

Culturally Sustaining Counseling Practices with Black, Indigenous, People of Color

A Dissertation Presented for the

Doctor of Philosophy

Degree

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## **DEDICATION**

To my sobrinos, Maddox-James, Channing, Chase, and Oaklyn-Elease:

This is my love letter to you - one way I'm cultivating a world where you're loved for who you are, without conditions. Wherever your journey takes you, I will be by your side cheering you on.

Love, Tia

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“The schools we go to are reflections of the society that created them. Nobody is going to give you the education you need to overthrow them.” ~Assata Shakur

## **ABSTRACT**

This dissertation includes two manuscripts: a systematic review and a Delphi study, both focusing on culturally sustaining counseling with Black, Indigenous, People of Color (BIPOC). In the first manuscript, the review conducted a comprehensive search across databases for articles published between 2015 and 2023. Articles were included in the final sample ( $n = 11$ ) if they were interventions that involved counselors and focused on BIPOC participants or specific racial-ethnic groups. Using charting and thematic analysis, descriptive and empirical data identified several strengths in integrating cultural factors and modifying and evaluating interventions. The first manuscript provides a foundation for the second by exploring the current literature and distilling it into seven themes that describe some components of culturally sustaining counseling interventions, such as assessment of cultural needs and context, inclusion of culturally relevant examples and materials, and collaboration with cultural experts and communities. However, the manuscript also highlights a gap in how to consistently apply this practice with BIPOC clients. This is the groundwork for the Delphi study in the second manuscript. The second manuscript builds on the first by eliciting narratives about counseling practices that lead to strengths-based work with BIPOC individuals, families, and communities. The expert panel ( $n = 20$ ) in this Delphi study were BIPOC counselors who specialized in clinical, teaching, scholarship, and leadership related to counseling BIPOC clients. The study began with responses to open-ended prompts and used Reflexive Thematic Analysis (RTA) to develop 36 items across four categories: Counselor Reflexivity, Critical Inquiry of Knowledge Sources, Overall Counseling

Conditions and Process, and Counseling Assessment, Intervention, and Evaluation. After two rounds of rating, 33 items reached consensus. Analysis of the final items, categories, and participant qualitative comments developed a practice framework designed to guide the implementation of the racial-ethnic components of culturally sustaining counseling. The resulting framework is a six-component cascading model that symbolizes a critical component of culturally sustaining counseling: Counselor Reflexivity, Critical Inquiry of Knowledge Sources, Counseling Conditions & Assessment, Non-Racial-Ethnic Process, Racial-Ethnic Process, and Evaluation & Integration. This framework provides guidance for professional counselors to integrate culturally sustaining principles into their clinical work.

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**CHAPTER I**

**CULTURALLY SUSTAINING COUNSELING INTERVENTIONS: A**

**SYSTEMATIC REVIEW**

## **Abstract**

The purpose of this systematic review was to investigate what existing literature reveals about culturally sustaining counseling interventions oriented to race and ethnicity in hopes of identifying strengths and gaps related to intervention development. Culturally sustaining counseling interventions are crucial for addressing the needs of clients from historically excluded racial and ethnic backgrounds, yet to date, there is no explicit discussion of culturally sustaining counseling interventions holistically. This review conducted a comprehensive search across databases, like PsycINFO and Academic Search Complete, to identify relevant studies published between 2015 and 2023. The thematic analysis of the included 11 studies revealed themes such as the assessment of needs and context, collaboration with cultural experts and communities, training and competence development, and iterative adaptation and feedback. However, findings indicated a lack of consistency across interventions in design, implementation, and outcomes. Many interventions did not employ a holistic framework, resulting in varied effectiveness and reporting. The findings underscore the need for a comprehensive framework for developing culturally sustaining counseling interventions, incorporating consistent principles grounded in strength-based approaches and in collaboration with historically excluded communities. Future research should focus on creating and validating this framework to enhance the effectiveness and applicability of counseling interventions across diverse populations.

An influx of racialized events and a global pandemic led to the injustice confluence witnessed across the United States (U.S.) in the summer of 2020. The surge in anti-Asian hate crimes, removal of Confederate statues, COVID-19 disparities, and police brutality cases and many tragic deaths like Ahmaud Arbery and Breonna Taylor, a reckoning has ensued within various societal systems that mirrors the Red Summer of 1919 (Ortiz, 2020). Additional challenges, like the overturning of affirmative action, the uncovering of remains at Native American residential schools, anti-DEI legislation, and the protracted conflict between Palestine and Israel, paint a landscape of historical trauma experienced by ethnically and racially minoritized communities whose enduring emotional and psychological wounds extend to subsequent generations (Brave Heart, 1999; Menakem, 2017). This illumination of historical, racialized trauma marks a paradigm shift in Black, Indigenous, People of Color (BIPOC) mental health care, from centering deficits within individuals and communities toward a more strengths-based focus.

Although deficit thinking initially emerged within the realm of educational research, its presence extends across various disciplines (Yosso, 2005), including professional counseling. Deficit thinking is detrimental because it uses cultural differences to justify symptoms of diminished health (Patton Davis & Museus, 2019; Silverman et al, 2023). This often subverts the larger impact of systems of oppression, a lack of culturally competent professionals, and bypasses inherent personal strengths and ties to broader cultural affiliations and community bonds (Feliz et al., 2022) reinforcing disparities seen in BIPOC mental health care (Mullan, 2023; Okoli, 2023). In contrast,

strengths-based approaches in mental health care focus on identifying and leveraging an individual's or community's inherent strengths, resources, and resilience to promote wellness (Silverman et al., 2023). Highlighted by various social movements (e.g. Civil Rights, Women's Rights), the case for culturally sustaining mental health care can be traced back to how multicultural counseling has evolved over several decades (Butler et al., 2022).

Several calls to action outline the evolution of this “fourth force” of counseling (Pedersen, 1999), emphasizing distinct changes within educational standards, preparation, and advocacy. The first profession-wide call to action occurred with some early stage work on the skills, attitudes, and beliefs that would eventually evolve into the Multicultural Counseling Competencies (MCC; Sue et al., 1982). The dawning of a social justice “fifth force” would be the next call to action, requiring “counselors to connect client problems with oppressive environmental conditions” (Ratts, 2009, p. 165). The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016) emphasized the importance of counselors recognizing the broader ecosystems individuals inhabit while embracing a more inclusive understanding of culture and intersecting identities. Cultural competence is framed as a collective, ongoing journey infused with cultural humility, active awareness of implicit bias, and an understanding of power and privilege (Nassar & Singh, 2020).

The most recent call to action, culturally sustaining counseling, ushered in a shift from traditional Western-centric approaches to “inclusive practices that preserve, support, and affirm a person's diverse heritage, values, language, and cultural identities” (Council

for the Accreditation of Counseling and Related Educational Programs [CACREP], 2024, p. 33). This decolonization of counseling practice utilizes a strengths-based community perspective, center cultural strengths as the collective identity of the BIPOC community, and recognize the impact of racialized trauma on BIPOC wellness (Adames et al., 2023; Gamby et al., 2021).

### **Purpose of the Study**

To date, mental health literature explores the need for culturally sustaining interventions (Ellis et al., 2022); examines influential factors (Dean et al., 2022); and highlights issues, challenges, and considerations for practice (Froyd Jr et al., 2021). However, the literature does not include explicit discussion of development and implementation of culturally sustaining interventions within the counseling profession. The purpose of this systematic review was to investigate what existing literature reveals about culturally sustaining counseling interventions oriented to race and ethnicity in hopes of identifying strengths and gaps related to intervention development.

This review, with a protocol based on the PRISMA framework for systematic reviews (Page et al., 2021) seeks to answer the overall question: what is known from the existing literature about how culturally sustaining counseling interventions are conceptualized and applied to working with BIPOC individuals in the U.S.? Specifically, (1) What are the characteristics (i.e., target population, setting, role of professional counselor) of culturally sustaining counseling interventions for BIPOC communities? (2) How do themes in the literature on culturally sustaining counseling interventions reveal insights into the effectiveness, challenges, and nuances associated with implementing

such interventions within the context of BIPOC communities? and (3) How do specific empirical findings contribute to the understanding of the overall efficacy of culturally sustaining counseling interventions with BIPOC communities?

## **Method**

### **Eligibility Criteria**

To be eligible for inclusion in this study, peer-reviewed journal articles must have been published since endorsement of the MSJCC by the American Counseling Association in 2015. Eligibility criteria encompassed novel or adapted counseling interventions involving direct practice with or application of treatments and techniques that impact “mental health, wellness, education, or career goals” (Kaplan et al, 2014, p. 366). Interventions must have been designed or provided by licensed professional counselors or counseling students specifically for use with BIPOC clients. This encompassed all specialized counseling practice areas and modalities within counseling. Articles focused on policy (e.g., school systems, legislation), grounded in professions outside of counseling, or based outside of the United States were excluded.

### **Search Strategy and Screening**

To identify relevant studies, this initial phase involved establishing keywords and parameters that would guide the search protocol. Using the constructs of “cultural responsiveness,” “counseling,” “intervention,” and “race and/or ethnicity,” the first author drafted a list of terms and variations used during the database search for an initial screening of selected studies. After refining the protocol with the assistance of a university research librarian, I searched Academic Search Complete, PsycINFO, Scopus,

Sociological Abstracts, and Web of Science - SSCI categories on March 7, 2023.

Study identification is presented in **Figure 1**. After eliminating duplicates, there were 825 articles on the primary list. During the initial phase, the first and third author independently screened titles and abstracts, reaching moderate agreement indicated by an inter-rater reliability of  $\kappa = 0.57$  (95% CI: 0.43-0.71; Landis & Koch, 1977). Next, we reconciled discrepancies to compile a secondary list of 29 articles for full-text review. A total of 18 full-text articles were excluded during this phase of the screening process, resulting in 11 articles for inclusion with an inter-rater reliability of  $\kappa = 0.61$  (95% CI: 0.32-0.91), indicating substantial agreement (Landis & Koch, 1977).

### **Data Charting and Analysis**

Data charting for this systematic review first took a broader, more narrative view of the interventions, synthesizing and interpreting data pulled from the final articles into key themes. Various characteristics encompassing the article type (e.g., conceptual or empirical), the nature of counseling interventions (e.g., pilot, adapted, or established; individual, group, family, psychoeducation), population characteristics, and the involvement of professional counselors in the interventions were extrapolated and recorded in a Qualtrics charting survey completed by the first and third authors. From this charting, the first author integrated descriptive and empirical insights with an inductive exploration of overall themes for a holistic analysis of the final articles.

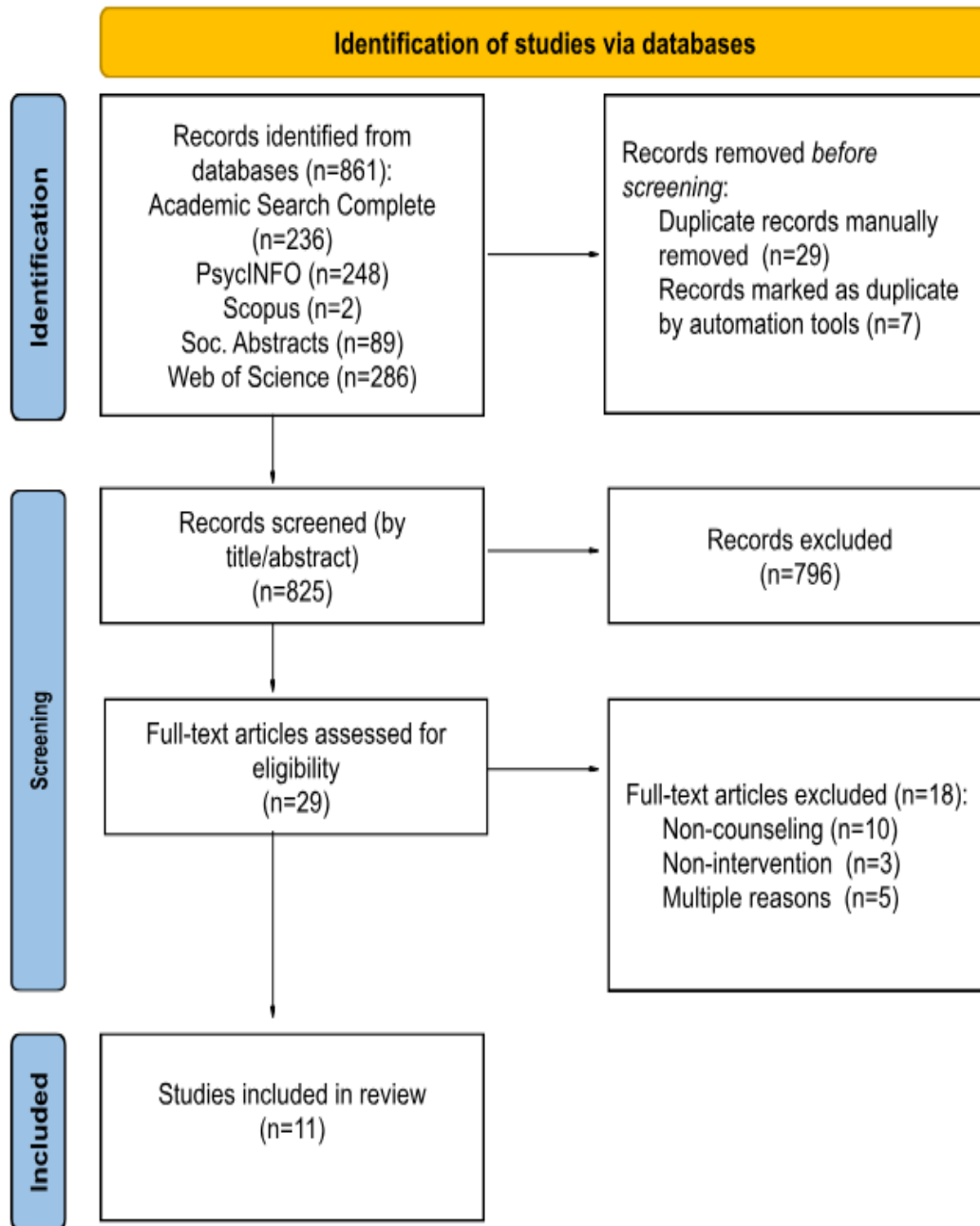


**Figure 1** PRISMA systematic review protocol

## Results

To identify strengths and gaps related to culturally sustaining counseling intervention development, we analyzed 11 articles published between 2015 and 2023 (**Table 1**), with most of them published after the racialized events of 2020. Five articles were conceptual in nature, while six articles reported qualitative or quantitative research. In terms of targeted populations, the articles focused primarily on Black or African American and Latiné communities, with three targeting multiple racial and/or ethnic groups. Further, authors acknowledged various intersecting identities among the populations served, including age, family composition, gender, and socioeconomic status. The interventions were predominantly situated within the community, with a blend of settings observed, especially when recruiting specific populations.

Interventions revealed a multifaceted approach, with the majority adapted from existing practices and incorporating multiple counseling modalities and roles of counselors. Modalities included individual ( $n = 7$ ), psychoeducation ( $n = 7$ ), family ( $n = 6$ ), and group ( $n = 3$ ) counseling. Professional counselors played pivotal roles throughout the development and implementation process, serving as clinicians, facilitators, developers and consultants, and leaders within the intervention teams. Together, these findings lay the groundwork for identifying emerging themes and patterns, emphasizing the importance of a conceptual framework and other cultural considerations in culturally sustaining counseling interventions.

