+

ADDRESSING CULTURAL TOPICS DURING PSYCHOTHERAPY: EVIDENCE-BASED DO'S AND DON'TS FROM AN ETHNIC MINORITY PERSPECTIVE

Hilde Depauw[1], Alain Van Hiel[1], Barbara De Clercq[1], Piet Bracke[2], Bart Van de Putte[2]

[1]Ghent University, Department of Developmental, Personality and Social Psychology, Faculty of Psychology and Educational Sciences

[2]Ghent University, Department of Sociology, Faculty of Political and Social Sciences

Published in: Psychotherapy Research https://doi.org/10.1080/10503307.2022.2156307

Corresponding author: Hilde Depauw

Department of Developmental, Personality and Social Psychology

Faculty of Psychology and Educational Sciences, Ghent University

Henri Dunantlaan 2, B-9000 Ghent (Belgium)

E-mail: Hilde.depauw@UGent.be

Telephone: +329 264 64 24

ORCID: 0000-0003-2541-2039

ADDRESSING CULTURAL TOPICS DURING PSYCHOTHERAPY: EVIDENCE-BASED DO'S AND DON'TS FROM AN ETHNIC MINORITY PERSPECTIVE

Abstract

Objective. Broaching - i.e., a counsellor's effort to install meaningful conversations in psychotherapy concerning one's cultural identity - is a strong predictor of positive treatment outcomes and client satisfaction, especially for minority-identified clients. Despite this understanding, the broaching literature has struggled to translate broaching principles into practical recommendations for specific behaviours and skills. The current study therefore explores the effects of broaching approaches by the therapist (i.e., direct, indirect and avoidant approach) about cultural topics including ethnicity, religion, gender expression and socioeconomic status on clients' perception of (1) the multicultural orientation of the therapist and (2) the frequency of microaggressions during therapy. *Method*. These research questions were investigated in a sample of ethnic minority clients (*N*= 231) who followed at least one session of mental healthcare counselling during the last 12 months. *Results*. Findings show that indirect broaching is the overall most favourable approach, whilst avoidant broaching is consistently negatively associated with all therapy-related outcome measures. *Conclusion*. The results lay the basis for practical guidelines for broaching in psychotherapy, and provide counsellors with a foundation for having cultural conversations in an effective and respectful manner.

Keywords: Mental Healthcare, Ethnic Minority Clients, broaching, Multicultural Orientation Framework, Microaggressions

Clinical Significance of this Article: The current study, conducted in a sample of ethnic minority clients, formulates practical guidelines in terms of language use on how to approach cultural conversations in psychotherapy in order to convey a therapist's multicultural orientation. Additionally, it highlights the risk of an increase in perceived microaggressions when cultural content is neglected during the counselling process.

ADDRESSING CULTURAL TOPICS DURING PSYCHOTHERAPY: EVIDENCE-BASED DO'S AND DON'TS FROM AN ETHNIC MINORITY PERSPECTIVE

Ethnic minority members are underrepresented in mental healthcare services compared to majority members, due to socio-cultural and economic barriers, among other factors (Rathod, 2017; Satinsky et al., 2019). Moreover, when ethnic minority members do find their way to mental healthcare services, they show higher premature drop-out rates, often attributable to a weak therapeutic relationship (Kegel et al., 2015; Sue, 1977), lower levels of perceived multicultural orientation of their therapist (Owen et al., 2017), or cultural miscommunication and cultural ruptures during the counselling process (de Haan et al., 2018; Kearney et al., 2005; Owen et al., 2014). Quite understandably, awareness has increased that culture is a key factor in psychotherapy as it determines the client's narratives, the appropriateness of therapeutic interventions and ultimately the client's treatment adherence (Moleiro, 2018). In the present study, we aim to contribute to a better understanding of the processes behind the experience of cultural conversations by focusing on broaching behaviour during the counselling process. *Broaching* refers to 'the counsellor's deliberate and intentional efforts to discuss racial, ethnic, and cultural topics that may impact the client's presenting concerns.' (Day-Vines et al.2020, p. 107). More specifically, we explore whether broaching topics (addressing issues related to, for example, ethnicity and sexual orientation) and approaches (using direct, indirect, or avoidant language) play a role in shaping therapy-related outcomes, including perceived multicultural orientation and microaggressions against a client's cultural identity.

In accordance with current definitions (Moleiro, 2018), the present study considers cultural identity as resulting from multiple collective influences that are shaped culturally, and arise from different origins such as ethnicity, sexual orientation, socioeconomic status and religion. These influences result in a dynamic uniqueness (i.e. intersectionality; Iyer et

al., 2008) which in turn determines an individual's experiences and world view. This perspective on cultural identities is in correspondence with the Multicultural Orientation Framework (MCO; Owen et al., 2011), which provides an important foundation for multicultural work with clients. More specifically, the MCO Framework underlines the importance of considering the complexities of cultural identities within counselling processes and interactions (Owen et al., 2016).

A Conceptual Framework for Cultural-Sensitive-Conversations with Minority Groups in Mental Healthcare

The Multicultural Orientation Framework

The Multicultural Orientation Framework (MCO) consists of three pillars that emphasize the therapists' interpersonal skills and assist the development of a cultural lens (a "way of being") through which therapists learn to (1) understand and relate to the cultural experiences of clients, (2) respond to cultural content and (3) understand the interaction of the client's and therapist's cultural identities (Davis et al., 2018; Owen et al., 2011). Cultural humility, the first pillar, is defined as one's ability to take an other-oriented stance regarding cultural background, while remaining self-aware and non-defensive about one's own limitations (Hook, 2013). Cultural opportunities, the second pillar, are generally defined as any moment in a therapeutic interaction when a client's cultural identities emerge and can be further discussed and potentially highlighted in connection with the presented concerns (Owen, 2013). Discussing these topics allows for a dialogue on the diversity of identities (e.g. ethnicity, gender, religion, sexual orientation) as well as potential intersecting identities (e.g. woman/disability) and their role in the counselling process (Day-Vines, 2007, 2020; Owen, 2016). Cultural comfort, the last pillar, reflects the level of genuine comfort the therapist exhibits while discussing cultural topics in therapy (Pérez-Rojas, 2019).

There is robust support for positive effects of the MCO framework on psychotherapy outcomes (Davis et al., 2018; Owen et al., 2016). For example, client's assessment of cultural humility is positively associated with the therapeutic relationship, which in turn contributes to augmented levels of perceived improvement in therapy (Hook et al., 2013). This also counts for clients who perceive their therapist as able to detect and attune to cultural opportunities (Owen et al., 2016). Recently, Bartholomew and colleagues (2021) established that clients who believe their therapist portrays higher levels of cultural comfort during sessions, also report decreased levels of psychological distress as therapy progresses.

Despite this extensive evidence on multicultural orientation as a predictor of clients' change, it is necessary to deepen our understanding of the processes that contribute to the conveyance of a counsellor's multicultural orientation, from a client perspective. That is, specific processes that cause clients to experience their therapist as culturally humble and adequately responding to cultural identities, while portraying genuine comfort. In the current study, we explore *how* this is attainable through the effective application of broaching approaches.

Broaching

Broaching is defined as the act of discussing cultural-sensitive topics through explicit dialogue during the counselling process. Generally, researchers agree on the following five broaching tenets: (1) it is the counsellor's responsibility, (2) broaching is an ongoing process, (3) broaching should address a client's cultural identities (4) on multiple levels, and (5) broaching requests openness and flexibility from the counsellor as a person (see King, 2021b for an overview). The inclusion of such conversations benefits the counselling process – especially for ethnic minority clients (Meyer & Zane, 2013) – and helps building a safe and comfortable place for the client to be able to talk freely without restrictions (Choi et al., 2015; Day-Vines et al., 2007; Drinane et al., 2018; Kohn-Wood & Hooper, 2014). Particularly in

cross-cultural counselling dyads, ethnic minority clients recognise that broaching can overcome potentially hindering effects of the mismatch in cultural identities, and thus can alleviate negative consequences such as withholding cultural aspects of themselves (Chang & Yoon, 2011). In addition, previous studies highlighted that broaching benefits the working alliance, client satisfaction, the depth of client disclosure, as well as the counsellor's credibility, cultural competence, and multicultural orientation (Sue & Sundberg, 1996; King & Borders, 2019; Knox et al., 2003).

