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INTRODUCTION: MULTICULTURALISM IN PSYCHOLOGY AND MENTAL HEALTH SERVICES

> Recognizing that all behavior is learned and displayed in a cultural context makes possible accurate assessment, meaningful understanding, and appropriate intervention relative to that cultural context. Interpreting behavior out of context is likely to result in misattribution.
>
> —Paul Pedersen (2008, p. 15)

Imagine the work of a mental health professional who accepts a new position in a close-knit community with cultural lifestyles very different from mainstream society. The therapist was born and raised far from that community but had been successful elsewhere. Although the therapist uses the same approach and techniques that had previously worked well, most clients fail to return after the first or second session. The few clients who remain in therapy seem to understand the therapist's intentions and respond to treatment, but reluctantly, the therapist begins to face the fact that the approaches taken in therapy do not align with the experiences and worldviews of most of the new clients. The clients perceive situations in ways unanticipated by the therapist. The clients' explanations about emotional events seem peculiar to the therapist, who realizes that trying to interpret the clients' behavior, feelings, and thoughts often results in misattributions. Desiring to better understand local lifeways and thoughtways and to acquire the skills necessary to implement that understanding, the therapist searches for evidenced-based guidelines

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and resources in the professional mental health literature (G. C. N. Hall & Yee, 2014). Where to begin?

MULTICULTURAL PSYCHOLOGY AND COUNSELING: AN OVERVIEW

Multicultural psychology and counseling is an emerging discipline with the potential to inform therapists of cultural considerations relevant to mental health (Paniagua & Yamada, 2013). It is based on the premise that the ethical provision of mental health services should include an accurate accounting of clients' cultural lifeways and thoughtways (Leong, Comas-Díaz, Hall, McLoyd, & Trimble, 2014; Pedersen, 1999). As an emerging discipline, it has developed guidelines for therapists seeking to be more effective in their work (American Psychological Association [APA], 2003; G. C. N. Hall & Yee, 2014; Leong et al., 2014; D. W. Sue & Sue, 2013), and it has become increasingly influential across the mental health professions, most recently in the revised standards for psychology graduate programs and internships (APA, 2014). Although exceptions persist, multicultural perspectives are becoming increasingly normative among mental health professionals.

But to what extent are the tenets and guidelines for practice that have arisen from multicultural perspectives based on research evidence? Psychologists and other mental health professionals understand the benefits of using data to inform practice and policy (APA 2005 Presidential Task Force on Evidence-Based Practice, 2006), but to what extent has that occurred? A solid research foundation is essential to the credibility and long-term effectiveness of multicultural guidelines for practitioners.

A primary purpose of this volume is to summarize research data to inform mental health practices relevant to client race and ethnicity, two delimited aspects of multiculturalism. Using meta-analytic methods to summarize data in Chapters 2 to 10, the book addresses questions that are fundamental to the discipline. For instance, how large are racial discrepancies in mental health service utilization and client retention, and what factors predict those racial discrepancies? To what degree are perceptions of racism and ethnic identity associated with psychological well-being? To what extent can therapists' training in multicultural issues and their level of multicultural competence benefit diverse clients? These are among the key questions relevant not only to the therapist described at the beginning of this chapter but also to every therapist who works in a multicultural world.

Practitioners improve the effectiveness of their work when they understand and apply research data (APA 2005 Presidential Task Force on Evidence-Based Practice, 2006; G. C. N. Hall & Yee, 2014). The meta-analyses in

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Chapters 2 through 10 of this book contain interpretations useful for practitioners, students, and researchers. Practitioners and students need not be experts in meta-analytic methods to understand the implications of the findings, summarized at the end of each chapter. This book emphasizes research findings, but that should benefit, not deter, mental health professionals seeking answers. One need not be a researcher to benefit from research. The divide between practitioners and researchers can be bridged. This book attempts to construct a foundation for that bridge, but the reality is that research and practice necessarily inform one another and have been doing so for decades.

