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Additional research by these authors can be found in the Trauma Research Institute newsletter. Subscribe by contacting Constance Dalenberg, Ph. Imagine that you are working with a client of a different racial background than your own. Should the topic of race be specifically addressed? If it is addressed, how do you go about starting this conversation, and more importantly, how might your therapeutic choices impact the relationship and treatment outcomes? Therefore, many of the ethnic minorities seeking mental health services will encounter a clinician who is of a different ethnic background. As this population continues to grow, it is important for those in the field of psychology to examine how differences in race affect the working relationship between therapist and client, and how providers can best accommodate this expanding group of clients. Race and Psychopathology Minority status in the U. Department of Health and Human Services, A variety of factors affect the rate at which symptoms and disorders manifest in a specific population, such as genetics Park et al. Despite evidence that ethnic minorities may experience higher rates of stressors and exposure to high magnitude stressors and traumatic events, the non-Caucasian population of the U. Research has suggested that this may be the product of a social stigma against seeking services in many cultures, the fear of exposure of personal information to outsiders, the experience of misuse of information by authorities, and lower likelihood of access to culture-friendly explanations of available treatments Corrigan, ; Carter, ; Gary, Does Race Affect Treatment? Even when ethnic minorities do seek services, there is evidence that they are more likely to drop-out and that they often receive poorer quality treatment Burgess et al. Why might this be? Clark suggests that this is likely because there is an unequal amount of research addressing the specific needs and pathologies most common in various racial and ethnic minorities in comparison to those more common in Caucasian groups. Our point here however, is slightly different. We know that most of the ethnic minorities that do seek treatment are being paired with a provider who is of a different ethnic or racial background. How do minority clients experience the Caucasian therapist? What critiques do they have about the way the therapist is raising or not raising the topic? All of these clients took part in an extensive interview addressing their positive and negative views of their therapy experiences. According to Work et al. Thirty-six percent of the participants indicated that their Caucasian therapist never mentioned race at all. In the perception of the clients, the therapist typically appeared uncomfortable discussing race-related issues. Sixty percent rated their therapist below 5 on a 9 point scale in their level of comfort in discussions of race and culture. Eighty-two percent indicated that when race was discussed, their therapist appeared to become more intensely interested in them. Empirical Support for Similar Trends During Race Discussions Previous studies on cross-racial therapeutic dyads have also noted client dissatisfaction e. Developing a More Effective Way to Address Race-Related Issues What steps can be taken by the therapist to make this process more effective and conducive to treatment? Address the topic of race as potentially relevant to therapeutic issues and discussion Many clinicians are reluctant to bring up racial issues in psychotherapy. However, therapists who discuss and demonstrate a competency for race-related issues can provide an experience for ethnic minority clients may be quite liberating Wade, We would recommend that this conversation specifically address the possible benefits and obstacles created by a cross-racial pairing of therapist and client, and the need to bring race into the therapeutic discussion when it feels relevant. Opening the topic with an acknowledgment of the inevitable lack of expertise of each member of the dyad on living in the culture of the other also provides a safer path for client correction of therapist or suggestion of alternative interpretations of behaviors. It is also possible that there are cultural rules about symptom or belief expression that would have an effect on the therapy course e. In working with a client of a differing ethnicity or culture, we recommend discussion of the invisibility of culture to those who live within it, so that both therapist and client are encouraged to discuss the possibility

