# Structural Competencies as a Novel Approach to Culturally Responsive Psychotherapy

Melanie M. Wilcox, Ph.D., ABPP

March 25, 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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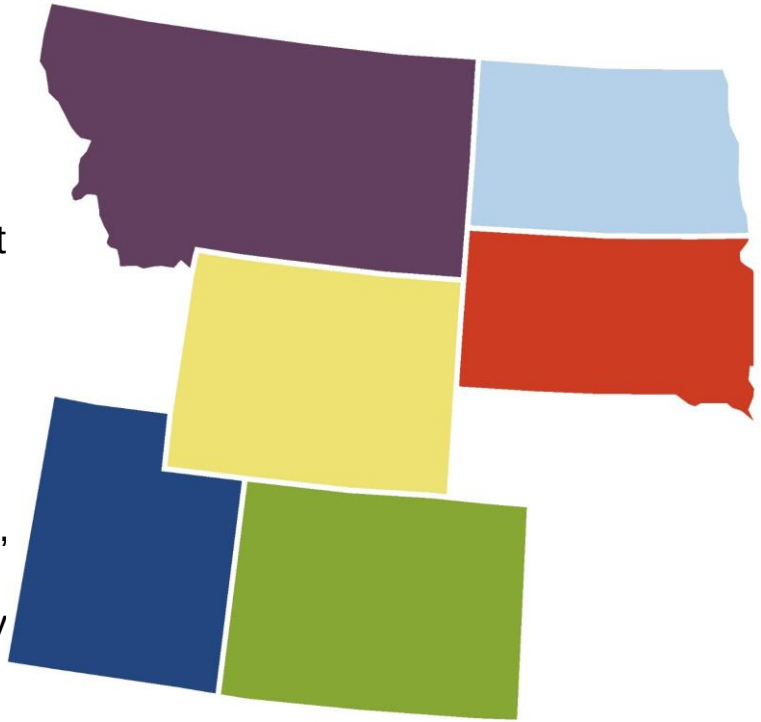
# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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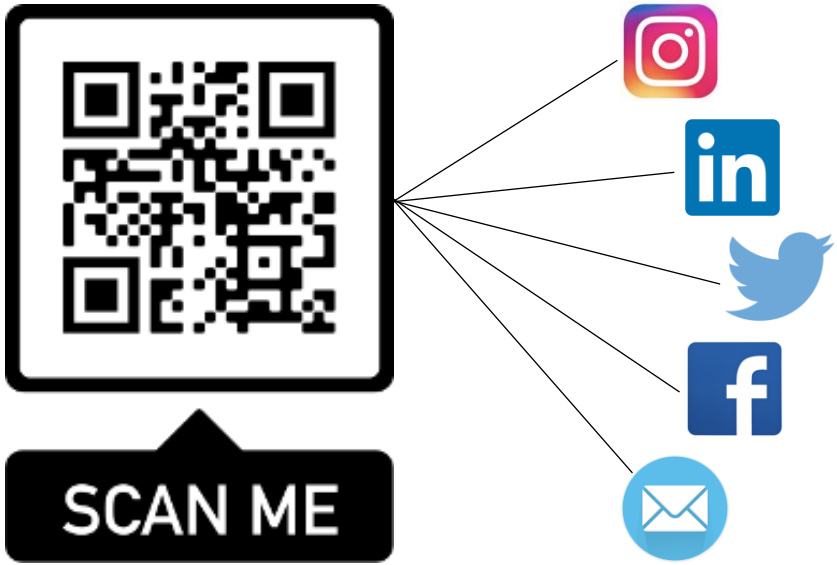

# Structural Competencies as a Novel Approach to Culturally Responsive Psychotherapy

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# Melanie M. Wilcox, Ph.D.

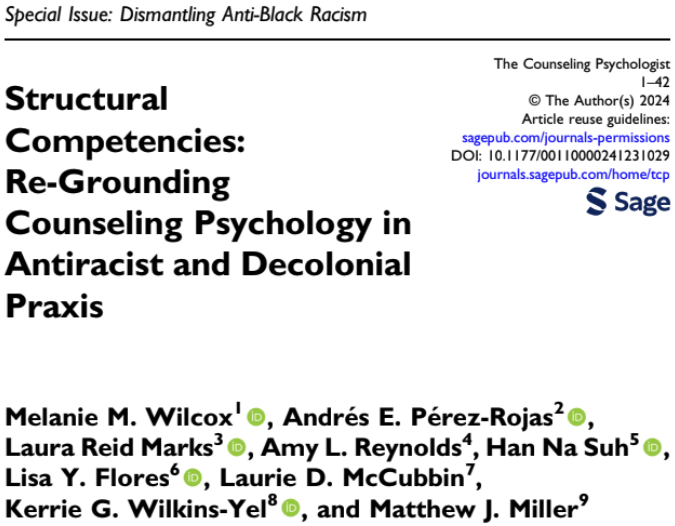
- Assistant Professor, Augusta University
- Research:
  - Culturally and structurally responsive psychotherapy and training
  - Racial and socioeconomic inequity in higher education
  - Whiteness, antiracism, social justice
- President-Elect, APA Division 17 (Society of Counseling Psychology)
- Licensed Psychologist (GA) and Board Certified in Counseling Psychology (ABPP)
- Part-time private practice (100% telehealth), Aguirre Center for Inclusive Psychotherapy, Atlanta

# Today we will...

-Discuss an overview of the Structural Competence model and why it is needed

-Learn the five principles of Structural Competence

-Review some application examples



*Special Issue: Dismantling Anti-Black Racism*

The Counseling Psychologist
1–42

DOI: 10.1177/00110000241231029
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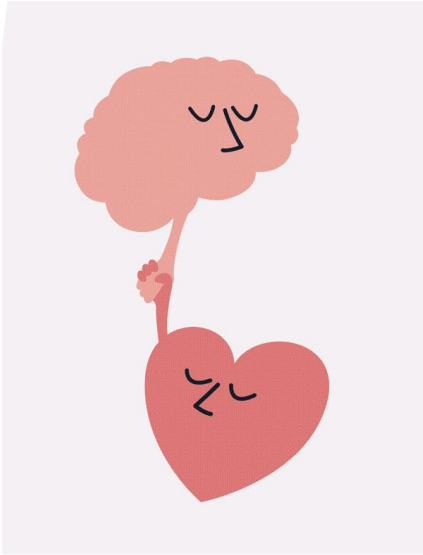
**Structural Competencies: Re-Grounding Counseling Psychology in Antiracist and Decolonial Praxis**

