Cultural Humility Training with a Simulated Therapy Client: A Qualitative Case Study

Justine Piontek

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CULTURAL HUMILITY TRAINING WITH A SIMULATED THERAPY CLIENT:  
A QUALITATIVE CASE STUDY  

by  

Justine Piontek  

A Dissertation  
Submitted in Partial Fulfillment of the  
Requirements for the Degree of  
Doctor of Philosophy  

Major: Counseling Psychology  

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Abstract

A qualitative case study explored seven counseling psychology doctoral trainees’ experiences in a small-group training with a simulated therapy client of a marginalized identity, and more specifically, the trainees’ perceptions of how the interaction with the simulated client influenced their cultural humility development. The simulation training was designed to mirror a therapy intake and the case profile reflected an African American client presenting with race-based stress from ongoing discrimination across several life domains. A thematic analysis was performed on the training de-brief focus group yielding five themes: (1) trainees’ impressions (2) trainees’ affective responses (3) comparisons to clinical work with real clients, (4) factors impacting training, and (5) aspects of identity in the simulated client interaction. The Voice-Centered Relational Method of analysis was performed on all the individual post-training interviews, which illuminated the nuanced clinical insight simulation-based training can provide in the development of trainees’ cultural humility. The analysis revealed how trainees of color attended more to the interpersonal components of cultural humility development (e.g., decentering oneself, remaining “other-focused”), whereas White trainees attended more to the intrapersonal components within their development (e.g., perceiving their power, privilege, and limitations accurately within the therapeutic interaction). Suggestions for future research and simulation-based training are also offered.

**Keywords:** cultural humility, doctoral training, simulation, simulated client, multicultural orientation
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Introduction

With the American Psychological Association’s acknowledgment of its historical role in the perpetuation of systemic racial discrimination toward communities of color (APA, 2021), understanding and addressing the mental health needs of these marginalized communities has become a prevailing professional aim of counseling psychology (Hook et al., 2013; Neville & Mobley, 2001; Scheel et al., 2018; Sue et al., 1982). This goal of counseling psychology along with the increasing diversification of the United States population (U.S. Census Bureau, 2021) creates an imperative for counseling psychologists to learn to provide the most appropriate care for clients across diverse backgrounds and cultural identities (Sue et al., 2009). In order to facilitate this knowledge, counseling psychology doctoral training endeavors to assist students in exploring how their own worldviews, beliefs, attitudes, and values align with the profession’s commitment to offering culturally humble psychological services to all members of the public (APA, 2003; BEA, 2015; Sue et al., 2009).

Cultural Humility in Counseling Psychology

Cultural humility, a foundational pillar of a multicultural orientation (MCO; Owen et al., 2011, Davis et al., 2018), is a process of reflection and inquiry that involves self-awareness of personal biases. For psychologists in specific, cultural humility necessitates the continual challenge to assumptions and judgements of others different than themselves (Hook et al., 2013; Tervalon & Murray-García, 1998). Cultural humility is represented by both intrapersonal and interpersonal components (Davis et al., 2011). Intrapersonally, cultural humility involves psychologists having an accurate view of themselves, particularly regarding their power, privilege, and limitations. Interpersonally, culturally humble psychologists can maintain an interpersonal stance that de-centers the self through demonstrating respect for others and a
diminished sense of superiority (Davis et al., 2011). Further, priority is given to exploring the impact of societal, political, and systemic inequalities on a client’s cultural experience (Owen, 2013). Fundamentally, cultural humility refers to a psychologist’s way of being with a client (Owen, 2013) with the understanding they do not know everything of that client’s culture and the two-fold acceptance of their role as the learner and the client’s expertise about their own cultural identities (Abbott et al., 2019).

**Current Multicultural Training Modalities**

Current multicultural training modalities, aimed at building psychology graduate students’ awareness, knowledge, and skills in working with diverse populations (Arredondo et al., 1996) include in-class didactics and activities (e.g., case scenarios, skills-based and peer-to-peer roleplay), journaling, service learning, cultural immersion, and real-world client interaction at practicum training sites (see Benuto et al., 2019; Gonzalez et al., 2020). Even with training models designed to prepare psychologists, students reported feeling underprepared for relevant postgraduate clinical work (Benjamin et al., 2021). While it’s impossible to be fully prepared for all clinical work coming directly out of a graduate program, feeling unprepared indicates a potential deficit within traditional multicultural training approaches offered to doctoral students (Fouad, 2006; Gregus et al., 2020).

Early career psychology professionals have also expressed the need for additional and more expansive multicultural training within their doctoral studies (Benuto et al., 2019). They specifically identified the need for more discussion about diversity-related issues and concrete, technical training. An overarching critique of the foremost training modalities was the prioritization of knowledge acquisition of diverse cultures over promoting awareness, attitudes, or skills to deliver culturally responsive care (Benuto et al., 2019). More specifically, a critique
of in-class practices highlighted the problematic nature of employing didactics, case scenarios, and peer-to-peer roleplay about a culture to which professors, trainers, and trainees do not belong (Abbott et al., 2019). These modalities can unintentionally perpetuate the “othering” of these different cultural identities (Vora et al., 2021).

One of the main avenues for multicultural training is practicum and real-world interactions. Addressing MCO in a real-world context may be partially dependent on culturally humble clinical supervision and mentorship (Abbott et al., 2019). An additional critique of real-world client interactions highlighted the potential remarginalization of diverse clients and irreparable damage to the therapeutic alliance, ultimately undermining the client’s right to culturally informed mental healthcare (Gonzalez et al., 2020). Remarginalization may take the form of racial microaggressions (Davis et al., 2016), cultural arrogance (Hook et al., 2016), therapist/trainee insensitivity and complacency (Kondili et al., 2021), and missed opportunities to learn about a client’s diverse identities (Gonzalez et al., 2020). A more expansive and well-suited training modality that combines knowledge building with real-world interactions (without risk to actual clients) is simulation-based learning. Simulation-based learning can be explored to address the critiques of existing modalities for graduate psychology trainee development and to understand the beginning development of cultural humility.

