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Series Preface

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We are pleased to introduce the Essentials of Deliberate Practice series of training books. We are developing this book series to address a specific need that we see in many psychology training programs. The issue can be illustrated by the training experiences of Mary, a hypothetical second-year graduate school trainee. Mary has learned a lot about mental health theory, research, and psychotherapy techniques. Mary is a dedicated student; she has read dozens of textbooks, has written excellent papers about multicultural psychotherapy, and receives near-perfect scores on her course exams. However, when Mary sits with her clients at her practicum site, she often has trouble performing the therapy skills that she can write and talk about so clearly. Furthermore, Mary has noticed herself getting anxious when her clients express strong reactions, particularly around issues of identity, culture, and oppression. Sometimes this anxiety is strong enough to make Mary freeze at key moments, limiting her ability to help those clients.

During her weekly individual and group supervision, Mary's supervisor gives her advice informed by best practices in multicultural therapy. The supervisor often supplements that advice by leading Mary through role-plays, recommending additional reading, or providing examples from her own work with clients from a wide range of backgrounds. Mary, a dedicated supervisee who shares tapes of her sessions with her supervisor, is open about her challenges, carefully writes down her supervisor's advice, and reads the suggested readings. However, when Mary sits back down with her clients, she often finds that her new knowledge seems to have flown out of her head, and she is unable to enact her supervisor's advice. Mary finds this problem to be particularly acute with the clients whose cultural backgrounds are different from her own.

Mary's supervisor, who has received formal training in supervision, uses supervisory best practices, including the use of video to review supervisees' work. She would rate Mary's overall competence level as consistent with expectations for a trainee at Mary's developmental level. But even though Mary's overall progress is positive, she experiences some recurring problems in her work. This is true even though the supervisor is confident that she and Mary have identified the changes that Mary should make in her work.

The problem with which Mary and her supervisor are wrestling—the disconnect between her knowledge about psychotherapy and her ability to reliably perform psychotherapy—is the focus of this book series. We started this series because most therapists experience this disconnect, to one degree or another, whether they are beginning trainees or highly experienced clinicians. In truth, we are all Mary.

To address this problem, we are focusing this series on the use of deliberate practice, a method of training specifically designed for improving reliable performance of complex skills in challenging work environments (Rousmaniere, 2016, 2019; Rousmaniere et al., 2017). Deliberate practice entails experiential, repeated training with a particular skill until it becomes automatic. In the context of psychotherapy, this involves two trainees role-playing as a client and a therapist, switching roles every so often, under the guidance of a supervisor. The trainee playing the therapist reacts to client statements, ranging in difficulty from beginner to intermediate to advanced, with improvised responses that reflect fundamental therapeutic skills.

To create these books, we approached leading trainers and researchers of major topics in therapy with these simple instructions: Identify 10 to 12 essential skills for your topic in therapy where trainees often experience a disconnect between cognitive knowledge and performance ability—in other words, skills that trainees could write a good paper about but often have challenges performing, especially with challenging clients. We then collaborated with the authors to create deliberate practice exercises specifically designed to improve reliable performance of these skills and overall responsive treatment (Hatcher, 2015; Stiles et al., 1998; Stiles & Horvath, 2017). Finally, we rigorously tested these exercises with trainees and trainers at multiple sites around the world and refined them based on extensive feedback.

Each book in this series focuses on a specific topic in therapy, but readers will notice that most exercises in these books touch on common factor variables and facilitative interpersonal skills that researchers have identified as having the most impact on client outcome, such as empathy, verbal fluency, emotional expression, persuasiveness, and problem focus (e.g., T. Anderson et al., 2009; Norcross et al., 2019). Thus, the exercises in every book should help with a broad range of clients. Despite the specific theoretical model(s) from which therapists work, most therapists place a strong emphasis on pantheoretical elements of the therapeutic relationship, many of which have robust empirical support as correlates or mechanisms of client improvement (e.g., Norcross et al., 2019). We also recognize that therapy models have already-established training programs with rich histories, so we present deliberate practice not as a replacement but as an adaptable, transtheoretical training method that can be integrated into these existing programs to improve skill retention and help ensure basic competency.

About This Book

This is the 10th book in the Essentials of Deliberate Practice series and is rooted in an antiracist, multicultural orientation. Multiculturalism has been called the "fourth force" in psychology, a dimension of clinical practice that can strengthen work being done in a cognitive-behavioral, psychodynamic, humanistic, or other type of psychotherapy (Pedersen, 1990). It is often defined as a perspective or way of being that aims to encourage "inclusion and enhances our ability to recognize ourselves in others" (Comas-Díaz, 2011, p. 243). Contemporary multicultural therapy emphasizes the personal development of the therapist, a process that is ongoing and never fully complete. The three pillars of multicultural orientation—cultural humility, cultural opportunities, and cultural comfort (Davis et al., 2018)—inform nearly all the exercises in this book. Multicultural therapy training combines the study of theory, the observation of expert practice, hands-on experiential learning, supervision, and continual self-reflection to develop greater cultural humility (Hook et al., 2017) and cultural comfort (Bartholomew et al., 2021).