Melanie M. Wilcox[1], Andrés E. Pérez-Rojas[2], Laura Reid Marks[3], Amy L. Reynolds[4], Han Na Suh[5], Lisa Y. Flores[6], Laurie D. McCubbin[7], Kerrie G. Wilkins-Yel[8], and Matthew J. Miller[9]

# First: Critical Self-Compassion

- Cultural and Structural *Humility* is core to everything we will be discussing
- We cannot possibly know everything—including others' experiences, or things that we were never taught
- We often cannot know what we don't know!
- Critical self-compassion (Wilcox et al., 2022): having care and patience for oneself and the reactions we might be having while simultaneously balancing
    - Holding ourselves accountable,
    - Exercising curiosity for from where the reaction might originate, and
    - Allowing ourselves to *feel* what we are feeling without *acting* out toward others



***“When we lack courage in our language, our actions will lack courage.”***

~ Dr. Thema Bryant, Past-President of the American Psychological Association, May 26th, 2022

# Racism


- The APA is—finally—reimagining its approach to, and understanding of, racism
- Racism is a *public health crisis*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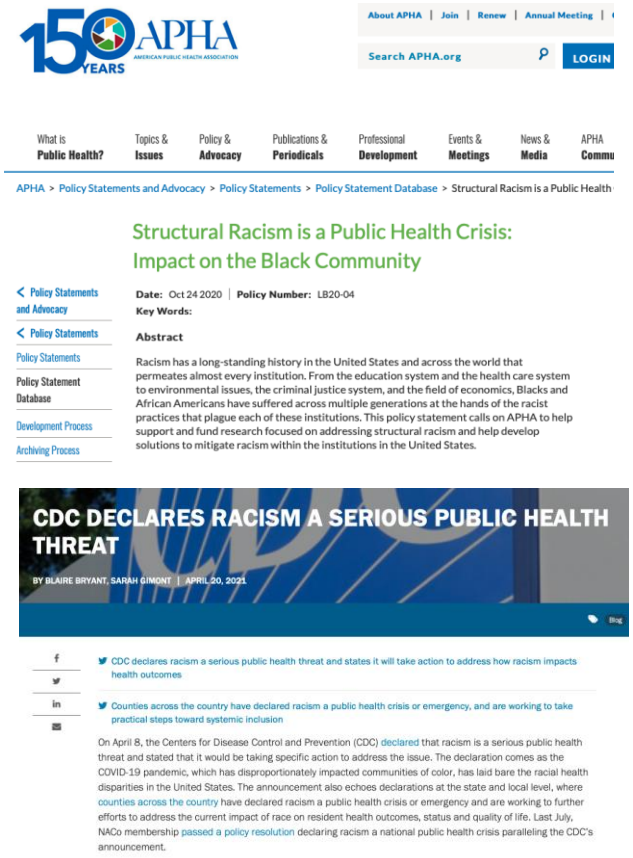
Date created: May 29, 2020

'We Are Living in a Racism Pandemic,' Says APA President



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## Structural Racism is a Public Health Crisis: Impact on the Black Community

< Policy Statements and Advocacy
< Policy Statements
Policy Statements
Policy Statement Database
Development Process
Archiving Process

**Date:** Oct 24 2020 | **Policy Number:** LB20-04
**Key Words:**

**Abstract**

Racism has a long-standing history in the United States and across the world that permeates almost every institution. From the education system and the health care system to environmental issues, the criminal justice system, and the field of economics, Blacks and African Americans have suffered across multiple generations at the hands of the racist practices that plague each of these institutions. This policy statement calls on APHA to help support and fund research focused on addressing structural racism and help develop solutions to mitigate racism within the institutions in the United States.




- CDC declares racism a serious public health threat and states it will take action to address how racism impacts health outcomes
- Counties across the country have declared racism a public health crisis or emergency, and are working to take practical steps toward systemic inclusion

On April 8, the Centers for Disease Control and Prevention (CDC) declared that racism is a serious public health threat and stated that it would be taking specific action to address the issue. The declaration comes as the COVID-19 pandemic, which has disproportionately impacted communities of color, has laid bare the racial health disparities in the United States. The announcement also echoes declarations at the state and local level, where counties across the country have declared racism a public health crisis or emergency and are working to further efforts to address the current impact of race on resident health outcomes, status and quality of life. Last July, NACo membership passed a policy resolution declaring racism a national public health crisis paralleling the CDC's announcement.

