

EXAMINING PSYCHOLOGISTS' COMPETENCE AND CULTURAL ADAPTATIONS IN  
THERAPY WHEN WORKING WITH LATINA/O CLIENTS

by

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## ABSTRACT

### EXAMINING PSYCHOLOGISTS' COMPETENCE AND CULTURAL ADAPTATIONS IN THERAPY WHEN WORKING WITH LATINA/O CLIENTS

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The following multiple case study used semi-structured qualitative interviews and quantitative data to examine the multicultural competencies and cultural adaptations of four psychologists during a mock therapy session. This study consisted of three components: (1) Pre-Task, a semi-structured interview; (2) Task, each participant completing a mock therapy session with the same mock client and; (3) Post-Task, followed the client sessions and consisted of a semi-structured interview, a demographic questionnaire and two paper-pencil self-report measures. Immediately after each therapy session with the participants, the mock client completed two paper-pencil measures and a brief semi-structured interview about the participants. Three multicultural psychology experts with knowledge and clinical experience in multicultural competencies and Latina/o psychology observed and evaluated the task. Results of this study showed variability between rating of multicultural competency between the self-rating of the participants, the mock client and the expert observers. Broadly, three themes emerged from qualitative analysis of interviews with participants: **(1) Explicit and Implicit Use of Multicultural Awareness, Knowledge, and Skills, (2) Self-Reflections on Cultural Identity and Values in the Therapeutic Relationship, and (3) Theory and Competencies.** Findings from this study further clarified from the perspective of the psychologist, mock client and expert observer's multicultural competencies and cultural adaptations.

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To my parents, Fernando López and Irma Yolanda López Flores. Your courage, resiliency and wisdom have been a source of pride and inspiration throughout my life. You envisioned a better life for your children and against all odds made it happen. I am where I am because of you and for you. To my sister Yadira López and brother Marlon López. I will be forever grateful for your support, encouragement and for giving me a healthy dose of reality. You both helped me complete this journey even before I decided to pursue graduate school. I would not have been able to make it without you. Mom, Dad, Yadira and Marlon your irrevocable belief in me has made this possible. To my sister-in-law Dona López and brother-in-law Steve Gonzalez for always listening, understanding and making me a part of your families. To my grandparents, Moises Flores Monson, Piedad Morales, Isidoro Estrada and Rosa Balan. You have given me roots and our humble beginnings give me strength to continue my work.

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## Chapter 1

### **Introduction**

According to the United States Census (2012), 37% of the U.S. population is racially and ethnically diverse and is projected to be 57% in 2060. This significant increase in culturally diverse populations has demanded from the Psychology profession that more attention be paid not only to being culturally sensitive, but also to the effectiveness of already established interventions when utilized with culturally diverse populations. The field's emphasis on Evidence Based Practices (EBPs) has also created an opportunity to establish *what, how, and when* we should adapt interventions. Great strides in psychology have been made historically on calling attention to the need to be multiculturally competent (e.g., American Psychological Association, 2003; Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992), as well as the need to create appropriate interventions through EBPs. We have already established that one size does not fit all and that psychological interventions rooted in Western and majority values do not do a good job of including culturally diverse clients' values and needs (Fouad & Prince, 2011; Norcross & Beutler, 2008; Sue, Arredondo, & McDavis, 1992). As a field, we have moved away from a universal cultural perspective to a more tailored and inclusive perspective to better address the needs of diverse clients (Sue, 2001; Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2013).

Although there have been great advancements in the Psychology profession in regards to working with ethnically diverse clients, there is still much that needs to be investigated and integrated into practice with these populations. For example, in clinical practice, practitioners must regularly prioritize different aspects of their clients' intersecting identities, presenting

issues, values, competencies, skills, etc. to continuously inform the therapy session and treatment. Yet, much of the research thus far on the psychology of ethnically diverse clients has focused on these components separately, in isolation of one another. This conceptual compartmentalization of various facets of identity in research is unrealistic considering that in practice therapists usually do not work by separating these components of their clients' identity but instead actively consider the salience of various facets of identity and the intersections of identities influencing clients' day-to-day experiences in the world. This multidimensional reality of clinical practice is important to consider given that the majority of the therapeutic work that will be done with ethnically diverse clients is done through applied practice in various field settings.

Considering that in Psychology our clinical practice is informed by research, it is imperative that the research we conduct is reflective of the realities of practice in the field with all of its complications and intersections in order to create effective, ethical, and culturally sensitive treatments for clients. Therefore, a possible next step in this line of multicultural psychology research is to begin to examine the client-psychologist dyad in different applied settings. In so doing, it is important to consider psychologists' characteristics, as well as the clients' perceptions of therapy in order to co-create treatment practices. A way to do this is by taking a look at recently developed cultural adaptations aimed at addressing the needs and concerns of diverse populations and how psychologists are engaging in these adaptations while in practice.

The term cultural adaptation is defined in a variety of ways. Cultural adaptations have been defined as "modifications to existing treatments in ways that make them more culturally relevant..."(Cardemil, 2010, p.10). Bernal et al. (2009) stated that cultural adaptations are "... the systematic modification of an evidence based treatment or intervention protocol to consider

language, culture, and context in a way that it is compatible with the client's cultural patterns, meanings, and values (p. 362).” In general, cultural adaptations refer to adaptations that are introduced to treatments, theories, or interventions as a way to adjust psychology to diverse clients. However, cultural adaptations focus on the tactics for practice and not necessarily on the multicultural dimensions of identity of both psychologists and individual clients.

The Psychology field has worked to raise awareness about the importance of having cultural values incorporated and brought to the forefront of best training, clinical, and research practices (e.g., *Multicultural Counseling Competencies*, Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996; Sue, Arredondo, & McDavis, 1992; *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*, American Psychological Association, 2003). However, awareness about multicultural variables is no longer enough for our profession or our clients. The Psychology field is now at a new phase that requires a greater understanding of cultural adaptations, as well as critical analysis of the great work that has been done thus far, in an effort to further develop multicultural competence. Cultural adaptations alone are not enough to account for the effectiveness and appropriateness of an intervention. An adaptation of a manual and/or a counseling theory does not typically address the within group differences of ethnically diverse clients (Castro, Barrera, & Holleran Steiker, 2010; La Roche & Christopher, 2008; La Roche & Maxie, 2003), nor the psychologist's skill level and competence. The intervention or theory itself does not exist outside a context and the context also includes the psychologist. Furthermore, the theory or intervention itself is not the only factor that influences effectiveness since the tool is in the hands of a psychologist. A great tool (e.g., interventions or theory) will not be effective unless the psychologists know when, how, and why to implement it. Unfortunately, research on cultural

adaptations has solely focused on the cultural adaption of an intervention or theory alone and has rarely addressed the psychologists' actual multicultural competencies and skills. However, the core of therapy includes the intervention, the client, and psychologist (Smith, 2010).

Since the research surrounding cultural adaptations is still in early phases, much of the work so far has focused on establishing frameworks, guidelines, and structures to generate cultural adaptations (Barrera & Gónzales Castro, 2006; Bernal & Domenech, 2012; Domenech-Rodriguez, Baumann, & Schwartz, 2011; Hays, 2009; La Roche & Maxie, 2003). Specific cultural adaptation interventions have also been developed that include, but are not limited to, parenting skills (Domenech-Rodriguez, Baumann, & Schwartz, 2011), Cognitive Behavioral Therapy (Rosselló & Bernal, 1999; Rosselló, Bernal & Rivera, 2008), and Behavioral Activation (Kanter, Santiago-Rivera, Rusch, Busch, & West, 2010). This work has been primarily conducted by academicians and researchers with strict guidelines and structures (Domenech-Rodriguez, Baumann, & Schwartz, 2011; Domenech-Rodriguez & Wieling, 2004; Kanter, Santiago-Rivera, Rusch, Busch, & West, 2010; Rosselló & Bernal, 1999; Rosselló, Bernal & Rivera, 2008). However, the large majority of mental health services are conducted in community settings, away from the research arena and with psychologists that may not have received multicultural and cultural adaptation training. The lack of focus and attention of research on more applied practices and settings is problematic considering the primary goal of the cultural adaptations and multicultural competencies work is to provide quality mental health services inclusive of ethnic minority and other marginalized client groups. Moreover, we know that the quality of mental health services typically provided to ethnic minority groups is insufficient which could also be attributed to the emphasis on efficacy rather than on effectiveness (Sue, 2003; U.S. Department of Health and Human Services, 2001).

Multicultural psychology research must also consider the specific skills and ingredients that enable psychologists to effectively work with diverse clients. While the multicultural counseling competencies (Arredondo et al., 1996; Arredondo & Glauner, 1992; Sue, Arredondo & McDavis, 1992) were created to address the need to effectively work with diverse clients, the multicultural competence of psychologists have not been considered in the cultural adaptations research. There are three areas of multicultural competence: Awareness, Knowledge, and Skills. Awareness involves the understanding of self and others as it relates to similarities and differences. Knowledge is the content sought to increase information about different populations one will work with. Skills addresses the specific abilities needed to work with clients. Each of these components contributes to the necessary conditions needed to be an effective multiculturally competent psychologist (APA, 2003).

As previously mentioned, cultural adaptation research has mainly focused on EBPs and on the adaptation of manuals and/or theories. However, to adjust to a client, one-on-one in practice requires that practitioners have both the skills to culturally adapt an intervention/treatment and have the multicultural competencies to adapt to clients individually in counseling sessions, including the awareness of when, why, and for whom it will be appropriate to adapt an intervention.

There is considerable information about the awareness and knowledge areas of multicultural competencies in the research and academic literature (American Psychological Association, 2003; Arredondo, Gallardo-Cooper, Delgado-Romero & Zapata, 2013; Sue & Sue, 2013), psychology training classes, and continuing education workshops. On the other hand, we have had a very limited consideration in research on the specific skills needed to be an effective psychologist when working with diverse clients. We need more information on the skills that

enable a psychologist to work well with diverse clients. As the psychology field grows and expands its focus on multicultural and culture-specific orientations, it is essential to build on the groundbreaking work already established by the pioneers and frontrunners of the multicultural competencies and cultural adaptations. The next step is to understand the skills and competencies that contribute to being successful when working with diverse clients.

In general, based on the existing literature, it is hypothesized that in a working session with a client, a culturally adapted approach and a multiculturally competent psychologist will provide the most effective treatment. Presumably, appropriate cultural adaptation will provide the most efficacious treatment/intervention and multicultural competencies will provide the adaptability needed to address the client's uniqueness in the moment. Even when we culturally adapt an intervention, each client must be treated uniquely or in a "customized" manner. Therefore, as psychologists, we must not only adapt a theory to be culturally appropriate, but we must also simultaneously adapt to the individual we have sitting in front of us. This allows for the flexibility to account for both individuality and also for the addition of cultural values to a treatment or intervention. We must be aware of the interaction between the theoretical adaptation and multicultural competencies. The former allows for the acknowledgment of cultural values present in diverse populations and the latter allows for cultural values to be evaluated individually with every client. Researching the interaction of both theoretical cultural adaptation and multicultural competencies may facilitate the creation of a more complete and clearer picture of what is needed to construct a therapeutic environment conducive of effective treatment. This is crucial since ethnically and racially diverse clients tend to have high attrition rates and underutilize mental health services (Alegría, Canino, Ríos, Vera, Calderón et al., 2002).

## **Present Study**

The purpose of this study is to carefully examine and understand the specific ways in which psychologists working with Latina/o clients culturally adapt interventions and use multicultural competencies (i.e., awareness, knowledge, and skills) to address the individual needs of Latina/o clients during session. There are two study aims:

1. This research study aims to understand the ways multicultural competencies (awareness, knowledge, and skills) and cultural adaptation interventions are approached and utilized by four psychologists in a mock counseling session with a Latina/o client.
2. Another aim of this study is to understand the relationship between psychologists' perceptions of their multicultural competencies (awareness, knowledge, and skills) and what they actually do in a brief therapy session with a Latina/o client.

## Chapter 2

### **Literature Review**

In this chapter, several sets of literature are reviewed to provide the historical, theoretical, and empirical foundation for the current study. This chapter is divided into the following main sections: (a) Multicultural Psychology: Foundational and Guiding Documents, (b) Evolution of Empirically Supported Treatments & Evidence Based Practices, and (c) a detailed description of the present study.

#### **Multicultural Psychology: Foundational and Guiding Documents**

One of the most groundbreaking developments in the field of psychology has been the elaboration of the Multicultural Counseling Competencies (MCC; Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992a, 1992b) by the Association of Multicultural Counseling and Development (AMCD, a division of the American Counseling Association), and its application in the American Psychological Association's (2003) *Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Development for Psychologists* (D'Andrea & Daniels, 1991; Pedersen, 1991; Speight, Myers, Cox, & Highlen, 1991).

#### **Multicultural Counseling Competencies**

The development of the Multicultural Counseling Competencies (MCC) began in 1981 with a report tasked by then president Allen Ivey of Division 17 (Counseling Psychology) to Derald Wing Sue, which resulted in the *Position Paper: Cross-Cultural Counseling Competencies* (Sue et al., 1982) in which 10 multicultural counseling competencies were developed (Arredondo & Perez, 2006). Ten years later the Association of Multicultural Counseling and Development (AMCD) and then president Thomas Parham, picked up the charge and appointed a revision of the original competencies. This revision resulted in 31 multicultural

counseling competencies and the formal document *Multicultural Counseling Competencies and Standards a Call to the Profession* (Sue, Arredondo & McDavis, 1992). The 31 competencies were organized by three main domains and the three dimensions of awareness, knowledge, and skills within the three main domains.

The first domain, *Counselor Awareness of Own Assumptions, Cultural Values, and Biases*, centers on the understanding of ourselves and others as multicultural beings. As psychologists we also have values, worldviews, biases, intersecting identities, etc., that influence our interactions with the world and the clients we work with. This domain helps us adjust and be cognizant of the components of ourselves that may affect what we do.

The second domain, *Counselor Awareness of Client's Worldview*, makes us aware that we need to be informed and seek culturally relevant information about the cultures and communities that we work with. This domain guides what we do and creates a base from which we can begin to understand who we work with and how we can better serve them. This domain is a continuous process since it is impossible to be fully informed about every culture and community. Psychologists are usually trained in this competency through multicultural counseling and/or multicultural psychology classes and books. This is the information component in training that can be more easily assessed in classes by evaluating trainees' essays, exams, presentations, etc.

The third domain, *Culturally Appropriate Intervention Strategies*, this is the practical component of the competencies because it specifically addresses the need to have the necessary skills to work with diverse clients. This component is more easily accessed through observation since it is demonstrated in actual clinical work. The original 31 competencies were later expanded in the *Operationalization of the Multicultural Competencies* (Arredondo et al., 1996)

by including 119 explanatory statements focusing on awareness, knowledge, and skills within each of the domains (Arredondo & Perez, 2006).

The development of the MCC emphasized the importance of being aware of the needs of diverse individuals and it acknowledged the need of the profession to be more multiculturally sensitive and inclusive in order to meet the needs of diverse clients. Before the concept of MCC, the field was not considering differences in theory and practice with diverse individuals (Arredondo et al., 1996; Fouad & Prince, 2011; Sue & Sue, 2013). Sue & Sue (2013) discussed how one theory is not able to address the needs of all clients, especially when we are discussing multicultural issues. Sue, Arredondo, and McDavis (2002) also discussed how traditional theories have not done a good job addressing the needs of diverse individuals given that traditional theoretical orientations are based on Western, White, middle-class values (Sue & Sue, 2013). Traditional theories are guided by worldviews that often don't address, and may even pathologize, the needs of diverse populations. Many theories place high value on individualistic values, the ability for verbal self-expression, English language skill, and time limits among others. These values embedded within therapy are often not congruent with diverse individuals (Sue & Sue, 2013). Psychologists must be flexible and able to adapt to meet the needs of culturally diverse clients.

The MCC provided the framework from which multiculturalism could be incorporated into education, research, and practice (Arredondo, 2003) and increase the effectiveness of counselors with culturally diverse clients. It is expected that within each domain the therapist learn to continuously become aware, knowledgeable, and skilled. All components should be integrated into the work with clients and not seen as independent or standalone components.

Training has often focused on the knowledge component and not the awareness and skills (Sehgal et al., 2011).

### **Multicultural Guidelines**

The *Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Development for Psychologists* (APA, 2003) were developed in conjunction with Division 17 (Society of Counseling Psychology) and Division 45 (Society for the Psychological Study of Ethnic Minority Issues), and co-chaired by Patricia Arredondo and Nadya Fouad, 20-years after the original formulation of the MCC (APA, 2003). The Guidelines were based on the three competencies of awareness, knowledge, and skills of the MCC. The Guidelines were officially approved as policy of the American Psychological Association by the APA Council of Representatives in August 2002, and are recommendations by the APA for appropriate practice in all areas of Psychology. According to the Guidelines, "...specific goals of these guidelines are to provide psychologists with (a) the rationale and needs for addressing multiculturalism and diversity in education, training, research, practice, and organizational change; (b) basic information, relevant terminology, current empirical research from psychology and related disciplines, and other data that support the proposed guidelines and underscore their importance; (c) references to enhance ongoing education, training, research, practice, and organizational change methodologies; and (d) paradigms that broaden the purview of psychology as a profession" (APA, 2002, p.1). In this document six multicultural guidelines are presented:

1. Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.
2. Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals.
3. As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.

4. Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds.
5. Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices.
6. Psychologists are encouraged to use organizational change processes to support culturally informed organizational (policy) development and practices.

According to the Guidelines, Guideline 1 focuses on multicultural awareness and knowledge of self and Guideline 2 on awareness and knowledge of other cultures. Guidelines 3 thru 6 highlight multicultural education and training, research, practice, and organizational change, respectively (APA, 2003). The Guidelines provide a foundation and framework to begin and continue developing as multicultural professionals. The *Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Development for Psychologists* (APA, 2003) states that it is a “living document”, acknowledging that as the field of multicultural psychology continues to grow and develop so will the Guidelines. Therefore, it will be interesting to see how the current revision of the Guidelines which is expected to be published in 2014 will be improved given the increase in research over the past decade.

The APA Guidelines (2003) and MCC (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992) should be used to guide the clinical work with culturally diverse clients since each theory, as it stands, is not able to address all the needs of diverse individuals. The multicultural guidelines and competencies presented in both documents are areas that should be regularly revisited and reflected upon by the clinician throughout one’s clinical work with a client and also throughout one’s professional career.

The development and implementation of the *Multicultural Counseling Competencies* (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992) and the *Guidelines for Multicultural Education, Training, Research, Practice, and Organizational Development for Psychologists*

(APA, 2003) was a groundbreaking moment in the field. Now that psychologists and counselors have formal multicultural competencies and guidelines available, and these documents have been officially adopted as policy by professional mental health associations (i.e., American Psychological Association and American Counseling Association), it is important to consider how these competencies and guidelines have been and are being implemented. It is not enough to have documents that state the importance of multicultural competence if we are not aware of how these are translated into practice with actual clients. It is important that we continue evaluating and improving upon the ways in which we assess multicultural clinical competence; and, it is important that we understand what multicultural clinical competence looks like in practice.

### **Latinas/os and Latina/o Specific Competencies**

Though the MCC and APA Guidelines provide a framework to work with ethnically diverse clients, they do not provide culture-specific competencies required to work with specific groups (Constantine, Miville, & Kindaichi, 2000). However, this was not the purpose of these documents and they are definitely seminal frameworks that need to be incorporated into our work. Both culture-specific and multicultural structures can be used together to better inform practitioners. There is a need to consider culture-specific competencies along with the MCC and Guidelines, as the culture-specific competencies further unfold the MCC and Guidelines and provide us with in-depth information about awareness, knowledge, and skills specific to a cultural group. Given that the proposed study will focus on Latina/o clients, specific competencies related to working with Latina/o clients will be discussed.

In order to understand the critical need for Latina/o specific competencies it is important to understand the Latina/o population. According to the Pew Research Hispanic Center and the American Community Survey in 2011, there are 51.9 million Latinos in the United States, a 48%

increase from 2000 (Motel & Patten, 2013). Latina/os are racially and ethnically diverse. In 2011, Latina/os in the U.S. were 65% of Mexican origin, 10% of Puerto Rican origin, 9% of Central American origin, 6% of South American origin, 4% Cuban and 3% Dominican, and 3% of other Latino origin (Motel and Patten, 2013). In terms of language for 5 to 17 year-olds, 36% of Latina/os spoke only English at home. Of those that spoke a language other than English, 50% spoke English very well and 14% spoke English less than very well (Motel & Patten, 2013). For adults 18 and older, 22% spoke only English at home. Of those adults who spoke a language other than English, 38% spoke English very well and 41% spoke English less than well. The diversity and range of these demographics show just how diverse the Latina/o population is. Therefore, one must be careful not to generalize and stereotype individuals since there can be a wide range of within group differences.

In spite of the differences within the Latina/o population, there are certain common cultural values across Latino groups that are important to consider when working with Latina/os. *Personalismo* is the preference for interactions that are personal rather than impersonal. *Personalismo* is often transmitted through *simpatia* (pleasant and agreeable relationships), *caridad* (caring), and *confianza* (to show and be shown trust). *Familismo* can be described as a strong value to immediate and extended family that includes loyalty, pride, and reciprocity (Arredondo, Gallardo-Cooper, Delgado-Romero & Zapata, 2013; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002). *Respeto* is a vital cultural value for Latina/os, emphasizing being considerate and formality by hierarchical roles and being *amable* (being friendly and warm). Along with *respeto*, *dignidad* (dignity or honor), and *orgullo* (pride) are also an important values to many Latinas/os. *Collectivismo* is also an important cultural value that describes a

sense of community, collective identity, and belief in providing and receiving community support.

It is important to integrate these cultural values into therapy when they are of importance to the client. For example, small talk and clients asking personal questions during the start of a session may characterize *personalismo* in therapy. Actively engaging in this small talk initiates the therapeutic alliance while also establishing *confianza* and *respeto*, and begins the informal intake (Arredondo et al., 2013).

Each of these cultural values may be transmitted by a client in therapy to varying degrees depending on their level of acculturation, level of enculturation, ethnic-group affiliation and identity, personality, socioeconomic status, country of origin, etc. A psychologist must also demonstrate flexibility and adaptability to account for these cultural values in therapy since these cultural values are often the building blocks for establishing the therapeutic alliance and can prevent early termination and inform the selection of treatments (Arredondo et al. 2013).

Knowing when, how and with whom to use these cultural values requires that a psychologist be multiculturally competent to apply them without generalizing, stereotyping, and avoid attributing all difficulties to cultural values (Arredondo et al., 2013). An in-depth and accurate understanding of these cultural values will also help psychologists adjust interventions appropriately.

Given the diversity and importance of Latina/os in the United States, Santiago-Rivera, Arredondo, and Gallardo-Cooper (2002) created a framework specifically focused on counseling Latina/os. This framework not only provides Latino-specific cultural knowledge and information, but it also delineates broad Latino-specific cultural competencies. The authors based their framework on the three domains of awareness, knowledge and skills developed in the

MCC (Arredondo et al., 1996; Sue, Arredondo, & McDavis, 1992). However, they expanded the MCCs to include specific competencies and factors within the three domains needed to work with the Latina/o population. The authors developed the following five broad culture-specific competencies:

1. The mental health professional understands the concepts and terms of *personalismo*, *familismo*, *respeto*, *dignidad*, and *orgullo* and their meaning for relationship building with clients of Latino heritage.
2. The mental health professional recognizes the role of spirituality and formalized religion for individual Latino clients.
3. The mental health professional can determine the counseling approach that may be most suitable for the individual client based on the presenting issues(s) and expected outcomes from counseling, previous experience in counseling, levels of acculturation, migrations issues, gender role socialization, socioeconomic status, educational attainment, language proficiency (e.g., level of English language-speaking ability), and ethnic/racial identity status.
4. The mental health professional can describe their own level of ethnic/racial identity as it may facilitate or impede the counseling alliance with individuals of varying Latino heritage and phenotype.
5. The mental health professional can identify and modify approaches to be culturally effective.

These competencies provide a foundation for thinking about the specific needs of Latina/o clients. Santiago-Rivera and colleagues (2002) also provided competencies for each of the three domains of awareness, knowledge, and skills. Table 1 offers selected competencies associated with these three domains. A complete list of the Latino-Specific Competencies is included in *Counseling Latinos and la familia* (Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002).

Table 1.

Latino-Specific Competencies

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- |    |  |
|----|--|
| I. | Awareness  |
| a. | Culturally skilled counselors are aware of competency-based models and guidelines relevant to working with clients in general and with Latinos specifically.                       |
| b. | Culturally skilled counselors can recognize the expectations they hold about family values and interpersonal relationships that may be different from Latino values and practices. |
| c. | Culturally skilled counselors can understand and appreciate the diversity and heterogeneity within the Latino population.  |
| d. | Culturally skilled counselors are aware of cultural influences that may impede or enhance a trusting and positive relationship between a client and a counselor.                   |
| e. | Culturally skilled counselors are aware of the importance of Latino centered strategies such as accepting with ease the client's use of Spanish words in the counseling process.   |

## II. Knowledge

- a. Culturally skilled counselors are able to describe Latino-specific models and frameworks that can serve as reference points when working with Latino clients.
- b. Culturally skilled counselors can discuss the differences among Latino groups based on national identity and migration patterns and other historical experiences.
- c. Culturally skilled counselors can describe demographic and socioeconomic characteristics specific to each group (e.g., Mexicans, Puerto Ricans, Cubans).
- d. Culturally skilled counselors can identify specific Latino value orientations and interpersonal etiquette that facilitate rapport.
- e. Culturally skilled counselors have knowledge of different counseling theories and models that are appropriate to use with Latino individuals and families.

## III. Skills

- a. Culturally skilled counselors can identify specific MCCs and guidelines that can be resources for their work with Latino clients and institutions that serve them.
- b. Culturally skilled counselors incorporate information regarding “at risk” factors and protective variables into a culturally sensitive therapeutic intervention.
- c. Culturally skilled counselors can apply a cultural-linguistic approach in the early stages of counseling.
- d. Culturally skilled counselors can adapt and develop Latino-sensitive counseling methods and treatment programs.
- e. Culturally skilled counselors can interject a wide range of Latino-centered interventions including key images, Spanish words, metaphors, and storytelling techniques in counseling.

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Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002.

The development of the MCC, Guidelines, and culture-specific guidelines leads us to reconsider the appropriateness of mainstream theories and interventions with culturally diverse clients. These documents provide a framework from which to critically assess the current methods employed to work with ethnically diverse clients. Culture-specific, in this case Latina/o, competencies arose from the need to train therapists to work effectively with Latina/o clients given that it is one of the fastest growing ethnic minority groups in the U.S. Given the statistics of this group it is inevitable that therapists will see a client in their office who is Latina/o and will need to gain specific competencies in order to provide quality mental health services, improve retention rates, and improve treatment outcomes.

## **MCC Research**

In a review of MCC, Ponterotto, Fuertes, and Chen (2000) identified two areas of MCC research: (a) instrumentation that operationalizes multiculturalism, and (b) the effects of multiculturalism. Although, self-report measures are the most popular method for evaluating competence (Worthington, Soth-McNett, & Moreno, 2007) there are also several issues with self-report measures. There is a risk that responses will not provide an accurate picture of competence nor the training that was received (Constantine, Gloria, & Ladany, 2002), and each person who responds may have a different interpretation of the scale and may be skewed by social desirability (Constantine & Ladany, 2000).

Empathy is another component that may influence and confound the evaluation of multicultural competencies. Constantine (2000) found that empathy was a significant predictor of self-reported multicultural competence, and that participants who felt better able to respond empathically to clients also perceived they had the multicultural competencies they needed to respond to clients. It was also indicated that clients' perceptions of counselors' multicultural competence might be influenced by empathy (Constantine, 2000). Therefore, empathy is also a component that may influence not only the self-perceptions of therapists regarding their multicultural competencies but also the way in which programs train therapists by integrating empathy into their curriculum and what clients actually perceive to be multicultural competencies.

Another important aspect in relation to the inaccuracy of respondents on their multicultural competencies is the self-perceptions of the therapist on their own multicultural skills. Hansen et al. (2006) studied the multicultural competency practices of therapists. They surveyed 149 psychologists and found that 51% of the sample considered themselves very or

extremely multiculturally competent and 40% considered themselves somewhat competent. However, results demonstrated that about 50% of therapists reported never or rarely preparing a cultural formulation, making a culture-specific diagnosis, or implementing a professional development plan to improve their multicultural competence (Hansen et al., 2006). The authors also found that there was a significant difference between mean practices ( $M = 3.74$ ,  $SD = 0.56$ ) and beliefs ( $M = 4.06$ ,  $SD = 0.53$ ). This indicates that there is incongruence between therapists' attitudes and their actual practices. Therapists may acknowledge the importance of including multiculturalism and have the knowledge but not practice the actual skills in therapy. Therefore it is important to consider the different factors that contribute to the actual practice of multicultural skills. Since therapist may overrate and underrate their multicultural competencies it is important that multiple measures and methods are used to evaluate MCC.

It is also important that research focus more on real clients than on convenient samples. Ponterotto et al., (2000) suggested that research should begin to focus on actual clients in different settings and include qualitative research methods in the study of multicultural competencies. Observation of trainees and professionals can also provide a more accurate assessment of multicultural competence (Constantine, Miville, & Kindaichi, 2000). In direct observation the nuances of competencies can be assessed which can then be compared to self-report measures. The integration of MCC domains can be more accurately observed with actual clients and to lesser extent mock clients. MCC would be better reflected when a therapist is actually doing clinical work. It is important that researchers continue examining how we can enhance the multicultural competency of counselors and psychologists, considering the increasing diversification of the U.S. population, the increasing mental health disparities among

socially marginalized groups, and the underutilization of mental health services by culturally diverse clients.

### **Evolution of Empirically Supported Treatments & Evidence Based Practices**

Around the same time that the Multicultural Competencies were being developed, APA was developing more specific guidelines to assess best clinical practices, which lead to the development of Empirically Supported Treatments, which then lead to an assessment of the appropriateness of treatments with ethnically diverse clients, and in-turn led to the development of cultural adaptations of Evidence Based Practices.

### **Empirically Supported Treatments**

The Psychology field has focused on best practices in psychology for more than 20 years (APA Task Force, 2006). In 1992 a collaborative effort between the American Psychological Association's (APA) Board of Scientific Affairs, the Board of Professional Affairs, and the Committee for the Advancement of Professional Practice developed the *Template for Developing Guidelines: Interventions for Mental Disorders and Psychosocial Aspects of Physical Disorders* (APA Task Force, 2006). These procedures were approved in 1995 by APA and illustrated the types of evidence that needed to be considered when evaluating treatment guidelines (APA Task Force, 2006). According to APA two main issues drove the creation of these procedures: (1) the proliferation of varying quality levels in practice across settings, and (2) the need for experts such as members of APA to contribute to the evaluation of treatment guidelines (APA, 2002). These efforts created procedures that could be used to evaluate the quality, effectiveness, and feasibility of a psychological treatment and were the initial steps to ensuring that clients received appropriate and effective care, while also ensuring standardization of practices to reduce cost (APA, 2002). These guidelines were later revised and replaced by *Criteria for Evaluating*

*Treatment Guidelines* (APA, 2002). However, at the heart of their creation is the establishment that the evidence base for any psychological intervention should be evaluated in terms of two separate dimensions: efficacy and clinical utility. Efficacy set standards for assessing the strength of evidence related to causal relationships between interventions and disorders in a treatment (APA, 2006). Clinical utility incorporates evidence of existing research and clinical agreement about generalizability, feasibility (including patient acceptability), cost, and benefit of interventions (APA, 2006).

It is important to note the difference between the efficacy and effectiveness of treatment. Efficacy refers to "... the evaluation of the strength of evidence pertaining to establishing causal relationships between interventions and disorders under treatment" (APA, 2006, p.272). Effectiveness on the other hand refers to generalizability and feasibility of a treatment outside of experimental designs (APA, 2006). There is a lack of research on the effectiveness of treatment as the research has focused on efficacy. This is important to note because more information on effectiveness is needed to address the needs of clients outside of experimental designs.

In 1995 via APA's Division 12-Society for Clinical Psychology's Task Force, *Promotion and Dissemination of Psychological Procedures* guidelines were established. These guidelines were originally based after the Food and Drug Administration's (FDA) guidelines to identify empirically validated treatments and later came to be known as Empirically Supported Treatments (ESTs) (La Rocha & Christopher, 2009). The APA Task Force created guidelines of what should be considered well-established treatments that included:

#### Criteria for Evidence-Based Treatments

##### Well-Established Treatments

Must have treatment manuals, client characteristics must be distinctly stated and effects must be confirmed by at least two different researchers or research teams and meet criteria I or II.

I There must be at least two good group-design experiments demonstrating efficacy by showing that they are:

- A) superior (statistically significant) to pill or psychological placebo or to another treatment
- B) equivalent to an already established treatment in experiments with adequate sample size

OR

II Large series of single case design experiments ( $n > 9$ ) indicating efficacy

#### Probably Efficacious Treatments

I There must be at least two experiments showing the treatment is superior (statistically significantly so) to a wait-list control group

OR

II One or more experiments meeting the Well-Established Treatment Criteria IA or IB and treatment manuals must be used and client characteristics must be distinctly stated

OR

III A small series of single case design experiments ( $n \geq 3$ ) and meeting Well-Established Treatment  
(Chambless et al., 1998, Chambless et al., 1996 ; Chambless & Hollon 1998).

Evidence Based Treatment research focuses on acquiring estimates of internal validity to empirically validate specific treatment interventions and to obtain control variables with randomized controlled trials (RCT). They were established to develop some kind of control over the quality of care that was provided to clients. It also ensured that the interventions that were being used showed that they in fact made a difference within a controlled clinical setting (Chambless & Ollendick, 2001). This movement was a step towards protecting the integrity of the Psychology field, as well as to protect and better serve consumers of mental health services. It was also a quantifiable and observable task that made it possible to provide controlled and observable measurement of outcomes.

While the development of ESTs was a necessary movement towards quality assurance in the Psychology field, it also inspired several criticisms and concerns about the methods used to establish ESTs and the applicability of these findings if treatments are used outside the controlled lab conditions and with diverse populations. In addition, the experimental design, specifically

RCT, can make ESTs less appropriate and less applicable to actual clinical practice since what these studies often tell us is whether one intervention is better than another intervention, under strict control conditions or control group and not what will work in practice (Seligman, 1995). This creates concerns about its generalizability outside of the randomized control trials and experimental studies. Some argue that it is not representative of the clinical work or of the clients in community settings and private practice (Chambless & Ollendick, 2001). The conditions created and variables that are controlled for in a lab setting are not as easily replicable in community settings. This makes experimental designs less representative of actual clinical practice. For example, when working in a community setting there is limited control on a number of variables and unforeseen circumstances such as severity, co-morbidity, crisis, homelessness, inconsistency in attendance due to job status, etc. Therefore, this also creates questions about EST's effectiveness outside the lab and in "real clinical practice" (Chambless & Ollendick, 2001). Seligman (1995, p.966-967) described five events that occur in actual practice that are not present in efficacy research:

1. Psychotherapy (like other health treatments) in the field is not of fixed duration. It usually keeps going until the patient is markedly improved or until he or she quits. In contrast, the intervention in efficacy studies stops after a limited number of sessions—usually about 12—regardless of how well or how poorly the patient is doing.
2. Psychotherapy (again, like other health treatments) in the field is self-correcting. If one technique is not working, another technique—or even another modality—is usually tried. In contrast, the intervention in efficacy studies is confined to a small number of techniques, all within one modality and manualized to be delivered in a fixed order.
3. Patients in psychotherapy in the field often get there by active shopping, entering a kind of treatment they actively sought with a therapist they screened and chose. This is especially true of patients who work with independent practitioners, and somewhat less so of patients who go to outpatient clinics or have managed care. In contrast, patients enter efficacy studies by the passive process of random assignment to treatment and acquiescence with who and what happens to be offered in the study.
4. Patients in psychotherapy in the field usually have multiple problems, and psychotherapy is geared to relieving parallel and interacting difficulties. Patients in efficacy studies are selected to have but one diagnosis (except when two conditions are highly comorbid) by a long set of exclusion and inclusion criteria.
5. Psychotherapy in the field is almost always concerned with improvement in the general functioning of patients, as well as amelioration of a disorder and relief of specific, presenting symptoms. Efficacy studies usually focus only on specific symptom reduction and whether the disorder ends.

The overemphasis of brief manualized treatments has also been a criticism for its lack of flexibility and exceedingly structured practices (Chambless & Ollendick, 2001). While the use of manuals allows for the generalizability of procedures and treatment, it also creates strict methods that may minimize the individuality and differences of clients. The manualization that is generally required in ESTs to control for independent variables can often be rigid and allows for minimal flexibility, which is necessary to tailor treatment on an individual basis. Since there is little room to deviate from the session-by-session detailed description of a manual, ESTs can have the potential to create an environment in which only written guidelines are permitted to be discussed and possibly miss important or significant areas in need of clinical attention that may not be incorporated into the manual. The generalization of procedures and treatments in manuals also has the potential to stereotype groups of people and can limit the adaptability that is needed to work with diverse clients. In spite of these weaknesses, the APA Task Force determined that manuals "... in the form of a clear description of the treatment are necessary to provide an operational definition of the intervention under study..."(Chambless & Ollendick, 2001, p.701).

### **Evidence Based Practice in Psychology**

In response to the criticisms and concerns associated with EST's, in 1999 the APA Division 29 (Psychotherapy) also created a task force to "...identify, operationalize, and disseminate information on empirically supported therapy relationships, given the powerful association between outcomes and aspects of the therapeutic relationship such as the therapeutic alliance (APA, 2006, p.272). Several other associations including APA's Division 17 (Counseling Psychology) began to investigate guidelines for empirically supported treatments (APA, 2006). The most current development is the 2006 APA Presidential Task Force on Evidence Based Practice, which developed the *Evidence-Based Practice in Psychology* (EBPP)

(APA, 2006; La Rocha & Christopher, 2009). The task force defined EBPP as the “...integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA, 2006, p. 273). The task force included a variety of sources and different interventions, settings, methods and research designs (APA, 2006); therefore, addressing the criticisms and concerns that the EST guidelines had created. According to this Task Force, EBPP includes more thorough evidence to establish empirically supported practices and guidelines. ESTs can be included within the evidence gathered; however, ESTs are not the only evidence taken into account by EBPP and goes beyond clinical experiments to include assessment and case conceptualization among others (APA, 2006; La Rocha & Christopher, 2009). This leads to another major concern, the lack of applicability of EST to diverse clients (Chambless & Ollendick, 2001; La Rocha & Christopher, 2009).

The establishment of ESTs has lacked the representation of ethnically and racially diverse samples (La Rocha & Christopher, 2009). This makes generalizations about their efficacy and effectiveness limited and dangerous and has the potential to disenfranchise those who are not in the EST sample, since in many cases the majority group is the one represented (Sue et al., 2006, Wampold, 2007). The development of EBPP is a step forward towards including a broader set of guidelines and standards that have the potential to be more culturally inclusive and socioculturally sensitive (La Rocha & Christopher, 2009); however, there is still a lot of ground to cover.

### **Cultural Adaptations**

In response to the need to consider diversity issues in EBTs and ESTs, researchers began to question and research the most appropriate and specific ways to adapt interventions or theories to ethnically and racially diverse populations. Some of these researchers (Barrera & Castro,

2006; Bernal, Jimenez-Chafey & Domenech-Rodriguez, 2009; Cardemil, 2010; Domenech-Rodriguez & Wieling, 2004) are trying to provide the most appropriate and relevant care to populations that are often disenfranchised and underrepresented in mainstream research. This is an important step in advocacy towards social justice, given that research has indicated that racial and ethnic minorities are not benefiting from ESTs as much as Whites (La Rocha & Christopher, 2009).

Several studies have shown that ethnic and racial minorities are less likely to receive mental health services than Whites (Alegria et al., 2002; Cardemil, 2010). It has also been observed that ethnic and racial minorities prematurely terminate therapy when they receive mental health services (Cardemil, 2010; Sue & Sue, 2013). The development and research of cultural adaptations stemmed from the understanding that ESTs may not be as effective with diverse populations since they are minimally included and represented in experimental designs. It also originated from the need to be more inclusive of ethnically and racially diverse clients in the treatment of mental health disorders.

Cultural Adaptations are "...modifications to existing treatments in ways that make them more culturally relevant" (Cardemil, 2010, p.10). Cultural adaptations incorporate cultural values important to ethnically diverse clients, values that are often not represented in EST's experimental designs. Not only do cultural adaptations have an emphasis on including cultural values, they also aim to empirically demonstrate results and the ability to easily replicate studies. Cultural adaptations are specifically made to existing ESTs or EBPPs; therefore, cultural adaptations are done with methodologies and frameworks that also include manuals, experimental designs, and RTCs.

Cultural adaptations research has shown positive treatment outcomes and that including cultural variables in a treatment design has increased the effectiveness of treatments (Bernal, Jimenez-Chafey, & Domenech-Rodriguez, 2009; Griner & Smith, 2006; Smith, Domenech-Rodríguez, & Bernal, 2010). Griner and Smith's (2006) meta-analysis of culturally adapted ESTs found a medium treatment effect size ( $d = .48$ ) in 76 studies. In addition, multiple frameworks have been developed for culturally adapting interventions including: Ecological Validity Model (Bernal et al., 1995; Bernal & Sáez-Santiago, 2006), Cultural Accommodation Model (Leong, 2007; Leong & Lee, 2006), Model of Essential Elements (Podorefsky et al., 2001), Cultural Adaptation Process Model (Domenech-Rodriguez & Wieling, 2004), Heuristic Framework (Barrera & Castro, 2006), Psychotherapy Adaptation and Modification Model (Hwang, 2006), and Adaptation Model for American Indians (Whitbeck, 2006) among others.