Deliberate practice is intended as an additional piece designed to enhance this rich training tradition. Practicing the skills set forth in this book allows trainees to have these skills at their fingertips. Ideally, deliberate practice can help therapists integrate the core skills into their repertoire, allowing them to access needed skills in an automatic fashion in response to the client context. The skills set forth in this book are the basic skills; they are not intended to be holistic nor comprehensive. Deliberate practice is not intended to be the only delivery format through which multicultural therapy skills are acquired. The multicultural therapy skills presented in this book are intended to supplement the development of a multicultural orientation that therapists must also learn to be able to provide culturally responsive care to a range of clients with intersectional identities. Enjoy your learning, enjoy the process!

Thank you for including us in your journey toward psychotherapy expertise. Now let's get to practice!

CHAPTER 1

Introduction and Overview of Deliberate Practice and Multicultural Therapy

Multiculturalism has been referred to as the "fourth force" in psychotherapy—a key component of all therapy that supplements and, ideally, enhances whatever therapeutic paradigm the therapist uses—cognitive behavioral, psychodynamic, humanistic, systemic (Pedersen, 1990). All accredited graduate programs require coursework in multiculturalism as part of their psychotherapy training. Countless books and peer-reviewed articles on training in multicultural therapy describe a wide range of best practices for learning how to provide culturally responsive care; these include reading, watching films, completing self-report questionnaires, journaling, examination of implicit bias (e.g., completion of the Implicit Association Test), culturally informed case conceptualizations, and cross-cultural mentorship (Benuto et al., 2018; Jones et al., 2013). Many studies of these methods indicate that students demonstrate increased knowledge as a result of these courses. However, despite our best efforts, there is mixed evidence about the impact of multicultural therapy training on therapist attitudes, awareness, or objective skills (Benuto et al., 2018; Díaz-Lázaro & Cohen, 2001; Lee et al., 2014).

The experience of students in these courses is also mixed, with Black students, bisexual students, and students with disabilities perceiving multicultural therapy training to be of lesser quality than students from other groups (Gregus et al., 2020). Students who self-identify as having intersectional identities from two or more underrepresented groups also report significantly less favorable perceptions of their multicultural training (Gregus et al., 2020). We (the authors) have all taken courses in multicultural therapy, and each of us valued what we learned in each of those courses. But we also longed for more, wishing there was some way to bridge our "book learning" with the deep, repeated, experiential work we knew was necessary for transforming our ability to serve clients from a range of diverse backgrounds. Our collective sense was that the development of a multicultural orientation (before we even knew that term) would require our own personal transformation.

The "therapist as person" has long been understood as a central variable in therapy outcomes. Decades of research on therapeutic alliance, cross-cultural therapy dyads,

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Deliberate Practice in Multicultural Therapy, by J. Harris, J. Jin, S. Hoffman, S. Phan, T. A. Prout, T. Rousmaniere, and A. Vaz

and multicultural competencies have attempted to quantify and study empirically the complex variables that influence the therapist's own role in the progress clients make in therapy (see Cabral & Smith, 2011; Flückiger et al., 2018). Each therapist holds their own intersectional identities, and those identities enter the therapy room alongside our clients' own identities. The exercises in this book offer trainees, experienced professionals, and supervisors alike the opportunity to begin the process of self-examination, experiential learning, and the development of procedural knowledge that we know is key to producing lasting change in the therapist's ability to provide multicultural therapy that heals.

Overview of the Deliberate Practice Exercises

The main focus of the book is a series of 13 exercises that have been thoroughly tested and modified based on feedback from a wide range of trainers and trainees. The first 12 exercises each represent a multicultural therapy skill ranging from beginner to advanced. The final exercise is more comprehensive, consisting of improvised mock therapy sessions that teach practitioners how to integrate all these skills into more expansive clinical scenarios. Unlike previous books in the Essentials of Deliberate Practice series, this one does not contain an annotated transcript. We chose not to include one because it would be impossible to capture a wide range of client diversity adequately in a single transcript. Trainers and trainees can instead seek out transcripts from other sources (Cornish et al., 2010; Gundel et al., 2020; Kivlighan & Chapman, 2018; Winkeljohn Black et al., 2021) or video demonstrations of multicultural therapy to supplement the exercises in this book (e.g., Chung, 2021; DeBlaere & Owen, 2020). Table 1.1 presents the 12 skills that are covered in these exercises.