## AMA: Racism is a threat to public health

NOV 16, 2020 • 5 MIN READ

**Kevin B. O'Reilly**
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Date created: August 18, 2020

## Mental-Health Leaders: We Must End Pandemic of Racism

*Appeared in the Orlando Sentinel*

By Arthur C. Evans Jr., PhD, Saul Levin, MD, Angelo McClain, PhD

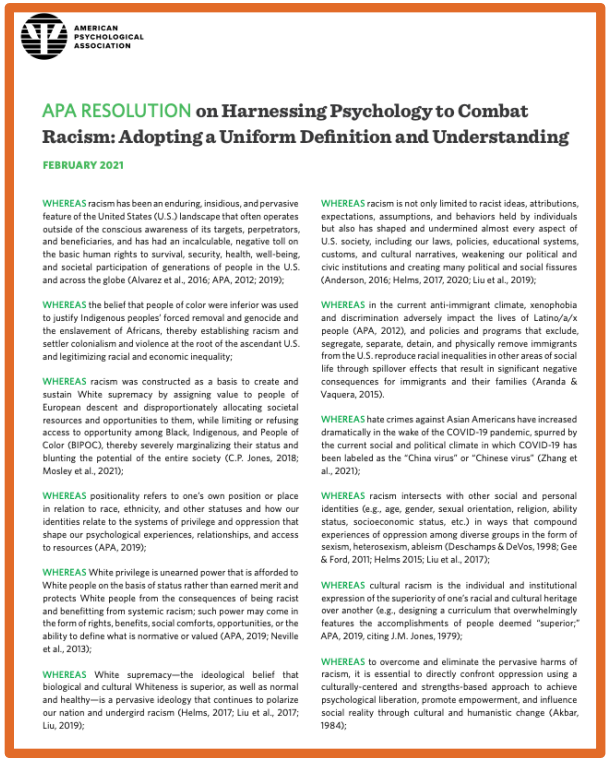
*Orlando Sentinel published this article Aug. 18, 2020.*

Will this be the year we finally begin to dismantle systemic racism in the United States?

COVID-19's disproportionately lethal impact on Black, Latinx and Native American people has revealed just how unequal our nation's health outcomes are. Meanwhile, the high-profile slayings of George Floyd, Breonna Taylor and far too many other Black Americans have ignited the biggest wave of protests in more than a half-century—and prompted people of all colors and creeds to acknowledge just how pervasive racism is in our society.

The American public is starting to see racism as a public health crisis. Addressing that crisis will require comprehensive change to American life, from our economy and educational system to housing and health care—including the way we approach and treat mental health.

# Our Role in Dismantling Racism



AMERICAN PSYCHOLOGICAL ASSOCIATION

APA RESOLUTION **on Harnessing Psychology to Combat Racism: Adopting a Uniform Definition and Understanding**

**FEBRUARY 2021**

**WHEREAS** racism has been an enduring, insidious, and pervasive feature of the United States (U.S.) landscape that often operates outside of the conscious awareness of its targets, perpetrators, and beneficiaries, and has had an incalculable, negative toll on the basic human rights to survival, security, health, well-being, and societal participation of generations of people in the U.S. and across the globe (Alvarez et al., 2016; APA, 2012; 2019);

**WHEREAS** the belief that people of color were inferior was used to justify Indigenous peoples' forced removal and genocide and the enslavement of Africans, thereby establishing racism and settler colonialism and violence at the root of the ascendant U.S. and legitimizing racial and economic inequality;

**WHEREAS** racism was constructed as a basis to create and sustain White supremacy by assigning value to people of European descent and disproportionately allocating societal resources and opportunities to them, while limiting or refusing access to opportunity among Black, Indigenous, and People of Color (BIPOC), thereby severely marginalizing their status and blunting the potential of the entire society (C.P. Jones, 2018; Mosley et al., 2021);

**WHEREAS** positionality refers to one's own position or place in relation to race, ethnicity, and other statuses and how our identities relate to the systems of privilege and oppression that shape our psychological experiences, relationships, and access to resources (APA, 2019);

**WHEREAS** White privilege is unearned power that is afforded to White people on the basis of status rather than earned merit and protects White people from the consequences of being racist and benefitting from systemic racism; such power may come in the form of rights, benefits, social comforts, opportunities, or the ability to define what is normative or valued (APA, 2019; Neville et al., 2013);

**WHEREAS** White supremacy—the ideological belief that biological and cultural Whiteness is superior, as well as normal and healthy—is a pervasive ideology that continues to polarize our nation and undergird racism (Helms, 2017; Liu et al., 2017; Liu, 2019);

**WHEREAS** racism is not only limited to racist ideas, attributions, expectations, assumptions, and behaviors held by individuals but also has shaped and undermined almost every aspect of U.S. society, including our laws, policies, educational systems, customs, and cultural narratives, weakening our political and civic institutions and creating many political and social fissures (Anderson, 2016; Helms, 2017, 2020; Liu et al., 2019);

**WHEREAS** in the current anti-immigrant climate, xenophobia and discrimination adversely impact the lives of Latino/a/x people (APA, 2012), and policies and programs that exclude, segregate, separate, detain, and physically remove immigrants from the U.S. reproduce racial inequalities in other areas of social life through spillover effects that result in significant negative consequences for immigrants and their families (Aranda & Vaquera, 2015).

**WHEREAS** hate crimes against Asian Americans have increased dramatically in the wake of the COVID-19 pandemic, spurred by the current social and political climate in which COVID-19 has been labeled as the "China virus" or "Chinese virus" (Zhang et al., 2021);

**WHEREAS** racism intersects with other social and personal identities (e.g., age, gender, sexual orientation, religion, ability status, socioeconomic status, etc.) in ways that compound experiences of oppression among diverse groups in the form of sexism, heterosexism, ableism (Deschamps & DeVos, 1998; Gee & Ford, 2011; Helms 2015; Liu et al., 2017);

**WHEREAS** cultural racism is the individual and institutional expression of the superiority of one's racial and cultural heritage over another (e.g., designing a curriculum that overwhelmingly features the accomplishments of people deemed "superior;" APA, 2019, citing J.M. Jones, 1979);

**WHEREAS** to overcome and eliminate the pervasive harms of racism, it is essential to directly confront oppression using a culturally-centered and strengths-based approach to achieve psychological liberation, promote empowerment, and influence social reality through cultural and humanistic change (Akbar, 1984);

The American Psychological Association has committed to addressing **systemic racism** and psychology's role in its maintenance as well as its treatment

American Psychological Association, February 2021: APA Resolution on Harnessing Psychology to Combat Racism: Adopting a Uniform Definition and Understanding

THEREFORE, BE IT RESOLVED that psychologists should consider the following four levels of racism:

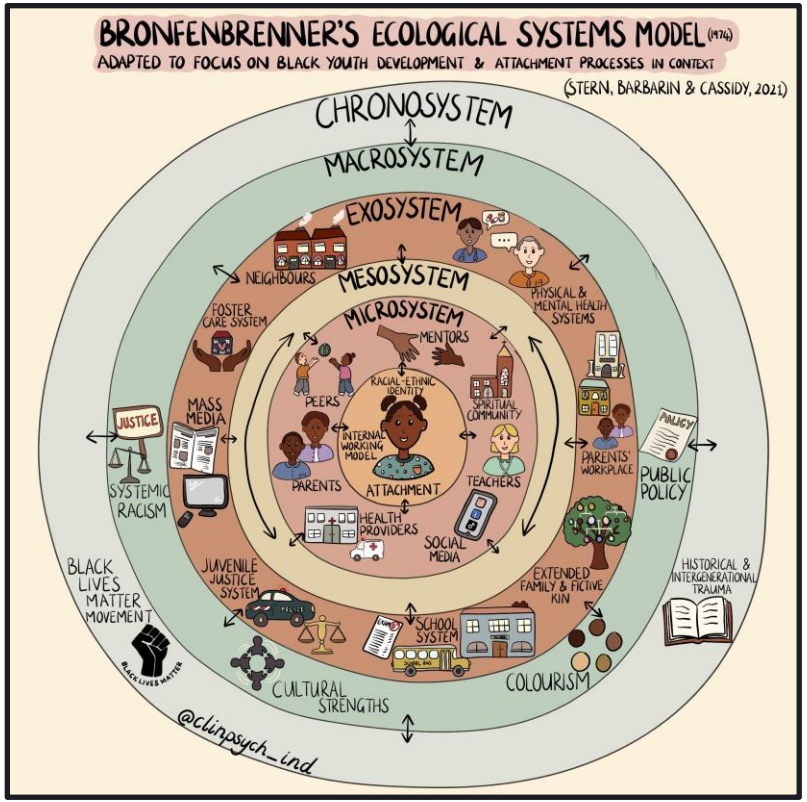
1. **Structural** (laws/policies/practices that produce cumulative racial inequities, including the failure to correct explicitly racist laws/policies/practices
2. **Institutional** (policies, practices, procedures of institutions)
3. **Interpersonal** (implicit or explicit)
4. **Internalized**

# What Does Training Often Look Like?

Whereas in social justice and antiracism work, we are seeking to address downstream problems caused by upstream, *systemic and structural* issues…

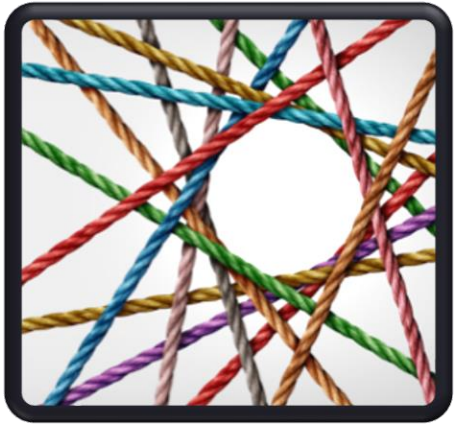
…professional mental health training (Grzanka, 2020; Wilcox, 2023; Wilcox et al., 2024) and healthcare training more broadly (Metzl & Hansen, 2014) focus almost exclusively on *individual difference* models

We cannot conceptualize structurally unless we learn deeply about *systems, structures, and history*



# How We Often Understand “Culture”

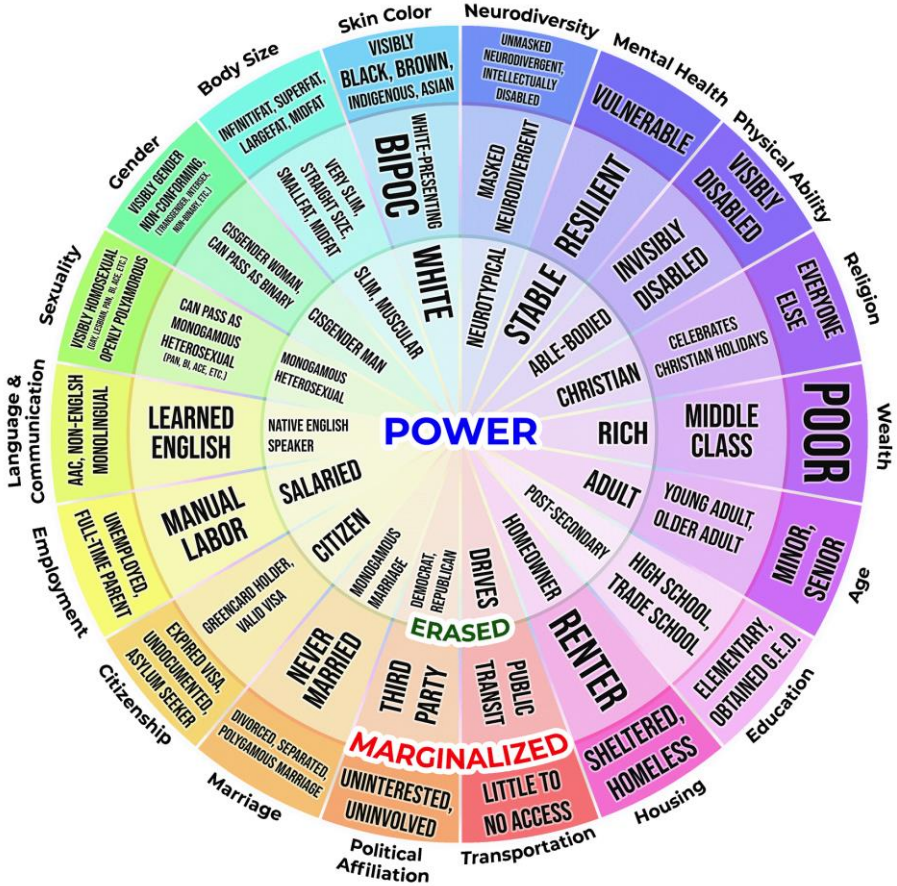
- Hays’ ADRESSING Model has serious limitations, but it nonetheless can be a helpful starting point
  - **A**ge
  - **D**isability (physical/psychological/genetic/acquired)
  - **R**eligion/Spirituality
  - **E**thnicity/Race
  - **S**exual Orientation
  - **S**ocial Class/Socioeconomic Status
  - **I**ndigenous Heritage
  - **N**ationality/Citizenship
  - **G**ender (covering both sexism and cissexism)



