

Enhancing Culturally Safe and Sensitive Practice

Festivals of Psychology

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Acknowledgment

I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today.

I would also like to pay my respects to Elders past and present.



Welcome

Who Am I ?

- Culturally and Linguistically Diverse
- Multilingual clinical psychologist, accredited supervisor, & APS & CCLIN Fellow
- Taught in the clinical psychology program for 25 years
- Conduct transcultural/cross-cultural research
https://eprints.qut.edu.au/view/person/Khawaja,_Nigar.html
<https://orcid.org/0000-0002-6343-983>
- Convener for the APS Culture & Psychology Interest Group

Cultural diversity in Australia

- CALD
- Culture and its relationship with mental health and its management
- Challenges of CALD
- Risks and protective factors of CALD
- Cultural Responsiveness Model

• Morning Tea

- Assessment
- Interviews
- Analysis of case studies to practice assessment - Group work 1

Lunch

- Therapies used with CALD
- Analyses of case studies to practice formulation and treatment planning- Group work 2



Disclaimer

- **Assumed Knowledge:**
- I assume you know about the Australian migration history & migration policies & ethnicity, multiculturalism, ethical code and guidelines, clinical assessments & clinical interventions.



Cultural Diversity in Australia

Statistics

3% Aboriginal & Torres Strait Islanders (250 languages & 700+dialects)

31% born overseas

45 % have 1 parent born overseas

Can be 1st or 2nd generation.

Most of them are young (35-39 years)

40 % of these are MINORS
(ABS , 2018)

<https://www.abs.gov.au/statistics/people/population/overseas-migration/latest-release>



Top 5 countries of birth 2024

India

China

Philippines

UK

NZ

Languages spoken 2024

200+

English;

Mandarin

Arabic

Vietnamese

Cantonese

Hindi, Punjabi, Greek, Italian,
Spanish & Nepali.

Who is a Culturally & Linguistically Diverse (CALD)?

Department of Aging definition

People who are born overseas or have a parent born overseas and are identified on the basis of a culture and language

Migrants

Pull factors

Move for better educational / occupational opportunities

Aspire to achieve high

Put a pressure on themselves and their children

Second generation is more torn between original & adopted cultures

https://en.wikipedia.org/wiki/Push_and_pull_factors_in_migration

Refugees & Asylum Seekers

Push factors

Forced to flee their country of origin because of persecution, war or violence. Their life is in threat.

Applies to UNHCR, who authorises resettlement in a developed country.

Asylum seekers enters another country without the authorised paperwork.



Migrants In Australia 8.2 Million

Enter on:
Skill or business migration
Family re-union scheme

ABS,2023

- Can vary on the knowledge they have about Australia.
- Dependent (e.g. elderlies, children or spouses may not be consulted).



Refugees & Asylum Seeker in Australia

1 Million

<https://www.refugeecouncil.org.au/how-many-refugees-have-come/n> in Australia

Refugees in Australia: In last 5 years arrivals have been from Iraq, Syrian, Afghanistan, Congo Myanmar & Iran
Asylum Seekers: Iraq & Myanmar

Arrive with parents, grandparents, relatives or alone



To engage in culturally reflective practice, a psychologist needs to understand the CALD clients:

- culture, its relationship with mental health and wellbeing.
- Perspective, experiences, identity, & challenges.
- Risk and protective factors.

Culture

We are part of many small / large groups. Each group has its own culture.

Shared **rules** that govern the behaviour of the society (or a group)."

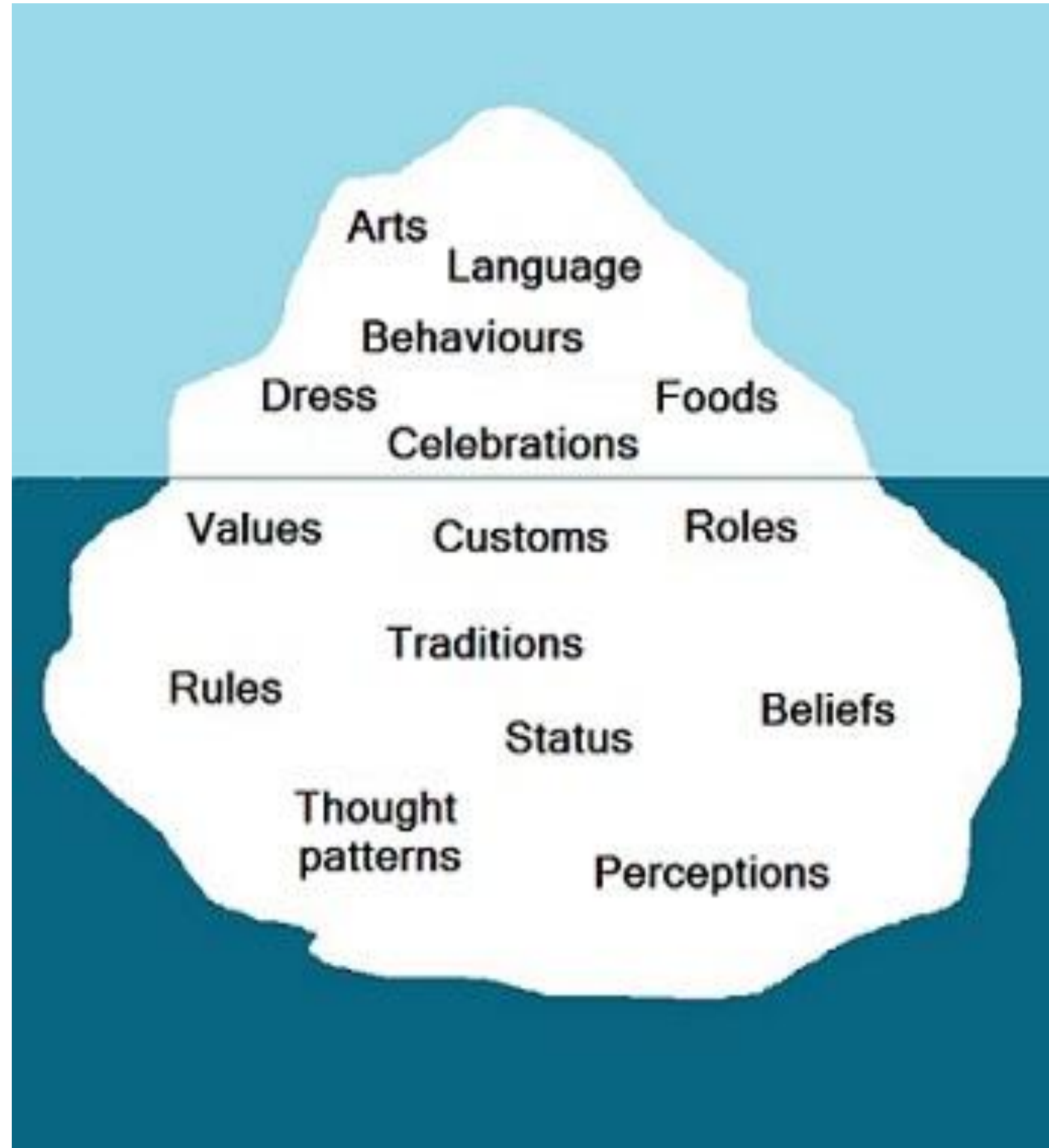
"Shared **values, beliefs, attitudes and behaviours** that differentiate one group from the other."