Simulation-Based Learning

Simulation-based learning (SBL) is an experiential learning modality that mimics aspects of clinical scenarios in a controlled and psychologically safe environment for student training purposes (Kühne et al., 2018). Student trainees are commonly referred to as learners within an SBL context and will herein be referred to as such (Benjamin et al., 2021). SBL can be delivered in a myriad of training contexts appropriate to training objectives (Benjamin et al., 2021) and
learning levels, including clinical interactions with simulated clients (SC; e.g., a simulated therapy client). Preparation and coaching to portray the SC is framed around the learning objectives of the clinical interaction for the learners (Kuhne et al., 2018). The primary aim of SBL is to create an environment that enables learners to engage naturally, promoting insight into the complexities of their workplace (i.e., clinical training sites) and those whom they serve (Nel & Nolte, 2019).

Additionally, SBL has flexibility to implement elements of existing MCO training modalities (e.g., culturally focused dialogue, didactics) to enhance the robustness of the learner’s experience in a replicated real-world clinical scenario (Kühne et al., 2018). SBL has been widely studied within medical and nursing education, yet minimal research on the use of SCs within graduate training for mental health professionals exists (Benjamin et al., 2021; Meghani & Ferm, 2021). Further, most of the current simulation research for these mental health graduate programs prioritizes clinical skill acquisition (Oxlad et al., 2022) as opposed to formative training around challenging topics like implicit bias, racism, and cultural humility (Kühne et al., 2018). Within applied psychology doctoral studies, simulation-based training has been predominantly utilized for outcome-based clinical competency assessment (Benjamin et al., 2021; Roberts et al., 2020; Yap et al., 2012).

**Simulation-Based Training Addressing Cultural Humility**

For years, simulation-based training within medical and nursing education has been utilized to explore issues regarding diversity (e.g., enhancing cultural sensitivity/awareness, exploring attitudes towards those experiencing poverty), which closely mirrors the challenging multicultural themes counseling psychology trainees must face in pursuit of developing cultural humility (Foronda et al., 2018; Vora et al., 2021). The majority of current research on culturally
focused simulation-based training has been produced within nursing and social work education (Foronda et al., 2018). This research indicated the promotion of learners’ insight (Strasser et al., 2013), understanding (Simones et al., 2010), and appreciation (Yang et al., 2014) for diverse individuals, as well as increased comfort and confidence in culturally diverse clinical contexts and with their cross-cultural skills (Ndiwane et al., 2014). This comfort was found to extend into learners’ fieldwork settings. SBL has also been found to improve learners’ communication skills with diverse individuals, English as a Second Language individuals, and within an interdisciplinary professional team (Smith & Silk, 2011). Training with an SC can provide a psychologically safe, in vivo clinical experience for learners while preventing remarginalization of diverse individuals engaging in counseling services with these learners (Vora et al, 2021). This modality could provide a supportive learning experience, while bolstering counseling psychology doctoral students’ preparedness in serving diverse clients through culturally humble engagement.

The Current Study

Currently, no research exists on the use of this modality to explore the development of students’ cultural humility within counseling psychology doctoral training. Therefore, the following research questions guided this study:

1. What are the experiences of counseling psychology learners who participate in small-group training with a simulated therapy client of a marginalized racial identity?
2. How are learners’ perceptions of their own cultural humility influenced by interaction with a simulated therapy client of a marginalized racial identity?
Method

A qualitative case study methodology (Merriam, 1998) was chosen for this study because it is “an intensive, holistic description and analysis of a bounded phenomenon” (p. 27). A phenomenon can be a person, event, institution, program, or process (Merriam, 1998). The phenomenon under investigation was the process of engagement by counseling psychology doctoral learners in a small-group cultural humility training with an SC of a marginalized racial identity. The SC and the small-group format were contextual conditions relevant to the process of the learners’ cultural humility exploration, and therefore, the case study. Merriam (1998) emphasized that a case’s complexities be understood through numerous sources of data and a descriptive presentation of the information to help uncover the relevance of these potential contextual conditions. For that reason, a variety of data collection methods and sources were utilized. This plurality of data sources guaranteed that the issue was explored from multiple perspectives, aimed at revealing and understanding various facets of the phenomenon (Baxter & Jack, 2008).

By binding this single case, the study’s scope remained sensible (Miles & Huberman, 1994). Merriam (2009) posited that phenomenon must be intrinsically bounded in order to be studied as a case. The bounded case then becomes the unit of analysis within a qualitative case study (Merriam, 2009). The unit of analysis for this study was one small-group training exercise. Simulation training generally consists of three stages: a pre-brief, a simulated exercise, and a debrief (Gliva-McConvey et al., 2020). It can be designed to serve a variety of training purposes; therefore, the content of simulation training is also variable. A thorough description of the small-group training is provided to convey the bounding and design of the phenomenon studied.
The Small-Group Training Exercise

The lead researcher collaborated with the simulation center of a state health sciences university not affiliated with the learners’ university to develop the SC profile and the exercise to mimic an initial therapy intake, and ultimately, to conduct the training. The entire preparation phase took approximately five months. The SC profile was developed per institutional protocol in adherence with the Association of Standardized Patient Educators (ASPE) Standards of Best Practice (Lewis et al., 2017). The SC was portrayed by one of the Standardized/Simulated Patient Educators, who assisted in developing the case. The broad contours of the client profile reflected a middle-aged, heterosexual, Baptist, African American male presenting with depression and anxiety symptoms in the context of work and family related to ongoing racial discrimination. The African American SC profile represented a racial demographic with whom the learners had a high likelihood of working clinically during their doctoral training.