The ecological validity framework (EVF) is based on Bronfenbrenner's (1977) ecological systems theory (Domenech-Rodriguez & Bernal, 2012). EVF includes eight sections: language, persons, metaphors, content, concepts, goals, methods, and context (Domenech-Rodriguez & Bernal, 2012). EVF's goal is to establish congruence between the client and the intervention (Domenech-Rodriguez & Bernal, 2012). The language component includes all aspects of communication with a client. The *person* area includes the client-therapist interaction, as well as ethnic matching. The *metaphors* area addresses the symbols and objects relevant to a member of a particular group. The *contents* section refers to the cultural content that is integrated to the intervention. The *concepts* dimension represents the theoretical paradigms that are included in the intervention. The *goals* component refers to the mutual understanding of therapeutic goals between therapist and client. The *methods* dimension refers to the processes

that are needed to attain treatment goals. Finally, context includes the client's sociopolitical, relational, and other environmental areas (Domenech-Rodriguez & Bernal, 2012).

The cultural accommodation model (CAM) by Leong is based on the tripartite model of personality. The tripartite model recognizes the three dimensions of personality and identity development universal, group and individual (Leong & Lee, 2006). CAM has three steps: identification of cultural gaps, literature review to fill cultural gaps, and testing of new theory (Leong & Lee, 2006). The goal of CAM is to pinpoint the cultural values that are absent from theories and models to make the intervention more effective (Bernal & Domenech-Rodriguez, 2012).

The Cultural Adaptation Model (CAP) includes three stages: setting the stage, initial adaption, and adaptation iteration (Domenech-Rodriguez, Baumann, & Schwartz, 2011; Domenech-Rodriguez & Wieling 2004). In *setting the stage*, collaborations are established, fit of interventions with appropriate literature are assessed, and interests and needs are discussed. The *initial adaptation* phase includes a pilot to assess interventions and evaluation of measures. Finally, in the *adaptation iteration*, ongoing evaluations and modifications of the interventions are made (Domenech-Rodriguez, Baumann, & Schwartz, 2011; Domenech-Rodriguez & Bernal, 2012).

The Heuristic Framework provides four stages for cultural adaptation: information gathering, preliminary adaptation design, preliminary adaptation tests, and adaptation refinement (Barrera & Castro, 2006). The *information gathering* stage focuses on finding all information that will provide a solution to the incongruences found within an intervention. This stage informs the adaptation itself. The *preliminary adaptation design* stage uses the previous stage to create an initial adaptation. In this stage, community members and experts are involved and

provide feedback. The *preliminary adaptation test* consists of piloting the study with the information gathered in the first two stages. During the *adaptation refinement* stage evaluations and refinements are made. The focus of this model is research design and accurate fit (Barrera & Castro, 2006).

Each of the frameworks presented above describes how the authors' operationalize their cultural adaptations. While the above descriptions of selected cultural adaptation models and frameworks provide an idea of the breadth of guidelines available, it also creates an overwhelming amount of information. In general, knowledge is acquired about the target group, the group cultural values are included, and an adaptation of an EST is made. What the majority of these frameworks lack is: (1) cultural values based on multiple dimensions of identity and not solely on race and ethnicity; (2) adaptability of cultural values to the individual; and (3) an in depth focus on the therapists providing the treatment.

Cultural adaptations to ESTs are typically marginal and based on the theory and not on profound inclusion of multicultural components (La Rocha & Christopher, 2009). Cultural adaptations generally adjust treatments on cultural assumptions based on race or ethnicity (Benish, Quintana, & Wampold, 2011). Much of the cultural adaptation research uses race and ethnicity to conceptualize the cultural values used in treatment (La Roche, Batista, & D'Angelo, 2011); however, this has the potential to disregard within-group differences and individuality. This is not to say that different ethnic groups do not in fact hold distinct cultural values, multicultural pioneers have continuously demonstrated the importance and variety of cultural values held by different ethnic groups (Duran, 2006; Santiago-Rivera, Arredondo, & Gallardo-Cooper, 2002; White & Parham, 1990; Sue & Sue, 2013).

Even though there are certainly cultural values shared by members of a group, the degree of meaning varies for each person in that group (La Roche & Lusting, 2010). This individual meaning of cultural values is seldom evaluated and can lead researchers and clinicians to make assumptions about every member of a particular group (La Roche & Lusting, 2010). Therefore, even when cultural values are included in treatments and interventions, they may not apply to the same degree to every member of that group. Acculturation, ethnic identity, socioeconomic status, age, immigration status, and other facets of identity (e.g., sexual orientation, gender, religion, etc.) all contribute to making the treatment and intervention different. Even when culture is clearly defined and correctly conceptualized, the dynamic nature of culture can sometimes not be addressed in the actual implementation. This could help explain discrepancies in research results and may improve effect sizes of cultural adaptation research.

Taking into consideration the individual meaning that participants have about a given value could clarify and present a better analysis of efficacy, effectiveness, and treatment effect size. For example, research done by Bernal and Roselló (1999) suggested that when comparing Cognitive Behavioral Therapy (CBT) and Interpersonal Therapy (IPT) with Puerto Rican adolescents who were depressed, IPT showed to be more effective than CBT because it was more congruent with Puerto Rican values (Cardemil, 2010; La Roche & Lusting, 2010). However, when this study was replicated, CBT was found to be more effective (Roselló, Bernal, & Rivera-Medina, 2008). This signals the need for further analysis about the difference in results. One possibility is that cultural values were assumed and not directly assessed individually (Cardemil, 2010; La Roche & Lusting, 2010). For example, a therapist in a study may have assumed the same level of endorsement, meaning, and salience of cultural values for every participant; whereas, some participants might only identify with their cultural group as a

demographic identity, while others may identify with their culture as their worldview, value system, and way of living. This example leads to more questions about what should be taken into consideration when culturally adapting treatments. Cultural adaptations are not as simple as uniformly assigning cultural values to all members; there are other complex factors that need to be considered (e.g., intersections of identity, acculturation, enculturation, ethnic identity, etc.).

A factor that is rarely addressed in cultural adaptation research is the competency of the therapists providing the cultural adaptation. Some research has shown that the effect of treatment differs depending on therapists' competence (Chambless & Ollendick, 2001). Therefore, the success of cultural adaptations may lie on the competencies of the therapists. The decision about how to modify, apply, or adjust treatment for a particular client requires multicultural competency (MCC), as well as knowledge about cultural adaptations of a treatment, and skills to use theory or intervention. However, many of the cultural adaptations models do not provide in-depth information about the therapist such as an evaluation of therapist's competencies. The lack of information about therapists has the potential to generate assumptions about multicultural competencies also based solely on race and ethnicity (just as with clients) or on the population a therapist works with.

While cultural adaptation research has not answered every question or solved every concern, it has paved the way for more inclusive and effective treatments for diverse individuals. The increase in cultural adaptation research has also raised questions about how to best adapt current treatments, when this should be done, for which populations, and how much of the interventions should be adapted (Cardemil, 2010; La Roche & Lusting, 2010). It has been established that within group differences exist and there is a need to adapt to individual differences and similarities; however, how do we do this exactly? A possible next step to

answering this question is the intentional examination and consideration of the therapists' multicultural counseling competence.

### **The Present Study**

The *Multicultural Counseling Competencies* (MCC; Arredondo, Toporek, Brown, Jones, Locke, Sanchez & Stadler, 1996; Sue, Arredondo, & McDavis, 1992) and the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (APA, 2003) provide the framework for therapists to continue developing the awareness, knowledge, and skills needed to work with diverse clients and may also help psychologists account for cultural differences occurring in the moment during session. In addition, if the focus of cultural adaptations is to include cultural values in a systematic way that is comparable to experimental design, then multicultural competencies can provide the flexibility and adaptability to treat the individual client one-on-one during a session and include intersecting identities in addition to race and ethnicity. Since it has been established that cultural adaptations and multicultural competencies are crucial in providing the best services to ethnic minority clients, it is important that we begin focusing on how psychologists are actually working with ethnic minority clients and the decisions that they are making in session.

The purpose of this study is to extend the existing literature by examining the specific ways in which psychologists' use cultural adaptations and the multicultural counseling competencies (i.e., awareness, knowledge, and skills) in practice, to address the cultural and individual needs of Latina/o clients.

The aim of this study is to understand how multicultural awareness, knowledge, and skills (i.e., multicultural competence) inform a psychologist in a therapy session with a Latina/o client.

This study will address the following questions:

1. Awareness

- a. How do psychologists demonstrate awareness or lack of awareness about self and others during a mock therapy session with a Latina/o client?
- b. How do psychologists explain the role of awareness of self and others in working with their Latina/o client? /
- c. How does the client experience psychologists' *awareness of others* (i.e., awareness of the client).

2. Knowledge

- a. How do psychologists demonstrate their knowledge of Latina/os during a mock therapy session with a Latina/o client?
- b. How do psychologists explain the role of knowledge about Latina/os in working with their Latina/o client?
- c. How does the client experience psychologists' knowledge?

3. Skills

- a. How do psychologists demonstrate Latina/o specific skills during a mock therapy session with a Latina/o client?
- b. How do psychologists explain the specific tools/techniques/interventions used with a Latina/o client?
- c. How does the client experience psychologists' skills?

4. Multicultural Competence

- a. How does overall cultural competence (i.e., awareness, knowledge and skills collectively) relate to overall session evaluation?
- b. Is there a relationship between overall cultural competence and empathy?

c. Is there a relationship between overall session evaluation and empathy?

Multiple case study was used to examine the treatment conceptualization and interventions of psychologists' in regards to MCC and cultural adaptations with Latina/o clients. The qualitative analysis of this study will provide additional information to better understand the work that is actually being practiced in the field when culturally adapting and using multicultural competency.

## Chapter 3

### **Method**

This Chapter includes detailed information about research participants, recruitment procedures, research design and data collection procedures, measures to be used in the study, and an explanation of multiple case study and the data analysis plan.

#### **Participants**

Participants in this study consisted of three doctoral-level licensed psychologists and one license eligible psychologist in community and private clinics in the Northeast region of the U.S, Connecticut area. Participants ranged in age from 34 to 42 years. Half of the participants were female. Two participants self-identified as Latina/o and White, one identified as Latina/o and Black and one participant self-identified as Latina/o. Three participants received a doctoral degree in Counseling Psychology and one in Clinical Psychology. Participants ranged in years since graduation from 1 to 7 years. They range in providing mental health services from 8 to 13 years. All four participants were fluent in both English and Spanish.

#### **Recruitment Procedures**

The researcher personally emailed several local organizations that provide mental health services in the Northeast region of the U.S. and individual psychologists to invite them to participate in the study. The inclusion criteria for the agencies contacted included; the organization had licensed psychologists and that they provide mental services to Latina/o clients.

The researcher disseminated information about the study to these organizations in an effort to recruit participants. Specifically, the director of each agency was asked to distribute a study recruitment letter to the clinical staff. This letter included an invitation to participate in the study, the University IRB approval number, a brief description of the study (e.g., purpose of the

study, benefits and risks for participation, participant expectations, and confidentiality), and how to proceed if they would like to participate (See Appendix A). The researcher spoke with those who were interested in participating over the phone to discuss the purpose of the study (i.e., to better understand how psychologists work with Latina/o clients in a therapy session). Participants were paid \$50 cash for their time and efforts immediately upon completion of the study.

### **Research Design & Data Collection Procedures**

This study included both qualitative and quantitative data from three different sources: the four psychologist participants, one Latino mock client, and three expert observers. The timeline for the data collection occurred within a four-month period beginning the moment initial recruitment began until the last participant was recruited. Two participants completed the components of the study within the same day, participant three was interviewed a month later, and the last participant two weeks after participant three. Information regarding the three different types of data sources, the specific type of data collected, and the data collection procedures are detailed below.

**Psychologist Participant Data.** This study consisted of three components: (1) Interview-1 (Pre-Task), (2) the Task, and (3) Interview-II (Post-Task) all of which occurred the same day within approximately a 2 hour time span. Prior to beginning Interview-I, potential participants were informed about the study and a formal informed consent process occurred (See Appendix B). After the informed consent process was complete and questions were addressed, participants signed the consent form and Interview-I began. All three components of the study (i.e., Interview-I, the Task, and Interview-II) were audio and video recorded.

***Interview-I (Pre-Task).*** Interview-I was an approximately 30-minute semi-structured interview. The purpose of the interview was to give the psychologist participants the opportunity to explain how they approach therapy and their work with clients. The semi-structured questions that were asked in Interview-I included:

- a. First, I would like to ask you to describe your theoretical orientation?
- b. What is your approach when working with clients?
- c. How does change occur in therapy?
- d. What is your approach when cultural factors are present?
- e. What is your specific approach when working with a Latina/o client?

***Task.*** Once Interview-I was completed, the task began. The task consisted of each psychologist participant completing one brief therapy session with the same mock client. The therapy sessions lasted approximately one hour. Prior to meeting the client and conducting the task, the psychologist was given a brief information sheet with the mock client's demographics and presenting concern (See Appendix C). The client was a Latino individual who self-identified as Puerto Rican.

***Interview-II (Post-Task).*** Interview-II occurred immediately following the client sessions. The post-task interview included two parts: (a) a 45-minute semi-structured interview, and (2) the completion of a demographic questionnaire and two paper-pencil self-report measures.

In the semi-structured interview, psychologists were asked to describe their work in the mock therapy session, perceptions about how the therapy sessions went, and specific questions regarding multicultural competence were asked. During the initial questions, the interviewer intentionally avoided priming for multicultural aspects of the psychologists' work to allow for

these issues to authentically surface from the psychologists' responses. After the psychologist finished describing their work, the interviewer then specifically asked the psychologist to describe their consideration of multicultural competence. The semi-structured interview questions asked in Interview-II included:

- I. Introduction
  - a. How would you describe your session?
  - b. What was your overall approach?
  - c. How did you experience the client? What were your impressions of the client?
  - d. What was your experience as a psychologist?
  - e. Overall, how would you assess your session?
- II. Awareness:
  - a. Were there any personal characteristics/cultural variables for both you and your client that impacted the therapy session?
    - i. What made these personal characteristics important?
    - ii. How did they impact the therapy session?
  - b. What aspects of yourself do you take into consideration when working with a Latino/a client?
- III. Knowledge
  - a. What information did you consider when working with this client?
    - i. What information about the client did you consider?
    - ii. What about the client made you think to consider this information?
    - iii. Can you speak about any Latino specific information that you used or kept in mind during the session?

iv. Were there any systemic issues impacting this client?

IV. Skills

a. How would you describe your approach with this client?

i. What interventions did you consider?

ii. What about the client made you think to work with them in that way?

iii. What did you consider when thinking of introducing a tool/intervention?

V. Multicultural Discussion

a. What is your opinion/perspective of multicultural counseling?

i. What are the characteristics of an effective multicultural therapist?

ii. How do you usually work with multicultural variables in your session?

iii. What role does multicultural issues play in your therapy sessions?

iv. What is your sense of how multicultural variables were or weren't dealt with in this session?

b. What are the characteristics of an effective cultural adaptation for Latinas/os?

c. Is there anything else you would like to share about your session experience?

d. How do you usually continue learning about the Latino culture?

e. Finally, in what ways, if any, have you made adjustments to aid you in developing culturally appropriate interventions?

After completing the semi-structured post-task interview, participants completed a demographic questionnaire and two self-report measures: a multicultural competency self-report questionnaire and an empathy scale. Therapist participants were encouraged to provide their honest opinions and it was stressed that there were no right or wrong answers.

**Latino Mock Client Data.** All of the participant psychologists worked with the same Latino mock client. The mock client was a 33-year-old PhD student in STEM who self-identifies as Puerto Rican. The mock client was part of the research team and volunteered to serve the role of mock client. He received no incentive to participate in the research team and as part of the research team he did not complete an informed consent form. The case presentation was co-created with the mock client based on his own experience to create a more cohesive presentation. The details of the mock client's cultural background were not changed, thus the presenting concern and psychological history were designed not only for consistency across psychologist but also to maximize an authentic, realistic therapy interaction. The mock client volunteered to be on the research team and serve the role of mock client. The mock client was selected because of his previous experience serving as a mock client for law courses and his self-identification as Latino. The mock client was interviewed to discuss mock client role. Two interviews prior to the mock therapy session took place. The first interview consisted of discussing the mock client role and what the mock therapy session consisted of. The second interview consisted of discussing comfort and congruency of the presenting concern. The presenting concern were career concerns and a recent break up. Immediately after each therapy session with the psychologist participants, the mock client completed two paper-pencil measures: (1) the Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983), a 12-item scale that assesses client's perceptions of their psychologist; and (2) the Cross-Cultural Counselor Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991), a 20-item scale used by observers to assess cross-cultural counseling behaviors for each psychologist participant. The client also completed immediately after the task a brief semi-structured interview to assess from the client's

perspective the awareness, knowledge, and skills (i.e., multicultural competence) of the psychologist participants.

**Expert Observer Data.** Three multicultural psychology experts with knowledge and clinical experience in multicultural competencies and Latina/o psychology observed and evaluated the recorded task (i.e., client session). The expert observers volunteered to be part of the research team and to play the role of expert observers. Expert observers were two licensed psychologists and one doctoral student who self-identified as Latino, are bilingual/bicultural and work with Latina/o populations. Two have obtained a Psy. D in Clinical Psychology and had on average 18 years of experience providing psychotherapy to the Latino community, completed research in providing therapy to the Latina/o community and currently continue to provide psychotherapy to the Latina/o community. Observers used a questionnaire created by this writer as tool to guide the evaluation of Latino specific competencies (see Appendix D). In addition to the Latino specific evaluation of the session, experts also completed the Cross-Cultural Counselor Inventory-Revised (CCCI-R; LaFromboise, Coelman, & Hernandez, 1991). The expert observer data was collected three months after the first participant completed the study.

### **Quantitative Measures**

**Demographics.** A demographic questionnaire was included to gather information about psychologist participants' gender, age, race/ethnicity, education, multicultural training, length of employment, theoretical orientation, years of clinical experience, percentage of Latina/o clients seen and approximate years since obtaining degree, type of clinical license and how long they have been licensed (see Appendix E).

**Self-rated multicultural competence.** The California Brief Multicultural Competence Scale (CBMCS; Gamst, Dana, Der-Karabetian, Aragon, et al., 2004) is a 21-item self-report

scale that was used to assess the multicultural competence of the psychologist participants (see Appendix F). The CBMCS is composed of four subscales: Non-Ethnic Ability, Awareness of Cultural Barriers, Multicultural Knowledge, and Sensitivity to Consumers. Three of these subscales (i.e., Awareness of Cultural Barriers, Multicultural Knowledge, and Sensitivity to Consumers) are consistent with Sue et al.'s (1982) identified areas necessary for multicultural competency (i.e., attitudes/beliefs, knowledge, and skills).

The Non-Ethnic Ability subscale (7-items) assesses psychologists' competence to work with people of diverse backgrounds that include persons with disabilities, diverse socioeconomic backgrounds, sexual orientation, and various ages (Gamst et al., 2004). A sample item from the Non-Ethnic Ability subscale is, "I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities." The Awareness of Cultural Barriers subscale (6-items) assesses psychologists' competence to respond to the challenges of ethnic minority clients. A sample item from the Awareness of Cultural Barriers subscale is, "I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face." The Multicultural Knowledge subscale (5-items) assesses psychologists' knowledge of cultural groups. A sample item from the Multicultural Knowledge subscale is, "I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds." The Sensitivity to Consumers subscale (3-items) assesses psychologists' skills with different groups. A sample item from the Sensitivity to Consumers subscale is, "I am aware of how my own values might affect my client."

Items are scored on a 4-point Likert scale, with end points of *Strongly Disagree* (1) to *Strongly Agree* (4). Subscale scores are obtained by adding the items in each subscale and the

total score is obtained by adding the four subscale scores. Higher scores suggest higher multicultural competence. The total score of the CBMCS obtained a moderately strong coefficient alpha of .89, with subscales ranging from .75 to .90 (Gamst et al., 2004).

**Self-reported empathy.** The Scale of Ethnocultural Empathy (SEE; Wang et al., 2003) is a 31-item scale used to assess psychologists' empathy towards racial and ethnic groups different from their own (see Appendix G). In the current study, the SEE was completed by the psychologist participants. The SEE is composed of four subscales that measure Empathic Feeling and Expression (EFE; 15 items), Empathic Perspective Taking (EP; 7 items), Acceptance of Cultural Differences (AC; 5 items), and Empathic Awareness (EA; 4 items). Items are scored on a 6-point Likert scale with end points of *Strongly Disagree* (1) to *Strongly Agree* (6) and include 12 reverse-scored items. Sample items include, "I share the anger of those who face injustice because of their racial and ethnic backgrounds" (EFE), "It is easy for me to understand what it would feel like to be a person of a another racial or ethnic background other than my own" (EP), "I am aware of the institutional barriers [e.g. restricted opportunities for job promotion] that discriminate against racial or ethnic groups other than my own" (AC), and "I feel irritated when people of different racial or ethnic backgrounds speak their language around me" (EA, reverse scored).

SEE subscale scores are obtained by adding items in each subscale and a total score is obtained by adding the four subscale scores. Higher scores indicate higher levels of empathy. The SEE total score obtained a coefficient alpha of .91 and subscales have obtained alphas ranging from .71 to .90 (Wang et al., 2003).

**Observer-rated multicultural competence.** The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coelman, & Hernnandez, 1991) is a 20-item scale completed by

observers to assess cross-cultural counseling behaviors as addressed by Sue et al.'s (1982) position paper and APA Division 17 Education and Training committee's 11 specific cross-cultural therapy competencies (see Appendix H). In the current study, the CCCI-R was completed by the expert observers and the mock client. Items are scored on a 6-point Likert scale, with end points of *strongly disagree* (1) to *strongly agree* (6). Sample items include, "Aware of his or her own cultural heritage", "Values and respects cultural differences", and "Aware of how own values might affect client." A total score is obtained by adding the scores of the 20-items. Higher scores on the CCCI-R indicate higher rating of cross-cultural counseling competence. The CCCI-R obtained a coefficient alpha of .95, and inter-rater reliability between .78 and .84 (LaFromboise et al., 1991).

**Client's perceptions of counselor.** The Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983) is a 12-item scale that assesses client's perceptions of their counselor (see Appendix I). In the current study, the mock client completed the CRF-S to rate each psychologist participant following the brief therapy session. Items are scored on a 7-point Likert scale, with end points of *Not very* (1) to *Very* (7). Scale items are a list of 12 adjectives describing a counselor; sample items include "Friendly" and "Experienced". The CRF-S consists of three 4-item subscales: Attractiveness, Expertness, and Trustworthiness. The CRF-S is based on Strong's (1968) conceptualization of counseling which views attractiveness, expertness, and trustworthiness as influences on a counselor's ability to influence a counseling session. However, factor analysis studies have shown conflicting results for a three-factor scale (Johnson & Prentice, 1985; Ponterotto & Furling, 1985; Wilson & Yager, 1990). Therefore, the total score of the CRF-S will be used in this study. A total score is created by summing all items. Total scores range from 12 to 48, with high scores indicating a favorable counselor rating by the

client. The CRF-S coefficient alphas have ranged from .85 to .91 (Corrigan & Schmidt, 1983; Wilson & Yager, 1990).

### **Multiple Case Study & Data Analysis Plan**

**Multiple Case Study.** In order to gain an in-depth understanding of how multicultural awareness, knowledge, and skills (i.e., multicultural competence) informs the work of four psychologists' in a therapy session with a Latino client, a multiple case study approach was utilized by the researcher. The premise of multiple case study is to select several cases that reflect and highlight understanding of an issue, in this study an understanding of how five psychologists use multicultural competencies when working with a Latino/a client (Creswell, Hanson, Plano & Morales, 2007). A low number of cases are typically chosen to allow an in-depth understanding of each case, since detail is lost with an increase in cases. This qualitative approach allows for intricacies and nuances of an issue to be observed. This is especially important when focusing on areas that have not been studied before or in this case in areas that need a more comprehensive understanding of the topic. A case study design utilizes multiple forms of data sources that includes, interviews, observations and documents and utilize both qualitative and quantitative data sources (Creswell, 2007). Multiple sources of data increase the ability to provide an in-depth understanding of the cases. Case studies are also bounded systems usually within time or place. In this study the cases were bounded by time (the duration of the therapy session) and by place (the process of the therapy session). Analysis within case studies typically includes a description of the case and setting and data is analyzed for codes and themes (Creswell, 2012). When using multiple case studies, codes and themes are used both within case to gather an in-depth understanding and cross-case analysis to examine similarities and differences. In this study only aggregate results will be given to protect the confidentiality of the

participants given the small sample and the small professional community that works with Latina/os in the Northeast region of the U.S. community. In this study, analysis was done using the constant comparative method developed by Glaser and Strauss (1967). Theory is developed inductively by a continuous and simultaneous method of data collection and coding using three phases of analysis (open, axial and selective). The primary data analysis method used is referred to as “coding” (Creswell, 2012). In coding, data was condensed into smaller parts of meaning to acquire an understanding of the topic being observed (Fassinger, 2005). Data analysis was guided by three phases of analysis: open coding, axial phase, and selective coding. In the first phase of analysis, *open-coding*, each line of the transcriptions was analyzed and coded into categories or brief statements or words that exemplified what the participants said (Creswell, 2012). In this initial phase, recurring ideas were categorized or coded. In the second phase of analysis, the *axial phase*, categories were connected and a central phenomenon was developed that began to illustrate relationships between categories (Creswell, 2012). In *the axial phase*, categories were organized into broader and more comprehensive categories (Fassinger, 2005). The final stage of analysis, *selective coding*, involved the development of the story, in which categories are connected and described by a main theme. Each phase of data analysis occurred repeatedly with each subsequent transcription. The process continued until no newer categories emerge and is referred to as *saturation* (Fassinger, 2005). New data was constantly being compared and adapted to emerging themes or categories until saturation occurs and a theory is formulated (Fassinger, 2005). Although presented linearly, the process of coding occurs continuously and simultaneously.

**Data Analysis Plan.** After each interview was conducted it was transcribed verbatim. Once the transcription process was completed, copies of each transcribed interview were

distributed to the research team to complete analysis. Research team members consisted of one clinical/community graduate student and one counseling psychology graduate student and this researcher. The researcher trained the research team on the data analysis. The research team assisted in the coding of each transcription. The research team coded independently and meet to discuss differences and similarities of codes and categories. After each new interview, codes and categories were compared and modified to the existing codes and categories. The research team meet weekly to reach agreement on the categories. This continued until the interviews stopped generating new codes and categories.

***Triangulation of data.*** Triangulation refers to the practice of comparing results from multiple data sources to validate and cross-check findings. In the present study, awareness, knowledge, and skills were triangulated by three sources of qualitative and quantitative data: psychologist participants, expert observers, and mock client. Figure 1 illustrates the sources used to triangulate each multicultural counseling competency. Qualitative data in the form of interviews were analyzed using the constant comparative method. Quantitative data from the measures were analyzed at the item level. Item level analysis allowed for the examination of participants' responses to individual test questions that coincide with the three areas of multicultural competencies (i.e., awareness, knowledge, and skills).

Figure 1. Triangulation of Data

		Sources of Data		
		Psychologist	Observer	Client
Multicultural Counseling Competencies	I. Awareness and Beliefs	<ul style="list-style-type: none"> <li>• Interview I</li> <li>• Interview II</li> <li>• Self-Report Measures                             <ul style="list-style-type: none"> <li>○ CBMCS</li> <li>○ SEE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CCCI-R</li> <li>• Latino Specific Observation</li> </ul>	<ul style="list-style-type: none"> <li>• CCCI-R</li> </ul>
	II. Knowledge	<ul style="list-style-type: none"> <li>• Interview I</li> <li>• Interview II</li> <li>• Self-Report Measures                             <ul style="list-style-type: none"> <li>○ CBMCS</li> <li>○ SEE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CCCI-R</li> <li>• Latino Specific Observation</li> </ul>	<ul style="list-style-type: none"> <li>• CCCI-R</li> </ul>
	III. Skills	<ul style="list-style-type: none"> <li>• Interview II</li> <li>• Self-Report Measures                             <ul style="list-style-type: none"> <li>○ CBMCS</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• CCCI-R</li> <li>• Latino Specific Observation</li> </ul>	<ul style="list-style-type: none"> <li>• CCCI-R</li> <li>• Client Rating CRF-S</li> </ul>

*Note.* Member checking was also included in the triangulation.

## Chapter 4

### Results

Results of the current study include the qualitative analyses of interviews conducted with four psychologist participants, a post-session interview with the mock client, and descriptive data provided by three expert observers. Demographic and survey data for each participant is also presented.

#### **Psychologist Participant Characteristics**

Four licensed Counseling (n=3) and Clinical (n=1) psychologists participated in the study. Participants ranged in age from 34-42 years, the average age was 37 and identified as male (n=2) and female (n=2). All participants identified as Latino/a, and three of the four psychologists identified with multiple ethnic identities (Afro-Latino and 2 White). Participants reported 8-13 years with an average age of 10.5 years of experience providing mental health services, of these 3-6 as professional psychologists. All were fluent in both English and Spanish. Psychologists endorsed using a range of theoretical orientations and frameworks to guide their clinical practice including cognitive behavioral, bio-psychosocial, integrative, interpersonal, feminist, humanistic and somatic. Most (n=3) identified using multiple theoretical orientations. At the time of the study, participants dedicated most of their time (50%-80%) providing therapy to Latina/o clients.

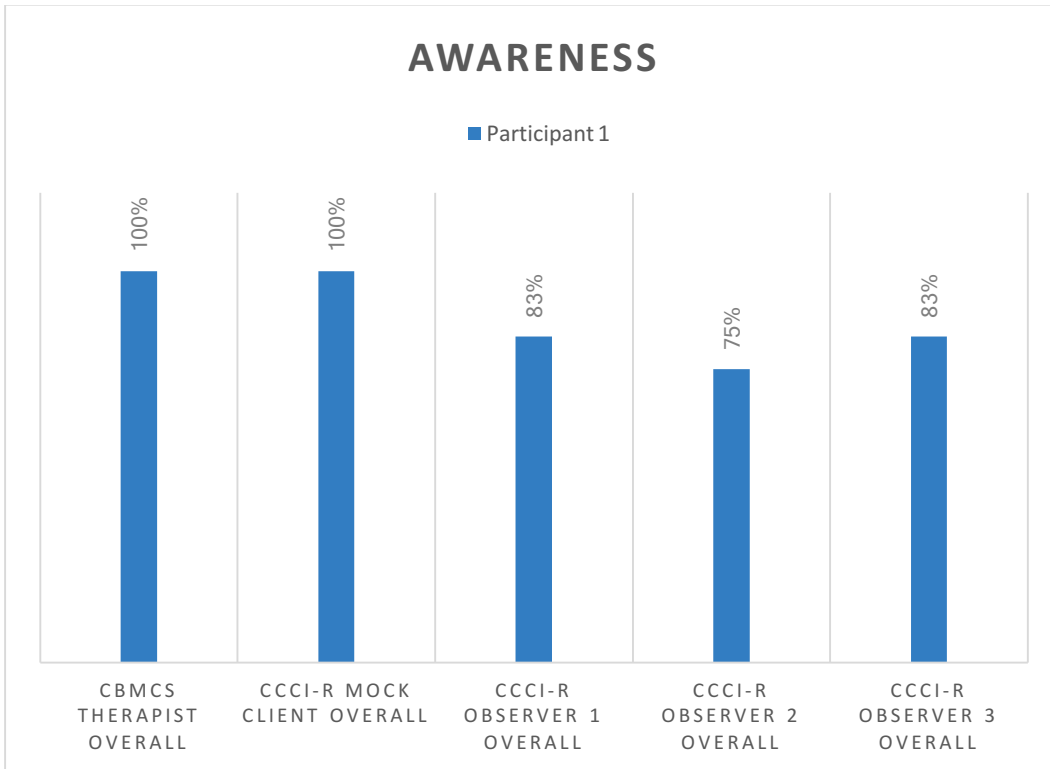
**Participant Psychologist 1.** Participant 1 was a 34-year-old man who self-identified as Latino and Black. He had 10 years of experience in providing psychotherapy and obtained a Counseling Psychology Ph.D. He identified CBT and Bio-psycho-social models as his theoretical orientations. He was fluid in English and Spanish.

*Awareness.* Participant 1 self-rated himself the highest in the awareness competency. Participant self-rated himself using the California Brief Multicultural Competence Scale as having 100% competency in awareness (CBMCS; Gamst, Dana, Der-Karabetian, Aragon, et al., 2004). The mock client rated participant 1 as having 100% competency in awareness using The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991).

The mock client's score on the CCCI-R were also congruent with his responses to the qualitative interview. For example, the mock client stated, "I mean I don't know that I was necessarily looking for him to understand the Puerto Rican culture thing but I do remember one or two times where he's like oh you know Puerto Ricans are this or normally this ... Or like he knew there was a common behavior there. And not in some negative way ... But like he was definitely in tune... I could tell he was culturally sensitive to Puerto Ricans. I can tell that but it wasn't on my radar that needed to happen because I'm so used to it not being there... it's something that I've already gotten used to not having you know. I see a Puerto Rican once every month so it's just not on my radar anymore." The mock client also stated about participant 1, "I don't think I would've been quite as willing to say as much if, if I would have felt like he wasn't "aware" of my circumstances. It didn't feel artificial"

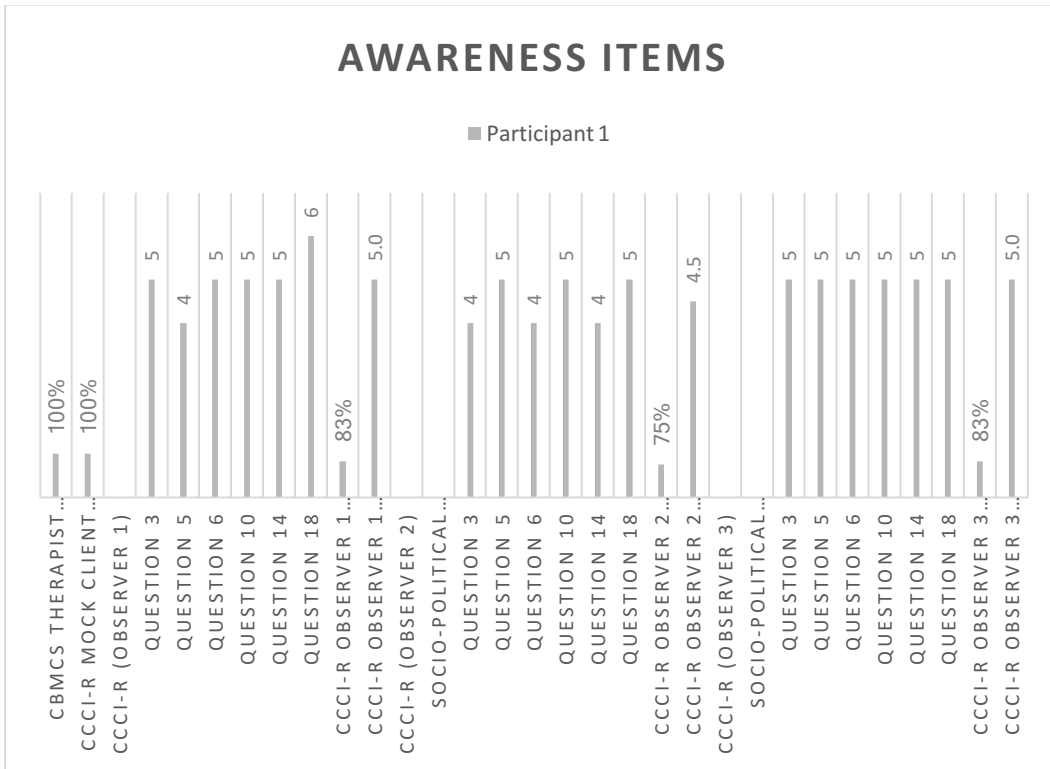
The expert observers also used the CCCI-R to rate participant psychologists' multicultural competency. Two expert observers rated participant 1 as having 83% competency and one expert observer rated him as having 75% competency.

Table 2. Participant 1-Awareness



At the item level, the most significant difference occurred in scores between expert observer 2 and the mock client on the following questions on the CCCI-R: Counselor is aware of how own values might affect this client, counselor understands the current socio-political system and its impact on the client, counselor attempts to perceive the presenting problem within the context of the client’s cultural experience, and values and or lifestyle. Expert observer 2 also rated participant 4 with more 4/6 scores.

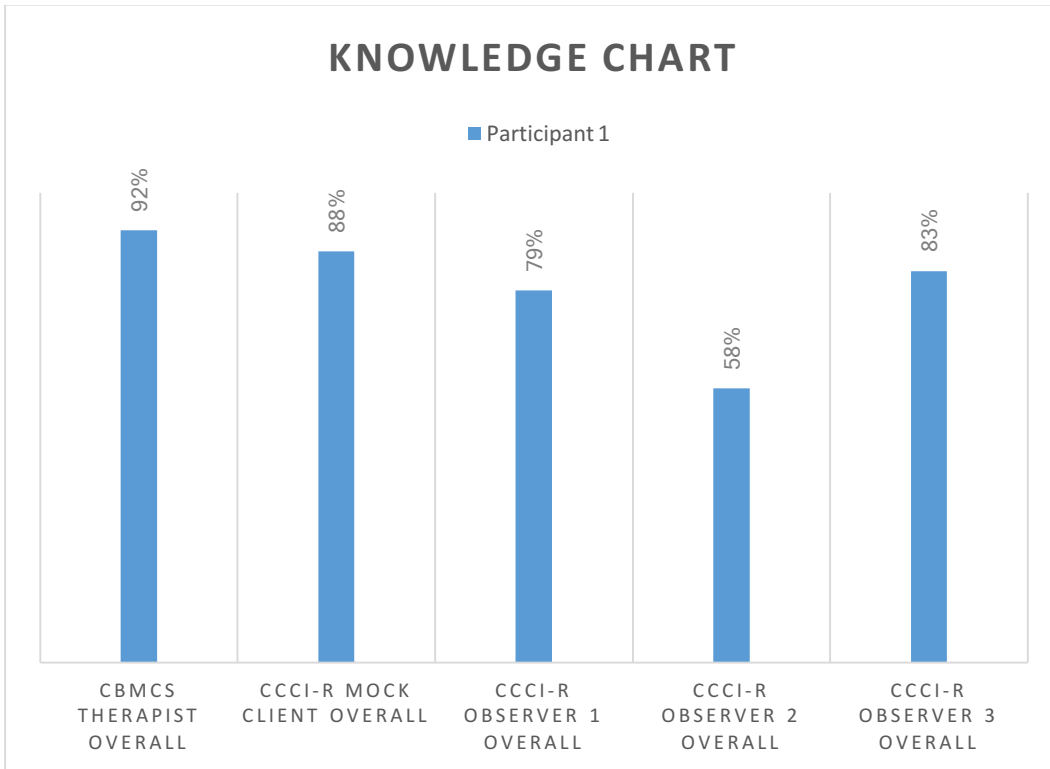
Table 3. Participant 1- Awareness Items



**Knowledge.** Participant 1 self-rated himself as having 92% competency in knowledge using the CBMC. The mock client rated participant 1 as having 88% knowledge competency on the CCCI-R. In the qualitative interviews the mock client shared, “I would say his experience and his own personal background must have prepared him for that exceptionally well...then the training whatever he learned in school must have done something.”

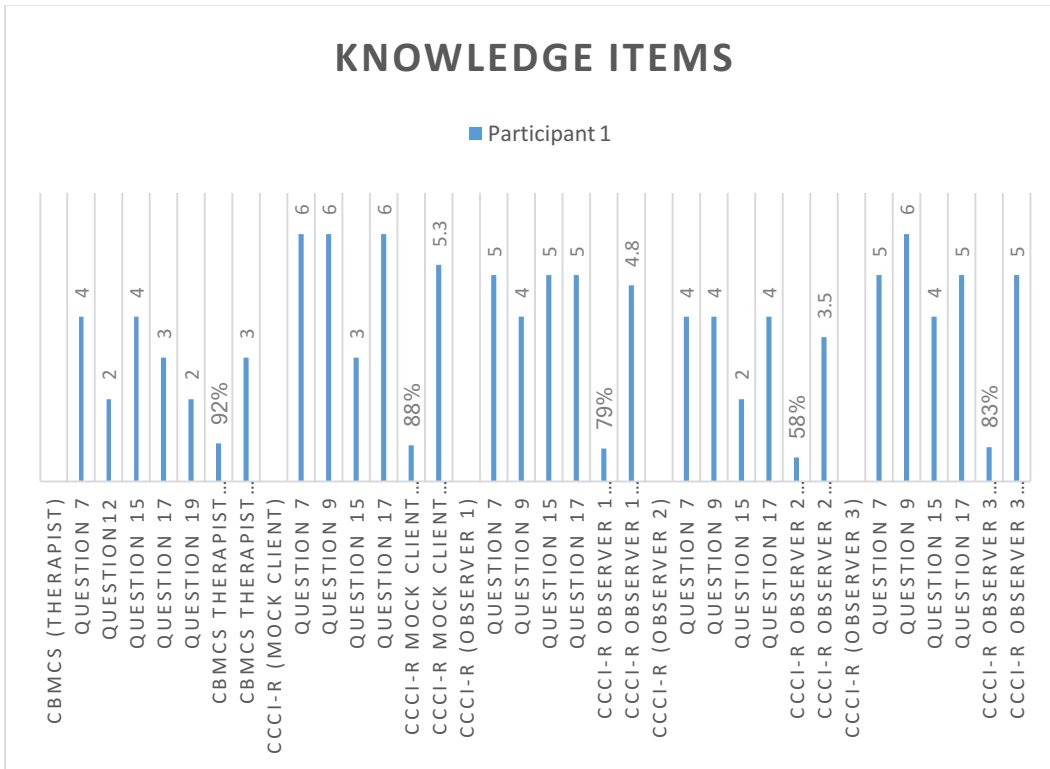
Each expert observer rated participant 1 differently. Expert observer 1 gave a 79% rating, expert observer 2 gave a 58% rating and finally expert observer 3 gave an 83% rating in the knowledge competency of the CCCI-R.

