

Using the Cultural Formulation Interview With Afro Latinx Immigrants in Counseling: A Practical Application



The Professional Counselor™
Volume 13, Issue 4, Pages 418–431
<http://tpcjournal.nbcc.org>
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doi: 10.15241/kad.13.4.418

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Afro Latinx immigrants are an underserved population in the United States and within counseling specifically. The counseling profession has been slow to address the unique needs of this population despite the increased visibility of this group in recent years. Consistent with the codes of ethics from the American Counseling Association and the National Board for Certified Counselors and the Multicultural and Social Justice Counseling Competencies (MSJCC), counselors must continue to expand their repertoire and use empirically supported tools to address these mandates and increase cultural responsiveness in clinical practice. Despite its alignment with the MSJCC, the counseling literature demonstrates that the Cultural Formulation Interview is an underutilized, empirically supported tool. The authors describe how counselors may use the Cultural Formulation Interview in their clinical practice with Afro Latinx immigrants while operating from a multicultural and social justice-oriented framework.

Keywords: Afro Latinx, immigrants, clinical practice, Cultural Formulation Interview, MSJCC

According to data from the 2020 Census, there are about 62.1 million Hispanics in the United States (U.S. Census Bureau, 2021). Of those, about 6 million identify as Afro-Latinos, accounting for about 2% of all adults and about 12% of all Latinx adults in the country (Gonzales-Barrera, 2022). Considering the Afro Latinx population is increasingly gaining visibility in the United States, there is a growing need for counselors to become well-versed in working with this population. Afro Latinxs have been found to be impacted by multiple systems of oppression because of their intersecting identities (Araujo-Dawson & Quiros, 2014; Hatzenbuehler et al., 2017; Lipscomb & Stevenson, 2022), which can have a detrimental impact on their sense of identity, mental health, and overall functioning as they cope with multiple demands not often acknowledged in the counseling literature (Adames et al., 2016; Newby & Dowling, 2007). The lack of recognition of the compounded impact of being a Black Latinx person in a racialized country, where Black and Latinx communities continue to be perceived as homogeneous groups and subjected to racism and xenophobia, contributes to these difficulties. When immigration status is considered in addition to these highly stigmatized identities, well-being can be drastically impacted as Afro Latinx immigrants are left to negotiate group membership and boundaries within communities that often reject them based on their intersectional identities (Newby & Dowling, 2007).

Current paradigms of intervention for working with multiply marginalized populations within the Latinx pan-ethnic label remain unidimensional, limiting both counselors' understanding of clients and their ability to help clients understand their unique experiences and how these impact their well-being (Adames et al., 2016; López et al., 2018). When working with this population, it is imperative for counselors to pay close attention to the intersection of identities, oppression, and mental health; embrace a socioecological perspective; and work to balance individual counseling with social justice,

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as envisioned by the Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2016). We assert that the evidence-based Cultural Formulation Interview (CFI) is an underutilized intervention tool to support counseling practitioners' and trainees' MSJCC responsiveness when working with Afro Latinx immigrants in the United States. In this manuscript, we describe the CFI; highlight its alignment with the MSJCC; and demonstrate how the CFI may be used with Afro Latinx populations, an underserved and minoritized group.

Counseling Latinx Populations

In the United States, counseling practice with Latinx populations has primarily emphasized the role of cultural values (Ayón et al., 2020; Mancini & Farina, 2021). Cultural values are the customs, beliefs, and guiding principles held in common by a cultural group that often help shape worldview and the perceptions of individuals of that culture (Ratts et al., 2016; Sue et al., 2022). Culture plays an important role in the presentation of illness and the experience of mental disturbance (Jones-Smith, 2018). Therefore, it is imperative for counselors to attend to cultural elements throughout the counseling process. This emphasis on the role of cultural values has made significant contributions to the Latinx mental health literature by providing a foundation for counselors and counselors-in-training (CITs). But there continues to be a lack of emphasis placed on interventions that explicitly consider the role of within-group differences among this diverse ethnic population (Adames et al., 2018; Barragán et al., 2020). Scholars and practitioners have relied on cultural values and categorized the discrimination Latinx individuals and communities experience from ethnic-, language-, and immigration-related factors, while glossing over racial stressors (López et al., 2018).

