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Introduction

Multicultural psychology is a theoretical framework that underpins *multicultural psychotherapy*, which is the provision of competent and ethical interventions to culturally diverse clients (D. W. Sue et al., 1992). While multicultural competence in psychotherapy has become part of the mainstream fundamental knowledge and skill set required for effective practice for more than 5 decades (Ho & McDowell, 1973; T. B. Smith & Trimble, 2016; D. W. Sue et al., 1992; S. Sue et al., 2009), more than ever, it now requires increased knowledge and sophistication on the part of the professional. Because all behaviors are learned and displayed in particular cultural contexts, multiculturally competent therapists must be prepared to address their own behaviors and cultural assumptions, those of their clients, and the relationship between the two in the contexts of their sociocultural histories and therapeutic relationships. A Glossary of Terms is included at the end of the book, after Suggested Readings, and may be helpful to the reader.

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Multicultural Therapy: A Practice Imperative, by M. J. T. Vasquez and J. D. Johnson

UNDERSTANDING MULTICULTURAL THERAPY

Our definition of *multicultural therapy* (for the purposes of this monograph, *multicultural [psycho]therapy* and *multicultural counseling* are used interchangeably, as are *[psycho]therapists* and *counselors*) integrates concepts developed by others (e.g., Fuertes et al., 2015; Pedersen, 2002; Tylor, 1920). Specifically, we believe it is the practice of psychotherapy informed by multicultural philosophies and theories, grounded in multicultural scholarship on the psychology of race and ethnicity, that leads psychotherapists and their clients toward culturally appropriate strategies and solutions that advance transformation and social change in their personal lives and in their relationships with their social, emotional, and political environments (L. S. Brown, 1994).

Importantly, multicultural therapy is based on models that identify the toxic effects of pervasive bias on the psychotherapy process itself, including stereotyping, devaluing, disempowering, pathologizing, doubting or minimizing experiences of marginalization, and/or assuming the incompetence of clients. It includes a commitment to the elimination of implicit biases within ourselves and our clients because we know of those biases' deleterious effects on each other and on the psychotherapeutic relationship (L. S. Brown, 2016). Multicultural therapy, at its best, is inherently strengths based and designed to focus on the resilience of our clients and communities (Asnaani & Hofmann, 2012; P. A. Hays, 2009; Peterson & Seligman, 2004; Snyder et al., 2003).

Using Pedersen's (2002) ethnographic, demographic, status, and affiliation social systems framework, we define *culture* broadly, appreciating Tylor's (1920) foundational definition that includes "knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (p. 1). We further define *multicultural* as encompassing several cultural and ethnic groups within a society and one's own person as well as the intersectionality of those identities.

This monograph pays particular attention to racial and ethnic identities while additionally exploring the intersectionality of a variety of strands of identity that are also aspects of individuals' experiences, including gender, sexual attraction, social class, and ability. The intersectionality

framework asks practitioners as well as researchers to consider categories of identity, difference, and (dis)advantage with a new lens. Although early articulations of intersectionality focused on the experiences of groups holding multiple disadvantaged identities (e.g., Melville, 1980), we acknowledge that everyone occupies multiple categories (e.g., gender, race, class, ability) simultaneously. Consequently, the concept of intersectionality can also inform how privileged identities are understood (Cole, 2009) and which identities (privileged and not) are salient according to the varying contexts of our lives (de las Fuentes, 2012).

The research and theory underlying multicultural therapies have undergone significant growth in the past 5 decades. The Association for Multicultural Counseling and Development, for example, endorsed the Multicultural and Social Justice Counseling Competencies (Ratts et al., 2016), which revised the original Multicultural Counseling Competencies developed by D. W. Sue et al. (1992). The revision highlighted the intersection of identities and the dynamics of power, privilege, and oppression that influence the counseling relationship.

The second and most recent version of *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (hereinafter, *Multicultural Guidelines*) published by the American Psychological Association (APA; 2017b) was conceptualized to view diversity with intersectionality as their primary scope. In the guidelines, psychotherapists are encouraged to consider individual historical and contextual precursors of identities and how those can be employed to generate more effective methods of intervention (APA, 2017b). Recently adopted professional guidelines address this need. For example, the first guidelines to focus specifically on race and ethnicity since APA's 2003 "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" were overwhelmingly approved in August 2019 by the APA Council of Representatives (i.e., *Guidelines on Race and Ethnicity in Psychology*; APA, 2019b), as were the *Guidelines for Psychological Practice for People With Low-Income and Economic Marginalization* (APA, 2019a), the first guidelines by the APA to address the needs of low-income people.