Table 4. Participant 1- Knowledge



At the item level participant 1 self-rated himself 2 out of 4 in the questions I have an excellent ability to critique multicultural research and I am knowledgeable of acculturation models for various ethnic minority groups. He rated himself 3 out of 4 in the following question, I can discuss research regarding mental health issues and culturally different populations. The most significant differences in scores (2 out of 6) was by expert observer 2 and the mock client (3 out 6) at the item level occurred in the question: counselor presents his or her own values to the client. This was congruent with what the mock client discussed during the qualitative interview. The mock client stated, "... it wasn't because he openly admitted to having the knowledge it was just cause behavior like he would nod a certain way, or he would look at me or he would smile or he would be like yea ok. He would have that kind of reaction and then it would be like ok you know what I'm talking about. Or he looks like he knows what I'm talking about so I'm going to go and continue or it feels like he knows what I'm talking about."

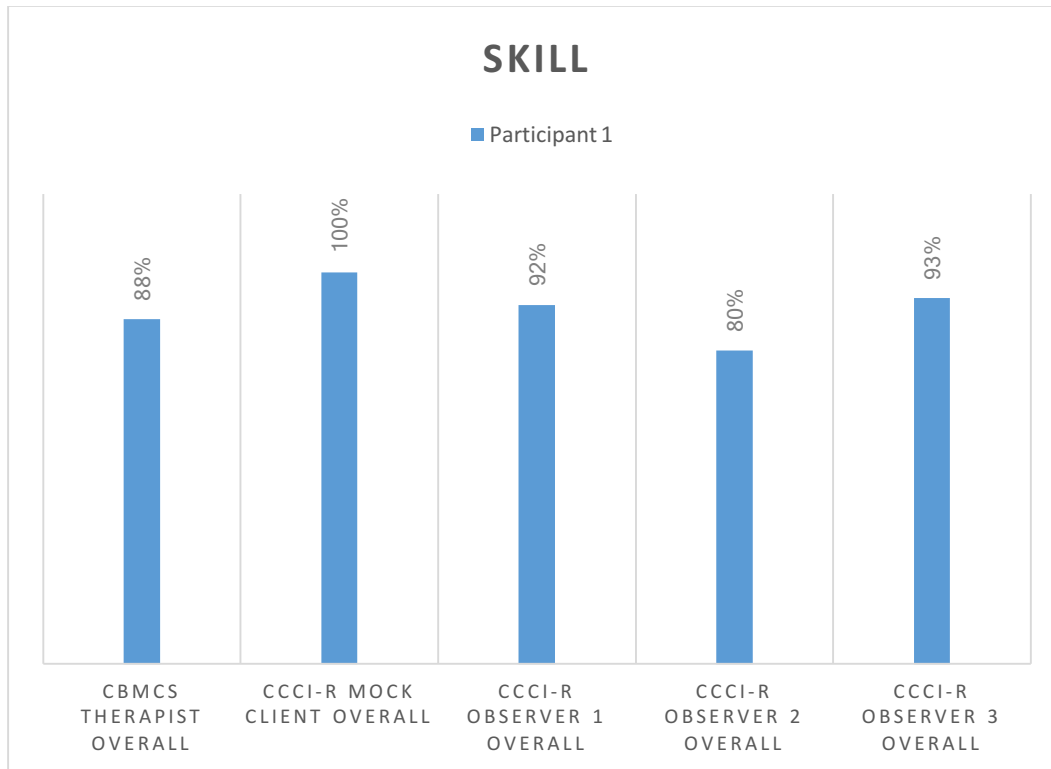
Table 5. Participant 1- Knowledge Items



**Skills.** Participant self-rated himself lowest in the skill competency. Participant 1 self-rated himself 88% in the skill competency of the CBMC. The mock client rated participant 1 as having 100% in this competency. This was congruent with the mock client’s discussion of participant 1 in the qualitative interview. The mock client stated, “...he would say things or he would nod or there was just an affirming ... there’s a difference between somebody listening and hearing you and say I understood what you said and ...know exactly what you are talking about. Somebody that’s experienced it and somebody that’s just listening to you and I could tell you experienced it. I could tell it was more than just, well that’s nice, tell me more, ... it was more like oh yea of course. You can tell he had experienced it before... And I think it must have been either in the way he was nodding or just the affirmative, which was like sure, yea, tell me more kind of behaviors.”

Experts observers rating of participant’s 1 skill competency ranged from 80%-93%. This was participant 1’s strongest rated competency by the expert observers.

Table 6. Participant 1-Skills

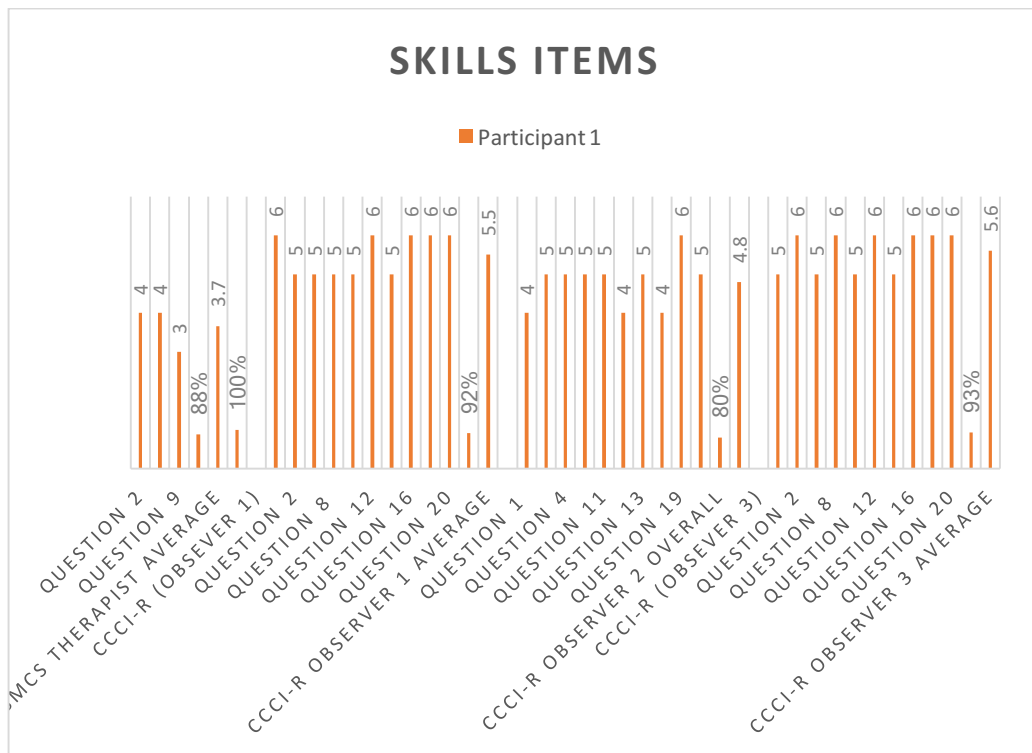


At the item level participant 1 self-rated himself 3 out of 4 in the question, my communication skills are appropriate for my clients. The expert observer 2 had the most significant difference in response, a 2-point difference, in the following questions: counselor is aware of his or her own cultural heritage, counselor is able to suggest institutional intervention skills that favor the client, and counselor is at ease talking with this client. This was not congruent with the mock client’s experience. For example, the mock client stated, “I mean sometimes with men I feel like there’s is a bit of a competition thing sometimes. It wasn’t there with him at all. His ego was completely not present in the room. Just completely gone. And that makes it really easy. Because when two guys are there and they looking at each other and the egos are there and they can see it you can tell there’s a little bit of that, that has to dissipate

first before you can be heist with each other. He must have left it in his pocket or something it was just not there at all. He was all about me actually. And I think that’s probably an important thing.” The mock client also stated,

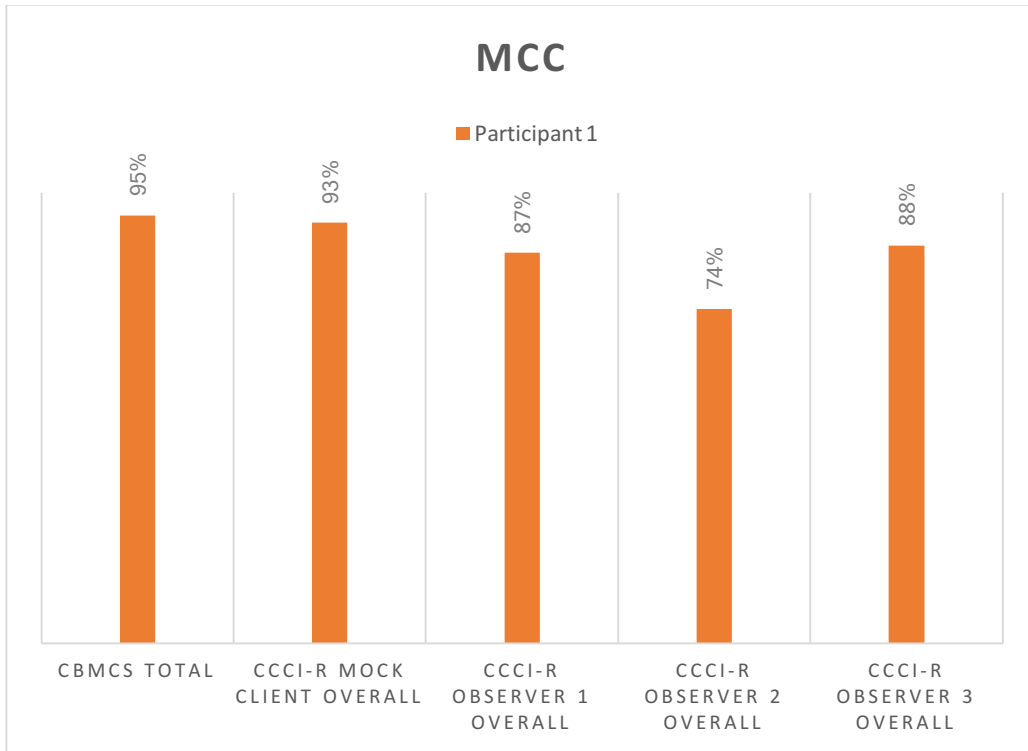
...if it is in fact that he felt personally like he could relate to me while he was doing his job then maybe that came through in his body language, or the way he was asking the questions. Or maybe even he felt more comfortable so he changed his tone because he himself knew and I didn’t. ... but I don’t know during the thing itself I wouldn’t have been able to say it’s because we did this the same or because we had this in common.

Table 7. Participant 1- Skills Items



**Multicultural Competency.** In overall multicultural competency participant 1 self-rated himself 95%. He was rated between 74% and 93% by the mock client and the three expert observers.

Table 8. Participant 1- MCC



**Empathy.** Participant 1 self-rated himself lowest in the Empathic feeling and expression subscale of the SEE. The most significant difference in how participant 1 self-rated himself at the item level was a 2-point difference (4 out of 6) in the following questions: When I interact with people from other racial or ethnic backgrounds, I show my appreciation of their cultural norms and when I see people who come from a different racial or ethnic background succeed in the public arena, I share their pride.

Table 9. Participant 1- SEE

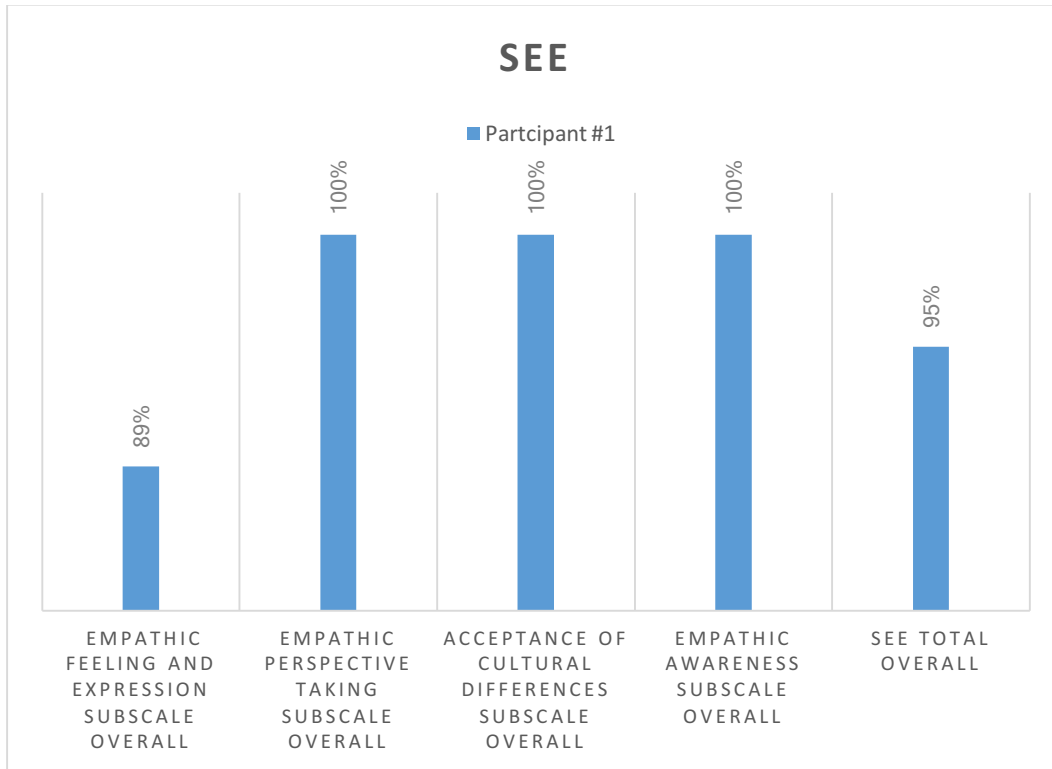
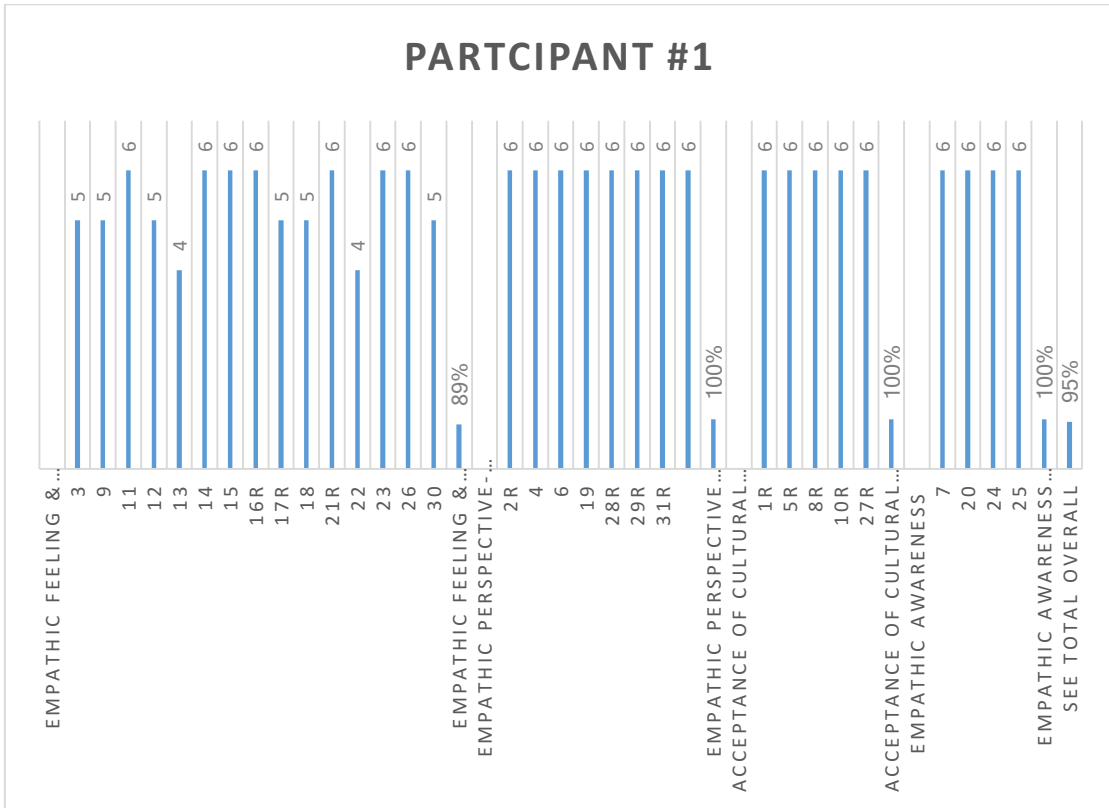
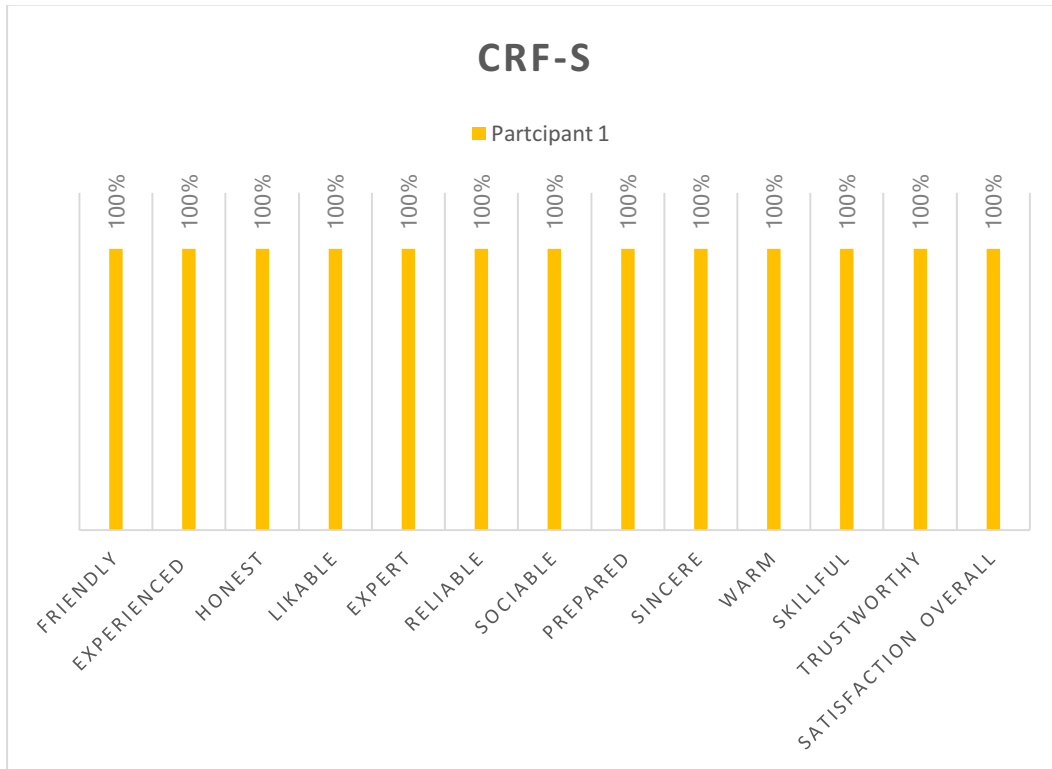


Table 10. Participant 1-SEE Items



**Client Perception of Psychologist.** The mock client rated participant 1 100% in all areas of the CRF-S. This is consistent with his perception of the therapy session discussed in the qualitative interview.

Table 11. Participant 1- CRF-S



**Expert Observer Latina/o Specific Observation.** Three expert observers rated participant 1 using a Latino specific observation tool. Not all anchors were observed by the expert observers. The following section describes the anchors that were observed by at least two of the three observers and how each anchor was rated by the observers.

Table 12. Participant 1- Expert Observations

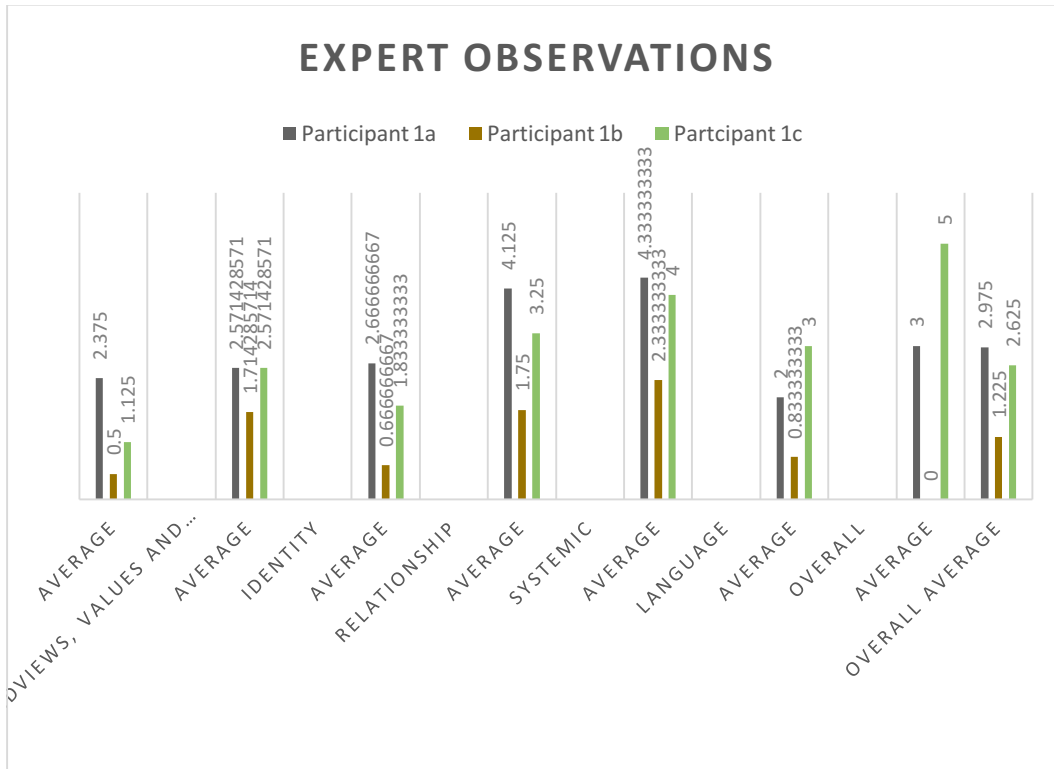
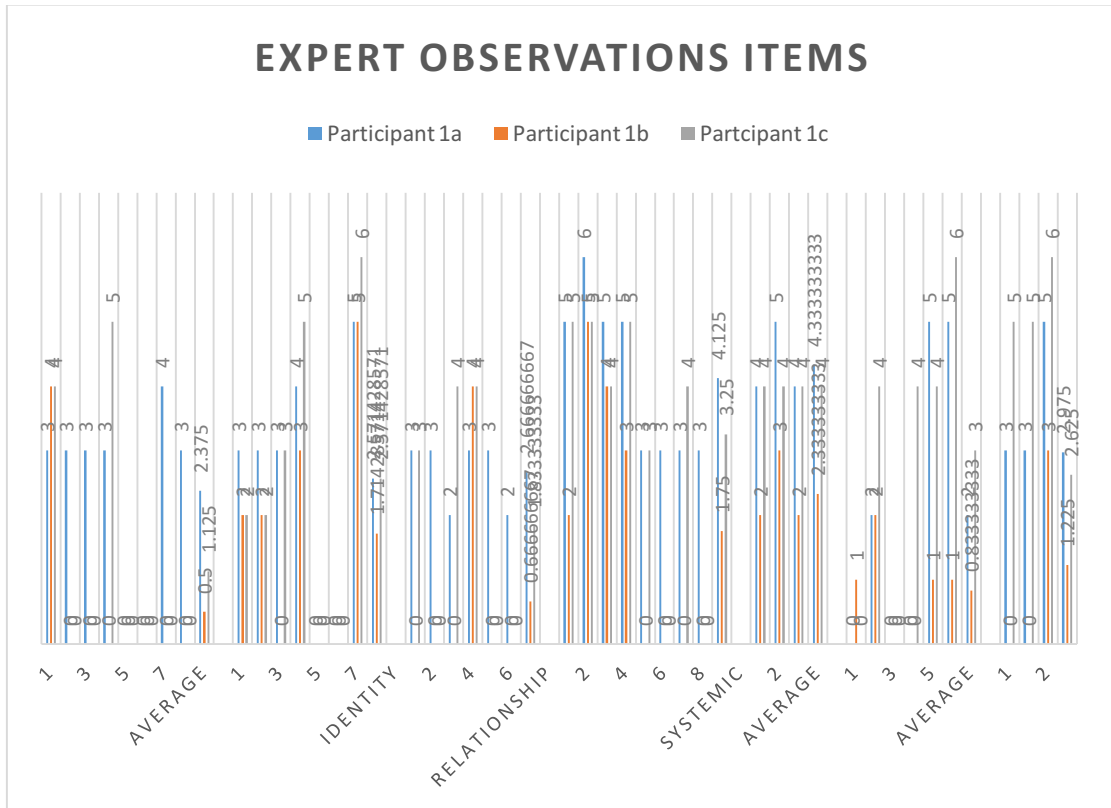


Table 13. Participant 1- Expert Observations Items



**Assessment and Intervention.** In this section, experts observed in the session and rated the anchors, gathering relevant information about the client’s presenting concern (average of 3.7 out of 6) and using interventions that were sensitive to clients’ contextual factors (average 2.7 out of 6).

**Worldviews, Values, and Traditions.** All experts observed and rated the anchors showing respect for the client’s worldviews (average 5.3/6), exploring sources of the clients’ perspectives (average 4/6), and rated similarly (average 2.3/6) the anchors exploring client’s degree of involvement with immediate and extended family and assess for individualism and “relational/ allocentrism” and collectivism. Finally, two experts observed and rated the assessment of specific beliefs and practices as average 2/6.

***Identity and Intersection of Identities.*** In this section, all experts observed in the session and rated the anchor acknowledge the sociopolitical pressures specific to Latino Identity (average 3.7/6). Two of the three the experts observed and rated explore ow client felt about his cultural group (average 2/6) and explore multiple identities (average 2/6).

***Relationship Building.*** In this section, all experts observed in the session and rated the anchors show respeto (average 5.3/6), show simpatia and establish confianza (average 4.33/6), engage in personalismo (average 4/6). Two of the experts observed and rated effectively explore issues of similarities between themselves and the client (average 2/6) and effectively use therapists-client similarities in the session (average 2.3/6).

***Systemic.*** In this section, all experts observed in the session and rated the anchors explore systemic barriers for the client (average 4/6), demonstrate awareness/understanding of possible marginalization or devaluation of client's experience as a Latino and connect clients' concerns as linked with issues of oppression such as racism and poverty both on average 3.3/6.

***Language and Communication.*** In this section, all experts observed in the session and rated the anchors adjusted language formality to be congruent with client's' style (average, 4/6), explore client's relationship with English and Spanish language (average 3.3/6), and recognize cues that led to discussion about cultural issues (average 2.7/6).

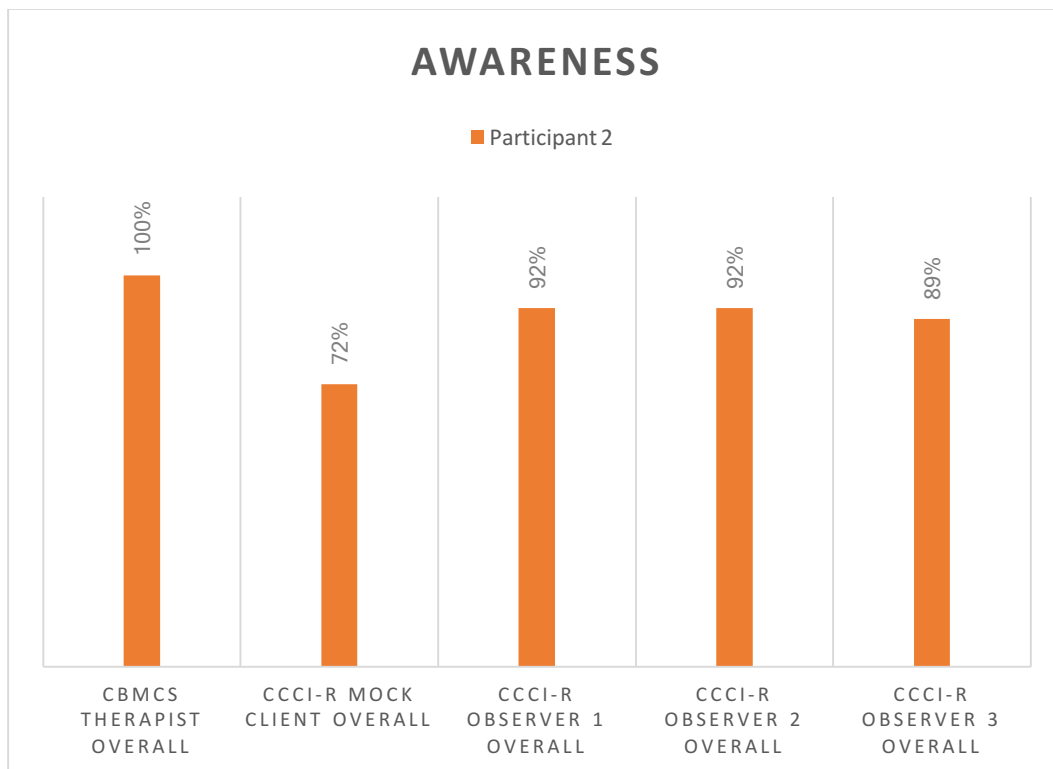
***Overall.*** Two of the experts rated participant 1 an average of 2.7 out of 6 the anchor accurately completed a Latino sensitive therapy session. Finally, all three experts rated an average of 4.7 out 6 the anchor did psychologist demonstrate empathy.

**Participant Psychologist 2.** Participant 2 was a 36-year-old man who self-identified as Latino and White. He had 11 years of experience providing psychotherapy. He identified his theoretical orientation as integrative. He obtained a Counseling Psychology Ph.D. He indicated

being fluid in English and Spanish. Participant 2 received the lowest score from the mock client in awareness, knowledge, skills, overall multicultural competency and satisfaction. Interestingly, participant 2 received the highest scores from the expert observers in awareness, knowledge, and overall multicultural competency. They also described him as demonstrated stronger Latino specific competency. Participant 2 also rated himself with the lowest score in the empathic perspective taking subscale in the SEE.

**Awareness.** Participant 2 self-rated himself using the CBMCS as having 100% competency in awareness (Gamst, Dana, Der-Karabetian, Aragon, et al., 2004). The mock client rated participant 1 as having 72% competency in awareness using the CCCI-R (LaFromboise, Coleman, & Hernandez, 1991). The expert observers used the CCCI-R to rate participant psychologists' awareness competency. Two expert observers rated participant 2 as having 92% competency and one expert observer rated him as having 89% competency.

Table 14. Participant 2- Awareness

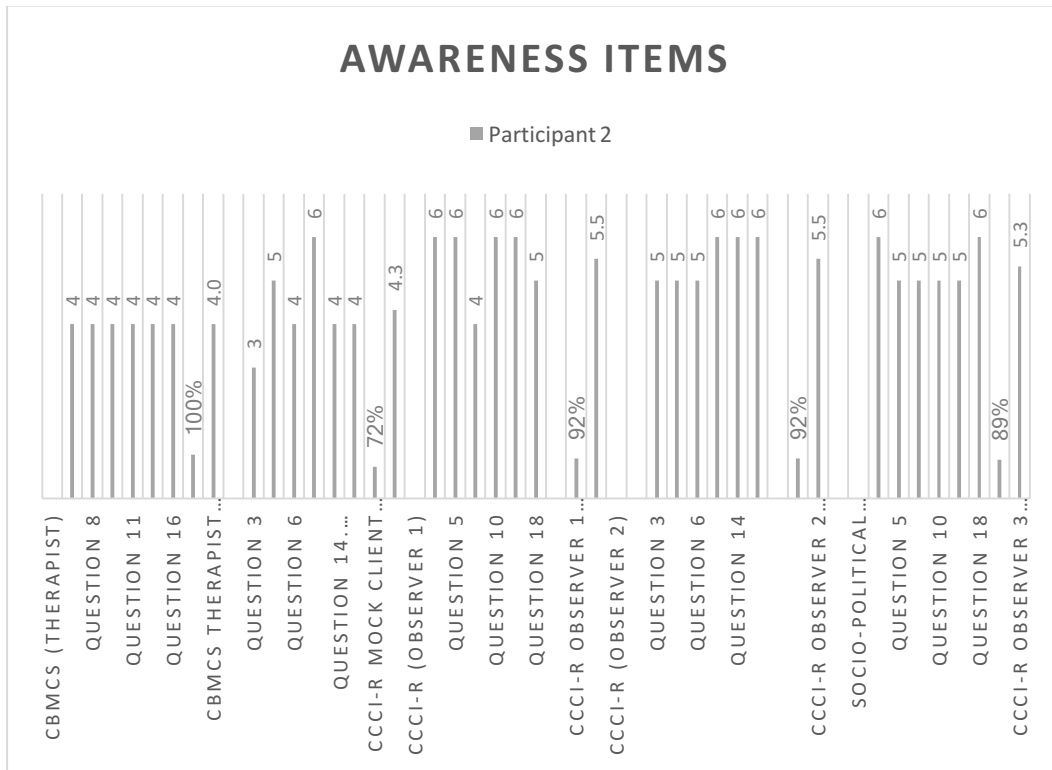


At the item level the highest difference in score (3 out of 6) in the rating by the mock client was on the question, counselor is aware of how own values might affect this client. This was congruent with the mock client's qualitative interview. The mock client stated, "... when he says I look white and umm sometimes people treat me like I'm white and he doesn't like that and so there I was like absolutely. I know exactly what that feels like. ... And so the only time that I really felt that we were culturally on the same page .... until he said that he was Mexican and that he had faced certain issues. ... when he said that I can relate to you with these particular things ... that's when I started saying things."

A two-point difference (4 out of 6) was giving to the following questions: counselor understands the current socio-political system and its impact on the client, counselor attempts to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle and counselor appreciates the client's social status as an ethnic minority. This was also congruent with what the mock client described during the qualitative interview. The mock client stated, "I think that maybe he processes out loud. But I don't, I feel like if I asked him today to talk about my issues I don't think he would relay them back the way I relayed them to him. I think he would come back saying, as a matter of fact, ... I bet he would come back saying some psychological jargon." He also stated, "When he said that thing about looking white and then having to deal with not looking like the place that you're from ... Then I was like yes. Absolutely, totally on the same page I know exactly where you're talking about. ... and that was nice ... that there was something in common that I could anchor on to and use to keep talking with him. And that in particular was the moment that I felt most umm visible to him ... and it was after that I felt comfortable enough to start talking..."

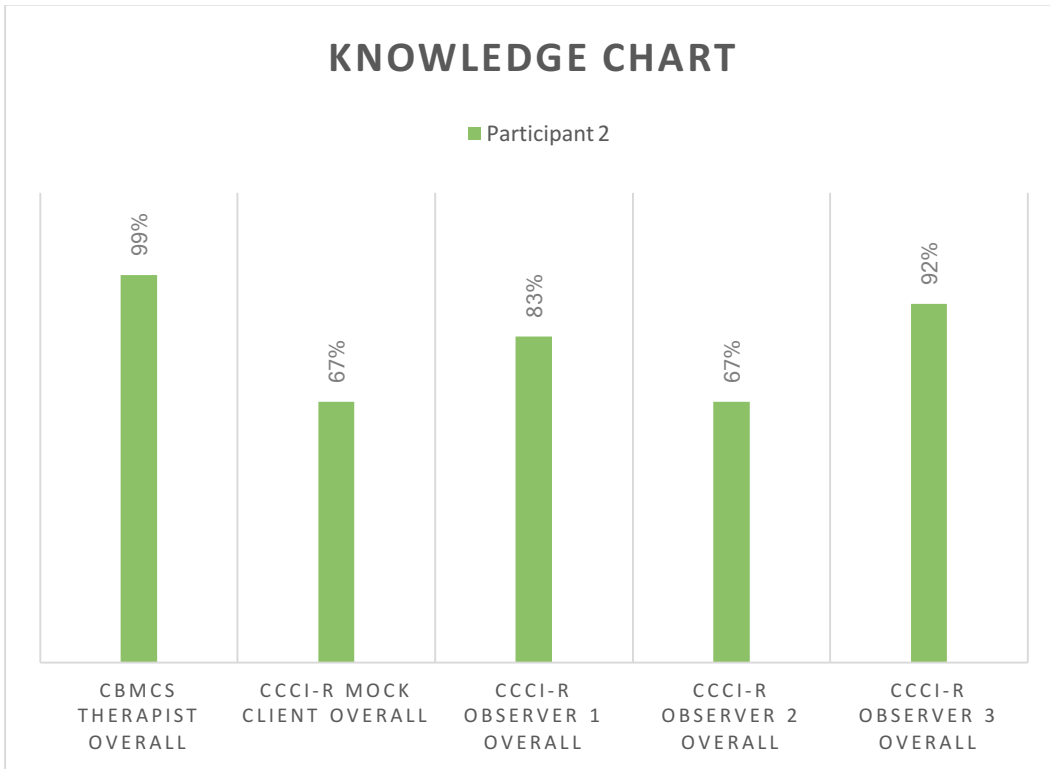
At the item level, the differences in scores between the expert observers consisted of a 1-point difference with the lowest score centered on the following question on the CCCI-R: counselor understands the current socio-political system and its impact on the client. A score of 6 out of 6 was given by the mock client and two expert observers on the question counselor elicits a variety of verbal and nonverbal responses from the client.

Table 15. Participant 2- Awareness Items



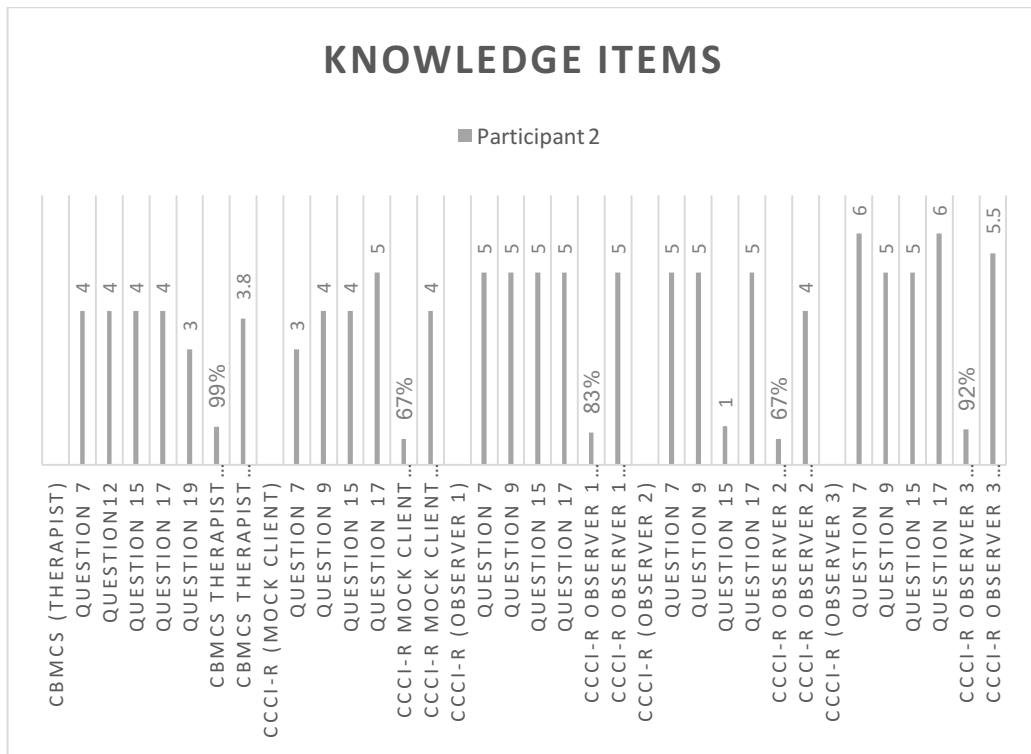
**Knowledge.** Participant 2 self-rated himself as having 99% competency in knowledge using the CBMC. The mock client rated participant 2 as having 67% knowledge competency using the CCCI-R. Each expert observer rated participant 1 differently. Expert observer 1 gave a 83% rating, expert observer 2 gave a 67% rating and finally expert observer 3 gave an 92% rating in the knowledge competency of the CCCI-R.

Table 16. Participant 2- Knowledge



At the item level participant 2 self-rated himself 3 out of 4 on the question I am knowledgeable of acculturation models for various ethnic minority groups. The mock client gave a rating of 3 out 6 on the question, counselor demonstrates knowledge about client’s culture. This was congruent with the mock client’s perception of participant 2. He stated, “I think it was just about him, his own personal so not cultural knowledge, personal knowledge sure. Personal experiences, personal thought, personal exploration, personal self-reflection that’s what I think made him talk the way he talked. I don’t think it was at all a study on Puerto Ricans, or a study on Puerto Rico and the United States. I don’t remember him addressing Puerto Ricaness at all.” The mock client rated participant 2 the lowest percentile in this competency. The most significant difference in rating was given by expert observer 2 on the question, counselor presents his or her own values to the client.