Skilled facilitation is a required component in effectively carrying out small-group simulation training (Benjamin et al., 2021) and was implemented for this study. The skilled facilitators were also integral contributors and collectively conducted each stage of the training. Vora et al. (2021) recommended the use of two skilled facilitators of differing racial identities when race and ethnicity are applicable to the training. This recommendation was heeded in order to maximize psychological safety for the learners. The African American facilitator had extensive psychotherapy training and the White facilitator was a Standardized/Simulated Patient Educator; both highly trained in small-group format simulation.

The training exercise took place in the Spring 2023 semester and was 2.5 hours in duration. The simulation building was a state-of-the-art clinical training facility with audiovisual and spatial requirements essential for behavioral health small-group simulation training. The pre-
brief and debrief took place in a small debrief conference room. The pre-brief lasted 15 minutes and provided an agenda of the training, learning objectives, and ground rules prior to beginning the exercise (Gliva-McConvey et al., 2020). Learners’ questions and concerns were addressed to minimize confusion and to promote psychological safety. Within this small-group format, two learners were paired as “one provider” to obtain a broad psychosocial history and explore presenting concerns with the SC. Pairs were decided by the learners during the pre-brief. The learners were then escorted to a large simulation room arranged to resemble a therapy space. The SC entered after all learners were seated and sat in an armchair directly across from a learner pair seated on a small couch (a.k.a., the “hot seat”). The remainder of the learners and the two facilitators sat flanking both sides of the three, essentially, all forming a large circle of seats within the large room. As per best practices (Barrows, 1987), the SC did not break character for any reason during the intake, as this would have compromised his fidelity and the training overall. Additionally, he was not seen by the learners other than during the small-group exercise, as this too would have compromised fidelity (Barrows, 1987).

The small-group exercise lasted 80 minutes. One of the four learner pairs volunteered to sit in the “hot seat” first. The other learners observed, and if prompted by those in the “hot seat,” engaged in the group dialogue until their turn to conduct the intake. Each pair had 15 minutes in the “hot seat” and at any time were able to request a time-out to ask a question or comment. The facilitators explored learners’ reflections and apprehensions that arose. These opportunities were examples of micro-debriefing, aimed at providing additional psychological safety for the learners (Vora et al., 2021). The SC was silent while remaining in character and disengaged with the intake during these times. As a methodological choice, during the time-outs, the SC actor took notes for student feedback (i.e., reactions from the authentic perspective of the actor as the client).
after each pair had sat in the “hot seat.” This choice offered a unique opportunity for the learners to receive in vivo feedback from the SC to then process in real-time in a psychologically safe space with skilled facilitators (Gliva-McConvey et al., 2020). The actor exited the room after providing feedback and the learners were escorted to the debrief room. The debrief lasted approximately 40 minutes. During this time, the priority was on gaining overall impressions and addressing adverse reactions of the learners (Vora et al., 2021).

Participants

Once IRB approval was obtained from the lead researcher’s university, a purposive sampling of currently enrolled counseling psychology doctoral students from the researcher’s doctoral program was conducted. Active enrollment in the first- or second-year cohort of the program was the sole inclusion criterion for this study’s sampling. In order to recruit learners, a short recruitment presentation was conducted by the lead researcher during mandatory first and second-year classes at the start of the Spring 2023 semester. The Informed Consent was distributed and collected at the end of each presentation without faculty present in order to protect confidentiality. Because of the sensitive nature and depth of disclosure encouraged in this cultural humility training, the target number of learners was eight, or four pairs. This allowed for sufficient time within the small-group exercise and the debrief focus group for individual learners to each conduct multiple iterations of clinical prompts with the SC and to share their self-reflections. Initially, eight learners consented for study participation, but one cancelled on the day of the simulation due to illness. Five learners were from the first-year cohort and two were from the second. Four learners identified as female and three as male.

Researcher Positionality and Reflexivity

The lead researcher identifies as a White, cisgender, lesbian woman, as well as a student
within the same doctoral program as the learners. Representing the learners’ unique views, even if at odds with hers, was vital to the integrity of this study. This was not only true for their shared experiences as students, but for knowledge the learners gained from the training, and most importantly, their exploration of cultural humility unique to them. Several reflexive measures were performed throughout the research process to ensure trustworthiness in the study and to minimize researcher bias. Collaboration with a diverse simulation team who adhered to the Association of Standardized Patient Educators (ASPE) Standards of Best Practice (Lewis et al., 2017) served to minimize bias and stereotyping in constructing the SC profile. The formation of an expert panel of counseling practitioners to review the SC profile for clinical and demographic accuracy also served in this effort. Additionally, reflexive journaling throughout the research process helped the lead researcher identify and minimize her subjectivities, biases, and assumptions she brought to the descriptions and interpretations of the data (Frost et al., 2010).

**Data Collection**

Merriam (2009) asserted there is no set of data collection methods characteristic of case study methodology. Triangulation, a technique in qualitative research, aims at strengthening the validity of a study’s findings by implementing more than one method of data collection or capturing more than one data source when studying an aspect of human behavior (Baxter & Jack, 2008). Methods and source triangulation within this study allowed for enhanced quality of the overall study design and for the data collected to be explored and confirmed from various perspectives (Baxter & Jack, 2008). Within Merriam’s (2009) approach, the research questions are the impetus for the types of collection methods chosen. Therefore, different qualitative methods of data collection were implemented to address each research question and to capture the particularistic, descriptive, and heuristic nature of this bounded case (Merriam, 2009).
Debrief Focus Group

The first research question focused on the learners’ experiences in the small-group training with the SC. This question was primarily addressed by conducting a focus group-style debrief. Focus groups are designated as focused because they typically involve a group activity centered on exploration of an issue. The issue in this study was the engagement in small-group format training exercise with an SC. The small-group aspect of this training is an integral component of the overall training experience with the SC as the phenomenon of study. This provided additional logic to implement a focus group to uncover perspectives on the small-group training as opposed to eliciting that information solely through individual interviews. The facilitators used a focus group guide provided by the lead researcher targeting learners’ perspectives on different aspects of the small-group format training with the SC (e.g., effectiveness of the pre-brief and skilled facilitators, takeaways from fellow learners). It was video recorded and transcribed verbatim by the lead researcher.

