

# COUNSELING ACCESS VARIABLES FOR MARGINALIZED AND OPPRESSED GROUPS

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# COUNSELING ACCESS VARIABLES FOR MARGINALIZED AND OPPRESSED GROUPS

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- Examine counseling access and effectiveness variables for marginalized, oppressed groups;
- Review potential to improve access to outpatient counseling for these groups;
- Consider implications for implementation of clinical counseling to these groups; and
- Examine use of EBP approaches that address challenges variables influencing access and inclusion of marginalized, oppressed groups within the community

# CHILDHOOD ADVERSITY/TRAUMA: RACIAL DISPARITY OF NEUROLOGICAL EFFECTS

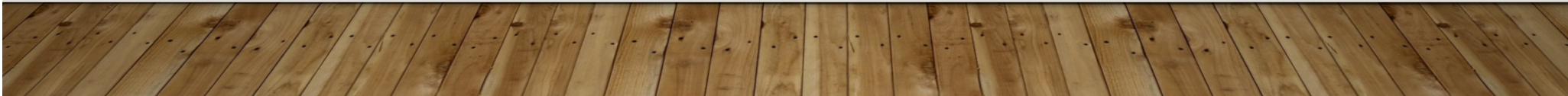
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- More traumatic events, material hardship, and family conflict and residing in disadvantaged neighborhoods are experienced by children of color;
- Findings highlight the impact that disparities in early-life adversity have on race-related differences in neural circuitry structure associated with PTSD and other trauma- and stress-related disorders (Dumornay et al, 2023);
- Findings from this study and others have important implications for our understanding of impact of socioeconomic and environmental inequalities on mental health in the United States and our understanding of racial differences in psychiatric disorder development, particularly PTSD, for which the literature on lifetime prevalence is mixed (Breslau et al, 2006; Roberts et al, 2011).

# EFFECTIVENESS OF COUNSELING FOR DEPRESSION AMONG RACIAL/ETHNIC MINORITIES

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- Meta-analysis to assess the relative effects of psychotherapy for persons from racial-ethnic minority groups (Inse et al. 2014);
- Only studies that reported the overall racial-ethnic minority proportion of the sample or the studies reporting specific racial/ethnic backgrounds of participants were included;
- A total of 56 RCTs reported the proportion of participants from racial/ethnic minority groups;
- Results suggest that psychotherapy is equally effective regardless of care seekers' race-ethnicity.



# EFFECTIVENESS OF COUNSELING FOR DEPRESSION AMONG RACIAL/ETHNIC MINORITIES

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- Findings revealed that evidence-based psychotherapy (EBP) is generalizable across racial-ethnic minority groups;
- Cultural context and race-ethnicity seem to play a minor role in the effectiveness of EBP;
- Study revealed no indication that the percentage of racial-ethnic minority representation was associated with the outcome.
- Among blacks and Hispanics, those who enroll in psychotherapy have a high probability of being highly educated and well integrated, and possibly less representative of their minority groups which may limit generalizing findings of the study to racial-ethnic minority groups

# IMPACT OF RACE AND ETHNICITY ON RATES OF RETURN TO PSYCHOTHERAPY FOR DEPRESSION

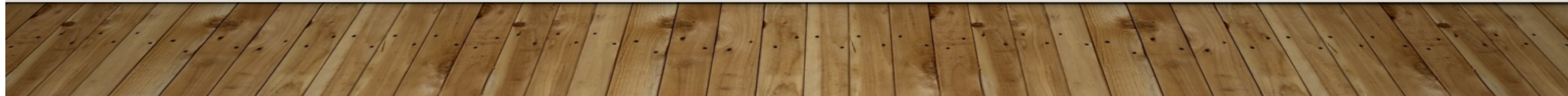
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- Historically, research has shown many limitations with evidence base for the role of race and ethnicity in continuation of psychotherapy for depression;
- Study sample consisted of 242,765 patients  $\geq$  18 years old from six healthcare systems over 3 years in Mental Health Research Network with new episode of psychotherapy treatment for depression;
- Odds of racial and ethnic minority patients returning for a second psychotherapy visit within 45 days of the initial session were examined using multilevel regression.

