

**Utilizing Acceptance Commitment Therapy to Enhance
Multicultural Counseling Competency**

Fabrice Robert Lubin

**A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Psychology**

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Abstract

The Integration of Acceptance Commitment Therapy to Enhance Multicultural Counseling Competency

Fabrice Robert Lubin

Throughout its development and into current practice, the field of psychology has demonstrated a number of biased, oppressive, and ethnocentric practices. In response, numerous professionals have taken it upon themselves to advocate for the amelioration of cultural bias. As a result of their efforts, in 1996, the APA issued guidelines with the intention of intertwining ethical practice with cultural knowledge and awareness. With these guidelines in place the APA positioned multicultural counseling competency (MCC) as an integral component of current professional psychology programs. The effort to incorporate MCC into graduate coursework has been met with resistance from faculty and students. Acceptance Commitment Therapy (ACT) has demonstrated effectiveness at lowering resistance and experiential avoidant behavior. This dissertation proposes an ACT consistent protocol, designed for psychology graduate students, and with the aim of decreasing avoidance toward MCC based coursework while increasing awareness of cultural variables that can arise during therapy.

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CHAPTER 1: INTRODUCTION

Psychology, since its inception, has reflected a ubiquitous scientific practice, one that is intent on studying human behavior through embracing a multitude of disciplines such as: medicine, anthropology, biology, and sociology (Guthrie, 1998). Because of this inherent diversity, psychological approaches are often criticized for lacking the objectivity and focus found in other scientific domains. These allegations have spurred psychologists to strive for a sense of objectivity and to defend their field as one that reports only accurate data, unbiased literature, and valid results (Guthrie). Regardless of the assurances of past and even contemporary psychologists, it continues to be a field that is anything but objective.

The roots of psychology are fraught with biased perceptions, studies, and counseling interventions (Guthrie, 1998; Sue et al., 1982). Examples of these biases include legitimizing the eugenics movement (castration of individuals who were prisoners or suffering from acute mental illness); the creation of blatantly racist intellectual assessment measures; and the denial of personhood for individuals of varying gender, class, and ethnicity (Constantine, Melincoff, Barakett, Torino, & Warren, 2004; Guthrie; Sue et al.). Even more startling are cases that demonstrate psychology being utilized to promote discrimination and justify racist perceptions (Guthrie).

Despite these obstacles, there are individuals who strive to alter the landscape of psychology, defending the cultural values, beliefs, thoughts, and differences that make up the colorful tapestry of human experience. For the past few decades, clinicians and

researchers have attempted to raise the standards of psychology through less culturally biased studies, more adaptable intervention strategies, and the administration of experiments that include more diverse group of individuals.

In order to correct the mistakes of the past, the aim has been to educate future generations towards mindfulness of diversity and culture within therapeutic intervention and scientific study. The development of Multicultural Counseling Competency (MCC) serves to educate clinicians regarding the dangers and treasures that diversity can entail within the field of psychology. MCC offers a set of ethical principles that psychologists can use to decrease intolerance, discrimination, and bias in their clinical work. Despite the value of MCC in this context, the incorporation of MCC principles into American Psychological Association (APA)-based course work has been difficult. A lack of standards, resistance within the classroom, and other issues persist in making MCC difficult to incorporate into a program.

Considering this need for improvement, the aim of this dissertation is to explore the development of MCC, to review the standards set forth by psychologist Daniel Sue and those who contributed to present MCC literature, and to examine the resistances that currently exist with regard to teaching MCC. Finally, the primary aim of this dissertation is to suggest the development of a program oriented around Acceptance Commitment Therapy (ACT) and how it might benefit the MCC experience in the classroom setting.

CHAPTER 2: LITERATURE REVIEW

Psychology and Race

Before beginning to explore the foundation and incorporation of MCC, it is essential to examine the deplorable relations psychology has had with race and culture. In order to provide an overview, this dissertation will summarize historical points made by notable psychologist and researcher Robert Guthrie. Guthrie presented an informative insight into psychology's infancy and the early ties that bound it to an ethnocentric agenda throughout its evolution.

Guthrie's book began with an examination of discriminating religious beliefs and their contribution to maintaining bias towards Africans and other cultures encountered by early colonists. These religious ideas were used to justify the enslavement of cultures throughout the world. Upon first encountering Africans, the Europeans were appalled to find how differently their society varied in contrast to their own perceived rich European culture. Europeans perceived Africans as being inferior in terms of culture and attributed this inferiority to the color of their skin. Africans and others who were non-white were perceived to be barbaric, savage, and incapable of attaining civilization. This perception fueled the slave trade because it justified the subjugation of Africans and others that were deemed inferior by their oppressors (Guthrie, 1998).

Guthrie asserted that negativism against dark-skinned people put scientists in the unique position of studying, assessing, and evaluating physical characteristics of other human beings. Anthropologists were encouraged to seek out devices that could measure

the characteristics of skin color and study racial differences. Anthropologists and other sociologists examined other cultures as if they were “maintaining the world’s zoo” (Guthrie, 1998, p. 28). People of different cultures were examined, labeled, classified, and ultimately objectified for the purposes of studying what differences existed and how these differences were influenced by environment. This categorization of ethnicity evolved into later psychological testing and allegations of racial inferiority (Guthrie).

As psychology became the science of the mind, it began to focus its interest on human and animal behavior. Taking their direction from founder of Western psychology Wilhelm Wundt, early psychologists in 1879 believed that instruments could measure individual differences in behavior (Guthrie, 1998). Psychology and anthropology became what Guthrie (1998) called “bedfellows” (p. 35). These combined with ethnology to develop what influential anthropologist Alfred C. Haddon referred to as “ethnical psychology” (Guthrie, 1998, p. 36). Haddon perceived that the social behavior, morals, and living conditions of “primitive” people could only be interpreted through observation (Haddon, 1912, p. 403). This misperception of objectivity, coupled with an implicit racial bias, led to overt discrimination. For example, in Haddon’s paper on moral development, he described individuals outside of Western European culture as “savages” and proclaimed that, “for humanity in these early stages the idea of individual morality is practically absent” (Haddon, 1912, p. 403).

These types of derogatory description are scattered across Haddon’s work and, at the time of his writing, were considered progressive. Haddon’s motivation was to

promote an objective method with which researchers could evaluate other groups of people. Guthrie (1998) stated that, with Haddon's contribution, the study of race within psychology became legitimized. With approval from their fellow colleagues, it was only a matter of time before psychologists attempted to develop instruments that would set out to measure perceived inferiority through utilization of measures examining reaction time, intelligence, and mental control. In later years, scholars would rebuke the negative theories research purported towards race and ethnicity in the 19th century. Guthrie (1998) stated that it

was unfortunate that studies as those by Mayo, Ferguson, and Crane were representative of psychology's investigation into racial differences; they not only provided inaccurate data that led to racist conclusions but also called into question the intentions of psychological researchers. (p. 51)

The inherent racism present in the field of psychology at this time fundamentally affected studies conducted to measure the mental abilities of minorities. During the mid-1920s, for example, Native Americans whose heritage included Caucasian ancestry were found to be more intelligent than their exclusively Native American counterparts. According to Guthrie (1998), a few years later, Klineberg reproduced these studies and concluded that there was no correlation between white ancestry and IQ scores. Despite Klineberg's research, psychologists persisted in their attempt to label other races as inferior. Around the 1930s, black researchers began graduating from universities and started to openly question conclusions regarding racial inferiority made by psychologists in previous years. Canaday examined the validity of Stanford-Binet IQ results for black

children and concluded that rapport established within the testing environments had an influence over IQ scores (Canaday, 1936). Following studies that questioned the use of IQ testing on minority populations, numerous experts began to contest the use of these tests as evidence in court. In 1970, California signed into law that psychological testing was a violation of civil rights due to racial and cultural bias.

As assessment measures continued to be steeped in implicit racist beliefs, so did personality testing. Psychologists in the 1920s attempted to demonstrate temperamental characteristics were a result of ethnicity as opposed to environmental influences. Later, projective testing, such as the Rorschach and Thematic Apperception Test (TAT), was utilized to assess personality, but was quickly put in question due to the fact that minorities were often excluded from participation. In 1971, black psychologist Robert Williams developed his own version of the TAT known as the TCB (themes concerning blacks) that used story environments designed to be culturally familiar to many blacks. This test was found to be a more appropriate and effective measure, demonstrating that cultural estrangement was a factor in tests previously administered (Guthrie, 1998).

The eugenics movement played a part in securing psychology's connection to racism and discrimination. Eugenicists perceived that minorities and those of lower classes were degenerates and therefore could be bred out in order for the "blood of the race [to be] purged" of its perceived inferiorities (Guthrie, 1998, p. 100). The eugenics movement had a strong following and eventually justified segregation, sterilization, and discriminatory marriage laws. For psychology, the influence of the eugenics movement

was profound. Prominent psychologists agreed with the movement; Stanley Hall, former president of the APA and a powerful contributor to the notion of IQ, believed that blacks should be sterilized (Guthrie).

Due to the amount of discrimination in basic procedures, it was only a matter of time before psychologists would actively question the system and strive to revolutionize it. The APA actively ignored social issues and lacked minority representation. Guthrie (1998) noted that, in 1973, past president of the APA Henry Garrett wrote that the black man's brain "on the average is smaller, less fissured, and less complex than the white brain" (p. 39). The Association for Black Psychologists (ABPsi) was created during the 1968 APA convention for the purpose of asserting itself against the oppressive conditions that affected those of African descent. The ABPsi held the APA accountable for promoting a white racist ideology that permeated through minority communities and exploited blacks. The ABPsi was designed to confront these issues and provide an organization that would engage in critical thinking with regard to black people and culture at large. This marked a critical step toward removing the veil of racism from psychology.

In the next section, this paper will identify specific critiques that researchers and psychologists believe have directly contributed to discrimination and bias within the field of psychology.

Race as a Social Construct

Guthrie's (1998) critique illustrated that psychology has attempted to correlate racial identification with observed behavior. This fascination with race and ethnicity stems from psychology's early association with anthropology. Since much of the research in anthropology examined the differences between races, psychologists perceived that they too could make claim on these differences. Utilizing the theories developed by anthropologists as their foundation, psychologists conducted earnest research, assessment, and intervention based upon the idea that significant genetic differences exist between races (Alland, 2004). Along with this assumption, psychologists also perceived that the difference in racial categories is identifiable through specific observable features. As a result, they utilized perceived biological categories of race to illustrate specific points of study. For example, Rushton and Jensen, psychologists who researched race and its relation to IQ, wrote numerous articles trying to explain racial differences in IQ in those coming from Asian, European, and African backgrounds (Rushton & Jensen, 2005). The problem with classifying individuals based on race is that race is not a biological construct easily identifiable through hereditary patterns (Alland). In most cases, individuals are placed into specific racial categories based on phenotype (outside characteristics), while genotypes (inner qualities) are ignored. Alland (2004) illustrated this point:

Individuals who are phenotypically white may be classed as black if it is known that they have even a small degree of black ancestry. It is fair to say, therefore, that even if race is a false concept in biology it is real from a sociological

perspective. When members of a society classify an individual by race then that person is by definition a member of that race! (p. 42)

Human beings vary significantly when it comes to genetic material. There is more genetic variation within similar populations than between different populations (Alland, 2004). There exists no research to indicate a “pure” race, with regard to human beings as everyone shares a diverse genetic history. Therefore race is not a biological category; it is a social construction, one that changes often with time, space, and place (Bhui, 2002). Asserting that biological differences exist between races is ethically wrong, because it is completely untrue; racial categories reflect only sociopolitical differences (Alland; Banyard, 1999; Bhui). Thus it is inaccurate to make behavioral inferences based on race because environmental factors play too much of a part in the differences between human beings (Alland).

Ethnocentrism

A further bias in psychology is seeing things only from the perspective of one’s group, otherwise known as ethnocentrism (Banyard, 1999). As psychological research is predominantly conducted by Americans and Europeans (Banyard), the data represents an American or European perspective. In this case, the same bias informs psychological interventions in which the research is applied.

With some of the history and specific biases explained, the next section will explore how multiculturalism has factored into psychology and how it led to the development of MCC.

Multicultural Competency and Psychology

Though the term “multicultural” is a fairly new addition to our vocabulary, examination of historical documents reveals that all civilizations have had to contend with the issues of diversity (Ponterotto, Casas, Suzuki, & Alexander, 1995). Whether the diversity stems from an internal structure, such as discrepancies in social hierarchy, or as a result of external contact with other civilizations, one can find evidence of what we now describe as multiculturalism throughout history. The next section will briefly touch on some of the significant events related to the inception of multicultural counseling competency.

Development of multicultural counseling has roots as far back as the 1950s (Ponterotto et al., 1995). Though literature regarding alternative cultural groups was scarce, there is evidence of researchers actively interested in the nature of culture and how it could potentially shape counseling. The majority of this culturally conscious research came from studies developed to assess the role of vocational counseling and advising individuals on career opportunities. For example, Murphy suggested it would be beneficial for guidance counselors to have an understanding of cultural background and its influence over specific techniques (as cited in Ponterotto et al., 1995). In 1958,

Augustine wrote an article that emphasized the inequality of employment opportunities regarding African Americans (as cited in Ponterotto et al., 1995). Oelke (1959) published an article that examined assessments of black veterans, concluding that testing measures were hardly valid and that modification would be required to draw any accurate conclusions. Despite the emphasis placed on testing and vocation, a pattern recognizing the way culture can influence counseling began to emerge.

The 1960s marked the beginning of the civil rights movement in the United States. After decades of relative silence, the voices of minority groups and those who represented their interests were being heard. Ponterotto et al. (1995) stated that the “passage of the civil rights act in 1964 had a major effect on the multicultural movement in the counseling profession” (p. 8). The status-quo regarding marginalized individuals in the cultural framework was challenged. Civil rights legislation promoted dialogue on a number of issues, including the aforementioned performance discrepancies on IQ tests, as well as the role of psychologists working with disenfranchised clients. In his address to psychologists during an APA conference, prominent civil rights leader Martin Luther King, Jr. emphasized the role of behavioral sciences in facilitating the process of repairing the damage done by discrimination (King, 1968).

The Beginning of Multicultural Counseling Competency

During the 1970s and early 1980s, a tidal wave of cultural change in America deeply affected the field of psychology. For seemingly the first time, the significance of cultural diversity was being examined for its influence within the therapeutic setting (Abreu, 2000; Sue et al., 1982). Research began to identify abuses of power and negative interactions brewing between therapists and clients who came from varying cultural backgrounds (Worthington, Soth-McNett, & Moreno, 2007). Frustrated with the omission of cultural variables and dissatisfied with the lack of diversity in the field, Daneil Sue along with numerous others crafted a position paper that would be held as one of the most influential works on the subject of culture and psychology (Abreu; Worthington et al.). This chapter will examine the key points addressed by the position paper put forth by Sue et al.

The seminal work of Sue et al. (1982) provided clear examples of collateral damage caused by ethnocentrism. Citing examples like Cyril Brunt and the eugenics movement, Sue et al. highlighted the influence of a racially-biased political and social atmosphere towards minority groups. In their position paper, Sue et al. admonished discrimination against clients and asserted that psychologists had an ethical responsibility to examine their own cultural heritage. The Sue position paper began with three examples demonstrating how psychology had failed to adequately address the needs of diverse groups.

Failure to Develop Understanding of Ethnic Groups

Sue et al. (1982) described the overall failure of research in understanding different ethnicities. Similar to Guthrie's own assertions, Sue et al. questioned whether studies inappropriately marginalized ethnic and cultural minorities by placing emphasis on perceived weaknesses. These failings included perceptions of genetic inferiority, cultural deprivation, and incongruence with the dominant West European culture.

Furthermore, the position paper refers to the actions of psychologist Cyril Brunt, whose direct manipulation of data led to assertions of lower IQ in black populations (Alland, 2004; Sue et al., 1982). When this scandal was revealed, psychologists attempted to reframe their theories. Unfortunately, psychologists switched their position from labeling the population in question from genetically inferior to culturally deficient (Sue et al.). Genetic inferiority implied individuals had poor genes, while cultural deficiency suggested that individuals from other groups were lacking adequate cultural upbringing when compared to the dominant culture. These types of terms echoed the ethnocentric perceptions of European settlers who perceived Native Americans as "savages" and in need of cultural amelioration (Cushman, 1995).

Promoting such biased perspectives can lead clinicians to overlook the client's strengths, resources, and values. Such an omission leads to poor treatment planning and clinicians perceiving clients as inadequate for treatment. Subsequently, potential interventions that involve community resources, family systems, and individual strengths would be misplaced. (Sue et al., 1982)

Scientific Bias

Sue et al. (1982) criticized the scientific objectivity purported by the Western psychological community. They argued that culture is fundamental to all individuals and that all interpretation done by clinicians is subjective and thus representative of inherent bias. By failing to grasp this subjectivity, clinicians utilized culturally biased tools and measures to diagnose clients. Sue et al. believed that adopting a false sense of objectivity led clinicians to pride themselves on the ability to evaluate others free from any bias. An example would be psychologists attempting to use intellectual assessment tests in measuring minority groups and then concluding intellectual inferiority based on low scores (Nisbett, 2005). These measures lacked a method of identifying cultural differences that might have existed, including language and differing cultural values.

Minority Dropout

The final point brought forth by Sue et al. (1982) was the reported high dropout rate of minority populations in therapy. Research suggested that “Asian Americans, blacks, Hispanics and American Indians terminate therapeutic contact at a rate greater than 50%” (p. 46). A connection was made between the high dropout rates among clients of differing cultures and the impact of cultural bias in psychology. Sue et al. accused therapists of invalidating the cultural needs of their clients and not addressing salient cultural issues. Elements of language, values, and diagnoses all stemmed from a white middle class perspective. Clients unable to fit into this overall structure (i.e., a black

homosexual male) often found themselves at odds with their therapist over primary causes. In many cases, clients perceived counselors as culturally oppressive, biased, and out of touch (Pine, 1972). These examples of latent ethnocentrism prevented rapport building and possibly led to higher dropout rates. These three points were used as a platform for Sue et al. to diminish the illusion that psychology had succeeded in embracing differing cultures. Defining racial groups as inferior, believing in a false sense of cultural objectivity, and the high dropout rate exclusive to individuals of minority status demonstrated to the psychological community that improvements were required in order to open the door for treatment to individuals of varying cultural backgrounds.

To address cultural variables within treatment, Sue et al. (1982) used the term, “worldview” (p. 4) to refer to the cultural qualities of education, beliefs, and identification that have an impact on our perception of life. They felt that failing to address the client’s worldview could only lead to negative therapeutic alliances. If a clinician is unaware of a client’s worldview, the possibility arises that problems presented by the client could be misinterpreted. For example, if a client is particularly spiritual, it is feasible they may report communication with deceased relatives. A clinician who is culturally ignorant of this fact might infer that the client is exhibiting auditory hallucinations. In this situation, the clinician fails to consider the cultural context of the client’s behavior and therefore may misdiagnose.

Sue et al. (1982) also embraced the notion that psychologists require knowledge of the social community and the positive effects it can have on individuals who have been

marginalized. A clinician might attempt to embrace a more systemic view when working with a client. Examples include addressing issues such as language barriers that might be hampering employment, or working with schools to promote structured programs aligned with the client's cultural values. Sue et al.'s work provided a way for clinicians to identify and incorporate race relations and the oppression that pervades society as important issues in the psychological community. The paper also served to simultaneously identify the glaring contradictions mentioned above and to propose a solution to clinicians by adopting a culturally sensitive approach to working with clients from outside the dominant culture.

This approach would define the position of cross-cultural counseling/therapy as: "any counseling relationship in which two or more of the participants differ with respect to cultural background, culture, and lifestyle" (Sue et al., 1982, p. 47). This definition highlighted counselors' need to acknowledge the cultural variables that exist between them and their clients, while also suggesting that cultural difference may even be of use in the healing process. For example, clinicians can actively explore any implicit cultural biases that may hamper the development of rapport with their client. Through the recognition of their biases, clinicians are in a better position to explore what is happening within treatment (Sue et al.). This ultimately has the advantage of making the client an active participant in treatment. The client will consequently be in a position to educate the therapist on differences that might exist in the therapeutic setting and the outside world. In summary, Sue et al.'s position paper examined the barriers to effective

treatment for individuals outside the cultural majority. Sue et al. also utilized concepts such as worldview to propose a stance that the clinician would need in confronting cultural barriers. This stance would then be put into a set of standards known as multicultural counseling competencies (MCC). Sue et al. perceived MCC to be a fundamental aspect of the practicing therapist.

