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Dissertation submitted to fulfill the requirements for the degree of Doctor in Psychology

A DECOLONIZING ANALYSIS OF MULTICULTURAL COMPETENCE COUNSELING APPROACHES

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Abstract

Research indicates that clinicians who are trained in multicultural counseling competencies (MCC) have increased awareness, knowledge, and skills in providing culturally appropriate therapy for people of color in the United States. However, recent studies on the MCC framework found it to be limited in scope and lacking in-depth epistemological consideration. To increase theoretical diversity in multicultural counseling research and introduce critical interculturality as an alternative framework for training culturally diverse therapists, this study examines epistemological issues within the MCC framework. Using semi-structured interviews, this study explores the perceived understanding and experiences of 16 therapists of color (TOC) who were familiar with cultural competence trainings and practices in the United States. The initial themes identified, based upon the interview data, were re-interpreted through a decolonizing framework and my evolving reflexive posture. This reflexive reinterpretation revealed strong Eurocentric agendas and biases in the MCCs framework. The findings contribute to the knowledge gap by bringing to light the epistemological and colonial problems within the MCC framework and the field of counseling and therapy in the U.S. The study proposes critical interculturality as an alternative framework for addressing the needs of clients from diverse cultural backgrounds.

Keywords: Cultural competence, multicultural counseling, critical interculturality, decoloniality, epistemic decolonization, therapist of color, indigenous psychology

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Dedication

This doctoral thesis is dedicated to my late father and my mother.

To my father, I am grateful for you always being supportive of my educational endeavors and giving me the motivation to study psychology and opportunity to assist our Vietnamese communities.

To my dear mother, I am indebted to your unconditional love, strong work ethic, and for always being ready to cook traditional Vietnamese meals every time I visit you or returning from abroad. I am forever grateful to have you by my side in the past six years and all time I have been on this earth.

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Table of Contents

ABSTRACT…………………………………………………………………………………. ii

ACKNOWLEDGEMENTS………………………………………………………………… iii

DEDICATION…………………………………………..……………………………… iv

TABLE OF CONTENTS………………………………………..……………………… v

LIST OF ABBREVIATIONS...…………………………………………………………… x

CHAPTER 1: OVERVIEW & RATIONALE ………………..……………………………........... 1

Rationale for the Study …………….……………………………………………………. 2

Purpose of the Study …….………………………………………………………………. 3

My Philosophical Position ………………………………….................................... 4

Role of Social Constructionism……………………………………………….……. 4

Role of Reflexivity……………………..………………………………………… 6

Role of Decolonizing Methodologies…………………………………….......... 7

Defining Culture, Race and Ethnicity……………..…………………….…………… 9

The Usage of Multiculturality/ism, BIPOC and TOC………………………… 10

My Background and Encounter with Cultural Competence…………………… 13

Distinctions between Cultural Competence, Cultural Humility, Transculturality and Critical Interculturality……………..……...…….. 15

Significance of the Study …………………………………...……………………... 20

Summary and Transition 21

CHAPTER 2: REVIEW OF THE LITERATURE.. 23

Cultural Competence Practices – An Example with Asian Americans................ 24

Ethnic and Language Matching 25

Tailored and Adaptive Treatment to Models 26

Collaboration with Spiritual Healers, Herbalists, and Family................... 27

Reflexivity.. 28

Outdated View of Culture: Perspectives from Contemporary Anthropology, Cultural........

Studies and Postmodernism.. 29

A Brief History of Cultural Competence in Counseling and Therapy................... 31

Critical Concerns with the MCC Framework... 34

Historical and Epistemological Foundation of the MCC 36

MCC's Conceptualization of 'The Other'.. 39

Revisiting Multicultural Psychology.. 40

Alternate Frameworks for Exploring Diversity in Counseling........................ 42

Social Constructionism 42

Decoloniality and Decolonizing Methodologies 43

The Black Lives Matter Movement in the U.S. 46

Transculturality.. 49

Interculturality and Critical Interculturality.. 51

Summary, Reflexivity and Transitions 54

CHAPTER 3: METHODOLOGY.. 56

Decolonizing Methodologies 57

Epistemic Reflexivity.. 59

Sampling Design.. 61

Informed Consent and Pre-Interview Survey.. 62

Demographics of Sample 64

Trustworthiness, Rigor and Protection of Research Participants.................. 66

Semi-Structured & Member-checking Interviews........................... 67

Thematic Analysis Design.. 71

Summary and Transition 75

CHAPTER 4: THEMATIC & DECOLONIAL ANALYSIS.. 77

Pre-Interview Survey Results.. 78

Thematic Analysis 81

Theme 1 82

Theme 2 84

Theme 3 89

Theme 4 93

Theme 5 101

Theme 6 103

Theme 7 112

Theme 8 …… 116

Chapter Summary…… 120

CHAPTER 5: DISSCUSSION…… 122

Significance of Findings: Considering the MCC Framework from a Decolonial Lens... 123

Critical Interculturality as Epistemic Decoloniality…… 130

Reflexivity on the MCC Framework…… 132

Reflexivity on Cultural Humility & Multicultural Orientation (MCO)…… 135

Reflexivity on Transcultural Counselling Framework…… 137

Implications for Theories …… 140

Epistemic Decolonization…… 141

No Identity Politics…… 143

Indigenization from Within…… 145

Implications for Practice…… 148

Limitations…… 156

Recommendations for Future Research…… 157

REFERENCES…… 160

Appendix A…… 194

Appendix B…… 195

Appendix C1.. 196

Appendix C2.. 197

Appendix C3.. 198

Appendix D 199

List of Figures

Figure 1.. 16

Figure 2.. 147

List of Tables

Table 1.. 34

Table 2.. 37

Table 3.1 57

Table 3.2 65

Table 4.. 72

Table 5.. 128

Table 6.. 142

Table 7.. 151

List of Abbreviations

Note: the implication "-ality" is used in this study to contrast with "-ism" represents the continual process of development in meanings and interpretations of a construct.

APA – American Psychological Association

ACA – American Counseling Association

BIPOC – Black, Indigenous, and People of Color

BLM – Black Lives Matter

CAM – Complementary and alternative medicines

MC – Multiculturalism/Multiculturality

MCC – Multicultural Counseling Competence

MCO – Multicultural Orientation

MCT – Multicultural Counseling and Therapy

MSJCC – Multicultural Social Justice Counseling Competence

POC – People of color

TOC – Therapist of color

TCAM – Traditional complementary and alternative medicines

SSI – Semi-structured interview

Chapter 1: Overview and Rationale

For five decades, scholars in the United States have attempted to define and conceptualize models of multicultural counseling to appropriately serve its growing diverse populations (Collins et al., 2010; Cross et al., 1989; Fuertes et al., 2001; Pedersen, 1981, 2002; Ponterotto, 2010; Ratts et al., 2016; D. W. Sue, Ivey, & Pedersen, 1996; D. W. Sue, Arredondo & McDavis, 1992; D. W. Sue et al., 1982; S. Sue et al., 2009). In clinical counseling, family therapy, social work and psychotherapy, the development of models of multicultural counseling competence (MCC) (D. W. Sue et al., 1982; D. W. Sue et al., 1992) have arisen in response to the demand for culturally appropriate education, research, and practice (Arredondo et al., 1996; Fung & Lo, 2017; S. Sue et al., 2009). To support mandatory requirements by state and national institutions, many guidelines and books have emerged to meet the needs of educating and implementing multicultural competence counseling practices (American Psychological Association [APA], 2003, 2017; Constantine & Sue, 2005; Cornish et al., 2010; Hays, 2008; Lum, 2010; Owens & Carroll, 2019; D. W. Sue, 1998; Sue et al., 2019). However, despite over five decades of research, development, and advocacy for cultural competence across the disciplines, effectiveness in applying the MCC framework in counseling and psychotherapy has shown mixed results (Alizadeh & Chavan, 2013; Bhui et al., 2007; Rogers-Sirin et al., 2015; Worthington & Dillon, 2011). Even more puzzling, the MCC framework was theoretically questioned (Beagan, 2018; Gallegos, Tindall, & Gallegos, 2008; Garran & Rozas, 2013; Kirmayer, 2012; Moon & Sandage, 2019).

By the middle of 1990s, scholars across the disciplines of psychology, counseling, social work, and medical anthropology began criticizing the MCC as being mythical, elusive, essentializing, colonizing, and theoretically limited (Beagan, 2018; Carpenter-Song et al., 2007; Dean, 2001; Gallegos et al., 2008; Garran & Rozas, 2013; Johnson & Munch, 2009; Kirmayer,

2012; Kleinman & Benson, 2006; Owen et al., 2016; Smith-Morris & Epstein, 2014; Tervalon & Murray-Garcia, 1998; Wendt & Gone, 2012; Worthington & Dillon, 2011; Yan & Wong, 2005). For example, Smith-Morris and Epstein (2014) stated that multicultural competency "was built on several assumptions regarding the boundedness and neutrality of 'culture' within biomedical practice as well as the authority and power structures through which 'competency' is determined" (p. 29). From a cultural psychiatry perspective, Kirmayer (2012) suggested that the cultural competence model "needs to be critically assessed and rethought to identify alternative models and metaphors that may better fit the needs of patients and providers working in specific health care settings across nations, regions and communities" (p. 150). In sum, these authors questioned whether the MCC framework could facilitate different philosophical epistemologies, support cultural fluidity, and issues of power within the therapeutic relationship.

Rationale for the Study

When I first conceptualized my research for this study, I wanted to examine the experiences of (Black, Indigenous, and People of Color) BIPOC therapists to better understand the MCC framework and whether the MCC assisted them in advancing their clinical practice. While I recognize that ethnic identity is one of many dimensions of cultures (religion/spiritual beliefs, sexual orientation, gender, class, education, disability/ability, and so forth), historically, much of the psychological research in the United States tends to reflect the perspectives of white, middle-class, and male college students, who do not represent the perspectives of BIPOC counselors (APA, 2017; Feagin, 2013; George et al., 2014). In addition, previous studies of counselors multicultural rating in the United States indicated that BIPOC providers scores were higher compared to their European/white counterparts for a certain population (Berger et al., 2014; Fujino et al., 1994). Thus, with possible experiences of discrimination and oppression

from Euro-centric practices, I anticipated that BIPOC therapists may provide a unique perspective on the framework that had not been extensively explored (Moon & Sandage, 2019).

However, through self-reflexivity (Woolgar, 1988) on the study's initial findings and reviewing the literature on decolonizing methodologies, I noticed many discrepancies between my fieldwork and method of analysis. With this realization, I changed the direction of my study and revisited the original data, re-engaged with participants, and re-analyzed all the data through the lens of decoloniality. Through a decolonizing analysis and researcher reflexivity, I point out possible culturally colonizing practices in the initial field work and analysis findings. The final rationale for the study explores the potential contribution of decolonizing theories and interculturality to culturally responsive counseling practice and research.

Purpose of the Study

In this study, I explored the stated limitations of the MCC framework based on a central research question: *What can we learn from clinicians of color who are trained in a multicultural counseling competence framework as they work with diverse populations?* By using social constructionism (Burr, 1995, 2015) and decolonizing theories (Tuhiwai-Smith, 2013) as guiding principles that are emerging in the field of multicultural counseling and research, new frameworks are made available to consider for clinicians and researchers. The study is accomplished in two steps: First, I hypothesized that by exploring BIPOC therapists' interpretive experiences about the MCC framework, new understanding will emerge about how the epistemological and colonizing issues operate within it. Second, I used decolonizing methodologies and reflexivity about the initial study results to map out potential colonizing and Eurocentric practices by the researcher and participants. I also introduced and argued that critical

interculturality (Dietz, 2018) can be a framework to propel the field forward from the MCC's current theoretical limitations.

My Philosophical Position

The philosophical positioning of this study is based on social constructionist ideas. Social constructionism has been indicated as both ontologically and epistemologically appropriate for studying cultural phenomena because they seek to understand rather than to explain or predict the real and truth (Hughes & Sharrock, 1997; Burr, 2015). In contrast with objectivist/positivist research that attempts to measure cultural competence level among providers, this study aims to understand how cultural competence is interpreted and used by providers in real-life situations. To explore new understanding and concepts, this study is based on interpretive processes by which the participants and researcher co-construct dialogues about the MCC framework grounded in their education and personal/professional experiences. In addition, semi-structured interviews, thematic analysis, and decolonial analysis were purposely chosen as research methodologies as they are epistemologically and positionally congruent with the study's objective (Lyons et al., 2013).

Role of Social Constructionism

Theoretically, social constructionism is suitable for studying multicultural issues because it makes transparent issues of ontology, epistemology, and axiology involved in the research processes (McNamee & Hosking, 2012; Gergen, 2014). Social constructionism refers to practices that became prominent in social sciences and psychology since the 1980s including critical psychology, discursive psychology, discourse analysis, deconstruction, and poststructuralism (Burr, 2015). From this perspective, it is theorized that "reality" and "truth" are

not pre-made things out in the world waiting to be discovered but they are constructed socially between people as they go about life. While both ideas have not been extensively studied together, Gonzalez et al. (1994) argues that social constructionism provides a suitable framework for exploring multicultural perspectives. Highlen (as cited in D. W. Sue et al., 1996) also echoed this idea in comparing the worldviews of social constructionism and Multicultural Counseling and Therapy (MCT). Highlen explained that both theories take on "a relational view of language rather than a representational one," which are both crucial for inclusivity and fluidity in understanding multicultural perspectives (as cited in D. W. Sue et al., 1996, p. 65). Whereas the representational view would consider "knowledge(s)" as something that is fixed and stable over time, the relational view positions "knowledge(s)" as something generated out of dialogue between people engaging in social practices resembling ongoing processes that have no finite point. From this standpoint, cultural competence endorses the representational view due to its fixation on the objectivity and expertise of the provider (Beagan, 2018; Gallegos et al., 2008; Yan & Wong, 2005).

According to Darin Weinberg (in Holstein & Gubrium, 2013), constructionist studies are those that seek "to replace fixed, universalistic, and sociohistorically invariant conceptions of things with more fluid, particularistic, and sociohistorically embedded conceptions of them" (p. 14). Hence, constructionists position the study of "realities, knowledges, and truths" in the plural and frame these ideas as "social constructions" or "discourses" created through ongoing dialogical and social-historical processes. This view is in stark contrast with the realist and logical positivist traditions that assume reality and truth (including culture and knowledge) to be discoverable objects that remain stable over time (Burr, 1995, 2015; Gergen, 1999 & 2009). This world view is crucial for studying cultural complexities because it focuses on what other

paradigms often neglect: positioning of power in language usage, meaning-making processes, and historical-local-relational contexts (Burr, 2015). Often labeled as a "postmodern" worldview and theory for promoting social justice, social constructionism joins the anthropological (Carpenter-Song et al., 2007; Hollinsworth, 2013; Kleinman & Benson, 2006) and epistemological (Morawski, 2005; Williams, 2006) critiques that cultural competence, as it stands, can be used as a tool to essentialize and colonize "the other."

Role Reflexivity

Ravitch and Mittenfelnder (2015) suggest that researcher reflexivity is just as essential in qualitative research as collaboration, rigor, and criticality. As both a concept and a process, reflexivity helps researchers maintain a level of self-awareness that we are actively engaging and are intentional in all aspects of the research. As a research methodology, reflexivity is practiced by means of self-reflection of our biases, theoretical preferences, research settings, the selection of participants, personal experiences, relationships with participants, the data generated, and analytical interpretations (Schwandt, 2015). Essentially, then, as a researcher, I consider myself to be a research instrument in a sense that my view is always subjective and I make deliberate choices to acknowledge the bias that shape the research process (Ravitch & Mittenfelner, 2015).

Additionally, I use reflexivity to increase transparency about the research process (Berger, 2013; Hosking & Pluut, 2010; Palaganas et al., 2017). I recognize that, as researchers, we are part of the social world that we study and we take on the role of subjectivity (hence we cannot avoid having biases) in the research process (Palaganas et al., 2017). To provide transparency and credibility, throughout this study, I reflect on how my personal experiences, my gender, my social class, and my worldview shape the research process. Beginning with the next section of this chapter and throughout this manuscript, I reflect upon topics such as: 1) my

background and upbringing experiences, 2) my philosophical positioning, 3) my relationship, interviewing style and questions that led to co-constructing of the participants' narratives on the MCCs, 4) how the process of data analysis is constructed, and 5) how my worldview changed as a result of this study.

I write from a first-person style as it can promote transparency and inclusion, which is an integral part of increasing authenticity and credibility of findings (Denzin & Lincoln, 2011; Given, 2008). Including my voice in the research process is congruent with social constructionist theory and the use of decentering one's self. According to Derrida (1993), decentering is a process in which the speaker/writer makes their positions known about a topic so that the hierarchy about who knows what is made visible. Decentering has been the hallmark of social constructionist research and practice for it recognizes the positions of the researcher/interpreter in the construction of truth (Lather, 1991). Throughout this research process, I make visible my stance philosophically, contextually, and curiously about the research topic and participant experiences. In the presence of the participant, I do not present myself as the expert on cultural competence, but rather as a colleague who is curious to learn from their experiences in the context of demonstrating cultural competency in clinical work.

Role of Decoloniality and Decolonizing Methodologies

Similar to social constructionist ideas, decoloniality and decolonizing projects explore the impact of modernity, Eurocentrism and coloniality. Decoloniality, according to Walsh and Mignolo (2018), is neither a new paradigm nor a mode of critical thought, but a "way, standpoint, option, analytic, project, practice, and praxis" in response to the matrix of power brought onto the world by way of European modernity/coloniality (p. 5). According to the William and Marry University's *Decolonizing Humanities Project (2021)*, decoloniality "is a

way for us to re-learn the knowledge that has been pushed aside, forgotten, buried or discredited by the forces of modernity, settler-colonialism, and racial capitalism" (par. 1). While the goal of decoloniality is not to reject the advances in scientific, medical, and social that had resulted from modernity, it explores the ways in which colonization, racial capitalism, modernity, neoliberalism and necrocapitalism have exiled a range of means of living, thinking and being in the world (Decolonizing Humanities Project, 2021).

As practitioners and researchers, we are ethically responsible to examine the theories and assumptions of our practices with Indigenous people. Carey (2015) suggested that non-Indigenous peoples need to reposition how they work with Indigenous peoples to reflect "empathic and equitable ways" by demonstrating "an awareness of how their subjectivities are constituted within colonialist modes of identity construction… where ways of thinking and living beyond colonialist binaries are envisioned" (p. 8-9). Furthermore, Linda Tuhiwai Smith's (2013) *Decolonization Methodologies* suggest that not only non-Indigenous people, but all people need to conduct research and practices from a "decolonizing mindset" to avoid engaging in work framed from an imperialistic viewpoint. A decolonizing framework brings into perspective the oppressive history and ongoing impact of colonialism and imperialism by Europeans on people of color around the world.

I argue that decoloniality has the capacity to contribute to the discourse that many scholars have pointed out regarding the preeminence of European colonialism embedded within the MCCs framework and how multicultural counseling, as a promising and growing area of study, may have been held back by these Eurocentric forces (Carey, 2015; Gallegos et al., 2008; Garran & Rozas, 2013; Kirmayer, 2012; Laungani, 2002). Decolonizing methodologies can move the multicultural counseling field forward by bringing clinicians into awareness on how imperialism and colonialism continue to impact our work with BIPOC and other oppressive

populations. To echo Tuhiwai-Smith's decolonizing research agenda, I believe that a culturally centered approach to counseling must also incorporate a decolonizing standpoint to increase counselors' "critical understanding of the underlying assumptions, motivations and values which inform research [and counseling] practices" (Tuhiwai-Smith, 2013, p. 33).

Unlike other methods used in the study of cultural competence, de-colonizing methodologies encourage researchers and counselors to take a step beyond the simplicity of the so-called "culturally appropriate practices" laid out within the MCCs. De-colonizing research of the kind that Tuhiwai-Smith advances suggests that the delivery of culturally respectful practices might require clinicians to draw from traditions pertaining to mental health that may arise from outside of exclusively dominant European American theories. This may require exploring the value of deeply held mental health practices arising from within discrete ethnic communities; mental health approaches that lie beyond what is commonly described in the mental health literature as evidence-based practices.

Defining Culture, Race and Ethnicity

There is a major distinction in how *culture* is defined in MCCs when compared to social constructionist and interculturality perspectives. The APA Multicultural Guidelines (2017) defined culture as "Belief systems and value orientations that influence customs, norms, practices, and social institutions, including psychological processes and organizations… a way of living informed by the historical, economic, ecological, and political forces on a group" (p. 165). Similarly, the MCCs adopted definitions of culture based on "systems" and "groups," which reflect a fixed, static, and positivist view (Baldwin et al., 2006). From a social constructionist perspective, culture is operated and seen from different vantage points; culture is subject to change through dialogue and debate rather than something that is fixed or finalized through

academic consensus (Geertz, 1973; Pacanowsky & O'Donnell-Trujillo, 1982). From the view of intercultural theory, "trying to define a culture or its borders often leads to closing and segregating it from a world that has interacted with and influenced it" (Dervin, 2016, p. 8). Perspectives that compare cultures based on group identities easily lead to "culture blaming" or may lead to the use of culture as an excuse for discrimination and oppressive practices. Dervin (2016) suggest not using the word "culture" where possible and instead using exact words to describe what we refer to such as "local arts, heritage, customs, traditions, etc."

Race has served as a major "sociopolitical" tool used by people throughout most of the colonized world to limit or give access to opportunity to groups of people based on their phenotypical make-ups. In the United States, race is tied to historical oppression, slavery, segregation, and the structural/systemic impact of racism on Blacks and other minority groups. Today, most scientists conclude that genetic variation can be greater among individuals within a racial group than it is between individuals belonging to different racial groups, hence, racial differences are a social construction rather than biologically determined (Ferrante & Brown, 2001; Helms & Cook, 2007; Iceland, 2017; Rosenberg et al., 2002). From a decolonizing perspective, Smith (2013) stated that the western concept of race and gender was linked intersectionally "to human reason and morality, to science, to colonialism and to the rights and citizenship in ways that produced the racialized discourse and racist practices of modernity" (p. 56). In this study, I deliberately use the word "race" sparingly and only to portray the socio-historical contexts in which it was founded rather than to describe the biological or inherent differences between people. However, it is also important to note that race and ethnicity are used interchangeably in the MCC literature and in the interview conversations between myself and the participants in this study. This demonstrates that our society is based on a white/Eurocentric

racial identity and this is what our conceptual understanding and vocabulary on cultures and diversity are based on.

Ethnicity is defined as a set of identities and practices of one's cultural heritage. Iceland (2017) defined ethnicity as a group of people who are differentiated by culture rather than by perceived physical or genetic differences central to the notion of race. Similarly, there are various ethnicities within a racial group, and an individual may have multiple ethnic identities at the same and different times (APA, 2002). In counseling and therapy literature, providers often prefer using ethnicity as one of many cultural variables considering the insignificance of racial differences as discussed in the definition of race. Although most scholars and practitioners have turned to ethnicity to refer to individual cultural differences, the current discourse on race and culture continues to dominate the headlines in the United States (e.g., white privilege, model minority, black lives matter, and others).

The Usage of Multiculturalism, BIPOC and TOC

Driven by how the United States was quickly becoming a multi-ethnic and multi-lingual society and a growing interest in moving away from a metacultural toward a multicultural perspective, the cultural competence framework was considered psychology's "fourth force" by the 1990s (Pedersen, 1990 & 1999). Around this time, the term cultural competence was also changed to multicultural competence with the assumption that counselors can develop the skillset to work with multiple cultural groups. However, from a decolonizing perspective, "multiculturalism" has been criticized as counterproductive to working with Indigenous populations as it originated out of the Euro-American academic context with traits of colonialism (Dietz, 2018; Tuhiwai Smith, 2013). In this study, I discuss the distinctions between

multiculturality, interculturality, and transculturality and how my preference for critical interculturality reflect a decolonizing agenda.

During the initial field work of this study in 2018, one participant suggested that I use the term "people of color" instead of "minority people" because minority connotates "lesser" and not as important as people identified as the majority. In the United States, the term "people of color" (POC) is often used to describe all non-white people to emphasize common experiences of systemic racism and colonialism (Franklin et al., 2006; Pieterse & Powell, 2016). In its current understanding:

> person of color and its variants no longer refer exclusively to African Americans but are used inclusively of all non-European peoples—often with the assumption that there is a political and even cultural solidarity among them—and are virtually always considered terms of pride and respect. (Houghton Mifflin Company, 2005, p. 356)

Starting in 2013, the term BIPOC (Blacks, Indigenous, and People of Color) emerged as a new acronym to emphasize the intersectionality among groups under the umbrella term POC. BIPOC has been more prominent in the literature as it is said to be more inclusive while acknowledging the unique experiences of Black Americans and Native Americans when compared to other POC populations who immigrated to the U.S. more recently. For instance, most Black Americans draw their unique experiences and identity as descendants of slaves in the United States, which are not like subsequent black immigrants from Africa or South America with no direct ties to slavery. Furthermore, the Indigenous/Natives of North America prior to European colonization developed a very critical view on the current U.S. government and its multicultural policies. These two groups have very different experiences when compared to other ethnic minority groups who emigrated to the U.S. for various but different reasons (Sengupta, 2020). In

solidarity with the research participants and the purpose of this study, rather than referring to the participants as minorities, ethnic, or as multicultural (which would include white/Caucasian), I use the term BIPOC therapists and therapists of color (TOC) to differentiate the participants from European American or white clinicians. Although there is an understanding that the best approach is to call each ethnic group by how they self-identify, I believe that using BIPOC creates a sense of commonality and cohesion that also support a decolonizing stance (Moon & Sandage, 2019; Tuhiwai-Smith, 2013).

My Background and Encounter with Cultural Competence

I was born in Viet Nam, so naturally, my native language was Vietnamese. My family immigrated to the United States (San Diego) when I was 10 years old. I identify as Vietnamese-American because I respect and practice both cultural traditions. While being accustomed to American cultural values and while English quickly became my main tongue, I continue to converse in Vietnamese with my parents, monolingual family members and elders in our community. Growing up in a diverse community in San Diego, California, I went to public school and was exposed to people of different racial, ethnic, educational, and socio-economic statuses. Although my family relied on public assistance throughout grade school, I became the first in my family to graduate from college. My undergraduate and graduate education situated from publicly funded and liberal institutions of higher education, shaped my worldview on issues such as immigration, diversity, mental health access, as well as other cultural and social justice issues. All these cultural and life experiences greatly shape who I am as a researcher today and the reason I chose to study this topic.

I became interested in multicultural competence near the end of my master's program (2010) when I was writing a research paper on the help-seeking behavior of Asian Americans.

In doing research for that paper, I became aware of the multicultural competence model (D. W. Sue et al., 1992) developed to address the barriers for minority and underserved populations in counseling and therapy in the United States. As a newly graduated family therapist working in community mental health, I experienced firsthand the barriers to mental health access experienced by these populations (e.g., language, fees, transportation, spiritual, religious, and other cultural differences.). This motivation was also fueled by my own challenges with finding a linguistically and culturally suitable provider for my Vietnamese-speaking father who suffered from depression and substance abuse. My personal experiences with seeking help for my father made me more aware of the cultural mismatch between Eurocentric counseling practices offered in San Diego and the unique mental health needs of the Vietnamese American community. I became motivated by the hopelessness I felt in seeking services that my father would respond to which led me on this journey towards grappling with what it meant to be a "culturally competent" counselor.

However, upon completing a degree in Marriage and Family Therapy I began questioning my ability to be "culturally competent." When I reflected on my multicultural training and as a bilingual Vietnamese-American therapist, I was concerned about my ability to provide adequate services to the Vietnamese-American community. In fact, my concern was spread to how I was going to provide quality mental health services to other ethnic and cultural groups as I realized how broad and complex the concept of culture can be. For example, in my Vietnamese culture it is not acceptable for a younger person to counsel an older person. I asked myself, "how am I going to navigate these cultural rules of engagement when a patriarchal Vietnamese culture expects wisdom to be passed down from old age?" Although the goal of cultural competence training is to equip counselors with awareness, knowledge, and skills to competently work with

people of all cultural backgrounds, the type of culturally competent training I received at that time was unable to provide guidance to me to "competently" provide counseling to older Vietnamese individuals. Similarly, as for my father's case, when we finally managed to find a Vietnamese speaking counselor for him, he did not return after the first session and ended up quitting help altogether. These personal and professional challenges led me to dig deeper into my journey of exploring and questioning different counseling theories and practices, including the MCC framework and other theoretical frameworks. The motivation to study the MCC framework reflected my desire to explore its impact on therapists and clients of color and how far we have come as a community of scholars and providers in tackling the cultural barriers in mental health care.

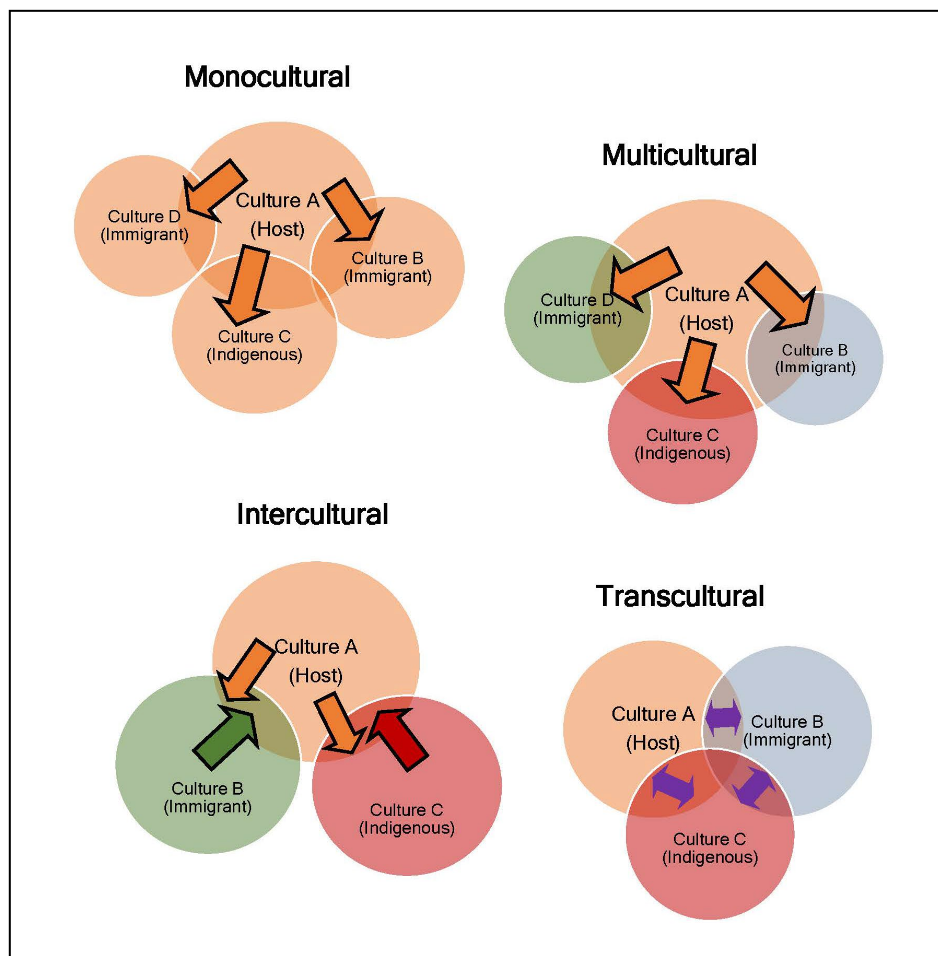
Distinctions between Multicultural Competence, Cultural Humility, Transculturality and Interculturality

In this study, "cultures" is defined as a malleable construct that changes through dialogues, contexts and positionality of individuals and groups who give "cultures" its meanings and values. In Figure 1, I provided an illustration to distinguish how the monocultural, multicultural, transcultural and intercultural frameworks address cultural issues in counseling and psychotherapy. Starting with a monocultural perspective, which is rooted in much of the foundational Euro-American humanistic/existential psychology which ignores cultural variables in counseling and psychotherapy. Starting in the 1970s, the monocultural perspective was challenged by the multicultural framework, which includes the cross-cultural, cultural competence, cultural humility, and multicultural orientation models. The arrows from the host cultures toward the immigrant/indigenous cultures in both the monocultural and multicultural frameworks show these models tend to import values and practices of the host/dominant cultures.

While the multicultural framework acknowledges the differences in cultural practices, values and contexts of immigrant and indigenous people, it still relies on the values and knowledges originating from Eurocentric worldviews. This reflect upon how indigenous and immigrant groups often feel like their voices are not being heard while their local values/practices are being excluded or erased. In the transcultural framework, the focus is in the “in between” and intermixing, which tends to put more emphasis on the results of cultural interactions while little attention is paid on the impact of dominant or indigenous cultural practices. In the intercultural framework, the main emphasis is on the indigenous and immigrant cultures and how their

Figure 1

Theoretical trends in multicultural counselling and psychotherapy



cultural values/practices are taken up by the dominant/host culture in the process or “contact zones.” A detailed analysis of these concepts is explored in Chapters 2 and 5.

