## Multicultural Counseling Overview

Broadens helping role (e.g., advocacy) and expands skills. Recognizes individual, group, and universal levels. Utilizes universal and culture-specific strategies. Balances individualism and collectivism. Focuses on both the client and client systems in pursuing change

**Cultural Universality vs. Cultural Relativism** *Etic*: culturally universal (e.g., the concept of abnormal behavior) *Emic*: culturally specific

**Competencies** *One* Awareness of own assumptions, values, & biases. *Two* Knowledge- have knowledge about specific groups; aware of institutional barriers that keep some marginalized clients from seeking services. *Three* Skills- can use culturally-appropriate intervention skills when working with different groups.

**Essentialist Perspective**: believes social categories are natural differences; existing apart from social or cultural processes; identifying empirically verifiable similarities among and differences between people.

**Constructionist Perspective**: believes social categories created by society rather than naturally occurring, Categories create social types rather than reveal them.

**Lamentation**: focusing on remorse for discrimination/bias that drive diversity efforts

**Multicultural competence** focuses on ways of *doing* therapy with clients while **multicultural orientation** focuses on ways of *being*

**Cultural humility** involves: developing mutual partnerships that address power imbalances, interpersonal respect, awareness of one's limitations to understanding a clients culture/background/experience

**Responses to Difference**: Naming, Aggregating, Dichotomization, Stigmatization, Oppressing, and Creating Categories

**White Fragility**: discomfort and defensiveness on the part of a white person when confronted by information about racial inequality and injustice

About 1/3 of African American are in jail, on parole, or on probation.

1/3 of Latino Americans drop out of high school

## Barriers to Effective MCT

**Culture-bound values**: Focusing on the individual: many cultures value collectivistic; Verbal/emotional/behavioral expressiveness

**Class-bound values**: poor and working class people more likely to be labeled as mentally ill; prematurely terminate therapy

**Language**: monolingual society--expect standard English. Misunderstandings related to cultural differences in communication might lead to difficulty establishing trust and rapport

**Stereotypes**: rigid preconception held about a group, applied to all members of that group, ignores individual variations.

**Culturally Appropriate Intervention Strategies** *Nonverbal Communication*- Ex: Proxemics, Kinesics, Paralanguage, High-Low Context Communication.

## Oppression: Ethnocentric Monoculturalism

**Ethnocentric Monoculturalism** Belief in own culture's superiority and has power to impose standards

**Manifestation in institutions**: unequal goals, status, & access to goods and services.

**The Invisible Veil**: values and beliefs (worldviews) operate outside of conscious awareness; assume universality.

**Therapeutic Impact** Minority clients might be distrustful of therapists, hide their true feelings, "test" the therapist's trustworthiness.

## Oppression: Ethnocentric Monoculturalism (cont)

Ways in which aspects of diversity and difference can affect psychological processes/help- seeking behavior: *Culture-Bound Syndromes, Indigenous Healing, Shaman as Therapist*

## Ageism: the Elderly

**Ageless self**: is a core "real me" that continues despite physical and social change.

**Subjective age**: "feeling old" is a product of social comparison, physical health status, role involvement, and age norms.

**Decrementalist view/Aging**: after a period of maximal functioning, is all "downhill"

**Development**: Age-related changes (gains and losses) throughout the lifespan.

## Microaggressions

Brief, everyday exchanges that send denigrating messages to members of a target group

Are subtle, unintentional, and indirect; can be enacted verbally, nonverbally, visually, behaviorally;

Often enacted unconsciously and automatically; represent unconscious and ingrained biased beliefs and attitudes

May seem innocent, but have long term damaging effects on the recipient

**Microassault**: is overt and blatant discrimination, intended to be derogatory; intent is clear to perpetrator and recipient.