Culture:

Objective

Subjective



Culture

- Each culture has set rules that its members take for granted— they're taught or absorbed subconsciously
- It is passed on from generation to generation
- Everyone in that culture follows the rules
- It is dynamic and evolves
- Not apparent to people from other cultures

Hofstede et al. (2010).

Triandis (2004).

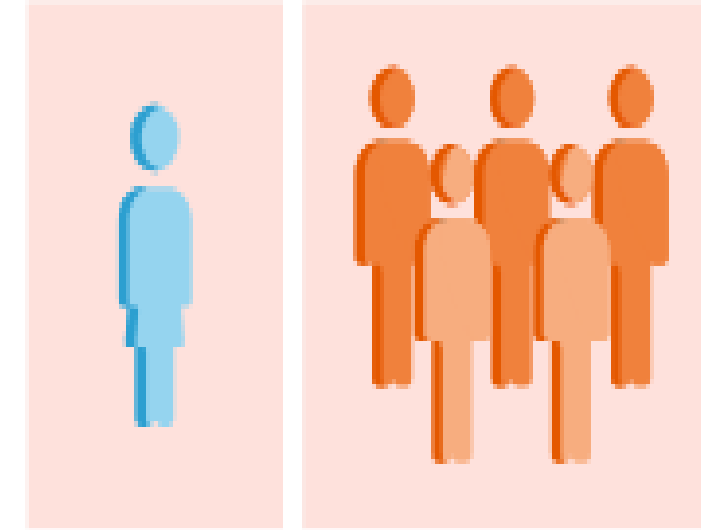
Hofstede's Cultural Dimensions & typical characteristics associated with these dimensions



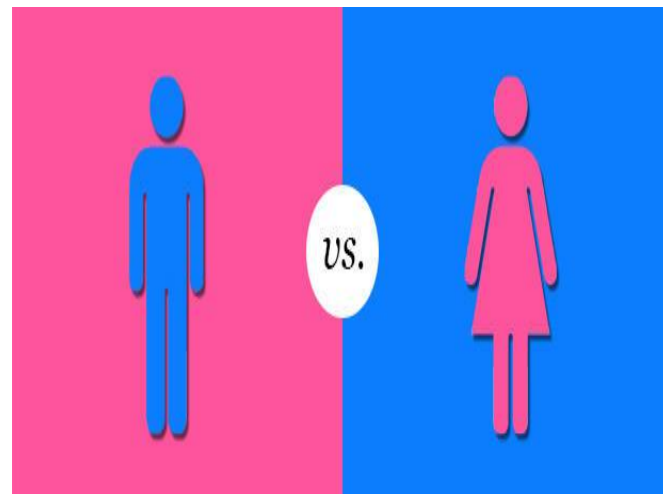
Weak/strong Hierarchy



High/Low Power



Individualism/collectivism



Masculinity/femininity



Uncertainty Avoidance



Time



Event

Protective vs Risk factors



Impact on how we offer services to CALD clients?

The impact of culture on mental health

3

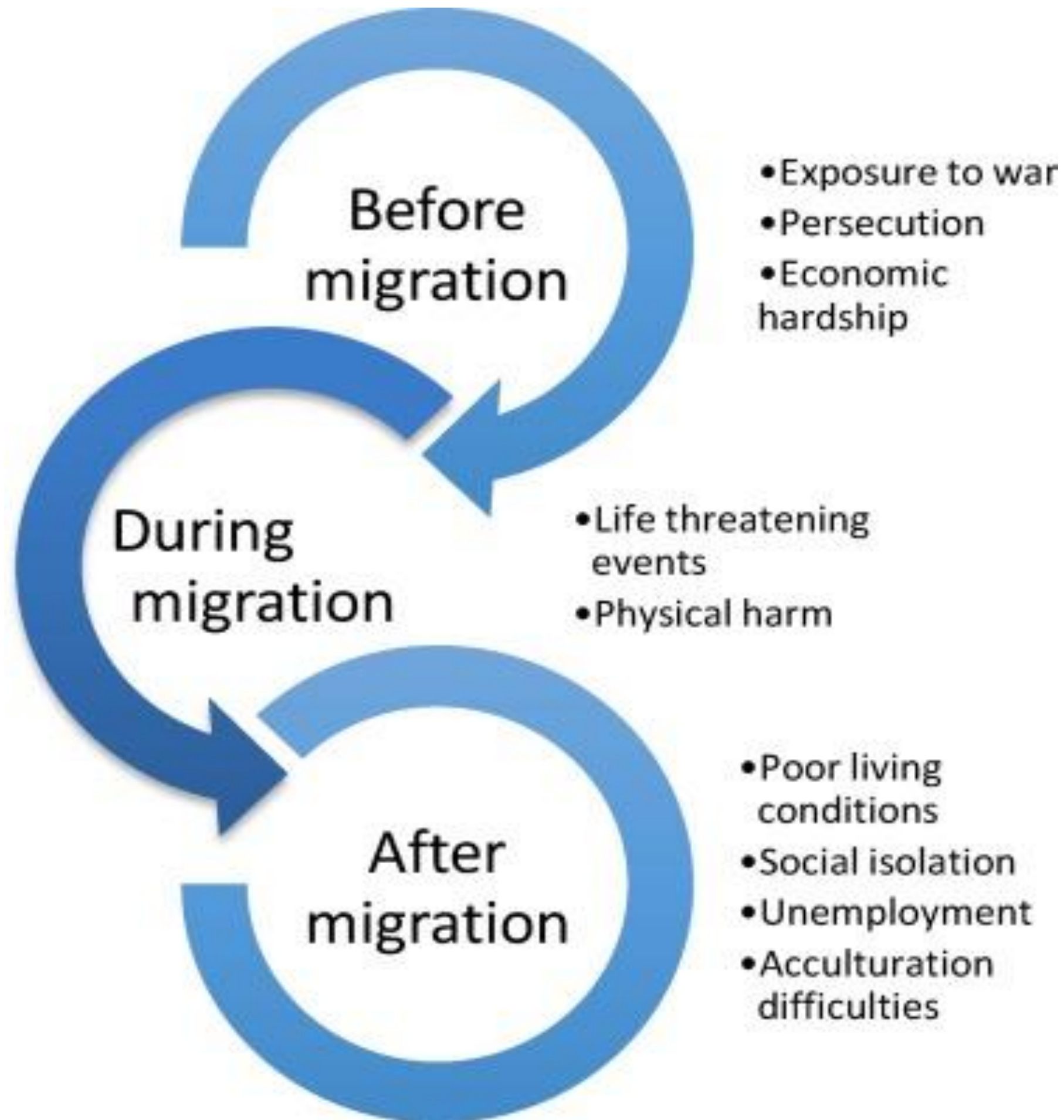
- Beliefs about mental illnesses
- Stigma & help seeking behaviours
- How emotions are displayed (amplified - de-amplified)
- Different coping styles
- Culturally bound syndrome (e.g., somatisation).
- Resemble with a DSM disorder but triggered and managed culturally.
- Role of the family (Filial piety)
- Role of religion & spirituality & traditional healing