Brief Historical Overview of Multiculturalism in Mental Health Services

Topics of culture, race, ethnicity, gender, religion and spirituality, sexual orientation, and so forth were rarely covered in social science theories and research until the second half of the 20th century. Mental health practitioners and scholars often presumed that theories and research findings could be applied to everyone, so they sought to establish "universal validity" (Dawson, 1971, p. 291). Although they acknowledged that different cultures exist around the world, most concerned themselves almost exclusively with the majority population in their own narrow segment of the global society. And they often reasoned that cultural influences were insufficiently strong to merit serious consideration, let alone merit the time required to gain in-depth familiarity and proficiency across cultures. Culture was seen as a nuance, with the substance of theories and research presumed universal, enduring across circumstances.

The rise of multicultural psychology and counseling in North America came following the expansion of civil rights to historically oppressed populations and paralleled the diversification of the population in the final decades of the last century. Mental health professionals began to realize that although much of human experience is universal (e.g., we desire companionship and grieve at its loss), interpretations of experience are informed by circumstances, values, and worldviews that differ from culture to culture. "It is by no means self-evident that a concept embodied in a theory that has its origins within a particular culture can necessarily be operationalized into a conceptual equivalent in a different culture" (Jahoda, 1979, p. 143). For instance, child rearing is universally essential to human survival irrespective of culture, but child-rearing practices differ dramatically from one culture to another (Whiting, 1963). Psychology that had ignored cultural differences was "guilty of *suggestio falsi* [because] textbooks and articles commonly implied universality without seeking to provide any grounds for their implicit claims" (Jahoda, 1988, p. 93). Multiple factors influence emotional well-being and mental health, and the field gradually began to account for those contextual variables.

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Inclusion of multicultural perspectives began to spread during the 1970s when increased numbers of women and individuals from diverse backgrounds received graduate degrees in the mental health professions and joined together to form professional associations on multicultural issues. In 1972, for example, a group of psychologists from different countries convened in Hong Kong to critically examine and discuss culture's influence on the human experience (Lonner, 2000). The meeting led to the founding of the International Association for Cross-Cultural Psychology. Two years earlier, the well-established and distinguished *Journal of Cross-Cultural Psychology* was launched (Berry, Poortinga, Segall, & Dasen, 1992). Many other organizations with an emphasis on multicultural issues also established research journals because mainstream publications did not represent those considerations. In 1974 the first issue of the *Journal of Black Psychology* appeared. In 1978, the *White Cloud Journal of American Indian/Alaska Native Mental Health* was founded (and was renamed *American Indian and Alaska Native Mental Health Research, the Journal of the National Center* in 1987). The *Hispanic Journal of Behavioral Sciences* and the *Asian American Journal of Psychology* were first published in 1979. With publication outlets available, opportunities for scholarship broadened.

During the 1980s and 1990s, the amount of research focusing on multicultural issues increased markedly. Professional conferences such as the Winter Roundtable at Teachers College, Columbia University, strengthened networks and collaborations. Scholarly books began to appear with regularity. The APA began publishing a series of annotated bibliographies to help cohere the accumulated research findings. The series' topics include African Americans (Evans & Whitfield, 1988; Keita & Petersen, 1996), Hispanic/Latino(a) Americans (Olmedo & Walker, 1990), Asian Americans (Leong & Whitfield, 1992), and North American Indians (Trimble & Bagwell, 1995). By the end of the 1990s APA's Division 45 journal *Cultural Diversity and Ethnic Minority Psychology* had appeared (previously titled *Cultural Diversity and Mental Health*), and three APA divisions sponsored the first National Multicultural Conference and Summit. It had taken several decades, but multicultural perspectives had achieved professional recognition (D. W. Sue, Bingham, Porché-Burke, & Vasquez, 1999).

Brief Overview of Contemporary Contexts

Infusion of multiculturalism into mental health practices, training programs, and policies is underway. Mental health professionals increasingly understand "that all behavior is learned and displayed in a cultural context" and that accounting for clients' cultures "makes possible accurate assessment, meaningful understanding, and appropriate intervention relative to that cultural context" (Pedersen, 2008, p. 15). Over the past 4 decades mental health

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services delivered to ethnic minority populations in the United States and Canada has grown dramatically in terms of general availability as well as in the range of care offered. This growth can be attributed to a number of factors, notably changes in national public health policies, increasing community resources and expertise, and community demands for more comprehensive and culturally relevant care.

