

Clinical Application Paper

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This clinical application paper will be based on a fictitious case study that evaluates a complex and diverse family that is facing a variety of stressors. The case study focuses on a 13-year-old girl (as the client) from a Hispanic family that includes three brothers, a biological mother and father, and her grandparents. The girl's parents divorced after years of the mother's addiction to methamphetamines and alcohol abuse. The mother also lost custody of the children due to the continued substance abuse and series of abusive boyfriends that entailed a combative and abusive relationship with the mother and children. This unsupportive environment involved the three brothers; however, the girl reportedly suffered the most physical and sexual abuse. For the past ten years the children had been living with their grandparents who solely speak Spanish while their legal status in the country is in question. It is reported that they are verbally abusive to the girl and are described as racist against African Americans and homosexuals. The grandparents are also impoverished while having difficulties providing for the children. The three brothers have since moved out of the home, leaving the client without the family support from her brothers while her grandparents severely limit relationships for her with the outside world. Although the client would like to live with her biological father, his girlfriend will not allow her to live with them. The client spends a lot of time alone in her bedroom with thoughts of running away while simultaneously struggling with her self-identity by wanting to identify more with African Americans and stating that "white people are crazy." She cannot talk to her grandparents about her wishes to date an African American boy as the grandparents hold racist feelings towards the African American population and there is an expectation that she will date/marry a Hispanic or white person.

A few key issues have the potential to impact the client and family relating to socioeconomic status, history of physical and mental abuse, substance abuse, acculturation issues between the grandparents and client, minority discrimination, oppression, classism, language barriers, the client's status as a minor, and any bias on part of the consultant. As these issues can be influenced by the life experiences of client and family, it will be important to create culturally competent care through developing a multicultural orientation framework (Sue et al., 2019).

Theories and Models

A multicultural orientation framework is based on cultural humility, cultural opportunities, and cultural comfort where a consultant is aware of their own cultural values, curious about other cultural worldviews, and open to discussions surrounding race, racism, and culture (Sue et al., 2019). The ADRESSING model (developed by Pamela Hays) structures and names nine cultural factors (age, disability, religion, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and gender) that a consultant needs to be mindful of when working with clients that have multicultural or bicultural identities (Hays, 1996). The importance for consultants in utilizing the ADRESSING model is in the opportunity to become aware of how one's own bias towards minority cultures or areas of inexperience can negatively impact the treatment selection and relationship quality with clients (Hays, 1996). The tendency to be bias can occur regardless of one's background as classification and generalization of large amounts of information can result in stereotypes, especially when power differentials are present (Hays, 1996).

The Racial/Cultural Identity Development (R/CID) model is another resource to help consultants understand the levels of development racial, ethnic, and cultural factors clients experience in attempting to conceptualize their own culture relating to self, others of the same

group, others of another group, and the dominant group (Sue et al., 2019). In the case study example, the client reportedly stated that “white people are crazy” and the within the R/CID model a goal would be for the client to move towards *integrated awareness* where she would examine for herself the unique aspects of her own culture and the desirable parts of the U.S. culture (Sue et al., 2019). The client would develop a positive self-image through adopting an individual level of identity, group level of identity, and universal level of identity (Sue et al., 2019). There would be an appreciation for group values without having to sacrifice herself, a respect for other members of minority groups, and an openness to trust members of the dominant group (Sue et al., 2019).

One theory that is applicable to this case study is social class stratification theory (Beeghley, 2008) that describes how poverty goes beyond a lack of essential resources and through viewing a social class framework, those in poverty are at the bottom of a hierarchical system of sociocultural power without representation in democracy (Sue et al., 2019). As reported in the case study, the grandparents are impoverished and find difficulty in providing for the children; however, the family will need greater advocacy outside of acquiring basic resources.

Multicultural Counseling Competencies

Multicultural counseling competencies for this family would involve expanding knowledge of social class privilege to learn about the everyday realities of life in poverty (housing, food stamps, welfare procedures) and to provide a social justice framework through including advocacy work with the client for access to mental and physical health (Sue et al., 2019). In also investigating a systemic factor as the basis of distress for the client, it will be important to ask questions that will provide information surrounding situational factors of her

school environment (bullying, mistreatment, or microaggressions) that may be occurring (Sue et al., 2019).

Understanding classism is also important to multiculturally competent practices as it is a form of oppression that can occur on an unconscious level through being ingrained in the worldview of a well-intended consultant (Sue et al., 2019). As related to this case study, classism can equal a socially ostracized life for the family through living in poverty while compromising physical and emotional well-being (Sue et al., 2019).

