



For Multicultural Providers: A Kaleidoscope Perspective on Our Field

Highlights & Key Concepts

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Summary Ideas:

The impact of impostor syndrome on multicultural providers is significant.

- “Impostor syndrome” encompasses the feelings of doubting your abilities and feeling like a fraud; or feeling as if your knowledge and skills are being performed rather than being authentic. It includes feeling as if your true self isn’t allowed to be expressed.
- People from marginalized communities often have difficulty seeking support from supervisors and peers to combat impostor syndrome due to internalized negative perceptions of the self from external social, historical, and environmental factors.
- Although virtual and remote environments have increased the susceptibility of providers of color to impostor syndrome, the responses and remedies remain very similar to traditional ways of addressing impostor syndrome.
- Impostor syndrome strongly correlates with anxiety, stress, depression, and burnout.

The importance of addressing shame and survivor guilt due to the COVID-19 pandemic.

- Providers need to focus on accepting and transforming suffering and pain caused by the pandemic to increase meaning, strength, and mental health. Shame is a signal of pain, but also can motivate us to reaffirm our dignity and worth.
- Acknowledging the pain and suffering may mean first taking time to mourn, then gently moving towards a space of healing. Surround yourself with joy and celebration: nurture and cultivate your accomplishments with the help of others.
- Manage countertransference by recognizing it, setting boundaries, and practicing self-care. When sharing stories and communing with others in the community, be sensitive to how much they can also handle and how much you’re prepared to unburden.

Questions & Responses:

Q1 *You chose “kaleidoscope” to describe these topics. Why did you choose this concept, and what do that word and image mean to you?*

A1 “Kaleidoscope” brings happy memories and childhood dreams I am not embarrassed to share now as an adult. The symbolism of a kaleidoscope to me is the intergenerational history that spans time and culture. The many colors and shapes that a kaleidoscope creates to me are evocative of how we ought to see the world. Colorful, imaginative, diverse, surely one can argue, but doesn’t it make the view blurry? Is the real world ever simple and straight to the point? It’s not always clear, but we have the capacity to find clarity through life’s journey, even if it’s through our lens as clinicians and as therapists in our respective fields.

Q2 *What themes come up for those who identify as multicultural?*

When I think about being a multicultural provider, I also think about how others perceive me as a member of a marginalized group. I think about issues like impostor syndrome, secondary trauma, shame, survivor, guilt, transference, and countertransference. I’m hoping to encourage everyone to follow up with their own

A2 self work and to keep learning and understanding these concepts and how to do better in our fields as either multicultural providers or as allies but refocusing on positivity. To me, diversity is a definite theme when I think about multicultural providers—here’s the colorful kaleidoscope again—what we can contribute as multicultural providers. I hope to focus on the positive aspects of our identities as they come up in our respective roles as therapists and clinicians and providers.

Q3 *You have been in the field for a bit and have done so many roles. What would you say to your past self, knowing what you know now?*

A3 What I would say to my past self and clients is a line from the movie, “The Help”: “*You is smart, you is kind, you is important.*” It’s just a beautiful moment in that movie. I find this line very empowering for myself and others who are working in the field.

Q4 *How does one address trauma and burnout when working at a low barrier, or harm reduction facility or facilities?*

A4 Having worked in these types of settings for about 20 years, here are my personal tips and tricks. Number one: self-care and self-love, go on vacations, you deserve it. Love yourself, deal with personal issues first. Second, community care. What do I mean by this? Genuinely care about others but watch out for savior complex! And absolutely get healthy and empowering supervision. Third, be around those who understand the work and the problem so you can gain social support that is loving and caring and non-judgmental. It takes a village. I have a mixed group of friends—some of my friends just don’t get this type of work. And if that was my only source of social support, I don’t think I would have been able to work in the field. But of course, as an advocate, I take the opportunity to educate my friends who have no experience or understanding of low barrier and harm reduction as a as a service to the community.

Q5 *How can I explore these concepts with staff who think that talking about diversity is racist?*

A5 Number one, ask yourself, do you have the capacity to explore this with the staff member? Then ask yourself, do you feel prepared to move forward? Next, are you prepared for any potential answer and provide active listening skills without compromising your own values, both personal and professional? And if so, are you prepared to provide a tangible set of resources to address their lack of understanding of diversity and inclusion? If not, then I suggest that they follow up with someone in a DEI (diversity, equity, inclusion) role. Another option is to also for them to self-initiate, perhaps through a checklist, such as the Antiracist Checklist by Dr. Robin D’Angelo.

Resources:

- [Antiracist Checklist](#)

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