In a racially charged environment, like that of the United States, culture is often used as a proxy for race across health settings, including mental health settings. Among this population, this has been done through a reliance on the socialization of Latinx people not to identify themselves racially, and instead, use country of origin or immigrant generation to reflect their experiences (López et al., 2018; Telzer & Vazquez Garcia, 2009). With this focus, racialized experiences of Latinx individuals are lost—including the impact of skin color and other phenotypical characteristics on Latinxs and their mental health. Skin color, for instance, is a critical component of identity within the Latinx community because of its historical roots in African, Indigenous, and European cultures (Araujo-Dawson, 2015). This history has contributed to a wide range of skin tones within the population, from very light skin with European features to very dark skin with Indigenous or African features (Telzer & Vazquez Garcia, 2009). A preference for Whiteness within the Latinx community manifests itself through various forms of oppressive systems, such as colorism and anti-Blackness, both of which are associated with within-group discrimination and adverse mental health outcomes among Latinx populations (Araujo-Dawson, 2015; Ortiz & Telles, 2012).

In addition to the within-group differences that are often overlooked in the Latinx mental health literature, Latinx populations are also impacted by immigration demands. Demands such as personal processes like acculturation and resultant acculturative stress may arise because of the pressures of the host country (Ayón et al., 2020; Driscoll & Torres, 2020). Structural barriers put in place by governments and society at large contribute to the stress experienced by Latinx immigrants. These stressors may have adverse impacts on immigrants' health and mental health (Ayón et al., 2020). For example, researchers suggest that immigrants are already experiencing day-to-day feelings of hopelessness and intense fear of being surveilled by immigration officials. Anti-immigration policies further exploit these feelings, which might significantly impact immigrants' long-term mental health (Rhodes et al., 2015; Stacciarini et al., 2015).

Afro Latinx Identity and Multiple Marginalization

Black and darker-skinned Latinos/as may experience higher levels of psychosocial stressors, which can erode the individual's health through psychological and physiological responses and health behaviors (Capielo Rosario et al., 2019; Cuevas et al., 2016). Greater perceived discrimination based on ethnoracial appearance has been consistently associated with higher stress levels, anxiety, and depression (Ayers et al., 2013; Mena et al., 2020; Ramos et al., 2003). Additionally, the literature demonstrates that Black and darker-skinned Latinos have worse mental and physical health outcomes than White and lighter-skinned Latinos, noticeably resembling the non-Latino Black differences from non-Latino White populations (Cuevas et al., 2016).

Although the Afro Latinx immigrant population is directly impacted by the multiple marginalized social positions that they occupy in the United States, few mental health efforts have been launched to attend to this population explicitly. In the past 20 years, no scholars have explicitly addressed the Afro Latinx immigrant population in the mental health literature, with most researchers addressing the intersection of several marginalized and privileged identities such as ethnic and binary gender identities (López et al., 2018; Ramos et al., 2003); undocumented legal status, immigrant status, and ethnic identity (Ornelas et al., 2020); and legal status, women, and ethnic identities (Ramos-Sánchez, 2020). Adames et al. (2018) drew attention to Afro Latinx queer immigrants through the lens of intersectionality, indicating a shift in the field as it pertains to addressing the mental health needs of the Latinx population. Because of the impact of occupying multiple marginalized positions in the United States, as is the case of Afro Latinx immigrants, more clinical practice recommendations, such as the utility of the CFI, are warranted.

The MSJCC and CFI

The MSJCC is conceptualized as a map that includes four main components: (a) quadrants of counselor–client interaction; (b) developmental domains of multicultural and social justice competency; (c) aspirational competencies of attitudes and beliefs, knowledge, skills, and action within each domain; and (d) ecological layers of counselor advocacy. The latter component is aimed at highlighting the fluidity and intersectionality of identities—experiences of marginalization that counselors must be aware of (Singh, Appling, & Trepal, 2020). Viewing the MSJCC within the context of the *isms* that exist within society, which lead to the marginalization of specific groups of people, is essential.