In the United States, the term “multicultural competence” is often used interchangeably with cross-cultural competence (social work), cultural proficiency/competence (counseling, psychology, medical), and intercultural effectiveness (international business) (De Jesús, 2012; Park, 2012). In counseling and therapy, the term multicultural competence has generally been defined as having both the knowledge, awareness, and skills to work effectively across diverse cultural groups and having the specific expertise to treat clients from a certain cultural minority and underrepresented groups (D. W. Sue et al., 1992; S. Sue et al., 2009). According to Stanley Sue et al. (2009), competence is usually defined as an ability to perform a task or the quality of being adequately prepared or qualified. Within the framework of cultural competence counseling and therapy, therapists ought to be able to demonstrate their skills with a range of racially and ethnically diverse clients.

From a social constructionist and decolonizing framework, these definitions devoid the MCC framework from its Eurocentric and colonizing origins as they fail to recognize that their definitions are products of the “dominant” and “mainstream” American perspective. Furthermore, the notion of competence assumes that there is an achievable endpoint and a place to arrive at, which contradicts with MCCs’ current claim to be an ongoing process (Ravitch et al., 2015). Similarly, a decolonial analysis of the notion of becoming competent in the cultures of another shows that the framework perpetuates imperialistic and colonial domination over unknown cultures.

According to Melanie Tervalon and Jann Murray-Garcia (1998), cultural humility, another approach to working with multiculturalism in therapy, incorporates a lifelong

commitment to self-evaluation and self-critique, focuses on the power imbalances in client-provider relationships, while advocating for the client and local communities. Cultural humility is not the same as cultural competence because it does not focus on expertise and knowledge gained in the therapeutic relationship (Isaacson, 2014). Cultural humility as a framework shares some of the virtues of decolonizing methodologies and social constructionism by valuing openness, non-expertise, and attention to power imbalance in therapeutic relationships. However, cultural humility has failed to recognize colonizing and Eurocentrism within its own framework and has been subsumed under the MCCs as it shares many similar objectives such as social justice and cultural awareness while lacking a clear theoretical positioning (Moon & Sandage, 2019; Ortega & Faller, 2011; Ross, 2010).

Transculturality and trans-culturalism have been touted as new constructs that focus on commonness, intermixing/hybridization, and cosmopolitan view of culture that other multicultural frameworks have failed to address (Guilherme, 2015; Welsch, 1999). For example, rather than viewing "culture" as based on differences, solids, and islands (as in multiculturality and interculturality), transculturality looks beyond cultures to focus on the "in-between" such as common practices and values resulting from mixing and exchanges between cultures as seen in cosmopolitan societies such as Europe, America, and other developed nations (Benessaieh, 2010; Monceri, 2019). While transculturality seems to point out some important points to consider in multicultural discourse, a decolonizing and critical observation of transculturality revealed that the "transcultural" framework seems to inherit much of the same western/Eurocentric theories as the MCC framework by adopting existential and universal humanist psychology theories (Guilherme, 2019; McLeod, 2011; Portera, 2014).

The *interculturalidad* (interculturality) discussed in this study is centered on the political-epistemic-existential issues that were theorized, postured, and defined by the Indigenous movements originated in Ecuador and Abya Yala in 1990s (Mignolo & Walsh, 2018). According to Mignolo and Walsh (2018), this critical decolonial view of interculturality "calls for radical change in the dominant order and in its foundational base of capitalism, western modernity, and ongoing colonial power" (p. 65). Similarly, Dietz (2018) describes interculturality as a "complex term that refers to the relations that exist within society between diverse majority and minority constellations that are defined in terms not only of culture but also of ethnicity, language, religious denomination, and/or nationality" (p. 1). Interculturality is divided into three axes which are importance for cultural analysis: 1) it is a descriptive rather than a prescriptive concept, 2) it addresses the assumption of a static versus a dynamic notion of culture, and 3) it has both a functional and a critical/emancipatory application (Dietz, 2018).

Unlike other multicultural constructs, critical interculturality does not merely engage the taken-for-granted politics of difference, inequality, and diversity, but examines them from a wider discourse analysis perspective. For example, in North America, multiculturalism can be explained as a concept or movement that supports affirmative action and adopts measures to "empower" a particular "oppressive" group, which has been met with arguments such as reverse discrimination. In contrast, the intercultural approach emphasizes "reciprocal processes of identification between groups that have been historically privileged and groups that have been historically excluded" (Dietz, 2018, p. 2). In other words, instead of focusing on the differences, inequality, and diversity between groups of people (which tend to reinforce stereotypes and promote "positive discriminations"), interculturality focuses on changes in the relationships between groups by promoting processes that do not perpetuate an "us" and "them" mentality. Like decoloniality, interculturality is considered a transformative program aimed at making

societies more conscious about their internal diversities by bringing awareness to history of colonization, migration, and institutional racism to promote policies that are more inclusive of marginalized groups. Smith-Morris and Epstein (2014) and Kirmayer (2012) suggest that the field of multicultural counseling and therapy needs to undertake a paradigm shift. These authors' writing pose the question: How can the MCC framework detach itself from the dominant positivist/realist framework in an effort to be more aligned with social justice, anti-oppressive, and anti-colonial practices? Within the decolonizing and social constructionist frameworks, critical interculturality becomes a helpful concept to explore the current multicultural counseling discourse in the United States. Through its functional and critical/emancipatory applications, critical interculturality emerged as a conceptual distinction from the MCCs and is complemented well with the social constructionist epistemology, decolonizing methodologies and culture-centered/social justice practices.

Significance of the Current Study

Research from a Eurocentric framework will not address the colonial mentality embedded in its own theoretical construct (Tuhiwai-Smith, 2013). This study shows that the Eurocentric agendas permeates much of the field of counseling and therapy that develops and trains BIPOC therapists. As the study findings indicate, many participants were unaware of the underlying problems within the construct of MCC and their Eurocentric practice. With the use of reflexivity, I learned that I have been a part of this professional and academic enterprise that engages in Eurocentric and colonizing practices without realizing that I did so.

Like many beginning researchers and students of science, I thought that my combined experiences and trainings in the MCCs were sufficient to bring credibility into the research project. However, I was not aware that the multicultural framework is driven by Eurocentric

biases and colonizing agendas. I realized from this study as a consumer, researcher, and clinician of color who has been working in multicultural settings and attending many multicultural counseling trainings for over a decade, I am not exempt from engaging in colonizing practices. I was unaware of my own colonizing and essentialist practices until I actively engaged in reflexive writing about the research process. This self-reflexive practice on the research journey enabled me to trace back my research process and understand how I got caught up in the same predicament promoted by the research and practices that I sought to critique in this study.

Recognizing decoloniality and critical interculturality as compatible models to address cultural discourse in counseling greatly increased my hope for a paradigm shift in the field. I argue in this dissertation that interculturality will enhance, and possibly replace, cultural competence because it shares many theoretical and ethical implications for practices with people of color including cultural humility (Tervalon & Murray-Garcia, 1998) and the broader Multi Cultural Orientation (MCO) approach (Moon & Sandage, 2019; Owen et al., 2016). As stated previously, interculturality focuses on social transformation and ongoing dialogues between groups rather than reactive responses to social issues that tend to cause unending negative feedback loops. This study presents a case for why the field of counseling and therapy will need to reflexively reconsider the current discourse on multiculturalism and revise the MCCs in response to the emerging contribution of decolonizing methodologies and interculturality.

Summary and Transition

In this chapter, I have problematized the Eurocentric nature of the MCC framework, the lack of theoretical diversity in cultural competence research, and the rationale for replacing the MCCs with a framework that is more congruent with a decolonizing/Indigenous perspective. This study explored the experiences of TOC using the MCC framework and my reflexivity on

the initial research findings to reveal embedded colonial mentality within the so-called multicultural counseling practices and research in the United States. A critical interculturality is introduced as a viable alternative framework to the MCCs and could further the field in research and practice. In Chapter 2, I will present a selective review of the literature surrounding the historical evolution of cultural competence, the relationship between MCC research on counseling and therapy with Asian Americans, the calls for revision/replacing the MCC construct, and emerging frameworks in multicultural counseling and therapy that include decoloniality, transculturality and interculturality. In Chapter three, I describe the process and methodologies of thematic analysis, decolonizing methodologies, and the field work. In Chapter four, I provide a synthesis of results from thematic analysis and decolonial analysis of the data from the original semi-structured interviews, my reflexivity and member-checking interviews. In the final chapter, Chapter five, I present a discussion of the findings and propose that a framework of critical interculturality, centered on decoloniality and “indigenization from within,” should be seriously incorporated into the education, research and practices of counseling and therapy in the United States.

Chapter 2: A Review of the Literature

The scope of literature review for this study was shaped by my initial interest in multicultural competence counseling, the importance of epistemology, and social constructionist ideas. I began my articles and books search through the San Diego State University (SDSU) library and online database which include EBSCO host, APA PsycInfo, APA PsycArticles, and among other available databases offered by the library. For more recent article searches, I used Google Scholar, Mendeley, ResearchGate and Academia databases. Originally, I focused my review on exploring literatures related to MCC framework and multiculturalism in the United States. I searched for books and articles that include the key words “cultural competence, multicultural competence, cross-cultural psychology” and “counseling and therapy.” My original intention for this study was to explore cultural competence practices and make meaning of them through a social constructionist lens. The initial population of focus were Asian American clinicians because of my prior research experience, familiarity, and lack of MCC research specifically focused on this group. However, my consequent encounter with the new literature on decoloniality and interculturality completely reshaped my understanding of cultural competency and took the research in a new direction. This expanded the study to interviewing BIPOC clinicians to explore their views on the construct with the assumption that their potentially oppressive experiences impact their identity as a BIPOC person living in the United States. In addition, as I have explained previously, I did not interview Caucasian/white clinicians because I wanted to focus on capturing the unique perspectives of BIPOC clinicians since these voices are not represented in counseling and therapy research. However, I believe it is crucial to explore white/Caucasian clinicians view on the MCC framework and relevant frameworks discussed in this study.

In this review, I begin with an account of how cultural competencies are applied to Asian Americans, an ethnic group with a long history of facing barriers to access culturally appropriate counseling and therapy in the United States (APA, 2016). After that, I reflect on the history of cultural competence in counseling and psychotherapy to provide a context in which the MCCs have emerged and the critiques of the construct. I then explore literature on social constructionism, transculturality, decoloniality and decolonizing methodologies, and critical interculturality in their dealing with culture and diversity. The review is infused with reflexivity between the old and the new directions in which I approached the research.

Cultural Competence Practices – An Example with Asian Americans

The development of cultural competence has close ties with Asian American mental health beginning in the 1970s due to language, cultural and Eurocentric treatment barriers (Sue, 1977; Sue et al., 1974; Sue & Morishima, 1982). Despite occupying a key role in the initial push for cultural competence over 40 years ago, effective interventions for Asian Americans remain an area that is not well understood (Okazaki et al., 2014; Chu & Sue, 2011) and that is limited by Eurocentric interpretations (Liaw-Gray, 2009). The rationale for such slow progress generally points to acculturation factors, ethnic/language incompatibility between providers and clients, and the failure by providers to consider cultural differences and adapt their monocultural treatment interventions to Asian American clients' needs (Benish et al., 2011; Chu & Sue, 2011; Griner & Smith, 2006; Ibaraki & Hall, 2014; Lee, 1997; Lee, 2012; Le Meyer et al., 2009; Zane & Ku, 2014; Zhang & Dixon, 2003). Although these suggested interventions have been commonly indicated in the multicultural counseling literature, the overall extent to which they assist with increased access to treatment and successful outcomes can be debated.

Ethnic and Language Matching

Studies dated since the 1970s on the benefit of ethnic and language matching between counselors and clients showed mixed findings (Meyer et al., 2011; Sue & Sue, 1977; Sue et al., 1991; Fujino et al., 1994). Initially, Sue and Sue (1977) identified improved treatment outcomes and engagement with length of treatment and a reduction in dropout rates, miscommunication, and misdiagnosis. Similarly, ethnic, language and gender matching resulted in decreased dropout rates and positive treatment outcomes for less acculturated Mexican Americans and Asian Americans women (Sue et al., 1991; Fujino et al., 1994). Meyer et al. (2011) found that ethnically matched clients had increased experiential similarity and perceived greater credibility toward the therapist than nonmatched individuals.

However, archival studies and recent research on within group differences suggest that ethnic and language matching practice do not always contribute to better treatment outcomes (Cabral & Smith, 2011; Ibaraki & Hall, 2014; Karlsson, 2005; Sue, 1994). For example, Ibaraki and Hall (2014) found increased utilization of professional services for issues of sexual identity issues and academic concerns but not for substance abuse. While Karlsson (2005) suggested that within-group variables need to be thoroughly explored in future research, Ibaraki and Hall (2014) recommended that researchers look beyond an in-group/out-group approach and determine for whom and in what circumstances ethnic matching is most helpful. Both Karlsson (2005) and Ibaraki and Hall (2014) argued that ethnic matching can both enhance and suppress treatment outcomes. In addition, recent research on intersections of identities raises further concern regarding other dimensions of identities being neglected when providers focus solely on ethnic/language/gender matching and cultural adaptations (Ocampo & Soodjinda, 2016; Ohnishi et al., 2007). Although the value of ethnic and linguistic matching has not yet been resolved in

the research literature the degree to which clients participate in treatment as a function of the ethnic match, there is some evidence that clients prefer therapists of their own ethnicity and perceive therapists of their own ethnic identity more positively than other therapists (Cabral & Smith, 2011; Smith & Trimble, 2016).

Tailored and Adaptive Treatment Models

Since the late 1970s, a cornerstone of the MCCs and multicultural movement in counseling has been the push for tailored and adaptive treatment models (Hall et al., 2016; Hwang, 2011; Griner & Smith, 2006; Sue, 1977). Cultural competence literature generally assumes that western-based treatment models can be adapted to meet the needs of minority clients (Hall et al., 2016). Several Asian-American sensitive adaptive interventions have emerged over the past two decades. Among these are Acceptance and Commitment Therapy (ACT) (Muto et al., 2011), Problem Solving Therapy for depressed Chinese older adults (Chu et al., 2012), a culturally-adapted one-session treatment for Asian Americans with phobia (Pan et al., 2011), a culturally-adapted cognitive behavioral intervention to accommodate the somatic symptoms that accompany PTSD in Cambodian refugees (Hinton et al., 2006), mindfulness-based cognitive therapy (Segal et al., 2015), and Cantonese language CBT for depressed Hong Kong immigrants in Vancouver, Canada (Shen et al., 2006). According to Hall et al. (2011), mindfulness and acceptance-based psychotherapies have promising applications for Asian Americans because their theoretical roots are grounded in Asian philosophies. Hall et al. (2011) stressed that a therapist's "ability to facilitate a dynamic balance between interdependence and independence orientations may prove beneficial in working with bicultural clients and those from more collectivistic societies" (p.14). However, the extent to which cultural adaptation results in reducing treatment disparity is debatable and the current definition and framework of the MCC does not provide guidance on how one would accomplish this balancing act (Kim et al., 2000).

Concerns regarding adaptive treatment models have been linked to the larger epistemological critics of existential humanistic psychologies (Kim et al., 2000; Enriquez, 1993). For example, Sue and Sue (1977) pointed out that many western psychological theories are "culture-bound" in that they generally focus on long-term solutions to problems, are individual-centered, emphasize verbal/emotional expressiveness, display a unidirectional client to counselor communication, prize openness and intimacy, track a cause-effect orientation, and draw mental and physical well-being distinctions. These generic characteristics can be problematic when contrasted with value systems of Indigenous psychologies that are centered on local context and holistic values (Geerlings et al., 2014). While Enriquez (1993) equated adaptive methodologies to forms of external imposition on the local culture, Prasad (2003) stated that adaptive use of Eurocentric therapeutic interventions may appear superficial and culturally insensitive when examined under a lens of postcolonial theory and postmodernism. Postcolonial theory challenges the socially accepted political, cultural, economic, and social values of western colonialism and imperialism around the world over the last few hundred years (Prasad, 2003). Similarly, the postmodern critique also points to the taken-for-granted reductionist ideologies based on the social and structural order that typically puts non-western cultural/social practices as inferior to western/European values. Wendt and Gone (2012) concluded "the failure to radically rethink the ideals of Eurocentric psychotherapy may limit these adaptations to relatively superficial or cosmetic alterations… As a result, core features of conventional interventions are left completely intact" (p. 211).

Collaboration with Spiritual Healers, Herbalists, and Family Members

In addition to having awareness, knowledge, and skills, Chung et al. recommended that culturally competent counselors form respectful partnerships with traditional healers in the

client's cultural community (Chung et al., 2008). Chung et al. (2008) suggested that "Counselors must understand and respect immigrant clients' preferences for healing and interventions by demonstrating genuine acceptance and understanding of immigrant clients' preference in using traditional healing methods and their willingness or resistance in using western healing strategies" (p. 315-16). Similarly, Kramer et al. (2002) recommended practitioners to be aware of individual patient demography, to incorporate the patient's beliefs about health and mental health, eliciting an explanatory model about the problem from the patient, and negotiate around acceptable diagnosis and treatment, and use of the family support system to increase adherence to treatment.

While the above suggestion of collaborating with traditional/spiritual healers appears to resemble intercultural practices, cultural competence approaches to working with people of color often attribute the problems to environmental influences, acculturation level, and group-based values rather than acknowledging the problematic intrinsic Eurocentric and colonial power issues at play. Furthermore, the simplification of cultural variables and fixation on the provider's expertise such as "scientific mindedness and dynamic sizing" (S. Sue, 1998) represents a point of departure for many critics of the MCCs framework. Before exploring these points further, it is important to revisit the historical development of the MCC construct to see how it has changed over the past five decades. In doing this, we can see that the MCC theoretical foundation is based on a Eurocentric epistemology that reinforces coloniality.

Reflexivity

I began writing the above section in 2015 when the original intent of the study was to interview Asian American counselors to identify culturally competent practices that work for Asian American clients. Looking back, my early objective for the study was heavily influenced

by an essentialist agenda because I was assuming that there may be therapies that are designed with “Asian Americans” in mind and I was endorsing the ethnic matching hypothesis. Although I was relying on the social constructionist and postmodern worldview to critique the MCCs, I was unaware of the connection between the MCCs, coloniality and Eurocentric practices that shaped the disciplines and my view on it. Now, these assumptions no longer drive the current study as I am now examining the MCCs and the culturally relevant needs of people of color from a decolonizing framework.

Outdated View of Culture: Perspectives from Contemporary Anthropology, Cultural Studies and Postmodernism

Sue et al. (1992) conceptualized cultural competence to include the attainment of awareness, knowledge, and skills to work with people from different cultural backgrounds. This framework equates culture with concepts such as racial heritage, ethnicity, gender, age, values, and other observable behaviors (Krentzman & Townsend, 2008). However, contemporary anthropology and postmodern perspectives suggested that conceptualization of culture in terms of ethnicity, systems, values/traditions and other group-based behaviors are the product of social scientists’ attempts to objectify and essentialize “culture” (Baldwin et al., 2006; Bennett, 2015; Monk et al., 2007). For example, Monk et al. (2007) noted that the MCC adopted the anthropological definition of culture based on Edward B. Tyler’s *Primitive Culture (*1871). Tyler’s view of culture has been associated with “Eurocentric cultural hierarchies, evolutionary conceptions of racial difference and genocidal colonial projects” (Bennett, 2015, p. 547). Although Tyler’s (1871) definition of culture continues have great influence on mainstream society, including most scholars and scientists, a growing number of scholars no longer support this definition (Baldwin et al., 2006; Bennett, 2015). For example, Renato Rosaldo (in Baldwin et al., 2006) stated:

> As I became interested in history, the pursuit of culture as a timeless pattern began to look quaint, like a caricature. As I became concerned with social inequalities, the notion of culture as a set of patterns equally shared by all its members closed off the question I wanted to ask. (p. 14)

In their effort to analyze over 300 definitions of culture across social sciences disciplines since Kroeber and Kluckhohn (1952), Baldwin et al. (2006) stated that in the last three decades, writers began to define culture "not simply as a pattern of existing thoughts, actions, artifacts, or the accomplishment of goals, but rather, as an active creation by a group of people" (p. 40). Similarly, Aydinli and Bender's (2015) review of multicultural concepts in the last several decades show that it has transitioned from "trait-based approaches to more dynamic and situation-based approaches" (p. 14). Likewise, Hecht, Baldwin, and Faulkner (as cited in Baldwin et al., 2006) stated that researchers from various disciplines no longer see culture as a structure or representation of a group, but instead, as an abstraction created by researchers to make sense of differentiation between groups. Apparently, these abstract conceptualizations of "cultural differences" are similar to constructions made by anthropologists and psychiatrists in their debunked assumptions about inherent racial differences in cross-cultural psychology (Marsella, 1985).

Despite the effort of the revised MSJCC (Ratts et al., 2016) to acknowledge the intersection of identities (i.e., gender, class, socio-economic status, disabilities, etc.) and incorporating the ecological systems model into its construct, the MCC framework continues to rely on taken for granted categorical identities, static cultural groupings, and an expertise-driven agenda. Both MCC and MSJCC models fail to acknowledge that their own perspectives are cultural constructs that embody a positivist epistemological view. In their critique of the current conception of culture in North America and Europe, Monk et al. (2007) stated:

> The modernist view of culture has often focused upon coherence and loyalty to rather simplified cultural norms that remain fixed and unchanging. It does not focus very much on cultural relations or tensions. This perspective tends to select exceptions out as culturally inauthentic and consigns them to the margins as the price to be paid for a theory of more rigid convergence. (p. 13)

After analyzing over 300 definitions of culture in the last five decades, Baldwin et al. (2006) concluded "The definition of culture is a moving target, and those who choose to define it should ground their definitions in a fuller, multidisciplinary and historicized accounting of the word" (p. 24). Increased doubt regarding the assumed boundlessness, neutrality, and competency-driven agendas of the competencies only reaffirmed that most researchers continue to inherit the monocultural lens of mainstream psychology (Carpenter-Song & Longhofer, 2007; Lakes et al., 2006; Pon, 2009). These analyses highlighted the need to move beyond categorical conceptualizations of culture as a stable inter-individual trait to a more dynamic and fluid understanding of the construct.

A Brief History of Cultural Competence in Counseling and Therapy

The multicultural counseling competence movement in the United States can be linked to the work of Wrenn (1962) and Szaley (1974) who warned professionals of the potential for cultural encapsulation when applying the same communication techniques in different cultural contexts. In the middle of the 1970s, Stanley Sue, Derald Wing Sue, and their colleagues expressed concerns about the cultural mismatch of mainstream psychology in the delivery of mental health services to Asian Americans and other minority populations (Sue, 1977; Sue & McKinney, 1974; Sue et al., 1974; Sue & Sue, 1977). A few years later, a combination of research including the widely praised Sue et al.'s (1982) *Position Paper: Cross-Cultural Counseling Competencies*, Paul Pedersen's (1981) *The Intercultural Training of Mental Health*

Professionals and S. Sue and Morishima (1982) *The Mental Health of Asian Americans* helped propel the multicultural competent movement to national attention. While Sue and Morishima (1982) pointed to the problems with Eurocentric psychological theories, treatment focus/outcomes, and equal opportunity in service delivery to Asian Americans, Pedersen (1981) suggested providers use a combination of awareness, knowledge, and skills to "establish a more broad and coherent definition of cultural competencies" (abstract). These efforts were followed by the development of Cross et al. (1989) *Toward a culturally competent System of Care* and Sue et. al. (1992) *Multicultural counseling competencies and standards: A call to the profession*. In 1996, Derald Wing Sue, Patricia Arredondo, and Roderick J. McDavis operationalized the tripartite model into a total of 31 competencies to address cultural complexities beyond race and ethnicity. Also, in 1996, Derald Wing Sue, Allen Ivey, and Paul Pedersen jointly published *A Theory of Multicultural Counseling and Therapy (MCT),* stressing that the field needs a culturally-centered perspective to reflect the increased diversity of paradigms in counseling and therapy, including Indigenous and postmodern practices. Between 1992 and 2002, there was a large increase in research and attempts to come up with measurements of the MCCs (Lee & Darnell, 2002).

After over two decades of development and controversies, the American Psychological Association consequently published the comprehensive *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists* (APA, 2003). In a historical reflection of the 40-year development of multicultural competencies, Arredondo and Perez (2006) stated that the cultural competence movement essentially shaped the APA Multicultural Guidelines of 2003 and that it must continue to evolve, especially in response to critiques of the competencies (Ridley et al., 2001; Weinrach & Thomas, 2002). Stanley Sue and his colleagues published *The Case for Cultural Competency in Psychotherapeutic Interventions*

(2009) which concluded that despite the variability in effectiveness, definitions, and theoretical controversy, the model is valuable and needed. The paper advocated for within-group studies and increased research on adaptive interventions.

In 2016, the Association for Multicultural Counseling and Development (AMCD) updated the MCC model to include a social justice dimension of competence and changed its name to Multicultural and Social Justice Counseling Competencies (MSJCC). According to the authors of MSJCC (Ratts et al., 2016), the vision for the change was to update the MCC to reflect a more inclusive understanding of culture and diversity that encompasses the intersection of identities and address the expanding roles of professional counselors in individual counseling and social justice advocacy. In addition, *A Model for the Theoretical Basis of Cultural Competency to Guide Psychotherapy* (Chu et al., 2016) was published in an effort to explain why cultural competence works in practice. In 2018, Chan et al. published *Privilege and Oppression in Counselor Education: An Intersectionality Perspective* to discuss the intersectionality of multiple cultural identities within each individual and considering their relationship with each other within the counseling context. Although the intersectionality perspective can be used to question cultural competencies, according to Collins (2015), leaders in the field were able to incorporate intersectionality into their post-positivist epistemological worldview, which may have misrepresented its original intent.

In summary, the historical development of the MCC movement was in response to a critical period of cultural transformation in the United States. Following the Civil Rights movement of the 1960s the MCC's critical and post-positivist framework has been successful in challenging the status quo of humanism, ethnocentric psychology, scientific racism, and social justice issues within the field (D. W. Sue et al., 1992). Today, cultural competence is no longer a buzz word but has become an identifiable body of work positioned as a required training in

public mental health programs and an essential part of a graduate counseling and psychology curriculum (APA, 2003). However, despite occupying a long history of endorsement by both the American Counseling Association (ACA), APA and National Association of Social Worker (NASW), many scholars have indicated that the MCC framework has mixed results in increasing culturally congruent practice and that it is not aligned with professional expectations (Carpenter-Song et al., 2007; Gallegos et al., 2008; Garran and Rozas, 2013; Monk, et al., 2007; Nadan, 2014; Wendt & Gone, 2012). For the field to advance forward from these limitations and address cultural issues from different ontological and epistemological perspectives, it is necessary to explore how decoloniality and interculturality could better address these concerns while continuing the crucially important legacy that the MCC framework began half a century ago.

Critical Concerns with the MCC Framework

Despite its social justice agenda, the MCC framework has been compared to western scientific racism by how it reduces and essentializes "culture" into something for a provider, typically white and male, to develop competence (Gallegos et al., 2008; Krentzman & Townsend, 2008; Laungani, 2002). In the past two decades several scholars in psychology, social work, nursing, and medical anthropology have pointed out the limited theoretical framework of the MCCs both in research and practice (Ben-Ari and Streir, 2010; Carpenter-Song et al., 2007; Gallegos et al., 2008; Gorski & Goodman, 2015; Kirmayer, 2012; Kleinman & Benson, 2006; Monk et al., 2007; Tervalon & Murray-Garcia, 1998; Wedt & Gone, 2011; Weinrach & Thomas, 2002). These limitations are summarized in Table 1. For example, Gallegos et al. (2008) pointed out that despite the increasing usage of the MCCs in social work, there is much disagreement regarding how it is defined, operationalized, and that it may be more fitting as a perspective rather than a theory or framework. From a contemporary anthropological perspective,

Table 1

MCC theoretical limitations as indicated in recent studies in the field

Authors	MCC Theoretical Limitations
Gallegos et al., 2008; Laungani, 2002; 2007; Morawski, 2005; Williams, 2006	Elusive definition and dedication to positivist epistemology
Fabian, 2012; Kirmayer, 2012; Kleinman & Benson, 2006; Carpenter-Song et al., 2007; Lakes et al., 2006; Pon, 2009	Neglecting decades of insight from contemporary anthropology and cultural studies on the meanings and location of cultural knowledge
Johnson and Much, 2009; Krentzman & Townsend, 2008; Pon, 2009; Rudmin, 2003; Yeganeh et al., 2004	Taken-for-granted use of classification systems to categorize cultural variables, equating culture with race and ethnicity
Garran & Rozas, 2013; Monk, Winslade & Sinclare, 2007; Chan et al., 2018	Ignoring issues of intersectionality and power-imbalance
Krentzman & Townsend, 2008; Larson & Bradshaw, 2017	The majority of MCC research and measurements are contraindicated by social desirability biases

Carpenter-Song et al. (2007) concluded that the MCCs mis-represented 'culture' while failing to acknowledge the very culture of psychological practice, engagement with diagnostic manuals, and the cultural practices embedded in therapy. Larson and Bradshaw (2017) pointed out how research on the MCCs are limited by positivistic instruments and social desirability biases. Taken together, these writers suggested that the MCCs are over-relying on a single epistemology and they suggested that considerable revision of the concept is necessary for the field to move forward (Carpenter-Song et al., 2007; Gorski & Goodman, 2015; Wedt & Gone, 2011). To illustrate how the MCC framework perpetuates the monocultural and western-centric traditions it is necessary to look at the historical and epistemological foundation in which the framework was built.

Historical and Epistemological Foundation of Multicultural Competencies

For years, scholars in our profession asserted that our epistemological views dictate our pedagogical views (and consequently, our practice) (Kuhn & Weinstock, 2002). Although the concept of culture and multiculturalism has changed significantly since the 1970s, most social scientists today continue to equate culture with systems, patterns and essentialized constructs as defined within the western scientific positivist framework (Aydinli & Bender, 2015; Baldwin et al., 2006). The idea that culture is a universal phenomenon that can be measured by scientific methods has been compared to the modern-day form of magic under the disguise of science (Willer, 1971). In *Structure of Scientific Revolutions*, Thomas Kuhn (1970, 2012) pointed at the fundamental flaws of scientific theories when developed from a particular historical and cultural perspective:

> History, if viewed as a repository for more than anecdote or chronology, could produce a decisive transformation in the image of science by which we are now possessed. That image has previously been drawn, even by scientists themselves, mainly from the study of finished scientific achievements as these are recorded in the classics and, more recently, in the textbooks from which each new scientific generation learns to practice its trade. Inevitably, however, the aim of such books is persuasive and pedagogic; a concept of science drawn from them is no more likely to fit the enterprise that produced them than an image of a national culture drawn from a tourist brochure or a language text. (Kuhn, 2012, p. 1)

Kuhn was pointing to the taken-for-granted assumptions by scientists who hold determinist ideas about not only scientific findings, but also in their description of people, culture, and other socio-cultural constructs. Examples of these practices can be seen in the pervasive use of typologies

and categories in social science research lacking in rigor on epistemological grounds (Rudmin, 2003; Frow, 1995).

In Table 2 below, I display the different theories, epistemologies and locations of knowledge starting from mysticism in the 7th Century B.C. to the emergence of post-modernism in the 1970s. In this table, I grouped different theoretical frameworks by prominent figures and

Table 2

Epistemological Premises of Social Theories

Theories	Location of Knowledge	Theorists	Time Period
Mysticism, Supernatural, Metaphysics	Only God(s) know Truth; knowledge is 'a priori' or non-empirical, knowledge is wisdom of the nobles	Monks, Priests, Messiahs; Plato, Socrates, Aristotle	7th Century B.C. to 5th Century A.D. ANCIENT
Positivism, Reductionism, Rationalism	Scientific Truth, empiricism, knowledge is 'a posteriori'; authors and scientists are experts of knowledge (reality)	Auguste Comte, Rene Descarte, Kant, Hume, Voltaire	17th - 19th Century AGE OF REASON ENGLIGHTEN-MENT
Existentialism, Nihilism, Structuralism, Developmental	Scientific truths, empiricism, knowledge is 'a posteriori;' complex systems, pre-existing structures of reality, there is a reality	Saussure, Turgenev Nietzsche, Levi-Strauss, Lacan, Piaget	1850s – 1950s MODERN TRADITIONAL
Post-Structuralism, Constructivism	Textual analysis, multi-knowledge/ ways of knowing/ realities, meanings and existence	Derrida, Foucault, Barthes, Lyotard, Rorty, Berger-Luckmann	1950s – 1970s CONTEMPORARY
Post-Modernism, Social Constructionism, Feminism, Post-colonial/ Decolonial	(t)ruths are relative; realities exist only in discourse of social life; knowledge is shared, positioned in relational contexts and language; social institutions/practices are products of colonialism	K. Gergen, V. Burr, Edwards, Potter, Tuhiwai-Smith, Walsh, Dietz, Seidman, Polkinghorne	1970s – Present POSTMODERN POST-COLONIAL DE-COLONIAL

thinkers throughout the history of philosophy and social sciences along with their assumed epistemological location. The table shows that ever since the age of reason and enlightenment (17th century A.D.), which gave birth to the modern scientific epistemology about 200 years ago, there has not been a single theoretical framework with the same level of authority to challenge positivism in both the natural and social sciences (Polkinghorne, 1984; Seidman, 1991). It was not until the middle of the 20th century, with Derrida's deconstructionism, Rorty's textual (Rorty, 1967), and Foucault's historical analyses that the assumptions behind ontological positivism and empiricism were questioned (Seidman, 1995). In addition, Kuhn's Structures of Scientific Revolution (1962) along with Berger and Luckmann's Social Construction of Reality (1966) generated much contention in the social science literatures that paved the way for other theories to challenge the Enlightenment epistemology. In the 1970s, the work of Kenneth Gergen, Emmanuel Levinas, Michel Foucault, and others continue to push for the exploration of different epistemologies and ways of doing research and practices outside of the modern/European scientific paradigm.