However, when looking at concrete broaching behaviours, there is still much uncertainty on how to exactly implement broaching statements in order to approach cultural conversations effectively during the counselling process, thereby enhancing perceptions of cultural humility, cultural opportunities and cultural comfort (King, 2021b). In addition, simply instructing therapists to be mindful of cultural differences and broach culture-specific identities is no guarantee that they will be competent to do so (Maxie & Arnold, 2006; Sue et al., 2009a). Hence, research about evidence-based effective broaching components and the implementation of broaching in the context of the unfolding of cultural conversations is needed (Anders et al., 2020).

One of the much debated elements of broaching behaviour is how to approach cultural topics in terms of language use. King's (2021b) review article on broaching core tenets and debated components describes two broaching approaches, namely using direct or pointed language and using indirect or open language. Qualitative research on the broaching strategies of numerous counsellors similarly differentiates between the direct and indirect broaching approach (Bartholomew et al., 2021; Bayne & Branco, 2018; Jones & Welfare, 2017). Additionally, Trevino and colleagues (2021) highlight a third approach, avoidant broaching, which is characterised by an indifferent stance from the therapist towards cultural topics.

The direct approach is typically described as including pointed and proactive language to directly and explicitly raise cultural topics (King, 2021). A clarifying example of a counsellor using direct broaching is: "I noticed that we both have a different ethnic background. Could you tell me a bit more about your ethnic identity?" Most scholars favour the direct approach as this enables the most opportunities to initiate layered discussions about the deeper meaning clients attach to their cultural identities (La Roche & Maxie, 2003: Jones & Welfare, 2017). Nevertheless, clinicians tend to prefer a more indirect style of broaching which is characterised by receptivity towards cultural topics by means of unfocused exploration, without being the first to explicitly name particular aspects related to cultural background (King, 2021). A counsellor could for example indirectly pick up on something the client mentioned as follows: "You mentioned earlier that most of your co-workers do not *really* understand your situation. Are there any other situations in which you've had similar experiences?" The reason for this preference is twofold. On the one hand counsellors want to avoid assuming saliency of particular identities (Jones & Welfare, 2017). On the other hand, they hold back because of the uncertainty and perceived risk to talk about cultural factors (Bayne & Branco, 2018; Cardemil & Battle, 2003; Knox et al., 2003). Day-Vines and colleagues (2007) bring another perspective on this matter, by emphasizing that race and ethnicity related topics should be broached using direct language, whereas other cultural identities can be addressed using indirect or open language, considering what identities are salient for the client.

The third approach to broaching is to sidestep cultural conversations, even when the client touches upon the subject (Trevino et al., 2021). This lack of cultural focus is defined as the avoidant approach, encompassing an indifferent stance by not asking any questions nor responding to any cultural issues that arise. Avoidant language might be beneficial when the

topic is not salient to a client's identity, or when the client is not ready and simply does not want to discuss cultural topics (Huey, 2014; Liu & Pope-Davis, 2004).

The current inconclusiveness in the literature on how to formulate broaching statements thus leaves counsellors guessing how (not) to broach cultural identities. This allows room for the own bias of the therapist to potentially negatively influence broaching interactions, resulting in ruptures related to aspects of the client's cultural identity, i.e. microaggressions.

Microaggressions During Cultural Conversations and Broaching

Microaggressions are "brief and commonplace daily verbal or behavioural indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults that potentially have a harmful or unpleasant psychological impact on the target person or group" (Sue et al., 2007, p. 273). Microaggressions may apply to a range of possible identities, such as gender, religion and ethnicity (Nadal, 2011; Owen, et al., 2014). So far, an understanding of how broaching practices may relate to microaggressions is lacking. Yet, this is of utter importance. For instance, when therapists promote "colour-blind" counselling as a means of appearing bias free, their ignorance towards cultural content (i.e. avoidant broaching) may in reality come across as minimizing the importance of cultural issues (Constantine, 2007). By contrast, explicitly focusing on cultural and ethnicity related topics (i.e. direct broaching) can potentially come across as reductive and essentializing (Day-Vines et al., 2020). Correspondingly, the effects of broaching practices do not only depend on the cultural identities of the client, but also on the cultural identities, perspectives and attitudes of the therapist.

Studies on cultural conversations in other contexts, such as the classroom (Sue et al., 2009b), the workplace (e.g. Pitcan et al., 2018) and even casual conversations (Richeson & Shelton, 2007), have indeed shown that bringing up cultural issues in an insensitive way may

result in an increased level of perceived microaggressions. This is especially the case in highly emotional conversations involving power dynamics, often represented by dissimilarities in perspectives and biases or stereotypes (Dovidio et al., 2016; Sue et al., 2009). These dissimilarities are additionally influenced by internalised prejudices from an inherently culturally-biased society, and the entrenched ethnocentric normative viewpoints in Western psychological conceptualizations (Danziger, 1997; Day-Vines et al., 2018; Moleiro, 2018). Hence, therapists' reactions to a client's disclosure of intimate thoughts, beliefs or feelings related to cultural topics might be perceived as microaggressions when interpreted as not culturally sensitive.

Previous studies on microaggressions in psychotherapy showed that as much as an average of 67% of ethnic minority clients have reported to experience at least one microaggression during counselling (Hook et al., 2016; Owen et al., 2014). Moreover, client's perception of microaggressions are related to lower quality of the therapeutic alliance (Constantine, 2007; Owen et al., 2011, 2014), lower therapy satisfaction (Constantine, 2007) and less intention to seek therapy in the future (Crawford, 2011).

The Present Study

The present study provides insight on how broaching cultural topics conveys a counsellor's multicultural orientation and prevents microaggressions in psychotherapy. We hereby add to the broaching literature in multiple ways. First, by defining broaching approaches in terms of language (direct, indirect, avoidant approach) for conversations on cultural identity topics in psychotherapy. Second, by not only studying cultural identities in isolation, but also relative to identity salience. More specifically, we first investigate the effects of broaching approaches on multicultural orientation and microaggressions for the identity aspects of ethnicity, religion/spirituality, sexual orientation/gender expression, social class, ability status, family and body size separately, without prioritizing one over the other.

Then, we focus on the effects of broaching approaches on outcome variables for the two most important cultural identity aspects. Third, by providing insights on how broaching approaches are associated with the perceived frequency of microaggressions against a client's cultural identities.

In summary, we want to supplement the currently generally described broaching approaches by setting the stage for practical guidelines to optimize broaching in psychotherapy, building upon evidence-based information regarding topic, language and identity saliency. The following research questions are addressed: (1) How does using direct, indirect and avoidant language when broaching ethnicity, religion/spirituality, sexual orientation/gender expression, social class, ability status, family and body size related topics convey the therapist's multicultural orientation and effect the client's reported frequency of microaggressions? (2) How does using direct, indirect and avoidant language when broaching a client's most important cultural identity topics convey the therapist's multicultural orientation and effect the client's reported frequency of microaggressions? Given the literature we reviewed, we propose the following hypotheses: (1) Direct and indirect broaching will be positively associated with perceived multicultural orientation and negatively associated with microaggressions across all cultural identity topics. (2) Avoidant broaching will be negatively associated with perceived multicultural orientation and positively associated with microaggressions across all cultural identity topics.

As there is insufficient evidence available to viably hypothesize about differences in specific identities and salient identities, no specific hypotheses are put forward in this regard.

Method

Participants

A total of 292 participants took part in our survey study via Prolific, an online platform for subject recruitment (Palan & Schitter, 2018). The survey was created and hosted

on the Qualtrics survey platform. Participants were eligible to participate if they were European residents, fluent in English, ethnic minority members on the basis of self-identification, and participated in at least one outpatient mental health counselling session of at least 20 minutes in the last twelve months. Outpatient mental health counselling was defined as any counselling or treatment for problems with emotions, nerves, or other mental health issues. It involves one or more sessions lasting 20 minutes or longer in which a client talks about their problems with a mental healthcare professional (e.g. psychotherapist). Outpatient psychological therapy does not include treatment that involves only discussing prescribed medications or inpatient treatment.