**Microinsult**: unintentional behaviors or comments that convey rudeness and insensitivity; insulting hidden message

**Active backlash**: engaging in discriminatory or harassing behavior in response to diversity initiative

**Passive backlash**: more subtle, such as being unwilling to engage in discussions about diversity, or not engaging with marginalized people

## Racism, Sexism, Heterosexism

**Overt Sexism**: blatant unfair treatment of women.

**Covert Sexism**: unequal and harmful treatment of women that's hidden

**Subtle sexism**: unequal and unfair treatment that's not recognized because it's seen as normative and not unusual, Not deliberate or conscious

**Aversive racism**: subtle and unintentional racism. Consciously endorse equality, but unconsciously hold anti-minority feelings that impact behavior.

**Heterosexism**: discrimination or prejudice against gay people on the assumption that heterosexuality is the normal sexual orientation. Can be overt or subtle

## Disability and Physical Difference

**Legal Definition (Americans with Disabilities Act—ADA)** A physical or mental impairment which substantially limits one or more of the major life activities, a record of such an impairment, or being regarded as having such an impairment.

**Models**

**Moral Model**: Understands disability and physical difference within a religious context a punishment or blessing from God.

**Medical Model**: Views disability as a medical problem that resides within the individual.

**Social Model**: Views disability as socially constructed. Ex: Gill's Model of Disability Identity Development, Sue & Sue's (2008) Model of Cultural Competence

## Disability and Physical Difference (cont)

**Gill's Model of Disability Identity Development (1997)** *Coming home*: integrating with the disability community, *Coming together*: internally integrating their sameness and differentness (i.e., "good"/non-disabled parts with "bad"/disabled parts), *Coming Out*: integrating how they feel with how they present themselves **Ten General Rules**

## Racial/Cultural Identity Development

### R/CID Model: People of Color

**Conformity Phase**: prefer dominant group's values & characteristics. Internalized racism. **Resistance & Immersion Phase**: completely endorse minority-held values, reject dominant group's values. Motive: eliminate oppression of own group. New self- definition is reactive to white culture. **Introspection Phase**: Positive, proactive self-definition. Feelings associated with R & I stage were draining. Begin to question unequivocal acceptance of group views. **Integrative Awareness Phase**: security in self; good & bad in all cultures; more individual control & flexibility; commitment to ending all oppression.

### White Racial Identity Development

**Naivete Phase**: (prior to age 3) Neutral, curious, and open**Conformity Phase**: ethnocentric attitudes & beliefs **Dissonance Phase**: denial is challenged; guilt, shame, depression, anger; some rationalize their behavior, might retreat into white culture. **Resistance & Immersion Phase**: begin to challenge own racism; feel racial self- hatred, negative about being white **Introspection Phase**: no loner deny being white; less defensiveness & guilt **Integrative Awareness Phase**: non-racist white identity emerges; self-fulfillment **Commitment to Antiracist Action Phase**: most characterized by social action to end racism and oppression

## Biracial/Multiracial Identity Development

**Maria Root's Model** 1. Accept the identity society assigns. Positive if person is satisfied with that identity, has family support, & is active in evidencing the identity. More fluid. 2. Identify with all/both racial groups. Good if person can relate well to positive aspects of both worlds.

3. Actively identify with a single racial group. The person, not society, makes this choice. Less fluid in changing situations. 4. Identify with other mixed-race people.

## Effects of Social Class

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| **Life Events & Choices** *Education*: amount and quality *Life events*: stressors and coping resources | **Values** Work (paying bills vs. self-fulfillment), Interpersonal relationships & associations, Parenting (behavioral conformity vs. self-direction), Education, Emotional expression |
| **Self-esteem/self-worth/self-efficacy** | **Myth of Upward Mobility**: anyone can "get ahead" if they're smart enough, motivated |
| Upward mobility causes an heightened sense of imposter syndrome | **Imposter Syndrome**: the persistent inability to believe that one's success is deserved or has been legitimately achieved as a result of one's own efforts or skills. |
| **Effects of upward mobility**: Alienation from family, Parents' mixed feelings of pride, betrayal, resentment., Varying degrees of parental encouragement and emotional support | Upwardly mobile African Americans risk being regarded by other poor and working class African Americans as acting white |

## Religion & Mental Health

Much of the research exploring the relationship between religion/spirituality and wellbeing has found positive correlations

## Religion & Mental Health (cont)

**Religiosity**: adherence to beliefs and practices of an organized religion or church

**Spirituality**: describes transcendental relationship between person and higher being

Most Arab Americans are Christian, People minimize discrimination against Jews because many are well-educated and financially secure, Someone could identify as Jewish based on religion (including conversion) or culture.

