## Multicultural Orientation: A Model to Ethically Engage Diverse Clients



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## Agenda

Introductions

- Learning Objectives
- O Ethics
- Multicultural Orientation
  - O Cultural Humility
  - O Cultural Opportunities
  - O Cultural Comfort

#### OQ&A

### Introductions



https://tinyurl.com/2jgvxaxm

## Learning Outcomes

Be Able	Attendees will be able to:
Describe	Describe the Multicultural Orientation (MCO) Model
Examine	Examine how the MCO Model can be used to ethically work with diverse clients
Consider	Consider how the MCO Model may be applied to ethically serve diverse clients in various clinical contexts
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# Mental Health in Nebraska | LIMHPs



Gender

Nebraska Behavioral Health Workforce Dashboard (n.d.). https://app1.unmc.edu/publichealt h/bhecn/

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## Mental Health in Nebraska | LIMHPs



Race

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# Mental Health in Nebraska | LMHPs



Gender

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# Mental Health in Nebraska | LMHPs



Race

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# Mental Health in Nebraska | LADCs



Gender

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2020 2021

## Mental Health in Nebraska | LADCs



Race

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### Mental Health in Nebraska | Population

#### Prevalence of mental illness:

#### Nebraska: 17.5% compared to National average: 18.1%

#### (2010, 2011, 2012 National Survey on Drug and Health Data)

Nebraska Behavioral Health Needs Assessment (2016). https://dhhs.ne.gov/Behavioral%20Health%20Documents/Needs%20Assessment%20-%202016.pdf

## Mental Health in Nebraska | Population

#### **Behavioral Health Disparities**

Table 4.11 shows select indicators of mental health among Whites and minority populations in Nebraska.

 Table 4.11: Prevalence of Mental Illness by Race/Ethnicity in Nebraska: Annual Averages Based on

 2006-2010 Behavioral Risk Factor Surveillance System Data<sup>21</sup>

Race/Ethnicity	Anxiety Disorder	Depressive Disorder	Current Depression	Serious Psychological Distress
White	9.8%	15.8%	6.5%	2.0%
African American	14.8%	13.0%	8.6%	3.4%
American Indian	27.6%	39.4%	29.5%	2.5%
Hispanic	9.4%	13.2%	8.0%	8.2%
Asian category was removed due to insufficient numbers.				

Nebraska Behavioral Health Needs Assessment (2016). https://dhhs.ne.gov/Behavioral%20Health%20Documents/Needs%20Assessment%20-%202016.pdf

## Mental Health in Nebraska | Population

Characteristic	State of Nebraska				
Characteristic	N	%			
Total Population	1,855,617	100%			
Gender					
Male	921,597	49.7%			
Female	934,020	50.3%			
Race/Ethnicity	Race/Ethnicity				
White, NH*	1,506,879	81.2%			
African American, NH*	83,932	4.5%			
Asian, NH*	35,325	1.9%			
Pacific Islander, NH*	1,070	0.1%			
American Indian/Alaska Native, NH*	12,907	0.7%			
Other, NH*	1,409	0.1%			
2+ Races, NH*	33,647	1.8%			
Hispanic**	180,448	9.7%			

#### 2014 Estimates

Nebraska Behavioral Health Needs Assessment (2016). https://dhhs.ne.gov/Behavior al%20Health%20Documents/N eeds%20Assessment%20-%202016.pdf

# American Counseling Association Code of Ethics

#### O Preamble

- Nonmaleficence, or avoiding actions that cause harm
- Beneficence, or working for the good of the individual and society by promoting mental health and well-being
- Justice, or treating individuals equitably and fostering fairness and equality
- Veracity, or dealing truthfully with individuals with whom counselors come into professional contact

#### • Relevant Codes

- "Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process."
- Counselors communicate information in ways that are both developmentally and culturally appropriate."
- "Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/ partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law."
- "Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders."

# Multicultural Orientation



## Cultural Humility

The ability to hold "an accurate perception of their own cultural values as well as maintain an otheroriented perspective that involves respect, lack of superiority and attunement regarding their own cultural beliefs and values" (p. 29)

Hook, J. N., Davis, D. E., Owen, J., & DeBlaere, C. (2017). Cultural Humility: Engaging Diverse Identities in Therapy

## **Cultural Humility**

Intrapersonal	Interpersonal	Outcome
Authentic, accurate perception of one's level of cultural awareness (values, beliefs, biases, limitations, experiences)	Humble curiosity, honoring consideration, other- centeredness (their cultural values, beliefs, experiences, history)	Stronger relationships (working alliance) – trust and safety, better care, higher retention rates, easier recovery from cultural mistakes
Self-reflection and self- critique as a life-longer learner	Non-superiority/ Egolessness	Low CH linked with more cultural mistakes/ microaggressions and longer recovery 17