Language barriers may also present in this case study due to the grandparents speaking Spanish and as the client is a minor, the grandparents may be present during the consulting session. It will be important to refrain from using the client as an interpreter due to the potential for communication issues as the grandparents may be part of the problem and as the grandparents have strong negative attitudes towards African Americans, further difficulties can arise. It will be important for the consultant to take a step back, observe, and ask clients their stories while critically thinking about the situation from the client's point of view instead of the consultant interjecting their own thoughts (Sue et al., 2019). Culturally competent practices strive to also counter stereotypes through promoting compassionate care (Sue et al., 2019) and this will be important to keep in mind when working with this client and family.

Cultural Values and Acculturation

As majority of counseling theories and practices are based on White/Western perspectives and led by White/Western practitioners, it can be challenging for the culturally diverse to accept therapy practices as these clients are excluded from determining normal and abnormal mental health standards (Sue et al., 2019). A power differential can further cause complications to the therapeutic process as the status of the therapist is typically viewed as

higher than the client (Sue et al., 2019) and this can upset the hierarchical structure in this family. It is also important to note that generalizations regarding diverse groups of people need to be relevant to this client and family; however, Hispanic cultures typically view mental illness as *loco* (Sue et al., 2019). Coupled with the potential stigmas surrounding mental health, this client's grandparents may underutilize services that are needed and if they are potentially undocumented, they would be further reluctant to seek mental health services for their granddaughter (Sue et al., 2019).

It will be important to evaluate the level that the client and family functions and interacts within the dominant White, Euro culture during the first consulting session as perceptions and responses to the consulting process can be impacted by conflicting degrees of acculturation (Sue et al., 2019). During the assessment process, Sue et al., (2019) recommends asking questions relating to the client's background, generational status, residential history, primary language, religious orientation, strength of religious beliefs, and amount of support from the extended family. This information will be important to help identify any acculturation conflicts as they can create contrasting cultural standards between the grandparents and granddaughter that can cause further stress to their relationship through misunderstandings and miscommunications (Sue et al., 2019). For clients that are less acculturated, a consultant can try to create a safe, respectful, and warm introduction to the therapy process while understanding that these clients may be hesitant to discuss emotions, can find it challenging to be open or self-disclosing, or be hesitant to examine issues in depth (Sue et al., 2019). It will be important for the consultant to explore culturally relevant topics for the therapeutic alliance to overcome stigmas of therapy, to utilize a client-centered approach, and to emphasize confidentiality (Sue et al., 2019).

Power and Privilege

Understanding the lens a consultant sees the world through will be important as we live in a heterosexual and cisgender society where it can be expected to live through “normative” behaviors (Sue et al., 2019). This can help a consultant examine their own attitudes regarding those that fall outside of these “normative” standards by becoming aware of self-assumptions, attitudes, and behaviors that may be presenting (Sue et al., 2019). Through monitoring behaviors and interactions with clients, possible microaggressions, such as “color blindness” can be identified where the consultant denies the person of color racial/ethnic experiences (Sue et al., 2019). Along with consultant perceptions, client perceptions can also influence the therapeutic process as counseling stems from a Eurocentric worldview and it may be challenging to build rapport with culturally diverse clients through the need to address perceptions of expertness, trustworthiness, and attractiveness (Sue et al., 2019). It will be crucial for a consultant to refrain from stereotyping cultural values or pushing ideals of “ideal mental health” onto culturally diverse clients and instead explore what expertness, trustworthiness, and attractiveness mean to this culturally diverse client (Sue et al., 2019).

Racism includes the acts that are clear to see (crude jokes, comments, actions) but there is also an underlying invisibility that occurs systemically and for some consultants the privileges that are awarded based on the color of their skin protected from these experiences (McIntosh, 1990). Systemic racism shows the importance in refraining from creating assumptions that client problems are internal instead of originating from the environment or larger systemic factors (Sue et al., 2019). This can help a consultant from immediately locating the problem within the client as in “blaming the victim” and instead look toward other causes such as systemic racism (Sue et al., 2019). For example, macroaggressions are systemic and institutional forms of racism that

have the power to impact entire cultural groups and reinforce microaggressions (Sue et al., 2019).

It is important to become aware of class values as with different backgrounds, a consultant can be unaware of differences in how others view situations, relationships, or solutions from the same viewpoints (Sue et al., 2019). For a consultant in the middle class, there may be a lack of awareness of the circumstances that those living in poverty face such as elevated levels of stress; physical wear and tear; and lack of essential resources (Sue et al., 2019). Identifying any social-class privileges a consultant may have can address any class-related biases through attitudes or assumptions regarding those living in poverty (Sue et al., 2019). The consultant may then prove effective multicultural counseling skills to clients by understanding appropriate techniques that reflect the value of the clients over dominant European American cultural beliefs of the health professional (Cardemil et al., 2003).