The rapid expansion of mental health services to diverse populations has frequently preceded careful consideration of several critical components of such care, specifically the delivery structure itself, treatment processes, program evaluation, epidemiological data, and preventive strategies. Clarity is lacking, and mainstream journals and professional publications persist in inadequately addressing multicultural issues (Henrich, Heine, & Norenzayan, 2010). The relevance and applicability of general psychological knowledge across diverse populations remain uncertain (e.g., Leong, Holliday, Trimble, Padilla, & McCubbin, 2012; S. Sue, 1999). Multiculturalism too often remains separated from mainstream discussions about mental health services (Wendt, Gone, & Nagata, 2014). To better integrate multicultural considerations into mainstream practices, government agencies are implementing more culturally sensitive mental health programs along with more accurate research and reporting. For example, under the directive of health disparities research national agencies have developed initiatives to promote preventive intervention efforts in ethnic minority communities. These interests and the initiatives are positive steps and have potential for improvement of mental health conditions among historically oppressed populations.

Looking to the future, multicultural psychology and counseling must now establish a solid foundation of research to better meet pressing needs in a pluralistic society. North America is increasingly culturally diverse (Statistics Canada, 2011; U.S. Census Bureau, 2010). Individuals with ancestry from Africa, Asia, and Central and South America, along with peoples indigenous to North America and the Pacific Islands, will eventually constitute the majority of the population (U.S. Census Bureau, 2010). Accounting for cultural differences can no longer be the concern of professionals chiefly working in urban ethnic enclaves or isolated rural communities. Demographic realities signal that mental health services must account for cultural differences to meet the needs of the majority of clients seeking services. Whereas a therapist like the one described at the beginning of this chapter would be struck by the cultural contrasts evident in an unfamiliar environment, therapists working in familiar settings may only occasionally realize the realities of diversity and take action accordingly.

The field now needs a translational pathway from practice to research and back to training, driven by demographic realities and clients' needs. New priorities for research, teaching, and practice must be developed so

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that current knowledge and new knowledge in psychology becomes relevant and applicable across diverse contexts. Demographic changes will inevitably move the field toward the full consideration of diversity in ways that are inclusive and representative. How soon and with what tools?

FOUNDATIONAL MULTICULTURAL ISSUES IN THE MENTAL HEALTH PROFESSIONS

Multicultural scholarship in the mental health professions is so broad, encompassing global diversity in all its varieties, that it can appear fragmented and diffuse—and thus hamper the credibility and effectiveness of the field. To overcome this limitation, multicultural scholarship should articulate a core set of principles and address major challenges to those principles to facilitate genuine improvements in mental health practices. This volume provides a partial remedy by articulating some principles and addressing their major challenges empirically.

One key principle is that therapists must remain focused on the fundamental issues impacting the mental health of historically oppressed populations. Such fundamental issues pertinent to race and ethnicity include (a) the degree of client access and involvement in mental health treatment as a function of race or ethnicity; (b) the degree to which the experiences of clients of color in therapy are associated with their level of acculturation and the racial and ethnic background of the therapist; (c) the influence of cultural experiences, particularly racism and ethnic identity, on client well-being; and (d) the effectiveness of treatment as a function of therapist multicultural competence, therapist training in multicultural competence, and cultural adaptations and culture-specific approaches to treatment. Although other critical issues merit consideration, this volume focuses on and evaluates data relevant to these four particular topics because they are central; they address the interaction between treatment and the cultural experiences of clients seeking treatment.

Client Access to and Involvement in Mental Health Services

Although in an optimal world mental health services would be accessible to and used by people of all backgrounds, racial discrepancies were identified by the U.S. Surgeon General in mental health service utilization (U.S. Department of Health and Human Services, 2001). The ideal of universal access to mental health services in many urban ethnic enclaves and in most rural communities falls short, but to what degree are people of color systematically disadvantaged? And when people of color enter treatment, how likely

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are they to complete it? As depicted in the scenario at the start of this chapter, cultural factors unaccounted for by universalistic treatment approaches can result in premature client discontinuation. Mental health professionals must constructively confront racial and ethnic discrepancies in service utilization and retention, if those discrepancies currently persist more than a decade after the report of the U.S. Surgeon General. Research can ascertain the nature and extent of racial disparities, factors contributing to the discrepancies, and solutions.