In their editorial review of developments in multicultural and social justice counseling, Lee and Moh (2020) noted that a critical step in realizing multicultural and social justice competence in the counseling profession is through the generation of andragogical practices that effectively promote their development. To do so, counselor educators must rely on empirically supported tools and theories for fostering the development of multicultural competency. With this aim, counselor educators have relied primarily on varying andragogical approaches (Hilert & Tirado, 2019; Killian & Floren, 2020), theories (Zelege et al., 2018), and models (Cook et al., 2016), with some scholars directly integrating the MSJCC to work with specific populations (Carrola & Brown, 2018; Washington & Henfield, 2019). Zelege and colleagues (2018) examined the usefulness of self-regulated learning strategies. Killian and Floren (2020) compared the effectiveness of different pedagogical approaches (i.e., didactic, experiential, and community service learning), while Hilert and Tirado (2019) examined contemplative pedagogy in teaching counseling trainees multicultural and social justice competencies. Similar to the examination of contemplative andragogy, Cook et al. (2016) used the professional development school model. These approaches significantly contributed to counselor education by generating knowledge that continues to move the counseling profession forward to centering multicultural responsivity.

Cultural Formulation Interview

The CFI was first included in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013) to guide clinicians on how to conduct a cultural assessment in routine mental health settings (Aggarwal et al., 2015; DeSilva et al., 2018). Table 1 reflects the three versions of the CFI counselors may use with clients and their families. Each version of the CFI aligns with the four core elements of the MSJCC. A crucial prerequisite for conducting a cultural assessment, in tandem with use of the CFI, involves counselor receptiveness and capacity to engage in ongoing self-awareness (Ratts et al., 2016). The CFI helps counselors to culturally conceptualize the client's presenting problem within systems of culture, oppression, and support. In so doing, the counselor may incorporate the client's salient intersecting and marginalized identities into their clinical portrait while also maintaining attentiveness to their own personal and professional biases.

Table 1

The Cultural Formulation Interview

CFI Version	Applicability	Core Components
Core interview	To use upon intake with a client	16 semi-structured questions within 4 cultural domains: 1) Problem formulation 2) Perceptions of problem 3) Coping & help-seeking factors 4) Past coping & help-seeking factors
Informant interview	To use with client's family members or significant others after initial intake (with client permission)	17 semi-structured questions within 4 Cultural domains: 1) Problem formulation 2) Perceptions of problem 3) Coping & help-seeking factors 4) Past coping & help-seeking factors
Supplemental modules	To explore subtopics of core domains in more detail	12 supplemental modules: 1) The explanatory model 2) Level of functioning 3) Social network 4) Psychosocial stressors 5) Spirituality, religion, and moral traditions 6) Cultural identity 7) Coping and help seeking 8) Clinician-parent relationship 9) School-age children and adolescents 10) Older adults 11) Immigrants and refugees 12) Caregivers

The CFI, a semi-structured instrument, includes instructions and open-ended questions for clinicians to use. Because of the increasing empirical support for how culture influences each aspect of mental health care (Barragán et al., 2020; Cariello et al., 2020; Driscoll & Torres, 2020), the CFI is ideally utilized during the initial evaluation of any client (DeSilva et al., 2018; Sue et al., 2022); however, the CFI can also be incorporated throughout the counseling process (Ramírez Stege & Yarris, 2017). Although the CFI is the most widely used cultural assessment tool throughout the world (DeSilva et al., 2018; Lindberg et al., 2021), there is a disconnect within counselor education wherein little emphasis exists on training counseling students to properly use this tool despite the profession's mandate to use evidence-based instruments and interventions.