Data were gathered in the context of a larger project regarding broaching in psychotherapy. In the current sample, 79 of the total 292 submitted responses were eliminated from analyses due to duplicate responses (*N*= 16), lack of participation in outpatient psychotherapy (*N*= 21), more than 10% missing data (*N*= 33), and failure on at least one of our attention checks (*N*= 9). The remaining 213 participants (72.95% of the overall sample) were included in the analyses.

The sample consisted of 211 participants currently residing in the United Kingdom (99.1%), 0.5% in Egypt and 0.5% in Portugal. The majority of participants (72.8%) identified as woman, 22.5% as man, 4.2% as non-binary, and 0.5% as transgender. Participants reported a mean age of 28.0 (*SD*= 9.6, range= 18-65) and 33.8% of them self-identified as Multi-ethnic/Mixed, 33.8% self-identified as Asian, 14.6% as Black/African, 12.7% as White (e.g. Irish, Polish), 1.9% as Arab/Arab Middle Eastern, 0.9% as Latina(o)/Hispanic, 0.9% as Black British Caribbean/Black Caribbean, 0.5% as Roma/Traveller and 0.5% as Pakistani. Most participants (71.8%) have a bachelor degree or higher, 28.2% of the current sample has a high school degree. Based upon normative data, the current sample can be overall considered as higher-educated (European Social Survey, 2018). Approximately one third of the

participants (31.5%) was student, 53.1% was either full-time or part-time employed and 11,7% was unemployed. 3.8% described their employment status as ‘Other’. Three quarters of the sample (75,6%) reported having no children, 12.2% reported having one child, 8,5% two, and 3.3% indicated three or four.

All participants either had their last counselling session no longer than twelve months ago (57.3%) or were currently counselling (42.7%). Those currently counselling reported a mean of 13 sessions with their current counsellor (*SD*= 18, range= 1-100). Regarding their current or last counselling experience, 89.2% of the sample attended therapy individually, while 1.9% followed group therapy and 1.9% other forms of therapy (such as couple therapy). Forty-three point seven percent of participants reported following therapy in a private practice. Not less than 23.5% followed therapy via video or phone call (because of the COVID-19 pandemic), 12.7% in a hospital and 13.2% indicated ‘Other’. Seven percent of the sample did not provide information regarding the therapeutic setting and context of their current or last counselling experience. Most participants matched with their therapist in terms of gender (70.8%), but not in terms of ethnicity (17.8%). In the current sample, 90.6% followed therapy on a voluntary basis and 9.4% of the participants was required or mandated. Self-reported primary reasons for referral can be conceptually grouped as mood symptoms (e.g. mood swings; 68.5%), anxiety symptoms (e.g. panic attacks; 84.5%), general stress (44.6%), personality difficulties (e.g. perfectionism; 84%), career/vocational concerns (e.g. school problems; 39%), health/medical concerns (46.5%), substance abuse/dependence (6.6%), interpersonal problems (39%) and coping problems with life events (e.g. financial troubles; 40.4%). Regarding past experiences with mental healthcare, 16% of the sample indicated to be ever admitted in an inpatient program. One fourth (25.8%) had no past therapists except their current counsellor, 27.2% had one previous counsellor, 20.2% two, 10.3% three and 10.8% four or more.

Measures

***Demographics and Therapy Characteristics*.** Participants answered questions regarding demographics (i.e., gender, age, educational level, employment status, relationship status, household size and ethnicity) and responded to various questions on their mental healthcare experiences (i.e. therapeutic context, setting, mandatory versus voluntary referral, primary reason for referral, ethnic and gender match, number of past therapists and past residential or in-patient programs).

Cultural Identity. To identify the most important aspects of participants' cultural identity, the following prompt was used: *"There are several different aspects of one's cultural background that may be important to a person, including (but not limited to) race, ethnicity, nationality, gender, age, sexual orientation, religion, disability, socioeconomic status, and body size. Some things may be more central or important to one's identity as a person, whereas other things may be less central or important."* (Hook et al., 2013). Participants were able to mention up to three different important aspects of their cultural identity in an open-ended response. They subsequently indicated the importance of every aspect on a 5-point Likert scale, ranging from 1 (not at all important) to 5 (extremely important).

Responses were thematically grouped in ethnicity/nationality, gender/sexual expression, religion/spirituality, socioeconomic status, age, family, ability status, size and other. Given that the data was collected through open responses, it was impossible to consistently infer whether participants intended to refer to their ethnicity, race or nationality. The same applies for gender and sexual expression. These responses were therefore grouped together. The importance scores were then used to classify the reported aspects as first, second and third most important cultural identity aspect for each participant. The thematically grouped identities and their occurrence as first, second and third most important identity in percentages are reported in supplementary materials (Appendix A). Three participants did not

mention any important cultural identity. Similar to the results reported by Anders et al. (2020), the majority of the participants reported ethnicity/nationality as being most important, followed by gender/sexual expression and religious identity. Cultural identities were administered prior to the broaching variables.

Broaching. The participant's perceptions on broaching were assessed in terms of topic and approach.

Broaching Topic. To assess the cultural identity topics that were discussed during therapy, participants indicated for seven cultural identity aspects – i.e. sexual orientation/gender expression, social class, religion/spirituality, ethnicity, ability status, family and body size - whether these topics were broached at some point in therapy. Participants noted for each item separately whether it was discussed, not discussed or not applicable (see Table 1). Family was the most often discussed topic in the current sample. It is apparent that the other cultural topics, such as ethnicity and religion, were discussed in less than half of the cases, although regarded as applicable by over 90% of participants.

<u>Table 1</u>

Broaching Approach. To assess the approach used in broaching statements, participants indicated on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) to what extent the counsellor used direct (M=3.12, SD= 1.03), indirect (M=3.56, SD= 0.95) or avoidant (M=2.05, SD= 1.13) language while broaching. Items are developed by the authors for the purpose of this study, based on literature and qualitative research reporting on broaching approaches (Bartholomew et al., 2021; Bayne & Branco, 2018; Jones & Welfare, 2017; King, 2021b; Trevino et al., 2021). Feedback on the comprehensibility and applicability of the items was sought from three clinical psychologist with experience in cross-cultural counselling. Separate scores were assessed for every broached topic on the three approaches, by relying on individual questions. Table 2 indicates the mean scores and

mean differences per broached topic. The instructions and prompts used to assess broaching language are reported in supplementary materials (Appendix B).

Table 2

Cultural Humility. We measured perceived counsellor cultural humility using the Cultural Humility Scale (Hook et al., 2013). Participants rated 12 items on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A sample items is "Regarding the core aspects of my cultural background, my counsellor is open to seeing things from my perspective". The internal consistency of this measure was high (α= .91; *M*= 3.86; *SD*= 0.74).

Missed Opportunities. Clients' perceptions of the degree to which counsellors miss (or seek) opportunities for cultural conversations was assessed with the Cultural Missed Opportunities Scale (Owen et al., 2016). The scale consisted of 5 items that are answered on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). An example item is "There were many chances to have deeper discussions about my cultural background that never happened." In the current sample higher mean scores indicated higher levels of perceived missed opportunities. The mean of this scale was 2.68 (*SD*= .84) and its internal consistency was acceptable (α= .77).

Cultural Comfort. Cultural comfort was assessed with the Therapist Cultural Comfort Scale (Pérez-Rojas, 2019). The scale measures the clients' perceptions of their therapists' cultural comfort with 13 items. Responses were indicated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). All items began with the general stem: "When important parts of my culture come up or are discussed, my therapist…" An example items is "…seems at ease with me". The mean of this scale was 4.14 (*SD*= .72) and its internal consistency was high (α= .94).