**Table 1** Characteristics of selected articles

| Article                         | Type          | Population | Modality                      | Intersecting Identities | Setting                     |
|---------------------------------|---------------|------------|-------------------------------|-------------------------|-----------------------------|
| Anderson et al. (2019)          | Pilot         | AA         | Individual, Family, PE        | Age, FC                 | Community                   |
| Baggerly et al. (2022)*         | Adapted       | HLS        | Family, PE                    | Age, Environment        | Community                   |
| Burgin & Ray (2022)*            | Established   | BIPOC      | Individual                    | Age                     | K-12                        |
| Gibson et al. (2018)*           | Pilot         | AA         | Group, PE                     | Age, Gender             | K-12                        |
| Hernandez-Vallant et al. (2021) | Not specified | AIAN       | Individual                    | None Specified          | Private Practice            |
| Kennard et al. (2020)           | Adapted       | HLS        | Individual, Family, PE        | Age, SES                | Community                   |
| Lee et al. (2023)               | Adapted       | AA         | Family                        | FC                      | Private Practice; Community |
| Levy et al. (2022)              | Adapted       | BIPOC      | Individual                    | Age                     | K-12                        |
| Santisteban et al. (2017)*      | Adapted       | AA, HLS    | Individual, Family, PE        | Age, FC                 | Private Practice            |
| Valdez et al. (2018)*           | Adapted       | HLS        | Individual, Family, Group, PE | Gender, FC              | Private Practice, Community |
| Ward & Brown (2015)*            | Adapted       | AA         | Group, PE                     | Age                     | Community                   |

*Note.* Abbreviations are as follows, used for brevity: Black or African American (AA); Hispanic, Latino/a/é, or Spanish (HLS); American Indian or Alaska Native (AIAN); Black Indigenous People of Color (BIPOC); Socioeconomic status (SES); Psychoeducation (PE); Family composition (FC).

\*Empirical studies

## **Qualitative Themes**

Culturally adapted interventions were defined as "systematic changes made to a protocol so that features of the culture and language of particular groups are considered as part of the treatment" (Bernal & Domenech Rodríguez, 2012, p. 4). Despite the lack of consensus on specific guidelines or a unified framework for cultural adaptation, the literature offered a nuanced understanding of effectiveness, challenges, and intricacies in implementation, providing insights that contribute to optimizing interventions for diverse populations. Seven themes emerged regarding intervention development and implementation: (1) assessment of cultural needs and context, (2) modification of content and delivery, (3) inclusion of culturally relevant examples and materials, (4) collaboration with cultural experts and communities, (5) preparation and competence development, (6) iterative adaptation and feedback, and (7) ensuring acceptability and feasibility.

Interventions were guided by various theoretical frameworks focusing on distinct mental health concerns. Several articles centered interventions on theories related to depression and suicidality and trauma-informed care (e.g., Baggerly et al., 2022; Kennard et al., 2020; Valdez et al., 2018). Other studies focused on behavior management or social-emotional learning (e.g., Gibson et al., 2018; Levy et al., 2022). These frameworks were engaged as responses to needs in the population. Although empirical studies assessed participant needs using instruments, reported data, or clinical referrals, they lacked specific attention to culturally-related factors. In contrast, the conceptual articles emphasized the need for assessment to attend to disparities, cultural influences, and

protective factors or strengths (e.g., Anderson et al., 2019; Hernandez-Vallant et al., 2021).

Authors made various modifications to intervention content and delivery methods to enhance the cultural relevance and potential effectiveness of interventions. A primary modification was the inclusion of psychoeducation in 64% of the interventions.

Psychoeducational components focused on understanding depression as a mental health diagnosis, supporting family members with mental health concerns, and learning and engaging in coping skills (e.g., Santisteban et al., 2017; Valdez et al., 2018; Ward & Brown, 2015). When psychoeducation was not included, it was either not mentioned in the conceptualization of the intervention or the intervention was designed exclusively for individual counseling (e.g., Burgin & Ray, 2022; Levy et al., 2022). Other noteworthy modifications included the use of guest mentors to foster connectedness and the engagement of specific cultural techniques such as storytelling, metaphors, and lyric writing to enhance participant and family engagement (e.g., Gibson et al., 2018; Levy et al., 2022). Adaptations also aimed to improve accessibility by shortening session times or creating computer-based modules (e.g., Kennard et al., 2020; Santisteban et al., 2017).

A number of authors incorporated culturally relevant examples and materials to enhance the relevance and impact of interventions. This approach involved translating intervention materials into Spanish (e.g., Santisteban et al., 2017, Valdez et al., 2018). Translating psychological concepts to foster cultural understanding was another strategy emphasized, such as *ataques de nervios* (attack of the nerves) characterizing a range of symptoms like crying, trembling, or feelings of heat in the chest and head (Baggerly et

al., 2022). Additionally, using specific cultural references, such as the *Nguzo Saba*, grounded the content in familiar cultural contexts (Ward & Brown, 2015). Situating cultural experiences within the framework of systemic oppression, including the exploration of historical and intergenerational trauma, provided a deeper understanding of the issues at hand (Hernandez-Vallant et al., 2021; Lee et al., 2023).

Authors emphasized understanding the local context of the communities served and recommended explicit discussions with the population to inform intervention development or adaptation. Specifically, Hernandez-Vallant et al. (2021) advocated for engaging cultural experts to better comprehend oppression, historical trauma, and traditional healing practices, as some topics may not translate culturally. Additionally, guidance from cultural experts aided in recruiting participants (e.g., Baggerly et al., 2022; Ward & Brown, 2015).

Deepening counselors' cultural competence involves developing broad and specific cultural adaptations for the intervention materials and methods for implementation. Researchers used intervention manuals and materials, orientation, and supervision to prepare practitioners for their roles (e.g., Anderson et al., 2019; Baggerly et al., 2022; Burgin & Ray, 2022; Ward & Brown, 2015). Uniquely, some of the preparation and orientation work included attending to reflexivity and self-care of facilitators and leaders, ensuring they maintained their well-being and effectiveness (e.g., Baggerly et al., 2022; Valdez et al., 2018).

Authors also emphasized integrating feedback for continued improvement and an iterative approach to adaptation. Community experts or an advisory council played a vital

role in this process, along with participants who provided essential feedback (e.g., Gibson et al., 2018; Hernandez-Vallant et al., 2021; Ward & Brown, 2015). Several authors highlighted the iterations of the intervention and included plans for ongoing evaluation (e.g., Anderson et al., 2019; Kennard et al., 2020; Valdez et al., 2018).

Finally, acceptability and feasibility emerged as crucial considerations to ensure that interventions were perceived as culturally relevant and respectful by the target population. Before implementation, clinical data and insights from cultural experts were used to inform changes appropriate to the intervention context and understand participants' experiences (e.g., Anderson et al., 2019; Baggerly et al., 2022). After implementation, researchers gathered feedback from participant assessments to further refine the interventions. Specifically, Ward and Brown (2015) detailed the measures used and the procedures for evaluating the acceptability and feasibility of their intervention.

### **Empirical Findings**

In addition to exploring themes throughout all articles in this review, we delved into understanding the outcomes and process elements of the six empirical articles. **Table 2** outlines aspects of each intervention, including the purpose, context, and findings. The empirically investigated interventions primarily targeted depression and behavior. Four studies investigated group counseling, and two studies employed individual counseling with youth and included input from their caregivers. Interventions took place in community centers, schools, or participants' homes. Sample sizes varied across the interventions: qualitative studies had smaller samples, quantitative studies had larger samples, and the mixed-design study had a moderate sample size. The three quantitative

**Table 2** Summary of empirical findings

| Article                | Intervention                            |            |                                 |                                                                                                                                                                                                   | Outcomes                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------|-----------------------------------------|------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        | Aim                                     | Modality   | Study Design                    | Sample & Setting                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Baggerly et al. (2022) | Processing post-disaster trauma         | Group      | Qualitative observational study | 10 children (5 boys and 5 girls) aged 3-15, experiencing post-traumatic stress symptoms (PTSS) and parents   disaster relief center/church in Puerto Rico, 3 months post-Hurricane María          | Facilitation team observed demonstration of coping strategies                                                                                                                                                                                                                                                                                                                                                                         |
| Burgin & Ray (2022)    | Decreasing depressive symptoms          | Individual | Randomized controlled trial     | 71 students, primarily male, aged 5-9, recruited from diverse racial/ethnic backgrounds, referred by school counselors or teachers   Title-I elementary schools in the southwestern United States | CCPT intervention group showed moderate improvements in depressive symptoms compared to the control group                                                                                                                                                                                                                                                                                                                             |
| Gibson et al. (2018)   | Decreasing at-risk behavioral referrals | Group      | One-group pretest-posttest      | 8 African American boys in 8th grade, recruited based on ethnicity, grade level, and documented discipline infractions   Middle school serving Grades 6–8, in suburban area of middle Tennessee   | 73.68% decrease in discipline referrals; mixed results in self-reported skills for success; positive changes reported in steps for success, college and career preparation, documenting accomplishments, positive attitude, time management, and self-discipline; negative changes reported in goal setting, effective habits, postsecondary education; no change reported in working toward goals or positive recommendation letters |

**Table 2 Continued**

|                           |                                                 |            |                                                       |                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------|-------------------------------------------------|------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Santisteban et al. (2017) | Decreasing behavioral or mental health problems | Individual | Randomized controlled trial                           | 80 adolescents aged 12-15, Black/Non-Hispanic (20%) or Hispanic (80%) and parents, recruited based on screened behavioral or mental health problems   Participants' home and a traditional clinic setting | Immediate group showed moderate reduction in conduct disorder, socialized aggression, and externalizing behaviors compared to delayed group; similar moderate improvement of family cohesion in both groups                                                                                                                                                                                                                                                              |
| Valdez et al. (2018)      | Decreasing depression                           | Group      | Quasi-experimental with embedded qualitative measures | 17 Latiné immigrant women, and their families   Local community centers                                                                                                                                   | Mothers reported decreases in depression, and improvements in parental involvement, acceptance, warmth, and consistency; fathers reported similar results, with increased global functioning; children reported improvements in support-seeking behaviors, conduct problems, emotional symptoms, prosocial behavior and decrease in conflict behavior with mothers; moderate improvements observed in children's perception of family functioning and parental rejection |
| Ward & Brown (2015)       | Decreasing depressive symptoms                  | Group      | One-group pretest-posttest design                     | Pilot Study I (I): 15 African American women aged over 60; Pilot Study II (II): 35 African American individuals aged 30-60, both with mild to moderate depression symptoms   Suburban city in the Midwest | I: Small to moderate reduction in depressive symptoms, with significant mental health improvements for quality of life<br>II: Substantial (men) and moderate (women) reduction in depressive symptoms, with quality of life remaining stable<br>Intervention was feasible and well-liked by both male and female participants                                                                                                                                            |

studies reported effect sizes, while the qualitative studies used observational or self-reported data from participants to indicate intervention effectiveness.

Across interventions, positive outcomes were reported despite differences in sample makeup, settings, and target issues. Such outcomes included reductions in depressive symptoms (Burgin & Ray, 2022; Valdez et al., 2018; Ward & Brown, 2015) and behavioral problems (Gibson et al., 2018; Santisteban et al., 2017). Outcomes derived from interventions including family members showed increases in coping strategies (Baggerly et al., 2022) and family cohesion (Santisteban et al., 2017; Valdez et al., 2018). Additionally, some interventions reported mixed results showing positive changes or no change (Gibson et al., 2018; Ward & Brown, 2015).

### **Discussion**

A systematic review of articles published since the adoption of the MSJCCs nearly a decade ago revealed only 11 articles explicitly focused on culturally sustaining counseling interventions with BIPOC individuals. However, the analysis identified several strengths in integrating cultural factors and modifying and evaluating the interventions. Additional cultural considerations included a general understanding of specific groups' racial-ethnic heritage, values, and the local context of the population. There was a broader understanding of systems of power and oppression reflected in intervention design, and often, community members and existing literature informed cultural context. Examples used most often dealt with linguistic adaptations (e.g., Baggerly et al., 2022; Valdez et al., 2018) and culture-specific examples of psychological concepts (e.g., Ward & Brown, 2015). Evaluation was more common when authors

outlined a plan for evaluation (e.g., Anderson et al., 2019; Kennard et al., 2020; Valdez et al., 2018; Ward & Brown, 2015).

Cultural considerations were not explicitly prioritized across interventions, leading to ambiguity regarding when and how authors took cultural factors into account. Consequently, interventions may default to a deficit-focused approach, particularly when addressing identified problems or needs within cultural groups. Additionally, limited cultural integration in published interventions could be attributed to the constraints of the publication process. It is possible that authors incorporated cultural knowledge or guidance during the development of their interventions, but page limitations or journal guidelines led to limited reporting of this integration process. Further, researchers who share similar racial or ethnic identities with the population might not see a need to consult with community partners or report on how they used personal experiences to shape the intervention.

Establishing robust evaluation procedures and mechanisms for community and participant feedback is crucial. While the use of cultural signifiers may depend on the frequency of engagement with community members, counselor involvement during different phases of the intervention process appeared to influence how the interventions were modified and delivered (e.g., Baggerly et al., 2022; Gibson et al., 2018). Counselors, who approach from a strengths-based wellness perspective (Ohrt et al., 2019), may find their impact limited if they are only involved during the implementation phase (i.e., following an adapted protocol). This might restrict community engagement during the development and evaluation stages of interventions (Asnaani et al., 2022).

These additional considerations may extend the time required for developing interventions, evaluating outcomes, and disseminating findings to the community. However, obtaining feedback from the community and grounding intervention work in community input is essential for ensuring sustainability over time (Okamoto et al., 2014).

### **Limitations**

In capturing interventions published since the release of the MJSCC (Ratts et al., 2016), this systematic review provides a snapshot of the literature at the intersection of racial unrest and the aftermath of the COVID-19 pandemic, potentially influencing the availability and focus of interventions. Although we made efforts to ensure a thorough, comprehensive screening, advancements in screening tools or methodologies could increase identification of relevant articles. The focus on articles exclusively from the United States and in English may have overlooked valuable insights from non-English studies or inaccessible literature, particularly ones highlighting linguistic considerations in culturally sustaining counseling interventions. Lastly, culturally sustaining intervention development and implementation may occur more often than noted in this review but simply go unpublished due to difficulties in the research and publication process.

### **Implications for Practice**

Integrating cultural considerations as a core component is essential to addressing gaps in representation. This includes adopting a strengths-based perspective, leveraging indigenous knowledge, promoting cultural practices, and allowing space for counternarratives in supporting culturally sustaining practice. A more extensive adoption of strengths-based foundation within interventions empowers clients, fosters a greater

sense of agency in their healing journey, and ensures alignment with community needs and values (Nadal et al., 2014). Additionally, counselors should expand their focus to include BIPOC communities that are underrepresented in research, forming partnerships with local organizations and leaders, building trust, and gaining deeper insights into their specific needs (Barrio Minton et al., 2021).

Published interventions predominantly focused on Black and Latiné populations, who are significant minority groups in the U.S., comprising 13.6% and 19.1% of the population, respectively (U. S. Census Bureau, 2023). However, there was a noticeable gap in interventions for other BIPOC groups, specifically multiracial, American Indian and Alaska Native (AIAN), and Native Hawaiian/Pacific Islander individuals, who represent the leading groups of historically excluded adults presenting with mental health concerns (National Alliance on Mental Illness, 2023). Engaging with these communities in third spaces such as community centers may connect counselors to clients in environments that foster social interaction, community building, and overall wellness (Lee, 2022).

