

EMBEDDING MULTICULTURALISM, DIVERSITY AND SOCIAL JUSTICE PRINCIPLES INTO PSYCHOTHERAPY PRACTICE

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- ▶ Culturally responsive and ethical practice in psychotherapy has been advanced for nearly 50 years, evolving from the Civil Rights movement for inclusion and equity. Both the ACA, AAMFT & APA have promulgated standards to inform education and training, research, practice, and organizational behavior, however, there continue to be gaps in the application of said standards. This program will address macro and microlevels of multiculturalism and diversity in psychotherapy training and practice, Dimensions of Personal Identity, spirituality, biases and oppression, and terminology relevant to inclusive practices will be woven into the presentation.

OVERVIEW



- ▶ Identify 3-4 cultural competency statements about one's professional development
- ▶ Cite 3-4 cultural competency statements to inform one's clinical practice
- ▶ Identify 3-4 organizational behaviors that are barriers to inclusion
- ▶ Define social justice principles to guide clinical practice
- ▶ Explain 3 reasons why the Dimensions need to be applied to counseling situations
- ▶ Cite 3 attributes of well-being, bolstered by spirituality and multiculturalism

LEARNING OUTCOMES

- ▶ Respect for others
- ▶ Personal awareness
- ▶ Active listening
- ▶ The right to make mistakes or the “Amnesty clause”
- ▶ Sit with ambiguity
- ▶ Work to understand not judge
- ▶ Share and receive
- ▶ Ask questions
- ▶
- ▶

GROUP NORMS

- THE SILENT INTERVIEW

WHERE DID THEY GROW UP?

WHAT IS THEIR ETHNICITY?

