

This is an essential resource for therapists and supervisors committed to meaningful and culturally attuned practice. The authors, who have been so instrumental in introducing the multicultural orientation (MCO) to the field, model in their writing the humility that is at the core of the MCO. In so doing, they guide readers to recognize and capitalize on cultural opportunities, cultivate cultural comfort, and embrace cultural humility—the pillars on which the multicultural orientation rests.

—**RODNEY GOODYEAR, PhD**, EMERITUS PROFESSOR, UNIVERSITY OF REDLANDS, REDLANDS, CA,
AND UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES

This book offers accessible and concrete insights about how to enact cultural humility in therapy, a key ingredient for effective therapy with all clients. It is an excellent resource for therapists, trainees, and educators.

—**BONNIE MORADI, PhD**, PROFESSOR OF PSYCHOLOGY, UNIVERSITY OF FLORIDA, GAINESVILLE

At a time when diversity, equity, inclusion, and social justice are increasingly under assault, mental health professionals must redouble their efforts to cultivate critical self-awareness, honor their clients' cultural identities, and create more power-balanced therapeutic relationships. This book will help readers to embrace this imperative. Engaging, grounded in relevant research, and full of practical examples and exercises, this book offers a vital resource for advancing culturally responsive psychotherapy theory, research, and practice.

—**ANDRÉS EDUARDO PÉREZ-ROJAS, PhD**, INDIANA UNIVERSITY, BLOOMINGTON

Cultural humility and the multicultural orientation framework are crucial foundations to the difficult conversations around racism and oppression that characterize our current times. This important update to the first edition provides excellent case examples, accessible language, and concrete steps to help readers learn to approach their clients, and the world, from a more culturally humble and aware perspective.

—**MELANIE M. WILCOX, PhD, ABPP**, PRESIDENT, SOCIETY OF COUNSELING PSYCHOLOGY,
AMERICAN PSYCHOLOGICAL ASSOCIATION DIVISION 17, AND ASSOCIATE PROFESSOR,
DEPARTMENT OF EDUCATIONAL AND COUNSELING PSYCHOLOGY, SCHOOL OF EDUCATION,
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If you are looking for an in-depth exploration of cultural humility, this book is for you. Written by renowned experts in clinical research and practice, the book offers clear and comprehensive insights into cultural humility and its clinical implications.

—**BRYAN S. K. KIM, PhD**, PROFESSOR OF PSYCHOLOGY, UNIVERSITY OF HAWAII AT HILO;
AND FELLOW OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION, INTERNATIONAL ACADEMY
FOR INTERCULTURAL RESEARCH, AND ASIAN AMERICAN PSYCHOLOGICAL ASSOCIATION

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Introduction

Beginning the Journey of Cultural Humility

Culture is full of rich histories and shared stories that exist within the larger sociopolitical context, influencing the power, privilege, and opportunities we have in everyday life. Although culture is a multifaceted construct that has been challenging to define (Cohen, 2009), some of the foundational aspects of culture are that it (a) emerges in adaptive interactions between groups of people and their environments, (b) consists of shared elements/rituals, and (c) is transmitted across time periods and generations (Triandis, 2007). While people who share similar cultural identities or worldviews share a similar story on some level, they also possess important differences and unique characteristics. Engaging with clients and their cultural identities involves understanding and honoring our cultural stories and those of our clients.

As you begin reading this book, we encourage you to think about your cultural story and how it intersects with the cultural stories of your clients. Maybe you are a therapist who would like to improve your ability to connect with, work with, and advocate for clients from various cultural backgrounds. Perhaps you want to learn how to better integrate your clients' cultural identities and values into meaningful interventions, blending your theoretical orientation with a deeper cultural focus. Or maybe you are a therapist-in-training, entering your work with clients and culture with a mix of excitement and fear. Wherever you are in your journey as a therapist, we hope you will find this book helpful. This book presents a theoretical foundation and framework for how to think about your work with diverse clients and honor their

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Cultural Humility: Engaging Diverse Identities in Therapy, Second Edition, by J. N. Hook, D. Davis, J. Owen, and C. DeBlaere

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cultural identities in the therapy room. Throughout the book, we encourage you to look within and share those insights with others to deepen your understanding. If you are like most people, you probably have certain areas of strength for working with clients and their cultural identities, but you also likely have certain areas for growth. We encourage you to lean into these areas of growth with courage. Finally, we discuss practical strategies for engaging with clients and their cultural identities.