Standards for Multicultural Counseling

A number of standards were put in place in the formation of MCC. These recommendations were intended to serve as guiding principles toward cultural inclusion (Worthington et al., 2007). The standards proposed by Sue et al. (1982) suggested that clinicians should (a) be aware of the political message within their own personal/professional values, (b) acknowledge and take responsibility for the ways in which their cultural values impact therapy, (c) ensure that clients are participating knowingly in their treatment, (d) be evaluated for their sensitivity in cultural issues, and (e) continue to participate in learning about cultural issues. These recommendations and their implications are discussed below.

Be Aware of Political Messages

Psychotherapy does not exist outside a historical/political context (Cushman, 1995). Cushman (1995) explained that the “problem is not that social practices like psychotherapy have failed at being objective; it is that they have tried to be objective, and

that even worse, they have claimed that they have accomplished that end” (p. 287). If psychotherapists are claiming that there is no cultural message within the therapeutic setting, they are certainly forgetting the impact of social practices and how they dictate the definition of normal functioning behavior. Cushman identified counseling as a type of dialogue that works towards the end of configuring the self. How a therapist chooses such a configuration is largely based on the social practices and traditions of his or her specific time and place. For example, Savani, Markus, and Conner (2008) conducted a study in which they demonstrated that preference and choice are more aligned with a North American than Indian attitude. While this study does not imply that Indians do not want or desire choice, it does suggest that some Indians might have a different outlook on how much choice is available to the individual on a daily basis and whether or not it is even important to choose. In North American culture, on the other hand, choice and agency are often perceived as desirable qualities to promote within the therapeutic setting. This reflects more a subjective cultural value found within the Western world than an objective quality of human beings. Politics also play a role in the categorization of individuals by race. As stated previously, referring to groups or individuals by racial categories only reflects sociopolitical categories and not biological absolutes. Psychologists should be mindful of the political and social function of these political messages.

Acknowledgement of the Ways Cultural Values Impact Therapy

Culture can impact the therapeutic relationship in various ways such as assessment, diagnosis, treatment setting, and rapport (Ridley, Mendoza, & Kanitz, 1994). Smith (1977) stated that, historically, views on therapy have been based on a “white, middle class perspective” (as cited in Sue et al., 1982). This has posed a problem for clients who did not meet the white and middle class criteria. A review of MCC literature done by Chae, Foley, and Sung (2006) pointed out that language is often an important aspect of therapy. A verbal client is often perceived as a necessary element for a conducive therapeutic setting. However, what does the clinician do when encountering a client who comes from a cultural background that does not place emphasis in vocalizing complaints? In some cases, as Ivey, D'Andrea, Ivey, and Simek-Morgan (2002) explained, a client who is less verbal can be perceived as being resistant or otherwise difficult in establishing treatment. This misinterpretation increases the possibility of the client being misdiagnosed or having a negative therapeutic experience. Diagnoses are used to set up effective treatment plans for the client. Using an inappropriate diagnosis that does not adequately reflect the client will lead to ineffective treatment. Neither the client nor the clinician will see results in the areas they were expecting. This can lead to frustration and overall dissatisfaction for the client.

In another example, a clinician may encounter an adolescent client whose culture does not support responding directly to authority figures. Seeing the clinician as an authority figure, this client might be less likely to respond in ways congruent with the

American expectation of participation in therapy. This might lead the clinician to determine that the client's non-responsiveness is due to conduct disorder, attention deficit, anxiety, or selective mutism when in fact it represents nothing more than a cultural and historical context not taken into account by the therapist.

Most clients will often respond with verbal and nonverbal information that might be culturally significant, and can potentially alter the way it is interpreted within session (Chiu, 1996). Therefore, it is essential that the clinician have a basic understanding of the differing verbal/nonverbal cues that can exist between cultures. Failing to grasp these nuances in communication could potentially lead to ineffective assessment and interventions. A client's strengths or weaknesses can also be affected. Should clinicians use a monoculture standard while working with a client, they increase the likelihood of failing to see different aspects of the client that promote healthy adaptive styles (Ridley et al., 1994). Clients might have very strong family ties, connections with religion, or other venues of access that can assist in the healing. A clinician that accounts for culture is able to openly discuss other resources and referrals when working with multilingual clients. When therapists require additional knowledge, they will try to seek out information and research on cultural aspects they may not fully comprehend such as body language, religious views, or historical information. Lastly, clinicians bring to therapy an awareness of how their own cultural biases can influence treatment. A biased clinician is unable to perceive how dependency on family is a potential strength or how remaining hyper vigilant might have an adaptive quality when living in a dangerous environment.

Ensure the Informed Participation of Clients

Sue et al. (1982) proposed that clients should be completely informed of their participation in therapy in order to ensure that any language or culture barriers to therapy will be dealt with before proceeding with treatment. If a client does not have an awareness of what he or she is consenting to in treatment, it can lead to confusion. A client who is confused about where the treatment is going may not be willing or able to fully participate. It may also lead the client to become frustrated and possibly drop out of the treatment program.

Evaluation of Cultural Sensitivity

Similarly, clinicians should have knowledge of models that measure cultural identification. For example, Cross's Black Identity Model is used to ascertain the stages of racial development a black client may currently be undergoing (Cross, 1991). Atkinson, Morten, and Sue (1993) have also outlined stages of cultural development. Sue et al.'s (1982) study of immigrant experiences often discussed the stages and impact of acculturation. Sue and Sue (2003) have expanded the idea further and have developed cultural identity models similar to Cross's model that identify cultural development across varying cultural groups such as Chinese, Latino, and homosexual-based measures. For some clients, cultural identity might represent a stage of health. It is essential that a clinician have the skills to recognize when certain conflicts might represent issues with cultural identification and how it might interact with or separately from diagnosis.

Continued Participation in Cultural Learning Experiences

Sue et al. (1982) proposed that a clinician interested in multicultural counseling must continue to seek out relevant information and experiences with different cultures. Doing so increases a clinician's awareness of cultural differences that exist within and for the clients. It also allows the clinician to gain actual experience that can be used to create effective treatment plans. For example, a clinician working with a religious client might want to seek out the assistance of the client's religious institution in order to facilitate the treatment process. Interacting with varying cultural groups also allows clinicians to become aware of their biases and can possibly lead to lowering the frequency with which his or her own biases influence treatment.

In summary, cultural awareness should serve as a foundation for clinicians, informing them about the ways that culture can impact the therapeutic relationship. From this point, the clinicians should develop cultural awareness, therapeutic techniques, and continue to expose themselves to varying cultural experiences in order to be most effective in therapy (Clarke & Drudy, 2006; Sue et al., 1982). Attainment of these skills requires the presence of beliefs, abilities, and knowledge that may serve as a foundation in the facilitation of a more culturally competent clinician (Abreu, 2000; Chiu, 1996; Worthington et al., 2007). Additionally, clinicians should learn to be aware of their own culture and to investigate the values contained within it (Sue et al., 1982). By grasping these sets of values, a clinician would be aware of how his/her own values impact therapy (Hays, Dean, & Chang, 2007) and experience increased comfort discussing culturally

relevant issues with clients (Chae et al., 2006; Hays et al.). This will allow clinicians the freedom to discuss issues pertaining to society and imposed limitations on the autonomy of clients from diverse cultural backgrounds (Hays et al.; Sue et al., 1982; Worthington et al.). For the most part, introducing all aspects suggested by Sue and other researchers (Abreu; Worthington et al.) has been a fairly daunting task. Presently, increased immigration and globalization necessitates that therapists have awareness of cultures that differ from the mainstream.

The Use of MCC in Contemporary Practice

The need for multicultural counseling competence is not something to overlook. The horrors of war, changes in economy, and the search for opportunity have led numerous individuals to leave their place of origin in order to seek better conditions for themselves and their families. Technological advances, such as the internet, have allowed news and personal stories to reach the ears of other nations and have promoted globalization, creating the deterioration of isolationist societies. The United States has not been left out of this cultural shift. Numerous nations are currently experiencing a surge in immigrant populations coupled with the advancement of minorities in these countries and around the world; in this context every profession benefits from participation in a more global perspective (Chiu, 1996). According to most recent predictions, the majority of the US population will be of mixed race by the year 2050 (Yeh & Arora, 2003). With these changes looming on the horizon, it is necessary for the mental health professionals

of today to be sufficiently capable of dealing with the problems of tomorrow. It is becoming increasingly evident that psychology as a field will benefit by adopting a diverse perception (Cushman, 1995). The trend toward migration increases the likelihood that mental health professionals will encounter people from various ethnic groups, religions, and cultures (Chiu; Worthington et al., 2007; Yeh & Arora).

As early as 1979, the American Psychological Association (APA) recognized the need for psychologists to be adequately trained for incorporation of multicultural informed therapy (Jackson, 1999). However, the promotion of multicultural counseling competencies took several decades to be set into place. Full incorporation of the key components of multicultural competency into the APA guidelines occurred as late as 1996 (Abreu, 2000). The APA created a list of guidelines which would be promoted among the ethical standards of any licensed clinician. These practice guidelines have been updated and are currently as follows:

#1: Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves. Guideline #2: Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals. Guideline #3: As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education. Guideline #4: Culturally sensitive psychological researchers are encouraged to recognize the importance of conducting culture-centered and ethical psychological research among persons from ethnic, linguistic, and racial minority backgrounds. Guideline #5: Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices. Guideline #6: Psychologists are encouraged to use organizational change processes to support

culturally informed organizational (policy) development and practices. (American Psychological Association [APA], 2002, pp. 377 - 402)

By establishing practice guidelines for clinicians, the APA sends the message to the psychological community that being an ethically oriented psychologist is to be a culturally competent one. This has served as a crucial first step in the integration of cultural competency into standard practices of the psychological community. The current multicultural guidelines shape how clinicians work and impact the clinical work and training provided to future generations of psychologists.

MCC Training Guidelines

By establishing the aforementioned multicultural guidelines, the APA recognized the impact cultural diversity has on therapy processes. These guidelines not only reflect the seminal work of Sue et al. (1982), but also indicate cultural sensitivity and awareness as goals of current graduate programs (Yeh & Arora, 2003). The APA has made it mandatory for educational institutions to incorporate MCC into their training programs. The next section identifies rationales for appropriate student training and describes the advantages that a student will gain by undergoing MCC training.

From Training to Clinical Practice: Why does it Matter?

By undertaking MCC coursework, it is believed that students will benefit from the following: the ability to see and work with diversity when it is present as a central theme

to therapy, learning culturally responsive behavior, gaining awareness of one's own culture, and the qualities of becoming an ethical clinician. A professional who has adequate training in MCC will have a significant advantage over those who do not. Often, professionals who are seen as having an awareness and understanding of multicultural ideas tend to be rated as being more effective and more in tune with clients (Worthington et al., 2007). They are often given higher ratings by clients in regard to treatment effectiveness (Hays et al., 2007).

In fact, the development of MCC has been described as the central core within a counseling profession's identity (Ponterotto et al., 1995). Sue et al. (1982) asserted that a clinician who demonstrates an inflexible world view leads to undervaluing clients and difficulty recognizing strength and value (Chae et al., 2006), increased rates of drop out from treatment (Worthington et al., 2007), restricting a client's sense of self competence (Hays et al., 2007), and, more dangerously, misdiagnosing a client altogether (Chiu, 1996).

Adopting a culturally sensitive stance provides a backdrop for the assessment of the client's problems. Teaching clinicians to identify the extent to which a client prescribes to a given set of cultural values and norms can alter assessment in numerous ways. For example, Sue et al. (1982) suggested that the conceptualization of the client's problem should be placed into a cultural framework. Failing to do so can result in treatment plans that do not adhere to where the client is placed culturally and may create a potential roadblock to treatment. Treatments that do not effectively take into account

culture can leave the client feeling misunderstood and, at worst, can deter the client from continuing therapy. Another aspect suggested by researchers is grasping the importance of nonverbal cues within therapy that differ from culture to culture (Chae et al., 2006; Ridley et al., 1994). Along with the knowledge of culturally responsive behavior as part of the therapist skill set, students should become acquainted with their own cultural standing. Cultural self-awareness, an aspect of Sue et al.'s competencies, is another educational point emphasized by MCC. The goal is to provide students with a clear sense of how culture influences their behavior, thoughts, and feelings. Doing so promotes a sense of how clinicians can bring their own worldview into therapy and incorporate the APA guidelines, which stipulate that clinicians should have a clear understanding of the ways their own culture can affect client outcome.

Ethical responsibility is another component emphasized in MCC. Students should be aware of the ethical standard involved as it pertains to their client and society. As noted above, mistakes have been made by well-intentioned clinicians who did not adequately incorporate the value of diversity into their practice. This can include mistakes ranging from misdiagnosis to the development of culturally-biased test instruments and measures (Chae et al., 2006). Placing MCC within the boundaries of ethical practice establishes a value for the student to pursue MCC in order to become an ethical clinician.

The Future of MCC and Possible Improvements

Researchers are constantly looking for directions in which to take MCC (Bernal et al., 1999; Hayes et al., 2004; Tyler & Guth, 1999). One aspect often utilized is to frame MCC courses as experiential exercises (Tromski & Doston, 2003; Tyler & Guth). These exercises can take numerous forms such as journal writing, movies, book readings, open discussion forums, cultural excursions, or attending plays (Tromski & Doston; Tyler & Guth). Experiential learning allows an individual to use various aspects of their own identity in order to confront and promote awareness of biases and stereotypes (Tyler & Guth). The use of experiential exercises also detracts from the stigmatization that comes from rigid and often static based learning of MCC (Cornelius-White, 2005; Tyler & Guth). Volunteering in diverse cultural settings, participating in multicultural events such as church ceremonies, events or rituals, dances, festivals, international dining experiences, and the like can offer the opportunity for hands-on experience with individuals from varying cultural backgrounds. This can even foster interest in advocacy on the behalf of those who are under-served. The experiential model places an emphasis on students exposing themselves to those who are culturally different. Supervision is often included in the experiential excursions and helps ensure that students have adequate ability to observe, reflect, and implement the different competencies in an effective and culturally sensitive manner.

Another way to enforce the educational aspects of MCC is to promote personal awareness of the counselor's own cultural identity (Chae et al., 2006). This can be

accomplished by creating a context where counselors can personally connect and invest in the exploration of their personal cultural values as they move toward adopting a stronger sense of self-acceptance (Cornelius-White, 2005). As a clinician explores the process of discovering his or her own cultural identity they begin to bear witness to the process that their clients experience as well. This process of self-exploration in combination with experiential methods can lead to a significantly positive result for the counselor (Tyler & Guth, 1999).

Flexibility is an important aspect of MCC that has been recently explored (Cornelius-White, 2005). In combating the more rigid teaching aspects of MCC, remaining flexible with approaches seems to require cultivation. Culture is an ever-changing element in the life of an individual. Attempting to remain flexible in an individual's interpretation of their own culture is a requirement for effective MCC (Hanna, Bemak, & Chung, 1999). Elements of culture intersect in varying ways; no individual is simply "African" or "homosexual" in terms of values or obedience of cultural norms (Patter, 2004). Therefore, a black lesbian female may find that she is more drawn to the elements of the lesbian community than the black community, and even this preference may change over time. Keeping this flexibility in mind ensures that one avoids the cognitive traps of stereotyping an individual (Hayes, Reville, Masuda, & Rye, 2002). Overall, the elements that are influential within MCC are the cultural aspects of the therapist, exposure to different cultures, and different course material (Coleman, 2006).

MCC Training: Barriers and Resistance

The implementation of MCC-informed courses, similar to its inception into APA programs, has been met with varying forms of resistance. These barriers can have a significant impact in the advancement of MCC initiatives and the overall training of students across clinical settings. It is a struggle for students and teachers alike to engage in diversity training. Undergoing such training usually requires that students and counselors confront their own biases in cultural arenas such as religion, family, and ethnicity (Beitin, Duckett, & Fackina, 2008; Halevy, 2007). Students often react to this training with conscious and unconscious resistance (Beitin et al.; Chrobot-Mason, Rosemary, & Wishik, 2008). This can negatively impact classroom dynamics, triggering faculty and other students to exhibit feelings of tension, shame, and defensiveness (Tummala-Narra, 2009). This section will explore some of the literature regarding resistance to MCC coursework, it will identify why this resistance occurs, and lastly it will explore how these barriers relate to experiential avoidance.

Resistance

Before beginning discussion on the barriers in implementing MCC, it is important to comprehend what resistance may look like within MCC based training. In Goodman's book concerning the promotion of social justice and diversity, he describes resistance as relating to behaviors that are a consequence of fear, anxiety, threat, or discomfort (Goodman, 2000). These behaviors can manifest themselves in different ways: silence,

lack of participation, aggression, defensiveness, and even outward hostility (Chrobot-Mason et al., 2008; Jackson, 1999).

The literature asserts that resistance can prevent students from engaging their paradigms regarding culture, diversity, and oppression thereby negatively impacting the absorption of MCC training (Chrobot-Mason et al., 2008; Clarke & Drudy, 2006; Jackson, 1999). While there are many forms of resistance, research conducted by Leslie Jackson attempted to identify the most common forms. This research utilized a phenomenological approach. The author and continuing research has illustrated that a student of any cultural background is susceptible to these forms of resistance (Chrobot-Mason et al.; Halevy, 2007; Jackson). The next section will briefly outline some of the areas of resistance as identified by Jackson and supported by newer research.

Resistance to Content

Resistance to content is perceived by Jackson (1999) to be the most complex form of resistance exhibited in MCC training. Since the APA mandates MCC course into programs, students and faculty have identified feeling forced to engage this coursework (Tummala-Narra, 2009). This resistance can assume the form of hostility against the information presented throughout the course, defensiveness toward the importance of the class, and inattention (Chrobot-Mason et al., 2008; Jackson). Much of this resistance appears to stem from the content of MCC that challenges student's assumptions of how culture, race, and gender interact (Jackson, 1999). Further literature has demonstrated that

resistance to content can interfere with whether MCC is perceived as essential, lead to explosive arguments, and create animosity towards minority groups (Chrobot-Mason et al.; Constantine et al., 2004; Tummala-Narra). In a qualitative study conducted by Tummala-Narra (2009) some comments that came from students regarding resistance to MCC content were:

a. nothing I learn in this class will be new to me. It's just a required class and so I need to take it. b. I think we are all going to sit around and be politically correct, and it is going to be frustrating. c. There is so much to learn about every type of cultural group. How are we ever supposed to learn everything in one course? d. It's going to be hard to sit and listen to the students in the class who don't know what it's like to be a minority. (p. 323)

In each of these examples, we are given some ways in which a student can express dissatisfaction with having to encounter MCC content.

Resistance Regarding Educators

Another area identified by Jackson (1999) in which resistance can manifest is resistance towards educators. Numerous articles have suggested that institutions will often place MCC coursework in the hands of minority faculty members (Halevy, 2007; Jackson; Tummala-Narra, 2009). This is of concern for a number of reasons. First, a faculty member from a perceived minority group is not automatically an expert in teaching MCC coursework. Without adequate training in teaching diversity and cultural issues, any professor can find themselves in a position of doing more potential harm than good (Tummala-Narra). For example, a faculty member who does not know how to

develop a safe environment for discussion might encourage alienation and rejection in the classroom (Tummala-Narra). Students might disengage from class discussions and perceive the instructor as incompetent and discriminatory (Jackson; Tummala-Narra). There is also resistance on behalf of faculty members to engage in discussions on culture out of fear that students might have difficulty engaging with the material or negatively evaluate their class (Jackson). Secondly, Jackson suggested that students in training can sometimes overly identify with the faculty member who is teaching the course. Often courses in diversity can be a trainees initial exposure to ideas that confront their perceptions of cultural dynamics (Beitin et al., 2008; Mio & Hackett-Barker, 2003; Yabusaki, 2010). This can lead to a student perceiving that the educator of the course has all relevant knowledge regarding culture, effectively making the faculty member appear “all knowing.” Jackson points out that this dynamic can quickly turn sour when the teacher challenges or confronts the student. When presented with issues that are difficult to process, students may instead project their resistance onto the professor, complicating the teaching dynamic. Thirdly, MCC requires that trainees have exposure to their own cultural background and understanding of how it impacts their values, beliefs, and perceptions. Educators who have not explored their own cultural backgrounds will have difficulty relating to changing dynamics in their students (Tummala-Narra). They may also inadvertently assert biased, discriminatory, and even racist positions that reflect their lack of exploration in identifying the interactions of their cultural background (Chrobot-

Mason et al., 2008). Students from diverse backgrounds will be resistant if they believe that their professor is thus biased.

