

MULTICULTURAL CONSIDERATIONS FOR PSYCHOTHERAPY

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THEORETICAL FRAMEWORK

Critical Multiculturalism

Highlights structural inequities for the purpose of identifying, examining, and redistributing power more equitably across society

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AGENDA

- Rethinking Therapeutic Efficacy
- Rethinking Multiculturalism
 - Therapist-Client Match
 - Multicultural Incompetence
- Developing Multicultural Competence
 - Strategies for Building Cultural Awareness and Humility

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RETHINKING THERAPUTIC EFFICACY

Multicultural Intent

RETHINKING EFFECTIVE THERAPY

What are the components?

- Professional Competence
- Multicultural Competence
 - Culture-specific knowledge and skills gained from formal training and/or live experience that can be used to inform clinical insights
 - A continued openness to reflect on self and learn from others



**IS WORKING WITH
GOOD INTENTIONS
TO LEARN AND
ACCEPT CULTURAL
DIFFERENCES
ENOUGH?**



While good intentions are a place to start, they are not linked to therapeutic efficacy. A deliberate practice is recommended (Rogers-Sirin et al., 2015).

MULTICULTURAL INTENT IN REVIEW

According to the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), access to and use of mental health and substance use treatment services varies by ethnic and non-white group (Le Cook et al., 2017)

- **Black, Latino and other marginalized ethnic groups are less likely to receive treatment for concurrent disorders.**
Disparities in treatment access and utilization may be influenced by the types of treatment available as well as economic inequalities, and different ethnic groups may prefer or use different treatment modalities (Nam et al., 2017).
- **Ethnic and racial groups are at greater risk for facing several compounding treatment barriers**
Including: discrimination, lack of access to quality mental health treatment, microaggressions, clinical mistrust, cultural stigma, and stereotypes about mental illness. (Le Cook et al., 2017)
- **There are significant deficits in service delivery by clinicians who do not understand ethnic diversity**
Misdiagnosis and inappropriate treatment are possible consequences of this failure (American Psychiatric Association, 2019).

Ethnic and racial groups do not have the same access to treatment as the majority race, and treatment is frequently not tailored to their specific needs
(American Psychiatric Association, 2019)

Q: How likely is it that factors like proper diagnosis and access to treatment have influenced this data?

8.2%

White community prevalence

5.4%

Black community prevalence

Lifetime concurrent disorder incidence:

2.1%

Asian community prevalence

5.8%

Hispanic community prevalence

2002:

Guidelines on Multicultural Education,
Training, Research, Practice, and
Organizational Change for Psychologists

American Psychological Association

Approved as APA Policy by the APA Council of Representatives, August, 2002

Copyright, American Psychological Association, 2002

2017:

3.80%

articles substantially mentioned specific
guidelines (34/895 studies).

*Most of the sample referred to the guideline
document as a whole, mainly to document the
importance of considering culture as part of
the topic of the individual article.

BEYOND INTENT: PROFESSIONAL RESPONSIBILITY

1.2 Demonstrate Cultural Awareness and Sensitivity

- 1.2.1 Social workers strive to understand culture and its function in human behaviour and society, recognizing the strengths that exist in all cultures.
- 1.2.2 Social workers acknowledge the diversity within and among individuals, communities and cultures.
- 1.2.3 Social workers acknowledge and respect the impact that their own heritage, values, beliefs and preferences can have on their practice and on clients whose background and values may be different from their own.
- 1.2.4 Social workers seek a working knowledge and understanding of clients' racial and cultural affiliations, identities, values, beliefs and customs.
- 1.2.5 Where possible, social workers provide or secure social work services in the language chosen by the client. If using an interpreter, when possible, social workers preferentially secure an independent and qualified professional interpreter.

CASW Code of Ethics, 2005
(Ethical Responsibilities to Clients)



II.18 Strive to provide and/or obtain the best reasonably accessible service for those seeking psychological services. This may include, but is not limited to, selecting assessment tools, methods, interventions, and communication modalities that are: (a) relevant and tailored to the needs, characteristics, and contexts of the primary client or contract examinee; and (b) based on the best available evidence in light of those needs, characteristics, and contexts. It also may include, but is not limited to: consulting or collaborating with service-providing organizations in the community, members of other disciplines, individuals and groups relevant to the culture or belief systems of those receiving or being subject to services; or advocating on behalf of a primary client when appropriate and needed.

