Home Visiting as an Evidence-Based Practice

Infant Mental Health Home

Visiting Components

- **Culturally Responsive Practice**
- Building an Alliance
- Material Needs
- Developmental Guidance
- Emotional Support
- Infant-Parent Psychotherapy
- Life Course Planning
- Reflective Supervision
- Videotaping



Any residual questions/thoughts/needs?

Intention for the Day

- Trainer's intentions:
 - To address how cultural awareness, curiosity, humility, vulnerability, openness are critical to establishing the foundation of relationship and safety
 - Increase participants' awareness and understanding of the Diversity-Informed Tenets for Work with Infants, Children, and Families
 - Develop participants' capacity to understand power and privilege in the therapeutic relationship
 - Address the centrality of cultural humility in working with families
 - Develop participants' capacity to therapeutically address ruptures in the relationship



Culture & Diversity



Diversity-Informed Tenets for Work with Infants, Children, and Families

1. Self-Awareness Leads to Better Services for Families
2. Champion Children's Rights Globally
3. Work to Acknowledge Privilege and Combat Discrimination
4. Recognize and Respect Non-Dominant Bodies of Knowledge
5. Honor Diverse Family Structures
6. Understand That Language Can Hurt or Heal
7. Support Families in Their Preferred Language
8. Allocate Resources to Systems Change
9. Make Space and Open Pathways
10. Advance Policy That Support All Families

<https://diversityinformedtenets.org/>

Central Principle for Diversity-Informed Practice

1. Self-Awareness Leads to Better Services for Families:

Working with infants, children, and families requires all individuals, organizations, and systems of care to reflect on our own culture, values and beliefs, and on the impact that racism, classism, sexism, able-ism, homophobia, size-ism, xenophobia, and other systems of oppression have had on our lives in order to provide diversity-informed, culturally attuned services.

1. Self-Awareness Leads to Better Services for Families

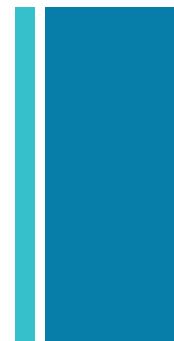
You have received intake paperwork about a family that has been assigned to you. Upon review of the paperwork, you note the parent has requested a different therapist because previous therapist filed a CPS complaint. You contacted the previous therapist, and it seemed they did not like working with the family. The previous therapist characterized the family as difficult to work with “just like all the families I’ve worked with in that housing complex.” They also reported concerns for their safety in the home.

Stance toward infants, children, and families for diversity-informed practice

2. Champion Children's Rights Globally:

Infants and children are citizens of the world. The global community is responsible for supporting parents/caregivers, families, and local communities in welcoming, protecting, and nurturing them.

Champion Children's Rights Globally



During the intake with the family, the parent reports getting daily negative feedback from the daycare staff about their son's behaviors and ask you to do a daycare visit. When you go for a classroom observation you notice that he is a bit more active than the other students but not by much. You get the impression the teacher doesn't seem to like him and is less responsive to his needs than other students. You observe the teacher turn their back after he has been hurt by another student and is crying and distressed. You meet with the teacher after the children leave and ask the teacher about his crying in response to being hurt. They rolls their eyes and state, "He's always crying. He thinks he can be a bully and not get it back? He's wrong and needs to learn that lesson."

Stance toward infants, children, and families for diversity-informed practice

3. Work to Acknowledge Privilege and Combat Discrimination:

Discriminatory policies and practices that harm adults harm the infants and children in their care. Privilege constitutes injustice. Diversity-informed practitioners acknowledge privilege where we hold it and use it strategically and responsibly. We combat racism, classism, sexism, able-ism, homophobia, size-ism, xenophobia, and other systems of oppression within ourselves, our practices, and our fields.