Help-Seeking Behaviors

Using the principles of collaborative conceptualization entails both clinician skill and client perspective to understand the problem through collaborating by jointly defining the problem (Sue et al., 2019). These principles will be useful in encouraging client participation through contributing their own perspectives within the session while being guided by the consultant's knowledge (Sue et al., 2019). The strengths of the family can then be used to provide interventions and consider the ways in which decisions are made in the family unit as the family may view the grandparents as having authority (Sue et al., 2019). The client may not feel comfortable talking about concerns and stressors in feeling isolated as these issues can be viewed as a sign of weakness in Hispanic culture (Sue et al., 2019). The grandparents can also be displaying an increase in rigid adherence to traditional roles by severely limiting the interaction

the granddaughter has with people outside of the home (Sue et al., 2019). As discussed earlier, it is important to conduct the session in the primary language of the client; however, as the client is a minor the grandparents may be present during the session and with a shortage of bilingual consultants, differences and misunderstandings can present (Sue et al., 2019). The reluctance of the grandparents to bring the granddaughter to consulting sessions may heighten due to language barriers, possible stigmas surrounding mental health issues, or difficulties attending sessions. There may also be acculturation conflicts that present within the grandparents questioning the reliability of mental health services and the granddaughter having an open mind to the process.

Spiritual Beliefs

During the consultation process it will be important to determine a culturally adapted strategy that is based on spiritual guidance or prayer if religion is important to the client or grandparents (Sue et al., 2019). In understanding the extent that fate plays a role in the meaning of the presenting issues, a consultant can give the client appropriate problem-solving skills for the issues based on factors such as predetermined beliefs or a negative worldview of own worthiness (Sue et al., 2019). As a generalization in some Hispanic cultures, life experiences can be determined by fate, luck, destiny, or good/evil spirits and indigenous healing practices would be sought out for relief through such means as herbal remedies (Sue et al., 2019). In understanding if spirituality is important and applicable to the client or grandparents, appropriate interventions can be suggested while blending culturally specific spiritual practices (Sue et al., 2019).

Countertransference

In understanding that I see the world through the lens of a White, middle-class, woman of Catholic faith, there are many differences that present from the family in the case study. In first

having awareness of my worldview, I can start to appreciate the differences in cultural values to identify any assumptions, bias, or behaviors that can be unconsciously occurring. In understanding that I am a member of the dominant White, European group and this cases study involves a Hispanic family, I will have to refrain from being overly critical and offering advice based solely on the dominant view of mental health standards. I will also refrain from offering advice to the client to become more authoritative as I value individualism, this may clash with a possible collectivism value system of this family. I will also appreciate the differences a family that is living in poverty has to experience such as limited access to basic resources and being misrepresented in society. There may be many differences in spiritual beliefs between a Catholic faith and the faith of this Hispanic family while also differing between the grandparents and granddaughter. I will not hold assumptions that any spiritual practices such as prayer would not be beneficial, as this is a contrast from a typically viewed consulting intervention. I will refrain from allowing any emotional reactions to the people in her family that have harmed her if discussed or present during sessions.

Summary

At times it may be difficult for a counselor to fully understand and empathize with every client experience, and by identifying any personal prejudices, any shortcoming in one's worldview can be recognized (Cardemil et al., 2003). In understanding these shortcomings, one must take a deeper look into the potential influences they have on how you view people, your own worldviews, where you choose to live, and who you predominately work with (Hays, 1996). We may struggle with concept of humbling ourselves; however, a consultant must accept and reflect on things said, the way they acted, and learn from these experiences (TEDxTalks, 2017). Cultural humility means that learning is infinite, and a consultant must critically reflect;

constantly self-evaluate; look at who you are, what you believe in, and why based on experiences; be open to diversity issues; be aware of own worldview; our assumptions of human behaviors; or any personal bias or prejudices (Sue et al., 2019).

Just like peeling an onion, this case study has many layers that interact throughout the family system. By asking culturally competent questions the consultant can peel back the layers, one by one, to address the core of the presenting issues. As many of the issues can be invisible in nature (systemic racism) a consultant must continue to work past the outer layer that presents. This will help the professional become more multiculturally competent and provide ample service to this client in need.

References

- Cardemil, E. V., & Battle, C. L. (2003). Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology: Research and Practice*, 34(3), 278–286. <https://doi-org.uws.idm.oclc.org/10.1037/0735-7028.34.3.278>
- Hays, P. A. (1996). Addressing the complexities of culture and gender in counseling. *Journal of Counseling and Development*, 74(4), 332.
- McIntosh, P. (1990). White privilege: Unpacking the invisible knapsack. *Independent School*, 49(2), 31.
- Sue, D. W., Sue, D., Neville, H. A., & Smith, L. (2019). Counseling the culturally diverse: Theory and practice. (8th ed.). Hoboken, NJ: John Wiley & Sons.
- TEDxTalks. (2017, December 1). *Cultural humility: Juliana Mosley, Ph.D.* (Video). YouTube. https://www.youtube.com/watch?v=Ww_ml21L7Ns