It is apparent that resistance can manifest itself in students as well as in educators responsible for guiding MCC courses (Mio, 2005). Now that resistance and some of its forms have been identified, the next section will explore what literature exists to explain why these resistances manifest in the first place.

Discordant Information

MCC content often destabilizes the perception individuals have of the manner in which their world functions. If an individual represents a background in which he or she represent the dominant group, he or she may be unaware of the privilege and status that a cultural background affords (Halevy, 2007; Ponterotto et al., 1995). Since MCC coursework attempts to educate individuals on issues of dominance and its effect on minority groups, this can be quite a shock for many students who have never engaged in issues of racism, discrimination, and oppression (Halevy; Mio & Hackett-Barker, 2003). Individuals, especially within psychology, tend to view themselves as benevolent (Halevy). When students learn that they are taking part in a hierarchy of dominance and are receiving privileges or “stolen” goods that come as a result of this dominance, they have difficulty accepting and valuing this information.

This dissonance can also extend to individuals who belong to a dominant group but have resistance to accepting privileges gained due to the identification as a perceived

victim. In Halevy's article that explored shame as a reaction to diversity training, she provided the example of an upper middle class white male who has been exposed to ritual child abuse. Halevy (2007) stated that

he might identify himself as a victim and not take into consideration the positive influence his privileges afforded him in the world outside his family. It might be difficult for him to see through his victimhood and own the facts that his status afforded him than for those who have not experienced abuse. (p. 20)

Another example is that of a black heterosexual female who has difficulty seeing the ways in which she benefits from being part of a heteronormative culture (a society that perceives heterosexuality as the norm). She might tend to only recognize her position as a member of an ethnic minority and of her gender. Discordant information does not only exist for those within a dominant group but can also effect individuals that identify with a minority status. As a result of exposure to this discordant information, many students will have a reaction of denial, guilt, and shame (Chrobot-Mason et al., 2008; Halevy, 2007).

Feelings of Shame

Kaufmen (1974) defined shame as feeling "seen in a painfully diminished sense" (p. 17). When students are exposed to the awareness of privilege, status, and dominance, there can be an experience of sensing they are to "blame" for current conditions (Halevy, 2007). As stated previously, individuals need to perceive themselves in a positive way, and awareness of privilege is a direct contradiction to this perceived goodness. By denying that privilege exists, by refusing to partake in learning about oppression, by

resisting against MCC material, an individual is saving themselves from the uncomfortable feelings of shame and blame (Chrobot-Mason et al., 2008; Halevy; Mio & Hackett-Barker, 2003). Conversely, this denial can lead to an individual perceiving that they are somehow entitled to these privileges or that a receiver of an oppressed act deserves it (Halevy). If students are demonstrating this type of resistance, they might inflict unwarranted harm to future clients. Shame is also experienced by individuals who are oppressed. MCC courses introduce controversial material that asserts systemic oppression based simply on group identification. Not all those who are in an oppressed group have been exposed to literature regarding these types of issues; therefore, they too are confronting their own paradigms (Halevy; Jackson, 1999). This confrontation can lead to students experiencing feelings of anger, hostility, and shame for their inability to change the status quo or being unaware of its presence in their lives. In general, feelings of shame are uncomfortable and therefore students may try to diminish these unpleasant feelings through resistance.

Feelings of Fear and Reproach

Feelings of fear and reproach are also identified as reasons for resisting MCC informed coursework (Halevy, 2007; Mio & Hackett-Barker, 2003). The confrontational nature of diversity training can sometimes elicit fear in students of being perceived as racist, making an issue out of nothing, or of being alone (Yabusaki, 2010). In Jackson's (1999) paper on resistance she stated that:

Some students of color are very uncomfortable discussing issues related to racial and cultural identities in such a public arena. Students who do discuss these issues run the risk of exposing themselves to hostile judgments. The experience is especially risky for students with low self-esteem and those who are struggling with racial identity or acculturation issues. (p. 32)

There is a discomfort in a course that brings to the forefront issues of race and culture. If a student does have certain biases, he or she may be afraid to express them openly in class because of perceived judgment from faculty and students (Mio & Hackett-Barker, 2003). Fear therefore can contribute to class resistance and express itself in the taciturn nature of class discussion or students holding back opinions. In this way they do a disservice to the discussion of the class and gaining further awareness into their experiences of diversity.

Feelings of Loss

Upon awareness of dominance and power, individuals who are in the position of privilege may believe that they are losing a sense of power in the world (Chrobot-Mason et al., 2008). MCC training attempts to restructure power dynamics by bringing awareness to privilege and oppressive forces at work on various levels. This awareness promotes a changing of this dynamic which in turn removes the privilege that dominant groups are accustomed to having. Individuals can experience a fear of losing economic stability or job security to their status as a dominant force, thus can be resistant to materials regarding diversity because it may only diminish their current status (Chrobot-Mason et al.).

Jackson (1999) asserted that resistance is not an abnormal process in diversity training. MCC training is a difficult course to take as it forces students to confront issues of race, power, and privilege that our own society has difficulty confronting (Yabusaki, 2010). With this expansion of awareness, students are often left with negative feelings such as guilt, anger, resentment, and shame (Chrobot-Mason et al., 2008; Halevy, 2007; Mio & Hackett-Barker, 2003; Tummala-Narra, 2009). Since students react to these negative emotional states with resistance, we can infer that what they are truly resisting may not be the MCC materials themselves but rather the unpleasant side effects of becoming more culturally aware. This resistance toward unpleasant or negative experience is a form of avoidance known as experiential avoidance. In the next section we will examine what experiential avoidance is and its relation to the forms of resistance that appears in diversity training.

Experiential Avoidance

Resistance to diversity training is connected with attempts to diminish contact with unpleasant experiences resulting from awareness of negative cultural dynamics (Beitin et al., 2008; Chrobot-Mason et al., 2008; Jackson, 1999). This attempt to diminish our contact with negative thoughts, feelings, or experiences has been referred to as experiential avoidance. From a behavioral perspective, experiential avoidance

occurs when a person is unwilling to remain in contact with particular private experiences (e.g., bodily sensations, emotions, thoughts, memories, behavioral

predispositions) and take steps to alter the form or frequency of these events and the contexts that occasion them. (Hayes, Strosahl, & Wilson, 1999, p. 58)

Research suggests that experiential avoidance is a contributing factor to maintaining disorders and problem behavior for individuals (Lee, Orsillo, Roemer, & Allen, 2010). In a study regarding generalized anxiety disorder (GAD), a disorder marked with excessive tendency towards constant worrying, it was demonstrated that individuals with GAD also exhibited higher levels of experiential avoidance (i.e., avoiding specific situations that would normally elicit worry) than individuals who did not have GAD. Furthermore, a study was able to show a correlation between experiential avoidance and the propensity to exhibit problem behavior (Kingston, Clarke, & Remington, 2010). The results of studies indicate that besides paradoxically maintaining our problem behaviors, experiential avoidance can also serve as the conduit of producing more problem behaviors.

Thought/Emotional Suppression

Any behavior serving the function of decreasing our contact with internal negative events is experiential avoidance. The most commonly exhibited forms of experientially avoidant behavior include thought and emotional suppression (Hayes et al., 1999). Wegner concluded that the more an individual attempted to suppress a thought, the more frequently the thought occurred (Wegner, Schneider, Carter III, & White, 1987). In his research, Wegner provided evidence of the paradoxical effects of thought

suppression and demonstrated that thought suppressing behaviors could predict later psychopathology, such as obsessive compulsive disorder (OCD), depression, and anxiety (Wegner & Zanakos, 1994).

Wegner's studies influenced the direction of many researchers especially those who were interested in understanding the role of suppression in coping with traumatic experiences. For example research in a study conducted by Amstadter and Vernon (2006) demonstrated that the attempt to suppress traumatic thoughts paradoxically increased their presence in individuals afflicted with posttraumatic stress disorder (PTSD). Furthermore, this study demonstrated that while people were able to suppress neutral stimuli (that of a White Bear) they reacted strongly to the suppression of traumatic thoughts. This type of study suggests that while individuals are capable of suppressing non-salient experiences, they have a harder time suppressing thoughts that reflect their own experiences (Amstadter & Vernon, 2006). Furthermore, studies have also shown that attempting to suppress emotion can lead to higher states of physiological arousal and distress as opposed to allowing themselves to experience an event (Tull, Jakupcak, & Roemer, 2010). These studies build on Wegner's research and ultimately reveal the consequences that suppression can have on overall health and the ability to cope.

Regardless of Wegner's research outcomes, efforts to control thoughts and emotions are commonly utilized by individuals attempting to decrease their contact with negatively evaluated internal stimuli. This effort can potentially lock individuals in an inflexible position where they spend resources battling the unwanted thoughts or feelings

rather than completing the task at hand (Wegner, Quillian, & Houston, 1996). Though the literature suggests that thought and emotional suppression does not function to decrease aversive internal experiences, human beings continue to persist in the attempt to do so. ACT recognizes a relationship in the attempt to diminish contact with negative internal stimuli and the ability to problem solve through language.

Experiential Avoidance and Problem Solving

Human beings are analytical creatures; they have the capacity to examine problems within an environment and generate solutions to correct them, thereby making their lives much easier. Learning in early childhood rewards individuals who are capable of identifying, analyzing, and solving problems in the external world. This has meant incredible advances in different areas of life by improving overall conditions. The reliance upon a problem solving method works fairly well when it comes to external conditions but it fails to account for internal conflicts generated by thoughts. Often, individuals will come into therapy under the pretense that if they can identify the root of their problem a solution will follow (Hayes et al., 1999). Psychological issues are also interpreted this way by the individual and the clinician. There is a common perception that if clients can describe and articulate the “why” for their problematic behavior, it can be stopped.

Because thoughts and feelings often preclude an external behavior, clients coming into treatment might attribute the cause of erratic behavior to their own thoughts and

feelings (Addis & Carpenter, 1999). At this point, with blame firmly established on these private internal events, the next step is to avoid, suppress, control, or distract oneself from situations that occasion these perceived problem thoughts and feelings (Hayes et al., 1999). Unfortunately, as previously stated, emotional or thought suppression our solution aversive experience is futile. Attempting to control or suppress thoughts and feelings can potentially just exacerbate the problem and lead to further complications (Wegner et al., 1987). Hayes et al. (1999) stated, “seeing thoughts and feelings as the ‘problem’ is itself part of the problem. Furthermore, the solutions generally proposed for this problem are part of the problem” (p. 57). When individuals are confronted with the burden of their own unwanted thoughts and feelings, any attempt to minimize these negative experiences only increases their appearance. Therefore, even well intentioned strategies aimed at reducing unwanted thoughts and feelings do not work.

Experiential Avoidance and Resistance to MCC

In the case of MCC, much of the coursework can bring up unwanted thoughts and emotions (Jackson 1999); participants in the MCC courses will likely attempt to suppress these unwanted thoughts or emotions. In turn, thought and emotion suppression research suggests trying to reduce the frequency with which unpleasant thoughts or emotions occur will only increase their manifestation, leading to higher degrees of dissatisfaction and resistance. For example, if a student is participating in a class on privilege, the stressful nature of the coursework may lead the student to become withdrawn, upset, or

even angry. In order to lessen the tension, the student no longer engages in the material, effectively hindering the learning process. This is a problem because, while it frees the student from tension associated with MCC coursework, it means that the student is no longer engaging in the material, possibly hindering progress towards multicultural competency.

Now that the function of resistance and its relation to experiential avoidance has been explained, the next part of this proposal will briefly introduce the various frameworks that grounds ACT: functional contextualism, relational frames theory (RFT), psychological flexibility, and valued living.

Functional Contextualism

ACT and RFT base their assumptions within a scientific philosophy known as functional contextualism. Functional contextualism attempts to “predict and influence” behavioral phenomena (Hayes et al., 1999). This prediction and influence is successfully addressed through three principles: (a) the act in context, (b) functionality of behavior (including thoughts and feelings, and (c) its a-priori verbal statement of a pre-determined goal.

Observing an “act-in-context” refers to the analysis of an event, including psychological events, through the interaction within its situational and historical context (Hayes et al., 1999). Situational context can refer to any physiological condition, environment, time or place. For example, there is a situational context for wearing a

bathing suit (i.e., at the beach, during the summer, when swimming in a pool). The historical context refers to the manner in which actions have been shaped by the past (i.e., learning from parents/peers, and previous times performing a particular behavior). Continuing with the bathing suit example, potential historical contexts could be parents advising a child to wear bathing suits or looking at what other people were wearing when at the beach. In general, context can provide a road map toward understanding behavior.

Functional contextualism asserts that all behavioral events, including the act of having thoughts and emotions, are actively shaped by the environment. To understand which conditions manifest anxiety, one must first examine the context which gives meaning to its appearance. When a behavior is framed within its situational and historical context it is referred to as the “act-in-context”. For example, MCC courses use discussion on racism and stereotypes to illustrate points of oppression. As a situational context, this type of discussion can serve as a prompt for the student to experience an increase in racist or stereotypical thoughts. Along with this increase, the student may have learned in the past that individuals who assert racist or prejudicial attitudes are socially undesirable. This fear of social undesirability leads to evaluating the thoughts as “bad” and eventually, these unwanted offensive thoughts may lead to feelings of shame and anxiety (Halevy, 2007). Exploration of situational and historical contexts can provide greater depth towards understanding what conditions elicit this type of behavior. With act-in-context in mind, a common question in ACT is to ask, “and in what context does this occur?” (Hayes et al., 1999, p. 19)

Along with context, functional contextualism attempts to frame what a behavior is attempting to accomplish. Continuing with the previous example, students in the MCC course may attempt to lower the unwanted experience of anxiety/shame by engaging in problem-solving behavior. These attempts may include trying to defend positions, suppress racist thoughts, or disengaging from the class itself (Jackson, 1999). Functional contextualism examines what these specific behaviors aim to achieve. A primary purpose for the students might be to experientially avoid the occurrence of anxiety caused by thinking racist thoughts. Therefore, the function of skipping the course is to work towards this end.

Lastly, functional contextualism determines whether or not the behavior achieves its pre-determined goal, this is known as *successful working*. A behavior is said to be successfully working when it achieves its desired effect. This goes for the client who is exhibiting a particular type of behavior, as well as for the clinician attempting to influence behavior. For both, it is important to know and acknowledge whether a strategy is effective. For example, if the student is primarily relying on thought suppression or avoidance to reduce anxiety, he or she may feel relief from the anxiety in the short term. However, research suggests these strategies may only succeed in the increase of these racist and stereotypical thoughts in the long run (Amstadter & Vernon, 2006; Wegner & Zanakos, 1994).

A functional analysis establishes whether avoiding the class is in congruence with the goals of the student. Once the functional analysis is complete, the clinician can

process with the student whether behavior is successfully working. If the student is gaining poor grades because he or she avoids learning the material, it suggests the avoidance is making problems worse or is in direct conflict with students goals.

Relational Frames Theory

The development of RFT occurred over the last couple decades and can be understood as a functional contextual approach to understanding human language development. RFT attempts to go beyond basic animal learning by turning its focus towards advanced human cognition skills that are tied to language (Bach & Moran, 2008; Blackledge, 2003). Before introducing ACT, it is important to provide a brief explanation of Relation Frame Theory (RFT), which ACT is based upon. While RFT will not be heavily discussed in this dissertation, the interested reader can see Hayes, Barnes-Holmes, and Roche (2001) and Learning RFT: An Introduction to Relational Frame Theory and Its Clinical Applications (Torneke, Hayes, & Barnes-Holmes, 2010)

The overarching contribution of RFT to clinical work and human languaging overall is that we have figured out how to train *arbitrarily applied relations* as a general functional class. Relational responding refers to the process by which organisms learn to distinguish relationships between varying stimuli. Responding relationally is shaped by the environment and complex organisms can be trained to discriminate between non-arbitrary stimulus relations. For example, a dog can be trained to choose between different sized chew toys. This ability to behave based on the relationship between

physical/sense based stimuli is referred to as condition discrimination and relies upon direct experience.

Human beings are unique in their ability to derive relational responses based on verbal description as opposed to direct contact or experience (Bach & Moran, 2008). This type of relational response allows human beings to derive relations through arbitrary designation; for example, a human being can be taught that the word “dog” said aloud relates to the physical four-legged friend, or that a nickel is worth less than a dime despite the fact that a dime is physically smaller than a nickel. In both examples there is no method of deriving these relationships through the senses; instead, these relations depend on social whim, are culturally defined, and are thus considered arbitrarily assigned. For example, in the English language, we have socially decided that the four legged furry friend is called d-o-g whereas in French the sounds that stand for the same four legged friend is “chien”. Therefore, even though responding to events based on their relation is reproduced in many complex organisms, only human beings can do so in a manner that is derived or inferred from verbal descriptions (Bach & Moran; Hayes et al., 1999).

To better understand how human beings are able to derive stimulus through language, RFT theorists have explored what is referred to as mutual and combinatorial entailment. *Mutual entailment* refers to a relation between two stimuli, for instance: “if stimulus A is related in a specific way to stimulus B, then B is related in a complementary way to A” (Blackledge, 2003, p. 125). For example, if a person is told that Jan is older than Chris, they should be able to derive that Chris is younger than Jan

without being specifically told. This has implications for events dealing with race as well. For example, if individuals are taught that thieves are often poor, then they infer that individuals from low SES areas are often thieves. Once learned, this process of mutual entailment occurs automatically beneath the awareness of most people and cannot be unlearned. The attempt to eradicate it would be akin to demanding someone unlearn how to walk.

The second way of deriving relations is *combinatorial entailment*, which requires at least three different stimuli. Blackledge (2003) defined this as “the reciprocal relationship that exists between two stimuli by virtue of how those stimuli are related to other intermediary stimuli” (p. 426). An example would be learning that the word “car” is spelled using the letters C-A-R and then showing a child a picture of a car, and then pointing at the picture and saying “car.” The child should be able to learn that if you were to show just the letters C-A-R that it is the same as saying the word “car” aloud. In other words, if $A = B$ and $B = C$, then a human being is able to deduce that $C = A$ without ever having to be introduced directly to both pairings of stimuli together. Therefore, an individual can learn from the media that (A) thieves are (B) poor people who steal and many (C) African Americans live in poor areas. Combinatorial entailment suggests a person can derive that African Americans may steal because they are poor. Once again, the benefit of derived relations is our ability to categorize and organize stimuli without direct pairing and much of this process can occur without awareness (Blackledge). It is

this lack of awareness that may also lead individuals to neglect the question of whether a wealthy person is capable of stealing or if African Americans can possess wealth.

Furthermore, when a stimulus becomes verbally related to another there is transfer of the properties that occurs among stimuli. For example, if someone learns that going to the dentist is “torture,” then the person will experience some of the cognitive and physiological events associated with torture when in the presence of the dentist or simply hearing the word dentist. This phenomena is referred to as the *transformation of stimulus function* and, according to Hayes et al. (2001), this occurs when “a given stimulus in a relational network has certain psychological functions; the functions of other events in that network may be modified in accordance with the underlying derived relation” (p. 31).

RFT suggests that human beings are capable of deriving relationship between pairs of stimuli and can also transfer certain psychological functions. When an individual derives that thieves are often African American, then some of the psychological feelings and thoughts regarding thieves are automatically transferred to those deemed to be African Americans.

Humans have the capacity to frame relationally based on a wide range of contextual cues; we therefore can relate according to coordination, opposition, distinction, comparison, temporal, and hierarchy. Coordination, for example is defined as same as, “if two stimuli are related coordinately, then that means that they are the same or nearly the same” (Blackledge, 2003, p. 427). An example would be a Hershey bar versus

a Twix. If a child is told that a Hershey bar is similar to Twix, then there is a good chance the child will eat a Hershey's bar without ever having tried it. Coordination would extend to negative experiences as well. For example, if a child does not like lemons (due to the sour bitter taste) and she asks her parent what beer tastes like, the parent might say "lemons" and the child will then relate beer as being similar to lemons (sour/bitter) and would probably avoid it. These are just some sets of relational framing; there are numerous others which are expanded upon in Hayes et al. (2001).

