Multicultural Orientation: A Process-Oriented Approach to Culturally Responsive Psychotherapy

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Mountain Plains (HHS Region 8)

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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 NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR

OWN JOURNEYS

PERSON-FIRST AND

FREE OF LABELS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH

OUR ACTIONS,

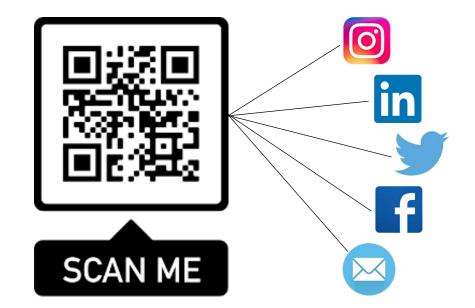
POLICIES, AND PRODUCTS

HEALING-CENTERED AND TRAUMA-RESPONSIVE

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

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Multicultural Orientation: A Proces©riented Approach to Culturally Responsive Psychotherapy

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Objectives



Research on MCO

Strengthening MCO

About Me

- Assistant Professor, Augusta University
- Ph.D., Counseling Psychology (2015, UAlbany)
- 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



Journey to MCO

- A number of movements in psychology have sought to address psychotherapists' readiness (or lack thereof) to work with clients whose lives (and presenting concerns) are affected by their experiences of oppression
 - Or even that, due to those experiences, some people who need psychotherapy will not seek it or obtain
 - Experiences of oppression (e.g., perceived racism [Pieterse et al., 2012]) have detrimental effects on mental health, and thus directly impact the symptoms and disorders we seek to treat
 - Sue and colleagues (1982) noted that racial/ethnic minority clients terminate therapy early at higher rates than White clients
 - Widespread agreement that attending to race and culture matters in psychotherapy and psychotherapy training (e.g. APA 2003 2017; Arredondo et al. 1996;



Historic Emphasis on MCC

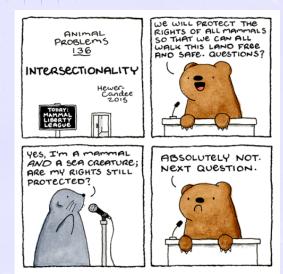
- AKA the Tripartite Model (Sue et al., 1982, 1992; Arredondo et al., 1996)
- Per Sue et al.'s (1982, 1992) model:
 - Multicultural Competence: The extent to which an individual has developed cultural awareness, obtained cultural knowledge, and acquired culturally-relevant therapy skills
- The prevailing model: theory, measurement, research, guidelines, training overwhelmingly based on MCC
- There is some empirical support for the MCC model
- Despite 35+ years of research on MCC, however, the research evidence remains scant and mixed, with much writing on MCC being theoretical Limited psychotherapy research Very limited research on multicultural training



My Own MCC Research



Enter: Multicultural Orientation



- Orientation is a way of viewing and understanding the world
- A *process model* rooted in the contextual model (see Wampold & Imel, 2015)
- A way of *being* rather than a way of *doing* (see Davis et al, 2018)
- Better accounts for intersectionality
- Might be considered "modern core conditions" (Wilcox, 2023)

Multicultural Orientation

MCO rooted in four assumptions:

- 1.Clients and therapists co-create cultural expressions
- 2.MCO is a way of being rather than a way of doing
- 3.Cultural processes (e.g., cultural humility) are critical to connecting with clients regarding their most salient identities
- 4. Strong MCO motivates therapists to learn new things about their clients' cultural perspectives and worldviews
- •Cultural-related knowledge *is* necessary in therapy, but we cannot learn it all in advance; MCO motivates us to learn what we need to learn, when we need to learn it