CPA Code of Ethics, 2017
(Responsible Caring - Maximize Benefit)

F. Promoting Justice

Nurses uphold principles of justice by safeguarding **human rights**, equity and **fairness** and by promoting the **public good**.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

- 10. Nurses advocate for more comprehensive and **equitable** mental health care services across age groups, socio-cultural backgrounds and geographic regions.

CNA Code of Ethics, 2017

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RETHINKING MULTICULTURALISM

Therapist-Client Match

THERAPIST-CLIENT MATCHING

Lack of research showing clinically meaningful effects on overall therapeutic outcome when matching based on race, ethnicity, and culture

- Difficult to practically achieve
 - Naïve assumption as other factors could be more salient for the client
-
- Generally, therapists show the same patterns of efficacy (when client symptom severity and demographic values are controlled).



Berger et al. 2014

- Individual therapist behaviors and characteristics were related to increased cultural competence.
- No difference was found in therapy skills and knowledge among therapists
- One main component of cultural efficacy was therapists putting in increased time serving diverse clientele.

More time and experience with diverse populations set therapists on a developmental trajectory toward increased cultural awareness



Therapists who indicated they had increased involvement in the communities that they served and who used an eclectic treatment orientation also demonstrated increased cultural awareness and efficacy.

IN SUMMARY..

The cultural background of the therapist is not the only or primary factor that needs to be considered for multicultural competence.

- Multicultural competence is a skill set that is important to develop across ALL treatment providers
- Therapists who use a diverse and inclusive treatment orientation that consider the individual needs of the client and a collaborative approach to planning are seen by clients to be more impactful.

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RETHINKING MULTICULTURALISM

Multicultural Incompetence

CULTURAL INCOMPETENCE

Multiculturalism Is Not Universal

ALL people have cultural influences and needs; thus, incompetence begins when we fail acknowledge that ALL providers are multicultural and that ALL therapeutic relationships are inherently multicultural

The Limitations of Intentions

It is not enough for practitioners to rely on good intentions or their own worldview as their primary source of multicultural skills.

Cultural Rigidity

We all have the social ability (and sometimes responsibility) to move fluidly from one culture to another. This is our foundation for building discipline-specific multicultural skills, and not using it does providers and clients a disservice

Lack of Cultural Humility

Reliance on the wrong skill set or failure to develop multicultural competence can result in clinical incompetence. Incompetence can lead to harm, no matter the intent.

Signs of a lack of multicultural skills include:

(Rogers-Sirin et al., 2015 ; SAMSHA, 2014, TIP 59)

- Not providing clarity about the expectations of therapy and what therapy involves overall
- Direct discrimination
- The use of microaggressions
- The assumption that one has adequate cultural knowledge while making incorrect assumptions that negatively impact clients
- Pathologizing cultural differences or viewing client beliefs or behaviors that are part of the client's cultural system/worldview as problematic
- Failing to address obvious cultural issues and needs
- Discounting how one's own cultural background influences initial impressions, assessment, and diagnosis of clients
- Intentional or unintentional use of one's own cultural norms and experiences as standards to judge or assess client symptoms, presentation, or experiences
- Minimizing the impact or importance of cultural experiences on individual clients
- Failing to systematically identify the cultural needs of clients and to offer appropriate treatment services
- Using a superior perspective, stereotype, or bias to judge or view client behavior
- Minimizing or limiting the exploration of the impact of bias, stereotypes, or discrimination on the client during the assessment or the treatment process

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RETHINKING MULTICULTURALISM

Defining Multicultural Competence

(SAMHSA, 2014 , TIP 59):