**How do we
offer
services to
CALD
clients?**



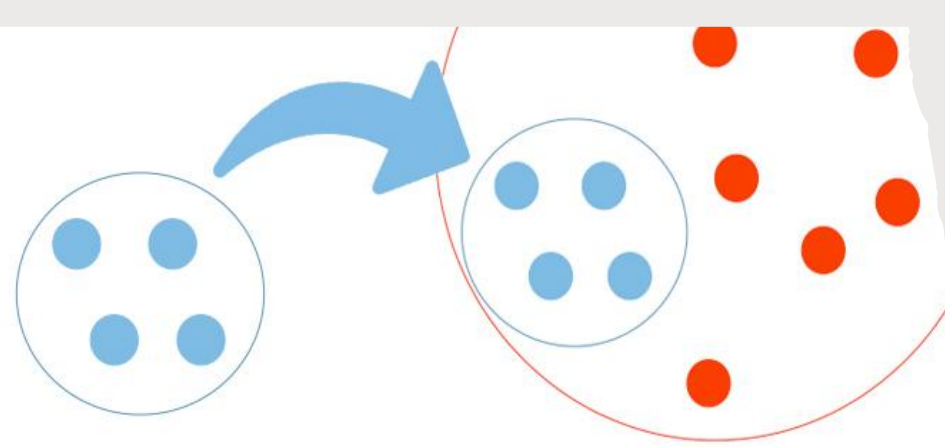
<https://www.ncbi.nlm.nih.gov/books/NBK44249/>

Migration related Challenges

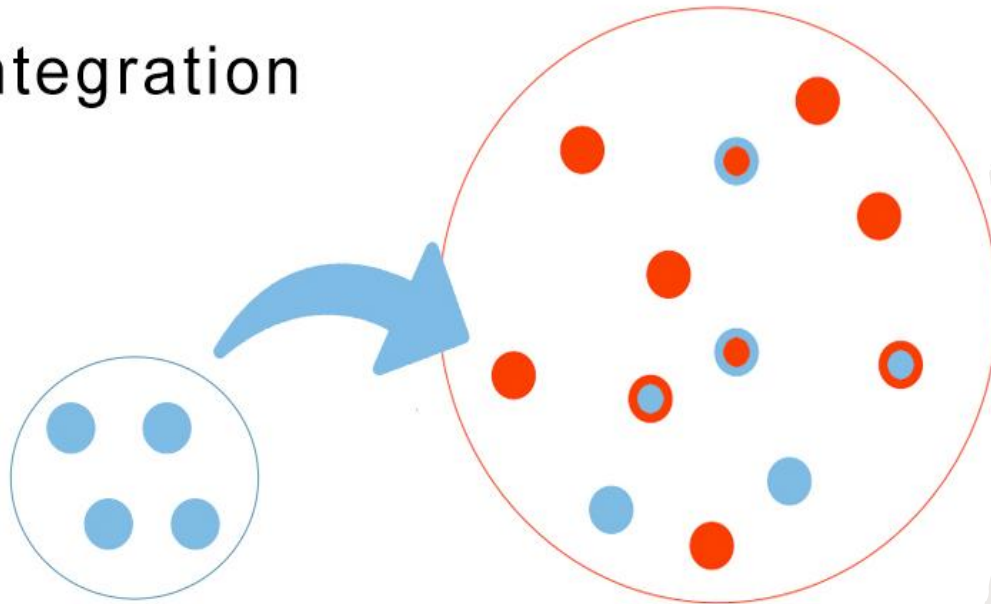


Language Barriers and the development of the English proficiency

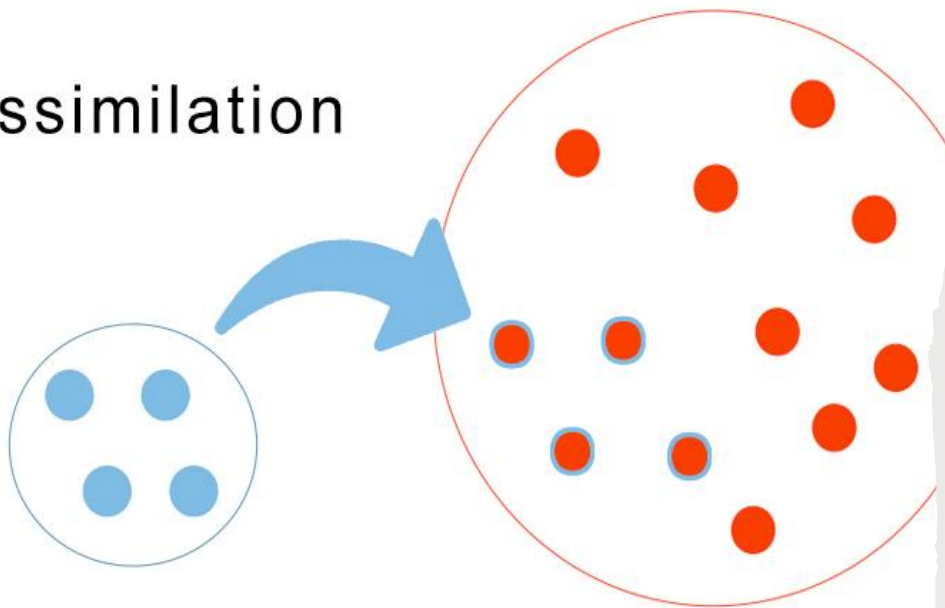
- English as a second language
- Difficulty with acquisition (language developed in 5-7 years and depends on the proficiency of the first language)
- Listening & speaking develops faster than reading & writing
- Variation depends on phonological memory, cognitive ability, executive functioning, language disorders and motivation to use English



Integration



Assimilation



Marginalisierung

- **Acculturation**

- Cultural groups interact with each other & members cultural groups adopt the beliefs and behaviours of another group.
- Acculturation can be reciprocal—i.e. the dominant group adopts patterns typical of the minority group, but generally it is the minority that shifts.