## LBGTQ:

Higher rates of Major Depression reported by gay men, especially earlier in their identity development.

Elevated rates of Major Depression, Generalized Anxiety Disorder and substance abuse among lesbian and gay youth.

Internalized homophobia and Gender Dysphoria are a concern

Gender is psychological while Sex is biological

**Pansexual**: when a person is not limited to sexual choice with regard to biological sex, gender, or gender identity

**Transgender**: when a person's gender identity does not match one's biological sex

**Ritter's Model of LGB Identity Development**:

Integrates various models (Cass, Troiden, Grace, and Coleman)

**Phase 1**: Same sex attractions are not in conscious awareness, Feel socially different, alienated, alone, fearful. Depression is common, Might engage in problematic behaviors like substance abuse **Interventions**: do risk assessment, treat depression

**Phase 2**: Begin to question their own sexual identity, and to feel sexually different, Confusion is common. “Possibly” gay **Interventions**: empathic exploration of confusion, fear, anxiety. Avoid premature labeling. Provide accurate and affirming info, dispel harmful myths, Reframe being LGBQ as positive.

**Phase 3**: “probably” gay, Begin to connect more with other LGB people, reduce isolation, May report feeling like a teen again **Interventions**: continue to assist with coming out; role play difficult coming out scenarios.

**Phase 4**: accept (rather than tolerate) new identity. Can now refer to client as LGBQ. **Interventions**: assist with decision making

**Phase 5**: might immerse in LGBQ community, sever ties with heterosexuals **Interventions**: validate anger re: oppression and pride as LGBQ.

**Troiden’s Model of Identity Development**

**Stage 1 Sensitization**: occurs before puberty, involves being marginalized and made to feel different from peers

**Stage 2 Identify Confusion**: occurs usually in adolescence, begin to recognize feelings and behaviors that could be labeled homosexual

**Stage 3 Identity Assumption** occurs on average for males at ages 19-21 and for females at ages 21-23. See a reduction in social isolation and an increase in contact with other lesbians and gay men. Task is to learn to manage social stigma: coping techniques. *Capitualization*: negative view of homosexuality but acknowledges his or her membership in this group, *Minstralization*: The person adopts stereotypic and often exaggerated homosexual mannerisms and behavior, *Passing*, *Group alignment/immersion*

**Stage 4 Commitment**: integration of homosexuality; becomes a state or way of being, rather than a description of sexual behavior

## Veterans

Stigma associated with seeking mental health services, Male dominated, Reintegration a concern

## Veterans (cont)

**Recommendations for Working with Veterans**: Don't over-pathologize, Explore pre-military history, Become knowledgeable about the concept of post-traumatic growth (PTG), Obtain military history if relevant to presenting concern or doing an intake, Show empathy and connect authentically

## Social Justice Counseling

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| Organizations are microcosms of the larger society; reflections of monocultural values | Failure to have a balanced perspective between person and system focus can result in: false attribution of the problem. An ineffective and inaccurate treatment plan that can be harmful to the client. If the system is the problem, must work to eliminate the unhealthy system vs. adjust the person to a sick situation. |

## Breaking Cycles of Resistance

Questioning oneself: "what am I missing in this situation?" "how might my desire to be proven right (or innocent) influence my view of the other person or reality?" *Is very difficult, because it involves taking risks when one most feels the need to protect one self.*

Getting genuine support: identify people who can help you sort through your reactions and question your assumptions about the situation, rather than someone who will just reinforce how you feel *reinforcement can be comforting, but might deny you opportunities for learning and for breaking the cycles*

Shifting one's mindset: from "You need to change" to "What can I change?"

## Tripartite Model of Culture

**Universal Level**: human experiences

**Group Level**: similarities and differences (gender, race, age, etc)

**Individual Level**: uniqueness (genetics, nonshared experiences)