**Clinical Application Paper**

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**Clinical Application**

This is a Hispanic family with four children (three boys and one girl). The children were adopted by their grandparents who speak only Spanish. The children’s biological mother and biological father are now divorced. It was reported that the mother was addicted to methamphetamines and abused alcohol. After the divorce, the mother received primary custody of the children. However, the mother lost custody of the children due to the mother’s addictive behaviors and the mother’s multiple boyfriend(s) highly combative, abusive relationships. It is reported that the children experienced significant family discord including physical and sexual abuse (particularly the girl who is the youngest, now 13 years old). The children lived with their paternal grandparents for 10 years.

There were concerns related to the legal status of the grandparents, but to date they remain in the Country. The grandparents are impoverished and had difficulty providing for the children. All of the children (except the 13-year-old girl) have now moved out of the grandparents’ home. The youngest boy recently left when he was 17 years old. This boy is a father of his own daughter and a stepparent to his girlfriend’s young son. The 17-year-old boy, familiar with the family discord, would like for 13-year old to come live with him, yet their grandparents won’t allow it. It is reported that the grandparents are verbally abusive, often referring to the remaining 13-year-old girl as a “dumb ass.” Reportedly, the 13-year-old girl would like to live with her biological father, but her biological father’s new girlfriend (and who is also the mother of a one-year-old daughter) forbids it. The 13-year-old girl’s biological father, reportedly, plans to break up with the mother of his 1-year old child, but is afraid of being placed on child support. The grandparents are “old school” and work diligently to severely limit the 13-year-old’s interaction with people outside of the home. The grandparents are described as racist and “homophobes” who, specifically, do not like homosexuals and/or African Americans.

The 13-year-old has a romantic interest in African American boys of which she is fearful of her grandparents finding out due to their intolerant attitude toward her dating, and dating African American boys, specifically. The grandparents have lost confidence in the 13-year-old and she is relegated to spending the majority of her time in her bedroom on her cell phone. She often thinks about running away but does not know where she would go. She states that she identifies more with African Americans because although she is fair skinned (looks white) she states that “white people are crazy.” She is conflicted as she is expected to date/marry a Hispanic or white person.

**Introduction**

*Summarize the case study, including key issues impacting the family related to cultural identity. Provide a brief overview of what you will cover in this paper.*

In what is a very intricate intergenerational case with multiple issues impacting this family, the diversity of cultural situations is being encountered at different socio-economical, educational, and emotional crossroads. The overall legacy of a certain identity is being challenge through and by each generation, because of their education, life experiences and quality of the interactions. Notions of power and the very definition of an inherited family model is either source of possible or constraints, of hope or deception according to the perception of each member. Some troublesome pathological behaviors and reported abusive (and self-abusive) behaviors are catalysts of this system and offer unique personal interpretation and perspectives over each family member’s situation and way to act. Behaviors are therefore seen, considered, judged and qualified by each alternatively as adequate, inadequate, normal, abnormal with hardly an overall compromise on a vision of what could be the most beneficial for each family member and the overall pursue of a common viable vision.

In the details, the parental background with addictions, physical and sexual abuses, the pauperism of (possibly?) undocumented migrants, the acculturation hurts for every generation, the generational gap that expresses itself in the idea of caring and purposes in life lead to the latest link of this family, this 13 years old that, just as much she could be the fruitful distillation of all the generational mixture, has in herself the concentrate of all these issues while she is the one that will bring that family into the next decades to come ; no matter what is happening to her, the acceptance or not of any other member, she will create and will be the owner of what the family identity is eventually becoming ; but most importantly, understanding the legacy she needs to embrace, reject and rewrite for her own identity to be in balance, her mind to be at peace, her heart at rest and her acts in accordance with her chosen environment is the key to the validation of her first 13 years to translate into a better years to come.

**Theories and Models**

*Summarize theories of multicultural counseling, cultural identity development, social justice and advocacy related to the case study. Attend to issues of racial identity development, sociopolitical forces, developmental levels of racial consciousness, common characteristics in identity formation, and therapeutic challenges. Utilize the text to help you organize this content.*

