

# Cultural Humility Self-Reflection Tool for School Mental Health Professionals

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This self-reflection tool has been designed to help you to explore, and then reflect upon, your individual cultural humility as a school mental health professional. The self-reflection tool prompts you to consider your skills, knowledge and self-awareness when providing support to students and engaging with staff members in schools who don't share your culture and identities. Reflecting deeply on your own personal values, beliefs and biases is an important step towards providing identity affirming care to students. When you enter the therapeutic relationship with cultural humility, you can engage in more authentic interactions that promote better mental health for the students you serve.

Naturally, a self-reflection tool cannot elicit cultural humility in and of itself. It is a touchpoint that may help you in gauging your abilities, knowledge and confidence in this area, and in identifying areas in which you would benefit from professional learning and growth. The self-reflection tool may help you to be self-reflective in terms of identities and intersectionalities when engaging with students and colleagues.

Note that the term 'culture' need not be restricted to race, ethnicity and ancestry. In its broader sense, culture includes the beliefs, common experiences and ways of being in the world that may be shared by people with characteristics in common, such as people who are differently abled, members of faith and spiritual communities, those who identify as 2S/LGBTQIA+, and more.

Finally, it is important to note that self-reflection related to cultural humility is part of a wider process of learning and growth as a school mental health professional. Individual learning, dialogue with clinical partners, participation in a community of practice, meaningful supervision, etc., are all ways to build clinical skill and knowledge with respect to providing identity affirming, evidence-informed care within a therapeutic relationship.

## What is Cultural Humility?

The term 'cultural humility' was created by Melanie Tervalon and Jann Murray-Garcia (1998). This concept was originally developed to identify and address the power imbalance in the healthcare field. Now, the concept of cultural humility is widely practiced in various sectors that support students, including education. Cultural humility incorporates principles such as:

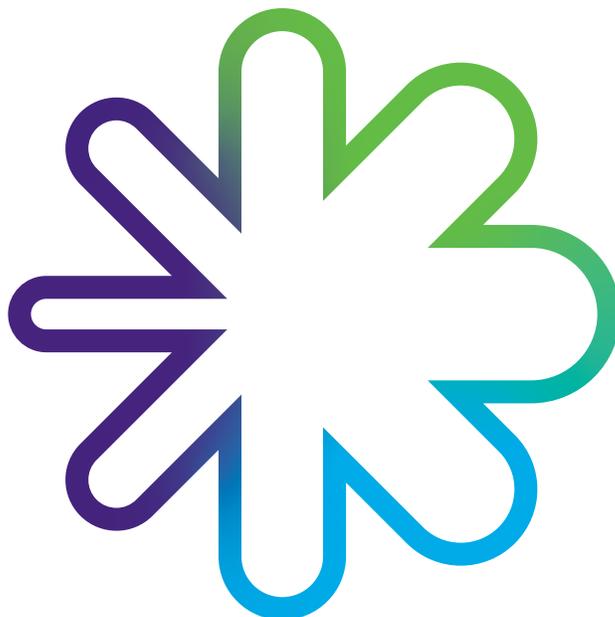
1. A lifelong commitment to self-evaluation and self-critique.
2. Redressing power dynamics and imbalances while developing partnerships with communities and those advocating for change.
3. Continuous reflection and critique at the institutional level with considerations to race, ethnicity, culture, language, sexual orientation, and class.

At the individual, clinician level, cultural humility "refers to an orientation towards caring for one's patients that is based on: self-reflexivity and assessment, appreciation of patients' expertise on the social and cultural context of their lives, openness to establishing power-balanced relationships with patients, and a lifelong dedication to learning. Cultural humility means admitting that *one does not know* and is willing to *learn from patients* about their experiences, while being aware of one's own embeddedness in culture(s)" (Lekas, Pahl, & Lewis, 2020).