The CFI consists of three components: the core interview, the informant interview, and the supplemental modules (APA, 2013). The core interview totals 16 open-ended questions consisting of four domains: 1) cultural definition of the problem to include the client's view of their presenting problem; 2) the client's cultural perceptions of cause, context, and support to clarify what the client and their support group consider the origin of the problem to be and identify the connection between the problem and the client's cultural identities; 3) cultural factors that affect past self-coping and help-seeking strategies; and 4) cultural factors that affect current help-seeking, including the client's preferences for future care and concerns about the counselor–client relationship (APA, 2013; DeSilva et al., 2018). The counselor is encouraged to consider and assess how the client's varying identities influence each domain. Simultaneously, counselors must collaborate with the client to identify the salience and intersection of their specific identities (Aggarwal et al., 2016; Ramírez Stege & Yarris, 2017).

The informant version of the interview consists of the four domains in the core CFI and gathers information related to the client and their presenting problem from the perspective of caregivers and other relevant stakeholders (Aggarwal et al., 2015; APA, 2013). The supplementary modules expand on specific subtopics stemming from the four domains in the core and informant components of the CFI. The modules are designed to help counselors conduct a more comprehensive cultural assessment while focusing on specific needs based on identities and resources (Aggarwal et al., 2015; DeSilva et al., 2018). These modules are 1) the explanatory model; 2) level of functioning; 3) social network; 4) psychosocial stressors; 5) spirituality, religion, and moral traditions; 6) cultural identity; 7) coping and help seeking; 8) clinician–parent relationship; 9) school-age children and adolescents; 10) older adults; 11) immigrants and refugees; and 12) caregivers (APA, 2013).

Aggarwal et al. (2016) noted the most common barrier to implementation of the CFI was the perceived lack of conceptual relevance between intervention and problem, while Jones-Smith (2018) highlighted the CFI's lack of consideration of the embeddedness of the client in their traditional culture. In considering these limitations, researchers have indicated that information obtained from the CFI should be integrated with other clinical material to achieve the aims of the clinical assessment, including culturally valid diagnosis, social history, treatment planning, and patient engagement and satisfaction (DeSilva et al., 2018; Mills et al., 2017). Jarvis et al.'s (2020) review of CFI research reported that the CFI has been shown to clinically enhance the counselor–client relationship and increases counselor cultural sensitivity. They also noted that even mental health providers with limited CFI training demonstrated improved cultural responsiveness with clients. Of relevance to Afro Latinx immigrant clients, Jarvis et al. (2020) found research supportive of the CFI's success with Latinx-identifying clients. Nonetheless, Jarvis et al. indicated that the CFI may not be an ideal assessment for clients experiencing symptoms of psychosis, suicidal ideation, aggression, or cognitive impairment. Though research is mixed, the CFI provides an innovative way to help practicing counselors and CITs become more culturally responsive (Sue et al., 2022). Next, we consider how the CFI may be specifically applicable to clients who identify as Afro Latinx.

Application of the CFI

The CFI offers an empirically supported instrument for treatment planning and conducting a culturally appropriate assessment and has been shown to increase counselor cultural sensitivity (Jarvis et al., 2020). The following case study demonstrates how the CFI can be applied with a client who identifies as Afro Latinx. After the case study, we provide a description of the domains of the MSJCC, inherent within the CFI, as they relate to counselors working with Afro Latinx immigrants.

Case Study

Martin is a 33-year-old, dark-skinned Afro Latinx immigrant from Mexico who is seeking counseling for the first time for what he describes as intense nervousness. Martin has noticed that he began experiencing muscle tension, excessive sweating, and increased agitation in the months following his relocation to the United States. Martin relocated about 14 months ago because of his job; he works as an engineer for a well-known firm in the city. Allison is the intern counselor assigned to Martin. Allison identifies as a queer White woman born in the United States. Allison first learned about the CFI during her assessment course. Her university and site supervisors both encouraged CITs to use the CFI as a supplement to the intake session to promote cultural responsiveness. In their counseling intake session, Martin describes feeling incompetent at his job, as others often question his decisions. Martin reports that he never experienced the current symptoms before and is confused and scared. Martin responds with hesitancy, although he is willing to engage in the CFI questions.