Understanding the cultural contexts of behavior is essential to effective and ethical interventions in all areas of psychotherapeutic practice

because culture influences the experiences and emotional and behavioral expression of distress, dysfunction, strength, and resilience (American Psychiatric Association, 2013; APA, 2017b; Mosher et al., 2017; T. B. Smith & Trimble, 2016). While the scientific literature is rife with talk about particular groups being disadvantaged in society, it is important to note that various aspects of our identities that contribute to group identities (e.g., gender, race) also reflect strength and resilience.

There are many reasons why multicultural competency, and diversity training in general, should be incorporated into the fabric of mental health training programs and continuing education, rather than as stand-alone courses. Multicultural competence requires appropriate awareness, knowledge, and skills about the intersectionality of the many strands of identity, including not only race and ethnicity but also age, generation, culture, language, gender, ability status, sexual orientation, gender identity, socioeconomic status, religion, spirituality, immigration and citizenship status, education, and employment as well as other variables. Understanding how our own various strands of identity combine to influence our worldviews and experiences, including our work as therapists, is as important as understanding how those of our clients influence their own perceptions. Our strands of identity influence our perceptions of problems and issues, as well as what we consider to be healthy and unhealthy processes and functional and dysfunctional coping strategies.

Our clients' strands of identity may also influence which therapeutic approaches might be most effective for them. An intersectional model of understanding various aspects of identity helps the therapist, and thus clients, understand what aspects of identity are relevant and when those aspects of their lives are salient to the narratives being discussed in therapy. No one person is just one of their identities, just as no one is solely male or female, European American or Asian American, or rich or poor. Therapists must ask themselves: "Which aspects of the client's identities are at the forefront of the presenting problem? Which are background? Which will the client benefit from bringing to the forefront? Which are integrated, fused, or inseparable, and from which does a client deidentify?

How do others react to those aspects of their identities?" Importantly, the therapist must determine which aspects of their own identities are salient and can be used in service of the therapeutic relationship. Furthermore, a therapist must acknowledge when a "mismatch" between their own theoretical orientation, cultural perspectives, and identities is not helpful to clients. Although this monograph focuses on culture, race, and ethnicity, we must also acknowledge other intersecting identities.

There is no rule in place regarding the use of the terms *client* or *patient*. The term *patient* is generally considered to be based on the medical model of mental health and has sometimes been criticized as putting the provider in the expert role. *Client* is a more mutual and humanistic description of the relationship between the provider and person seeking services (Vasquez & Heppner, 2017). The terms in this monograph are used interchangeably or as used by the authors cited.

Since there are multiple definitions of *race* and *ethnicity*, it behooves us to describe our understanding of these terms and their usage in this monograph. Historically, the term *race* was an ascribed category, defining a group of persons with shared genetic, biological, and physical features (Gonzalez et al., 2011; Helms et al., 2005). According to that definition, peoples of African, European, Native or Indigenous, and Asian descents represented different races. However, contemporary usage of the term *race* is more congruent with socially constructed realities rather than those that are biologically determined. Today, we appreciate that the meaning of racial group categories has changed across time and context and that the variability within racial groups far exceeds that between racial groups (Helms et al., 2005).

Ethnicity is a category that reflects a group's common history, including national origin, geography, language, and culture; we must also acknowledge significant variability within groups identified as ethnic groups. For example, those with Latinx/Hispanic ethnicity have common origins in Latin America (Mexico, Central and South America, and various Caribbean islands) but may also have European, Asian, and African origins as well as Indigenous Native American origins (*mestizos*). The terms *race* and *ethnicity* are therefore distinct but not mutually exclusive.