## How to Use the Self-Assessment Self-Reflection Tool:

- ▶ Read each statement in the Awareness, Knowledge and Skills sections. Place a check mark to indicate your rating in the appropriate column to the right of each statement. Take the time you need for honest reflection about each item.
- ▶ Your answers are confidential and private, and you do not need to show them to anyone. This tool is for YOU, to assist in your own professional reflection and growth.
- ▶ There may be some statements that you do not understand, some concepts may be new to you, or items may bring up uncomfortable feelings. That's okay. It is a good prompt for you to explore more, through your own reading and review, or consultation with your supervisor or another trusted colleague for clarification and support.
- ▶ At the end of each section identify for yourself the areas where you provided ratings of "never/not at all" or "rarely/a little". Create one or two goals related to these areas. Identify the methods you will use to achieve these goals (e.g., attend workshops or webinars, read articles, view on-line videos from credible sources, request supervision).
- ▶ Throughout the year, engage in the learning activities identified on your goal sheet and revisit it occasionally to check up on your progress. Repeating the process annually, or on a regular schedule, is advisable to continue your individualized learning journey.
- ▶ Have questions? Consider reaching out to your board Mental Health Leader or contact School Mental Health Ontario directly ([info@smho-smso.ca](mailto:info@smho-smso.ca)).



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Lekas H.M., Pahl K, Fuller Lewis C. (2020) Rethinking Cultural Competence: Shifting to Cultural Humility. Health Service Insights,13,:1178632920970580. doi: 10.1177/1178632920970580. PMID: 33424230; PMCID: PMC7756036. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7756036/>

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. <https://doi.org/10.1353/hpu.2010.0233>

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## Cultural Humility Self-Reflection Tool for School Mental Health Professionals

Awareness		Never	Rarely	Sometimes	Often	Always
<b>I value diversity</b>	I view human differences as positive and am aware that culture and identity is a source of significant strength for students that I serve.					
<b>I know myself</b>	I have a clear sense of my own ethnic, cultural, social, faith, and racial identity and how this impacts my school mental health practice.					
<b>I understand my culture</b>	I am aware that in order to create a supportive therapeutic relationship, I need to understand how power and privilege are embedded in my own culture and experience.					
<b>I am aware of areas of discomfort</b>	I am aware of areas of discomfort or uncertainty when supporting students with differences in race, colour, faith, sexual orientation, gender identity, language, ability, and/or ethnicity.					
<b>I check my assumptions</b>	I am aware of the assumptions that I may make about students of cultures different from my own and have strategies to pause and check these to build and maintain a supportive therapeutic relationship.					
<b>I challenge my stereotypes</b>	I am aware of the cultural stereotypes that I hold and have developed strategies for reducing the harm that they cause.					
<b>I reflect on how my culture informs my judgement</b>	I am aware of how my cultural perspective and experiences influence my judgement about what are 'appropriate', 'normal', or 'superior' behaviors, values, and communication styles.					
<b>I am aware of my privilege</b>	If I am a member of a dominant culture, I understand that I am not without power and privilege, and because of that I may not be seen as 'unbiased' or as an ally.					
<b>I take an active interest in social justice issues</b>	I am aware of the impact of social context on the lives of culturally diverse students, and how power, privilege and social oppression influence their mental health and well-being.					