- Critical: On each dimension, *who has the **power to oppress?***
  - This is not binary, either; who has the closest *proximity to power?*

# INTERSECTIONALITY
# WHEEL OF PRIVILEGE

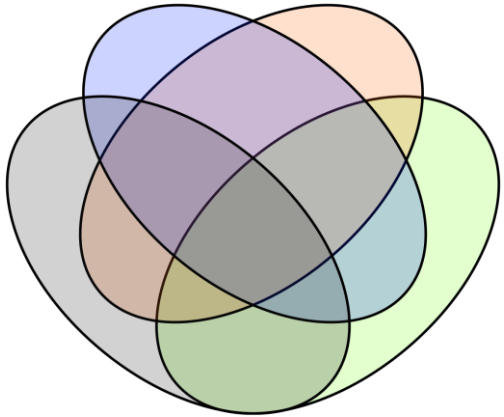
As Observed in the USA




TessaWatkins.com/wheel-of-privilege

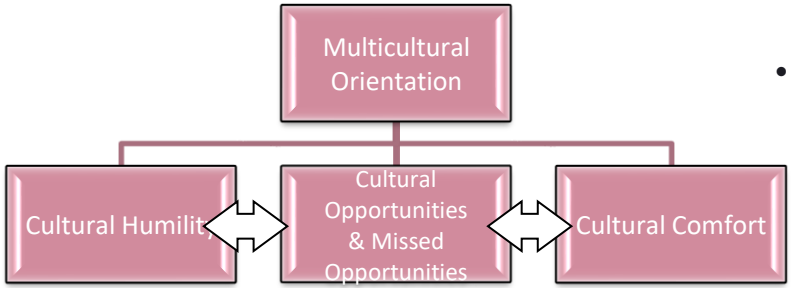
*Adapted from Sylvia Duckworth, Canadian Council for Refugees, and Olena Hankivsky, PhD*

# Privilege and Intersectionality



- The misunderstanding of privilege and the misunderstanding of intersectionality are deeply intertwined
- Grzanka (2020, p. 249): Intersectionality is
  - A lens or a frame
  - A critical framework for conceptualizing human experience, particularly *power and inequality*
  - An approach for understanding *multiple social identities* and how they function in contextualized systems of inequality
- In practical terms, it is a lens through which to recognize that privilege and oppression are no more additive than Na + Cl being merely sodium and chloride elements
  - Once bonded, they become a **new substance**: table salt

# Multicultural Orientation




- Won't go into great detail here, but an important foundation *process-wise*
- Might be considered "modern core conditions" (Wilcox, 2023)

A way of *being* rather than a way of *doing* (see Davis et al, 2018)

- *Substantial* empirical support for impact on psychotherapy processes and outcomes
- **Most common criticism: It does not *inherently* move us toward antiracism**

# Structural Competence

- Multicultural Orientation focuses on cultural *processes*
  - Despite the focus on *way of being* rather than *way of doing*, this still arguably the *skills* portion of cultural responsiveness – because much of therapeutic, supervisory skill ***is*** way of being (combined with expert knowledge and awareness!)
- "Multicultural Competence" as currently defined is:
  - Anti-Intersectional
  - Essentialist
  - Individual-based
  - Conflates oppression with culture
- Knowledge and awareness clearly still important… but of what?
- Grzanka (2020): A strong approach would be to adopt from medicine Metzl and Hansen's (2014) *Structural Competencies* approach

# Structural Competence


- Metzl and Hansen: Medical education (and, arguably, psychology education and training) is misdirected to focus on the individual and “cross-cultural” understanding
- Instead, we need to focus on *social and systemic forces, and their historical antecedents, that result in individual health outcomes*

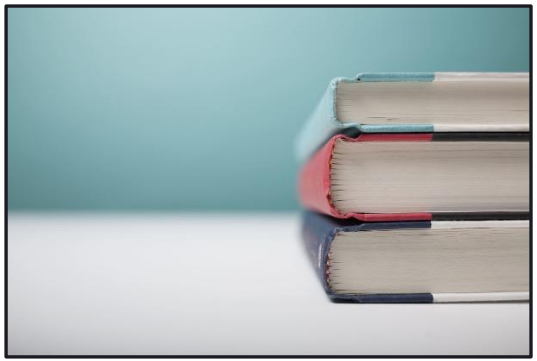
**Structural Competence:** ““...the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g., depression, hypertension, obesity, smoking, medication, “non-compliance,” trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even the very definitions of illness and health” (Metzl & Hansen, 2014, p. 130).

# Structural Competence

**Structural Violence:** Avoidable harm (e.g., unmet basic needs) caused by oppressive systems (e.g., economic, political, legal) to individuals and communities that inhibit or even prohibit their ability to reach their human potential

**Structural Vulnerability:** The consequence of structural violence: Increased risk of poor individual, family, and community outcomes (i.e. the problems psychology seeks to treat) due to systemic and structural harms, which cannot be corrected by individual behaviors

(Neff et al., 2019; Wilcox et al., 2024)



# Structural Violence, Structural Vulnerability, and ACEs

Adverse Childhood Experiences (ACEs): Toxic stressors that occur during childhood that include, but are not limited to, violence, abuse, growing up in a family with mental health or substance abuse problems, household dysfunction, parental loss, verbal abuse, neglect, and economic insecurity

They are often passed down intergenerationally (Centers for Disease Control; vetoviolence.cdc.gov