The case study implies the recognition of what mental health could be, what normality as an ideal and abnormal elements then could be, within the frame of a multicultural approach; indeed if a lens a of single dominating culture could dismiss a lot of the societal elements of this case, reinforcing a status quo or deliberately assessing that the different actors are in these situations because of their genetics, lifestyle and values or lack of education. We need and have to understand the diversity of the experience, the legitimacy of the issues (even while being bicultural) and to assess and treat the social problems that are the cornerstones of most issues in this case study. Finding the locus of the problems and effectively adapt counseling methods to intervene at individual, professional, organizational and societal levels are needed in such a complex situation, avoiding a false attribution of the problem too. Understanding the locus of control and of responsibility that fluctuates for every family member according to his or her acculturation is a key element too. Advocating and validating the current perceptions through presenting one’s positions over the issues, sharing the questions we might have to understand if it is a common and shared perspective or to identify every stakeholder stance, as a group and as an individual, from patients to practitioner has to be done. We need to provide a real path to empowerment of the clients, actively allowing the equal access and understanding to societal experiences and systems, again considering all the micro, meso and macro levels for a better treatment of the clients and their system. The social system per se creates an abundant, deliberate or not, possibility of constraints that eliminate the equal access to same resources by type of population: if having to deal with low income, no access to better education, difficult citizenship and all the rights that come along, easy access to addictive substances, marginal mental health care, the result is most of the issues encountered by that 13 years old and her family. The familiarity of the situation that is a common ground for a minority can hardly provide the clues for change or even envisioning a different scenario when seen from within and as a unique stereotype. Acceptance of the status by self-minimizing, self-punishing behaviors expressed by most members in different ways and the violence related to the tensions between their learned cultures, the environment they are in, the connection or disconnection between these elements and their unique identity and consciousness are more element to consider for each as they evolved along their identity formation. Some members in the family fluctuate in a back and forth between the “middle statuses” of dissonance, resistance and hints of introspection, all being heavily impacted by the macro level of societal inequalities.

**Multicultural Counseling Competencies**

*Generally, describe the multicultural counseling competencies outline in the test. Them explain how you apply them to the clients in the case study and your role when working with the clients.*

Overall a great combination of awareness, knowledge and skills is needed to provide the best possible counseling in every situation, and even more in multicultural contexts like the one provided by the case study. Knowing your very own biases and preconception of the cultural background and societal situation, feeling comfortable with the differences of the experiences of the patients and being sensitive to the context that served as a background for the patient’s life is a good start in recognizing one’s stand. Adding the knowledge of the culture and acculturation process and situations, the societal, geopolitical and spiritual constellation that the patient is in and the path he or she has created are the next level to the competencies. Finally, knowing how to interact in a verbal and non-verbal way, be accurate and appropriate in the content by finding the common collaborative language, anticipating the impact of the counseling process and allowing oneself to think and act outside the box of counseling standards are the skills to master.

In this case study, it would be important to find out what are the ethnic origins of the family, the grand parents and the history of their own. Grasping the details about the different ethnical backgrounds of the family members as despite being labeled Hispanic here could mean opposed experiences and socio-cultural inheritance (for instance in explanation of the “fair skinned” element). Knowing the socio economical context of both parents could provide hints and clues about the different legal situations and addictions / abusive situations. Asking questions about how they feel in the different contexts they had to face / are facing could provide the help in understanding how they perceive the nature of their issue (cognitive, emotional, behavioral) and if it is more an individualistic perspective or collectivist, adding some precisions not only on the their acculturation but as well giving them the lead on where to go with the questions they want to ask about their situation. Having a perception of their spirituality and locus could be a found through asking about their aspirations, the way things have happened to them and how they figure it could happen or could have happened.

I would try to see how much the perceived fatalism of the grand parents is subordinated to their cultural experience as immigrants and if it is a catalyst or not in the situation. I would as well ask about what is the best set up for discussing and sharing what they feel are the main issues and how much we could together serve as agents for change through connecting with other stakeholders in the same social issues encountered. Rather than marginalizing again the situation, validating it by using their experience to become a source of wisdom and knowledge to help others too – eventually a community as a minority and another community as a majority.

**Cultural Values and Acculturation**

*Analyze the impact of heritage, attitudes, beliefs, understandings, and acculturation experiences on the clients’ views of others. What are the implications of each members’ group and family structure, cultural strengths, historical and sociopolitical backgrounds, education concerns, and other topics specific to each client on their acculturation experiences?*

Each of the family members had a very unique life experience in the way, place, manner and time each event occurred, providing through time differences in their worldviews. In current case, and trying to see the chronological line of the family, the grand parents have the longest and probably a larger portion of immediate and easier to recognize acculturation challenges that touched their core education, beliefs and inherited familial structure and strength. The parents, without knowing more than what the text provides shows the socio-cultural context and endemic system surrounding minorities that provides little if no inclusion, equity and vision of possible diversity in the larger society. Issues related to socio-economical factors and lack of access to different structures of care, health, education, work simply not providing the idea of choice and vision of a future. It shows as well that some of the addictive and abusive behaviors are related to that very same context. The details about current situation of the father present as well the little room to challenge a perceived sense of destiny that cannot be imagined in a different way and subject to conditions. Finally the brother and sister’s situation seems to present their acculturation and related challenges as part of the evolved stages of acculturation, with however the struggle of having a generational discontinuity in transmission (conscious or not) of each generation system of values, attitudes, beliefs and vision of solutions and life projections.