In a review of 68 acculturation theories from 1914 to 1984, Rudmin (2003) found that researchers frequently failed to explain "why acculturation was conceptualized as a typology and why individuals or attitudes are to be grouped by clustering in multidimensional space or by the presence or absence of specified features" (Rudmin, 2003, p. 29). The author suggested that the same typologies were used to classify personality in psychology and categorize cultures by traditional anthropologists. Rudmin hypothesized that contemporary multicultural researchers may simply resort to using categories and classifications because of habit rather than because of informed and deliberate decisions. Hence, it is ethically incumbent on all researchers and practitioners to question the intentionality, applicability, and direction of cultural competence. One way to do this is by having a frank discussion about the ontological and epistemological

foundations of the MCC framework. To illustrate this further, let us consider the ethic of 'the Other' by Emmanuel Levinas and the MCC (as cited in Ben-Ari and Strier, 2010).

MCC's Conceptualization of 'The Other'

Ben-Ari and Strier (2010) compared conceptualizations of the MCC and that of 'the Other' by the French philosopher Emmanuel Levinas. In their analysis, they stated that while the MCC model expects the provider to attain knowledge of the 'Other' in order to provide culturally competence services to them, Levinas' 'ethic first philosophy' (1987) asserts that the 'Other' is always infinitely unknowable from the vantage point of any individual. Levinas (1998) stated that any attempt to know the 'Other' can lead to objectification and totalization of the 'Other' or anything that one seeks to attain knowledge about. Ben-Ari and Strier (2010) further explained:

> …. the traditional philosophical pursuit of knowledge is but a secondary feature of a more basic ethical duty to the other. The primacy of ethics is derived from the irreducible relation and encounter with the Other and ethically the Other is superior and prior to the self. Within this framework, the main question becomes what relation to the 'Other' is necessary in order for knowledge to be possible? In so doing, ethics becomes the center of epistemology, or the condition for knowledge. By emphasizing the primacy of ethics to knowledge, Levinas creates a new framework for working across differences. It highlights the significance and implications of the connection between knowledge of the other and dominating the other. The complex process of othering and debates about cultural differences and otherness raise fundamental questions with regard to the nature of social knowledge. It requires us to reconsider our accumulated knowledge about the 'Other' and to review its implications for limiting our openness in the encounter with the 'Other' (p. 2159).

The deep respect and consideration for cultural differences as described in Levinas' 'ethic of the other' raises many concerns regarding the positioning of the MCC framework. This ethical perspective on cultural knowledge is linked to concepts such as colonial mentality (David & Okazaki, 2006), decolonizing methodologies (Tuhiwai-Smith, 2013), racial microaggression (Sue et al., 2007), and cultural humility (Hook et al., 2013; Mountz, 2009; Tervalon & Murray-Garcia, 1998). For example, Mountz (2009) stated that processes of knowledge production relating to the concept of 'the other' are linked to international imperialism in which those who are in power "whom they set out to save, dominate, control, civilize, and/or extract resources through colonization" (p. 329). Mountz (2009) also stated that social scientists often "do the othering by conducting studies in ways that homogenize and essentialize entire groups of people" (p. 332). Similar to the 'ethic of Other' in multicultural counseling, Hook et al. (2013) suggested that the concept of cultural humility is preferable over cultural competence because it "involves the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client," thus, avoiding "overconfidence" and "expertise" by the therapist (p. 354). As one can see, MCCs' dedication toward competence and expertise can easily mislead counselors to believe that they can save and dominate "the Other" who may be culturally unfamiliar to them.

Revisiting Multicultural Psychology

According to Marsella (1985), early research on the impact of cultural variables on the psychological well-being was done by psychiatrists who assumed that a "culture-bound syndrome" could only be found among people from Asian and African countries. This assumption of a "culturalized-other" that mainstream psychology inherited from the natural science and that associates culture with non-white and non-European has been widely criticized

(Cauce, 2011; Frow, 1995; Lakes et al., 2006; Mountz, 2009; Rudmin, 2003; Tan, 2019). Yet, most cultural competence literature continues to replicate these assumptions by relying on multicultural models that focus exclusively on racial and ethnic group differences (Barker & Jane, 2016; Krentzman & Townsend, 2008; Smith-Morris & Epstein, 2014).

Another area of multicultural psychology that needed to be revisited is its dedication toward a single epistemology. Laungani (2002) and Uba (2002) pointed out the tendencies of western psychologists to ignore epistemological problems due to their gravitation toward the acquisition of objective knowledge or truth. This can be easily observed in MCC research and practices that fail to acknowledge that researchers' ontological and epistemological worldviews are constructed from a cultural perspective (Monk et al., 2007; Williams, 2006). Cauce (2011) explained this phenomenon, stating "Multicultural psychology isn't only about studying different people, but also about the discovery and study of different constructs, including those that might be culturally specific, rather than universal" (p. 228). He went on to state:

> Multicultural psychology is incompatible with a psychological science that is narrow in its methods and at the extreme end of positivism in its epistemological grounding. There is no question that to better understand, assess, study, and appropriately intervene in our richly varied multicultural world will require us to draw upon a broader and more diverse array of methods [and epistemologies] than those that can be found in the most reductionist portrayals of science. (p. 230)

From these standpoints, multicultural psychology and its dedication to positivism and experimental science limits our understanding of multicultural worlds and the profession's ability to flourish into new territories for research and practice. Many writers have suggested that social constructionism may offer researchers and practitioners an equal playing field to examine different epistemological constructs (Gonzalez et al., 1994; Haré & Moghaddam, 2003; Hoffman

et al., 2005). In addition, decoloniality, interculturality and postmodern theories support a critical look at these taken for granted assumptions while offering alternative views of culture that are more fluid and context-driven (Dietz, 2018; Goodman & Gorski, 2015; Reyes Cruz & Sonn, 2015; Tuhiwai-Smith, 2013).

Alternate Frameworks for Exploring Diversity in Counseling

Social Constructionism

Over the past two decades, a growing number of writers are suggesting that social constructionism as a social theory works well with multicultural counseling and therapy because both frameworks has the capacity to capture multiple epistemological perspectives (Dean, 2001; Garneau & Pepin, 2015; Garran & Rozas, 2013; Gonzalez et al., 1994; Hoffman et al., 2005; Nadan, 2014; Tyler et al., 2006). According to Hoffman et al. (2005), social constructionism privileges no single epistemology and considers many voices on an equal playing field among different cultural, religious, psychological and scientific worldviews. This is in contrast with the cultural competence models (MCC and MSJCC) that emphasize a post-positivist epistemology while retaining many traits of positivism at the foundation of their constructs.

The social constructionist perspective maintains that there are many discourses/ epistemologies available in any single cultural context, and that each culture or community usually operates according to multiple sets of discourses, social practices or realities at any given time (Burr, 1995, 2015). Gonzalez et al. (1994) stated that social constructionism supports the "multicultural perspective's efforts to respect the merits of multiple belief systems and multiple understandings as legitimate considerations in therapy" (p. 522). The authors laid out several areas in which the social constructionist framework can contribute to making psychotherapy more applicable to the multicultural worldview: 1) respectful consideration of the complications and incompatibility of diagnostic labeling for minority populations; 2) applying the "therapist-as-

learner role" in an effort to let go of the "expert role"; 3) maintaining curiosity in the therapeutic process; 4) being open to collaborate with clients in the therapeutic process; 5) creating space for the client's story to be told/heard; 6) being open to seeing opportunities instead of barriers (Gonzalez et al., 1994, p. 519-521). In this light, social constructionism opens doors for a deeper level of cultural understanding, integration of human knowledges, and support for the multicultural perspective (Hoffman et al., 2005). Additionally, there has been a growing body of research theories and practices in psychology that reflect the social constructionist framework and that are also culturally responsive (Burr, 2015; Creswell & Poth, 2018; Gergen, 2009; Lock & Strong, 2010; McNamee & Hosking, 2012; Nadan, 2014; Ravitch & Mittenfelner-Carl, 2016).

Decoloniality and Decolonizing Methodologies

Grounded in critical social theories and methodologies, decoloniality is a transdisciplinary and political stance that attempts to understand and expose the continuing legacy of coloniality throughout the world today (Bhambra, 2014; Reyes Cruz & Sonn, 2015; Walsh & Mignolo, 2018). Although decoloniality has been prominent in postcolonial and anticolonial discourse of Latin America, New Zealand, and Australia, it has not been debated widely among U.S. academics or in the U.S. context. Unlike postcoloniality, which refers to a period after a country gained independence from colonial rules (which also assumes that coloniality had ended), decoloniality encompasses the entire period of colonization and the need for the restoration of local control both politically, culturally and consciously because it asserts that the influence of coloniality remains long after the colonizers have left (Herzog, 2013). According to Tuhiwai-Smith (2013), the struggle for decolonization by former parts of European empires often involve tremendous violence on the physical, social, economic, cultural, and psychological dimensions of all people involved. In the context of counseling and therapy, Marsella (in Goodman & Gorski, 2015) stated that decoloniality is not a political term but "an

effort to free a counselee from the sources of their imposed socialization that ultimately deny them the opportunity to explore their roots and to build their character and person within the historical context of their native cultural traditions" (p. vii). In this sense, decoloniality is a crucial standpoint to explore multicultural counseling and research because it addresses the oppressive systems of hierarchy and power within the MCCs epistemic framework.

The cultural competence literature has long emphasized social justice, equality, and improving access for people of color but has failed to address issues of colonialism and Eurocentric practices in practical and meaningful ways. In my re-examination of decoloniality in the literature, I came across several studies discussing how coloniality is embedded in the multicultural counseling movement in the U.S. (Geerlings et al., 2014; Prasad, 2003; Wendt & Gone, 2012) and these studies stress the importance of incorporating a decolonizing framework in counseling and research (Goodman & Gorski, 2015; Reyes Cruz & Sonn, 2015; Tuhiwai-Smith, 2013). According to Reyes Cruz and Sonn (2015), not only does coloniality shape our understandings of culture and identity, it positions western culture as the standard to justify oppressive and marginalizing practices toward other cultural groups. For example, the way in which modern society and education are framed in the west is tied to a Eurocentric worldview that continues to benefit the colonizers while putting Indigenous communities and people of color at a disadvantage. Similar to discourse theories and deconstruction (Potter & Hepburn, 2008; Derrida, 2016), a decolonizing standpoint acknowledges that counseling and psychological theories that rely on dichotomous, hierarchical, and essentialized principles (separating mind/body, individual/collective, object/subject, competence/incompetence, modern/primitive, etc.) without any historical account of whom/what/where and for what purpose these ideas were constructed, are clearly products of Eurocentrism. A decolonizing perspective sees these taken-for-granted ideas and assumptions about people who are typically labeled as "the Other" as in

need of being critically deconstructed to reveal possible deep-rooted history of imperial and colonial structures that continue to oppress Indigenous people.

Linda Tahuwai-Smith's (2013) *Decolonizing Methodologies* critically examines research and the 'discourse of the Other' within the larger historical, political, and cultural contexts of de-coloniality. In exploring the legacy of imperialism that continues to subjugate her New Zealand Indigenous communities, Tuhiwai-Smith (2013) affirmed that "Imperialism provided the means to which concepts of what counts as human could be applied systematically as forms of classification, for example through hierarchies of race and typologies of different societies" (p. 38). Decolonizing methodologies, she argued, serve as a way for Indigenous peoples to reclaim "research" from colonial institutions and western-centric paradigms while endorsing practices that respect and support Indigenous communities. This process requires non-Indigenous researchers working with Indigenous communities to develop an understanding of the history of coloniality, analyze it, and practice in ways that do not reinforce colonial ideologies and agendas. As for Indigenous researchers, the process can resemble a struggle for self-determination and a journey of "self-recovery". Similarly, Bhambra (2014) describes decoloniality to be about "re-inscribing 'other' cultural traditions into narratives of modernity and thus transforming those narratives—both in historical terms and theoretical ones—rather than simply re-naming or re-evaluating the content of these other 'inheritances'" (p. 116). Bhambra's statement on decoloniality directly challenges practitioners and researchers to change the narrative of modernity that acknowledges, respects, and endorses Indigenous traditions and practices as valuable and credible on their own without any influence by western traditions. In the case of the call for re-visioning and re-naming the MCC framework to be inclusive of BIPOC practices and theories of healing, there are concerns if it is possible to do this without abandoning the MCC

altogether. The option of adopting a whole new framework to replace the MCC has been endorsed by several scholars who support a decolonial and social constructionist lens (Carpenter-Song et al., 2007; Garran & Rozas, 2013; Gorski & Goodman, 2015).

The Black Lives Matter Movement in the United States

According to Washington and Henfield (2019), the Black Lives Matter movement is directly related to the social justice dimension of the Multicultural and Social Justice Counseling Competencies (MSJCC) and must be directly incorporated into the trainings with practitioners in multicultural counseling (Ratts et al., 2015). The #BlackLivesMatter (BLM) became a movement in the United States in 2013 in respond to the killing of an unarmed black teenager, Trayvon Martin, by an armed community watch member, George Zimmerman. After the acquittal of George Zimmerman by a jury trial, small and mostly peaceful protests began across the United States, which ignited into a national movement that focused on bringing awareness about the pervasiveness and unaccountability of police brutality against unarmed Black men and boys in the U.S. According to the official website of the movement blacklivesmatter.com, the #BlackLivesMatter slogan was coined by Alicia Garza, Patrisse Cullors, and Opal Tometi who wanted to create a Black-centered political movement following the acquittal of George Zimmerman. The slogan #BlackLivesMatter garnered attention via twitter and other social media platforms that quickly captured national and international attention. With the world-wide witness of the killing of George Floyd, a black man, by Michael Chavin, a white police officer on May 25, 2020, major protests for racial justice and equality broke out across the United States and abroad in the spring and summer 2020. Today, #BlackLivesMatter has more than 40 chapters in the U.S., UK, and Canada. According to blacklivesmatter.com, BLM is a global organization whose mission is:

> to eradicate white supremacy and build local power to intervene in violence inflicted on Black communities by the state and vigilantes. By combating and countering acts of violence, creating space for Black imagination and innovation, and centering Black joy, we are winning immediate improvements in our lives. (par. 1)

Although the movement was intended to bring awareness about the ongoing systemic racism in the U.S. toward black American communities, the movement has been met with mixed support from both community of color and European/white populations. On the one hand, a majority of #BLM supporters saw the movement as representing the voices of Black Americans, yet Black Americans continue to experience racism and oppression every day across the country when local, state, and national government policies have failed them. According to Lebron (2017), Black Lives Matter "represents a civic desire for equality and a human desire for respect, the intellectual roots of which lie deep in the history of black American thought" (p. xiii). Furthermore, the reality that fueled the #BLM movement long before the deaths of Trayvon Martin, Michael Brown, Tamir Rice, and others, can be attributed to the "New Jim Crow" policies such as mass incarceration of black Americans that dated back to the 1970s (Alexander & West, 2012). On the other hand, #BlackLivesMatter has also triggered numerous counter-protests with the hashtag #AllLivesMatter and #PoliceLivesMatter. While #AllLivesMatter supporters suggest that equal attention should be given to everyone, including law enforcement officers, their philosophy reflects a "race-neutral" or "color-blind" approach to racial issues (Gallagher et al., 2018). According to Gallagher et al. (2018), race-neutral attitudes mask issues of racial biases in policing and those who adopt #AllLivesMatter may be avoiding the importance factor of race in the discussion of black deaths in police-involved shootings. Just like

the #BLM movement, this study also focuses on issues of systemic racism such as the "New Jim Crow" and "race neutral" approaches to counseling and therapy being applied to BIPOC client populations.

Washington and Henfield (2019) suggest that the Black Lives Matter movement can help counselors and counselor educators understand the history of anti-Blackness in America, that racially biased policing is dated back to the period of enslavement and the contemporary police hyper-surveillance of black communities across the country. While not explicitly discussed in its mission statement, I believe that Black Lives Matter as a movement directly relates to discourses on decoloniality and multicultural counseling. For example, a major line of discussion that resulted from the BLM protests is "defund the police" and figuring out how to adequately address issues systemic racism in the U.S. Although these discussions have been a part of social justice and the Civil Rights movements in the United States since 1960s, they have not been seriously considered in research among scholars until now (Lebron, 2017). While I agree with Washington and Henfield (2019) that the Black Lives Matter movement is critical and should be directly researched, discussed, and applied in counseling and therapy with BIPOC populations, I am skeptical of how the MSJCC and its Eurocentric influence is able to support #BLM's grassroot and local efforts. I believe that #BLM movement can be better supported by decolonizing and intercultural approaches to counseling and therapy that embrace Indigenous, local, and healing practices that arise outside of the dominant Euro-American values system that is plagued by a history of racism and ongoing coloniality. Furthermore, the unique context of the Black Lives Matter movement does not strictly follow the traditional/colonial/Euro-American or the African perspective on race/racism. Black Lives Matter not only focuses on issues that are most relevant to black Americans today such as police brutality and systemic racism but the

larger historical traumas of black people through coloniality, kidnapping, and slavery, which began in the U.S. over 400 years ago.

Transculturality

The concepts of transculturality and transcultural counseling have been mainly used in European countries to describe a hybridization and cosmopolitan understanding of culture. The term "transculturación" was first coined by the Cuban anthropologist and criminologist Fernando Ortiz in his book *Contrapunteo cubano del tabaco y el azúcar* (1940) in which he describes transculturalism as the complex processes of exchanges (linguistic, economic, ethnicities, gender, traditions, etc.) between two or more cultures. According to Arroyo (2016), Ortiz's transculturation was developed as a revision to the earlier anthropological term *acculturation,* which was used by U.S. and British anthropologists to study and describe the assimilation processes of Europeans, Africans, and other immigrant populations in the United States. For Ortiz, transculturation is not a one-way process but a two or more-way exchange of cultural influences that create hybrid or creo-cultures. In addition, the transculturation envisioned by Ortiz, not only represents a heterogeneity of cultures but also the result of a "re-conciliation" of differences between two or more cultures (Arroyo, 2016, p. 134).

In a more recent usage and understanding, Flüchter and Schöttli (2015) describe transculturality as a modern phenomenon of our globalized world that "occurs not only everywhere but also at all times and in all human cultures and societies. It is not bound to a certain time, but represents a timeless, structural element in all human societies, practices, and institutions" (p. 3). Scholars who support transculturality tend to denounce multiculturalism for focusing too much on differences (politics of difference) and interculturality for embracing isolated (islands) and essentialized notions of culture (Flüchter & Schöttli, 2015; Welsch, 1999).

For example, Petersen (2020) suggests that transculturality embraces both cultural differences and commonness, cultural encounters, and the product of intermixing and hybridity of cultures resulting from immigration/postmigration, diasporas and cosmopolitanism. However, Portera (2008, 2014) was concerned that transcultural approaches are rooted in European ideologies, including Kant's cultural universalism, thus running the risk of becoming a new and further form of cultural imperialism. Regarding decoloniality, while some scholars (Guilherme & Dietz, 2015) suggest that transculturality has little to say on the impact of colonization/decolonization, Monceri (2019) and Tumino (2019) suggested that transculturality supports decolonizing efforts.

Starting in the early 1990s, transcultural "counselling" distinguishes itself as a unique multicultural counseling framework and was adopted by a handful of scholars from the United Kingdom including d'Ardene (1993), Johnson and Nidirshaw (1993), and d'Ardenne and Mahtani (1999). While critiquing western approaches to counseling and therapy with black and immigrant communities, transcultural counselling also distanced itself from the expertise-driven and competence approaches of the MCC framework already popularized in the United States at the time. Transcultural counselling focuses on coloniality, racism, population in transition, and intermixing of cultures. Theoretically, Ibrahim (in McFadden, 1999) describes transcultural counselling as having an existential theoretical foundation, which incorporates a framework of "worldview and cultural identity" as "mediating variables used to understand the cultural and gender identity of the client" (p. 29). However, Ibrahim also suggests that transcultural counselling also embrace the acquisition of "awareness, knowledge, and skills" and that an "existential worldview theory can help clarify the basic human concerns people confront, regardless of culture" (McFadden, 1999, p. 36). Similarly, Eleftheriadou (2002) proposed how a transcultural therapy framework could effectively integrate nineteenth and twentieth century

humanist philosophy such as Edmund Hussel (phenomenology) and Friedrich Nietzsche, Martin Heidegger, Jean-Paul Sartre, and Martin Buber (existentialism). The rationale for adopting an existential and phenomenological theory in transcultural counselling is based on the assumption that clients are embedded in a unique socio-cultural reality and that each client and each therapist create unique and subjective experiences of the world. Thus, therapists and clients hold different world views and philosophies of life, and the crucial importance of therapy is acknowledging and working beyond cultural differences (d'Ardenne & Mahtani, 1989). Although the "transcultural counselling" theory as endorsed by Ibrahim (1999) and Eleftheriadou (2002) appears to advance the multicultural counseling discourse by proposing an existential/phenomenological understanding of cultural contexts and world views, a post-modern/constructionist analysis reveals a clear endorsement of universal ideals akin to the cross-cultural and MCC's essentialized framework (Portera, 2014; Guilherme, 2019).

Interculturality and Critical Interculturality

Originating from Latin American educational anthropology, interculturality (IC) is a theoretical concept based on a mix of theories (social constructionism, critical anthropology, postcolonial theories, and others) to explain how intercultural discourses are shaped in North America, Latin America, and Continental Europe (Diertz, 2018). The notion of interculturality has been used in education under other names such as multiculturalism, transculturality, social justice, and globalization in the U.S. and Europe in the 60s and 70s, and more recently in other parts of the world (Dervin, 2016). However, a crucially important meaning behind the sufix "-ality" in the adjective interculturality represents the ongoing process of defining and re-shaping of the meaning behind the noun "intercultural" and not as a term that exists as an object outside of human constructions. Like the constructionist view, Dervin (2016) defined interculturality as a

point of view that changes with time and dialogues rather than a given or a finalized concept, which is a clear departure from how the concept is generally portrayed in cultural competence literature.

Interculturality is not the same as intercultural communication competence or intercultural competence (Stier, 2006; Deardorff, 2006, 2009), which are prescriptive concepts that rely on positivist characteristics such as knowledge, skills, attitudes, outcomes, etc. Although interculturality can be applied prescriptively (as in the MCCs and intercultural competence), it is generally a descriptive analytical tool used to examine the interrelationships and issues of power within the structure of a society (Dervin, 2016; Dietz, 2018). Intercultural analyses include intersectionality (Collins, 2015), the “articulation of different,” and critiquing the “us versus them” mentality within concepts such as culture, ethnicity, religious affiliation, and/or nationality (Dietz, 2018). Unlike multiculturalism, interculturality does not attend to group composition (e.g., demographic or numerical terms) but examines the kind and quality of intergroup relations (e.g., who has the power to define who is a majority/minority) and “the historical rootedness of these processes of inclusion and exclusion” that is part of a society (Dietz, 2018, p. 2).

It has been difficult to locate research and scholarship on interculturality as it relates to multicultural counseling in the United States, Europe, or elsewhere. I did not identify any literature that directly linked interculturality and MCCs in my literature review. With almost five decades of research in education on ways to effectively engage Indigenous and people of color from culturally-centered and decolonizing worldviews, there is much potential for further research, understanding and application of interculturality in the field of counseling and therapy. Of the few authors who have written extensively about interculturality in education, I find their interpretation of interculturality translatable to multicultural counseling.

While the cultural competence movement in the U.S. focuses on providers' knowledge, awareness, and skills, it has not addressed institutional and epistemic positioning of power at the level that interculturality does. For example, like positioning theory (Harré & Moghaddam, 2003), interculturality acknowledges that some people can be subjected to domination, exclusion, and prejudice because they exhibited a certain characteristic or affiliation with a group while others believe they are being treated fairly and equally. Devin (2016) suggests that the responses of individuals in groups change depending upon the social location and position within a specific community. Dietz (2018) asserts that interculturality has both a functional and a critical/emancipatory application in cultural discourse. On the one hand, functional interculturality acknowledges that the status quo (e.g., lack of competencies, lack of communication skills, lack of human capital, and so on) contributes to problematic social relations that are central to issues such as "exclusion, discrimination, and persisting asymmetrical relations" (Dietz, 2018, p. 3). On the other hand, a critical/emancipatory interculturality:

> deepens our understanding of the historical and structural nature of (e.g., imperial, colonial) inequalities that shape current cultural diversity and identifies collective actors that may transform asymmetrical relations, not individually but systemically, by developing new channels of participation, new legal frameworks for recognition, and new postcolonial institutions and/or identifications. (Dietz, 2018, p. 3)

It seems that early intercultural frameworks adopted the static notion of culture under a more traditional anthropological gaze. More recently, functional and critical interculturality endorse a dynamic, hybrid, processual and contextual notion of culture (Dietz, 2018).

While cultural competence and post-structural frameworks offer an understanding of power issues in term of inequality, racism, discrimination, and social justice, their very

epistemological and ontological foundation is linked to the Eurocentric positivist framework. As demonstrated in the field of multicultural education (Devin, 2016; Dietz, 2008), understanding issues of power from a decolonial and intercultural lens, including a history of colonialism and imperialism throughout the world, will greatly enhance counseling education, practice, and research for people of color and Indigenous communities. Like social constructionism and decoloniality, critical interculturality's relationship with multicultural discourse (whether in education, counseling, or research) does not entail a set of strict rules or guidelines to follow. Rather, it offers a lens to describe, analyze, and interpret cultural phenomena that reflect anti-colonial and anti-imperialistic values. This framework has tremendous potential for reconstructing the multicultural counseling standpoint to fit what was originally envisioned.

Summary, Reflexivity and Transition

In this chapter, I have provided a historical context and outlined the current debate about cultural competence counseling practices with culturally diverse populations. Although many writers have critiqued the MCCs over the years, the latest revised framework for the competencies (MSJCC) continues to be challenged by various epistemological perspectives. As the literature indicates both a theoretical and practical mismatch between the current MCC framework and multicultural practices, there is a need to understand what providers on the ground have to say about cultural competence to have a better sense of future direction for the field.

The principles behind Tuhiwai-Smith's decolonizing methodologies have greatly shaped how I now understand MCCs and multicultural counseling as practiced and understood in the west. My original intention for the study was to critique MCCs and recommend practices from a social constructionist and post-modern perspectives in multicultural counseling. However, after

reviewing the literatures on decoloniality and interculturality, my view on the original study's objective and research design changed significantly. At the time of this writing, a handful of writers suggest that the multicultural counseling field can benefit from research and scholarship on decolonizing methodologies and interculturality. Together, I argue that social constructionism and decoloniality add to the epistemological diversity by including emerging cultural discourses in counseling and therapy. The next chapter will present details on the research design and how the study was carried out.

Chapter 3: Methodology

The methodology of this study was initially grounded in social constructionist ideas to explore the limitations of the MCC framework, using semi-structured interviews and thematic analysis (Braun and Clarke, 2006). My intention was to gather empirical evidence from therapists of color to examine the theoretical and practical limitations of the MCC framework as indicated in the literature. While I thought that the initial theoretical design would help increase understanding of what providers on the ground had to say about the MCCs, the original analysis did not address the colonial and imperialistic agendas within the MCC framework. With this realization of the researcher's epistemic reflexivity (Breuer & Roth, 2003; Dowling, 2008; Kinsella & Whiteford, 2009; Palaganas et al., 2017), I repositioned my study through the lens of decoloniality (Tuhiwai-Smith, 2013) and revisited the data in a second analysis. In my second analysis, I attended to the underlying coloniality embedded within the MCC framework and in the field of counseling and therapy. After that, I revisited the participants to conduct member check interviews (Lincoln & Guba, 1985) to synthesize the analyzed data (Birt, 2016) and to share my reflexive learning experiences with decoloniality. In the follow-up interviews, I also introduced two new frameworks (interculturality and transculturality) with the participants to see whether new data could be added to the initial analysis. This repositioning of my research study became an important step towards introducing decoloniality, interculturality, and transculturality as valuable frameworks to be included in the discourse on multicultural counseling and therapy. In Table 3.1, I provide an outline of the process of data collection, analysis, and repositioning of methodologies. Further explanation and details of these processes are provided in the remainder of the chapter, beginning with decolonizing methodologies.

Table 3.1

Outline of study design and methodologies

Step	Description
1. Survey & Consent	Eligible participants were invited to complete an online survey that includes ten demographic questions and participants experiences with MCC framework. 21 participants participated in the survey and gave permission to be contacted for interview (See Table 3.1 for details).
2. Initial Interviews	I met with 16 participants individually (face-to-face, phone or virtually) for 60-90 minutes semi-structured interviews.
3. Initial Thematic Analysis	I completed the initial thematic analysis (Braun & Clarke, 2006), which resulted in 9 initial themes.
4. Initial Decolonial Analysis	I revisited the data and re-analyzed the participant responses and themes from a decolonial perspective using Tuhiwai-Smith's (2013) framework.
5. Member-check Interviews	I re-engaged with 12 participants through two group interviews (90min) and five individual interviews (60-90min) for those who were unable to attend the designated group interviews.
6. Second Thematic Analysis Second Decolonial Analysis	I completed a thematic analysis and a decolonial analysis of the follow-up interviews and incorporated them into the final analysis.

Decolonizing Methodologies

On many fronts, decolonizing methodologies and Indigenous research share many characteristics of social constructionism and reflexive practices that were incorporated into this study from the start. For example, the objective of decolonizing methods is aimed toward a self-determining and emancipatory agenda, which is also anti-positivist, reflexive, critical, transparent, subjective, and epistemologically different than the objectivist approaches (Tuhiwai-

Smith, 2013). These characteristics are also shared by social constructionist and reflexive research agendas (Breuer & Roth, 2003; Burr, 2015; Kinsella & Whiteford, 2009). Tuhiwai-Smith (2013) stated that the Indigenous research agenda is centered on a self-determining Indigenous world supported by elements of healing, mobilization, transformation, and decolonization. In decolonizing methodologies, the objectives of research are for the survival, recovery, and development of Indigenous people.

Decolonizing methodologies recognize the problems with the so-called "culturally sensitive, bicultural, and partnership" approaches to research because their strategies are either to get around or avoid the problems of colonization, politics, and epistemology (Tuhiwai-Smith, 2013). These strategies include qualitative or ethnographic research models that espouse an emancipatory and empowering objective. Tuhiwai-Smith (2013) pointed out that although decolonizing methodologies adopted feminist and critical theories within their local framework, critical approaches as applied in the west has failed her own Indigenous community - the Maori people - because their stance "assumes that oppression has universal characteristics independent of history, context and agency" while Indigenous people believe that "the end result [of the oppression] cannot be predetermined" (p. 180). In this sense, decolonizing methodologies do not follow a universal recipe but rather accommodate complex, uneven, and unpredictable emancipatory struggles.

According to Tuhiwai-Smith (2013), a decolonizing researcher generally asks what an Indigenous activist would ask about research: *Whose research is it? Who owns it? Whose interests does it serve? Who will benefit from it? Who has designed its questions and framed its scope? Who will carry it out? Who will write it up? How will its results be disseminated?* These questions are designed to help guide researchers to conduct studies that respect and benefit local Indigenous people. In my revised research project, I have been influenced by some of these

questions and my responses to them are featured in Chapters four and five. For example, I ask myself in this study whose interests am I serving as I write about the multicultural competencies in the mental health discipline? The decolonizing framework as described above made me question who the audience will be when I share my research findings in the mental health communities in which I work. I also review from a decolonizing stance the questions that framed my interactions with participants, and I consider the effects of my own cultural identities and theoretical assumptions on the dialogue generated in the fieldwork.