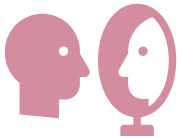
**61%**

**of adults**

Have an ACE score of at least 1

**15-20%**
**of adults**

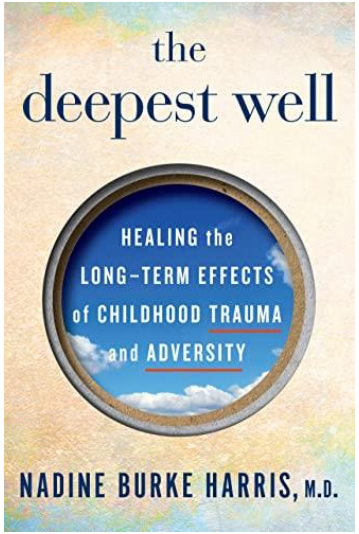
Have an ACE score of **four or more** – substantially increasing poor outcomes



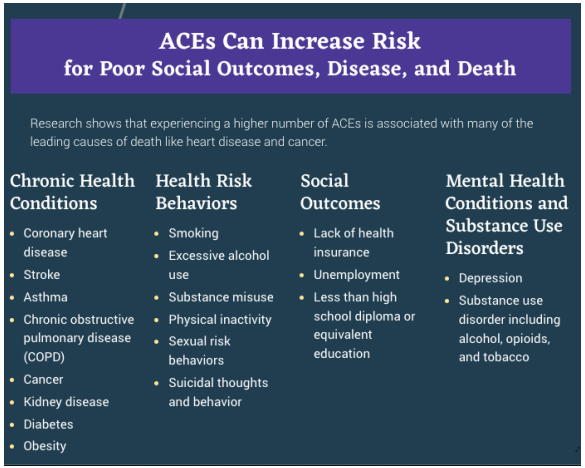
**Up to**
**21 million**

Cases of depression result from ACES

# Structural Violence, Structural Vulnerability, and ACEs




**Burke Harris (2018):** We have an extraordinary amount of research clearly demonstrating the lasting impacts of psychological and physiological impacts of toxic stress, yet rarely is this taught or learned—in part because this is scary, emotional stuff.



# Structural Competence


Five principles of Structural Competencies:

1. Recognizing the structures that shape clinical interactions
2. Developing an extra-clinical language of structure
3. Rearticulating “cultural” presentations in structural terms
4. Observing and imagining structural intervention
5. Developing structural humility

# Structural Competence

Grzanka (2020) called for psychologists to consider structural and systemic forces, and to employ a *structural competencies* lens, through three new questions and one from Case (2015, 2017)*

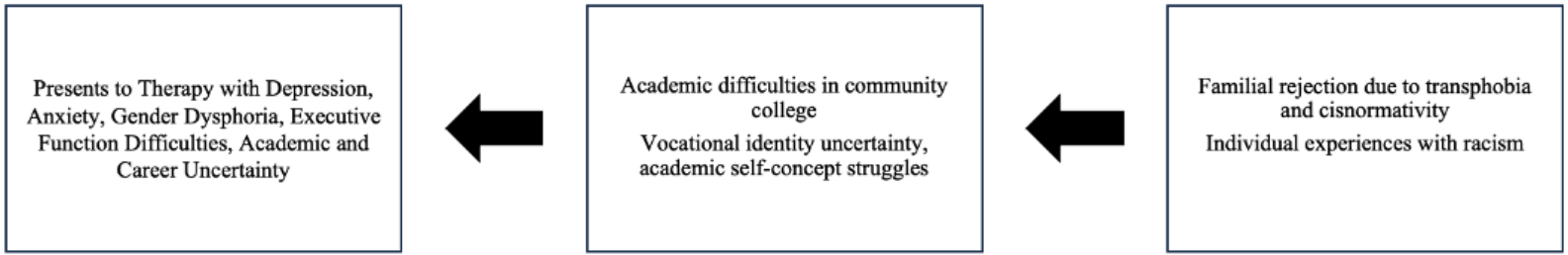
1. What role does inequality play?
2. How can I address constructs and systems, not only identities?
3. How is social power operating in this situation?
4. What role(s) can psychologists play in addressing this social problem?