Throughout the exercises, trainees work in pairs under the guidance of a supervisor and role-play as a client and a therapist, switching back and forth between the two roles. Each of the 12 skill-focused exercises consists of multiple client statements grouped by difficulty—beginner, intermediate, and advanced—that calls for a specific skill. For each skill, trainees are asked to read through and absorb the description of the skill, its criteria, and some examples of it. The trainee playing the client then reads the statements, which present possible statements from clients with a wide range of intersectional identities. The trainee playing the therapist then responds in a way that demonstrates the

TABLE 1.1. The 12 Multicultural Therapy Skills Presented in the Deliberate Practice Exercises

Beginner Skills	Intermediate Skills	Advanced Skills
1. Therapist self-awareness: cultural humility I	5. Working with emotions in context	9. Gathering information about safety concerns
2. Assessing client expectations	6. Maintaining a not-knowing stance: cultural humility II	10. Talking about sex and success
3. Reflecting content through a cultural lens	7. Inquiring about cultural implications of the problem: cultural opportunities II	11. Responding to resistance and ambivalence
4. Inquiring about identity: cultural opportunities I	8. Acknowledging therapist limitations	12. Repairing ruptures due to microaggressions

appropriate skill. Trainee therapists will have the option of practicing a response using the one supplied in the exercise or immediately improvising and supplying their own.

After each client statement and therapist response couplet is practiced several times, the trainees will stop to receive feedback from the supervisor. Guided by the supervisor, the trainees will be instructed to try statement–response couplets several times, working their way down the list. In consultation with the supervisor, trainees will go through the exercises, starting with the least challenging and moving through to more advanced levels. The triad (supervisor–client–therapist) will have the opportunity to discuss whether exercises present too much or too little challenge and adjust up or down depending on the assessment.

Trainees, in consultation with supervisors, can decide which skills they wish to work on and for how long. Based on our testing experience, we have found practice sessions last about 1 to 1.25 hours to receive maximum benefit. After this, trainees become saturated and need a break.

Ideally, learners will both gain confidence and achieve competence by practicing these exercises. Competence is defined here as the ability to perform a multicultural therapy skill in a manner that is flexible and responsive to the client. Skills have been chosen that are considered essential to multicultural therapy and that practitioners often find challenging to implement.

The skills identified in this book are not comprehensive in the sense of representing all one needs to learn to become a culturally informed clinician. Some will present particular challenges for trainees. A short history of multicultural therapy models and a brief description of the deliberate practice methodology will be provided in this chapter to explain how we have arrived at the union between them.

The Goals of This Book

The primary goal of this book is to help trainees achieve competence in core multicultural therapy skills. Therefore, the expression of that skill or competency may look somewhat different across clients or even within session with the same client.

The multicultural therapy deliberate practice exercises are designed to achieve the following:

1. Help therapists develop the ability to apply multicultural therapy skills in a range of clinical situations.
2. Move the skills into procedural memory (Squire, 2004) so therapists can access them even when they are tired, stressed, overwhelmed, or discouraged.
3. Provide therapists in training with an opportunity to exercise the particular skill using a style and language that is congruent with who they are.
4. Provide the opportunity to use the multicultural therapy skills in response to varying client statements and affect. This is designed to build confidence to adopt skills in a broad range of circumstances within different client contexts.
5. Provide therapists in training with many opportunities to fail and then correct their failed response based on feedback. This helps build confidence and persistence.

Finally, this book aims to help trainees discover their own personal learning style so that they can continue their professional development long after their formal training is concluded.

Who Can Benefit From This Book?

This book is designed to be used in multiple contexts, including in graduate-level courses, supervision, postgraduate training, and continuing education programs. We assume the following:

1. The trainer is knowledgeable about and competent in multicultural therapy.
2. The trainer is able to provide good demonstrations of how to use multicultural therapy skills across a range of therapeutic situations, via role-play, video, or both, or the trainer has access to examples of multicultural therapy being demonstrated through the many psychotherapy video examples available (see APA PsycTherapy, 2005, 2011; Chung, 2021; Comas-Díaz, 2015; dickey, 2018; Hays, 2016).
3. The trainer is able to provide feedback to students regarding how to craft or improve their application of multicultural therapy skills.
4. Trainees will have accompanying reading, such as books and articles, that explain the theory, research, and rationale of multicultural therapy and each particular skill. Recommended reading for each skill is provided in the sample syllabus (Appendix C).

The exercises covered in this book series were piloted in training sites from 16 countries across four continents (North America, South America, Europe, and Asia). This book is designed for trainers and trainees from different cultural backgrounds. Because culture is inherently embedded in the context and history of a particular place, and the authors of this text are primarily located in the United States, readers may encounter some statements in the book that do not apply to their particular region. Trainees and trainers are encouraged to adapt those statements to be more relevant to their setting.