THE CULTURALLY COMPETENT THERAPIST

- Assess for co-occurring disorders
- Engage clients
- Educate and familiarize clients and families with the assessment and treatment process
- Use a collaborative approach to engage clients and families in assessment and treatment planning
- Elicit and integrate culturally relevant information and themes into therapeutic services
- With client permission, gather and include culturally relevant collateral information from sources other than the client
- Select and use culturally appropriate screening and assessment tools, including translated or adapted tools that have been validated for professional use
- Determine client motivation/readiness for change through the use of the motivational interviewing process, utilizing techniques likely to advance the client through the stages of change
- Use culturally competent case management techniques and/or referrals that focus on the individual needs of the clients and their families
- Use strength-based strategies to incorporate cultural factors into treatment planning

MULTICULTURAL COMPETENCE

(Benuto et al.,2018)

= Cultural Knowledge + Cultural Awareness + Skills



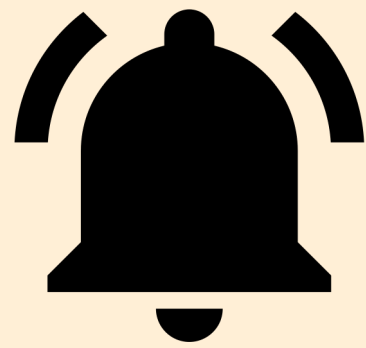
Same or Distinct?

CK: • Understanding history and group power structures (i.e., multigenerational nuances, types of racism, expressions of privilege)

CA: • Proactive and open to learning, making an effort to engage in a reflective process that increases self-awareness of biases, assumptions, and experiences.

REFLECTIVE LOCAL PRACTICE (RLP)

A competency-building approach focused on increase self-awareness of assumption by examining our proximity to:



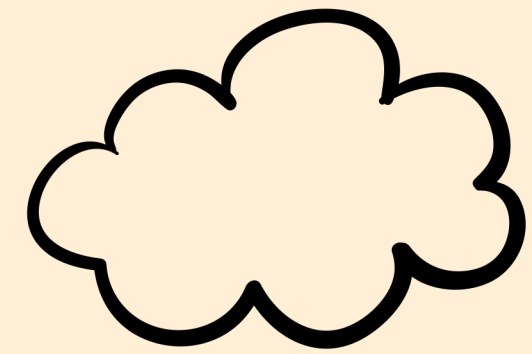
Hotspots

When you experienced powerlessness in your own life



Blindspots

Situations which you have held relative power (due to social, economic, or circumstantial factors)



Soft spots

Areas of unexamined biases leading to a deviation of standard practice, usually with lowered expectations

LOCAL

Gaining knowledge and experiences with local cultures that are relevant to an individual therapist's practice.

Reflective Local Practice (RLP) Approach

PRACTICE

Therapists learn culturally relevant skill sets and actively compensate for individual implicit bias.

Reflective Local Practice (RLP) Approach

Local

- Learning local history and vocabulary
- Reading/ Watching local literature or media
- Reflecting on the power dynamics of one's culture in the local area
- Use specific content and learning about cultures for hypothesis testing with clients rather than for making identity/culture-based assumptions or stereotyping
- Cultural immersion experiences to build self-awareness through diversity exposure

Practice

- Introducing the topic of culture during therapy
- Responding to cultural questions and needs of clients
- Addressing racism and the effects of racism on the client
- Habitually identifying and challenging assumptions of the therapist
- Ongoing reflection of one's ethnic identity, awareness of blind spots, and clinical supervision

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DEVELOPING MULTICULTURAL COMPETENCE

Buiding Cultural Self-Awareness and
Humility

BUILDING CULTURAL SELF-AWARENESS

New adopters of multicultural perspectives:

- **Have privileged cultural identities**

- Starting from ground zero (humility indicator)
- Normal to feel overwhelmed at the scope of diversity and confused about how much they are expected to know about other cultures in order to be culturally competent.