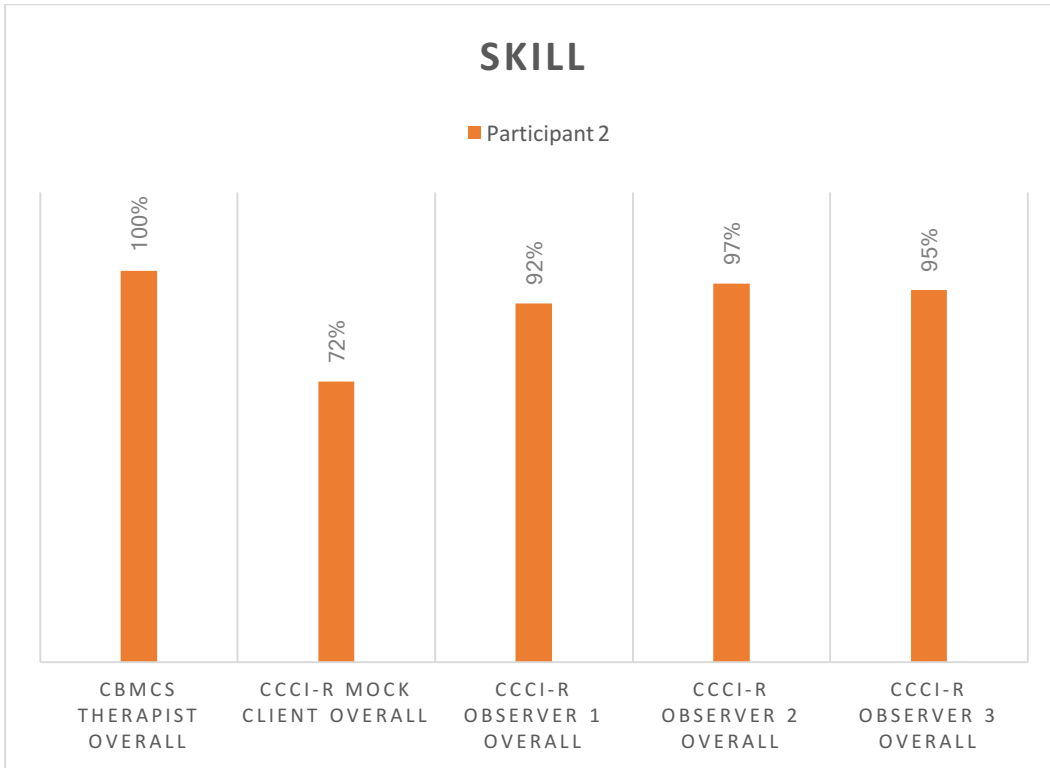
Table 17. Participant 2- Knowledge Items



**Skills.** Participant 2 self-rated himself 100% in the skill competency of the CBMC. The mock client gave participant 2 a rating of 72%. Overall this was participant 2’s strongest rated competency by the expert observers ranging from 92%-97%. The mock discussed participant 2’s skills as,

...he would always say something that wasn’t quite all what I said. Or he would do it too early. ... he tried really hard ... , it didn’t feel authentic when he was like, ‘you can talk to me if you feel like I’m not saying the thing that just tell me’ it just didn’t feel truthful. It felt like, it felt more programmed or more like rote.

Table 18. Participant 2- Skills



At the item level the following question was rated 1 out of 6 by the mock client, counselor sends messages that are appropriate to the communication of the client. The mock client gave the following description,

I did feel like some of the stuff he said or the way he behaved certain times ... would side track us. Cause when he said something you have to deal with what he said you can't just ignore what he's saying and then in the therapist client relationship the client is at a disadvantage so you're not as willing to disagree.

He also stated, "...it was hard to trust him at first. And it was hard to, to that feeling of being listened to. It wasn't entirely there. Umm, it took a minute before I could find a way to feel comfortable." The mock client stated, "I think he was, he was a little more imposing in the

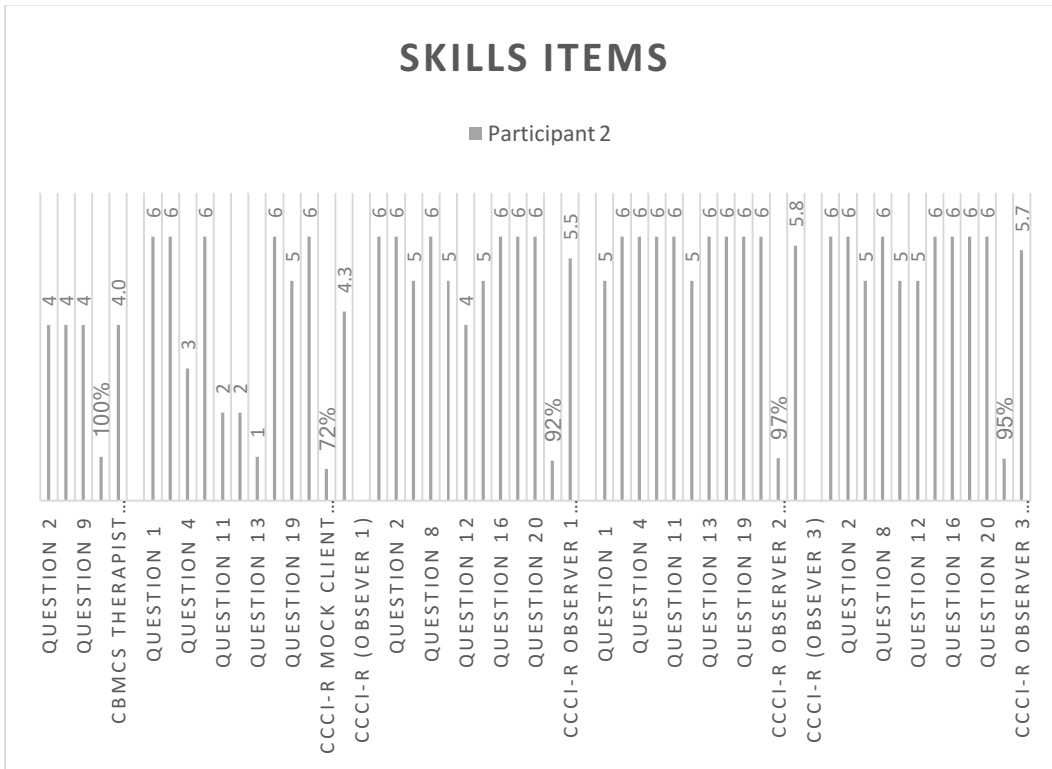
conversation than I was. Because I was trying to get into... I was trying to talk to him and he really didn't let me."

Two questions were rated 2 out of 6 by the mock client: counselor accurately sends and receives a variety of verbal and non-verbal messages and counselor is able to suggest institutional intervention skills that favor the client. This was congruent with the following statement,

... he said in the very beginning like I know this relationship is a power relationship or something and you have to correct me if I say something or do something wrong or whatever. Didn't feel like I could do that at all. Like I heard him say it. I was like oh ok good I'm sure you checked that off your initial five minute umm stud I'm supposed to say this but I didn't feel like that was actually.

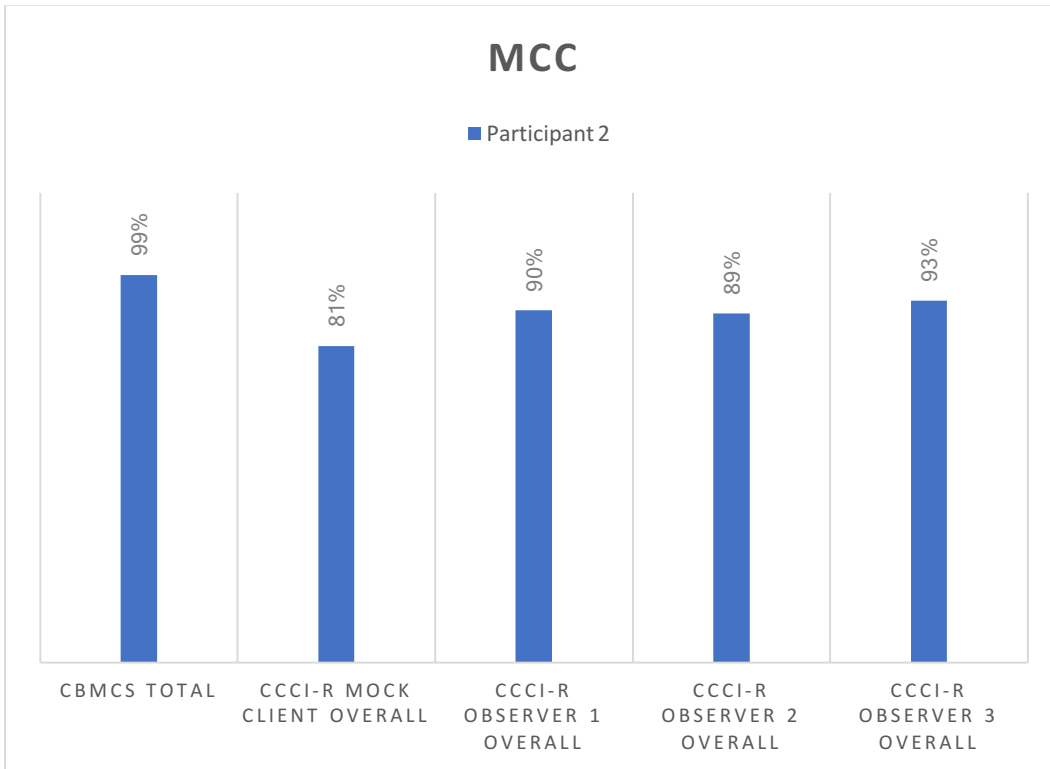
The mock client rated 3 out of 6 the question counselor is comfortable with differences between counselor and client. There was more consistency in rating by the expert observers in this competency. The largest difference in scores consisted of a 1-point difference with the highest possible rating score of 6.

Table 19. Participant 2- Skills Items



**Multicultural Competency.** Overall participant 2 multicultural competency rating by the mock client and expert observers ranged from 81%-93%.

Table 20. Participant 2- MCC



**Empathy.** Participant 2 self-rated himself lowest in the empathic perspective taking subscale of the SEE. The most significant difference in how participant 1 self-rated himself at the item level was a 2-point difference (4 out of 6) in the following questions of the subscale: When I interact with people from other racial or ethnic backgrounds, I show my appreciation of their cultural norms and when I see people who come from a different racial or ethnic background succeed in the public arena, I share their pride.

Table 21. Participant 2- SEE

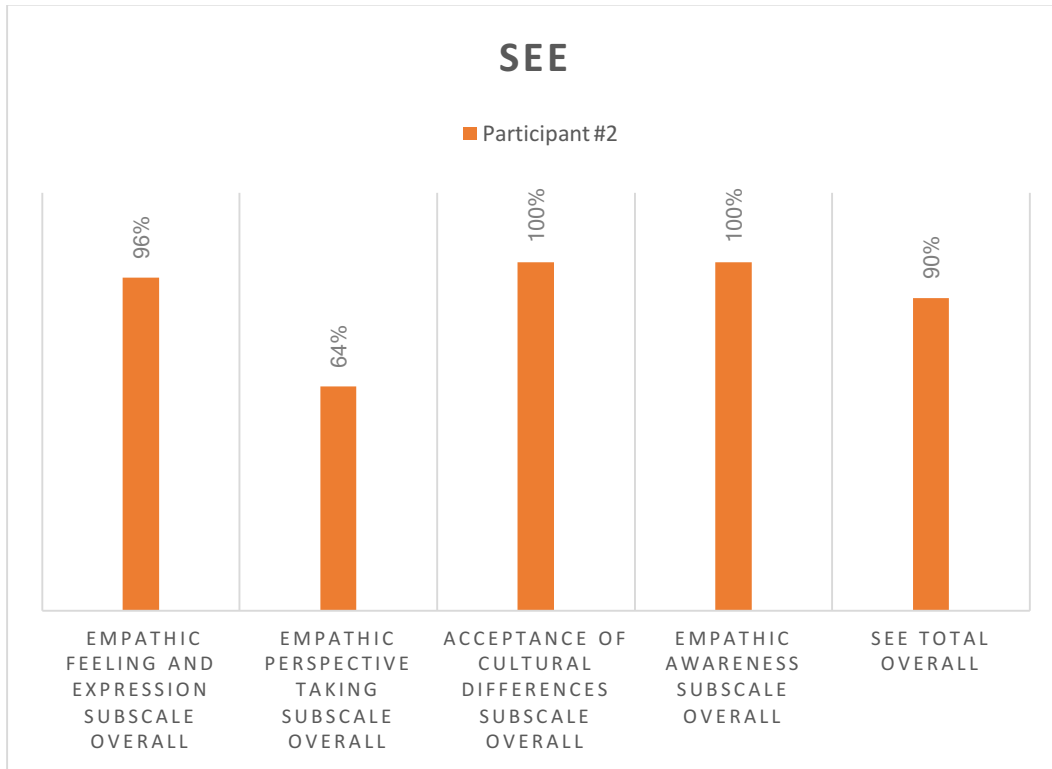
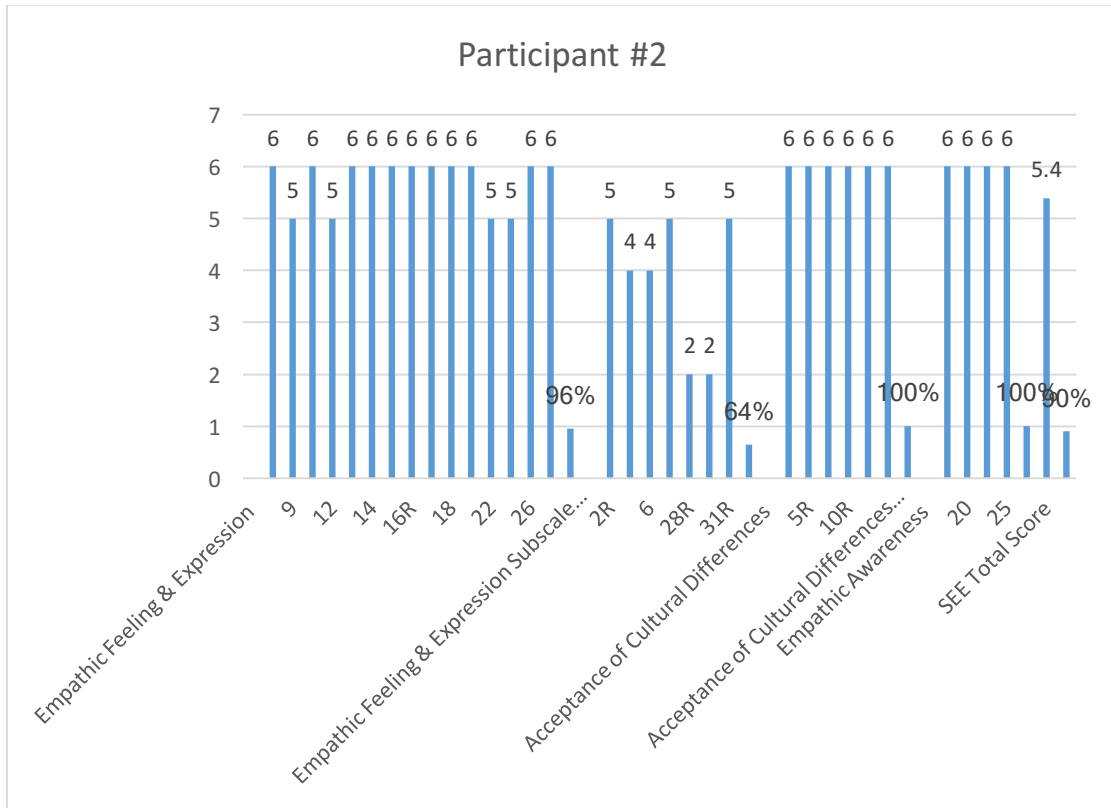


Table 22. Participant 2- SEE Items

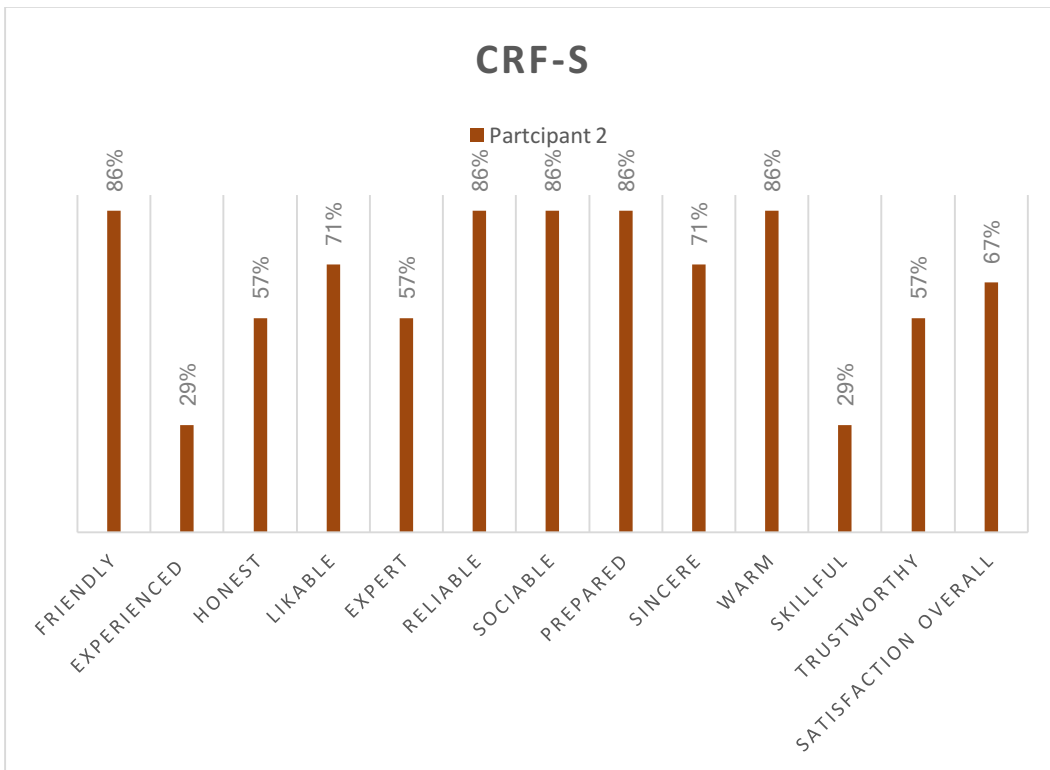


**Client Perception of Psychologist.** The mock client rated participant 2, 67% in overall satisfaction in the CRF-S. The most significant differences in scores (2 out of 7) centered on the mock client’s view of participant 2’s experience and skill. This is consistent with his perception of the therapy session discussed in the qualitative interview. For example, he stated “it just didn’t feel genuine. I’m sure that I didn’t see him. There’s a therapist 2 that was not in that room. It was in his head for sure, not in the room with me and I knew it. I could tell. I was like this isn’t you. There was more here (head), ... not dishonest maybe but there’s something else.” The mock client stated, “Again a therapist that is willing to talk over you, a therapist that is willing to interrupt you, to paraphrase, is just not on their game. You can’t paraphrase until you hear the whole truth. If you interrupt the person half way to summarize you didn’t summarize what they said. So I think that he could’ve done with a little more patience. A little more just hold on,

listen a little more before you release that massive of words that you built up in the last 20 seconds.”

The mock client also described personality differences that influenced his perception of the participant. For example, “I felt so challenged by his ego because my ego is so over inflated that couldn’t properly listen to him. That could absolutely be a thing too.” He also observed what this participant was wearing as an indicator, “As soon as I saw the way he was dressed I was like oh no. This guy’s, this guy’s got a larger than life umm, a little bit personality maybe...”

Table 23. Participant 2- CRF-S



*Expert Observer Latina/o Specific Observations.*

Table 24. Participant 2- Expert Observations

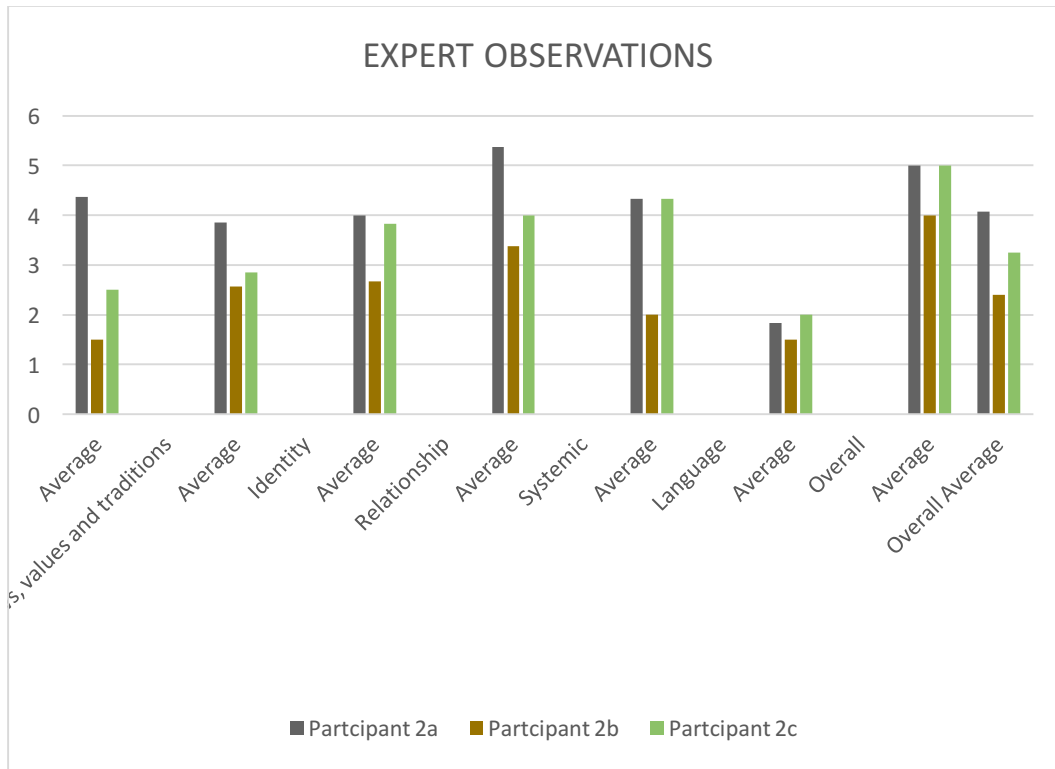
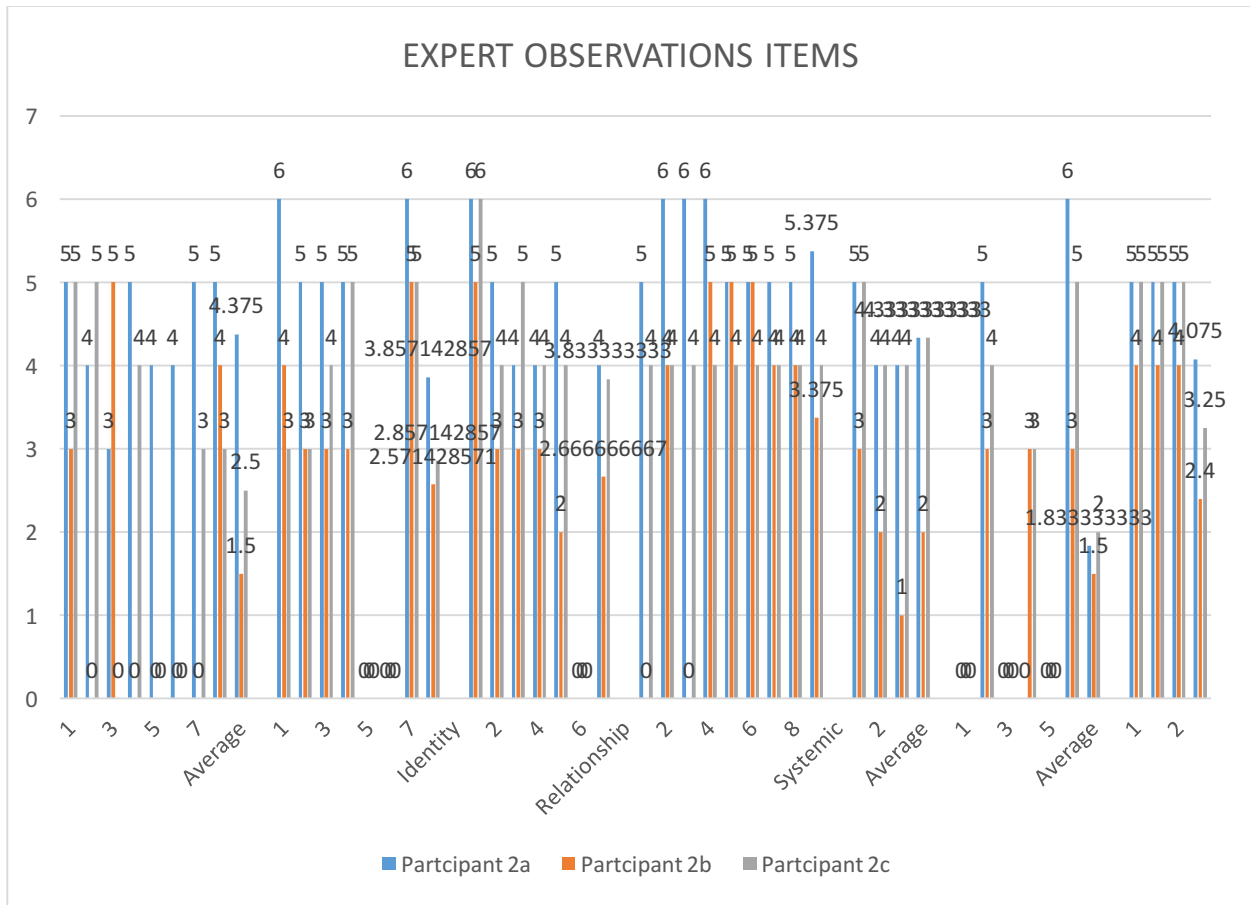


Table 25. Participant 2-Expert Observations Items



**Assessment and Intervention.** In this section all three experts observed in the session and rated the anchors gather relevant cultural information about the clients’ presenting concern (average 4.3/6) and explore the impact of immigration and on family dynamics (average 4/6). Two of the experts observed in session and rated the anchors assess for within-group differences and use interventions that were sensitive to clients’ contextual factors both an average of 3 out of 6. Two experts also rated an average of 2.7 out of 6 the anchors assess for other marginalized identities and explore client’s immigration story.

***Worldviews, Values, and Traditions.*** In this section, all experts observed in the session and rated the anchors show respect for the client's worldviews (average 5.3/6), explore client's degree of involvement with immediate and extended family (4.3/6) and explore resources of the client's perspectives (4.3/6), assess for specific beliefs and practices the clients ascribes to and to what extent (4/6), assess for individualism and relational/allocentrism and collectivism (3.7/6)

***Identity and Intersection of Identities.*** In this section, all experts observed in the session and rated the anchors explore how client felt about his cultural group (5.7/6), explore nationality and cultural nuances of that country (4/6), explore multiple identities with client (4/6), acknowledge the sociopolitical pressures specific to Latino identity (3.7/6) and explore issues of acculturation as they relate to the presenting concern (3.7/6).

***Relationship Building.*** In this section, all experts observed in the session and rated the anchors establish confianza (5/6). They rated on average 4.7 out of 6 the anchors show respeto, effectively explore issues of similarities between themselves and the client, and effectively explore issues of differences between themselves and the client. All three experts rated the anchors effectively use therapist-client similarities in the session and effectively use therapist-client differences in the session on average 4.3 out of 6. Two of the experts observed in the session and rated on average a 3.3/6 the anchor show *simpatia* and rate on average 3/6 the anchor engages in *personalismo*.

***Systemic.*** In this section all three expert observed and rated the anchors demonstrate awareness/understanding of possible marginalization or devaluation of client's experience as a Latino (4.3/6), explore systemic barriers for the client (3.33/6) and connect client's concerns as linked with issues of oppression such as racism and poverty (3/6).

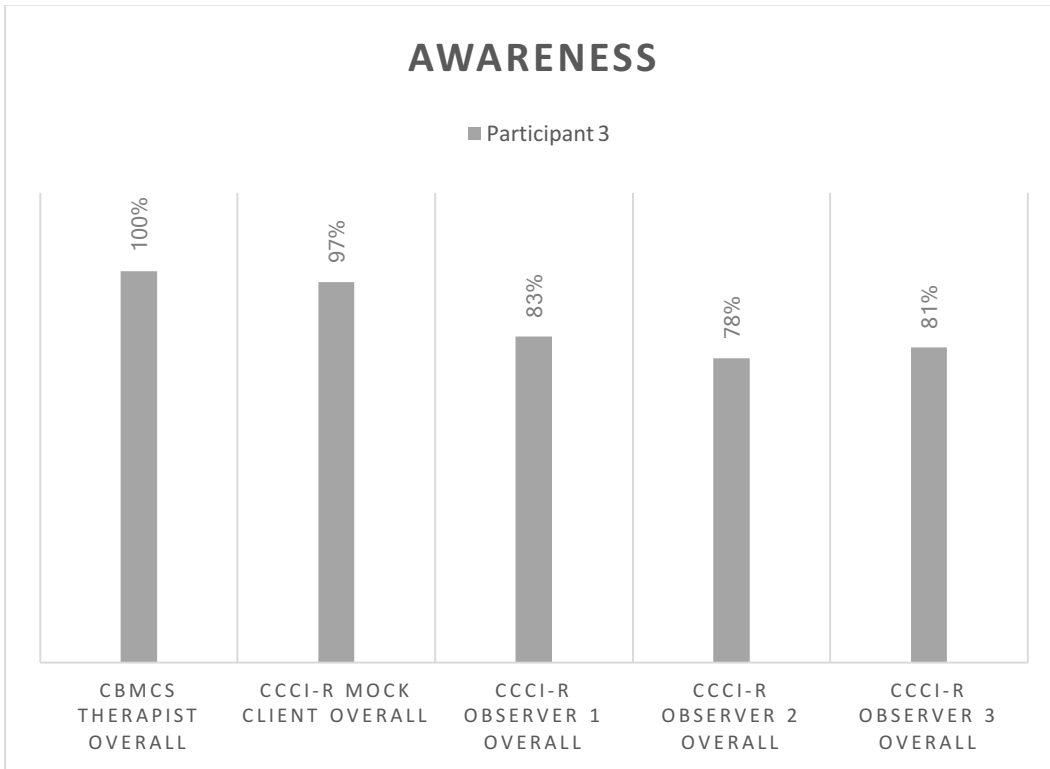
***Language and Communication.*** In this section all three experts observed in the session and rated the anchors adjusted language formality to be congruent with client's style (4.7/6) and recognize cues that led to discussion about cultural issues 4/6. Two of the experts observed and rated the anchor engage in *platica* an average of 2/6.

***Overall.*** Overall all three expert observers rated on average 4.7/6 the extent in which they accurately completed a Latino sensitive therapy session and 4.7/6 the extent to which psychologist demonstrated empathy (4.7/6).

**Participant Psychologists 3.** Participant 3 was a 36-year-old woman who self-identified as Latina. She had 13 years of experience providing psychotherapy. She identified her theoretical orientation as interpersonal and integrative. She obtained a Clinical Psychology Ph.D. She was fluent in English and Spanish. Participant psychologists 3 was one of the two participant psychologists that inquired about language preference.

***Awareness.*** Participant 3 self-rated herself using the CBMC with 100% competency in the awareness. The mock client rated participant 3 with 97% competency. The expert observers' ratings in this competency ranged from 78%-83%.

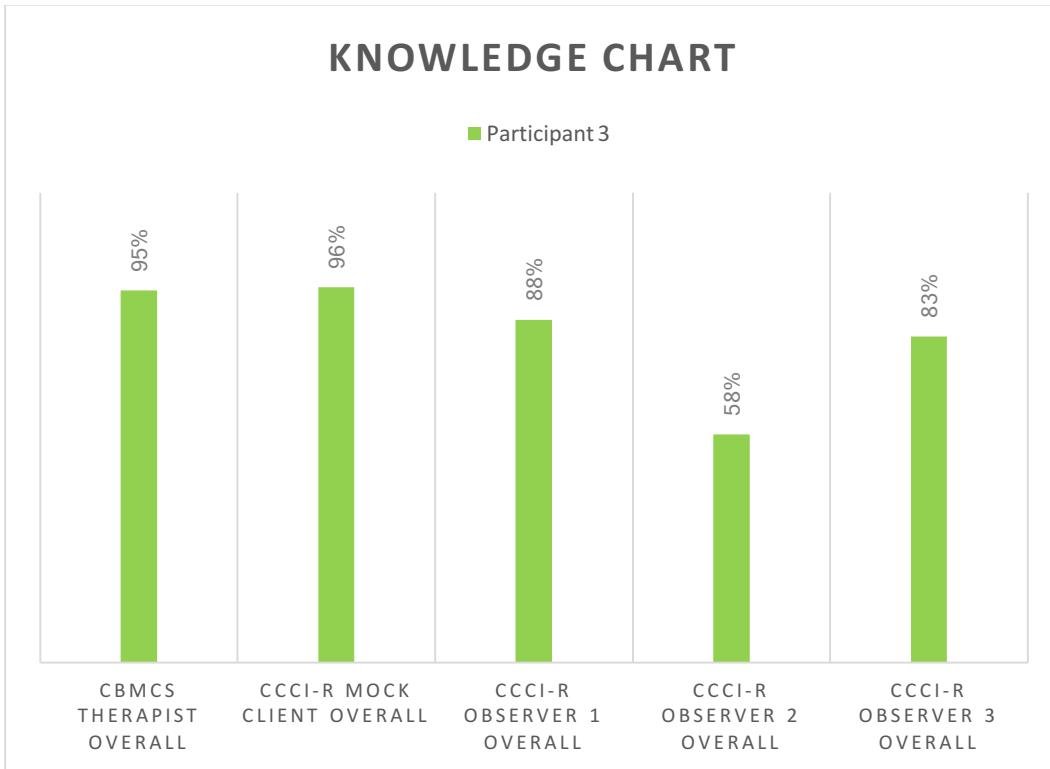
Table 26. Participant 3- Awareness



At the item level, the differences in overall awareness competency centered on participant 3 obtaining several rating of 4 out of 6 by the expert observers and a one-point difference in rating by the mock client. Participant 3 was rated by the mock client 5 out of 6 on the question counselor is willing to suggest referral when cultural differences are extensive. Expert observer 1 and 2 rated this same question 4 out of 6. Participant 3 was rated 4 out of 6 by expert observers 2 and 3 on the question counselor is aware of how own values might affect this client. Expert observer 2 rated this participant with the most 4 out of 6 ratings and expert observer 2 rated this participant with the most 5 out of 6 rating.



Table 28. Participant 3-Knowledge



At the item level the differences in the scores by participant 3’s self-rating centered on four questions being scored 3 out 4. Three of these questions focused on multicultural research and one on acculturation models of different ethnic groups. A significant difference in the ratings of the expert observers centered on the question, counselor presents his or her own values to the client. Expert observer 1 rated this participant 4 points, expert observer 2 gave a 1-point rating and expert observer 3 gave this participant 3 points. The mock client described his experience as positive. He stated,

I don’t remember her ever agreeing or ever offering personal information at all to where I would say ‘Okay, she understood or she could relate.’ I indirectly confirmed some of those things just by her body language ... she openly acknowledged being Puerto Rican like thirty or thirty-five minutes into the conversation and then I was like okay, alright check, that’s what we have in common. But other than that nothing else.

The mock client also stated,

I don't remember her admitting to being Puerto Rican until thirty minutes in honestly. So prior to that I was already feeling comfortable. So before the vocal confirmation of it um, I felt comfortable and I felt she was understanding and that she was there with me uh, it just made it all that much easier once she said it

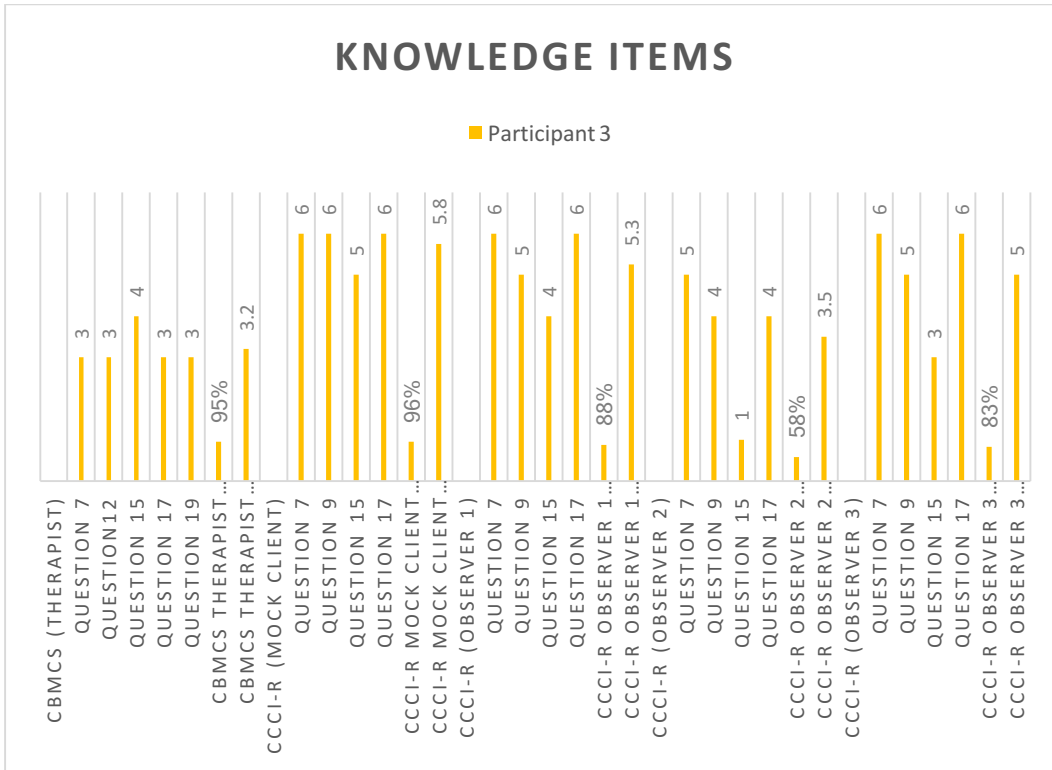
The mock client further explained about his experience,

It just makes everything so much easier, because if the person can automatically relate you can bypass so much of the initial getting to know the person ... someone else that is highly empathetic that doesn't have that background might still be able to do that with you but when you have the ... awareness that this person shares those traits it's easy to say 'you know what I'm talking about or you know what I mean' because they've admitted to knowing... so I think it was helpful.

Also related to the participant presenting her values to the client, the mock client stated,

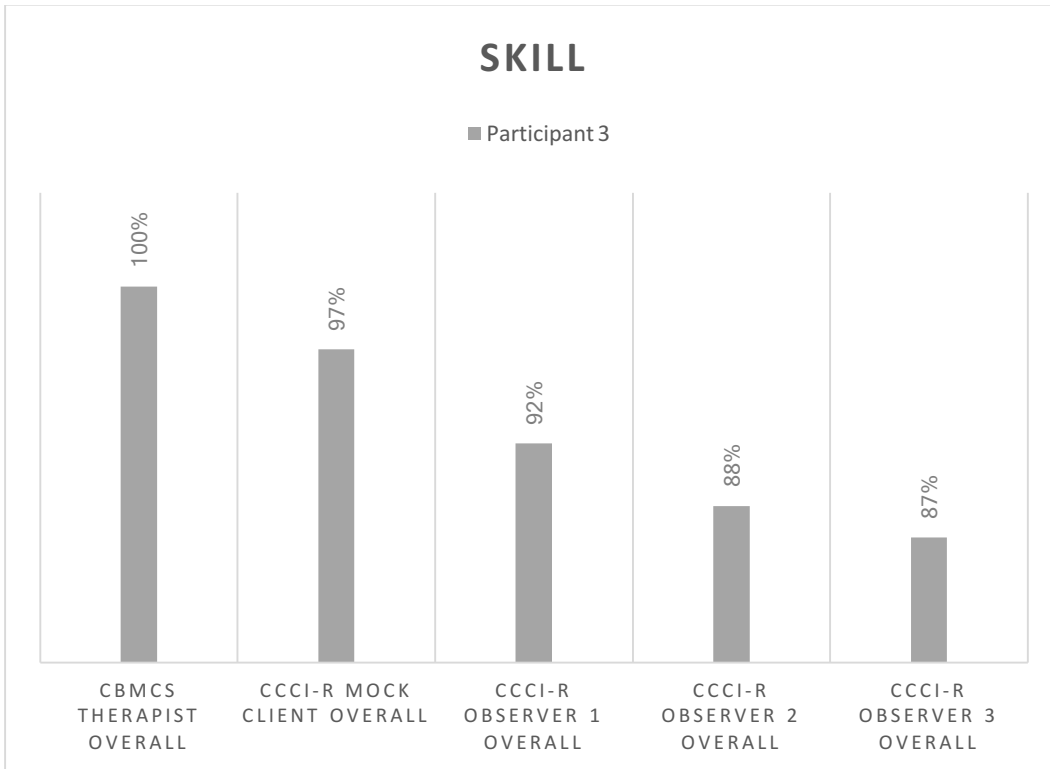
I think she likes herself being Puerto Rican. ... because ... this previous person didn't dress uh, within his own culture's norms. So to me that says something. Either you like this other way of dressing more or you feel that it is a more professional way to be ...it is more appealing to you than the way it's normally done in your own culture. She did the opposite. She is actively making herself look like a Puerto Rican ...She was wearing all the jewelry in all the different places like multiple earrings, right, multiple rings. She looked like she could be my cousin and so uh, it's nice to see that.

Table 29. Participant 3- Knowledge Items



**Skills.** Participant 3 gave a self-rating of 100% in the skills competency and the mock client rated her 97%. The expert observers rating ranged from 87%-92%.

