

Beyond Multicultural Competence: Toward a Liberation-Oriented Counseling Practice

Dr. River Ginicola, Dr. Cheri Smith, Dr. Uchenna Nwachuku
Clinical Mental Health Counseling
Southern Connecticut State University
ginicolam2@southernct.edu



Scan the QR code for the Presentation, this handout includes additional content and resources on our topic.

History

Liberation-oriented approaches in mental health trace back to the work of Ignacio Martín-Baró, a Jesuit psychologist in El Salvador in the 1970s who developed *liberation psychology*. Martín-Baró argued that psychology must examine how social, political, and economic systems contribute to human suffering rather than locating distress solely within individuals. He was assassinated in 1989 during the Salvadoran civil war, a reminder of how threatening it can be to challenge oppressive systems. Over time, liberation ideas continued to develop through advocacy and social justice movements, particularly within Black and feminist scholarship, and later within queer, trans, and disability communities. In the counseling profession, Annalise Singh helped bring liberation-oriented perspectives more explicitly into counselor education and practice in the 2010s, emphasizing liberation as both a framework for understanding mental health and a guide for ethical, justice-oriented counseling practice.

How have Systems of Power Shaped the Mental Health Field?

Western Epistemology Dominance

- Western frameworks are often treated as universal (e.g., DSM), while other cultural knowledge systems are marginalized.
- The impact of oppression and systemic power on the nervous system is frequently overlooked in clinical understanding.
- The profession can unintentionally reinforce a hierarchy where certain theories, techniques, and forms of knowledge are given preference and prestige.

Medical Model as Default

- Client experiences may be interpreted primarily through diagnosis and pathology rather than context, culture, and environment.

- Hierarchical structures can discourage shared decision-making and mutual knowledge-building between counselor and client.
- Distress connected to systemic injustice or social conditions may be reframed as individual disorder requiring treatment.

Individualism as Norm

- Mental health struggles are often framed as individual problems rather than responses to relational, cultural, or systemic conditions.
- Treatment frequently focuses on helping individuals adapt to systems that may themselves be harmful or unjust.
- Nervous systems require collective, communal, and relational approaches to healing, which may be overlooked or undervalued.
- Responsibility for wellbeing is placed primarily on the individual.

Pathologizing Survival Adaptations

- Behaviors that emerge from trauma, oppression, or chronic stress may be labeled as pathology rather than understood as adaptive survival responses.
- Individuals may be treated for “maladaptive” coping strategies and blame clients when these behaviors are difficult to shift because they originally developed to preserve safety, dignity, or survival.
- Without systemic context, the field risks asking people to change adaptations while the harmful conditions that created them remain unchanged.

Diagnostic Categories Rooted in Dominant Culture

- Many diagnostic frameworks were developed within dominant Western cultural contexts and reflect those assumptions about behavior, emotion, and functioning.
- Cultural expressions of distress, spirituality, communication, or relational patterns may be misunderstood or misclassified as symptoms.
- Diagnostic labels can unintentionally reinforce dominant norms about what “healthy” thinking, behavior, and identity should look like.

Research Bias & Norming Samples

- Research often prioritizes statistical “power” by removing outliers, which can exclude people with different bodies, minds, and lived experiences.
- Norming samples frequently reflect dominant populations, yet findings are applied broadly as universal psychological truths.
- Neurodivergent individuals and people with chronic illness, disability, or nervous system differences may also be underrepresented in foundational research. As a result, guidance about development, regulation, and wellbeing may not reflect the realities of many people counselors actually serve.

Liberation Lens Shift Across Counseling Domains

Counseling Theories & Helping Relationships

- Understand the nervous system and integrate trauma-informed and regulation-focused approaches.
- Emphasize co-regulation, therapeutic presence, and relational safety as foundational to healing.
- Treat theories and techniques as maps rather than truths—if one approach does not serve the client, shift frameworks.
- Approach the counseling relationship as a collaborative partnership, where the counselor acts as participant, witness, and reflective mirror rather than sole authority.
- Adapt approaches to fit the client’s culture, nervous system, identity, and lived experience rather than expecting clients to conform to a model.
- Remain curious about what the client’s adaptations, coping strategies, and survival responses reveal about their environment and history.

Human Growth & Development

- Treat developmental milestones as general patterns rather than rigid timelines, recognizing the wide range of normal human development.
- Consider how culture, environment, trauma, neurodivergence, disability, and systemic oppression shape developmental pathways and are passed generationally.
- Recognize that behaviors often labeled as “delays” or “problems” may reflect adaptive responses to environment or nervous system differences.
- Integrate understanding of nervous system development, attachment, and relational safety when considering developmental outcomes.
- Recognize the role of intergenerational trauma, historical context, and community experience in shaping developmental trajectories.
- Emphasize strengths, resilience, and adaptive capacities.