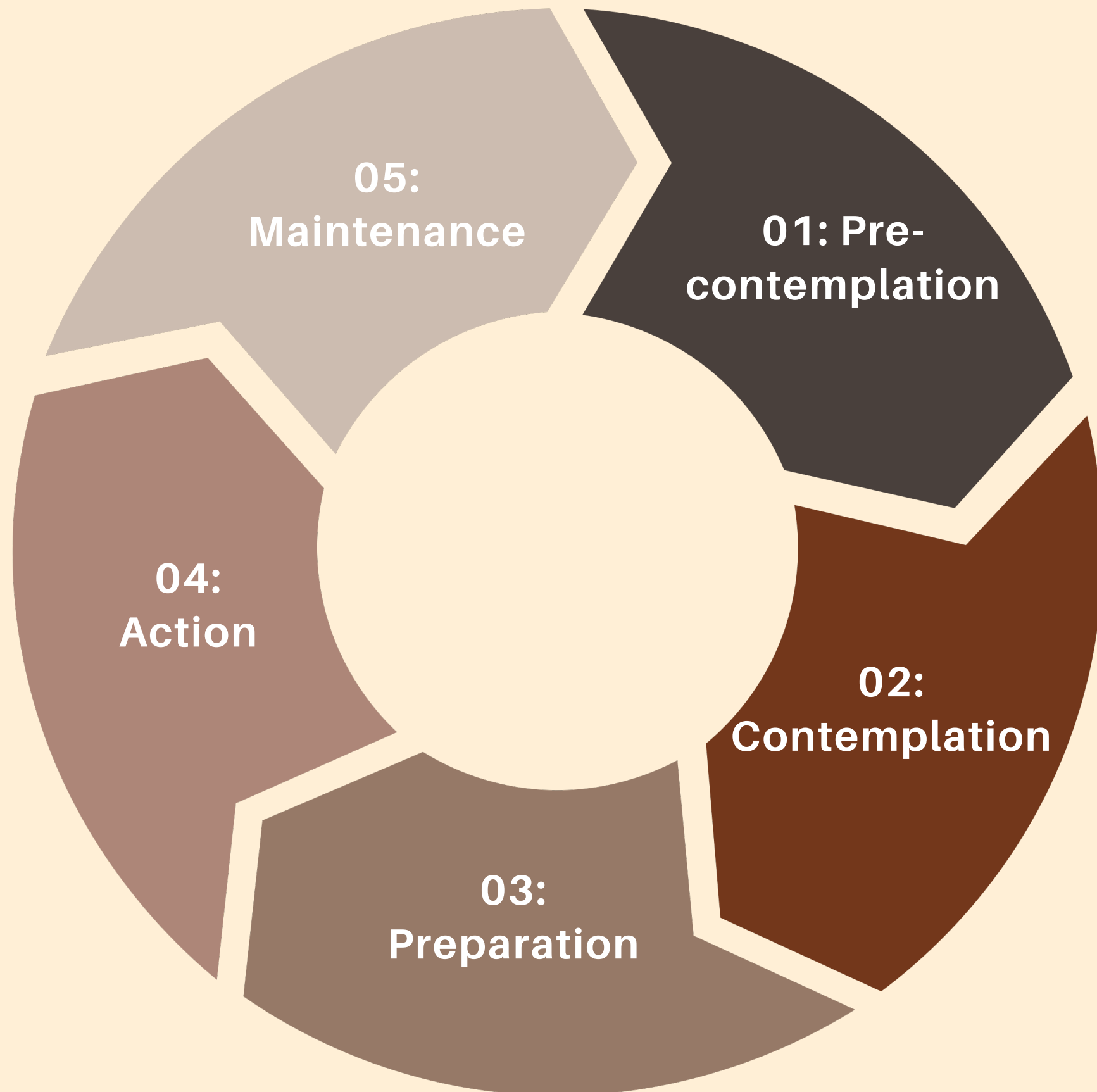
- **Do not have privileged cultural identities**

- May also feel confused as they may already be practiced in implementing measures to adapt to the dominant culture
- Now are asked to adapt to other cultures as well (also humility indicator)



(Ratts et al., 2016)

STAGES OF CHANGE



Clinician/ supervisors are encouraged to:

- Identify which change state they/trainees are located
- Use different techniques to help move toward and maintain change or new behaviors (i.e., questioning, introspection, reflection).

(Prochaska & DiClemente, 1982)

01: PRE-CONTEMPLATION

(Chung et al., 2022)

Unaware of their need to develop cultural competence or cultural awareness is not on their radar

- May be aware of their own ethnic and cultural heritage and practices but assume its universal application and accept this worldview without critical examination
- Only engaging in activities specific to their worldview without openness or consideration for other approaches.
- Extreme cases: Discounting the value of lifestyles different from their own; being prejudiced or racist; Willful blindness or ignorance.