Cultural Definition of the Problem

After reviewing the confidentiality limitations and the risks and benefits of counseling, Allison explains that she will ask Martin questions from the CFI to better understand him and his situation. After Martin reports experiencing concerns about his job without offering more details, Allison asks, “Sometimes people have different ways of describing their problem to their family, friends, or others in the community. How would you describe your problem to them?” Martin thinks for a moment then shares, “I would tell them that I thought I finally made it—I have a good job, I am working full time, I earn enough to take care of myself and help my family. But now strange things are happening with me. I get sweaty out of nowhere for no reason. I feel sore in my body. I cannot seem to calm down. I never felt this way before.”

Cultural Perceptions of Cause, Context, and Support

Following the CFI protocol, Allison asks a causation question: “What do you think is causing this problem for you?” Martin again pauses for a moment and responds, “I miss my friends and other things, but my family is here, so I do not understand why this is happening. Like I said, I was finally able to get the engineering position and it pays really well. I work with a lot of people who are really skilled engineers. So, I am not really sure what is going on.” Allison internally notes Martin’s comment about missing home and decides to return to the topic later. Allison elects to probe a bit more about the new position: “Say more about your new job. It sounds like it is something you worked hard to achieve.” Martin reports, “Like I said, I really like the new position and I try really hard to do my best. I show up early and stay late. I wear a suit and tie everyday even though other people don’t. I guess people are trying to help me because they ask me a lot of questions about what I am doing, if I understand things, and when I will be done.”

Allison states, “There seems to be a lot of attention on you and you’re not used to that,” before transitioning to a CFI question about supports: “Is there anything that makes the sudden sweatiness, body soreness, or trouble calming down better—such as support from family, friends, or others?”

Martin quickly responds, “My brothers and sisters are here, and I live with my sister’s family for now. They are great to be around and help me understand how things work in the U.S. Also, I get to hang out with my nieces and nephews a lot after work, playing video games or going food shopping. I really like eating together with them as a family too. I don’t have the sudden sweating thing with them, and I feel *tranquilo* [calm] around my family.”

Allison continues to the CFI module about the role of cultural identity and explains, “Sometimes, aspects of people’s background or identity can make their problem better or worse. By background and identity, I’m referring to the communities you belong to, the languages you speak, country of origin, race, ethnicity, gender, sexual orientation, faith, religion, that kind of thing. For you, what are the most important aspects of your background or identity?”

Martin takes a moment to consider and responds, “I mean . . . being a Mexican man is really important to me but also, I have no choice about my skin color and people at my job know I’m an immigrant, which I think is why they treat me differently.” Allison notes this and adds, “I remember you just said you missed some of your friends and family who are still at ‘home.’ Tell me more about that too, please.” Martin smiles and his face lights up as he explains he recently immigrated from Mexico where his parents, other siblings, and other extended family members still reside. “Yes, like I was saying, I miss home because, back there, I wasn’t treated differently. We had a common language, so speaking Spanish felt more comfortable than it does now. Even though I speak English, I feel so much pressure to speak properly or act more like my coworkers. There were no hidden expectations—here I feel like, because I’m not from here, I look darker, and I speak Spanish, I have to fit a mold that I’m not sure exists.” Next, Allison responds, “I hear you saying there are cultural differences and an unspoken expectation about your cultural background that are impacting you and how you’re understanding the situation. Can you tell me more about what you’re referring to specifically?” Again, Martin takes a minute to think and responds, “I think the pressure I feel to fit into a box—because of my darker skin, because I’m Mexican, because I’m a Spanish-speaker—causes confusion for me since I’ve never experienced this and I think it causes confusion for my coworkers too, and then people respond to me in ways that make me question my reality. When I started this new job, my coworkers wouldn’t stop asking me why I spoke Spanish if I was Black, and I didn’t know how to respond. Like, I never really thought about being Black. In Mexico we don’t talk about race, and here it seems this is the only important part of a person. I don’t understand it, and I feel trapped because either I have no choice on how they perceive me, or they make assumptions simply based on my skin color.”

Cultural Factors Affecting Self-Coping and Past Help Seeking

Allison summarizes Martin’s responses and moves to the CFI self-coping strategies: “What have you done on your own to help you manage those things that happen with your body?” Martin reports that when the feelings happen at work, he goes to the restroom to splash cold water on his face. He also might get a glass of water. Sometimes he goes outside to get fresh air. Once, according to Martin, when it was really bad, he called his sister. Later that day, his sister recommended he contact their primary care physician. The physician ruled out any medical origins to Martin’s symptoms and referred Martin to the counseling center where Allison interns.