Social & Cultural Foundations

- Approach multicultural counseling as a lens for understanding human experience, not simply a set of techniques.
- See clients as whole beings shaped by intersecting identities, lived experiences, culture, and environment rather than as representatives of demographic groups.
- Recognize how culture, oppression, and social context shape nervous system responses, coping strategies, and mental health.
- Engage clients with curiosity, humility, and presence rather than assuming expertise about their identity or experience.
- Explore how systems of power influence identity development, belonging, safety, and access to resources.
- Support clients in understanding the relationship between their internal experiences and the social systems shaping their lives.

Group Counseling

- View groups as spaces for collective healing, where members witness and support one another's experiences.
- Reduce hierarchical dynamics by encouraging shared voice, mutual learning, and collaborative meaning-making.
- Recognize how social identities, power, and cultural context shape group interactions and safety.
- Foster environments where members can explore the impact of systemic forces on their lives.
- Emphasize connection, belonging, and relational repair as core elements of the group process.
- Support group members in recognizing shared experiences that reduce isolation and build solidarity.

Career Counseling

- Recognize how systemic factors such as class, racism, disability, immigration status, and gender influence access to career opportunities.
- Move beyond the assumption that career outcomes are solely the result of individual effort or merit.
- Support clients in identifying their values, wellbeing, and sustainability rather than defining success only through productivity or status.
- Explore how work environments interact with identity, nervous system health, and overall quality of life.
- Help clients navigate structural barriers while advocating for dignity, access, and fair treatment in workplaces.
- Expand definitions of success to include balance, community impact, creativity, and meaningful contribution.

Assessment

- Interpret assessment results within the context of culture, environment, trauma history, and systemic stressors rather than as isolated indicators of individual functioning.
- Recognize the limitations of normed instruments, particularly when samples do not reflect the diversity of the populations being served.
- Use multiple sources of information, including client narrative, lived experience, and cultural context, alongside standardized tools.
- Consider how neurodivergence, disability, chronic illness, and nervous system differences may influence assessment outcomes.
- Approach assessment as a collaborative process that supports understanding rather than simply categorizing or labeling.
- Remain mindful that assessment tools carry cultural assumptions about behavior, communication, and functioning.

Research & Program Evaluation

- Examine how research questions, methods, and samples reflect cultural assumptions about what counts as valid knowledge.
- Include diverse populations and lived experiences in research design to avoid treating dominant groups as the default.
- Recognize that statistical norms may exclude important human variation, particularly among neurodivergent individuals and marginalized communities.
- Value multiple forms of knowledge, including qualitative research, community-based inquiry, and lived experience.
- Interpret findings within social, cultural, and systemic context rather than presenting them as universal psychological truths.
- Use research to illuminate inequities and improve care for underserved communities.

Professional Orientation & Ethics

- Recognize that counselors operate within systems of power and cannot remain neutral when those systems harm the wellbeing of clients.
- Understand advocacy as an ethical responsibility when systemic conditions contribute to client distress.
- Practice ongoing self-reflection about personal bias, positionality, and the influence of professional authority.
- Use professional roles to amplify client voice, dignity, and access to resources rather than reinforcing institutional hierarchy.
- Engage in collaborative care that honors client autonomy, culture, and lived experience.
- Commit to lifelong learning and humility as the field continues to evolve toward more equitable and inclusive practice.

AI Prompt for More Immersion

“Act as a thoughtful reflective partner. Help me examine my counseling practice through a liberation-oriented lens. Ask me questions about:

- how systems of power have shaped my life and professional training
- how my identities and privileges influence my clinical perspective
- where dominant narratives may appear in my counseling approach
- ways I could support client empowerment and systemic awareness in ethical ways

Guide me through reflection rather than giving me answers.”

Resources

Podcast: <https://www.decolonizingtherapy.com/>

Books:

- Toward Psychologies of Liberation (Critical Theory and Practice in Psychology and the Human Sciences). ISBN: 978-0230227736
- Power, Resistance and Liberation in Therapy with Survivors of Trauma: To Have Our Hearts Broken. ISBN: 978-0415611893
- Decolonizing Therapy: Oppression, Historical Trauma, and Politicizing Your Practice. ISBN: 978-1324019169.