Microaggressions. To measure clients' perceptions of the frequency of microaggressions, we used the 10-item Racial Microaggressions in Counselling Scale

(RMCS; Constantine, 2007). Participants indicated for each scenario on a 5-point Likert scale ranging from respectively 1 (never) to 5 (always) how often microaggressions had occurred in counselling. A sample item is “My counsellor at times seemed to over-identify with my experiences related to my race or culture.” In the current study, the RMCS’s Cronbach’s alpha was .90 (M= 1.65; SD= 0.71).

Procedure

Data collection was completed online via the Prolific platform. The information that we posted on Prolific included the eligibility criteria, the purpose of the survey (i.e., a study about cultural conversations in psychotherapy), the amount of time required for participation (i.e.,20 minutes), the amount of compensation (i.e., £2.26) and the task, i.e., completing a survey study. Those who were eligible and interested to participate were led to the online survey administered in Qualtrics. They first read a statement on what is understood by ‘outpatient psychological therapy’ to assure suitability for the present research purposes (see Appendix C for the statement and detailed data collection procedure). After confirmation, the participants were presented with the consent form which included information regarding confidentiality, potential risks and debriefing opportunity. Only those who confirmed they were eligible and agreed to participate were referred to the actual survey. After completion, participants were given the contact information of the researcher in case they had any questions or concerns about the study.

Compared to often-used college samples, data collected through online crowdworking platforms such as Prolific is at least as reliable for psychotherapy research (e.g. Anderson et al., 2019; Shapiro et al., 2013), especially when studying hard-to-reach populations (Smith et al., 2015; Strickland et al., 2019). Previous research has shown that Prolific samples pre-screened for a history of mental health issues presented strong temporal stability and factor structures, corresponding with theoretical expectations (Stanton et al., 2022). To optimise

data reliability and exclude bots and bot-like participants, we implemented appropriate safeguards including captcha verification, attention checks and screening for unreasonably short completion times. In addition, three suitability checks and five open questions about experiences in therapy were integrated throughout the survey, to ensure we collected data from true ethnic minority clients. The answers to the open questions were carefully screened in terms of credibility and quality, and cross-validated with the quantitative data we collected. A detailed description of all the implemented strategies to ensure high quality and trustworthy data are included in the supplementary materials (Appendix C).

Statistical Analysis

We used Bayesian regression to test the effects of broaching variables on perceived multicultural orientation of the counsellor and the frequency of microaggressions. Bayesian methods are suitable for the current study as the samples were small (*N* ranging from 33 to 162). Additionally, unlike in null hypothesis significance testing, a large number of statistical tests can be performed without inflated false positive rates (Gelman & Tuerlinckx, 2000). To estimate the main and interaction effects, we used the median (Mdn), the 95% Credibility Interval (CI) of the simulated posterior distribution. The 95% Credibility Intervals function as indices of “significance” and indicate that there is a 95% chance the true value of the parameter in the sample lies within the interval (see Makowski et al., 2019; Ringland et al., 2021 for literature on credibility intervals). All models were fit using the rstanarm and emmeans packages in R (Version 2.21.1; Goodrich et al., 2020; Version 1.7.2; Russel et al., 2022; R Core Team, 2021). All materials, data files and scripts needed to reproduce the analyses can be found on the Open Science webpage (https://osf.io/puab9/?view_only=9859d4ef05e04cdf8188274c750bfcc6). This study was not preregistered.

For the first set of analyses, a Bayesian linear regression model was fitted for each broaching topic. For the second set of analyses, we focused on the effects of broaching for the two most important cultural identities, irrespective of the topic. Analyses for the third most important identity were not reported as only in 22 cases the third most important identity was broached. All main and interaction effects were not within the 95% credibility interval. These results signify that broaching approach for identities that are of lesser importance to the client are not related to reports of the therapist's multicultural orientation and perceived microaggressions. Alternatively, these outcomes can be attributable to a lack of statistical power as a result of the small sample size.

Results

Preliminary Analysis

Descriptive statistics and correlations can be found in supplementary materials (Appendix D). We checked whether participants' demographic characteristics were related to the outcome variables. Gender and educational level were not significantly related to the outcome variables (all ps> .08), and were dropped from further analyses. Cultural humility and cultural comfort were significantly related to age (r=.17 and r=.15, respectively, ps<.05) and missed opportunities was significantly related to employment status ($F(3,209)= 3.53$, $p<.05$) and ethnic group ($F(6,206)= 2.47$, $p<.05$). These variables were therefore added as control variables in the corresponding analyses.

Main Analysis

Broaching Approach per Topic

Table 3 reports the medians and 95% credibility intervals of the Bayesian analyses of the broaching variables per topic as independent variables, and cultural humility, missed opportunities, cultural comfort and perceived frequency of microaggressions as the dependent variables. In agreement with hypothesis 1, the results revealed that both direct and indirect

broaching generated mostly favourable effects on the outcome measures, except for direct broaching of gender/sexual expression which was related to less cultural humility. In support of hypothesis 2, avoidant broaching had the most unfavourable effects.

More specifically, direct broaching was related to less missed opportunities for the identity aspects of ethnicity, religion and family, and to greater cultural comfort for body shape/size. Indirect broaching yielded beneficial effects for each outcome for ethnicity, and it was associated with less missed opportunities for ability status and body shape/size. Finally, an avoidant broaching approach was related to unfavourable results for cultural humility for all identity aspects with the exception of ability status, and for cultural comfort for all identity aspects with the exception of body shape/size. Moreover, avoidant broaching had unfavourable effects on missed opportunities for religion and ability status and similar relationships with microaggressions for religion, SES and family.

Table 3

Broaching Approach for the Most Salient Identities

Table 4 reports the results of the Bayesian analyses for broaching the two cultural identities rated as most important by the participant. Interestingly, the most important identity generated the most distinctive results on each dependent variable. In partial support for hypothesis 1, direct broaching was associated with less missed opportunities, but not with other outcome variables. Indirect broaching was favourably related to all outcome measures. In line with our predictions in hypothesis 2, avoidant broaching was negatively related to cultural humility and cultural comfort, and positively related to missed opportunities and microaggressions. With respect to the second important identity aspect, similar effects were obtained for avoidant on missed opportunities, cultural comfort and microaggressions, whereas the relationship for cultural humility was absent.

Table 4

Discussion

Informed by the multicultural orientation framework and research on broaching and microaggressions in psychotherapy, the present study investigated the relationship between counsellors' broaching behaviour and perceptions of multicultural orientation and microaggressions in a sample of ethnic minority clients who followed at least one session of therapy in the last twelve months. First, we looked at the relation between broaching approaches per topics and outcome measures. The analyses demonstrated that direct and indirect broaching approaches yielded mostly beneficial yet sometimes distinct effects on outcome measures, depending on the topic broached. These effects signify that broaching a "list" of cultural topics is not intrinsically beneficial for the perceived quality of the counselling process, but rather the way in which broaching is performed. We extended these findings with the observation that avoidant broaching – not direct or indirect broaching – is associated with more perceived microaggressions, in addition to lower rates of perceived multicultural orientation, across virtually all cultural identity topics. Second, we conducted a set of analyses on the identity aspects that clients had marked as being particularly important. For the clients' primary identity aspect, an indirect broaching approach is preferred over a direct and avoidant approach. For the second most important identity, direct and indirect broaching showed no effects, and avoidant broaching yielded negative effects.