Table 30. Participant 3- Skills

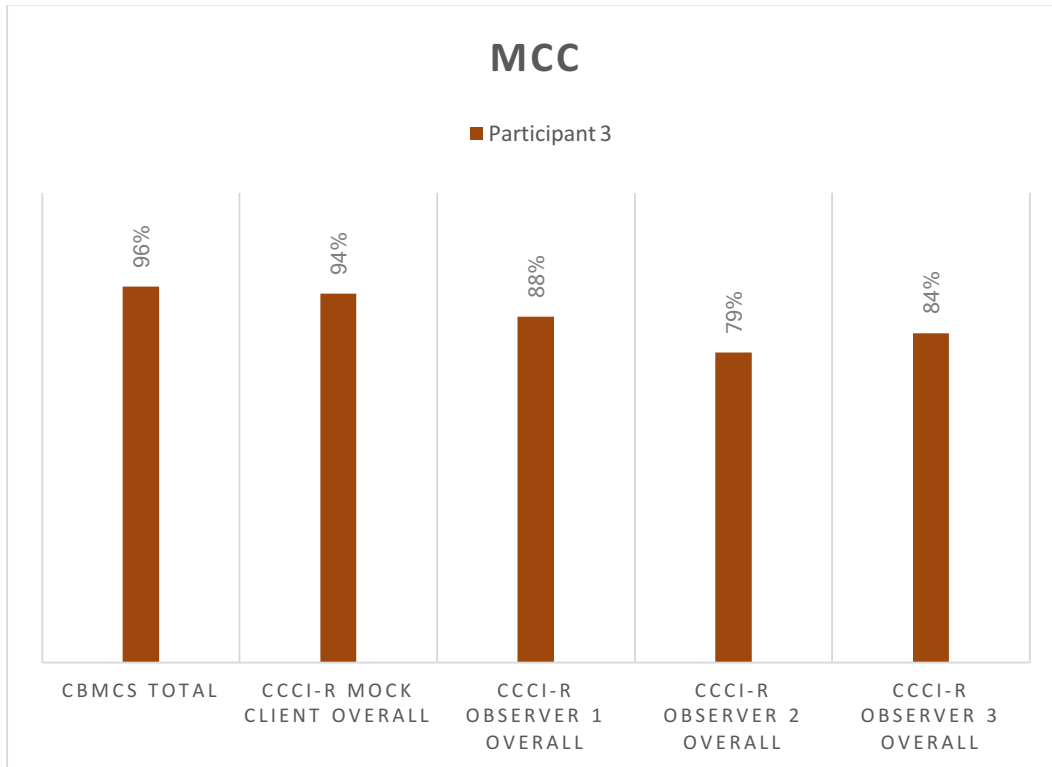


At the item level the most significant difference in scores between the mock client and the expert observers was on question 12, counselor is able to suggest institutional intervention skills that favor the client. There was also a 2-point difference between the mock client’s scores and expert observer 2 on the question: counselor is aware of his or her own cultural heritage. He further explained that,

“anytime that she knew what I was talking about with respect to culture ... as soon as the other person says ‘I know what you’re talking about’ the conversation can move. ... But if I’m saying something and the other person is saying ‘I don’t know what you’re talking about.’ ... but in counselor terms ‘Tell me more about that’, ... If they can follow up with ‘I know’ and then open-ended question it’s always going to be good. ... because it just seems so like it seems uh, like the person is still in training, when you hear ‘Tell me more about that and then what happened next?’ They’re just formulaic questions ... so any



Table 32. Participant 3- MCC



**Empathy.** Participant 3's lowest self-rated score on the SEE was on the Empathic Perspective Taking Subscale. The largest difference in score (4 out of 6) was on question 19, It is easy for me to understand what it would feel like to be a person of another racial or ethnic background other than my own.

Table 33. Participant 3- SEE

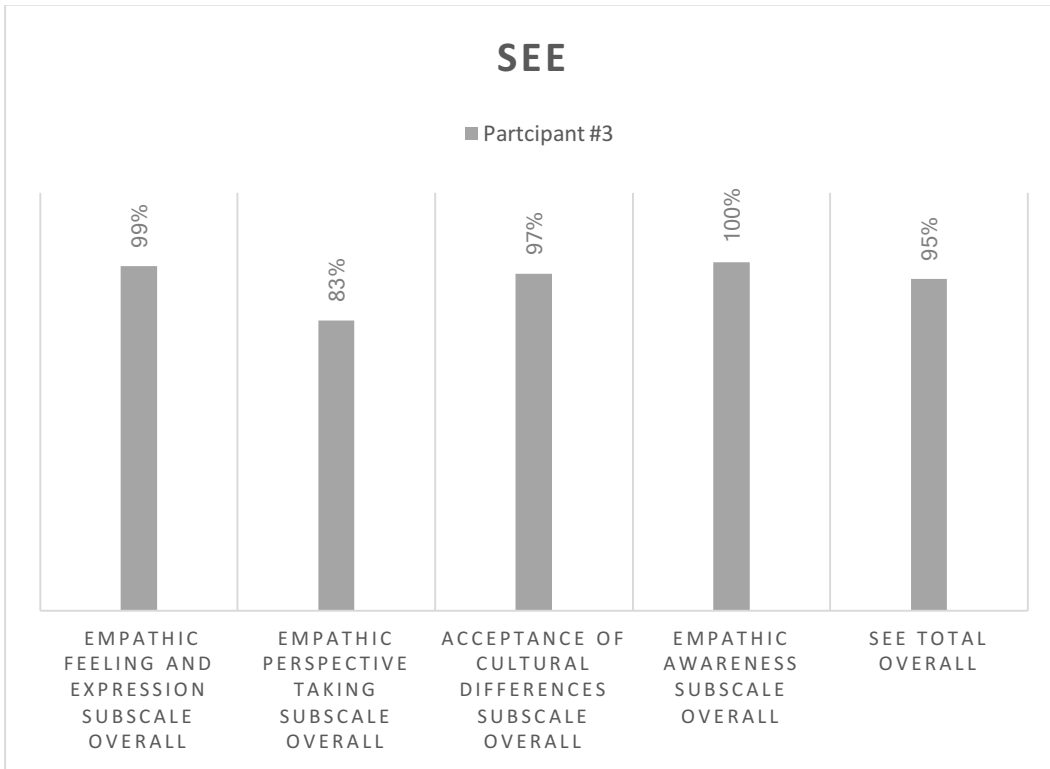
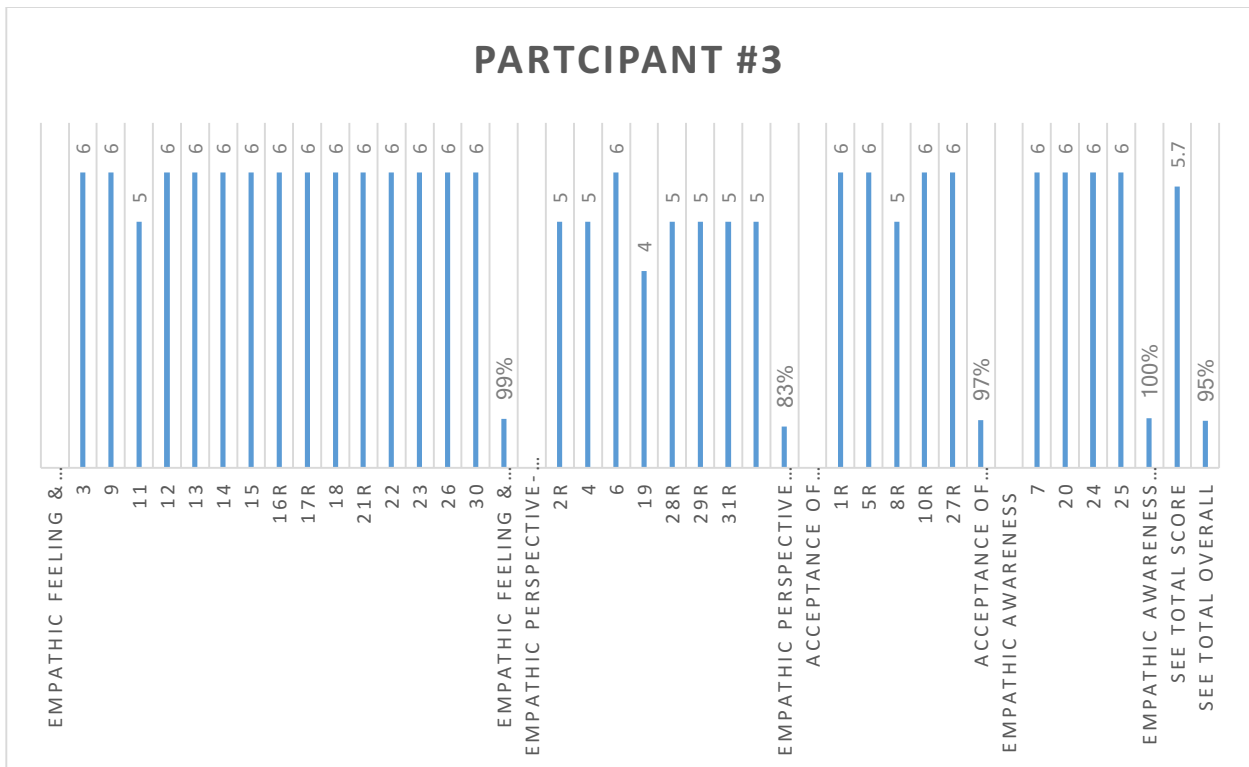
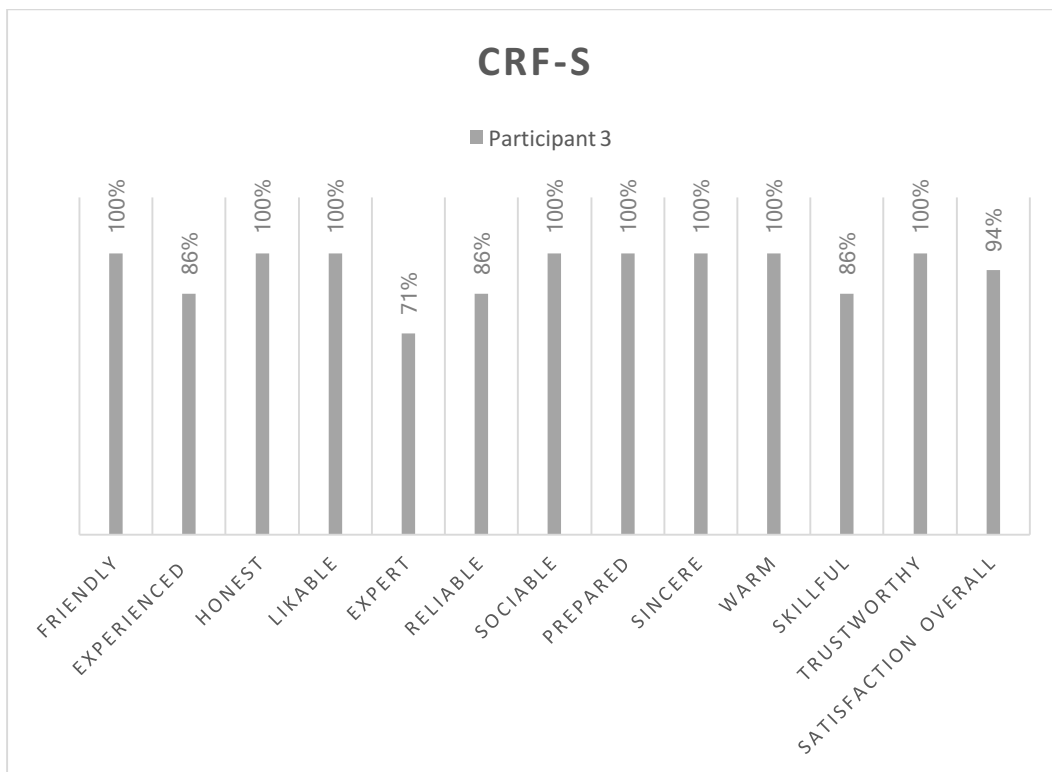


Table 34. Participant 3- SEE Items



**Client Perception of Psychologist.** The mock client rated participant 3 a 94% in overall satisfaction using the CRF-S. The most significant differences in scores (5 out of 7) centered on the mock client’s view of participant 3’s expertise. This is consistent with his perception of the therapy session discussed in the qualitative interview. He stated, “she’s a good listener for sure. She’s not bad at asking questions, she had good questions too.... I mean it was easy to talk to her. So I think she’s a very approachable, open-minded, ... she seemed non-judgmental, um,”

Table 35. Participant 3- CRF-S



The mock client’s perception of his therapy session with participant 3 also included gender differences, He stated, “It was disarming as well. I think the fact that she was a woman was disarming. So like I say that male ego competitive thing was not there so it was easy to be honest.” Gender also influenced his perception of participant 3,

...there were times where I questioned her intelligence in my head but I think having had the opportunity to think about it, I think she was a step ahead in another way, a little bit

more. She wasn't thinking of things the way I was which is also probably related to the fact that she's a female and I'm a male so I'm not sure if she was thinking about things in a way that I just don't have access to because of who I am. So that was also actually helpful too having the, being forced to think about what she was saying in a way that I couldn't feel some kind of mastery over I guess was important.

The mock client also described as helpful,

That she's got an expressive face because it's helpful. It's helpful if you've got somebody who isn't stone-faced and you can't tell what they're thinking um, because you want to feel like the person is with you and you want to feel like the person wants to hear what you have to say and if you're guessing whether they want to hear what you have to say you probably won't be as honest and it was immediately easy for me to be honest with this person.

***Expert Observer Latina/o Specific Observations***

Table 36. Participant 3- Expert Observations

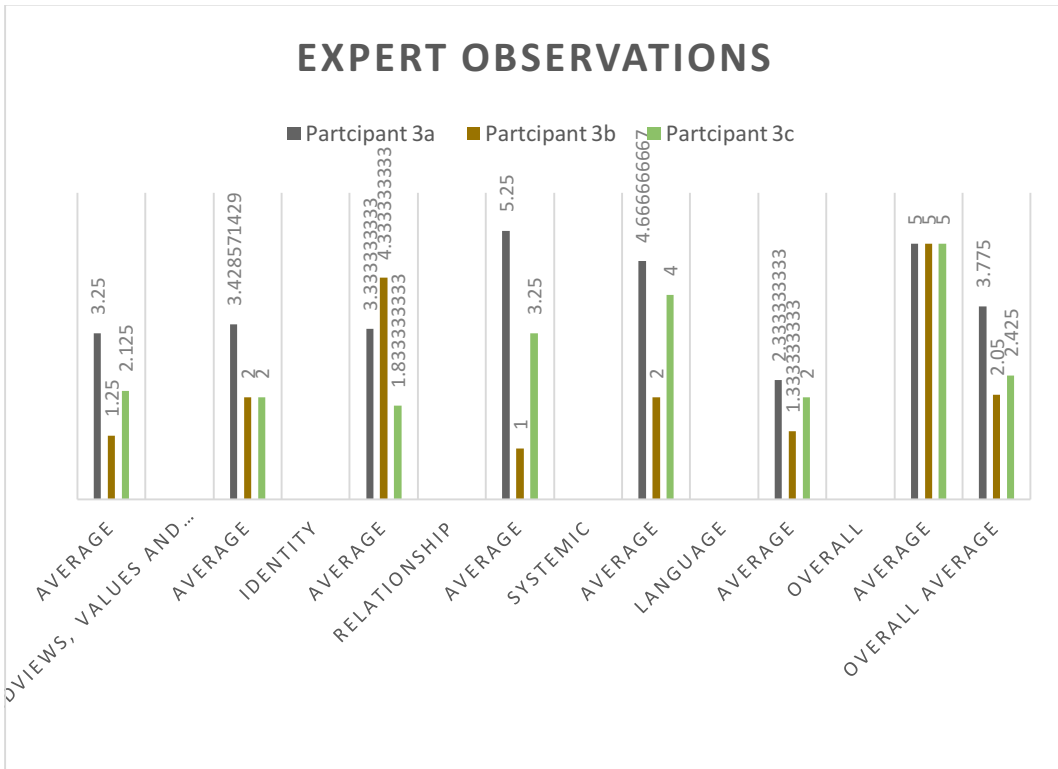
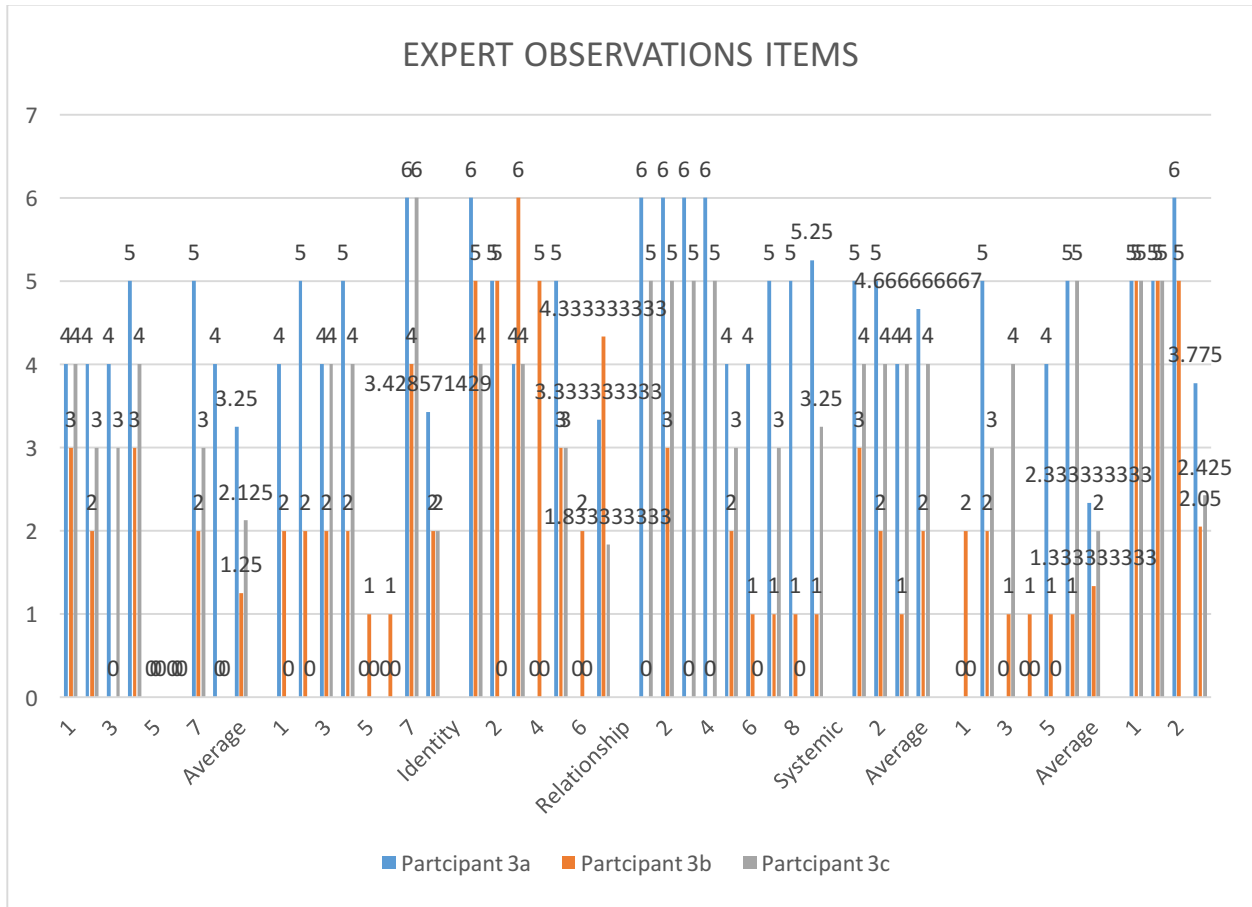


Table 37. Participant 3- Expert Observations Items



*Assessment and Intervention*

In this section all three experts observed in the session and rated the anchors use interventions that were sensitive to clients’ contextual factors (average 4/6), gather relevant information about the client’s presenting concern (average 3.7/6), explore client’s immigration history (3.3/6) and assess for within-group differences (average 3/6). Two of the experts observed in session and rated the anchor assess for other marginalized identities (3.33/6).

*Worldviews, Values, and Traditions*

All three experts observed in the session and rated the following anchors in this section: show respect for the client’s worldviews (an average 5.3/6), explore sources of the client’s perspectives (an average of 3.6/6) and assess which specific beliefs and practices the client

ascribes to and to what extent (on average 3.3/6). Two of the expert observers rated the anchors assess for individual and “relational/allocentrism” and collectivism (on average 2.3/6) and explore client’s degree of involvement with immediate and extended family (an average 2/6).

#### *Identity and Intersection of Identities*

All three experts observed in the session and rated the following anchors: explore how client felt about cultural group (on average 5/6), explore multiple identities with client (an average of 4.7/6), and explore issues of acculturation as they relate to the presenting concern (3.7/6). Two experts rated the anchors explore nationality and cultural nuances of that country (3.3/6).

#### *Relationship Building*

In this section all three experts observed in the session and rated the following anchors: show respeto (on average 4.7/6) and effectively use therapist-client similarities in the session (3/6). Two of the expert observers rated the following three anchors an average of 3.7 out of 6: engage in personalismo, show simpatia, and establish confianza. Two observers rated the anchors effectively use therapist-client differences in the session (2/6) and effectively use issues of differences between themselves and the client (1.7/6).

#### *Systemic*

All three experts observed in the session and rated all anchors in this section as follows: demonstrate awareness/understanding of possible marginalization or devaluation of client’s experience as a Latino (4/6), explore systemic barriers for the client ( 3.7/6) and connect clients’ concerns as linked with issues of oppression such as racism and poverty (3/6).

#### *Language and Communication*

In this section all three experts observed in the session and rated the following anchors: adjusted language formality to be congruent with client's style (3.7/6) and recognize cues that lead to discussion about cultural issues (3.3/6). Two of the expert observers rated the following two anchors an average of 1.7 out of 6: assess for preferred language in therapy and explore client's relationship with English and Spanish languages. The mock client also described his experience with language on the qualitative interview. He stated,

She also did ask about the language ... even if I didn't have the preference in Spanish uh, for the session, it let me know that it was there. It let me know that it was an option there and also let me know that she had an understanding of at least some of what I felt, so I think all of that helped ...

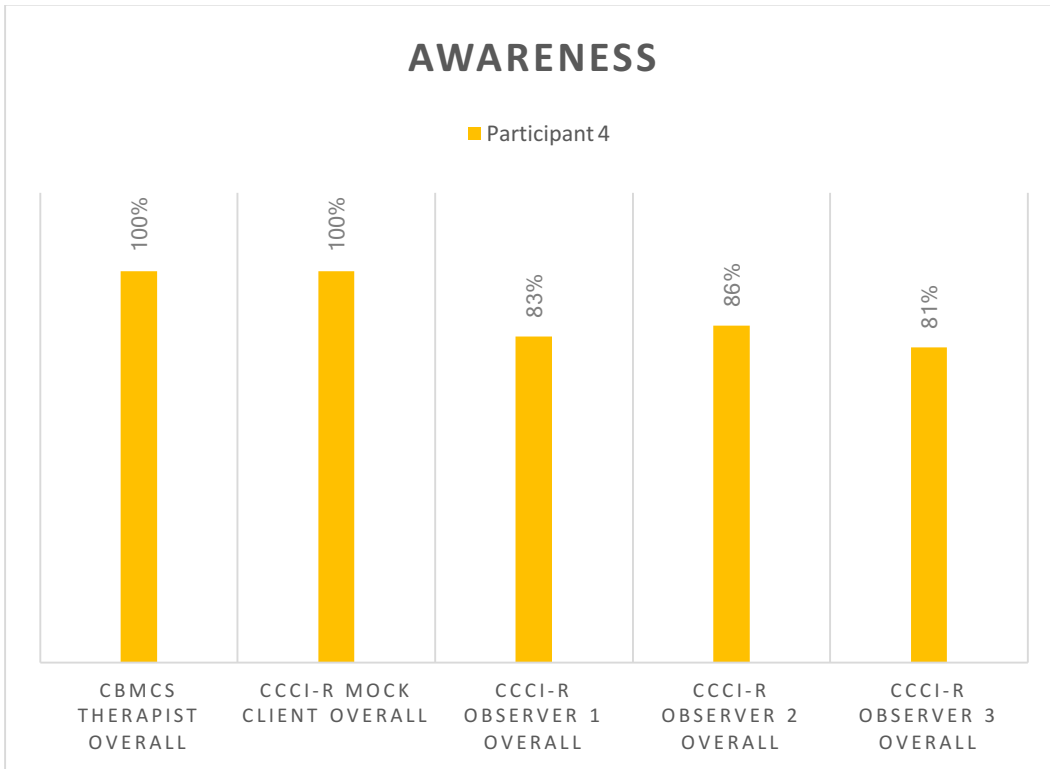
#### *Overall*

Overall all three expert observers rated on average 5/6 the extent in which they accurately completed a Latino sensitive therapy session and the extent to which psychologist demonstrated empathy (5/6).

**Participant Psychologist 4.** Participant 4 was a 42-year-old woman who self-identified as Latina and White. She had 8 years of experience in providing psychotherapy. She identified her theoretical orientation as feminist, humanistic and somatic. The mock client rated participant 4 as having the highest competency in knowledge and slightly higher score in overall multicultural competency. Participant psychologist 4 was the only participant that spoke Spanish in the mock therapy session.

**Awareness.** Participant 4 self-rating of herself 100% and the rating provided by the mock client was also 100% in this competency. The expert observers rating ranged from 81%-86%.

Table 38. Participant 4- Awareness



A difference in rating between the expert observers in this competency was question 5, counselor is willing to suggest referral when cultural differences are extensive. Expert observe 1 rated her 3, expert observer 2 and 3 gave a rating of 5. All three expert observers rated participant 4 alike (4/6) in the question, counselor is aware of how own values might affect this client.

During the qualitative interview immediately after the mock therapy session, the mock described his experience of participant 4’s awareness. He stated,

“...she definitely understood a lot of cultural things. Now she also admitted to having similar cultural experiences. I mean definitely if you’re hearing somebody talk to you and you hear that they have gone through a similar or even the same experience on some level, I guess it could never be exactly the same but same within the confines you’re going to feel better. You’re going to feel more like they understand you because they’re

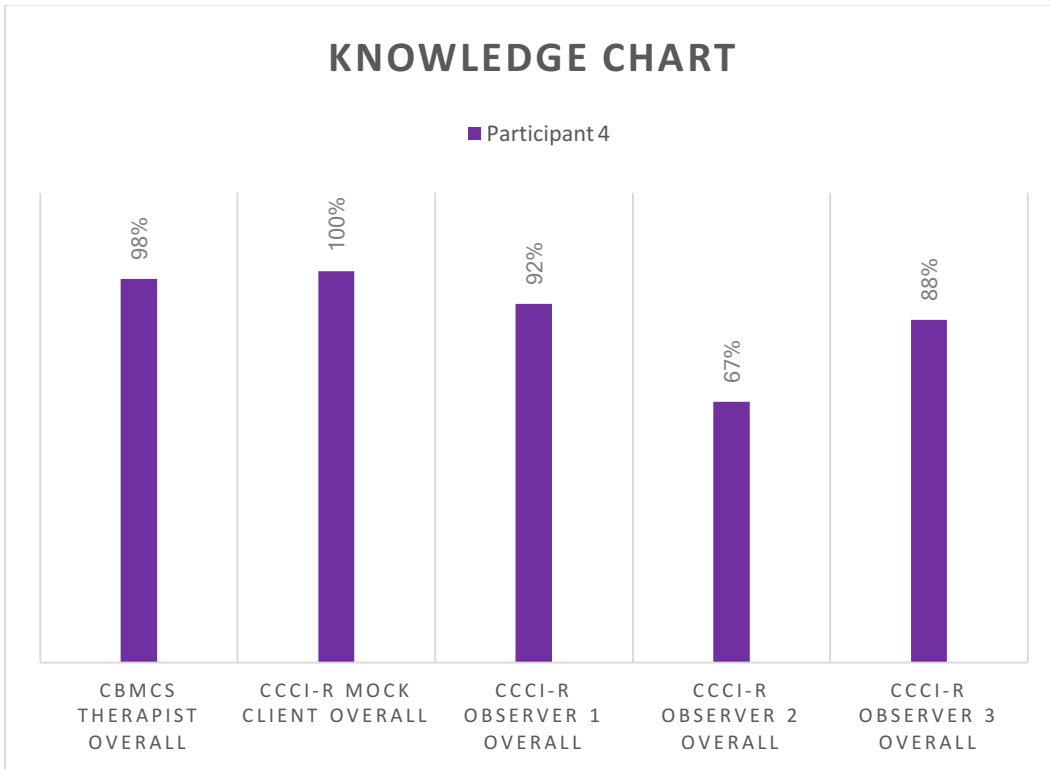
like oh, I did that too. And so ... I can skip all the details ... Now she didn't say that 'til the end but I feel like some of the empathy has to come from, 'oh, he's saying things I've felt before'."

For this participant, a shared ethnic back ground did not seem as important to the mock client. He stated,

I don't think that if she had never been there [Puerto Rico] I wouldn't have known the difference or if she had been I wouldn't have known. I don't think, based on the interaction I had with her I can't tell you if she's been there a long time or if she's been there on vacations or if she's been there in the summers. Because I can't say, I don't think it mattered." The mock client also stated, "...the fact that I felt so comfortable and the fact that she could articulate uh, an impression of me or an impression of what she was seeing uh, it kind of made me feel that she was more sensitive to my needs than I was.



Table 40. Participant 4- Knowledge

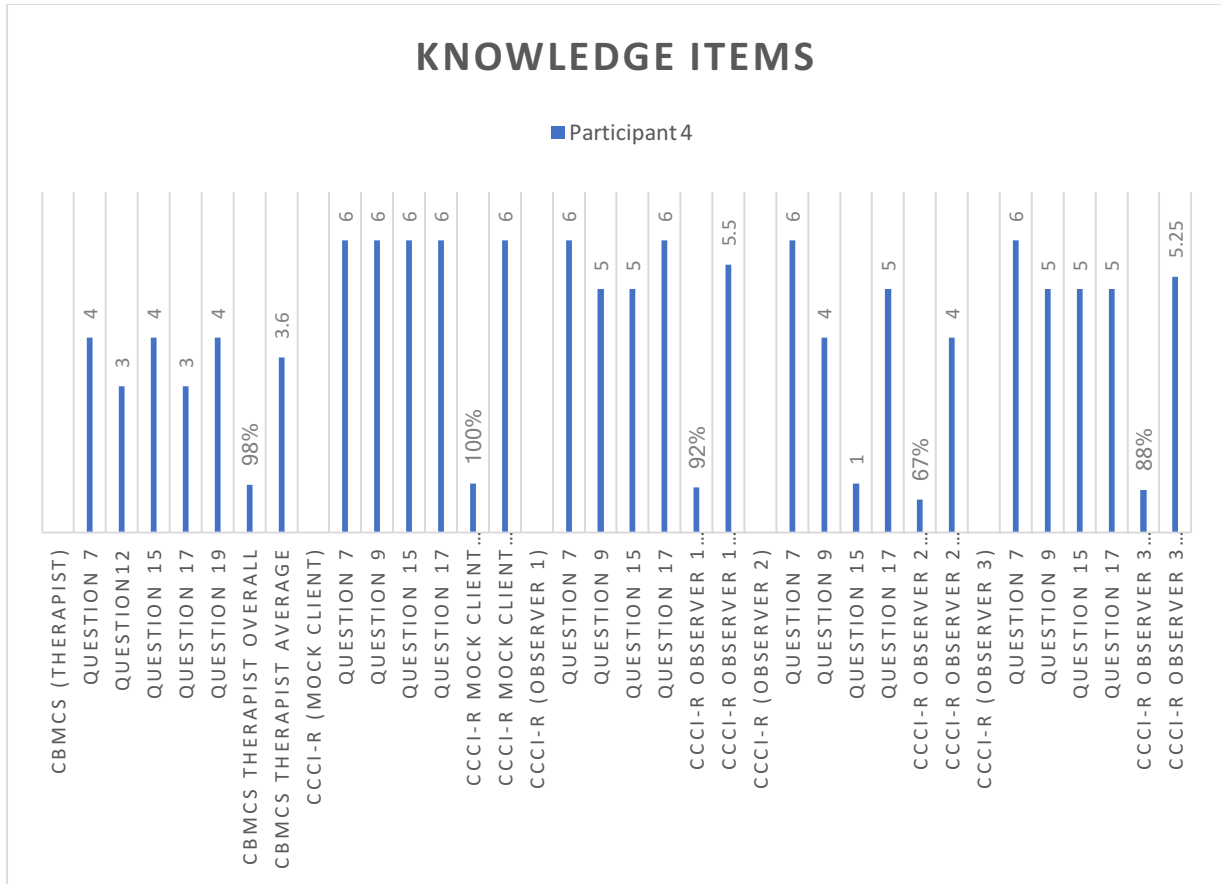


The major differences in scores of the expert observers was between the scores given by expert observers 1 (6/6) and 3 (5/6) with expert observer 2 (1/6) on the question, counselor presents his or her own values to the client. The mock also discussed this during the qualitative interview stating,

I knew she was Puerto Rican because of the decorations she had in her room. So from the beginning I knew so I wasn't trying to figure it out.... when I spoke to the first ones I was kind of fishing to find out whether they were Latino or not but she had the decorations in her room. She had a book and she had an empty picture frame and so I knew the picture frame must have been there for a decorative purpose because there was no picture so it didn't matter what was inside. She just wanted a Puerto Rican picture frame so and I didn't see any other countries so I knew she must be.

All three expert observers also rated question 7, counselor demonstrated knowledge about client’s culture, similarly giving her a 6/6 score.

Table 41. Participant 4- Knowledge Items



**Skills.** Participant 4 gave a self-rating of 88% in the skill competency. While the mock client gave a rating of 97% and the expert observers’ rating ranged from 88%-97%.

Participant 4 rated herself 3 out of 4 in the question, my communication skills are appropriate for my clients. The mock client discussed the use of Spanish during the mock session. He stated,

I think it also made a big difference when she got me to speak in Spanish like I said. And then once that happened I was like, go. So that was uh, that must have been it. She just tapped into where you don’t see, nobody sees, right? He’s never around. He’s never speaking Spanish. So he’s never available.”

The mock client also stated,

Maybe that was another way of bonding with me. I really have no idea but forcing me to speak Spanish definitely changed the interaction.... I think that's the part that made it so personal that I had to go into Spanish and I had to go into Spanish for a while.... Spanish was a huge deal.

Both expert observers 1 and 3 rated this participant 4 out of 6 on the question, counselor is able to suggest institutional intervention skills that favor the client.

Table 42. Participant 4- Skills

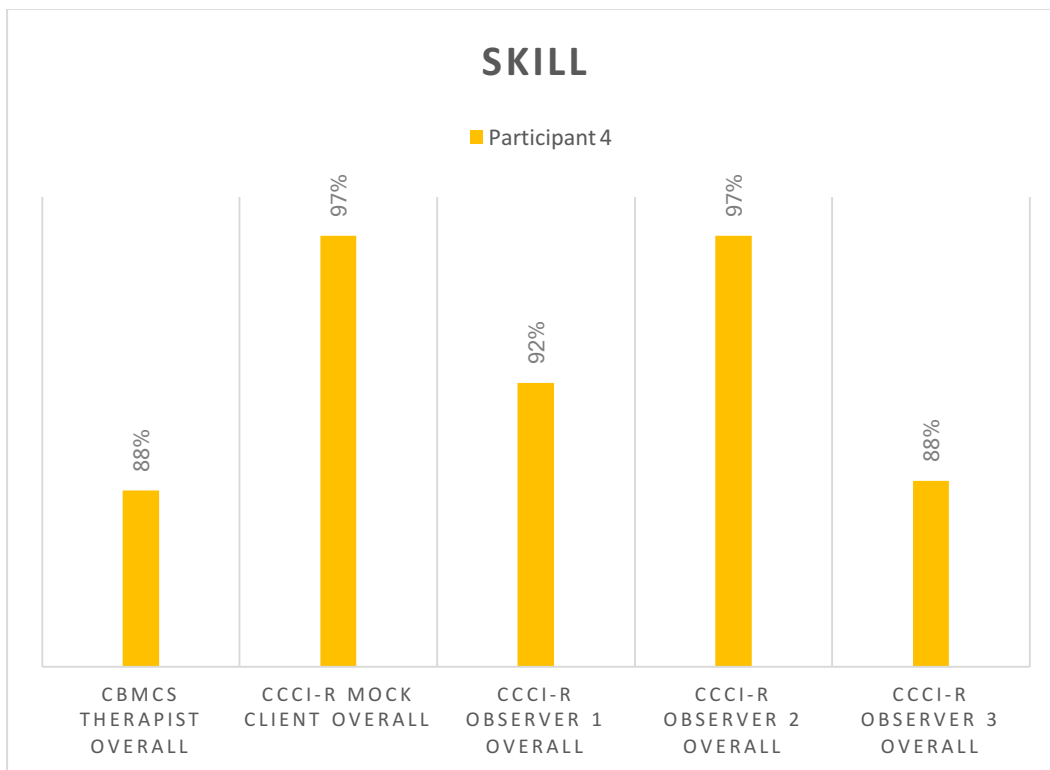
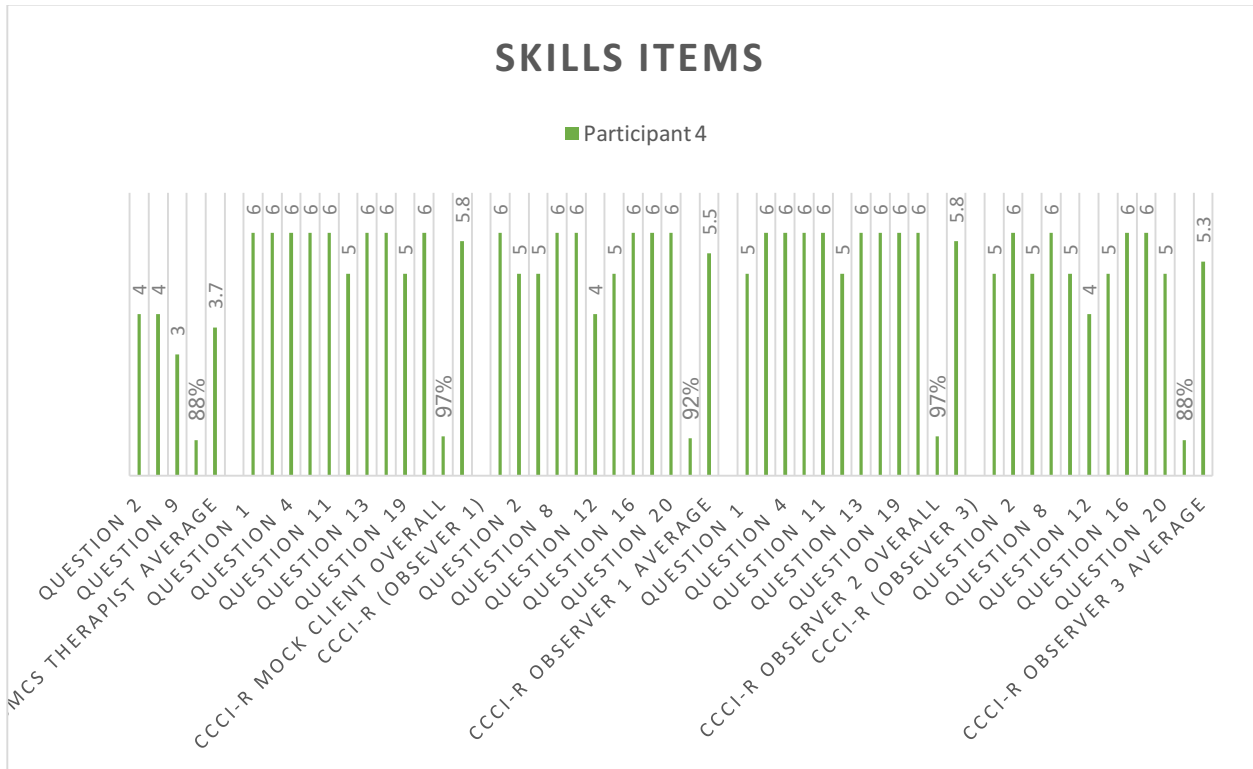


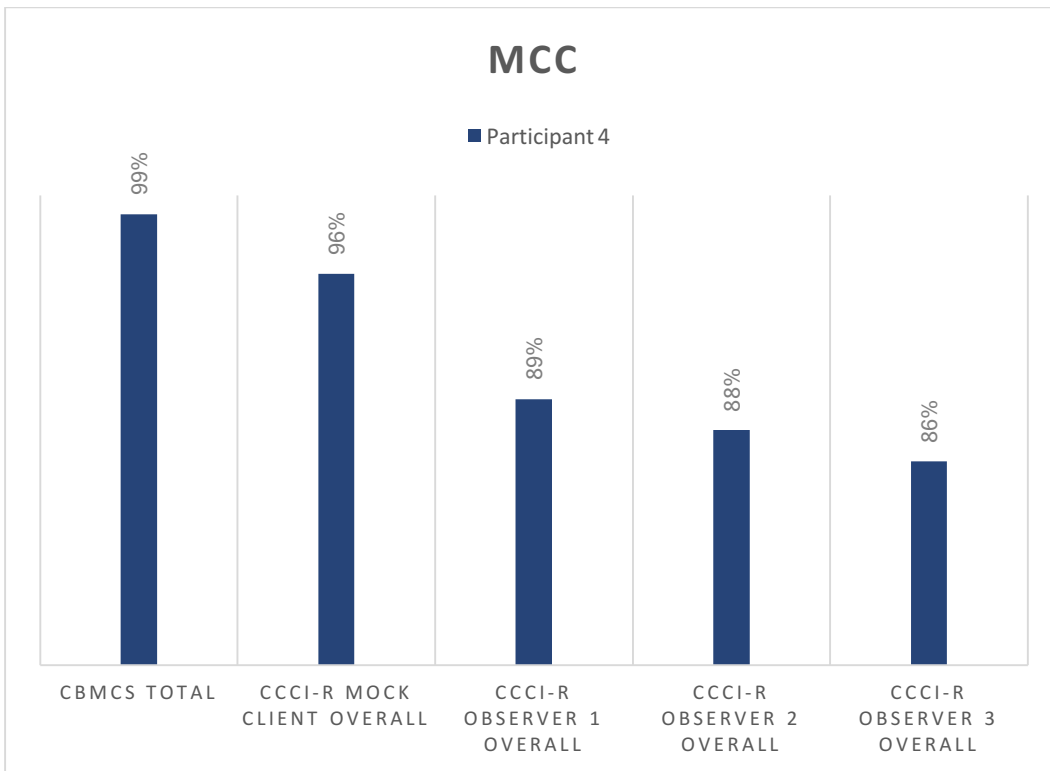
Table 43. Participant 4- Skills Items



**Multicultural Competency.** In overall multicultural competency participant 4’s self-rating was 99%, the mock client’s rating was 96% and the expert observer’s rating ranged 86%-89%. The mock client also spoke about participant 4’s overall multicultural competency stating “I don’t think she thinks about the competencies in the traditional textbook way but I do feel like she understands cultural consequences...” He also described her overall multicultural competency as,

... she’s given [multiculturalism] thought and maybe not specifically like how do I incorporate multicultural competency but understanding people and the people that’s she’s talked to and the people’s she’s interacted with and the people she’s had to treat. I guess through that kind of experience. I don’t feel like that’s something you can get out of a book the way she handled it. So I think it must have been experiential.