- **Types:**

- Separation/ segregation
- Integration
- Assimilation
- Marginalisation

Choy et al.,2020; Smith & Khawaja, 2011

Acculturative stress

Culture shock

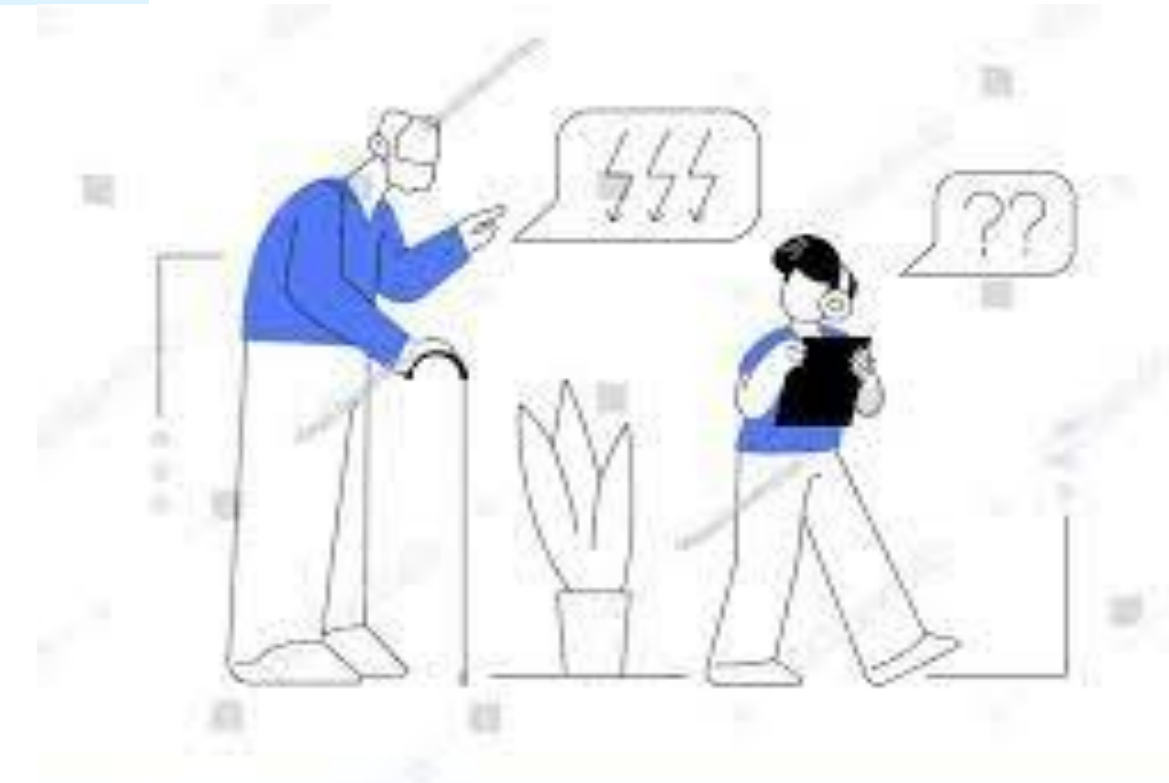
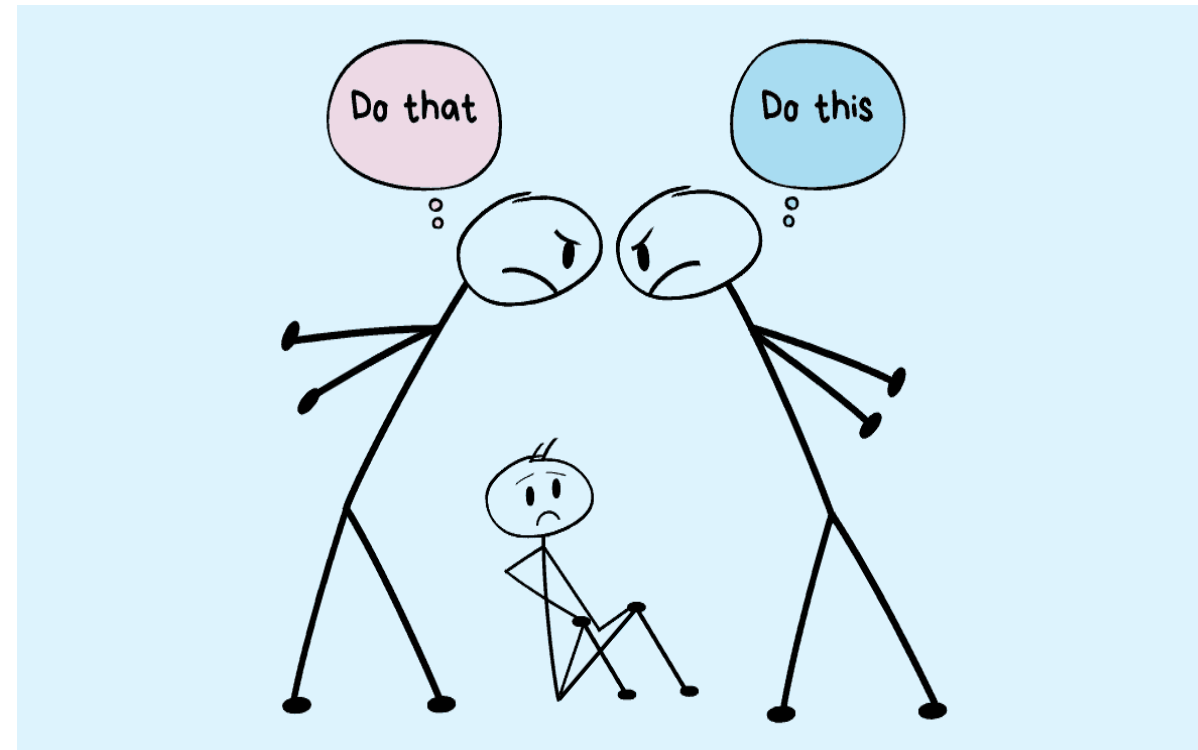
Miss people, food, music, culture and country of origin

The original & host society values are in conflict, and it is difficult to compromise

Role conflict

Intergenerational conflict

Khawaja& Khawaja, 2018; Lerias et al., 2024.



Racism, discrimination & prejudices



Identity

Negotiation & Reconstruction : Migrants shape and redefine their sense of self in response to social interactions and life experiences.