that a communication difficulty or difference in point of view may have a cultural basis. Consider acknowledging racial privilege Along with addressing the topic of race, clinicians who are Caucasian should consider when it might be therapeutically appropriate to acknowledge their own racial experiences. To deny their own experience as racial beings is not only unrealistic, but it can quickly become a barrier to treatment. Find opportunities to increase sensitivity to racial and cultural stereotypes While multicultural competency largely aims to educate clinicians on how populations are different and on the possible stereotypes that may arise, a therapist will not be aware of all the stereotypes that occur. In recent years, the majority of therapist training programs have undertaken some required multicultural competency component; however, the recommended content of these courses differs broadly. Normalizing apprehension with engaging in discussions of race and utilizing activities such as role-plays and experiential exercises may have practical implications and prove helpful. As Work et al. Enhance community outreach efforts There is a need for graduate programs to increase outreach efforts within the community. This would not only allow therapists to gain experience working with diverse populations, but it would also facilitate the development of a more positive, accurate perspective on culturally-informed mental health services. Community mental health facilities are at the forefront of providing more accessible care in an effort to lessen social exclusion and provide services for diverse populations. Greater emphasis needs to be placed on the inclusion of clinicians-in-training in these efforts. Summary There is a tendency for Caucasian therapists working with African American or Latino clients to either disengage from the topic of race or demonstrate excessive interest in cultural differences during trauma psychotherapy. Talking about race in trauma psychotherapy. The trauma of racism: Implications for counseling, research, and education. The Counseling Psychologist, 33 4 , The association between perceived discrimination and underutilization of needed medical health care in a multi-ethnic community sample. Journal of Health Care for the Poor and Underserved, 19 3 , Racism and Psychological and Emotional Injury: The Counseling Psychologist, 35 1 , Making cross-racial therapy work: Journal of Counseling Psychology, 56 4 , â€" Social workers helping communities move from statistics to solutions. How stigma interferes with mental health care. American Psychologist, 59 7 , Suicidal ideation and suicide attempts among ethnic minority groups in England: Results of a national household survey. Spirituality and multimodal therapy: A practical approach to incorporating spirituality in counseling. Counseling and Values, 43 3 , Countertransference and the treatment of trauma. The Hawaii Vietnam Veterans Project: Is minority status a risk factor for Posttraumatic Stress Disorder? Journal of Nervous and Mental Disease, 1 , 42â€" Barrier to mental health care among ethnic minorities. Issues in Mental Health Nursing, 26 10 , Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance. Journal of Counseling Psychology, 50 4 , â€" New evidence regarding racial and ethnic disparities of mental health: Health Affairs, 27 2 , Suicide in ethnic minority groups. The British Journal of Psychiatry, , Insulin resistance and C-reactive protein as independent risk factors for non-alcoholic fatty liver disease in non-obese Asian men. Journal of Gastroenterology and Hepatology, 19 6 , Treating minority patients with depression and anxiety: What does the evidence tell us? Asians fastest-growing race or ethnic group in , Census Bureau reports. Department of Health and Human Services. Culture, race, and ethnicityâ€"A supplement to Mental Health: A Report of the Surgeon General. The Counseling Psychologist, 33 4 , â€" The issue of race in counseling psychology. Ethnic minority perceptions of addressing racial issues in psychotherapy.

Chapter 2 : Difference and Diversity in Counselling - Sue Wheeler - Macmillan International Higher Educati

Encuentra Internal Racism: A Psychoanalytic Approach to Race and Difference (The Palgrave Psychotherapy Series) de M. Fakhry Davids (ISBN:) en Amazon.