Table 44. Participant 4- MCC



**Empathy.** Participant 4’s rating on overall empathy was 95%. Her lowest subscale was empathic perspective taking with a rating of 81%. In this subscale participant 4 rated the question, I know what it feels like to be the only person of a certain race or ethnicity in a group of people, 1 out of 6. The mock client also discussed his perception of participant 4’s empathy during the qualitative interview stating, “... I think this is the first time I actually felt like that was empathy. Like the other three felt slightly more professional.” This was also the only time the mock client discussed empathy during the mock session.

Table 45. Participant 4- SEE

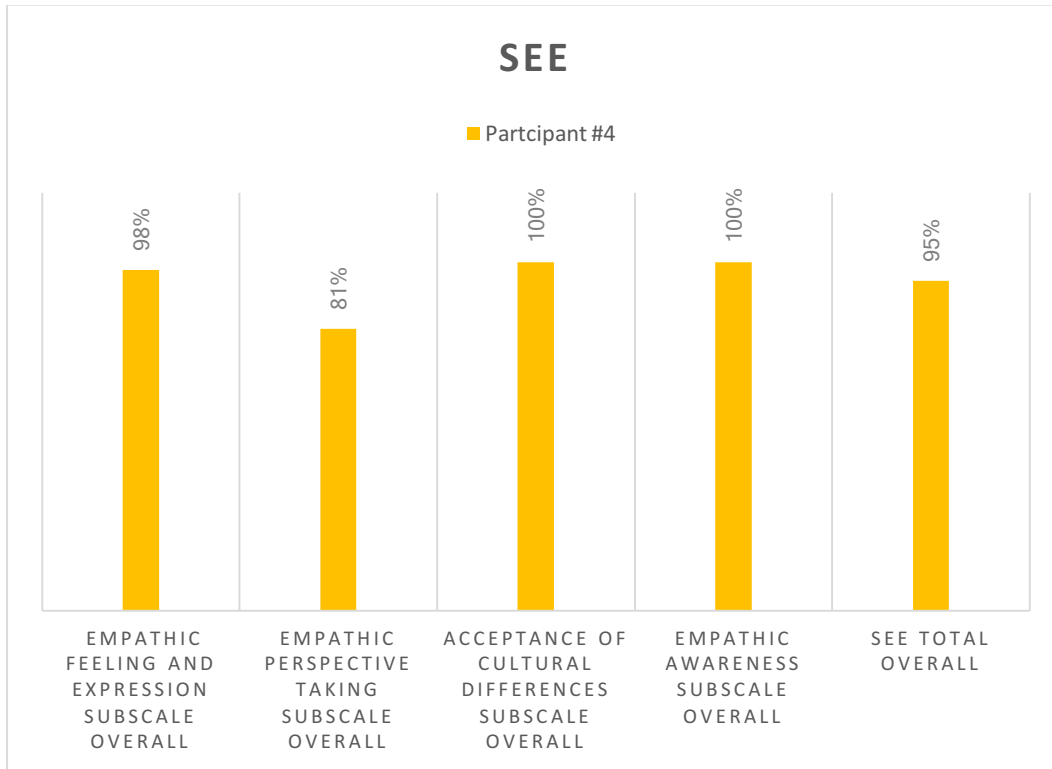
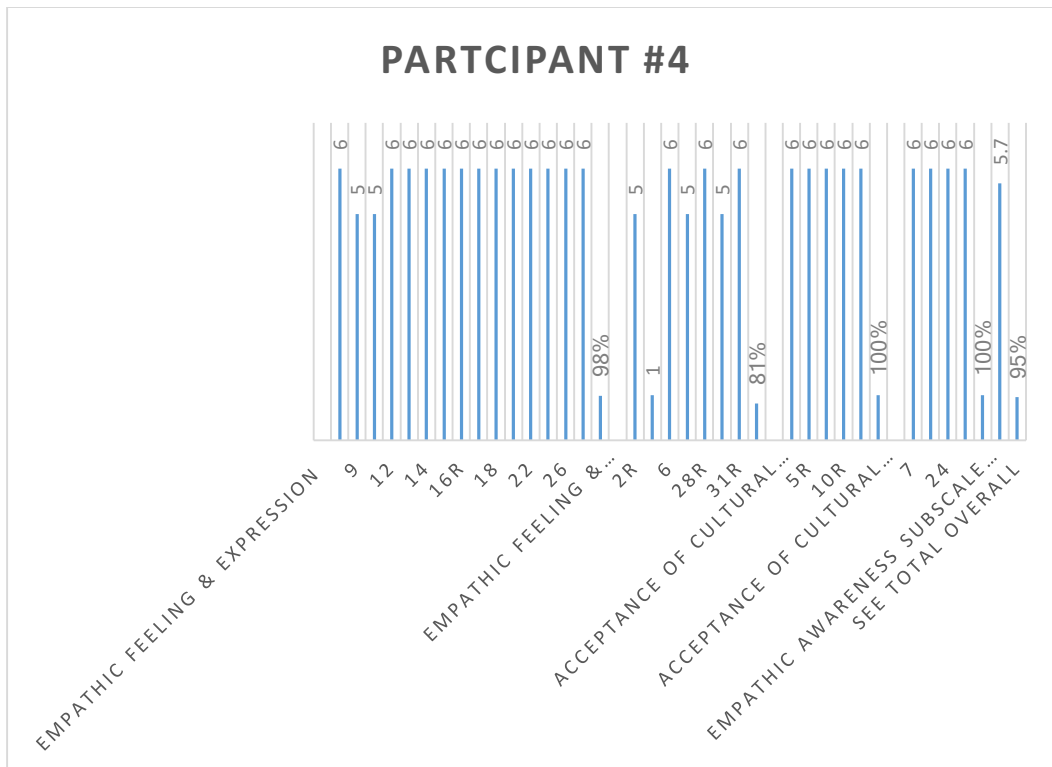


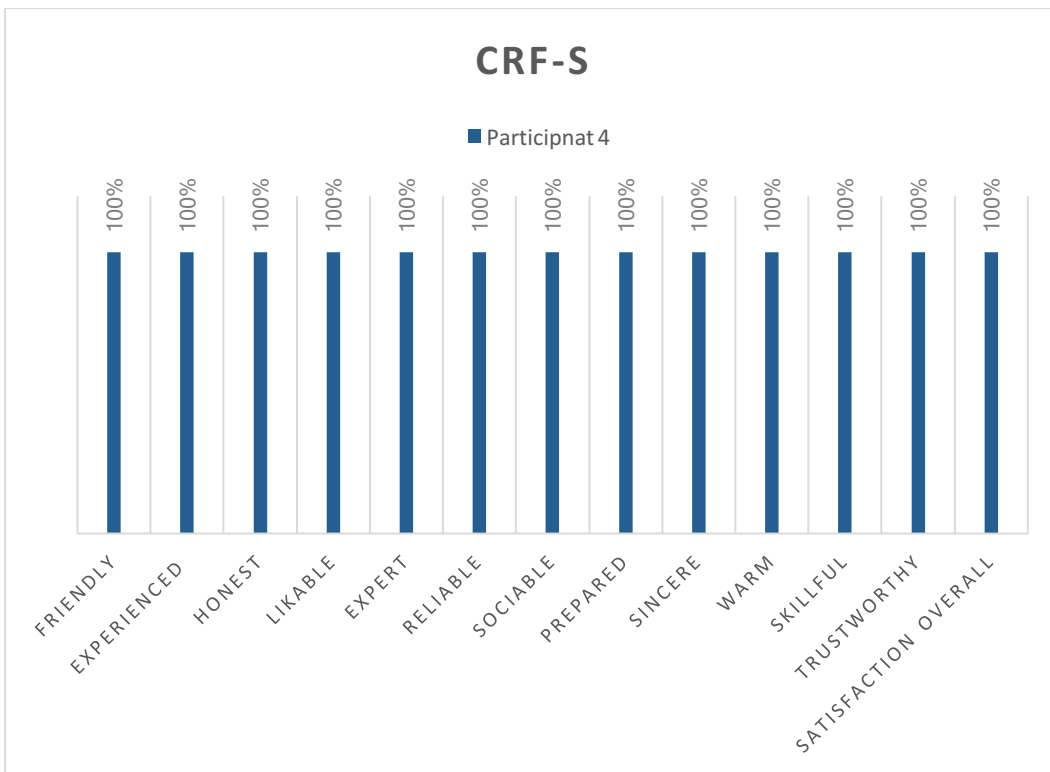
Table 46. Participant 4- SEE Items



**Client Perception of Psychologist.** The mock client’s rated participant 4 an overall 100% in satisfaction. This is consistent with the qualitative interview result provided by the mock client. For example, the mock client stated, “The other thing was that she had good questions. I think she asked good questions, pointed questions uh, and penetrating questions.” He also stated the following about participant 4,

... when she would sum things up I felt like she really hit it whatever it was. So I’m really curious how long she’s been practicing now and I’m interested in if she’s a seasoned practitioner or something like that. So yeah, I think that’s definitely true. She nailed it every time

Table 47. Participant 4- CRF-S

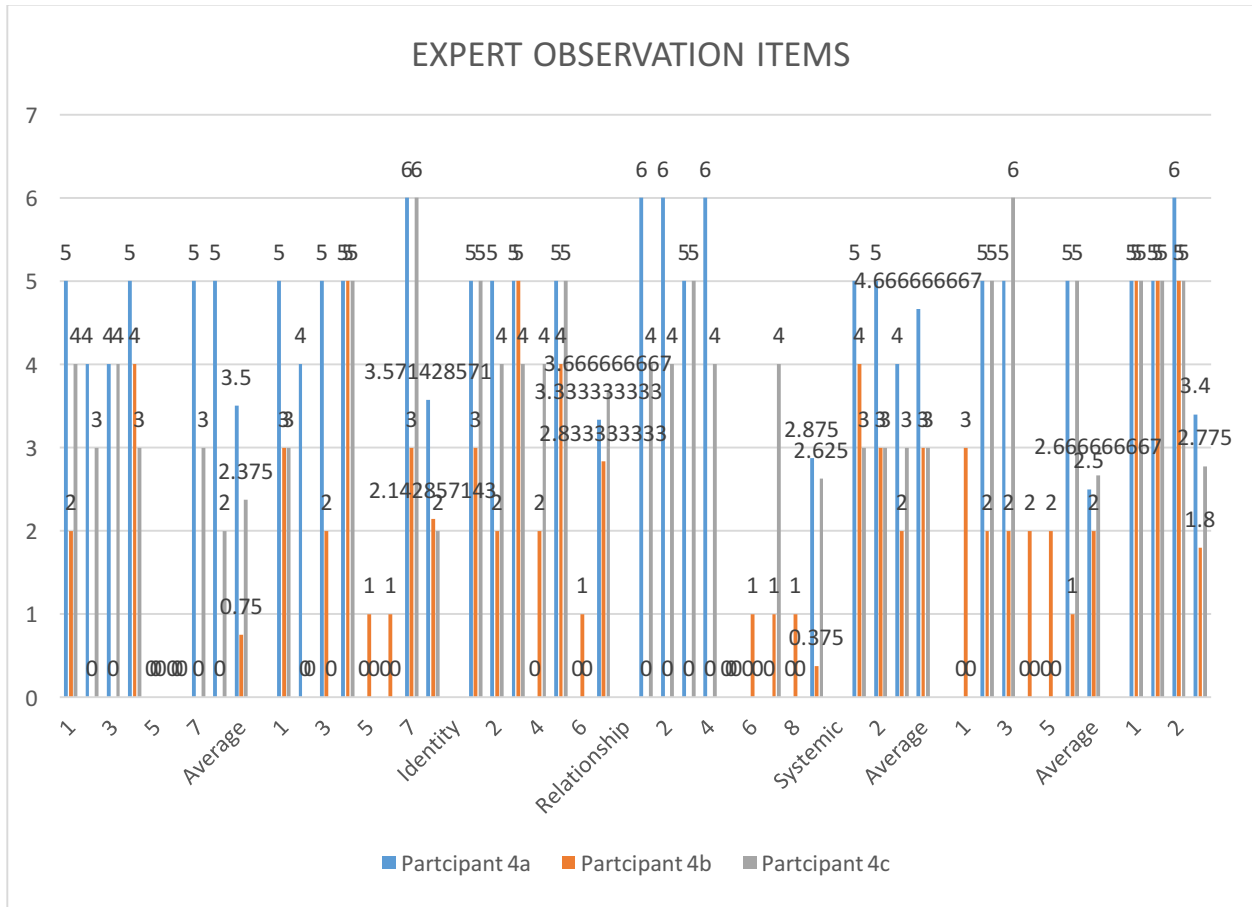


**Expert Observer Latina/o Specific Observations**

Table 48. Participant 4- Expert Observation



Table 49. Participant 4- Expert Observation Items



*Assessment and Intervention*

All of the expert observed in the session and rated the following anchors: use interventions that were sensitive to clients’ contextual factors (4/6) and gather relevant information about the client’s presenting concern (3.7/6). Two of the experts observed and assessed the following anchors: assess for marginalized identities (2.7/6), explore client’s immigration story (2.7/6), assess for within-group differences (2.3/6) and explore the impact of immigration of family dynamics (2.3/6).

*Worldviews, Values, and Traditions*

All three experts observed in the session and rated the following anchors: explore sources of the client’s perspectives (5/6), show respect for the client’s worldview (5/6), explore client’s

degree of involvement with immediate and extended family (3.7/6). Two expert observers rated the anchor assess for individualism and “relational/allocentric” and collectivism (1.3/6).

### *Identity and Intersection of Identities*

In this section all three experts observed in the session and rated the following anchors: explore issues of acculturation as they relate to the presenting concern (4.7/6), explore multiple identities with client (4.7/6), explore how client felt about his cultural group (4.3/6) and explore nationality and cultural nuances of that country (3.7/6). Two expert observers rated the anchor acknowledge the sociopolitical pressures specific to Latino identity an average of 2 out of 6.

### *Relationship Building*

In this section two experts observers rated the following four anchors an average of 3.3 out of 6: engage in personalismo, show respeto, show simpatia, and establish confianza. Two expert observers rated effectively use therapist-client similarities in the session an average of 1.7 out of 6.

### *Systemic*

All three experts observed in the session and rated all anchors in this section as follows: demonstrate awareness/understanding of possible marginalization or devaluation of client’s experience as a Latino (4/6), explore systemic barriers for the client ( 3.7/6) and connect clients’ concerns as linked with issues of oppression such as racism and poverty (3/6).

### *Language and Communication*

In this section all three experts observed in the session and rated the following anchors: assess for preferred language in therapy (4.3/6), recognize cues that led to discussion about cultural issues (4/6), and adjust language formality to be congruent with client’s style (3.7/6).

She even got me to talk speaking Spanish, she didn’t ask me to and I don’t necessarily

know why she thought I would want to, truthfully. Because at the beginning when she mentioned the speaking Spanish I told her yeah, okay, it might come out, but she seemed to at some point pick up on, maybe because she speaks Spanish too, if you're a bilingual person you're more able to understand there's different personalities behind the languages... I think it's possible she might have known that intuitively and thought okay, I'm going to make him speak in Spanish and see what that is or what that's about.

### *Overall*

Overall all three expert observers rated on average 5/6 the extent in which they accurately completed a Latino sensitive therapy session and the extent to which psychologist demonstrated empathy (5.3/6).

### **Individual Interviews with Psychologists Pre- Mock session**

During the pre-task qualitative interview, the participants described their work with clients, their approach when cultural factors are present in their therapy session and how specifically they work with Latino clients.

### ***Description of work with client***

Participant 1 described how he would approach a therapy session with a client when he initiates a therapy session. He stated,

... session would start with an assessment, figuring out as to what they are coming to treatment for and getting a sense of their goals for treatment are and then a bit of education as what treatment might look like depending on what their goals are and what their concerns are so an explanation or a discussion about what I view as maybe their clinical picture is. How I view factors are relating to the issues.”

Participant 2 described his own characteristics as a therapist that he applied in a session with a client. He stated,

Warmth, ... one thing that people have told me ... people feel comfortable with me. I try to make people feel comfortable with me. I really try to normalize things. I try to be as accepting as possible ... So in terms of how I work with clients I try to be open, honest, accepting and then another big thing is for me ...being authentic. You'll hear me all the time if we were in session together, I'll say did you understand what I just said cause I didn't. You know and I'll say let me try that again. Or you know we may come in to a session and I'm happy to say I didn't like how session went and I think it's because a lot of stuff that I did and I'm wondering how you felt about it. So just being a real human being.

Participant 3 described her approach in relation to her theoretical orientation and how this was applied in a therapy session. She stated,

I pretty much go with whatever is ... happening in the room. That helps me ... understand the individual versus kind of coming in with a preconceived notion. Sometimes I test a little bit to see how far I can go, how much ego strength the person might have to kind of take some of the feedback ... but definitely very interpersonal. I make comments on how the person might be feeling. I'm very open with having the person entrust me how they're feeling. The reason why I do that too is because I don't know if people think that they can't say or they have a preconceived notion about how the therapist-client relationship is, kind of like you're the doctor ... I don't like to ... make it that way. Interpersonal is kind of a direct approach, but in the beginning I try to kind of

follow ... to meet them where they're at. I'm kind of open to different orientations and just different strategies depending on who I'm working with.

Participant 4 discussed the importance of the relationship in a therapy session and it's relationship to her theoretical orientation stating,

... for me the most important part is the ... relationship that I have with the clients so my approach is about building the relationship, building trust, primarily, because I think it's the relationship that heals, and in order to be able to do semantic expressive work there has to be a foundation of trust. Nothing can happen if there isn't any trust.

### ***Approach when multicultural factors are present in a therapy session***

Participant 1 described his approach when multicultural factors are present in his therapy sessions as falling within the information gathering of the therapy session.

That would fit within sort of my understanding of their cultural background so if I'm doing an ok job I'm getting a lot of information as to their culture not just if they are Latino or not Latino but their home structure, they have a faith community or they work what's the culture at work and so I would hope that whatever is salient to them comes through and I can understand that.

Participant 2's description of his work when multicultural factors were present during the pre-task interview was also congruent with his approach during the mock therapy session. He stated,

I don't know if I have a set way for doing ... because I take this very sort of relational style. I sometimes I worry about assuming things but I'll just ask ... because sometimes I ask and they do get offended ... That gives a great opportunity to work through it and build our relationship... If I'm working with somebody were I don't know

their culture very well ... I will review the culture a little bit. Even though I try to stay away from nomothetic... cultural values but I do think that those values have value so I'll review things and I'll talk with people. If it's somebody very different from me, or somebody with whom I don't have a lot of experience. I will acknowledge our differences early on in therapy usually in the first session. And just say 'so if there is something you are not understanding or there is something that you know feels we are a little off and you think it can be because of the differences in our culture feel free to bring it up. And I'll bring those up as well.' I check in on things when I feel like there is sort of cultural or ethnic or any individual differences any dissonance caused by that or if it's not dissonance if it just seems to be an important theme or I will ask about it.

Participant 3 continued to describe her work within her theoretical orientation. She stated,

... the thing that I like about interpersonal framework is it's not just strategies. It's the way you view things or you think about things, and I think a lot of times it really goes well with the multicultural framework because it's just kind of keeping open, I'm trying to understand the person. So I'm not here to just say, "Okay you're Latino and that means this." It's, 'Okay you identify as Latino,' and I try to understand what that means to you because it might mean something different from somebody else to be Latino. So I think with the interpersonal framework it's trying to understand the person and how does that come across in your life. So I ask a lot about, ... social support, friends, church, religion might be a big thing for a lot of people. So I think when kind of cultural things come up I think a lot in more, in the interpersonal framework.

Participant 4 described how she viewed culture in the therapy session. She stated,

I do think of cultural more broadly. I often talk about family culture, every family is its own culture and has its norms and ways of being, and so I speak about culture like that, but I also, for example, I'll speak to a client, 'Well what's it like to be black in this town you grew up in, what was it like for you, it's something that's ... to be talked about. I also like clients to bring to me what it's like to be with a therapist who appears to be white, who has privilege, even as a Latina. I invite them to bring those conversations and I let clients know that even though I strive to be culturally competent I will make mistakes and that they're invited to call me out and express to me, 'I didn't like that', or, 'That made me uncomfortable', or, 'I feel like I don't trust you now because you said that'.

***Specific approach when working with Latino client***

Participant 1 described what themes usually come up when working with his Latino/a clients. He stated, the

... themes that come up a lot with my clients are themes of migration, difficulty in relating to the community or their world because of language, outside of their immediate relationships. Other themes are of ... loss of family from other countries. So the other thing that I've come to know is that the majority of the patients or the clients that we see here have a trauma background. So I do have more a trauma informed trauma sensitive approach to clients ...

Participant 3 discussed how she integrates Latino specific approaches into her work although she emphasized not having a specific/different approach when working with a Latina/o client. She stated,

I don't know if I necessarily think that I really have a way that I, okay Latino I'm going to work this way. There's certain things that I might ... the thing is, I don't like to make

preconceived notions either of my American clients. One of the things I always ask people, I always ask religion, any type of beliefs ... and I don't necessarily just do that with a Latino culture. So I don't necessarily think that I use different strategies. I go with whatever they're bringing to the table, and then whatever is important to them because, let's say if they promote what we say collectivist kind of notion, but how do I know that that's what it is for that person or even in their family. One thing I do try to understand, maybe a little bit different with that population is the acculturation piece. I think in family's size, I tend to kind of focus a little bit more on that area, but that is brought up. If that's something that's important to them where that piece of how they're communicating with each other has to do with differences in how they're adapting to the culture, then I'll use that as part of the therapy, but I have to see that happening. Again, that's the interpersonal piece. If it's data in the room, I don't make the assumption that that's something that's happening.”

Participant 4 discussed the importance of awareness in her work with Latino/a clients.

She stated,

I feel like the specific thing is awareness more than anything because there's different levels of acculturation. For some people that's not what they're coming in to talk about ... but I have it in the back of my mind when I explore like: family dynamics. Are your parents first generation? Did they come from Mexico? Did they have to migrate? What was that like? or Did they come from Puerto Rico? What was their migration experience? So all of those things you have to look at sort of the transgenerational experiences and how they've trickled down to the client even if the client is not saying, "I want to talk about culture," or you know, that's something that you sort of have on the back burner.

That's part of their sort of life experiences even though not necessarily directly. So it's more of an awareness that I hold and so if it comes up then it's like, "Okay, I have this information here that I can sort of bring to whatever the client is bringing to me.

During the pre-task qualitative interview participants described how they generally approach their work with clients and specifically how they approach their work when multicultural issues and Latino specific values arise in therapy. Participant 1 and 3 discussed their general approach, multicultural and Latino specific approach as it related to their theoretical orientation. Participant 3 discussed not having a specific approach when working with her Latino clients. Both participant 2 and 3 discussed not wanting to make assumptions about their clients. Participant 2's qualitative interview was consistent with how he also approached the mock session. He also described personal traits such as warmth and an ease to make others comfortable. He also discussed talking about differences from the start of therapy which he also did during the mock therapy session. Participant 4 discussed her definition of culture and the importance of awareness when working with Latino/a clients.

### **Across Case Analysis of Individual Interviews with Psychologists Post-Mock Session**

Broadly, three themes emerged from qualitative analysis of interviews with psychologists participating in the study: (1) Explicit and Implicit Use of Multicultural Awareness, Knowledge, and Skills, (2) Self-Reflections on Cultural Identity and Values in the Therapeutic Relationship, and (3) Theory and Competencies. Themes and subthemes are described below.

#### ***Theme 1: Explicit and Implicit Use of Multicultural Awareness, Knowledge, and Skills***

This theme captured the ways that psychologist participants articulated their approach to using multicultural awareness, knowledge, and skills in clinical practice. This theme includes the use of nuanced as well as more direct approaches such as self-reflection. All four

psychologists discussed using implicit or explicit ways of bringing issues of culture and race into the therapy session with the mock client.

### *Indirect, Nuanced Approaches to Addressing Culture*

Participants expressed taking more indirect approaches to explore cultural issues with their client. For instance, when assessing language preference, a participant began speaking in Spanish to communicate understanding of the client's home language:

There are times, where it's sort of this, almost like an agreement, like an unspoken kind of connection. Like dropping a word in Spanish, and we both sort of smile at the same time, like oh yes, we know this place... all those little subtle things are part of relationship.

In this instance, the psychologist experimented with using Spanish and was sensitive to non-verbal, implicit cues from the client. In this way, language awareness, knowledge, and skills were balanced in order to build comfort in the therapy room. In a similar manner, having first-hand knowledge of Latino communities allowed psychologists to indirectly address culture in the session. As a participant stated, "... even if a client is not talking about it I may sort of throw *cómo que tiro la línea de pescar a ver* [like I throw the fishing line to see] you know, is this something that's important to you?" While only one psychologist spoke in Spanish in the session, all four psychologists discussed using language and nonverbal communication in order to build an alliance with their clients.

### *The Use of Self-Disclosure*

Self-disclosure was an explicit technique endorsed by all four psychologists as a way to create common ground, to show understanding, and to formulate questions for follow up. Importantly, psychologists reported using self-disclosure as a way to clarify both similarities and

differences with their clients. For example, a psychologist participant recalled from the session: “I said something about Puerto Rico and he was surprised - ‘oh, you’re Puerto Rican? I didn’t know that.’”

Self-disclosure was used by a participant psychologist as a way to use cultural memories and experiences as Latinos to connect with the mock client and let them know there was common ground to establish the relationship. As a participant psychologist put it, “to be able to say I do have an understanding ... a similar background...” For this participant psychologist self-disclosure was used to establish shared experiences or identities. Three of the four psychologists also discussed using self-disclosure as a way to explore differences explicitly. Using self-disclosure directly with clients also overlapped with the ways psychologist participants reflected on how cultural, ethnic, gender, or racial similarities *and* differences informed the work they did with the client.

***Theme 2: Self-Reflections on Cultural Identity and Values on the Therapeutic Relationship***  
*Reflections on Cultural Difference and Similarities*

In the individual interviews psychologist participants were able to reflect on the importance of their shared identities as well differences between themselves and their clients. Acknowledging shared experiences through reflection helped participant psychologist relate to the mock client: “So I felt like oh, I know exactly what he’s talking about and that was actually kind of cool to be able to really empathize with that piece but because I had also lived it myself”. In this example the psychologist’s own lived experiences as a Latina/o helped them to connect more quickly and engage the client. This statement was not necessarily self-disclosed in the therapy session but nevertheless helped inform the work of all four psychologists. All four

psychologists touched on having a shared Latino identity with the mock client that encompassed nationality, negotiating multiple cultures, and having similar family structures and values.

Three of the four psychologist participants also discussed differences in one or more of the following identities: gender, sexuality, class, race. Race and socio-economic status in particular led three of the four psychologists to articulate differences in skin color and privilege between themselves and their clients, as well as differences between groups of Latino clients they have worked with. For example, a participant psychologist talked about differences between themselves and the mock client:

I did feel at times, like I was at risk of saying the wrong thing. and I think it was based on individual differences between us. ... but I wasn't worried about offending, it's just again, you know I grew up Latino, but my culture is very much closer to White culture ... that part of me still enters the therapy room at times.

This self-reflection captured the awareness of the psychologist and their understanding of how this could impact their relationship with their client. Psychologist participants reported the importance of recognizing differences between themselves and their clients and communicating these differences in order to build an honest and authentic representation of themselves with the client. Three of the four psychologists reflected on the role of privilege and power in the therapeutic relationship, a participant psychologist tied class and skin color to their own privilege:

I'm aware of being sort of privileged as someone who is educated, as someone who can sort of pass as White. You know I think that is sort of a really big consideration for me.... I have to be aware of how I am in the world, how I am received in the world and it may be the same or different from how the client is.

A participant psychologist reflected on privilege and intragroup differences as it impacts her work within the Latino community:

I don't want people to think 'I completely understand your experience.' Because I don't think that's fair to them. For somebody who has been here, and they're trying to make it here, and they don't speak English, for example, and they're having a hard time or they're trying to figure things out because they don't have a lot of resources. And that wasn't my experience so I don't want to seem like 'I know what you're going through.'

Thus, these psychologist participants sought to avoid assumptions that they fully understood client's experience based on shared ethnic identity, and also were sensitive to the fact that differences might impact how they are perceived by the client.

#### *Understanding Personal Reactions in Therapy with a Cultural Lens*

Psychologist participants spoke about being aware of their emotional reactions to the client. A participant psychologist talked about feeling nostalgia in the session with the mock client: "I felt like a clinician there was a couple of things that [the client] did say that I connected to. He made a comment about flying in from Puerto Rico and I felt, really—so he said a couple of things, because I lived it." This psychologist participant was reflecting on their emotional connection to the shared experience of returning home. In another instance a psychologist reflected on their own feelings of ethnic pride and how they felt this compared to that of the client: "What's interesting is, the reason I didn't feel I heard the pride is that maybe I feel a little bit different about it, my identity, so maybe that's why I was a little more sensitive to hearing that. I didn't hear that as much." This reflected an awareness of their own values and how this might influence their understanding of the client.

Psychologist participants also reflected on differences of the mock client from their typical clients. They compared what the mock client brought in or did not bring into the room from their typical clients. Three of the four psychologists noted that the typical clients they see don't explicitly discuss culture, ethnicity or race. Interestingly, the two female psychologists reflected on their reactions as women with the mock client and their clients in general:

I identify as a feminist and I have too, I can have my own identities but I think that my job here, I can bring that here, but my job here is holding the space for the client so that they can express themselves even if what they are expressing is sexist and racist and homophobic.

Here the participant psychologist describes the importance of being aware of her own values and not letting these interfere with the session. Overall psychologist participants used awareness of their own reactions to separate themselves from the client, and maintain the focus of therapy on the client.

#### *Avoiding Assumptions about Cultural Values*

In a similar vein, all four psychologist participants emphasized avoiding making assumptions about the mock client based on the culture of the client:

... when you're open to the person then it might be easier to ... really get what their piece is versus you assuming what their piece is going to be. So if you're ... not really trying to hear the person then you might make assumptions ...

In this example, the participant psychologist may have wanted to avoid overemphasizing certain cultural values without knowing if they were relevant to the client. Psychologists described taking a careful stance to cultural values.

A participant psychologist stated, "... sometimes when you the psychologist are the one to first identify, bring it out into the conversation feels like you are outing someone at times." In this case, the psychologist preferred clients to bring up cultural values on their own for psychologists to explore with the client. This same participant psychologist stated, "So yea I know a lot about Puerto Rico. I've had you know at the ... clinic most of my clients were Puerto Rican. I learned a lot from them. I learned a lot from him. I need him to confirm it and then I need to check in.... Traditionally, the extended family and family is very important for Latino clients so does that ring true with you. ... so I keep them in check until he gives me permission to unlock that door." Psychologists stated they often check with clients to assess whether Latino cultural values are true for the client. As this participant stated, "I don't want to make assumptions. ... I wouldn't assume family was that important to him. I'd keep that in check until I saw it from him and he's talking about it."

### ***Theme 3: Theory and Competencies***

This theme includes application of theory, detachment from multicultural competencies, and Latino competencies/Assessment. This theme describes the way that psychologist participants talked about modifications to the application of theoretical frameworks when working with the Latina/o community and the multicultural competencies in their work as clinicians.

#### *Perspectives of theoretical orientation and working with Latina/o clients*

Two participant psychologists specifically reported that their theoretical orientation did not need modifications when working with Latinos. For these psychologists, Latino-specific and cultural values were used to conceptualize the client with the preexisting structure of their theoretical orientation. As this participant psychologist stated, "... I think that CBT fits real well

with a lot of different cultures because we're targeting thoughts and beliefs and the way you think about something. And what you feel and what you do. It's pretty straightforward." This psychologist participant perceived that their theoretical orientation was able to capture culture in its framework.

Even as psychologists stated that their theoretical orientations did not need specific modifications, psychologists identified language, acculturation, trauma, migration, openness, intra-group and inter-group differences, and Latino identity as important components of Latino-specific competencies. As this participant psychologist stated,

*Las veces que he tratado de adaptar directamente, como que no funciona* [the times I have tried to adapt directly like it doesn't work]. And it depends how acculturated the person is, if the person has been here for a while and they're familiar with it, *quizás no le choque tanto* [maybe it won't shock them so much]. *Pero para una persona recién llegada o una persona que de otra clase económica, que no tiene contacto con esos aspectos de la cultura Americana* [but for someone who's just arrived or a person from another economic class who doesn't have contact with those aspects of the American culture], it's not going to work. You're speaking a different language. You know? So you really have to, it depends on whom you're with, you have to know who you're with and pick up on those clues and then use that as information and then okay, how am I going to use that intervention. You really have to use translating skills but you translate based on economic opportunities, life experiences, where they grew up and how and *todo eso* [all of that]. Yeah, and then when you work with trauma you have to, *tengo que tener cuidado* [I have to be careful] that I don't trigger them or you know, *son muchas cartas de* [it's a lot of] awareness [cards].

This participant clearly saw acculturation as important to how they conceptualize clients and select interventions. All psychologists mentioned using the Spanish language as important when working within Latino-specific competencies. Interestingly, only two of the four psychologists specifically asked the mock client language preferences for therapy in the session.

#### *Detachment from Multicultural Competencies*

All four psychologists articulated having exposure to literature and research on multicultural competencies when they were in graduate school. However, the majority stated that once they left the academic community, they felt disconnected from the multicultural competencies and the work they did. Three participant psychologist participants stated that MCC did not play a role in the practical work. Three participant psychologist participants reported that the multicultural competencies were not relevant to the context of the clients they worked with. As this participant psychologist noted,

“I don’t walk into a session thinking I need to be multiculturally competent to be honest with you. I know that throughout my training it has been, those topics and umm and that literature has been helpful and at times not so helpful and so I can’t say that it’s at the forefront”.

All four psychologists agreed that the multicultural competencies were important. However, they viewed it as separate from the practice of psychology. As this participant psychologist stated,

I feel like when I went to graduate school, *en graduate school siento que tuve mucha este mucho contacto con esas teorías porque yo las buscaba este y tenía una profesora una mentor, que* [I felt I had a lot of contact with these theories because I had a professor that ] she was open to that. *Pero al estar en el mundo, y mi trabajo clínico yo siento, wow, eso*

*está tan divorciado y las teorías están tan divorciadas, esta gente no se están conectando con esta gente, se sienten tan aparte, y yo he querido llamar y decir mira tú sabes por qué esta teoría existe, por esto y lo otro.* [But being in the world and in my clinical work i feel, wow, these theories are so divorced, these people are not connected and it feels so separate] *Porque* [because] I just feel it's so disconnected. It's not grounded. It's *allá arriba*. So that's kind of my feeling we're not really talking to people

This participant psychologist stated,

I think it's, its [multicultural competencies are] somewhat separate to everyday life. So day to day life is [what my client] ... need[s], for example ... [they] need just .. to work. It doesn't matter where [they need to], make a living, be able to give some of it back to [their] country and be able to feed [themselves] ... [their] kids need to go to school if they are here, if they are together. And that's it. You know so it's hard. ... It's very hard and they don't like you know we so although I wasn't born here I was educated here. And so I have an idea of what this is supposed to look like so if I go to a counseling session I have an idea of what's supposed to happen. These folks come in and they have no frame of references for a clinic. You know and so it's very hard to do culturally competent anything when they don't know what it's like. When they've never been to a clinic.

In these examples, the psychologists perceived that the multicultural competencies were not applicable or practical in their clinical work. Psychologists noted personal and professional/clinical experience (direct contact with clients) as more influential on building their multicultural competencies in practice than professional mandates (mcc competencies/guidelines). However, all participants found that awareness was what they

continued to find relevant in the work that they did with Latinos. Participants highlighted the distance they felt from the multicultural guidelines and competencies as they moved away from academia and graduate work.

### **Shifts and Alignments Between Pre- and Post-Task Interviews**

#### ***Participant 1***

On the pre-task interview participant one described his general approach to therapy as one of information gathering and discussion of expectations. After the task, participant one described his approach in a similar way discussing his approach as an "... exploration and getting his ... thinking patterns, getting a sense of his world view and the way he views his world. So that I can ... step into it and say, 'What's going on here'. 'What do I see' ... more of cognitive exploration." This was also in line with his discussion of multicultural variable in the therapy session during the pre-task interview. When discussing the multicultural variables present during the task, participant 1 focused on differences in access and privilege of the mock client from his clients.

Right from the beginning I knew that, I wasn't dealing with someone who immigrated ... so the issues of ... he is not a person that is, who is invisible to the world. Whereas someone else is invisible, they live here, but they are really not here. So that's something we don't need to consider ... with how you view yourself as a person here. Another piece is educationally this is someone who's privileged in a way, so that's something that I would not consider ... that he is struggling but there are things, social resources, he's an economy into himself. He might not fit in in law school but he isn't going to be a bum. The guy is going to be able to move around.

When discussion Latino specific approaches during the pre-task interview, participant 1 described the themes that usually arise in his sessions with Latinos. After the task, participant 1 also compared the mock client with the client he sees. He stated for example, "... so another thing that I didn't hear from him that I normally hear when talking with someone of a Latino culture was faith. And I'm wondering if, is that because he is so in this ivory tower and isn't allowed to be himself or is it something else." He also spoke about the importance of language and the need for therapist to be more open when working with Latinos. He stated,

One of the most important things in working with Latinos is language, that's obvious ... We as psychotherapists are generally trained to be pretty closed and I think with Latinos we need to be even much more open, a little more involved, a little more vulnerable and not so professional.

Interestingly, participant one did not discuss language during the mock session and the mock client did not think participant 1 was very open in regards to his own culture. Participant 1 had similar responses during the pre and post-task regarding his general approach and multicultural approach. There were some shifts on the Latino specific responses around the importance of language and openness as a therapist.

### ***Participant 2***

On the pre-task interview participant two described his general approach in term of characteristics that facilitate comfort in his clients. After the task, participant two focused mainly on his theoretical orientation to some extent how Latino values influenced his work.

... my overall approach was to focus on building the relationship and really from a Rogerian kind of point of view, showing empathy, showing positive regard, accepting him and bringing him in and also setting up the structure for therapy. ... not just building

the relationship, but talking about how and why that's important in session. Where he felt heard and he felt ... at least the beginnings of trust. And I think we made progress there. I don't expect it to be perfect. In fact, I liked his answer at the end when I asked him do you feel seen. I liked that it wasn't like oh yea. ... and actually working with Latino clients I find very difficult when I ask questions like that because of *sympatia*. Umm, where they are going to say yes. Cause they are supposed to say yes with someone with a Ph.D. It's been beaten into them, really the relic of ... the colonial times. Where they did have to say yes. Umm, and so I liked that he had the guts to say I feel like we are going to get there. Cause that's exactly how I feel.

Participant 2 described his approach when working with multicultural issues during the pre-task interview as trying to avoid making assumptions and directly addressing differences.

After the task participant 2 described his multicultural approach in a similar manner. He stated,

... Well one thing that I addressed with him I very much in a way I represent the, members of the groups in which he doesn't feel comfortable. I am very visible white. ... but I was glad that we were able to talk about that. So that's something that I like to bring cause that's a really important thing just for transferential reasons.

He also described how he avoids making assumptions in session stating,

I try to umm, bring out what's important to them. ... understand why if I don't understand. Check in if I think I understand and we come to an agreement on it. I also really try to add in this gauge of how important those things are to them. Again like we talked about earlier. People ascribe different levels of importance to things and they get overemphasized in the hot button issues. ... And so I don't want to force them to accept that that's all that they are.

### *Participant 3*

Participant 3 described her general approach to therapy in the pre-task by focusing on the application of her theoretical orientation in the therapy session. After the task, participant 3 described how her theoretical orientation was applied in the session along with specific cultural variables. She stated her approach was,

... very interpersonal, he was pretty open with sharing ... what he's been kind of struggling with and his thinking so I just ... asked a lot about ... if people give me a thought or an experience, I like to ask them, 'What does that mean to you personally?' Versus this ... is how I see things happening. And 'Okay, what does that mean to you specifically and how does that impact for example on your life specifically ... so I focused more on that piece so the interpersonal. I did hear a lot of cultural pieces going on how he views himself as a Puerto Rican. So being Puerto Rican and getting a sense of that as well, just a lot of identity pieces. I also looked at language and see what kind of impact is it having on them and that was a big theme for him in terms of career, not only career but relationships and um, family and you know, moving back and forth.