RFT researchers have demonstrated that our ability to relate through language is a powerful tool (Pierson & Hayes, 2007). It allows us to organize our experiences and to have a sense of that which we have yet to experience. However, RFT has also demonstrated that the mind works by addition, so once a relation is made, it is fairly impossible to completely remove from our repertoire. Essentially, once we have made a verbal relation we cannot "undo" it, although it appears that we can attempt to change the function or ways that we relate to our experiences (Pierson & Hayes). For example, if Jenny learns at an early age that all individuals who have a black complexion are thieves, it will be very difficult to argue or change this particular thought. However, learning to become aware of this thought and not buy into it as a truth allows her a more flexible stance. RFT has played a significant role in laying the groundwork for future research into language and cognition; its application in the therapeutic setting is evidenced in the form of Acceptance Commitment Therapy (Bach & Moran, 2008).

The study of functional contextualism and RFT are the foundations that ACT stands on. If functional contextualism is understood as the scientific philosophy which guides the ACT (i.e., how behavioral and ultimately psychological pathology is understood) then RFT represents the research that examines how language processes influence the behavior.

Psychological Flexibility

As previously mentioned, *experiential avoidance* describes any behavior that diminishes contact with an unpleasant thought or feeling. While the need to escape aversive experiences is not inherently “bad”, if individuals are fixated on escaping their own thoughts it can create impairment in the sense of available responses. This impairment is troubling for multiple reasons: (a) Similar to how one might seek an exit in the case of a fire, individuals may escape their own troubling thoughts by seeking out the quickest route possible. Even if it only serves to alleviate distress in the short term and has consequences in the long term (i.e., an individual wants to escape troubling thoughts of trauma and therefore engages in alcoholism); (b) When seeking escape from unpleasant thoughts it can diminish an individual's contact with things they enjoy therefore placing a boundary on positive action (i.e., an individual refrains from meeting up with his friends due to fear of embarrassing himself or herself); and (c) Attempting to escape internalized experience through suppression and avoidance often paradoxically maintains these

conditions (i.e., Wegner's research on thought suppression) (Bach & Moran, 2008; Hayes et al., 1999).

Psychological flexibility is the primary objective of successful ACT intervention. The term refers to the ability to remain in contact with the present moment and to base behavioral response in the direction of known values. If experiential avoidance is the poison that limits how someone behaves when confronted with unpleasant thoughts, psychological flexibility is the antidote that may stimulate a number of reactions in the face challenging experiences. In pursuit of psychological flexibility, ACT relies on targeting six core processes which will be discussed in detail in the following section. Each process relies upon experiential exercises, metaphors, and mindfulness-based interventions in order to enhance psychological flexibility for the client. By focusing on these processes, ACT based interventions increase flexible response and an individual's awareness of possible behavioral alternatives even under duress (Hayes & Strosahl, 2004). Overall, Hayes argues that, "instead of trying to manipulate and change the inner world into a more 'desirable' form, these methods encourage patients to deepen and enrich their contact with a continuously unfolding present" (Hayes, Strosahl, & Wilson, 1999, p. 15).

Acceptance Commitment Therapy (ACT)

Acceptance and Commitment Therapy (ACT) is a treatment approach that views experiential avoidance as the core problem facing most clients (Bach & Moran, 2008).

From an ACT perspective, unwanted thoughts, feelings, and experiences are inevitable aspects of human life. In congruence with research done on thought suppression, ACT promotes that attempts to avoid unwanted private events can lead to significant consequences and constriction of life experiences. The underlying ACT assumption is that pain is a natural condition of life; however when an individual becomes attached to the verbal aspects of pain (i.e., evaluations and judgments the pain can become an unbearable form of suffering). Primarily, ACT is more concerned with behaving in a manner consistent with the values of the client than it is with the reduction of suffering, symptom management, or psychopathology (Hayes, 1994). Rather than trying to avoid negative thoughts and feelings, ACT suggests the path to change is through experiencing internal events with an open and non-attached stance toward their appearance. The underlying assumption in ACT is that while thoughts and emotions will persist and are difficult to alter, their mere existence does not have to control our behavior. Stated otherwise, thoughts and feelings alone are not the problem; therefore something does not have to be “done” about their appearance.

In general, the ACT model reflects the balance between mindfulness, acceptance and change. The next section will separate the halves of acceptance and change and explore the six interrelated processes that make up ACT: acceptance, defusion, contact with the present moment, self-as-context, values, and committed action.

Valued Living and Symptom Reduction

ACT moves away from symptom reduction, with the goal of increasing a client's ability to carry symptoms while still moving towards valued ends in their lives. "Although ACT focuses on undermining self-defeating forms of verbal control, it also tries to build verbal control where such control works. Valuing is one of those areas. Values are verbally construed global desired life consequences" (Hayes et al., 1999, p. 206) In the case of the student who is experiencing racist thoughts, ACT and functional contextualism assume that there is no successful way to avoid the symptoms of anxiety in any permanent way. Instead, ACT-trained clinicians assists the student in openly experiencing the discomfort of the anxiety while moving towards the value end of finishing the course, becoming a professional and hopefully act kinder towards his or her fellow human.

Hexaflex

As previously mentioned, ACT explores six core processes in its path towards increasing psychological flexibility. These processes reflect an integration of the previous discussed principles of: functional contextualism, RFT, psychological flexibility, and valued living. Much like these principles reflect and build off of each other, so do the six process of ACT build and reflect each other. To better grasp these integrative processes within ACT, a visual aid known as the hexaflex was developed which presents the six

processes of ACT in the form of a hexagon with lines intersecting in the middle representing their interconnection (Wilson & DuFrene, 2008).

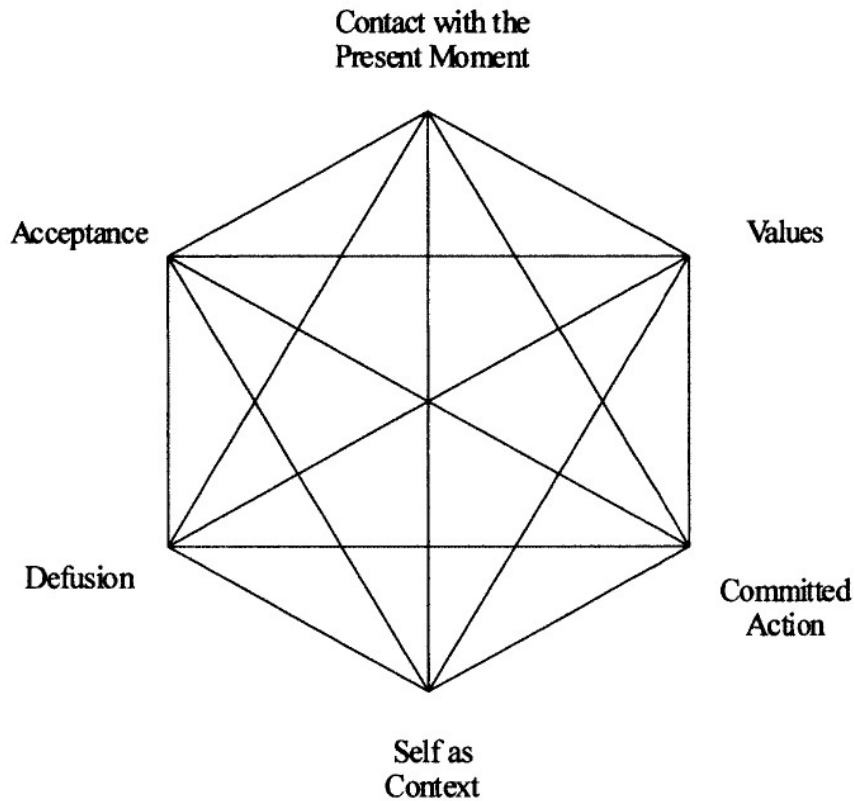


Figure 1. Acceptance Commitment Therapy (ACT) Hexaflexmodel: A graphical representation of the six core ACT processes. Adapted from Bach and Moran (2008).

Acceptance

One of the main methods of increasing psychological flexibility is through *acceptance*. Acceptance is an important facet of ACT which provides the antidote to experiential avoidance and helps increase flexibility (Hayes et al., 1999). Acceptance can

be understood as the process of remaining open to any given internal event regardless of how it is evaluated. This does not mean that an individual is taking a passive stance towards a given experience but rather is able to engage the experience in an active and open way (Bach & Moran, 2008). Acceptance is demonstrated in many different forms - it is not limited to only observable overt behavior. For example, a student demonstrating willingness can attempt to remain in contact with feelings of guilt when learning about privilege without necessarily discussing this private experience aloud. Another example might be a faculty member teaching MCC who is able to utilize his or her own experience with prejudice to demonstrate its effect and pervasiveness. In both scenarios, we see acceptance of private experience (positive or negative) and how it is actively used to inform his or her respective environments.

The goal of acceptance is to relinquish control in areas that are uncontrollable, such as the area of emotion or thought regulation. At the heart of acceptance lies the ability to approach a given experience willingly. When the attempt to control psychological experience is given up people may be able to see and contact more alternatives in their behavior.

Creative Hopelessness

The first major intervention of ACT is creative hopelessness (Hayes et al., 1999). Creative hopelessness comes about when the client fully contacts the costs of control and discovers how it is attached to the problem. Creative hopelessness also serves to highlight

for clients unworkable strategies they employed in an attempt to solve their problem. By identifying the strategies that have failed to provide the desired outcome, the client may be willing to explore different alternatives and new opportunities for change. Using the example of the client who drinks to relieve stress, a therapist trained in ACT would explore with the client all the strategies, including drinking, that the client has used to cope with his or her anxiety. The therapist would also explore the nature of the short term gain of anxiety reduction versus the long term consequences of the alcoholism. When individuals are able to recognize that controlling emotions or thoughts through alcohol is at best costly and at worst detrimental to what they really cherish in life, they may move towards acceptance of what they cannot control and willingness to change what they can.

Contact the Present Moment

The ability to remain in contact with the material a student is learning in MCC increases the chances that he absorbs the information (Jackson, 1999). The process of contacting one's experience for what it is in the present moment (shame for example) as opposed to what it says it is (that he's a racist) is a foundational principle of ACT (Hayes et al., 1999). Through present moment awareness, an individual has the opportunity to decide whether his or her behavior is achieving its intended outcome and consider also the costs associated with his or her actions.

Avoidance of thoughts and feelings in the present moment diminishes our ability to be in the present. Clients preoccupied with preventing or suppressing certain thoughts

and emotions have difficulty concentrating and remaining in contact with the present moment (Wegner et al., 1996). Fusion and rumination of the past also diminishes the capacity for contact with the present moment, as one becomes attached to a conceptualized self that is rooted in the story of a past that cannot be changed. This diminishes flexibility and can lead to difficulty following through with actions because they imagine future consequences that have yet to occur. Creative hopelessness plays a role in contacting the present moment because it advances functional analysis to whether a behavior is creating the desired outcome. By exploring the present consequences of a particular behavior, clients are placed directly in the moment to decide what line of action they wish to pursue.

Defusion

With any event there occurs a simultaneous accompaniment of thoughts, evaluations, and emotions that provides a contextual framework for the event. As mentioned previously, RFT research suggests that past events influence how an individual frames a present situation. For example, if a person went to a party and did not have a good time, it may impact his or her decision to attend another party in the future. The negative thoughts and feelings that the person experienced as a result of attending the first party now arise when one is thinking of the possibility of a future party, perhaps through a correspondence relational frame, negatively framing the perception of attending a second party.

Recall that in RFT, mutual and combinatorial entailment leads to the transference of stimulus functions. This means that even if the second party is completely dissimilar to the first, just the mention of the word “party” will contain many of the stimulus functions of the previous occasion. Said another way, human beings can become fused to their past relational frames and lose sight of present contingencies. ACT perceives this as effectively becoming chained to a relational response that diminishes psychological and behavioral flexibility. For example, if a male student was teased for being homosexual when he was young he may transfer the feelings of humiliation onto a homosexual client that he is working with at a much later date. In this case the past is having a significant effect on present conditions based primarily on the individual’s reinforced relation of (A) homosexuality and (B) humiliation (recall mutual entailment $A = B$; $B = A$).

As humans, our experience is shaped not only by the present moment but also in how we interpret these experiences. When people become fused with these interpretations, they override the present moment and can lead to inflexible behavioral responses. Furthermore, past experiences especially those of an arousing nature, potentially locks the individual in a state where simply thinking of a past event can manifest an actual biological response (Hayes et al., 1999). For example, the verbal recounting of a traumatic experience is often enough to elicit physiological responses of distress, anxiety, and even pain (Herman, 1997).

There are situations where fusion is essential in completing tasks such as reading, studying, or writing a letter. However, ACT differentiates between the workability of

thoughts versus the inefficient use of thoughts, such as when learning how to ride a bike. An individual can describe how to ride a bike, detailing even the most intricate of steps, but it is not until the person physically gets on the bike that one will learn how to ride it. Fusion with thoughts or feelings can become unworkable in such areas, which often seems true in instances of emotional regulation. Instead of recognizing this as just another thought, an individual who is cognitively fused will perceive this statement as truth, reducing the likelihood that he or she will try or even recognize alternative options (Hayes et al. , 1999). Defusion from thoughts provides an opportunity to experience thoughts as thoughts and to allow for greater behavioral flexibility.

Fusion with thoughts or feelings is also present in the development of self-identity. That is to say, humans utilize language processes - definition, description, and labels - in order to define their sense of self. For instance, clinicians may place an emphasis on defining themselves as helpful. The problem with this is that anything that challenges this verbal self-conceptualization seemingly places the clinician at odds with his or her verbal description, creating tension that can lead to defensiveness (Halevy, 2007). ACT perceives this fusion of self-identity and language as a hamper on psychological flexibility and development. Students fused with the thought of being free from prejudice would have a difficult time accepting MCC material that confronts them with issues of privilege, bias, and discrimination.

In a later section, this issue of self-identity and language will be further addressed. For now, it is enough to understand the nature of fusion with thoughts or feelings and

how it limits our contact with present contingencies. As stated previously, ACT differentiates when language is useful and when it is inefficient. Fusion describes the utilization of internal language in a manner that constricts a person's sense of psychological flexibility. ACT attempts to confront this issue of fusion through using techniques that promote mindfulness, deliteralization, and defusion; all processes that assist in contacting the present moment (Hayes et al., 1999).

“We spend much more time in looking from our thoughts than we do simply observing our thoughts” (Hayes et al., 1999, p. 149). Mindfulness refers to techniques that draw an individual's awareness to observing the process of thought. Rather than substituting thought for reality, ACT has clients label thoughts or feelings what they are and not what they advertise themselves to be. In MCC courses, when cognitive fusion can create a significant issue due to its ties with experiential avoidance. For example, a female student in a MCC course that is fused with the thought of thinking that homosexuals are weak might evaluate this thought as “bad” because it socially implies she is prejudiced. Being perceived as prejudiced by others in her class produces another set of negative conditions, rules, and thoughts. This begins to cause her anxiety and she refuses to speak in class out of fear she might state something offensive. Over time, she might speak less in class.

An example of a mindfulness exercise would be to imagine that all thoughts, including this one, would look like if they were written on a leaf being sent down a stream. This technique asks the student to simply observe the thoughts come up,

reserving the need to judge or react to its presence. Overall, defusion interventions using mindfulness would work towards allowing the student to recognize thoughts in general, (Hayes et al., 2004), perhaps even pointing them out and talking about them aloud with the class. The goal of mindfulness is to notice the contextual function of thoughts or feelings and to remain in the present moment without defense. For example, when in a course that deals with racism it is not surprising to think racist thoughts. Similarly, via functional analysis, a clinician will assist the client in exploring when a thought appears and whether it is based on a previous experience or one that could move the person forward in their life.

Deliteralization is another method of weakening the grasp that thoughts can have over behavior. The goal of deliteralization is similar to mindfulness, in that it attempts to assist the client in approaching thoughts or feelings as verbal processes of the mind rather than a concrete fact or “truth” out in the world. Deliteralization therefore establishes the contexts in which thoughts or other verbal processes are useful and helps us discern when they are not.

One step towards deliteralization is to demonstrate the inherent weakness of language. Internalized verbal processes are often automatic and can occur with little prompting; for example, if a clinician were to say to a client: “Mary had a little _____.” Most clients familiar with this nursery rhyme could aptly fill in the blank. Another exercise for clients is referred to as “taking your mind for a walk.” In this particular exercise, an ACT-trained therapist would have the client walk around an area verbalizing

his or her thoughts, evaluations, and feelings aloud. This exercise brings the client awareness of the automaticity of language and how evaluations may work for certain things, such as indicating dangerous situations, whether or not a food is ripe, or if a particular animal is dangerous; but not for others, such as memories, feelings, and inappropriate thoughts. A final exercise aligned with deliteralization is known as “Milk, Milk, Milk.” In this exercise, a client is instructed to say the word “milk” repeatedly until it begins to lose its meaning and becomes just a sound. The purpose of this exercise is to draw attention towards the function of thoughts suggesting that even statements such as “I am depressed” are just thoughts describing an evaluation of experience not the experience itself (Hayes et al., 1999).

Since ACT identifies that fusion with thoughts as occasionally/potentially problematic in most cases exercises go beyond talking in an effort to create an experiential event for the client that helps them contact present moment contingencies. Mindfulness and deliteralization are techniques that attempt to have clients observe the function of thoughts rather than the content. Defusion is an essential part of ACT as it advocates for psychological flexibility and releases the client from being controlled by his or her own thoughts. The next section will explore how defusion can be used in diminishing attachment to a verbalized concept of self.

Self as Context

Fusion can also be observed when it comes to one's identity given the verbal nature of our stories. Attachment to verbalized thoughts or feelings can also apply to identity. When an individual is demonstrating a high degree of fusion to verbalized thoughts about their identity, this individual is said to be attached to their conceptualized self, or self as content (Bach & Moran, 2008). Self as content pertains to the manner in which we verbally construct an identity. Statements such as "I am a good poet," "I have never discriminated against anyone," "I have a quick temper," and "I hate everything" are all socially reinforced and communicate about us to the social community at large. This community, in turn, attempts to hold individuals accountable to these statements, that is to say, "we try to live up to our own and others' view of ourselves" (Hayes et al., 1999, p. 182). The advantage of self as content is that it allows for the creation of consistent narratives that humans can follow throughout their lifespan. By individuals remaining consistent with whom they say they are, they create a self-imposed barrier which both protects them from perceived harm and paradoxically exposes them further. For example, if someone believes that being a "nice" person has a set of advantages, he or she may commit to doing any number of actions regardless of the consequences. It is this lack of perceived consequences that creates the problem. Self-conceptualization within ACT is perceived as useful where it is workable. ACT promotes an exploration of these concepts in a flexible manner. Therefore, even negative evaluations of self ("I am a bad person") are not contested by the therapist. ACT places the focus primarily on the function of the

thought, not its content. Fusion with conceptualized self becomes problematic when an individual becomes too attached with thoughts they have about themselves and behavioral and psychological flexibility is diminished.

Fusion to a verbally-constructed self occurs when people take their thoughts as facts because the differentiation between verbalized thoughts is perceived as literal truth. When a person makes a statement about themselves such as “I am a good person,” it is put into the same equivalence as the “sky is blue.” In reality, our verbal descriptions of self are much more fluid; they change with the context surrounding it. From an ACT perspective verbal evaluations continue to dominate our perception and individuals try hard to remain consistent. This effort at consistency comes at the cost of inflexibility and avoidance of content that contradicts one’s story. For example, a student in a MCC-based course may be confronted with his/her own evaluations regarding a group of people. Rather than acknowledging this and exploring the function, the student might view these confrontations as direct erosion to the conceptualized self of “I want to help people.” ACT seeks to defuse individuals from the conceptualized self by bringing awareness to the verbal rules that ensnare clients (Hayes et al., 1999).