Can have **multiple** or **integrated** identities
Radford & Hetz, 2021

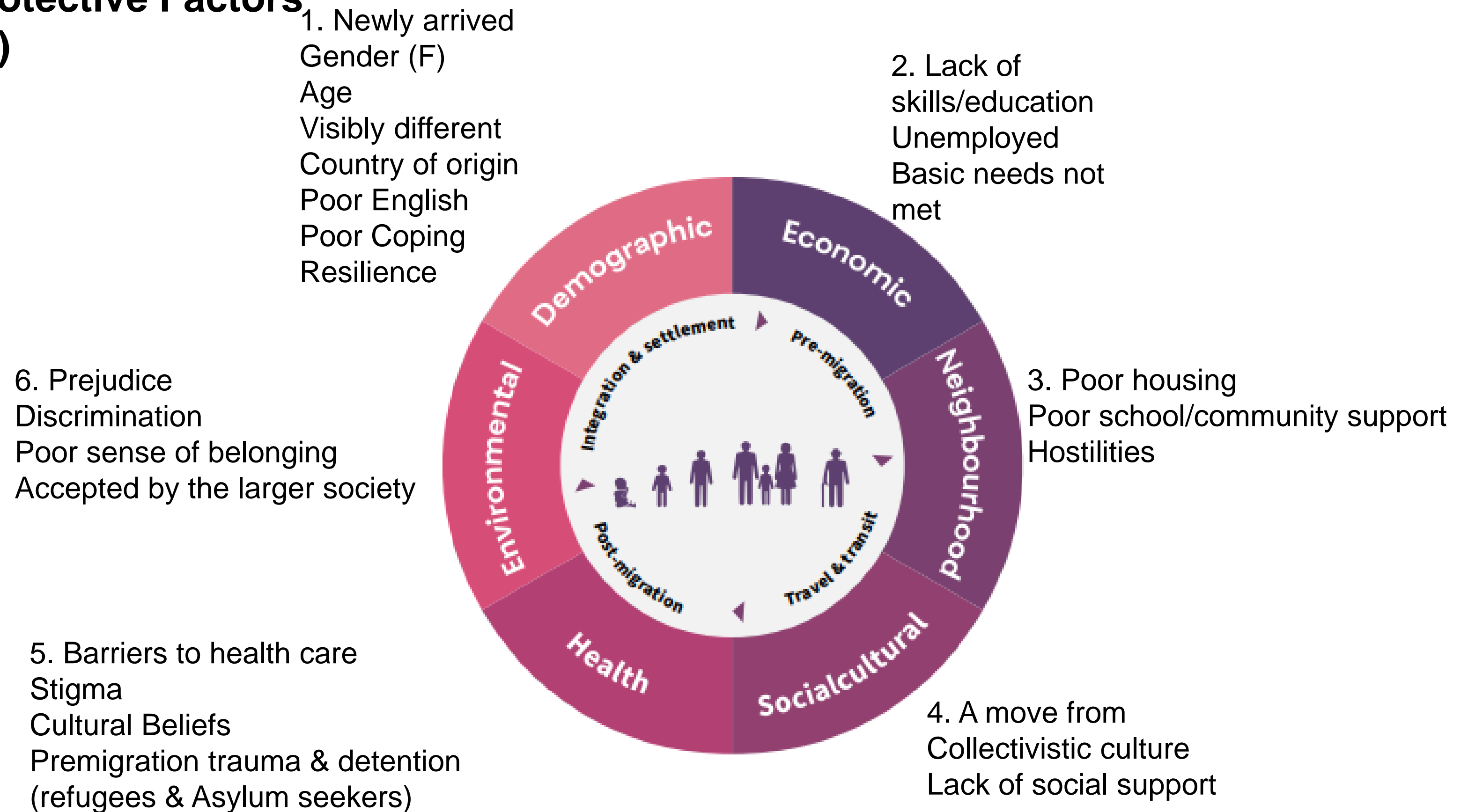
Identity crises:

- Struggle with their sense of self
- Difficulty in reconciling their heritage and new identity
- Hide who they are and what they do to avoid discrimination and to fit in

Zetl et al., 2022.



Risks & Protective Factors (Who,2023)



Some common characteristics of CALD

- Compared to the larger majority they are:
- A minority
- Visibly different
- Culturally different
- Ethnically different
- Varying levels of English language
- Varying exposure to schooling/ employment
- **Healthy migrant effect**
- **MOST DO WELL AND ARE VERY RESILIENT**
- **A SMALL PROPORTION ARE CLINICALLY DISTRESSED**

- Khawaja & Dhushyanthakumar, 2020; Khawaja et al., 2013.

Psychopathology

Migrants & Refugees/Asylum Seeker

- Acculturative stress : Loneliness, homesickness, grief, Identity crises & psychosocial strain
- Depression and low self-esteem (loss of status & identity crises)
- Anxiety (worries, fears and arousal)
- Substance use/abuse
- Brief psychotic onset due to unachieved goals or unmet expectations or life stressors.

Refuges & Asylum Seekers

PTSD, collective trauma, physical injuries, acquired brain injury & cognitive deficits

Youth

- **Mental health issues:** Acculturative stress, Depression, Anxiety, Substance misuse & Eating disorders. Lérias et al., 2024.
- **Poor academic** performance could be due to:
 - Unable to acquire the English language (or delayed)
 - Development language disorder
 - Learning disorder
 - Emotional challenges
 - Lack of motivation or interest

Khawaja et al., 2020,2021

CALD people avoid seeking mental health services or drop out

Cultural factor

Cultural & Language barriers
Stigma, shame & fear
Lack of mental health literacy
Beliefs and traditional customs
Concerns about confidentiality
and interpreting services
Not familiar with psychological
services
Mistrust the health system
(refugees & asylum seekers)

Structural Factors

Medicare ineligibility
(temp visa or asylum
seekers)
Difficult to navigate
Logistical issues (e.g.,
distance, transport,
childcare & finances etc)
Biases/ racism

Service related factors

Lack of culturally aware
staff and services
No CALD friendly
services
Inappropriate
assessment, diagnoses
& intervention

Kalich et al., 2016; Radhamony et al., 2023) Salam, et al., 2025).

Culturally Responsive Practice

Strongly endorsed by:

AHPRA, APAC & APS

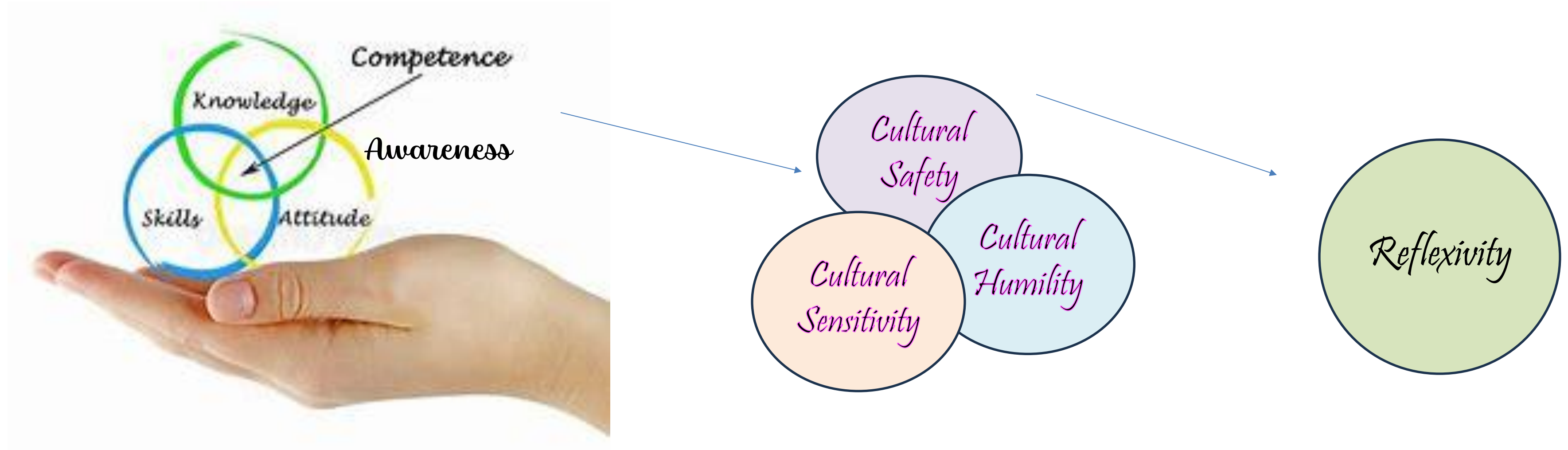
<https://apac.au/education-providers/standards/>