Association of Client Acculturation and Therapist Race and Ethnicity With Client Experiences in Mental Health Treatment

Despite the findings of the Human Genome Project that ethnic and especially racial distinctions have no biological basis (Bonham, Warshauer-Baker, & Collins, 2005), these constructs remain integral aspects of our social fabric (Gómez & López, 2013). Racial and ethnic categories align with political and social structures that continue to influence individuals and communities. In part because of they are so integral to sociopolitical contexts, it is often difficult to separate race and ethnicity from socioeconomic status and experiences of migration, acculturation, and discrimination. At times, categorical race and ethnicity may serve as a proxy for those variables (e.g., individuals' ethnic self-identifications vary as a function of acculturation). Given this complexity and the multiple problems inherent in approaches that perpetuate ethnic gloss[1] (Trimble, 1990, 1995; Trimble & Bhadra, 2013), should scholars move beyond simplistic categories of race and ethnicity and develop constructs that account for the reality of multivariate convergence in these categories? Among many other factors, the answer to this question depends on whether the individual or group experience differs substantially in terms of acculturation style and assimilation to mainstream North American society (which strongly overlap with race and ethnicity). In mental health settings, does client acculturation style predict experiences and outcomes in treatment? Alternatively, are race and ethnicity so important to clients that the categorical race or ethnicity of the therapist affects the client's willingness to engage in treatment?

[1]*Ethnic gloss* is an overgeneralization stemming from simplistic labeling of ethnocultural groups, such as Native American Indians (consisting of over 500 tribes), that ignores differences between and within groups. An ethnic gloss presents the illusion of homogeneity where none exists and therefore may be considered a superficial, almost vacuous, classification that further separates groups from one another (Trimble & Bhadra, 2013).

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Association of Racism and Ethnic Identity With Well-Being

The multicultural literature has long emphasized that therapists must be keenly aware of clients' cultural experiences and lifestyles (N. B. Miller, 1982). Understanding clients' experiences with racism, for instance, would be important for a therapist because those experiences could be relevant to clients' presenting problems or at the very least could exacerbate distress. Hence, therapist efforts to ascertain not only clients' experiences of racism but also the degree to which those experiences affect client well-being should inform treatment approaches otherwise ignorant of that particular distress. Similarly, knowing a client's strength of ethnic identification could at the very least inform a therapist's understanding of client self-perceptions, and if the therapist also understood how the client's ethnic identity was associated with psychological coping mechanisms, emotional support from community members, and other resources relevant to well-being, therapy would be further strengthened. Clients' cultural supports, resources, and sources of distress are clearly relevant to therapy, but to what degree? To what extent are level of ethnic identity and experiences of racism associated with individuals' emotional well-being and distress?

Therapist Multicultural Competencies, Multicultural Training, and Cultural Adaptations and Culture-Specific Approaches to Treatment

Therapist abilities useful for working with diverse clients have been termed *multicultural competencies*, commonly broken down into components of knowledge, skills, and awareness (Arredondo et al., 1996). Multicultural competencies articulate ways of enhancing the therapeutic alliance and meeting client needs through strategies and approaches that explicitly account for cultural contexts. For instance, work with culturally diverse clients can be enhanced when mental health professionals account for (a) their own cultural worldview, (b) the client's cultural worldview, (c) the interaction between their own worldviews and those of the client, including assumptions related to therapy processes, and (d) the culture of the environment in which the therapy occurs (Pedersen, Draguns, Lonner, & Trimble, 2008). Combining these possible conditions, therapists could find themselves, in a rather extreme case, "working with a client from another culture, on a problem relating to a third culture, in the environment of a fourth culture where each participating culture presents its own demands" (Pedersen, Draguns, & Lonner, 1976, p. vii). Scholars have asserted that the cultural complexities associated with providing mental health services necessitate multicultural competencies distinct from general therapy skills (e.g., Arredondo et al.,

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1996), but to what extent do clients' outcomes benefit from therapist multicultural competence? To what degree do training programs facilitate therapist multicultural competence?