Tuhiwai-Smith asked *What happens to research when the researched become the researchers?* Kaupapa Maori research is a prime example of decolonizing methodologies being implemented by Indigenous Maori people in New Zealand for several decades. Tuhiwai-Smith (2013) describes Kaupapa Maori research to include the following important elements: 1) The research is culturally safe, 2) involves the mentorship of the elders, 3) it is culturally relevant and appropriate while satisfying the rigor of research, and 4) it is undertaken by a Maori researcher. In addition, other forms of research that take on the label such as “culturally sensitive models” do not meet the above criteria under cultural safety. According to Tuhiwai-Smith (2013), Kaupapa Maori research has a localized theoretical positioning of critical theory, it is anti-positivism, and is derived from very different epistemological and metaphysical foundations compare to western philosophies. Although they may not resemble western philosophies, Tuhiwai-Smith argues that decolonizing and Indigenous research are just as important, systematic, ethical, and “scientific” as some of the modernist traditions in the way it approaches a research problem.

Epistemic Reflexivity

Reflexivity is the systematic and ongoing assessment of the researcher’s identity, positionality, and subjectivities that influence the meaning and interpretation of all research

processes (Ravitch & Mittenfelner, 2015). According to Dowling (2008), epistemological reflexivity is the process by which researchers ask questions of their methodological decision making and think about how those epistemological decisions impact the research and its findings. In this study, my theoretical stance was repositioned after encountering decoloniality and intercultural frameworks. I equate this repositioning from a critical/post-positivist framework to a decolonizing framework as "epistemic reflexivity" by acknowledging that this theoretical repositioning shape subsequent interviews and interpretation of overall research findings. According the Pezalla et al. (2012), this practice of self-reflexivity combined with an understanding of "researcher-as-instrument" set the stage for seeing that "understand[ing] ourselves as part of the process of understanding others, (research participants and research data) increase the transparency of our findings, and increase the legitimacy and validity of our research" (p. 169). By repositioning my study through a decolonial lens, I was able to look beyond the epistemological binary of the positivist and constructivist paradigms within the discourse of multicultural cultural competencies. This revised positioning draws upon a fresh and relatively new conceptual framework that is grounded in Tuhiwai-Smith's decolonizing methodologies.

There is a small literature base that directly discusses decoloniality and cultural competence in the mental health field and the counselor education field (Goodman & Gorski, 2015). I came to realize that although decoloniality has not been widely discussed in the counselor education literature, the goal of multicultural counseling is intertwined with a decolonial standpoint because both ideas advocate for changes to dominant Eurocentric practices. However, the distinction between multicultural counseling and decolonial practices lies in how they address issues of power embedded within existing theoretical, colonial, and institutional practices that can easily be ignored without demonstrating a decolonizing

reflexivity. By incorporating an Indigenous research design and reflexivity in my reworked study, I became attuned to how my original colonizing perspectives were heavily influential in how the dialogue generated in the fieldwork was co-created. Incorporating the decolonizing worldview had significantly re-shaped my second reading of the dialogue produced between my participants and myself. It also showed some stark differences between my original analysis and conclusions and my new reflections and commentary presented in Chapters four and five.

While I am drawing on the philosophical positioning of decoloniality articulated by Tuhiwai-Smith (2013) in a second analysis, I have not abandoned the thematic analysis approach that produced the original data in the first place. My epistemic reflexivity on the original study design and thematic analysis were crucial "researcher-as-instrument" data sources to expose the problems with colonizing interactions in the counseling discipline and provide a rich textual data from which to interrogate the notion of "cultural competence." During the member-checking interviews, I shared that I was shocked by my own Eurocentric positioning during the initial fieldwork. I also shared how my understanding of the MCC framework had significantly changed after my encounter with decoloniality, interculturality, and transcultural concepts.

Sampling Design

To examine these complexities as well as how MCC is understood and used in practice, I used purposeful sampling to recruit licensed ethnic mental health providers (Marriage and Family Therapist, Psychologist, Clinical Social Worker, and Clinical Professional Counselors) who are trained in the MCC model and have experience working with ethnically diverse clients. In selecting my participants, I assumed that after completing more than 3000 hours of direct therapy experiences with diverse populations, the participants would have a depth of experience in the field for meaningful discussion about how the MCC framework is applied in practice.

By studying the experiences of individuals who are persons of color who have been raised in the United States I assumed that my study participants are more likely to understand the impact of racism and systematic oppression. Study participants have provided important insights on issues related to social justice and cultural competence. The target sample group was made up of providers who have lived in the United States for at least five years and who were able to provide counseling and therapy in English. I used these parameters to guide the selection of the sample group to ensure that the participants represented a robust sample of clinicians who have experience with trainings and application of the MCCs.

Informed Consent and Pre-Interview Survey

I recruited participants through personal contacts, informal email, and postings on professional networking groups. I personally and informally approached colleagues who I thought met the criteria for the study. Once they agreed informally to participate, I sent follow-up emails with a link to the initial demographic survey and consent form online. Additionally, emails were sent to the following professional programs: San Diego State University Community Based Block MA program graduates on the alumni, the Asian American Psychological Association members list-serve, and their respective Facebook networking groups. In addition, an invitation message and survey link were posted on the following LinkedIn networking groups: Network of professional social workers-NPSW, Military mental health group for mental health providers/Professionals, Therapists Linked, American Psychological Associations, Somatic Mindfulness & Relational Psychotherapy, Mindfulness and Psychotherapy, American Association for Marriage and Family Therapy, Marriage Counseling & Therapy Network, Forum for Behavioral Health Providers (for Military Personnel, Veterans, and Families), and Emotionally Focused Couple & Family Therapy.

All email invitations and postings on online professional groups included a brief description of the dissertation study, its purpose, four criteria for participation and a link to the initial demographic survey. The eligibility criteria for the study were:

1. Identified as a person of color living in the United States;
2. Currently working as a licensed mental health professional (e.g., clinical psychologist marriage and family therapist, professional clinical counselor, social worker);
3. Having experiences with serving clients from a diverse ethnic heritage; and
4. Having training(s) in cultural competence counseling and therapy. (e.g., multicultural competencies by Sue et al., 1992)

If an individual met these four criteria, they were invited to complete a brief survey online via a provided link. I constructed the survey to include 12 demographic questions to ensure participants met important criteria which:

1. Showed experience practicing with clients of diverse ethnic background;
2. Demonstrated they were licensed mental health professionals;
3. Had completed trainings in multicultural competence and/or related trainings; and
4. Consented to participate in the study and agreed to be invited for a follow-up interview either in person or video/telephone conference. (See Appendix C for full details)

I initially aimed to interview about 15 to 20 participants or until the themes identified were being consistently replicated with no new theme identification emerging. I describe this as a saturation stage. This occurs when the researcher begins to see the same theme emerging over and over again and no new information can be gained from additional interviews, hence leading them to believe that they have sufficient information to explore the intended research questions (Guest et al., 2006). Twenty-one licensed mental health professionals completed the online survey and consented to participate in the interview. Out of that number, 16 participants successfully

participated in the initial in-person and video/audio individual semi-structured interviews (SSI) that lasted between 60-90 minutes. A second-round of "member-checking" interviews were conducted to increase richness in the data and to incorporate reflexive ideas on decoloniality, interculturality, and transculturality into the overarching discussion on the MCC framework. The member-checking interviews were designed to increase collaboration, accuracy, and credibility of the study results (Birt, 2016; Lincoln & Guba, 1985). I sent two separate emails to all 16 participants and follow-up with a phone calls with those who did not response to the emails. Twelve participants participated in the member-checking interviews. The member-checking interviews were composed of two group interviews and five individual interviews.

Demographics of Sample

I have provided details of participants sample in Table 3.2. Of the 16 participants who participated in the study, there were three licensed clinical psychologists, six licensed family therapists, six licensed clinical social workers, and one licensed clinical professional counselor. The median years of licensed clinical practice was six years, ranging from one to 26 years. The participants were either born or lived in the U.S. between 10-60 years and all were fluent English speakers. Four males completed the survey but only two engaged in the interview compared to 14 female participants. Ten participants speak a second language. All except for two participants indicated that at one time in their career they had a caseload of at least 50 percent ethnically (Non-white/Caucasian) diverse clients. The average number of years the participants indicated working with clients of diverse ethnic heritage is seven years. Participants' ethnic identity includes three Black/Black American, one Brazilian, two Vietnamese, one Chinese-Vietnamese, one Chinese-Taiwanese, one Chinese, one Iranian, one Native American, one Asian (Chinese-Taiwanese with Brazilian cultural identity), one Multiracial (Filipina/Spanish/Chinese/white),

Table 3.2

Demographics of 16 participants who participated in interviews

Gender	Male (2), Female (14)
Areas of expertise	Clinical Psychologist (3), Family Therapist (6), Clinical Social Worker (6), Licensed Professional Counselor (1)
Median time of licensure	6 years (ranges from 1-26 years)
Language fluency	10 participants speak a language other than English which include: Vietnamese (2), Spanish/Portuguese (2), Mandarin/Taiwanese (2), Arabic (1), Korean (1), Tagalog (1), Japanese (1)
Ethnic identity	Black/Black American (3), Brazilian (1), Vietnamese (2), Chinese-Vietnamese (1), Chinese-Taiwanese (1), Chinese (1), Iranian (1), Native American (1), Asian: Chinese-Taiwanese-Brazilian (1), Multiracial: Filipina/Spanish/Chinese/white(1), Mixed ethnic identity (1), Korean American (1), and Filipina(1)
Theoretical orientation	CBT (8), Attachment/EFT (4), Solution-Focused/Brief Interventions (4), Mindfulness (2), psychodynamic (2), Narrative (2), Bowen/Family Systems (2), and Integrative mind-body/ Feminist (1).
Diversity experiences	7 years (average); 14 participants have had a case load of at least 50% ethnically diverse clients at least one point in their career.

one Mixed ethnic identity, one Korean American, and one Filipina. In term of theoretical orientation, most participants indicate CBT (8), Attachment/EFT (4), Solution-Focused/Brief Interventions (4), Mindfulness (2), psychodynamic (2), Narrative (2), Bowen/Family Systems (2), and EMDR/Hypnotherapy/Integrative mind-body/Feminist (1).

Trustworthiness, Rigor and Protection of Research Participants

This study went through a rigorous five-pronged approach to data generation and analysis:

1. Online survey
2. Pilot interviews
3. Researcher's epistemic reflexivity
4. Participant transcript review
5. Member-checking interviews

As described in the outline in Table 3.1, 21 participants completed the pre-interview survey that included a consent and set of demographic questions. A copy of the completed survey and consent were emailed to participants prior to the interview to give them an opportunity to review and sign. Sixteen participants completed the initial interviews (four were interviewed in person, one was interviewed over the phone, one via messenger and 10 via Zoom). In the follow-up interviews, I completed both group and individual interviews via a secure, password protected Zoom online meeting. By initiating an open and personal relationship with the participants in the research process, I am inviting them to contribute holistically to their experiences and perspectives in the interviews and follow-up interactions. Participating in the study was voluntary and no compensation was exchanged. As described earlier in this chapter, researcher's reflexivity is essential to all qualitative studies. My reflexive process included keeping notes on my thoughts and reflection on theoretical and methodological decisions I made throughout the

research process, including interactions with my thesis advisors. I have included these reflections in the introductory chapter, in this chapter, and in smaller sections throughout the dissertation. The member-check interviews were completed to give the participants the opportunity to review the initial findings, add to it or change if needed to ensure accuracy of the data (Birt, 2016; Lincoln & Guber, 1985).

Prior to the initial round of interviews, I completed two pilot interviews with potential participants to test the research questions and familiarize myself with the interview process. The reflexive lessons from those interviews helped me modify the interview questions and become aware of the way I interview/interact with the participants. Those interviews were not included in the final analysis because they reflected an earlier draft of the research question that did not fit with the final research objective. To protect participants' identity, all recordings, surveys, and transcripts are stored in my computer, which is password protected. All files that are uploaded to Trint.com websites have been assigned pseudonyms so that no other person can identify who the respondents are beside myself. A pseudonym is also used for direct quotes of participants except for those participants who chose to use their real names. The interviews were recorded and later transcribed using an online assisted transcription website called Trint (https://trint.com). Trint is a secure, automated transcription program that enables users to review and edit the transcription word-for-word to ensure accuracy of the data. I also provided participants the opportunity to review and make changes to the final transcriptions prior to being used for data analysis. According to Birt (2016), this enhances accuracy of the interview transcript and trustworthiness of the data.

Semi-Structured Interviews and Member-Checking Interviews

As described in Table 3.1 at the beginning of this chapter, I completed two rounds of interviews. The first round was initially designed to capture a sense of the participants' experiences with the MCC in practice regarding definition of culture, epistemology, and what cultural competence looks like in practice. The second round, which I also call the "member-checking" interviews, was designed to synthesize the analyzed data, and introduce interculturality and transculturality frameworks. I introduced interculturality and transculturality because they are relevant frameworks to consider along with cultural humility and cultural responsiveness, but I did not bring these concepts up in conversation in the first round of interviews.

I used semi-structured interviews (SSI) because it is congruent with the objective and philosophical orientation of the study while being ideal for exploring specific and detailed experiences, feelings, stories in an in-depth format about the MCC epistemological framework and application in practice. The SSI is both flexible and specific at the same time, allowing the interviewer to remain responsive to the participants while still being able to steer the conversation in a direction they choose (Macintosh & Morse, 2015). The type of SSI that I deployed in this study can be categorized as "descriptive/corrective SSIs" (McIntosh & Morse, 2015) because it represents an empathetic interviewing style with the objective of collaboration between myself and participants to better understand the colonizing forces in multicultural counseling.

According to Brinkmann and Kvale (2015), an interview is where "knowledge is constructed in the interaction between the interviewer and the interviewee" (p. 4). This study elicited the participants' experiences through their narratives with the social constructionist assumption that stories are co-constructed for a specific audience at a time. Since the researcher co-constructs the research with the participants, the researcher plays a key role in shaping

qualitative research interviews (Pezalla et al., 2012). Mindful of this, I intentionally conducted the interviews to follow a conversational style with participants to show respect and collaboration in the research process. I also intentionally positioned my role as a collaborator in the research and showed myself to the participants as somebody who was curious, affirming, validating, and sparingly self-disclosed my own journey of learning (epistemic reflexivity) to promote transparency and trust with study participants (Peredaryenko & Krauss, 2013; Pezalla et al., 2012).

I started each interview with reviewing the consent and confidentiality limitations and offering participants the opportunity to ask questions about the completed online survey. To provide respondents with the context and audience for whom the narratives/stories being told, I generally began each interview with an introduction of the study's purpose, shared my personal and professional background and my interest in learning about how cultural competence works in practice. Additionally, to add richness to the conversation with each participant, I also asked respondents to share stories about their journey as a clinician prior to discussing about cultural competence. The interview generally began with opening questions with follow-up questions in between: Tell me the story about how you became a therapist. How did you come to know about cultural competence? How do you define culture? What kind of training(s) have you had on cultural competence? What recommendations do you have about effective cultural competence practice and trainings? See Appendix B for the list of questions that I intended to ask during the interview. However, not all questions were asked as each interview conversation was different and sometimes the participant had already spoken about the questions in the conversation.

I chose to use group interviews in addition to individual interviews in the member-checking field work because it offers an opportunity for participants to give feedback on the initial findings and be in dialogue with one another. Using a group context has the potential to

offer an interactional dynamic that assists participants to hear other viewpoints first-hand while clarifying their own points of view. In the end, my hope was that participants and myself to walk away from the group interview with a robust experience in learning than other interview methods. For participants who were unable to attend one of the two available group meetings and, thus, participated in individual interviews, I made a concerted effort to bring their voices into the conversations with other participants by quoting some of their remarks and concerns. For those who I interviewed after the group, I did the same by bringing into conversation what was shared in prior individual and group interviews. Although a concerted effort was made to reach all 16 participants for the member-checking interviews, only 12 participants re-engaged. While it would have been desirable to have all 16 participants participated in the member-checking interviews, I believe that the reflexive dialogues between the 12 participants and myself were valuable and added richness to the overall findings. Some of the questions I asked in the member-checking interviews include:

- Are the findings what you thought they would be?
- Are you surprised by any of the themes? Share your thoughts on whether you agree or disagree with the themes.
- May I get your permission to use these themes in my study?
- What thoughts do you have on the new concepts of decoloniality, interculturality and transculturality?
- Reflecting on the work that you have with communities of color or diverse populations who may not response to modified Euro-American counseling models (CBT, systemic, medication, etc.), what are the traditional and local practices that could have better helped these clients?

- What other ways to address diversity aside from modifying interventions that are based on European/American traditions?

Thematic Analysis Design

Braun and Clarke (2006) argued that thematic analysis can work on its own without subscribing to "named and claimed" thematic analyses such as discourse analysis (DA), interpretive phenomenological analysis (IPA), thematic decomposition analysis, grounded theory, and narrative analysis. This thematic analysis follows a social constructionist epistemology, which situates knowledges as co-constructions by the researchers and the participants. The thematic analysis I conducted assumes the data is a performance of the experiences of TOC and are told through their stories that are co-constructed with the researcher.

The thematic analysis I conducted follows Braun and Clarke's (2006) six phases of analysis with an emphasis on a theoretical approach to analysis (See Table 4 for a detailed explanation of the six phases). According to Braun and Clarke (2006), this approach to data analysis involves looking for patterns/themes within the data to answer questions and concerns related to prior research findings and the overall research question. Although the theoretical approach provides a less rich description of the overall data, it does offer a detailed analysis of aspects of the data that I wanted to investigate (e.g., how do TOC define culture in cultural competence?). From this framework, it is important to note my subjective role in the analysis because my "judgement is necessary to determine what a theme is" and as the researcher I help construct and make biases judgement in the process of theme construction (Braun & Clarke, 2006, p. 82). Beginning with the interviewing stage, I was transparent with the participants about the research objective of exploring the concerns from the literature review, which centered on the

Table 4

Six Phases of Thematic Analysis (Adapted from Braun & Clarke, 2006)

Phase	Description
1. Familiarizing with the data	Transcribing, reading, and re-reading the data, writing down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

epistemology of the MCCs and how the MCCs framework is applied in practice. This interest guided the main research questions and the follow-up questions during the interviews.

In phase 1, as laid out in Table 4 (above), I transcribed, read, and re-read all 16 transcripts with assistance from an online transcription program. Each transcript was read over at least twice to ensure accuracy and parts of the transcript that I thought were relevant to the research questions were highlighted. In phase 2 of thematic analysis, I utilized a theoretically driven approach to generate the initial coding of the data related to the five central research questions that guided the interviews: How do you define culture? What do cultural competence interventions look like in practice? Which counseling theories are culturally competent? What recommendations do you have about effective cultural competence practice and trainings? I did this by highlighting and identifying different codes by color and by the questions they arose from. For example, I assigned a color coding to all the answers to the question "How do you define culture" that appear to be repeating among different participants and are relevant to the main research questions. Then I combined all the codes generated from this question into a separate word document to be reviewed later. Sometimes, a code identified from one research question may be more relevant to a list of codes (theme) generated from a different research question, which means a code can be used in more than one theme.

In phase 3 of thematic analysis (Table 4), I used the latent approach to coding to examine underlying assumptions behind the data. According the Braun and Clarke (2006):

> a thematic analysis at the latent level goes beyond the semantic content of the data, and starts to identify or examine underlying ideas, assumptions, and conceptualizations – and ideologies – that are theorized as shaping or informing the semantic content of the data. (p. 84)

The latent coding approach meets the constructionist interest of the study to explore in detail some of the elements of the MCC framework that have not been addressed in the literature (e.g., epistemology & power imbalances). For example, I wanted to examine how participants relate to the stated epistemological limitations regarding the MCC framework as stated in the literature. So, in the original phase of coding, I was looking for phrases and words that directly or indirectly made assumptions about issues such as “essentialism”, “unidimensional”, “ignoring power issues”, “objectivity” and so forth. In this phase, I also began looking for relationships between codes, between themes, and between different levels of themes and I constructed a thematic map (Braun & Clark, 2006). In phase 4 of thematic analysis (Table 4), all coded themes were reviewed and either collated together or separated to construct new themes. I was going back and forth between the initial coding of themes and the research questions in search for common themes that best captures the narratives generated across all participants. This process resulted in eight initial themes that reflect the original five main research questions.

In Table 3.1, I explained that the phase of defining and naming of themes on participant statements from interviews was undertaken on three occasions. The first analysis was completed after the initial interviews and prior to my encounter with decolonizing methodologies and interculturality. The second analysis occurred after I became familiar with decoloniality and then applied them to the participant data along with researcher’s epistemic reflexivity. The third analysis was made on additional data gathered from the follow-up interviews and focus groups. In the initial analysis, I interpreted the themes based on a more pragmatic and a less critical approach to the data. In that analysis, similar to the coding of data in phase 3, I was looking for themes that reflect the critical, epistemological, and textual interpretation of the MCCs that showed obvious limitations brought about by the theoretical constructs the MCC framework is built upon. In the second review round of the themes as described in Table 3, I used researcher’s

epistemic reflexivity and the decolonizing framework (Tuhiwai-Smith, 2013) to critique and acknowledge the colonizing and essentializing assumptions I was making in the original analysis of the themes. During this second reflexive decolonizing analysis I engaged in, I reviewed all eight original themes and added my commentary to each theme to “theorize the sociocultural contexts, and structural conditions” (Braun & Clarke, 2006, p. 85) that influenced each individual’s co-construction of their responses to my questions. Rather than keeping intact the eight themes generated from the first analysis, the re-interpretation of the themes from a decolonizing framework resulted in six points that I considered as “significant findings” and I reflected on this material in Chapter five. Like the process of collating the data and making a thematic map in phase 3 & 4, this reduction in the number of themes was also a deliberate action on my part to eliminate repetition and increase conciseness in the final findings. The steps in the second review round, which incorporated epistemic reflexivity and decoloniality, were repeated one more time after the completion of follow-up/member-checking interviews. New themes generated from this final round of analysis were incorporated into the overall themes from the first two rounds.

As described in the outline of the six phases of thematic analysis (Table 4), the final phase of the analysis involves returning to the transcripts to select sections of the narratives that best tell a story supporting the corresponding themes identified. I found this phase the most rewarding in the process of analysis because I was able to transparently present the participants’ narratives for everyone to see. I present these narratives along with my analysis in the next chapter.

Summary and Transition

In this chapter I have provided details about the sample selection process, the demographics of the sample, the interview context and intentionality, and a discussion of ethics,

rigor and reflexivity involved in the process. I have also presented my philosophical positioning and rationale for choosing semi-structured interviews and thematic analysis. I also discussed the process of epistemic reflexivity and repositioning of the study from a simple thematic analysis to a decolonizing analysis, which significantly changed how I view the field work data and my own transformation in the process. I also described how the member check interviews add to the trustworthiness and rigor of the overall analysis. In the next chapter, I provide results from these analyses of the data and reflexive discussion based on Tuhiwai-Smith's decolonizing methodologies.

Chapter 4: Thematic and Decolonial Analysis

This study was designed around the research question *What can we learn from therapists of color who are trained in a Multicultural Counseling Competence framework as they work with ethnically diverse clients?* To help answer this central research question, I conducted semi-structured interviews focusing on five key questions generated from the literature review. The questions were: 1) How is culture defined in the context of the MCC? 2) What are the concerns over the MCC framework as compared to newer constructs of cultural responsiveness, cultural humility, transculturality and interculturality? 3) What are the relationships between counseling theories discussed and the MCC? 4) What do MCC interventions look like in practice? and 5) What roles, if any, could decoloniality, interculturality, and transculturality play in multicultural counseling and therapy in the United States?

As I shared in the introductory chapter, I was drawn to the promises made by the MCCs to bring culturally appropriate services to underserved populations. However, after the initial field work phase and the first round of the data analysis, I realized I was blinded by the Eurocentric underpinning of the MCCs and the colonial influences on the construct of cultural competencies. As I discussed earlier, I began exploring decolonizing methodologies and new, emerging interculturality theories. The data I present in this first part of this Chapter four is heavily influenced by what I now term a colonial analysis. I argue that my own deconstructing analysis of both the participants' responses in the field work phase and the questions I asked the participants were a rich data source for decolonial analysis.

I now interrogate the fieldwork phase and my original analysis from this decolonizing standpoint. This perspective allows me to see my earlier theoretical posture as a researcher in a new light and have the theoretical and personal clarity about the relationship between theories

and culturally appropriate practices. As a result, I have come to painfully learn, while conducting my study, how critically important researcher reflexivity is for effective qualitative research.

As I proceed with this chapter, I first lay out my original data sources that at times showcase my uncritical examination of the respondents' comments and the influence of colonial discourses. After taking this step, I interweave a reflexive commentary throughout the chapter from a decolonial perspective and lay out the scaffolding for the intercultural framework I develop in Chapter five. This intercultural framework will present new options for effectively addressing therapeutic work with culturally diverse clients in the mental health field.

Pre-Interview Survey Results

As described in the previous chapter, the brief pre-interview survey was designed to screen-out participants who do not meet the required criteria for the study. The survey was also used to capture the participants' demographics, trainings in cultural competence, their theories of therapy and general experiences related to the area of cultural competence. Although the survey was completed by 21 participants, only 16 participants completed the interviews. The results presented here only reflect responses from participants who participated in both the survey and the interview. In retrospect, taking a decolonizing perspective, I decided it would be useful to include responses from participants who did not participate in the interviews to see if their responses contribute to the findings. The survey revealed that the respondents are composed of a heterogeneous group who are ethnically, linguistically, and experientially diverse with an average of seven years working with diverse/ethnic minority populations. Participants are licensed practitioners who have worked in this role from seven months to 19 years. Here are notable results from the multiple choices and comments boxes of the survey (See Appendix C for copy of the survey).

1. Thirteen respondents self-reported feeling that they know enough about cultural competence to teach or to practice competently with ethnically diverse populations.
2. Ten participants speak a language other than English.
3. The top three theoretical orientations utilized by participants include: Cognitive Behavioral Therapy (CBT) (8), Attachment/EFT (4), Solution-Focused/Brief Therapy (4).
4. In term of experience with MCC trainings, six or about a third of the participants were satisfied with the training they received. Six participants were neither satisfied nor dissatisfied with MCC trainings. One person reported dissatisfaction with their MCC training, and two participants did not respond to this question in the survey.

What was significance about the above data is while the participants appear to be very diverse in ethnic identities and linguistic capability and are well-equipped to work with clients from diverse cultural communities, their main counseling models and theories reflect mostly Euro-Americans worldviews. A decolonizing analysis of these data may raise questions if cognitive-behavior therapy, emotionally-focused therapy, and solution-focused/brief therapies are considered culturally responsive practices. In addition, clinicians were given the opportunity to briefly describe the strengths and limitations of the MCC. Ten participants responded to this question. Below are their direct responses.

MCC Strengths

1. "Not pathologizing behaviors that are based on the client's cultural norm. For example, not making eye-contact or staying quiet in a conflict does not mean the person is passive or shy." - Mina
2. [MCC] "... encourages curiosity and question asking vs imposing one's ideas onto clients." - Kelly

3. [MCC encourages] “joining... in a nonjudgmental way to strengthen the therapeutic rapport and allows the client to feel empowered and build hope from own resources” - Hang
4. [MCC leads to] “... talking about diversity” - Donna
5. [MCC] “... brings the issue of diversity to the forefront” - Maya
6. “Cultural competence training encourages us to ask more (and better) questions and assume less” - Joan
7. [MCC]“... draws attention to the need for "cultural competence” - Leilani
8. [MCC] “... increases knowledge and skills” - Ethan
9. [MCC] “ … meets the client where they are” - Kim

MCC Limitations

1. [MCC]“...gives false impressions that just because one is from [a] different culture, [one] can understand all other cultures” - Mina
2. “I think as a minority it’s more natural for me to work in a culturally competent approach than white therapists, but I myself become very immersed in psychodynamic theories which I don’t always think of in cultural terms” - Kelly
3. “It may be dangerous to learn from models that do not address the complexities of diversity in culture” - Donna
4. “Perhaps the idea that one can study to be competent at dealing with diverse clientele- that it is an intellectual skill [is not right]” - Maya
5. “The implication that one can ever be ‘done’ with the training or somehow achieve ‘competence’ in this area” [is wrong] - Leilani
6. “Culturally relevant practices are most likely not based on competency but sensitivity to human experiences” - Wendy

7. [The MCC] "... does not reach the attitude level" - Ethan
8. "The literature needs to keep up with the most current research and societal trends" – Kim
9. "We have to be careful not to overgeneralize and use stereotypes" – Esther
10. [MCC] "... it tends to stereotype" - Jeff

At the time I regarded the survey to be a good example of explicit and very basic themes in response to straight-forward questions regarding strengths and limitations of the MCC framework (Braun & Clarke, 2006). However, like other studies from the present MCC literature, the responses do not answer questions about the experiential, relational, contextual, and epistemological issues with the construct. The original aim of this study was to go much further beyond these survey responses described above and to learn from clinicians' experiences and analyze them through a social constructionist perspective. I presented the results from the fieldwork in the form of a thematic analysis of the 16 in-depth interviews.

Thematic Analysis

In this section, I discuss how the eight initial themes were generated from a theoretically driven approach to data analysis and how the themes were related to the research questions (Braun & Clarke, 2006). Examples of quotes from the interviews were chosen because they provide contexts to the clinicians' experiences with the education, trainings, and the practice of cultural competence with diverse populations.

Since the literature frequently criticized the MCC's definition of culture as being outdated, essentializing, and unhelpful, I thought at the time of the first analysis that it would be helpful to explore how TOC define the concept. I believed understanding how the participants define cultures versus how it has been portrayed in the MCC would help mental health researchers extrapolate a more preferred concept to tackle the intersectionality of the word. After

exchanges about the background of the research and asking the participants to story their journey as a clinician and encounter with multicultural competence, I asked them to define culture in their own terms. All clinicians provided a definition of "culture" in their own words and spoke at length about why they chose to describe culture the way they did. After reviewing all the definitions provided, a theme was generated to describe the respondents' view of the construct within the MCCs framework.

Theme 1: Culture is intersectional, fluid, and evolving while race and ethnicity continue to dominate conversations about cultural competence

The first theme captured participants' definition of "culture". All participants preferred a broad definition of culture that expanded beyond race and ethnicity. Participants' definitions of culture frequently included several variations of race, ethnicity, national origin, language, religion, gender/sexual orientation, education, SES, family/social values, and group practices. The participants generally put race and ethnicity as the primary source of culture while suggesting that other characteristics or "sub-cultures" and "family cultures" could be just as important for developing a robust counseling-client relationship. Three participants mentioned "intersectionality" and "overlapping factors" in their discussion about culture. Here are a few examples of the definitions given:

> *[Culture] has to do with people's values. There's a lot of different things that go into culture: language, values, ethnicity has some impact, like you would think of a Venn diagram there's a lot of sort of overlapping factors. (Karen, 31:11)*

> *[Culture] is these values and worldviews and customs that get passed onto the next generation and even though [they are] influenced by the place where you live, you can carry your culture into other places. (Maya, 50:32)*

> *I think we can categorize it in a set of... beliefs, practices, norms, rights, and values. And then... in some way... [there is] the main culture and then [there is] the subculture. (Jerry, 19:22)*

> *I think it extends to a lot more than that [race & ethnicity]... and just the*

> *intersectionality of all of these different things like race, religion, gender all that stuff... I mean there's also a family culture as well which sometimes trumps everything else. (Jennie, 25:41)*

These definitions appear to be consistent with most of the current literature on cultural competency that embraces intersectionality and includes other values and practices beyond race and ethnicity (Ratts et al. 2016; Sue et al., 2009). The participants do not suggest that race and ethnicity are the most important cultural traits as endorsed in the earlier cultural competence models (e.g., Sue et al., 1992). In addition, about a third of the participants define culture as something that "changes" or is "fluid", which can be driven by contexts or individually defined, highlighting the need to move beyond the traditional view of culture as static and group-based. Here are some further responses that suggest culture to be fluid and constantly changing:

> *Because to me culture is fluid, it keeps moving. So you might have mastered the Korean culture of the 70s. That does not make you relevant today. You know. It's really semantics. You know it's really like words but to me words is important. (Wendy, 19:52)*

> *It is the context in which the person develops their identity based on what is agreed upon in a society. And what is normal or not normal and how they're able to navigate those differences in their society. Yeah I would say it's perhaps like their social location in the world perhaps. (Donna, 36:39)*

> *I believe it changes with the individual. So if someone tells you ...my culture is Native American or my culture is American Indian or my culture is Asian American or my culture is Vietnamese or whatever, you need to ask them what they mean by that. And find out because it's going to be different for everyone. (Emma, 45:35)*

These definitions appear to be aligned with postmodern and social constructionist worldviews that embrace relational, contextual, fluid, and co-constructed definitions of culture. However, these definitions failed to include the impact of coloniality on the concept of "culture". While several participants mentioned the intersectionality of cultures and how they can be transported

from one place to another, most of the participants continue to associate cultures with group-based concepts and failed to recognize the epistemological problems with modern concepts of culture and the colonial hierarchical embeddedness within them (e.g., Aggarwal et al., 2016). In the member-check interviews, the participants did not have much to add to this theme and found it to be reflective of their views of the construct. It appears that they are mostly supportive of the broad and fluid interpretation of "culture" and consider the definition as an acceptable starting point for cultural discussions. In the next section of analysis, clinicians were asked to share their experiences and reflections on the MCC theoretical framework.