This book is also designed for those who are training at all career stages, from beginning trainees, including those who have never worked with real clients, to seasoned therapists. All exercises feature guidance for assessing and adjusting the difficulty to precisely target the needs of each individual learner. The term *trainee* in this book is used broadly, referring to anyone in the field of professional mental health who is endeavoring to acquire multicultural psychotherapy skills.

Deliberate Practice in Psychotherapy Training

How does one become an expert in their professional field? What is trainable and what is simply beyond our reach, due to innate or uncontrollable factors? Questions such as these touch on our fascination with expert performers and their development. A mixture of awe, admiration, and even confusion surround people such as Mozart, Leonardo da Vinci, or more contemporary top performers such as basketball legend Michael Jordan and chess virtuoso Garry Kasparov. What accounts for their consistently superior professional results? Evidence suggests that the amount of or time spent on a particular type of training is a key factor in developing expertise in virtually all domains (Ericsson & Pool, 2016). "Deliberate practice" is an evidence-based method that can improve performance in an effective and reliable manner.

The concept of deliberate practice has its origins in a classic study by K. Anders Ericsson and colleagues (1993). They found that the amount of time practicing a skill and the quality of the time spent doing so were key factors predicting mastery and acquisition. They identified five key activities in learning and mastering skills: (a) observing one's

own work, (b) getting expert feedback, (c) setting small incremental learning goals just beyond the performer's ability, (d) engaging in repetitive behavioral rehearsal of specific skills, and (e) continuously assessing performance. Ericsson and his colleagues termed this process deliberate practice, a cyclical process that is illustrated in Figure 1.1.

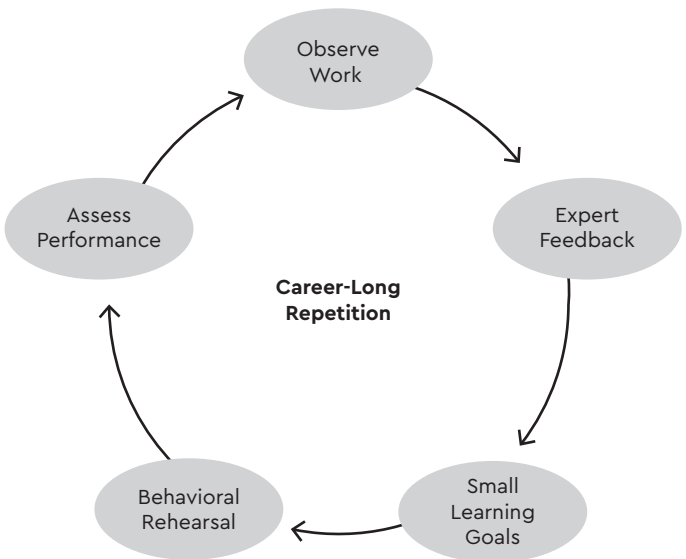
Research has shown that lengthy engagement in deliberate practice is associated with expert performance across a variety of professional fields, such as medicine, sports, music, chess, computer programming, and mathematics (Ericsson et al., 2018). People may associate deliberate practice with the widely known "10,000-hour rule" popularized by Malcolm Gladwell in his 2008 book *Outliers*, although the actual number of hours required for expertise varies by field and by individual (Ericsson & Pool, 2016). This, however, perpetuated two misunderstandings.

The first misunderstanding is that this is the number of deliberate practice hours that everyone needs to attain expertise, no matter the domain. In fact, there can be considerable variability in how many hours are required.

The second misunderstanding is that engagement in 10,000 hours of work performance will lead one to become an expert in that domain. This misunderstanding holds considerable significance for the field of psychotherapy, where hours of work experience with clients has traditionally been used as a measure of proficiency (Rousmaniere, 2016). Research suggests that the amount of experience alone does not predict therapist effectiveness (Goldberg, Babins-Wagner, et al., 2016; Goldberg, Rousmaniere, et al., 2016). It may be that the quality of deliberate practice is a key factor.

Psychotherapy scholars, recognizing the value of deliberate practice in other fields, have recently called for deliberate practice to be incorporated into training for mental health professionals (e.g., Bailey & Ogles, 2019; Hill et al., 2020; Rousmaniere et al., 2017; J. M. Taylor & Neimeyer, 2017; Tracey et al., 2015). There are, however, good reasons to question analogies made between psychotherapy and other professional fields, such as sports or

FIGURE 1.1. Cycle of Deliberate Practice



Note. From *Deliberate Practice in Emotion-Focused Therapy* (p. 7), by R. N. Goldman, A. Vaz, and T. Rousmaniere, 2021, American Psychological Association (https://doi.org/10.1037/0000227-000). Copyright 2021 by the American Psychological Association.

music, because by comparison, psychotherapy is so complex and free-form. Sports have clearly defined goals, and classical music follows a written score. In contrast, the goals of psychotherapy shift with the unique presentation of each client at each session. Therapists do not have the luxury of following a score.