CULTURE AND THERAPY

There has been a growing recognition by mental health professionals over the years that clients' and therapists' cultural identities are an important aspect of therapy (American Psychological Association [APA], 2003, 2017; Comas-Díaz, 2012). Historically, psychological disorders were thought to occur based on a series of symptoms that did not fully account for clients' cultural backgrounds. (This has shifted in recent years. For example, the *Diagnostic and Statistical Manual of Mental Disorders* [5th ed.; *DSM-5*; American Psychiatric Association, 2013] does place emphasis on examining clients' cultural backgrounds throughout the assessment process.) According to this earlier conceptualization, treatment followed a one-size-fits-all approach, which was typically tailored according to the type of psychological disorder (e.g., depression, anxiety, personality disorder). For example, Sigmund Freud focused on internal drives toward aggression and sex, as well as defense mechanisms such as repression and projection, and he believed these principles were universal and conceptualized cultural beliefs through this lens (Freud & Strachey, 1964). B. F. Skinner (1953) described human behavior in terms of behavioral reinforcement. Principles such as shaping and extinction were thought to work similarly for all people (and animals) regardless of clients' cultural identities (e.g., race, ethnicity, religion, gender, sexual orientation, ability/disability status, social class).

Looking back, it is hard to believe that culture was not a more explicit part of the conversation. Culture is now widely accepted to be an integral force that underlies and shapes all human thought, emotion, and behavior (Owen, 2013; Pedersen, 1990; Wilcox et al., 2024). Throughout this book, we discuss culture in more detail. Culture affects the ways in which we think, feel, behave, and interact with others. Culture provides us with a lens or point of view through which we perceive the world. Culture affects almost all our decisions: where we choose to live, what we do for a living, who (or whether) we decide to marry, and whether we believe in God or a higher power.

Much of the initial work on culture in the field of mental health focused on race and ethnicity. This was a good place to start because racial and ethnic differences form some of the strongest group memberships in our society. Our societies have a complex history of racism and ethnocentrism, and racial/ethnic group memberships continue to exert powerful effects on individuals and systems today. As mental health professionals continued to work and study culture, they expanded the scope of culture to include other aspects, such as

nationality, language, gender, religion, sexual orientation, socioeconomic status (SES), disability or ability status, and size (Cornish et al., 2010; Hays & Erford, 2023). Furthermore, womanist scholars clarified the way that power dynamics across different identities can amplify oppression; any attempt to address social justice would need to reckon with this, as people strive to protect their own power through unjust institutions (Crenshaw, 1989; Hill-Collins, 2008). Indeed, work on intersectionality has important implications for how our profession seeks to serve marginalized groups (Cole, 2009). A strong integration of intersectionality theory calls for everyone to commit to social justice and do their part, within their areas of accountability and responsibility, to engage power dynamics that oppress marginalized groups (Moradi & Grzanka, 2017). As such, culture, as a broader term, reflects the fact that people belong to and identify with different cultural groups, and are differentially affected by existing societal systems and structures. Belonging to cultural groups influences every aspect of one's life, including beliefs, values, attitudes, worldviews, and experiences.

In examining culture in therapy, some important research on health disparities was conducted in the 1970s (e.g., S. Sue, 1976; S. Sue et al., 1976). This work documented that racially and ethnically minoritized (REM) clients had worse therapy outcomes compared to White clients. For example, some groups of REM clients were not seeking therapeutic services as much as White clients, and when REM clients did seek services, they had higher rates of premature termination and fewer therapy sessions relative to White clients (S. Sue, 1977). These findings disturbed many mental health professionals, who devoted their careers to thinking and writing about why therapy did not seem to be working as well for REM clients and what could be done to improve the situation.

These mental health professionals, many of whom were REM individuals, were women, and represented other marginalized identities, critiqued many therapeutic models and techniques that failed to consistently account for the cultural experiences of clients. They pointed out important limitations of therapeutic models that purported to apply to all people, regardless of cultural background. They worked to articulate the role of culture in shaping individuals' beliefs, values, thoughts, feelings, behaviors, and interpersonal relationships. Likewise, they highlighted the role of culture in how clients and therapists understand some of the key variables in the therapy process, including the presenting problem, goals, interventions, and even the idea of what therapy should look like. This line of theory and research coalesced into a body of work on how to train therapists to be effective or competent in their work with culturally diverse clients (D. W. Sue, 2001; D. W. Sue et al., 1982, 1992).

MULTICULTURAL COMPETENCE

The first major model of multicultural competencies was developed by Derald Wing Sue and colleagues (1982) in the early 1980s. The model involved three components. First, therapists were encouraged to develop *self-awareness* of their

own cultural background and experiences and gain a better understanding of how these identities affected others. For example, some White individuals in the United States might not necessarily think of themselves as having a “culture” because culture can be less perceptible for people who are members of privileged groups (i.e., groups that have greater collective bargaining power to negotiate formal structuring of institutions and subtle expressions of social norms to prioritize their values and interests; McIntosh, 1988). This aspect of multicultural competencies encouraged therapists to acknowledge and explore their cultural background and to note points of connection or disconnection regarding their own and the client’s cultural background.