Individual Interviews

The second research question focused on the learners’ perceptions of the influence of their interaction with the SC of a marginalized racial identity on their cultural humility development. This question was primarily addressed by conducting individual interviews with the learners after the training. The interviews served to capture the academic, societal, and systemic ideologies that informed each learner’s experience, and ultimately, the knowledge they gained from interacting with an SC of a marginalized racial identity. The interviews were conducted in a semi-structured format with an interview guide in service of the aforementioned efforts. The lead researcher conducted the face-to-face interviews within four days post-training in a private space in the researcher’s university library. A reiteration of the Informed Consent
was verbally provided, concerns were addressed, and consent was reobtained from each learner. The average interview length was 50 minutes. Each interview was audio recorded and transcribed verbatim by the lead researcher. Member checks, a technique to elicit learners’ feedback on their interview transcript, were conducted as each transcription was completed by the researcher (Merriam, 2009).

**Results**

Multiple approaches to qualitative data analysis were implemented to further facilitate triangulation of the data collected. A thematic analysis of the debrief focus group was conducted to address the first research question. The Voice-Centered Relational Method (VCRM) of data analysis of the individual interviews was conducted to address the second research question.

**Thematic Analysis**

Thematic analysis helped to explore the perspectives of individual learners, while attending to their similarities and differences and producing unforeseen insights about the small-group training with the SC (Nowell et al., 2017). Therefore, the unit of analysis for the focus group transcript was an individual learner’s response. Within an inductive-heuristic approach, the data drove the creation of diverse codes and themes, as opposed to a deductive approach to analysis in which a priori coding would be determined from relevant theory or research and utilized in analysis (Joffe & Yardley, 2004). All transcription, coding, and analysis was conducted by the lead researcher, and the second author regularly reviewed for methodological accuracy. The phases of thematic data analysis put forth by Braun and Clark (2006) were followed, which included the lead researcher reading and familiarizing herself with the focus group transcript, the initial generation of codes, searching for themes among those codes, reviewing the themes, definitions and names for the themes, and reporting the findings with
compelling extracted examples. The coding and systematizing methods were recorded and disclosed to promote rigor and trustworthiness in the analysis (Nowell establishing et al., 2017).

Themes and Subthemes

Upon initial review, 132 codes were identified from the debrief focus group transcript. The five themes and 13 subthemes generated from the thematic analysis are detailed below (see Figure 1 below). The unit of analysis, or one learner response, totaled 45 units. The themes and subthemes are substantiated by verbatim quotations from the focus group debrief.

Theme One: Impressions of the Training Experience. This theme identifies the learners’ general impressions of the training exercise. The impressions regard their overall experience as well as specific aspects. Experiential learning within a group context informed a large extent of the impressions expressed deeming it viable as a subtheme.

1.1 Positive Impressions. Speaking to the overall training, learners said it was “very unique,” “a really great training exercise,” and “a really good learning experience.” Regarding the skilled facilitation, one learner conveyed, “that it was just such a nice way to focus in on intention and impact.”

1.2 Negative Impressions. Speaking more to specific aspects of the training, learners adversely described the training as “a time constraint environment” in which it was “challenging to give and receive feedback.”

1.3 Experiential Learning in the Small-Group Format. Certain impressions were specifically formed through the experiential nature of the group exercise. Some commented on how “it was super helpful to see different people’s styles and different ways of being with the client.” One learner shared, “I don't know that I would have gone that direction anyway but bringing that into conscious awareness just made me think about that differently.” Another
reflected on the impact of race on the group, “The experience was probably very different if you were a person of color or not. And that we probably learned different things from that.”

Theme Two: Affective Response to Training. This theme reflects the range of affective responses the learners reported from engagement in the small-group training. This theme may appear to overlap with the first theme, yet the high frequency of emotion-based comments indicated the need to be its own theme. The subthemes are divided by emotional valance.

2.1 Positive Affect: Learners noted psychological safety, empathy, enjoyment, calmness, and appreciation as positive emotional responses during and after the training. Specific to the role of the facilitators, learners commented, “Ah, I feel safe” and “I don’t really feel trepidation.”

2.2 Negative Affect: Learners noted doubt, stress, and restraint as their reactions to the training. Anxiousness was the most frequently reported negatively valanced response, as conveyed through comments like, “I've been in this real situation and not been as anxious,” “I found myself feeling really anxious,” and “I was surprised at how anxious I was at just doing it.”

Theme Three: Comparison to Clinical Work with Real Clients. Logically, this theme denotes points of comparison the learners made between the training exercise and their previous clinical work with real therapy clients.

3.1 Clinical Approach and Setting. Several learners discussed their differing approaches to conducting a therapy intake, sharing, “I'm finding it hard to not compare what I do for other intakes,” and “how I conduct intakes is probably more stratified and structured to have like a better direction of where to go with information.” Another learner reaffirmed the value of self-disclosure in building the therapeutic alliance, “that's something that I do more often in other intakes that I didn’t do here that could probably help.” Several learners had extensive clinical experience with forensic clients, which was reflected in the prevalence of comments regarding
that setting and client profile.