Theme 2: Cultural competence was designed for European-white clinicians who lack cultural awareness and experiences with diversity

The literature widely criticizes the MCC for its competency and knowledge-based framework. In this part of the interview, I asked the participants to reflect on the MCC's theoretical assumptions and how they translate into their real-life experiences in training and working with multicultural populations. After the initial questions about how they defined culture, I asked the participant to share any concerns they have with the MCC framework and its implications for ethnic matching, cultural modification of interventions, and cultural humility. I followed-up on their responses with critiques from the literature that support cultural humility (Tervalon & Murray-Garcia, 1998) and postmodern critiques (Jirwe et al., 2006; Johnson & Munch, 2009). At the time of the initial interviews, I had yet to read about decolonizing methodologies and interculturality, thus the questions and analysis are not from a decolonizing stance. In the follow-up and member check interviews, I shared with participants the theme of the MCC being developed for white-European Americans. I also introduced concepts of interculturality and transculturality, hoping to add more richness in the data and incorporated them into this analysis.

Despite defining culture as a broad and complex human phenomenon, when speaking about cultural competence as a framework for practice, about a third of the participants tended to equate the MCC framework with something designed for white-European providers. They also compared the MCC with dominant western perspectives in graduate study programs and in general practices in the field of psychology, counseling, and therapy. This theme is important as it points to the early models of MCC that made minority race and ethnicities the central focus of the framework and Caucasians were not considered a cultural group within the MCCs until publications in the late 1990s (Sue et al., 1998). Below are examples of these concerns from two clinicians of different ethnicities, education, and personal experiences with the MCC framework. The first example is from Leilani, a multiracial American Psychological Association (APA) accredited psychologist and an active member of the Asian American Psychological Association (AAPA).

> ***Leilani:*** *[31:05] I actually teach workshops on intersectionality, I mean I feel like I know more about cultural competence than most of my white colleagues. And that's partially because of who I am. Because white people don't really have to pay much attention to difference.*
>
> ***Tri:*** *[31:24] Is that so?*
>
> ***Leilani:*** *[31:25] Well they just don't. They just don't in general. They feel like white is the norm right and anything else is like exotic or whatever. And I think this is one of the problems I have with cultural competence because cultural competence assumes white norms.*
>
> ***Tri:*** *[31:48] How?*
>
> ***Leilani:*** *[31:50] Because cultural competence is anything that strays from white norms. Because psychology as it's currently learned at this time is predominantly white western European or American, APA [American Psychological Association] determines what is psychology for most of the world so that [it] is a specifically white lens… The paradigm is white by default. And even though increasingly there are students of color in graduate programs, it's [the program] still mostly white. And so that's ...sort of the target audience if you will. So what we'll call it and how we integrate cultural and ethnographic ...studies into the study of psychology.*

Based on her work with the organization and interactions with colleagues, Leilani is confident that she is more culturally aware than most white/European psychologists because of her experience as a biracial person, which requires her to pay attention to minority issues and different cultural paradigms. She pointed out that psychology as a field (especially within the APA) adopts a western/white lens by default, hence anything that strays from this norm is considered different and "cultural". During my member-check interviews, most participants agree with this theme while two participants disagreed. One participant, a Black American male social worker who agreed with this theme, said it reminds him of a concept he used in graduate study, namely "Caucasian normative," to describe how our society is structured based on a white/Caucasian values and ideals (Ward, 2008). Another participant voiced her disagreement with the assertion that the MCC was designed for white people. For example, that participant stated "there is nothing wrong about designing a theory from one's perspective as long as [they] do not impose that idea and thinking [on others…or claiming that] it is the truth for everybody and it should fit everybody" (Maya, 12/01/20). Below is an excerpt from Esther, a practicing Filipina American psychotherapist, who disagreed with this theme and who believes that the MCC model applies to clinicians of color as well:

> *I don't think that the MCC framework is only for white people. My understanding is that Sue et al. developed it in the early 1990s so the fact that an Asian man developed the model makes me think it is not totally from a white perspective. Maybe Sue wanted to enlighten white clinicians, but this model is useful for clinicians of all color. In my opinion, the MCC was the beginning of a discussion to help clinicians be aware and sensitive to the differences in their patients. It was not meant to make one an expert with specific races or cultures. (Esther, 12/01/20)*

From a decolonizing perspective, this theme forewarns us that the cultural competence framework goes against the goal of self-determination by people of color and their effort to break

free from Eurocentric and colonial doctrines. As demonstrated in the data, about 10 of the 16 participants did not believe that the MCC framework was made for white providers. For whom might they believe the MCC were developed? If the MCC was developed for all people, as a universal framework, why did the original framework not discuss white/European cultures? In any case, I believe that the authors of the MCCs were not reflexive about their own epistemology and the colonial influence behind the model that they were proposing. If their intention was to reduce cultural barriers for people of color, they may have benefited from incorporating intercultural theories to avoid inadvertently reinforcing colonial agendas. As demonstrated in the next sample, it is also necessary for clinicians of color to be ethically and epistemologically reflexive and not to assume that non-white clinicians are more culturally responsive when basing their cultural assumptions solely on phenotype or personal experiences of discrimination. Based on sources I have cited (e.g., Carey, 2015; Goodman and Gorski, 2015; Reyes Cruz & Sonn, 2015; Tuhiwai-Smith, 2013) it is necessary for clinicians and researchers who work with BIPOC to have an understanding of the process of decolonization and its goal toward supporting Indigenous communities towards self-determination where possible (e.g., Pacific Islanders & Hawaiian Native, Maori of New Zealand, Inuit of Canada, Maya of Central America, and Native Americans).

In the next example, Karen, a Black American clinician who had experienced racism and lived in diverse communities feels that cultural competence is not applicable to her and others with similar experiences.

> ***Karen:*** *[33:02] The point of cultural competency would be helpful for I think, white Americans, you know learning about racism. I think that I've lived racism, it's not something I need to learn about like diversity. I've lived and work with diverse populations, ... even if it was designed by Asian people the concept of it was probably designed for the white majority... From my perspective, that's my feeling about the whole concept of cultural competency.*

The framework of cultural competence can bring strong feelings and reactions about race and ethnicity despite the effort by theorists and practitioners to move beyond emphasizing those traits. When Karen stated that the MCC is designed for white Americans to learn about racism and diversity, is she implying that all colored/marginalized people are culturally competent? If Derald Sue (1998) claimed that no individual is endowed with inherent cultural competence no matter their cultural make-up, why are Karen and Leilani pointing to racial/ethnic indicators as the main reason for learning about cultural competence? Comments such as these from participants relate to a movement in multicultural competence training that suggests ethnic matching as culturally sensitive practice. However, the research and value of ethnic matching has been controversial and mostly debunked when examined under intersectionality and decolonial theories as evidenced by counseling theories and practices that are founded on a Eurocentric or "Caucasian normative" epistemic lens.

Although ethnic matching continues to be promoted in many MCC models, Cabral and Smith (2011) found that ethnic matching does not increase service utilization for substance abuse problems. In addition, Karlsson (2005) and Ibaraki and Hall (2014) suggested little evidence as to for whom and in what circumstances ethnic matching is most helpful. This following example offers some insight into the ethnic matching discussion about how a clinician's ethnic identity gives her "an in" with that group.

> ***Tri:*** *[00:49:01] Do you think your ethnic identity makes you more competent to work with a certain ethnic or cultural population?*
>
> ***Wendy:*** *[00:49:13] Yes.*
>
> ***Tri:*** *[00:49:14] How so?*
>
> ***Wendy:*** *[00:49:18] I think my ethnic identity gives me two things. One is my lived experience and knowledge about what it means to be Korean American. And so I*

> *have like a context from which I can ask questions. You know like some sort of basic knowledge where I can ask questions... The second thing it gives me, it gives me an in with people who identify as Korean American because I think to most lay people they assume that I know their experience and they know my experience. And so they're more willing to share their experiences and seek comfort [or] acknowledgement from somebody who understands.*
>
> ***Tri:*** *[00:50:43] Like trust?*
>
> ***Wendy:*** *[00:50:44] And so yeah. So they have already come in assuming that they can trust me. So that gives me an in right. And whether that's true or not they will find out, we will find out ...That already does a lot to the alliance that you have between a clinician and a client.*

Although Wendy points out several advantages of ethnic matching in counseling, she also recognizes that ethnicity is just one of many salient features in multicultural counseling. A decolonizing analysis would equate ethnic matching as a colonial project because it has the potential to stereotype people based on their ethnic identity and endorses universalizing of counseling theories. From a decolonizing and intercultural framework, it would have been instructive to ask Wendy to share about how her own ethnic identity and the identities of her clients interact with counseling theories that emerged from Eurocentric sources. Although I did not intentionally incorporate a decolonizing stance in the initial analysis, it was somehow inadvertently portrayed in the next theme.

Theme 3: The MCCs apply to those who consider themselves normal or members of "culturally dominant" groups

Aside from casting the MCC framework as a model created for European-white providers, four clinicians stated that the model was designed for persons who have a "culturally dominant" mindset or authority. According to the respondents, this could be any person who lacks awareness and self-reflexivity around power structures embedded in Eurocentric/colonial mentality such as class, gender, sexual-orientation, race, education, ability, and other privileges.

Importantly, Wendy also points out that clinicians of color and those who identify with marginalized groups also have the potential to adopt a "culturally dominant" worldview when they do not practice self-reflexivity. According to this perspective, a culturally dominant clinician assumes their own cultures and values are "the norm" while casting other cultural values as outside "the norm." Wendy's view about cultural dominance and self-reflexivity is joined by at least three other clinicians in the study. Here is how she describes this perspective.

> ***Wendy:*** *[00:36:58] Practitioners of color are not an exception to that [being culturally encapsulated]. Practitioners of color who are not self-reflexive or critical, will take [a] culturally competent model and run with that without really thinking. So I think it really speaks to whether people pay attention to or are aware that there are multiple realities. [or] They assume that there is [only] one experience...*
>
> ***Tri:*** *[00:37:25] Yeah you think so? How?*
>
> ***Wendy:*** *[00:37:25] ...I have met plenty of Korean practitioners who live in Korea who practice in Korea who will swear by Freud. Or by or you know or will swear by Adler or whatever ...white old men that they were trained with. Because I'm not sure if they fully appreciate the diversity of experiences because in Korea they are the majority. They're [Korean practitioners in Korea] basically what a Caucasian person is in America. I think people who are culturally dominant don't have the sensitivity or aren't aware to be curious about certain things. I don't think it's because they're white. I think it's just whether you're culturally dominant or not.*
>
> ***Wendy:*** *[00:38:13] I had an experience recently at a conference where a Japanese man who is a therapist in Japan came and presented on Eastern families versus western families. And I'm sitting there listening to this man talk about what families in the East look like and I'm like, East where? You know and then they go. And I think it really has to do with the fact that he is culturally a member of a dominant group in his context..... Like his default mode does not require him to be critical. So it's not your ethnicity, it's whether your [worldview] is post-modern or not. [It's your] Epistemology.*

In this above narrative, Wendy shares two examples of clinicians of color who are not self-reflective about their worldviews. In the first example, she describes the way some Korean practitioners from Korea embrace western psychological theories as representing universal truths without questioning them. In the second example, she describes how a Japanese therapist

uncritically adopted the duality idea of an east and a west culture as if these are real physical places in the world. Her argument here is important to consider because, like the MCC, many clinicians are dedicated to a modernist/positivist scientific tradition while ignoring decades of research from contemporary anthropology, postmodernism, and epistemology (Carpenter-Song et al., 2007; Kirmayer, 2012; Seidman, 1991). Wendy is suggesting that clinicians who take up dualist and positivist theories blindly tend to engage in cultural encapsulation, which has been a subject of criticisms by many postmodern and post-structuralist writers (e.g., Johnson and Munch, 2009; Uba, 2002).

As I further reflected on the above analysis from a decolonizing standpoint, I realized that I had missed to point out that Wendy's stance is very much in alignment with decolonizing principles and interculturality. The way in which Wendy interprets the MCC framework is a great example of decolonizing practices as evidenced by her theoretical clarity as shown in how she was able to distinguish between colonizing and culturally dominant practices. Unlike Wendy, it seems like most participants in the study, including myself, did not have a thorough understanding of the colonizing influences of the MCC framework and the oppressive practices it represents.

Furthermore, two other clinicians also shared their experiences of how the MCC can be used as a tool to dominate underrepresented and oppressed groups of people. The first example illustrates a similar ethical concern raised by a female Brazilian-American clinician, Donna, who recalled her experience during a cultural competence training on working with Hispanic families. The experience took place at a hospital setting where she used to work with children and families of Latin-American cultural background.

> ***Donna:*** *[00:17:47] When she said that all of her sessions she spent the whole time with the pen standing up and writing on the black board because she was teaching her patients. And I said what kind of therapy is that that people have to*

> *come... And it felt to me that she was very much colonizing them because in my eyes she had been in America for so long. And she had learned what was normal and appropriate. And now that she had all these families that were coming from low income that they had problems and they were from a Hispanic background that she was transferring her knowledge in a way that for her, it was described as competent. But for me it was it was more of doing a disservice because I don't see myself teaching anyone to do anything different. I don't think that's my role or even trying to understand them from a general universal view. Because I think perhaps that's what happens sometimes when we're sat down in a cultural competency training, people will talk to us about what it's more salient in each culture. And that worries me because then we have these views of people. We actually forget to be curious or just forget to feel with people because we're thinking that this is what we need to do. And for me it just sounds like we're taught how to do things and not really like have a critical approach to what we do.*

Speaking from a worldview that embrace subjectivities, multiple truths and a decolonizing standpoint, Donna shared an experience in which she witnessed a “so-called” culturally competent clinician focus upon what is salient and normal in a culture while missing the opportunity to be curious and respectful of the client’s uniqueness and individuality. To Donna, the work of colonization is alive and well in the field of counseling and therapy in the United States and other countries that have uncritically adopted the MCCs. Similarly, Ethan describes how he frequently witnesses clinicians who claim to be culturally competent but in practice impose their own values onto their clients without realizing it.

> ***Ethan:*** *[00:27:45] Yes. I've seen that ...my own staff at the county claim to be culturally competent because they have this list of certificates. But then when I observed them interact with people, it doesn't show cultural humility, it doesn't show cultural competency because they still imposing their own point of view. They're still imposing the western point of view.*

Although Ethan did not express explicitly how colonialist content is woven into the MCCs, he acknowledged the problematic Eurocentric assumptions embodied within the cultural competency framework as embraced by clinicians in the mental health field. However, looking back, I could have questioned Ethan if he believed he could ever be in a position to provide

counseling that is not entirely dominated by a western point of view because his narrative indicates as if he could. Decolonizing principles assume a subjective and historicized stance that does not claim to be free of influences, whether culturally, philosophically, or politically by any knowledges from the west or elsewhere.

In my initial analysis, I thought the experiences by Wendy, Donna and Ethan informed them that the MCC framework enables the clinician to assume a dominant and normalized stance in the therapeutic relationship, hence reinforcing an imperialist agenda. However, as I seek to understand both experiences of the researcher and the researched (how I previously approached the topic) through a decolonizing standpoint, I realized that we were all wrapped up in a western point of view—colonial ideas about knowledge, health, and well-being. This is a major shortcoming of the MCC in educating clinicians to be cognizant of the continuing imperial and colonial oppression against Indigenous and people of color. Leadership in the field could begin replacing multiculturalism with decolonizing methods such as in Indigenous research like the Kappa Maori research, which emphasizes the positioning of power, community collaboration and theoretical pluralism. This leads to the next theme: 14 clinicians believe that the competency framework is unrealistic and unattainable.

In the member-check interviews, the participants expressed a similar sentiment as they did about Theme 2. Overall, they generally support this theme three. However, several participants found it difficult to grasp the idea that the MCC was designed for culturally dominant groups when they believe it was designed with the intention to be used by clinicians of color as well.

Theme 4: One cannot reach "competence" in something that is fluid and always changing- whereas concepts such as responsiveness and humility are preferred

Fourteen clinicians in the study object to the idea that a mental health provider can claim competency in any "culture". Over half of the clinicians stated that they often "shy" away from using the word "competence" to describe their practice and they prefer using terminologies such as cultural humility and responsiveness because cultural practices are so all encompassing, fluid and always changing. In addition, about a third of the clinicians prefer to use cultural sensitivity in place of competence. The following examples show two Asian American clinicians' points of view. They have extensive experiences working with diverse populations and a clear understanding of the cultural competence framework. The first clinician, Ethan, has been both a practitioner and a trainer in cultural competence for many years and has a very strong grasp of the MCC framework and its limitations.

> ***Ethan:*** *[00:22:54] I tried to move away from cultural competency [and] using that term because none of us can claim we have competence. When we use the term cultural competency that means we are assessing how much a person knows. So it's the knowledge base, it's a value base on how much you know. How much we know and what we know. [How do we] validate that right? So, unless we get to meet them [the client], unless we have that affirmation it's hard to know if what we know is accurate or a healthy practice… So, for the purposes of interaction, for the purpose of therapy, for the purpose of relationship building I was promoting the term cultural humility. So, cultural competency is what we know. Cultural sensitivity is how we practice. How we practice when we interact with other people. Cultural humility is awareness of self and other. So, in practicing cultural humility, I am aware, I mean I am not aware of everything. I'm aware of what I know, it's just at my point of view, from my own perception from my own experience. So, I cannot generalize or impose on other people. Awareness of others in that practicing the mindset of awareness of others meaning I am taking the time to get to learn and know you. And not prejudge you and not say that I know you without having that interaction for instance. So cultural humility is awareness of self and others in practice. Keep in mind then they will help structure the interaction.*
>
> ***Tri:*** *[00:26:27] It's like cultural competence doesn't pay attention to the relationship you mean?*
>
> ***Ethan:*** *[00:26:31] Yeah.*
>
> ***Tri:*** *[00:26:32] How so? How does it not pay attention to relationships?*

> ***Ethan:*** *[00:26:35] Because let say, [I can learn]cultural competency by reading a book. I can take a class. Right? Now I can claim that I am culturally competent because I take a class. Or throughout the county they put out a training. Now that I have taken a class, I can say that I am culturally competent.*

Ethan feels that the MCC does not value relationship building since it focuses on knowledge acquisition prior to knowing the client. Ethan also prefers the phrase cultural humility because it focuses on the desire to learn from the client, thus has more emphasis on the relationship. For Ethan, cultural humility looks like “I don’t know you until I interact with you,” whereas cultural competence resembles “I know you because I took a class about your culture...” Ethan’s interpretation is similar to Ben-Ari and Strier (2010) in their discussion of Emmanuel Levinas’s *Ethic of the Other* (1987), which asserts that ethics comes before knowledge.

Further reflecting on my original analysis of the exchanges between Ethan and I, I realized that we were both positioned from a positivist and colonizing stance. Both the statement “I don’t know you until I interact with you” and the question “How does it not pay attention to relationships?” implied the assumption of a knowable and apolitical reality. Like social constructionism, decolonizing theory does not assume a knowable world that is free of sociopolitical influences or that which is based on any single epistemology or tradition. In decolonizing methodologies, Tuhiwai-Smith (2013) describes Kaupapa Maori research as a philosophy that is made up of different epistemological and metaphysical foundations that are very different compared to western philosophy. She writes, in Kaupapa Maori Indigenous research, “We have a different epistemological tradition, one which frames the way we see the world, the way we organize ourselves in it, the questions we ask and the solutions that we seek” (p. 182). A decolonial framework extends beyond the discourse of the present moment and the individuals it impacts. Decolonization is about the present, the past, the future, and everything in

between that relates to the work of self-determination for people who have been oppressed by colonization.

The following example is from a newly licensed Asian-American female clinician, Jennie, who has been working with diverse children and family services for about five years and has attended many MCC trainings. Jennie questioned if "cultures" can be measured as she believes that it is not a black and white process. Jennie also stated that the MCC framework does not encourage clinicians to be humble and striving toward self-improvement when it stresses an attainable objective. Here is an excerpt from our exchange on this topic.

> ***Jennie:*** *[00:52:53] Well I think any time you kind of have a concept of competence it's like a kind of black and white thing. So, it's like either you are competent or not. And with that comes like, you know measures, like how are we going to measure this competence piece. And usually it's qualifying it somehow... I don't know if it's always a black and white process. I think that people are always on different areas of the spectrum right. So, it's not always like either yes or no. I think everyone should be striving towards it and we're all in our own journey towards it. But it's not like either you have it or you don't. We're continuously always developing it.*
>
> ***Tri:*** *[00:54:05] But the word competent itself is black and white like you said.*
>
> ***Jennie:*** *[00:54:13] Exactly so, I mean I'm always developing it. Like saying that you're culture competent kind of have the degree of you know not being humble. It's like I've got it. So maybe therefore I don't have to strive for it anymore. But it's like nobody ever really has it. Because we're always striving. To become more skillful, more aware, more developed and more humble.*

In the next example, Maya, an experienced Asian-American female clinician from Brazil shared her experience with the MCC framework by describing why she "shies away" from using the competence terminology. She stated that the MCC framework tends to stereotype people by giving a competency status to clinicians who learn about a culture from afar. Here is what she said:

> ***Maya:*** *[00:20:51] Oh I think I tend to shy away from the term cultural competence because when I first started studying these things that term meant that you knew about different cultures and that knowing of the different cultures*

> *was a lot of stereotyping because you didn't really work with people of a different culture you were looking from far away and you're looking at through the lens of your own culture... And [assuming] so and so looks this way, so and so looks that way. And the idea was "I who know everything and I'm a great psychologist or therapist who will work with you [because]you are like this" but so often that knowledge was a little bit stereotypical.*

I believe the above theme and narratives illustrate that the competence framework is failing to promote cultural awareness, sensitivity, humility, and responsiveness even though it was developed for these purposes. This is important because it contradicts with the current research and scholars in the field of multicultural counseling who ignore these limitations. Most clinicians in this study do realize these contradictions within the framework and expressed their concerns with the model. However, like me, they are hesitant to outwardly challenge the framework and instead, continue to endorse it as it has been recommended by the mental health leadership in their field. For example, in the follow-up interviews, although they agree with this theme, two participants added that their understanding of “competence” as described in the MCC is about being “good enough at considering the clients’ cultures… and try to work from that place” (Maya, 12/01/20) rather than reaching a level of expertise and being comfortable with all aspects of cultures. Throughout the course of my career and in the process of writing this dissertation, I found it challenging to critique the existing framework because I was afraid of being labelled as a politically correct sympathizer of theoretically inferior practice models outside of positivism. But in the process of discovering decolonizing and intercultural theories and their contributions to marginalized, alienated, and previously demeaned communities, and in the writing of this dissertation, I have gained the strength to stand up to these potential criticisms.

From a decolonizing perspective, the MCCs’ reliance on the acquisition of knowledge and skills pose a clear indication of imperialism at work for several reasons. First, it prioritizes expert knowledges over other type of knowledges. This is a major argument in the discourse of

"knowledges" that has been debated in positioning theories and decolonial theories, which associate expertise and western science with oppressive and essentializing practices (Haré and Moghaddam, 2003; Tuhiwai-Smith, 1993). Second, the reliance on skillsets such as dynamic sizing, modification of intervention, and some other so-called "culturally sensitive" practices have been lamented as reinforcing stereotypes while having little impact on improving access and services for people of color. Positionally speaking, as Tuhiwai-Smith (2013) pointed out in her analysis, even some versions of critical theories and emancipation projects are susceptible to reinforcing colonial and oppressive practices when they are not positioned in the "local context". Intercultural theories, as I will further discuss in the next chapter, do not rely so much on concepts such as "cultures, knowledges, or skill sets," but rather, the people "the who and what" behind these constructs (Dervin, 2016).

Of the 14 clinicians who attest that the MCC framework is unrealistic and unattainable, all prefer using terminologies such as humility, responsiveness, and sensitivity in its place. Although not all clinicians identified with a critical or a postmodern worldview, they suggest that the type of labels and words we use to discuss cultural issues are extremely important. Their rationale is that "competence" automatically assumes an "end point," "mastery" and an attainable destination while, culture, as they have defined it is something that is not measurable. I asked the clinicians participating in this study to respond to Sue et al. (2009) and others who support the competence terminology by framing the MCC approach as "a life-long learning process." Here are a few dialogues from three different clinicians.

> ***Tri:*** *[00:37:06] So you would prefer cultural humility or sensitivity over competency?*
>
> ***Karen:*** *[00:37:10] Yes, there's just no way to become culturally competent. There's no glass ceiling what an individual can learn about confidence in practice. It's an ongoing journey of learning.*

> ***Tri:*** *[00:37:18] A lot of people advocate for not changing its name although you have cultural humility is being more prevalent now being more spoken about more and more. However, Sue et al. (2009) are saying that we should keep that term because cultural competency is a journey, it's a learning process. It is continued [lifelong] learning. So that's their rationale for using the term. What do you think about that?*
> ***Karen:*** *[00:37:40] We should just look up the definition for competence and we can look at it now. But competency, the word implies a limit to what you need to learn like a measure and you can't measure it because it's an ongoing process of learning. So it's kind of counterintuitive in that sense.*

Here, Karen thinks it is counterintuitive to measure something that is ongoing. Although she originally trained in a cultural sensitivity framework, she prefers the using term humility over competency in practice. In the next example, Wendy also rejects the term competence as she equates it with "mastery" and "expertise" in something, which it can be viewed as insensitive in different cultures.

> ***Wendy:*** *[00:19:50] I think the word competency has a feeling of mastery like you master something like you're an expert... And so I cannot claim that I have mastery over any culture. I can't claim mastery over my Korean culture even the American culture. But I can claim that I'm pretty flexible and fluid in the way I respond to culture. And I think that's a better way of practicing...*
>
> ***Tri:*** *[00:21:07] Word, words game.*
>
> ***Wendy:*** *[00:21:10] Right for people who you know aren't as critical about the words so I guess it doesn't matter.*
>
> ***Tri:*** *[00:21:14] So what informs you that that word is important, in calling this or that regarding culture.*
>
> ***Wendy:*** *[00:21:25] Yeah. I think I have sensitivity to words. I think I've always been sensitive. I've always been verbal and I've always been sensitive not just in English but in Korean as well and even when I was younger. And then I think more and more because I'm also a researcher and as a practitioner and I am a narrative practitioner so narrative practice really values the way a story builds reality and the story is built by words. So and then as a practitioner I am also fashioning myself to be a qualitative researcher which has to do with words. And I am use frameworks that are of narratives and constructionist and that all has to do with words uhh so I'm sensitive to it.*

In this example, Wendy identifies her framework as a practitioner and qualitative researcher who takes words very seriously. Thus, she associates competency with “mastery and expertise” while her view and response to culture as something that is more “fluid,” which for her, is a strong case against using the MCC competency-based framework. In the final example for this theme, Kelly, also a newly licensed practitioner of Asian-American background shared her feelings about using the word “responsive” in the place of “competence.”

> ***Kelly:*** *[01:09:06] Yeah they sound way more welcoming I think, it feels like more welcoming for therapist. It's less like intimidating I think. Oh yeah, I know how to be culturally responsive. Like I can definitely say that, but am I culturally competent? I was like, I don't know about that, just because of that word competence. So, I like ‘culturally responsive’. I don't know, I’m trying to remember if that was the one that actually popped out. But I feel like all those are better than cultural competence.*

Kelly shared that she feels the word responsive has a less “intimidating” tone and a word that she can say more confidently than competence. Like Kelly, most participants indicate that words translate to actions in term of respect and humility, which are extremely important in cross-cultural work and in acknowledging issues of power in the therapeutic relationship.

As I reflect on this line of questioning in the above exchanges, I realize that I was asking the participants to pick out a pre-existing answer, which is clearly a positivistic stance on research. I could have asked the participants to comment on other colonial aspects of the framework and why the developer chose to use “competence” in the first place. The discourse about the power in language and positioning of “expertise” has also been discussed extensively in decolonizing methodologies and interculturality. For example, Dervin (2016) suggests that interculturality views the notion of “the self” and “who am I” as something that is “unstable, contextual, and has to be negotiated with other” (p. 13). Thus, it is impossible to have a stable or “expert” identity about anything.

Although postmodernism and social constructionism strongly emphasize the discourse of language and terminologies in shaping our realities, decoloniality and interculturality recognize the impact of colonialism beyond language and its politics. Decoloniality examines the entire landscape of a society stretching across contexts, history, institutions, economic and other mechanisms of power distribution as I discussed in Chapters one and two. In Chapter five, I will discuss how the practice of interculturality, social constructionism and the value of using a decolonial lens can be integral to socially just counseling practices. In the member-check interviews, all participants agree with this theme and support using it in the study.

Theme 5: The MCC is a good starting point but it needs to continue to be revised and fine-tuned

Although most of the participants find the MCC to be theoretically problematic, about five participants support its effort to advocate for cultural awareness. These clinicians tend to be less critical of the competence framework and view it as a starting point toward cultural sensitivity and support continuing its practice and further development on the framework. Like the arguments made by Sue et al. (2009), below you will hear from Jeff and Joan about the rationales for not completely overhauling the MCC.

> ***Jeff:*** *[00:31:51] I think ...that process [development of new frameworks] has to continue to go on. I mean that's if we stop there we would never innovate a thing. So yeah. Like I said a framework that we had for cultural competency, that's good. Just like we had a framework for domestic violence but it was based on feminist thought. It wasn't based on any knowledge or any science. And now we have a better model that we use for domestic violence, how we assess domestic violence.*
>
> ***Joan:*** *[01:19:59] I wouldn't say that it [the MCC] is a deterrent. I think that it only becomes a deterrent… if people get into the idea that well I know about this culture so I'm culturally competent in this culture... I think that that's how we can improve a lot of things, just to stay sensitive to the fact that people are individuals regardless of what they look like, where they come from, where they live, where they used to live, who raised them... So I think it [MCC] can be improved. And I don't think we need to scrap the whole concept.*

Jeff's compared the MCC to early feminist-based models of domestic violence, which have been revised to be more inclusive with new research on the topic over time. From this position, he believes that the MCC can also be improved beyond its current state with new research and development on the existing framework. Joan, on the other hand, focuses more on defending the MCC framework from being scrapped based on its ability to raise awareness about cultural differences and advocating for providers to be more self-aware. Both participants recommend further development to the framework but did not point out how it can be improved.

The arguments made by both clinicians in support of the MCCs reminded me of the position I had adopted earlier on in this study. As I reflect on my original research stance in this study, it seems like I was simply focusing on the epistemological problem while failing to acknowledge its social and colonizing characteristics. Just like the participants in this study, I failed to realize my own colonizing practice because I was operating from the same taken-for-granted assumptions imbued within the MCCs framework. This phenomenon was pointed out by Tuhiwai-Smith (2013) regarding how positivist science can be conflated with what could be called the "common sense level" of understanding phenomena in society. She writes:

> The problem is not just that positivist science is well established institutionally and theoretically, but that it has connectedness at a common sense level with the rest of society – which, generally speaking, takes for granted the hegemony of its methods and leadership in the search for knowledge (p. 184).

To successfully challenge the hegemony of methods operating in the field of counseling and therapy brought on by positivism, we need a theoretical construct that is both relatable and applicable to the work by providers. As discussed in earlier chapters, although interculturality has not been prominently discussed in multicultural counseling, it shares many values with the MCCs such as an interest in social justice and anti-oppressive practices that also support a

plurality of knowledges, especially Indigenous knowledges. I believe the field is ready and will support interculturality as there has been a growing interest and research on the concept (e.g., Barrett, 2013; Dervin, 2016; Dietz, 2018; Gundara, 2003; Meer & Modood, 2012; Walsh, 2012) because it can take on complex intergroup issues that cultural competence and other multicultural concepts cannot. This is demonstrated in intercultural projects that address the conflicting and often violent nature of intergroup relations both at the local as well as at the institutional level through a decolonizing framework. This theme was not changed after incorporating the data from the member-check interviews. All participants supported this theme and gave permission to use it in the study.

Theme 6: Clinicians are not aware of the colonizing and Eurocentric origin of the MCC framework and counseling models in which they are trained

As I came to grips with how important theory is in research and practice, I became interested in the relationship between how different theories respond to culturally diverse client populations. I also became interested to know how clinicians engage in the process of choosing theories of practice and whether they thought each theory is responsive to culturally diverse people. With the understanding that the multicultural competence movement has made cultural adaptation a cornerstone of their framework and to be more responsive to diverse populations, there remains an uncertainty regarding its efficacy and applicability in practice. My questions were influenced by my reflections on the literature and personal experiences with adaptation and the responses from the participants are reflected in this theme. I want to note that this theme only begins to describe the relationship between theories and cultural adaptation by therapists of color.