*WHAT TYPE OF JOBS DID THEIR
PARENTS HAVE?*

*WHAT DO THEY DO IN THEIR SPARE
TIME?*

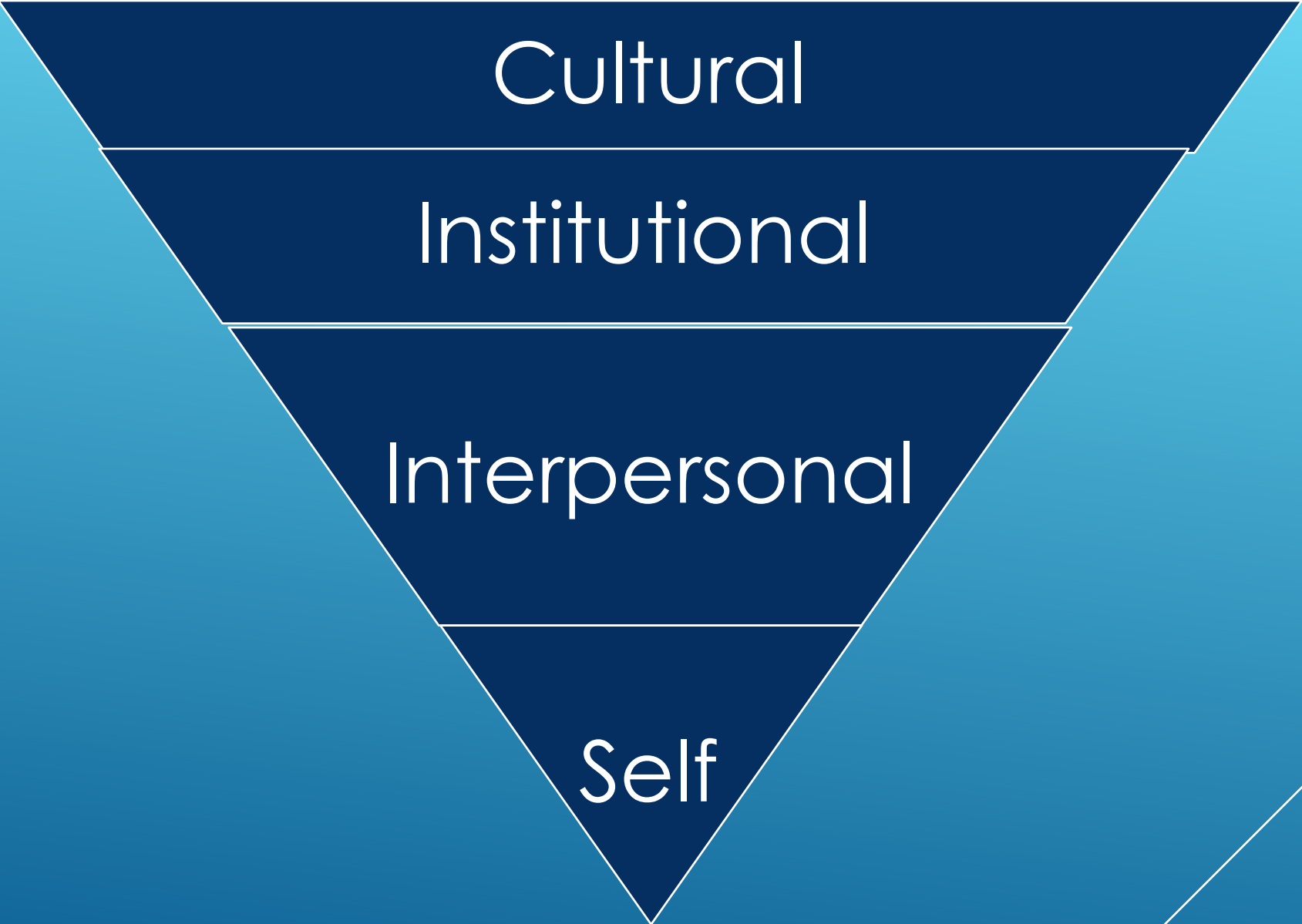
*WHAT TYPE OF MUSIC DO THEY
PREFER?*

-
- I. Awareness of Your Own Cultural Values and Biases
 - a. Awareness and Belief
 - b. Knowledge
 - c. Skills

- II. Awareness of Others' Worldviews
 - a. Awareness and Beliefs
 - b. Knowledge
 - c. Skills

- III. Culturally Competent Behavioral Strategies
 - a. Awareness and Beliefs
 - b. Knowledge
 - c. Skills