These results contribute to the broaching and multicultural counselling literature in at least four ways. First, by addressing the meaningfulness of broaching behaviours in relation to the multicultural orientation framework, the present results provide practical guidelines for broaching. The multicultural orientation framework, which is composed of cultural humility, cultural opportunities and cultural comfort, is an established framework for culturally sensitive counselling and functions as a complement to any existing model of psychotherapy (Davis et al., 2018). Despite the growing consensus on the importance of broaching (King,

2021a), our results confirm that therapists are currently still reluctant to broach cultural topics (Maxie et al, 2006). From this perspective, practical broaching guidelines are timely and may stimulate the field to navigate through the counselling process with a higher consciousness about broaching-related topics. For example, ethnicity was discussed in less than half of the cases in the current sample, although it was qualified as highly important by nearly all participants. A possible explanation for these contrasting results may in fact be grounded in the lack of evidence-based concrete guiding principles for counsellors. A promising avenue in this regard may be elaborated from the observation that indirect broaching, which is the most frequently used and preferred approach by counsellors in practice (Jones & Welfare, 2017), is also perceived as the overall most appropriate approach by ethnic minority clients. These results are hard to reconcile with the general tendency in literature to advocate direct broaching, especially for ethnicity-related topics (Cardemil & Battle, 2003; Day-Vines et al., 2007; La Roche & Maxie, 2003; Thompson & Alexander, 2006), and may set the stage for evidence-based revisited beliefs about the most appropriate broaching strategy. Participants' preference for indirect broaching, especially for ethnicity-related topics, suggests that direct language use might induce negative sentiments. In its most basic form, direct broaching statements might be understood as a verbose and embellished form of the "Where are you from – where are you *really* from" trope in conversations between a white person and a person of colour. The broaching statement can similarly be interpreted as an unwanted suggestion of a linkage between the client's presenting concerns and their cultural background and identities. Therapists using a direct broaching approach can therefore come across as hurtful and unintentionally drive clients to engage in psychological reactance, rather than conveying a message of culturally sensitive therapy. The impact of direct broaching is in that respect possibly strongly dependent on the cultural identities of the therapist and the quality of the therapeutic relationship. For example, a broaching statement about ethnicity

communicated by an ethnic majority versus minority therapist might be interpreted differently and thus have distinctive effects on the perceptions of the cultural sensitivity of the therapy.

Second, our results contribute to the psychotherapy literature by moving beyond the historically isolated focus on broaching ethnic identities. Indeed, research on broaching other cultural identities - such as sexual orientation and religion – is currently rather underdeveloped, potentially because the established multicultural counselling literature often seems to overlook the importance of multiple identities as well as the saliency of these identities. Towards this end, the present study adds a more comprehensive perspective by studying broaching of multiple identities and their saliency, in relation to perceived multicultural orientation and microaggressions. It has indeed been argued that clients with two rather than one salient cultural identity judged their therapists as lower in cultural humility and higher in missed cultural opportunities, which demonstrates the complexity of addressing multiple cultural identities (Anders et al., 2020). In the present study, this phenomenon is reflected in the finding that avoiding cultural topics, including those not salient to the client's identity, is negatively associated with outcome measures. The importance of broaching thus exceeds mere ethnicity-related broaching, and requires attention and engagement with clients' multiple cultural identities.

Third, our results reveal that clients are most sensitive for how attuned the therapist is to their most important identity aspect. These effects may be caused by a general augmented alertness that individuals have towards events related to their salient identities (Maitner et al., 2010). In other words, it matters most how a client's primary identity is broached because individuals are most receptive for these interactions. It is essential to note here that ethnicity was most frequently reported as the most salient identity, potentially explaining why both the

topic of ethnicity and the most important identity generated similar pronounced effects on outcome measures.

Lastly, our study is, to the best of our knowledge, the first to examine broaching approaches in relation to microaggressions. The present results allow for a direct comparison between broaching approaches and their association with perceived microaggressions in therapy. We found that only avoidant broaching was associated with more microaggressions across all broaching topics. This suggests that mainly the act of ignoring or dismissing cultural topics - i.e. a colour-blind approach - rather than directly addressing them - and potentially coming across as essentializing - negatively impacts the counselling process. In other words, therapists who do not want to assume salience of particular identities or promote colour-blind counselling as a means of appearing bias free, risk ignoring cultural content and may be perceived as microaggressive. A lack of cultural focus thus possibly has pernicious effects on the counselling process. Given the power and status differences between clients and therapists, especially in the broader context of dominant and subordinate cultures in which the therapy takes place, these results function as an indication that therapists' broaching reluctance should be countered. On a more general level, these results further support the broadly recognised need for the therapist to acknowledge the entrenched ethnocentric normative viewpoints on health and illness in methods, interventions and views in Western psychological conceptualizations (Danziger, 1997; Day-Vines et al., 2018; Moleiro, 2018).

Clinical Implications

The broaching literature has struggled to formulate concrete, evidence-based broaching behaviours. The current study responds to this gap in the literature by formulating four initial recommendations on how to approach broaching in the counselling practice. These recommendations are based on their potential to elicit multicultural orientation, a

complementary therapeutic framework that articulates a "way of being" to navigate cultural dynamics in therapy. This orientation is applicable to any established therapeutic model or approach.

First and foremost, counsellors should not avoid cultural content in therapy, even if the topic is not salient to the clients cultural identity. Ignoring or dismissing cultural issues is found to relate to lesser perceptions of the counsellor's cultural humility and comfort, and higher perceptions of missed opportunities and microaggressions. Microaggressions in general, but also in the counselling dyad, are significantly associated with negative therapeutic and health outcomes. Therefore, counsellors in practice should prevent conducting counselling in identity-neutral terms, and make broaching a routine practice.

Second, looking at the recommended language use in broaching statements, indirect language generally communicates the highest levels of perceived multicultural orientation. This means that counsellors' use of unfocused exploration of culturally-related topics is most beneficial, especially when contrasted to an avoidant approach. For ethnicity and gender/sexual orientation in particular, indirect broaching is recommended to be integrated as standard practice. Direct broaching, on the other hand, which entails raising cultural topics in a proactive and direct manner, is also deemed helpful by the client especially for family, religion and body shape/size-related topics. The use of appropriate language in broaching is a prerequisite for layered discussions about a client's self-concept and concerns, counteracting possible taboos for discussing particular identities.

Third, it is valuable for therapists to consider clients' identity aspects in terms of their ascribed importance. Our findings show that the most important identity revealed the most pronounced effects in terms of broaching approaches. Ethnicity, gender/sexual expression or religion are typically considered as the most important cultural identity for clients from ethnic minority groups. Counsellors are therefore recommended to not only broach these identities

by using indirect language, as the indirect approach has the highest potential to elicit augmented perceptions of multicultural orientation and a decreased frequency of microaggressions, but also to circumvent avoidant broaching at this point, given its particular association with more perceived microaggressions and less multicultural orientation of the therapist.

Limitations and Directions for Future Research

The conclusions of this study should be interpreted with certain limitations in mind. First, even though we have collected a substantial number of participants, some of the presented analyses relied on small sample sizes, especially when broaching topics were investigated separately. Results should therefore be interpreted with caution. Because of this, it was unfeasible to examine possible intersecting identities and calculate synergistic effects of broaching multiple related or important identities. Future research can address this limitation by using bigger sample sizes or experimental approaches. Second, this study is cross-sectional in nature, relying on retrospective recall. Future research is needed that makes use of longitudinal designs or studying broaching in the moment, because it could have been difficult for the participants to recall specifics about cultural conversations that happened some time ago. This would also allow to study additional elements of broaching, such as timing of the initial statement and the therapist's goal of the broaching action. Particularly interesting in this respect is to capture broaching statements *about* microaggressions committed by the therapist themselves. Previous research has in fact shown that addressing microaggressions after their occurrence in therapy buffers the otherwise negative therapy-related outcomes (Owen et al., 2014). Also due to the cross-sectional research design, the direction of causality cannot be assumed. Possibly, broaching approaches determine identity saliency and therefore potentially generate negative effects when it goes against the client's expectations. Third, given that our sample predominantly consists of higher-educated,

relatively young women, the resemblance with the therapists (who is also often a higher-educated woman) can have an influence on the results. Specifically, this potentially explains why the effects of broaching topics such as socioeconomic status are rather curbed. More in-depth examinations of cultural identities of both the client and the therapist as well as the operation of possible power differences are needed. On a more general level, future studies may collect data of multiple patients nested in therapists working in different centres. Such nested data would allow examining the multilevel main effects of therapist and centre, and also whether these levels moderate the reported effects of broaching at the individual level. Further, research might focus on which therapist and centre characteristics exactly drive such multilevel main and interaction effects. Fourth, there is no standardized measure available for the assessment of how broaching conversations exactly unfold during the counselling process. The broaching measures used in the present study are grounded in broaching research and theory, but do not allow getting a view on the specific behaviours that the broaching approaches entail. However, in order to fully grasp and identify empirically supported ways to include cultural topics in the counselling dyad, future research is needed to develop a more fine-grained measure of broaching behaviour. Additionally, the current operationalization of broaching strongly focuses on the therapist's agency and overlooks cultural conversations initiated by the client. Finally, future research should also look into the transactional nature of broaching, by considering not only the client's but also the therapist's cultural identities and the consequences of the (mis)match in identities on broaching appraisal. Research on clients' experiences in this respect can reveal how broaching *an sich* can be experienced differently with different therapists, irrespective of language use. For example, ethnic-cultural match is expected to facilitate the understanding of lived experiences as a minority group member, whereas mismatch may create a superficial 'textbook' experience of cultural conversations. In contrast, match can also increase self-consciousness

about personal values and practices that might conflict with in-group norms, whereas mismatch would enable both parties to appreciate each other's uniqueness more (Chang & Yoon, 2011). The complex interplay of cultural identities and the singularity that shapes each individual interaction thus co-determines if and how broaching is particularly beneficial or irrelevant, and should therefore be further investigated.