Work to Acknowledge Privilege and Combat Discrimination

When you go for a home visit, the mom sits on her couch while her toddler plays. The toddler brings many items to her to play with over the course of the visit. The toddler asks mom to follow her or play hide and go seek. You remark a few times on how much the toddler wants her to play but mom never gets up. When it's time for you to leave mom remains on the couch. Mom is overweight. After the visit you reflect on your thinking during the visit and note that you had several negative thoughts about the mother's size and not getting up.

Stance toward infants, children, and families for diversity-informed practice

4. Recognize and Respect Non-Dominant Bodies of Knowledge:

Diversity-informed practice recognizes non-dominant ways of knowing, bodies of knowledge, sources of strength, and routes to healing within all families and communities.

Recognize and Respect Non-Dominant Bodies of Knowledge

You develop a plan with a parent to accomplish a task over the next week. When you return you check in to see if progress has been made. They say they went to a tarot card reader the day after they saw you and was told that this was not a good thing for them to be working on at this time. They tell you that they have a high level of trust in the card reader and have their cards read regularly to see if what is happening in sessions is really a good for them. You spend time trying to convince the parent that what you've suggested will help and find yourself irritated that they disregard your logic and reasoning.

Stance Toward Infants, Children, and Families for Diversity-informed Practice

5. Honor Diverse Family Structures:

Families decide who is included and how they are structured; no particular family constellation or organization is inherently optimal compared to any other. Diversity-informed practice recognizes and strives to counter the historical bias toward idealizing (and conversely blaming) biological mothers while overlooking the critical child-rearing contributions of other parents and caregivers including second mothers, fathers, kin and felt family, adoptive parents, foster parents, and early care and educational providers.

Honor Diverse Family Structures

Previously, when you asked about dad's involvement in treatment and the child's life, mom stated he works a lot so he wouldn't attend appointments and rarely plays with the child. You haven't reached out to him based on what mom told you. At today's home visit, dad is there. The toddler is playing happily and is the most content you have ever observed him at daycare or at home. When the toddler asks to play, dad quickly engages, and they clearly enjoy one another. They have games that they seem to have played many times before. Mom watches quietly from the couch and then states, "He likes his daddy best."

Stance toward infants, children, and families for diversity-informed practice

6. Understand That Language Can Hurt or Heal:

Diversity-informed practice recognizes the power of language to divide or connect, denigrate or celebrate, hurt or heal. We strive to use language (including body language, imagery, and other modes of nonverbal communication) in ways that most inclusively support all children and their families, caregivers, and communities.

Understand That Language Can Hurt or Heal

You have been working with the family for three months and it is time to do a quarterly review. The previous therapist said the family was difficult to work with and worried for their safety in the home, but you have enjoyed working with them a lot. There have been a few safety concerns but when you addressed them, they were quickly resolved. As you review your progress notes you haven't mentioned the importance of the tarot card reader in the life of this family. You think about conversations you have had with your colleagues where you have laughed about the silliness of having to have the tarot card reader approve your interventions. You often refer to them as the tarot family.

Principles for diversity-informed resource allocation

7. Support Families in Their Preferred Language:

Families are best supported in facilitating infants' and children's development and mental health when services are available in their native languages.

Support Families in Their Preferred Language

The family is bilingual, and they speak fluent English. Because they speak well, you gave them all the forms in English and did not ask if they would prefer the forms in their first language. During a session a few months later, the parents report being frustrated at trying to understand medical directions for an upcoming procedure their child is having as they can read English ok but to really understand they need it in their primary language.

Principles for Diversity-informed Resource Allocation

8. Allocate Resources to Systems Change:

Diversity and inclusion must be proactively considered when doing any work with or on behalf of infants, children, and families. Resource allocation includes time, money, additional/alternative practices, and other supports and accommodations, otherwise systems of oppression may be inadvertently reproduced. Individuals, organizations, and systems of care need ongoing opportunities for reflection in order to identify implicit bias, remove barriers, and work to dismantle the root causes of disparity and inequity.