When discussing how she approaches multicultural variables in therapy during the pre-task interview participant 3 focused on her theoretical orientation and avoiding making assumptions about culture. After the task, participant 3 described her approach when addressing multicultural variables as finding themes. She stated,

...if I hear that that's the theme then I'll try to come back to that, so if he's trying to explain something like in the relationship, 'okay, what about you being a Puerto Rican male played out in your relationship with this person?' ... kind of making them think about that because 'obviously, you're identifying in that way so it must play into it

whether you realize it or not.' I just wanted to see if they do have a realization ... so I think I try to go back to 'Okay, well, how does that play out?' ... it's whatever they find they are emphasizing that I try to go with. I try to explore things that they're not necessarily emphasizing but I think might be important. Maybe helping the person understand how that might be related. ... but I first go with what they are emphasizing.

Participant 3 discussed her approach with Latina/os during the pre-task interview as an integration of some Latina/o specific variables while also emphasizing she did not have a specific approach. After the task, participant 3 described her approach when working with the Latino mock client as integrating two of his salient identities and awareness of her feelings in the room. She stated,

The main things, the male piece and being Puerto Rican. He did mention a few things combined with the cultural piece ... I'm trying to understand too, ... I want to know more about ... one of the things I always try to do is ... well first with interpersonal therapy which I think that's one of the things that's helpful is that you have to be very aware of what you're feeling and what's going on in sessions. ... how you're feeling in the room a lot of times is informing you about what is going on and the dynamic in the room. So for me one of the things I was trying to be aware about certain things that he was stating and I think for me personally ... what came up for me. ... so that's one of the things I try to be aware is my own, ... the way I see my own identity.

#### ***Participant 4***

Participant 4 described her general approach during the pre-task interview in terms of building the therapeutic relationship. After the task she also focused on the relationship stating, ... I'm all about the feeling. I don't feel like I attach to the intellectual so much as to the

relationship and the feeling. The intimacy and the vulnerability because vulnerability is connection and I feel connection is what we're all wanting ... that's kind of where I go. That's where I try to bring the client to that place and so that they can practice being themselves.

When describing her approach when multicultural variables were present during the pre-task interview she focused on describing the broad definition of culture and on explicitly opening the conversation about culture in therapy. After the task participant 4 described her approach similarly as she has pre-task. She stated,

I ask questions you know, if they are ... bringing it up then me *voy a tirar*. But even if a client is not talking about it I may sort of throw *cómo que tiro la línea de pescar a ver*, is this something that's important to you? If I have a client who says she's mixed race. I might ask something like 'What was it like growing up with a white parent? It's always an invitation obviously. Like *multi-diversidades después yo hablo de sexualidad, de cultura de la familia*. And I'll talk about it as culture. And just attaching the word culture to family is also a way of inviting multicultural and identity into the work. In the broadest sense that's my approach ... just creating, just inviting, using that word in a way that's unexpected that's not totally traditional.

When discussing Latino/a specific approach during the pre-task, participant 4 focused on the importance of awareness. After the task she described awareness of self. She stated,

I'm aware of being sort of privileged, as someone who is educated, as someone who can sort of pass as White. I think that it is sort of a really big consideration for me. I'll bring it up sometimes if somebody is undocumented or if somebody is darker skinned, I'll definitely talk about that. It's part of the conversation. I have to be aware of how I am in

the world, how I am received in the world and it may be the same or different from how the client is received.

She also discussed the role of language during the task with the mock client. She described how she viewed her use of language with the mock client.

... I invited him a lot to speak Spanish ... because ... he was only speaking in English and I invited him explicitly but then I invited him with my use of Spanish too. Like yes, I'm fluent you can bring this. You can use slang; I get slang ... it's kind of this dance. So I feel like the initial session then it is important to sort of weave, if the client is bringing that many cultural pieces or tidbits or nuggets into the session then it is important to let them know either implicitly or in the interaction, this is okay, this is good, yes, bring this, I get it and I'm going to share it with you. So it's important to do that in the first session if the client is bringing so many cultural issues.

### **Quantitative Results: Within and across case**

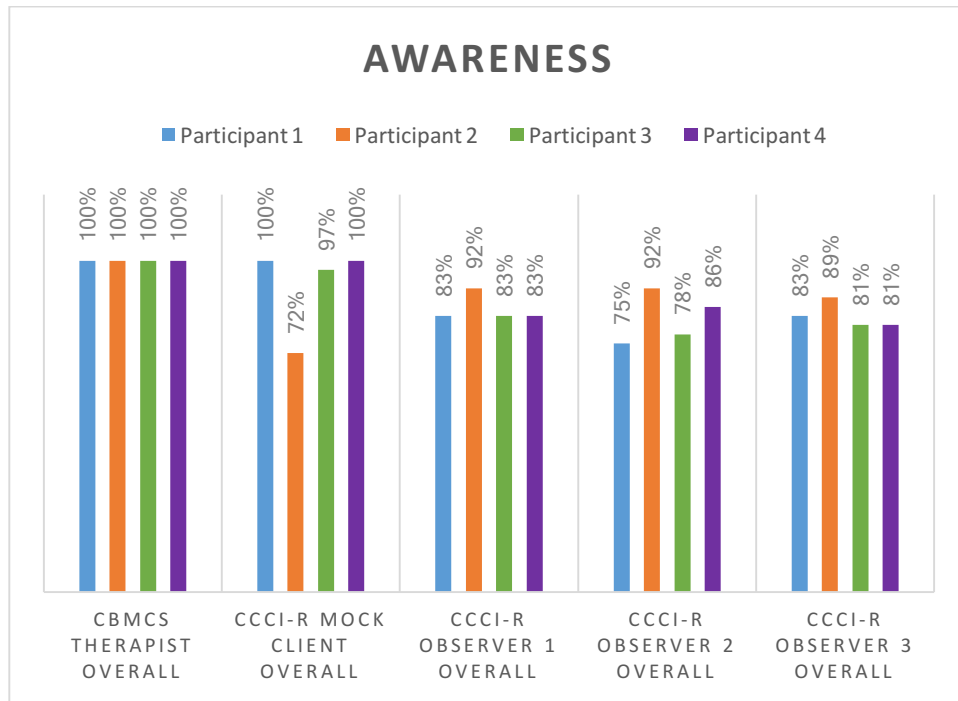
This section will present the results of the quantitative measures given to the psychologists, the mock client, and the expert observers.

#### ***Awareness***

All psychologists' rated themselves in the 100% percentile rank of the Awareness subscale of the California Brief Multicultural Competence Scale (CBMCS; Gamst, Dana, Der-Karabetian, Aragon, et al., 2004). Using The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coelman, & Hernnandez, 1991), the mock client rated psychologist participants 1, 3, and 4 as demonstrating relative similar competency ratings, while participant 2 was rated 25%-28% lower than other psychologists. The expert observers' ratings using the CCCI-R across all four participants ranged from 75%-92% competency. The average score

across all expert observers was 4.8/6.0 for participant psychologist 1, 5.4/6.0 for participant psychologist 2, 4.8 for participant 3 and 5 for participant psychologist 4. Each expert observer rated participant 2 higher than the other three participants.

Table 50. Awareness

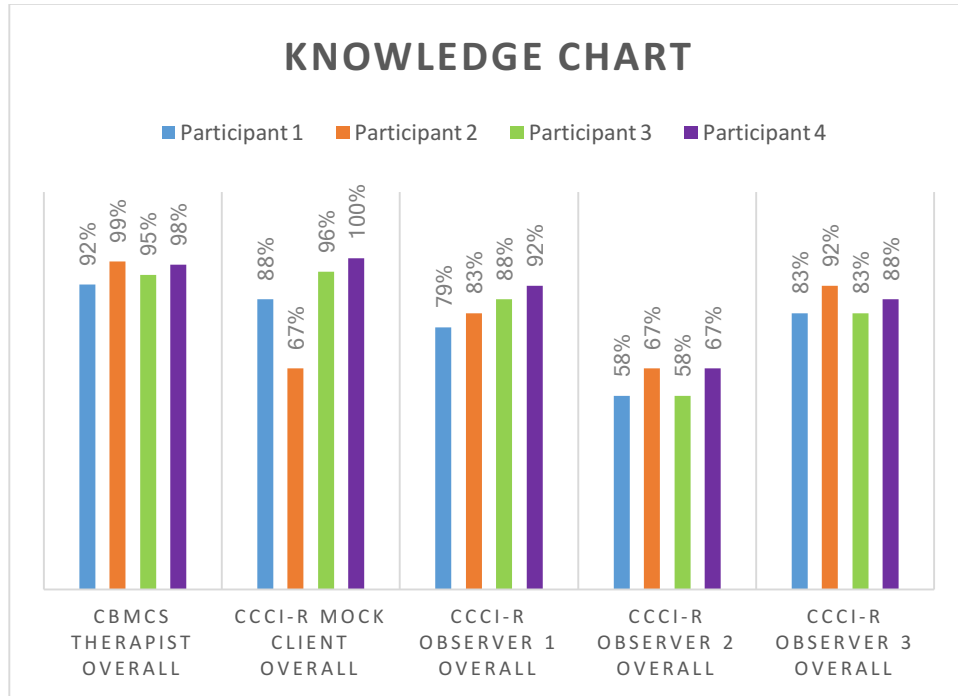


**Knowledge**

Psychologists’ self-ratings on the CBMCS Knowledge subscale were in the 92<sup>nd</sup> - 99<sup>th</sup> percentile rank. The mock client rated participant 4 as having 100% competency in knowledge and participant 2 with 67%. Participant 4 was the only psychologist to speak in Spanish and English, and this may have led the client to rate them higher. The expert observers had less consensus in this competency. Observer 1 rated participant four 92%. However, observer 2 rated both participant 2 and 4 with 67% competency, while observer 3 rated participant 2 highest in knowledge (92%) relative to other psychologists. The average score across all expert observers

was 4.4 for participant psychologist 1, 4.83 for participant psychologist 2, 4.6 for participant psychologist 3 and 4.9 for participant psychologist 4.

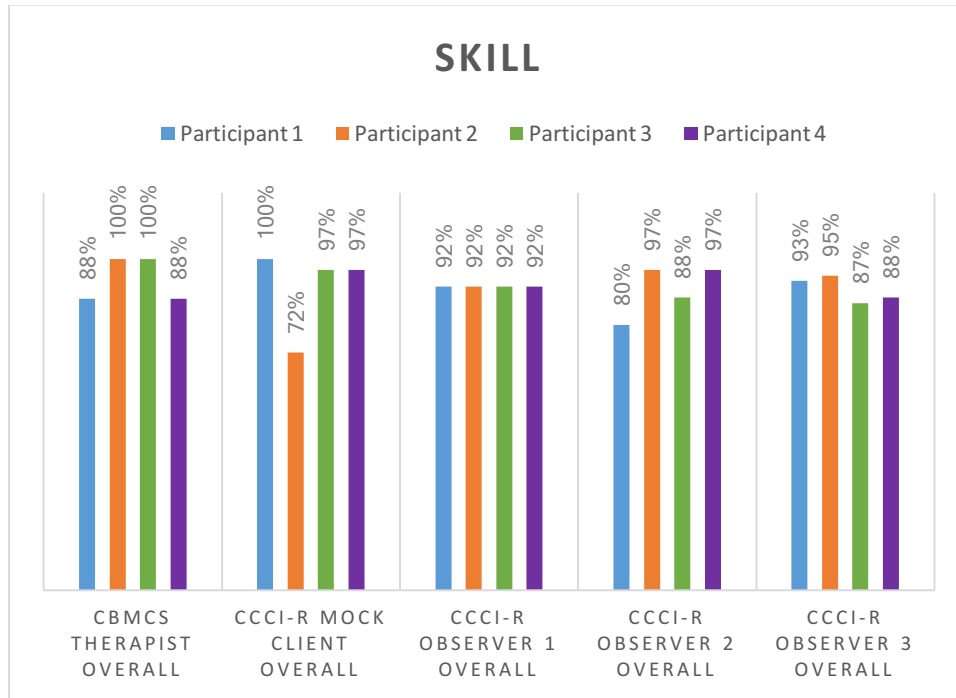
Table 51. Knowledge



**Skills**

Two of the participants’ self-reported skills scores on the CBMC were in the 100<sup>th</sup> percentile and two were in the 88<sup>th</sup> percentile. The mock client rated participant 1 with 100% competency, participants 3 and 4 the with 97% competency and participant 2 was rated 28% 25% lower than the other three participants. The expert observers scores were variable. Expert observer 1 scored all participants the same with 92% competency. Expert observer 2 rated participant 2 and 4 with 97% competency and participant 1 with 80% competency. Expert observer 3’s scored ranged from 87%-95% competency. The average score across all expert observers was 5.3 for participant psychologist 1, 5.7 for participant psychologist 2, 5.3 for participant psychologist 3 and 5.5 for participant psychologist 4.

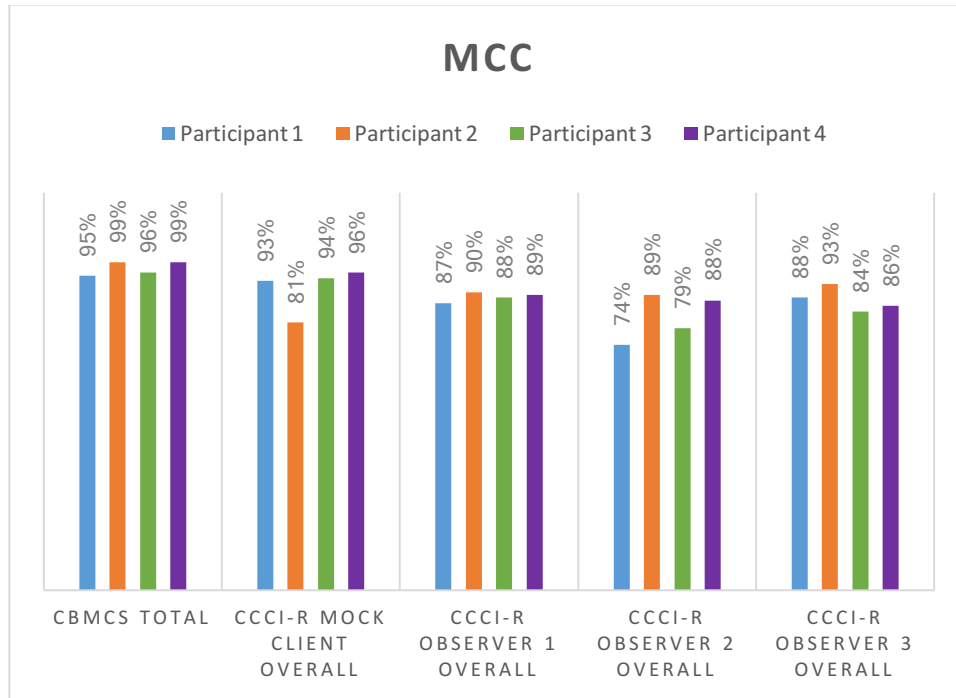
Table 52. Skills



***Multicultural Competency***

Overall participants had similar self-report scores in the CBMCS between 96%-99%. The mock client showed variability among scores between participants 1,3, and 4 (93%-96% competency) and participant 2 (81% competency). This was in contrast to expert observers who rated participant 2 with 89%-93% in overall multicultural competency relative to other participants. Overall, expert observers MCC scores ranged from 74%-93% competency. The average score across all expert observers was 5 for participant psychologist 1, 5.5 for participant psychologist 2, 5.1 for participant psychologist 3, and 5.3 for participant psychologist 4.

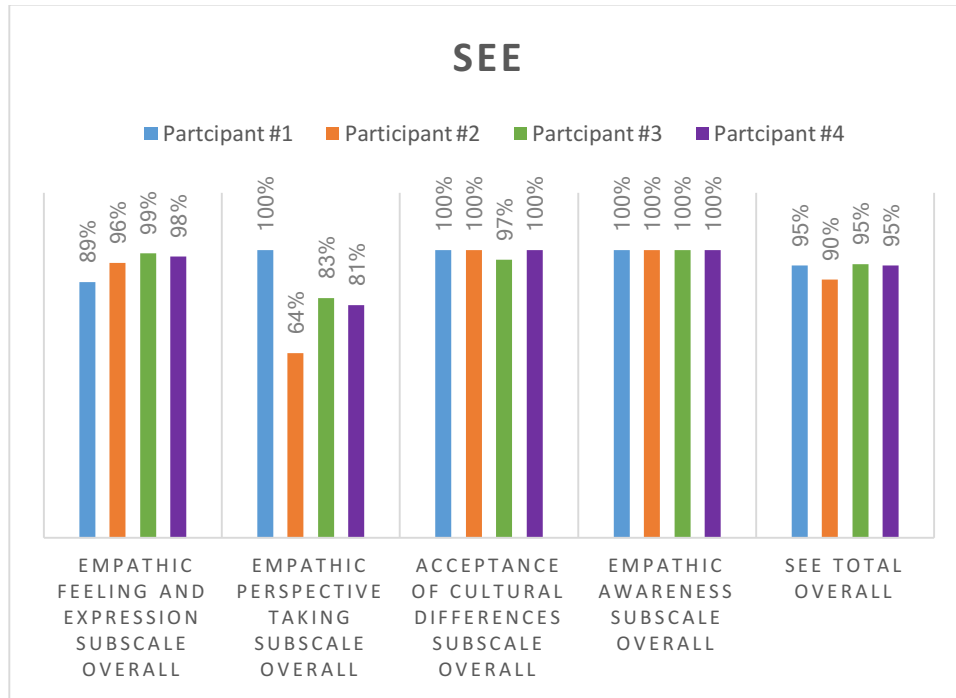
Table 53. MCC



**Empathy**

Overall, participants rated themselves similarly on the Scale of Ethnocultural Emathy (SEE; Wang et al., 2003), between 89% to 98% empathetic. All four psychologists scored similarly in three of the four subscales (Empathic feeling and expression, acceptance of cultural differences, and empathic awareness) of the scale of the SEE. The largest difference in scores was in the Empathic Perspective Taking subscale. The average scores ranged from 6.0 - 3.9. The average score for participant psychologist 1 was 6 (100%), for participant psychologist 2 was 3.9 (64%), for participant psychologists 3 was 5 (83%) and for participant psychologist 4 was 4.8 (81%). This subscale considers the ability of participants to take the perspective of others and understand their emotional experiences (Wang, et.al., 2003).

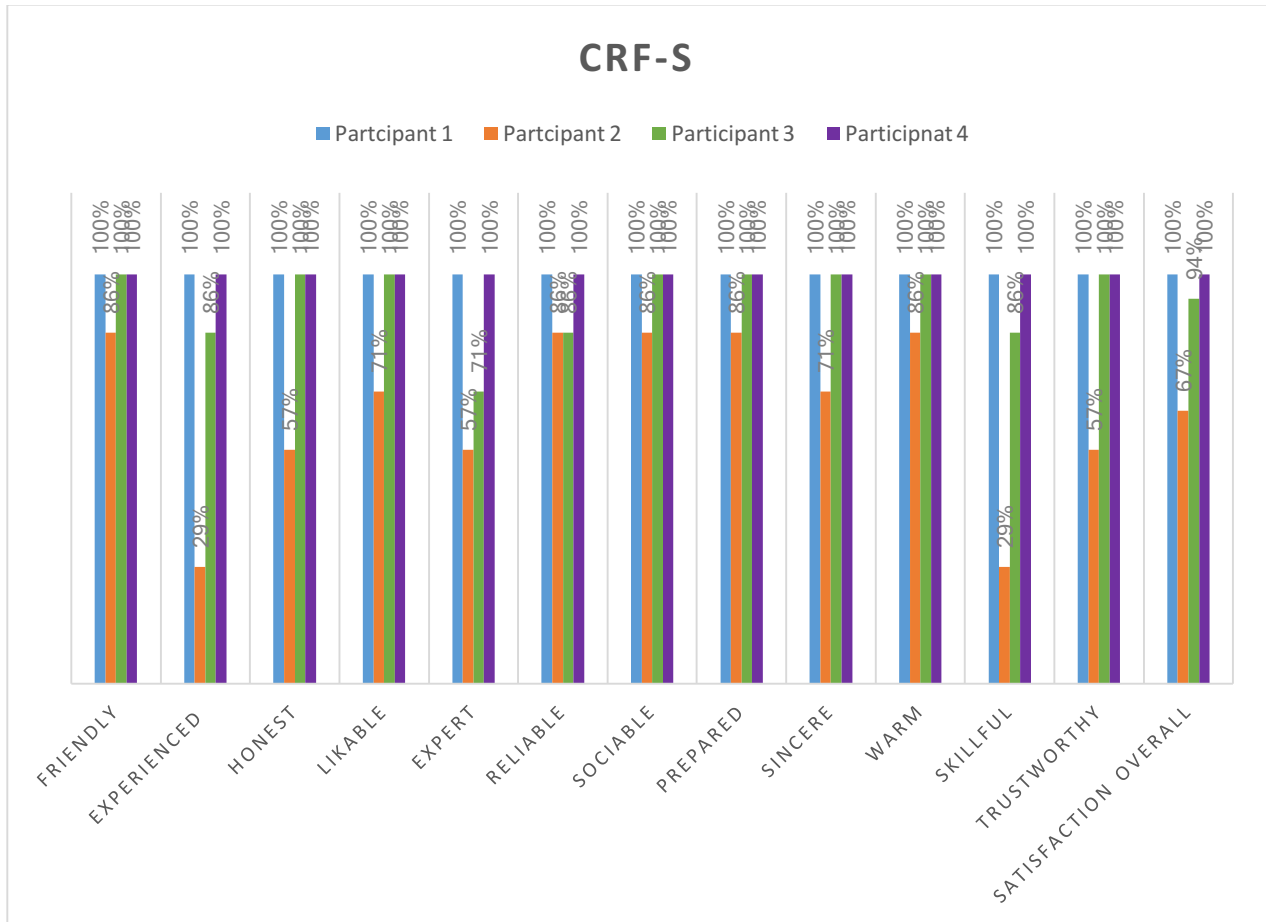
Table 54. SEE



***Client Perception of Psychologist***

The majority of participants (3 of the 4) were rated between 87%-100% by the mock client in regards to honesty, likability, sociability, preparedness, sincerity, warmth and trustworthiness using the Counselor Rating Form – Short (CRF-S; Corrigan & Schmidt, 1983. Participant 2’s scores ranged from 29%-86% in all components of the CRF-S. Only participant 2’s Skillful and Experienced subscales fell under 50% satisfaction as rated by the mock client.

Table 55. CRF-S



## Chapter 5

### Discussion

The present study was designed to address the lack of research on MCC with Latinos in applied settings. Four practicing psychologists (three licensed, one license eligible) were asked to participate in a brief therapy session with a mock client. Three data sources (semi-structured interviews, a psychotherapy session with the mock client, and observations by three expert observers) were used to answer the following research questions:

1. Awareness
  - a. How do psychologists demonstrate awareness or lack of awareness about self and others during a mock therapy session with a Latina/o client?
  - b. How do psychologists explain the role of awareness of self and others in working with their Latina/o client? /
  - c. How does the client experience psychologists' *awareness of others* (i.e., awareness of the client)?
2. Knowledge
  - a. How do psychologists demonstrate their knowledge of Latina/os during a mock therapy session with a Latina/o client?
  - b. How do psychologists explain the role of knowledge about Latina/os in working with their Latina/o client?
  - c. How does the client experience psychologists' knowledge?
3. Skills
  - a. How do psychologists demonstrate Latina/o specific skills during a mock therapy session with a Latina/o client?
  - b. How do psychologists explain the specific tools/techniques/interventions used with a Latina/o client?
  - c. How does the client experience psychologists' skills?
4. Multicultural Competence
  - a. How does overall cultural competence (i.e., awareness, knowledge and skills collectively) relate to overall session evaluation?
  - b. Is there a relationship between overall cultural competence and empathy?
  - c. Is there a relationship between overall session evaluation and empathy?

## Overview of Findings

### Awareness

**How do psychologists demonstrate awareness when working with Latino Clients?** In this study The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) was used by the expert observers and to assess the awareness competency of the participant psychologists. The California Brief Multicultural Competence Scale (CBMCS; Gamst, Dana, Der-Karabetian, Aragon, et al., 2004) was used by participant psychologist to self-rate their own awareness competency. All participants gave themselves 100% rating in the awareness competency. All the expert observers rated participant psychologist 2 the highest, suggesting this participant was better able demonstrate awareness competency with the mock client. This may be in part because participant psychologist 2 was more direct with regards to asking about culture than the rest of the participants, while participants 1, 3, and 4 used more nuanced or indirect approaches to cover similar topics. However, a direct style of demonstrating cultural awareness may not always be congruent with the *respecto* and other cultural considerations in Latino communities. Participant psychologist 2 had less cultural similarities with the mock client than the other three participant psychologists, and this may have led Participant 2 to be more direct and explicit about their awareness about self and other. In other words, as the other participants shared more similarities with the mock client, they may have been able to subtly communicate cultural understanding by acknowledging shared identities, like nationality. It is important to note that the current surveys assess multicultural competency assuming differences between self and other. Because this instrument was not developed in the context of a therapist-client dyad where ethnic identity is shared, it may be limited for the purposes of evaluating multicultural awareness for the current study. However, assumptions

about competency are often also made because of similarities in identity, and should be avoided. Another important point is that the surveys are more general and it may be time to begin to develop more cultural or ethnic specific surveys, including Latino-specific competency surveys. Notably, there was a discrepancy between how the expert observers evaluated the sessions and what the participant psychologists perceived happened in the session. It is important to note the CBMC does not ask to evaluate a specific therapy session but to assess one's own multicultural competence overall. Therefore, the therapist may have given themselves different rating if they would have been asked to evaluate their own session.

**How do psychologists explain the role of awareness of self and others in working with their Latina/o client?** To understand how participant psychologists explain the role of awareness when working with a Latino client, semi-structured interviews were conducted with the participant psychologists. Participant psychologists in this study expressed they place greater importance on the awareness competency. For these participants more importance was placed on their awareness and they described awareness as being the key to being multiculturally competent. Specifically, they found that self-reflections of cultural similarities and differences, and awareness of their personal reactions were important factors of awareness and their ability to work with clients. This does not necessarily imply that participant psychologists included these topics with the client or brought up these issues with the client. The focus was more on how their own ability to be self-reflective about their interaction with the other in the therapy session. Participant psychologists expressed in the qualitative interviews using awareness both in the way that they self-reflect about themselves on the session but also recognizing the mock client's cultural context. Participant psychologists were able to easily discuss their own self-reflections about the mock therapy session especially when discussing similarities and differences. It is

interesting the way participant psychologists in this study explain how they use awareness of self and other in both direct and indirect ways to purposefully assess cultural variable in the therapy session. So for the participant psychologists' awareness was seen as a way to explore feeling and reaction, similarities and differences.

**How does the client experiences psychologists' awareness of others (i.e., awareness of the client)?** In this study the mock client completed The Cross-Cultural Counseling Inventory-Revised (CCCI-R; LaFromboise, Coleman, & Hernandez, 1991) and a semi-structured interview to understand how he experienced participant psychologists' awareness of other. The mock client experienced participant psychologists' awareness of others when participant psychologists confirmed via nonverbal cues. This allowed for the client to feel culturally understood even though there did not necessarily need to have a verbal or direct self-disclosure. In other words, mock client used observation and the self-disclosure of salient similarities by the participant psychologist to perceive that the participant psychologists saw him culturally. For the mock client visual cues confirming understanding gave him the indication that the participant psychologists were able to hold see where he came from and what it meant to be who he is. The importance of nonverbal cues was important for every therapy session. This helped the working alliance even when the mock client did not feel as connected with the participant therapist. The mock client was actively observing the reactions and body language of the participant psychologist to confirm or refute their understanding of him culturally. The importance of body language is not something new in psychotherapy. However, it is important to remember that clients are often taking in multiple sources of data when engaged in psychotherapy. It is also interesting that for this mock client self-disclosure of similarities was more important in feeling understood than a discussion about differences. For this mock client his experience of

psychologists' awareness of the other was tied to the similarities shared with him and the way the participating psychologists used body language and nonverbal cues. It was also powerful and has important implications for clients of color who may be use to managing with differences with providers, and hold on to any similarities that exist. The mock client also expressed in the semi-structured interview his perception that participant psychologist 4 was more aware of the other and participant psychologist 2 as having relatively less awareness. Using the CCCI-R the mock client rated participant psychologist 2 significantly lower than other participant psychologists who were rated high (97-100%). Both the quantitative data and the qualitative data showed marked difference in the perception of participant psychologist 2. These results do not necessarily indicate that participant psychologist 2 was not aware of the other, as participant psychologist 2 explicitly expressed awareness of the other in their own interview and was evaluated highly by expert observers. Rather, the discrepancy between the mock client and the therapist and observer's perception of cultural awareness suggests we are limited in regards to how awareness can be communicated in a therapy session. This suggests that even when a therapist says all the "right" things, assessing and exploring multiple issues related to culture and race, they may miss connecting and communicating this understanding to their clients.

## **Knowledge**

**How do psychologists demonstrate their knowledge of Latinos during a mock therapy session with a Latino Client?** The CCCI-R (LaFromboise, Coleman, & Hernandez, 1991) was used by the expert observers and to assess the knowledge competency of the participant psychologists. The average score across all expert observers for knowledge was the highest for participant psychologist 4. The CBMCS (Gamst, Dana, Der-Karabetian, Aragon, et al., 2004) was used by participant psychologist to self-rate their own knowledge competency.

Participant psychologists rated themselves highly and had similar scores that ranged from 3 -3.8 on a 4-point scale. Similar to other areas, the expert observers again rated that participant psychologist 2 showed more Latino-specific knowledge. The expert observers indicated that overall participant psychologist 2 did a better job in the mock therapy session with the mock client demonstrated more understanding of the client as Latino.

**How do psychologists explain the role of knowledge about Latinos in working with their Latino client?** The semi-structured interviews suggest that participant psychologists used their knowledge of Latina/os to connect with the mock client both through implicit and explicit ways. They expressed using knowledge they had gained both through training and personal experience to assess and at times compare themselves or past client with the mock client. All of the participant psychologists discussed the importance they placed on the knowledge base they had built both through training and personal experience. However, all participated shared trying to balance what they already know of the Latino/a culture both academically and personally with avoiding overemphasizing certain values or making assumptions about a Latino client. All participant psychologists expressed concern over making assumptions about their Latino clients based solely on the client's ethnicity. This may have contributed to the reported strategy of having the client bring race and culture into the discussion first. Therefore, although participant psychologists had years' experience in providing psychotherapy to the Latino community, they were only observed in this study in a single session where the primary goals may have been to build rapport and gather information.

**How does the client experience psychologists' knowledge?** In this study the mock client completed the CCCI-R (LaFromboise, Coleman, & Hernandez, 1991) and a semi-structured interview to understand how he experienced participant psychologists' knowledge. The CCCI-R

showed that the mock client perceived that psychologist participant 4 had the highest knowledge competency and participant psychologist 2 was perceived to have the lowest. The mock client expressed through the semi-structured interviews that knowledge competency of the participant psychologist was perceived to be related to having experiential experience and demonstrating this explicitly and implicitly. For the mock client having a shared Puerto Rican identity allowed him to establish trust faster. Having this knowledge made the client identify the participant psychologists as knowledgeable about his culture. Moreover, it was a relief not have to explain the significance of events or cultural meaning. The mock client also stated that he did not feel that the participant psychologists needed to be Puerto Rican to have this knowledge. For the mock client, how he experienced psychologists' knowledge centered more on their own personal and Latino-specific experiences that allowed him to feel seen and understood. Thus, while training and content-specific knowledge is a necessary and important aspect of a clinician's competency, clients may place more value on perceived experience with Latino culture, whether personal or professional.

## **Skills**

**How do psychologists demonstrate Latino-specific skills during a mock therapy session a Latino client?** The CCCI-R (LaFromboise, Coleman, & Hernandez, 1991) was used by the expert observers and to assess the skill competency of the participant psychologists. The expert observers again rated participant psychologist 2 highest. The CBMCS (Gamst, Dana, Der-Karabetian, Aragon, et al., 2004) was used by participant psychologist to self-rate their own skill competency. Participant psychologists 2 and 3 self-reported their skills competency was 4/4 and participant psychologists 1 and 4 self-reported their skill competency was 3.7. All expert observers thought that participant psychologist 2 was the strongest. They specifically observed

that participant psychologist 2 had more culturally congruent responses and pertinent follow-up questions. Participant psychologist 2 was more explicit in his questions around being Latino and he also explored specific differences and similarities about himself and about the mock client. As previously mentioned participant psychologist 2 was the most direct and explicit about similarities and differences both in himself and the client.

**How do psychologists explain the specific tools/techniques/interventions used with a Latina/o client?** In the semi-structured interviews two participant psychologists 1 and 3 stated that they did not specifically use or modify interventions to work with their Latino mock client. Participant psychologist 4 stated that for her awareness was the key to culturally adapt interventions and participant psychologist 2 discussed the difficulty in culturally adapting interventions. All participants discussed in the semi structured interviews specific things they take into consideration only when working with Latino clients. So although they did not explain specifically how they culturally adapt interventions or tools in the moment, they did describe considerations they take into account, such as acculturation and language. It is interesting that although participants discuss no need to adjust their theoretical orientation or interventions, they were still modifying to include acculturation levels and language preference.

**How does the client experience psychologists' skills?** In the semi-structured interview with the mock client he described active listening and paraphrasing as important skills. While he did not explicitly talk about Spanish language as a skill, it was notable to the mock when therapists invited him to use the Spanish language. Given the shortage of Latino and Spanish speaking clinicians in the United States, this suggest that Spanish speaking clinicians may neglect to use their language skills when a client is a bilingual, even though past research has examined how language switching can facilitate trust and serve to engage Latinos clients

(Santiago et al., 2009). Interestingly, self-disclosure was another technique that the mock client described as important for trust and feeling understood. Self-disclosure was also used by the participant psychologists to purposely discuss culture and can be seen as congruent with *personalismo* to establish a working alliance.

### **Multicultural Competence**

**How does overall cultural competence (i.e., awareness, knowledge and skills collectively) relate to overall session evaluation?** The Counselor Rating Form-Short (CRF-S; Corrigan & Schmidt, 1983) was completed by the mock client to evaluate the mock client's perception of the therapist. In this study the mock client's satisfaction with participant psychologists was related to the overall rating of multicultural competency. The expert observers rating of overall multicultural competence were not related to the overall satisfaction of the mock client. Findings do not suggest that the perspective of the client nor the expert observer is more important than the other. However, it suggests it may be important to explore with clients their perceptions of what they perceive to be multiculturally competent and that perhaps our ability to measure MCC is limited.

**Is there a relationship between overall cultural competence/session evaluation and empathy?** In this study, the SEE did not provide meaningful data. For the majority of subscales therapists endorsed the highest possible score. The only subscale of the SEE with any substantial variability was Perspective Taking. The therapist who scored himself lowest on the empathy Perspective Taking subscale also had the lowest average evaluation by the mock client, otherwise the therapist ranking of empathy scores (relative to each other) followed no meaningful pattern in relation to the mock client evaluations. Perhaps in future studies empathy can be studied qualitatively in terms of how it is understood by therapists and clients.

## **Latina/o Specific Observations**

The survey served as a guide to have a brief discussion with observers about the therapists' Latino/a competencies in the session with the therapist. It is important to note that the survey was developed for this study after examining key cultural tendencies in research of Latina/o specific competencies (Arredondo et al. 2015) and it is still in its development stages. This survey was created to provide a framework for which to briefly discuss each therapists' Latina/o specific competency and not to provide a numerical value.

### **Feedback on observation tool**

Expert observers were also asked to discuss their opinions about the tool for future development. Both expert observers suggested that examples be provided for each section. The expert observers also suggested having a two separate evaluations. Future adaptations of the observation may include evaluating whether a particular item was observed as well as how well it was applied in the session.

## **Limitations**

Sample size was a significant limitation of this study. There is limited generalizability that can be concluded from this study given that there were only four participants. However, this study was done to clarify multicultural counseling competencies and Latina/o specific competencies. The study was also limited by observing and gathering data from only one session. This limited the study in terms of its ability to watch the course of therapy unfold across multiple sessions, giving the therapists more time to apply MCC. It is possible that participants were not able to fully demonstrate all their multicultural competency and Latina/o specific skills. It will be important for future research to include observations over longer periods of time with the same client-therapy dyad.

Of course, more accurate results would be possible by following actual client and therapist relationships, rather than using a mock client. This would allow for more real life feedback over time and include overall feedback at the end of treatment. Future studies might also use mock clients of different socioeconomic backgrounds, as in this study the mock client was a PhD student in a STEM field and thus may have felt more professionally similar to the therapists participating in the study.

There were also limitations to the scales and instruments used for the purposes of examining MCC. Although the Latino-specific observation tool served an important descriptive purpose and allowed the comparison of expert observer, therapist, and client perspectives, it will be important to future research to construct an observation instrument that is statistically sound. Finally, given the importance in our field to be multiculturally competent, and given therapists invited to participate in this study were committed to working with the Latina/o community, participants may have felt motivated to do their best in sessions. Another sampling limitation of this study is that participants that choose to participate may have had a special interest in the topic and may differ from those that chose not participate.

### **Implication for Counseling Psychology**

Guidelines for MCC are meant to provide a framework from in order to assess the ability of psychologists to provide care for clients of diverse ethnic and cultural backgrounds. The MCC continue to be an important piece of the work that we do as psychologists and it has set the groundwork for the next generations of psychologists to continue refining and perfecting MCC for both research and clinical work.

In this study participants discussed the importance of MCC when they were in training. However, all participants discussed distancing themselves from the MCC once they

were in clinical practice. As a field it will be important to continue emphasizing the importance of MCC beyond training. This may be an opportunity to increase continuing education training that focuses on MCC in multiple clinical settings. Additionally, increasing MCC training opportunities for organizations may also help to continue developing MCC after graduate school. However, we also need to continue developing multiple forms of assessing MCC both academically and in clinical practice.

Our training tends to focus on self-reports of both mcc and clinical competencies. However, direct observations may provide additional opportunities to develop MCC. Direct observations may provide congruency between what is focused in training, what supervisors are evaluating and what clients in therapy are perceiving as multiculturally competent care. Given that even when therapists seemingly ask all the right questions and say all the right things, there may be a discrepancy with clients' satisfaction with how MCC was applied. This suggests that we should be looking at multicultural and Latino specific competency from multiple perspectives. Additionally, the mock client placed more value on visual cues and similarities to assess for participant psychologists' ability to understand him culturally. This is an important reminder that clients of color may be seeking multiple ways to gage out ability to understand culture. The implication from the mock client that understating of the experiences of clients of color is not the norm and that one must work harder to have a therapists understand is a powerful statement. It is important for us to remember that even a neutral office space may not be perceived as neutral. It is important to understand from a training perspective what area are needed to show competency in training and it is also important to consider from the client's perspective the meaning of multicultural competency. Ultimately the reason for the creation of the MCC was to advocate for underrepresented group. Therefore, direct observation and

qualitative interviews that gather multiple perspective in the therapeutic process are promising methods for the continuing study of the constructs of MCC.

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## Appendix A

Dear

¡Saludos! I am a doctoral candidate in counseling psychology at the University of Wisconsin Milwaukee currently doing my pre-doctoral internship at the Hispanic Clinic. I am conducting a dissertation on how psychotherapists work with Latina/o clients. My study, Examining Psychologists' Competence and Culturally Sensitive Interventions in Therapy, is a qualitative exploration of psychotherapists' practice when working with a Latino/a client.

As you have been identified as a psychologist committed to practicing psychotherapy with Latina/os, I am emailing to ask if you would consider participating in or forwarding information of my study to qualifying participants. I am recruiting five licensed or licensed eligible early career psychologists who work primarily with Latina/os. Due to your experience in providing psychotherapy with a Latina/os, your perspective will be a beneficial addition to the study. Your participation will help to deepen and broaden the field's understanding of how and what should be taken into consideration when working with the Latina/o community.

I anticipate that participation in the study will take approximately two hours. Participants will be asked to have a brief pre-interview discussing about their general approach to therapy, conduct a videotaped therapy session with a mock Latino/a client and immediately after have an interview with me to discuss the session with the mock client. The three activities of the study can take place either in your office or at a private office in the nonprofit organization, The Consultation Inc. in [Northeast region of the U.S.] Participants' identifying information will remain confidential. Only data stripped of identifiers will be used for academic and professional presentations. As a small incentive, participants will receive \$50 in cash for their time and efforts in participating.

Participation is completely voluntary. If you'd like to participate and/or would like more information about the study please don't hesitate to contact me by phone or email.

Thank you very much for considering participating in this study. I look forward to speaking with you soon.

Respetuosamente,  
Marisela Lopez  
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This email message was an approved request for participation in research that has been approved by the University of Wisconsin Milwaukee's Internal Review Board (IRB #15.378)

## Appendix B

# UNIVERSITY OF WISCONSIN – MILWAUKEE CONSENT TO PARTICIPATE IN RESEARCH THERAPIST CONSENT

THIS CONSENT FORM HAS BEEN APPROVED BY THE IRB FOR A ONE  
YEAR PERIOD

### 1. General Information

**Study title:**

Examining Psychologists' Competence and Cultural Adaptations in Therapy when working

**Person in Charge of Study (Principal Investigator):**

Principle Investigator  
Shannon Chavez-Korell, Ph.D.  
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Student Principle Investigator:  
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Psychology Email: [lopez29@uwm.edu](mailto:lopez29@uwm.edu)

### 2. Study Description

You are being asked to participate in a research study to understand how therapists work with Latina/o clients. Your participation is completely voluntary. You do not have to participate if you do not want to, and if you choose to participate, you can stop at any time.

**Study description:**

The purpose of this study is to understand the specific ways in which therapists are working with Latina/o clients. The aim of the study is to understand what specifically informs a therapy session with a Latina/o client.