3.2 Client Racial Identity. Racial identity of the SC was a key point of comparison in vivo and later during the debrief focus group. One learner shared, “I have been in those situations with a [real] client discussing, ‘what's it like to be X identity on campus, when most people aren't?’ and like ‘what are your experiences so far?’” Another learner speculated, “maybe we should be adding a racial one [trauma question in an intake] for folks who aren’t White” when considering their future clinical work. Speaking more to the how the SC’s racial identity factored into the intake exercise, several remarked, “I think you can’t hide from the conversation [discussing race],” “I would rather feel like I had the opportunity to like maybe test things and play it out here [discussing race] versus like, you know, if it were a real client [of color]. Like being a little more fearful of doing that and causing harm.” and “in a structured environment, we don't always have the opportunity to talk about how race has influenced our clients’ lives.”

Theme Four: Factors Impacting Training Experience. This theme reflects factors that impacted learners’ engagement and their overall experience. Subtheme 4.1 identifies possible disadvantages to their learning and overall engagement, yet all other subthemes were perceived as beneficial. Also, the subthemes are listed in order of frequency reported.

4.1 Simulation Design. Certain aspects of the simulation design potentially hindered the learning experience. The ratio of number of learners to time allotted in the “hot seat” was the strongest drawback; they all desired more time with the SC. Other hindrances were the room configuration, being observed, giving and receiving feedback, and pre-existing relationships between learners. Conversely, the experiential nature of the simulation design enhanced learning in several ways. Learners noted, “we just had permission to be a little bit messy and try things out,” “I felt like that helped us really channel what it is we're like trying to do when we speak
and how do we feel like that sat with the client,” and “I just try to think about how I best prepare myself for the next time I'm in a situation where somebody is telling me really horrible experiences that I can't understand.” Speaking to the practicality of the experiential factor, one learner explained, “I love the opportunity to practice because so much of our learning is theoretical and in the classroom. And so, even sometimes I'll just fumble my words because I haven't said a certain sentence that many times out loud.”

4.2 The SC. The learners recognized the ease of their ability to suspend disbelief regarding the SC’s authenticity. They commented, “it never, at any point, felt not real,” and “I don’t know if I had a lot of ideas about how it would be, but I did not have to try at all to feel like that was a real client.” Receiving SC feedback was of comparable significance to their learning, as one shared, “for him to actually tell us how things sat with him, it was nice. Because sometimes those things are very congruent. And sometimes they're not. And that’s learning too.”

4.3 Skilled Facilitation. The high skill and sensitive approach of the facilitators aided learners’ experiences in various ways. They were described as “so sweet and warm” and assisted in bringing a student’s “anxiety down a lot.” Their approach was described as “really focused in on the learning because I think it's easy for us to jump to like critiquing ourselves about what we didn't like or whatever,” and they did “a really good job at creating, what felt like a learning space, which not all spaces do feel that way.” It is valuable to consider that the facilitators’ skill and approach, as well as the SC’s, are also recognized within other themes.

Theme Five: Aspects of Identity. This theme relates to the various identities the learners held within the small-group training space. At times, these identities were overtly addressed within the training and debrief or were implied within their focus group responses.

5.1 Student Identity. One learner identified, “I'm in my first year of the program.
Definitely, I've never been in the room with a client who has had so many really heavy race-based experiences.” Student identity was essentially two-fold during this exercise- as a group participant and as a student trainee engaging with the SC.

5.2 Racial Identity. The racial identity of the learner was critical to how the training took form, as seen through these comments, “I do feel like it's maybe worth naming that the experience was probably very different if you were a person of color or not,” and “I guess it’s going to be a whole new learning experience for me particularly. Especially having clients of color just say, ‘You're a [person of color], you know how it is’.”

5.3 Influence of Intersecting Identities. The intersection of a learner’s racial and clinician/trainee identities factored into how they engaged with the SC, as conveyed through their sentiments regarding real-life clients, “I think by providing reflection, you are showing the client you are listening and you're trying to understand. So that's kind of what I lean on most as a White guy.” One learner realized, “oh, it's interesting how many psychologists and clinicians are afraid to just say 'Black'.” A White learner reflected, “I appreciated the feedback I got from [the SC] at the end and his interpretation of the way that I handled it. But after I said it, I didn't even know like, “Were those words helpful [regarding the learner’s acknowledgement of their differing races]? Did it seem cheap?”
Voice-Centered Relational Method

The VCRM, based on the work of Brown and Gilligan (1991) and Mauthner and Doucet (1998), is grounded in feminist theory. It focuses on a learner’s narratives of their experience, therefore, centering their voice in the interpretation and delivery of the data. Within this study, VCRM considered what learners attended to, and why and how this informed their actions in the training, and more specifically, their engagement with the SC. This method revealed the personal and social relationships, and contexts of learners by listening to their voices from different perspectives. Through interpretation, VCRM served to minimize reinforced knowledge and power hierarchies prevalent in society and promote the value of relationships (Brown & Gilligan, 1991). Particular attention was given to the lead researcher’s reflexivity to understand her position and relationship to the learner. Within this method, she read each learner’s interview transcript at minimum four times, each time with a different relational objective. These iterative readings were conducted using a Listening Guide (Woodcock et al., 2016) that provided
pertinent questions for each reading to consider when identifying themes relevant to each relational objective. She concurrently listened to the audio recordings, while reading and notating digital versions of the transcripts. Each learner chose their own pseudonym.

*Listening for the Plot and Responding to the Narrative*

The first reading aimed to capture the learner’s overall story and its characters, while being attentive to the plot, imagery, and language particular to their experience of the training process with the SC (Paliadelis & Cruickshank, 2008). An additional aim of the first reading explored the lead researcher’s intellectual and emotional response to the reading, as these responses formed their knowledge of each learner (Paliadelis & Cruickshank, 2008). The reading was then summarized into a narrative that highlighted the reflections of the first aim, as shown for one of the learners below.