More recently, the term *Black, Indigenous, People of Color* (BIPOC) has emerged in our cultural and professional nomenclature, fueled especially by the Black Lives Matter movement. Although the term *POC* has been widely used as an umbrella term for all people of color, emphasizing Black and Indigenous groups is a contemporary attempt to recognize that, as groups, Black and Indigenous peoples are disproportionately affected by systemic and racial injustices (Clarke, 2020). The BIPOC Project describes its mission to build authentic and lasting solidarity among the groups with a unique relationship to Whiteness. Recognizing that each community is differently shaped and situated depending on intersectional issues and identities, the goal of the BIPOC Project is to undo Native invisibility and anti-Blackness while honoring their legacies and uplifting their humanity. Part of its mission is to dismantle White supremacy and advance racial justice for all communities included in the term (BIPOC Project, 2020). We use various terms to describe people's identities throughout this monograph, but when citing literature, we will use terms used by those authors.

DEVELOPMENT OF MULTICULTURAL COMPETENCE: AWARENESS, KNOWLEDGE, AND SKILLS

Pedersen (2002) described how multicultural competence could be considered in a three-level developmental sequence that can span one's professional life cycle. This sequence includes the development of awareness, knowledge, and skills that is complex, nuanced, and builds upon layers of competency.

Our *awareness* and appreciation of human cultural diversity lead to enhanced attitudes and beliefs of cultural sensitivity and an appreciation of diversity. Ethnocentricity, on the other hand, sees differences as bad, negative, and inferior to one's own cultural and ethnic diversity and can result in pathologizing individuals and groups not perceived to be like theirs. People who hold ethnocentric beliefs frequently engage in insidious biasing and microaggressive behaviors.

White/European American psychotherapists must ask themselves, "What work do I need to do to increase my competence and proficiency in my work with African American/Black, Latinx American/Hispanic, Asian American/Asian, Native American/American Indian, Middle Eastern, North African American (MENA)/Arab, Native Hawaiian or Pacific Islander, immigrants or international individuals and their families?" What about other aspects of identity? These clients may be heterosexual, lesbian, gay, bisexual, gender nonconforming/fluid, and/or transgender, as well as possessing various other strands of identity. Specifically, a question psychotherapists need to explore is, "What are the intersectional concerns of some of these identities on my clients, their families and communities, and their presenting problems?" These are questions that therapists of color must also ask of themselves about their ability to work effectively with clients who are both similar and different from themselves. How do any of us learn to work effectively with people who are different from ourselves in many ways? What aspects of humanity are universal and applicable for each client, and which aspects are unique to the complex, evolving, and highly contextual aspects of race, ethnicity, culture, and other elements of identity?

As alluded to previously, clinicians must be aware of their own identities, in addition to the cultural values assumed within traditional psychology and their theories of wellness, disorder, and interventions, because a lack of awareness of themselves and the underlying values of the tools they use may cause harm to the people they are intending to help (Patterson, 1989; D. W. Sue & Sue, 2008). Therapists, therefore, must continuously increase their understanding and awareness of their own sociocultural identities. For example, we should ask ourselves, "What is the impact of my (non)religious beliefs on my clients? How do my clients perceive my socioeconomic status, and what beliefs do I have about theirs? What values and biases that I hold in my identities affect and influence my work? What are the assumptions of wellness and illness in the theories I use? Are certain identities privileged (e.g., male, heterosexual, cisgender, White, educated, middle class, able bodied) in the theories I use? Can I ethically use them in my work with people of color?"

Cultural knowledge involves the factual understanding of basic anthropological knowledge about cultural variation. For purposes of this context, *culture* refers to the variations associated with race, ethnicity, and/or nationality (Mio et al., 2006; Vontress, 2008). Cultural knowledge can be learned through educational experiences, consultation with cultural experts, and/or meaningful interactions with individuals of diverse backgrounds. The challenge in obtaining knowledge about a particular group is the risk of stereotyping. Women do not all experience their gender in the same way; a Latinx individual does not experience or present her cultural identity as another may, even if they grew up in the same community. Cultural knowledge can be used to assess the degree of application of various cultural values, behaviors, and expectations related to the strands of group identity for each individual. The relevant information about a specific individual can be arrived at through careful, sensitive, and knowledgeable questioning and exploration.

For example, is the Latinx client who takes time off from work to care for her dying mother, who was abusive and neglectful of her throughout her childhood, pathologically codependent and self-abnegating?[1] Or is she strong and resilient in her commitment to her cultural value of honoring her elders? Has the choice resulted in lowering her self-esteem or empowering her with resilience? Does the fact that she is a first-generation immigrant versus fourth generation enter into the equation? These are important issues to explore, and a multiculturally competent therapist knows they are not mutually exclusive but nuanced and temporally situated.