Second, therapists were encouraged to develop *knowledge* for working with various cultural groups. As we noted previously, culture is integrated into one’s way of thinking, feeling, behaving, and interacting. Therapists were encouraged to learn all they could about various cultural groups, while avoiding stereotypes and prescriptive narratives, so they could better understand and help their clients.

Third, therapists were encouraged to develop specific *skills* for working with culturally diverse clients. Psychologists noted that certain kinds of interventions were likely to work better or worse with clients from different cultural backgrounds. For example, encouraging a client to be more independent and to disregard the wishes of their family may be a misguided suggestion in some cultures that are more collectivistic. Also, therapists were encouraged to realize that certain skills may be required to address and discuss culture and cultural identities in the therapy room.

This model of multicultural competencies has had important effects on the field of psychology and other helping professions, including medicine, psychiatry, social work, and counseling (APA, 2003, 2017). To become a therapist in almost any discipline requires completing coursework in multicultural counseling. Much of this coursework is based on D. W. Sue and colleagues’ (1982) three-part model of multicultural competence.

Although this model of multicultural competence has made critical contributions to our understanding of culturally appropriate and tailored practice in several mental health fields, some areas in need of further development have been noted in the literature (Owen, 2013; Weinrach & Thomas, 2002). Some of these areas have focused on the research base supporting its use, implementation, and effectiveness. For example, measures of multicultural competence have been difficult to develop and validate. Additionally, self-report measures of multicultural competencies have been linked to social desirability (Constantine & Ladany, 2000). Therapists who rate themselves as “very high” in multicultural competence may be accurate or may lack self-awareness, demonstrating a lack of humility in their overconfidence. Other studies have used client-report measures, in which the client rates the therapist on perceived multicultural competence (e.g., Tao et al., 2015). Although these other-report measures address the concern of social desirability, limitations persist. Namely, some aspects of multicultural competence (e.g., the therapist’s

knowledge of racial identity models) involve jargon that is likely unfamiliar to clients and may be difficult or impossible for clients to rate (see Drinane et al., 2016). Furthermore, ratings of perceived multicultural competence may be confounded with measures of general competence or closeness with the therapist.

In addition to measurement concerns, mental health professionals have noted the lack of empirical support for the hypothesis that multicultural competence, as a quality of the therapist, predicts better outcomes in therapy (Owen, Leach, et al., 2011). In studies that have looked at multicultural competence as a quality of the therapist (measured by aggregating ratings across clients), this construct does not reliably predict client outcomes. Accordingly, the existing research does not necessarily support the idea that therapists' multicultural competence can be reliably assessed as a trait of the therapist.

In our work with therapists in training, we have noted another challenge with the dominant model of multicultural competence that has been observed in other helping profession fields as well (Tervalon & Murray-García, 1998): The focus on competence (i.e., having the required knowledge, skills, attitudes, and values required of the profession; Barnett et al., 2007) can encourage therapists in training to focus on a particular end state at which the therapist in training reaches a certain level of awareness, knowledge, or skills for their work with culturally diverse clients. This language can give the impression that therapists can get to a place where they can stop growing and learning in their work with diverse clients. Thus, some therapists in training may become preoccupied with working toward an ill-defined state of "competence."

It has also been challenging to articulate how to evaluate multicultural competence. For example, should therapists be evaluated to be competent after working with a certain number of REM clients? On what outcomes should they be evaluated (e.g., client dropout, alliance formation)? Or should there be a comparison between therapist outcomes with White clients versus REM clients? How might we evaluate competence in other aspects of diversity (e.g., sexual orientation, gender identities) and their intersections? The conversation about how to evaluate multicultural competence becomes even more difficult when we consider what specific skills are useful for working with clients who have different cultural identities (e.g., Asian clients versus Black clients). Is there a threshold of level of knowledge about specific groups that is needed for good therapy outcomes? In summary, it seems that the operationalization and process for evaluating multicultural competencies has been underdeveloped.

For clinicians of color, competency language may present a double bind: Not only are they likely to experience expressions of power dynamics and oppression in their interactions with clients and colleagues (e.g., microaggressions), but also, in some predominantly White systems, ideals of multicultural competence may blend with the broader normative standards of the system (Moon & Sandage, 2019). In such cases, they may be blamed for not assimilating to the norms of the group and told they do not live up to the standards of competence (Choe et al., 2024).

Given that this end state of competence remains vague, therapists may feel anxious and fear negative evaluation from supervisors. Therapists may try to avoid appearing incompetent in a way that interferes with their growth and maturity as clinicians. These issues led us to develop a framework that focuses on therapists' development and values regarding working with diversity. This model builds on the conceptual work of some in the medical profession on the need for health care providers to strive for cultural humility as they engage individuals within larger systems (Tervalon & Murray-García, 1998). In their work, Tervalon and Murray-García described cultural humility as involving (a) a lifelong commitment to self-evaluation and self-critique, (b) a commitment to redressing power dynamics in the patient–physician relationship, and (c) a commitment to developing mutually beneficial and respectful clinical and advocacy partnerships with local communities.