Lastly, counselors should enact feedback loops, collecting insights from clients and community partners to understand the impact and effectiveness of interventions. Self-reflection and professional development may help counselors examine their biases, assumptions, and the cultural relevance of their practices (Ohrt et al., 2019).

### **Implications for Research**

The limited empirical studies in this review demonstrated positive outcomes despite differences in sample makeup, settings, and target issues across the interventions.

Researchers should collaborate with counselors and communities to identify necessary steps, evaluate outcomes, and test different iterations of resulting frameworks in hopes of better understanding the components of effective counseling interventions for BIPOC communities. Researchers may also explore whether a specific combination of factors enhances the efficacy of culturally sustaining counseling interventions within and across different racial and ethnic groups.

Centering cultural strengths of BIPOC communities means decentering researchers as experts. This calls for ongoing reflexivity and integration of feedback, in addition to use of methodologies that reflect and uplift the community's cultural context and their specific ways of knowing (Kirmayer, 2012). Limited engagement from historically excluded racial-ethnic groups is likely due to barriers to seeking services, stigma, or cultural mistrust (Lam et al., 2022). Therefore researchers should consider culturally attuned designs and relational methodologies, such as Community-Based Participatory Research, Ethnography, Narrative Inquiry, Asset Mapping, or Photovoice, to support this work.

Key areas to explore include which counseling modalities are the most culturally sustaining for interventions with this population, as well as the optimal level and type of community engagement that maximizes efficacy and acceptability. This approach values knowledge and expertise of BIPOC communities and aligns research priorities with the lived experiences and concerns that emerge from intentional engagement.

## **Conclusion**

The summer of 2020 witnessed a convergence of injustices across the United

States, prompting a profound societal reckoning reminiscent of historical trauma (Ortiz, 2020) and underscoring the imperative for systemic changes that prioritize mental health care for BIPOC communities. A shift toward decolonizing and culturally sustaining counseling practices emphasizes the need for a strengths-based methodology that systematically integrates cultural factors and contextual knowledge. By aligning practice with empirical evidence and fostering collaborative efforts, counselors can develop culturally sustaining counseling interventions that advance more equitable and effective mental health care for BIPOC communities.

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\*Included articles

**CHAPTER II**

**FRAMING CULTURALLY SUSTAINING PRACTICES IN COUNSELING: A  
COMMUNITY-CENTERED DELPHI STUDY**

## **Abstract**

Since 2020, the need to decolonize counseling practice has gained recognition, addressing systemic issues of power, privilege, and oppression by centering diverse cultural perspectives. The shift from cultural responsiveness to culturally sustaining practices emphasizes strengths over trauma, with efforts to operationalize the Multicultural and Social Justice Counseling Competencies (MSJCC). A systematic review revealed inconsistencies in culturally sustaining practices for Black, Indigenous, People of Color (BIPOC) communities, highlighting gaps in training and competence development. Thus, this Delphi study aimed to establish a practice framework for culturally sustaining counseling interventions with BIPOC clients. An expert panel ( $n = 20$ ) reached consensus on 33 items across four categories: counselor reflexivity, critical inquiry of knowledge sources, overall counseling conditions and process, and counseling assessment, intervention, and evaluation. The resulting framework offers guidance for counselors to integrate culturally sustaining principles into their clinical work.

In recent years, there has been a growing recognition of the need to decolonize counseling practice to address systemic issues of power, privilege, and oppression, including attention to centering diverse cultural perspectives and voices (Mullan, 2023; Nadal et al., 2014). The current call to action within the counseling profession emphasizes a shift from cultural responsiveness to culturally sustaining counseling practices, promoting a focus on strengths rather than deficits or trauma. This paradigm shift, supported by the *Multicultural and Social Justice Counseling Competencies* (MSJCC; Ratts et al., 2016b) and the 2024 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards, encourages practitioners to move beyond engaging attitudes and beliefs, knowledge, and skills within the counseling relationship, to a more expansive, advocacy-oriented practice that is situated within a larger systemic context. Presented as a conceptual framework to be used in tandem with other competencies (Ratts et al., 2016a), counselors are charged with centering “inclusive practices that preserve, support, and affirm a person’s diverse heritage, values, language, and cultural identities” (CACREP, 2024a, p. 33) at the core of their counseling practice.

Historically, multicultural competencies have predominantly centered on race and ethnicity (Middleton et al., 2023). As such, it may be tempting to expand these efforts to other aspects of culture and identity (e.g., sexual identity, religion, spirituality, ability). However, the racialized events of 2020 (Chavez, 2020) further underscore the necessity to move beyond acknowledging the importance of racial-ethnic considerations to crafting structured integration of cultural factors specific to race and ethnicity into counseling interventions. Such specificity does not seek to value race and ethnicity over other

aspects of identity, nor does it ignore the importance of an intersectional understanding and approach to oppression and trauma experienced by historically excluded communities (Bryant-Davis, 2023; Crenshaw, 1989); it merely serves as a crucial entry point for exploration. Although competencies offer aspirational insights, there still remains a pressing need for concrete, actionable strategies to realize these goals in practice. The following literature review discusses those initial efforts within the counseling profession, as well as provides a foundation for discussing the results of a Delphi study that sought to operationally define culturally sustaining counseling.

### **From Cultural Competence To Culturally Sustaining Counseling**

Referenced as a theoretical framework in the counseling literature (Gantt-Howery et al., 2023), efforts to operationalize the MSJCC through assessing multicultural and social justice skills (Killian et al., 2023) illustrate attempts to provide tangible approaches to integrating these principles into counseling practices. Supplementary frameworks such as relational-cultural, critical race, and intersectional theories (Singh et al., 2020a; Westcott & Grimes, 2023) also contribute to this goal. This ushered in the movement to decolonize counseling, shifting beyond culture as a consideration to a structural framework that integrates the insights and strengths of Black, Indigenous, People of Color (BIPOC) communities (Wilcox, 2023). One component of decolonization emphasizes the need to acknowledge and rectify historical and colonial injustices in mental health practices, including “how the mental and behavioral health fields are complicit in adding to the violence of colonization” (Mullan, 2023, p. 84) and

recognizing the impact and inherent violence of racialized trauma on BIPOC wellness (Carter et al., 2017; Litam, 2020; Wright et al., 2023).

Part of the decolonizing mental health discourse centers on radical healing and wellness frameworks. Casado Pérez (2017) defined radical wellness as “a way of life that is oriented toward optimal collective health and well-being, which consequently feeds individual health and well-being” (p. 59). Expanding on this collectivistic perspective to wellness, which essentially means a return to its indigenous roots (Gamby et al., 2021), French et al. (2020) added the crucial elements of critical consciousness, radical hope, strength and resistance, and cultural authenticity and self-knowledge, forming a concept labeled as radical healing (Adames et al., 2023). Culturally-centered protective factors such as sanctuary spaces (Chavez-Dueñas et al., 2019), community wellness practices (Gamby et al., 2021; Turner et al., 2022), and connecting with oral histories and ancestral and spiritual insights (Comas-Díaz & Jacobsen, 2024; Feliz et al., 2022; Mosley et al., 2020) reinforce the importance of strengths-based, cultural considerations for BIPOC mental health care.

Despite this foundation, a systematic review of the literature revealed only 11 published professional counseling articles that focused on culturally sustaining practices for BIPOC clients since 2015 (Riley et al., 2025). Initial phases of intervention development often appeared to overlook cultural aspects, or if considered, limited considerations to certain dimensions without an intersectional perspective. Cultural factors tended to be considered later in intervention implementation (e.g., Burgin & Ray, 2022; Santisteban et al., 2017) or used to understand the issue or mental health concern

from a deficit-focused perspective (e.g., Kennard et al., 2020; Lee et al., 2023; Valdez et al., 2018). This insight illuminates the profession's cultural responsiveness to date and its attempts at critically examining the Westernized ways in which counseling has existed so far (Singh et al., 2020b) yet still leaves room for explicit guidance on systematically integrating culturally sustaining counseling into practice. In essence, despite diverse samples, settings, and aims, limited conceptual articles and empirical studies highlight the need for professional counseling researchers to collaborate with counselors and communities to identify and evaluate best practices for culturally sustaining counseling interventions. A practice framework seeks to answer that call, bridging the gap between skills and knowledge, research, and providing care and support - especially eliciting awareness and addressing race-based trauma (Hemmings & Evans, 2018).

Grounded in social work practice, practice frameworks have various uses spanning healthcare to research evaluation (Stanley et al., 2021). A practice framework “integrates empirical research, practice theories, ethical principles and experiential knowledge in a compact and convenient format that helps practitioners to use the knowledge and principles to inform their everyday work” (Connolly & Healy, 2013, p. 31). The five domains of a rigorous practice framework include: values, principles, and ethical codes; a knowledge base; theoretical and methodological approaches; essential skills; and, practitioner self-awareness and reflexivity (Stanley et al., 2021).

How mental health practitioners conceptualize clients' identities and needs, discuss power and privilege, and consider how those areas impact the therapeutic relationship and client outcomes are foundations for a practice framework toward

culturally sustaining practices (Malott & Schaeffle, 2015). Examples of this articulation are present in theories and models like ADDRESSING (Hays, 2008), RESPECTFUL (D’Andrea & Daniels, 2001), and Relational-Cultural Theory (Comstock et al., 2008). Other approaches, such as the Multidimensional Model of Broaching Behavior (Day-Vines et al., 2020) and the Multicultural Orientation framework (Owen et al., 2011), focus specifically on practice elements of multicultural skills, dispositions, and cultural dynamics. A practice framework incorporates all areas from engagement to closure (Stanley et al., 2021). Defining a professional counseling practice framework is essential to provide a foundational structure for developing and implementing culturally sustaining counseling interventions that optimize wellbeing for BIPOC communities (Lozada et al., 2024).

### **Purpose of the Study**

The purpose of this study was to establish a practice framework for developing culturally sustaining counseling interventions with BIPOC individuals, groups, and families. This Delphi study aimed to identify key considerations, components, and techniques in order to establish best practices of counseling interventions necessary to “preserve support, and affirm a person’s diverse heritage, values, language, and cultural identities” (CACREP, 2024a, p. 33). This study examined two research questions: (1) What are the essential factors and considerations when developing culturally sustaining counseling interventions for BIPOC populations? (2) How can professional counselors develop comprehensive, culturally sustaining counseling interventions for BIPOC individuals, groups, and families?

## **Positionality**

Before I began designing this study, it was important to ground my approach in who I am and how that helps me situate the insights and interpretations of the data. It is crucial that these factors and beliefs are clear so that this awareness facilitates my fluidity throughout the study.

I believe reality is subjective and holds multiple perspectives. Much like a kaleidoscope, reality is composed of distinct perspectives that come together to form a vibrant yet ever-evolving portrait. I recognize the importance of transitioning in and out of these perspectives to gain a holistic understanding of the complex nature of working with BIPOC communities. As a Black woman born in a country built by enslaved Africans and raised in a region colloquially termed “The South” - currently residing on the stolen ancestral land of the Yuchi (S’atsoyaha) and East Cherokee (Tsalaguwetiyi) peoples - I cannot ignore how knowledge and learning are interconnected to places and the power, privilege, and systems of oppression that influence them. As a counselor-advocate-scholar (Ratts & Greenleaf, 2018), I do this by choosing to intentionally center practice, education, and research that uplifts cultural insights, strengths, and healing practices, weaving counselor self-awareness and client worldview to the counseling relationship and more systemic intervention work (Ratts et al., 2016b).

I firmly believe that research is useless and harmful if not conducted and communicated in ways that respect and engage the communities involved. This includes being mindful of language throughout this study, such as with the use of the term “BIPOC.” While its exact origin is unknown, the earliest usage can be traced to a 2013

tweet (Garcia, 2020), emerging as a means of highlighting the “unique relationship to whiteness that Indigenous and Black (African Americans) people have, which shapes the experiences of and relationship to white supremacy for all people of color within a U.S. context” (The BIPOC Project, 2016, para. 2). BIPOC can be viewed as creating a dichotomy similar to historical uses of “White” versus “non-white” categories. However, intentionally, I use BIPOC as a means of symbolizing community and the collective nature of the encompassing racial and ethnic groups.

I designed this study to decenter myself as the expert while honoring my personal and professional knowledge, understanding, and experiences. My approach ensures that the voices of practitioners and clients remain at the forefront of this research. By grounding myself in these principles, I made methodological decisions that were accountable and transparent. The following methodology allowed me to co-create important knowledge with participants and the communities they represent, ensuring that this research was both socially conscious and impactful.

### **Method**

The Delphi technique is a structured communication process that utilizes a series of questionnaires to gather data from a diverse group of experts on a particular topic when face-to-face data collection may not be as inclusive or feasible (Hasson & Keeney, 2011; Murry Jr. & Hammons, 1995). Delphi methodology allows for reflection and insight to emerge without the influence of group pressure or destructive group dynamics (Beiderbeck et al., 2021; McPherson et al., 2018). This methodology is particularly useful

in exploring topics where minimal information exists (McPherson et al., 2018) and building practice theory for community-based research (Brady, 2015).

Delphi has been utilized across various disciplines such as healthcare, education, and social sciences (Beiderbeck et al., 2021). In mental health research, it has been specifically employed to establish guidelines and protocols (Jorm, 2015; Lotfaliany et al., 2024; Sforzini et al., 2022). Most notably, the Delphi method was utilized to define professional counseling (Kaplan et al., 2014) and to project trends and priorities in the counseling profession (Daniel & Weikel, 1983; Heath et al., 1988; Herlihy & Dufrene, 2011; Mellin & Pertuit, 2009).

Delphi studies have also explored various components of counselor development. That exploration spanned topics including differences in reasoning skills of novice and expert counselors (Hillerbrand & Claiborn, 1990), differences in advocacy approaches compared to social workers (Kerwin & Doughty, 2017), working transnationally (Smith et al., 2018), mentoring strategies (Purgason et al., 2018), and remediation practices for counseling students (Taylor Rouse & Doughty Horn, 2022). Additionally, studies informed programmatic components of counseling programs including outcomes-based assessment of student learning (Levitt & Janks, 2012), valued components of doctoral education (Perera-Diltz & Duba, 2017), and trauma-informed curricula (York et al., 2024). Furthermore, a number of Delphi studies aimed to create competencies or training guidelines. These included core counselor education areas such as counselor supervision (Neuer Colburn et al., 2016), teaching (Swank & Houseknecht, 2019), and research (Wester & Borders, 2014), as well as more specialized training areas such as child

counseling (Clark et al., 2022), neurofeedback (Spears et al., 2024), anti-racist school counseling (Stickl Haugen et al., 2022), constructivist and social construction career counseling (Kang et al., 2017), and addictions counseling (Whittinghill, 2006).

There has been limited usage of the Delphi method specifically with BIPOC populations or related to multicultural counseling generally (e.g., Dressel et al., 2007; Heath et al., 1988; Khanna et al., 2009; Leibowitz-Nelson et al., 2024), with a tangential exploration of attitudes and beliefs about whiteness with white mental health professionals (Baima & Sude, 2020). However, its extensive use in developing competencies within counseling and careful attention to explicit methodological decisions (Strear et al., 2018) situates Delphi methodology as ideal for creating a practice framework for developing culturally sustaining counseling interventions.