Instead, good psychotherapy is more like improvisational jazz (Noa Kageyama, cited in Rousmaniere, 2016). In jazz improvisations, a complex mixture of group collaboration, creativity, and interaction are co-constructed among band members. Like psychotherapy, no two jazz improvisations are identical. However, improvisations are not a random collection of notes. They are grounded in a comprehensive theoretical understanding and technical proficiency that is only developed through continuous deliberate practice. For example, prominent jazz instructor Jerry Coker (1990) listed 18 skill areas that students must master, each of which has multiple discrete skills including tone quality, intervals, chord arpeggios, scales, patterns, and licks. In this sense, more creative and artful improvisations are actually a reflection of a previous commitment to repetitive skill practice and acquisition. As legendary jazz musician Miles Davis put it, "You have to play a long time to be able to play like yourself" (Cook, 2005, p. 34).

The main idea that we would like to stress here is that we want deliberate practice to help therapists become themselves. The idea is to learn the skills so that you have them on hand when you want them. Practice the skills to make them your own. Incorporate those aspects that feel right for you. Ongoing and effortful deliberate practice should not be an impediment to flexibility and creativity. Ideally, it should enhance it. We recognize and celebrate that psychotherapy is an ever-shifting encounter and by no means want it to become or feel formulaic. Strong multicultural therapists eloquently integrate previously acquired skills with properly attuned flexibility. The sample responses provided are meant as templates or possibilities, rather than "answers." Please interpret and apply them as you see fit, in a way that makes sense to you. We encourage flexible and improvisational play!

Simulation-Based Mastery Learning

Deliberate practice uses simulation-based mastery learning (Ericsson, 2004; McGaghie et al., 2014). That is, the stimulus material for training consists of "contrived social situations that mimic problems, events, or conditions that arise in professional encounters" (McGaghie et al., 2014, p. 375). A key component of this approach is that the stimuli being used in training are sufficiently similar to real-world experiences that they provoke similar reactions. This facilitates *state-dependent learning* in which professionals acquire skills in the same psychological environment where they will have to perform them (Fisher & Craik, 1977). For example, pilots train with flight simulators that present mechanical failures and dangerous weather conditions, and surgeons practice with surgical simulators that present medical complications. Training in simulations with challenging stimuli increases professionals' capacity to perform effectively under stress. For the psychotherapy training exercises in this book, the "simulators" are typical client statements that might actually be presented in the course of therapy sessions and call on the use of the particular skill.

Declarative Versus Procedural Knowledge

Declarative knowledge is what a person can understand, write, or speak about. It often refers to factual information that can be consciously recalled through memory and often acquired relatively quickly. In contrast, procedural learning is implicit in memory and "usually requires *repetition of an activity*, and associated learning is demonstrated

through *improved task performance*" (Koziol & Budding, 2012, pp. 2694, emphasis added). *Procedural knowledge* is what a person can perform, especially under stress (Squire, 2004). There can be a wide difference between their declarative and procedural knowledge. For example, an "armchair quarterback" is a person who understands and talks about athletics well but would have trouble performing it at a professional ability. Likewise, most dance, music, or theater critics have a very high ability to write about their subjects but would be flummoxed if asked to perform them.

In multicultural therapy training, the gap between declarative and procedural knowledge appears when a trainee or therapist can recognize and perhaps even deeply appreciate, for example, a response that embodies cultural humility while also capitalizing on cultural opportunities, delivered in a way that feels comfortable and solid, but has trouble providing this type of response with real clients even when they want to in a given moment. **The sweet spot for deliberate practice is the gap between declarative and procedural knowledge.** In other words, effortful practice should target those skills that the trainee could write a good paper about but would have trouble actually performing with a real client. We start with declarative knowledge, learning skills theoretically and observing others perform them. Once learned, with the help of deliberate practice, we work toward the development of procedural learning, with the aim of therapists having "automatic" access to each of the skills that they can pull up when necessary.

Let us turn to a little theoretical background on multicultural therapy to help contextualize the skills described in this book and how they fit into the greater training model.

Multicultural Therapy

Multicultural therapy involves the understanding and willingness to learn about the cultural backgrounds of individuals, families, couples, groups, organizations, and communities. Cultural aspects of identity include, but are not limited to, age, disability, race, ethnicity, gender, religion/spirituality, sexual orientation and gender diversity, social class, body size, language, and immigration status. Multicultural therapy is not a specific model of therapy, but rather a perspective that can expand and enhance existing therapy approaches. Psychotherapists' approach to multicultural therapy has evolved significantly over the past 50 years to be more inclusive, complex, and experiential. Early in the 21st century, multicultural therapy training focused on the development of specific multicultural competencies, including recognizing the centrality of culture and their own implicit biases that may impact their interactions with clients (American Psychological Association, 2003). These early models focused primarily on racial and ethnic minorities and soon incorporated broader conceptualizations of *culture*, which is defined as the shared meanings that people interacting within specific contexts or groups have of themselves and their world (La Roche, 2020).