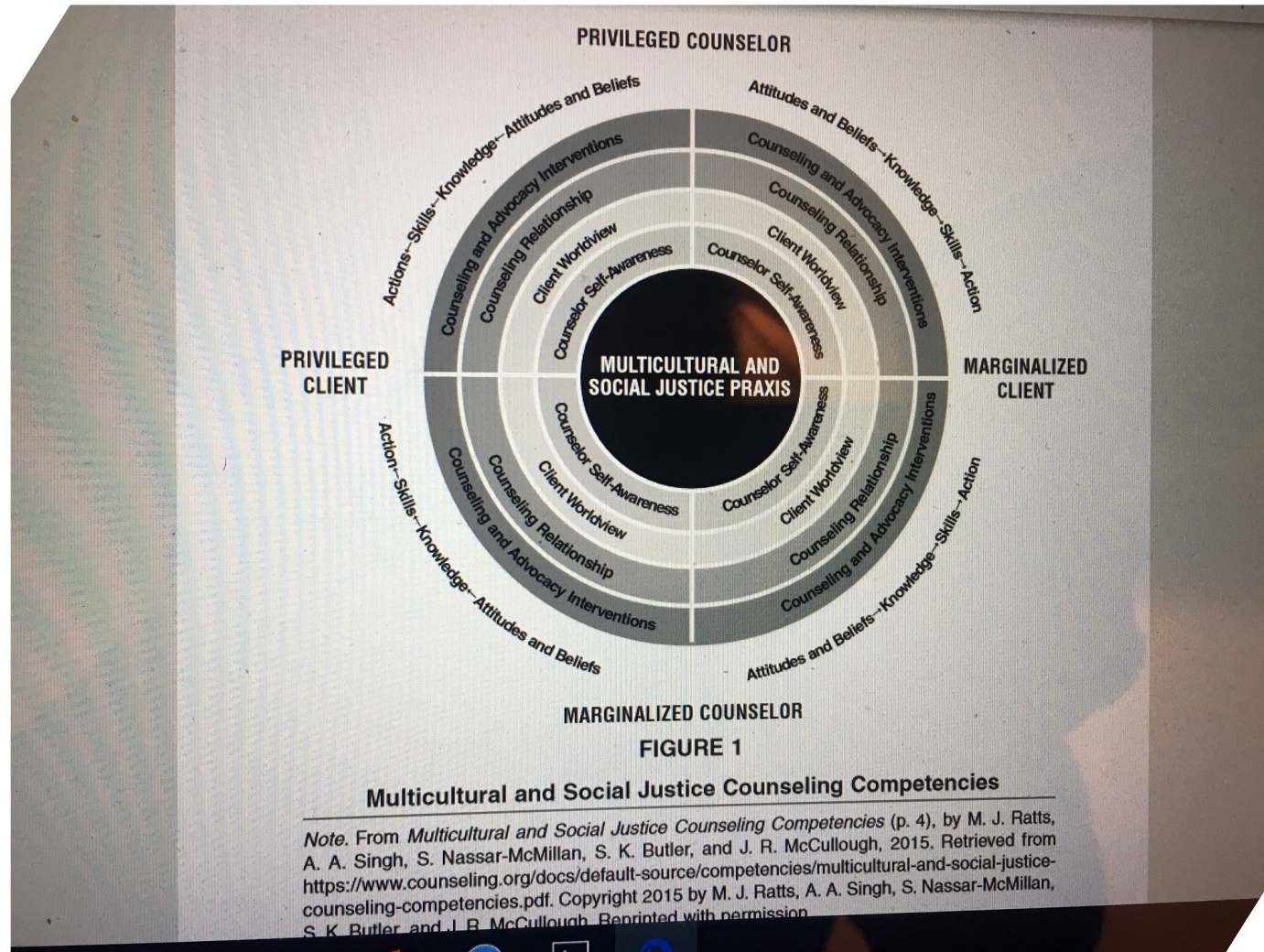
MULTICULTURAL COUNSELING
DOMAINS OF LEARNING AND PR
(ARREDONDO, ET AL., 1996).



RELEVANT TERMINOLOGY

SEE HANDOUT

- ▶ Multiculturalism
- ▶ Inclusive or Intersecting Identities
- ▶ Social Justice
- ▶ Privilege and power
- ▶ Prejudice (s) and Biases (unconscious bias)
- ▶ Context and culture
- ▶ Clients as lay people
- ▶ White privilege



Privileged counselor–marginalized client quadrant.

This quadrant reflects the relationship that exists when clients from marginalized groups are recipients of counseling from counselors who are members of privileged groups. In such a relationship, counselors hold social power and privilege over clients by virtue of their privileged status.

Privileged counselor–privileged client quadrant.

This quadrant characterizes the interaction between counselors and clients who share a privileged status. In such a relationship, counselors and clients share social power and privilege in society.

Marginalized counselor–privileged client quadrant. The relationship between privileged clients and counselors from marginalized groups is reflected in this quadrant. Within this relationship, clients hold social power and privilege.

Marginalized counselor–marginalized client quadrant. This quadrant represents the interactions that occur between counselors and clients who share the same marginalized group identity.

INCLUSIVE IDENTITIES IN PSYCHOTHERAPY

Dimensions of Personal Identity & Intersectionality

“A” Dimensions: Age
Culture
Ethnicity
Gender Identity
Language
Physicality/Mental Well Being
Race
Sexual Orientation
Social Class

“B” Dimensions: Education Background
Geographic Location
Hobbies/Recreational Interests
Military Experience
Relationship Status
Religion/Spirituality
Citizenship Status
Work Experience
Health Care Practices/Beliefs

‘C’ Dimensions: Historical Moments/Eras
Sociopolitical Climate
Ecological Forces

- ▶ 1. Reflect on two critical/historic incidents in your life; jot these down.
- ▶ 2. From the A Dimensions, select 3 priority dimensions.
- ▶ 3. From the B Dimensions, select 3 priority dimensions.
- ▶ 4. How have the critical incidents interacted with you're A & B Dimensions.
- ▶ Which Dimensions contribute most to your sense of inclusive identity?