### **Participants**

It was important that the selection criteria valued both practitioner and academic perspectives while integrating community voice. To be eligible for inclusion in this study, participants needed to: (1) self-identify as a member of the BIPOC community, (2) have earned a master's or doctoral degree from a CACREP-accredited program, and (3) possess at least one year of post-graduate counseling experience working with BIPOC communities. Participants also had to meet at least one of the following criteria establishing expertise: (1) is currently providing counseling services to BIPOC communities, (2) has authored publications or presentations related to culturally sustaining counseling, or (3) has held or currently holds leadership roles related to culturally sustaining practices with

BIPOC communities. These criteria ensured that the panelists possessed diverse, relevant expertise and experience necessary for the study (Strear et al., 2018; West, 2011), allowing for rich and informed contributions to the development of culturally sustaining counseling interventions.

An optimal sample size for a Delphi panel in clinical context is around 15 to 20 participants (Beiderbeck et al., 2021). Of the 25 participants that initially consented, 5 did not engage in any round of data collection. Thus, the expert panel consisted of 20 BIPOC counselors “having, involving, or displaying special skill or knowledge derived from training or experience” (McPherson et al., 2018, p. 405) related to culturally sustaining counseling with BIPOC clients. Demographic percentages may not total 100% due to the allowance of multiple selections and participant decision to opt out of specific items.

The majority of participants identified as Black or African American (47.34%) and Hispanic, Latino/a/é, or Spanish (21.05%), with other racial-ethnic identities being Multiracial (21.05%), Asian (10.53%), American Indian or Alaska Native (5.26%), Middle Eastern or North African (5.26%), and Native Hawaiian or Other Pacific Islander (5.26%). Participants primarily identified as women (84.21%), followed by men (10.53%) and nonbinary individuals (5.26%). Additionally, 10.53% of participants identified as transgender. Participants were distributed across various regions based on the Association for Counselor Education and Supervision (ACES) regions. The Southern region had the highest representation at 47.34%, followed by the Rocky Mountain region at 21.05%, the

Western region at 15.79%, the North Atlantic region at 10.53%, and the North Central region at 5.26%. The average age of the participants was 42.37 years, with ages ranging from 28 to 59 years.

In terms of educational background, nearly half of the participants held a Master's degree only (47.34%) while 52.63% also held a doctoral degree. The average years of post-graduate experience among the participants was 7.24 years, with a range spanning from 1 to 15 years. Participants' clinical practice settings varied, with a majority working in agency or private practice (57.89%). Others were employed in colleges or universities (36.84%), community-based organizations (21.05%), K-12 schools (10.53%), and other settings such as inpatient hospitals or academic medical centers (5.26%); some were not currently practicing (5.26%). For participants currently teaching, they were affiliated with doctoral/professional universities (26.32%), R1 institutions (21.05%), other educational settings such as Master's level institutions, doctoral student teaching, or non-research clinical faculty roles (21.05%), and R2 institutions (15.79%).

### **Recruitment, Selection, and Screening Procedures**

Bridging academic and practice contexts for a cohesive research collaboration begins at the recruitment phase, with clear communication and understanding of roles (De Pelecijn & Feys, 2021). Further, although almost 41% of counseling students are BIPOC (CACREP 2024b, p. 8), with specific percentages aligning closer to the U.S. population breakdown, the number of BIPOC practitioners is still low, representing only about 18% of the mental health counselor workforce (ACA, 2024). Thus, considering

counselor and counselor educator capacity, a two-step screening and selection process allowed for more targeted recruitment to increase representation across BIPOC groups.

Recruitment began after receiving approval for the University of Tennessee, Knoxville's Institutional Review Board (IRB), ultimately spanning four weeks. Using purposive and snowball sampling, focusing primarily on targeted invitations to potential participants. Strategies included counselor-specific searches in a national practitioner directory (i.e., Psychology Today); social media profile mining (i.e., Instagram, LinkedIn); professional listservs (i.e., CESNET, COUNSGRADS, DIVERSEGRAD); population-specific websites (i.e., Inclusive Therapists, Deconstructing The Mental Health System); and networking contacts and referrals. Invitations were distributed via email and as teaser advertisements on Instagram, LinkedIn, and X (See Appendix A).

Screening questionnaire responses (Appendix B) were reviewed on a rolling basis, and those selected completed the informed consent (Appendix C) before receiving the Round 1 questionnaire with demographics (Appendix D) for completion. As an incentive for participation, participants could select from a list of mental health organizations to receive a \$25 donation in their honor. Funded by a departmental dissertation scholarship of \$500, the donation amounts were as follows:

- Black Emotional and Mental Health Collective: \$150 (6 participants)
- Estoy Aquí: \$100 (4 participants)
- Asian Mental Health Collective: \$75 (3 participants)
- Urban Indigenous Collective: \$75 (3 participants)
- Mental Health Liberation: \$75 (3 participants)

One participant declined the incentive.

### **Data Collection and Analysis Procedures**

The Delphi method is an iterative process that involves multiple stages of data collection and analysis. Parameters for this Delphi study included a time-related termination, to be concluded after three rounds of data collection using structured questionnaires (Biederbeck et al., 2021). As a multiphase process, the Delphi method used in this study consisted of three rounds over the course of five months. Each round consisted of two weeks for questionnaire completion via Qualtrics followed by a data analysis period. Participants received reminder emails midway and before each round closed to manage participant engagement and minimize attrition when possible (Strear et al., 2018). I securely stored all study data and participant information via the HIPAA- and FERPA-compliant university One Drive. Templates for all participant correspondence are in Appendix E.

Prior to commencing the study, the Round 1 questionnaire was pilot tested with two consultants who are currently practicing BIPOC counselors who would not participate in the study (Skulmoski et al., 2007). I utilized their feedback to refine the questionnaire instructions and break down prompts into more manageable subcomponents in hopes of eliciting more specific responses. I also added definitions of key concepts mentioned in the prompts (see Appendix D).

### ***Round 1 Data Collection and Analysis***

The first round of a Delphi study aims to encourage breadth of exploration of the topic to establish a foundation of components to rate in subsequent rounds (West, 2011).

Once participants were selected, they received the Round 1 questionnaire, which consisted of demographic questions plus four open-ended prompts (see Appendix D). The four prompts asked participants, using a specific intervention with BIPOC clients, to expound on elements that are important to culturally sustaining counseling. For example, the first prompt stated: “Please share a detailed account of a culturally sustaining counseling intervention of which you are particularly proud. Your story should include (but is not limited to) the following elements: context and background; description of the intervention; implementation plan/steps; and outcomes and impact.” A total of 19 participants completed Round 1, contributing 32 pages of narrative data.

Following Round 1 data collection, I utilized reflexive thematic analysis (RTA; Braun et al., 2022) to identify common themes and patterns, which informed the development of items for the second- and third-round questionnaires (Strear et al., 2018; McPherson et al., 2018; West, 2011). RTA is a flexible, experiential method that involves an iterative, non-linear process of familiarizing with the data, generating initial codes, searching for and refining themes, and constructing a coherent narrative or framework (Braun et al., 2022; Naeem et al., 2023). This analytic technique emphasizes the active role and reflexivity of the researcher in identifying, analyzing, and reporting patterns or themes within qualitative data, acknowledging the researcher's subjectivity as an integral part of data analysis.

Multiple rounds of RTA were conducted on qualitative responses received during Round 1 data collection. Initially, I familiarized myself with the individual responses by reading through them. In the second iteration, I examined the responses collectively and

began the coding process. During this phase, I conducted a peer debrief to discuss emerging codes, noting specific emotions expressed by participants and their BIPOC clients, as well as attention to intersections of racial-ethnic and other cultural identities (e.g., gender, sexuality, religion/spirituality). A subsequent review involved more explicit coding from a process perspective, printing and sorting the codes physically. This iterative process included discussions with my peer debriefer and research mentor, which helped to reorient me back to focusing on practice components. Due to the richness of the Round 1 responses, the analysis took longer than expected, delaying the launch of Round 2 until January 2025.

### ***Round 2 and 3 Data Collection and Analysis***

Because there is no standard approach to analyzing data from a Delphi study (McPherson et al., 2018), it is important to connect the measures to their purpose in understanding the findings, usually requiring both qualitative and quantitative data analysis (West, 2011) and clear parameters for determining consensus (Diamond et al., 2014; McPherson et al., 2018). This combination approach allows for a more flexible, nuanced analysis of the findings (Diamond et al., 2014). For the purpose of this study, consensus in Rounds 1 and 2 was determined by two conditions: (1) item ratings with a mean of 5 or higher (“important” to “extremely important”) and (2) interquartile range equal to or less than 1.

In Round 2, participants received a 36-item questionnaire of statements crafted from Round 1 responses and grouped into four identified categories, rating items according to their importance for culturally sustaining counseling with BIPOC clients

using a Likert scale ranging from “1” being “not at all important” to “7” being “extremely important.” (Appendix F). They were instructed to rate each item on a scale of one to seven and provide feedback on the language of the items or suggest any missing elements. This round lasted for two weeks, during which 19 participants responded (95%). Any items that did not meet the two conditions of consensus moved onto Round 3, and qualitative responses from Round 2 were used to revise or clarify any language of items before being listed on the final questionnaire for Round 3. No new items were introduced to maintain study rigor (Hsu & Sandford, 2007; West, 2011). For Round 3, the remaining items were sent out for review, along with a list of items that had already met consensus (Appendices F and G). A total of 19 participants (95%) spent two weeks rating the items and providing feedback.

To construct the practice framework, I continued the RTA process with the final list of items. I revisited the qualitative comments provided by participants during Rounds 2 and 3 to better understand how they were connecting the categories and statements. I reflected on what was repeatedly emphasized, including what participants cautioned as I considered a potential framework. For example, a common concern voiced was allowing exploration of racial-ethnic issues to be client-led. Using participant feedback as guideposts, in discussion with my peer debriefer, I brainstormed potential imagery and connections for a practice framework that represents what participants deemed important for culturally sustaining counseling with BIPOC clients.

## **Trustworthiness Strategies**

I employed several rigorous strategies to support credibility, dependability, and confirmability (Hasson & Keeney, 2011). Credibility was enhanced through member checking, where participants reviewed and provided feedback on the synthesized data from each round as well as final feedback once the study rounds have ended (Brady, 2015), ensuring that their perspectives were accurately represented. A peer debriefer and research mentor were involved during every phase of the study, dialoguing about study content, reviewing process decisions, interpretations, and critique analyses to allow for ongoing critical reflection (Koch et al., 2014; Strear et al., 2018). Dependability was maintained by keeping a detailed audit trail, documenting every step of the research process, including decision points and changes in the study design. Confirmability was achieved through triangulation, using both qualitative methods (open-ended survey responses) and quantitative methods (rating scales) to gather diverse types of data, and maintaining reflexive journals to record the researcher's thoughts and potential biases throughout the study (Brady, 2015).

In addition to reflective journaling to document my thoughts, feelings, and decisions throughout the analysis process, I met with my peer debriefer five times over the course of the study. We discussed my coding process, theme development, and interpretations, promoting deeper reflexivity and critical thinking. This peer debriefer is an Hispanic practitioner, with 15 years of clinical and supervisory experience, with specialization in trauma and crisis, intimate partner violence, and multicultural counseling with Hispanic and Black communities.

As part of ensuring the trustworthiness of my research, I plan to disseminate the findings, including a collective call to action narrative, through open-access academic journals, professional conferences, and community platforms, providing transparent and accessible reporting to both scholarly audiences and the communities involved in the study. After dissertation approval, I will provide participants with a summary of initial insights: a list of final items that met consensus; visual of practice framework; and a collective narrative letter emphasizing the panel's collective voice on the importance of culturally sustaining counseling interventions derived from qualitative responses during the rounds. Lastly, I will also request that participants complete an optional feedback survey on the study process overall.

## **Results**

Following RTA of data generated in Round 1, 36 items were identified and grouped into four categories: counselor reflexivity; critical inquiry of knowledge sources; overall counseling conditions and process; and counseling assessment, intervention, and evaluation. *Counselor reflexivity* emphasizes the importance of ongoing self-awareness and critical reflection on racial-ethnic identity and biases. *Critical inquiry of knowledge sources* involves examining the origins and validity of counseling theories and integrating other sources of knowledge, such as ancestral and generational wisdom and client experience. The *overall counseling conditions and process* category focuses on creating a safe, empowering, and collaborative environment for BIPOC clients. Lastly, *counseling assessment, intervention, and evaluation* addresses the need for culturally

aligned tools and strategies that account for systemic inequities and emphasizes the strengths of BIPOC clients.

In Round 2, participants reached consensus (i.e.,  $\text{Mean} \geq 5.00$ ,  $\text{IQR} \leq 1$ ) on 22 of 36 items. In addition, participants suggested edits to the wording of two items which reached consensus, resulting in a total of 16 items to evaluate in Round 3. For example, the first item under counselor reflexivity emphasized the importance of utilizing supervisory and peer relationships to explore racial-ethnic dynamics and interrogating power and privilege. Based on participant feedback, which expressed concern over the charged nature of the term "interrogating," it was replaced with "critically examine and diminish."

Three items did not reach consensus after Round 3 and were consequently removed from the final analysis and creation of the practice framework:

- Engage in counselor self-disclosure that connects shared racial-ethnic experiences or demonstrates counselor's own racial-ethnic awareness to model authenticity and support clients in developing genuine self-expression.
- Utilize a range of modalities that help clients maintain connection with their racial-ethnic cultural roots and a collectivist healing perspective (e.g. family and group-level interventions).
- Use creative activities and racial-ethnic cultural traditions to help clients express emotions around the impact of racial trauma (e.g., narratives, music, dancing, cooking).

Participants expressed concerns with the degree and delivery of self-disclosure from counselors and potential appropriation of racial-ethnic cultural metaphors and traditions. Round 3 concluded with 33 items meeting criteria for consensus (**Table 3**).

### **Resulting Framework**

Finally, I developed a comprehensive practice framework designed to guide the implementation of the racial-ethnic components of culturally sustaining counseling. I examined the items in their entirety across the categories, and utilized participant qualitative comments regarding the process to identify potential connections. To ensure its accuracy and relevance, I will conduct a final member check by sharing this framework with the participants, allowing them to review and provide feedback on its applicability and effectiveness.

The process of culturally sustaining counseling emerged less as a series of distinct stages and more akin to a waterfall—a dynamic, continuous, and multi-layered process. This metaphor of a waterfall vividly captures the essence of how each cascade represents a component (or item) within the resulting framework (**Figure 2**).

In this framework, each cascade symbolizes a critical component of culturally sustaining counseling. The initial cascade represents counselor reflexivity, with self-awareness and ongoing learning as the foundation. As the water flows, it merges with other cascades, such as critical inquiry of knowledge sources and overall counseling conditions and processes. These layers interweave seamlessly, illustrating how each principle builds upon and enriches the others. The fluidity of the waterfall also emphasizes the adaptability of this process to diverse racial-ethnic contexts.

