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Response to Commentaries on: Addressing Child Maltreatment by Infusing Multicultural, Feminist Tenets to Standard Clinical Approaches: The Cases of "Bashiir" and "Jaquann"

Embracing Deliberate Practice and Cultural Humility to Deepen Our Understanding of the Multicultural Feminist Approach: The Cases of "Bashiir" and "Jaquann"

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ABSTRACT

In this article, we respond with gratitude to commentaries from Dr. Renata Fire (2024) and Dr. Melissa Phillips (2024) on our cases of "Bashiir" and "Jaquann" (Singer, Deboard-Lucas, & Fuentes, 2024). Dr. Fire's commentary encouraged additional reflection on the inclusion of siblings within the therapeutic context. Dr. Phillips explored themes related to the ecological model. In the following response, guided by multicultural feminist tenets, we reflect on the commentaries provided by our colleagues and offer additional feedback on strategies for increasing engagement of family-centered cases and expanding interventions through deliberate practice to include other systems, including siblings, broader structures, and current developments in the field.

Key words: multicultural psychology; feminist psychology; child maltreatment; African clients; African-American clients; adolescents; Post-Traumatic Stress Disorder (PTSD); depression; deliberate practice; the role of siblings in family therapy; case study; clinical case study

DEEPENING OUR UNDERSTANDING THROUGH DELIBERATE PRACTICE

We appreciate the thoughtful comments offered by Drs. Fire and Phillips and thank them for their supportive remarks. Preparing articles in this issue of the *PCSP* journal has allowed us

to engage in a form of deliberate practice. Deliberate practice has garnered considerable attention over the past decade, with APA recently publishing over 15 books in this area. For example, in motivational interviewing, a well-established evidence-based clinical approach, Miller and Rolnick (2023) underscored the importance of deliberate practice, advising clinicians to continuously review their work, practice challenging skills, and regularly seek out consultations through coaches and learning communities.

While deliberate practice is a multi-step process, it typically involves recording and observing one's own work, setting specific goals, and getting feedback from experts (Rousmaniere, 2016). While the treatment with our clients occurred years ago, our present reflections on these cases can serve as a form of retrospective observation; and, as noted by Falender and Shafranske (2021), reflective practice, which includes self-reflection and self-assessment, is often associated with improved outcomes with our clients. Moreover, the Commentaries by experts in the field like Drs. Fire and Phillips simulate peer consultation, allowing us to deepen our understanding of child maltreatment and strengthen our treatment approaches. Specifically, we consider developments in the field around telehealth, the integration of siblings, and the secure storage of firearms.

Moreover, deliberate practice is very much aligned with cultural humility, which undergirds the tenets of the multicultural feminist approach. Mosher and colleagues (2017) developed a cultural humility framework that includes five major processes: critically examining one's work, including limitations and biases; developing an interpersonal stance that invites minoritized individuals to engage in fruitful dialogues; building partnerships with others that are based on mutual respect; considering alternative worldviews and explanations that allow new learning to occur; and finally, embracing a lifelong commitment to learning. As we reviewed our colleagues' Commentaries, we approached them with cultural humility, allowing us to evaluate our work, expand our cultural consciousness, consider outside perspectives, and enhance our practice.

DR. FIRE'S COMMENTARY ON THE CASE OF BASHIIR AND JAQUANN

Increasing Engagement Through Telehealth

Implementing therapy, particularly when there are multiple individuals participating, can be hindered by many logistical hurdles. As Dr. Fire noted, for lower income families, taking time out of the work day may result in harsh penalties, such as docked pay or fewer shifts (Fire, 2024). While the COVID-19 pandemic created many additional barriers to care, it did lead to an increase in the use of telehealth. The use of virtual options for therapy can reduce costs for clients and clinicians alike (Shaver, 2022). Indeed, we have multiple colleagues who have

reduced professional expenses by switching to telehealth-only practices, lessening commuting time and operational tasks related to office maintenance.

Introducing virtual options for therapy through medicine can increase access to creative interventions, such as screen-sharing to create visual prompts for therapy. For clients with email access, we have found in our professional experience that creating and sharing materials electronically can increase adherence to treatment recommendations, for example, creating a social story over PowerPoint. Generally, we have found that telehealth does not necessarily limit the potential for positive outcomes for therapy, particularly for already-established clinical alliances (Orlowski et al., 2022). Of note, there can be the addition of some new challenges, such as accessibility of WiFi, learning curves for technology, and the absence of additional data that can be obtained by observing non-verbal cues from a client's whole physical presentation (Orlowski et al., 2022).

While the case of Bashiir represents a composite of clients who were seen prior to the pandemic, it is likely that the family would have greatly benefited from the option to engage in telehealth sessions. This might have increased opportunities for parents to connect with the therapist between shifts at work or while at home, without the added burden of needing to (1) secure transportation, (2) obtain childcare, or (3) arrange for additional coverage for their jobs. In the case of Jaquann, juvenile detention interrupted opportunities for clinical care to proceed. It is possible that increased access to virtual options for treatment might have increased potential continuity of care had they been available. However, issues related to confidentiality may have been impacted by the setting within a detention center.