INCLUSIVE IDENTITY ACTIVITY

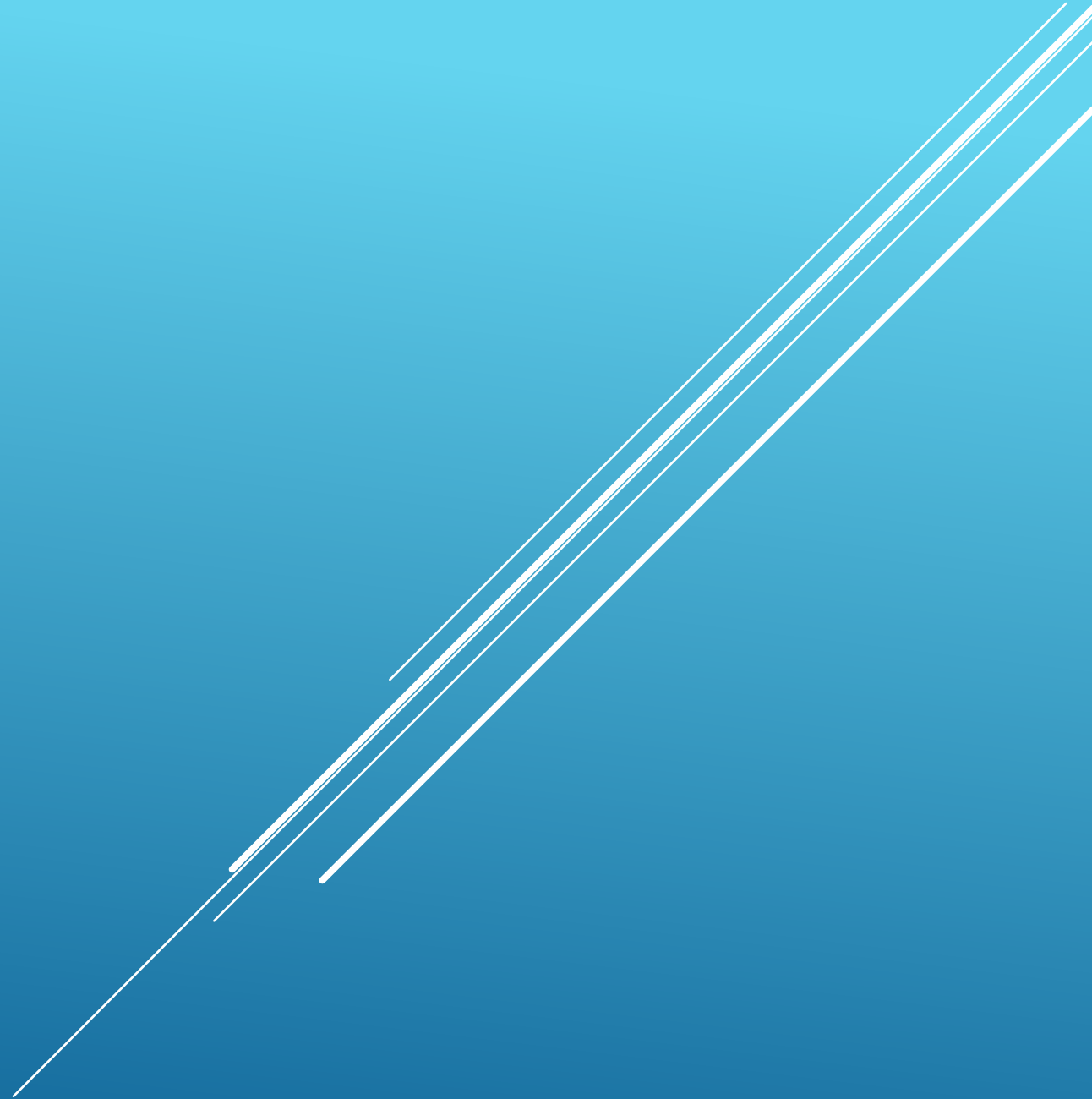
Top Level: Discriminatory cultural beliefs or messages (e.g., "Transgender people are crazy")