In listening, two parallel stories were revealed of Carrie Bradshaw uncovering her empowered voice by asking, “how do I respond?” In one story, her empowered voice is her ability and comfort as a clinician in having clients of color relate to her, “You know how it is. I had this racist experience.” In the other story, her empowered voice is her ability and comfort in opposing her racist aggressors, “Okay, how do I deal with this constant disrespect?... because we feel like we've given our power away.” This shared understanding of disrespect threaded through the intake as she listened to the SC. She later reflected on this connection as a clinician, “I totally feel him when he was saying, you know, ‘I felt disrespected’ because that feeling is so strong. And that’s that power and privilege [as a clinician of color] right there, because ‘I know exactly what you [the SC] mean, you know. Who knows if anyone else in this room feels you, but I definitely do because I’ve been there’.” His comment took her by surprise, leaving her with
questions, “How do I go about it in future interactions like that? Because it's happened once now, I'm sure it's gonna happen again.” After the training, she felt driven to consult other trainees of color on how she can engage clients most compassionately in the future, recognizing, “when we [individuals of color] feel invisible that definitely can mess us up a little bit. So, just having a voice, just being able to be heard is huge and key.”

After completing the first readings for all seven learners, a synthesized picture of the learners’ interactions with the SC was built. What emerged were stories of engagement told through the spectrum of learners’ identities on the stage of the small group setting, at times with themselves or the SC as the main character. The main events within their stories were equally as broad, some in the form of positive reinforcement from the SC and/or fellow learners or of missed opportunities for authentic engagement with the SC. Some stories appeared unfinished as they had unresolved impressions of their time in the “hot seat.” Regardless of the lack of resolution, the prevailing sentiment was future focused. All told, the learners remarked how they walked away with concrete examples to consider in how to address client-clinician diversity and to process clients’ experiences of racial discrimination moving forward.

The lead researcher intentionally self-assessed rationalizing or over-empathizing with learners’ experiences given their shared identity as students. She noted a growing sense of protection she felt for the learners of color to have an equitable and safe training experience as she engaged further in the readings. She identified this fear as stemming from a lack of understanding of her privilege and power as a White person, as well as insecurity in her own cultural humility development. This topic was heavily explored in her reflexive journaling throughout this VCRM analysis phase to identify and reduce researcher bias in interpretation.
**Listening for the Voice of “I”**

The second reading aimed to capture the learner’s personal perspective with particular consideration of the way they spoke of themselves and situated themselves in the interaction with the SC (Fairtlough, 2007). Attention was given to the number of times the learner used the first-person pronoun “I,” and whether their statements reflected emotion, intention, opinion, or their process of learning (Fairtlough, 2007). This reading allowed for the creation of an ‘I-Poem’ as a form of representation of the data (Gilligan et al, 2003). These poems are a means to evidence a learner’s unique emotional and intellectual struggles, as well as their discrepant or aligned ideas with prevailing societal values and cultural norms (Gilligan et al, 2003). Two examples of I-Poems are shared below to illustrate the range of experiences between the learners in their engagement with the SC.

My conceptualization of Ken, he has a lot of very valid, emotional, and physical reactions. Anti-Blackness, I think, is pervasive in how I was socialized. In how I think all of us are.
I think we tried to maybe unpack a little bit.
I could feel in my body some of his frustration.
I understood his frustration, he was exhausted at having to explain things to people.
I felt like I understood that to the degree that I can. I do hold a lot of privileges.
I think it definitely shaped my view of myself as a clinician.
I use a lot of relational-cultural theory.
I feel like that fit very well into what we were doing.
I have a foundation for navigating a lot of these things that would come up in a session that …is specifically about marginalized identities.
I think it genuinely was a difficult experience.
I'm trying to think it was a majority White group.
I was seeing in this session a replay of what Ken probably already has to do all the time.
I just felt like, “God, we have such capacity to unintentionally perpetuate harm with clients.”
I don't know, difficult to watch some folks struggle.
I mean, just inherently from a lack of lived experience.
I left kind of almost feeling like parts of it felt challenging to watch and hear.
(April Ludgate)
“I'm in here. It is okay to make mistakes. I also feel challenged. I want to do well.”
I got good feedback. I mean, it's nice to be recognized.
“I'm a White guy.”
“I have absolutely no idea what it's like to have someone be racist toward me.”
He was made more comfortable by the way in which I did that.
“I've had this experience,” would be so insultingly dissimilar.
I probably could have prompted him by saying about half the number of words that I said.
I mean, a lot of what we do is just try to get out of the way as much as possible.
I had very little idea of what kind of response I was gonna get.
I suspected that there would be some stumbles. I suspected that it would be fine.
I'm not walking around with however many 1,000 million micro macro aggression wounds.
I walk in there with the client who has experienced that.
My skin color is not a magnet for that sort of interaction.
I’ve felt hopeless. I feel like people have gotten the wrong idea about me. My point of view.
I guess from that broader perspective. I understand that part.
I was getting that this man could potentially benefit from being able to air out a lot of stuff.
I need to talk about it from the perspective of still how much more I have to learn.
For me, the more I interact with people, the more I see how different we are.
For me, there's nothing more legitimate about the assumptions that I have.
I am not any better or any worse than anybody else.
(Jake Barteck)

Listening for Relationships

The third reading aimed to capture the learner’s relationships, those of a close nature
(e.g., fellow students) and those more broadly accounting for the learner’s social network in
which they live, train, and study (Woodcock, 2016) who influenced their engagement with the
SC. The frequency with which they spoke of others, and the corresponding feelings about those
relationships were noted. The most prevalent relationships spoken of were those with fellow
learners of different racial identities. For example, a White learner noted their observation of the
SC’s interaction with a learner of color.

