

# CULTURAL HUMILITY IN PERINATAL SOCIAL WORK

A TOOLKIT FOR  
PROFESSIONALS

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# The ToolKit

This toolkit was developed as the deliverable from a qualitative action research study. The study aimed to explore how perinatal social workers can apply cultural humility.

## **Brief Background on the Study**

Three stakeholder groups participated in this study and provided insight into how perinatal social workers can apply cultural humility. These stakeholder groups were perinatal social workers, professionals who train perinatal social workers, and social work educators.

The National Center for Health Statistics (2021) reported 3,605,201 provisional births in 2020. Considering that one in five birthing individuals may face pregnancy and postpartum complications, these numbers suggest that over 721,040 birthing people, families, and individuals may require treatment annually (CDC, n.d.). Over 50% of all individuals experiencing perinatal mental health complications do not receive proper screening or treatment (Iturralde et al., 2021).

## **Who Can Use This Toolkit?**

The information presented aims to support organizations and the perinatal social work community in determining best practices for integrating cultural humility in their work with clients. Integrating cultural humility may improve the quality of care for perinatal individuals with diverse, intersectional identities. There is limited research on how perinatal social workers can apply cultural humility in perinatal settings.

This toolkit includes information on perinatal mental health, ethics, foundational social work practices, and ways to address current challenges in applying cultural humility.

# The Research: Executive Summary



**Research Purpose.** This research project collected data on how social workers serving the perinatal population apply the concept of cultural humility. The study aimed to answer the research question, “How can perinatal social workers apply cultural humility?” When social workers practice from a cultural humility framework, they can increase access to care and support positive outcomes for diverse perinatal populations.

**Theoretical Foundations.** As social workers become aware of historical oppression, privilege, and their social locations, they understand barriers affecting marginalized communities and equalize power dynamics in the provider-client relationship. Birthing people seeking perinatal services are constantly exposed to Eurocentric, discriminatory, and oppressive treatment as they navigate the mental health system. This study's theoretical framework is anti-oppressive theory. This theory focuses on dismantling oppressive systems that harm communities.

**Methodology.** This qualitative action research intended to identify ways to support perinatal social workers applying cultural humility. The study utilized a generic inquiry design. Three stakeholder groups participated in semi-structured interviews: perinatal social workers, professionals who train perinatal social workers, and social work educators who teach cultural humility. The research uses purposive and snowball sampling techniques. The data was analyzed using a reflexive thematic approach. The flexible orientation of this type of analysis allowed the researcher to apply anti-oppressive theory to develop codes and themes.

**Findings.** The analysis revealed four themes: (a) deciding to move beyond cultural competence, (b) applying an anti-oppressive lens, (c) integrating foundational social work skills, and (d) addressing training challenges. The findings revealed that cultural humility is a complex practice beyond cultural competence, requiring an active engagement in understanding systems of oppression and biases. The results showed that social workers could integrate social work skills to reduce harm to marginalized populations when social workers are reflective. The findings also showed different barriers social workers face in learning cultural humility.

**Recommendations.** The recommendations include strategies for perinatal social workers and systems supporting perinatal populations. Social work trainers must represent diverse backgrounds and support providers in reflection to address internalized oppression. Systems have a responsibility to ensure that training is equitable. They also must provide training that is financially accessible and that fits within the high demands of the field.

# Perinatal Mental Health: Background

## What is Perinatal Mental Health?

Perinatal mood and anxiety disorders like postpartum depression are the most common complication of childbirth (Parade et al., 2018). In the United States, approximately 20% of all birthing individuals experience a mood or anxiety disorder up to one year after the baby is born. Symptoms can significantly worsen when individuals experiencing perinatal mental health complications do not receive evaluation and treatment.

## Structural Barriers

These rates increase depending on the intersection of an individual's marginalized identities. During the perinatal period, individuals seeking social work services represent multiple backgrounds, experiences, and historically marginalized identities (Cooper Owens & Fett, 2019). Birthing individuals of color experience these complications at rates twice as high as their white counterparts, with conditions often going unnoticed and untreated (Keefe et al., 2016). Although changes in screening recommendations and state laws increase the early diagnosis and treatment of perinatal mental health complications, individuals with marginalized identities face significant structural barriers to care (Bubar et al., 2016).

