

Introduction

Beginning the Journey of Cultural Humility

The beginning is the most important part of the work.

—Plato, *The Republic*

Culture is full of rich histories and shared stories that exist within the larger sociopolitical context that influences the power, privilege, and opportunities we have in everyday life. People who share a cultural identity at some level share a similar story, although they have important differences and unique characteristics as well. 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 and work with clients from different cultural backgrounds. Perhaps you want to learn how to honor and respect the cultural identities of your clients. 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 are hopeful that you will find this

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

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book helpful. This book presents a theoretical foundation and framework for how to think about your work with diverse clients and honor their cultural identities in the therapy room. Throughout the book, we encourage you to take a close, hard look at yourself. If you are like most people, you probably have certain areas of strength for working with clients and their cultural identities, but you probably also have certain areas for growth, including struggles and biases. We encourage you to step into these areas of growth with courage, rather than retreating into your areas of comfort and avoiding the discussion. Finally, we discuss practical strategies for engaging with clients and their cultural identities, including repairing mistakes that threaten the therapeutic relationship.

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; Comas-Díaz, 2012). Historically, an assumption of most theoretical approaches was that people were more similar than different. Psychological disorders were thought to occur on the basis of a series of universal principles. According to this 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, 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 regardless of a person's cultural identities (Freud & Strachey, 1964). Skinner described human behavior in terms of behavioral reinforcement (Skinner, 1953). 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).

Looking back, it is hard to believe that culture was not a bigger part of the conversation. Culture is now widely accepted as a potent force that underlies and shapes all human thought, emotion, and behavior (Pedersen, 1990). Throughout this book, we discuss culture in more detail. Culture involves the ways in which we think, feel, behave, and interact with others. Culture provides us with a lens or point of view with which we see 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.

When mental health professionals first started to think about culture, they 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. Race and ethnicity have a complex history, both in our country and around the world, and these group memberships continue to exert powerful effects on individuals today. As mental health professionals continued to work and study culture, theory and research necessarily became more complex. Mental health professionals expanded the scope of culture to include other cultural identities, including nationality, language, gender, religion, sexual orientation, socioeconomic status, disability or ability status, and size (Cornish, Schreier, Nadkarni, Metzger, & Rodolfa, 2010). They also began to explore the fact that a person's various cultural identities were presented in conjunction with each other and exerted reciprocal effects on one another. This led to theory and research examining the intersectionality of various types of cultural identities (Cole, 2009). As such, culture, as a broader term, reflects the fact that people belong to and identify with different cultural groups. This sense of belonging to different cultural groups influences every aspect of one's life, including beliefs, values, attitudes, and worldviews.

In examining culture in therapy, some important research on health disparities was conducted in the 1970s and 1980s (e.g., S. Sue, 1976; S. Sue, McKinney, & Allen, 1976). This work documented that racial and ethnic minority clients had worse therapy outcomes compared with White clients (S. Sue, 1977). Moreover, racial and ethnic minority clients were not seeking therapeutic services as much as White clients. When they did seek services, they had higher rates of premature termination and dropout and also reported smaller levels of symptom improvement relative to White clients. 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 racial and ethnic minority clients and what could be done to improve the situation.

This enterprise led mental health professionals to realize that many therapists were doing a poor job of addressing cultural identities in therapy (S. Sue & Zane, 1987). This finding was not surprising; mental health professionals were just beginning to write about the idea that cultural identities might be important to explore in therapy. Thus, therapists entering the field did not have the necessary training for how to think about or address cultural identities in the therapy room.

These mental health professionals critiqued many therapeutic models and techniques. They pointed out important limitations of therapeutic models that were aimed at 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, Arredondo, & McDavis, 1992; D. W. Sue et al., 1982).