An important component of multicultural competence is flexible adaptation to clients' cultural experiences and worldviews, with resulting cultural adaptations to treatment protocols, and procedures that extend beyond conventional practice (G. Bernal & Domenech Rodríguez, 2012). Although it seems obvious that treatment should account for clients' experiences and worldviews, a tension can arise between the benefits of aligning treatment with individual clients and the benefits of systematic implementation of traditional forms of therapy with fidelity to the intervention model (Castro, Barrera, & Holleran Steiker, 2010). To what degree do cultural adaptations to traditional treatments improve client outcomes or hamper them because they diverge from established evidence-based practices? The answer to this question has profound implications for the future of the profession. If adapting treatments to align with clients' worldviews is more effective than standardized approaches, then the field has only begun to account for the breadth and depth of individuality contextualized within multiple systems. If culturally adaptations prove to be equivalent in effectiveness to established, standardized approaches, then multiculturalism can remain relegated to a secondary consideration within the broader profession, useful in circumstances when treatment as usual no longer seems to work, as in the scenario described at the start of the chapter. Stated differently (and in direct opposition to the presumed universalism characteristic of the past), to what extent must individuals' worldviews and experiences, embedded in cultural, familial, environmental, and economic circumstances, permeate mental health treatments?

BUILDING UP THE FOUNDATION FOR MULTICULTURAL PSYCHOLOGY AND COUNSELING

Multicultural psychology and counseling is at a key juncture in terms of its influence on the mental health professions. Following decades of incremental growth, scholarship inclusive of multicultural issues has reached a proverbial "tipping point" (Gladwell, 2006), with the potential to now pervade all aspects of the professions, as has been envisioned (Pedersen, 1999). An analysis of 40 years of citations cataloged in PsycINFO shows a remarkable increase in the number of citations that reference racial and ethnic groups: About 2% of scholarly manuscripts referred to racial or ethnic groups in the 1960s, which doubled to about 4% in the 1980s, and doubled again to about 8% in the 2000s. Citations making references to Africans and African Americans increased from about 2,000 across the entire decade of the 1960s to over 5,000 in the

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single year of 2014. References to Asians and Asian Americans increased from about 1,000 citations across the decade of the 1960s to over 8,000 in the single year of 2014. In 2014, over 4,000 manuscripts mentioned Hispanic/Latinos(as) and over 500 mentioned First Nations peoples, Native American Indians, or Alaska Natives. Overall, more than 23,000 manuscripts in PsycINFO mentioned concepts of race, ethnicity, or culture in 2014 alone. Whereas in previous decades scholars urged the "vigorous expansion" (M. E. Bernal & Castro, 1994, p. 797) of research on multicultural topics, the clear and present need is now for a distillation and synthesis of this rapidly expanding literature.

Need for Literature Syntheses Using Meta-Analytic Methods

Multicultural psychology no longer lacks numbers of interested scholars; it instead lacks a coordinated approach to scholarship, informed by data instead of opinion. Supporters of multicultural psychology can sometimes press forward, unwittingly advocating measures and approaches that go beyond the data of what has been confirmed by research evidence. As a consequence, skeptics of multicultural psychology continue to point to overgeneralized statements about multicultural issues and to scattered and contradictory research findings (e.g., O'Donohue & Benuto, 2010). This lack of clarity helps no one.

With tens of thousands of manuscripts now appearing every year on issues relevant to race or ethnicity, a massive amount of information is available, but traditional narrative review methods would clearly be inadequate to accurately summarize so much data. A solution is available: *Meta-analysis*, the quantitative "study of studies."

> Meta-analysis . . . [is] the statistical analysis of a large collection of analysis results from individual studies for the purpose of integrating the findings. It connotes a rigorous alternative to the casual, narrative discussions of research studies which typify our attempts to make sense of the rapidly expanding research literature. (Glass, 1976, p. 3)

Meta-analysis aggregates quantitative data to provide a descriptive summary of the results. Statistical models combine data across many individual manuscripts to estimate the overall strength of the effect or the relationship, the averaged effect size. Meta-analyses have become normative in scientific journals, and scholars rely heavily on their results.