As such, for both practical and scientific reasons, we use the language of *humility* to guide our approach. Humility encourages therapists to approach their work with culturally diverse clients with an attitude of openness, being engaged in a dynamic process of growth (Hook et al., 2013). This process is characterized by acknowledging and owning limitations and striving to express openness and interest in the client's salient cultural identities, beliefs, values, and experiences. Therapists are encouraged to focus on humility and continued growth and development over time.

Later, we define humility in more detail but, for now, suffice it to say that everyone can grow in humility regarding their own ways of thinking, feeling, and striving. We all have internalized ideas that might not be true or helpful to our clients or to us. For example, there have been recent calls for growth in *critical consciousness*, which involves an accurate awareness of ourselves within power dynamics in systems (Neville et al., 2021). Our expressions of cultural humility will necessarily depend on our social and relational context, and we will have more to say about that as we consider various examples throughout the book. According to a dialectical view (Lomas & Ivztan, 2016; Sandage & Worthington, 2016)—namely, we are seeking to strike the right balance for a given situation and context—sometimes we may notice a need to reduce cultural arrogance; other times, we may need to set boundaries and affirm our own cultural position. Seeking the right balance for expressing cultural humility requires wisdom (Choe et al., 2024).

Based on this humility framework, we have developed an approach to integrating cultural considerations into therapy that addresses some of the limitations of the existing models of multicultural approaches to therapy. Our framework is developmental in nature and acknowledges that therapists will have areas that require additional growth and maturity. We invite therapists to be honest about their biases and areas that need healing and growth; preoccupation with appearing competent can undermine long-term growth. Also, our framework is flexible to the variety of cultural dynamics that can occur between clients and therapists. The context is always complicated. Rather than

focusing on specific approaches for different cultural identities, which may be unrealistic given the infinite configurations of cultural and power dynamics possible between therapists and clients, our framework provides a general approach for how to think about respecting and integrating cultural considerations into therapy. Finally, past approaches have not consistently integrated theory and research on diversity issues and psychotherapy. Our framework explicitly integrates cultural dynamics with theory and research on the process of psychotherapy, focusing on important topics such as developing a strong working alliance and dealing with ruptures in the alliance.

MULTICULTURAL ORIENTATION

This shift in focus from competence to humility aligns with recent theory and research on the importance of developing a strong multicultural orientation (MCO) for work with diverse clients (Hook et al., 2013; Owen, 2013; Owen, Tao, et al., 2011). An MCO refers to how a therapist engages in their relationships with their clients, colleagues, and society through valuing diverse worldviews, beliefs, and identities. *Multicultural competence* focuses on “ways of doing” therapy with diverse clients, including the effective implementation of cultural knowledge and skills. MCO, however, focuses on “ways of being” with diverse clients and includes (a) cultural humility, (b) cultural opportunities, and (c) cultural comfort (Owen, 2013).

Cultural humility is the bedrock of developing a strong MCO and reflects the focus and title of this book (Hook et al., 2013; Zhang et al., 2022). We want to acknowledge at the outset of this book that the concept of cultural humility draws on virtue language and appeals to values that we think could motivate growth in one’s ability to build trusting and healing relationships with clients across a range of cultural identities. By invoking virtue language, we also acknowledge that we are engaging in the human task of exchanging ideas about what is good, what is normative, and for whom those norms advantage as well as for whom they do not (Wolterstorff, 2019). Virtue language has power only to the extent that it reflects a shared commitment to build relationships of mutuality, care, and respect—for the hope of healing and growth. For example, Martin Luther King Jr. mobilized courage for the civil rights movement by appealing to a vision for a beloved community (King & Washington, 1991). Virtue language is empty and perhaps even dangerous (e.g., setting up inevitable feelings of betrayal) if it does not reflect the hard work of a community to forge a real commitment to a shared moral vision of how to treat each other with the highest level of human dignity (see Choe et al., 2024; Moon & Sandage, 2019). Expressions of virtues such as cultural humility (as well as the other aspects of the MCO model) require nuance based on the power dynamics associated with the relational and social context (e.g., identities and positionalities of the therapist and client), and we will have more to say about these issues throughout the book.

In the context of therapy, cultural humility involves an awareness of our human limitations. We each have biases in our understanding of ourselves and others. Cultural humility also involves an interpersonal stance that is oriented toward the betterment of the client and the relationship. The culturally humble therapist is ready and willing to explore clients' experiences, including how their cultural background and commitments might affect their presenting concerns and the therapy process, as well as how their cultural background and commitments might provide support in their journey toward healing and health. The culturally humble therapist also honors the client's agency and human dignity. They curb the natural tendency to jump to quick conclusions or assume they are right and others are wrong. Cultural humility also involves seeking to become trustworthy within the context of power dynamics. The culturally humble therapist is aware of the potential power differential between the therapist and the client and takes steps to address this dynamic and empower the client as appropriate. At times, this might also mean working within systems of power to assist clients in navigating the oppression they may be experiencing.