These numbers highlight a need for adequately trained, culturally humble providers to support diverse communities.

Although academic programs, licensure bodies, and professional organizations mandate cultural competency training, clients continue to experience harm when accessing services.

Without treatment, mental health complications risk worsening, increasing the likelihood of adverse outcomes for the caregiver and infant

(Taylor et al., 2019; Parade et al., 2018).

# Perinatal Social Workers

## The Role of the Perinatal Social Worker

Perinatal social workers support individuals, families, and communities through pregnancy and the first year postpartum (NAPSW, 2016). They work in various settings, including hospitals, community health, and private practice. The role of the social worker varies depending on their work setting. Some perinatal social workers might provide direct clinical interventions, discharge planning, and case management services supporting the changes and complications that the client might be experiencing.

## The Code of Ethics

Social workers are uniquely positioned to support communities experiencing different types of oppression as they are called to advance social justice (NASW, 2021).

Social justice, dignity and worth of the person, and competent practice are core values outlined in the NASW Code of Ethics (20). As mental health practitioners, social workers are responsible for filtering all clinical interventions through the lens of the client's culture and needs.

Perinatal social workers must remain aware of the complexities an individual might experience, as a lack of proper care might negatively impact the individual, their family, and their children (Goodman, 2019).

Most clients receiving services through non-profit organizations are racial and ethnic minorities, who then receive service from professionals from dominant groups (Rosen et al., 2017). In 2020, the Council on Social Work Education (CSWE) reported that over 66% of all new social workers were White. This statistic suggests that dominant groups remain the largest service provider population and highlights the need for awareness of implicit biases and systemic barriers.

“The perinatal period (pre-conception through a baby’s first year of life) can be complicated by such factors as medically high risk pregnancies, fetal diagnosis, premature/sick newborns, drug use by the pregnant woman and/or her family, familial conflict, legal concerns, parents who have cognitive, behavioral and/or mental health needs, ambivalence about the pregnancy, and poverty. Even healthy pregnancies with optimal psychosocial conditions can be affected by anxiety and uncertainty as individuals make the transition to parenthood”

(National Association for Perinatal Social Workers, 2016, para. 3)

# Cultural Humility in Perinatal Social Work

## What is Cultural Humility?

Tervalon and Murray-Garcia conceptualized cultural humility in 1998 and defined it as “a process that requires humility as individuals to continuously engage in self-reflection and self-critique as lifelong learners and reflective practitioners” (p.118)

Cultural humility is an approach to self-awareness and critique, preparing professionals to address power imbalances and intersecting identities that clients may experience (Sloane et al., 2018).

## Power Dynamics

Examining power dynamics and intersectionality are critical parts of culturally aware and reflective practice (Lusk et al., 2017). However, many professionals are not fully competent in working with diverse and marginalized populations. When well-meaning providers fail to explore and critically self-reflect on their beliefs, values, and experiences, they inadvertently place their clients at risk of further oppression.

A lack of adequate training in cultural humility leaves perinatal social workers without the skills to provide competent services to diverse populations (Hook et al., 2016). Professionals who do not practice from a critically aware framework risk further marginalizing historically oppressed groups (Rosen et al., 2017; Sloane et al., 2018).

Regarding training and competency, social workers must practice beyond the idea of “best practice” to engage in critical reflection and shifting biases. When social workers identify and provide services early, we can prevent long-term adverse consequences for parents and children. The key to creating long-term changes rests on properly supporting clinicians.

“It is a process that requires humility as individuals to continuously engage in self-reflection and self-critique as lifelong learners and reflective practitioners”

(Tervalon & Murray-Garcia, 1998, p.118)

# THE LIFE-LONG JOURNEY OF THE CULTURALLY HUMBLE PERINATAL SOCIAL WORKER



## Deciding to Move Beyond Cultural Competency

A move beyond cultural competence calls for social workers to engage in a continuous and active process of self-examination and critique. Intentionality and action are critical for centering the client as the cultural expert.