Multicultural Competence

The first major model of multicultural competencies was developed by Derald Wing Sue and colleagues in the early 1980s (D. W. Sue et al., 1982). 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 invisible 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 expression 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 has a large influence on one’s way of thinking, feeling, behaving, and interacting. Therapists were encouraged to learn all they could about various cultural groups 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 should 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). 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 is popular and widely disseminated in several mental health fields, it is not without its critics (Owen, 2013; Weinrach & Thomas, 2002). Most of the critiques of this model have focused on the research base supporting its use, implementation, and effectiveness. First, measures of multicultural competence have been difficult to develop and validate. For example, researchers and clinicians have questioned the validity of self-report measures of multicultural competence. 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 perhaps lack self-awareness, demonstrating a lack of humility in their overconfidence.

Given these concerns, the majority of research in this area has used client-report measures, in which the client rates the therapist on perceived multicultural competence (Tao, Owen, Pace, & Imel, 2015). Although these other-report measures seem to fare better than self-reports, they have their issues as well. 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, Owen, Adelson, & Rodolfa, 2016). Furthermore, ratings of perceived multicultural competence may be confounded with measures of general competence or closeness with the therapist. Taken together, because measurement is crucial to a solid scientific foundation, the major concerns regarding measurement of multicultural competencies have undermined the confidence in this body of work.

Perhaps just as concerning, mental health professionals have noted the absence of scientific support for the hypothesis that multicultural competence, as a quality of the therapist, predicts better outcomes in therapy (Owen, Leach, Wampold, & Rodolfa, 2011). When clients rate their therapist as low in multicultural competence, this corresponds with negative outcomes in therapy. However, most studies in this area have looked at single pairings of therapists and clients, so ratings of multicultural competencies are likely mixed up with factors that are specific to the particular relationship between the therapist and client. 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 (Owen et al., 2011). These findings ought to make therapists question the scientific basis for models promoting multicultural competence given that there is currently no established link between this construct (as a quality of the therapist) and better therapy outcomes.

In our work with therapists-in-training, we have noted another difficulty with the dominant model of multicultural competence: The focus

on competence denotes a particular end state at which the therapist-in-training reaches a certain level of knowledge or skill for their work with culturally diverse clients. This language gives the impression that therapists can “arrive” in a sense in their work with diverse clients. We have started to question the usefulness of this language for thinking about and training therapists to work with diverse clients. The language sets therapists up for having unrealistic standards that may exaggerate perfectionistic striving and evaluative concerns that undermine desired qualities and behaviors. Some therapists-in-training may become preoccupied with working toward an ill-defined state of “competence.” Given that this end state of competence remains vague, therapists who are honest with themselves about their limitations may feel anxious and fear negative evaluation from supervisors. Therapists may try to avoid appearing “incompetent,” rather than leaning into their discomfort and anxiety about cultural identities, which is an important prerequisite for growth.

These practical issues, combined with the well-established theoretical and empirical gaps in work on multicultural competence, have led us to develop a framework that focuses on therapists’ development and values regarding working with diversity. As such, for both practical and scientific reasons, we prefer the language of *humility* to *competence*. 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, Davis, Owen, Worthington, & Utsey, 2013). This process is characterized by acknowledging and owning limitations and striving to express openness and interest in the client’s salient cultural identities. There is no end state of competence. There is only humility and continued growth and development over time.

On the basis of 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 struggles and growth edges. We invite therapists to be honest about their growth edges and work on them, rather than aiming to achieve an unrealistic end goal of competence. Also, our framework is flexible. Rather than focusing on specific approaches for particular cultural identities, which may be unrealistic given recent theory and research on the importance of considering the intersectionality of identities, our framework provides a general structure for how to think about respecting and integrating cultural considerations into therapy. Finally, past approaches have not done a good job of integrating theory and research on diversity issues and psychotherapy. Our framework explicitly integrates cultural considerations 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 for work with diverse clients (Owen, 2013; Owen, Tao, Leach, & Rodolfa, 2011). A *multicultural orientation* refers to how a therapist thinks about and values diversity, which necessarily affects the therapist's work with diverse clients. *Multicultural competence* focuses on "ways of doing" therapy with diverse clients, including the effective implementation of cultural knowledge and skills. Multicultural orientation, however, focuses on "ways of being" with diverse clients and includes cultural humility, cultural comfort, and taking advantage of cultural opportunities (Owen, 2013).