Meta-analytic methods offer multiple advantages over impressionistic summaries of research findings. When research findings are inconsistent, which is certainly the case in multicultural psychology (and thus only broad, tentative conclusions are possible in narrative literature reviews), meta-analysis can identify sources of variation across studies; for example, meta-analysis can ascertain the degree to which findings differ across participant characteristics (e.g., age, gender) and study characteristics (e.g., research design, measurement

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used). Knowing an average effect size and, even more important, the conditions under which effect sizes vary benefits both practitioners who use evidenced-based practices and scholars who seek to build on current findings when designing new research questions and new treatments. Whereas narrative literature reviews provide information based on expert opinion, meta-analyses summarize research data.

Reliance on aggregated data can improve the mental health professions (APA 2005 Presidential Task Force on Evidence-Based Practice, 2006). A failure to examine aggregated data in multicultural psychology would pose a significant roadblock to the field, particularly if decisions about the content of graduate training and about reimbursements for professional services become restricted to empirically supported treatments (ESTs) and evidence-based practices (EBPs; see also G. C. N. Hall & Yee, 2014). Although rigid and narrow decision making about ESTs and EBPs can bestow empirical data with a false aura of truth (Slife & Williams, 1995), meta-analytic methods should inform consequential decisions so long as data interpretation includes contextual factors. Chapters 2 through 10 in this book use meta-analytic methods to examine the existing literature, identify gaps in present understanding, and suggest areas for future inquiry. Chapter 11 covers issues pertinent to data interpretations.

Limitations of Meta-Analyses and This Book

Limitations characterize every scholarly undertaking. The approaches taken in this book are necessarily qualified by limitations associated with meta-analytic methodology and by the focus of our work, delimited to selected topics relevant to race and ethnicity.

Meta-analyses describe research findings, and those descriptions necessarily depend on the research available. When research data are limited, the conclusions of a meta-analysis must remain tentative. And when research data differ as a function of research design, those factors must also be considered. Poor quality research can yield unreliable results, even in the aggregate ("garbage in, garbage out"). Nevertheless, removing studies a priori from meta-analytic reviews can restrict the generalizability of the findings: The tighter the methodological controls within studies, the more likely those studies represent solely the conditions in which the study was undertaken. Meta-analyses involve trade-offs between internal and external validity. In most of the chapters of this book, our meta-analytic approach erred on the side of inclusion of research manuscripts, maximizing external validity, rather than excluding research manuscripts based on methodological considerations. However, we also accounted for factors relevant to internal validity by analyzing differences in findings across methods (e.g., convenience sampling vs. random selection of participants). Thus we attempted to address both internal and external

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validity. This approach was warranted when prior meta-analyses were unavailable and primary sources of variation in data were largely unknown: It was preferable to examine all research findings and then evaluate the degree to which findings vary as a function of methodology rather than to exclude studies based on hypothetical variation. When previous meta-analyses had been conducted in a given topic area (e.g., cultural adaptations of mental health services, multicultural education and training), we restricted our analyses to experimental and quasi-experimental research designs, with our data extraction from manuscripts accounting for differences in methods (e.g., comparison groups using bona fide treatments vs. wait-list controls). Although we attended to considerations relevant to both internal and external validity, ultimately meta-analyses remain descriptive: They portray the state of current practice in aggregate form, which does not necessarily represent the experiences of any individual client or therapist.

Another limitation of the approach taken in this book is its delimited focus. We address multicultural counseling competence and a few selected topics relevant to race and ethnicity. Although a targeted focus has several advantages, including the fact that a broader coverage of human diversity using meta-analytic methods would be virtually impossible in a single book, there are several disadvantages that deserve mentioning. First, emphasis on any particular variable to the exclusion of others obscures the holistic realities of human experience. An individual can never be understood solely in terms of race and ethnicity, no matter how important those particular sources of identity may be to the person or to the society in which the person resides. Second, race and ethnicity are often conceptualized in terms of discrete categories, yet people vary substantially in terms of their experiences, attributes, and degrees of identification. Variability within purportedly homogeneous racial and ethnic groups is many times larger and often more complex than variability between groups (Trimble, 2007; Trimble & Dickson, 2005). Moreover, the processes of racial and ethnic identity development can be complex enough for individuals with a clearly defined racial and or ethnic heritage, let alone for biracial and multiracial individuals, individuals adopted by parents not of their same racial or ethnic heritage, and so forth. Third, racial and ethnic categorizations perpetuate stereotypes. No research finding presented in this volume will be completely accurate for a particular client or therapist, so research findings specific to racial and ethnic groups can be considered tentative possibilities for exploration. Thus, although this book provides useful information for mental health professionals, the information retains its benefit only to the degree that the reader uses it along with all other sources of information available. In that sense, the content of this volume provides the reader with an opportunity to use a key professional skill: Learn from data and improve therapeutic practices accordingly, but always

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remain focused on the individual client's needs and experiences. Students and practitioners uninterested in the data tables can still benefit from the interpretations of the findings provided at the end of each chapter. The gap between research and practice is only as wide as our ability to bridge it.