Although CBT, EFT, and solution-focused theories are the three most utilized theoretical models described by the participants, about half of the clinicians are uncertain whether the

interventions they are using are culturally appropriate or adaptable. In the first sample, when asked about culturally competent interventions, Kim appeared certain that CBT was a "culturally competent" theory by saying that it focuses on core beliefs, which reflect a person's cultural make-up. However, when asked about her process of selecting a theory for practice, she noted that she was not thinking about cultural issues when she selected CBT or other theories and interventions. When asked about different theories and their compatibility with the MCC, she provided the following response.

> ***Tri:*** *[01:12:53] So another question on CBT, which is your main modality... [yes] do you think it's a culturally competent intervention?*
>
> ***Kim:*** *[01:13:07] I think so because the whole thing is on core beliefs and thoughts. And I think your culture can really affect your core belief about who you are as a person. So how do we base who we are? Usually from our culture. It defines who I am, what do I need to be in this world?*
>
> ***Tri:*** *[01:13:21] When you chose CBT, did you thought about cultural competency when you pick the theory?*
>
> ***Kim:*** *[01:13:29] No, I just said that's just what I use, yeah no, but if I'm thinking about what's the most culturally appropriate, ah that's a good question... What are the different modalities as it relate to [MCC]...*
>
> ***Tri:*** *[01:13:43] There's psychodynamic, CBT, the object relation, you got the narrative the most post-modern ones right, you've got the systems theory Bowen theory, psychoanalytic, the solution-focused. You've got the, you know there are so many others.*
>
> ***Kim:*** *[01:14:09] I would say I don't know with that... that's a hard one Tri, that's definitely some stuff I would have to think about now, to look at all the different theories again and refresh my memory on that. I just said CBT because it's just my go to. I would have to think about that, maybe even narratives I don't know, if I get a chance to put it out there.*

A decolonizing analysis of my exchange with Kim highlights strong Eurocentric assumptions within my own questions and Kim's response about counseling theories as universally adaptable to people from all cultures. Our taken-for-granted assumptions support the idea that existing counseling theories (CBT, solution-focused, psychodynamic, systems, etc.) as introduced in the

west can be transported throughout the world as culturally appropriate practices, thus further reinforcing positivist ontology within multiculturality. If I were to redo the interview with Kim, I would press her to identify other alternative counseling theories that are not exclusively products of the west/Europe such as yoga, meditation, community/family restorative practices, holistic medicines, and other Indigenous practices. This analysis exposes the MCCs as furthering Eurocentric and colonizing practices through its current research and training curricula that had failed to include research and counseling practices that are being developed outside of the western-centric worldview that may not be included within the co-called "evidence-based treatment" (Constantine et al., 2004).

In the next example, Kelly shared about her attempt to modify some of the mind-body interventions when working with an Asian-American client. Like Kim's experience, Kelly also expressed uncertainty about how often she does it and if they really worked.

> ***Kelly:*** *[00:42:54] And then I think about modifying approaches. I feel like it's easier said than done for me. I think sometimes I find myself [not] doing that. So I have this Asian American female adult who sees me you know for therapy... One thing I've picked up very quickly was being an Asian American female, I feel like we're not very verbal. Like when it comes to emotions, we are not very expressive and I feel like sometimes words get in the way of us trying to you know. I work with traumas a lot, sometimes talking through trauma like I don't like that approach with people who are kind of guarded when it comes to verbally. So with her I modified my mind-body work a little bit where I don't have her talk very much.*
>
> ***Kelly**: [00:44:28] So I feel like now and then I'm able to do it where I'm like oh okay like I can see where I can like change it a little bit. But sometimes with other modalities like I'm doing parents coaching or something like helping them with their kids' behavior sometimes that is hard for me to modify. Like sometimes I don't know how to modify that for certain people to become more receptive or to sell them on it. So I feel like that can be a challenge.*

Here, Kelly shared about challenges with modifying CBT interventions when working with an Asian-American female who is not very expressive and how to get more of a buy-in from a certain population to try out the intervention. Kelly's narratives illustrate very well the

complexity of cultures in the practice of counseling and therapy that many Eurocentric theories do not translate over successfully across cultures. However, on a second reading of this analysis, I want to acknowledge that I missed the opportunity to point out that Kelly's story represents a triple colonized experience that is wrapped within (a) the stereotype about Asian lacks emotions, (b) cultural adaptation works, and (c) theoretical universality (positivism).

In the samples above, both Kim and Kelly report a sense of incompatibility and questioned the theoretical appropriateness as they try to adapt interventions for the individuals they work. Like many clinicians in the field, their narratives represent a clear contrasting belief about cultural adaptation as a universal practice that can be applied universally by the clinicians who possess the skill set of adaptability and scientific mindedness. However, as shown above in practice, most clinicians do not know how to apply cultural adaptation nor able to acknowledge the underlying problems within the MCC framework (Chu et al., 2016; Hall et. al., 2011). From a decolonizing perspective, both Kim and Kelly and countless other clinicians, including myself, are victims of a Eurocentric and colonial enterprise masked within the construct "multicultural competence." I believe the failure of cultural adaptation presents an urgent need for new culturally responsive models arising from different theoretical and epistemological foundations other than positivism.

An example of this theoretical awareness was portrayed in my interview with Jennie. Jennie shared about how she was using a reward chart with a Karen family (an ethnic community from South East Asia) and did not initially realize it was ineffective. Below is a sample of her exploration about possible cultural adaptation and whether it would work with this family.

> ***Jennie:*** *[00:30:23] I didn't have as much contact with the parents as I would have liked because a lot of times they were working during my therapy sessions. But I think really exploring current disciplinary strategies that they were utilizing if they were working or not and then building off of that could have also been*

> *helpful. So maybe even just scrapping my ideas and chose kind of going from where their baseline was and then going from there.*
>
> ***Tri:*** *[00:30:47] Do you think it's possible to modify this intervention to make it culturally appropriate for the Karen people?*
>
> ***Jennie:*** *[00:30:52] I'm not sure. I'm going to say that I don't know that one.*
>
> ***Tri:*** *[00:30:53] OK. Why do you say that?*
>
> ***Jennie:*** *[00:30:54] Because I don't know like that's their reality. Like I don't know how feasible it would be until I talk to them. So, I mean I could come up with my own theory of whether or not it would be. But I think that ultimately, for all these interventions that we utilize with all of our clients, a lot of the success of these interventions are dictated by our clients and their abilities. And their ability to really implement them. So I don't know.*

In this example, Jennie expresses that she cannot claim to know the client's cultural reality and states that interventions can only be effective when it fits a client's cultural reality and their ability to implement the change. In this respect, Jennie is talking about the contributions pertaining to cultural humility and curiosity that many clinicians shared in their narratives and their viewpoints are supported in the literature as well (Hook et al., 2013). From a decolonizing worldview, to encourage the parents to use a reward chart would equate to cultural imperialism because reward charts originated from a Eurocentric/behaviorist theory regarding a reward center in the brain (think Pavlov's dog), which is based on the assumption that if you reward the child for good behavior, she/she will practice good behavior. However, in the Karen culture, the parents may have different values or systems of "behavioral modification," which could include punishing or showing disapproval of the child's behavior. Hence, culturally appropriate interventions cannot equate to just simply changing some part of a theory or intervention to fit a certain people or persons. As demonstrated in the above examples, most counseling theories arising from Eurocentric values systems are not easily replaced to match different cultural values and practices.

CBT and narrative therapies appear to be most prominently discussed compared to other models. The following examples from three different clinicians talk about how CBT can be adapted to Asian American populations.

> ***Hellen:*** [00:38:14] I think maybe more concrete ones are better, like CBT I think will work better, it's more structured and more concrete in a way for maybe the Chinese population. Yeah if it is more abstract then they may have more difficulty. I don't know. Because I don't do other things like narrative therapy, I don't know how it work with Asian populations.
>
> **Maya:** [00:47:06] I think we have to take into consideration the dynamic of that family the personality of this client. And some will be a better fit than others but in general approaching things more from a what to do is a better place to start than how you feel... when dealing with cultures that are not emotionally expressive, focus more on behavior/what they are doing instead.
>
> **Ethan:** [00:52:34] When I work with Asians I use a lot of narrative therapy because as a culture we are storytellers. So narrative therapy allows the format to help individuals to retell the story. And yet retelling in the story we help them to be able to identify areas of the stories that has sort of impact in their life. And I also integrate CBT into that to do reality testing. To see, did this really happened. Are there inconsistency in your stories to or incongruency that shows that this set of experience that you have it's not there's no facts to that or there's not support to that…

In the first example, although Hellen's experience with cultural adaptation is rather limited, she opted to say that CBT could work well with a Chinese population because it is structured with the assumption that "Chinese" are accustomed or respond well to structure. In the second example, Maya discussed in greater detail about CBT's theoretical framework and suggested a specific adaptation strategy for using CBT with populations that are not emotionally expressive. In the third example, Ethan shared that narrative therapy and CBT can be integrated and adapted with Asian populations because of their storytelling culture. Like Maya, Ethan demonstrated a level of awareness of the epistemology of different theories and their influences on practice with diverse populations. Although these three examples appear consistent with the expectations of

the MCC model and the clinicians in the field, as I will discuss below, a decolonizing analysis reveals that they represent colonial and Eurocentric practices.

When asked specifically which theory is more adaptive for which group, Ethan and Wendy provided uniquely different perspectives showing a clear distinction between the argument in support of the MCC framework and those who are concerned with its epistemic problems. In defense of the MCCs tripartite dimensions, Ethan summarized cultural competencies in the following way:

> ***Ethan:*** *[00:54:30] Again going back to the self-awareness, right. If you practice any of this model but you don't have the awareness of yourself, you don't have an awareness of the differences, the cultural, the vacuum of the space, the nuances of all this culture or cultural dynamics that is going on, then we are just applying the technique based on our own cultural [values], whether it's western or Eastern or whatever it is, this is how it's supposed to be. The theory provides that framework but we have to be fluid to be able to adapt and modify to fit the person's needs.*

Ethan's remark above supports the provider's level of competence that several MCC models have embraced over the years by focusing on the provider's self-awareness and skills in applying counseling interventions effectively while treating counseling theories and cultural variables as a universal construct (Chu et al, 2016; Sue et al., 2009). However, this assumption ignores the potential oppressive practices arising from theories embedded with colonizing and Eurocentric ideas that are usually go unnoticed by clinicians in the field who are not familiar with decolonial theory. I thought it was surprising to see how Ethan's narrative on the MCCs seemed to change suddenly in this part of the interview. In an earlier part of the interview, he rejected the MCC's expertise framework and supported cultural humility, which emphasizes curiosity and humbleness in learning. However, when asked specifically about counseling theories and cultural adaptation, his response appears to favor the MCCs emphasis on the therapist's awareness and skills. From a decolonizing framework, Ethan's ability to change his positioning from cultural humility to cultural competence (adaptation of skills) during this interview highlights the

underlying theoretical turmoil among practitioners as they try to grapple with cultural diversity in counseling and therapy. Similar to my earlier analysis of Kim's and Kelly's examples, Ethan's assumption about how theory provides the framework and its expectation of the provider to be fluid and adaptable ignores the colonial implications of many Eurocentric theories to include the MCCs. In the next example, Wendy shared her experience with the role of professional culture and multicultural counseling rather than the theory and cultural adaptation for a certain ethnic group.

> ***Wendy:*** *[00:40:53] I think the challenge with working with Asian Americans is similar to the challenge with working with Mexican Americans and Latino Americans. I think that as a trained professional and a clinician you are trained into a certain culture. And this is not like an ethnic culture, I'm talking about a "professional culture" right. Like the "culture of diagnosis" and the "culture of intervention" and the "culture of talking about your problems" and "talking about your feelings", that culture. And I think the challenge with working with cultural minorities is that some of these assumptions about our professional culture do not apply... Like there are some cultures who don't talk about feelings. Like why are you talking about feelings, why does that matter?*

In contrast to all the above themes and examples in this section, Wendy's response stands out in term of self-reflexivity and a critical stance against the taken for granted MCC framework. As seen here, Wendy's focus is neither the provider's skills, knowledge or awareness but the "professional cultures" that may not be responsive to the client's cultures while endorsing Eurocentric and oppressive practices. Wendy's concerns are shared by only three other clinicians in this study including Donna who raises issues with colonizing practices. Their responses similarly reflect what several scholars who pointed out the MCC's limited epistemological framework and the importance work of decolonizing methodologies (Gallegos et al., 2008; Garran and Rozas, 2013; Tuhiwai-Smith, 2013).

In reflecting on the analysis of the above theme, I noticed that I was not reflexive in my questioning when engaging with fieldwork participants. Although I had stated that I was

operating from a social constructionist viewpoint, it seems like my positioning as researcher almost resembles the positivist framework that I was critiquing. If I had chosen a decolonizing approach to interviewing participants and then followed with a decolonizing analysis of this theme seven, I would have focused more on the historical, contextual and positioning of the clinicians and other theoretical "tools" that were available to them in both their training and their clinical work. For example, in the analysis of excerpts from Kelly, Maya and Ethan on cultural adaptation with Asian Americans, I stated that the assumptions by all three clinicians are congruent with research on Asian Americans populations. By acknowledging this, I was reinforcing crude and unhelpful stereotypes that portray Asians as preferring structure and direct advice; that Asians are not emotionally expressive; and that Asians tend to talk about their problems in term of narratives and historical contexts. From a decolonizing standpoint, I can see how I reinforced the essentializing Eurocentric and colonialist discourses by ignoring the underlying oppressive practices that are imbued in much prior research on Asian American client groups (Goodman & Gorski, 2015; Tuhiwai-Smith, 2013). Just like the faulty acceptance of ethnic matching as a culturally responsive practice, endorsing any of the above values as effective mental health interventions for Asian Americans can reinforce the unhelpful essentializing and stereotyping of Asians and Asian Americans within these ethnic groups who do not share these values. As I shared this reflexivity in the follow-up interviews, most participants acknowledge the insight this theme brings into discussion about the colonial foundation of the theories and practices of counseling. While all 12 participants voiced their support for this theme either by nodding their heads or responding with "yes you can use this theme", two participants outwardly shared their reflexive experiences that I believe add to the credibility and importance of this theme.

> **Maya** [01:15:44] I think that one of the things that surprised me, probably because I also wasn't thinking about it, was how colonialist our theories and our stance [is]. Ah, and when we first interviewed, I wasn't thinking about that at all. You know, it's like how come I didn't think about that? How could I not have thought about it?
>
> **Tri** [01:16:45] I hadn't thought about it either, and I didn't I bring it up. Right. So I think we all [were oblivious] to it…
>
> **Maya** [01:17:05] Yeah, well, and I think we are trained in that model. And so we learn to think and speak in that model. You know, breaking out of it is not as easy. It doesn't come naturally. So, sort of to me, it was surprising too, of course, but surprising that I didn't think about it before.
>
> **--------------------------**
>
> **Jeff** [00:35:22] No, it's actually something I'm going to consider in the future. Thanks for that. Yeah, I never thought like because we're western and I'm western [Black American], so I never thought that it's bias, even CBT coming from its epistemology it's western, that's something I will consider in the future. Thank you for the information.

This quotes above by two participants in the follow-up interviews show the challenges and opportunity for growth and transformation through epistemic reflexivity by both the researcher and participants in this study. It also shows how a decolonial framework supports both clinicians and researchers engaging in these reflexive practices by identifying and acknowledging the many ways in which we unknowingly reinforce coloniality.

Theme 7: Culturally competent interventions is about "Being respectful, curious, caring and allowing clients to identify their own cultural identities and problems"

One of the questions I explored with research participants was what does cultural competence look like in practice? To elicit a picture of cultural competence, I asked clinicians to tell a story about an incident in their practice that demonstrated cultural competence. Because of variations in respondents to my questions in the interviews, only about half of the clinicians responded to this question. Among those who discussed this question, research participants

shared a narrative about what they do to overcome cultural challenges in a therapeutic encounter under the “so-called” culturally competent interventions.

I found that this theme illustrated little information on the MCC’s tripartite model of awareness, knowledge, and skills. Although a few clinicians mentioned the importance of provider’s awareness of self and their clients, they left the knowledge and skills dimension out of their responses. Below are a few samples of dialogues around this theme starting with Esther, an Asian-American female clinician in her mid-40s, speaking about her experience of building rapport with an older white male client. Although Ester’s client at first expressed his disappointment about her ethnic identity, Esther was able to overcome the racial, cultural, and generational barriers posed by this therapeutic encounter by focusing on her role as a respectful, curious, and caring clinician. Esther summarized that the process involved conveying respect, curiosity, and humor.

> ***Esther:*** *[00:35:22 ... I mean I'm always mindful of cultural differences and the age difference and things like that. So that was always in my head. You know I expressed a curiosity about his history including like any cultural and religious history and the respect. I always, I usually feel that in my curiosity I'm conveying a sense of respect too. Like I respect you. I want to know about you. Tell me about you. I also like we used a lot of humor.*

In the next example, Hang describes how she, as a young Vietnamese female clinician, was able to overcome the generational barriers and stigma of professional counseling with an elder Vietnamese American client. She spoke of the importance of building trust and rapport over other interventions as key factor in culturally responsive practice. In my own experience, as a clinician who works with Asian Americans, I also believe this consideration is especially important in working with groups who are less likely to seek professional help because of stigma, mistrust, and limited access to mental health professionals who speak their native languages (DHHS, 2001).

> ***Hang:*** *[00:45:30] It's not even about therapeutic intervention it's about that rapport. And knowing how am I going to go out there and engage the older generation so that they understand the importance of breaking down that barrier, breaking down that wall so that they allow someone in. It's trust. Rapport building, it's education. It's not going to be effective unless there's buy-in, you've gotta have buy-in.*

In a final illustration of this theme, I drawn on Joan's narrative describing her defensiveness in an interaction with a parent at a school she previously worked at. In retrospect, Joan stated that she could have used more culturally responsive approaches by not being defensive toward the parent and approach the situation with "a sense of curiosity". Joan also indicates that curiosity is very important in multicultural work and she demonstrated this in her work with an Indian man who believed that it was okay to hit his wife. Joan stated that sometimes the most culturally competent thing to do is just simply listening to the client and by showing curiosity and understanding. Here is our exchange:

> ***Tri:*** *[01:13:15] So if you were to apply cultural competence in this situation. How would that be helpful. How would that work?*
>
> ***Joan:*** *[01:13:22] I think that looking back on it now if I could have just heard his concern instead of just defending the kids, I was so quick to defend the kids right to be who they were that I wasn't letting him be who he was. I wasn't hearing him out. I would be shutting him down. I look back on that now and I think I didn't I wasn't hearing him out. As a, you know as a parent, as a man of you know of his faith and as somebody who believes that homosexuality is a sin... so I didn't bridge that gap. So I think what I could have said instead of [judging that] the kids have their right to be who they are and to think as they do.*
>
> ***Tri:*** *[01:14:05] So how do you navigate that, I mean as a culturally competent counselor.*
>
> ***Joan:*** *[01:14:08] I think I could have just started by saying "Tell me more". Instead of shutting him down. I think "telling me more" is a really effective way to respond to somebody having a different perspective from your own.*
>
> ***Joan:*** *[01:14:21] My perspective is that curiosity is really one of the best things that we can bring to an interaction when you're either triggered or you realize that you don't have all the answers. Because I think that before I could have gone anywhere in that conversation with him, I needed to start with a sense of real curiosity about what he was presenting because he was obviously very angry...*

> ***Tri:*** *[01:14:42] Going back to your previous experience with the Indian client where you did overcome those differences. Was that cultural competence at play when you did that when you try to reframe or acknowledge him?*
>
> ***Joan:*** *[01:15:01] I mean I think sometimes we just we don't try to challenge what somebody says about who they are. It's not my place to tell them that, to try to get into some sort of a contest with him about how I know more about Indian culture than [what] he does when he's from there. Right? I think that's sometimes the most culturally competent thing to do is just to let, just to hear people out.*

Overall, I thought this theme constructed an idealized version of cultural competence because the characteristics of the MCCs that the participants endorsed resemble cultural humility while failing to include any mentioning of colonial embeddedness within the MCC framework. Certainly, their responses were shaped by my line of questioning as the researcher. My questions were positioned from a very positivistic assumption about the MCC (What does cultural competence look like?) as if it is something existing outside of the human mind. In retrospect, I could have pressed the participants further on how the MCC specifically support curiosity, respect, and self-determination while at the same time operating from a colonizing and oppressive framework. Perhaps I could have asked participants whether they or their clients may have noticed any colonial and Eurocentric influences as they try to implement cultural competence in their practice.

Moreover, this theme also speaks to the role of positioning and power being portrayed in the MCC model as about a third of participants report shying away from claiming competence and expertise in their clients' cultures. In this regard, I could have pressed the participants more about what could assist them in taking a more proactive stance against the "competency" framework rather than "shying away" from it. As I will discuss further in Chapter five, the theory of interculturality can help clinicians take a more proactive stance on the discrepancies by

explaining the power differences of multicultural theories without a need to claim competency or expertise in any culture(s).

Theme 8: Therapist of color (TOC) reflections on concepts of multiculturality, interculturality, and transculturality reflect their social-historical experiences as immigrants, as slaves, or as colonized people

As I review the participants' reflections on the MCC framework and the newer concepts of interculturality and transculturality, I noticed a repeating pattern of responses that point to how the social-historical experiences of persons of color in the United States shape their openness or rejection of multicultural frameworks. What struck me was that I was not paying attention to these distinctions when I completed the first round of analysis. Although I saw these responses from about three respondents during the initial analysis, I did not see the importance of this theme until the follow-up interviews, especially when I reflected on them through a decolonizing framework. Here is an excerpt from a comment I made during a member-checking group interview that I openly shared with participants:

> ***Tri*** *[12/01/20] People look at cultural competence from different lenses too. And what I've learned so far, is that depending on what your race and ethnicity is, how you came to America, and how you come to learn about cultural competence, you will have a different lens… So, yeah, depending if you are a Black American, Native American, Asian American or Latino American, each group has a different perspective on this idea of cultural competence and an idea about Eurocentric practices.*

Although this study only comprised of six participants who identified as Asian Americans and mixed-race individuals, it appears that they tend to have a more favorable view on cultural competence than Black Americans, Native Americans, or Brazilian Americans. It is important to notice, however, this should not be generalized with everyone who identified as Asian or as mixed-race because there is tremendous diversity within each ethnic/cultural group. In addition, I

noticed similar responses toward interculturality and transculturality concepts as well. All three Black Americans that I interviewed had outwardly described their experiences as different than that of other ethnic groups, especially when compared to more recent immigrants in the U.S. They state that immigrants who came to the U.S. voluntarily may have a very different outlook on white/Euro-Americans than black Americans who were brought over as slaves and Native Americans whose land were taken from them and their cultures were destroyed in the process of colonization. As a result, voluntary immigrants tend to be more willing to assimilate and accept Eurocentric ideologies/practices compared to Black Americans and Native Americans. Here is an excerpt from a Black American therapist describing these distinctions:

> ***Jeff*** *[11/30/20, 50:59] We are not immigrants OK, the history of what has happened to the Native American population, they had to fight …[for] their own autonomy because they were abused. So [they are] not people willingly coming here, leaving other countries behind. So, when you have an immigrant that comes to America, in a sense they said, OK, it was not working out for us at home [so] let's go to a different country. They are usually more happy, they're usually more energetic to assimilate into and adopt some of the [dominant] cultural things. When you have a population that, this was their land, and it was taken from them and they were forced onto reservations, which is the worst part, [because this was] their land, they were here, and then they are marginalized... And then you have another population that's brought here as cattle labor to build the country. So it would be easier for other immigrants to come in and then work freely. And then this is what is happening. You got new immigrants who are pissing on the other two populations that were brought here to build and said, why don't you feel like we feel? Hey, because our ancestors were forced to do this. Your ancestors chose to come here. So to lump us in the same category as racial minorities is an equivocation. It's not the same. So I think it's important to realize this.*

From a decolonizing standpoint, Jeff's narrative touches upon many factors that distinguish the experiences of coloniality by different immigrant groups coming to the U.S. It further emphasizes the problem of lumping all people of color into one group because it often diminishes the diversity of experiences between ethnic groups. Furthermore, when I introduced the new frameworks of interculturality and transculturality, Jeff also expressed suspicions and concluded that these concepts look like a "rewording" of other colonizing models that favor

Euro-American practices. When I asked Jeff how he would approach counseling people from different cultural background without subscribing to a model, he describes his approach as "person-centered" or "Rogerian" by following what his client's need rather than coming into sessions with a set of expectations or assumptions. From a decolonial analysis, I would question if Carl Rogers' person-centered theory is culturally respectful to people who do not identify with Euro-American cultural traditions.

A distinguishing example of participants responding to the transculturality framework was articulated by a Chinese American clinician from Hong Kong. When I presented interculturality and transculturality as potentially new frameworks to increase culturally responsive practices, Helen expresses curiosity because the concept of transculturality is something she thought she can relate to as a Chinese American who grew up in Hong Kong because of the intermixing and hybrid identities of the Hong Kong people. (The following quote was slightly modified for readability and better understanding. I did my best to keep the speaker's message in- tact.)

> ***Hellen (****56:18) I'm just thinking, as you're talking about the transculturality, the hybrid concept and it is the first time I've heard of this name and I thought about my city in Hong Kong. There is a lot of turmoil [protests of Chinese government trying to regain control] … And people like me, all my generation, grew up in a hybrid kind of culture. And then now we return to China… I just want to talk about this transculturality [the] hybrid [concept]. It's really hard for the people who are existing in this hybrid culture suddenly to feel like they have to go back to the motherland [China]… And I think another example will be the second generation immigrant who grew up under the parent who are first generation immigrants. I think [there is] a very strong parallel. Yeah, this is the original culture that comes to the U.S. and then the children are born in this culture. [It] takes a lot of work, I think, to understand each other's world and to find a balance.*

In the above quote, Hellen shared about the struggle of the people of Hong Kong to re-adapt to Chinese roots, especially when the country/colony is being returned to China after almost a

century of colonization. Although Hellen seems to speak from the perspective of a person who exemplifies the hybridity of cultures as described in the transculturality concept, I am not sure how to relate this experience with multicultural counseling competence and decoloniality. If it is true that the so-called "cultural hybridity" of transculturality does not claim dominancy either by the host cultures or the immigrant cultures, then a decolonial framework would not apply here. However, two participants questioned whether a hybrid culture is free of domination by a host or a visiting/colonized culture. Here is an excerpt from a Native American clinician who reportedly like the idea but is also cautious about the potential of coloniality because of their experiences with colonization.

> ***Emma*** *[00:45:51] I find that notion of the neo-culture to be really interesting. And so I wonder if this transcultural is … unconsciously or consciously agreed upon between both cultures?... I'm thinking so if it's agreed upon by both, you know, it's not forced by either their culture and it's sort of like they're both bringing in strengths and things and they're both agree. I mean, it seems like to me this is how I want to live. I love it. I love that idea. But I'm wondering if this theory here of transculturality is one that is, you know, agreed upon by both and neither are dominant and if anything dominates, they agree to it, you know what I mean?*

It seems that transculturality as a framework draws a very distinctive picture of how it approaches cultures. Framing a view of cultures that are hybrid and intermixed seems to be relatable to many Asian Americans and bi-culturally identified participants. However, as Emma expressed, it is unclear how the intersectionality of these cultural identities and practices are negotiated. The next participant, Jeff, who is a Black American whom I previously quoted, offered a very cautious tone in response about transculturality and interculturality:

> ***Jeff*** *[01:10:59] I think what you do is you just do what has been working… All this other stuff transculturality and interculturality, it just seems like it's more of someone imposing something on to someone like some culture coming in and trying to get people to mix or some culture come in in trying to, even though it's not said but the association is made like we have a psychiatrist here and we have*

> *a native person who does something that [may not be] less than a psychologist, but people by association will see one as being less than one is being more, and this is the thing that's happened throughout history, where you have someone from the outside coming in to an Indigenous population with these ideas. But then later on, the outsider becomes the dominant culture, the people that would there become marginalized and history repeats itself. So I am very I'm very suspicious.*

The concerns that Jeff brought up here regarding the new intercultural and transcultural frameworks seem to align with Tuhiwai-Smith's (2013) decolonizing perspectives in that he is both critical and cautious of theories and practices that have not proven to empower and protect black and Indigenous cultures. I understand this sentiment because I remember also feeling a bit suspicious when I first encountered the interculturality framework. As I have described in my earlier reflections, it was also difficult for me to acknowledge interculturality as a practice that support BIPOC populations because I had not read about this approach in my original literature review. However, after reviewing more extensive literatures, including transculturality, decoloniality and the Black Lives Matter movement, I am confident that the critical interculturality framework can both support and empower Indigenous psychology practices in the U.S. The concerns raised by the participants in this study reaffirms interculturality's effort to increase decolonizing research and collaboration with BIPOC in this country. As a result of this study, I am hopeful for this new possibility to help increase access to local and Indigenous healing traditions within the field of counseling and psychotherapy.

Chapter Summary

As I re-interpret the above themes and narratives through a decolonizing framework, compared them to my original analysis, I understand that clinicians are ignoring the Eurocentric nature of the MCCs and implicitly allowing its oppressive practices to continue. In reflecting on the process of conducting this research I can see that, like the participants in the study, I also have been taking a passive stance on the MCCs. As I reflected on the lack of theoretical

awareness behind my initial research design and began working from a decolonizing framework, I understood that it is insufficient to simply critique the MCCs' positivist theoretical foundation. To successfully challenge the MCCs' imperial and colonial agendas, I must understand and acknowledge that the entire multicultural counseling enterprise, including the MCCs, was built on a Eurocentric foundation. From this new understanding, I can see more clearly how to advocate for alternative frameworks and practices that promote cultural fluidity, self-determination and an openness to multiple knowledges and realities. I will argue in Chapter five that a decolonizing approach to therapy is critically important in promoting more culturally affirming frameworks that link to the theories and practices associated with counseling mental health that accompany interculturality.

Chapter 5: Discussions

The aim of this study was to critically examine the multicultural counseling competencies' theoretical framework by analyzing and synthesizing the experiences of 16 BIPOC therapists who are familiar with the construct. The central research question was: *What can we learn from clinicians of color who are trained in a multicultural counseling competence framework as they work with diverse populations?* The theoretical grounding of the study was based on social constructionism (Burr, 1995, 2015), decolonizing theories (Tuhiwai-Smith, 2013), and critical literature on the MCC framework. Using a combination of thematic analysis, researcher reflexivity, and decolonial analysis, I learned that many therapists of color, including myself, have been indoctrinated into the MCC's colonial and imperialistic worldview. The study results suggest critical interculturality as a promising alternative framework for culturally congruent practices in counseling and therapy that addresses ongoing epistemic and systemic coloniality in the United States.

In the initial analysis, I used a thematic analysis to explore the experiences and reflections of on the multicultural competence framework in counseling and therapy by 16 therapists of color residing in the United States. Eight themes were identified describing participants' experiences with the framework. The participants portray a mixed understanding, endorsement, and repudiation of the MCC framework. While some participants feel the MCC had helped increased cultural awareness and sensitive counseling practices with BIPOC groups in the U.S., others thought that the MCC framework unintentionally endorsed an outdated view of culture, designed through a "Caucasian normative" worldview and for culturally dominant groups. Most of the participants' responses, including my initial view and lines of questioning from the field work, were grounded in a positivistic epistemology that focuses on racial and group-based perspectives that tend to reinforce stereotypes about people of color. In the reflexive

epistemic/decolonizing analysis, I incorporated Tuhiwai-Smith's (2013) decolonizing methodologies and used a more in-depth self-reflexivity of the research process to bring to light the colonial and imperialistic underpinning within the MCCs. In this process, I learned that the entire field of multicultural counseling and therapy, including my own worldview, are heavily shaped by European colonialism. My efforts to rework my analysis of my data and conduct member check interview sessions as illustrated in Chapter four deepened my understanding of the pervasiveness of colonizing attitudes in the MCC framework. I take this Chapter five to present the rationale for a framework of therapeutic practice built around the principles of critical interculturality (Dietz, 2018; Mignolo & Walsh, 2018).

While acknowledging the importance of the multicultural competence approach for the past five decades, I propose that this critical interculturality framework should be seriously considered as a viable alternative to working with cultural difference. In this concluding chapter, I argue for critical interculturality as more socially and epistemologically appropriate in addressing issues related to cultural/Indigenous practices compared to the conceptualizations that shape the MCC and transcultural frameworks. I follow this discussion by showing how my analysis of the participants material in Chapter four provides further justifications for the articulation of a new framework in addressing cultural/Indigenous issues in counseling. This includes a discussion on the significance of thematic results from the field work, limitations of the study, implications for theories and practices from a critical intercultural lens, and recommendations for future research.

Significance of Findings: Considering the MCC Framework from a Decolonizing Lens

Although the eight themes generated from the previous chapter capture many important findings from this research, they were very much influenced by my original thematic analysis

and intention for the study. In that analysis, I was focusing on the social constructionist and post-modern critique of the MCC framework. To present an intercultural critique of the data, I have re-analyzed the themes through the lens of decoloniality combined with my own self-reflexivity and reflexivity of my participants. I present six main points that represent learnings and a summary of conclusions from the research.