The second aspect of MCO involves attending to and eliciting cultural opportunities in one's work with clients (Owen et al., 2016). This idea is related to the concept of broaching the subjects of culture and diversity in the process of therapy (Day-Vines et al., 2021), and broaching can be an effective response when cultural opportunities arise in therapy. Therapists have several decision points during therapy, and many of these decisions involve deciding whether to engage in a discussion about the client's cultural background and identities (and potentially their own), as well as structural or systemic factors that may affect the client's experience. These choice points, which are guided by the therapist's MCO, can directly or indirectly communicate to the client that the therapist views culture as an important aspect of the client's life that can be engaged in therapy. However, avoiding or moving away from a cultural opportunity can communicate that the client's cultural identity is unimportant or invalid.

Finally, the third aspect of MCO is cultural comfort. Cultural comfort involves the therapist's ease or nonanxious presence when addressing cultural topics and engaging the client in cultural discussion (Owen et al., 2017; Pérez-Rojas et al., 2019). Cultural comfort involves a complex process of attending to emotional, relational, and cultural dynamics with clients and oneself. Different theoretical orientations might use different language to describe this process. For example, psychodynamic approaches refer to countertransference management, family systems theory refers to differentiation of self, and mentalization theory refers to how people intuit and relate to the mindset of others (Sandage et al., 2020). Cultural comfort is expected to directly influence a therapist's likelihood of initiating cultural dialogue with a client, and it is also expected to relate positively to the quality of a discussion with a client about culture. Cultural comfort can be developed through experiences both inside and outside the therapy room. Now that we have shared a bit about the theoretical foundation of the book, we want to introduce the author team.

WHO WE ARE

As authors, we bring four different sets of cultural stories and perspectives to bear on this book. Thus, here in the Introduction, we decided to share a bit about our own stories and how we became interested in multicultural counseling and cultural humility.

Cirleen: I feel culture was a salient construct to me before I even had the words to articulate the ways in which my identities and worldview reflected my cultural experiences. I identify as a biracial Asian American cisgender woman. I would add my identities as an aspirational ally, first-generation college student, and daughter of an immigrant as salient as well. My mother emigrated from Taiwan to the United States in her mid-20s and met and married my father, a Belgian American from Ohio. I lived in four countries (Japan, Taiwan, Saudi Arabia, and the United States) before I was 8 years old. The transition from Saudi Arabia to the United States was the most challenging. I went from attending an international school at which cultural and ethnic diversity were inherently present and celebrated to attending an elementary school in a small town in Florida where there were few Asian or multiracial families. I recall my younger sisters being the only other Asian children at my school. So, I went from not seeing my ethnicity or biracial identity as the defining characteristic of my person to being a “chink” in a transition that was extremely painful. The questions I constantly asked myself were “Why?”; “Why do people see me so differently here?”; “Why do they see something wrong with me?”; and, eventually, “What is wrong with me?” I think my educational journey has been one of trying to understand these questions.

I did not plan on getting a PhD. I did not see the point in spending 5 years of my life pursuing a degree if I did not find something I was passionate about and would want to study with that level of intensity. However, I did pursue a master’s degree and, in my second year, I took my first multicultural psychology course. My diversity course with Dr. Adelbert Jenkins was an absolute awakening for me. For the first time in my life, I had language for my experience: my identity development, the complexity of my multiple ethnicities, racism, systemic oppression, and privilege. It was all there. I felt I took my first real breath as a psychologist. I had found my passion. I wanted to do that—to explore identity, to combat oppression, to do work that would elucidate the pervasive and insidious impact of discrimination. I think, on a basic level, my work as a researcher, teacher, mentor, and therapist is an answer to the question I asked as a kid: “What is wrong with me?” The answer was “Nothing!” We are all cultural beings who deserve the opportunity to develop authentically and be genuinely seen and known in the fullness of our humanity.

Donnie: I am from a family that was on the “other side” of the culture wars in the United States. I was homeschooled through the sixth grade because my mom felt responsible for passing along her religious values to her kids. Before she died at age 48, my mom was a devout Christian and committed Republican due to her views on abortion. Her dad and three brothers were pastors.

I feel like a domestic third-culture kid sometimes (thank you to my students who made me aware of this language). I now spend my days as a counseling psychologist at a predominantly Black institution in downtown Atlanta, in a blended family, and married to Cirleen. I am also still a son and big brother. I go back and forth between very different social worlds, and it is a lifelong process to learn to become a trusted member of groups that do not always trust each other easily. I go between.