**Table 3** Means and interquartile ranges (IQRs) of final items

| Categories and items                                                                                                                                                                                                                                                             | Mean | IQR  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
| <i>Counselor Reflexivity</i>                                                                                                                                                                                                                                                     |      |      |
| Establish supervisory and peer relationships to ensure accountability in exploring racial-ethnic cultural dynamics and critically examine and diminish power and privilege when working with BIPOC clients.*                                                                     | 6.37 | 1.00 |
| Incorporate practical feedback from diversified consultation groups to better understand BIPOC clients' concerns within cultural, developmental, financial, and historical contexts.*                                                                                            | 6.16 | 1.00 |
| Practice reflexivity throughout the counseling relationship by identifying biases or racial-ethnic conflicts that may arise, and thoughtfully addressing them with clients as appropriate.                                                                                       | 6.74 | 0.00 |
| Invest in professional development rooted in cultural humility, curiosity, and intentionality, incorporating strategies like cultural immersion and community engagement to foster continuous cultural learning and growth.                                                      | 6.58 | 1.00 |
| <i>Critical Inquiry of Knowledge Sources</i>                                                                                                                                                                                                                                     |      |      |
| Embrace non-Western ways of knowing, healing, and community building to center the clients' own racial-ethnic insights, as a means of empowering BIPOC clients to take ownership of the counseling process.                                                                      | 6.32 | 1.00 |
| Engage ongoing learning about the racial-ethnic cultural values and experiences of BIPOC communities, extending beyond the counseling relationship and any individual client's immediate counseling goals (e.g., relevant research, immersive activities, personal connections). | 6.47 | 1.00 |
| Recognize the role of storytelling for transmitting wisdom, values, and collective experiences in BIPOC cultures.                                                                                                                                                                | 6.37 | 1.00 |
| Critically evaluate and integrate research, theories, and knowledge that are trauma-informed and intentionally centered on clients' lived experiences, racial-ethnic cultural values, and unique healing traditions.                                                             | 6.47 | 1.00 |
| Champion research that prioritizes the values, knowledge systems, and diverse intersectional experiences of BIPOC communities as essential pillars for developing evidence-based and culturally sustaining counseling practices.                                                 | 6.32 | 1.00 |
| <i>Overall Counseling Conditions &amp; Process</i>                                                                                                                                                                                                                               |      |      |
| Leverage shared racial-ethnic cultural experiences in support of building rapport, inviting clients to share their unique perspectives, and avoiding assumptions based on shared backgrounds.*                                                                                   | 6.05 | 1.00 |
| Express genuine curiosity about clients' racial-ethnic cultural experiences, fostering a counseling relationship built on cultural humility.                                                                                                                                     | 6.42 | 1.00 |
| Develop and utilize shared language on mental health concepts to build rapport and trust with clients.                                                                                                                                                                           | 6.34 | 1.00 |
| Create conditions in which clients actively navigate their racial-ethnic identities and can freely share deeply-rooted cultural values.                                                                                                                                          | 6.42 | 1.00 |
| Honor and integrate racial-ethnic cultural symbols, metaphors, and terms to help clients fully express their racial-ethnic identities within the counseling process.*                                                                                                            | 5.89 | 1.00 |

**Table 3 Continued**

|                                                                                                                                                                                                                                                                                                                              |      |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
| Support clients in developing authentic connections within their racial-ethnic communities that nurture personal growth and alignment with their life narratives.*                                                                                                                                                           | 6.37 | 1.00 |
| Expand clients' interpretation of racial-ethnic cultural values to allow for nuanced exploration of stigmatized emotions (e.g. grief, shame, depression, anger).                                                                                                                                                             | 6.21 | 1.00 |
| Facilitate clients' exploration of racial-ethnic cultural identity and practices, acknowledging confluence of group, intergenerational, and role expectations with their lived narratives.*                                                                                                                                  | 6.21 | 1.00 |
| Address clients' mistrust or hesitation with the counselor or counseling by acknowledging the impact of medical racism on BIPOC clients' perspectives on seeking mental health care. *                                                                                                                                       | 6.37 | 1.00 |
| Use mutually established language to describe counseling approaches, techniques, and methods for evaluating outcomes, particularly in situations where racial-ethnic cultural differences may evoke conflict or misunderstanding.                                                                                            | 6.58 | 1.00 |
| Facilitate explicit discussions exploring the impact of barriers, discrimination, settler colonialism, and intergenerational trauma on clients' mental health and wellness.*                                                                                                                                                 | 6.32 | 1.00 |
| Celebrate clients' integration of racial-ethnic cultural awareness, encouraging them to reclaim their personal and cultural narratives as sources of strength.*                                                                                                                                                              | 6.53 | 1.00 |
| Explore how clients' racial-ethnic identity and cultural messages influence their lived experiences and navigation of systems of oppression.                                                                                                                                                                                 | 6.42 | 1.00 |
| Partner with clients to define what is effective and meaningful in their healing journeys, actively integrating their insights to co-create personalized and culturally aligned counseling strategies.                                                                                                                       | 6.74 | 0.00 |
| <i>Counseling Assessment, Intervention, &amp; Evaluation</i>                                                                                                                                                                                                                                                                 |      |      |
| Integrate theoretical frameworks that support understanding clients' needs within their familial and racial-ethnic cultural contexts (e.g. Family Systems Therapy, Relational Cultural Theory, Field Theory, Internal Family Systems Therapy, Existential Therapy, Narrative Therapy).*                                      | 6.26 | 1.00 |
| Bridge racial-ethnic understanding of mental health concepts with non-pathological processing and skill development to help clients navigate emotional experiences (e.g. coping skills, grief rituals).                                                                                                                      | 6.47 | 1.00 |
| Utilize techniques such as storytelling and deconstruction to help clients reframe their lived narratives, focusing on externalizing thoughts and addressing oppressive factors impacting BIPOC communities.*                                                                                                                | 6.21 | 1.00 |
| Integrate an intersectional lens to deepen clients' understanding of how they navigate interlocking systems of oppression, considering other aspects of identity such as gender, age, and sexuality.                                                                                                                         | 6.37 | 1.00 |
| Assess clients' racial-ethnic cultural context, readiness, and goals for counseling by using comprehensive needs assessments, familial exploration tools (e.g., genograms), or established tools focused on cultural understanding (e.g., Cultural Formulation Interview, Cross-Cultural Coping Scale, Racial Trauma Scale). | 5.58 | 1.00 |
| Co-create transition plans for ongoing reflection, emotional processing, and relationship building that incorporate racial-ethnic cultural practices and culturally grounded therapeutic approaches.                                                                                                                         | 6.32 | 1.00 |

**Table 3 Continued**

|                                                                                                                                                                                                                                                                               |      |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|
| Critically examine existing practices and policies to identify barriers to culturally sustaining services for BIPOC clients (e.g., assessment tools, training, language and terminology, effectiveness of feedback mechanisms in capturing the experiences of BIPOC clients). | 6.37 | 1.00 |
| Measure the efficacy of counseling using culturally aligned quantitative and qualitative measures for BIPOC clients.                                                                                                                                                          | 6.21 | 1.00 |
| Develop partnerships with community organizations and racial-ethnic cultural partners to provide holistic support in addressing systemic issues affecting BIPOC clients' well-being and community needs.*                                                                     | 6.32 | 1.00 |
| Develop support programs to address racial trauma, providing tools for coping with racial stress, creating safe spaces for processing trauma, and fostering individual healing and collective empowerment.*                                                                   | 6.16 | 1.00 |

\*Items that progressed to Round 3

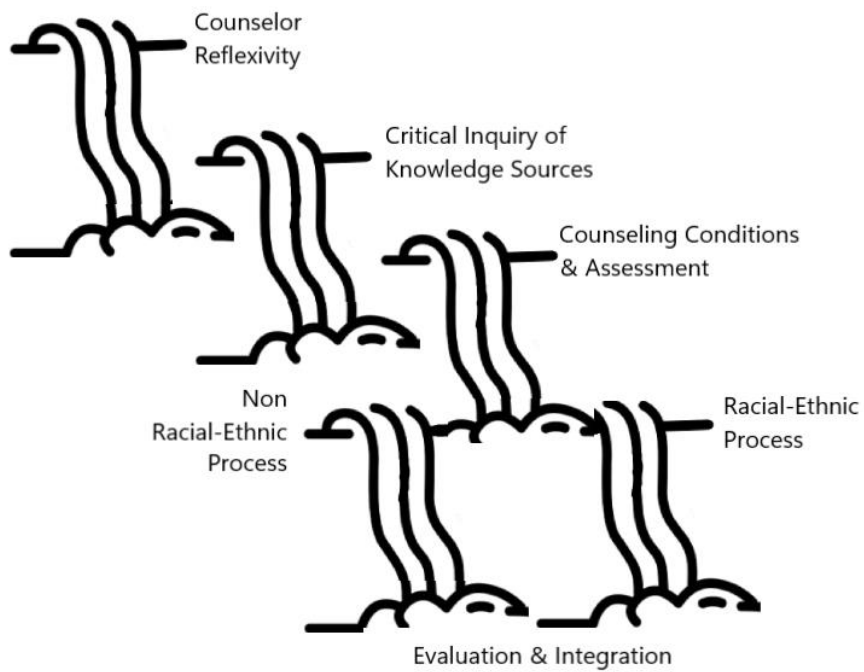


**Figure 2** A cascading framework for culturally sustaining counseling with BIPOC clients

Just as water navigates around obstacles and continuously reshapes its path, culturally sustaining counseling must remain flexible and attuned to the unique needs and experiences of each client. This approach ensures that the counseling process is not rigid but rather evolves in harmony with the cultural dynamics at play. A more detailed exploration of the resulting framework is provided in the discussion section.

### **Discussion**

The practice framework resonates with the principles outlined in the MSJCCs, which advocate for counselors to develop self-awareness, understand clients' worldviews, and engage in culturally appropriate relationships and interventions (Ratts et al., 2016b). The MSJCCs emphasize the importance of considering social justice issues and systemic factors that impact clients' lives, aligning well with the cascading model's emphasis on cultural fluidity and interconnection. By integrating these foundations, counselors can better support their clients in navigating their cultural identities and experiences within a framework that honors both individual and collective dimensions of identity. The practice framework builds on limitations of the MSJCC (Hays, 2020; Singh et al., 2020b) with a focus on four primary categories of counseling skills and processes that emerged from participant narratives: counselor reflexivity; critical inquiry of knowledge sources; overall counseling conditions and process; and counseling assessment, intervention, and evaluation. As the study progressed, participants contributed rich comments that illuminated several major points.

Participants underscored the necessity for all counselors, including those from BIPOC backgrounds, to engage in continuous reflexivity work. This ongoing process

involves self-reflection alongside active participation in learning, supervision, and consultation concerning racial-ethnic identities and communities. This affirmed that the currently strong focus on self-awareness and reflexivity seen in the MSJCC (Ratts et al., 2016b) and calls for decolonizing practices (Mullan, 2023), coupled with cultural humility (Mosher et al., 2017), are essential for fostering culturally sustaining counseling environments. Additionally, cultural immersion was highlighted as the most effective way for counselors to learn about different racial-ethnic communities in a reflexive manner. Strategies should extend beyond formal experiences in counselor training programs (King et al., 2021; Lorelle et al., 2021), and include building relationships with individuals from diverse backgrounds outside of the counseling environment to gain genuine insights and foster cultural humility.

Another pivotal point of discussion was the challenge to traditional notions of what constitutes "evidence-based" practices in counseling. Participants advocated for the recognition and validation of cultural wisdom as legitimate evidence equal to academic research. This perspective calls for a broader understanding of evidence that is consistent with calls for decolonized conceptualization of wellness (Gamby et al., 2021) and research practice (Sharma et al., 2021).

This practice framework is designed to facilitate the integration of multiculturalism and social justice counseling competencies into practical application, a means of operationalizing the MSJCC (Singh et al., 2020b). Additionally, it reflects Day-Vines et al. (2020) emphasis on the importance of addressing racial-ethnic concerns in specific contexts, whether these differences occur between racial-ethnic groups (inter-

REC) or within them (intra-REC). The framework underscores the significance of the counseling relationship in addressing systemic oppression and racial trauma, aligning with the MSJCC's focus on maintaining awareness of power and privilege (Ratts et al., 2016b). In contrast, significant concern emerged around the autonomy of clients in discussing racial-ethnic issues or related traumas. Participants stressed that it is crucial not to compel clients to address these topics unless they themselves have identified them as reasons for seeking counseling or feel ready to explore them. Centering client autonomy is a vital point of advocacy that supports trust within the counseling relationship (ACA, 2014) while addressing larger conversations around systematic oppression and the lasting impact of racial trauma (Ratts et al., 2016a; Wright et al., 2023). However, broaching isn't just about negative racial-ethnic encounters (Day-Vines et al., 2020). The practice framework emphasizes embracing moments of cultural strength as well, such as honoring racial-ethnic cultural symbols, supporting connection with racial-ethnic communities, and celebrating BIPOC clients' integration of cultural awareness.

For BIPOC clients seeking to address the impact of racial trauma intentionally (the racial-ethnic process), counselors should orient this work towards acknowledgment of systemic oppression, analyzing internalized shame and racism, and centering coping strategies (Wright et al., 2023). It is essential to honor and integrate cultural symbols, metaphors, and terms while acknowledging group, intergenerational, and role expectations within clients' lived narratives. Shared cultural experiences, when applicable, and attending to immediacy regarding racial-ethnic differences among

counselor and client provides a supportive, intersectional space for explicit discussions about the impact of discrimination and intergenerational trauma (Jemal et al., 2023; Pieterse et al., 2023). By embracing this layered approach, counselors can better support their clients in navigating their racial-ethnic cultural identities and experiences.

For all BIPOC clients, the non-racial-ethnic process involves addressing potential mistrust towards counseling and acknowledging the impact of medical racism on their perspectives regarding mental health care (Mullan, 2023; Schouler-Ocak et al., 2021). Counselors may set the tone for and broach future discussions of racial-ethnic values, beliefs, and experiences by exploring how clients' racial-ethnic identity and cultural messages influence their lived experiences (Day-Vines et al., 2021). This exploration helps clients navigate systems of oppression and allows for a nuanced understanding of stigmatized emotions such as grief, shame, depression, and anger. Techniques like storytelling (Feliz et al., 2022; McNeil-Young et al., 2023), deconstruction (Millner et al., 2021), and radical hope (French et al., 2020) may help clients reframe their narratives by externalizing thoughts and addressing oppressive factors.

The evaluation and integration cascade incorporates all of the other learning and insights from the proceeding cascades. Racial-ethnic cultural awareness, by both counselor and client, bridges readiness, understanding of the therapeutic process, and navigating contexts outside of counseling (Walck, 2017). Assessment and evaluation processes should challenge Eurocentric norms, account for systemic inequities, and focus on client strengths. The framework extends this work by emphasizing attention to culturally attuned professional development, inclusive language terminology use, and the

effectiveness of selected assessments in capturing BIPOC clients' lived and counseling experiences (AARC, 2018). It also includes a collectivist orientation, engaging community organizations, partnerships and support programs as a means of mutual process of healing and channeling radical hope (Mosley et al., 2020; Mueller et al., 2021).

In viewing each cascade as a dynamic and continuous process, the cascading model of the practice framework allows for greater adaptability to diverse cultural contexts. This fluidity is crucial in addressing the unique needs and experiences of clients from different cultural backgrounds, making it a holistic and sustainable approach to implementing culturally sustaining counseling.

### **Limitations**

Although the Delphi method offers a structured approach to gathering expert opinions, it has several limitations in relation to the expert panel, data collection, and timing (McPherson et al., 2018). This study, while comprehensive, has several limitations that should be acknowledged. Firstly, although it incorporates some aspects of the BIPOC experience, it is ultimately framed from the perspective of BIPOC counselors who hold graduate degrees. This inherently limits the depth and scope of the BIPOC viewpoint represented in the findings. Additionally, defining expertise in culturally sustaining counseling for BIPOC clients proved to be a challenging endeavor due to the complex nature of the topic. Despite our efforts to establish relevant criteria for an expert panel, the multifaceted dimensions of culturally sustaining practices mean that our definitions may not fully encompass or represent all necessary expertise.