# What Might This Look Like?

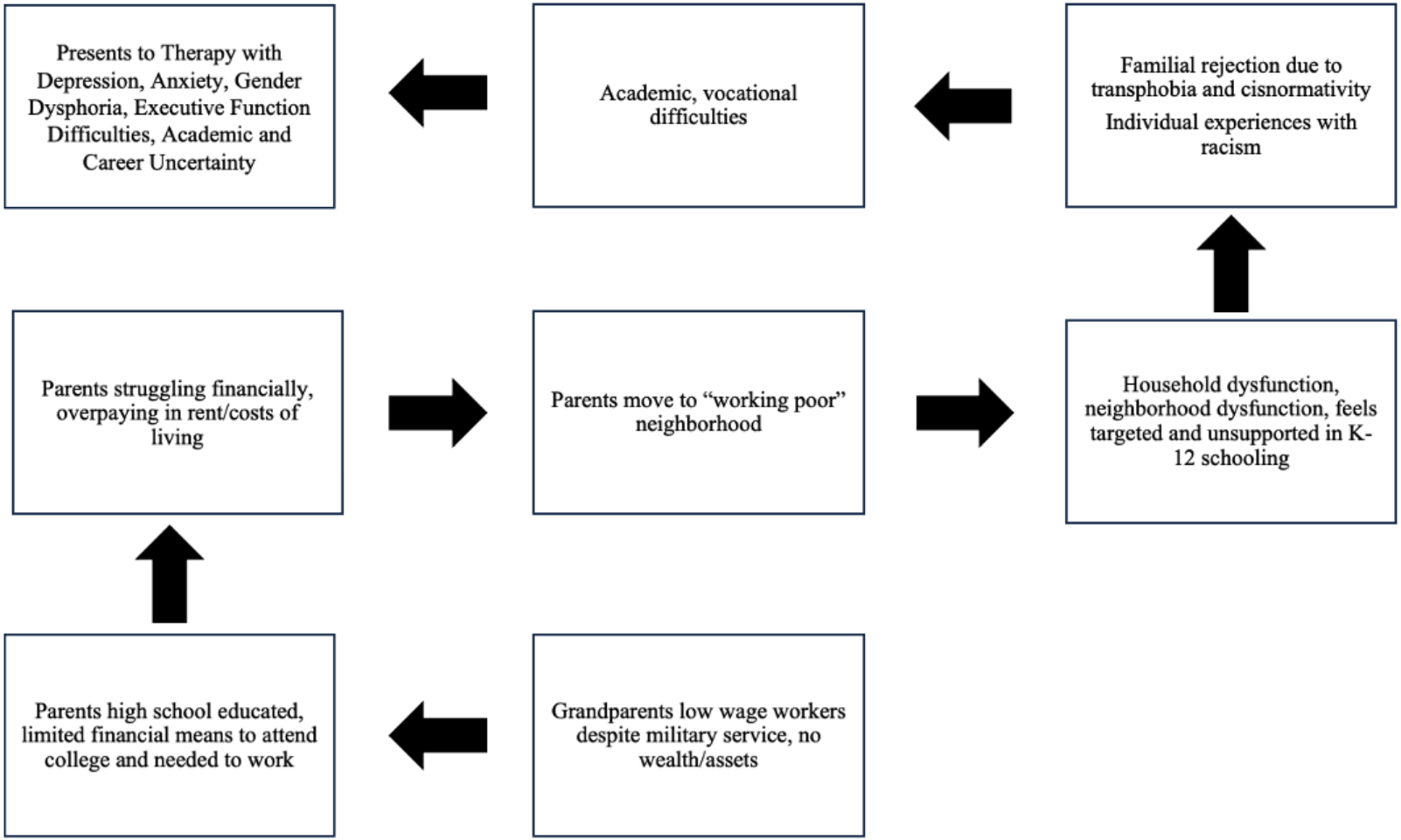
- The Flint Water crisis (or more recently – children's applesauce pouches 😱 )
- Physician John Snow and the 1854 London cholera outbreak
- What about in mental health care?

*Figure 1.* Case conceptualization diagram.

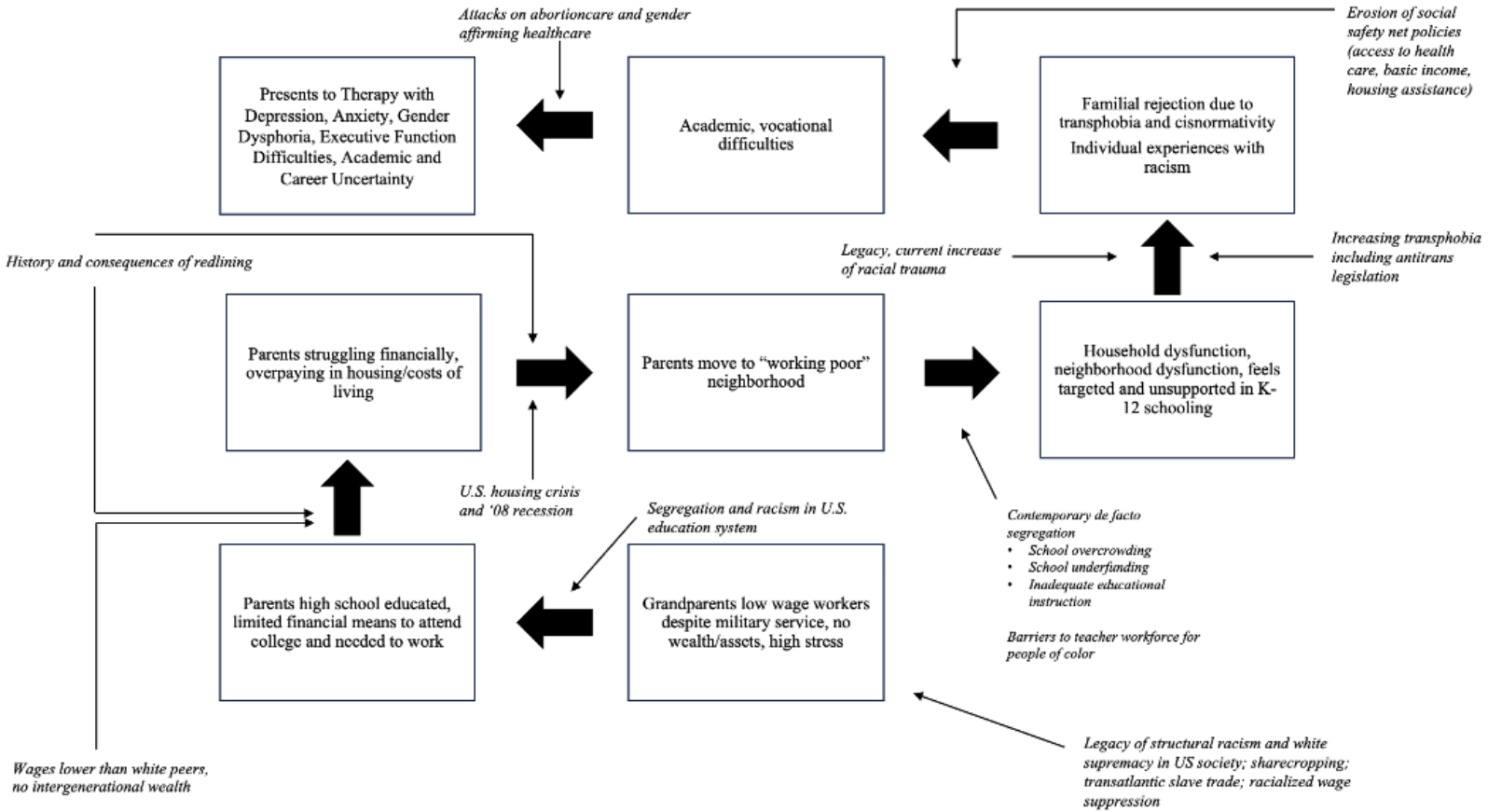
Step 1: Standard, individual-level case conceptualization.