<https://www.ahpra.gov.au/News/2024-11-25-code-of-conduct-released.aspx>

Health equity & human right of people from diverse communities

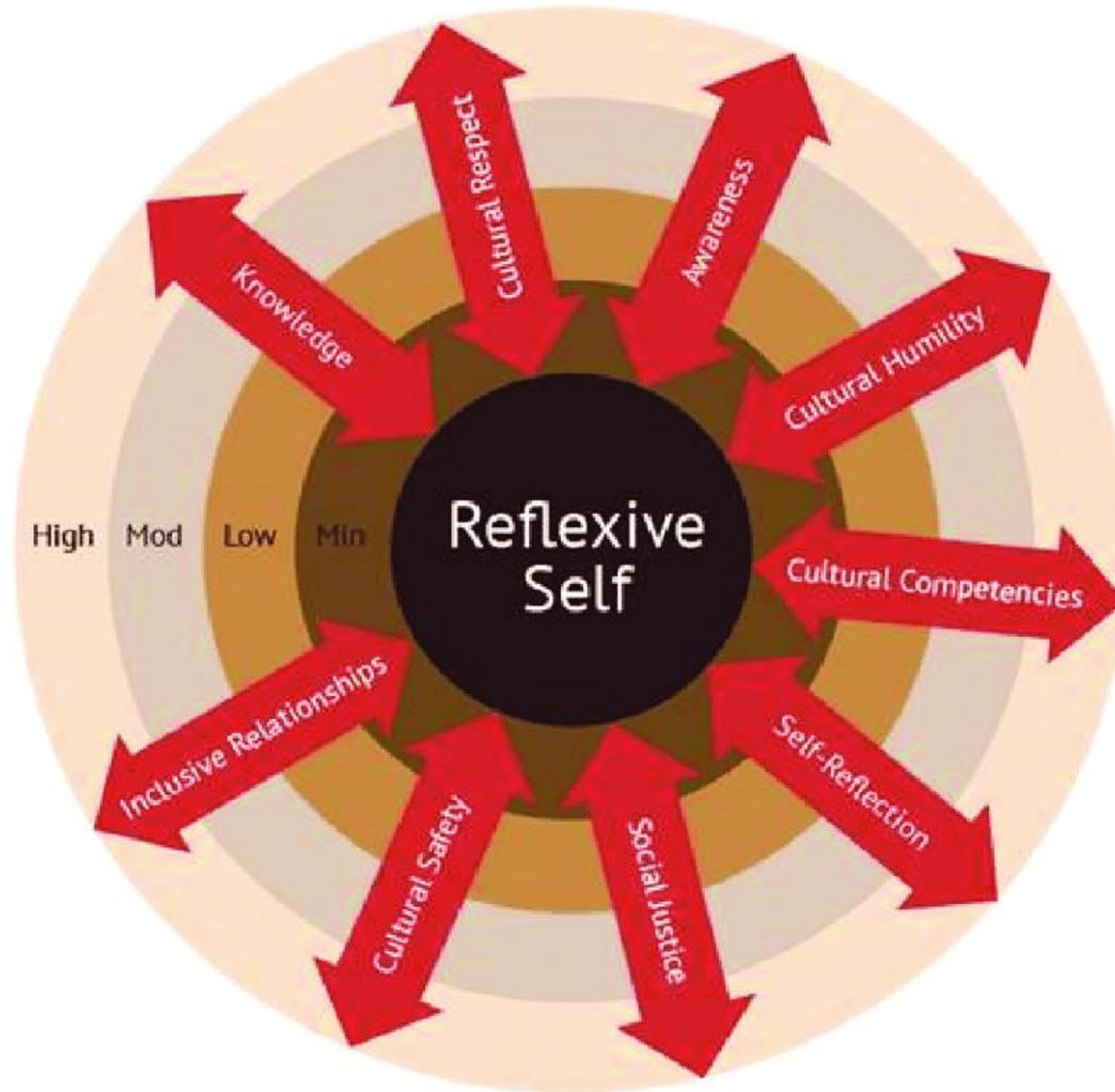
- Collaborate **respectfully & inclusively**
 - Recognise how **cultural identity** influence wellbeing
 - **Adapt** practice to meet the needs of diverse people/communities
-
- Psychologists must be **aware** of their cultural identities & biases
 - **Reflect & learn** from their clients
 - **Collaborate** with other professionals to help diverse clients
 - Ensure services are **fair & respectful**

From Cultural Competence, Safety, Sensitivity & Humility to Cultural Responsiveness



Kirmayer, L. J. (2012).

Cultural Responsiveness Model



Foucault's
Oscillation (Smith
et al., 2022).
Dixon et al., 2023
Kirmayer, L. J., &
Gómez-Carrillo, A.
(2019).





Culturally responsive psychological services to CALD clients /communities consist of:

- A thorough assessment
- Diagnoses
- Cultural formulation
- Treatment planning
- Execution and monitoring of the treatment

Assessment

Tools:

Interviews (collaterals)

Observations (formal / informal settings)

Formal and informal tests (prefer culturally fair and language free measures)

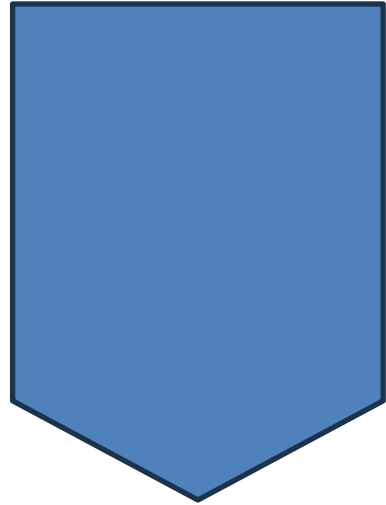
If no appropriate test is available, then tests can be used qualitatively.

Consider **a wide range of hypotheses** covering **pre migration, transit and post migration** factors and **English** language acquisition

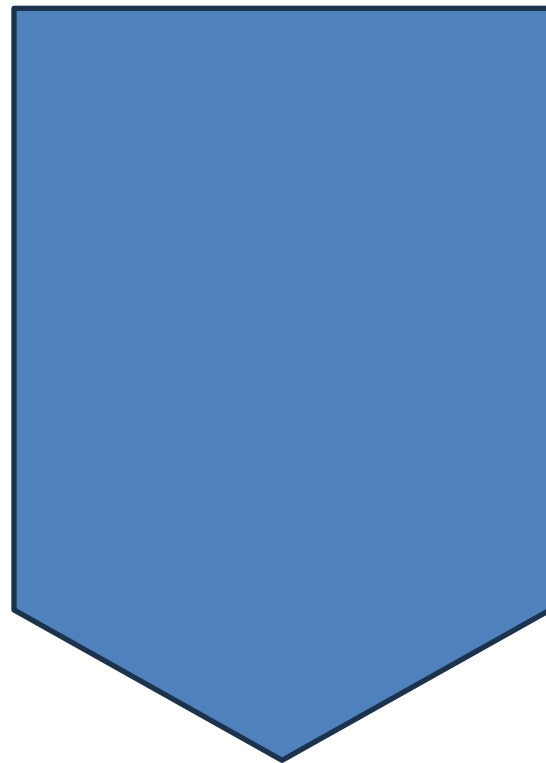
- Dixon et al., 2023; Kaplan, 2009; Laher & Cockcroft, 2017).

