Culturally responsive and anti-oppressive practice

The CRPO competencies and standards that apply, the Human Rights Code, practical steps in session, the evidence, and an original vignette.

Study aid, not legal advice. Last verified against the official sources linked below on 11 November 2026.

1 What CRPO expects

- **Competency 1.5**: integrate knowledge of human diversity; recognize how oppression, power and social injustice may affect the client and the therapeutic process; adapt your approach; recognize barriers to access; identify culturally relevant resources.
- Competency **4.5a**: communicate in a way suited to the client's developmental level and socio-cultural identity.
- Code of Ethics, **Justice**: support justice and fairness, and stand against oppression and discrimination.
- Code of Ethics, **Integrity**: recognize your professional and personal biases and strive to challenge them.
- **Standard 1.8**: assess your own biases, and keep personal biases, structural biases and belief systems out of the treatment.

2 The law

- **Human Rights Code s. 1**: equal treatment in services without discrimination on grounds including race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status and disability.
- Accommodate to the point of undue hardship, considering cost, outside funding and health and safety (**ss. 11 (2) and 17 (2)**).
- **Standard 3.7**: no conversion or reparative therapy; affirming support and identity exploration are not affected.
- Conversion therapy is a federal criminal offence (Criminal Code **s. 320.102**).

3 In practice

- **Ask, don't assume**: what identity, culture, faith and community mean to this client, in their words.
- **Their frame first**: how they understand the problem and what has helped, before you read it as a symptom or a distortion.
- **Name power and difference** when it serves the client, and invite them to say if something you do does not fit.
- **Adapt with consent**: language or a professional interpreter, the place of family, community, faith or traditional healing.
- **Barriers**: cost, language, location, distrust of systems; know culturally relevant resources and who qualifies for them.
- **Repair**: when you get it wrong, acknowledge it and learn, without making the client teach you; consult or take it to supervision.

4 The evidence

- Clients' sense of their therapist's **cultural humility** went with a stronger working alliance and more improvement (Hook et al., 2013, J Couns Psychol 60(3):353-366).
- Culturally adapted treatments averaged **d = 0.50** across 99 studies, 0.35 after allowing for publication bias (Soto et al., 2018, J Clin Psychol 74(11):1907-1923).
- **Client-rated** therapist competence tracked outcomes (r = 0.38); therapists' self-ratings did not (r = 0.06), in the same review.

5 A vignette (original)

- **Fatima**, 38, a Black engineer referred by her employee assistance plan for "anger at work", says she has been passed over twice and told she is "intimidating" when she raises problems.
- **The quick read**: an anger management plan, taking the referral's label as the problem.
- **A responsive start**: ask what she makes of what is happening and what she wants; explore the context, including racism if she names it; treat her distress as a response to her situation before calling it a symptom.
- Agree goals together (coping, staying, leaving, raising it formally); with her consent, share information on her rights at work (Human Rights Code s. 5) and culturally relevant supports.
- Notice your own reactions and assumptions, and take them to consultation.

Ask, listen for context, share power, adapt with consent, and check your own lens.

Official sources: CRPO Entry-to-Practice Competency Profile (1.5) and CRPO Standard 3.7: Affirming Sexual Orientation and Gender Identity and Human Rights Code, ss. 1 and 11. Condensed from Foundations and The CRPO Code of Ethics in Practice. Independent study aid, not legal advice, not affiliated with CRPO or COMPASS.