According to the United States Census (2012), 37% of the U.S. population is racially and ethnically diverse and is projected to be 57% in 2060. According to the Pew Research Hispanic Center and the American Community Survey in 2011, there are 51.9 million Latinos in the United States, a 48% increase from 2000 (Motel & Patten, 2013). Although there have been great advancements in the Psychology profession in regards

to working with ethnically diverse clients, there is still much that needs to be investigated and integrated into practice with these populations. Given the statistics of the Latina/o community it is inevitable that therapists will see a client in their office who identifies as Latina/o and will need to gain specific competencies in order to provide quality mental health services, improve retention rates, and improve treatment outcomes. Therefore, a next step is to begin to examine the client-therapist dyad in applied settings to understand how therapists approach a therapy session with a Latina/o client. In so doing, we will gain a better understanding of what therapists use to inform their sessions as well as the clients' perceptions of therapy in order to co-create culture specific and culturally sensitive treatment practices.

In this study five psychologists' psychotherapy session with one volunteer Latino/a simulated client will be video recorded. Your participation will involve taking part in two semi-structured interviews about your therapy approach and one video recorded therapy session with a volunteer client. The total time you will spend with this study will be 2 hours. The qualitative analysis of this study will provide additional information to better understand how to effectively work with Latina/o clients.

### **3. Study Procedures**

#### **What will I be asked to do if I participate in the study?**

If you agree to participate you will be asked to complete two semi-structured interviews and two paper measures that will take approximately one hour and complete one therapy session with a volunteer Latino client that will take approximately one hour.

During the first semi-structured you be asked to describe your approach to therapy. During the therapy session with a client you will be asked to proceed as you normally would when working with a client. During the second semi-structured interview you be asked to discuss and reflect on the therapy session with the client. The therapy session will take place in your office or in a private office in the department of educational psychology.

The therapy session will be video recorded and the interviews will be audio recorded. If you agree to be in this study, you are agreeing to have your session video recorded and interviews audio recorded.

The information obtained in this study will help understand how to work with Latino clients.

### **4. Risks and Minimizing Risks**

#### **What risks will I face by participating in this study?**

We do not anticipate any risks for your participation in this research study, though you may experience uncomfortable feelings while you answer questions about your therapy

approach. However, your participation in this study is no more stressful or uncomfortable than any other psychotherapy session that you perform as a psychologist. If at any time you feel uncomfortable while answering the questions or do not want to continue, you may stop at any time.

## **5. Benefits**

### **Will I receive any benefit from my participation in this study?**

You may benefit emotionally from contributing to helping improve services provided to the Latina/o community.

## **6. Study Costs and Compensation**

### **Will I be charged anything for participating in this study?**

You will not be responsible for any of the costs from taking part in this research study.

### **Are subjects paid or given anything for being in the study?**

You will not be paid to participate in this study. As a small incentive, you will receive \$50 cash for your time and efforts.

## **7. Confidentiality**

### **What happens to the information collected?**

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. We may decide to present what we find to others, or publish our results in scientific journals or at scientific conferences; however we will not identify any participants by name. In addition, only select de-identified transcript portions (i.e. direct quotes) of the video and audio recordings will be used. Only Marisela López, M.A., Dr. Shannon Chavez-Korell and members of the research team will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

Every effort will be made to maintain the confidentiality of what you say during the study, including the responses to the questionnaires. The way we will protect your confidentiality and minimize the risk of a breach of confidentiality is that a numerical code will be used in place of your name on all data collected. We will maintain a record linking your name with your numerical code number, but this list will be kept separate from the questionnaires and the interviews.

We will also minimize breach to confidentiality of all audio and video recording by encrypting all data including video recordings and stored digitally in password-protected files. Also, all of the materials for this project will be kept in a locked file cabinet to which only responsible research staff will have access. If you withdraw from the study before completion, your data will be destroyed. All data collected in this study will be destroyed by 2017.

## **8. Alternatives**

### **Are there alternatives to participating in the study?**

There are no known alternatives available to you other than not taking part in this study.

## **9. Voluntary Participation and Withdrawal**

### **What happens if I decide not to be in this study?**

Your participation in this study is entirely voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee. If you withdraw from the study before completion, your data will be destroyed.

## **10. Questions**

### **Who do I contact for questions about this study?**

For more information about the study or the study procedures or treatments, or to withdraw from the study, contact:

Marisela López, M.A.  
Department of Educational  
Psychology University of  
Wisconsin-Milwaukee Email:  
lopez29@uwm.edu

### **Who do I contact for questions about my rights or complaints towards my treatment as a research subject?**

The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board  
Human Research Protection Program  
Department of University Safety and  
Assurances University of Wisconsin –  
Milwaukee

P.O. Box 413 Milwaukee, WI 53201 (414) 229-3173

## **11. Signatures**



## Appendix C

### Intake

**Name :** Emmanuel

**Age :** 29

**Gender identity:** cisgender male

**Sexual Orientation:** heterosexual

**Ethnicity:** Puerto Rican

**Marital Status:** Single

**College Class Standing:** Graduate student, Law student

**Type of University:** Private law school

**Employment:** Tutor

**Housing:** Lives off campus. Immediate family lives in Puerto Rico

**Presenting Concerns:** recent breakup, career concerns

**Psychological History:** Has no current or past history of suicidal ideation or homicidal ideation. No history of other serious mental health issues. No family history of serious mental health issues. No history of trauma.

**Diagnosis:** Adjustment Disorder with depressed mood that began with recent career concerns and breakup.

**Symptoms:** Low mood, loss of interest and lack of motivation.

**Medical History:** No known illness. No history of alcohol/drug use

**Developmental History:** Reached all developmental milestones. Traveled frequently until 10<sup>th</sup> grade due to father's military service. Completed high school and college in Puerto Rico.

**Family History:** Family of origin intact. Father and Mother born in Puerto Rico to families of 12 & 13 siblings. He is the eldest of two. Sister is 5 years younger. Mother and Father grew up in rural/farm/poverty conditions in Puerto Rico. Father served 22 years in military service, currently works in factories fixing machines. Mother is a grade school teacher. Sister is in college.

**Eating Habits:** Eats regular meals but often eats fast food, candy, soda, etc.

**Sleep:** no problems, sleeps 7-8 hours daily, except when school interferes.

**Exercise:** Exercises regularly: plays on a community soccer team

## Appendix D

### Latino Observation

	Participant #					
Very Poor 1	Poor 2	Adequate 3	Good 4	Very Good 5	Excellent 6	
<b><u>Assessment/Intervention</u></b>						
To what extent did psychologist ...						
1. gather relevant cultural information about the client’s presenting concern?	1	2	3	4	5	6
2. assess client’s adherence to personalismo?	1	2	3	4	5	6
3. assess client’s definition of respeto?	1	2	3	4	5	6
4. use interventions that were sensitive to Latina/os contextual factors such as clients’ spiritual beliefs, socioeconomic resources, Latina/o cultural traditions, nationality, etc.?	1	2	3	4	5	6
5. explore client’s immigration story?	1	2	3	4	5	6
6. explore the impact of immigration on family dynamics?	1	2	3	4	5	6
<b><u>Worldviews, values and traditions</u></b>						
To what extent did psychologist ...						
1. use underlying cultural values of client for their interventions?	1	2	3	4	5	6
2. explore client’s degree of involvement with immediate and extended family?	1	2	3	4	5	6
3. assess for individualism and “relational/ allocentrism” and collectivism?	1	2	3	4	5	6
4. assess which specific beliefs and practices the client ascribes to and to what extent?	1	2	3	4	5	6
5. explore the sources of the client’s perspectives (culture, individual differences, etc.)?	1	2	3	4	5	6
6. miss opportunities for cultural exploration?	1	2	3	4	5	6
7. overemphasize a particular cultural issue?	1	2	3	4	5	6
8. show respect for the client’s worldview?	1	2	3	4	5	6
<b><u>Identity &amp; Intersection of Identities</u></b>						
To what extent did psychologist ...						
1. explore how client felt about his cultural (Latino/Puerto Rican) group?	1	2	3	4	5	6

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2. explore nationality and cultural nuances of that country?  | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. explore multiple identities (gender, age, sexual orientation, social class, spirituality) with client? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. acknowledge the sociopolitical pressures specific to Latino identity?                                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. modify interventions based on client's Latino identity?  | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. explore issues of acculturation as they relate to the presenting concern?                              | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. assess for within-group differences (e.g., SES, gender, rural/urban)?                                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. assess for other marginalized identities (LGBTQ, SES)?   | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. explore machismo/caballerismo?   | 1 | 2 | 3 | 4 | 5 | 6 |

**Relationship Building,**

To what extent did psychologist ...

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 1. engage in personalismo?   | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. show respeto?   | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. show simpatia?  | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. establish confianza?  | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. effectively explore issues of similarities between themselves and the client? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. effectively explore issues of differences between themselves and the client?  | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. effectively use therapist-client similarities in the session?                 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. effectively use therapist-client differences in the session?                  | 1 | 2 | 3 | 4 | 5 | 6 |

**Systemic**

To what extent did psychologist ...

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1. demonstrate awareness/understanding of possible marginalization or devaluation of client's experience as a Latino? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. explore systemic barriers (work, language, discrimination, etc.) for the client?                                   | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. connect clients' concerns as linked with issues of oppression such as racism and poverty?                          | 1 | 2 | 3 | 4 | 5 | 6 |

**Language and Communication**

To what extent did psychologist ...

- |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 1. use "dichos" or "expresiones" in therapy?                    | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. recognize cues that led to discussion about cultural issues? | 1 | 2 | 3 | 4 | 5 | 6 |

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 3. assess for preferred language in therapy?                         | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. engage in platica?  | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. explore client's relationship with English and Spanish languages? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Adjusted language formality to be congruent with client's style?  | 1 | 2 | 3 | 4 | 5 | 6 |

**Overall**

To what extent did psychologist ...

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 1. accurately complete a Latino sensitive therapy session? | 1 | 2 | 3 | 4 | 5 | 6 |
|--|---|---|---|---|---|---|

**Notes:**

**Would you have added any questions?**

Assessment/Intervention

Worldviews, values and traditions

Identity & Intersection of Identities

Relationship Building

Systemic

Language and Communication

## Appendix E

### Demographic Questionnaire

1. What is your age?

2. What is your gender?

3. What is your ethnicity?

- American Indian/ Alaskan Native     Asian / Pacific Islander     Black / African American  
 Latina/o / Hispanic     White / Caucasian     Multi-Ethnic

Other-please specify: \_\_\_\_\_

4. What is your highest educational degree?

- Master's Degree (M.Ed., M.A., or M.S.)     Doctorate of Psychology (Psy.D.)  
 Doctorate of Philosophy (Ph.D.)     Doctorate of Education (Ed.D.)  
 Other-please specify: \_\_\_\_\_

5. In what field or is your degree:

- School Psychology     Clinical Psychology     Counseling Psychology     Counseling

Other-please specify: \_\_\_\_\_

6. In what year did you obtain your degree (year of graduation)? \_\_\_\_\_

7. What is your license?

8. How long have you been employed as licensed practitioner?

9. How many years of experience do you have providing mental health services?

10. What is your primary professional setting?

- Community Clinic     Private Practice     University Counseling Center     VA Hospital

Other-please specify: \_\_\_\_\_

11. What percentage of your time is dedicated to providing therapy with Latina/os?

12. What are the languages you fluently speak?

13. What is the primary language you use in therapy?

14. Have you used another language in therapy? If yes, what language?

15. What kind of therapy do you provide?

Individual    Family    Group    Couples    Other-please specify:

\_\_\_\_\_

16. What is your theoretical orientation?

17. Please list any classes, training, , workshops, seminars, or continuing education dealing specifically with multicultural counseling that you have completed.

## Appendix F

### California Brief Multicultural Competence Scale (CBMCS)

Below is a list of statements dealing with multicultural issues within a mental health context. Please indicate the degree to which you agree with each statement by circling the appropriate number.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am aware that being born a minority in this society brings with it certain challenges that White people do not have to face.	1	2	3	4
2. I am aware of how my own values might affect my client.	1	2	3	4
3. I have an excellent ability to assess, accurately, the mental health needs of persons with disabilities.	1	2	3	4
4. I am aware of institutional barriers that affect the client.	1	2	3	4
5. I have an excellent ability to assess, accurately, the mental health needs of lesbians.	1	2	3	4
6. I have an excellent ability to assess, accurately, the mental health needs of older adults.	1	2	3	4
7. I have an excellent ability to identify the strengths and weaknesses of psychological tests in terms of their use with persons from different cultural, racial and/or ethnic backgrounds.	1	2	3	4
8. I am aware that counselors frequently impose their own cultural values upon minority clients.	1	2	3	4
9. My communication skills are appropriate for my clients.	1	2	3	4
10. I am aware that being born a White person in this society carries with it certain advantages.	1	2	3	4
11. I am aware of how my cultural background and experiences have influenced my attitudes about psychological processes.	1	2	3	4
12. I have an excellent ability to critique multicultural research.	1	2	3	4
13. I have an excellent ability to assess, accurately, the mental health needs of men.	1	2	3	4
14. I am aware of institutional barriers that may inhibit minorities from using mental health services.	1	2	3	4

- |   |   |   |   |    |
|---|---|---|---|----|
| 15. I can discuss, within a group, the differences among ethnic groups (e.g. low socioeconomic status (SES), Puerto Rican client vs. high SES Puerto Rican client). | 1 | 2 | 3 | 4  |
| 16. I can identify my reactions that are based on stereotypical beliefs about different ethnic groups.  | 1 | 2 | 3 | 4  |
| 17. I can discuss research regarding mental health issues and culturally different populations.   | 1 | 2 | 3 | 4  |
| 18. I have an excellent ability to assess, accurately, the mental health needs of gay men.  | 1 | 2 | 3 | 4  |
| 19. I am knowledgeable of acculturation models for various ethnic minority groups.  | 1 | 2 | 3 | 4  |
| 20. I have an excellent ability to assess, accurately, the mental health needs of women.  | 1 | 2 | 3 | 4. |
| 21. I have an excellent ability to assess, accurately, the mental health needs of persons who come from very poor socioeconomic backgrounds.                        | 1 | 2 | 3 | 4  |

Gamst, G., Dana, R. H., Der-Karabetian, A., Aragon, M., Arellano, L., Morrow, G., & Martenson, L. (2004). Cultural competency Revised: The California Brief Multicultural Competency Scale. *Measurement and Evaluation in Counseling and Development, 37, 3,163-187.*

## Appendix G

### Scale of Ethnocultural Empathy (SEE)

Please answer each statement below by putting a circle around the number that best reflects your degree of agreement or disagreement with that statement. There is no right or wrong answers. There are six possible responses to each statement ranging from “Strongly Disagree” (number 1) to “Strongly Agree” (number 6). Thank you for your cooperation. On the following statements, please indicate your response with each statement in the following manner:

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
	<b>Strongly Disagree</b>	<b>Moderately Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Moderately Agree</b>	<b>Strongly Agree</b>
1. I feel annoyed when people do not speak standard English.....	1	2	3	4	5	6
2. I don't know a lot of information about important social and political events of racial and ethnic groups other than my own....	1	2	3	4	5	6
3. I am touched by movies or books about discrimination issues faced by racial or ethnic groups other than my own.....	1	2	3	4	5	6
4. I know what it feels like to be the only person of a certain race or ethnicity in a group of people.....	1	2	3	4	5	6
5. I get impatient when communicating with people from other racial or ethnic backgrounds, regardless of how well they speak English...	1	2	3	4	5	6
6. I can relate to the frustration that some people feel about having fewer opportunities due to their racial or ethnic backgrounds. ....	1	2	3	4	5	6
7. I am aware of institutional barriers (e.g., restricted opportunities for job promotion) that discriminate against racial or ethnic groups other than my own.....	1	2	3	4	5	6
8. I don't understand why people of different racial or ethnic backgrounds enjoy wearing traditional clothing.....	1	2	3	4	5	6
9. I seek opportunities to speak with individuals of other racial or ethnic backgrounds about their experiences.....	1	2	3	4	5	6
10. I feel irritated when people of different racial or ethnic backgrounds speak their language around me.....	1	2	3	4	5	6
11. When I know my friends are treated unfairly because of their racial or ethnic backgrounds, I speak up for them.....	1	2	3	4	5	6

12. I share the anger of those who face injustice because of their racial and ethnic backgrounds..... 1 2 3 4 5 6
13. When I interact with people from other racial or ethnic backgrounds, I show my appreciation of their cultural norms..... 1 2 3 4 5 6
14. I feel supportive of people of other racial and ethnic groups, if I think they are being taken advantage of..... 1 2 3 4 5 6
15. I get disturbed when other people experience misfortunes due to their racial or ethnic backgrounds..... 1 2 3 4 5 6
16. I rarely think about the impact of a racist or ethnic joke on the feelings of people who are targeted..... 1 2 3 4 5 6
17. I am not likely to participate in events that promote equal rights for people of all racial and ethnic backgrounds..... 1 2 3 4 5 6
18. I express my concern about discrimination to people from other racial or ethnic groups..... 1 2 3 4 5 6
19. It is easy for me to understand what it would feel like to be a person of another racial or ethnic background other than my own..... 1 2 3 4 5 6
20. I can see how other racial or ethnic groups are systematically oppressed in our society..... 1 2 3 4 5 6
21. I don't care if people make racist statements against other racial or ethnic groups..... 1 2 3 4 5 6
22. When I see people who come from a different racial or ethnic background succeed in the public arena, I share their pride..... 1 2 3 4 5 6
23. When other people struggle with racial or ethnic oppression, I share their frustration..... 1 2 3 4 5 6
24. I recognize that the media often portrays people based on racial or ethnic stereotypes..... 1 2 3 4 5 6
25. I am aware of how society differentially treats racial or ethnic groups other than my own..... 1 2 3 4 5 6
26. I share the anger of people who are victims of hate crimes (e.g., intentional violence because of race or ethnicity)..... 1 2 3 4 5 6

27. I do not understand why people want to keep their indigenous racial or ethnic cultural traditions instead of trying to fit into the mainstream..... 1 2 3 4 5 6
28. It is difficult for me to put myself in the shoes of someone who is racially or ethnically different from me..... 1 2 3 4 5 6
29. I feel uncomfortable when I am around a significant number of people who are racially/ethnically different than me..... 1 2 3 4 5 6
30. When I hear people make racist joke, I tell them I am offended even though they are not referring to my racial or ethnic group..... 1 2 3 4 5 6
31. It is difficult for me to relate to stories in which people talk about racial or ethnic discrimination they experience in their day to day lives..... 1 2 3 4 5 6

## Appendix H

### Cross Cultural Counseling Inventory—Revised

The purpose of this inventory is to measure your perceptions about the Cross Cultural Counseling Competence of the counselor you have just observed. We are interested in your opinion so please make a judgment on the basis of what the statements in this inventory mean to you. In recording your response, please keep the following points in mind:

- a. Please circle the appropriate rating under each statement.
- b. Please circle only one response for each statement.
- c. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment—please do not omit any.

---

Rating Scale:	1 = strongly disagree 2 = disagree 3 = slightly disagree	4 = slightly agree 5 = agree 6 = strongly agree
---------------	--	---

---

- |    |  |   |   |   |   |   |   |
|----|--|---|---|---|---|---|---|
| 1. | Counselor is aware of his or her own cultural heritage.                                | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Counselor values and respects cultural differences.                                    | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Counselor is aware of how own values might affect this client.                         | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Counselor is comfortable with differences between counselor and client.                | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Counselor is willing to suggest referral when cultural differences are extensive.      | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Counselor understands the current socio-political system and its impact on the client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Counselor demonstrates knowledge about client's culture.                               | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Counselor has a clear understanding of counseling and therapy process.                 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | Counselor is aware of institutional barriers   |   |   |   |   |   |   |

which might affect client's circumstances.

1 2 3 4 5 6

---

Rating Scale:

1 = strongly disagree

2 = disagree

3 = slightly disagree

4 = slightly agree

5 = agree

6 = strongly agree

---

- |     |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|
| 10. | Counselor elicits a variety of verbal and non-verbal responses from the client.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | Counselor accurately sends and receives a variety of verbal and non-verbal messages.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | Counselor is able to suggest institutional intervention skills that favor the client.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | Counselor sends messages that are appropriate to the communication of the client.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | Counselor attempts to perceive the presenting problem within the context of the client's cultural experience, values, and/or lifestyle. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | Counselor presents his or her own values to the client.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | Counselor is at ease talking with this client.  | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | Counselor recognizes those limits determined by the cultural differences between client and counselor.                                  | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | Counselor appreciates the client's social status as an ethnic minority.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | Counselor is aware of the professional and ethical responsibilities of a counselor.   | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | Counselor acknowledges and is comfortable with cultural differences.  | 1 | 2 | 3 | 4 | 5 | 6 |
- 

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FRIENDLY  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

EXPERIENCED  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

HONEST  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

LIKABLE  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

EXPERT  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

RELIABLE  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

SOCIABLE  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

PREPARED  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

SINCERE  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

WARM  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

SKILLFUL  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

TRUSTWORTHY  
not very \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_ very

# CURRICULUM VITAE

MARISELA LÓPEZ

[lopez29@uwm.edu](mailto:lopez29@uwm.edu)

## EDUCATION

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<b>Yale University-Psychiatry</b> Post-doctoral Fellow in Psychology	New Haven, CT July 2016-Present
<b>Yale University School of Medicine</b> Doctoral Clinical and Community Psychology Internship	New Haven, CT June 2016
<b>University of Wisconsin-Milwaukee</b> <i>Doctor of Philosophy, Counseling Psychology</i> 2016	Milwaukee, WI Expected December

### Dissertation:

- *Examining therapists' cultural adaptations and multicultural counseling competence when working with Latina/o clients*

<b>Universidad del Valle de Guatemala</b> Guatemala <i>Master of Arts, Counseling Psychology and Mental Health</i>	Guatemala City,  August 2007
<b>Florida International University</b> <i>Bachelor of Arts, Psychology</i>	Miami, FL June 2003

## CLINICAL EXPERIENCE

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<b>Yale University-Psychiatry</b> Yale Mental Health and Counseling <i>Post-doctoral Psychology Fellow</i>	New Haven, CT July 2016-Present
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- Offer individual psychotherapy to undergraduate and graduate students
- Provide emergency on-call service via phone or in person
- Co-facilitate psychotherapy groups

<b>Yale Doctoral Internship in Clinical and Community Psychology</b> Department of Psychiatry, The Hispanic Clinic <i>Psychology Fellow</i>	New Haven, CT July 2015 - present
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- Provide individual psychotherapy to monolingual Spanish speaking adults with a diversity of behavioral health concerns, including depression, anxiety, psychosis and trauma history
- Coordinate community services to facilitate access to medical services, housing among other psychosocial concerns
- Facilitate Ambulatory Specific Adjunctive Program (ASAP) group that provides additional treatment support to clients

**University of Wisconsin-Milwaukee**  
Career Development Center  
*Graduate Counselor*

Milwaukee, WI  
July 2013- June 2015

- Provide counseling, resume and job search assistance to undergraduate and graduate students
- Deliver workshops and presentations to university organizations, students and faculty
- Supervised and trained four Career Peer student workers to provide resume feedback, career exploration guidance and provide resources to students
- Supervised and trained two Master level students in Counseling by providing biweekly individual and weekly group supervision

**Aurora' Health Care- Walker's Point Community Clinic**  
*Practicum Doctoral Student*

Milwaukee, WI  
Fall 2013- Spring 2014

- Delivered bilingual/bicultural individual and family psychotherapy to underserved and uninsured monolingual Spanish speaking adolescent and adults with a diversity of behavioral health concerns
- Participated in meetings that supported the integrated health care model
- Provided psychological consultations to other mental health professionals within clinics, and other community based agencies with regard to clients and/or patient care
- Co-facilitated an 'Effective Communication" 6 week group with monolingual Spanish speaking adults

**St. Rose Youth and Family Center**  
*Assessment Practicum Doctoral Student*

Milwaukee, WI  
Fall 2012- Spring 2013

- Assessed adolescent girls with disruptive behaviors, depression, personality concerns, anxiety, and self-harm by giving a full psychological assessment battery
- Administered and scored structured cognitive and personality assessments
- Interpreted test results and wrote comprehensive assessment reports
- Participated in multidisciplinary team for case management and treatment planning

**Marquette University -Counseling Center**  
*Advanced Practicum Doctoral Student,*

Milwaukee, WI  
Fall 2011- Spring 2012

- Provided direct services to students with transition issues, mood disorders, anxiety disorders, eating/body image issues, ADHD issues, alcohol/substance abuse issues, and interpersonal issues
- Conducted prevention program for students mandated by the university student conduct system, Brief Alcohol Screening and Intervention for College Students (BASICS).
- Provided Career counseling including assessments of interests, values and career inventories (Myers-Briggs Type Indicator, and the Strong Interest Inventory)
- Participated in one-hour peer week group case conference with multidisciplinary team and one-hour psychiatric consultation per week

**16<sup>th</sup> Street Community Health Center**  
Outpatient Primary Care Medical Clinic  
*Practicum Doctoral Student, Counseling Psychology*

Milwaukee, WI  
Fall 2010- Spring 2011

- Provided bilingual/bicultural individual therapy with clients ranging in ages 10–63
- Complete progress notes of treatment sessions, developed treatment plans and implemented intervention strategies
- Received one hour per week of individual supervision
- Attended weekly multidisciplinary team meetings

**Universidad del Valle de Guatemala**

Guatemala City,

Guatemala

Department of Psychology

Spring 2007– Spring

2009

Centro de Apoyo Integral a la Comunidad (CAIC) Community Clinic

*Coordinator*

- Coordinated clinical activities including counseling and psychotherapy services of clients; Assigned case referrals to practicum students at the Licentiate and master’s level
- Conducted orientation to the Center for all incoming students
- Consulted with clinicians regarding aspects of their cases (e.g. diagnosis, and treatment planning)
- Oversaw recordkeeping and documentation of cases.

**Private Practice**

Guatemala City,

Guatemala

*Private Mental Health Practitioner*

2008–2009

- Performed brief and long-term individual and couples therapy with adults and adolescents.
- Managed and maintained all aspects of a private business including referrals, advertisement, scheduling, documenting, billing and other administrative tasks

**Temporary Shelters for Hurricane Stan**

Panabaj, Guatemala

*Intern*

2006

- Provided group therapy to survivors of hurricane Stan
- Delivered group therapy with children located at shelters after hurricane Stan

**RESEARCH EXPERIENCE**

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**Yale Doctoral Internship in Clinical and Community Psychology**

New Haven, CT

Department of Psychiatry, The Consultation Center

July 2015 - present

*Psychology Fellow*

Advisor: Joy Kaufman, Ph.D.

- Involved in the Adult Consumer Researcher project aimed at training consumers to investigate perspectives of consumer experiences with Wellness at Connecticut Mental Health Center (CMHC).
- Provide support to adult consumer during data collection, data analysis and in preparation of written reports and manuscripts.
- Assisted with Youth Consumer Research project aimed at training youth to research satisfaction among youth participating in Connecticut Systems of Care.
- Train youth in developing research skills to complete investigation and disseminate research results.
- Prepared written materials and manuscript

**University of Wisconsin-Milwaukee**  
*Research Assistant Re(Search) for Change*  
Advisor: Shannon Chavez-Korell, Ph.D.

Milwaukee, WI  
Fall 2011-present

- Participated in mixed methods study examining ethnic identity cluster profiles and other psychosocial factors influencing campus climate experiences of students of color in an urban university.
- Assisted with data collection, transcription, coding and analyzing data and prepared manuscripts

*Research Assistant*  
Advisor: Leah Rouse, Ph.D.

Fall 2011-present

- Participated in qualitative study using psychological autopsy to examine suicide completions by police officers.
- Assisted with coding data using NVivo software, analyzing data, prepared reports and manuscripts.

*Study Assessor*  
Advisor: Azara Santiago-Rivera, Ph.D.

Fall 2010- Spring 2012

- Participate in NIMH study “A Community-Based Behavioral Activation Treatment Model for Depression in Latino Adults”. PIs: Jonathan Kanter Ph.D., Department of Psychology and Azara Santiago-Rivera Ph.D., Department of Educational Psychology.
- Responsible for initial screening, full screening interview, pretreatment assessment, mid and end of treatment assessments and six month follow up in Spanish or English using the Mini International Neuropsychiatric Interview (MINI), the Hamilton Rating Scale for Depression (HRSD), Beck Depression Inventory, Behavioral Activation Scale, Short-Form Health Survey-20, Quality of Life Enjoyment and Satisfaction Questionnaire, Pan Hispanic Familism Scale, Short Acculturation Scale for Hispanics, Multidimensional Acculturative Stress Inventory, and Assessment of immigration history,
- Conducted home visits to complete assessments.

## **CLINICAL SUPERVISION EXPERIENCE**

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**University of Wisconsin-Milwaukee**  
Department of Educational Psychology  
*Pre-Master’s Clinical Supervisor*

Milwaukee, Wisconsin  
Fall 2012

- Provided bi-weekly individual clinical supervision to 6 master’s level practicum counseling students
- Facilitated activities and provided feedback to help develop students’ competence through the application of theory and interventions.
- Personalized supervision to assist supervisee’s goals and multicultural counseling competency

**Universidad del Valle de Guatemala**  
Guatemala  
Department of Psychology  
2009  
*Practicum Clinical Supervisor,*

Guatemala City,  
Spring 2007– Spring

- Provided weekly individual and group supervision to 3-5 Licensure level practicum students.
- Assigned cases and reviewed notes

## TEACHING EXPERIENCE

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**University of Wisconsin-Milwaukee** Milwaukee, WI  
 Department of Educational Psychology Spring 2013  
*Associate Lecturer*  
 Multicultural Counseling

- Taught Multicultural Counseling graduate course for students in the Community and School Counseling and Administrative Leadership Master's program
- Presented lectures and lead in class dialogs and discussions
- Provided feedback on written assignments and experiential activities

*Co-Instructor/ Teaching Assistant* Spring and Fall 2012  
 Multicultural Counseling

- Co-facilitated lectures, presentations and experiential activities for graduate course in Multicultural Counseling and graded assignments

**Universidad del Valle de Guatemala** Guatemala City,  
 Guatemala  
 Department of Psychology Spring 2007 – Spring  
 2009  
*Psychology Professor*

Principios Aplicados de la Psicología (Applied Principles of Psychology) 4 semesters  
 Ética y Comportamiento Profesional (Ethics and Professional Conduct) 5 semesters  
 Psicología Interpersonal (Interpersonal Psychology) 3 semesters

- Taught undergraduate level courses. Constructed syllabi, presentations and assignments. Planned and implemented lectures, class activities, exams and evaluated student work and assignments

*Teaching Assistant*

- Teaching assistant for invited faculty in the Master's Program in Counseling Psychology and Mental Health. Translated class presentations and documents and answered questions after faculty ended course in Guatemala.

## RELEVANT EXPERIENCE

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**University of Wisconsin-Milwaukee** Milwaukee, WI  
*School of Continuing Education Student Aide-* August 2012- March  
 2013  
*Interim Dean Patricia Arredondo*

- Served as an assistant book editor to Dr. Patricia Arredondo.
- Provided feedback to improve clarity and organization of book content.
- Assisted with research and reference checks
- Performed administrative duties such as emailing co-authors and editor to acquire pertinent information.

**Universidad del Valle de Guatemala**

Guatemala City,

Guatemala

Master's Program in Counseling Psychology and Mental Health  
2007

Spring 2005 – Fall

*Graduate Assistant*

- Assisted program director with Counseling program, planned and coordinated invited professors' visits, assisted with the organization of invited professors courses, translated class materials, functioned as a liaison between alumni, master's students and visiting professors

**PEER REVIEWED PUBLICATIONS**

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- Chavez-Korell, S., Alomá, A., **López, M.**, Benson-Florez, G., & Reinders, R. (Under Review). Examining the relationships between perceived health competence, locus of control, spirituality, and help-seeking among Latino adults. *Journal of Latina/o Psychology*.
- Rouse, L. M., Frey, R. A., **López M.**, Wohlers, H., Xiong, I., Llewellyn, K., Lucci, S.P. and Wester, S.R. (2015). Law enforcement suicide: Discerning etiology through psychological autopsy. *Police Quarterly*, 18, 79-108.
- Kanter, J. W., Santiago-Rivera, A. L., Santos, M. M., Nagy, G., **López, M.**, Hurtado, G. D., & West, P. (2015). A Randomized Hybrid Efficacy and Effectiveness Trial of Behavioral Activation for Latinos with Depression. *Behavior Therapy*, 46(2) 177-192.
- Alomá, A., Lira, E. N., & **López, M.** (2013). Commercial Tobacco Use and Smoking Cessation for American Indian Communities, *Prevention and Health Promotion: Research, Social Action, Practice and Training*, 6(2) 16-26.
- Consoli, A., Grazioso, M., & **López, M.** (2006). Building International Relations: Advancing Counseling and Fostering Human Development. *Journal of Counseling and Human Development*, 3, 1-20.

**NON-PEER REVIEW PUBLICATIONS**

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- Hunt, J., Alomá, A., Lira, E. N., Wohlers, H., **López, M.**, & Sapp, M. (2013). Attitudes Towards Patients with a Mental Illness: A Comparative Analysis of Stigma in Counseling Students and Nursing Home Care Providers. *The Wisconsin Counseling Journal*, 27, 37-51.

**BOOK CHAPTERS**

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Santiago-Rivera, A.L., Benson, G., Santos, M.M., & **López, M.** (2015). Latinos and Depression: Assessment Issues. In K. F. Geisinger (Ed.), *Psychological Testing of Hispanics: Clinical, cultural and intellectual Issues* (2nd ed.)(pp. 255-271).

**López, M.** (2007). Ética: Valores y creencias sobre la sexualidad. In Toro-Alfonso, J. (Ed.). *Reflexiones en torno a la sexualidad y el Género* (pp.319-334). Guatemala: F&G.

## PRESENTATIONS

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**López, M.** (2014, October). Multicultural competencies in working with Latinas/os: Moving the field from awareness and knowledge to skills. Paper presented at the NLPA Biennial Conference, Albuquerque, NM.

**López, M.,** & Lewis, A. (2014,October). New Insights into Ethnic Identity and Campus Climate for Latino College Students and College Students of Color: A Mixed Methods Approach. In S. Chavez-Korell (Chair), *Campus climate for college students of color: United we survive and thrive*. Symposium conducted at the NLPA Biennial Conference, Albuquerque, NM.

**López, M.,** Alomá, A., Lira, E. N., Kern, L., Reinders, R. & Leon, E. (2014, October). College Students of Color Ethnic Identity Profiles' Influence on Social Connectedness and Campus Climate Views. Poster presented at NLPA Biennial Conference, Albuquerque, NM.

Alomá, A., Lira, E. N., **López, M.,** Salas-Pizaña, S., Altamirano, L., & Lewis, A. (2014, October). Factors Influencing attitudes towards seeking psychological help in Latina/o adults. Poster presented at the NLPA Biennial Conference 2014, Albuquerque, NM.

Reinders, R., Chavez-Korell, S., **López, M.,** & Alomá, A. (2014, March). Latino Health Beliefs, Poster session presented at APA Division 17 Counseling Psychology Conference.

**López, M.,** Lewis, A., Leon, E., Salas-Pizaña, S., (2014, February). Examining the relationship between ethnic identity profiles, perceptions of campus climate, and social connectedness for college students of color. Poster session presented at the annual Teachers College Winter Roundtable Conference, New York, NY.

Alomá, A., Reinders, R., **López, M.,** & Lira, E. N. (2014, February). Perceived Health Competence, Spirituality, and Locus of Control's Influence on Latina/o Attitudes Towards Seeking Psychological Help. Poster session presented at the Teachers College Winter Roundtable Conference, New York, NY.

**López, M.,** Rouse Arndt, L., Pinero, S., Wohlers H., Frey,R.A., Llewellyn,K., Xiong, I., Hodges,R., & [Wester, S. \(July, 2013\)](#). Alternative avenues for help-seeking utilized in this sample in Law Enforcement. Poster session presented at the American Psychological Association Convention, Hawaii.

Wohlers, H., Rouse Arndt, L., Llewellyn, K., Pinero, S., **López, M.,** Frey, R. A., Xiong, I., Hodges, R., & Wester, S. (2013, July). Utilization of Peer Support Services in Law Enforcement Population. Poster session presented at the American Psychological Association Convention, Hawaii.

Rouse Arndt, L. M., Frey, R. A., Llewellyn, K., Pinero, S., Wohlers, H., **López, M.,** Xiong, I., Hodges, R.,

- Wester, S. R. (2013, July). Life Review in Law Enforcement Suicide: Proposed Suicide Autopsy Protocol for Law Enforcement. Poster session presented at the American Psychological Association Convention, Hawaii.
- Rouse Arndt, L. M., **López, M.**, Frey, R. A., Llewellyn, K., Pinero, S., Wohlers, H., Xiong, I., Hodges, R., & Wester, S. R. (July, 2013). Male Gender Role: Reporting Mental Health Concerns in Fellow Law Enforcement Officers. Poster presented at the American Psychological Association Convention
- Rouse Arndt, L., Wohlers, H., **Lopez, M.**, Frey, R. A., Llewellyn, K., Pinero, S., Xiong, I., Wester, S. (2013, May). Addressing Suicide in the Law Enforcement Agency: Recommendations for Best Practices. Poster presented at International Conference of Occupational Stress and Health.
- Santos, M. M., **Lopez, M.**, Nagy, G. A., Kanter, J. W., Santiago-Rivera, A., Dieguez, G., & West, P. (2012, November). *Does activation mediate change in an RCT of behavioral activation for Latinos with depression? Evaluation of a treatment's mechanism of action in a community setting.* Poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, National Harbor, MD.
- Santos, M. M., Nagy, G. A., Sotelo, V. I., Czajkowska, K. K., Velazquez, A., **Lopez, M.**, Santiago-Rivera, A., & Kanter, J. W. (2012, November). *Treatment outcome and retention in a randomized controlled trial of behavioral activation for Latinos with depression in a community clinic.* Poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, National Harbor, MD.
- Nagy, G. A., Santos, M. M., **Lopez, M.**, Czajkowska, K. K., Sotelo, V., Velazquez, A., Kanter, J. W., & Santiago-Rivera, A. (2012, November). *Do Cultural Variables Moderate the Effectiveness of a Behavioral Activation Intervention for Depressed Latinos?* Poster presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, National Harbor, MD.
- Kanter, J.W., Santiago-Rivera, A., Santos, M. M., **Lopez, M.**, Nagy, G., Dieguez, G., & West, P. (2012, November). Outcomes and mechanisms of action of a randomized controlled trial of behavioral activation for Latinos with depression in a community clinic. In C. Hunnicutt-Ferguson (Chair), *Mechanisms and explanatory processes for major depressive disorder: A research update.* Symposium conducted at the annual meeting of the Association for Behavioral and Cognitive Therapies, National Harbor, MD.
- Parisot, M., Lira, E., **López, M.**, & Alomá, A. (2012, October). Latinos in a PhD Program: Sharing Multiple Perspectives. Round table conducted at the National Latina/o Psychological Association Conference.
- Tassara, M., Alomá, A., **López, M.**, Lira, E., (2012, October). *Milwaukee Community-Based Bilingual Consultation Group for Mental Health Trainees and Professionals In The Development of Student-led, Spanish-Speaking, Consultation and Support Groups.* Symposium presented at the National Latina/o Psychological Association Biennial Conference, New Brunswick, NJ
- Santiago-Rivera, Fawzy, O., **Lopez, M.**, Gosh, A., Houghton, L., Schaaf, L., Lira, E., Palreddy, S., Kanter, J., Dieguez, G., Santos, M., Diguez, G., & West, P., (2012, August). *Migration Experiences and Acculturative Stress Among Latinos: A Quantitative and Qualitative Analysis.* Poster session presented at the American Psychological Association Convention, Orlando, FL.

- Santiago-Rivera, A., Kanter, J. W., Dieguez, G., **Lopez, M.**, Santos, M. M., & West, P. (2011, August). *Behavioral Activation: A culturally adapted treatment approach for Latinas diagnosed with depression*. Poster presented at the annual meeting of the American Psychological Association, Washington, D. C.
- Morgan, M., Casas, M., & **López, M.** (2008, November). A Guatemalan adventure: Developing and implementing a Counseling Psychology Ph.D. program that is rooted in a nations reality – Process and implementation. Conducted at the National Latina/o Psychological Association Conference, Costa Mesa, CA
- Consoli, A., Grazioso, M., & **López, M.** (2008, March). Go international? A primer on how to. Round table conducted at the International Counseling Psychology Conference, Chicago, IL.
- Grazioso, M., Torres, E., Klanderud, I., & **López, M.** (2006, April). Counseling and it's future in developing nations: The case of Guatemala. 60-Minute program conducted at the American Counseling Association Convention, Montreal, QC.
- Grazioso, M., Clemente, R., Consoli, A., López-Baez, S., **López, M.**, & Peter, M. (2006, April). El lenguaje como variable cultural en los procesos de consejería con Latinos y Latinas: El español y sus significados. 60-program conducted at the American Counseling Association Convention, Montreal, QC.

## HONORS AND SERVICE

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- Teacher's College Winter Roundtable Student Poster Scholarship (2014), *Columbia University*
- Group Coordinator (2013-2014), Entre Dos Idiomas: Community Based Bilingual Consultation Group
- Vice-President, Counseling Psychology Student Association (2012-2013), *University of Wisconsin-Milwaukee*
- Faculty Liaison, Counseling Psychology Student Association (2010-2012), *University of Wisconsin-Milwaukee*
- Chancellor's Graduate Student Award Recipient (2010-2011), *University of Wisconsin-Milwaukee*

## PROFESSIONAL AFFILIATIONS

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National Latina/o Psychological Association  
 American Psychological Association  
 International Society of Psychology