Pope et al. (2021) suggested that understanding culture at a deep, structural level is both important and ethically responsible. They presented a model that describes examples of surface-level culture including food, holidays, celebrations, clothing, visual and performing arts, sports, dancing, language, and the like. They borrowed from Ani (1994) to describe five domains of culture at the deeper levels including ontology (e.g., how reality is defined and who gets to define it), axiology (e.g., which

[1] The case examples used throughout this book are fictitious or represent composites of actual cases; the confidentiality of real clients has been maintained.

values are salient and which are nonnegotiable), cosmology (e.g., beliefs about the universe's creation, whether there is a higher power), epistemology (e.g., beliefs about how knowledge is created), and praxis (e.g., how relationships are built with others). Pope et al. suggested that the model can be used with clients to explicitly introduce and explore culture in therapy. Psychotherapists can compare their own responses with those of their clients and determine where their cultures overlap and diverge to help inform the therapeutic process.

Knowledge about the impact of societal racism and discrimination on each individual who shares identities with members of groups oppressed in society is critical in assessing a client's experiences. Racism is foundational in American society and its history. And as a system of power, it continues to structure opportunity, deny privilege, and assign value based on categories of identities. This social interpretation based on how we look leads people to assume what we believe, how we behave, what our potential is, and even what our prognosis is. Racism, sexism, homophobia, and all of the other "-isms" unfairly disadvantage some while unfairly advantaging others (C. P. Jones, 2015). There is a popular quote attributed to Leila Janah, CEO of Sama Group, which describes these disparities well: "Talent is equally distributed, opportunity is not" (retrieved from https://www.azquotes.com/quote/865885). While this may be argued on both counts, there is no doubt that there are clear privileges to being male, White, and resource advantaged.

The negative consequences of racism, discrimination, and bias are horrifically devastating and affect multiple levels, from individual, familial, community, as well as institutional. C. P. Jones (2015) and McGhee (2021) opined how these processes sap the strength of a whole society through the waste of human resources. For example, the wholesale warehousing via imprisonment of Black and Brown men, who could be contributing to their families, communities, and society, has been devastating to communities of color. And years of housing discrimination (e.g., redlining) have contributed to limiting African American, Latinx American, and other diverse groups' ability to own property and create intergenerational wealth when compared with their White American peers.

The individual consequences of racism are also devastating. While a strong sense of self-worth and self-respect are important elements of healthy identity and humanness (Pope & Vasquez, 2016), and various groups are able to provide messages and experiences that buffer some of the negative effects and contribute to resilience (e.g., CNN, 2016), the burden of discrimination is a heavy one. Dignity is as essential to human life as is water, food, and oxygen, and the ability to retain dignity in the face of oppressive hardship is an amazing form of resilience (Hillenbrand, 2010). Yet, to be deprived of one's positive aspects of identity is to be dehumanized and cast below one's value as a person.

The history of slavery in America, stealing the lands of Mexicans in the Southwest, Native American reservation containment, Japanese internments, and Hitler's death camps are examples of racism and oppression of peoples who have subsequently suffered for generations from those experiences. Racism in the United States is not all history, as contemporary political rhetoric, epitomized by inflaming a social climate of hate speech (e.g., Donald Trump's "They're bringing drugs. They're bringing crime. They're rapists"; Gamboa, 2015), threats to minority communities (e.g., Ted Cruz's "We need to empower law enforcement to patrol Muslim neighborhoods before they become radicalized"; Seipel & Sanders, 2016), and Executive Order travel bans for people of certain faiths and races (e.g., Executive Order No. 13769, 82 FR 8977, 2017) provide part of the climate for hate crimes against people of color in the United States. Online forums such as YouTube, Facebook, and Twitter have contributed to "a sudden and rapidly increasing wave of bigotry-spewing videos, hate-oriented affinity groups, racist online commentary, and images encouraging violence against the helpless and minorities—blacks, Asians, Latinos, gays, women, Muslims, Jews—across the Internet and around the world" (Foxman & Wolf, 2013, p. 31). While the specific examples given here may be time bound, hate speech and harmful rhetoric are represented at various times in society. Attention and recognition of how and whether they affect us and our clients will always be important to know.