Simply put, the gap between the grand parents experience and education with the latest generation provides a fertile ground for misunderstanding, possible judgment and other perceived lack of empathy all related to the cultural difference inside the family and the interpretation of events . All the strength of family and extended vision of it that would help in supporting the education is being impacted by the different apparent dysfunctions of marital status, legal matters, addictions and generational gap, not counting the socio-economical / cultural distance and context of each family member. The strongest inherited values of spirituality and healing could be seen here as a fatalist sentence rather than a saving grace, and lets us think again about how the subordination of the different elements of this case study function and if they are catalysts or possible buffers for good.

Finally, the aspirations are tinted by the conflicts (inner and outer) of each member and their cultural identify really suffers from the lack of a stable and identified “digestion” (positive or negative) of their overall acculturation. In that sense the closing question about whiteness, the distress of the conflict of a marriage and creation of a new cultural identity summarizes the unsolved equation of the passing, sharing and witnessing ways of their relationship towards ethnicity and the perceived loyalty to it.

**Power and Privilege**

*Evaluate the effects of power and privilege in your role as counselor (consultant if you are not enrolled in a counseling program) and for your clients. Include information about microaggressions, racism, social justice, equity, and inclusivity.*

As a consultant, the permanent attention to the predefined awareness, knowledge and skills with the humility of approaching our clients and their multicultural essence and unique background are important, especially in the presentation of ones profession to them. I mentioned that my definition of consulting is “the possibility to willingly share a self assessment of a question in a personal manner, with a chosen content in the appropriate timing; trusting oneself enough to provide a partner the answer we have over a situation, and being curious about what are the questions behind” and therefore pay extreme attention to respect the equity, diversity and inclusion through the validation and the justice paid towards my clients.

It is very easy to not realize some of our biases would act as microassaults, microinsults and microinvalidation and oppress and denigrate a person or a group, which is both social entities we have in the case study. By categorizing a situation, a behavior or thoughts through a model before we have a client phrasing it in his or her language (verbal or not) is the first step towards a microaggression by preemptively applying a stereotypical diagnose. Reproducing the wording that we inherited even through the supposedly educated jargon of our profession can be a microagression and standing as a power stance, invalidating the efforts we would like to bring regarding social justice or the questioning of privilege. Such can be seen as well through the wrong spatial set up, decorum of the place the session takes place and even clothing. In cases where all seems to be easy and simple at a first glance, where simplification or conceptualization seems to cover the large portion of where and how to help in solving a situation is where the biggest danger for micragressions lies. The case study is abundant and overwhelming to a certain extend; it is the perfect ground to find shortcuts to preserve oneself as a consultant or counselor with the great risk to adopt an attitude that promotes a dominant culture, keeps the misbalance or power and privilege while then supporting racist and classicist views. The best way to preserve oneself is to create this alliance with the patient, advocating for his or her experience, for the cultural and social background that needs to be addressed or promoted, moving from a defensive controlling stance to a participative one source of dynamic changes.

**Help-Seeking Behaviors**

*Identify the different types of help-seeking behaviors of each client, including how and why they might differ, how they relate to each client’s cultural identity, and why those behaviors might be harmful or helpful.*

First of all the most important similarity in all the clients would be the need to validate and respect their experience. The family as a whole, which matters to different extends in this group seems to be in the common need of recognition.

I would be tempted to see the Grand Parents having a pragmatic, collectivist need and a spiritual involvement or support type of help-seeking behavior. Regarding the youngest ones, as their cultural identities are in a different stage they might need a more person centered approach where insights and other reasoning leading to understanding the why rather than the how could be needed. For the father, an in between solution made out of actions and social elements would prove to be interesting.