Three pillars

Cultural Humility (central pillar)
 Cultural Opportunities
 Cultural Comfort

Individual) Therapy is a 2-person endeavor



Cultural Humility: Central organizing construct of Mars Pillars

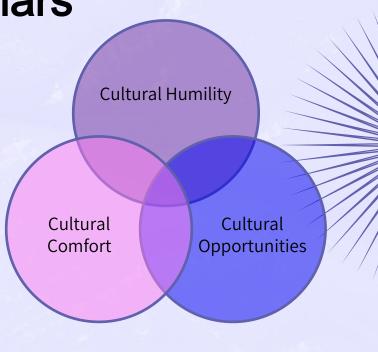
- Interpersonal: Being other-orient of wrous
 perspective-taking, lack of sense of superiority
- Intrapersonal: An accurate view of oneself, particularly one's limitations

Cultural Comfort: The therapist's thoughts and feelings that emerge before, during, and after conversations about the client's cultural identities or culturally-focused content

• Feelings of (relative) calm, ease

Cultural Opportunities: Cultural markers that occur in therapy

- Behavioral expression of cultural humility, cultural comfort
- Davis et al: These are always present—MCO allows us to recognize and seize upon them



Cultural Humility

- **Cultural Humility**: Central organizing construct of MCO
- Requires:
 - Understanding one's own values and beliefs
 - Taking an other-oriented stance
 - Maintaining respect and lack of superiority in *all* interactions
 - Collaborating with others
 - Expressing (and feeling) curiosity and interest
 - Asking questions rather than making assumptions when uncertain



Social Bond Hypothesis

Perceptions of humility regulate social bonds (and commitment, which is the psychological experience of a bond). A social bond is an affinity for a person or group that causes one to act in a relationship-oriented way—that is, to prioritize the needs of the relationship.



Social Oil Hypothesis

Humility buffers relationships from the deterioration that typically occurs due to traits or qualities that tend to erode relationships (e.g., competitiveness; relational power)



Cultural Humility

More difficult than it may seem

It is easiest to demonstrate when there are more similarities between us and the other person(s)

It is hardest to demonstrate when we feel attacked or deficient in some way

- Cultural Opportunities: Cultural markers that occur in therapy
- Behavioral expression of cultural humility, cultural comfort
- A moment of intentional action on the part of the therapist or supervisor to initiate a cultural discussion, to follow the client's/supervisee's lead on a cultural topic, or to pursue another point of interest.
- Davis et al: These are always present—MCO allows us to recognize and seize upon them



- Think about cultural opportunities as specific instances of *Points of Entry* (Interpersonal Process Theory; Teyber & Teyber) or *Markers* (Emotion-Focused Therapy; Elliott et al.)
- We need to develop Yalom's "Rabbit Ears" for *cultural opportunities* or *markers*



- Recognize cultural markers that are indicative of these moments.
- Learn how to craft a variety of messages relevant to others' intersecting cultural identities.
- Enhance understanding of how frame interventions and interactions around the impact of your cultural identity on your clients.





- Responding to/making space for something explicitly or implicitly said
 - "As a Black trainee, I find this environment difficult to navigate sometimes" (explicit)
 - (Same trainee) "I just feel like I don't fully belong" (implicit)
- Creating opportunities
 - Addressing current events (in an open-ended way)
 - Facilitating discussion on identity, culture

Cultural Comfort



 Cultural Comfort: The therapist's thoughts and feelings that emerge before, during, and after conversations about the client's cultural identities or culturally-focused content

• Feelings of calm, ease

- Staying genuinely engaged with others holding different or similar cultural identities, even in the face of differences or over-alignment related to values or worldviews.
- Cultural comfort helps to facilitate our ability to recognize and create cultural opportunities
- Cultural humility helps to facilitate our cultural comfort

Key Considerations for Cultural Comfort

1. Values impact all aspects of being (e.g., what is in your office).

2. Discomfort is not bad - but something to attend to, make sense of

3. Lean into discomfort. Don't avoid it.

4. Be intentional to increase your cultural comfort



MCO: The Evidence (Psychotherapy)

Davis et al. (2018)

- •CH positively associated with
- •Therapeutic Alliance
- •Psychotherapy outcomes (i.e. symptom improvement)
- •CH negatively associated with racial microaggressions in therapy
- •CH buffered the negative effects of both cultural missed opportunities and microaggressions in therapy
- Discrepancies between client and therapist-perceived cultural comfort predicted greater first-session termination rates for clients of color