I ground a lot of how I think about diversity through my work to stay connected to the memory of my mom. What does someone (like me) do when the gift of another may have cost too much? As I became a psychologist, I wondered if my mom would have done something different with her life if she had lived in another tradition. I wondered to what degree problems in her religious extended family caused or amplified her depression. I also wonder how her faith helped her heal. She had a beloved counselor who helped her learn that she had gotten so good at intuiting and responding to the needs and wants of others that maturity and wholeness would involve also discovering and honoring her own interests, hopes, and dreams.

One of the ways she did this was through art. She was so talented. In her early 40s, she aced the GREs and went back to school as a counselor. Ovarian cancer cut her life short and left my family feeling as if we had lost a limb (and sometimes we still feel the phantom pain). How do I honor the gift?

My feelings are too complex for a short blurb. For now, suffice it to say, I want to learn from her life. I am not sure how to honor the gift she gave us. She had a deep capacity for intimacy (which I later recognized in Cirleen). She helped me learn to look for others living well. How do I learn from friends (e.g., Jesse, Cirleen, and Josh) and podcast friends (e.g., David Brooks, David French, Mónica Guzmán, and John Wood) who can help me imagine how to differentiate with kindness and generosity? How do I use my influence well, to build trust rather than go along with group polarization or scapegoating of “evil” onto the other? I want to be a person who can be counted on as trustworthy across relationships. Her love and life helped me recognize all my heroes.

Jesse: Over my life, I have come to learn that I have a complex relationship with the institutions of power, privilege, inequities, and justice. My mother is an immigrant to the United States from Malaysia, and my father is from the United States (preceded by multiple generations). They met in England, and their relationship began because of the Vietnam War (my father was in the navy). Although I am fortunate they were able to meet, the context in which that occurred has never been lost on me. Indeed, the larger sociopolitical contexts and systems continue to define the way I understand myself, others, and the world.

In my youth, there were times when I ignored the racial and ethnic teasing from my friends, and there were times when I even joined in. At times, I did not stand up for justice or the inequitable treatment of others. Those memories remain with me to this day. As I grew up, I faced situations in which individuals

called me racist terms, such as “sandnigger” and “terrorist.” Although these memories are painful, they made me wonder how many other individuals are thinking the same thing but not vocalizing their views (at least in public).

As I entered graduate school, I remember learning about cultural dynamics and how they might influence the therapy process. The lessons were rife with stereotypes, surface-level exposure, and a focus on deficit-based models of learning. Moreover, the focus tended to be largely on race and ethnicity and tended to ignore the true complexity of culture—in particular, the concept of intersectionality. What was even more disconcerting to me was the lack of empirical data guiding the treatment suggestions. In addition, the treatment suggestions appeared to lack a connection to how actual therapy is conducted (not to mention missing how to conceptualize cultural exchanges based on modern empirically supported treatments). In my private practice, I tend to find a more natural way of being with clients to truly honor the complexities of cultural dynamics.

From these experiences, I have dedicated my professional and personal life to better understanding how I relate to the institutions and systems that influence the lived experiences of minority- and majority-identified individuals. I know I do not have the answers to these complex issues, but I am dedicated to being part of the discussion.

Josh: I have to admit that during my growing up years, I did not think much about culture and diversity. Some of this had to do with privilege. As a cisgender (i.e., my gender identity matches my biological sex) White man, I belong to groups and communities that have historically had greater power, so their values and interests are disproportionately reflected in the structure of formal societal institutions and more subtle social norms. I grew up in a suburb of Chicago that consisted of many people who looked like me and believed the same things I did. And although I went to college at a large state university that was more diverse, it was so big that I could surround myself with people who looked like me and viewed the world similarly to me. I had the privilege to engage with and think about my cultural identities as much (or as little) as I wanted.

Culture became more salient for me when I entered graduate school. Professionally, I dove headfirst into multicultural counseling training, and I also developed relationships with supervisors, colleagues, and clients who identified with various cultural identities. Personally, I identified as a Christian, and during my training, I struggled to align beliefs I had been taught growing up with new values I was developing as a counseling psychologist. This was not an easy process, and it was challenging to integrate my identity as a Christian and my identity as a psychologist.

In graduate school, some of my early research focused on the experience of racism in African Americans, as well as cultural protective factors that buffered African Americans from the deleterious effects of race-related stress. I also studied the intersection of religion and psychology—partly due to my professional interest and partly in the hope I could work out my struggles between

my two seemingly conflicting identities as a person of faith and a counseling psychologist.

When I took my first faculty position, my department chair asked if I would teach multicultural counseling. I was interested and passionate about the topic, so I said yes. It has been a rewarding and challenging journey to work with students to help them navigate their struggles with cultural issues in order to serve their clients. I am grateful to my students for trusting me with their process and stories; my experience teaching this class has strongly influenced my thoughts about cultural humility and working with cultural identities in therapy.