Step 2: Individual-level case conceptualization accounting for intergenerational context.



# Step 3: Case conceptualization with structural competencies layer.



| Domain | Tripartite MCC Approach | Structural Competencies Approach |
|---|---|---|
| Race | Focus on individual differences, e.g., “Spirituality is important to Black and African American individuals and communities.” | Focus on structural determinants of client concerns, e.g., de facto segregation and its effects on K-12 education |
| Gender | “ “, e.g., “Men are from Mars, women are from Venus”* | Focus on problematic gender socialization, institutional sexism and cissexism, violence against TGNB individuals, costs of toxic masculinity to men |
| Social Class | “ “, e.g., lower SES graduate students need better “financial literacy” 😬 | Focus on the cumulative economic, physical, and psychological effects of systemic classism and economic oppression |

# What Might a Structural Approach Look Like?

# What Might This Look Like?


- Like MCO, better accounts for intersectionality
- *At what intersection of structural oppression and structural privilege is the client situated?*
- E.g., For a Black 11-year-old cisgender heterosexual boy from a lower socioeconomic status background, instead of merely understanding his *identities*, we could instead take the frame of recognizing that he is situated at the intersection of ***oppressive historic and contemporary racism, classism,*** and ***toxic masculinity,*** and is also influenced (in multiple ways) by ***cissexism, heterosexism, and sexism/patriarchy*****.**

# Structural Competencies

- I see the *lack* of attention to structural competencies a lot when it comes to ADHD and Learning Disability referrals for assessment
- The problem: An avalanche of referrals for youth (usually boys) of color for LD/ADHD
- Consider the case of a Black 11-year-old cisgender heterosexual boy from a lower socioeconomic status background

# Structural Competencies

Good clinical question: What's really the presenting problem here?

- Teacher or school district: "Tell us whether this child has ADHD"—Too often treated as the presenting problem!
- Implicit problem: Either we think this child is struggling with *executive function*, or—unfortunately—"This child is a nuisance, please tell us why and how to make it stop."

## Recognizing the structures that shape clinical interactions

- Racism in the education and healthcare systems – what do I represent to the client, their family?
- In what ways is structural racism influencing the fact that we are having this clinical encounter *at all*?

# Structural Competencies


**Develop an Extraclinical Language of Structure and Rearticulating "Cultural" Presentations in Structural Terms**

What *social determinants* are at play?

What do other literatures beyond psychology tell us about these structures and social determinants?

For example:

- History of redlining, targeted predatory lending, and inhibiting VA benefits for veterans of color

- De facto segregation

- Segregated, Underfunded Schools

- Overcrowded classrooms and overworked, underpaid teachers, especially for BIPOC students

- Bias and individual racism

- A child experiencing other forms of individual and systemic racism (i.e. racial trauma) and other ACES

**How many of these words are really clinical terms?**

**How much of this has to do with "cultural difference," vs. *racism*?**

A child who is in distress and acting out in school and teachers who desperately need it to simply stop

# Structural Competencies

- **Observing and Imagining Structural Intervention**
  - For all its contention, this is what the social justice advocacy movement was asking – and in the context of the rest of the structural competencies model, is it really that far off?
    - Again, think of the Flint Water crisis
  - ”Social justice advocacy” – or structural intervention – is *prevention*
    - Prevention metaphor
  - Of course, we still must work at the individual level, too; but the essentialist/individual view vs. the structural view have very different individual-level solutions
    - And this is a both/and rather than an either-or

# Structural Competencies

- **Fostering Structural Humility**
  - Appropriately recognizing the limits of psychology and psychological interpretations in this case, to allow for nuanced, complex, and comprehensive interpretations of the case to emerge

# Structural Competencies

Case conclusions:

- School district is predominantly Black and lower-SES, under-funded
- Classrooms are overcrowded
- In addition to eliminating gym, music, recess, they have moved to permanent “silent lunch”
- High-stress families and communities due to other forms of structural racism
- Limited belief in/support of the students by the predominantly White teachers and administrators
- ….also, to some extent, 11-year-old boy(s) being 11-year-old boy(s), especially when asked to sit still for 8 hours a day without any relief
- Some mood, anxiety, stress related concerns; ACES; no neuropsychological or learning concerns

This is why, despite an estimated 5% base rate, > 50% of school-aged boys in Louisiana on are prescription stimulants 😳

# Structural Competencies + MCO

MCO: Cultural Humility, Cultural Comfort, and Cultural Opportunities

- Cultural Humility:
  - Recognizing, without feeling activated or threatened, that I inhabit a very different intersectional position than my clients or students, and that this difference means that I may lack knowledge and awareness as it pertains to structural racism, generally and as it relates to any particular case
  - Being willing to seek out the knowledge and awareness I need—without putting that on my others
  - Being open to *addressing it directly*

# Structural Competencies + MCO

- Cultural Opportunities:
  - *Taking* cultural opportunities—if your *rabbit ears* catch *markers* of racism-related content, follow up on it immediately. Talk about the process *between* you both.
  - *Initiating* cultural opportunities
    - E.g., what is it like for you to be working with me, a White woman, given your experiences?
    - Do you feel as though you can talk about racism with me?
    - In supervision with a supervisee of color: What is it like for you as a Black woman to be working with this child? To read the BASC-3 Teacher Rating Forms from the White teachers?

**These are a lot easier to do when this is simply how you conduct yourself**

# Structural Competencies + MCO

- Cultural Comfort
  - To be not only willing to do this (and not just begrudgingly), but to be able to do so with an internal sense of, and demonstrated, ease
    - This takes time, and tolerance of *discomfort*

# Thank You!

**Questions?**

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Structural competencies article in *The Counseling Psychologist* (Wilcox et al., 2024)

For more resources from the Structural Competency in Medicine group, see structuralcompetency.org