Cultural humility is the bedrock of developing a strong multicultural orientation and reflects the focus and title of this book (Hook et al., 2013). Cultural humility involves an awareness of one's limitations to understanding a client's cultural background and experience. Cultural humility also involves an interpersonal stance that is other oriented rather than self-focused in regard to the cultural background and experience of the client. The culturally humble therapist is interested in and open to exploring the client's cultural background and experience. The culturally humble therapist does not assume their cultural perspective is "the correct one"; rather, the culturally humble therapist recognizes that there are several valid ways of viewing the world and developing a sense of one's beliefs and values.

The second aspect of multicultural orientation involves attending to and eliciting cultural opportunities in one's work with clients (Owen, 2013; Owen, Tao, et al., 2016). This is also a specific expression of cultural humility. Therapists have several decision points during therapy, and many of these decisions involve deciding whether to engage a discussion about the client's cultural background and identities. These choice points, which are guided by the therapist's multicultural orientation, can directly or indirectly communicate to the client that the therapist views the client's culture as an important aspect of the client's life that should be addressed 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 multicultural orientation involves cultural comfort. This is an expression of cultural humility that involves the therapist's sense of ease when addressing cultural topics and engaging the client in cultural discussion (Owen, 2013; Owen et al., 2017). 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.

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.

Josh: Looking back, I did not think too much about culture and diversity before I attended graduate school. A lot of this had to do with privilege. I belong to certain groups and communities that have historically had greater power, so their values and interests are disproportionally reflected in both the structure of formal societal institutions and more subtle social norms. As a cisgender (i.e., my gender identity matches my biological sex) White man, I did not have to think a lot about my cultural background and identity when I was younger. I grew up in a suburb of Chicago, in a town that consisted of people who mostly looked like me and believed the same things I did. I went to college at a large state university that was more diverse, but it was so big that I was able to surround myself with people who looked like me and viewed the world similarly to me. The most in touch I got with my ethnic heritage growing up was eating traditional Norwegian and Swedish foods during the holidays. I had the privilege to engage with and think about my cultural identity as much (or as little) as I wanted.

Culture became more salient for me when I entered graduate school. First, there was the professional side. I dove headfirst into multicultural counseling training, and I also began to develop relationships with supervisors, colleagues, and clients who identified with a variety of cultural identities. There was also the personal side. A lot of this had to do with my identity as a Christian and my growing awareness that relatively few psychologists also identified as religious. 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 for a time I thought I would have to either give up my identity as a Christian or my identity as a psychologist.

My professional interests in multicultural counseling and cultural humility emerged from a mix of personal interest and some unexpected events along the way. I love hearing people's stories, including those about their families and cultures. I am naturally curious, and I was interested in exploring how people's cultural backgrounds influenced the problems in their lives, as

well as how culture could be used as a source of support. I was interested in how or why people believed certain aspects of life were valuable and important, especially those aspects that were different from my own.

When I first got to graduate school, my advisor was on sabbatical, so I worked with a different advisor at first, which focused some of my early research 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 spent a lot of time studying 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 whether I would teach multicultural counseling. I was not sure what I was getting myself into, but I knew I was interested and passionate about the topic, so I said yes. It has been a wonderful and challenging journey over the past several years, working with students to help them navigate their struggles with cultural issues to help 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.

Donnie: I was home schooled through the sixth grade, in part because my parents did not trust the public school system to reflect their religious values. My mom was a devout Christian—in fact, her father and all three of her brothers were pastors. I wonder whether she would have been a pastor if that was allowed within her tradition, but as it turns out, raising her children to love Jesus was at the center of her sense of calling. When I was about 12 years old, she became depressed. As a result of several years of therapy, she explored her identities as a woman and a daughter. Over the course of her work in therapy, my mom realized she had become an expert at intuiting and responding to the needs and wants of others, for which she earned approval. But to have a greater sense of wholeness, she had to discover and honor her own interests, hopes, and dreams.