The COVID-19 pandemic that affected the world beginning in 2020 resulted in an increase in school bullying and verbal and physical violence

against individuals perceived to be of Asian descent. Boycotts of Chinese- and Asian-owned restaurants and other businesses have had a chilling impact on personal and communal economies (Asian American Psychological Association [AAPA], 2020). Further, mislabeling of the COVID-19 virus by describing it in geographic or culturally demeaning terms has served to fan the flames of xenophobia and encourage acts of social injustice (AAPA, 2020). These types of sociopolitical realities are important aspects of awareness and knowledge for the multiculturally competent therapist to possess.

People subjected to dehumanizing treatment may experience loneliness, shame, depression, and anxiety (C. P. Jones, 2015) while struggling to maintain optimism and hope. Individuals live with the risks and burdens of being defined by the circumstances of genetics and environments that racists use to belittle and deny equity and justice in a multitude of overt and covert ways. Knowledge of the histories of oppressions, the resulting legacies, and the impact of current oppressive experiences for each individual's cultures and identities is critical for the practitioner who wishes to practice competently.

Skills in multicultural psychotherapy involve cultural competence, the ability to connect emotionally with the patient's cultural perspectives, and the ability to convey culturally appropriate empathy. The culturally competent clinician is also able to provide what Tseng and Streltzer (2004) termed *cultural guidance*, by assessing whether and how a patient's problems are related to cultural variables and experiences and proposing therapeutic approaches based on cultural understandings. Increased insights and understanding, via formal and informal experiences and supervision, about working with those different from us leads to such competence.

For example, domestic violence among Latinx families occurs as frequently as in White European American families, but as with other problems, it is culturally mediated. In one study, Welland and Ribner (2007) developed an intervention with 150 Latinx men who completed a year of court-ordered treatment in Southern California. After listening to how Latinx men thought about manhood (i.e., *machismo*), interpersonal relationships (e.g., *respeto*, *personalismo*), and family life (e.g., *familismo*), they

helped the men in those group therapies identify the aspects of masculinity in Latinx culture that make partner violence unacceptable. Machismo, for example, was reframed as having a sense of responsibility and providing for one's family, not as having misogynistic views according to the Western negative stereotype of Latinx men.

Since clients' sense of therapeutic connection is one of the most significant of the common factors in the success of all psychotherapies (Frank & Frank, 1991; Wampold, 2000), the quality of the alliance between psychotherapist and the client of color is a key area of examination and skill development. The power of the "relationship" in predicting outcome in therapy (Lambert, 2013; Norcross & Lambert, 2011; Walker, 2020) is well established and is even more prominent in multicultural therapy, where modifications to traditional approaches may require a multilayered approach (Fuertes et al., 2015), including additional education or consultation. Potential obstacles to developing a therapeutic alliance, as well as strategies for overcoming them, are important to identify for those wishing to provide competent, ethical services to racial and ethnic minority, international, and immigrant populations. Without question, racial and ethnic diversity among clients pose challenges for all psychotherapists, and these challenges are often subconscious (Greenwald & Banaji, 1995; Vasquez, 2007a, 2007b).

Skills, described above as the ability to connect emotionally with the patient's cultural perspective, may also be viewed from a neuroscience perspective. The view is derived from "working memory," a key theoretical concept in cognitive psychology and neuropsychology. Baddeley's (2000) model of working memory is one of the most influential in the neuroscience field. It is described as having four components: the central executive (attention controller), the phonological loop (holder of speech-based information), a visuospatial sketchpad (holder of visual information), and the episodic buffer—a temporary store that incorporates information from the other components and preserves a sense of time, such that events take place in a continuous sequence. It is simple to align the phonological loop with the importance of attending to a patient's language and expression; to connect the role of the visuospatial sketchpad in keeping track

of where a patient is in relation to other objects as they move through the environment, or even to compare the characteristics of the buffer to the therapeutic challenge of focusing on time and the sequence of events in a patient's life and history. These working memory components may have both emic and etic significance, but they are particularly germane to the multicultural therapy imperative to view our patients from multiple facets.