There was one time where [the SC] basically said “Well, you're a person of color, you get
it” or something to that effect. And it's like, I'll never have that with a client who is not
the same intersecting identity as me. And our intersecting identities were different. So
that made me reflect on how my identities show up in the room. There's no way of
getting around them, other than to name them and talk about them. And to ask, you know, [the SC's] curiosity, “I wonder what it's like to do therapy with me in this moment after you just shared all of these racial traumas.” (Jordan Pitt)

It became clear that for some, their fellow learners served as a potential hindrance to their engagement with the SC. Racial identity of the learner was the most prevalent influence in these hindered experiences. The following excerpt speaks specifically to the White learners’ positionality in the training as a limitation for one of the learners of color.

Who is it in service for? Is it some sort of Macabre curiosity thing? Like, “Oh, my goodness, how badly has society treated you?” Or is it actually like, “Where are these problems coming from? Where does this stem from? How far do we have to go into it?”

And just acknowledging like, “Look, if there are things you don't want to tell me, you don't gotta.” That was one thing I don't think we did very well. To just explicitly be like, “Look, I appreciate your privacy, your trust in us. You don't have to share everything if you don't want to.” And I feel like had she [a learner of color] not spoken up and said, like, ‘Hey, we don't necessarily have to deep dive into this,” I'm not sure if they would have not done that. (James Kirk)

Previous therapeutic relationships were also significant in how the learners perceived their interactions with the SC and their cultural humility more broadly. One learner, Charlie Scott, considered her clinical approach with the SC by comparing it to previous clinical encounters with clients of color. Her sentiment speaks to the interpersonal component as a learner within cultural humility development (Hook et al., 2017).

And how much reflection of his [the SC] experience does then go too far to where it feels like placating? Or like, “I'm a White person.” And it's like, “Oh, I'm so sorry for you.”
I've had that from my clients of color previously. I have had experiences where people were like, “Why are you feeling sorry for me all the time?”

**Listening for Cultural Contexts and Social Structures**

The fourth reading listened for social and cultural contexts for the learner’s perspective. These contexts are situated within the larger social and structural systems and frameworks in which the learner is embedded. Particular attention was given to the influence of social structures (e.g., gender, class, race/ethnicity) on their learning and overall engagement with the SC. The third and fourth readings were conducted in tandem listening for what the broader relational conversations highlighted about the learner as it related to the research question (Woodcock, 2016). It was clear from listening that the learners situated themselves in the training by their racial identity. Katherine Johnson reflected on the influence of her Whiteness (Applebaum, 2016) on her time in the “hot seat.”

I was never not aware of my own race. And so, I think I definitely, in every space I go into kind of thinking like how my presence could be impacting the sense of safety experienced by others, or just be like not wanting to take up too much space in those contexts…. It would be understandable for him [the SC] to doubt maybe any counselor at all, or not trust any counselor, but especially White providers. And so, I’m definitely hyper-aware of that, as well. And not just in the way it impacted us in the room. But just even, like, crafting my responses. There's so many things that as White people, we don't always have to be like as aware of. Or that could come off a certain way, and just being very careful about like, how I was like crafting things. I definitely am hyper-aware of just that dynamic, especially because so much of what he was talking about was his experience of racism and discrimination.
Collectively, the learners understood their identity as a doctoral-level trainee to be an additional contextual factor in their interaction with the SC. More specifically, several spoke of the inherent positionality and societal assumptions, including distinctions of intelligence, professional authority, and financial wealth, which may have created furthered discord with the SC who expressed a distrust in doctors and therapists. One learner noted, “So, power and privilege. Power we're talking about me being a master's level clinician in a PhD position, right? It's just power on top of power already” and continues on, “I think maybe you could also argue for socioeconomic status. Each of us there was dressed as a business professional, right? In varying states of wealth, like watches, good clothes, good shoes. Just all those status symbols.”

**Discussion**

This qualitative case study aimed to contribute to the extant literature on multicultural training in counseling psychology by exploring the development of counseling psychology doctoral learners’ cultural humility through simulation-based training. Key contextual factors, including a small-group format and an SC presentation of race-based stress, framed this case study and guided the research questions.

**Summary of Findings**

The first question addressed the learners’ overall training experience. Five themes were derived from analysis of the debrief focus group. The analysis revealed that the positive impressions ultimately outweighed the negative, yet the learners experienced a range of affective responses during and as a result of the exercise. Anxiety was a universal response of the learners, but the skilled facilitation and the fidelity of the SC’s portrayal was noted as mitigating these emotions. The unique value of experiential learning in a psychologically safe environment, as widely noted in simulation research (Benjamin et al., 2021; Kühne et al., 2018), was also
highlighted by the learners. The immersive nature of the experience enabled the learners to view the clinical exchanges as authentic to how they would present in session with real-world clients, ultimately, creating clear points of reflection for future therapeutic encounters of this nature. The Aspects of Identity theme highlighted learners’ racial identity as particularly relevant in the level of engagement and clinical direction during, as well as for key takeaways from the exercise.

The second question addressed learners’ perceptions of how engagement with the SC influenced their cultural humility. Learners’ racial identity factored heavily into their self-perception as a culturally responsive clinician within the space, as one could anticipate when implementing training focused on exploring client’ race-based stress (Vora et al., 2021). This experiential training substantiated how Whiteness presents in therapeutic and training spaces (McCubbin et al., 2023), along with how cultural humility may actualize differently for learners of color (Moon & Sandage, 2019) working with clients of color. For instance, across the reflections, learners were surprised at the extent the SC disclosed. During his feedback, the SC attributed this to the learners’ clinical skill (e.g., the use of open-ended questions), yet an alternative explanation surfaced from the learners of color during the VCRM analysis. They perceived his extensive disclosure as a reaction to an unintentionally harmful approach reflective of the White-majority make-up of the small group. During the training, a learner of color remarked how the prevailing clinical approach, or “majority groupthink” as noted afterwards by another learner of color, prompted the SC to “relive and relive” his traumatic race-based experiences. The learner then suggested shifting the clinical focus to exploring the biopsychosocial impacts of racism on his life and to promoting his self-empowerment. For learners of color, collectively, this suggestion served as an affirmation of their clinical and personal impressions. Learners of color appeared to understand and convey de-centering
themselves and remaining “other-focused,” or the interpersonal component of cultural humility, through their ability to identify the SC’s heightened affect to recalling his experiences and motivation to process these emotions as they arose.