By exploring function as opposed to content, a client is able to explore the cost of fusion to the conceptualized self and become less caught up in what the thought might suggest, mean, or imply. This exploration is what ACT refers to as the ongoing self-awareness or self-as-process. Self-as-process occurs when an individual is defused from the conceptualized self and can instead flexibly shift through self-conceptualization

without judgment, avoidance, or defense (Hayes et al., 1999). ACT stands against a static sense of self and attempts to have clients connect with a self based on context and fluidity. Self-as-context processes allow an individual to maintain an on-going discovery of identity by maintaining an open and self-aware stance (Hayes et al., 1999). ACT-trained therapists work alongside their clients, using defusion-based exercises, promoting contact with the present moment and diminishing attachment to a conceptualized self. Clinicians accomplish this task by promoting an identity that is fluid, consistent with the functional contextual assumption of act-in-context. Self-as-context-based exercises are directed at providing the client with the opportunity to explore the observer-self that bears witness to all of the individual events in our lives. Ultimately, self-as-context asserts that an individual is constantly changing depending on the environment they are in.

Establishing a self-as-process could be of great use within MCC coursework. For example, many students in MCC courses become defensive when they are confronted with how they benefit from privilege. This defensiveness occurs because students are unwilling to perceive themselves as taking advantage of others. To avoid the shame associated with taking advantage of others, students might resent the course for implying they are capable of oppression (Halevy, 2007). By promoting self-as-process, students would gradually learn that their identity is contextual, allowing them to freely explore areas in which they are actively benefiting from oppression without being defensive. Self-as-process serves the function of altering the way students engage in the thoughts

they have of themselves. This is done by allowing students to feel less defensive when confronted with a conceptualized self that is in contradiction with reality (i.e. they do benefit from certain privileges). Self-as-process facilitates defusion because it pushes clients away from fusing with a particular fixed identity. Self-as-process also allows the client to become more accepting of their own thoughts and feelings, perceiving them as temporary states that change constantly (Hayes et al., 1999).

Values

ACT “at its core is a behavioral treatment. Its ultimate goal is to help the client develop and maintain a behavioral trajectory in life that is vital and valued” (Hayes et al., 1999, p. 205). ACT therapy is ultimately concerned with whether or not behavior fulfills desired ends. In essence, ACT is used to motivate clients toward purposeful action.

An individual’s movement toward a desirable end means discontinuing actions that limit this progress. As discussed previously, often the avoidance of unwanted thoughts and feelings presents the largest obstacle. ACT attempts to identify where control can and cannot work. One area where control does work is the process of determining values (Hayes et al., 1999). Hayes et al. (1999) stated that values are “verbally construed global desired life consequences” (p. 206). ACT perceives *valuing* as action, “when a man chooses to act a certain way, the chosen actions are his values” (Bach & Moran, 2008, p. 148). The emphasis is not placed on how a person may feel or what they are thinking when performing action, the action speaks for itself. Establishing

creative hopelessness facilitates the process of recognizing when an action is not working. For example, a student can recognize that avoiding MCC coursework will not help them achieve the desired end of graduating. Other processes, such as defusion and self-as-context, can assist the client in distinguishing what actions reflect contextually defined behaviors, thoughts, and feelings as opposed to actual desired ends. Students might evaluate their own thoughts as examples of prejudice but can still flexibly acknowledge them as just thoughts, as which they do not guide their behavior.

The importance of values lies within their continuity - there is no “goal” to be reached. Rather, values continue to evolve, shape, and change over time (Bach & Moran, 2008). When a client begins to perform values-based work, they are embarking on a journey that has no end; it also has no past (Hayes et al., 1999). When a person commits to a value, they are constructing a future process for themselves that helps to define what is meaningful to them. This is regardless of how they may think or feel while performing the necessary actions. For example, a student that values assisting individuals from all backgrounds will stick with an MCC course even when it feels unpleasant. This is because the student is capable of recognizing the value inherent in remaining with the material, even when it does not always “feel” good. As such the student is consistent with what they want to be about in their professional life, if not more broadly.

The willingness to carry unwanted thoughts and feelings while still performing valued action is a central focus of ACT treatment (Hayes et al., 1999). Willingness is the leap by which an individual proceeds forward in life even when negative thoughts or

feelings come up. Acceptance, for example, is the willingness to experience unwanted thoughts and feelings when it matters most. Creative hopelessness involves the willingness to give up the pain of control agendas, which paradoxically increases suffering. Defusion and self-as-context cannot occur without the willingness on the part of the client to see their thoughts and feelings as temporary states and not literal experiences. Lastly, a client cannot fully contact the present moment without willingness to notice and perhaps not respond to unwanted thoughts and feelings diminishing experiential avoidance. The openness to receive unwanted thoughts and feelings, while moving toward meaningful paths, helps increase behavioral flexibility.

Committed Action

Committed action is exactly as it sounds: flexibility with defusion from rules and values clarified, the person can proceed forward with the chosen steps. For example, a student who can embrace the ambiguous nature of implicit racism and can explore issues stemming from bias without reservation. A committed action the student may take is to openly seek out information on unknown cultural issues, be willing to talk about issues of race in therapy, or any number of things that are in congruence with his or her values. Since committed action requires confrontation, individuals may experience hesitation.

A second issue with establishing committed action is when a client performs an action that is not connected with their values. For example, a person cannot commit to promoting the rights of transgendered individuals if he or she disagree with these life

choices. ACT intervenes at this level by having clients process whether or not their committed action adequately reflects their values. Also, through functional analysis and fostering creative hopelessness, clients are given enough information to decide if current attempts to problem solve are actually effective strategies.

The final issue is related to performing committed action without preparation (i.e. taking on a task that is too large to perform successfully). Perceiving committed action as a process helps to prevent this from occurring, because it establishes that process is the goal, as opposed to success or failure. In MCC, commitment to action is important. As stated previously, the APA requires MCC coursework to be completed. For a student, MCC coursework represents a vital requirement they must fulfill on their path towards becoming a counselor.

ACT treatment directly deals with this fear through defusion- and acceptance-based interventions. In other words, clients can remain in the presence of unwanted thoughts and feelings of fear while still behaving in a manner consistent with their values. Therefore, even if they fail, clients know they have the ability to strive forward and try again. If ACT has been incorporated adequately, the client is capable of distinguishing the thoughts and feelings of failure from actual literal failure (Hayes et al., 1999).

ACT Meets MCC

The ACT paradigm produces a refreshing way to explore MCC. ACT perceives prejudice in the same manner that it perceives negative thoughts: as a result of basic

learned process (Lillis & Hayes, 2007). Therefore, following the ACT perspective requires that one look at stereotyping as a result of individual learning history and that attempts to avoid stereotyping only increase the chances of its occurrence (Hayes et al., 2002). The ACT perspective is that, instead of refuting stereotypes, we must learn to embrace them as just thoughts that occur amongst other thoughts. Attempting to control our thoughts reflects the ACT notion of creative hopelessness and unworkable strategies.

Furthermore, ACT suggests that engaging in stereotyping serves a functional purpose in certain contexts. For example, stereotypes and race categories stem from the natural ability for human beings to organize items into groups. Categorizing is important to human survival because it facilitates the ability to distinguish good from bad or healthy from unhealthy. Stereotypes and race, however, are a reflection of sociopolitical categories, ones that change with time and place. Becoming fused on these categories and perceiving them as literal reality hinders individuals from integrating new information. Since race is not a static category, it is important for individuals to embrace these categories as fluid, similar to self-in-context. A student, through Acceptance Commitment Training, can potentially begin to relate to race as fluid category, one that they are part of in some context but that does not have to control their behavior. For example, a black student who cannot dance can embrace the fact that he does not have to behave in a manner that lives up to this stereotype. Another example is that students do not have to avoid MCC courses because they are ashamed of the stereotypes with which they begin the course. The understanding that stereotypes are a natural process of

linguaging acquired through socialization highlights the similarities among all individuals (Hayes et al., 2002).

Therefore, when working with clients, ACT therapists sees themselves as being in the “same boat” since clinicians categorize and stereotype as well as clients) (Hayes, Strosahl, & Wilson, 1999. This could potentially mean a higher degree of rapport with the client who is united with the therapist in the fact that they share similarities in the fact that languaging (using and interpreting language) can cause significant difficulties.

ACT, much like MCC, embraces the use of experiential activities. Experiential activities have been consistently identified as the mechanism of change (Cornelius-White, 2005; Tyler & Guth, 1999) ACT further incorporates the MCC principle of awareness through present moment work by focusing on the process by which an individual has thoughts as opposed to the content of the thoughts and what one has to *do about them* (Hayes et al., 2002). Given the counselor’s ability to acknowledge stereotypes rather than avoid them, they learn to simply notice stereotyping while moving forth with the therapy. When learning MCC, many individuals report that they would prefer their supervisor to openly discuss cultural differences as opposed to avoiding the topic in effort to not offend (Hays et al., 2007). The flexible aspect that is a requirement of MCC is the goal of the training.

ACT can also attempt to deal directly with the resistance and barriers that students and faculty experience when in MCC training. From an ACT perspective, suffering is a

universal process of all human beings (Hayes et al., 2004). Still, we as human beings attempt to avoid suffering and anything in life that makes us feel uncomfortable.

Experiential avoidance can occur when an individual attempts to do away with unpleasant thoughts or feelings by performing actions that numb, reduce, and minimize these private negative experiences (Hayes et al., 2004). Resistance to MCC training can be seen through the lens of RFT as a form of experiential avoidance. For example, a student's denial of privilege functions as a method to diminish their sense of shame at benefiting from an oppressive system (Halevy, 2007). ACT attempts to intervene with experiential avoidance in a manner that is congruent with MCC principles. As Jackson (1999) stated, "resistance is not necessarily behavior that needs to be avoided or prevented from developing. Instead, the faculty should see resistant behavior as normal processes students will experience when confronted with course material that is uncomfortable" (p. 33).

Current research has examined the effectiveness of ACT in reducing stigma. One study evaluated the results of a six hour ACT workshop intended on reducing self-stigma in substance abusers in a residential treatment program (Luoma, Kohlenberg, Hayes, Bunting, & Rye, 2008). The results demonstrated reduction of internalized shame and stigma in post-treatment measures and follow-up studies are recommended to explore the effects of self-stigmatization. In another study, an ACT consistent workshop aimed at reducing stigma towards people with psychological disorders was provided to undergraduate college students. The results of this study demonstrated that the ACT

workshop reduced mental health stigma in the students and proved to be more effective than just an educational workshop (Masuda et al., 2007). One study also demonstrated that ACT had higher levels of positive impact on stigmatization exhibited by substance abuse counselors (Hayes et al., 2004). Considering the positive response ACT has in impacting stigmatization in different areas, it is worth exploring how ACT may contribute to assisting students undergoing MCC training.

The following section will describe ACT protocol that takes a close look at categorizing and its workability within MCC training and creates an avenue towards building flexibility and competency when training future clinicians who prepare themselves to work with clients from a variety of backgrounds or are identified as diverse.

CHAPTER 3: METHODOLOGY

Advantages of ACT Group

ACT delivered in a group format can have a number of potential advantages, especially when the content is related to MCC. First, because ACT utilizes experiential exercises in its endeavor to diminish experiential avoidance, it is highly interactive. ACT promotes that everyone is “in the same boat” (Hayes et al., 1999) and therefore participants are encouraged but not required to share their experiences of creative hopelessness, unworkable strategies, and fusion.

As stated previously, issues such as race, diversity, and privilege are socially constructed. Much of the material in MCC is difficult to process because of the social implications that they can have. A group format works well because it pulls for the students to interact with their own internalized states. At the same time, since all students are encouraged to participate and there is targeted use of self-disclosure on the part of the leaders. Students will find that their own insecurities, fears, and anxieties are a shared experience. This facilitates ACT processes such as defusion and self-as-context that can be contacted as group members share their own respective experiences with stereotypes, classifications, and race. Overall, using a group format promotes an atmosphere of acceptance. This allows students to further explore issues of diversity and remain in contact with the negative aspects that come with feelings of shame, privilege, and prejudice. The ability to process this content with an attitude of acceptance can have a profound effect on individual students who may be unfamiliar these types of issues. One

of the main issues with MCC is that it may resemble a challenge to the self-identified role of the student (Jackson, 1999). When a student maintains a defensive position, rather than one of acceptance, there is a greater likelihood that the student will dismiss and reject MCC material (Halevy, 2007). Fusion with the conceptualized self is a problem directly targeted through ACT based intervention. Utilizing a group format would allow for students to further evaluate how they become fused to their self-narratives and the detriment this can potentially have on moving towards valued ends.

ACT in a group format can also facilitate the process of creative hopelessness. Each group member will be encouraged to explore ways he or she has tried to “solve” the problem of stereotyping. With students conducting their own functional analysis, individual students will begin to see a pattern emerging regarding unworkable strategies. Since ACT promotes giving up unworkable control strategies, such as thought suppression, the vitality of fully engaging with fellow human beings may emerge as a group experience. The group also provides support for individual students who may contact intense emotions. Each student can encourage each other to learn in and take an accepting stance towards these unwanted private events, in the service of greater flexibility.

Design

The goal of this dissertation is to develop a program that others can use towards implementing ACT (Acceptance Commitment Training) in the training of MCC with

graduate students in a doctoral psychology program. Research demonstrates that MCC works best with programs that have group focus, deal with resistance, and utilize experiential exercises (Beitin et al., 2008; Chrobot-Mason et al., 2008; Jackson, 1999). Previous research on bias and substance abuse program has demonstrated that ACT workshops can have an impact in stigma reduction for clinicians. As stated previously, ACT workshops have also demonstrated effectiveness in increasing acceptance with self-stigma (Luoma et al., 2008) and stigma toward individuals with psychological disorders (Masuda et al., 2007). Furthermore, ACT has been successfully delivered in group format and is inherently experiential in its delivery (Hayes et al., 2004).

The program is primarily aimed to serve students that are undertaking diversity training within their professional graduate program. The training is developed in such a way that it will supplement and be separate from didactic MCC coursework. Since ACT employs experiential exercises in addition to didactic-based intervention, it does not need to fully detail MCC material. ACT targets experiential avoidance as a functional class, it can therefore be added to current MCC course design. In addition, the ACT workshop will be developed in a group format to contend with experiential avoidance towards learning MCC material and the promotion of psychological flexibility in the face of difficult MCC material.

The measures for this study will be discussed shortly, with the goal of the program to examine the influence of ACT in the students' development of cultural sensitivity and awareness.

Facilitators

ACT in a group format works best with two facilitators working together (Hayes & Strosahl, 2004). In general, this is somewhat different from professional programs, since a single professor is usually responsible for the entire course (Clarke & Drudy, 2006). Since experiential avoidance can lead to anger directed at the instructor, having two facilitators can potentially defuse and help generalize course content (Jackson, 1999). With this said, at minimum, the workshop will be run and supervised by an ACT-trained clinical psychologist. It would be beneficial, also, if one of these facilitators is familiar with teaching MCC material. Often educators who do not have familiarity with MCC content have the most difficult time and experience the most resistance in the course (Jackson).

The leaders of these groups should also be willing to openly explore in a group their own experiences with diversity. Since ACT is based on struggles being universal, it is essential that each facilitator is comfortable with bringing up their own struggles, unworkable strategies, and experience in regard to diversity (Hayes et al., 1999). ACT perceives stereotyping as a normal process of the mind and therefore is to be embraced as part of human experience. Group leaders should be able to emphasize that having racist thoughts or prejudiced ideas is not inherently “bad”, what matters is how an individual reacts when this material comes up. Most importantly, such disclosures are used in service of normalizing and modeling acceptance and defusion of one’s content, especially on behalf of someone in a position of authority. Furthermore, while group leaders are

providing information to the group, they are meant to be passive guides, allowing the individuals and the group itself to experience what comes up without reservation. By demonstrating this sense of willingness and acceptance, ACT group leaders will also be staying in the present moment with whatever content comes up.

Being able to remain in contact with MCC material without acting in a manner that is experientially avoidant is an important part of both ACT and MCC based interventions (Hayes & Strosahl, 2004; Jackson, 1999). By remaining in contact with the present moment, group leaders are able to diminish the use of cliché ACT interventions. Instead, the group leaders will tailor interventions that fit with the collective experience of the group itself. This will ensure that the leaders provide cooperative discussion that aims to increase contact with difficult material. Group leaders should avoid the use of coercion, force, or debate with individuals or group of members.

Participants

This program would best serve graduate level students in a professional psychology program. This will be a group made up of adults of varying ages, therefore this program would not be limited to a specific age range, though most students can be assumed to be over the age of 20 (it is a graduate level program and they have already completed an undergraduate degree). These students will be volunteer-based and all current students, irrespective of program or cohort, would be invited to attend. Perhaps training may be presented as an optional activity at MCC conferences or other avenues

that the school may see fit. The group will be closed because ACT processes build on one another and individuals who miss workshop sessions will be missing out on valuable information (Hayes & Strosahl, 2004). Also, the nature of ACT interventions fosters strong experiential exercises that cannot be reproduced; individuals who miss one class are losing out on powerful interventions (Hayes et al., 1999). Consequently, participants should only include those who commit to fully engaging in the entirety of the training.

Exclusion/Inclusion Criteria

For individuals in the doctoral clinical psychology track at the Chicago School of Professional Psychology, diversity courses are a requirement for successful completion of the program. Since the first course required in the clinical psychology track is Diversity I, students who are taking this course will be eligible for the workshop. Since many students will be unfamiliar with diversity course material, the ACT workshop would provide an additional supplement to their coursework. Students who have already completed diversity coursework beyond Diversity I can also participate in the workshop but it will be most effective with students who are unfamiliar with the material. However, because there will be two facilitators it is recommend that there only be a total of 30 participants (Hayes et al., 2004).

Recruitment

Students can be solicited via a flyer advertising the program, which can be handed out in all diversity classes and professional development groups, as well as posted throughout the school. The facilitator will first have to have these flyers approved by the administration of the school. Upon agreeing to attend the seminar, participants would be asked to sign an informed consent agreeing to participate and commitment to engage in the full process.

Students who decide to participate in the workshop are required to attend for the entire duration of the training. ACT contains material which does not translate well when not experienced firsthand. Therefore students who come in late for the workshop or miss certain segments may have difficulty grasping the material if they attempt to catch up. Because of this, participants are recommended to attend the entire session. Students will receive a briefing describing the group and how material will be processed. Therefore students who decide to proceed with the workshop should acknowledge a commitment towards completing it in full. When discomfort does occur, facilitators will remind students of their commitment. So in ACT there is a consistent reminder of informed consent which aligns itself with the concept of willingness. In ACT informed consent is of particular relevance to the facilitators as well. ACT groups can evoke intense emotional experiences for all involved and it is important to keep in mind the provocative nature of MCC material itself prior to starting the process (Walser & Pistorello, 2004).

Evaluation Measures

Participants in the workshop will be given a form to fill out which will provide basic background information. This will include: age, sexual orientation, religious affiliation, race, and a scale asking them to describe their familiarity with MCC material on a scale of 1 – 10. Following this, students will be given the Multicultural Knowledge Counseling Awareness Scale (MCKAS) developed by Ponterotto, Gretchen, Utsey, Rieger, and Austin (2002). The acceptance and action questionnaire (AAQ-II) is a test developed by Hayes et al. (2004) in order to measure experiential avoidance. Lastly, a measure which each participant will be asked to fill out these measures prior to the workshop, immediately following the workshop, and six month-follow up will be given.

Setting and Time

Duration of ACT groups is generally from 90 minutes to three hours (Hayes & Strosahl, 2004). Traditional MCC courses in professional psychology programs are spread across 7 weeks (Beitin et al., 2008) for 90 minutes per session. However, since this workshop will only focus on the six core ACT processes, the workshop will be completed in an 8-hour intensive session. Throughout the duration of the day the group will devote time to exploring each ACT process, with a follow up session reserved for integration of all core processes.

CHAPTER 4: USING ACT TO ENHANCE MULTICULTURAL COUNSELING COMPETENCY

Introduction

The aim of this workshop is to provide students with an opportunity for experiential training that supplements their regular course activities in the area of diversity. Initial research shows that this type of workshop will increase clinician flexibility and willingness to engage in effective clinical work while decreasing overall avoidance (Hayes et al., 2004). Given human verbal abilities and the nature of verbally relating, it is assumed that labeling, stereotyping and categorizing are natural processes built into human languaging and cannot be changed. This workshop will therefore address *responses to* stereotyping, categorizing and labeling in order to help students develop more compassionate and flexible repertoires around those reactions. Facilitators are encouraged to use this protocol flexibly and to adapt concepts to fit with the group. *Italicized text may be read verbatim for the beginning facilitator.*

Overview

Facilitator should encourage participants to introduce themselves and provide a brief description as to how the workshop will differ from traditional MCC training courses. The introduction should be rather generalized and facilitators should take care not to provide too much detail into the forthcoming exercises. These exercises require

an element of surprise and should be experienced firsthand as opposed to being processed first.