Reflection Question:

- Have I ever interacted with someone of a different cultural group in a social context or with curiosity to learn more about them?
- What are some of the barriers that keep me from knowing or interacting with others from different cultures?

Potential Remedies:

- Formal education/ training
- Learning about another culture from experts or members of other cultures
- Engaging in independent learning experiences: Reading, Documentaries, etc.

Starting to become aware of their need to develop cultural competence

- Aware of their own ethnic and cultural heritage and practices and beginning to critically examine its universal application
- Only engaging in activities specific to their worldview but are open or considering other approaches.
- Seriously thinking about developing a more diverse approach but have not committed to taking action.

Reflection Questions:

- What do I know or believe about a cultural group other than my own?
- How did I come to know this, and is it true?

Goal: Addresses not only the lack of knowledge about but also stereotypes of other cultures

Potential Remedies:

- Seeking more understanding by building on knowledge (see last stage)
- Maintain healthy and genuine curiosity
- Engage in public cultural experiences with goal of developing understanding. (events, festivals, etc)

03: PREPARATION

(Chung et al., 2022)

Self-awareness process has led to a decision to develop multicultural competence and prepare for this significant change.

Reflection Questions:

- Have I engaged in a self-assessment of my own cultural experiences? Why or why not?
- Self Assessment (Hays, 2016):
 - What is the way that you present to the world, and how does this impact those you engage with? (see ADDRESSING Framework)
 - How do your personal experiences and perspectives influence your life?
 - How could this information potentially influence your professional work?

A	Age/Generation
D	Disability status (developmental)
D	Disability status (acquired)
R	Religion/Spirituality
E	Ethnicity
S	Socioeconomic status
S	Sexual orientation
I	Indigenous heritage
N	National origin
G	Gender

Potential Remedies:

- Completing a self-assessment of our own cultural experience to help bridge the cultural divide between ourselves and others; it will also help identify blind spots and growth opportunities for multicultural competence.
- Identifying resources for learning and skill development becomes a priority; continuing knowledge building

Motivated and begins to actively engage in the process of developing skills and working with people from different cultures.

- Building an understanding of history and critical multicultural concepts (e.g., power, group hierarchies, identity)
- Aware of their own socio-identities (including ethnic/ cultural heritage and practices) and privileges
- Critically examining the default universality of their worldview by regularly checking their assumptions and declaring biases
- Engaging in activities specific to their worldview but acknowledging and respectfully engaging with other approaches without taking over the cultural spaces they are invited to.
- Commits to developing a more diverse approach, establishing a plan and taking action

Reflection Questions:

- Have I purposefully sought out training and professional experiences related to multicultural practice?
- Am I aware of and able to use the network of multicultural resources in my area of practice?

Potential Remedies:

- Active engagement (i.e., joining culture-based social and educational activities open to the public, finding opportunities to learn about cultural customs, important traditions and values)
- Obtaining guidance from culturally aware supervisors or colleagues can also foster multicultural growth

Motivated to continue growing through education, engagement, reflection, embracing, and action

- Has an understanding of history and critical multicultural concepts (local/global context) but curious to new learning
- Aware of their own socio-identities (including ethnic/ cultural heritage and practices) and privileges
- Critically examine the default universality of their worldviews by regularly checking their assumptions and declaring biases
- Engages in activities specific to their worldview but acknowledges and respectfully engages with other approaches without taking over the cultural spaces they are invited to.
- Commits to developing a more diverse approach, establishes a plan and takes action
- Engages in an iterative reflexive process that encourages: (Un/Re)Learning

Reflection Questions:

- What ongoing professional or personal activities can contribute to my use of culturally competent skills?
- Am I remaining open and teachable when I encounter a novel experience or an individual need?
- **Remember:** Lacking humility/ self-reflection can trigger a (re)lapse

Potential Remedies:

- Embrace learning multicultural competence as a lifelong experience rather than just being “informed”
 - Own orientation with principles > set of skills
- Decolonial perspective: Restructure your approach and practice from the ground up

SUMMARY

- **Building multicultural competence should be a priority for all**

It is universality makes it foundational to efficacy in mental health treatment in general and therefore it needs to be a priority when working with persons who have concurrent disorders.

