

Part VI. SPECIAL ISSUES IN TRAINING AND SUPERVISION

6.1 MULTICULTURALLY COMPETENT CONTROL THERAPY

Control Therapy is a practical and teachable approach that not only allows the use of cultural context in the therapeutic process, but it encourages its use and actually makes awareness of cultural issues valuable to the process of client empowerment. Nevertheless, one could say it is mainly an “etic” approach, since it provides a framework for talking about race and culture, but it does not offer specific information about the lives of African Americans or any other racial group; whereas, an “emic” approach would focus on the specific cultural features of a particular ethnic/racial group (Sue & Sue, 2003). Even so, the approach is helpful for therapists learning the skills of multicultural counseling, because it repeatedly provides moments when the therapist must inquire about the meanings that the client makes, rather than assuming that he/she already knows.

For African Americans, as well as other ethnic/racial groups, Control Therapy may prove particularly beneficial. Research suggests that the approaches which have been found beneficial for African Americans are a) structured and closely reflect client expectations for help, b) directive without imposing the therapist’s agenda on goals to be accomplished, and c) behavioral while capturing other aspects of the client’s life, such as religion, community, and other contextual dimensions (McKittrick & Jenkins, 2000; Steenbarger, 1993). In the literature to date, those approaches that best qualify fall within the area of family therapy and other systems models (Boyd-Franklin & Bry, 2000; Minuchin, 1974; Wilson & Stith, 1998). The individual counseling approaches that best fit are the cognitive-behavioral therapies (Friedman, Paradis, & Hatch, 1994; Paniagua, 1998; Treadwell, Flannery-Schroeder, & Kendall, 1995). However, these therapies are not naturally aligned to address clients’ cultural contexts. Meanwhile, Control Therapy, by its integrative and client-focused approach, offers a “package” which allows the therapist to provide an experience likely to engage African American clients in a structured, directive, behavioral, and yet very contextualized and client-driven manner. The therapist guides the *process*, while the client determines the *content*. The client is, so to speak, “in the driver’s seat”.

Avoiding Cultural Bias

Yet, despite the positives inherent in Control Therapy, practitioners should be aware of some possible pitfalls. By their definitions, the two “negative” modes or quadrants, as they are called in Control Therapy, imply that the individual’s behavior has led to an outcome that makes them angry, sad, or somehow dissatisfied. Certainly, no one wants to encourage more behaviors that lead to bad outcomes. However, therapists employing Control Therapy to African American clients and clients of other cultural groups need to be vigilant in examining their own preconceptions about what constitutes positive versus negative and not imposing these values on the client. Therapists using CT should wait to see how their clients evaluate the SCI results, listening for client control stories in context. This does not mean that therapists do not challenge clients to openly evaluate whether a behavior is effective or not, such as the case of a client who copes with loneliness by drinking. Instead, it means that therapists should be open to

considering the context in which a behavior is used and to wait to hear about the outcome before making any judgments. For example, in contrast to the usually quieter and less personal style of a White parent discussing issues among other Whites, an African American parent might make an angry, emotion-filled and very personal speech in front of a group of other African American parents who have come together to discuss their concerns about policies at their children's school. This speech might appear inappropriate to someone who is not familiar with the style of processing complex emotions and arriving at group consensus that is common to many African American communities (Kochman, 1981). At the end of this discussion among cultural peers, the parent who spoke may feel grateful to have been heard by his/her peers and given useful suggestions; other parents may offer support and thank the parent for being so honest. In this situation and cultural context, the behavior was effective for the African American parent. However, if the African American parent had spoken in the same manner amongst a group of all White parents who are not familiar with African American culture, her presentation may have been judged inappropriate or hostile. It would then be useful for the therapist to inquire as to how the parent chose to speak in that manner-- did she understand the context, did she anticipate the negative reaction to her presentation, what did she understand about how she was received? For the parent, her behavior may have had a negative assertive *outcome* in that context, but in first context the same behavior would have been classified as positive assertive. Once again, context is key.