In sum, this study sought to understand the relationship between different broaching approaches and client reports of their therapists' multicultural orientation and perceived microaggressions. Findings suggest that especially indirect broaching is related to positive outcomes for virtually all studied cultural topics. Direct broaching is also beneficial for most cultural topics, although to a lesser extent, which is especially the case for ethnicity-related topics. Avoidant broaching was consistently related to higher frequency of microaggressions in psychotherapy. Taken together, our results underscore the importance of effective broaching in psychotherapy, and can guide future research on the significance of specific behavioural broaching strategies.

References

Anders, C., Kivlighan, D. M., Porter, E., Lee, D., & Owen, J. (2021). Attending to the intersectionality and saliency of clients' identities: A further investigation of therapists' multicultural orientation. *Journal of Counseling Psychology*, *68*(2), 139–148. https://doi.org/10.1037/cou0000447

Anderson, K. N., Bautista, C. L., & Hope, D. A. (2019). Therapeutic alliance, cultural competence and minority status in premature termination of psychotherapy. *The American Journal of Orthopsychiatry, 89*(1), 104–114.

Bartholomew, T. T., Pérez-Rojas, A. E., Bledman, R., Joy, E. E., & Robbins, K. A. (2021). "How could I not bring it up?": A multiple case study of therapists' comfort when

Black clients discuss anti-Black racism in sessions. *Psychotherapy*. https://doi.org/10.1037/pst0000404

Bartholomew, T. T., Pérez-Rojas, A. E., Lockard, A. J., Joy, E. E., Robbins, K. A., Kang, E., & Maldonado-Aguiñiga, S. (2021). Therapists' cultural comfort and clients' distress: An initial exploration. *Psychotherapy, 58*(2), 275–281. https://doi.org/10.1037/pst0000331

Bayne, H. B., & Branco, S. F. (2018). A phenomenological inquiry into counselor of color broaching experiences. *Journal of Counseling and Development: JCD*, *96*(1), 75–85. https://doi.org/10.1002/jcad.12179

Cardemil, E. V., & Battle, C. L. (2003). Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology, Research and Practice, 34*(3), 278–286. https://doi.org/10.1037/0735-7028.34.3.278

Chang, D. F., & Yoon, P. (2011). Ethnic minority clients' perceptions of the significance of race in cross-racial therapy relationships. *Psychotherapy Research: Journal of the Society for Psychotherapy Research*, *21*(5), 567–582. https://doi.org/10.1080/10503307.2011.592549

Choi, G., Mallinckrodt, B., & Richardson, J. D. (2015). Effects of international student counselors' broaching statements about cultural and language differences on participants' perceptions of the counselors. *Journal of Multicultural Counseling and Development, 43*(1), 25–37. https://doi.org/10.1002/j.2161-1912.2015.00062.x

Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology*, *54*(1), 1–16. https://doi.org/10.1037/0022-0167.54.1.1

Crawford, E. P. (2011). *Stigma, racial microaggressions, and acculturation strategies as predictors of likelihood to seek counseling among Black college students*. Oklahoma State University.

Danziger, K. (1997). *Naming the mind: How psychology found its language*. SAGE Publications.

Davis, D. E., DeBlaere, C., Owen, J., Hook, J. N., Rivera, D. P., Choe, E., Van Tongeren, D. R., Worthington, E. L., & Placeres, V. (2018). The multicultural orientation framework: A narrative review. *Psychotherapy*, *55*(1), 89–100. https://doi.org/10.1037/pst0000160

Day-Vines, N. L., Cluxton-Keller, F., Agorsor, C., Gubara, S., & Otabil, N. A. A. (2020). The multidimensional model of broaching behavior. *Journal of Counseling and Development, 98*(1), 107–118. https://doi.org/10.1002/jcad.12304

Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. Journal of Counseling and Development: JCD, 85(4), 401–409.

de Haan, A. M., Boon, A. E., de Jong, J. T. V. M., & Vermeiren, R. R. J. M. (2018). A review of mental health treatment dropout by ethnic minority youth. *Transcultural Psychiatry, 55*(1), 3–30. https://doi.org/10.1177/1363461517731702

Dovidio JF, Gaertner SL, Pearson AR. “Racism among the well-intentioned: bias without awareness,” In: Miller AG, editors. *The Social Psychology of Good and Evil* (2nd ed.). New York: Guilford Press (2016), p. 95–118.

Drinane, J. M., Owen, J., & Tao, K. W. (2018). Cultural concealment and therapy outcomes. *Journal of Counseling Psychology, 65*(2), 239–246. https://doi.org/10.1037/cou0000246

ESS Round 9: European Social Survey Round 9 Data (2018). Data file edition 3.1. NSD - Norwegian Centre for Research Data, Norway – Data Archive and distributor of ESS data for ESS ERIC. doi:10.21338/NSD-ESS9-2018.

Gelman, A., & Tuerlinckx, F. (2000). Type S error rates for classical and Bayesian single and multiple comparison procedures. *Computational Statistics, 15*(3), 373–390. https://doi.org/10.1007/s001800000040

Goodrich B, Gabry J, Ali I & Brilleman S. (2020). rstanarm: Bayesian applied regression modeling via Stan. R package version 2.21.1 https://mc-stan.org/rstanarm.

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., & Utsey, S. O. (2013). Cultural humility: measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*(3), 353–366. https://doi.org/10.1037/a0032595

Hook, J. N., Farrell, J. E., Davis, D. E., DeBlaere, C., Van Tongeren, D. R., & Utsey, S. O. (2016). Cultural humility and racial microaggressions in counseling. Journal of Counseling Psychology, 63(3), 269–277. https://doi.org/10.1037/cou0000114

Huey, S. J., Jr, Tilley, J. L., Jones, E. O., & Smith, C. A. (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology*, *10*(1), 305–338. https://doi.org/10.1146/annurev-clinpsy-032813-153729

Iyer, A., Sen, G., & Ostlin, P. (2008). The intersections of gender and class in health status and health care. Global Public Health, 3 Suppl 1, 13–24.

Jones, C. T., & Welfare, L. E. (2017). Broaching behaviors of licensed professional counselors: A qualitative inquiry. *Journal of Addictions & Offender Counseling, 38*(1), 48–64. https://doi.org/10.1002/jaoc.12028

Kearney, L. K., Draper, M., & Barón, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity & Ethnic Minority Psychology, 11*(3), 272–285. https://doi.org/10.1037/1099-9809.11.3.272

Kegel, A. F., & Flückiger, C. (2015). Predicting psychotherapy dropouts: A multilevel approach: Predicting dropouts: A multilevel approach. *Clinical Psychology & Psychotherapy, 22*(5), 377–386. https://doi.org/10.1002/cpp.1899

King, K. M. (2021a). Client perspectives on broaching intersectionality in counseling. *The Journal of Humanistic Counseling*. https://doi.org/10.1002/johc.12169

King, K. M. (2021b). "I want to, but how?" defining counselor broaching in core tenets and debated components. *Journal of Multicultural Counseling and Development, 49*(2), 87–100.