Institutional Level: Discriminatory messages about transgender identity in laws, government, businesses, media, churches, etc. (e.g., discriminatory bathroom laws)

Interpersonal Level: Negative messages and treatment from family, friends, etc. (e.g., being kicked out of one's home, being bullied)

Individual Level: How individuals perceive themselves (e.g., "I'm crazy, worthless and broken")

BREAK TIME



Role-play
and
Discuss

BUILDING SELF- AWARENESS THROUGH CRITICAL INCIDENTS



THERAPIST'S EMOTIONS, DEFENSES & COUNTERTRANSFERENCE

ADDRESSING SPIRITUALITY DIFFERENTIATING RELIGION

- ▶ If you are right with God, you do not need mental health care.
- ▶ The “grip of Grace” means you are not right with God.
- ▶ Spirituality is grounded in cultural beliefs.

AFRICAN AMERICAN RULES

- ▶ Buddhist
- ▶ Catholic
- ▶ Christian
- ▶ Islam
- ▶ Jewish
- ▶ other

RELIGIONS IN PSYCHOTHERAPY

- ▶ Similar to Indigenous Worldviews: Mind-Body & Spirit are to be in harmony
- ▶ Judeo-Christian, African, and indigenous beliefs merge into healing practices known as *curanderismo*. Though people may have healthcare coverage, they may still turn to a curandero for relief.
- ▶ *Curanderismo* can include deceased and present significant others.
- ▶ Client's belief system supports spiritual and healing practices (Cervantes, 2010; Comas-Díaz, 1981, 2003). One's faith and belief system of a higher power can be another anchor in times of challenge and adversity. People turn to prayer.
- ▶ For Latinx people, **Fortaleza** (*inner strength*), **esperanza** (*hope*), are two highly valued virtues for people facing adversity. Thus, healing beliefs generally involve the mind-body, and spirit

LATINX RELIGION & SPIRITUALITY

- ▶ STOP

- ▶ START

- ▶ CONTINUE

ACTION PLANS FOR CLIENTS

- ▶ Terms
- ▶ Elic/emic; cultural universality and cultural relativity; collectivistic and individualistic
- ▶ Color-blindness
- ▶ Cultural syndromes (ataques vs panic attacks)
- ▶ Culture bound theories, assessments, clinical practice
- ▶ Cultural encapsulation (Wrenn, 1968).
- ▶ Eurocentric values in counseling—what are they?
- ▶ Heteronormative
- ▶ Inclusive Identities
- ▶ LGBTQIA++
- ▶ Microaggressions
- ▶ Multiculturalism
- ▶ Racism
- ▶ Social justice
- ▶ Unconscious bias
- ▶ Value orientations

TERMS

EXEMPLARS OF ENGAGEMENT

Videos and Process Questions

- ▶ Who raised you?
- ▶ What were dominant messages you received from **X**?
- ▶ What messages did you receive from **X** about “how to be happy”, “being successful”?