# IMPACT OF RACE AND ETHNICITY ON RATES OF RETURN TO PSYCHOTHERAPY FOR DEPRESSION

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- Provider and healthcare system variation were stronger predictors of patient return to psychotherapy than race and ethnicity;
- While potential differences for racial and ethnic patient groups in return rates for psychotherapy remain an issue to monitor in mental health treatment, they were not substantial determinants of return rates;
- Findings are supported by limited literature showing that providers and organizational culture contribute to dropout in psychotherapy for racial and ethnically diverse groups.
- Although study found lower retention rates for racial and ethnic minority patients, provider- and system-level variations were stronger predictors.



# IMPACT OF RACE AND ETHNICITY ON RATES OF RETURN TO PSYCHOTHERAPY FOR DEPRESSION

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- Racial and ethnic minority patients were more likely to receive psychotherapy for their depression than pharmacotherapy (Coleman et al. 2016);
- Implications from current study findings suggest efforts must be made to understand the provider and healthcare system level barriers to psychotherapy return and thus effective treatment for these racial/ethnic diverse patient groups;
- Key study factors and possible improvements include therapeutic alliance, tailoring of psychotherapy approaches to these patients, cultural competence, implicit racial bias among providers, organizational culture, and the implementation of retention strategies such as appointment reminders and case management strategies.



# FSU STUDY OF PSYCHOLOGY CLINIC OPS WITH ETHNORACIAL MINORITY & GENDER INTERSECTIONALITY

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- Based on the percentages of ethnoracial minority groups with mental disorders in the broader local community, clinic OPS falls short in outreach to ethnoracial minority clients; when engaging them, OPS retains them suboptimally.
- Once well engaged, however, results across groups suggest few differences in outcomes by ethnoracial status, gender, or their intersection.
- Ethnoracial match was associated with more sessions attended in patients who were Black.

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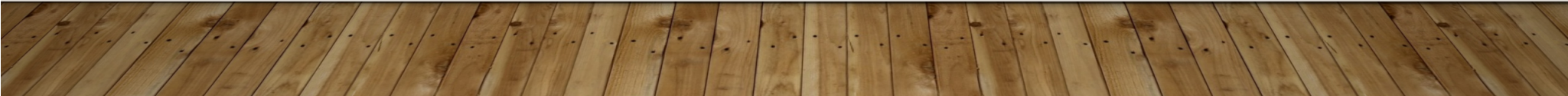
- Psychotherapy effectiveness can potentially be optimized for everyone, and a promising direction involves case conceptualization of a cultural formulation interview and cultural humility mindset.
- Findings provide helpful knowledge in addressing structural and attitudinal barriers to care that influence high rates of early attrition for ethnoracial minority populations.
- A more comprehensive demographic intake will be able to better analyze how gender, race, and ethnicity impact CGI at intake and termination of treatment.
- Considering the exploratory findings that ethnoracial matches were associated with less premature termination and gender matches with better CGI at termination, OPS should prioritize diversity of the clinic's treatment providers to increase clients' comfort levels and retention

# FSU STUDY OF PSYCHOLOGY CLINIC OPS WITH ETHNORACIAL MINORITY & GENDER INTERSECTIONALITY

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- The need for outreach and effective treatment for ethnoracial minorities is greater than ever especially since the onset of COVID.
- A better understanding of how OPS clients' various social and cultural identities impact treatment outcomes will only serve to pave the way for more inclusive, culturally informed, and effective treatment for those who need it most.

Joiner et al (2022)



# INTERSECTIONALITY OF RACE, ETHNICITY AND GENDER: THERAPISTS EFFECTS

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- Given the prevalence of racism and sexism in society, and documented systemic oppression/discrimination intersect and impact one's psychological well-being, therapists must effectively work with clients whose daily experiences are impacted by intersecting systems of oppression;
- Therapists should be mindful of ways that intersecting systems of oppression may impact diverse clients and strive to increase their effectiveness across groups of clients with diverse racial-ethnic and gender identities;

# INTERSECTIONALITY OF RACE, ETHNICITY AND GENDER: THERAPISTS EFFECTS

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- A recent study found that therapists differed in their effectiveness related to clients intersecting identities of race/ethnicity and gender, suggesting that racial-ethnic competence is not a global construct, but rather therapists' racial-ethnic competence varies as a function of clients' gender (Kivligan et al. 2019).
- Seeking cultural opportunities with openness and curiosity may prove helpful in order to facilitate discussions of the impact of multiple intersecting systems of oppression.
- Could prove fruitful for therapists to engage in routine outcome monitoring or feedback-informed treatment in order to gain awareness of groups of clients with whom they may be less effective.