Working memory facilitates comprehension, learning, and reasoning. Essentially, the concept requires the individual to take in and hold information in immediate awareness and then perform a mental operation on that information. Prior to Baddeley (2000), some theorists (Atkinson & Shiffrin, 1968; Broadbent, 1958) had viewed working memory as synonymous with short-term memory, but it is more complex. It has been described simply as holding in mind anything needed to keep in mind (short-term memory) while simultaneously doing something with it. An example might be keeping someone's address in mind while listening to instructions about how to get there.

This concept maps well onto the tripartite multicultural competence sequence of awareness, knowledge, and skills and might be viewed as "cultural working memory." If asked to add two numbers, working memory requires the recall of both numbers before performing the calculation. Cultural working memory requires acquisition of factual knowledge of cultural variation before applying it in individual, meaningful, and fluid ways. The competent therapist must develop awareness of cultural facts in a fundamental way, that is, in the same way that numbers and/or letters must be understood before they can be recalled and manipulated.

The flow of the work of multicultural therapy is of necessity dynamic from both the patient's and the therapist's perspectives. The competent multicultural therapist must have the ability to hold the relevant (and potentially contributing) aspects of their own identities available for processing while at the same time addressing salient features of the patient's identities. There may also be occasions when the task requires the therapist to hold the patient's identities available while processing their own. Perceiving, prioritizing, and processing those vigorous moments in an open and authentic manner requires significant therapeutic skill. It necessitates

a commitment to long-term investment in growth and development. It is a reasonable expectation that over time cultural working memory will function much like working memory: quickly and nearly effortlessly.

Being culturally responsive means having a set of defined values and principles and requires individuals and organizations to "have the capacity to value diversity, conduct self-assessment, manage dynamics of difference, institutionalize cultural knowledge, and adapt to diversity and cultural contexts of the communities they serve" (National Center for Cultural Competence, 2004, p. vii). To coin a phrase, therapists must become "ethnoculturally fluent," able to understand and value one culture while honoring and speaking from another. As is further addressed later, responsiveness cannot be assumed because of racial and cultural parity between client and therapist. Sometimes socioeconomic, religious, or political differences are more relevant or challenging.

MULTICULTURAL COMPETENCE AS AN ETHICAL IMPERATIVE

Our professional ethics codes include various imperatives that underlie the importance of competence in psychotherapy with members of various diverse groups (APA, 2017a). At its foundation, multicultural competence requires recognition of the roles of psychotherapists in their work with people who are different from themselves. This awareness is a critical issue in the ethical delivery of psychotherapeutic services. As human beings, we connect more readily to, and have more knowledge and understanding of, people who are most similar to us. This is true in our lives as well as in our work, including in regard to the major variables of gender, race, ethnicity, ability, and social class (APA, 2003). Most of us are more comfortable providing services to people about whom we know most about, and often they are people most similar to us. Unfortunately, we also have a tendency to not only avoid but also to feel anxiety, fear, and/or anger toward those different from us. To practice ethically requires that we be aware of and manage and rise above those reactions through our cognitive and emotional skills so that we can provide sensitivity and empathy for the client as an individual.

All mental health associations provide various principles and standards that articulate professional expectations, including about therapists' work with diverse populations, based partly on the knowledge that it may take special effort to become prepared to work with those different from us. APA's (2017a) *Ethical Principles of Psychologists and Code of Conduct* includes such standards. The principles include the mandate that we respect the dignity and worth of each individual; that we are aware enough not to engage in unfair, discriminatory, and harassing or demeaning behaviors; and that we maintain evidence-based knowledge about the groups with whom we work.

The specific standard relevant to multicultural competence is the APA (2017a) Ethics Code (Standard 2.01, Boundaries of Competence):

> (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.
>
> (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

In the APA, several special guidelines have been developed to provide more specific guidance for providers who work with members of diverse populations, including but not limited to the following:

- *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (APA, 2017b; https://www.apa.org/about/policy/multicultural-guidelines.pdf)
- *APA Guidelines for Psychological Practice With Girls and Women* (APA, 2018b; https://www.apa.org/about/policy/psychological-practice-girls-women.pdf)