King, K. M., & Borders, L. D. (2019). An experimental investigation of white counselors broaching race and racism. *Journal of Counseling and Development, 97*(4), 341–351. https://doi.org/10.1002/jcad.12283

Knox, S., Burkard, A. W., Johnson, A. J., Suzuki, L. A., & Ponterotto, J. G. (2003). African American and European American therapists' experiences of addressing race in cross-racial psychotherapy dyads. *Journal of Counseling Psychology, 50*(4), 466–481. https://doi.org/10.1037/0022-0167.50.4.466

Kohn-Wood, L., & Hooper, L. (2014). Cultural competency, culturally tailored care, and the primary care setting: Possible solutions to reduce racial/ethnic disparities in mental health care. *Journal of Mental Health Counseling, 36*(2), 173–188. https://doi.org/10.17744/mehc.36.2.d73h217l81tg6uv3

La Roche, M. J., & Maxie, A. (2003). Ten considerations in addressing cultural differences in psychotherapy. *Professional Psychology, Research and Practice*, *34*(2), 180–186. https://doi.org/10.1037/0735-7028.34.2.180

Liu, W.M. & Pope-Davis, D.B. (2004). The working alliance, therapy ruptures and impasses, and counseling competence: Implications for counselor training and education. In R. T. Carter (Ed.), *Handbook of Racial-Cultural Psychology and Counseling* (pp. 148–167). John Wiley & Sons.

Maitner, A. T., Mackie, D. M., Claypool, H. M., & Crisp, R. J. (2010). Identity salience moderates processing of group-relevant information. *Journal of Experimental Social Psychology, 46*(2), 441–444. https://doi.org/10.1016/j.jesp.2009.11.010

Makowski, D., Ben-Shachar, M. S., Chen, S. H. A., & Lüdecke, D. (2019). Indices of effect existence and significance in the Bayesian framework. *Frontiers in Psychology, 10*, 2767. https://doi.org/10.3389/fpsyg.2019.02767

Maxie, A. C., Arnold, D. H., & Stephenson, M. (2006). Do therapists address ethnic and racial differences in cross-cultural psychotherapy? *Psychotherapy*, *43*(1), 85–98. https://doi.org/10.1037/0033-3204.43.1.85

Meyer, O. L., & Zane, N. (2013). The influence of race and ethnicity in clients' experiences of mental health treatment: Race and ethnicity in mental health treatment. *Journal of Community Psychology*, *41*(7), 884–901. https://doi.org/10.1002/jcop.21580

Moleiro, C. (2018). Culture and psychopathology: New perspectives on research, practice, and clinical training in a globalized world. *Frontiers in Psychiatry, 9*, 366.

Nadal, K. L. (2011). The Racial and Ethnic Microaggressions Scale (REMS): construction, reliability, and validity. *Journal of Counseling Psychology*, *58*(4), 470–480. https://doi.org/10.1037/a0025193

Owen, J. (2013). Early career perspectives on psychotherapy research and practice: psychotherapist effects, multicultural orientation, and couple interventions. *Psychotherapy, 50*(4), 496–502.

Owen, J. J., Tao, K., Leach, M. M., & Rodolfa, E. (2011). Clients' perceptions of their psychotherapists' multicultural orientation. *Psychotherapy, 48*(3), 274–282. https://doi.org/10.1037/a0022065

Owen, J., Drinane, J., Tao, K. W., Adelson, J. L., Hook, J. N., Davis, D., & Fookune, N. (2017). Racial/ethnic disparities in client unilateral termination: The role of therapists' cultural comfort. Psychotherapy Research: *Journal of the Society for Psychotherapy Research, 27*(1), 102–111.

Owen, J., Tao, K. W., Drinane, J. M., Hook, J. N., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice, 47*, 30–37. http://dx.doi.org/10.1037/pro0000046

Owen, J., Tao, K. W., Imel, Z. E., Wampold, B. E., & Rodolfa, E. (2014). Addressing racial and ethnic microaggressions in therapy. *Professional Psychology, Research and Practice, 45*(4), 283–290.

Palan, S., & Schitter, C. (2018). Prolific.ac—A subject pool for online experiments. *Journal of Behavioral and Experimental Finance, 17*, 22–27.

Pérez-Rojas, A. E., Bartholomew, T. T., Lockard, A. J., & González, J. M. (2019). Development and initial validation of the Therapist Cultural Comfort Scale. *Journal of Counseling Psychology, 66*(5), 534–549. https://doi.org/10.1037/cou0000344

Pitcan, M., Park-Taylor, J., & Hayslett, J. (2018). Black men and racial microaggressions at work. *The Career Development Quarterly, 66*(4), 300–314.

R Core Team (2021). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria. URL https://www.r-project.org/.

Rathod, S. (2017). Contemporary psychotherapy and cultural adaptations. *Journal of Contemporary Psychotherapy, 47*(2), 61–63.

Richeson, J. A., & Shelton, J. N. (2007). Negotiating interracial interactions: Costs, consequences, and possibilities. *Current Directions in Psychological Science, 16*(6), 316–320. https://doi.org/10.1111/j.1467-8721.2007.00528.x

Ringland, V., Lewis, M. A., & Dunleavy, D. (2021). Beyond the p-value: Bayesian statistics and causation. *Journal of Evidence-Based Social Work, 18*(3), 284–307. https://doi.org/10.1080/26408066.2020.1832011

Satinsky, E., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2019). Mental health care utilisation and access among refugees and asylum seekers in Europe: A systematic review. *Health Policy, 123*(9), 851–863.

Shapiro, D. N., Chandler, J., & Mueller, P. A. (2013). Using Mechanical Turk to study clinical populations. *Clinical Psychological Science, 1*(2), 213–220. https://doi.org/10.1177/2167702612469015

Smith, N. A., Sabat, I. E., Martinez, L. R., Weaver, K., & Xu, S. (2015). A convenient solution: Using Mturk to sample from hard-to-reach populations. *Industrial and Organizational Psychology: Perspectives on Science and Practice, 8*, 220 –228. http://dx.doi.org/10.1017/iop.2015.29

Stanton, K., Carpenter, R. W., Nance, M., Sturgeon, T., & Villalongo Andino, M. (2022). A multisample demonstration of using the prolific platform for repeated assessment and psychometric substance use research. *Experimental and Clinical Psychopharmacology*. https://doi.org/10.1037/pha0000545

Strickland, J. C., & Stoops, W. W. (2019). The use of crowdsourcing in addiction science research: Amazon Mechanical Turk. *Experimental and Clinical Psychopharmacology, 27*(1), 1–18. https://doi.org/10.1037/pha0000235

Sue, D. (2016). Race talk and the conspiracy of silence: Understanding and facilitating difficult dialogues on race. John Wiley & Sons.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *The American Psychologist, 62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Sue, D. W., Lin, A. I., Torino, G. C., Capodilupo, C. M., & Rivera, D. P. (2009b). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity & Ethnic Minority Psychology, 15*(2), 183–190.

Sue, D., & Sundberg, N. D. (1996). Research and research hypotheses about effectiveness in intercultural counseling. In P. B. Pedersen, J. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (pp. 323–352). Sage Publications, Inc.

Sue, S. (1977). Community mental health services to minority groups. Some optimism, some pessimism. *The American Psychologist, 32*(8), 616–624. https://doi.org/10.1037//0003-066x.32.8.616

Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009a). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology, 60*(1), 525–548. https://doi.org/10.1146/annurev.psych.60.110707.163651

Trevino, A. Y., Tao, K. W., & Van Epps, J. J. (2021). Windows of cultural opportunity: A thematic analysis of how cultural conversations occur in psychotherapy. *Psychotherapy*. https://doi.org/10.1037/pst0000360

Table 1

Percentages of broached topics.