Word Connotations and Bias in Testing

While therapists can learn to listen with more cultural awareness, some other things are not so changeable. Some might wonder whether there is test bias embedded in the SCI. For example, test takers who choose "aggressive" to describe themselves "extremely well" are raising their score on the "Negative Assertive" scale; however, aggressiveness as some interpret it may have positive connotations, not negative ones as the test assumes. The higher score is then simply test bias, not a personal deficit as someone with a dominant culture view might conclude. Likewise, a client chooses "describes me extremely well" for the adjective "defensive" may do so because he or she frequently feels the need to assert the value of his/her opinion in a racially hostile workplace. A client might also endorse "pushy" and comment that pushy is a valuable and effective way to be, since anything less means getting ignored. In this context, pushy has positive connotations. In this last example, a higher score might mean that the client is utilizing important coping methods relevant to particular contexts not relevant to Whites.

Some studies suggest that, as a group, African Americans tend to be more vocal, to confront issues head on, and to express strong emotion in ways that are effective but may be disturbing to Whites, who tend to be more emotionally subdued, especially in group discussions (Kochman, 1981). African Americans also, at times, choose to keep their opinions private or to reveal very little of themselves, especially if they are uncertain whether a person or institution will be understanding or prejudicial (Paniagua, 1998). As a result, African Americans may tend to engage in behaviors that are classified "negative" by the SCI. Nevertheless, there are ways to use the SCI productively. The therapist and client can always refer back to the client's SCI answer sheet and discuss what each adjective means to him/her. In this way, the meaning of each adjective *in context* for that client drives the discussion, which is the whole point of Control

Therapy in the first place. In this way, the valuable aspects of the approach are preserved and enhanced, and limitations in the development of the instrument are overcome. Essentially, the “control” remains in the hands of the client.

Example: One Way to Deliver Culturally-Sensitive Control Therapy

For those clinicians and researchers interested in multicultural counseling, the following section illustrates one way in which Control Therapy can be delivered from a multicultural counseling orientation. It contains a vignette in which the therapist and client discuss the client’s answers to the Specific Domains (Page 3) section of the SCI. The interview begins with an acculturation assessment and progresses into a deepening phase, followed by an integration of key themes in order to set some initial goals.

[Beth will transcribe the entire session and fill in gaps. In the end, we probably will not use the whole session, but having it here at this point may be helpful.]

In the following vignette, the therapist and client are sitting at an angle to one another, each holding a copy of the client’s Page 3. Some of the 35-minute discussion has been abbreviated, so that the actions of the therapist are highlighted at key points:

THERAPIST: Can you tell me a little bit about how you see yourself in having control over your life? How do you see yourself functioning in that way? – That’s the first question, and the second question is: What areas would you like to gain more control over?

CLIENT: Well, I’m actually pretty satisfied with my life right now. I’m in graduate school and things are going well....

THERAPIST: I was noticing in looking at your answers here, there’s one area you’ve identified where you would like more control, and that’s this general grouping here dealing with relationships. You said you feel moderately in control in regards to family of origin and relationships with a significant other. Tell me about that.

The client then goes on to talk about feeling guilty that she does not call her family more often and also liking having some distance from them, as she is away at school. The therapist asks her to talk about her family background, leading to a discussion about being Trinidadian, with a Black father and East Indian mother, and also being an immigrant, as she and her family moved to the U.S. when she was 14.

THERAPIST: You’re bicultural. Do you see that having an impact on your need to break away and also feeling guilty about being so far?

CLIENT: It’s because of my siblings and I that my parents decided to move to the U.S. They were comfortable in Trinidad, but now in NYC my parents each hold two jobs and have taken pay cuts, and they’ve done all of that for me to get where I am today [meaning college].

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THERAPIST: The tentacles can reach only so far.... Let's fast forward a little bit because on your answer sheet you said that you felt you are slightly in control of your relationship with significant others and that you would like active change in that area. Can you tell me about being of mixed race, of Trinidadian background, and growing up in NYC?

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THERAPIST: Who do you find yourself dating?

CLIENT: African American men.

THERAPIST: What kind of joys and pain have you experienced in your relationships?

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THERAPIST: You see yourself advancing academically and professionally, and you wonder where that may take you and if your partner will follow you.

CLIENT: As a new professor, I might have to live in some obscure part of the Mid-West!