ENGAGEMENT QUESTIONS

Interpersonal

Organizational

Societal -- Sociopolitical

BARRIERS TO ENGAGEMENT

TAKE-AWAYS

Patricia Arredondo, EdD, NCC, President, Arredondo Advisory Group and Fielding Faculty Fellow

Dr. Arredondo is a licensed psychologist and long-time leader in the advancement of multicultural counseling and social justice advocacy. A scholar-practitioner, she has been a tenured full professor with two research universities and an academic administrator, including president of The Chicago School of Professional Psychology, Chicago campus. She is the author of 7 books and more than 100 publications and training videos. Dr. Arredondo also led two consulting companies for the advancement of workplace diversity initiatives. She delivers programs that address sexual harassment, women's leadership, coaching for career alignment, and diversity as a workplace opportunity. Her doctoral degree is in Counseling Psychology from Boston University. She is a Fellow of the American Counseling Association and the American Psychological Association and holds an honorary degree from the University of San Diego. Her latest book is *Latinx Immigrants: Transcending Acculturation and Xenophobia* (Springer, 2018)...

Colleen R. Logan, PhD, LPC-S, Program Director, M.A. Clinical Mental Health Counseling, Fielding Graduate University

Dr. Logan serves as the program director for the M. A. Clinical Mental Health Counseling program at Fielding University. She has held numerous academic and administrative positions throughout her career. Dr. Logan also served as the president of the American Counseling Association (ACA), 2008–2009, and president of the Texas Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, a division of the Texas Counseling Association, 2009–2010. In 2017, she received a special commendation from the current ACA president for her contributions to the field of counseling and affirmative therapy with LGBTQQIA+ individuals, couples and families. Dr. Logan has presented locally, nationally, and internationally, on issues related to working with the LGBTQQIA+ community. Moreover, she has authored or co-authored a number of articles and chapters as well as a book regarding how to work effectively with gay, lesbian, bisexual, and transgender clients and their significant others.

Karen Westbrooks, PhD, LMFT, LPC, Program Director, M.A., Couples and Marriage Counseling

Dr. Westbrooks began her career as a hospital chaplain working with patients and families in the trenches between life and death, health and illness, stability and instability. She earned her PhD from Saint Louis University while investing herself in full-time social services.

While earning tenure at Western Kentucky University, she became the lead instructor in the course Social and Cultural Diversity in Counseling. Her publications reflect an interest in marginalized populations – their challenges and strengths. One of her books, *Oral Histories of Non-Traditional Women Students* is translated into several languages. At the appointment of the governor, she served on the Kentucky Board of Licensure for Marriage and Family Therapists. She was one of nine appointed to revise the Code of Ethics for the profession of Family Therapy. Most recently, she served an elected term on the Board of Directors of the American Association for Marriage and Family Therapy.

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Affectional orientation—The desire for intimate emotional and/or sexual relationships with people of the same gender/sex, another gender/sex, or multiple genders/sexes.

Lesbian—Female-identified people who are attracted romantically, erotically, and/or emotionally to other female-identified people.

Gay—Individuals who are primarily emotionally, physically, and/or sexually attracted to members of the same sex and/or gender. More commonly used when referring to men who are attracted to other men and can be used as an umbrella term to refer to a broad array of sexual orientation identities other than heterosexual.

Bisexual—A person emotionally, physically, and/or sexually attracted to males/men and females/women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.

internal sense of gender). Sexual orientation varies and is not dependent on gender identity.

Questioning—Individuals who are uncertain about their sexual orientation and/or gender identity.

Cisgender—A person whose gender identity and biological sex assigned at birth align (e.g., a person who was born as male identifies as a man).

Intersex—Individuals born with a reproductive/sexual anatomy that does not fit the typical definitions of male or female; frequently “assigned” a gender at birth, which may differ from their gender identity later in life.

Two-spirit—An inclusive term created specifically by and for Native American communities (American Indians and Alaska Natives) to recognize individuals who (a) express their gender, sexual orientation, and/or sex/gender roles in indigenous, non-Western ways, using tribal terms and concepts and/or (b) define themselves as LGBTQ and Intersex in a native context.

Other terms—Youth also may use other terms to describe their sexual orientation and gender

identity such as homosexual, queer, gender queer, non-gendered, and asexual.

Sources: Green & Peterson, 2004; Poirier, J. M., Francis, K. B., Fisher, S. K., Williams-Washington, K., Goode, T. D., & Jackson, V.H., 2008; Poirier, J

THANK YOU!!