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Mentoring Students in Clinical Training: Exploring the Culture- Centered Model and Critical Consciousness Development

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Abstract

Clinical doctoral training programs and master's level counselling programs across the nation provide students with theoretical and clinical skills to be able to sit across depressed clients, families in crisis, and couples. However, one of the core competencies clinical programs strive to provide for its students is cultural competence. Mentoring clinical students in cultural competence lays the foundation for their future work as therapists and with individuals and families of diverse ethnic, racial and cultural backgrounds. This manuscript provides a discourse on mentoring students in clinical training utilizing the Culture-Centered Model. The Culture-Centered Model features non-traditional pedagogy mentoring and preparing students to have awareness and a sensitive curiosity to culture. Best practices in clinical program competencies are vital in the field of psychology. The Culture-Centered Model provides the practice of mentoring clinical students that have a direct impact on clients, and the mental health field.

Keywords: Mentoring; Critical consciousness; Culture-centered

Introduction

As schools and clinical training programs move into the second decade of the 21st century and the demographics in the US continues to change, it becomes more and more imperative for doctoral and master's clinical training programs to develop ethical, appropriate, and innovative strategies to mentor students. The majority of the clinical education and training programs focus on education, knowledge, and assessment skills. Mentoring in clinical training programs is as valuable as other core competencies in clinical programs. O'Neil et al. [1] described mentoring as being effective across disciplines like medicine, education, business, nursing, and psychology. A mentor is an individual with adequate clinical experience who can help direct the early career of a mentee [1]. A mentor must possess clinical, assessment, ethical, professional, business, and multicultural skills in order to propel the career of a mentee. Although strong mentorship relationships are considered an essential component of professional development and career preparation, many mentees report not having strong mentorship relationships. Little research exists on doctoral and master's mentor programs incorporating cultural competence. This manuscript will discuss cultural competence, the culture-centered model (CCM), and sociopolitical development as essential mentorship tenets in any masters or doctoral clinical psychology program.

Cultural Competence

Early cultural psychology meant that psychologists recognize the importance of the various stages of human mental development. To understand the higher mental processes such as learning and memory, psychologists must understand cultural aspects of the human psyche such as language, art, myths, social customs, law, and morals [2]. Cultural competence is described as incorporating cultural values and encouraging cultural understanding between mental health practitioners and their clients [3]. Cultural competence goes beyond the clinical setting; rather, it is a process of becoming [4]. The practice of cultural competence does not stay in the consulting room. Comas-Diaz [4] described multicultural consciousness, as a process of incorporating and internalizing cultural competence in everyday activities. This means that in order to become culturally competent individuals should hone it and live it.

Tummala-Narra [5] defined cultural competence as a process or an orientation that is not committed to any specific technique but rather "…involves a way of construing the therapeutic process" (pp.2-3). Psychologists should by education, training, experience, respectful curiosity, consultation, supervision, interaction with other cultures, and research, attempt to become aware of their own biases and knowledgeable of other cultures [6-8]. Cultural competence is a psychologist's ability to effectively interact with other cultures [7]. Sue and Sue [8] argued that this is not possible unless therapists have knowledge beyond their own cultures, they should be aware of culture bound syndromes, and have a deep understanding of cultural relativism. Cultural bound syndromes in the DSM 5 are unique to each culture. The authors of the revised DSM 5 provide a greater cultural sensitivity throughout the manual. In addition to providing a list of the cultural bound syndromes, the DSM 5 updates criteria to update cross cultural presentations, provides structure information about cultural concepts of distress, and provides clinical interview tools to assist clinicians with person centered assessments [6]. Cultural relativism is an anthropological term that is defined by an understanding of an individual's beliefs through that individual's own culture [8]. Psychologists must respect the client's values, religious beliefs, and worldviews [8]. Therapists who are not competent to work with a specific ethnic group should refer to an appropriate therapist. Commas-Diaz [4] argued that cultural competence is gaining popularity and that critical cultural competence is the psychologist's concept of self, others, and the world. In addition, cultural competence involves a commitment to address issues of societal relevance in the health care system [4]. In their book Reflective Practice of Multi-Unicultural School Leaders, Rodriguez and Casas [9] introduced the

term Multi-unicultural. According to Rodriquez and Casas, Multi-unicultural is a philosophy that knowledge begins with an inner reflective assessment of oneself and that self-assessment is needed prior to understanding accepting the culture, beliefs, and relationships of others.

Similar to the field of education, psychology is to incorporate the multi-unicultural philosophy. Psychology in the US remains egocentric and oblivious of the cultural roots that shape theory and research [10]. Therefore, continuing the discourse of cultural psychology can have a positive change in future research and practice. Current research emphasizes the need for psychology to move towards universals. In cultural psychology the examination of different cultures is paramount. This is crucial if psychologists make claims of universality. Psychology only samples a very tiny fraction of the 7 billion people in the world. The population where the US draws their research constitutes less than 5% of the world's population Christopher et al. [10]. Mogaddam [11] argued that the internalization of psychology is the future. Efforts to increase cultural sensitivity and competence in doctoral psychology and counselling (MFT) programs, as well as trainings and workshops are limited. Sperry [7] described cultural competence as having four dimensions: cultural knowledge, cultural awareness, cultural sensitivity, and cultural action. The latter-cultural action involves translating cultural sensitivity into action of effective therapy.