Before we move on, we would like to offer a few reflections about our identities as authors. We are different from each other—in some ways, very different. Yet, we are also in relationship with one another in various ways. One of Donnie's favorite quotes is from Ralph Waldo Emerson (1841), who said, "A friend may well be reckoned the masterpiece of nature." (p. 160). As coauthors, we have developed professional relationships that have spanned many years. Josh and Donnie went to graduate school together and navigated the professional acculturation process of being Christians in the field of counseling psychology. Donnie and Cirleen are married and are raising three children together. Jesse is deeply committed to supporting early career professionals, and he supported Josh, Donnie, and Cirleen during their pretenure years.

Now we are all full professors, and Cirleen is engaging in higher education administration. So, in some ways, when we say "we," it reflects our commiserations across our distinct identities and experiences. We have also worked through cultural mistakes or offenses with each other, as anyone in a relationship must do to some degree. This has required a commitment to difficult conversations and helped us to build trust with one another over time. That said, we recognize that our "we" is not universal. It reflects us and our constellation of experiences and understandings as individuals and as a writing team. Although we hope and believe the ideas we share have the potential for broad application, we also do not claim universal understanding or applications. We present this book to our readers with humility.

We hope our perspective is helpful for starting the conversation about what it looks like to develop a strong MCO and engage clients with cultural humility. That said, the conversation about MCO and cultural humility would be incomplete if our voices were the only ones in the conversation. So, where we can in this revision, we engage other voices that have joined the literature on MCO and cultural humility. This conversation has also moved beyond a focus on individual psychotherapy to include other modalities (e.g., group; Kivlighan et al., 2019), supervision (e.g., Watkins et al., 2019; Wilcox et al., 2022), and broader training commitments (e.g., structural competencies; Wilcox et al., 2024; antiracism and liberation of psychology; Adames et al., 2024; Bryant-Davis & Moore-Lobban, 2019). We invite others to join the conversation and bring their gifts and perspectives, with a spirit of friendship, always ready to recognize each other's contributions.

STRUCTURE AND OUTLINE OF THIS BOOK

Now that we have shared a bit about our background and perspectives, we would like to briefly lay out the structure and outline of the book. The focus of this book is different from that of many texts on multicultural competence, which tend to have a chapter devoted to various types of clients (e.g., one chapter on counseling African American/Black clients, one chapter on counseling LGBTQ+ clients, etc.). It is not that we view developing knowledge and skills for work with specific types of clients as unimportant. The existing body of work reflects valuable resources of a diverse profession, but what is also needed is an approach for engaging with these resources and contextualizing them to the specific needs of the client who is sitting in the therapy room. Each client has a unique identity based on their personality, experience, and intersecting cultural identities. In this book, we aim to clarify and explore what this task requires.

Instead of focusing one chapter on various types of cultural backgrounds, we organize this book into two main sections. First, in Part I (Chapters 1–3), we present the theoretical foundation of our book, focusing on self-awareness and the importance of developing a strong MCO that values diversity in all forms. Specifically, in Chapter 1, we explore in detail the concepts of cultural humility, cultural comfort, and cultural opportunities and what they mean for us as therapists. In Chapters 2 and 3, we shift our focus to the person of the therapist and delve into the therapist's cultural identity, background, and experiences. In Chapter 2, we invite you to explore your cultural identities, as well as the relationship or intersection between your cultural identities and systems of power and privilege. In Chapter 3, we work with you to develop a plan for becoming more comfortable with cultural differences, reducing your cultural biases, and exploring how to engage in systemic change in a culturally humble way. In this section, we set the groundwork for you to develop cultural humility in your life, to better prepare you for engaging in your work with culturally diverse clients.

Then, in Part II (Chapters 4–9), we shift our focus to the therapy room and explore how cultural humility shows up in the interpersonal interactions between therapist and client. In this second section, we first present an overview of the connections between having a MCO and the various tasks of therapy, such as intake procedures, diagnosis, case conceptualization, treatment planning, and the use of interventions (Chapter 4). We then present a detailed discussion about four core ways in which you can integrate cultural humility and the MCO model with the key processes of therapy: developing a strong working alliance with clients of various cultural identities (Chapter 5), navigating value differences when they occur in therapy (Chapter 6), avoiding cultural ruptures and microaggressions and repairing the therapeutic relationship if and when they do occur (Chapter 7), and understanding and addressing your limits when you encounter them in therapy (Chapter 8). We conclude the book by discussing cultural humility as a lifelong learning process, and we share some of our stories of continued growth (Chapter 9).