Drinane et al. (2018)

- •Clients' cultural concealment negatively associated with outcomes
- •Between-therapist ratings of average cultural concealment had, on average, clients with worse therapy outcomes
- •Significant differences between therapists on concealment ratings

Zhang et al. (2022)

- •Over 20 studies with > 6,000 clients
- •CH positively associated with
- •Therapeutic working alliance
- •Therapy continuance
- •Therapy expectations
- Ratings of therapist competence
- •Symptom improvement
- •Negatively associated with RM in therapy, therapist colorblind racial attitudes
- •CH Appears to work through the working alliance

MCO: The Evidence (Supervision)

Wilcox et al. (2022a,b, 2023, in press)

- CH, CC positively related to satisfaction with supervision, supervisory working alliance
- CH positively related to supervisee disclosure
- Qualitative results: Importance of cultural discussions, CH, CC

Drinane, Wilcox, et al. (2022)

 Cultural Concealment negatively related to satisfaction with supervision, supervisory working alliance

Wilcox et al. (in press)

- Supervisor cultural humility buffered impact of racial microaggressions in supervision
- High CH supervisors who committed microaggressions still had stronger supervisory relationships than low CH supervisors who did not

MCO: The Evidence

In more than 20 studies of over 6,000 psychotherapy clients, and nearing at least 10 supervision studies with hundreds of supervisees, **Cultural Humility, Cultural Comfort**, and **Cultural Opportunities** have been found to have positive effects on process and outcome in

psychotherapy and clinical supervision.

Fostering Cultural Humility



- Winkeljohn Black, Wilcox, et al. (under review): Developing Cultural Humility involves 4 key ingredients:
 - 1. Developing an accurate sense of self
 - 2. Receiving feedback mindfully
 - 3. Heightened interpersonal awareness
 - 4. Maintaining openness and curiosity toward others

Fostering MCO: Critical Selfompassion

- Have to start somewhere!
- 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

Fostering MCO



- Ruptures will happen this is just the nature of relationships. But when we're stronger in MCO,
 - More willing to admit mistakes
 - More open
 - Relationship-oriented
- Must remember to:
 - Attend to ourselves and our internal reactions
 - Attend to unconscious interpersonal dynamics
 - Attend to power dynamics
 - Be aware of and attend to our limits
 - Adopt a stance of life-long learning

Fostering MCO

Importance of

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- Tolerance of ambiguity, distress
 - Emotion Regulation
- Patience with imperfection
- Willingness to be wrong (publicly!)
- Critiquing
 - Status quo
 - What we have been taught (formally and informally)
 - Our initial perceptions
- Be willing to have hard discussions
 - We are usually much more anxious about introducing cultural conversations than is actually warranted
- Be willing to learn new information when needed and seek it yourself



MCO: Next Steps



- March: MHTTC Webinar on Structural Competencies
 - Recognition of need not just to focus on *individual* differences, but systems and structures of oppression and how they lead to the mental health issues we seek to treat
- Most common criticism of MCO is that it is not *inherently* antiracist/antioppressive
- Wilcox (2023): MCO might be considered "modern core conditions" – necessary, but insufficient for antioppressive care; the process, the foundation, but not the content
- MCO + Structural Competencies may be important perspective

MCO: Next Steps

MCO + Structural Competencies:

- Recognizing, without feeling activated or threatened, that I inhabit a very different intersectional position than my client or supervisee, and that this difference means that I may lack knowledge and awareness as it pertains to structural racism/structural oppression
- Being willing to seek out the knowledge and awareness I need—without putting that on my client or supervisee
- Being open to address these systems of oppression *directly*



Fostering MCO



- Listening for and/or creating opportunities to talk about systems and structures of oppression and how they are operating
- Being willing to have these discussions, and with an internal sense of (and demonstrated) ease
 - Takes time, and tolerance of discomfort

Thank You!

Monday, March 25th @ 12pm Central/1pm Eastern:

Structural Competencies as a Novel Approach to Culturally Responsive Psychotherapy Questions? melmwilcox@gmail.com

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