Key Discussion Points

Begin group with an introduction to the training. Explain how the group differs from general MCC coursework. Highlight shift in focus from MCC content to ---- processing of unpleasant experiences with a more flexible stance.

Below is a sample opening statement which can be used as an introduction:

Welcome to the Embracing MCC workshop! Most of you are currently participating in or have completed courses related to multiculturalism and diversity. Typically, in these courses, you have gone through extensive didactic and experiential based training in order to explore and work with issues regarding diversity. In these courses and possibly in your personal lives, you might have observed the challenges that stem from discussions on differences. This workshop will focus on our reactions to diversity content and propose a model for relating to those reactions that has been found to increase our sense of agency in regard to these experiences.

Following the introduction, allow students enough time to meet and greet each other. This should only take a few minutes.

Rules of the Game

Review issues of confidentiality and go over the expectations of the group. Inform group participants that there will be a number of experiential exercises involved in the training. Exercises may evoke unsettling thoughts, discussion, and feelings. Because of this, participants may be tempted to leave or withdraw from the conversation in some

way and you are encouraged to stay and lean into these difficult experiences which often times hold a great deal of value. Overall, the amount of personal disclosure is left at the discretion of the individual and it is expected that sensitive material will appear.

Topics discussed in the training should remain confidential among group members. Exercises will probably sometimes be confusing; when this feeling of confusion occurs, request that participants be willing to observe their confusion without necessarily trying to “figure things out.” Furthermore, in the workshop, participants should abstain from trying to “save” other members when they are struggling with their own experiences. Much of the workshop relies on simply being present with experiences, not spending time working out solutions. After this section is completed, allow adequate time for general questions.

There is an embedded paradox in this workshop; we know on the one hand that “difference” makes us uncomfortable and on the other hand, it seems that exposure to that discomfort and the ability to sit with our experiences in a compassionate way is probably what allows us to be effective and compassionate clinicians and human beings. Given that, can we make a commitment to remain in the group with all the struggles and highlights it may offer? You don’t have to participate with words, just with your presence and active engagement. Often the words we use can create distance and allow us to avoid being in the here and now. With that said, would you all be willing to commit to showing up to difficult content and remain in contact with our experiences if it can mean that we could get closer and more effective with our clients? Would that be a struggle worth pursuing for you?

Give students time to nod their consent and continue onto the following section regarding values.

I. Values

Overview

Facilitators will provide a basic introduction to values. Within ACT design, values are represented as freely chosen desired life outcomes that are dynamic and ongoing. Facilitators should emphasize that values, unlike goals, have no particular end point and change with context. Furthermore, what is valuable to one individual may not be valuable to another but there is no “right” value, it is decided upon independently of social pressure. With this first introduction, facilitators are encouraged to seek out what brought students to the workshop itself. By touching upon what made them come in, facilitators will be able to correctly identify what motivates them to participate. Furthermore, reminding participants of their chosen values can assist in addressing areas of resistance and increasing the willingness to remain in contact with unwanted feelings and thoughts.

Key Discussion Points

Encourage participants to explore what motivated them to take part in the training. Facilitator’s should be sure to allow enough time for students to meditate, contact, and share their values. Pay special attention to the “why” for partaking in the group. Possible reasons might be the mandatory status of MCC based coursework, wanting to be a more effective clinician, or prior struggles with diversity issues. In general, topics that should be discussed are:

1. Why do we do this work?
 - a. Facilitators may discuss how psychology in particular is a very interesting mix between personal, tragic, supportive, and challenging. They may bring up personal reasons as to what drew them toward the field.
2. What draws us into this particular work considering the nature of the struggle?
 - a. Facilitators should pay close attention and reflect material that evokes particular values i.e.: to promote wellness in human beings, to create a better world, to have a more open and genuine connection with our clients, to become a better clinicians.
3. Diversity and MCC has become a mandatory part of our learning experience. More importantly, what does that mean to us?
 - a. Facilitators should use this discussion as an opportunity to go first and highlight the importance of diversity training and MCC in their lives. They may also discuss areas where it is not important.
4. What does it mean to be a professional who works with different people? How does our reaction to difference impact our work? What have you noticed?
 - a. Responses will generally center on the forms of difficulties experienced by students then working with clients that differ from their own experiences, although some may share success stories. Facilitators should attempt to highlight the function of those reactions – so what did you do when you had that reaction and how did that impact your client or another person?

5. What brings you to this workshop right now, based on the previous discussion on values. What is important to you about participating in this group?
 - a. Facilitators are encouraged to openly discuss their own responses and state their own motivation for leading the workshop and engaging with such content.

II. Acceptance

Overview

Within ACT, acceptance is understood as taking on a stance of openness toward experiences reserved from judgment or avoidance. This section will cover a broad discussion on the pervasive nature of discrimination and how it is not limited to a specific race, class, gender, SES, etc. Facilitators will ask students to provide an example of discrimination they see within psychology and the potential impact it can have. The purpose of this is to allow students to voice their concerns, experiences, and perceptions of MCC in relation to the field of psychology. Facilitators will use this as an opportunity to model acceptance and openness towards these topics and encourage students to open up to whatever is in the room. Further along, facilitators will conduct an exercise that takes the global issue of discrimination and oppression and places it into a more intimate frame. The exercise will consist of having students identify when they have experienced discrimination from others and against others.

Key Discussion Points

Focus on the pervasive nature of discrimination and primarily how it is not localized to any particular nation or field of study nor is limited to one particular qualifier (i.e., race, sexuality, or gender). This will be an open discussion forum with facilitators asking group participants to provide examples of discrimination in the United States. After discussing the issues of discrimination in the US broadly, facilitators will speak on issues of discrimination that take place in other parts of the world.

Ask participants for examples of discrimination within the field of psychology. For points of discussion issues of eugenics, assessment, and any other example that can demonstrate the negative impact discrimination can have on providing care to clients

Experiential Exercise: Discrimination Stand Up

After reviewing some examples of discrimination, facilitators will launch into the following exercise (be sure to allow pauses between each category allowing for brief reflection time) provided below is an outline:

Based on our discussion, it seems pretty clear that discrimination is not localized to a particular region, time, group, or class. In fact, I'm certain that all of us here have experienced discrimination in one form or another. To test this theory out, I am going to ask you to stand up if you've felt that you've been discriminated against because of your: race (pause)....gender (pause)....., place of origin (pause)....., age (pause)....., disability (pause)....., physical appearance (pause)....., socioeconomic status.

After the exercise is done, have everyone sit down.

Experiential Exercise: Will the Bigot Please Stand Up?

The next exercise will introduce the flipside of this discrimination. Facilitators will have participants stand up if they have ever discriminated against someone for the same categories: race, gender, ethnic background, sexual orientation, disability, socioeconomics, hair-color, size, mental illness, etc. Facilitators should also stand up during these exercises.

When everyone has stood up, have people walk around the room and look into each other's eyes for 3 breaths.... Ask participants to "really let yourself contact the human being in front of you who has known discrimination both on the receiving end and the doing end."

Participants may return to their seats once the rounds are made. Take a few moments to let the experience settle in & then proceed with a word on stereotypes.

Categories.... Labels, stereotypes.... Short-hands, that's what they are. It's how our minds work. We categorize things and people that look the same or different, that act the same or different... etc... it's how our field works (Such as DSM categories), it is how we function in the world (for example, what categories does one use to organize their music?), how we mediate closeness and distance, safety.... Humans have the capacity to organize information and create and label categories, which then usually get assigned to "good or bad". This has been a tremendous help in our survival and has cost us quite a bit.... I'd like to see if we can dig a little deeper into these costs.

Facilitators should share examples of how this categorization process has been a blessing (allows us to problem solve ahead of time and work through so we can avoid detrimental consequences) so we can build buildings, fly air planes, put people on the moon, etc. And there is a price when this same strategy is turned inward.

III. Acceptance (Control is the Problem)

Overview

Engage participants in a discussion around the strategies that they have used to try to hide or control such categorizing/stereotyping etc., be it in session, class or in their social life. If participants need help, ask them about their reactions to controversial topics discussed in Diversity classes – did they ever notice themselves pull away from certain topics, get frustrated, feel ashamed, make assumptions and generalizations about the conversant, get angry, anxious, or feel incompetent? Facilitators may use the following exercise to help participants contact their reactions:

Experiential Exercise: Mindfulness

Begin by asking participants to close their eyes. Then, after three mindful breaths, ask that participants recall some recent event where they noticed themselves having unpleasant thoughts related to difference. Have participants remember the specifics of this diversity related situation where they might have had judgmental thoughts. Ask them to remember where they were, who was present, what they were wearing and doing, what interactions were happening. Then ask participants to zoom in and notice their reactions to their own thoughts. What were they? Guide their attention back to the room. This exercise will serve as a guide for students to examine their own reactions to stereotyping and discriminating. After this exercise, facilitators should encourage participants to share what came up. Specifically, participants should be instructed to listen for and

acknowledge what comes up and refrain from open commenting or evaluation of any statements.

At the end of the exercise, facilitators should have students state aloud some of the thoughts that come up while going through the mindfulness exercise. Many of these thoughts will probably reflect negative imagery such as “bad”, “awful”, “incompetent”, etc. Facilitators should pause here for a second and acknowledge the difficulty in admitting this. Facilitators will then state something along the lines of:

Well, ok, so there seems to be good amount of judgment on the nature of these discriminating minds. Now rather than pushing forward, I would like to know what it felt like when you were asked to remain in contact with these types of thoughts and feelings.

Facilitators should allow room for students to express how they felt about remaining in contact with negative experiences. After this occurs, they should ask students to think of the last time this sequence of events happened to them either in session or in a social situation and provide an example; facilitators may go first and self-disclose an instance where they had a judgmental or discriminatory thought and noticed their reaction to it.

What thoughts or feelings were they having and how did they “manage” them? Facilitators should proceed slowly and really listen and validate experiences. They can do this by saying: “We all know this real well...And what happened to the rest of the conversation while they were ‘managing’ Were they still engaged; participating; fully present for those with whom they were interacting?”

At the same time, attempt to validate their experience by introducing the notion of holding them lightly. Facilitators should be sure to also draw participant attention to the difficulty in having this conversation in the present moment. Some methods of doing this are by pointing out that even right now, the students “are struggling with words in a room.... Yet nothing more; those times have passed....”

Facilitators may now pose another willingness question: “what if staying connected and present to your client or friend meant that you would have to contact this experience that is happening inside for you, would this be something worth doing?”

Let us look a little further at how this process works (facilitator – bring props).

Experiential Exercise - Chinese Handcuffs

Do any of you remember those “Chinese handcuffs” we played with as kids. Have you ever seen one? It is a tube of woven straw about as big as your index finger. You push both index fingers in, one into each end, and as you pull them back out, the straw catches and tightens. The harder you pull, the smaller the tube gets and the tighter it holds to your fingers. You’d have to pull your fingers out of their sockets to get them out by pulling them once they’ve been caught. Maybe this situation is something like that. Maybe these tubes are like life itself. There is no healthy way to get out of life, and any attempt to do so just restricts the room you have to move. With his little tube, the only way to get some room is to push your fingers in, which makes the tube bigger. The may be hard to do at first, because everything your mind tells you to do casts the issue in terms of “in and out” not “tight and loose.” But your experience is telling you that if the issue is “in and out,” then things will be tight. Maybe you need to come at this situation from a whole different angle than what your mind tells you to do with your psychological experiences. (Hayes et al., 1999, p. 105)

Facilitator’s will ask participants to examine and reflect on their escape methods.

This reflection will serve as the basis for transitioning into creative hopelessness.

Reflections on Avoidance

- What are the biggest things I avoid in session?
- What behavior repertoires do I use to keep these hard things away?
- What have the consequences of these choices been?

Facilitators should share theirs (for example).

I go out of my way to accommodate folks of color because I feel sorry for them and can relate to being left behind. I have sometimes blamed the victim or done “for” others (what they can do for themselves) over-explain etc... because I feel sad for them....

Invite participants to share what they have done. Prompt participants to identify one word that might summarize the conclusions they have drawn about themselves and their ability to intervene. Present a scenario.

So it seems that we have here a situation where we have learned that having prejudicial/stereotypical thoughts is bad and that we should work very hard to avoid them, suppress them and certainly never talk about them – like dirty laundry, it accumulates... over there somewhere and hopefully, we can wash it all out and never have to think about it again. The second part of this metaphor is awkward because you can wash laundry and get rid of the stain on a weekly basis, but not these thought, Think it through – the relation is [discrimination thoughts equals dirt] Unfortunately, see if this is not true; the harder we work, the more distant we find ourselves from those we want to serve... does this sound familiar? Are there other areas where you find yourself engaging in this process? Like instances where you feel nervous or unprepared? So what does your mind tell you about yourself: as a human being and clinician?

Make a list on the whiteboard of all the words that come up; all participants should share.

IV. Creative Hopelessness

Overview

Facilitators will introduce the notion of “creative hopelessness” and have participants explore various methods they have used in order to avoid or control unpleasant emotions and thoughts. Exercises are aimed at having participants experientially experience the consequences that come out of avoidance and unworkable control strategies. Facilitators should resist attempts to “save” the participants from their feelings of hopelessness. Rather, this portion of the workshop is designed to allow participants to experience fully and possibly for the first time how they avoid and what it means if they continue this way.

Experiential Exercise: In What Way Do I Avoid?

For this exercise, the facilitators will ask participants to reflect on their experiences as a therapist working with clients and the methods they use to experientially avoid in session. The dialogue might be given like this:

As clinicians, some of the methods we employ to close ourselves off are quite sophisticated; on the surface and might even appear in service of what matters to us, like appearing “professional”. We’re going to present some of these common methods that clinicians use to get past their discomfort; see if you can relate to any or some of these.

Facilitator’s will put up a slide with strategies describing the following strategies:

- Being prepared (Really prepared)
- Not being prepared

- Being big
- Being small
- Being an expert
- Being clever
- Always bringing a clipboard
- Assigning lots of homework
- Being a good listener
- Choosing not to intervene
- Keeping it light
- Staying busy, working hard
- Chasing understanding
- Providing Consolation (Wilson & DuFrene, 2008, pp. 141-146)

Having allowed time for participants to identify thoughts/feelings associated with stereotypes, prejudice, discrimination, and how they manage these reactions, Facilitators will begin with the 5, 10, 15 year exercise which aims to highlight for participants the future consequences of their avoidance and foster creative hopelessness. Facilitators can begin the exercise with the following dialogue: “Now that we’ve reflected on some of the methods we use to avoid certain thoughts/feelings, I’d like us to do an eyes-closed exercise that allows you to time travel into the future.”

Experiential Exercise: The Price is not Always Right - 5, 10, 15

Facilitators begin with basic mindful breathing (i.e., having participants close their eyes mindfulness posture [back straight but not stiff, hands somewhere in their lap, air passage clear], and notice their breathing). After some time has passed facilitators will say the following:

We are going to walk through another exercise where we visit some times in the future. I would like you to initially imagine that there is a file cabinet before you. It is tall and green with those metal handles that we have all seen before. Now I would like you to slowly reach out with your hand and slowly open the drawer..... Notice all the files it contains..... These are yearly files containing pictures of you across time..... Slowly watch your fingers walk across the many files in the drawer..... Notice your breath..... And pick a file towards the middle of the drawer that contains recent pictures of you. Pick out a picture of you that shows the last time that you did that thing you always do to hide. Let your eyes rest on that photo. Notice what you look like, notice your hair and the clothes you were wearing; notice where you are and who else might be there..... Notice how things unfolded in that situation and the costs of once again, just doing that thing that you do so well..... And breathe. Now notice your hand, putting that picture back in the file... Breathe..... and slip the file back in the drawer..... then walk your fingers further back in the drawer and this time, stop at a file that contains pictures of you in 5 year from now.

Imagine what you look like... how your hair is...whether you have gained or lost weight. Now imagine that you can see the world from behind the eyes of this future you 5 years from now. Look down and notice your shoes.... Take a look down at your hands and see a few more wrinkles or just how they have aged. Now look around, see who is there and take note that as you engage in this future moment, you are once more doing that same old thing you do to hide...that thing that you have done for years... Notice how that unfoldswhat happen.... what the result is and whether it is familiar.....and breath....How do others respond? Now notice your hand once again, putting that picture back in the file.... Breathe..... and slip the file back in the drawer..... then walk your fingers further back in the drawer and this time, stop at a file that contains pictures of you in 10 year from now.

Breathe.... Imagine what you look like.... how your hair is...how your clothes might be different..... Now imagine once again that you can see the world from behind the eyes of this future you 10 years from now. Look down and around and notice how things have changed.... Take a look down at your hands and see a few more wrinkles or just how they have aged. Maybe this time, in looking at your own hands you will notice that there are more wrinkles...Some age spots...Maybe they look even strange to you....Again, notice where there are other changes in your body, maybe you're a little achy and generally feel a little more slowed. And once again, look around you, notice who is around. Perhaps you have children or even grandchildren. Maybe your parents and sibling are there and look visibly older. Your partners may look more mature, more developed. And notice that in your interactions, you are again doing that thing that you do so well to hide, to protect yourself in the moments that matter. Notice how all of this unfolds and what happens as a result. Notice how others react and what you are feeling inside that slightly older body. Return your attention to your hand once more, putting that picture back in its file.... Breathe..... and slip the file back in the drawer..... now, go back, one last time and walk your fingers through the files. I would like you to reach a little further back into the drawer and pick a file that has pictures of you in 20 years from now.

Again, let yourself see the world from the perspective of this older you... Notice what the world looks like from behind the eyes of this older/wiser person that you have become 20 years later. Looking downward, notice your thighs, your shoes perhaps and what you are wearing. Notice your weight and take a look at your hands. How have they changed? How they show the passage of time?...Now take a look around....notice who surrounds you. Look at their aging faces....Let it remind you of all the time that has passed by, little by little....one drop at a time.....Now let yourself become aware of what it is like for you to continue to do that thing that you always do to hide. Notice how it has shaped your relationships; notice how you feel when you continue to do the same old thing....and how others continue to receive this. Again, take note how it all unfolds..... what happensand what the result is. How is the connection affected as you continue to do this same old thing? Finally, I would like you to take one last look at that future person in the picture and.....put this picture back in its file.... And breathe..... Let your fingers linger over the files as you pull your hands back towards you and gently close that drawer..... and breathe..... Then I would like you to take a few steps back, notice yourself in your present day clothes standing there, looking at that cabinet that holds your future.....

Concentrate on your breathing and slowly return to the present, little by little bring your attention back to the room.

Pause for a break in the group here without processing the exercise (10 minutes)

(Adapted from Wilson & DuFrene, 2008).

V. Automaticity of Language/Defusion

Overview

Facilitators will introduce the concept of automatic language processes. Exercises will demonstrate that thoughts are often uncontrollable and are hard (if not impossible) to rewire once something is set.

Key Discussion Points

Bridging the topic creative hopelessness, facilitator's will highlight for students the automaticity of language processes. Specifically, facilitator's can use this as an opportunity to draw attention to how certain words related to diversity can automatically conjure up unpleasant thoughts, feelings, and words.

The facilitator will open this dialogue by first giving a brief overview of automatic language processes.

Automaticity of language refers to our ability to relate to our world in a verbal manner, which is done primarily without our awareness. Human beings are unique in that we can make inferences about the world solely using verbal descriptions as opposed to direct contact or experience. For example, if a person is told that Jan is older than Chris, they automatically derive that Chris is younger than Jan without being specifically being told of this inverse relation. We can also add to this, noting that if we told you that Jan is older than Chris and Chris is older than Fabrice, than you would automatically figure out that Jan is older than

Fabrice. This ability to relate among stimuli is particular to humans.... Dogs, for example, cannot do this. And this has implications for events dealing with race as well. For example, if an individual is taught that thieves are often poor, and that often black people are poor, then they may infer that individuals from low SES areas are often black thieves. This is what the mind does and while this may appear to be an outlandish claim, this process of arbitrarily relating stimuli is fairly well learned by age 2 and often occurs automatically beneath our awareness. Let us play with a few rhymes that most people living in this country should know.