The chapters follow a similar structure. We begin with a personal story from one of the authors. Each of us is involved in teaching and training graduate students, and we focus on issues related to diversity in our teaching and training work. (When these personal stories involve work with clients, the identifying information and details about the clients have been changed to protect client confidentiality.) Second, we describe the main content of the chapter, integrating recent research supporting the link between each topic and effective work with culturally diverse clients. Third, integrated throughout each chapter, we present practical exercises to aid in application and training. These practical exercises are designed to help you meaningfully incorporate the concepts described in each chapter into your work with clients. Fourth, throughout the various chapters, we present discussion questions to reflect upon and provide opportunities to discuss your perspectives with others (e.g., classmates, colleagues).¹

Our hope is that this text will actively engage you as the reader, and we encourage you to actively engage with your thoughts and feelings as you read the material and complete the exercises and discussion questions. At times, this engagement may bring up strong feelings or reactions, which is typical and to be expected. It may be helpful to be mindful of your environment (e.g., do you have privacy?) and the psychological space you are in (e.g., how are you feeling?) as you read the text and do the exercises. Finally, throughout the text, we provide several case examples from various settings.² The case examples illustrate therapists working with the concepts presented in their work with clients, in supervision, and in consultation with other colleagues. These case examples present therapists working with varying levels of cultural humility. We hope these case examples will both normalize struggles with the material in this book and provide snapshots of therapists working to develop a strong MCO and connect with clients and their cultural identities.

INTENDED AUDIENCE

We had several types of readers in mind when we wrote this book. In general, our primary intended audience is therapists who would like to be more effective in addressing issues related to culture and diversity in their clinical work. Although the four of us are counseling psychologists, the material in this book is applicable to all mental health professionals, including psychologists, mental

¹Ancillary materials are available on the book's website (<https://www.apa.org/pubs/books/cultural-humility-second-edition>). We thank David Mosher for creating the ancillary materials.

²We developed the case examples to illustrate the concepts presented in the book. If aspects of the case examples were drawn from our own clinical experiences, identifying information and details about the clients were changed to protect client confidentiality.

health counselors, and social workers. In addition to full-time clinicians, this book will also be helpful for educators teaching courses in multicultural counseling or counseling skills, as well as graduate students in the helping professions.

In addition, we have aimed to develop the MCO model in such a way that it can be transtheoretical. In other words, the MCO model and cultural humility are not tied to any particular theoretical framework; they can be integrated into your own preferred manner of working with clients. We have purposefully tried to write this book so that it uses language that allows for various traditions and theoretical approaches to draw on the framework. That said, the concepts described in this book may require contextualization within specific training traditions.

WHAT IS NEW IN THE SECOND EDITION

It has been 8 years since we published the first edition of *Cultural Humility: Engaging Diverse Identities in Therapy* (Hook et al., 2017). A lot has happened in our country and world, and it continues to be a challenge to navigate cultural differences effectively. Over the past 8 years, we have had the benefit of listening to readers of our book and have also had the opportunity to discuss these concepts with other researchers, instructors, therapists, and therapists in training. In this revised edition, we have made several changes that we hope will improve the helpfulness of this text.

First, the existing body of research on cultural humility and MCO has increased substantially in the past 8 years, and we have updated the theory and research throughout the book. Second, a common question we get is how cultural humility differs for people with varying levels of power or privilege. In the second edition, we have tried to provide additional nuance and recommendations for how to help therapists from marginalized groups navigate issues related to culture in the therapy room. Oftentimes, we reference therapists of color in these discussions, but we want to highlight that we believe the points being made about the impact of having less identity-related socio-cultural power or privilege apply to understanding other marginalized identities as well. Third, one critique of the MCO model is that it has not focused enough on systemic or structural issues that have a large impact on clients from marginalized groups (Wilcox et al., 2024). In the second edition, we have tried to provide additional resources for how cultural humility and MCO can help address important systemic and structural issues that many of our clients experience. Finally, we have learned a lot about the types of exercises and examples that resonate with therapists through our experience conducting trainings across the United States. These lessons have enhanced our examples and activities throughout the book. We hope this expanded second edition offers a fresh perspective on cultural humility in therapy while retaining the existing strengths of the original book.

CONCLUSION

Improving one's therapeutic work with clients is a worthy goal. There are not many constants in the world of therapy, but one constant is that issues related to your clients' cultural backgrounds and identities will come up in therapy. These issues will intersect with your own cultural background and identities in complex ways. Cultural differences may cause struggles or misunderstandings with your clients, or they may lead to an enriched therapeutic relationship that results in increased growth. Likewise, cultural similarities may lead to overidentification with your clients, or they may result in increased empathy and a close bond. Our goal is to explore how to engage your clients' cultural backgrounds, identities, and experiences in a way that promotes connection rather than alienation. The main theme is this: Learn to get comfortable with acknowledging your limitations, owning them, and viewing them as opportunities to grow and connect with your clients at a deeper level. Becoming a better therapist is not an end state to be achieved through striving but rather a continued process of growth in humility, openness, interest, and flexibility.