The study was conducted during a period of significant unrest and major racial incidents in the United States. The heightened sociopolitical climate also could have shaped the perspectives and priorities of the participants involved. Though generalizability is not the goal of this research, these external events likely influenced responses and may affect the overall applicability of the Delphi results.

The Delphi method involves multiple rounds, and delays between rounds can impact participation rates and potentially affect the relevance of findings as circumstances evolve over time (Strear et al., 2018). Although the experts remained engaged throughout the study, their comments became increasingly sparse. Additionally, the format did not allow for direct interaction between participants, which might have opened up new avenues of discussion and enriched the data collected. The reliance on professional and personal experiences also introduces a level of subjectivity that can limit objectivity in their responses.

The lack of consensus on three items may be attributed to various factors. Different interpretations of the items among participants could have contributed to the disagreement. Additionally, concerns about retaliation in the current sociopolitical climate or the risk of harming clients might have influenced responses. Participants' own discomfort with self-disclosure or being at different points in their racial-ethnic cultural awareness could also have played a role in the lack of agreement. These factors highlight the complexity and sensitivity involved in integrating culturally sustaining practices into counseling frameworks. They underscore the need for ongoing dialogue and refinement

to ensure that such frameworks are both effective and respectful of diverse perspectives and experiences.

### **Implications for Practice**

The cascading model of culturally sustaining counseling offers a practical and fluid framework for counselors. By engaging with each cascade, counselors can build trust, foster cultural humility, and support sustained engagement across diverse communities. Furthermore, cultural immersion and building relationships with individuals from diverse backgrounds outside of the counseling environment are essential for gaining genuine insights and fostering empathy (Lorelle et al., 2021). Combining the counselors' own racial-ethnic knowledge building with a structured guide for integrating into practice helps counselors, especially master's level graduate students and early career professionals, transition from responsiveness to proactiveness.

Counselors can apply the cascading model to develop targeted interventions that emerge from a structured process of assessment, evaluation, and integration. Traditional elements of assessment and evaluation have historically marginalized and harmed BIPOC communities (Mullan, 2023). Implementing comprehensive intake procedures that explore clients' cultural identities, values, and lived experiences may provide a foundation for culturally grounded intervention strategies. Based on these assessments, counselors can collaborate with clients to design tailored treatment plans that explicitly incorporate clients' racial-ethnic identity, goals, and autonomy into counseling. Furthermore, collecting client feedback throughout the intervention allows for adaptations that align with their evolving needs, identity development, and readiness for

deeper exploration, thus deepening the therapeutic nature of the counseling relationship (Owen et al., 2011). This dynamic approach ensures that interventions remain both relevant and effective, fostering a counseling process that is culturally sustaining and responsive to individual client experiences.

Applying the waterfall metaphor to culturally sustaining counseling also presents challenges. While it effectively illustrates a dynamic and layered process, it may inadvertently imply a linear progression, whereas practice is often more cyclical and iterative. Refinements or adaptations of this metaphor might be necessary to better capture the fluidity and ongoing nature of counseling work in diverse contexts.

### **Implications for Research**

One significant research implication resides with the framework itself. The initial iteration was developed with BIPOC counselors. Through a comparative design, researchers can seek to understand BIPOC clients' perspectives on what constitutes culturally sustaining counseling. Then, researchers could investigate the extent to which the framework is implemented by counselors and correlates to BIPOC client perspectives and counseling outcomes.

With a growing emphasis on patient-centered research in healthcare, organizations like the Patient-Centered Outcomes Research Institute (PCORI) have been at the forefront of partnering with patients in research, particularly for conditions such as Parkinson's disease (Nisenzon et al., 2011) and diabetes or hypertension (Silvestri et al., 2024). Further, there are increasing calls for researchers to collaborate with clients, especially those from BIPOC groups, in intervention research (Watson et al., 2021). By

involving BIPOC clients directly in the research process, such as with community-based participatory action research (Collins et al., 2018; Trott et al., 2024), researchers can ensure that studies are more relevant to their lived experiences and that approaches are decolonized and intersectional (Goings et al., 2023; Thambinathan & Kinsella, 2021). In essence, fostering collaborative relationships between researchers and BIPOC communities can lead to more nuanced and culturally attuned development of specific interventions, whether at the individual, family, or community levels.

This research also has significant implications for understanding the relationship between racial-ethnic identity development and client preferences for counseling. A longitudinal study tracking changes in racial-ethnic identity development and mental health help-seeking preferences over time can provide valuable insights into BIPOC clients' preferred approaches for counseling. Additionally, qualitative interviews and focus groups with BIPOC clients may offer deeper, firsthand perspectives on their experiences with counseling in relation to racial-ethnic identity development. Utilizing methodologies such as story circles (Parks, 2023) can help capture diverse narratives, identifying commonalities and differences in counseling preferences across various racial-ethnic identity development stages.

Lastly, research on culturally sustaining counseling practices has significant implications for both counselor effectiveness and client outcomes, particularly in understanding how these practices shape the counseling relationship and influence therapeutic success. Various research methodologies can facilitate this understanding, including quantitative measures such as surveys or scales to assess cultural attunement,

client satisfaction, and counselor effectiveness. Additionally, dyadic analysis, such as Interpersonal Process Recall (IPR), allows clients and counselors to review recorded sessions and reflect on their experiences, offering real-time insights into the therapeutic process. Furthermore, process-oriented studies, including conversation and discourse analysis, can help researchers examine how cultural themes emerge in counseling dialogue and how counselors navigate these discussions. These approaches can collectively inform best practices for integrating cultural sustainability into counseling, ultimately improving client outcomes and counselor effectiveness.

### **Conclusion**

Culturally sustaining counseling is an emerging movement that has gained prominence in response to ongoing racial and sociopolitical tensions in the United States. Although counselors are called to address and dismantle systemic racism within their practice (Ratts et al., 2016b; Wright et al., 2023), there remains a significant gap in guidance on how they can effectively do that work while centering BIPOC clients' cultural strengths. The culturally sustaining counseling framework developed in this study provides an initial roadmap for the processes necessary to foster inclusive and equitable counseling practices. Counselors and counselor educators can utilize this framework to support culturally sustaining counseling practices, ensuring that the diverse cultural identities and experiences of BIPOC clients are honored and integrated into the therapeutic process.

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## **APPENDIX**

### **Appendix A**

#### **Recruitment Messages**

##### *Email*

My name is Kertesha Riley, and I am a doctoral candidate in the Counselor Education program at the University of Tennessee, Knoxville. For my dissertation research, I am researching how culturally sustaining counseling interventions are developed for BIPOC communities. The title of this study is “Framing Culturally Sustaining Practices in Counseling: A Community-Centered Delphi Study” (IRB Approval Number). [FOR PERSONALIZED INVITATIONS: I am reaching out to you based on (insert specific criteria/role/contribution) ].

##### **What Is A Delphi Study?**

A Delphi study is a structured, multi-round process used to gather consensus from a panel of experts on a specific topic. It involves several rounds (in this case, three) of surveys where panelists provide their opinions, review feedback, and refine their responses to reach collective agreement.

##### **Eligibility**

Participants must meet the following criteria:

- (1) self-identify as a member of the BIPOC community,
- (2) have earned a master’s or doctoral degree from a CACREP-accredited program, and
- (3) possess at least one year of post-graduate counseling experience working with BIPOC communities,

and also meet at least one of the following:

- (1) is currently providing counseling services to BIPOC communities,
- (2) has authored publications or presentations related to culturally sustaining counseling,
- or
- (3) has held or currently holds leadership roles related to culturally sustaining practices with BIPOC communities.

### **Time Commitment**

Your participation will last for no more than 4 months and will involve 3 rounds of questionnaires, 1 review of initial study findings, and an optional feedback survey on your experience in the study. Each round will take approximately 30-60 minutes to complete, and a brief review of study findings. As an incentive for participation, I will make a \$25 donation on behalf of each participant to a BIPOC mental health organization.

If you, or a colleague you know, meet the above criteria and are interested in participating in this study, I invite you to complete the following screening form: [URL]

My study is supervised by Dr. Casey Barrio Minton, and has been approved by the Institutional Review Board (IRB) at the University of Tennessee, Knoxville (IRB Approval Number). Please feel free to reach out to me via email (kriley6@utk.edu) or text (865-236-1775) if you would like to discuss this study further.

### *Teaser Advertisement*

Hi, I'm Kertesha Riley, a doctoral candidate in Counselor Education at the University of Tennessee, Knoxville. My dissertation research focuses on developing

culturally sustaining counseling interventions for BIPOC communities. The study is titled “Framing Culturally Sustaining Practices in Counseling: A Community-Centered Delphi Study” (IRB Approval Number).

I am seeking counseling professionals who self-identify as members of the BIPOC community and have a background in culturally sustaining practices. Participants must: (1) self-identify as a BIPOC community member, (2) hold a master’s or doctoral degree from a CACREP-accredited program, and (3) have at least one year of post-graduate counseling experience with BIPOC communities, and meet at least one of the following: (1) currently provide counseling to BIPOC communities, (2) have authored work on culturally sustaining counseling, or (3) hold leadership roles in culturally sustaining practices for BIPOC communities. The time commitment involves three rounds of feedback and one final member check, with each round taking about 30 minutes, over a period of 3-4 months.

[FOR PERSONALIZED INVITATIONS: I am specifically seeking counselors from (specific racial/ethnic group) backgrounds to ensure comprehensive representation of all BIPOC groups in my study] If you or a colleague meets these criteria and are interested, please complete this screening form [found at the link in my bio OR url]. This study is supervised by Dr. Casey Barrio Minton and approved by the IRB at the University of Tennessee, Knoxville. Contact me at [kriley6@utk.edu](mailto:kriley6@utk.edu) for more information.

*Flyer*

Are you a member of the BIPOC community and have a background in culturally sustaining counseling?

You are invited to participate in "Framing Culturally Sustaining Practices in Counseling: A Community-Centered Delphi Study"

What: a research study on developing culturally sustaining counseling interventions with BIPOC communities

Who: (1) BIPOC, (2) degree in counseling, (3) at least one year of post-graduate counseling experience with BIPOC communities, at least one of the following: (1) currently practicing, (2) authoring work, (3) in a leadership role

Time: 3 rounds of surveys, spread out for no longer than 4 months

Interested? Visit [URL] or contact Kertesha Riley at kriley6@utk.edu for more information!

Study supervised by Dr. Casey Barrio Minton, approved by University of Tennessee, Knoxville IRB (#).

Are you a member of the BIPOC community and have a background in culturally sustaining counseling?

**You are invited to participate in  
"Framing Culturally Sustaining Practices  
in Counseling:  
A Community-Centered Delphi Study"**

**WHAT:**

a research study on developing culturally sustaining counseling interventions with BIPOC communities

**WHO:**

- (1) BIPOC,
- (2) degree in counseling,
- (3) at least one year of post-graduate counseling experience with BIPOC communities and at least one of the following:
  - (1) currently practicing,
  - (2) authoring work,
  - (3) in a leadership role

**TIME:**

3 rounds of surveys, spread out for no longer than 4 months

Interested? Visit [URL]  
or contact Kertesha Riley at  
kriley6@utk.edu for more information!

Study supervised by Dr. Casey Barrio Minton,  
approved by University of Tennessee, Knoxville IRB (#).



## **Appendix B**

### Screening Questions

Thank you for your interest in “Framing Culturally Sustaining Practices in Counseling: A Community-Centered Delphi Study” (IRB Approval Number). As the first phase of our process, we need to gather more information about your background, training, and experience in providing counseling services to Black, Indigenous, and People of Color (BIPOC) communities. Your responses will help us understand your qualifications and determine your fit for participation in this study. If you are no longer interested in completing this screening form or participating in the study

Email Address: [text entry]

Do you self-identify as a member of a historically excluded racial or ethnic group (BIPOC)? [Yes/No; multiple choice, allow one answer]

Was your master’s or doctoral degree obtained from a CACREP-accredited program? [Yes/No; multiple choice, allow one answer]

How many years of post-graduate experience do you have providing counseling services to BIPOC communities? [text entry]

Indicate any experiences or qualifications you have related to this topic or population (Please select all that apply): [multiple choice, allow multiple answers]

- Currently providing counseling services to BIPOC communities
- Publications (journal articles, books, conference papers, news articles, etc.)
- Presentations (conferences, lectures, webinars, etc.)

- Leadership (board/committee member, principal investigator, dean, advocate, etc.)
- Other (please specify): [text box]
- I do not have any of the above related experience or qualifications

Please provide details for any of the items selected above: [text entry]

#### End of Screening Messages

For Eligible Participants: Thank you for completing this screening form! If you are selected to participate in the study, I will contact you with further details. If you have any questions or need to get in touch with me, please feel free to contact me at kriley6@utk.edu.

Kertesha Riley, Ph.D. Candidate

Counselor Education

University of Tennessee, Knoxville

For Not Eligible/Not Selected Participants: Thank you for your interest in this study and for taking the time to complete this screening form. Based on your responses, you [are not eligible OR were not selected] to participate in this study. If you would like to receive a summary of the study upon its completion, please feel free to contact me at kriley6@utk.edu. Thank you once again for your time and consideration!

Kertesha Riley, Ph.D. Candidate

Counselor Education

University of Tennessee, Knoxville

## **Appendix C**

### **Consent for Research Participation**

Research Study Title: Framing Culturally Sustaining Practices in Counseling:

A Community-Centered Delphi Study

Researchers: Kertesha Riley, University of Tennessee, Knoxville

Dr. Casey Barrio Minton, University of Tennessee, Knoxville

We are asking you to be in this research study because your professional and personal background positions you to provide unique insights on providing counseling services to Black, Indigenous, People of Color (BIPOC) individuals, families, and groups. You must be age 18 or older to participate in the study. The information in this consent form is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researchers to ask questions if there is anything you do not understand.

#### **Why is the research being done?**

The purpose of the research study is to integrate expert opinion to identify the essential considerations, components, and techniques that counselors and other mental health professionals should use in their everyday practice when working with BIPOC communities. Specifically, the goal of this study is to co-create a practice framework—an organized structure or guide—that draws on theory, other research, and experiential knowledge to inform everyday practice.

#### **What will I do in this study?**

If you agree to be in this study, we will ask you to respond to a series of anonymous electronic surveys.

- In the initial round, we will ask you to respond to a series of open-ended prompts designed to gather your insights and experiences related to culturally sustaining counseling interventions.
- In the second and third rounds, we will ask you to rate items generated from the first round and provide commentary on these items.
- Once all three rounds are complete, we will ask you to review the initial findings and fill out an option survey about your study experience.

You can skip any questions that you do not want to answer.

### **How long will I be in the research study?**

If you agree to be in the study, your participation will last for up to 4 months and will involve 3 surveys, 1 review of initial findings, and 1 optional feedback survey. Each round will take approximately 30-60 minutes to complete, and a brief review of study findings.

### **Can I say “No”?**

Being in this study is up to you. You can say no now or leave the study later. Either way, your decision won't affect your relationship with the researchers or the University of Tennessee.