Interview- key method of collecting data

OPENING



MIDDLE



CLOSING



Interview tips (along with your regular questions) pay attention to the following areas

OPENING

- Allow longer time
 - Use informal setting
 - Adjust language & micro counselling style
 - Focus on rapport
 - More self –disclosure
 - Clarify roles (educate if required)
 - Cover consent carefully
 - Use interpreters appropriately
 - For presenting complaints: Use the client explanatory model*
-
- *what is the problem called in your culture?
 - How is the problem caused in your culture?
 - How is it managed in your culture?
 - In your culture, what helps or what makes it worse?

MIDDLE

- Explore
- Migration history
- Pre and post migration stressors
- Acculturation,
- Acculturation stress
- Identity
- Social, emotional and practical support
- Role of culture in child rearing, relationships, education , work, conflicts...

CLOSING

- Assess Risk
- May have to engage in Crises Intervention
- Share a cultural formulation
- & future work
- Enhance self-esteem
- Provide information

Khawaja, 2011, 2019; Khawaja et. al., 2022; Paralikar et al., 2020)

Group Activity 1 - Case studies

Please review the case study assigned to you.

- 1. How would you assess the client in a culturally responsive manner?
What informal/formal assessment you may use?

Interview:

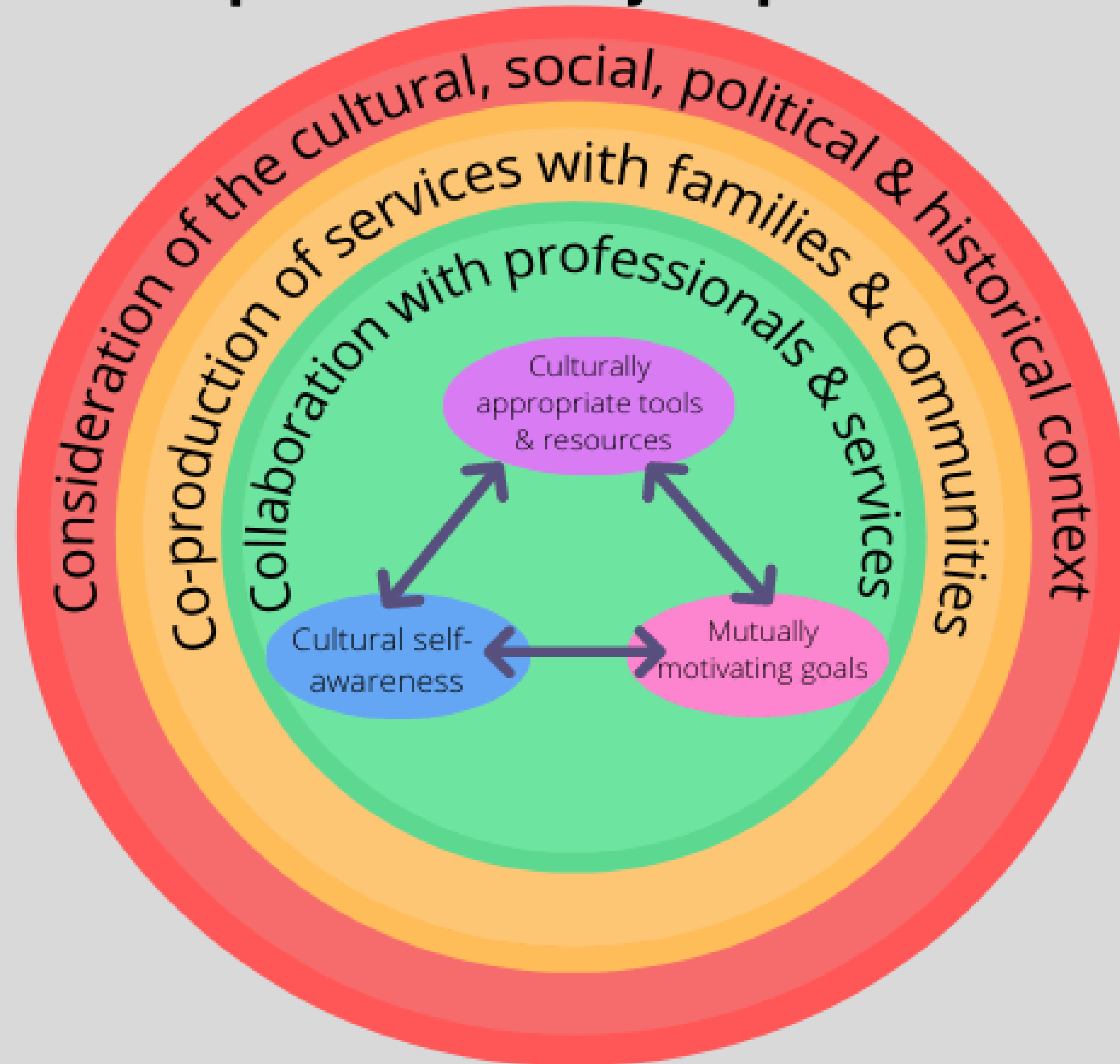
- - how will you manage the **3 phases** of the interview?
- - what extra **areas** will you **probe** in the interview?
- - what **salient** information will you collect in interview?
- - any **collaterals**?



Cultural Formulation (incorporating the client's culture)

Presenting complaints	Cultural presentation of symptoms? Somatisation Culturally bound syndrome
Precipitating factors	----- pre and post migration stressors / culture related stressors.... Acculturation related stressors
Predisposing factors	-----Beliefs about mental illnesses possessed by jinn's, spirits curse , spell punished by God going crazy
Perpetuating factorsas above
Protective factorscollectivism, religion & spirituality Paralikar et al., 2020)

The Principles of Culturally Responsive Practice



Intervention tips

- Be mindful of the client's socio-political background
 - Be mindful of the adaptation made by the client (or required)
 - Be sensitive to discrimination / racism encountered by the client
 - Empower the client who feel undervalued and under privileged
 - Incorporate families / community (as client is from collectivistic culture)
 - Incorporate Indigenous and spiritual healing practices from the client's culture
 - Understand the client's cultural conceptualization of mental health (symptoms, cultural expectations)
-
- Enhance coping
 - Enhance acculturation
 - Enhance extra therapeutic variables (life skills, social skills, & problem-solving skills)
 - Modify Western therapies as required.
 - Engage in self reflection & professional development

Khawaja et al., 2014; Khawaja & Stein, 2016

**Empirical studies indicates that following therapies are being adapted and used successfully with CALD clients
(In descending order)**

CBT

CBT – Trauma informed

**DBT Narrative Exposure Therapy Solution
focussed**

Narrative Therapy Family Therapy Group Therapy

Art / expression & creativity (e.g. Tree of Life)

Emotion-focussed Therapy Schema-focussed EMDR IPT/Relational

CBT & Trauma informed CBT

- Structure
- Collaboration
- Expert Advise
- Psychoeducation (reduce stigma, acculturation....)
- Skill building / role play
- Problem solving
- Short/ brief

Huey et al., 2023; Iwamasa & Hays, 2019; Kananian, et al., 2021; Unterhitzenberger et al., 2021, Wright et al., 2020; Zigarelli, et al., 2016.