Allocate Resources to Systems Change

You notice this family, like many you serve, does not have access to nutritious food. It is very hard to know where to go in the community to access food (e.g., food banks) as each organization posts information on their website what days/times they give away food but there is no central place for people to get that information. You email the director of your agency regarding this difficulty and ask that the agency find a way to make this information more accessible. It is agreed that this is important and the agency works with the community to make a hub where all the information will be posted in one place. This becomes an ongoing commitment for the agency.

Principles for Diversity-informed Resource Allocation

9. Make Space and Open Pathways:

Infant, child, and family-serving workforces are most dynamic and effective when historically and currently marginalized individuals and groups have equitable access to a wide range of roles, disciplines, and modes of practice and influence.

Make Space and Open Pathways

During a session, the family tells you that they would like to learn parenting strategies from people that have more in common with them. You know of a program where there are parents who provide coaching and mentoring to other parents which would be what they are asking for. You are hesitant to refer because you are worried that without the education you have, the parent coach won't give the family the direction they need with their child. You're already dealing with what the tarot card reader tells them, you don't want another person in the mix.

Advocacy Towards Diversity, Inclusion, and Equity in Institutions

10. Advance Policy That Supports All Families:

Diversity-informed practitioners consider the impact of policy and legislation on all people and advance a just and equitable policy agenda for and with families.

Advance Policy That Supports All Families

You have visited the day care classroom multiple times and discussed different ways of supporting him, but the teacher has not implemented any of the suggestions. The family doesn't have the resources to find another setting for him and they feel very stuck, as do you. You set up a meeting with the parent, teacher, supervisor and yourself to discuss the daycare's policy around behavioral issues and management. Together the group develops a plan that will be helpful to him at school and home. This plan can also be implemented with the all students.

Citation for Diversity-Informed Tenets

Tenets Initiative. (2018). *Diversity-Informed Tenets for Work with Infants, Children & Families/Principios informados en la diversidad para trabajar con bebés, niños, niñas y familias*. Chicago, IL: Irving Harris Foundation. Retrieved from:<https://diversityinformedtenets.org/download-the-tenets/>

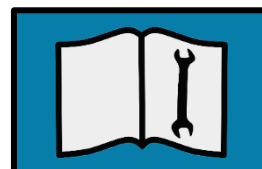
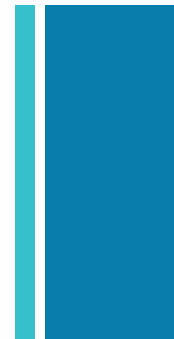
Culturally Responsive & Diversity-Informed Practice



Understanding the Family

IMH Clinicians will work to understand each family's perspective on the following questions:

- **Who** lives in your household? Who has a role in raising children?
- In your family, what are other caregivers' roles with a baby (**fathers, other maternal/paternal figures**)?
- How do you make decisions when it comes to child rearing and **discipline**?
- What **does child rearing** look like in your home?
- What are some things you **do differently** from the rest of your neighborhood/community?



Chapter 32:
Pg. 253-255

Understanding the Family

IMH Clinicians will work to understand each family's perspective on the following questions:

- What are the **accepted ways** of parenting in your culture?
- What **information** is typically not talked about with “outsiders”(those outside your culture)?
- What does a **typical day** look like? Can you describe the **routine** you have with your infant/toddler?
- How do your family's **child rearing patterns** reflect your family/culture/values?
- What would you **like me to know** about your culture/values before we begin services?



Chapter 32:
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Experience with Diverse Populations

Many people spend the majority of their time with those who are most similar to them – class, looks, faith. This can lead to providers to experience misunderstandings and bias in their work.

It is important that providers take initiative to learn about cultures and identities that their clients experience and hold.

Clients should not have to educate their providers, but providers can invite them to share things that are important to them.

Within every culture there are a myriad of experiences. Take care not to make assumptions about your current clients based on your perceived similarity or based on experiences with historical clients.