# **Cultural Humility**

## "....Teach me about you..."

# **Cultural Humility Through the Years**

Medicine/ Public Health	Psychology/ Clinical	Education and Research	Social Work	Clinical Counseling	School Counseling		
Tervalon, M., & Murray- Garcia, J. (1998) - Seminal article (medicine, nursing, public health)	Hook, et al. (2013) - CH Scale (Client reported)	Janes, H. (2021) - Music Teacher Education	Dickinson, et al. (2021) - Cultivating CH Among Social Work Students	Gonzalez, et al., 2021 - Multidimensional CH Scale (Counselor reported)	Tran, T. & Rubel, D., 2023. Cultural Humility in the Lives of White School Counselors in the Midwest (TBD)		
		Cervantes, C. M., & Clark, L. (2020) Physical Education					
Foronda, C. (2020) -		Haynes-Mendez, K., &		Davis, et al. (2020) -			
Nursing	Applied Behavioral Analysis	Engelsmeier, J. (2020) - Cultivating CH in Education	nalysis Cultivating CH in			Mindfulness-based therapy	
Murray, S. A., & Spencer, E. C. (2022) - Immunology					Hook, et al. (2016) - CH in Psychotherapy Supervision		
Veterinary Medicine	Pharmacy	Spiritual/Religious	Library Services	Supervision			
	Training			Mosher, et. al (2017) -			
Alvarez, E. E., et al. (2020) - Teaching CH and Implicit Bias to VM Students	Abell, A. (2020) - CH in Practice	Winkeljohn Black, S., et al. (2019) Trainees' CH	CH Structural Inequalities in	CH as a Therapeutic Framework			
	Rizzolo, D., et al. (2022)- CH in Pharmacy Education	and implicit associations		Zhu, et al. (2021) - Grounded Theory of CH in COUN and COUN Ed.	19		

# **ADDRESSING Framework**

Cultural Influences				
Age and generational influence	Sexual orientation			
<b>D</b> evelopmental disabilities and other <b>D</b> isabilities	Indigenous heritage			
<b>R</b> eligion and spirituality	National origin			
Ethnic and racial identity	Gender			
Socioeconomic status/Social Class	20			



Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. 21 Journal of Transcultural Nursing, 27(3), 210–217. <u>https://doi.org/10.1177/1043659615592677</u>



Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis.22 *Journal of Transcultural Nursing*, 27(3), 210–217. <u>https://doi.org/10.1177/1043659615592677</u>

# **Power Imbalance** Antecedents Diversity

Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis.23 Journal of Transcultural Nursing, 27(3), 210–217. <u>https://doi.org/10.1177/1043659615592677</u>



Foronda, C., Baptiste, D.-L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis.24 Journal of Transcultural Nursing, 27(3), 210–217. <u>https://doi.org/10.1177/1043659615592677</u>

# **Cultural Humility**

## "We cannot trade hate for one group to lift up another"

Counselors look for signs in therapy and natural transition points to invite a client to explore their beliefs, values, or other aspects of the client's cultural identity as it pertains to the presenting concern. (Owen, 2013; Owen, Tao, et al., 2016; Hook, Davis, Owen, DeBlaere, 2017).

- Think of them like exit ramps on the highway or guideposts in therapy
- Client or counselor-initiated
  - Client: Explicitly stated values, beliefs, or cultural antidotes
  - Counselor: Gentle invitations from the counselor that allow the client space to see if the presenting concern or if the information that they provided has a connection to their cultural experience

The key ingredient to successfully engaging cultural opportunities though is ensuring that they aren't abrupt changes in the therapy process or forced, we want these to be natural components of the conversation.



O Counselors may hesitate to engage in cultural conversations because of...

- Anxieties, conscious and unconscious bias, and counselor burnout
- Explicitly addressing cultural concerns is not always needed in treatment (Chang & Berk, 2009; Huey, Tilley, Jones, & Smith, 2014)
  - O Natural connection to what is being discussed
- In a 2016 study, clients self-rated and self-selected the parts of their identity that they felt most salient to their counseling experience and only 31% of those participants rated race or ethnicity as salient (Owen et al., 2016).
  - Allow clients to self-identify the identities that they believe are most important to address
  - Prompting cultural-focused conversations with our clients with gentle invitations and not as mandates that our clients might view as irrelevant.