First, culture is viewed by most participants in unidimensional terms and group-based values

In my original analysis on the concept of culture by participants in the study (Chapter four), I concluded that the participants view culture as fluid but also emphasize race, ethnicity, and other group-based values. In a way, the participants' view on the concept of culture is similar to the one endorsed by the *American Psychological Association Multicultural Guidelines* (2018) and *American Counseling Association Code of Ethics* (2014) and the *National Association of Social Workers Cultural Competence Standards* (2015). However, many authors have re-iterated that "culture" is a moving target and that unidimensional terms (gender, economic/education standing, whites versus Blacks, etc.) and group-base descriptions (values, customs, norms, etc.) are outdated views of cultures (Baldwin, et al., 2006; Bennett, 2015; Geertz, 1973, 2008). Fred Dervin's (2016) decolonizing view suggests that we abandon the concept of "culture" altogether and simply using terms such as traditions, customs, and practices rather than claiming that these terms have to belong to "this or that culture." Dervin (2016) calls for an approach to culture that looks beyond 'fixed' and 'national' conceptions that overstress the differences between 'us' and 'them'. Unlike the taken-for-granted and ubiquitous understanding of multiculturalism in the United States, interculturality embraces the processual and co-constructivist perspectives that value reflexivity, intersectionality and abandoning the word "culture" altogether.

Second, clinicians who identify with a postmodern worldview tend to suggest that the MCC was designed for members of "culturally dominant" groups

My analysis suggests that about a third of the participants believe the MCCs to be a framework that can oppress people while most of the participants think the framework supports improving services for oppressed groups. These contrasting viewpoints can be explained by examining interculturality in terms of epistemic decolonization (Mignolo & Walsh, 2018). Epistemic decolonization is an effort to examine how European colonialism and the widespread imposition of western philosophy on bodies of knowledge originated from other parts the world (Tuhiwai-Smith, 2013; Mignolo & Walsh, 2018). According to Tuhiwai-Smith (2013, p. 69) "The production of knowledge… ideas about the nature of knowledge and the validity of specific forms of knowledge, became as much commodities of colonial exploitation as other natural resources" by European powers. For example, the social science disciplines as currently practiced in the United States are products of Eurocentric traditions, values, and norms (Tuhiwai-Smith, 2013). Although unintentional, the MCCs and the very nature of multicultural counseling is based on these values and assumptions, which furthers the colonial/political reach of the Euro-American enterprise. Interculturality supports epistemic freedom (Ndlovu-Gatsheni, 2018) and decolonization of the minds (Tuhiwai-Smith, 2013) of practitioners who engage in intercultural work. Epistemic freedom is the right to think, theorize, and interpret the world from where one is located without being castrated by Eurocentric ideologies, which is an essential part of decoloniality.

Third, most participants report preferences for applying cultural humility in their counseling practices while my analysis of their suggested practices indicated that cultural competencies seem to be more embraced and were more relevant to their work

As I discussed previously, cultural humility has been proposed as an alternative improvement on the MCC framework because it encourages providers to shift from the need to be an expert (through acquiring awareness, knowledge and skills) to the recognition of the power imbalances in therapeutic relationships and in society (Fisher-Borne et al., 2015; Tervalon & Murray-Garcia, 1998). However, like many others in the field, most participants in my study failed to acknowledge the paradigmatic differences between cultural humility (other-oriented, clients as experts) and the MCC's (therapists as experts) epistemic assumptions (Davis et al., 2018; Owen et al., 2016). Furthermore, the literature indicates a lack of shared understanding of the cultural humility concept demonstrated among researchers and practitioners who often associate the cultural component of cultural humility with race and ethnicity exclusively (Foronda, et al., 2015). This analysis shows that most TOC providers are unaware of the discrepancies between their espoused theories (what they believe they are doing) and their theory-in-use (what they actually do in practice) related to the cultural competencies (Argyris & Schön, 1974). This is troubling because as providers, we are expected to see the ways in which structural forces, including our practices and theories, shape our own and our clients' experiences and opportunities. I believe that the failure of the field to recognize epistemological differences among theories and frameworks only validate the impact of Eurocentric/universal/colonial practices brought on by the MCCs and similar multicultural frameworks.

Fourth, participants do not recognize the MCC as Eurocentric or colonizing when evaluating it from an uncritical stance toward taken-for-granted knowledge

It is clear from my initial and member-checking interviews that most of the participants in this study do not recognize the MCCs as Eurocentric or colonizing. A possible explanation for

this is the MCCs, which are based on a realist/positivist framework, do not discuss the connection between epistemology and colonialism. As Tuhiwai-Smith (2013) proclaimed “the possibility that approaches can be generated from very different value systems and worldviews are denied even within the emancipatory paradigm of ‘post-positivism’” (p. 166). From a social constructionist perspective, practitioners and social scientists need to pay critical attention to the taken-for-granted knowledge systems produced under the ontology of scientific realism, which assumes the existence of a universal reality regardless of human perception (Burr, 2015; Gergen, 1985, 1999 & 2009). Intercultural and decolonizing perspectives echo this assertion by acknowledging the need for a pluralistic epistemology outside the Euro-American scientific paradigm. As I will explain, decolonialization and the work of epistemic reflexivity based on the critical interculturality framework is vital to realize the different type of knowledges and methods of healings that are outside the dominant Euro-American value systems.

Fifth, participants and the researcher unintentionally reinforced essentialized and stereotyped practices

As I have reflected on my initial analysis of the data in Chapter four, the original intention of the study did not include ideas around decoloniality and interculturality. At the time, I was very much won over by the “other and process-oriented” ideas around cultural humility and was convinced that a critical/social constructionist critique of the construct was sufficient for the purpose of this dissertation. However, it was only through examining a decolonizing framework that I began to see how I reinforced many essentializing and stereotype practices both in my questioning of my participants in my field work and in my original analysis. Like many clinicians in the field, the participants and myself were not aware that we were engaging in colonizing talk/practices. I realized that through the hard work of epistemic reflexivity and

affirming the crucial principles of decoloniality, I was able to see the potential of the intercultural framework. To show the contrasting differences between essentializing/colonizing "talk" and decolonizing "talk", I have compiled a list of participant statements from my study and fieldwork to present them side by side for comparison in Table 5.

Table 5

Examples of colonizing and decolonizing "talk" by the researcher, the respondents, and authors/researchers in the MCC literature

Colonizing Responses	Decolonizing Responses
Tri: responding to question "What are the counseling theories?" during an interview: *There's psychodynamic, CBT, object-relation, you got the narrative, the post-modern ones right, you've got the systems theory, Bowen theory, psychoanalytic, the solution-focused. You know there are so many others.*	In this example, Donna spoke about the "master narrative" surrounding the MCC movement: *I think the master narrative gives us some more complex idea about the ways that we are involved with that, you know so we're buying into it, like the cultural competent movement, now everybody needs to be cultural competent. I don't know if that going to happen. Or if there is a certificate for it but we're talking about it and I'm not sure what that means.*
Kim responded to my question if she though CBT is culturally responsive as an intervention: *I think so because the whole thing is on core beliefs and thoughts. And I think your culture can really affect your core beliefs about who you are as a person. So how do we base who we are usually from our culture. It defines who I am, what do I need to be in this world.*	In this example, Wendy spoke about the professional culture of therapy: *I think that as a trained professional and a clinician you are trained into a certain culture. And this is not like an ethnic culture, I'm talking about a "professional culture" right. Like the "culture of diagnosis" and the "culture of intervention" and the "culture of talking about your problems" and "talking about your feelings", that culture.*
A respondent referring to which theories are more appropriate for Asian Americans: *I think maybe more concrete ones are better, like CBT I think will work better, it's more structured and more concrete in a way for maybe the Chinese population.*	Leilani's response to my question regarding the MCC framework: *Cultural competence is anything that strays from white norms. Because psychology as it's currently learned at this time is predominantly white western European or American, APA [American Psychological Association] determines*

Yeah if it is more abstract then they may have more difficulty. I don't know. Because I don't do other thing like narrative therapy, I don't know how it work with Asian populations.	*what is psychology for most of the world so that [it] is a specifically white lens… The paradigm is white by default.*
A description of the theoretical framework section of a journal article on cultural immersion research (Hipolito-Delgado et al., 2011, p. 406): *This framework was selected because it is the definition of multicultural competence endorsed by the American Counseling Association and the Association of Multicultural Counseling and Development.*	Reyes Cruz & Sonn (2015, p. 130) discussed about colonizing problems related to acculturation theory: *The standard against which successful acculturation is assessed is often determined by the dominant group, silencing diversity and dissent within the host society.*

As shown on one side of the table, the "colonizing talk" is generally devoid of alternate epistemologies and often these communications do not recognize Eurocentric practice as only one of many available options. On the other hand, several participants in the study were speaking from a decolonizing standpoint by acknowledging the epistemic differences and how the Eurocentric/colonizing practices impact their clients and experiences in the field. In the colonizing talk example of a journal article on multicultural counseling practices and research, Hipolito-Delgado et al. (2011) clearly stated that they selected the theoretical framework simply because it was endorsed by ACA and AMCD without any consideration of the epistemological/intersectional issues involved. In the decolonizing talk example, Reyes-Cruz and Sonn (2015) critically pointed out the systematic and colonizing agendas behind acculturation theory.

Sixth, descriptions of MCC in practice by therapists of color revealed a universalizing endorsement of Eurocentric approaches to healing

By analyzing the data through a decolonizing perspective, I learned that many clinicians in the study, including myself, endorsed Euro-American models of treatment without any mentioning of Indigenous traditional practices. In my reflection, I also recognize my own negative attitude toward traditional healings and practices including those emerging from my own country of origin - Viet Nam, the country I lived in for the first 10 years of my life. I also did not recognize that I failed to ask the participants whether they considered Indigenous healing and practices "culturally competent" treatment. At least two clinicians in the member-check interviews also acknowledged this epistemic reflexivity about their own theoretical indoctrination processes. With the understanding of interculturality and decoloniality, I am now more mindful of how I can easily and unintentionally reinforce these universal and colonizing practices. Through this personal reflexive work, I have become more aware and intentional when I practice with BIPOC clients by attending and exploring ways to integrate localized and Indigenous healing traditions in my practice, including those from my birth country.

Critical Interculturality as Epistemic Decoloniality

In the first chapter, I discussed my personal and professional journey to seek understanding about culturally appropriate counseling practices. What initially began as an effort to find "culturally appropriate" treatment for my father has become an advocacy effort through my professional practice and research for increasing access for underserved populations in the United States. For the past 10 years, I thought that cultural competence and the multicultural counseling movement represented the voices of the BIPOC in the fight for equal access to care and the delivery of culturally appropriate counseling services. Most participants in my study

seem to also endorse this perspective on the MCC. However, in the middle of this research study, my deeper engagement with studies of decoloniality and interculturality helped me realize that I inadvertently contributed to the very colonizing and oppressive practices that my father had experienced. For the first time since I began this study five years ago, my view greatly changed regarding the constructs of cultural competence, cultural humility, and multiculturalism. This significant change in my worldview as a clinician and researcher happened through months of critical and self-reflexive searching during the rewriting of this dissertation and revisiting the participants for the member-check field work. Today, my quest has morphed into bringing to light the colonial and imperialistic underpinnings of practices arising from the MCC framework and presenting interculturality as a viable framework for epistemic decoloniality in counseling and therapy.

When I first reflected on my personal experiences with seeking counseling and mental health services for my father, my initial thoughts gravitated toward the lack of culturally appropriate services for him as pointed out in my multicultural counseling classes and literature in the field supporting cultural competence practices. After realizing the MCC framework is positioned in a positivist paradigm, my decision at the time focused on criticizing the MCC's essentialist epistemology and supported cultural humility's "not knowing" and "non-othering" stance (Tervalon & Murray-Garcia, 1998). This positioning was supported by my understanding of post-modern and constructionist literatures that are critical of the positivist ways of knowing in western psychology (Burr, 2015; Gergen, 2014). However, as I came to understand critical interculturality mid-way through this study, I realized that the body of theory and practice that arises from the study of critical interculturality has both the ability to address the longstanding problems associated with the MCC's positivist epistemology and the coloniality embedded in the

entire multicultural counseling enterprise. Despite having great potential to contribute to the field, interculturality/critical interculturality is virtually unknown in the multicultural counseling discourse in the United States. In the next section, I will explain how critical interculturality is better positioned to address these issues compared to multicultural competence, cultural humility/multicultural-orientation, and the transculturality construct. I will discuss the evolution of these frameworks in the context of my father's accessing mental health treatment, my professional experiences in the field and the ideas and experiences of participants in this study. To show how well these frameworks support Indigenous and local healing practices, I will use the continuum of cultural commensurability (Wendt & Gone, 2011), to describe counseling practices ranging between "global psychotherapeutic approaches" on one end and "local/Indigenous healings" on the other end. The continuum of cultural commensurability along with Kim et al.'s (2000) descriptions of processes of indigenization from without/within are good tools to examine which frameworks are more supportive of culturally-centered and Indigenous-centered counseling practices.

Reflexivity on the MCC Framework

Although the MCC has changed names and dimensions several times (Ratts et al., 2015; D. W. Sue et al., 1996), its underlying epistemological framework remains the same as the original model, which entails the attainment of awareness, knowledge, and skills (AKS) (D. W. Sue et al., 1992). According to this model, the MCCs' epistemological and competence framework favors evidence-based treatment models that often exclude Indigenous practices from being considered as legitimate treatments. In some cases, Indigenous practices are demoted to second and third treatment options rather than being endorsed as preferred treatment for BIPOC clients. This notion is demonstrated by my analysis of the themes presented in Chapter four and

the literature review showing that MCCs prioritize Eurocentric practices over traditional healing and Indigenous practices (see culturally adapted interventions section in Chapter two). For example, when I asked the participants “what does cultural competence look like in practice?” all the respondents (myself included) only identified Euro-American models of counseling and no participant listed traditional or Indigenous healings practices as possible treatment options. As I further reflect on the above question and the responses I got from the participants, it appears that most BIPOC therapists simply accept the epistemic assumptions as endorsed by the MCC framework due to convenience rather than deliberate actions. By convenience, I mean that since epistemic positivism is so widely accepted and valued by scientific institutions and professional organizations that it has become a natural advantage for professionals to adopt the practice without questioning whose interest their action serves in the end. A great majority of well-intentioned clinicians do not see the colonial impact these frameworks have had on the professional culture and the people they serve. A critical decolonizing analysis of the above question would further acknowledge that the question itself assumes an essentializing construction of a “cultural competence practice” as a European colonial construction that is promoted as an efficacious approach to take care of counselor and client interactions. I believe that my analysis demonstrates that the legacy of systemic oppression led by Euro-American colonialism continues to hinder access to different kinds of knowledges and epistemologies in counseling and therapy in the U.S. today. The MCC framework’s failure to stop this pattern of uncritically applying colonizing approaches to counseling interactions can negatively impact both clinicians and clients from accessing healing practices arising from non-Eurocentric traditions.

As I examine my own bias for western modes of practices such as the kind of evidence-based treatment endorsed by the MCC framework, I also realized that I have been holding a terribly negative view of the traditional healing practices and values held by my family and ancestors from Viet Nam. There may be no equivalent language, treatment models and practices developed within the U.S. that can be applied uncritically to clients who are immersed in Vietnamese cultural traditions. Viet Nam is made up of a diverse citizenry with rich cultural traditions that go back thousands of years and its people have developed various ways of healing from psychological ailments. I have only recently begun to understand the possible reasons for my omission of exploring and utilizing traditional healing practices arising from Viet Nam in my mental health work. This omission may be impacted by my years of studying and working from mainstream western-Eurocentric values and practices related to counseling and mental health (Polanco, 2016). Now I wonder about the emotional healing my father and family could have received by exploring traditional treatment options. Although I may never know if any of MCCs' recommended skills or modifications of intervention could have better assisted my father to overcome his addiction problems, I regret not supporting him in exploring some of the traditional practices that could have been available. Reflecting on my personal and professional experiences with the MCCs framework has forced me to consider and explore other counseling frameworks that are outside of the confinement of Eurocentric/colonial paradigm. Considering the cultural commensurability continuum, the MCC framework is a step away from the ethnocentric/essentialist ideals of western psychology, however, it is still teetering on the global side of psychotherapeutic approaches.

Reflexivity on Cultural Humility & Multicultural Orientation (MCO)

In a response to the MCC's expertise and outcome driven framework, Melanie Tervalon and Jann Murray-Garcia (1998) proposed cultural humility as a model that focuses on process of continual, life-long, and self-reflective learning about cultural ambiguities that attend to the power imbalances between providers and clients. The stance of cultural humility also recognizes the intersectionality of cultural identities and the institutional barriers that impact marginalized communities. Because the model assumes that clients know most about their own cultural world, it challenges the MCC's expertise-driven approach by giving clients greater voice and flexibility in the therapeutic encounter. The cultural humility model demonstrates how clinicians ethically attend to issues relating to power imbalances in the therapeutic relationship and support of clients in exploring possible treatment options, including Indigenous practices that may not fall within the evidence-based treatment standards. However, despite its claim to be epistemologically and methodologically different, cultural humility has been subsumed as simply a dimension of the larger MCC framework (Ratts et al., 2016; Watson et al., 2017). Watson, Raju, and Soklaridis (2017) write:

> Cultural humility builds cultural competence by promoting ongoing self-evaluation, engaging with power imbalances and fostering a collaborative approach to treatment. Humility also facilitates reflection. Humility allows a therapist to hold her own and her patient's positions simultaneously, and to release unhelpful assumptions more quickly. The flexible thinking of culturally competent reflection thus requires cultural humility. (p. 57)

Contrary to the intention of Tervalon and Murray-Garcia (1998) who developed cultural humility in response to the essentializing assumptions of cultural competence, the authors above do not

distinguish the epistemology of cultural humility from the MCC framework. This was also demonstrated in the narratives in Chapter four where many participants described cultural competence while making a case for cultural humility. From a decolonizing perspective, this is problematic because when researchers and clinicians are unaware of the epistemic and colonizing impact of their theories and practices, they will continue to reinforce the imperialistic practices that may harm BIPOC clients.

In their effort to build a new multicultural model that focuses on process rather than outcome, Owen et al. (2011) proposed a multicultural orientation (MCO) framework that is centered on principles of cultural humility combined with measurable variables of *cultural opportunities* and *cultural comfort*. While the MCO is based on the "virtue and attitude" of cultural humility, it follows the ethos of the MCC tradition and is "viewed as an extension of the MCC model designed to examine how cultural dynamics can influence the process of psychotherapy" (Davis, et al., 2018, p. 90). Rather than focusing exclusively on meeting standards (e.g., competence), the MCO is concerned with how cultural worldviews of the client and the therapist influence one another in clinical encounters (Davis et al., 2018). While the MCO promotes ongoing critical self-evaluation, anti-oppressive practices, and while being "other-oriented" contributes to the development of multicultural counseling literature, a decolonizing analysis of its framework reveals that it carries the same underlying Eurocentric structures as cultural competence. This Eurocentric structure is centered on the idea that healing for the culturally oppressed begins with western-centric treatment models at the center while Indigenous and traditional healing practices are considered "adjunct, supportive, secondary and 'other'" type of treatments. To seriously grapple with the discourse of social justice and systemic oppression arising from a history of colonialism, significant change is needed within the

theoretical, political, and sociocultural positioning of counseling practices. Hence, I believe that the assumptions underpinning the MCO and cultural humility can be challenged and re-examined by considering decolonizing standpoint. Although the cultural humility and MCO frameworks is an improvement over the MCC for having greater ethical consideration to "the Other" and for attending to the process rather than outcome, they are still heavily influenced by Eurocentric/western models of health. My analysis puts cultural humility/MCO closer to the center of the cultural commensurability continuum, which means they are more open to Indigenous practices than the MCC framework, but still hinges on the side of global psychotherapeutic approaches.

Reflexivity on the Transcultural Counselling Framework

Unlike the MCC, MCO and cultural humility frameworks, transculturality/transcultural approaches to counseling are more widely adopted in the UK and European countries than in the United States. At the theoretical level, scholars who endorse transculturality postulate that transculturality does not conform to the traditional anthropological assumptions of isolated/separate/solid cultures (Tumino, 2019; Welsch, 1999). Rather, they suggest that transculturality's take on "culture" as something that is always transforming, intermixing, hybridizing and the focus is on the "cultural encounters" and cultural interactions. Hence, it sees cultures through the lens of commonness, entanglement, and transformation of values and practices resulting from cultural encounters (Welsch, 1999). Some examples of transculturality include the development of creole languages, family in transition (immigration, refugees, etc.), cosmopolitanism, and other common social practices as a result of intermixing in contemporary society (television, air travels, music, arts, etc.). As stated in my findings in Chapter four, while several participants expressed curiosity and were attracted to the general idea of intermixing and

hybridity in transculturality, they were concerned with how intermixing and hybridity is deployed in clinical/counseling practices. More specifically, how does transculturality address the ongoing legacy of coloniality and imperialistic experiences by BIPOC around the world?

At first glance, transculturality seems to be unique in tackling issues relating to cultural hybrids and intermixing while having the potential to transform how people perceive "culture." Ideas around cultural hybrids and intermixing of ethnicity has not been discussed at length in any other frameworks, aside from the similar concept "intersectionality" popularized in the U.S., which has been included in the most recent MCC revision Multicultural Social Justice Counseling Competence or MSJCC (see Ravitch et al., 2015). Despite being touted as a forward-thinking construct in cross-cultural discourse, Guilherme (2019) asserts that the transcultural/transculturality framework may have been given preference by scholars as a "way out or an exit" to avoid the challenging geopolitical issues that multicultural and intercultural frameworks continue to grapple with. He states:

> The transcultural, transculturality or transculturalism has recently been given the preference by scholars mainly, in my understanding, sometimes as a 'way out', which means an attempt to describe other aspects which were not adequately or sufficiently contemplated in other terminologies, or an 'exit', that is, an effort to shy away from the negative sociopolitical baggage ascribed both to 'interculturalism' and 'multiculturalism.' (Guilherme, 2019, p. 8)

Another risky issue related to the transcultural concept stems from the idea of "deceitful neutrality and of de-rooted cosmopolitanism" (Guilherme, 2019, p. 8). By deceitful neutrality, the author pointed to the assumed peaceful integration and intermixing of people free of conflict, cultural domination, and imperialistic imposition. And by de-rooted cosmopolitanism, it seems

that transculturality neglected to mention how the projects of colonization and decolonization may play out in the process of transculturation. This concern was also expressed by participants in the study as they reflect on the history of slavery and colonization in the United States.

At the clinical/therapeutic level, Pontera (2014) theorizes that transcultural approaches to counseling and therapy stress common cultural standards and universal laws and values. For example, Ibrahim (in McFadden, 1999), elaborated on the existential worldview approaches to transcultural counselling which incorporates many of the MCC's essentialized framework such as awareness, knowledge and skills, ethnic matching, and cultural adaptation. In another example, transcultural adaptation of cognitive behavioral therapy (CBT) in Asia, Naeem et al. (2020) describe the process of cultural adaptation of CBT techniques for working with East Asian and South Asian clients. Although the process described appears to be culturally congruent like the cultural adaptation approach in the U.S. context as described in the MCC framework, the underlying assumptions appear to imply the same colonizing approach by cosmetically altering a certain aspect of CBT (an implied universal model) to better fit with BIPOC populations. Hence, my analysis concludes that while the transcultural model claims to follow a different philosophical positioning from the multicultural and intercultural approaches, the "transcultural counselling" literature that I reviewed seems to endorse much of the same essentialized practices that the MCC literature has been recommending. Furthermore, the transcultural framework stops short at demonstrating how it addresses colonial and imperialistic embeddedness in the so-called intermixing and neo-cultural practices in counseling and therapy. As a step more intentional and deliberate regarding coloniality issues than the MCC framework but not quite at the level of embracing Indigenous/non-western practices, my analysis puts transculturality in the center of the cultural commensurability continuum.

Implications for Theories: critical interculturality moves beyond the politics of difference, diversity, and equality while embracing epistemic de-coloniality and "indigenization from within"

As introduced in the introductory chapter and literature review, interculturality has been widely discussed in educational pedagogy and communication research but not in psychology and counseling. What separates interculturality from MCCs, cultural humility, and the multiculturalism movement in general, is that it does not focus prescriptively on the politics of difference ("us" versus "them" mentality, minority-majority, nation/state, etc.), equality (affirmative action, empowering particular groups), and diversity in terms of essentializing practices of acculturation and multiculturalism (Dietz, 2018). The kind of interculturality that I propose as an alternative framework to the practices of multicultural competence and cultural humility is the critical interculturality that originated in Latin America (Aman, 2014; Dietz, 2018; Walsh, 2012). At its heart, this critical interculturality is situated within a decolonizing stance which acknowledges that multicultural counseling and research practices in the United States are products of Eurocentrism, hence, colonizing practices (Goodman & Gorski, 2015; Mignolo & Walsh, 2018; Mills, 2014; polanco, 2016; Reyes Cruz & Sonn, 2015). When applied as an alternative framework to multicultural counseling, critical interculturality interrogates the underlying social-political (gender/race/economic), colonial-systemic (hierarchal/structural/institutional), epistemic (different type of knowledges, worldviews), and the positionality of power within each of these dimensions (who get to say what? For whom? etc.). When considering these above dimensions from an epistemic standpoint, I acknowledge that all discourses in the social, political, and psychological realms are inter-related, situated, and contextualized through the knowledges that are made available and circulated within a society.

Hence, the access to different epistemologies (ways of knowing and practicing) is an essential objective in a critical intercultural and decolonizing framework. In a broader conceptualization of epistemic de-coloniality and importance of a critical interculturality in today's geopolitics of knowledge, Guilherme (2019, p. 9) states:

> It is also impossible to debate critical interculturality without questioning about the geopolitics of knowledge, decoloniality, the epistemologies of the South, multicultural human rights and intercultural ethics. Besides, epistemological de-coloniality is relevant nowadays not only to previous colonies but also, I dare say, to the whole world knowledge and life that are being overridden by neocolonial, neoliberal, hegemonic globalisation and to localities whose traditions are being neglected and recolonized.

To illustrate the differences and resemblances between the MCCs, cultural humility/MCO, transculturality, and critical interculturality, I have created a table to explain how each framework are shaped by epistemology, coloniality/power, and the kind of practices that may result from them (see Table 6). The table illustrates how the positionality of epistemology and coloniality/power dictate access to practices. As shown in the table, interculturality has the potential to bring greater access to different types of knowledges and practices that may not be possible within the MCCs, cultural humility/MCO, and transcultural frameworks.

Epistemic Decolonization

In his exploration of epistemic freedom and decolonization for the people of Africa, Sabelo Ndlovu-Gatsheni (2018) stated "If the 'colour line' was indeed the major problem of the

twentieth century… then that of the twenty-first century is the 'epistemic line'" (p. 3). This concern regarding epistemic freedom has been repeatedly expressed in the counseling and

Table 6

Roles of Epistemology, Power and Practices among the four frameworks

Framework	Epistemology	Coloniality & Power	Practices
Multicultural Counseling Competence models	Focus on knowable Truth, what is objective, predictable, positivist & post-positivist ontology	Does not discuss coloniality or politics; little concerns for power issues, therapists as experts	Adaptation & ethnic/language matching; evidence-based practices; indigenization from without
Cultural Humility / MCO approaches	Multiple truths, unknowable, subjective, unpredictable	Ethics of other, power imbalances, agency, clients as the experts	Curiosity & respect; other/process-oriented; indigenization from without
Transculturality	Multiple realities; Existential humanistic psychology embraced; universalism	Coloniality & power are inconsistently discussed; position as neutral; co-existence & integration	Active & reciprocal processes; working across, through and beyond cultural differences; indigenization from without
Critical Interculturality	Multiple epistemologies; truths co-exist; object-subjectivity & are all important	Decoloniality is of great importance; power imbalances; Epistemic decolonization	Normalize Indigenous practices; encourage intergroup perspective; dialogue and mutual respect; indigenization from within

psychology literatures (Burr, 2015; Gergen, 2014; Kirmayer, 2012). Similarly, Wa Thiong'o's *epistemic decolonization* (1993) (as cited in Mignolo & Wash, 2018) is considered part of a broader project aimed at moving away from Eurocentric knowledge to create a new social condition where indigenous knowledges from other regions of the world such as Asia, Africa,

and South America that is based on a critical view of interculturality. According to the Mignolo and Walsh (2018), the objectives of intercultural projects are to:

> transform, reconceptualize, and refound structures and institutions in ways that put in equitable (but still conflictive) relations, diverse cultural logics, practices, and ways of knowing, thinking, acting, being, and living. Interculturality, in this sense, suggests a permanent and active process of negotiation and interrelation in which difference does not disappear. Sociocultural, ancestral, political, epistemic, linguistic, and existence-based difference is affirmed in collective and community-based terms and understood as contributive to the creation of new comprehensions, coexistences, solidarities, and collaborations. (p. 65)

To Mignolo and Walsh (2018), the critical interculturality projects are not conditions to be achieved but rather a process of continuous activism, conscious action, and a praxis-based tool of affirmation and transformation. When compared to the MCCs' competent and apolitical stance and the transculturality's emphasis on intermixing and hybridity, critical interculturality projects are direct and deliberate in their objectives against coloniality and pave the way toward epistemic decolonization.

No Identity Politics

Unlike the framework of multiculturalism and the MCCs, interculturality is intentional in its effort to not get involved in "identity politics" because identity politics close off the possibilities for dialogue in defense of national or ethnic identity (Dietz, 2018). For example, much of the current positioning of policies and practices in multicultural counseling are based on racial and ethnic compositions. While focusing on differences and inequality may seem

importance to other models, critical interculturality does not emphasize the politics of difference such as population numbers (e.g., minority versus majority), but rather, it focuses on systems of knowledge productions and those who are involved in these processes. According to Dietz (2018), for meaningful social change to occur, the coloniality of social relations needs to be replaced by decolonial interculturality. He states:

> The coloniality of social relations, which persists as a form of racialized dominance and still structures the perception of diversity, needs to be replaced by an explicitly decolonial interculturality, an academic and political program that replaces externally imposed, Eurocentric binarities and dichotomies with regional and local actors' own, intracultural cosmologies, worldviews, and definitions of *buen vivir*, of *sumak kawsay*, of "good living". (Dietz, 2018, p. 17)

What Dietz (2018) is suggesting here is that decolonial interculturality needs to be integrated into major social relations within a society for the culturally oppressed to have access to "good living" that is appropriate to their cultural make-up. When considering a critical or decolonial interculturality in the counseling context, this may include having access to "Therapeutic practices informed by culturally appropriate knowledge [which] dignify and legitimize local knowledge" (Polanco, 2016, p. 23). To do this, counselors may explore discourses pertaining to issues of power relating to individuals, family units, social institutions, and other relational units in a society. Within each unit, there may be discourses surrounding gender, sexual orientation, social class, religion, ability, and so forth; and the goal of the counselor is to recognize and engage these discourses by not only locating them in their cultural contexts, but also by implementing interventions that match the world view of the client.

Indigenization from Within

In *The Challenge of Cross-Cultural Psychology: The Role of Indigenous Psychologies*, Kim et al. (2000) discuss three approaches in cross-cultural psychology: universalist, contextualist, and integrationist. While the universalist approach (mainly endorsed by traditional mainstream psychology) does not consider cultural differences as important factors to the human psyche and often exclude them from research and practices, the contextualist approach pointed out that human beings are shaped by and must be understood from their ecological, historical, and cultural contexts (Berry et al., 1997). The integrationist approach took a step further with the objective to integrate knowledge generated by Indigenous psychologies and cross-cultural testing of psychological theories to arrive at verified universal knowledge. Kim et al. (2000) elaborated on how the universalist approach has been widely criticized and how it is no longer endorsed by multicultural scholars for its colonizing agenda and imposing Euro-American values (rational, liberal, individualistic ideals). However, both the contextual and integrationist approaches have been used in all four frameworks discussed in this study since they call on the importance of cultural contexts and valuing Indigenous practices and knowledges as part of a holistic multicultural framework.