Understanding Power and Privilege

A special right, advantage, or immunity granted or available only to a particular person or group

Many privileges aren't recognized/transparent in a person's day-to-day life – being heterosexual, able-bodied, average weight, good mental health

Assume trauma (imbalance of power) for any person who belongs to a marginalized group

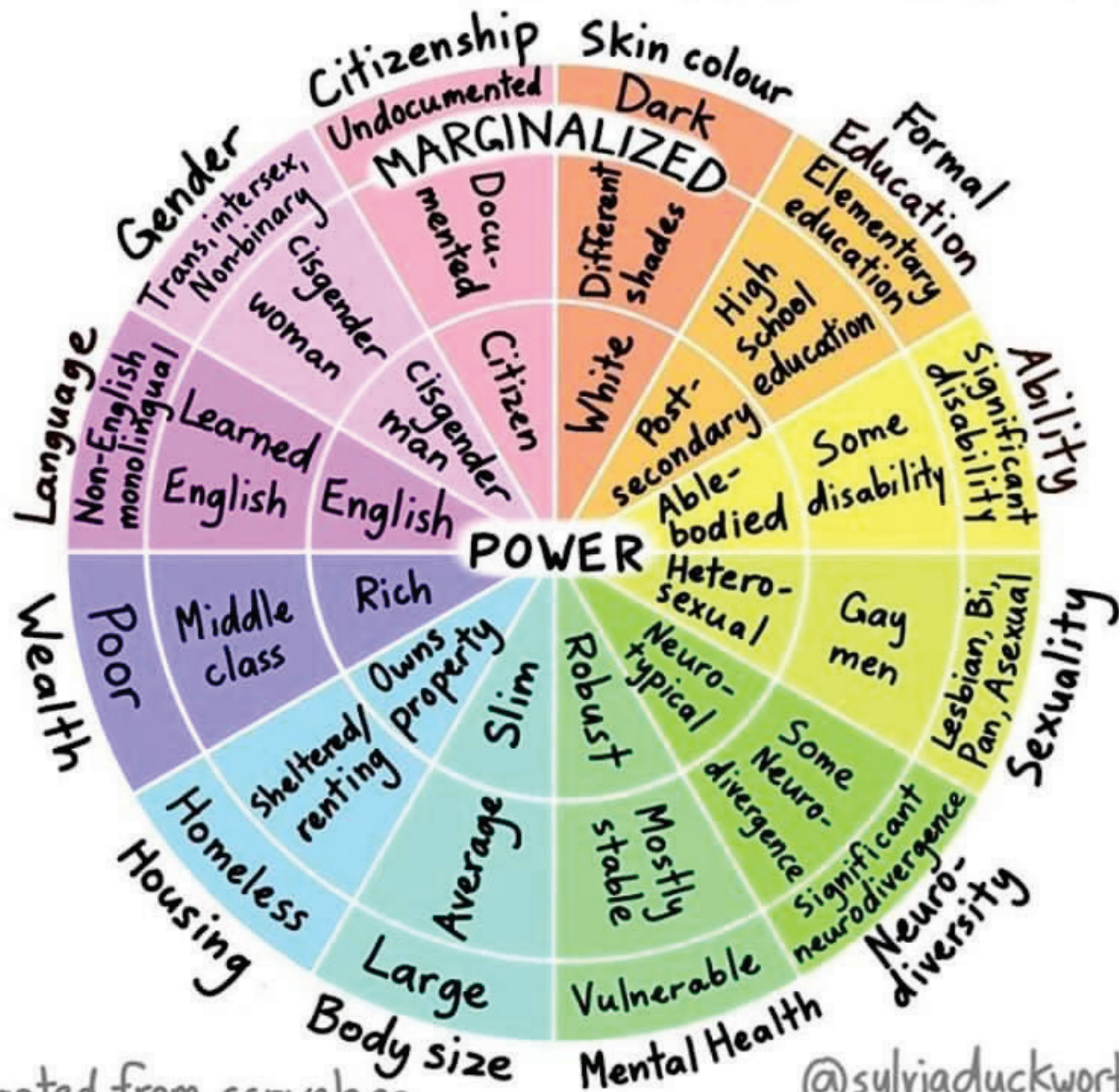
Regardless if privilege is earned or unearned, privileged groups have an obligation to recognize their privilege and use it to benefit those without that privilege.