- Mary had a little _____.
- Jack/Jill went up the _____.
- Blondes have more _____.
- Terrorists are from _____
- Black men are _____

Any others that people can think of?

Facilitator's will take examples. Then follow up.

Now how is it that you know this? So as kids develop, we, as a verbal community, train each other in all kinds of relations, which then get generalized to other relations and before we know it. We have a strong ability to pretty much relate anything to anything else....See if this is not true? How are a banana and a prostitute alike?

Facilitators, pull examples that show the "alike" or "different" relationship. In the case of difference, follow the logic with participants and the relationship should lead back to conclusion that it is "not a banana".

Experiential Exercise: Do Not Think About Vanilla Ice Cream

Facilitators will introduce this exercise by making the statement below.

Now that we have demonstrated how easy it is for us to make relations, we are going to discuss how hard it is to actually rid ourselves of thoughts we do not like. If you're willing, I would like for everyone to try and not think about the next thing I am going to say. I will even let you prepare. You can do anything but close your ears. Are you ready? Try not to think about this next thing. Are you ready? Don't think about vanilla ice cream, vanilla ice cream with warm chocolate fudge on top, and with bananas around the edges and a little cherry right on the top.

Some group members may respond that they were successfully able to rid themselves of the thought of vanilla ice cream. The facilitator will follow this out to demonstrate the following relation.

Do not think of vanilla ice cream, think of the ocean. Now, given this ability to relate pretty much anything to anything else, humans have also developed the capacity to categorize and problem solve so that they can survive in the world. After all, given our small brain sizes in comparison to other animals, we must have some added capacity to ensure our survival. Categorizing is one of these abilities that basically helps us to distinguish good from bad or healthy from unhealthy. For example, this particular fruit is bad due to outside layer of skin. Judgments and their accompanying labels represent a type of fast categorization that allows us to process information and help us feel in control of our surroundings. For example, people who might rob me will wait in dark alleys. Labeling and categorization are a normal part of our language processes. We learn much of these stereotypes from our social environment. So we all do this... And we cannot help it. It's like trying to not have a feeling. How well does it work when you are angry and someone tells you to not be angry? Actually, the more we don't want it, the more we have it. See if it is not so...

Experiential Exercise – Polygraph Metaphor

Facilitator will start with the following:

Suppose I had you hooked up to the best polygraph machine that has ever been built. This is a perfect machine, the most sensitive ever made. When you are all wired up to it, there is no way you can be aroused or anxious without the machine's knowing it. So I tell you that you have a very simple task here: All you have to do is stay relaxed. If you get the least bit anxious, however, I will know it. I know you want to try hard, but I want to give you an extra incentive, so I also

have a .44 magnum, which I will hold to your head. If you just stay relaxed, I will not blow your brains out, but if you get nervous (and I will know it because you are wired up to this perfect machine), I'm going to have to kill you. So, just relax!...What do you think would happen?Guess what you would get?....The tiniest bit of anxiety would be terrifying. You would naturally be saying, "Oh, my gosh! I'm getting anxious! Here it comes!" BAMM!! How could it work otherwise? (Hayes et al., 1999, pp. 123–124)

Facilitators will then follow up with the following.

Interesting thing: we now have data to indicate that suppressing our thoughts and feelings has an actual rebound effect – it seems that not only does this type of struggle amplify our experience, but it actually makes us more avoidant in the long run.... Right? It is like being told not to be angry when one is angry.... Can you do it? And remember, the mind can relate anything to anything else so we learn to avoid things that are related to that feeling... In this case, we may learn to avoid folks who are different than us just because they make us feel inadequate about our abilities.....maybe there is another way....
Break for (5 – 10 minutes)

VI. Defusion (Continued)

Overview

Fusion describes the condition where human beings have difficulty discerning verbal conceptualizations (such as thoughts on the past, evaluations, rules, socially accepted beliefs) from directly experienced events (Hayes & Strosahl, 2004). Many individuals for example, are fused to the evaluation that having thoughts involving stereotypes is "bad" and that having such a thought therefore makes them a "bad person". This fusion leads them to possibly avoid any situation that might generate stereotypical thoughts. While fusion itself is neither negative nor positive, attempts to avoid the unwanted thought of being "bad" may come at the detriment of goals and things he or she

may value. With that being said, defusion is a method of establishing the ability to perceive thoughts, evaluations, and feelings for what they are and not what they advertise themselves to be. For example, everyone thinks stereotypically from time to time by that does not make everyone a “bad” person.

The next set of exercises aim at decreasing fusion with thoughts and allowing students to identify thoughts as just thoughts and not causes of behavior. Facilitators should be sure to use defusion-based language such as calling thoughts as thoughts, and establishing that the most effective method of evaluation is experience not thoughts.

Key Discussion Points

Facilitators will begin with a brief description of cognitive fusion.

Language is a powerful tool that can shape our experiences, provide meaning to our lives, and allow us to have relationships with others. Unfortunately, as we witnessed in the previous exercises, language processes are often at the mercy of automatic processes. Despite the automaticity of language, we exist in a culture that promotes control of our thoughts, feelings and even urges.... So any private experience really, especially those deemed “negative”. For example, even though we can demonstrate that everyone stereotypes, we still look down on these thoughts as undesirable. Now as far as we know, no one has ever died as a consequence of having undesirable thoughts or feelings (Hayes & Strosahl, 2004). Still, we all go through great lengths to distance ourselves from unpleasant private experiences. We often see clients who will do anything to rid themselves of recalling past traumatic events, and as clinicians many of us find ourselves doing anything within our power to avoid the thought of being incompetent. Imbedded in all this is the assumption that we are our thoughts... that there is no separation between us and our thoughts....Contrary to what our minds tell us however, simply having the thought of incompetence is not enough to make us behave incompetently. To demonstrate this concept that our thoughts are not controlling our behavior, let us all do an exercise now.....

Experiential Exercise: Thoughts are Not Causes

Facilitators will distribute pieces of paper to everyone and instruct participants to walk around the room as they read their paper out loud: “I cannot walk around and read this at the same time”. This should be a brief exercise taking up no more than a few minutes. After the exercise, facilitator will continue forward with the below information.

Much like we suggest in anger management, that a client who experiences feeling of anger does not justify the behavior of lashing out physically at their partner. Paradoxically, it is often the behaviors we perform while attempting to escape unpleasant experiences that cause problems, not the experience itself. Simply experiencing thoughts and feelings is insufficient causes for behavior but still we often get caught up in what our thoughts announce themselves to be as opposed to what they are ---- just thoughts!

So, instead of resisting what are thoughts say they are, why not deal with them for what they are? What might be possible when we let go of trying to escape from them? Think of how often you try to escape from the thought of yourself as being “incompetent” what do you avoid? What do you lose by doing this? By buying into such a thought how does it impact our experience?

Experiential Exercise – Soldiers on Parade

I would like us to do an exercise to show how quickly thoughts pull us away from experience when we buy them. All I am going to ask you to do is to think whatever thoughts you think and to allow them to flow, one thought after another. The purpose of the exercise is to notice when there is a shift from looking at your thoughts to looking from your thoughts. You will know that has happened when the parade stops, or you are down in the parade, or the exercise has disappeared.

I am going to ask you to imagine that there are little people, soldiers, marching out of your left ear down in front of you in a parade. You are up on the reviewing stand, watching the parade go by. Each soldier is carrying a sign, and each thought you have is a sentence written on one of these signs. Some people have a hard time putting thoughts into words, and they see thoughts as images. If that applies to you, put each image on a sign being carried by soldier.

I am going to ask you to get centered and begin to let your thoughts go by written on placards carried by the soldiers. Now here is the task. The task is simply to watch the parade go by without having it stop and without your jumping down into the parade. You are just supposed to let it flow. It is very unlikely, however, that you will be able to do this without interruption. And this is the key part of this exercise. At some point you will have the sense that the parade has stopped, or that you have lost the point of the exercise, or that you are down in the parade instead of being on the reviewing stand. When that happens, I would like you to back up a few seconds and see whether you can catch what you were doing right before the parade stopped. Then go ahead and put your thoughts on the placards again, until the parade stops a second time, and so on. The main thing is to notice when it stops for any reason and see whether you can catch what happened right before it stopped. Ok?

One more thing. If the parade never gets going at all and you start thinking, “it’s not working” or “I’m not doing it right,” then let that thought be written on a placard and send it down into the parade. OK. Now let us get comfortable, close your eyes, and get centered. [Help the participants relax for 1 or 2 minutes.] Now allow the parade to begin. You stay up on the reviewing stand and let the parade flow. If it stops or you find yourself in it, note that; see whether you can notice what you were doing right before that happened, get back up on the reviewing stand, and let the parade begin to flow again. OK, let us begin... Whatever you think, just put it on the cards.

[For about 2 to 3 minutes, allow the participant to work. Do not underdo it time-wise, and use very few words. Try to read the participants reactions and other cues, and add a very few comments as needed such as, “Just let it flow and notice when it stops.” Do not dialogue with the participant, however. If a participant opens his or her eyes, calmly ask that they be closed and the exercise be continued. If a participant starts to talk, gently suggest that even that thought be put on a placard, saying something like, “We will talk more about this when the exercise is finished, but for now there is no need to talk with me. Whatever you think you want to say, let that thought be written down and let it march by too.”]

OK, now we will let the last few soldiers go by, and we will begin to think about coming back to this room. [Help the participants for 1 or 2 minutes]. (Hayes et al., 1999, p. 160)

Now, recall some of the thoughts we discussed earlier, specifically the ugly ones about you that we identified. Now, I'm going to ask us to be willing to do something a bit unconventional with those thoughts.

Facilitator will begin next exercise.

Experiential Exercise: Core Belief in Various Voices

Facilitator's will have participants break up into groups of four. Facilitator will instruct the following:

Remember those ugly thoughts we talked about earlier? Well, let's see what happens when we say them aloud but with a bit of a spin. I want each of you to go around and take the time to say that thought in four different voices: one as a sexy voice, one as angry, one as extremely depressed and finally in a normal way.

After the exercise is completed, facilitators should discuss with participants their experience of what happened. You can practice this at home or elsewhere, just playing around with these sticky words that hook us in. you can write them down in different ways, turn them upside down or backwards and try to read them. Take them for a walk or say them to yourself while you exercise, trying to keep up with the pace of your workshop. Point being, the more you play with them, the more you *can* play with them. Facilitators will introduce the next exercise by stating: "Now, let us practice this more intimately."

Experiential Exercise: Eyes On

During this exercise we will look in each other's eyes for about 5 minutes. It may seem longer when you actually do it, but that's all it takes. What the exercise will consist of --- If you are willing to do it -- is getting into dyads and bringing your chairs close enough together so that your knees touch. The job is to get present

with the person you are sitting across from and maintain eye contact. It is not a stare down. You do not have to say anything or do anything or communicate anything—just be present. Now, your mind will tell you all sorts of reasons that you cannot do that: it will give you body sensations, or perhaps a desire to laugh, or maybe you will be worrying about how your breath smells, or you will be bored or distracted. But the purpose of the exercise is simply to notice these things, to experience all the pieces coming up, and to notice how you sort of come and go from being really present, from really experiencing being here with that person. As participants do the exercise, the facilitator says things like, “See whether you can stay with the simple reality that there is another person over here, looking at you. See whether you can let go of the sense of wanting to do this ‘right.’ ...If you find yourself talking about this, or evaluating it, just notice that you are doing that, and then come back into the room and get in touch with the exercise.....I want you to notice the incredible fact that there is another person here, another human being, looking back at you....See whether you can connect with the experience of discomfort in simply being present to another person. (Hayes et al., 1999, pp. 244-245)

This exercise should take up some time and facilitators should allow a good enough amount of space for students to truly experience the overall effect of the exercise. After the exercise has been completed have students go over their experiences with the exercise. Some students may talk about how they wanted to laugh, look away, or otherwise felt uncomfortable. Validate that experience and point to the ability to have those experiences as just that, transient experiences and remain connected to those in front of you.

VII. Self – As Context

Overview

Introduce self-as-content vs. context, this is aimed at having participants further defuse themselves from labels, categories and evaluations. This section will differentiate between the I as story and the I that has been there all along to observe the various occurrences in that story.

Key Discussion Points

Utilizing key words and themes mentioned in previous exercises, discuss with participants the idea of self-as-content. Specify how we create stories about who we are and then defend those stories (i.e., I am a “fair” person who does not discriminate). Give examples of the “alcoholic” where the label becomes the person.

Then point out how the story may have changed in some areas but not in others. Perhaps point to how their story about the type of clinicians they are might change as a result of graduate school.

We go from something along the lines of “I have no idea what I am doing” to “I’m a competent clinician”; sometimes not. We are going to do an exercise that helps us contact the difference between the story and the person having that story. This is akin to the Buddhist principle of actor/spectator where we can be both.

Experiential Exercise – Observer Exercise

The following exercise demonstrates another way of looking at ourselves, as opposed to be attached to “Self-as-content” (i.e., our personal story/narrative).

We are going to do an exercise now that is a way to begin to try to experience that place where you are not your programming. There is no way anyone can fail at the exercise; we are just going to be looking at whatever you are feeling or thinking, so whatever comes up is just right. Close your eyes, get settled into your chair, and follow my voice. If you find yourself wandering, just gently come back to the sound of my voice. For a moment now, turn your attention to yourself in this room. Picture the room. Picture yourself in this room and exactly where you are. Notice how you are sitting in the chair. See whether you can notice exactly the shape that is made by the parts of your skin that touch the chair. Notice any bodily sensations that are there. As you see each one, just sort of acknowledge that feeling and allow your consciousness to move on (pause). Now notice any emotions you are having, and if you have any, just acknowledge them (pause). Now get in touch with your thoughts and just quietly watch them for a few moments (pause). Now I want you to notice that as you noticed these things, a part of you noticed them. You noticed those sensations...those emotions...those thoughts. And that part of you we will call the “observer you.” There is a person in there, behind those eyes, who is aware of what I am saying right now. And it is the same person you have been your whole life. In some deep sense, this observer you is the you that you call you. I want you to remember something that happened last summer. Raise your finger when you have an image in mind. Good. Now just look around. Remember all the things that were happening then. Remember the sights...the sounds...your feelings...and as you do that, see whether you can notice that you were there then, noticing what you were noticing. See whether you can catch the person behind your eyes who saw, and heard, and felt You were there then, and you are here now. I am not asking you to believe this. I’m not making a logic point. I am just asking you to note the experience of being aware and check and see whether it is not so that in some deep sense the you that is here now was there then. The person of what you are aware of is here now and was there then. See whether you can notice the essential continuity---in some deep sense, at the level of experience, not of belief, you have been you your whole life. I want you to remember something that happened when you were a teenager. Raise your finger when you have an image in mind. Good. Now just look around. Remember all the things that were happening then. Remember the sights...the sounds...your feelings...take your time. And when you are clear about what was there, see whether you can, just for a second, catch that there was a person behind your eyes then who saw and heard, and felt all of this. You were there then too, and see whether it is not true—as an experienced fact, not a belief—that there is an essential continuity between the person aware of what you are aware of now and person who was aware of what you were aware of as a teenager in that specific situation. You have been you your whole life. Finally, remember something that happened when you were a fairly young child, say, around age 6

or 7. Raise your finger when you have an image in mind. Good. Now just look around again. See what has happening. See the sights...hear the sounds...feel your feelings and then catch the fact that you were there, seeing, hearing, and feeling. Notice that you were there behind your eyes. You were there then, and you are here now. Check and see whether in some deep sense the you that is here now was there then. The person aware of what you are aware of is here now and was there then. You have been you your whole life. Everywhere you've been, you've been there noticing. This is what I mean by the "observer you." And from that perspective of point of view, I want you to look at some areas of living. Let us start with your body. Notice how your body is constantly changing. Sometimes it is sick, and sometimes it is well. It may be rested or tired. It may be strong or weak. You were once a tiny baby, but your body grew. You may have even have had parts on your body removed, as in an operation. Your cells have died, and not all the cells in your body now where there when you were a teenager, or even last summer. Your bodily sensations come and go. Even as we have spoken, they have changed. So if all this is changing and yet the you that you call you has been there your whole life, that must mean that although you have a body, as a matter of experience and not of belief, you do not experience yourself to be just your body. So just notice your body now for a few moments, and as you do this, every so often notice that you are the one noticing [give the client time to do this]. Now let's go to another area: your roles. Notice how many roles you have or have had. Sometimes you are in the role of a [fit these to the clients; e.g., mother or friend or daughter or a wife; sometimes you are a respected worker other times you area leader or a follower; etc.]. In the world of form you are in some role all the time. If you were to try not to, then you would be playing the role of not playing a role. Even now part of you is playing a role...the client role. Yet all the while, notice that you are also present. The part of you, you call you is watching and aware of what you are aware of. And in some deep sense, that you does not change. So if your roles are constantly changing, and yet the you that you call you has been there your whole life, it must be that although you have roles, you do not experience yourself to be your roles. Do not believe this. This is not a matter of belief. Just look and notice the distinction between what you are looking at and the you who is looking. Now let's go to another area: emotions. Notice how your emotions are constantly changing. Sometimes you feel love and sometimes hatred, sometimes calm and then tense, joyful—sorrowful, happy---sad. Even now you may be experiencing emotions—interest, boredom, relaxation. Think of things you have like and do not like any longer; of fears that you once had that now are resolved. The only thing you can count on with emotions is that they will change. Although a wave of emotion comes, it will pass in time. Yet while these emotions come and go, notice that in some deep sense that "you" does not change. It must be that although you have motions, you do not experience yourself to be

just your emotions. Allow yourself to realize this as an experienced event, not as a belief. In some very important and deep way you experience yourself as a constant. You are you through it all. So just notice your emotions for a moment and as you do, notice also that you are noticing them [allow a brief period of silence]. Now let us turn to a most difficult area. Your own thoughts. Thoughts are difficult because they tend to hook us and pull us out of our role as observer. If that happens, just come back to the sound of my voice. Notice how your thoughts are constantly changing. You used to be ignorant—then you went to school and learned new thought. You have gained new ideas and new knowledge. Sometimes you think about things one and sometimes another. Sometimes your thoughts may make little sense. Sometimes they seemingly come up automatically, from out of nowhere. They are constantly changing. Look at your thoughts even since you came in today, and notice how many different thoughts you have had. And yet in some deep way the you that knows what you think is not changing. So that must mean that although you have thoughts, you do not experience yourself to be just your thoughts. Do not believe this. Just notice it. And notice, even as you realize this, that your stream of thoughts will continue. And you may get caught up in the,. And yet, in the instant that you realize that, you also realize that a part of you is standing back, watching it all. So now watch your thoughts for a few moments—and as you do, notice also that you are noticing them [allow a brief period of silence].

So, as a matter of experience and not of belief, you are not just your body...your roles...your emotions....your thoughts. These things are the context of your life, whereas you are the arena...the context...the space in which they unfold. As you see that, notice that the things you've been struggling with and trying to change are not you anyway. No matter how this war goes, you will be there, unchanged. See whether you can take advantage of this connection to let go just a little bit, secure in the knowledge that you have been you through it all and that you need not have such an investment in all this psychological content as a measure of your life. Just notice the experiences in all the domains that show up, and as you do, notice that you are still here, being aware of what you aware of [allow a brief period of silence]. Now again picture yourself in this room. And now picture the room. Picture [describe the room]. And when you are ready to come back into the room, open your eyes. (Hayes et al., 1999, pp. 193-195)

Ok, so from a place where we are not just our programming, where we are more than the changing nature of our mind's content over time, let us revisit some of why this work is important to us and who we want to be about in this work that we do.

VIII. Revisiting Values

Overview

The primary goal of ACT is successful working towards valued ends. Therefore, revisiting values after going through the primary section of the workshop provides another way of having participants contact what is important to them with regard to clinical work. Discussion of values should also be consistent with fostering a stronger foundation when coming up against unpleasant experiences, in this case, relating to difference.

Key Discussion Points

Facilitator's will now revisit the values portion of the training. This time an emphasis will be placed on differentiating between values and social desirability. With this in mind, having students concisely articulate what they value is an important step in the ACT process and can serve as a shelter in weathering the storm of unpleasant experiences. In beginning this section facilitator's can start with the following dialogue.