### **What happens if I say “Yes” but change my mind later?**

Even if you decide to be in the study now, you can change your mind and stop at any time. If you decide to stop before the study is completed, you can leave the study by

contacting Kertesha Riley at kriley6@utk.edu or (865-236-1775). Any information already collected will still be used to maintain the accuracy and reliability of the research, but your data will be anonymized (meaning it can no longer be linked to you). Once the study ends, the code key linking your data to you will be deleted. We will inform you when this occurs. If you have any questions or need more information about this process, please feel free to contact us.

**Are there any risks to me?**

Due to the sometimes sensitive nature of providing counseling services to BIPOC communities, it is possible to experience some discomfort while responding to the questionnaire prompts. Further, because of the level of expertise required to participate, it is possible that someone could infer that you participated in this study. However, we will not be asking for specific information about client cases or your own personal experiences with counseling. Therefore, we don't believe these risks are greater than the risks you encounter in everyday life. The procedures we use to protect your information are described later in this form.

Even though we have assessed this study for risks as outlined by the University of Tennessee, Knoxville's Institutional Review Board (IRB) and have determined that there is no risk greater than what you may encounter in your everyday life, it is important to acknowledge that everyday life for members of the BIPOC community includes encounters with microaggressions, racialized trauma, and other experiences of discrimination and oppression. If at any point during this study you experience discomfort or other difficult emotions, we highly encourage you to reach out to us.

Additionally, please engage any support systems you have established for yourself, whether they be cultural healing practices, relational supports or other mental health resources.

**Are there any benefits to me?**

We do not expect you to directly benefit from being in this study. Your participation may help us explore how culturally sustaining counseling interventions are developed for BIPOC communities. We hope the knowledge gained from this study will benefit counselors (like yourself) and other mental health professionals in the future.

**What will happen with the information collected for this study?**

We will protect the confidentiality of your information by keeping your identifiers from your data during the course of the study, and the key linking them will be destroyed once data collection is complete. All data, including research records such as consent documents and questionnaire tracking, will be securely stored on a HIPAA- and FERPA-protected drive hosted by the university. Only the research team will have access to the study information.

If information from this study is published or presented at scientific meetings, your name and other personal information will not be used. Data will be presented in aggregate form (i.e., a combined summary) to ensure that individual participants cannot be identified. We use secure, encrypted communication channels to minimize the risk of unauthorized access during online data transmissions. If you have any questions or concerns about how your data will be handled, please do not hesitate to contact us.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include:

- People at the University of Tennessee, Knoxville who oversee research to make sure it is conducted properly
- Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research
- If a law or court requires us to share the information, we would have to follow that law or final court ruling

**What will happen to my information after this study is over?**

We will keep your information to build upon for future research studies. Your name and other information that can directly identify you will be deleted from your research data collected as part of the study.

**Will I be paid for being in this research study?**

You will not receive any direct payment for participating in this research study. However, in recognition of your valuable contribution, we will make a \$25 donation in your honor to a mental health organization that specifically works with and on behalf of BIPOC communities. We believe this approach embodies the spirit and purpose of our study, which is to give back to the community and support initiatives that promote mental

health and well-being in BIPOC populations. After you agree to participate in this study, you can select the organization on the demographics form.

**What else do I need to know?**

About 25 experienced BIPOC counselors will take part in this study. This is important to know because, with the small number and specialized nature of the expert panel in this study, it is possible that someone could infer your participation based on the information we collected from you. Again, we will separate your unique identifiers from the data and work to present the research insights in a manner where this risk is minimized. If you decide to share anything about your participation in this study, please only discuss your contributions or your experience related to the process.

If we learn about any new information that may change your mind about being in the study, we will tell you. If that happens, you may be asked to sign a new consent form. Your research data may be used to create products or to deliver services, including some that may be sold or make money for others. If this happens, there are no plans to provide financial payment to you or your family.

**Who can answer my questions about this research study?**

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers:

Kertesha Riley

Phone: 865-236-1775

Email: [kriley6@utk.edu](mailto:kriley6@utk.edu)

Dr. Casey Barrio Minton

Phone: 865-974-8382

Email: cbarrio@utk.edu

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board

The University of Tennessee, Knoxville

Phone: 865-974-7697

Email: utkirb@utk.edu

**Statement of Consent**

I have read this form, been given the chance to ask questions and have my questions answered. If I have more questions, I have been told whom to contact. By clicking the “I Agree” button below, I am agreeing to be in this study. I can print or save a copy of this consent information for future reference. If I do not want to be in this study, I can close my internet browser.

## **Appendix D**

### Demographic Questions

Email Address: [text entry]

Race/Ethnicity (select all that apply): [multiple choice, allow multiple answers]

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino/a/é, or Spanish
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Two or more races/Multiracial
- Prefer to self-describe (please specific): [text entry]
- Prefer not to say

Gender Identity: [multiple choice, allow one answer]

- Nonbinary
- Man
- Two-Spirit
- Woman
- Prefer to self-describe (please specific): [text entry]
- Prefer not to say

Gender Identity (continued):

Transgender is an umbrella term that refers to people whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth. Other identities considered to fall under this umbrella can include nonbinary, genderfluid, and genderqueer – as well as many more.

Do you identify as transgender? [multiple choice, allow one answer]

- Yes
- No
- Prefer not to say

Age: [text entry]

CACREP-Related Education (select all that apply): [multiple choice, allow multiple answers]

- Master's Degree
- Doctoral Degree

Geographical Location: [multiple choice, allow one answer]

- Southern: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Texas, Tennessee, Virginia, West Virginia
- North Atlantic: Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
- North Central: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin
- Rocky Mountain: Colorado, Idaho, Montana, New Mexico, Utah, Wyoming

- Western: Alaska, Arizona, California, Hawaii, Nevada, Oregon, Washington

Please respond to the following questions regarding your professional experiences, scholarship, and leadership background. If a question does not apply to you, please indicate by entering "N/A."

Current Role: [text entry]

Current practice setting (select all that apply): [multiple choice, allow multiple answers]

- Agency/Private Practice
- Community-Based Organization
- School, College/University
- School, K-12
- Other (please specify): [text entry]
- Not currently practicing

Current counselor education setting (select all that apply): [multiple choice, allow multiple answers]

- R1: Doctoral Universities – Very high research activity
- R2: Doctoral Universities – High research activity
- D/PU: Doctoral/Professional Universities
- M1: Master's Colleges and Universities – Larger programs
- M2: Master's Colleges and Universities – Medium programs
- M3: Master's Colleges and Universities – Small programs
- Other (please specify): [text entry]
- Not currently teaching

Please provide a brief overview of your experiences related to working with BIPOC communities. This may include any post-graduate counseling, scholarship, or leadership experiences: [text entry]

As you think about your work with BIPOC individuals, groups, and families, as well as your mental health experiences as a BIPOC person, why might a practice framework be helpful or important to your work and other professional counselors? A practice framework is an organized structure or guide that “integrates empirical research, practice theories, ethical principles and experiential knowledge in a compact and convenient format that helps practitioners to use the knowledge and principles to inform their everyday work” (Connolly & Healy, 2013, p. 31). [text entry]

As a thank you for participating in this study, I would like to make a \$25 donation on your behalf. Please choose where you would like your incentive donation to go: [multiple choice, allow one answer]

- Mental Health Liberation - <https://mentalhealthliberation.org/about/>
- Asian Mental Health Collective - <https://www.asianmhc.org/about/>
- Black Emotional and Mental Health Collective - <https://beam.community/about/>
- Estoy Aqui - <https://estoy-aqui.org/about/>
- Urban Indigenous Collective - <https://urbanindigenouscollective.org/>
- Prefer to have researcher select

Round 1 Instructions and Prompts

## **Purpose**

The purpose of this study is to establish a practice framework for developing culturally sustaining counseling interventions with Black, Indigenous, and People of Color (BIPOC) individuals, groups, and families. This Delphi study aims to identify key considerations, components, and techniques in order to establish best practices of counseling interventions that are necessary to “preserve support, and affirm a person’s diverse heritage, values, language, and cultural identities” (CACREP, 2024, p. 33).

## **Instructions for Completing Round 1**

- Take your time and read through each prompt carefully. Consider your background, knowledge, training, and clinical experiences as you formulate your responses.
- Provide detailed and thoughtful responses to each prompt. There are no right or wrong answers; I am interested in your expert opinion, informed by your professional and personal experiences.
- Use specific examples from your practice where possible to illustrate your points.
- Feel free to elaborate on any aspect of the prompts that you find particularly important or relevant. If any key areas or aspects of culturally sustaining counseling interventions are missing or not represented in the prompts, please include them in your responses.

Please submit your responses via Qualtrics [URL] by [date and time].

## Definitions

Here are some key definitions to keep in mind as you answer the Round 1 prompts. Please review these definitions carefully, as they will help ensure your responses are accurate and aligned with the expected criteria.

- culturally sustaining: “Inclusive practices that preserve, support, and affirm a person’s diverse heritage, values, language, and cultural identities” (CACREP, 2024, p. 33)
- counseling: “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al., 2014)
- intervention: “deliberate actions taken by counselors to bring about positive change in a client's thoughts, behaviors, or circumstances” (American Counseling Association, n.d., para. 1), or “specific activities and behaviors that can elevate wellness in their lives and to modify their environments to become more empowering” (Conyne, 2015, p. 7)
- BIPOC: acronym for “Black Indigenous People of Color;” “unique relationships to whiteness that Indigenous and Black (African Americans) people have, which shapes the experiences of and relationship to white supremacy for all people of color within a U.S. context” (The BIPOC Project, 2016, para. 2)
- practice framework: an organized structure or guide that “integrates empirical research, practice theories, ethical principles and experiential knowledge in a

compact and convenient format that helps practitioners to use the knowledge and principles to inform their everyday work” (Connolly & Healy, 2013, p. 31)

### **Prompts**

PROMPT #1: Please share a detailed account of a culturally sustaining counseling intervention of which you are particularly proud. Your story should include (but is not limited to) the following elements:

- context and background
- description of the intervention
- implementation plan/steps
- outcomes and impact

PROMPT #2: Building on the story you shared in Prompt #1, please provide further details about the key considerations, significant actions, or contributions from others that played a crucial role in the development of your culturally sustaining counseling intervention. To help frame your response, you may consider any of the following: values, principles, and ethical codes; knowledge or evidence base; theoretical and methodological approaches; essential skills; or evaluation and reflexivity processes.

PROMPT #3: Based on your specialized training, practice, leadership, and engagement with BIPOC individuals, families, and groups, what elements do you think are missing from your approach that should be considered when developing culturally sustaining counseling interventions? To help frame your response, you may consider any of the following: values, principles, and ethical codes; knowledge or evidence base; theoretical and methodological approaches; essential skills; or evaluation and reflexivity processes.

PROMPT #4: Based on your specialized training, practice, leadership, and engagement with BIPOC individuals, families, and groups, what are some recommendations for incorporating culturally sustaining counseling interventions into your everyday practice?

## **Appendix E**

### **Participant Messages**

#### *Selection/Round 1 Email*

You have been selected to participate in my dissertation research study on how culturally sustaining counseling interventions are developed for BIPOC communities (Framing Culturally Sustaining Practices in Counseling: A Community-Centered Delphi Study, IRB Approval Number).

#### **Delphi Process**

A Delphi study ([tiny.utk.edu/delphistudy](http://tiny.utk.edu/delphistudy)) is a structured, multi-round process used to gather consensus from a panel of experts on a specific topic. It involves several rounds (in this case, three) of questionnaires where panelists provide their opinions, review feedback, and refine their responses to reach collective agreement. You were selected as an expert for this panel because of your specialization, experience, and scholarship related to working with BIPOC populations. Below is what to expect for each round:

#### **Round 1: Initial Questionnaire**

In this initial round, you will be presented with a series of open-ended prompts designed to gather your insights and experiences related to culturally sustaining counseling interventions. Your responses will be collected and analyzed to identify common themes and concepts.

## **Round 2 & 3: Feedback and Refinement**

In the following rounds, you will receive a summary of the responses from Round 1 and be asked to rate each item and provide commentary I will use for refinement. This iterative process will continue until a consensus is reached on the most important components or we reach the final round (Round 3).

### **Feedback:**

Once all rounds have been completed, you will receive an initial summary of the insights for a final review plus an optional survey on your experience during this study.

To confirm your participation in this study, please complete the following steps within one week of receiving this message:

- Review the informed consent form
- Complete the Round 1 Questionnaire

You can access those forms here: [URL]

If you have any questions or need further assistance, please do not hesitate to contact me via email (kriley6@utk.edu) or text (865-236-1775).

Best regards,

Kertesha Riley, Ph.D. Candidate

Counselor Education

University of Tennessee, Knoxville

*Rounds 2-3 Email*

I am excited to launch Round [X] of this study! I appreciate your continued participation. Your insights and expertise are invaluable to our research, and I look forward to your thoughtful contributions.

**Instructions:**

- Rate Items: Please carefully review each item and rate them from 1” being “not at all important” to “7” being “extremely important”
- Provide Commentary: Offer your feedback and insights for items as needed, considering the collective feedback from the previous rounds.

You can access those forms here: [URL]

You have two weeks to complete this round. Please submit your completed questionnaire by [Insert Due Date] to ensure we can move forward with the next steps in a timely manner.

If you have any questions or require further assistance, please do not hesitate to contact me via email (kriley6@utk.edu) or text (865-236-1775).

Thank you once again for your valuable participation and dedication to this study.

Best regards,

Kertesha Riley, Ph.D. Candidate

Counselor Education

University of Tennessee, Knoxville

*Mid-Round Reminder Email*

This is a friendly reminder that your completed questionnaire for Round [X] is due by [Due Date]. I greatly appreciate your participation and timely submission, as it is

crucial for the progress of this study. If you have already submitted your questionnaire, please disregard this message.

Should you have any questions or need any assistance, please do not hesitate to reach out to me via email (kriley6@utk.edu) or text (865-236-1775).

Thank you for your cooperation and valuable contribution to our research.

Best regards,

Kertesha Riley, Ph.D. Candidate

Counselor Education

University of Tennessee, Knoxville

*End of Round Email*

Thank you for your participation in Round [X] of the study! The response period for Round [X] has now ended.

I will review the data collected and notify you of the next steps soon. If you have any questions or concerns in the meantime, please feel free to contact me via email (kriley6@utk.edu) or text (865-236-1775).

Thank you once again for your time and effort!

Best regards,

Kertesha Riley, Ph.D. Candidate

Counselor Education

University of Tennessee, Knoxville

*Final Feedback/End of Study Email*

All rounds of the study are now complete! I have compiled a summary of the initial insights gathered from all participants.

**What's Next:**

- Review Summary: Please review the attached document, which includes the summary of consensus items, a proposed practice framework, and a collective narrative
- Optional Feedback Survey: You are invited to complete a brief, optional survey about your experience during this study. Your process feedback is important to me and will help improve future research efforts.

You can access the form here: [URL]. Please complete these tasks by [Insert Due Date]

I am so grateful for your time and effort throughout this study. As a token of my appreciation, a \$25 donation has been made to [organization] in your honor. Thank you once again for your dedication and contribution!

Best regards,

Kertesha Riley, Ph.D. Candidate

Counselor Education

University of Tennessee, Knoxville

kriley6@utk.edu

## **Appendix F**

### **Round 2 Questionnaire**

Thank you all so much for your thoughtful and insightful responses in Round 1 of “Framing Culturally Sustaining Practices in Counseling For Black, Indigenous, People of Color: A Community-Centered Delphi Study” (UTK IRB-24-08399-XM). Your passion for and dedication to culturally sustaining counseling interventions for Black, Indigenous, and People of Color (BIPOC) clients is evident and deeply appreciated.