Adaptations:

- Instead of confronting “beliefs as irrational” focus on “other ways on thinking in this new setting”
- Adapt language / process/content. Avoid jargon, terms, & forms
- Use cultural stories, metaphors and analogies
- Use examples aligned with clients' migratory experiences.
- Tweak relaxation strategies and imagery to match client's cultural background
- (e.g. qur'anic recitation, twirling dervish; special music, incense etc)
- Address somatization
- Lengthier discussions of struggles and concerns of daily life
- Adapt assessment tools (may have to use oral method)

Narrative Exposure Therapy

Used with refugees (adult and children) to treat PTSD

- The flowers and stone analogy is simple and easily understood
- Client develops a coherent autobiographical story
- The narrative developed across the sessions allow the clients to recall positives along with the aversive events
- The client is asked to describe their emotions, thoughts, sensory information and physiological responses in detail. The client relive the emotions experienced without losing connection to the present.
- It contextualizes the network of cognitive, affective and sensory memories of a patient's trauma.

Adaptations: Incorporate psycho ed, clients' values, language and metaphor.

- Samarah, E. M. S. (2024); Wright et al., 2020

Solution-focussed Therapy

Therapist and client then carefully search through the client's life experiences and behavioural repertoire to discover the necessary resources needed to **co-construct a practical and sustainable solution** that the client can readily implement.








- Short / brief
- Can involve individual/family
- Identify personal resources & skills
- Identify personal resilience and coping strategies
- Client oriented
- Future oriented
- Goal directed
- Miracle Q can be adapted (in your situation/ family / culture).

Narrative Therapy

- Separate the individual from the problem
- Allows the individual to externalize their issues rather than internalize them
- Relies on individual's own skills and sense of purpose to guide them through difficult times
- Techniques like telling one's story work easily
- Help migrants/refugees reauthoring one's story
- Provide them purpose & meaning in life
- Haselhurt et al., 2021.

Narrative Therapy Tree of Life Project

This project is about identifying all the different aspects of your identity; including your past, future goals, strengths and support system. For each section, draw part of your tree and write notes around it. There is a tree outline and some examples on the back of this worksheet.

ROOTS 	Where you come from and your family: <ul style="list-style-type: none"> • What roots do you have in your life? How important are these? • Does your past influence who you are today? • Do you have any favourite memories? • Has your perception of your roots changed over time? • Where were you born? Where did you go to school?
GROUND 	Your present life and day-to-day activities you engage in: <ul style="list-style-type: none"> • What is the ground like in your life? Is it fairly stable or frequently changing? (could represent with flat or bumpy ground) • What influences you on a daily basis? • Who do you live with? Where do you go to school/work? • Do you have a favourite place that you visit?
TRUNK 	Your skills and abilities: <ul style="list-style-type: none"> • What talents and coping skills do you have? • Can you play an instrument/draw/write? Are you helpful/kind? • How important are these abilities to you? Do you value them in others? • Do you find it easier to think of your faults compared to your skills? • Are there any skills other people think you have?
BRANCHES 	Your hopes and goals: <ul style="list-style-type: none"> • If you could have three wishes, what would they be? • Do you hope for health, happiness, success, money, family etc? • Do you aspire to be a nursery nurse, actor, vet, etc? • How achievable do you feel your aspirations are? • What would need to happen for you to achieve these? • Do you have hopes and wishes for other people in your life?
LEAVES 	Important people in your life: <ul style="list-style-type: none"> • Who plays an important role in your life? • What type of influence have they had? If they've helped, how? • Do you feel that you have played an important role in their lives? • How might your relationship change in the future? • Are there who have passed away - leaves in the wind?
FRUIT 	Gifts from important people: <ul style="list-style-type: none"> • Have these people provided you with a shoulder to cry on/support/compliments? • What have your parents taught you? • Have they ever given you a material gift which meant a lot to you? • How have these gifts helped you? • What have you given them in return?
STORMS 	Challenges: <p>Include everything from family conflict, mental health problems, lack of resources, loss of important people in your life, etc.</p> <ul style="list-style-type: none"> • What storms have you experienced in the past? • How did you manage with these? • What storms do you think there might be in the future?

The Tree of Life Project was created by [Dunelm](#) (RPS51) & [Dunelm](#) (Dunelm Centre Foundation)

Family Therapy

Focus on migrants/ refugees

Family may consist of 2 or 3 generations, nuclear or extended

Attendees may be the entire family or a few members or the client with a key influential member of the family)

- Adaptation to the new settings
- Enhance resilience & capacity
- Strengthen family dynamics
- Focus on post trauma reconstruction
- Restore safety
- Restore relationship
- Enhance meaning & connectedness
- Restoration of relationships

Group Therapy (can be based on CBT & SFT models)

Adaptation:

- Keep it educational and skills based
- Decrease isolation and increase peer identification and peer modelling.
- Avoid divulging into personal information (unless a small closed group)

Focus is on:

- Cultural adaptations & acculturation
- Evolving roles and identity
- Distress tolerance, cognitive flexibility and reframing
- New set of communication/ problem solving /parenting skills
- Self-compassion and information about services

- Fox et al. 2024. Khawaja et al., 2021

Other

Schema Focussed

- Used to address dissociative disorder

Barbieri et al., 2022.

Emotion – Focussed Therapy

- Used to uncover deeper emotions

Marovic-Johnson, & Brown, (2024).

Interpersonal Therapy

- Used to reduce interpersonal stress and to increase social support and social skills

Tissue et al., 2023).

EMDR

- Client/ person oriented- allow flexibility
- Distress tolerance strategies can be culturally adapted

Amara, P. (2017).

Expressive and creative therapies (Art, dance & movement, music, & play ,)

- No or little language
- Improve social, emotional, mental functioning & wellbeing
- Relieves stress, anxiety and depression
- Increase positive reframing

- Rowe at al., 2017 ; Serlin, 2021.

Group Activity 2 - Case studies

- What is your cultural formulation?
- How would you treat the client in a culturally responsive manner
- What are your treatment goals?
- How will you deliver the treatment?

- **Group Discussion**

- **Final word**



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