One of the ways she did this was through art. We took lessons from an artist in Atlanta who was very good. (I stopped after a few years, but my mom continued to develop into an outstanding artist.) As her four kids grew up, she also explored possibilities for a second career. She aced her GREs and got a scholarship to a counseling program near our home. Before she actualized some of these dreams, however, she was diagnosed with ovarian cancer. I was a senior in college at the time, and as soon as I graduated, I came home and worked for my dad's small home-building company and went to school with my mom. Just before finishing her internship, she died—her life cut short at age 48.

My mom is often the first person I think about when trying to understand intersecting cultural identities. I wonder what she would have done with her life if she had grown up in a cultural environment with less strict rules related to gender roles. She got to explore and expand her identity, gifts, and talents later in her life, but I wish she had gotten to do that sooner.

My interest in multiculturalism is deeply grounded in my relationship with my mom. I feel ambivalent, which I think is OK. On the one hand, I sometimes feel sad (and even angry) that certain perspectives may have limited her options and her sense of freedom to explore her calling in life. On the other hand, I do not think she viewed her sacrifice as I have come to, which gives me pause. I received many benefits from my mother's commitment to and integrity in how she understood what it meant to be a loving wife and mother. I wonder how to honor her commitments and the way she invested her life in line with her values. I think this intuition is somehow important for the work we do as therapists. We are not dealing just in the theoretical. Our clients come to us and trust us with their deepest dreams and disappointments.

Holding this tension is what I want to spend my life learning about. I want to learn to honor the strengths of cultural identities and systems to provide people with meaning and purpose, but I also want to be honest about how certain cultural values can sometimes exploit and stifle human flourishing. I want to understand how to listen to people's pain related to identity and begin to explore what it might mean to flourish as a person in the face of cultural hurts and wounds. I want to learn how to build trust even when it is hard. I want to understand how to actively participate with others to develop systems in which people have a chance to develop and grow.

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 where I even joined in. At times, I did not stand up for justice or the inequitable treatment of others. Those memories sit 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, it 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.

Cirleen: I feel like 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 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, 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 one question I constantly asked myself was: “Why?” “Why did people see me so differently here?” “Why did they see something wrong with me?” and, eventually, “What was 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 like 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.

Structure and Outline of This Book

The focus on multicultural orientation has important ramifications for training and work with diverse clients, as well as the organization of this volume. 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 clients, one chapter on counseling lesbian, gay, bisexual, and transgender clients). It is not that we view developing knowledge and skills for work with specific types of clients to be unimportant. Other texts have done a good job providing baseline knowledge and skill. Also, attempting to apply knowledge and skills about general groups without a baseline value of cultural humility can easily devolve into stereotyping or other cultural problems. The existing body of work reflects valuable resources of a diverse profession, but what is needed is an approach for engaging 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 that is based on their personality, experience, and intersecting cultural identities. Something new is needed 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 multicultural orientation 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 working on becoming more comfortable with cultural differences, reducing your cultural biases, and exploring what to do with your experiences of power and privilege. 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 multicultural orientation and the various tasks of therapy, such as intake procedures, diagnosis, case conceptualization, treatment planning, and the use of interventions (Chapter 4). Then we present a detailed discussion about four core ways in which you can integrate cultural humility and the multicultural orientation model with the key processes of therapy: developing a strong working alliance with clients of various cultural identities (Chapter 5), avoiding cultural ruptures and microaggressions and repairing the therapeutic relationship if and when they do occur (Chapter 6), navigating value conflicts when they occur in therapy (Chapter 7), and understanding and addressing your limits when you face 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 some 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. The practical exercises are designed to help you meaningfully incorporate the concepts described in each chapter into your work with clients. 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. At times, this engagement may bring up strong feelings or reactions, which is normal and to be expected. It may be helpful to be mindful of your environment and the psychological space you are in as you read the text and do the exercises. Finally, throughout the text, we provide several

case examples¹ from a variety of settings. The case examples illustrate therapists working with the concepts presented in their work with clients, in supervision, and in consultation with other colleagues. The 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 multicultural orientation and connecting with clients and their cultural identities.

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 identities will come up in therapy. These issues will intersect with your cultural 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 a close bond. Our goal is to explore how to engage your clients' cultural identities 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.

¹Case examples have been disguised to protect client confidentiality.