Because Allison knows Martin never experienced these symptoms before and had already sought medical help, she continues with a modified CFI question on past help seeking: “Martin, you shared this is the first time you experienced this problem; however, I’m wondering if there were other kinds of help you have found to be useful when dealing with difficult situations?” Martin indicates he typically sought help from his siblings first, much like he does now, and secondarily sought guidance

from his parents. In this instance, Martin did not want to worry his parents, so he has not informed them of what is happening. Martin also reports finding some comfort in prayer at mass.

Allison continues with a CFI question about barriers to help seeking: "It sounds like not wanting to worry your parents is getting in the way of accessing their support. Are there other things getting in the way of getting help right now?" Martin responds, "It may be hard for me to find a time to meet every week because I do not want my work to start getting messed up. Also, I do not want anyone to know I am coming here because they will think I am crazy."

Cultural Factors Affecting Current Help Seeking

Allison moves to the final section of the CFI and states, "You told me that calling your sister was helpful when the sudden sweatiness and uncalm feelings come up. Is there anything you can think of that I can provide you with to help in those moments?" Martin thinks a bit and replies, "I think directions on how to get it to stop would be really important because I do not want people at work to notice. As it is they ask me a lot of questions about what I am doing, and the out-of-nowhere sweating and discomfort makes that worse."

After providing brief psychoeducation and explaining potential strategies to address his symptoms, Allison moves to the final CFI question, which attends to the counselor and client relationship. She states, "The counseling relationship is unique because the counselor and client can be very different at times. Like you and I are from different places and look different, too. And because of that, we may not necessarily understand each other immediately. Is this something that worries you?" Martin thinks about this and responds, "Well, you are not a man, and you are not from Mexico. So, I am not sure if you will understand. Also, English is something I am pretty good at, but I am still working on it. Do you speak Spanish in case I have to say things in Spanish?"

Counselor Self-Awareness

The MSJCC (Ratts et al., 2016) and the CFI call for culturally responsive counselors to seek intrapersonal self-awareness and understanding regarding their own social statuses, identities, and worldview (Singh, Nassar, et al., 2020). It is particularly important for counselors working with Afro Latinx immigrants to explore and understand these constructs in relation to their role in the counseling profession, society at large, and in the counseling relationship. As an example, Allison can consider the extent to which her privileged and marginalized identities pertaining to race, ethnicity, and nationality position her in relation to Martin. More specifically, Allison needs to explore how her values and beliefs about these identities influence her views of Martin. Allison can utilize self-reflection to address questions like (a) What are my thoughts, beliefs, and feelings about immigrants who have different ethnic and racial identities than me? (b) What are my thoughts, beliefs, and feelings about immigrants who have similar ethnic and racial identities to mine? and (c) What are my thoughts, beliefs, and feelings about people who are immigrants, regardless of their other identities? These questions will support Allison in developing a greater sense of self-awareness and will encourage openness to understanding Martin's experiences and worldviews. The CFI helped Allison gain a greater understanding of the systems of oppression that may be actively impacting Martin and his well-being while challenging her bias toward individualistic conceptualizations of clients.

Client Worldview

Although client worldview is different for everyone regarding culture and lived experiences, being an Afro descendant and an immigrant in the United States comes with unique and ubiquitous challenges. Afro Latinx immigrants have been found to have lower socioeconomic status, lower income, and overall

fewer resources than lighter-skinned immigrants entering the United States (Cuevas et al., 2016). In addition to having fewer economic and social resources available to them, the shared experience of migration as a Black person in the United States may predispose clients with these intersecting identities to experience mistrust toward health care workers and others working for government institutions in general (Mancini & Farina, 2021). As a result, they may be reluctant to seek help from licensed professionals or even engage in health-promoting behaviors. Although it is important for counselors working with this population to engage in cultural encounters that allow clients to define their own experiences of living in the United States as a Black Latinx person, it is also important for the counselor to understand that institutionalized beliefs about Black people and immigrants in the United States can represent significant challenges for the counseling process and clients' growth. As such, the CFI supports the counselor in developing respect for the client's worldview, understanding the ways in which this worldview aligns—or does not align—with their own worldview, and accepting the client as they are to engage in a nonjudgmental and growth-promoting working alliance.