It is important to be able to be quiet and actively listen when we hear stories of how harm is caused to the supervisee and/or family (without minimizing or gaslighting their experience)

Culturally Responsive & Diversity-Informed Practice

- Some identities can be obvious to everyone in the room, others are not as visible
- Overcoming personal discomfort in order to have open and honest dialogue regarding how these differences might inform work together is paramount
- Differences are not inherently a problem (in fact—they can often come with great opportunity) but a provider's inability to own and acknowledge them can be problematic

WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylviaduckworth

Group discussion

How does understanding and acknowledging intersectionality in power and privilege help us recognize and address the unique challenges faced by clients and their multiple identities and social constructs?



Power Dynamics

- Describes how power affects relationships between two or more people
- The dynamics of power can be intimidating and cause tension and disconnection
- How we use our power sets the tone for interactions.
- Intent vs Impact
- Constructive use of power resolves problem, enhances relationships and balances power

Acknowledgement of Power Differential

Exists in all relationships (client/clinician, clinician/supervisor, supervisor/director, director/CEO)

For example, providers have institutional power (can call CPS, write a letter saying not a good parent).

Clients may enter treatment with less autonomy and power, for example, when participation is involuntary

Clinician bias may impact how clients are treated (e.g., "favorite clients")

Ways to Acknowledge Power Differential

- Listen carefully to the other person's experience
- Acknowledge historical and social constructs
- Validate feelings and experiences
- Strive to create a safe, non-judgmental space to express emotions
- Collaborative decision making
- Empower and support growth and development

Humility in Realizing There is a lot to Learn

With self-awareness and self-reflection honestly examine your biases. Be honest with yourself about the privileges/advantages you have compared to your client

Engage in ongoing learning and self-reflection. Don't assume that because you have attended a training that you are competent.

Ask for feedback on how to better address the power differential

Recognize that you will make mistakes and be willing to hear that you missed the mark

Rupture and Repair

- Acknowledge the rupture and be genuine and authentic
- Be curious about how the client experienced the rupture
- Respect the thoughts, feelings and ideas of the client/family
- Normalize/validate feelings around the rupture
- Consider apologizing
- Connect to historical ruptures as appropriate
- This may be a port of entry into IPP

Flexibility in Practice

How can clinicians be more flexible?

- Think outside of caregiver/baby to include all the people – fathers, mothers, siblings, fictive kin, grandparents, etc. – that are important to the client
- Consider the communities they are connected to and what systems might be included to support the treatment – medical, spiritual, school, etc.
- Meet families in a location that works best for them.
- Recognize the importance of non-dominant bodies of knowledge in the lives of the family and actively seek ways to include it in the treatment relationship

Self-Reflection Activity

- Choose one or two of the questions from the following list and write your responses to them.

Self-Reflection Questions

- How do I behave in relationships when I have more power?
Equal power? Less power?
- How have I responded when I recognize that bias has entered my work?
- What is my level of tolerance with not knowing, making mistakes, saying the “wrong thing” and apologizing/repairing?
- What do I look like when I become flooded or overwhelmed by difficult conversations?
- What gets elicited in me when I feel like I am an outsider or an imposter within a group?

Group Discussion

Discuss an insight you gained through reflecting on the previous questions.