- Better treatment outcomes! (Owen et al., 2016)
- Cultural humility functions as a buffer in counseling relationships especially in instances where we miss opportunities to discuss cultural issues (Davis et al., 2016).
- Counselors who either intentionally or unintentionally avoid conversations in therapy about a client's culture may be engaging in cultural microaggressions (Sue, 2007) or at the very least are communicating to their clients that the complexities of their cultural identity are not a topic of discussion in the therapy session.



# Mini homework for you to increase your awareness of cultural opportunities

Choose one of your favorite television shows, and pick an episode at random. While you are watching, keep a tally of instances where a character references a belief, value, or cultural experience. Additionally, you can note times when you are curious if culture played a role in the character's reaction. We bet you will be surprised by how often cultural opportunities come up when you are looking for them!

# **ADDRESSING Framework**

#### TABLE 1.1. ADDRESSING Cultural Influences

Cultural influence	Dominant group	Nondominant/minority	
Age and generational influences	Young/middle-aged adults	Children and older adults	
Developmental disability or other Disability	Nondisabled people	People with cognitive, intellectual, sensory, physical, and/or psychiatric disability	
Religion and spirituality	Christian and secular people	Muslims, Jews, Hindus, Buddhists, and other religions	
Ethnic and racial identity	White people/European Americans	Asian, South Asian, Latinx, Pacific Islander, Arab, Black, African American, Middle Eastern/North African, and multiracial people	
SES/social class	Upper- and middle-class people	People of lower status by occupation, education, income, or inner city/rural habitat	
Sexual orientation	Heterosexual people	Gay, lesbian, and bisexual people	
Indigenous heritage	European Americans	American Indians, Iñuit, Alaska Native people, Métis, Native Hawaiians, New Zealand Māori, and Aboriginal Australians	
National origin	U.Sborn Americans	Immigrants, refugees, and international students	
Gender	Cisgender men	Women, transgender, and nonbinary people 30	

Note. SES = socioeconomic status.

## ADDRESSING Framework



## Social Identity Wheel

#### Possible Influences (Not Comprehensive)

Age or Generation	Socioeconomic Status/Class	Adoption Status	Immigration Status
Developmental Disability	Sexual Orientation	Marital Status	Able-bodied Status
Disability (Acquired)	Indigenous Heritage	Parental Status	Biological Sex
Religion and Spiritual Orientation	National Origin/Language	Neuro Status/Divergence	
Ethnicity and Race	Gender	Educational Attainment	32

#### **Cultural Comfort**

The feelings that come up for a counselor before, during, and after culturally relevant conversations in the therapy session. Hook and colleagues (2017) note that hallmarks of cultural comfort include feeling at ease, openness, calm, and relaxation while discussing cultural and identity-based topics with clients.

- For counselors to create and sustain a safe, therapeutic environment, they must be able to remain at ease and comfortable while discussing their client's/student's identity-related concerns.
- Comfort is cultivated through exposure because anxiety serves as an emotional alarm system that something is unknown, new, or potentially dangerous.
  - The foundation of our cultural comfort is cultivated in the same way, by what we have exposure to.
  - We are not aiming to eliminate all of our anxiety when we engage in conversations that are new to us, but to manage that anxiety in such a way that it fuels our curiosity, eagerness to learn, and attunement with our client.

#### **Cultural Comfort**

- It is encouraged for counselors across their careers to identify their areas of cultural discomfort, with the understanding that comfort levels may change with time, experiences, and intentionality.
- In addition to educational and clinical conversations, counselors must also acknowledge cultural identities that they have not had much exposure to.
- Counselors need to increase their exposure before seeing clients to build their comfort and humility without relying solely on their clients to teach them.



#### **Cultural Comfort**

#### Some questions that may be helpful to reflect on are:

- Are there cultural groups or identities that I have had little personal experience with or that may be new to me?
- In my day-to-day life, do I engage with people that hold different identities than my own? How comfortable am I in those interactions?
- When I engage with media (e.g., television, social media, reading) do I seek out stories that help me understand people and places that may be unfamiliar to me?
- In my community (e.g., neighborhood, religious community, sports community, hobbies) do I interact with people that hold different identities than my own? How comfortable am I engaging in conversations with them that may involve the topic of culture?
- Growing up, was my school/neighborhood/community diverse?
- In my household, how did my primary caregivers model engagement with people or topics that were unfamiliar? Was it something they were excited about? Afraid of? Avoided?



#### Multicultural Orientation: Client Example

# **Example 2**

#### Multicultural Orientation: Comparison of Two Therapists



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