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<b>Knowledge</b>		<b>Not at all knowledgeable</b>	<b>A little knowledgeable</b>	<b>Somewhat knowledgeable</b>	<b>Quite knowledgeable</b>	<b>Extremely knowledgeable</b>
<b>I know the history of colonization and its impacts on Indigenous people in particular</b>	I understand the impact of settlers on Indigenous populations, including loss of language, land, and culture and the horrors of residential school experiences.					
<b>I know the history of racism and marginalization in Canada</b>	I am knowledgeable about historical incidents in Canada's past, like the transatlantic slave trade and institutional human rights abuses, that demonstrate racism and exclusion towards people who are racialized and marginalized in Canada.					
<b>I understand how historical legacies impact the social context today</b>	I understand how historical legacies, like colonialism and slavery, influence institutional and systemic racism and white supremacy, which persist today and impact student mental health.					
<b>I understand the present-day impact of sexism, classism, ableism, homophobia, transphobia, religious intolerance, etc.</b>	I recognize that stereotypical attitudes and discriminatory actions persist today and can dehumanize, and even encourage violence against students because of their identities and intersectionalities.					
<b>I understand gender as a spectrum</b>	I understand gender identity and expression, and the importance of gender affirming language and care.					
<b>I know the importance of differentiated, accessible service delivery</b>	I understand the importance of accessibility of mental health services for students with special education needs and disabilities.					
<b>I understand the importance of decentring whiteness</b>	I know that many norms, structures, and values within the education system are rooted in our colonial history and that to centre every student we need to explicitly decentre whiteness so their cultural strengths can shine.					
<b>I know that many mental health practices are rooted in Western thought</b>	I understand that my training, and many practices in school mental health, may have limitations for students with diverse identities.					
<b>I know my family history</b>	I know my family's history in Canada and how this may influence my experiences, privilege, and biases.					
<b>I know that intercultural and individual difference is important</b>	I recognize that cultures change over time and can vary from community to community and student to student, as does individual attachment to culture and expression of identity and intersectionality.					
<b>I am aware of multiple social identities and their intersectionality</b>	I recognize that students have intersecting multiple identities drawn from race, gender, religion, ethnicity, etc. and the importance of each of these identities can vary.					
<b>I learn from experiences</b>	I know that cultural humility includes making mistakes and learning from these experiences.					
<b>I assess the limits of my knowledge</b>	I recognize that my knowledge of certain cultural groups and their experiences is limited and agree to creating opportunities to learn more.					
<b>I know my limitations</b>	I recognize that this is difficult and sometimes emotional work and I continue to develop my capacity for assessing areas where there are gaps in my knowledge.					
<b>I commit to life-long learning</b>	I recognize that achieving cultural humility involves engaging in learning over the course of my professional career and I am committed to continuing to grow in this area.					



## Cultural Humility Self-Reflection Tool for School Mental Health Professionals

Skills		Never	Rarely	Sometimes	Often	Always
<b>I engage respectfully</b>	I engage respectfully with each student, attentive to their culture and identities, when developing rapport, conducting assessments, and providing prevention and early intervention services.					
<b>I can communicate effectively across cultures</b>	I am able to adapt my communication so that I'm using more accessible language with students who may communicate in ways that are different from my own.					
<b>I respect and affirm gender identity</b>	I am able to understand gender as a spectrum and affirm gender identities when engaging with students.					
<b>I show respect for differences</b>	In my practice, I routinely demonstrate respect for the culture and beliefs of others.					
<b>I address my own cultural biases</b>	I can recognize my own cultural biases and can self-correct so that I do not perpetuate my biases when engaging with students.					
<b>I know how to culturally adapt my school mental health practice to better serve students</b>	I understand that school mental health practices can be adapted to support every student when I avoid making assumptions and work as a collaborator with those I serve.					
<b>I can repair relationships</b>	If I perpetuate cultural stereotypes in my content, I can own my mistake and engage in learning and reflection that helps me to improve my practice.					
<b>I ask questions</b>	I am comfortable and I know how and when to appropriately ask questions about the intersection of culture and mental health.					



# Cultural Humility Goals For My School Mental Health Practice

<b>Date:</b>	
<b>Time Period Covered:</b>	
<b>Strengths:</b> <i>Please list some of the areas of strength that you identified through using this self-reflection tool:</i>	
1.	
2.	
3.	
4.	
5.	

**Notes:**



## Areas for Growth

Please note particular areas where growth may be required below. Create a goal for each of these areas. Consider creating a modest number of achievable goals, and adding new goals the next time you engage in this reflective process. Identify the methods you will use to achieve these goals (e.g., attend workshops or webinars, read articles, view on-line videos from credible sources, request supervision).

Awareness Goals	Methods to Achieve Goal	Approximate Date of Completion

Knowledge Goals	Methods to Achieve Goal	Approximate Date of Completion

Skill Goals	Methods to Achieve Goal	Approximate Date of Completion

*\*This self-assessment self-reflection tool has been updated and adapted from CTYS Cultural Humility Self-assessment Self-reflection tool which originated from Greater Vancouver Island Multicultural Society, Western University, and the Government of Canada Cultural Competence Self-Assessment Self-Reflection Tool.*