## Applying an Anti-Oppressive Lens

This journey involves intentional engagement in learning about systems of oppression, recognizing biases, being aware of our social location, and being mindful of ethnocentrism. When we engage in this lens, we can support removing barriers that create harm. An intersectional lens is critical to competent client care.

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## Integrating Foundational Social Work Skills

The Code of Ethics is central to social work practice. Key features to keep active in a cultural humility practice are client self-determination, prioritizing clients' cultural needs, and practicing at the micro/mezzo/macro levels. The latter reflects a need to think beyond 1:1 client care.

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## Addressing Training Challenges

Training is vital to developing skills as social workers. Unfortunately, challenges exist to supporting social workers' education growth. These challenges are needing to learn from diverse sources, having an opportunity to practice new skills with support, and accessing training that meets social workers' busy lifestyles and financial needs.

Although simple sounding, cultural humility is a complex practice that requires continuous commitment and practice.

# MAKING A DECISION TOWARDS CULTURAL HUMILITY

## *MOVING BEYOND COMPETENCE*

### Recommendations:

- It is recommended for training and supervision to openly discuss cultural humility as a continuous and active journey that entails self-reflection so that the social workers center their clients as cultural experts.
  - Providers can meet this goal by providing specific reflection questions, tools, and action steps that social workers can explore to increase humility.
  - These practices can be implemented at graduate and post-graduate levels, supporting current and future social workers.
- Another recommendation is for social workers to integrate self-reflection into everyday practice, such as in team meetings and before/after client sessions.



# APPLYING AN ANTI- OPPRESSIVE LENS

## *THE INTERNAL WORK*

### Recommendations:

- Social work training can include sections discussing the history of structural racism and systemic oppression that different marginalized groups experience.
  - These sections must be connected with outcomes so that social workers increase critical knowledge of how systemic barriers affect populations.
- A second recommendation is for training programs to provide reflective spaces where in-training and current social workers can increase their awareness of biases, social location, and ethnocentrism.
  - Social workers can also benefit from ensuring these topics are discussed in team meetings and explored when deciding on interventions.
  - It is also recommended that systems consider an intersectional lens to client care.
    - For example, this recommendation might require systems to develop intake assessments that ask about clients' identities in a trauma-informed way.

# INTEGRATING FOUNDATIONAL SOCIAL WORK SKILLS



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## *BACK TO BASICS*

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### Recommendations:

- It is recommended for perinatal social worker training to encourage discussions on how organizational policies and interventions align with the NASW Code of Ethics.
- It is also recommended that perinatal social workers incorporate self-determination discussions with clients and revisit those conversations multiple times throughout service.

# ADDRESSING TRAINING CHALLENGES

## *SUPPORTING LEARNING & GROWTH*

### Recommendations:

- It is recommended that social workers engage in critically reflective supervision/consultation to explore their implementation of cultural humility.
- It is recommended for perinatal social workers to engage in training led by members of historically marginalized communities.
- It is also recommended that perinatal social workers engage in training that centers on decolonized and Indigenous practices.
- It is recommended that systems provide accessible training to social workers working in their communities.
  - Systems must actively increase the visibility of diverse trainers and equitable access to this training.

# Resources

This section provides recommended resources for implementing cultural humility in perinatal social work.

## Books

- Dunbar-Ortiz, R. (2015). *An Indigenous People's history of the United States*. Beacon Press.
- Kendi, I. X. (2016). *Stamped from the beginning: The definitive history of racist ideas in America*. Nation Books.
- Kendi, I. X. (2019). *How to be an anti-racist*. One World.
- Oluo, I. (2018). *So you want to talk about race*. Hatchette Press.
- Oparah, J. C., Arega, H., Hudson, D., Jones, L., & Oseguera, T. (2018). *Battling over birth: Black women and the maternal health care crisis*. Praeclarus Press.
- Piepzna-Samarasinha, L. L. (2018). *Care work: Dreaming disability justice*. Arsenal Pulp Press.
- Ross, L. J., R. L., Derkas, E., Peoples, W., & Bridgewater-Toure, P. (2017). *Radical reproductive justice: Foundations, theory, practice, critique*. Feminist Press.
- Sanders, R. (1992). *Lost tribes and promised lands: The origins of American racism*. HarperPerennial.
- Singh, A. (2019). *The racial healing handbook: Practical activities to help you challenge privilege, confront systemic racism, and engage in collective healing*. New Harbinger.