Conversely, for the White learners, their perceptions of their interactions with the SC appeared to reflect more of the intrapersonal aspects in developing cultural humility. As members of a majority racial group, White learners likely have little to no personal experience with receiving race-based aggression and discrimination (McCubbin et al., 2023) nor the impact of recalling these adverse incidences. Several White learners noted remaining preoccupied while in the “hot seat” with how to appropriately self-disclose to the SC their privilege and by extension their lack of understanding of his racist experiences. In addition, a number of learners shared how the aforementioned suggestion from the learner of color regarding the SC’s affective reactions in vivo was a burgeoning clinical consideration for them. These intrapersonal factors may have impacted their capacity to remain “other-focused” within the therapeutic dyad. Yet, the extent the White learners gave thought to appropriate self-disclosure as well as the clinical suggestion could indicate an increased self-awareness of their power, privilege, and limitations within the therapeutic relationship.

Connections to Multicultural Training

Clearly, even with having undergone the same simulated training experience, learners of color and White learners attended to different aspects of the interactions with the SC in how they perceived the impact on their cultural humility development. This nuanced insight sheds light on the unique value of simulation-based training in exploring complex topics like cultural humility, anti-Black racism, and White privilege (Strasser et al., 2013). Therefore, this benefit directly addresses the critique of existing multicultural training by promoting awareness,
attitudes, and skills to deliver culturally responsive care (Benuto et al., 2019). Further, the learners recognized the flexibility in simulation design to be adapted for work with SCs reflecting a broad range of marginalized identities (e.g., sexual orientation, gender identity) and presenting concerns. Abbott et al. (2019) advocated for the broader application of cultural humility in the teaching of psychology. This broad application of simulation-based learning can combat common pitfalls of multicultural training including a lack of nuanced or inclusive discussion of topics like oppression and discrimination faced by certain marginalized groups (Goodman, 2001), as well as the tendency to favor discussions of less controversial or majority-identified groups (Abbott et al., 2019).

Limitations and Suggestions for Future Research and Training

There were several limitations to this study. First, opting for a small-group format (i.e., acting as “one provider”) within this simulation design eliminated the option for the learners to receive individualized feedback from the SC. Learners noted this as a methodological critique and essentially a missed learning opportunity for them, not to mention, more broadly in contributing to the literature on trainee development of cultural humility. Future implementations may prioritize access to individualized SC feedback by adjusting the simulation design. Second, several learners observed the impact of pre-existing relationships during the training micro-debriefs. An expanded pre-brief with a didactic on constructive peer-to-peer feedback could have increased the feedback quality in vivo, consequently diminishing these interpersonal dynamics. Lastly, all of the learners remarked on the lack of clear prioritization of either acquiring intake information or exploring the SC’s presenting concerns during their time in the “hot seat.” While new clinicians often struggle with the balance between obtaining intake information or directly addressing a client’s presenting concerns, clearer instruction about the purpose of the interaction
along with more demographic information and relevant history in the pre-brief (Lewis et al., 2017) could eliminate this confusion in future simulations.

Speaking more broadly to the implementation of this training modality, an obvious limitation is counseling psychology doctoral programs’ inaccessibility to simulation centers suitable to conduct this work. Further, engaging qualified facilitators, potentially program faculty, is dependent on time availability, commitment to the effectiveness of this training modality, and previous facilitation experience. Based on learner reflections in this study as well as recommendations in previous simulation research (Vora et al., 2021), skilled facilitation was particularly significant to this type of training given the sensitive nature of the content and racial make-up of the learner group.

**Implications for Future Research and Training**

This study advocates for the exploration and implementation of innovative training modalities within counseling psychology to aid students in feeling more prepared to work with marginalized communities. The findings call attention to the need for counseling psychology training to prioritize effective support for students of color in navigating marginalized identities in these spaces as well as their own experiences of racial discrimination while attending to the adverse race-based experiences of their clients of color (Moon & Sandage, 2019; Trent et al., 2021).

The presence and influence of Whiteness imbedded in academic, training, and counseling spaces (McCubbin et al., 2023) was highlighted in the training and the learners’ reflections post-exercise. Small-group format training with an SC of a marginalized racial identity may uniquely serve to help learners identify and critically reflect on how Whiteness manifests in therapeutic interaction, while providing hands-on opportunities to dismantle these hegemonic and harmful
processes (i.e., anti-Blackness, White supremacy, institutional racism) in vivo through the iterative nature of the exercise. Future research could expand upon this study by investigating the training efficacy of these hands-on processes for learners in conjunction with the reactions and perceptions of the SC, providing a more holistic understanding of the impact of this training modality within therapeutic spaces without causing harm to real clients.

**Conclusion**

Given that this was a single case study of one counseling psychology doctoral program with a uniquely designed simulation exercise, and was exploratory in nature, it does not intend to purport a “best training approach” to explore the complexities of developing cultural humility across a diverse student population. Rather the hope is to highlight the depth of insight and perceived clinical value gained through this modality by future counseling psychologists to empathetically engage with those of a marginalized community, in this instance, an African American experiencing perpetual racial discrimination in the United States.
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