“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”

— Maya Angelou

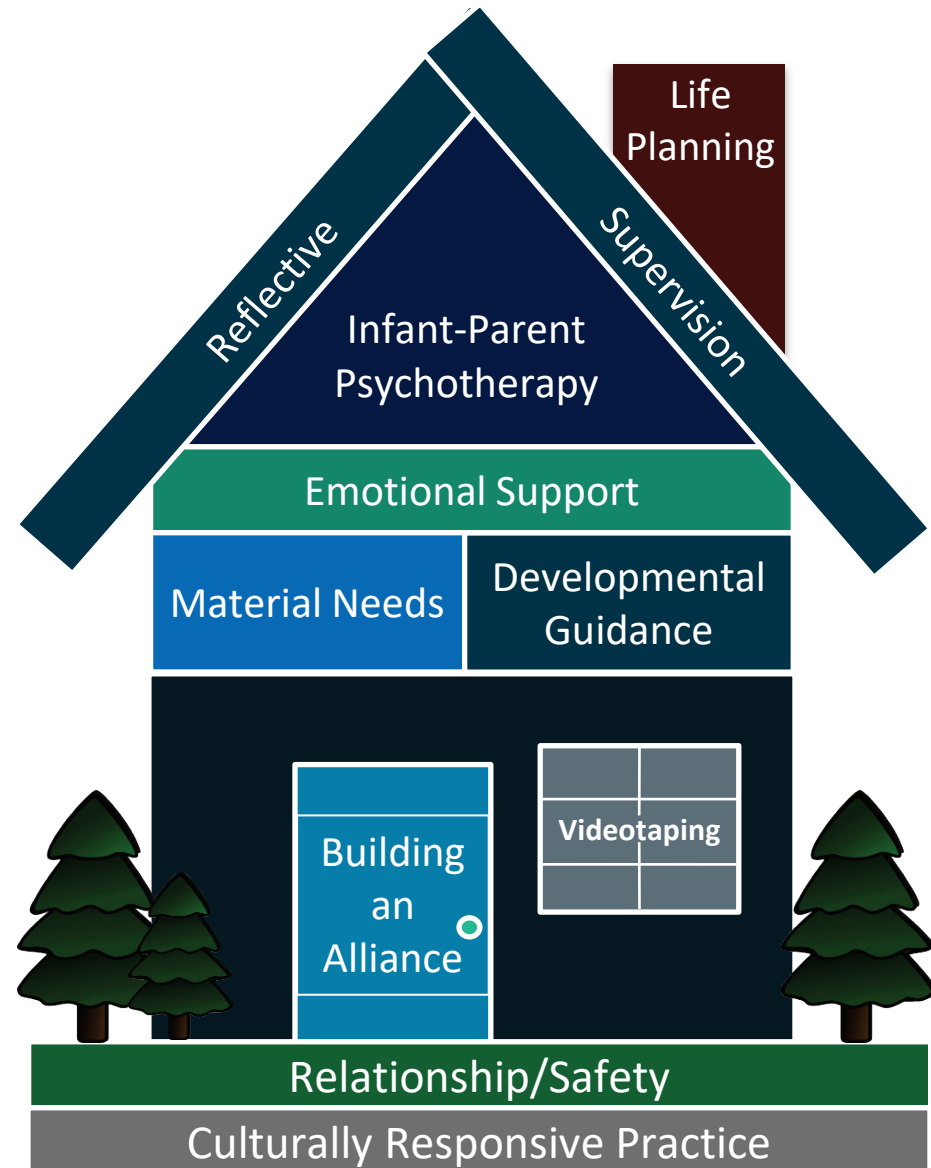


“Integrity is choosing courage over comfort; choosing what is right over what is fun, fast, or easy; and choosing to practice our values rather than simply professing them.”

— Brené Brown

What has been Covered Today

- Explored how cultural responsiveness, curiosity, humility, vulnerability, openness are critical to establishing the foundation of relationship and safety
- Diversity-Informed Tenets for Work with Infants, Children, and Families
- Power and privilege in the therapeutic relationship
- Centrality of cultural humility in working with families
- How to address ruptures in the relationship



What's Next?