As a refresher, the purpose of this research study is to establish a practice framework for counseling BIPOC clients, specifically to identify key considerations, components, and techniques in order to establish best practices of counseling interventions that are necessary to “preserve, support, and affirm a person’s diverse heritage, values, language, and cultural identities” (CACREP, 2024, p. 33).

Take your time and read through each of the 36 prompts carefully. Consider your background, knowledge, training, and clinical experiences as you rate the items and provide qualitative feedback. Feedback can include, but is not limited to: suggestions on wording, the overall content or meaning of the statements, or anything that you believe is missing.

Additionally, observe any emerging themes, connections, or patterns as you engage with the items. Feel free to share if certain ideas inspire metaphors or help you conceptualize ways of “connecting the dots” in your mind.

Email Address: [text entry]

## Items

### *Counselor Reflexivity*

1. Establish supervisory and peer relationships to ensure accountability in exploring racial-ethnic cultural dynamics and interrogating power and privilege when working with BIPOC clients.
2. Incorporate practical feedback from consultation groups to better understand BIPOC clients' concerns within cultural, developmental, financial, and historical contexts.
3. Practice reflexivity throughout the counseling relationship by identifying biases or racial-ethnic conflicts that may arise, and thoughtfully addressing them with clients as appropriate.
4. Invest in professional development rooted in cultural humility, curiosity, and intentionality, incorporating strategies like cultural immersion and community engagement to foster continuous cultural learning and growth.

Please share any thoughts, feedback, or insights on the section and items above. When referencing a specific item, please include its corresponding number. [text entry]

### *Critical Inquiry of Knowledge Sources*

1. Embrace non-Western ways of knowing, healing, and community building to center the clients' own racial-ethnic insights, as a means of empowering BIPOC clients to take ownership of the counseling process.
2. Engage ongoing learning about the racial-ethnic cultural values and experiences of BIPOC communities, extending beyond the counseling relationship and any

- individual client's immediate counseling goals (e.g., relevant research, immersive activities, personal connections).
3. Recognize the role of storytelling for transmitting wisdom, values, and collective experiences in BIPOC cultures.
  4. Critically evaluate and integrate research, theories, and knowledge that are trauma-informed and intentionally centered on clients' lived experiences, racial-ethnic cultural values, and unique healing traditions.
  5. Champion research that prioritizes the values, knowledge systems, and diverse intersectional experiences of BIPOC communities as essential pillars for developing evidence-based and culturally sustaining counseling practices.

Please share any thoughts, feedback, or insights on the section and items above. When referencing a specific item, please include its corresponding number. [text entry]

#### *Overall Counseling Conditions & Process*

1. Leverage shared racial-ethnic cultural experiences in support of building rapport, inviting clients to share their unique perspectives, and avoiding assumptions based on shared backgrounds.
2. Express genuine curiosity about clients' racial-ethnic cultural experiences, fostering a counseling relationship built on cultural humility.
3. Develop and utilize shared language on mental health concepts to build rapport and trust with clients.
4. Create conditions in which clients actively navigate their racial-ethnic identities and can freely share deeply-rooted cultural values.

5. Honor and integrate racial-ethnic cultural symbols, metaphors, and terms to help clients fully express their racial-ethnic identities within the counseling process.
6. Engage in counselor self-disclosure that connects shared racial-ethnic experiences or demonstrates counselor's own racial-ethnic awareness to model authenticity and support clients in developing genuine self-expression.
7. Support clients in developing authentic connections within their racial-ethnic communities that nurture personal growth and alignment with their life narratives.
8. Expand clients' interpretation of racial-ethnic cultural values to allow for nuanced exploration of stigmatized emotions (e.g. grief, shame, depression, anger).
9. Facilitate clients' exploration of racial-ethnic cultural identity and practices, acknowledging confluence of group, intergenerational, and role expectations with their lived narratives.
10. Utilize a range of modalities that help clients maintain connection with their racial-ethnic cultural roots and a collectivist healing perspective (e.g. family and group-level interventions).
11. Address clients' mistrust or hesitation with the counselor or counseling by acknowledging the impact of medical racism on BIPOC clients' perspectives on seeking mental health care.
12. Use mutually established language to describe counseling approaches, techniques, and methods for evaluating outcomes, particularly in situations where racial-ethnic cultural differences may evoke conflict or misunderstanding.

13. Facilitate explicit discussions exploring the impact of barriers, discrimination, settler colonialism, and intergenerational trauma on clients' mental health and wellness.
14. Celebrate clients' integration of racial-ethnic cultural awareness, encouraging them to reclaim their personal and cultural narratives as sources of strength.
15. Explore how clients' racial-ethnic identity and cultural messages influence their lived experiences and navigation of systems of oppression.
16. Partner with clients to define what is effective and meaningful in their healing journeys, actively integrating their insights to co-create personalized and culturally aligned counseling strategies.

Please share any thoughts, feedback, or insights on the section and items above. When referencing a specific item, please include its corresponding number. [text entry]

*Counseling Assessment, Intervention, & Evaluation*

1. Integrate theoretical frameworks that support understanding clients' needs within their familial and racial-ethnic cultural contexts (e.g. Family Systems Therapy, Relational Cultural Theory, Field Theory, Internal Family Systems Therapy, Existential Therapy, Narrative Therapy).
2. Use creative activities and racial-ethnic cultural traditions to help clients express emotions around the impact of racial trauma (e.g., narratives, music, dancing, cooking).

3. Bridge racial-ethnic understanding of mental health concepts with non-pathological processing and skill development to help clients navigate emotional experiences (e.g. coping skills, grief rituals).
4. Utilize techniques such as storytelling and deconstruction to help clients reframe their lived narratives, focusing on externalizing thoughts and addressing oppressive factors impacting BIPOC communities.
5. Integrate an intersectional lens to deepen clients' understanding of how they navigate interlocking systems of oppression, considering other aspects of identity such as gender, age, and sexuality.
6. Assess clients' racial-ethnic cultural context, readiness, and goals for counseling by using comprehensive needs assessments, familial exploration tools (e.g., genograms), or established tools focused on cultural understanding (e.g., Cultural Formulation Interview, Cross-Cultural Coping Scale, Racial Trauma Scale).
7. Co-create transition plans for ongoing reflection, emotional processing, and relationship building that incorporate racial-ethnic cultural practices and culturally grounded therapeutic approaches.
8. Critically examine existing practices and policies to identify barriers to culturally sustaining services for BIPOC clients (e.g., assessment tools, training, language and terminology, effectiveness of feedback mechanisms in capturing the experiences of BIPOC clients).
9. Measure the efficacy of counseling using culturally aligned quantitative and qualitative measures for BIPOC clients.

10. Develop partnerships with community organizations and racial-ethnic cultural partners to provide holistic support in addressing systemic issues affecting BIPOC clients' well-being and community needs.
11. Develop support programs to address racial trauma, providing tools for coping with racial stress, creating safe spaces for processing trauma, and fostering individual healing and collective empowerment.

Please share any thoughts, feedback, or insights on the section and items above. When referencing a specific item, please include its corresponding number. [text entry]

### Round 3 Questionnaire

Thank you for your continued thoughtfulness and insight during Round 2 of “Framing Culturally Sustaining Practices in Counseling For Black, Indigenous, People of Color: A Community-Centered Delphi Study” (UTK IRB-24-08399-XM)! Our expert panel met consensus on 22 of 36 items, which means you all collectively agreed that those components are crucial to culturally sustaining counseling. You can see that list in the downloadable file below.

As we launch the final round of this study, you will review the remaining 14 items plus 2 consensus items for language changes. Consider your background, knowledge, training, and clinical experiences as you rate the items and provide qualitative feedback. Feedback can include, but is not limited to: suggestions on wording, the overall content or meaning of the statements, connections and patterns, or anything that you believe is missing.

[INSERT “ROUND 2 CONSENSUS ITEMS’ FILE HERE]

Email Address: [text entry]

## Items

### *Counselor Reflexivity*

- 1.Establish supervisory and peer relationships to ensure accountability in exploring racial-ethnic cultural dynamics and critically examine and diminish power and privilege when working with BIPOC clients.
- 2.Incorporate practical feedback from diversified consultation groups to better understand BIPOC clients' concerns within cultural, developmental, financial, and historical contexts.

\*These items achieved consensus, but were included because of language changes Please rate according to the new wording.

Please share any thoughts, feedback, or insights on the section and items above. When referencing a specific item, please include its corresponding number. [text entry]

### *Overall Counseling Conditions & Process*

- 1.Leverage shared racial-ethnic cultural experiences in support of building rapport, inviting clients to share their unique perspectives, and avoiding assumptions based on shared backgrounds.
- 5.Honor and integrate racial-ethnic cultural symbols, metaphors, and terms to help clients fully express their racial-ethnic identities within the counseling process.

6.Engage in counselor self-disclosure that connects shared racial-ethnic experiences or demonstrates counselor’s own racial-ethnic awareness to model authenticity and support clients in developing genuine self-expression.

7.Support clients in developing authentic connections within their racial-ethnic communities that nurture personal growth and alignment with their life narratives.

9.Facilitate clients’ exploration of racial-ethnic cultural identity and practices, acknowledging confluence of group, intergenerational, and role expectations with their lived narratives.

10.Utilize a range of modalities that help clients maintain connection with their racial-ethnic cultural roots and a collectivist healing perspective (e.g. family and group-level interventions).

11.Address clients’ mistrust or hesitation with the counselor or counseling by acknowledging the impact of medical racism on BIPOC clients’ perspectives on seeking mental health care.

13.Facilitate explicit discussions exploring the impact of barriers, discrimination, settler colonialism, and intergenerational trauma on clients’ mental health and wellness.

14.Celebrate clients' integration of racial-ethnic cultural awareness, encouraging them to reclaim their personal and cultural narratives as sources of strength.

Please share any thoughts, feedback, or insights on the section and items above. When referencing a specific item, please include its corresponding number. [text entry]

*Counseling Assessment, Intervention, & Evaluation*

1.Integrate theoretical frameworks that support understanding clients’ needs within their familial and racial-ethnic cultural contexts (e.g. Family Systems Therapy, Relational Cultural Theory, Field Theory, Internal Family Systems Therapy, Existential Therapy, Narrative Therapy).

2.Use creative activities and racial-ethnic cultural traditions to help clients express emotions around the impact of racial trauma (e.g., narratives, music, dancing, cooking).

4.Utilize techniques such as storytelling and deconstruction to help clients reframe their lived narratives, focusing on externalizing thoughts and addressing oppressive factors impacting BIPOC communities.

10.Develop partnerships with community organizations and racial-ethnic cultural partners to provide holistic support in addressing systemic issues affecting BIPOC clients’ well-being and community needs.

11.Develop support programs to address racial trauma, providing tools for coping with racial stress, creating safe spaces for processing trauma, and fostering individual healing and collective empowerment.

Please share any thoughts, feedback, or insights on the section and items above. When referencing a specific item, please include its corresponding number. [text entry]

## **Appendix G**

### **Round 2 Consensus Items Document**

This list represents the items that achieved consensus among you, the expert panel, during Round 2 of “Framing Culturally Sustaining Practices in Counseling For Black, Indigenous, People of Color: A Community-Centered Delphi Study” (UTK IRB-24-08399-XM). Each item included here reflects agreement through ratings and feedback, indicating its importance and relevance to the development of a practice framework for culturally sustaining counseling interventions. No additional changes will be made to these items during the study.

#### *Counselor Reflexivity*

- Practice reflexivity throughout the counseling relationship by identifying biases or racial-ethnic conflicts that may arise, and thoughtfully addressing them with clients as appropriate.
- Invest in professional development rooted in cultural humility, curiosity, and intentionality, incorporating strategies like cultural immersion and community engagement to foster continuous cultural learning and growth.

#### *Critical Inquiry of Knowledge Sources*

- Embrace non-Western ways of knowing, healing, and community building to center the clients’ own racial-ethnic insights, as a means of empowering BIPOC clients to take ownership of the counseling process.
- Engage ongoing learning about the racial-ethnic cultural values and experiences of BIPOC communities, extending beyond the counseling relationship and any

individual client's immediate counseling goals (e.g., relevant research, immersive activities, personal connections).

- Recognize the role of storytelling for transmitting wisdom, values, and collective experiences in BIPOC cultures.
- Critically evaluate and integrate research, theories, and knowledge that are trauma-informed and intentionally centered on clients' lived experiences, racial-ethnic cultural values, and unique healing traditions.
- Champion research that prioritizes the values, knowledge systems, and diverse intersectional experiences of BIPOC communities as essential pillars for developing evidence-based and culturally sustaining counseling practices.

#### *Overall Counseling Conditions & Process*

- Express genuine curiosity about clients' racial-ethnic cultural experiences, fostering a counseling relationship built on cultural humility.
- Develop and utilize shared language on mental health concepts to build rapport and trust with clients.
- Create conditions in which clients actively navigate their racial-ethnic identities and can freely share deeply-rooted cultural values.
- Expand clients' interpretation of racial-ethnic cultural values to allow for nuanced exploration of stigmatized emotions (e.g. grief, shame, depression, anger).
- Use mutually established language to describe counseling approaches, techniques, and methods for evaluating outcomes, particularly in situations where racial-ethnic cultural differences may evoke conflict or misunderstanding.

- Explore how clients' racial-ethnic identity and cultural messages influence their lived experiences and navigation of systems of oppression.
- Partner with clients to define what is effective and meaningful in their healing journeys, actively integrating their insights to co-create personalized and culturally aligned counseling strategies.

#### *Counseling Assessment, Intervention, & Evaluation*

- Bridge racial-ethnic understanding of mental health concepts with non-pathological processing and skill development to help clients navigate emotional experiences (e.g. coping skills, grief rituals).
- Integrate an intersectional lens to deepen clients' understanding of how they navigate interlocking systems of oppression, considering other aspects of identity such as gender, age, and sexuality.
- Assess clients' racial-ethnic cultural context, readiness, and goals for counseling by using comprehensive needs assessments, familial exploration tools (e.g., genograms), or established tools focused on cultural understanding (e.g., Cultural Formulation Interview, Cross-Cultural Coping Scale, Racial Trauma Scale).
- Co-create transition plans for ongoing reflection, emotional processing, and relationship building that incorporate racial-ethnic cultural practices and culturally grounded therapeutic approaches.
- Critically examine existing practices and policies to identify barriers to culturally sustaining services for BIPOC clients (e.g., assessment tools, training, language

and terminology, effectiveness of feedback mechanisms in capturing the experiences of BIPOC clients).

- Measure the efficacy of counseling using culturally aligned quantitative and qualitative measures for BIPOC clients.

## VITA

Kertesha B. Riley (she/her) completed her doctorate of philosophy in Counselor Education from the University of Tennessee, Knoxville. With a background in couples, family, and career counseling, and 12 years experience in higher education, Kertesha has worked in university career centers, case management, and consulting with community organizations, focusing on how identity and culture influences mental health, relationships, and career development. Some of her research interests include: culturally sustaining counseling practices, grief and loss in superhero stories and speculative fiction, affirming faith experiences with LGBTQIA2S+ individuals, and BIPOC wellness. When she is intentionally pursuing Black joy, Kertesha is listening to podcasts, video chatting with her nephews & niece, relaxing in or near water, brunching, and taking naps (#RestIsResistance).