THERAPIST: You're describing being in the leadership position in the relationship, and you want to have a family, and you wonder what your future spouse will think about that.... Do you see yourself marrying a Black Trinidadian man or an African American man?

CLIENT: An African American man.

THERAPIST: The fear you have again is?

CLIENT: I don't expect him to have a graduate degree, to want to put off childrearing while I finish school and build my career as a university professor and maybe an administrator someday.

THERAPIST: So the fear is that if you achieve your goals, your husband may not be in the same place in life and may not stay with you down your path.... You said that in your personal relationships you are open to active change in this area. Tell me what that means to you.

CLIENT: I've been doing a lot of reading to figure out what things I want and what things I don't want....

THERAPIST: Often times who you are in a relationship, what you become, is based on what you know about yourself in the past, and you've dated Black men before. Tell me how that plays into wanting to change what you do in relationships.

CLIENT: In the past, I've compromised a lot, and I don't want to do that in my relationships... I don't want to feel unworthy.

THERAPIST: Compromise. Does that come from your upbringing as a Trinidadian woman? Tell me more....

Client goes on to talk about how her father does not talk with his family members because they rejected him for marrying an East Indian woman.

THERAPIST: You saw your mom try to push your dad to make contact with his family members, but he just refused, he remained on the outside. And you have felt like an outsider in your former relationships, that somehow you weren't worthy?

CLIENT: I'll be more specific. With my last boyfriend, we were together two years, and I didn't know a lot of his personal friends.

THERAPIST: What's your sense about what was going on?

CLIENT: I wondered if he was ashamed of me & didn't want them to meet me.

THERAPIST: What did you think was going on?

CLIENT: I once heard one of his friends say to him, "What you don't date Black women?" [quiet voice]

THERAPIST: I imagine that was pretty painful. Did you talk about it?

The client goes on to explain that she tried to talk about it with her boyfriend but he said he liked her as she was and denied that had anything to do with it.

THERAPIST: It sounds like you thought that he was rejecting you because of being mixed race... You identify as a Black woman. African American Trinidadian woman. I imagine, though, that people look at you and say, what the hell is she?

CLIENT: It's been a constant source of stress in my life. My mother's family disowned her because she married a Black man. They didn't talk to her until my brother and sister and me were born. My grandfather was just grateful that we came out looking more East Indian.

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THERAPIST: So in terms of your family, then you see there has been some racism or prejudice on your mom's side, and now you're meeting Black men and there seems to be a sense of prejudice there too.

CLIENT: I constantly have to prove my Blackness. And with my family too. I have to choose, when I'm around family members on my mom's side. And then when I'm with them on my dad's side, it's, Oh you're Black today. And either way I'm still not accepted.

THERAPIST: For you to select a mate, you want to love someone who is able to accept and value you for all the things you are... And your fear is that this is going to be a problem because you add onto that that you are going to be Doctor Kenishe... That's even more complexity... What would you like to do to address gaining more control over yourself in this area?

CLIENT: I want to be myself without changing to fit who I'm with or where I am.

THERAPIST: That gets back to the issue you mentioned about compromise....

...

THERAPIST: One of the goals you might think about is dating men and screening them based on whether or not you feel totally accepted.... And I'm also hearing that it's going to be important for you to be in situations where you give voice to who you are... It seems there is an issue also of doing that in your family... How do you see that playing out?

The client goes on to talk about present-day dynamics with her siblings and other family members.

This vignette illustrates some ways to utilize Page 3 of the answer sheet to promote client exploration and to clarify and deepen client understanding of the presenting problem(s). The therapist intentionally refers to the client's answers on the left hand side (Step 1) of the page, and as the conversation develops uses material on the right hand side (Step 2) to tap into the client's wish for active change. The therapist picks up on key words such as "compromise" and inquires how the client's cultural background and biracial status may play a part. At several points, the therapist asks the client to speak more about what she wants to change about herself in regards to relationships and her level of control in that area. This keeps the focus on the client's behavior and prepares the way for goal-setting later in the interview, when the therapist helps formulate two related goals: a) to screen potential partners to find ones who accept her for all her attributes, and b) to speak up and "give voice" to who she is within her family and in other settings so she does not compartmentalize herself and "compromise" herself anymore.