Research Data Versus Expert Opinion

Some practitioners may question our emphasis on research and meta-analytic findings as the foundation for effective multicultural mental health services. Why so much insistence on evidence? A parallel from the history of health care may prove persuasive to readers doubtful of this emphasis. Prior to rigorous research becoming the norm in the medical profession, expert opinion was the primary foundation for practices, yet death rates for individuals in medical treatment were excessively high, even after common sources of infections were understood and antibiotics had become available in the 20th century (Bynum & Porter, 2013). Replacing reliance on expert opinion with reliance on high quality research made the difference. Systematic lines of research identified risk factors and causal mechanisms and improved treatment effectiveness for a broad range of health conditions, not merely infectious diseases. A pervasive reliance on research data prevents illness and saves lives (Watkins & Portney, 2009).

Social scientists and mental health professionals understand that all empirical research, including medical research, is fraught with problems (Slife & Williams, 1995). Nevertheless, the benefits of relying on research evidence outweigh both the many disadvantages and the advantages of alternatives. Expert opinion is no substitute for evidence. And the reality is that mental health professionals in general (with some notable exceptions) have not subjected their explanations and treatments to scrutiny as intense and as systematic as is necessary to clearly distinguish information from opinion.

Like related disciplines, multicultural psychology and counseling could be accurately described as having been more reliant on expert opinion than on data. One purpose of this volume is to shift the conversations in the mental health professions toward greater inclusion of contextual factors, particularly culture, race, and ethnicity. But an equally important objective is to have those conversations become more reliant on data than opinion.

OVERVIEW OF BOOK CONTENT

Foundational questions about mental health and mental health services across racial and ethnic groups involve multiple considerations, including client experiences with treatment, factors that influence client well-being,

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and therapist characteristics. This book addresses each of those broad topic areas for an audience of practitioners, students, and researchers in mental health professions.

The first section of the book attends to the therapist characteristics of multicultural competence and multicultural training. Chapter 2 investigates the degree to which therapists' training in and experiences with multicultural issues relates to their work with clients of color. Training in multicultural issues is mandatory for graduate students in accredited programs, but how effective is that training? Chapter 3 deals with the topic of therapist multicultural competence. To what extent do therapists' purported knowledge, awareness, and skills relevant to multicultural considerations affect clients' experiences in treatment?

The second section of the book focuses on client experiences with treatment as a function of race and ethnicity. Chapter 4 addresses the issue of utilization: How large are racial and ethnic discrepancies in mental health service utilization? This question is among the most important for mental health providers to address. If people of color who are in need of mental health services are not receiving them, the field needs to rectify systematic inequities.

Chapter 5 responds to a related question: How large are racial and ethnic discrepancies in mental health treatment participation? Clients discontinue treatment for a variety of reasons, but the extent to which clients of color prematurely discontinue treatment due factors related to race and ethnicity requires serious attention. Pursuing this same line of inquiry, Chapter 6 evaluates the extent to which clients remain in mental health services as a function of the race of the therapist.

Chapter 7 discusses the degree to which the outcomes of clients of color can be improved when adapting treatment to align with the client's cultural background. Previous research has shown that culturally adapted treatments are more effective than treatments not explicitly accounting for client culture, and this chapter provides an updated review of that literature.

An associated issue of client level of acculturation receives attention in Chapter 8. Clients' attitudes about and experiences with mental health treatments could vary substantially based on the degree of their acculturation to North American cultural mores.

The third section of the book addresses two topics relevant to psychological well-being. Chapter 9 investigates the degree to which experiences of racism among people of color are associated with their well-being. Chapter 10 provides an updated review on the association between the ethnic identity of people of color and their reports of well-being.