## Podcast & Video

- Birth Bruja. <https://www.birthbruja.com/birth-bruja-podcast.html>
- Code Switch. <https://www.npr.org/podcasts/510312/codeswitch>
- NASW Town Hall Series on Racial Equity: Undoing Racism. <https://www.youtube.com/watch?v=pkM2Y02MzQM>
- NATAL. <https://www.natalstories.com/listen>

# Resources

## Online Sources

- Black Lives Matter. <https://blacklivesmatter.com/>
- Black Mamas Matter. <https://blackmamasmatter.org/>
- Council on Social Work Education: Center for and Social & Economic Justice. <https://www.cswe.org/Centers-Initiatives/Centers/Center-for-Diversity>
- Facing History and Ourselves. <https://www.facinghistory.org/>
- Institute for Research and Education on Human Rights. <https://www.irehr.org/>
- Indigenous Social Welfare: Decolonizing Social Work. <https://guides.lib.berkeley.edu/IndigenousSocialWelfare>
- International Federation of Social Workers. <https://www.ifsw.org/>
- Human Rights Watch. <https://www.hrw.org/>
- Nalgona Positivity Pride. <https://www.nalgonapostivitypride.com/>
- National Association of Social Workers. <https://www.socialworkers.org/>
- National Association of Perinatal Social Workers. <https://www.napsw.org/>
- National Birth Equity Collaborative. <https://birthequity.org/>
- Perinatal Mental Health Alliance for People of Color. <https://pmhapoc.org/>
- Southern Poverty Law Center. <https://www.splcenter.org/>
- World Association for Transgender Health. <https://www.wpath.org/>

## Advanced Education

- Black Maternal Mental Health Summit. <https://www.bmhsummit.com>
- Maternal Mental Health Now: Intersectionality and Perinatal Mental Health. <https://www.maternalmentalhealthnow.org/intersectionality-and-perinatal-mental-health/>
- Multicultural Maternal Mental Health Conference. <https://www.soysom.com/the-conference>

## Recommendation on Supervision/Consultation for Perinatal Social Workers

- Seek to engage in supervision/consultation with providers experienced in anti-racism and anti-oppressive practice and are members of historically marginalized communities.

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- Bubar, R., Cespedes, K., & Bundy-Fazioli, K. (2016). Intersectionality and social work: Omissions of race, class, and sexuality in graduate school education. *Journal of Social Work Education, 52*(3), 283–296. <https://doi.org/10.1080/10437797.2016.1174636>
- Centers for Disease Control and Prevention. (n.d.). Depression among women. <https://www.cdc.gov/reproductivehealth/depression/index.htm>
- Cooper Owens, D., & Fett, S. M. (2019). Black maternal and infant health: Historical legacies of slavery. *American Journal of Public Health, 109*(10), 1342-1345.
- Council on Social Work Education. (2020). The social work profession: Findings from three years of surveys of new social workers. <https://cswe.org/CSWE/media/Workforce-Study/The-Social-Work-Profession-Findings-from-Three-Years-of-Surveys-of-New-Social-Workers-Dec-2020.pdf>
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- Keefe, R.H., Brownstein-Evans, C. & Rouland Polmanteer, R.S. (2016). Having our say African-American and Latina mothers provide recommendations to health and mental health providers working with new mothers living with postpartum depression. *Social Work in Mental Health, 14*(5), 497-508. <https://doi.org/10.1080/15332985.2016.1140699>
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Sloane, H. M., David, K., Davies, J., Stamper, D., & Woodward, S. (2018). Cultural history analysis and professional humility: Historical context and social work practice. *Social Work Education, 37*(8), 1015-1027. <https://doi.org/10.1080/02615479.2018.1490710>

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