Integrating Siblings in Treatment

In the cases of both Bashiir and Jaquann the primary focus of clinical care was on the individuals themselves with inclusion of parental family members as an adjunctive service to increase treatment outcomes for the identified clients. However, as Dr. Fire notes, there is extensive opportunity to amplify the benefits of therapy through the inclusion of siblings in the family therapy model. Integrating additional individuals in the therapeutic model adds opportunities to enhance treatment, although this also increases additional potential ethical and logistical challenges.

Bronfenbrenner's ecological model (further discussed later in this Commentary) explores overlapping systems of interpersonal interactions and environmental context (Bronfenbrenner, 1977). As noted by Dr. Fire (2024), siblings may be impacted by the stressors that an individual client is experiencing. For Jaquann's siblings, his detention would have posed a potentially very disruptive and potentially distressing change to the family system. We agree that a countdown calendar might help mark the passage of time, and also increase a sense of connection to an absent family member. Indeed, this strategy has proven effective in our clinical experiences with

other clients, such as families with a member of the military who has a fixed date for returning to the family home.

Regarding Bashiir, it was not clear to the authors what was the impact of Bashiir serving as a primary caregiver on his younger siblings. The challenging work schedule experienced by his parents likely also caused a significant impact on the family system. Empowering youth to take leadership roles within a family without applying excessive pressure to be a primary caregiver may help ease the burden of parentification. Indeed, parentification may be linked to negative health outcomes, including internalizing symptoms (Dariotis et al., 2023). Direct conversation with Bashiir's siblings as part of a family therapy session might have afforded opportunities to ask clarifying questions, such as:

- What is it like having Bashiir take care of you?
- What are some of the strengths and positive things about your family?
- What do you worry about when it comes to your family?

These questions might have helped to establish a more strengths-based perspective, identify potential challenges faced by the family, and create a more comprehensive treatment plan to support all family members.

Integrating siblings in sessions further provides excellent information, including opportunities to observe family members interacting with each other directly. As is the case in group therapy, the presence of additional individuals in the session may elicit a different presentation of the client themselves. In Bashiir's case, the Somali support group enabled him to respond to topics presented by peers and to experience a greater sense of ease, presenting to the group what appeared to be a more comfortable, authentic version of himself. We would be curious to have seen how the presence of siblings might have changed Bashiir's presentation to the therapist.

The inclusion of additional family members, while potentially enhancing care, may also add extra challenges. Ethical standards, including the American Psychological Association's ethical codes ,emphasize the necessity of identifying who is the client in therapy (APA, 2010; Singer & Fuentes, 2018). As experienced in our own clinical sessions, siblings sometimes believe that attending a family therapy session means that they themselves have a direct clinical relationship with the therapist. It would be essential to establish clear boundaries for an extended family session with siblings present so that both Bashiir, his parents, and his siblings were aware of:

- Potential limits of confidentiality, such as the fact that siblings might share information that they observe in treatment outside of the therapy session.

- The number and duration of therapy sessions that the siblings are invited to attend
- The specific focus of each session (e.g., to improve communication, to help problem-solve a challenge, to learn more about the family's patterns of interactions).

There may be an additional challenge related to the different developmental needs of each family member. For example, younger children may not benefit from the same types of structured therapy in which teens and adults may thrive. However, Dr. Fire's excellent suggestion to specifically include and extend invitations to attend family therapy solely to Bashiir's older siblings may help to address this challenge effectively.

DR. PHILLIPS' COMMENTARY ON THE CASE OF BASHIIR AND JAQUANN

Ecological Context Matters

The authors appreciate Dr. Phillips' points regarding the importance of ecological context for both Bashiir and Jaquann. As Dr. Phillips indicated, considering ecological context is essential to providing competent care. This is true for all clients, as failing to recognize and incorporate the impact of one's identities, communities, cultures, and larger systems would lead to a "cookie-cutter" application of the specific treatment modalities. Taking a purely "Westernized" approach to Bashiir's treatment would have missed the significant impact that his identities as an immigrant and refugee and as the oldest sibling in his family had on his functioning. Similarly, if therapy had incorporated only one of Bashiir's identities, but not the spectrum of experience that applies to each, his treatment would have been generic and not tailored to his individual needs.

In Jaquann's case, neglecting the ecological context would have had similar impacts of "one size fits all" therapy. There are often many barriers to mental health treatment for children and families of color that result in inequitable access to care (Cheng et al., 2015). Once a family reaches a clinician, they deserve to be seen in the fullness of their identities and contexts. Jaquann and Bashiir both deserved to be seen as students with real barriers to attending school and not as adolescents uninterested in their education. Recognizing and adequately incorporating the context of their family circumstances and values treats them as the individuals they are, who benefited from individualized treatment plans.