- **Multiculturalism is an orientation**

Gaining multicultural competence requires an integrated long-term learning commitment towards considering culturally relevant themes and its influences into treatment in a way that is proactive, immersive, and reflective

- **Equitable mental health through Humanism**

Advocates for an approach that is grounded in self-awareness/ humility, values humans in the context of their culture, and works consistently to develop a workable skill set that honours people as holistic beings

Final Considerations

1. EXPLORE YOUR OWN CULTURE.

- What are the strengths and challenges presented to you as a clinician based on your cultural identity?

2. All clinicians have blind spots in their competence.

- What can you do to ensure that you are aware of those blind spots and create an action plan to identify growth opportunities?

3. Lifelong learning is required to achieve multicultural competence. However, we are surrounded by cultural changes and evolution every day.

- What can you do to maintain cultural competence? What challenges do you face?

THANK YOU

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“Will There Be a Willingness to Actually Engage With It?”: Exploring Attitudes Toward Culturally Integrative Psychotherapy Among Canada’s African Community

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The added focus on health equity and multiculturalism discourses in applied psychology and scholarship has sparked new interest in exploring how traditional healing systems could improve the well-being of culturally diverse groups through culturally integrated healing systems. While emerging developments add credibility to longstanding practices, it is essential to recognize elements of cultural hegemony and Anti-Black racism that influence Western value systems and validation hierarchies. Acknowledging the tumultuous relationship shared by Africa and the West, this research used a postcolonial framework to explore how Canada’s African community might respond to efforts to culturally integrate African healing traditions (AHT) and Western psychotherapeutic systems. Semi-structured interviews with 10 participants were analyzed using a critical approach informed by constructivist grounded theory methodology. While most participants viewed the therapeutic integration efforts as beneficial to the African community, the results showed that several underlying internal and external resistance factors could impact how the community receives and engages with the intervention. Drawing attention to the realities faced by Canada’s African community, the findings begin to address some of the compounding factors impeding mental health access and equity advancements for the African community in Canada. This research also adds to discourses relevant to multiculturalism, critical theory, decoloniality and social justice in applied psychology and other related disciplines.

Public Health Significance Statement

The present study addresses the limited research exploring how the African community would receive and engage with psychological treatments that involve healing traditions and belief systems indigenous to Africa. Its findings seek to help researchers, clinicians, and intervention developers resolve health inequity issues by addressing various access and retention barriers identified by members of this ethnic community. Likewise, it contributes to the emerging

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support for their direct and indirect contributions to the research project.

Sandra Osazuwa served as lead for conceptualization, data curation, formal analysis, investigation, methodology, project administration, resources, software, writing—original draft, and writing—review & editing. Roy Moodley served as lead for supervision and served in a supporting role for conceptualization, formal analysis, methodology, and writing—original draft.

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New Publication

Osazuwa, S., & Moodley, R. (2023). “Will there be a willingness to actually engage with it?”: Exploring attitudes toward culturally integrative psychotherapy among Canada’s African community. *Journal of Psychotherapy Integration*.

CPA 2023 Conference Presentation (Toronto): June 23



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DEADLINE TO SUBMIT ABSTRACTS:
MAY 1, 2023

STEP 1: SUBMIT
ABSTRACT [HERE](#)

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Readings

- Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Kassin, A., & Moodley, R. (2022). Diversity and Social Justice in Counseling, Psychology, and Psychotherapy. Cognella.

Resources & Trainings

- <https://www.monnicawilliams.com/>
- <http://www.mentalhealthdisparities.org/>
- <https://mentalhealthforeveryone.ca/>

Upcoming Conferences at the University of Toronto - OISE

10th Critical Multicultural & Diversity Counselling & Psychotherapy Conference (June 20th - 23rd 2023) https://cdcp.oise.utoronto.ca/2023_Conference/index.html

Centre for Integrative Anti-Racism Studies (CIARS)'s 12th Annual Decolonizing Conference (Nov. 9 -11 2023) <https://www.decolonizingconference.ca/>

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