Today we have all meditated, shared, and embraced many private thoughts and feelings that normally would bring us to avoid, hide, or do anything else but sit there with them. Something that you may have noticed throughout is that feelings come and go. With each moment is another opportunity and with it another set of challenges, thoughts, emotions. When it comes to thoughts and feelings, most of it is beyond our control that come and go as the weather changes. It's like the Bob Dylan says, "the answer my friend is blowin' in the wind"--- While our thoughts and feelings are constantly blowing in the wind, what we value is chosen. You can think of values as the house you build to whether the storm of emotions and

thoughts. Regardless of how much it might rain, you still reside in your home (Hayes et al., 1999). For this reason, we are going to take a moment to reflect again on what we value....At the beginning of our workshop we took the time address what motivated us to be here. Some of you spoke of valuing _____(insert examples given by students) and I'm certain that it resonated with more than few of you. One of the fascinating things that about values is how much they can encompass. A value is dissimilar to thoughts, feelings, and even goals --- Values are dynamic and ongoing state of action. Valuing is something that changes flexibly and unlike goals does not have a specific end point. Like I said before, if values are your home base when it comes to the storm raging outside of us, it doesn't matter where you put your house, it's always going to rain eventually. The important thing with valuing is that you have compass, something follow even when it situation seems dire, lost, or hopeless. Now that we know a little bit more about valuing, for the next exercise, I am going ask you to delve a little deeper for this next one....

Facilitator's will begin with a journaling/thought exercise.

Experiential Exercise: Reflection on Values

Facilitator's will request that students either write down the answers to the following questions. Facilitator should reassure students that there is no particular "right" response.

- What matters to me as a therapist is?
- What comes up for me as I write down those words, as I claim this possibility?
- What might it mean both to me and to my clients if I could act to further this value?

Experiential Exercise: Retirement Party

Facilitator will then begin with the following:

Imagine that you are at your retirement party. Begin by closing your eyes and taking some time to get centered. Next, imagine where this party would be, what it would look like. Scan the room and see who has shown up for you. Now imagine that some of your clients and some of your professors are there and each gave a short speech about what you meant to him or her (I know this probably would not happen and this is your imagination, so you get to choose). Give them a chance to say what you meant to them, what was most memorable about your work together and what was most important about how you were with them. What would you hope they would say? Imagine their speeches and raise a finger when you are done.

IX. Committed Action

Overview

The last section culminates as all the ACT processes translate into committed action. Facilitators will help students define the “how” of their valuing in their daily life. Then, the last exercise will bring all ACT processes together in a committed action exercise.

Key Discussion Points

For this final portion facilitators will have participants revisit some of the previous statements made throughout the workshop. By identifying the unworkable strategies they’ve used to guard against unpleasant experiences, participants are faced with the consequences of their hiding and how it creates an unnecessary obstacle in fulfilling their values. Furthermore, it is important for facilitator’s to use defused language that emphasizes that while thoughts and feelings can be unpleasant, they’re not

problematic in and of themselves. Instead, what we do with these experiences has a far greater effect on the outcome. Before proceeding with the final exercise, the facilitator may choose to revisit some of the workshop aims by stating:

We are finally coming to the end of the workshop, but as we all know our lives do not end here. There is still work to be done outside and I am hoping that what we have learned is that what happens in here (pointing to the head) does not always have to determine what happens out there (reach arms out). So I am going to ask if you are all willing to do one last exercise (pause)...Now we know from research that people are more likely to follow through with actions that they have committed to publicly.... So for this last exercise, we are going to organize the chairs so that we are all facing the front of the room, and we will one by one go up there and announce the following:

- What I have been doing so far is:
- It has cost me:
- I'm done with that....
- I commit to:

Tell participants to choose an action that is specific and feasible within the next week.

Now when you come up and state your values and committed actions, I would like you to first (so before you talk) look around the room.... Breathe.... And ensure that you have made eye contact with each person sitting in those chairs. Once you have acknowledged everyone, you may share your committed action. For those of you sitting in the audience, please take a moment to acknowledge your peers once they are done. We have all come here today to work on moving ourselves forward, as clinicians, as people And doing this slowly and with integrity is the committed action of that work.

For maximum impact, it is suggested that workshops end without summary, there is no more discussion or “processing”. This serves to allow the commitments made to resonate loudly within the client without needing to justify why they have chosen what

they will do. With that, facilitators can thank participants and alert them they are free to leave.

CHAPTER 5: PROPOSAL FOR PROGRAM EVALUATION

The following section will describe a method for evaluating the training protocol. Elements of the program to be assessed are the following: (a) Decreasing experiential avoidance towards multicultural counseling competency, (b) Increasing awareness of MCC related processes, and (c) Measuring the experience of internalized shame should also be evaluated as it can relate to experientially avoidant behavior (Halevy, 2007). In order to effectively assess these outcomes, it is important that measures be given at the beginning of the training, immediately at its conclusion, and at a follow-up six months later.

In previous sections, this paper has highlighted the various forms of experiential avoidance that students can exhibit when encountering MCC based coursework. A salient part of the training is increasing student's ability to acknowledge these forms of avoidance and choose a direction based on what they value as opposed to the influence stemming from internalized events. The Acceptance and Action Questionnaire (AAQ) (Hayes et al., 2004) is one such measure that examines acceptance based processes and experiential avoidance. The AAQ was developed in order to assess an individual's need for control in the face of private events, ascertain the degree of cognitive entanglement and measure experiential avoidance.

Overall the AAQ has proven itself successful in terms of reliability and validity; it has been utilized a number of studies (Hayes et al., 2004; Hayes & Strosahl, 2004). The success of the AAQ has led to its improvement and revision in the form of the AAQ-II

(Bond et al., 2009) and this is the assessment that should be utilized during the training program. The AAQ-II is a 10 question based measure that should be given prior to the training seminar, immediately after the seminar, and at a six month follow-up. Because experiential avoidance can take on various forms, the AAQ-II will assist facilitators in determining participant's integration of ACT training.

The next measure is to determine the influence the training has on MCC components. For this type of assessment the administration of the Multicultural Knowledge Counseling Awareness Scale (MCKAS) will be conducted. The MCKAS was developed as a method of measuring knowledge of MCC and also internal awareness of potentially Eurocentric bias (Cannon, 2008; Ponterotto et al., 2002). The measure consists of a 32-item self-report measure and has two subscales (Knowledge and Awareness). The knowledge subscale pertains to generalized MCC principles and its relation to counseling. Awareness subscale explores an individual's awareness of his or her own internal bias that can influence counseling. The MCKAS has demonstrated an internal consistency of $\alpha = .85$ for Knowledge and $\alpha = .85$ for Awareness. Furthermore, there has been strong test and re-test reliability coefficients conducted after 10 months which were .70 for knowledge subscale and .73 for the awareness subscale (Ponterotto et al., 2002).

Since shame has been identified as a factor in avoidance of MCC concepts (Halevy, 2007) the Internalized Shame Scale (ISS) will be administered to determine if an increase in psychological flexibility can have an influence on internalized shame. The

ISS is a 30 item self-report measure and has been found to be a reliable instrument for measuring the amount of trait shame resulting in a high internal consistency alpha coefficients of .88 to .96 (Rosario & White, 2006).

The utilization of these self-report measures will provide a generalized snapshot into the success of the training. Also it may point out areas in which ACT processes succeed or fail to make an impression toward increasing psychological flexibility in relation to MCC. Now that proposed evaluation methods have been identified, the next section of this dissertation will highlight the major themes of the paper, point out limitations, and provide possible uses of the training protocol toward future developments.

Discussion

The purpose of this section will be as follows: to provide a brief summary of the dissertation, to discuss the relative strength and limitations of the training, and to make a statement on what frontiers are still left to be explored for future research. Overall, the goal of this paper is to present a solid argument for why the integration of ACT training into MCC coursework could potentially increase awareness, acceptance, and action in regard to diversity counseling.

The first section of the paper provides a literature review regarding the history of psychology and its relation to cultural variables. The paper relies upon the work of notable psychologist Robert Guthrie's research. Guthrie's research chronicled

psychology's early relationship with anthropology, discrimination, racism, and ethnocentric ideology. The paper utilizes Guthrie's research in order to paint a narrative for the reader by walking them through the evolution of discriminatory practices within the field of psychology. Of note, the paper highlights important figures in the history of the field of psychology and how the societal interest in anthropology influenced their research. These individuals were prominent, well-respected, and considered to be the leaders of their time. With this degree of eminence on their side, psychologists such as Wilhelm Wundt, the founder of Western psychology promoted some blatantly ethnocentric principles under the guise of studying differences in human beings. Furthermore, the paper presents numerous historical examples made by Guthrie that point out significant inaccuracies, falsified research, and the inherent racism behind many studies conducted by researchers during the late 19th and early 20th century. The bias research persisted and ultimately influenced present day psychological constructs such as: intellectual assessment, interventions, and counseling. The paper also describes issues centering on the eugenics movement. Eugenicists perceived that minorities and those of lower class were degenerates and therefore could be bred out in order for the "blood of the race [to be] purged" of their perceived inferiorities (Guthrie, 1998). The eugenics movement had a strong following and eventually justified segregation, sterilization, and discriminatory marriage laws. For psychology, the influence of the eugenics movement was profound. Prominent psychologists agreed with the movement; Stanley Hall, former

president of the APA and a powerful contributor to the notion of IQ, believed that blacks should be sterilized (Guthrie).

Fortunately, these abuses did not go unnoticed and the paper describes the efforts of fringe psychologists (many of them individuals who identified as being in the cultural minority) to criticize the racism, discrimination, and stigma found within early psychological work. The paper also describes the development of the Association for Black Psychologists (ABPsi). ABPsi held the APA accountable for promoting a white racist ideology that permeated through minority communities and exploited blacks. The ABPsi was designed to confront these issues and provide an organization that would engage in critical thinking with regard to black people and culture at large. This marked a critical step toward removing the veil of racism from psychology.

The next section of the paper provides a broad overview of the history, development, and eventual integration of Multicultural Counseling Competency (MCC) into current clinical practice. The paper provides a review of literature that emphasized promoting the need of cultural awareness in clinical work. It offers an overview of research done in the 1950's and the impact of the civil rights movement on cultural diversity within psychology. The 1960s marked the beginning of the civil rights movement in the United States. After decades of relative silence, the voices of minority groups and those who represented their interests were being heard. Ponterotto et al. (1995) stated that the "passage of the civil rights act in 1964 had a major effect on the

multicultural movement in the counseling profession” (p. 8). The status-quo regarding marginalized individuals in the cultural framework was challenged.

Following the civil rights movement, the research into undoing the discrimination within psychology continued. Research began to identify abuses of power and negative interactions brewing between therapists and clients who came from varying cultural backgrounds (Worthington et al., 2007). Frustrated with the omission of cultural variables and dissatisfied with the lack of diversity in the field of psychology, the paper describes the work of Sue et al. Sue et al. would craft a position paper that is now held as one of the most influential works on the subject of culture and psychology (Abreu, 2000; Worthington et al.). This position paper serves as the framework for MCC and provides examples of psychology’s abusive relationship with diversity.

The paper utilizes Sue et al.’s (1982) position paper which pointed areas of cultural development that had to be addressed in clinical work. The next section describes the standardized practices proposed by Sue et al. in order to promote cultural inclusion in the field of psychology. The standards proposed by Sue et al. suggested that clinicians should (a) be aware of the political message within their own personal/professional values, (b) acknowledge and take responsibility for the ways in which their cultural values impact therapy, (c) ensure that clients are participating knowingly in their treatment, (d) be evaluated for their sensitivity in cultural issues, and (e) continue to participate in learning about cultural issues.

Following this historical review of MCC, the paper moves forward into contemporary MCC practice. It describes the American Psychological Association's (APA) recognition of the need for psychologists to be adequately trained for the incorporation of multicultural informed therapy (Jackson, 1999). This need for cultural sensitivity became ethical guidelines centering on multicultural work. By establishing practice guidelines for clinicians, the APA sends the message to the psychological community that being an ethically oriented psychologist is to be a culturally competent one. This has served as a crucial first step in the integration of cultural competency into standard practices of the psychological community. The current multicultural guidelines shape how clinicians work and impact the clinical work and training provided to future generations of psychologists. The paper examines the literature centering on MCC training guidelines set forth by the APA, the incorporation of MCC guidelines into graduate psychology programs, and specific reasons as to why MCC is beneficial for future clinicians.

The dissertation then moves towards describing areas of improvement for MCC in clinical training programs and the barriers associated with providing MCC coursework. The paper presents a review of literature conducted by researchers exploring the element of resistance to MCC coursework. The paper details areas of resistance as demonstrated by students, faculty, and institutions when attempting to incorporate MCC into clinical training programs. The paper then conceptualizes these forms of resistance as experiential avoidance. From a behavioral perspective, experiential avoidance

occurs when a person is unwilling to remain in contact with particular private experiences (e.g., bodily sensations, emotions, thoughts, memories, behavioral predispositions) and take steps to alter the form or frequency of these events and the contexts that occasion them. (Hayes et al., 1999, p. 58)

The paper describes the most common form of experiential avoidance which occurs in the form of thought suppression and control. The paper presents research that suggests this form of suppression and control is futile and paradoxically increases the presence of unwanted and obtrusive thoughts. The paper asserts that in MCC, much of the coursework can bring up unwanted thoughts and emotions (Jackson, 1999); therefore, participants in the MCC courses will attempt to suppress these unwanted thoughts or emotions. In turn, thought and emotion suppression research suggests trying to reduce the frequency with which unpleasant thoughts and/or emotions occur will only increase their presentation, leading to higher degrees of dissatisfaction and resistance.

To adequately confront issues of experiential avoidance, the paper describes utilizing Acceptance Commitment Therapy (ACT) as a possible method of conceptualizing and ultimately decreasing experiential avoidance. The paper presents research regarding relational frames theory (RFT) which has provided a significant contribution to ACT theory. ACT) is a treatment approach that views experiential avoidance as the core problem facing most clients (Bach & Moran, 2008). The underlying ACT assumption is that suffering is a natural condition to life; any attempt to reduce suffering may only make matters worse in the long run. Primarily, ACT is more concerned with behaving in a manner consistent with the values of the client than it is

with the reduction of suffering, symptom management, or psychopathology (Hayes, 1994). The paper goes into the six processes of ACT and presents examples of how these processes could potentially relate to MCC coursework. ACT perceives prejudice in the same manner that it perceives negative thoughts: as a result of basic learned process (Lillis & Hayes, 2007). Therefore, following the ACT perspective requires that one look at stereotyping as a result of our learning history and to recognize that attempts to avoid stereotyping only increase the chance of its occurrence (Hayes et al., 2002). The ACT perspective is that, instead of refuting stereotypes, we must learn to embrace them as just thoughts that occur amongst other thoughts. Attempting to control our thoughts reflects the ACT notion of creative hopelessness and unworkable strategies.

Furthermore, ACT suggests that engaging in stereotyping serves a functional purpose in certain contexts. For example, stereotypes and race categories stem from the natural ability for human beings to organize items into groups. Categorizing is important to human survival because it facilitates the ability to distinguish good from bad or healthy from unhealthy.

Stereotypes and race, however, are a reflection of sociopolitical categories, one that changes with time and place. Becoming fused to these categories and perceiving them as literal reality hinders individuals from integrating new information. Since race is not a static category, it is important for individuals to embrace these categories as fluid, similar to self-in-context. A student, through ACT, can potentially begin to relate to race as a fluid category, one that they are part of in certain contexts but one that at the same

time does not have to control their behavior. The ACT perspective is that, instead of refuting stereotypes, we must learn to embrace them as just thoughts that occur amongst other thoughts. Attempting to control our thoughts reflects the ACT notion of creative hopelessness and unworkable strategies.

With this refreshing way of perceiving issues of stereotype and prejudice, the paper makes a connection between ACT interventions and current MCC teaching strategies. The paper highlights the use of experiential exercise, awareness, metaphor, and acceptance as being principles shared by both ACT and MCC coursework. The paper takes the position that ACT can deal directly with the resistance and barriers that students and faculty experience when in MCC training. ACT would attempt to embrace not only the resistance that appears in diversity training but also assist students in the acknowledgement of feelings related to shame, anger, and guilt that are common in this type of training, and pursue movement in valued directions.

The next section of the paper describes an ACT training protocol to be used with students' training in a clinical psychology program. This protocol attempts to bridge ACT training with MCC. Furthermore, it attempts to create an avenue toward building flexibility and competency when working with clients who come from a variety of backgrounds or are identified as diverse. This training protocol is detailed within this paper and describes how an ACT based training workshop could be utilized to decrease experiential avoidance towards MCC. Lastly, a proposed method of evaluating the success of this program is presented.

The next section will examine limitations of this dissertation and its accompanying training protocol.

Limitations

The purpose of this section is to highlight some of the limitations found in the training protocol. One of the major hurdles in developing a training protocol that attempts to confront resistance in MCC is the ubiquitous nature of MCC itself. MCC is a relatively new framework being added to clinical training programs. Because of this, the literature suggests there exists a significant lack of consensus on how exactly MCC should be defined, trained, and evaluated (Yabusaki, 2010). Without a concise guideline to follow, the training protocol presents a method of promoting MCC awareness through ACT. It is a concern that this protocol is attempting to shed light on an area of research that is still in its infancy. Perhaps more guided directives on the application of ACT to MCC could yield a higher degree of results and provide a better framework for evaluation. As it stands currently, self-report measures seem to be the only method of evaluating MCC. However, research currently suggests that these self-report measures are not adequate predictors of future engagement with diversity in the clinical setting (Ponterotto et al., 2002).

The subtlety of interaction is a key element of MCC training. It requires that students have an awareness of how their own biases can impact their relationship with a client. Furthermore, MCC coursework is also aimed at educating individuals on how

cultural components such as nonverbal cues can manifest in the therapeutic setting. Knowing this, much of MCC relies on observing elements that are not easily quantifiable. There is no adequate method to determine the level of cultural awareness one has of him/herself as those variables are completely subjective. This subjectivity to culture applies to clients that future clinicians will work with as well. Therefore, how one applies cultural competence requires a degree of comfortable ambiguity and flexibility.

Another limitation of the study is that it is theoretical in its scope and therefore, there is no data that could be surmised in order to adjust for improvements. The application of ACT theory to MCC has yet to be fully understood. ACT currently targets different processes than MCC. For example, ACT does not attempt to refute stereotypes or thoughts of prejudice. Therefore, if a self-report measure of MCC attempts to ascertain the generation of stereotypical thoughts in an individual, then this would remain consistent under an ACT paradigm. This is because ACT does not attempt to diminish or control thought content, it only seeks to facilitate acceptance of these internal experiences. From an ACT perspective it does not matter whether or not an individual has stereotypes, only the degree to which these stereotypes obstruct movement in a valued direction.

Overall, ACT within this training protocol only attempts to target experiential avoidant behavior. This leaves out certain desirable parts of MCC such as the awareness of other cultural variables not necessarily represented here. While I purposefully attempt to make the exercises in the protocol generate thoughts on culture, it does not directly

have a didactic portion on MCC materials such as gender, race, religion and other cultural variables.

Future Implications

In our current society, issues of culture are becoming increasingly salient daily. As populations grow, economies change, and immigration increases, it is an understatement to say that MCC will become more important. MCC is important to this field *right now*. As pointed out in the literature review of this paper, there are a number of past abuses, paradigms, and interventions interwoven into the fabric of clinical counseling. This fabric has threads hanging from the cloth of human experience and these imperfections have led to potentially dangerous ideas being the foundation of clinical intervention. If these ideas are not confronted then they will only serve to perpetuate damage to our field, our culture, and our future.

I believe that future research needs to explore methods to better evaluate how experiential avoidance of MCC can lead to higher degrees of racism, stereotype, and discrimination. There could also be comparative group studies done on individuals who participated in the ACT training workshop versus individuals who did solely MCC courses. Follow-up studies should be done on all students in order to ascertain the level of engagement of diversity. Too often institutions inadequately apply MCC coursework to their programs and lack a consensus on implementation. A future study should look at the

experiential avoidant and MCC awareness in professors. This could potentially provide a path towards understanding how these two relate to class facilitation.

Because this program reframes how stereotypes and prejudice thoughts are perceived, future research should investigate whether being educated on the automaticity of language might influence how we dialogue about issues of culture and race. Perhaps an earnest conversation can take place when individuals no longer guard themselves by posturing social appropriateness and instead look for true insight into their own cultural awareness.

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