In the case study, Allison used the CFI to examine key elements of the client's worldview, particularly as it related to the cultural definition of the problem and perceptions of the causes and context. For example, the client's concealment of his help-seeking behaviors from some family and friends may be a key point of entry for the counselor's interventions. Through a closer examination of Martin's concealment, Allison may gain a greater understanding of her client's worldview while simultaneously challenging her own biases regarding her beliefs. At the intrapersonal and interpersonal intervention levels, Allison can seek additional awareness and knowledge about the migration experiences of Black Latinx populations through research, supervision, and consultation. At the institutional and community intervention levels, Allison could advocate to increase the awareness of her coworkers and the larger counseling field regarding this population, including specific needs and barriers to consider when working with Afro Latinx immigrants.

Counseling Relationship

Counselors need to develop an appreciation of the unique aspects of the counseling relationship by building on the gained awareness and understanding of themselves and their clients in addition to considering the unique status of their clients and how they are impacted by membership in marginalized and privileged groups—which in turn impacts how the client relates to others and the counselor (Ratts et al., 2016; Singh, Appling, & Trepal, 2020). With this gained awareness of the client's worldview and lived experiences, counselors must authentically engage with their Afro Latinx clients and demonstrate unconditional acceptance of the clients and what they bring into the counseling relationship. Because of the unique social statuses of counselor (who may experience a high degree of privilege) and client (who may experience a level of oppression based on the intersection of identities—race x ethnicity x immigration status), the client–counselor relationship requires significant attention from both parties involved. As the counselor is expected to have an awareness of the dynamics of power and privilege both within and outside the counseling environment, it is the counselor's responsibility to initiate the discourse regarding these dynamics with the clients.

Allison is guided by the awareness of the levels of privilege and marginalization present in the counseling space as emphasized by the MSJCC and put into practice with the CFI. Allison moved beyond this level of awareness by assessing cultural factors affecting current help seeking. The use of the CFI assisted Allison in building the client–counselor relationship but also empowered Martin to collaborate in the direction of their treatment. It should be noted how the CFI instrument in and of itself encapsulates the concept of broaching in counseling, whereby a counselor discusses “those racial, ethnic, and cultural issues that are relevant to a client's presenting concerns” (Day-Vines et al., 2021, p. 348).

Counseling Advocacy and Interventions

In the scenario presented above, Martin's responses illuminated areas in which his counselor could directly engage in advocacy at the individual, intrapersonal, interpersonal, institutional, community, public policy, and global/international ecological levels. At the individual and intrapersonal levels, Allison could continue to strengthen their awareness of possible treatment approaches for this specific client in addition to continuing to develop their self-awareness, particularly around social identities, privilege, and oppression. At the interpersonal level, Allison could make intentional use of the gained knowledge and increased awareness in the counseling process to foster client growth and improvement. At the institutional and community levels, Allison could look for local and national organizations to potentially connect the client to, thereby increasing their community support and network. Allison may also contact the same organizations and seek professional involvement with the goal of advocating with and for Afro Latinx immigrants in the United States. This advocacy may also take the form of presenting webinars and at professional conferences on this particular population.

Implications

As the case study demonstrates, when working with Afro Latinx immigrants, there are multiple ways counselors can integrate the CFI into their counseling practice. Based on their social locations in the United States and considering the sociopolitical climate, Afro Latinx immigrants are likely to experience increased psychological distress (Araujo-Dawson, 2015; Ramos et al., 2003). We illustrated an integration of the CFI to counseling practice as a means to assist counselors and CITs in developing their multicultural responsiveness and further providing culturally sensitive and appropriate services to Afro Latinx immigrants. It must be emphasized that careful explanation of the purpose of the CFI, its confidentiality, and the client's complete control over the information shared is necessary. Multiple recommendations for counselor educators, CITs, and practicing counselors exist.