One prominent way of conceptualizing the therapy relationship is in terms of a working alliance i. In this brief paper we intend to highlight how the client-therapist relationship is particularly important in multicultural therapy and how each of these three dimensions of the relationship is relevant to it. We also discuss important therapist factors, such as knowledge, attitudes, and skills that foster the development and strengthening of the relationship. This paper is a continuation of a fruitful round-table discussion that the authors held at a recent APA conference. We have organized the content below in terms of the questions that were raised and discussed with the participants. First we use the terms multicultural, diverse, and minority inclusively as described above. Second, we recognize that all people are socialized, cultural beings, so therapeutic interactions are inherently multicultural. We also recognize that for some dyads in therapy, race, ethnicity, culture, and other human diversity characteristics and experiences will be more relevant and more likely to impact the therapeutic relationship and, thus, the core of the work e. Finally, although the relationship in multicultural therapy could be conceived of and defined from other theoretical perspectives, our focus in the current paper is to make connections with what we considered to be the traditional perspectives of the relationship. The first question raised at the roundtable discussion was how one establishes therapeutic trust and rapport with an individual who is culturally different. For competent therapists, establishing an effective relationship in multicultural psychotherapy may not require significant changes from what they normally do successfully with other clients. However, at times, modifications in approach and timing may be necessary in order for the relationship to develop. In the working alliance, there is an emphasis on building trust, and, to an extent, on the importance of there being some level of a bond between the client and therapist. This is crucial to the relationship in multicultural therapy, and it may take a special sensitivity and patience on the part of the therapist for trust and mutual respect to develop with some clients. The emphasis in the working alliance on agreement is also crucial here, so that the client feels understood. While therapist openness and validation is important throughout treatment, it seems essential early on, to help the client begin to explore and process painful and difficult experiences of a racial, cultural, or social nature. In the process of maintaining and strengthening relationships, therapists may need to regularly check in with clients to confirm their understanding of these experiences, with empathy and with respect for the cultural beliefs and perspectives, strengths, and resources that might be available or of value to their clients i. The second question was: This is relevant for all therapists, since we are all socialized beings whose values, beliefs, worldviews, and expectations influence the formation and development of therapeutic relationships. Beyond self-awareness, therapists can remain cognizant that the interpersonal process during the therapy hour reflects a social microcosm, where social and economic tensions, inequities, injustices, and misunderstandings might be brought into the relationship and inform the process and outcome of treatment. Our collective experience tells us that for some clients racial, cultural, and other diversity factors may be central to the work, but for others these experiences may be peripheral or less relevant or central to the work in therapy. While knowledge about the plight and history of various racial and cultural groups in the U. A focus on the client as an individual personality, developed psychologically, socially, and culturally through human relationships and experiences, might help the therapist better establish a genuine and affirming therapeutic relationship. It also emphasizes the ability for each participant to be genuine with each other, with the therapist being genuine in a way that is clinically oriented and in the service of the client. In most therapies, there are moments when tensions and feelings, at times very strong feelings, arise in the relationship between therapist and client. These feelings may include anger, frustration, and disappointment, and may not be exclusively experienced by the client, but by the therapist as well. A question raised at our roundtable discussion was what to do when difficulties arise

in the relationship in multicultural therapy. The alliance could explain the difficulties e. Difficulties in the alliance may indicate that the tasks associated with meeting the goals of treatment need to be revised, or that the client has not received the proper level of support from the therapist in engaging in the tasks of therapy. Therefore it is important that therapists initially create a strong therapeutic alliance and safe environment for clients to feel comfortable enough to voice their feelings about the relationship with the therapist. Gelso contrasts genuineness with being phony, which could happen when either the therapist or the client feels the need to put up appearances, for example out of fear of being judged or humiliated. When examined from a transference or countertransference lens, the difficulties in the relationship or the impediments in the therapeutic work may come from past experiences, feelings, or relationships that are unconsciously being reenacted in the hour. An example of transference in multicultural therapy may be a situation where the therapist is perceived or unconsciously experienced as an oppressor or as a hurtful person from the past; another example may be if the therapist is seen in the midst of a transference reaction as a representative of an unjust system or oppressive group. In these types of client reactions, possibly stemming from valid, reality-based past experiences, feelings such as anger, hurt, or fear may be seeking expression in the hour and will need to be empathically identified, examined, or worked through. For us, multiculturalism stimulates an appreciation for the individual in context and as formed and sustained through group memberships, beyond the individual and universal dimensions of being human Leong, At the round table we noted that current research indicates that no one theoretical approach is superior or more effective to helping clients across a variety of settings and treatment issues. Outcome research has yielded similar therapeutic effects for a wide range of therapies when they are practiced competently by the therapist. In the context of multicultural therapy, our clinical experience tells us that the quality of the relationship remains the key component to process and outcome. Moreover, for some clients, an authentic, trusting, and therapeutic relationship may represent by itself the most important therapeutic process and outcome to be achieved from treatment. Therefore, at this point, there does not seem to be one best theoretical or technical approach to establishing a relationship in multicultural therapy. Finally, during our roundtable, we discussed the differences between treating clients who come from more collectivist cultures, as opposed to more individualistic cultures. From an applied clinical perspective, this issue presents a possible challenge to therapists, as many minority clients, particularly refugees and recent immigrants, have a deep commitment and sense of obligation to their families and communities. At the same time, these same clients may simultaneously present in therapy with concerns about personal growth, personal achievement, personal freedom, and self-efficacy. In some cases they may have needs in therapy to question, criticize, and work through familial or cultural beliefs and expectations that are being experienced as burdensome or that create some conflict. As an example, consider a first-generation Pakistani female college student who is nearing her graduation from college and has an outstanding job offer that would require her to move to another city. She expects her parents would reject this option, and this causes her great anxiety and stress. Therapeutic work in this type of scenario would include helping the client achieve a balance between her personal goals and her obligations to familyâ€”and research suggests that this work would be facilitated, in most therapies, by a solid therapy relationship. We end by noting that much more theoretical and empirical work in needed in the areas of the therapy relationship and multicultural psychotherapy, and that this work is crucial given the demographic and cultural changes taking place in the U. The therapy relationship in multicultural psychotherapy. Psychotherapy Bulletin, 50 1 , A problem-management and opportunity-development approach to helping 9th ed. Specialty competencies in counseling psychology. The real relationship in psychotherapy: The hidden foundation of change. Theory, research, and practice. Using race and culture in counseling and psychotherapy: The efficacy and effectiveness of psychotherapy. Toward an integrative model for cross-cultural counseling and psychotherapy. Applied and Preventive Psychology, 5, Evidence-based responsiveness 2nd ed. Counseling the culturally diverse: Theory and practice 6th ed. You Might Also Like:

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Chapter 4 : Working with race and difference in cross-racial therapy dyads

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Abstract Clinicians and researchers have pointed to the need for culturally sensitive mental health interventions. Yet it has not been determined if the inclusion of cultural elements affects the way mental health clients experience services. This study examined clients who had received mental health treatment from outpatient mental health clinics to investigate whether culturally related elements involving race and ethnicity were important to clients and whether they were related to client satisfaction and perceived treatment outcomes. Ethnic minority clients generally felt that issues regarding race and ethnicity were more important than did White clients. When these elements were considered important but were not included in their care, clients were less satisfied with treatment. Consistent with the notion of cultural responsiveness, these findings provide empirical evidence that culturally relevant aspects of the mental health service experience are salient to ethnic minority clients and can affect how they respond to services. Similarly, the Institute of Medicine IOM, reported that African American and Hispanic patients were more likely to report dissatisfaction with their relationships with providers and to perceive poorer quality of care. Using a clinical sample of Asian American and White mental health outpatients, Zane, Enomoto, and Chun found that Asian Americans reported lower service satisfaction, less confidence in their provider, and greater levels of symptomatology that were attributed to a lack of culturally responsive therapy. Moreover, the American Psychological Association APA, Committee on Accreditation, recognized the importance of integrating discussions of race and ethnicity into the field of psychology by highlighting these issues in clinical training programs. Client Experiences in Treatment Mental health researchers have long recommended the use of a consumer perspective on care provider cultural competency Pope-Davis et al. Therefore, the assessment of client satisfaction is a necessary and critical element in the evaluation of mental health services DiPalo, This definition also includes the perceived adequacy of treatment and the surrounding milieu i. Given the continual emphasis on patient-centered care, it is important to understand what mental health clients expect regarding culturally responsive care. Although we do acknowledge the importance of distinguishing between race and ethnicity, for the purposes of this article and its scope, issues of race and ethnicity are discussed collectively and inclusively, similar to other studies e. Racial Match Racial match, or concordance, has been described as one element of culturally responsive care and a potential factor in reducing mental health disparities for ethnic minorities. In a counseling situation, therapist ethnicity may be one of the most important features to which clients first attend. Ward conducted a qualitative investigation of counseling processes and perceptions of counseling specific to African American clients within a community mental health agency. During the first counseling session, clients reported assessing the race and ethnicity of the counselor above everything else Ward, Only after an assessment of racial match did clients assess other counselor variables e. Some studies have shown racial match to be associated with increased utilization, favorable treatment outcomes i. A more recent meta-analysis of 10 studies found no significant difference between racially matched dyads versus unmatched dyads with regard to staying in treatment and overall functioning for African American and White clients Shin et al. Ward found that racial match might be more important for individuals with a stronger Black identity. Addressing Race and Ethnicity in Treatment Although a host of research studies has centered on the topic of racial differences e. Other research has found that counselors who directly addressed racial issues in the first two sessions of a session counseling experience reported creating an environment conductive to building a strong therapeutic relationship with their clients Fuertes et al. Therefore, it is important to consider how these types of experiences might affect the therapeutic process. Although they found that race was salient to a majority of their participants, they were unable to assess the relative importance of the various factors described by clients as salient e. We examined if specific elements associated with purportedly culturally sensitive or culturally competent mental health care were important to ethnic minority and White clients and