Still, a crucially important distinction between critical interculturality and the MCC/MCO/transcultural frameworks is that critical interculturality approaches Indigenous cultures from an “indigenization from within” (Enriquez, 1993; Kim et al., 2000). On the one hand, indigenization from without represents an external imposition of theories, concepts and methods through modification and adaptation of interventions (Kim et al., 2000). As I have elaborated previously, the so-called “culturally adaptive” approaches endorsed by the MCC and transcultural frameworks treat Indigenous knowledges as supplementary and not as the primary

source of knowledge while leaving the underpinning Eurocentric universalist epistemology intact. On the other hand, in indigenization from within as endorsed by critical interculturality, theories, concepts, and methods are developed internally using local practices, theories and values as the primary source of knowledge. Kim et al. (2000) further elaborate:

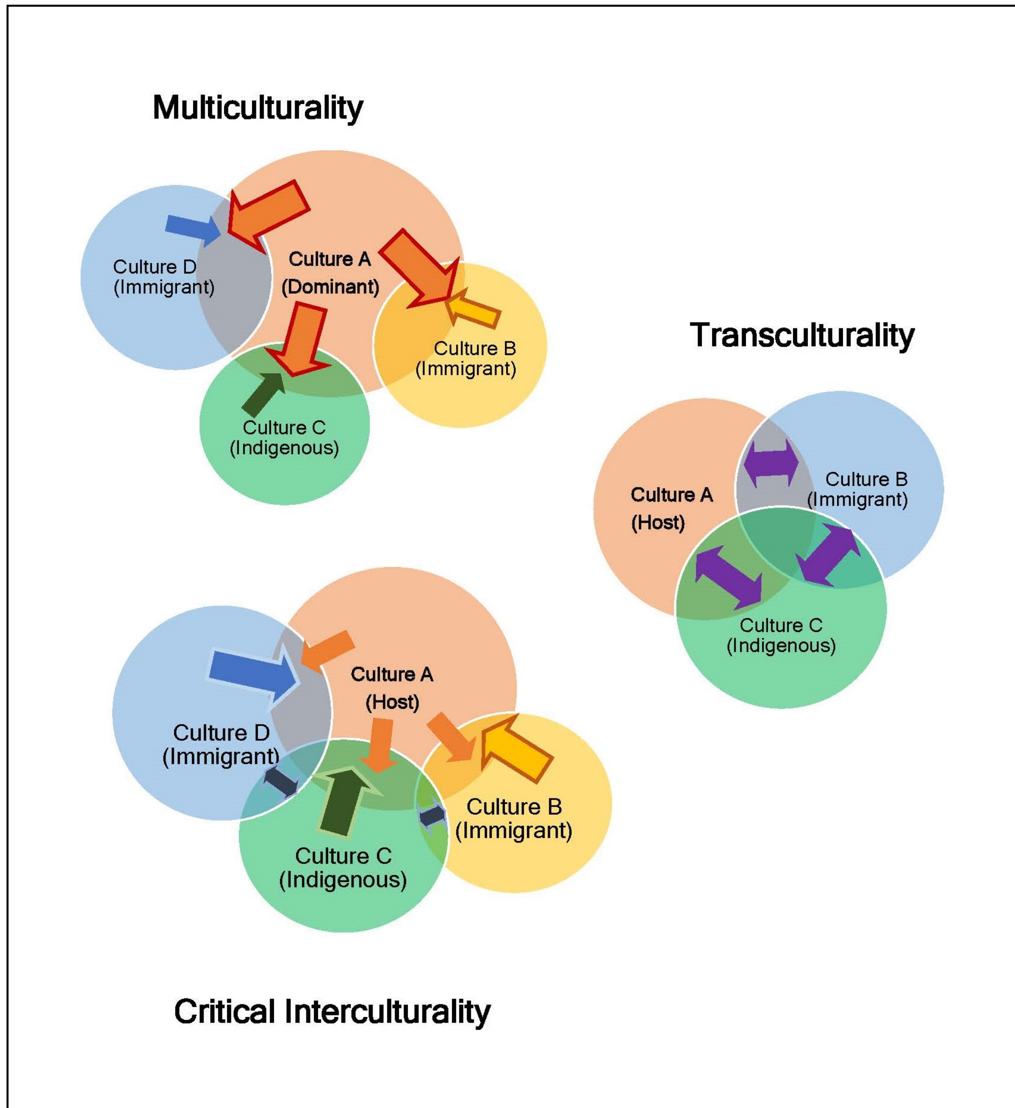
> Whereas indigenization from without represents a modification or extension of existing psychological theories, the Indigenous psychologies approach [or indigenization from within] advocates a shift in the scientific paradigm, a transformative change in which theories, concepts, and methods are developed from within, using the bottom-up approach.

I believe that Indigenous psychological approaches as conceptualized by Enriquez (1993) demonstrate a crucial distinction between critical interculturality and the multicultural/transcultural frameworks. While all three constructs advocate for a bottom-up approach to research and may be intentional in establishing a decolonial relationship with Indigenous and local populations, it appears that only critical interculturality maintains an ethical and respectful stance toward the contextual, epistemological, and local dimensions of cultures and indigeneity. More recent support for indigeneity of counseling practices has also emerged (Niania et al., 2017; Tan, 2019; Wendt & Gone, 2011).

In Figure 2, I presented three diagrams describing the distinctions between how the multiculturality, transculturality and critical interculturality frameworks address cultural differences. In the diagram that describes multiculturality (MCC framework), the emphasis of practice is heavily drawn from Eurocentric/western knowledges and epistemologies, hence the larger arrows from Culture A (Host) cultures are emphasized in the “contact zone”. In addition, since the MCC/multicultural approach generally centered on a “host culture” and considered it

Figure 2

How each framework supports immigrant, indigenous and local cultures



the majority, Culture A's circle is slightly larger to show dominance over immigrants and Indigenous cultures. In the diagram that describes a transculturality framework, the "host culture" is seen as equal as the immigrant and Indigenous cultures, hence all the circles are about the same size. The "contact zone" and commonality are more emphasized in transculturality,

hence the arrows focus on the in-between cultures rather than the uniqueness of each cultures. This demonstrates the philosophical view of transculturality as hybrid, intermixing, cosmopolitan and equality among all cultures involved. The critical interculturality diagram is similar to the multiculturality diagram in term of size and positionality. However, critical interculturality is more focused on the immigrant and Indigenous cultures, hence the larger arrows from the Indigenous/immigrant cultures are shown pointing toward the “contactzones” with the host cultures. This shows that critical interculturality gives greater leverage and opportunity to engage in the local/indigenous cultures than the multiculturality and transculturality frameworks while still leveraging on intergroup relationships via contact zones with the host and other cultural groups.

Implications for Practice

Before discussing how interculturality is applied in culturally responsive counseling practices, I will revisit how the MCC, cultural humility and transculturality is applied in these settings. Continuing with the example of my father, the MCCs’ awareness, knowledge, and skills model invites a viewpoint that my father may be better helped by a therapist who is aware of their own cultural make-up and the general “Vietnamese culture,” who possess skills such as being “scientifically minded” and who could adapt Euro-American interventions to unique non-western cultural identities and experiences. With the cultural humility/MCO framework, the counselor may begin by engaging in respectful and curious dialogue with my father without preconceived assumptions about his cultural make-up or scientifically validated treatment for “Vietnamese people.” The culturally humble clinician values dialogue and process of treatment more than the outcome of treatment so they take the time to get to know my father and work with him to identify the best solutions, which could be adaptive Euro-American therapies. Regarding

traditional and Indigenous treatment options, the MCC/humble counselor may consider them as adjunct or secondary if the initial adaptive intervention does not work (Yeh et al., 2004). However, presently, a vast majority of Indigenous and spiritual approaches to healings are not recognized as credible practices by mental health institutions in the U.S. (Allwood & Berry, 2006; Kessler, 2001; Tan, 2019). The transcultural counsellor focuses on the commonality between my father's Vietnamese cultural traditions and Euro-American psychology to identify a workable approach to helping. While the transcultural counselor may be trained from the universal/global psychological approach and the treatment goal is to adapt and make those models fit with some understanding of cosmetic Vietnamese traditions and socialized practices. In all three scenarios, the therapist is usually trained in a Euro-American theoretical framework that prioritizes western-scientific-centric and evidence-based treatment models over the practical traditional healing models from Vietnam that my father is accustomed to. Just like indigenization from without (Enriquez, 1993), this prioritizing is problematic and potentially dehumanizing for BIPOC clients like my father whose local/Indigenous treatment models are not accessible because the structure of society is dominated by Euro-American cultural traditions.

Unlike the application of the cultural competencies, cultural humility, and transcultural approaches in therapy, critical interculturality neither assumes a universal stance nor systematically adapts a Eurocentric practice to fit BIPOC clients. The clinician may bring with them a set of knowledge and skills to help. However, the main objective of critical interculturality is to build relationships, collaborate with local voices and integrate traditional psychological practices with Indigenous healing models originating from their respective communities. Since the diaspora communities in North America and Europe have already started to actively seek alternative treatments such as acupuncture, herbalism, meditation, Ayurveda,

and others, integrating traditional mental health and cultural healing practices, which would only increase access to care for BIPOC populations (Wendt & Gone, 2011; Tan, 2019). From a decolonial view, critical interculturality considers increasing access to Indigenous/local practices to be the most balanced in term of ethical, theoretically respectful, and empowering in addressing mental health concerns in Indigenous contexts. In some instances, mental health practices originating from Indigenous contexts may be just as effective and sought after as practices exclusively sanctioned by the MCC framework (Moodley, 2007). However, currently, there is a lack of funding and interest (although this may change with the push of #BlackLivesMatter and other Indigenous movements) for research on the effectiveness and safety of Indigenous healing practices by various BIPOC groups in the U.S. This is where a critical interculturality approach is essential to help facilitate collaboration between policy makers, researchers, and local ethnic communities. Researchers and practitioners could help forge new relationships with local community leaders to identify traditional forms of healing practices, validate their effectiveness/credibility and offering ways to increase access for individuals and communities who need them.

According to Incayawar (2009), while the world is suffering a shortage of biomedically-oriented health practitioners, traditional healers outnumber them by as much as 100 to 1 (WHO, 2002). Although traditional healers may not replace bio-medical practitioners, intercultural collaboration between psychiatry and Indigenous practices have demonstrated to be effective in addressing cross-cultural barriers in New Zealand, Peru, Europe, Canada, Asia, and the U.S. Furthermore, on top of many cultural and language barriers, the stigma carried by mentally ill clients and their families is so high in some communities that people do not come forward for treatment at a traditional psychiatric or mental health clinic. In contrast, visiting a traditional

healer for any mental condition is not stigmatizing and the setting in which traditional healing occurs and can provide a positive culturally valued, non-stigmatizing atmosphere for the clients. With a world-wide shortage of psychiatrist and western-biomedical trained practitioners, it only makes sense to incorporate partnership between local healings and psychiatric practices (Incayawar, 2009).

Table 7

Practice Implications from Four Approaches

Framework	Practice Implications
Multicultural Counseling Competence	➢ Adaptation: cosmetic alterations of interventions ➢ Matching: language and ethnic/racial match ➢ Skills: dynamic sizing, scientifically minded, self-awareness, expertise in specific/general cultural knowledge
Cultural Humility / Multicultural Orientation	➢ Respectful/curious stance: other-oriented ➢ Focus on process: ongoing relationship with clients and communities ➢ Cultural opportunities: counselor's effort to engage in client's salient cultural identities ➢ Cultural comfort: counselor's feeling ease, calm, open or relaxed with diverse others
Transcultural Counselling	➢ Existential worldviews: Universal humanism, cultural adaptation of interventions; indigenization from without ➢ Endorsing awareness, knowledge and skills; ethnic matching ➢ Cosmopolitanism: creolizing language and cultures, commonality, shared and intermixing practices
Critical Interculturality & Counseling	➢ Decoloniality projects: Reduce/eliminate colonial impact, empower local practices, epistemological decolonization ➢ Intergroup collaborations: work with key stakeholders, a focus on localized knowledges and Indigenous practices ➢ Knowledge fair-trade; indigenization from within

In Table 7, I attempted to differentiate the practice implications between the MCC, cultural humility / MCO, transcultural counseling and intercultural counseling to show how a critical interculturality framework moves away from the sole expertise of the therapist, cultural adaptation and focuses more on the external dimensions of power: client's positionality, community contexts and political/decolonial contexts.

In *Collaborative and Indigenous Mental Health* (Niania et al., 2017), the partnership between a Maori spiritual healer and a psychiatrist is an excellent example of what interculturality mental health practices may look like. In New Zealand, the practice is so commonplace that the expression *tataihono* was coined to refer to the collaborative relationship between a Maori wairua (spiritual) healer and a *Pakeha* (white) psychiatrist (Niania et al., 2017). The respectful relationship between the psychiatrist and the traditional Maori healer demonstrates a valid treatment model. Even when western mental health treatment models do not help Indigenous people, local healing practices do. For example, in *Collaborative and Indigenous Mental Health,* the authors discussed a case involving a Maori teen who experienced bereavement and depression after an unexpected loss of her grandma. After months of living on the street and not responding to psychiatric medication and art therapy, the teen unexpectedly responded to a traditional Maori healer who made a wairua "spiritual" connection with her deceased grandma in the clinic hallway (Niania et al., 2017). The western treatment team was surprised by this sudden emotional and psychological change in the Maori teenager after engaging with the traditional wairua healer, but to Maori wairua, the process was a normal spiritual practice that has been displayed in the Maori communities for many centuries.

Another example of critical interculturality in mental health care takes place in the Andean highlands of Ecuador where Quichua community spiritual healers, *yachactaitas,* and

western-trained psychiatrists work alongside in community clinics. According to Bouchard (2009), the Quichua healers were able to recognize emotional distress and diagnose psychiatric disorders in their Quichua patients and cross-refer them with their physician's counterpart when there is a need for bio-medical intervention. These collaborative efforts caused a paradigm shift in the attitude of the Quichua communities toward the yachataitas, who were previously stigmatized due to the government and institutions embracing the western-biomedical models. Not only does the collaborative efforts with medically trained physicians find increased acceptance and access to the yachataitas, the project also reduced inter-ethnic tensions and improved the well-being of people in their region.

Examples of intercultural mental health practices can also be found in the United States. According to Poulin and West (2005), close to half of the North American population are using complementary and alternative medicine (CAM), such as meditation, spiritual healing, network chiropractics and craniosacral therapy, shiatsu, Reiki, therapeutic touch, and energy healing (see Elkins et al., 2005; Kessler et al., 2001). These findings suggest that there is a growing trend in CAM usage in the second half of the 21st century, partly due to the rise in the healthcare costs and many BIPOC people are unable to afford professional counseling. For example, Agu et al. (2018) report a high correlation of traditional, complementary, and alternative medicine (TCAM) usage among immigrants and minority communities. With limited access to culturally responsive therapies in the mainstream health systems in the U.S. many immigrant groups are likely to import healing practices from their home countries. Similar occurrence also takes place in the Native American communities including the use of sweat lodge at Veteran Affairs hospitals and application of an Indigenous stress-coping model for Native American women. At a Veteran Affairs Hospital in American Lake (Washington state), a Post-Traumatic Stress Disorder (PTSD)

program incorporates the use of Native American sweat lodge that was built on the hospital ground as part of their treatment program for Native American veterans (Shore, Shore & Manson, 2009). Recognizing the impact of colonization and oppression on the role of Native women in the U.S., the Indigenous stress-coping model incorporates cultural resilience, enculturation, spiritual coping, and traditional healing practices (Walters & Simoni, 2002). Although the stated model is based on Indigenist health (e.g., use of Indigenous roots and teas, a sweat lodge in ritual purification), I am unsure of process of indigenization involved and where it would fit on the continuum of cultural commensurability (Wendt & Gone, 2011). Nevertheless, these trends in CAM/TCAM usage among immigrants and collaborative practices by Native Americans and mainstream health models represent important steps toward greater adoption of decolonizing and intercultural models in counseling and psychotherapy in the U.S.

Aside from models of collaborations between traditional healers and psychiatrist, there are many other examples of interculturality at work that have been prominently integrated into Euro-American cultures. One example is the practice of yoga and mindfulness meditation originated and practiced in Asia and South East Asia for thousands of years (Zen Buddhism and Vispassana Meditation), which has been quietly adopted and integrated in Europe and North American psychology since the early 1950s (McCown & Micozzi, 2011). Some of these practices include Mindfulness-Based Stress Reduction (MBSR), Mindfulness-Based Cognitive Behavior Therapy (MBCT), Dialectical Behavior Therapy (DBT), Acceptance & Commitment Therapy (ACT), and many others. According to McCown and Micozzi (2011) mindfulness and meditation were introduced in the west in the early 1950s through the lectures of Alan Watts and D. T. Suzuki. However, these concepts did not become popularized in western psychology and medicine until the 1990s through the research of John Kabat Zinn from the University of

Massachusetts that dated back to in the 1980s. John Kabat Zinn was credited for coming up with the word “mindfulness” to replace “meditation” to make it more palatable for westerners (See McCown & Micozzi, 2011). The practice has become so commonplace in the U.S. that, as of 2017, there are more adults practicing yoga and meditation than those who use a chiropractor (CNBC, 2018). Although mindfulness-related practices seem like a process of “indigenization from without” that incorporate many existential and humanistic values of the West, at least, their foundational belief are centered on an Indian/Asian beliefs system. Ivers et al. (2016) found that mindfulness practices correlate with multicultural counseling awareness, empathy, and understanding.

The development of practices arising from different parts of the world that are accepted, valued, and practiced in the U.S. are possible examples of interculturality at work. Like the movement in the Andean mountains in the 1980s, the movement of yoga and mindfulness practices that became accepted and intermixed with western medicine could represent the work of interculturality, or perhaps transculturality? However, for these practices to be accepted and valued by dominant groups within a society, many years of intercultural collaboration and intergroup relationship building with key stakeholders is needed. Despite these developments, there are countless other promising Indigenous and traditional practices from around the world that are yet to be recognized or integrated in multicultural trainings: the ritual use of Ayahuasca plant in the treatment of substance abuse (Harris & Gurel, 2012; Loizaga-Velder & Verres, 2014), Muslim faith healers in Ghana (Adu-Gyamfi, 2014; Kpobi & Swartz, 2019), and South African traditional healing practices “*amagirha, amaxhwele, abathandazeli”* (Mzimkulu & Simayi, 2006; van der Merwe, 2019). Barriers to accessing these practices can be explained by psychology’s dedication toward a scientific tradition that stigmatize practices that are based on

different epistemological traditions. Currently, there are debates regarding how the evidence-based movement measures Indigenous practices outside of the scientific paradigm (Kirmayer, 2012; Whaley & Davis, 2007). While it has not been widely studied and discussed in the U.S. context, critical interculturality as a framework holds tremendous promise to help therapists and counselors access these essential, but neglected practices, and to build a strong culturally responsive mental health counseling work force.

Limitations

My study raises many insights regarding the concerns about the MCC framework as experienced by TOCs. The study presents the framework of critical interculturality as an alternate/new direction for the field of multicultural counseling and training. However, there are several limitations that need to be mentioned. First, the study sample and any generality claims are limited to the lack of diversity of the participant pool composed a majority females, Asian Americans, Black Americans and mixed ethnicity participants. Although the purpose of sampling BIPOC clinicians was to address the lack of voices by BIPOC providers in the field, the resulting sample was not as diverse as I had hoped. Of the 16 participants who completed both the survey and interviews, only two participants identified as male, one participant from the middle East, and two from Brazil. Hence, this study result should reflect that fact that most of the participants' contributions come from female participants with little input from a male gender identity dimension or the Latin American perspectives. Sexual orientation was not included in the demographics of the sample or discussed extensively as a cultural dimension. However, it is an important cultural indicator and could be valuable to be included in future research on cultural competence studies. Another possible limitation to the study sample is that about two-thirds of the participants have either worked with or attended the same graduate school as myself, the

researcher and interviewer. Since this study uses purposeful sampling, I thought it was more important to focus on the participants' clinical experiences and cultural identity over other factors. Having a professional relationship prior to the researcher-participant relationship may promote greater or less trust during the interview because of the prior relationship. However, I do not have a way to measure what effect this may have had on the study.

Another methodological limitation to the study is that I changed my philosophical positioning and analysis from a social constructionist analysis to a decolonial analysis mid-way through the study. In retrospect, if this theoretical repositioning had been initiated earlier on in the study, I would have gathered a much richer dataset in the field work. However, I believe the results are still validly supported by demonstrating epistemic reflexivity and confirming the findings through the member-check interviews. My member-checking interviews resulted in greater understanding and reflexivity by the researcher and participants, thus increased the trustworthiness and credibility of the final research findings. An ethical limitation to the study is that I only had only one additional reviewer of the data and analysis (myself and my immediate advisor) prior to the member-checking interviews. In retrospect, having an additional reviewer of the interview results could have added rigor and credibility to the overall research process.

Conclusion and Recommendations for Future Research

To my knowledge, there has not been an empirical study that explores the experiences and reflections of BIPOC clinicians on the MCC framework. Furthermore, there has been no research that links decoloniality, interculturality and the education and trainings of multicultural mental health counselors in the U.S. This study is unique as it was designed to learn about how therapists of color conceptualize and apply a multicultural counseling competence framework in their clinical practices. It also fills the gap in the multicultural counseling and therapy literature

by introducing ideas surrounding epistemic reflexivity and critical interculturality. From this study, I learned that although the MCC and multicultural orientation/cultural humility frameworks are often well-intentioned and are genuine efforts to improve cross-cultural engagement in counseling and therapy in the United States, these frameworks are the products of Eurocentric colonialism that serve to benefit the sociopolitical interests of dominant groups at the expense of Indigenous and socially disadvantaged groups. Recognizing that the sociopolitical contexts in the U.S. is different than Europe, New Zealand, Asia, Latin America and other colonized territories around the world, a crucial underlying concern remains the same when examining them from a critical intercultural framework. The complexity of intercultural encounters in counseling relationships cannot be reduced to structured binary and essentialized typologies of cultural concepts arising out of European positivist/humanistic understanding of the world. While this study does not suggest that the U.S. should import integrative mental health services like, for example, the models in New Zealand or Latin America, this study points to an urgent need for greater awareness, recognition, and access to Indigenous counseling practices within the current mental health systems in the United States to improve access to culturally congruent therapies for BIPOC populations.

As Tuhiwai-Smith (2013) suggested, a decolonizing research project would not follow the traditional anthropological agenda of research based on a colonial/imperialist lens. Although decolonizing research may not necessarily have to be carried out by Indigenous people, their objectives must include the use of Indigenous knowledges/methodologies and the goal of empowerment and improving the lives of their local communities. In addition, using decolonizing methodologies in future research on Indigenous healing practices will ultimately increase credibility, access and equity among practices originated from non-dominant and non-

Eurocentric orientations. To continue the dialogue on decoloniality and critical interculturality in counseling and therapy that started in the current study, I offer some questions and ideas to consider in future research on this topic:

- How could collaborations between mainstream clinical psychology and Indigenous psychology be more synergistically established in the U.S.? Tan (2019) suggested involving all sectors (e.g., political, educational, social services, medical, mental health, media, law enforcement, crisis responders, researchers, local healers, etc.)
- How is "epistemic freedom" viewed between the multicultural, transcultural and intercultural frameworks? Knowing the differences in how these frameworks operate could help practitioners make more informed and deliberate choices between practices that support decoloniality and those that do not.
- How could the profession of counseling and therapy and Indigenous counseling practices in the United States benefit from epistemic decolonization?
- What new opportunities could emerge in mental health services in the United States should the effort to decolonize the mental health field be successful? It is important to envision this future to encourage and invite scholars and practitioners to begin developing new teaching and training curricula that support indigenization and decoloniality.
- What could be a cross-fertilization between Black Lives Matter, indigeneity, critical interculturality and decoloniality looks like in multicultural counseling and therapy?
- What can we learn from European/white clinicians and their perception of multiculturality, transculturality, and interculturality? Since this study focused mainly on BIPOC clinicians, future studies could examine how European/ white American clinicians view the three frameworks. Understanding the variability of epistemic views within and between BIPOC and white/European clinicians could help us better understand how Eurocentric worldviews operates across ethnic and geographical lines.

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Appendix A

Consent to Participate in Cultural Competence Research Study

Thank you for agreeing to participate in this research. This study is being conducted by Tri Nguyen, LMFT. My credentials with the Taos Institute and Free University of Brussel (VUB) can be established by emailing my academic supervisors Dr. Gerald Monk at gmonk@sdsu.edu or Gerrit Loots at gerrit.loots@vub.ac.be.

I hope to learn about your experience with providing counseling/therapy with Asian American individuals and families. The purpose of the study is to understand your personal your experiences with the training and application of the cultural competence guidelines with Asian Americans.

Because the study may involve interviews which will be video and/or audio recorded, the research participation may not be anonymous to the researcher and/or professional transcriber. However, the research materials and all identifying information will be kept strictly confidential. The video/audio recordings, transcriptions, and all other data will be kept on a secure USB drive and stored in a locked, secure location. If you are available, I may also get in touch with you to cover any follow-up questions, although you are free to decline at any stage of the research. Other than potential discomfort in answering some questions, risks will be minimal, given these interviews are strictly voluntary, confidential and interview questions are open-ended.

The results of the study as well as some of the data collected may be reported at professional conference presentations and published in academic journals; however, identifying information will not be included and will only be presented with your permission.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Your name will not appear on any documentation.

Your signature indicates that you have read the information provided above and have decided to participate. You may withdraw from the study at any time without penalty. Should you decide to withdraw, your individual data will be deleted and will not be used in the study.

Please write your name and date in the box below to indicate your agreement to participate.

____________________________________ ________________

Signature of Participant Date

Appendix B

Semi-Structured Interview Questions

Main Research Question:
What can we learn from therapists of color who *are trained in a multicultural counseling competence framework as they work with ethnically diverse clients?*

Interview introduction: I will briefly share about my educational and work background, my research interest and the topic I am investigating. Then I will proceed with answering any questions the participants may have about the study such as confidentiality, data usage, etc. I then tell the participants to engage in the interview as if they are engaging in a conversation and feel free to stop and ask me questions at any time.

General open and close-ended questions to elicit specifics on the MCC:
How did you become aware of cultural competence? (What are your thoughts on the subject of cultural competence in counseling?)
How do you define culture? (Is it equivalent to ethnicity and race or more than that?)
How do you think the terminology cultural "responsiveness" or "humility" makes a difference to you in how you think about culture in the counseling process?
How does the MCC training(s) you have received influence your clinical work? (Does it makes you feel more confident in your counseling skills?)
What do you think are some challenges in working with diverse populations and your "go to" strategies to work around cultural differences?
Do you think your ethnic identity has made you more competent to work with a certain ethnic or cultural population? (refer to participant's survey answer to clarify further)
Is there any experience you remember while conducting therapy where issues around cultural difference arose and challenged you in how to proceed? Can you give some examples?
Has there been a time where you really struggled to understand what was going on .. or challenged you to be effective because of different understandings between you and the client?
Can you think of occasions where you failed to reach a client because of cultural differences?
Have there been times when you have worked with clients that were as different from your life as you could possibly think of and you felt like you were immensely successful? (How so?
What did you do? Is that because you were using the MCC framework or was there something else going on?)
What type of cultural training do you think would be most effective in preparing counselors to work with people of diverse culture?
Many writers stated that the MCC are limited theoretically and that it promotes cultural stereotypes and a cookie-cutter approach to working with different people. What are your thoughts on this?

Can the MCC model be improved? If so, how?
How do you feel about the interview today? Were there things you were expecting to hear?

Appendix C - 1

Pre-Interview Survey (p. 1)

CONSENT TO PARTICIPATE IN RESEARCH STUDY

Thank you for agreeing to participate in my dissertation research. This study is being conducted by Tri Nguyen, LMFT. My credentials with the Taos Institute and Free University of Brussel (VUB) can be established by emailing my academic supervisors Dr. Gerald Monk at gmonk@sdsu.edu or Gerrit Loots at gerrit.loots@vub.ac.be. You may also direct any concerns or questions about this study to Dr. Monk.

I hope to learn about your experiences in providing counseling/therapy with individuals and families of diverse ethnic heritage. The purpose of the study is to explore licensed mental health clinicians' personal experiences with the training and application of the multicultural competence counseling (MCC) guidelines in their clinical work with a diverse client population.

This study will include two parts. The first part is completing this online survey, which takes about 10 minutes to complete. If you meet criteria to continue with the study, you will receive an email invitation to schedule an individual interview with me (Tri Nguyen) either in-person or virtual using video conferencing applications (Zoom or Skype) at a location/time most convenience for you. The interview will take approximately 60 to 90 minutes long. If you are available, I may also get in touch with you to cover any follow-up questions at a later date.

Your participation in this study is voluntary. You may withdraw at any time and your individual data will be deleted from the study. There are no monetary compensation for your time, however, participating in the research may booster your understanding about multicultural counseling and the result may be used to further research/training to improve services to ethnically and culturally under-served populations.

There are no known risk associated with the study other than the potential for mild discomfort in answering some questions, as the interviews are voluntary, confidential and interview questions are open-ended.

Appendix C - 2

Pre-Interview Survey (p. 2)

Because the study involves individual interviews which will be video and/or audio recorded, your name and recorded data may not be anonymous to the researcher and/or professional transcriber. However, collected data and all identifying information will be kept strictly confidential. The video/audio recordings, transcriptions, and all other data will be stored in a secure location.

The results of the study as well as some of the data collected will be presented in a PhD research dissertation that may be reported at professional conference presentations and published in academic journals. However, identifying information will not be included. Any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission.

Writing your name, email, and phone number in the boxes below indicate that you have read the information provided above and agreed to participate in this survey and/or interview(s) for this research study. A PDF copy of this consent form and survey will be provided for your record. You also have an opportunity to ask questions prior to the initial and any follow-up interviews.

Full Name: ____

Email: ______________________________ Phone Number: _________________________________

1. Please indicate your current area of practice?
   a. Licensed Clinical Psychologist　　b. Licensed Clinical Social Worker

   c. Licensed Marriage and Family Therapist　　d. Licensed Professional Counselor

   Please specify years of licensed practice:

2. Please indicate your ethnic identity(s) and how long you have lived in the United States.

Ethnic identity: ____________________ Years living in the U.S: ___________________________

Appendix C - 3

Pre-Interview Survey (p. 3)

3. If you speaks a language other than English, how fluent are you in speaking a language other than English? (If you don't speak another language, slide scale all the way to the left).

4. What theory(s) do you most identified with in your clinical practice? (e.g., Solution-focused, CBT, narrative, etc.)

5. Would you say that at least 50% of your clients are individuals and/or families of diverse ethnic heritage? Diverse ethnic heritage is defined as any individual/group not identified as part of the majority ethnic make-up in the United States (e.g, Caucasian, European, white, etc.). Please indicate three main ethnic heritage of clients you have worked with:

6. How many years have you worked with clients from diverse ethnic heritage?

7. What cultural competence training(s) you have received either formally or informally?

8. Based on your clinical training and experiences, how competent do you feel about working with clients of diverse ethnic heritage?

9. Cultural competence counseling/therapy is defined as the provider's awareness, knowledge, and skills to provide culturally appropriate services to diverse client populations (D. W. Sue et al., 1992). Based on your training over the years, how much would you say you know about cultural competence?
   a. I know enough to teach others about cultural competence b. I am not culturally competent
   c. I know enough to be a competent clinician but not to teach d. Other (please specify)

   b. Based on your training and experiences with providing clinical services to ethnically diverse clients and families over the years, what do you think are the strengths and limitations of the cultural competent model?

   c. Are you satisfied with the cultural competent training(s) you have received throughout your career? Please elaborate.
   a. Very satisfied b. Satisfied c. Dissatisfied
   d. Neither satisfied nor dissatisfied e. Very dissatisfied

Appendix D

Consent to Participate in Cultural Competence Research Study (REVISED)

Thank you for agreeing to participate in my dissertation research. This study is being conducted by Tri Nguyen, LMFT. My credentials with the Taos Institute and Free University of Brussel (VUB) can be established by emailing my academic supervisors Dr. Gerald Monk at gmonk@sdsu.edu or Gerrit Loots at gerrit.loots@vub.ac.be.

The purpose of the study is to explore licensed mental health clinicians' personal experiences with the training and application of the multicultural competence counseling (MCC) guidelines in their clinical work with a diverse client population. This study will include two parts. The first part is completing this online survey, which takes about 10 minutes to complete. If you meet criteria to continue with the study, you will receive an email invitation to schedule an individual interview with me (Tri Nguyen) either in-person or virtual using video conferencing applications (Zoom or Skype) at a location/time most convenience for you. The interview will take approximately 60 to 90 minutes long. If you are available, I may also get in touch with you to cover any follow-up questions at a later date. Your participation in this study is voluntary. You may withdraw at any time and your individual data will be deleted from the study. There are no monetary compensation for your time, however, participating in the research may booster your understanding about multicultural counseling and the result may be used to further research/training to improve services to ethnically and culturally under-served populations.

There are no known risk associated with the study other than the potential for mild discomfort in answering some questions, as the interviews are voluntary, confidential and interview questions are open-ended. Because the study involves individual interviews which will be video and/or audio recorded, your name and recorded data may not be anonymous to the researcher and/or professional transcriber. Collected data and all identifying information will be kept strictly confidential. The video/audio recordings, transcriptions, and all other data will be stored in a secure location. The results of the study as well as some of the data collected will be presented in a PhD research dissertation that may be reported at professional conference presentations and published in academic journals. However, identifying information will not be included. Any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission. **Please be advised that although I will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents me from guaranteeing confidentiality among participants. Thus, I would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.** A PDF copy of this consent form will be provided for your record. Please write your name and date in the box below to indicate your agreement to participate.

___________________________________ ________________

Signature of Participant Date