# CULTURALLY ADAPTED DIGITAL MENTAL HEALTH INTERVENTIONS FOR ETHNIC/RACIAL MINORITIES

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- A study conducted a systematic review that identified culturally adapted DMHIs and examined their efficacy and acceptability among racial and ethnic minorities;
- Meta-analyses explored DMHI efficacy and moderator analyses were used to identify effect sizes difference due to study quality, clinical outcomes, therapist support, and attrition;

# CULTURALLY ADAPTED DIGITAL MENTAL HEALTH INTERVENTIONS FOR ETHNIC/RACIAL MINORITIES

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- Among eligible RCTs ( $n = 12$ ) comprising 653 participants, results indicated that culturally adapted DMHIs produced a large, positive, significant effect ( $g = 0.90$ ) across a range of outcomes as compared to wait-list and treatment as usual control conditions.
- Culturally adapted DMHIs are efficacious and acceptable. Such interventions represent a powerful opportunity to circumvent barriers to mental health treatment and improve mental health equity among racially and ethnically minoritized communities.
- Prevalence of feasibility studies, lack of active comparison treatments—and limited research for Black and Indigenous populations—indicate that more research is needed to achieve this purpose

# EMPIRICALLY SUPPORTED TREATMENTS (EST)

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- ESTs have been identified for anxiety, depressive, and stress-related disorders; obesity and eating disorders; severe mental conditions such as schizophrenia and bipolar disorder; substance abuse and dependence; childhood disorders; and borderline personality disorder.
- Relying only on manualized treatment methods, albeit research-supported ones, is insufficient with many clients and many mental health problems (Sue, 2015).



# LIMITATIONS OF EMPIRICALLY SUPPORTED TREATMENTS (EST)

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- Most ESTs have not been specifically demonstrated to be effective with ethnic minorities or other diverse populations.
- Shortcomings of ESTs include-
  1. Owing to the focus on choosing treatment based on the specific disorder, contextual, cultural, and other environmental influences are not adequately considered (Sue, 2015).
  2. The validity of ESTs for minority group members is often questionable, because these groups are not included in many clinical trials (Bernal & Sáez-Santiago, 2006; Sue et al., 2006).

# LIMITATIONS OF EMPIRICALLY SUPPORTED TREATMENTS (EST)

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- Other shortcomings include-
  1. The importance of the therapist–client relationship is not adequately acknowledged. A number of studies have found that therapist effects contribute significantly to the outcome of psychotherapy. In many cases, these effects exceed those produced by specific techniques (Wampold, 2001).
  2. Too much emphasis is placed on randomized controlled trials versus other forms of research, such as qualitative research designs.

# CULTURAL ADAPTATIONS OF ESTs

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- Cultural adaptations can include factors such as: (a) matching the language and racial or ethnic backgrounds of the client and the therapist; (b) incorporating cultural values in the specific treatment strategies; (c) utilizing cultural sayings or metaphors in treatment; and (d) considering the impact of environmental variables, such as acculturation conflicts, discrimination, and income status.
- A meta-analysis of studies involving the adaptation of ESTs to clients' cultural backgrounds revealed that adapted treatments for clients of color are moderately more effective than nonadapted treatments and that the most effective therapies are those that have the most cultural adaptations (Smith, Rodriguez, & Bernal, 2011).

# EMPIRICALLY SUPPORTED RELATIONSHIP VARIABLES

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## **Demonstrably effective**

Therapeutic alliance

Cohesion in group therapy

Empathy

Goal consensus and collaboration

Customizing therapy

## **Promising and probably effective**

Positive regard

Congruence/genuineness

Feedback

Repair of alliance ruptures

Self-disclosure

Management of countertransference