Counselor Educators

Counselor educators should actively strive toward preparing CITs to be effective and culturally sensitive when working with a wide range of populations. The CFI may be introduced in a variety of Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2015) common core areas: counseling and helping relationships, assessment and testing, social and cultural diversity, and practicum and internship. Counselor educators can disseminate the CFI with small and large group skills practice via role plays and case conceptualization to expose CITs to the instrument. In addition, counselor educators may collaborate with site supervisors to incorporate the CFI in their standard intake practices. With this collaboration, CITs would receive additional support and training as they learn to use the CFI with clients to strengthen their culturally responsive assessment and counseling skills.

The case study featured a client who identified as an Afro Latinx immigrant. We encourage counselor educators to facilitate discussions regarding the challenges that Afro Latinx immigrants may face in their lives and highlight the CFI as a tool to develop case conceptualization through an intersectional lens. Through direct emphasis on Afro Latinx immigrant clients, counselor educators can assist their students in strengthening their development as culturally responsive counselors.

Counselors-in-Training

CITs can apply the CFI to conceptualize their clients' presenting problems through a comprehensive and in-depth foundation offered by the MSJCC framework. The CFI questions offer opportunities for CITs to reflect on their client's privileged and/or marginalized statuses and their salient identities, as well as client strengths-based help-seeking strategies. In turn, CITs are challenged

to reflect upon their own positionalities and biases. Through continued practice using the CFI both in classroom and clinical settings, CITs can develop and strengthen their counseling competencies in a more intentional and MSJCC-aligned manner. In the case study, Allison, a CIT, had the opportunity to consult with her site supervisor or use the intake session as a case presentation. Both opportunities would provide her with additional feedback on how to effectively use the CFI in her work with this client and other clients with marginalized identities.

Practicing Counselors

Similar to CITs, practicing counselors may integrate the CFI in their assessment efforts either at intake or throughout the counseling process. Though culture remains an important point of emphasis in the counseling of Latinx individuals, counselors must also consider the stressors involved during the migration process, as the experiences of being an immigrant vary based on the type and cause of migration (Jones-Smith, 2018). Similarly, counselors should also explore with the client any preference concerning skin color in the client's family, as this preference may affect the assessment, diagnosis, and treatment of the client (Paniagua, 2013). In the case presented above, the CFI provided key points of entry for the counselor to broach the client's understanding of his presenting problem through his lived experiences of being a Black, Spanish-speaking immigrant in the racialized United States. In allowing for this type of information to be expressed by the client, through the use of the CFI, the counselor would be better prepared to attend to the client's needs in a more effective and MSJCC-aligned manner.

Conclusion

According to the MSJCC, it is imperative that counselor educators continue to incorporate empirically supported interventions and tools, like the CFI, in their teaching of CITs (Ratts et al., 2016). Using these interventions helps counselors to increase their multicultural responsiveness both through gaining knowledge and awareness and by becoming advocates. As it stands, the counseling profession is in continued need of intentional training of students to adequately use this tool and increase cultural sensitivity. To expand counselors' roles as advocates and to integrate multiculturalism and social justice counseling competency into practice, as articulated by the MSJCC, we must reach for additional theories and tools that help us conceptualize privilege, oppression, power, and advocacy within the counseling relationship (Singh, Appling, & Trepal, 2020).

The CFI provides a powerful tool for the enhancement of clinical training and practice in counseling and counselor education. Counselor educators who teach their students to use the CFI in their practice will be equipping them with an empirically supported tool for enhancing their work with multiculturally diverse clients, as exemplified by the case study highlighted in this article. In addition, the CFI offers a viable opportunity for enhanced clinical training that could be translated into culturally responsive clinical practice. Considering the usefulness of the CFI and the lack of attention this tool has received in counselor education, it is crucial to expand our repertoire and make use of all available avenues for increasing the quality of counseling training.

Conflict of Interest and Funding Disclosure

The authors reported no conflict of interest or funding contributions for the development of this manuscript.

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