Topic	Discussed *N* (%)	Not Discussed *N* (%)	Not Applicable *N* (%)
Ethnicity	96 (45.1%)	103 (48.4%)	14 (6.6%)
Gender/sexual expression	39 (18.3%)	137 (64.3%)	37 (17.4%)
Religion/spirituality	66 (31%)	128 (60.1%)	19 (8.9%)
Socioeconomic status	33 (15.5%)	155 (72.8%)	25 (11.7%)
Ability status	48 (22.5%)	136 (63.8%)	29 (13.6%)
Family	162 (76.1%)	44 (20.7%)	7 (3%)
Body shape/size	60 (28.2%)	134 (62.9%)	19 (8.9%)

Note. *N*= 213

Table 2

Mean scores and standard deviations of broaching language for broached topics separately.

		Broaching Approach		
	N	Direct *M*(*SD*)	Indirect *M*(*SD*)	Avoidant *M*(*SD*)
Ethnicity	96	2.93 (1.24)[a,b]	3.67 (1.15)[a,c]	2.06 (1.15)[b,c]
Gender/sexual expression	39	2.79 (1.42)	3.36 (1.20)[a]	2.26 (1.23)[a]
Religion/spirituality	66	2.74 (1.17)[a,b]	3.52 (1.11)[a,c]	2.23 (1.12)[b,c]
SES	33	2.61 (1.25)[a,b]	3.73 (1.18)[a,c]	1.97 (1.13)[b,c]
Ability status	48	3.33 (1.17)[a]	3.40 (1.14)[b]	1.90 (1.10)[a,b]
Family	162	3.40 (1.16)[a]	3.56 (1.09)[b]	1.90 (1.17)[a,b]
Body shape/size	60	3.08 (1.29)[a]	3.57 (1.28)[b]	2.00 (1.22)[a,b]

Note. SES= Socioeconomic status. Means with different superscripts pertaining within the same row are significantly different at $p<.05$ with Bonferroni correction.

Table 3

Bayesian regression estimate medians and 95%credibility intervals for broaching approaches per cultural topic on multicultural counselling orientation and microaggressions.

	Cultural humility	Missed opportunities	Cultural comfort	Microaggressions
	Mdn, [95%CI]	*Mdn, [95%CI]*	*Mdn, [95%CI]*	*Mdn, [95%CI]*
Ethnicity (*N* = 96)				
Direct	0.06, [-0.08; 0.21]	**-0.22, [-0.38; -0.07]**	0.10, [-0.02; 0.22]	-0.05, [-0.18; 0.08]
Indirect	**0.17, [0.02; 0.32]**	**-0.21, [-0.37; -0.04]**	**0.18, [0.05; 0.31]**	**-0.16, [-0.29; -0.02]**
Avoidant	**-0.17, [-0.31; -0.02]**	0.11, [-0.05; 0.27]	**-0.17, [-0.30; -0.04]**	0.12, [-0.02; 0.25]
Gender/sexual expression (*N* =39)				
Direct	**-0.32, [-0.51; -0.14]**	0.05, [-0.18; 0.29]	-0.09, [-0.28; 0.11]	0.14, [-0.06; 0.34]
Indirect	0.04, [-0.17; 0.26]	-0.25, [-0.52; 0.04]	0.04, [-0.18; 0.27]	-0.02, [-0.25; 0.23]
Avoidant	**-0.22, [-0.41; -0.04]**	0.17, [-0.08; 0.42]	**-0.25, [-0.46; -0.04]**	0.13, [-0.09; 0.36]
Religion (*N* = 66)				
Direct	0.05, [-0.12; 0.23]	**-0.27, [-0.45; -0.08]**	0.11, [-0.05; 0.26]	-0.09, [-0.25; 0.07]
Indirect	0.05,	0.03,	0.03,	-0.07,

	[-0.13; 0.24]	[-0.17; 0.22]	[-0.15; 0.19]	[-0.25; 0.11]
Avoidant	**-0.28,**	**0.30,**	**-0.23,**	**0.22,**
	[**-0.47; -0.10**]	[**0.11; 0.49**]	[**-0.39; -0.06**]	[**0.04; 0.39**]
SES (*N* = 33)				
Direct	-0.04,	0.12,	0.07,	-0.04,
	[-0.29; 0.22]	[-0.16; 0.39]	[-0.15; 0.29]	[-0.27; 0.18]
Indirect	0.001,	0.18,	0.01,	0.04,
	[-0.26; 0.27]	[-0.12; 0.47]	[-0.22; 0.24]	[-0.20; 0.27]
Avoidant	**-0.34,**	0.16,	**-0.40,**	**0.31,**
	[**-0.62; -0.06**]	[-0.15; 0.47]	[**-0.64; -0.14**]	[**0.07; 0.54**]
Ability status (*N* = 48)				
Direct	-0.003,	-0.19,	0.05,	-0.04,
	[-0.18; 0.17]	[-0.41; 0.04]	[-0.12; 0.22]	[-0.26; 0.16]
Indirect	**0.24,**	**-0.29,**	0.14,	-0.10,
	[**0.08; 0.41**]	[**-0.49; -0.10**]	[-0.03; 0.31]	[-0.31; 0.12]
Avoidant	-0.17,	**0.23,**	**-0.21,**	0.16,
	[-0.36; 0.02]	[**0.04; 0.44**]	[**-0.40; -0.04**]	[-0.06; 0.37]
Family (*N* =162)				
Direct	0.06,	**-0.17,**	0.09,	-0.05,
	[-0.04; 0.16]	[**-0.28; -0.06**]	[-0.01; 0.19]	[-0.15 0.04]
Indirect	0.04,	-0.03,	0.05,	-0.04,
	[-0.07; 0.14]	[-0.15; 0.08]	[-0.05; 0.15]	[-0.15 0.06]
Avoidant	**-0.18,**	0.10,	**-0.18,**	**0.15,**
	[**-0.28; -0.08**]	[-0.02; 0.21]	[**-0.27; -0.09**]	[**0.05 0.25**]

Body shape/size (*N* = 60)				
Direct	0.08, [-0.06; 0.22]	-0.16, [-0.32; 0.001]	**0.19,** [**0.05 0.33**]	-0.05, [-0.22; 0.11]
Indirect	0.13, [-0.02; 0.28]	**-0.21,** [**-0.37; -0.05**]	0.14, [-0.0003 0.28]	-0.09, [-0.25; 0.08]
Avoidant	**-0.23,** [**-0.38; -0.07**]	0.07, [-0.10; 0.25]	-0.13, [-0.29 0.02]	0.11, [-0.06; 0.29]

Note. SES= Socioeconomic status. Credibility intervals excluding zero are printed in bold and indicate meaningful effects.

Table 4

Bayesian regression estimate medians and 95%credibility intervals for broaching approaches of the three most important cultural identities on multicultural counselling orientation and microaggressions.

	Cultural humility	Missed opportunities	Cultural comfort	Microaggressions
	Mdn, [95%CI]	*Mdn, [95%CI]*	*Mdn, [95%CI]*	*Mdn, [95%CI]*
ID1 (*N* = 90)				
Direct	0.06 [-0.08; 0.21]	**-0.23** [**-0.40; -0.08**]	0.11 [-0.01; 0.24]	-0.07 [-0.21; 0.07]
Indirect	**0.21** [**0.05; 0.36**]	**-0.29** [**-0.46; -0.12**]	**0.22** [**0.08; 0.35**]	**-0.16** [**-0.31; -0.01**]
Avoidant	**-0.25** [**-0.40; -0.10**]	**0.22** [**0.07; 0.38**]	**-0.21** [**-0.34; -0.09**]	**0.17** [**0.04; 0.30**]
ID2 (*N* = 52)				

Direct	-0.12	-0.10	0.01	0.08
	[-0.32; 0.09]	[-0.29; 0.09]	[-0.17; 0.18]	[-0.09; 0.26]
Indirect	0.05	-0.06	0.04	-0.01
	[-0.19; 0.29]	[-0.28; 0.17]	[-0.17; 0.25]	[-0.21; 0.19]
Avoidant	-0.206	**0.26**	**-0.28**	**0.26**
	[-0.43; 0.03]	[**0.04; 0.48**]	[**-0.47; -0.08**]	[**0.08; 0.45**]

Note. ID1 = first identity. ID2 = second identity. Credibility intervals excluding zero are printed in bold and indicate meaningful effects.