Contemporary models have moved from competency—which suggests a level of success that can be fully achieved, at which point we have successfully met a particular threshold—toward an ongoing process of personal and professional development, referred to as multicultural orientation (MCO; Davis et al., 2018). MCO is a framework organized around three pillars—cultural humility, cultural opportunities, and cultural comfort (Davis et al., 2018). The MCO framework is distinct from multicultural competencies because the language and meaning of *competencies* implies a mastery of awareness, knowledge, and skills, which conflicts with the developmental lifelong process of multicultural learning and cultural humility.

Cultural humility is the foundation—or "organizing virtue" (Davis et al., 2018, p. 91)—of the MCO framework and encourages therapists to remain curious, open, and responsive to clients and aspects of cultural identity that are most important to them (Hook et al., 2013). It describes a "way of being" that includes both intrapersonal (e.g., maintaining an accurate view of yourself, especially your own limitations) and interpersonal (e.g., being other-oriented rather than self-centered) components (Davis et al., 2011). Cultural humility is a lifelong process of self-reflection and self-critique and the development of mutually respectful relationships and partnerships within one's community (Tervalon & Murray-Garcia, 1998). To manage these ideas in relation to providing therapy, one must also be open to self-critique and feedback from supervisors, peers, and clients. Interpersonally, a therapist who consistently pursues cultural humility must also demonstrate an openness and curiosity to others' cultural beliefs and values, especially those that are different from their own (Hook et al., 2017).

Cultural opportunities refer to moments in therapy when the therapist can explore the client's most salient cultural identities, values, and beliefs. Cultural opportunities play an important role in client perception of the therapist and overall therapy outcomes. For example, client ratings of therapist cultural humility are associated with better reported therapy outcomes, whereas clients who perceived that their therapist missed cultural opportunities reported poorer therapy outcomes (Owen et al., 2016).

Cultural comfort is the third pillar of the MCO framework and refers "to the feelings that arise before, during, and after culturally relevant conversations in session between the therapist and client" (Hook et al., 2017, p. 37). A therapist's cultural comfort also lets the client know that the space is safe for discussing culturally relevant issues. Cultural comfort plays a role in demonstrating cultural humility because it is hard to be culturally humble and authentic if a therapist is uncomfortable in being open to and curious about exploring a client's cultural identity. Understanding the comfort or discomfort in response to various topics is important for the therapist to be self-aware and to self-reflect for further exploration and development.

These three pillars of the MCO framework emphasize process-oriented aspects of the therapy relationship, a continual experience of growth and development, and the importance of intersectionality. The emphasis on intersectionality also represents a massive step forward in the development of multicultural therapy and formed the cornerstone of the American Psychological Association's (2017) updated multicultural guidelines (see also Clauss-Ehlers et al., 2019). *Intersectionality*, at its essence, maintains that the various forms of identity (e.g., race, ethnicity, sexual orientation, gender identity, language, country of origin, body size, ability, age, socioeconomic status) do not exist separately from one another but are interwoven. Audre Lorde (1982), a Black, lesbian, American writer, feminist, poet, and civil rights activist, said in a speech at Harvard University, "There is no such thing as a single-issue struggle because we do not live single-issue lives." Intersectionality refers to both the complexities of individual identity and the complex and interlocking systems of oppression that impact individuals who hold membership in multiple socially constructed groups (Crenshaw, 1989). The individual and systemic aspects of intersectionality are dynamic and fluid; in other words, our own identities flexibly shift in reference to time, place, situation, and other contextual factors, and the systems of inequity that marginalize and oppress are also in flux.

As we move through the skills in this book, it is important to remember that traditional "competency" training sometimes leads us to believe that after a clinician becomes "competent" across skills if the client meets us with resistance or ambivalence about treatment or something that occurs in session, that this exists only in the room and

within that context. The work of therapy and the interpersonal coconstruction of the therapy room does not exist within a vacuum that is outside of structures of oppression, historic marginalization, purposeful and political pathologizing, and unequal access to services and supports. It is important to acknowledge our own intersectional identities, relationship to marginalization, and proximity or direct access to power and privilege, as well as clients' sometimes necessary, protective, and important resistance and ambivalence to therapy as a process and your interventions.

The MCO framework is based on four basic assumptions: (a) Clients and therapists cocreate dynamic cultural expressions influenced by each other's cultural identities, (b) MCO is a way of being rather than a way of doing, (c) cultural processes such as cultural humility are necessary for connecting with a client's most salient cultural identities, and (d) therapists with a strong multicultural orientation are curious and open to learning more about their own and their client's cultural perspectives (Hook et al., 2013). The multicultural therapy skills in this book can be seen as the basic building blocks to be integrated into the therapist's repertoire and adopted for moment-by-moment use when needed. There are many excellent texts available that can aid in case conceptualization, therapeutic process (Vasquez & Johnson, 2022), and specific therapy skills (Berzoff et al., 2022; Davis et al., 2020; Hays, 2022) with a multicultural therapy framework.