Cultural Adaptation

The Latina/o population is the largest ethnic minority in the US and in 2050 is projected to be about 30 percent of the total population in the US [12]. The outgrow in the Latina/o population may lead to higher number of Latinas in need of mental health services. Munsey [12] argued that Latinas in the United States have unique needs and high rates of depression, anxiety, and suicide. It is estimated that Latina teenagers are at a 19 percent risk of suicide attempt [12]. These statistics and research has led the movement for cultural competence in working with the Latina/o population [13]. This is not only a need but also an obligation for mental health practitioners.

While the advent of evidence-based practices (EBPs) has conducted trials with the dominant population, many of the EBPs have failed to conduct research with ethnic minorities. Bernal, Jimenez-Chaffey, and Rodriguez [9,14] argued that a systematic modification of EBP incorporating language, culture, and context that are compatible with the person's cultural patterns, meanings, and values is needed. In other words treatment has to be personalized to the needs and situation of the person [14]. This is referred as cultural adaptation. Cultural adaptation has the potential to modify evidence-based treatments (EBTs) in a systematic way so that culture and context of the group are considered [15]. Some programs have incorporated cultural adaptation in their graduate programs [12]. For example, Alliant University in California has an immersion program that trains students in Mexico City for 5 weeks in an immersion program. The students learn about culture and visit indigenous healers to learn about traditional healing practices. The students also practice Spanish-speaking skills in the community [12].

Culture-Centered Model

The Culture-Centered Model (CCM) implements the four dimensions described by Sperry [7] (cultural knowledge, cultural awareness, cultural sensitivity, and cultural action). In addition, CCM supports Ponterotto, et al. [16] multicultural competency checklist for counselling psychology. Ponterotto et al. [16] argued that at least 30% of faculty, staff, students, support-staff, and clinical training staff should represent racial/ethnic minority populations and the clinical training program meets the minority representation requirement. This inclusion represents cultural sensitivity.

Multicultural and Diversity Subcommittee Mentoring Program (MDSP)

The multicultural and diversity subcommittee mentoring program (MDSP) is a mentoring program in Houston, Texas providing a one-year mentoring program for pre-doctoral and postdoctoral fellows and a 2 year postdoctoral fellowship in neuropsychology [1]. One of the benefits of this program is the matching of mentors with mentees of the same ethnicity. Mentees reported the benefits of having mentors who shared similar values and cultural beliefs. Mentorship programs like this one and others across the country are developing good sound clinicians to address the growing diversity in the US.

Comadres Y Compadres

Pacific Oaks College in Pasadena, California offers a master's in Marriage and Family Therapy with three specializations: Latina/o family studies (LFS), African American Family Studies (AAFS) Specialization, and Trauma Studies Specialization. Curriculum issues are addressed by offering students at least four multicultural courses. These multicultural courses are not only recommended but also required. Also, multicultural issues are integrated into all courses. To solidify lessons learned in their classroom studies, students are exposed to 70%-80% of multicultural clientele during their clinical placements. Students get an opportunity to work with diverse populations, thus promoting reflective practice and cultural action [7,9]. Fourth, there is clear faculty research on multicultural issues and students are actively mentored in multicultural research [17]. This demonstrates cultural knowledge and cultural awareness. Fifth, students have competency narratives after each course and offered a first year evaluation. One of the core competencies of the first year evaluation is sensitivity to and knowledge of multicultural issues and mechanisms for assessing this competency [17]. This also demonstrates cultural action. Lastly, physical environment of the program reflect an appreciation of cultural diversity [17]. This physical environment is reflected by artwork, paintings, and Spanish-speaking language heard in experiential classroom activities. The physical environment offers students a familiar and welcomed experience through the Cohort model. For example in the LFS specialization students become Comadres y Compadres (godmothers/godfathers) for a three-year period while they are in the program. Food is brought in during class and classes are seen as family gatherings rather than cold or distant lecture halls. The environment therefore, is critical in mentoring students and is a key component that other clinical training programs may fail to acknowledge.

Sociopolitical Development and Critical Consciousness

Another aspect of the CCM is what Freire (1970) referred as sociopolitical development or critical consciousness. Sociopolitical development is the individual's critical social analysis and awareness, motivation, and action to transform inequality and oppression conditions [18]. According to this theory, the role of structural injustices and sociopolitical barriers may hamper the career

trajectories of students of color. Students in graduate programs who come from underrepresented ethnic minorities (e.g. Latina/o, African American) and who have a greater consciousness of marginalization, oppression, discrimination, and structural injustices, can effectively negotiate sociopolitical barriers, engage in academic and career development tasks, and obtain desired outcomes. According to Duncan-Andrade [19], the promotion of critical awareness of historical and contemporary oppression of ethnic minorities via school curriculum, can promote hope and empowerment and produce successful outcomes in mentorship. Not only does this help the mentees themselves but help them understand the world in which their clients live in. This promotes cultural competence in clinical training programs.

Conclusion

The universality of psychology is the future. The APA globalization special task group (TSTG) recommended counselling professions to increase involvement in cross-cultural collaborative projects [20], thus increasing research and support for the globalization of psychology. The disparities of treatments for ethnic minorities especially Latinas/os continue to dominate the discourse. Clinical training programs should adopt the four components described by Sperry [7] and the checklist provided by Ponteroto et al. [16]. Mentoring students in doctoral clinical psychology programs, MFT, or counseling programs that emphasize cultural competence has tremendous clinical and social justice implications. Mentoring students through having a diverse faculty and staff, offering and requiring multicultural courses, offering diverse practicum experiences, engaging in faculty multicultural research, mentoring student-led research, and allowing students for sociopolitical development and critical consciousness, having an evaluation process in place, and promoting a physical environment that shapes multicultural learning are all aspects that go beyond cultural competence.

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