However this all supposes that there is a possibility to use the adaptive side of this family’s common cultural inheritance that would provide a great balance of offering the healing side of spirituality, the strengthening and comforting elements of knowing a having an appreciated role in a better functioning family, to have the support rather than the constraints of the extended family roles and to have the adaptive resilience of the immigration experience rather than the stressful dysfunction, a byproduct of the institutional mechanism in place towards minorities.

Just as much as a double edged sword, the same reasons that are strength seem to be structurally changed into harmful streams, that can however be stopped and reversed.

**Spiritual Beliefs**

*Explain the impact of spiritual beliefs on clients’ views and your worldviews. How will potential spiritual or religious differences impact the counseling or consulting experience for the clients? How will the clients’ views impact each other and how might it impact your treatment options?*

The spiritual beliefs are another leading part in someone’s identity as they often related to the why of being and the interpretation of events. In the case study the cultural inheritance and education of the grand parents and their fatalism seems to be grounded in a spiritual vision of existence, and the different vagaries each generation encountered are a sign / call / legacy for a divine reason. It could even if connected to post colonial education to the old school negative elements of racism and homophobia, so is it possibly for the “dumb ass” connotation that would be interesting to understand if called already before the girl reached puberty or not.

The feeling of a common understanding or belonging to a similar spirituality would have a major impact on the way to look for the best treatment option for both individuals or as a group.

As a consultant, it is important for me to understand the level of commitment and how the spirituality of a client functions in the constellation of what constitutes him or her, in order to insert it in the most appropriate and efficient way into the therapeutic options ; in my case having a very complex spiritual inheritance, the notions of personal connection of the individual land the respect of it matters the most, having not a strong commitment to a single vision or experience of it, and far from a monolithic conception of the spiritual needs.

In other words, when needed by the patient and other stakeholders’ part of the issue and the solving of the issue, it is clear that the spiritual side of the treatment is needed. Again in an alliance, all options are discussed and should be made available, with no editorial cuts made by the therapist.

**Countertransference**

*Address the cultural biases or concerns that cause this to be a challenging case for you at this point in your career. What possible issues of countertransference, based on your privileged and/or marginalized identities, would you need to address in to have the greatest chance of providing competent therapy that is sensitive from a multicultural perspective?*

My main bias would be to lack the patience to see the family members recognizing the other members needs and wanting to speed up the entire process to be more efficient because I would have externally conceptualize some of the key points that might eventually just be entry gates to more complex and lengthy parts of the overall therapeutic journey. I asked myself often during this exercise about my perspective as having inherited a large part of Hispanic culture. However I do recognize and have seen it through my writing that I tend to rather focus on some elements that seem to be the ones that matter the most and it coincides with a south American or native vision of time and continuity. It could be either beneficial or source of countertransference and therefore only helpful for part of this family system while maybe putting pressure on others that are needed for the overall balance of each member.

I see myself attracted to the social aspects and the advocacy for social justice, equity in what is available for most members of this family, inclusion for the younger ones and a as a parent a clear protective thinking running on the back of my mind, which I believe is good to be aware of to not create a misbalance and give amenities to some more than others.

**Conclusion:** *Summarize your learning as it relates to applying multicultural perspectives and diversity awareness to a clinical case.*

This case has been for me the perfect image of where it can go all wrong if we stick to what we are being told or what is being reported without entering the reality of the case, the connection with the patients and the processing through time of each and everyone’s identity. It proved as well that no matter the amount of issues, the complexity of the patterns and how much all is interlaced and connected, there is no other way than to be humble and letting each stakeholder take his or her turn into providing a vision, an understanding and validate them one by one as much as then altogether. It presented me with all the loopholes and traps that we would be tempted to embrace based on a superficial knowledge or by a feeling of power and privilege of being a by stander, rather than an active partner helping in the reflection and the interventions. It showed me as well the effect of time and of a system over people, over a community, over a family and how their identities are forged depending on the experiences; definitely proving that a single approach because of a supposedly ethnic umbrella that is just a larger background isn’t enough and more is needed to understand the dynamic of the details and micro, meso and macro interactions to expect to be in an adaptive situation. It shows how details like age, generational influences, socioeconomics, sexual orientations, primary languages (like the case of the grand parents and what Spanish represents through and for each generation) are a collection of mandatory elements to be uncovered. It tells me personally to always remember that I am here a consultant to help finding the questions that patients come to me with the answers / statements first.

References

Sue, D. W., Sue D., Neville, H. A., & Smith, L. (2019). Counseling the culturally diverse: Theory and practice. (8th ed.). Hoboken, NJ: John Wiley & Sons.