Multicultural Therapy Skills in Deliberate Practice

The Multicultural Therapy Skills Presented in Exercises 1 Through 12

As with all books in the Essentials of Deliberate Practice series, the exercises in this text use a developmentally informed pedagogy in which more advanced skills build on less advanced skills, as indicated in Table 1.1. The beginner-level exercises consist of the most basic skills necessary for multicultural therapy. Therapist self-awareness and cultural humility (Exercise 1) is fundamental when practicing multicultural therapy. It is essential to start any practice centered around multicultural skills development with internal skills. This development of internal awareness as well as awareness of our physical cues is something you can continue to work on throughout your career. Exercise 1 is intended to help you begin the process of developing internal self-awareness and a greater ability to stay present in session, before moving on to the client-facing skills in the later exercises.

Assessing client expectations (Exercise 2), particularly as they relate to the goals and tasks of therapy, is closely related to positive outcomes in therapy (Bordin, 1979). Because the tasks and goals of therapy are so important to client outcomes, it is essential to assess clients' expectations of therapy (Patterson et al., 2008, 2014). Assessing client expectations about the likely outcomes of psychotherapy and the process of the therapeutic endeavor is especially important for clients who have historically had limited access to psychotherapy. Premature termination for racial and ethnic minorities, sexual minorities, and clients who perceive their therapist to have low multicultural competence are high (K. N. Anderson et al., 2019; Owen et al., 2012). Marginalized clients may feel uncertain about how psychotherapy works, what their role in the process entails, and what the boundaries of the relationship and the treatment are. Because of the role of culture and expectations, we recommend therapists clarify with clients how long sessions last, the frequency of sessions, their role as a client, and other aspects of the therapeutic process (Davis et al., 2018).

Reflecting content through a cultural lens (Exercise 3) is an elusively simple skill that must be rooted in cultural humility and also incorporates aspects of cultural opportunities.

This skill requires conveying empathy and understanding of the client's cultural experience without offering any interpretation or concrete guidance. Building on this, inquiring about identity (Exercise 4) offers another opportunity to practice exploring clients' intersectional identities and the ways in which these are fluid and dynamic.

The first of the intermediate exercises is about working with emotions in context (Exercise 5). The experience of emotions is highly contextual and often intersects with various forms of identity, including culture of origin, gender, age, and socioeconomic status (Boiger et al., 2018; Kwon et al., 2013; Mankus et al., 2016). The next intermediate exercise builds on the first cultural humility exercise to help therapists develop and maintain a not-knowing stance (Exercise 6), especially when there has been a moment of misunderstanding, direction confusion, lack of awareness, or active "wrongness" about a facet of a client's identity. Rather than being preoccupied with our own limitations, feelings of guilt, or worries that we might "get something wrong," what if, instead, we say to ourselves, "I am probably going to get something wrong and when I do, how will I remain oriented to the client and their identity and experience?" Moving through the "not knowing" and maintaining a "way of being" infused with cultural humility and nondefensiveness is the focus of this exercise.

Inquiring about cultural implications of the problem (Exercise 7) is one way to convey a multicultural orientation and to demonstrate your comfort with talking about all aspects of identity. Individuals from different cultures may have varying interpretations about the causes of and solutions to psychological distress (Cheng et al., 2013). Feelings of guilt about symptoms and the expression of symptoms also vary across cultural groups (Goodmann et al., 2021). This exercise will give you an opportunity to practice engaging with cultural opportunities and demonstrating cultural comfort with clients.

The final intermediate skill is about acknowledging therapist limitations (Exercise 8). Clients may assume that their therapist completely understands them because of a perceived shared identity. In some therapeutic dyads, clients may also assume that the therapist is so different that the therapist will have difficulty understanding the client's experience and sense of self. These perceived similarities or differences present an opportunity for alliance building and for engaging with important issues of culture and identity. In these moments, therapists can acknowledge their limitations of understanding the client's experiences. This is one of many forms of self-disclosure that are rooted in a position of cultural humility.

The advanced exercises are placed at the end because they require more complex interpersonal and intrapersonal skills. All the skills in the advanced section are dependent on the two earlier cultural humility exercises (Exercises 1 and 6) because they require the therapist to remain other-oriented throughout. Gathering information about safety concerns (Exercise 9) is a first step in addressing suicidal ideation and other risky behaviors, which are often moments when therapists lose contact with the multicultural context in which the client and therapist are rooted. The skill criteria in this exercise are no different from what you might expect in any therapy modality; however, therapists are encouraged to apply them as they think about larger systems of oppression that may be influencing the client's distress and decision making. Talking about sex and success (Exercise 10) is another way to engage with cultural opportunities and the ways in which values and systemic factors shape clients' understanding of themselves in relation to others. Sex and success are important parts of life that hold personalized meanings and may be associated with mixed feelings of enjoyment, pleasure, guilt, shame, or pain. What we do not say to clients—or what we say haltingly or hesitatingly—speaks volumes about what they can and cannot address in therapy. Practicing addressing

these topics directly will help you feel more comfortable doing it in sessions with your clients.