Talks:

- Building a Counseling Psychology of Liberation: Exploring Liberation Principles in Our Own Lives <https://www.youtube.com/watch?v=BmKYHLnMeYU>
- Applying Liberation Psychology in your Clinical Practice <https://www.youtube.com/watch?v=QYRaqq-vXwM&t=3s>
- Decolonize - Applying the medicine of Liberation and African-centered Psychologies to Trauma Wounds (APA) <https://youtu.be/aSTtwenalZ8?si=1Y6puEW7Pv7V7P8H>
- Exploring Liberation Psychology: Teaching, Training, and Practice (APA) <https://www.youtube.com/watch?v=l16-jzarVns>

Suggested Search Terms for Further Inquiry

Participants interested in exploring liberation-oriented counseling further may find the following search terms helpful when using academic databases, search engines, or in AI conversations.

- liberation psychology
- liberation-oriented counseling practice
- counseling social justice advocacy model
- systems of power and mental health
- oppression and nervous system regulation
- trauma-informed care and systemic oppression
- cultural humility in counseling practice
- decolonizing psychology and mental health
- indigenous approaches to healing and mental health
- intersectionality in counseling and psychotherapy
- neurodiversity and mental health
- disability justice and mental health care
- collective healing and community-based mental health
- counseling advocacy competencies
- relational and liberation-based therapeutic approaches

Case 1: “Oppositional” Adolescent

Client Snapshot

Jordan, 15-year-old Black student.

Referred by school for “defiance,” classroom disruption, and anger toward teachers.

Recent suspension for “aggressive tone.”

Mother reports Jordan has become withdrawn at home.

School suggests possible ODD (Oppositional Defiant Disorder).

| Traditional Conceptualization | Multicultural Competence | Liberation-Oriented Lens |
|--|---|---|
| <p>Focus:</p> <ul style="list-style-type: none"> • Behavioral regulation • Authority conflict • Anger management deficits <p>Treatment plan:</p> <ul style="list-style-type: none"> • CBT for impulse control • Parent management strategies • Behavioral compliance goals <p>Problem located within Jordan.</p> | <p>Adds:</p> <ul style="list-style-type: none"> • Consider racial identity stress • Explore experiences of discrimination • Cultural mistrust of institutions <p>Intervention:</p> <ul style="list-style-type: none"> • Validate racial stress • Incorporate identity-affirming work • Teach coping skills for bias encounters <p>Still primarily focused on Jordan’s adaptation.</p> | <p>Expanded Questions:</p> <ul style="list-style-type: none"> • What is the school’s disciplinary history by race? • How is “aggressive tone” racialized? • Is Jordan navigating over-surveillance? • What policies structure this environment? <p>Shift in conceptualization:</p> <p>Jordan’s behavior may be:</p> <ul style="list-style-type: none"> • Adaptive resistance • Hypervigilance in unsafe institutional space • Response to racialized authority patterns <p>Interventions expand to include:</p> <ul style="list-style-type: none"> • Advocacy with school administration • Policy conversation • Empowerment work around systemic injustice • Family consultation about navigating institutional power |
| <p>The problem shifts from: “Jordan’s defiance” to “Jordan navigating racialized authority within a disciplinary system.”</p> | | |

Case 2: “Treatment-Resistant” Adult Woman

Client Snapshot

Maria, 34-year-old Latina mother of two.

Reports exhaustion, anxiety, guilt, difficulty “keeping up.”

Works two jobs. Referred for “treatment-resistant major depressive disorder.” States she feels like she’s failing as a mother.

| Traditional Conceptualization | Multicultural Competence | Liberation-Oriented Lens |
|---|---|---|
| <p>Focus:</p> <ul style="list-style-type: none"> • Cognitive distortions • Perfectionism • Low self-worth • Behavioral activation <p>Treatment:</p> <ul style="list-style-type: none"> • CBT for negative thought patterns • Self-care planning • Mood tracking <p>Problem located intrapsychically.</p> | <p>Adds:</p> <ul style="list-style-type: none"> • Explore cultural expectations of motherhood • Immigration stress • Familismo values • Acculturative tension <p>Intervention:</p> <ul style="list-style-type: none"> • Validate cultural pressure • Normalize stress • Explore bicultural identity <p>Still centered on adaptation.</p> | <p>Expanded Questions:</p> <ul style="list-style-type: none"> • How do economic systems require overwork? • What childcare policies exist? • What labor protections are absent? • Is “failure” internalized capitalism and patriarchy? • How is worth tied to productivity? <p>Shift in conceptualization: Maria is not treatment-resistant. Maria is structurally overburdened.</p> <p>Interventions expand to include:</p> <ul style="list-style-type: none"> • Resource navigation • Advocacy around workplace rights • Community connection • Reframing productivity-based self-worth • Explicit naming of systemic injustice |
| <p>The problem shifts from: “Maria’s distorted thinking” to “Maria carrying structural inequity in her body.”</p> | | |

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