We recognize that even with the identities and contexts that were addressed in Bashiir's and Jaquann's treatments, there was not one "right" way to do treatment with either person. There were likely additional contexts and layers that could have been incorporated that may have provided additional therapeutic benefit. Perhaps Bashiir's or Jaquann's family members had trauma or mental health histories that impacted their own as well as the identified clients' functioning. Although experiences with racism and discrimination were discussed in each

youth's treatment, there are numerous unknown ways in which their family members, neighbors, and school staff members may have interacted with each adolescent in ways that were impacted by their own experiences. Can we as individual clinicians be aware of and address each of these concerns? No. Should we use this as an opportunity to remind ourselves that there are always additional layers of a person's identity and context to consider? Absolutely.

As we attempt to incorporate ecological context for each client, we must also recognize the barriers that impact clinicians and the mental health field as a whole. There is a mental health crisis in the aftermath of a pandemic that had more severe and widespread impacts on communities of color, which includes clinicians. There are extensive wait lists and not enough clinicians or therapy spots available. This is not a failing of individual clinicians, who are already experiencing burnout as they attempt to manage full caseloads, insurance reimbursement challenges, and vicarious trauma. Adding more clients to full caseloads would only negatively impact both the clinicians and the clients. This is a widespread issue and not one that individual clinicians can "fix" on their own. However, one of the innumerable benefits that will come from improvements to the state of mental health care will be for reduced stressors for clinicians, which likely will result in an increased bandwidth for delving deeply into the ecological context that is so crucial to individualized therapy.

Centering Child Maltreatment

Dr. Phillips provided helpful commentary regarding the centering of child maltreatment in the assessment and treatment phases of therapy. As with other aspects of ecological impact, child maltreatment is most effectively assessed and responded to, through an ecological lens. In order to determine if child maltreatment has occurred, ecological factors, such as culture, community, and values, must be considered. For Bashiir, it was determined that harm was occurring from school absences, since he was experiencing academic struggles. However, his family needed resources, and when those were in place, they were able to ensure that he attended school and that childcare was provided for his siblings.

Similarly, the authors agree with Dr. Phillips' assessment that Jaquann's possession of a firearm did not constitute neglect on the part of his mother. Instead, the legal charges he incurred were directly related to a criminal justice system built on systemic racism. Without considering this contextual factor, a clinician would further perpetuate the harm done by the criminal justice system by unfairly and inaccurately assessing and labeling Jaquann. In both cases, centering the assessment of maltreatment was essential to determining next steps.

As with diagnostic classification, determining the "name" of a set of symptoms or behaviors, not only lets a clinician know what is occurring, it allows them to know how best to respond. If it was determined that Jaquann was experiencing neglect because he had a firearm in his possession, the system may have responded by removing him from his family to be placed in

foster care. Regardless of how short or long that separation would be from his family, it would still constitute another trauma in the life of a teen already impacted by so many. Instead, as Dr. Phillips indicated, it was necessary to remedy the situations working with the social environment, which in the cases of Basihiir and Jaquann would not only reduce or terminate the behavior, it would prevent the occurrence of additional trauma.

Ensuring Safety through the Secure Storage of Firearms

Dr. Phillips raised an excellent point when she considered Jaquann's suicidality and inquired whether Jaquann had access to a firearm. Recently, APA (2024) released a resolution titled, *Resolution on the Secure Storage of Firearms and Lethal Means Safety Strategies to Prevent Suicides*. This resolution highlighted how firearms are commonly used in suicides and offers guidance on limiting access. Reviewing evidence-based strategies for managing suicidality, this resolution encourages practitioners to explore with patients methods for safely securing firearms in and out of the home. Additionally, recognizing that this intervention requires particular knowledge, skills, and dispositions, the resolution outlines numerous steps for promoting and maintaining this highly-effective practice.

In the case of Jaquann, given the presence of a gun and his suicidal ideation, it would have been important to explore ways to safely secure it. Stanley and Brown (2012) offer guidance to practitioners on safety planning interventions, including restricting access to lethal means. Given the growing mental health crisis and our permissive stance toward gun ownership in this country, practitioners are encouraged to secure additional training in this area, as part of their suicidality management approach.

CONCLUSION

Again, we thank Drs. Fire and Phillips for their thoughtful reviews and for inspiring deeper reflections on these cases as well as on our overall practices. Embracing the spirit of deliberate practice and cultural humility, we reconsider our work, examining the various contexts that affect our clients, us, and the discipline. Our goal for this issue of the *PCSP* journal has been to provide sufficient guidance to practitioners on incorporating the multicultural feminist approach in their treatment of child abuse and neglect, with the ultimate aims of dismantling structural oppression, being responsive to multicultural issues in treatment, and ensuing social justice.

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