The fourth section of the book reflects on the overall state of the field. Diverging sharply from the preceding data-focused chapters, Chapter 11 encourages the reader to consider the underlying assumptions and popular

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beliefs characterizing contemporary multicultural psychology and counseling research. Purposefully distinct in tone and content, this chapter invites the reader to take the crucial steps of asking hard questions and engaging in critical analysis. Improvement of mental health services for multicultural populations depends on what kinds of questions are being asked in research, how concepts are operationalized in research, and many other factors requiring careful consideration. Chapter 12 summarizes the findings of the meta-analyses reported in Chapters 2 through 10 and provides some recommendations for the future.

Overall, this book covers several topics relevant to race and ethnicity that can affect mental health and mental health treatment. The book addresses client access to and involvement in mental health treatment, conditions that affect client experiences in treatment, experiences that influence individuals' well-being, and factors that influence the effectiveness of treatment. Although many more topics deserve consideration, the focus of this book on research data and its invitation for critical analysis provide a foundation for the work of students, scholars, and practitioners invested in the well-being of all people.

CHAPTER SUMMARY

For decades the mental health professions have been selective in the study and characterization of people. Most of the early research occurred in a monocultural vacuum involving restricted classes of research participants from Europe and North America. These populations most often studied in social science research have been referred to as WEIRD (Western, educated, industrialized, rich, and democratic; Henrich et al., 2010). Among other sources, Robert Guthrie's (1976) book, *Even the Rat Was White*, documented systematic historical racial biases in psychological research and practice.

Although many racial and ethnic groups remain underrepresented in the mental health literature, representation has increasingly been achieved (e.g., Case & Smith, 2000). Mental health professionals are beginning to understand that multicultural considerations are central to the experiences of many clients and that therefore these considerations should be central to their work with these clients (Leong et al., 2014). Mental health professionals increasingly seek information about how to better account for cultural contexts in their work (Pedersen, 1999). They also strive to improve mental health service utilization and retention rates among historically underserved populations. They are interested in the multitude of ways in which the ethnic identity of clients of color and their experiences with racism affect their emotional well-being. They wonder whether cultural adaptations to existing mental health treatments are justified and whether culture specific approaches are warranted.

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They seek confirmation that multicultural education and the acquisition of certain skills, referred to as *multicultural competencies*, will genuinely benefit diverse clients seeking their services. They have many questions about the complexity of cultural realities, and they seek answers.

This book responds to several key questions by summarizing available research data via meta-analysis. Many books on multicultural psychology have been published, and expert opinions on multicultural considerations in mental health treatment have been widely circulated. But which of the many recommendations and practices are based on evidence? A synthesis of research findings should assist in supporting or refuting opinions, popular or not. Although far from yielding definitive answers, research findings present the most solid foundation on which a field of multicultural inquiry could be built. And multicultural issues are so important to mental health practices that no other foundation should suffice.

In sum, mental health professionals cannot fully understand the human condition without viewing it through a lens informed by multiculturalism. Even with the aid of this lens, the complexity of individual variations embedded within multiple systems poses enough challenges to make multicultural understanding a lifelong quest (T. B. Smith, Richards, Granley, & Obiakor, 2004). Avoiding the complexities of the human condition, including but not limited to race and ethnicity, is not a sustainable option for purported experts in human behavior, mental health professionals. Minimizing that complexity or rationalizing it away through universalistic assertions has been the norm in the past, but the harmful consequences of such minimizations become easily apparent when working with diverse clientele whose experiences and worldviews do not fit supposedly universal conceptualizations (D. W. Sue, 2015a). Moreover, mental health services, circumscribed and confined to European and North American academic notions about treatment modalities and well-being, remain restricted in their scope and in their potential for ongoing refinement that could instead be expanded by the holistic, multifaceted conceptualizations of multiculturalism. Multiculturalism is not merely a perspective to adopt when meeting someone perceived to be "different." Multiculturalism seeks to convey knowledge of factors that are part and parcel of the human condition. The sooner mental health professionals account for and embrace the facts of human diversity, the better they will be able to serve the next client who seeks their services. Whether that audacious claim is brash rhetoric (aka expert opinion) or is an invitation justified by research evidence remains to be seen in the data.