The final two discrete skills in this textbook are the two most challenging you will practice. Responding to resistance and ambivalence (Exercise 11) requires the therapist to maintain a warm, nondefensive stance while acknowledging the inherent validity of the client's ambivalence or resistance, given the client's history, identity, and cultural context. Repairing ruptures due to microaggressions (Exercise 12) requires a high degree of cultural humility and also draws on complex interpersonal skills that help facilitate the therapeutic process.

A Note About Cultural Comfort: Vocal Tone, Facial Expression, and Body Posture

In keeping with humanistic approaches to psychotherapy and the literature on facilitative interpersonal skills (T. Anderson & Perlman, 2022) that portend successful therapy, nonverbal and paralinguistic cues expressed by both client and therapist are central components of multicultural therapy. More precisely, these aspects of the therapeutic process can be understood as cultural comfort. When therapists are comfortable integrating cultural language and appear at ease discussing intersectionality, systemic oppression, and working through all of the skills outlined in this book, clients are more likely to perceive their therapist more positively and report meaningful decreases in psychological distress (Bartholomew et al., 2021; Gundel et al., 2020). Deliberate practice exercises provide an opportunity for moment-to-moment feedback from peers and supervisors at the therapist's cultural comfort. You will also find many opportunities for self-reflection as you work through the exercises. Do you feel awkward, genuine, nervous, or relaxed? Ask your partner and supervisor for feedback on these aspects of your responses. This will also provide additional chances to practice receiving feedback nondefensively.

Overview of the Book's Structure

This book is organized into three parts. Part I contains this chapter and Chapter 2, which provides basic instructions on how to perform these exercises. We found through testing that providing too many instructions up front overwhelmed trainers and trainees, and as a result, they skipped past them. Therefore, we kept these instructions as brief and simple as possible to focus on only the most essential information that trainers and trainees will need to get started with the exercises. Further guidelines for getting the most about deliberate practice are provided in Chapter 3, and additional instructions for monitoring and adjusting the difficulty of the exercises are provided in Appendix A. **Do not skip the instructions in Chapter 2, and be sure to read the additional guidelines and instructions in Chapter 3 and Appendix A once you are comfortable with the basic instructions.**

Part II contains the 12 skill-focused exercises, which are ordered based on their difficulty: beginner, intermediate, and advanced (see Table 1.1). They each contain a brief overview of the exercise, example client–therapist interactions to help guide trainees, step-by-step instructions for conducting that exercise, and a list of criteria for mastering the relevant skill. The client statements and sample therapist responses are then presented, also organized by difficulty (beginner, intermediate, and advanced). The statements and responses are presented separately so that the trainee playing the therapist has more freedom to improvise responses without being influenced by the sample

responses, which should only be turned to if the trainee has difficulty improvising their own responses. The last exercise in Part II provides opportunities to practice the 12 skills within simulated psychotherapy sessions. Exercise 13 offers suggestions for undertaking mock therapy sessions, as well as client profiles ordered by difficulty (beginner, intermediate, and advanced) that trainees can use for improvised role-plays.

Part III contains Chapter 3, which provides additional guidance for trainers and trainees. While Chapter 2 is more procedural, Chapter 3 covers big-picture issues. It highlights six key points for getting the most out of deliberate practice and describes the importance of appropriate responsiveness, attending to trainee well-being and respecting their privacy, and trainer self-evaluation, among other topics.

Three appendixes conclude this book. Appendix A provides instructions for monitoring and adjusting the difficulty of each exercise as needed. It provides a Deliberate Practice Reaction Form for the trainee playing the therapist to complete to indicate whether the exercise is too easy or too difficult. Appendix B includes a Deliberate Practice Diary Form that can be used to during a training session's final evaluation to process the trainees' experiences. However, its primary purpose is to give trainees a format to explore and record their experiences while engaging in additional, between-session deliberate practice activities without the supervisor. Appendix C presents a sample syllabus demonstrating how the 12 deliberate practice exercises and other support material can be integrated into a wider multicultural therapy course. Instructors may choose to modify the syllabus or pick elements of it to integrate into their own courses.

Downloadable versions of this book's appendixes, including a color version of the Deliberate Practice Reaction Form, can be found in the "Clinician and Practitioner Resources" tab online (https://www.apa.org/pubs/books/deliberate-practice-multicultural-therapy).