- *Guidelines for Psychological Practice With Lesbian, Gay, and Bisexual Clients* (APA, 2012; https://www.apa.org/pubs/journals/features/amp-a0024659.pdf)
- *Guidelines for Psychological Practice With Older Adults* (APA, 2014b; https://www.apa.org/pubs/journals/features/older-adults.pdf)
- *Guidelines for Assessment of and Intervention With Persons With Disabilities* (APA, 2011a; https://www.apa.org/pi/disability/resources/assessment-disabilities)
- *APA Guidelines for Psychological Practice With Boys and Men* (APA, 2018a; https://www.apa.org/about/policy/boys-men-practice-guidelines.pdf)
- *Guidelines for Psychological Practice With Transgender and Gender Nonconforming People* (APA, 2015a; https://www.apa.org/practice/guidelines/transgender.pdf)
- *APA Guidelines for Psychological Practice for People With Low-Income and Economic Marginalization* (APA, 2019a; https://www.apa.org/about/policy/guidelines-low-income.pdf)
- *APA Guidelines on Race and Ethnicity in Psychology: Promoting Responsiveness and Equity* (APA, 2019b; https://www.apa.org/about/policy/guidelines-race-ethnicity.pdf)

Furthermore, the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*) addresses the importance of cultural variables in diagnosing mental disorders. Paniagua (2018) noted that the *DSM-5* advises mental health professionals against making diagnoses without considering cultural variables that might explain presenting symptoms. He also drew attention to the fact that although the World Health Organization's (WHO's; 1993) *International Classification of Diseases* (10th ed.; *ICD-10*) is normed across diverse WHO countries, it does not alert mental health practitioners to the need to pay attention to cultural variables before diagnosing people with mental disorders.

In 2013, the American Psychiatric Association and *DSM-5* began offering the Cultural Formulation Interview (CFI) to facilitate clinical understanding and decision making. Its Informant Version (there are also questions for the Interviewer) assesses issues such as sources of help

(e.g., folk healing, religious or spiritual counseling), most salient elements of the individual's cultural identity (e.g., migration problems, conflict across generations or due to gender roles), and concerns about the clinician-patient relationship (e.g., perceptions of bias, communication barriers, or identity differences that may undermine effective delivery of service).

OVERVIEW

This monograph is designed to provide an overview of multicultural therapy. Chapter 2 describes a brief history and development of ethnic minority psychology to provide a context for understanding the evolution of this important approach to psychotherapy. This history provides the necessary background to understanding the foundation upon which contemporary theory and applications have been built.

The theory, goals, and key concepts of multicultural psychotherapy are presented in Chapter 3, including a description of the general principles that underlie activities related to the delivery of competent services to diverse populations. One of the goals of the chapter is to promote an understanding of the influence of the contextual and systemic factors (e.g., cultural, community) on the client as well as on the psychotherapist. Not only do they affect human development, including how one copes with life's challenges, but those factors also influence the process of psychotherapy. The three overarching factors of awareness, knowledge, and skills are expounded to promote multicultural competency.

The processes involved in the primary change mechanisms involved in multicultural therapy are described in Chapter 4. What are universal approaches to therapy versus culturally specific approaches relevant in each case? Various issues are addressed, such as the therapist–client relationship, the role of the therapist, and the role of the client. Strategies and techniques such as identification of areas of strengths and weaknesses and cultural adaptations of various evidence-based practices are propounded. A longer case study is provided in an attempt to illustrate some of the suggested strategies, while unique issues in the assessment process are also briefly addressed.

Chapter 5 provides evidence that multiculturalism has been integrated into the three foundational theoretical orientations of psychodynamic, humanistic, and cognitive behaviorism. Evaluation of multicultural therapy, including the identification of points of congruence and areas of differences between multicultural therapy and other orientations, is described. This chapter allows the reader to more thoroughly understand the importance and relevance of culture in their treatment approaches. In this chapter, we also strongly propose that social justice is an integral aspect of multiculturalism and argue that competent multicultural therapists include social justice work as part of an ethical practice.

Because the promotion of multicultural competence is such an important, lifelong developmental process, we include a chapter on education, training, and professional development. Chapter 6 provides an overview of how education and training, licensing, and continuing education have attended to and addressed multiculturalism and diversity in psychology.

Finally, Chapter 7 summarizes the major thrusts of the book and emphasizes the importance of social justice as part of the foundation of competent and ethical multicultural therapy. Issues for the future development of multicultural therapy are also considered.