whether or not their inclusion in treatment was actually related to the way clients experienced their treatment. At the time of data collection, the university served a population of over 28, students, about half of whom were ethnic minorities. The majority of the clients Staff at these centers were comprised of clinicians, counselors, mental health workers, psychiatrists, and support staff. The study was comprised of 75 In terms of ethnicity, there were 57 The sample had slightly more Whites The majority of the clients were single Demographic differences by type of participant were analyzed. Significant differences emerged for marital status, education level, and employment. Private clients were more likely to be single or never married Procedure Clients from the private sector were either currently receiving or had at some point received mental health services for their problems. These clients received course credit for their participation. Community-based clients who were waiting to see their care provider in the clinic were asked by a research staff member to participate in the study. Eligibility for the study was based on consent and sufficient mental capacity to complete all the measures. An Asian American research staff member thoroughly reviewed the consent form and procedures of the study with each client before he or she could participate. Participants completed the questionnaires individually while either waiting to see their provider or after meeting with their provider. The majority of clients spent approximately 20â€”30 minutes completing the measures. Respondents could also choose to enter a monetary raffle. This study received institutional review board approval. The CATS assesses how clients perceive and respond to specific service elements that address cultural issues Leff et al. These elements are reflected in the format of the survey, so that each element contains questions regarding its importance and inclusion in treatment. Demographic questions also were included in this measure. It is part of a broader mental health report card that also includes indicators obtained from medical records or administrative databases. The MHSIP consumer survey is a item self-report instrument designed to be completed by the client without assistance. The items are rated on a 5-point Likert-type scale ranging from 1 strongly disagree to 5 strongly agree. Clients can also indicate that an item is not applicable to them. Cronbach alphas for the present sample were as follows: First, to test for ethnic differences in importance ratings of the three cultural elements, a multivariate analysis of variance MANOVA was conducted. If a significant overall ethnicity effect was found, t tests were performed. Second, bivariate analyses were conducted to assess the linear relationships among the key study variables. Given the somewhat small sample size of this study, we had these first two analyses inform which cultural elements should be entered as predictors in subsequent regression analyses. Third, importance and inclusion scores were standardized, and then discrepancy scores were calculated reflecting the difference between the importance of an element and the extent to which it was included in service. Larger discrepancy scores indicated that clients tended to value the element, but it was not included in care. A series of two-step hierarchical regression analyses were run to determine the relative contribution made by demographic and cultural factors on client satisfaction and perceived outcomes. In the first step, age, gender, and type of participant were entered as predictors. In the second step, cultural elements were added to the model. Regression analyses were run for each of type of client service evaluation: Crosstabs and t tests were employed for categorical and continuous variables, respectively. The ethnic minority and White sample differed significantly by age, nativity status, and employment status. Ethnic minorities were also more likely to be unemployed No significant differences emerged on the four outcome variables.

Chapter 5 : THE INFLUENCE OF RACE AND ETHNICITY IN CLIENTSâ€™ EXPERIENCES OF MENTAL

Internal racism: a psychoanalytic approach to race and difference. [M Fakhry Davids] -- "The Palgrave Psychotherapy Series is aimed at introducing key concepts in the practice and theory of psychotherapy to students, trainees and practitioners.