

**Hurdle**

**Hurdle  
Health's  
Culturally  
Intentional  
Care Model**

## What is Culturally Intentional Care?

At Hurdle Health, we place culture and life experiences at the center of therapy. We believe that emphasizing culture during the counseling process is critical to ensuring that treatment is individualized, holistic, and honors our members. Each of our members has unique, intersectional cultural identities that shape their experiences and, as a result, their counseling and treatment needs. Given our awareness of the salience of culture, our providers adapt a culturally intentional approach to care.

“Cultural intentionality requires the integration of individual and multicultural awareness—personal uniqueness and group and cultural norms in interaction one with the other.”<sup>1</sup> In a clinical setting, a culturally-intentional provider is aware of cultural differences between their members and adapts accordingly, taking the cultural norms of their client into consideration during their interactions and integrating cultural awareness with the uniqueness of each individual.

People, especially people of color, do not live in bubbles and are not exempt from the current social and political climate. [Sue and Sue \(2012\)](#) put it best, “...counseling and psychotherapy do not take place in a vacuum, isolated from the larger sociopolitical influences of our societal climate.”<sup>2</sup>

1 Ivey, A. E. (1987). Cultural intentionality: The core of effective helping. *Counselor Education and Supervision*, 26(3), 168–172. <https://doi.org/10.1002/j.1556-6978.1987.tb00713.x>

2 Sue, D. W., & Sue, D. (2012). *Counseling the Culturally Diverse: Theory and Practice* (6th ed.). John Wiley & Sons, Inc.

## Hurdle’s Training Model

Hurdle’s training model shifts the paradigm from the traditional therapeutic approach. We incorporate a multicultural framework that relies upon building new culturally-intentional skills to ensure that therapists are trained to exhibit cultural humility and engage in authentic discussions with members regarding their racial, ethnic, and cultural concerns. Hurdle’s mental health providers are trained to operate at higher levels of engagement with members in meaningful discussions about how racial issues shape the member’s presenting concern.



Our therapeutic framework, developed by Dr. Norma Day-Vines of Johns Hopkins University, helps identify specific contexts in which providers explore members' racial, ethnic, and cultural concerns prior to starting therapy with members. Through Hurdle's culturally-intentional training, providers learn about the different domains of our framework and how it can be used in a therapeutic setting.

The goals of this training are for our providers to build therapeutic approaches that reflect a highly integrated and stylized ability to:

- explore the intersection of race, ethnicity, and culture within the lives and experiences of members,
- identify facilitative responses,
- implement culturally relevant counseling strategies as well as interventions.

Essentially, providers engage in cultural immediacy by exploring the shared and different identity dimensions between themselves and the member in an effort to divest themselves of their expert status, communicate that discussions of cultural context are permissible within the counseling dyad, and as a consequence, strengthen the therapeutic alliance. Second, the training teaches providers how best to explore the members' intersectional identities (e.g., race, gender, class, religion, sexual orientation, etc.), cultural experiences with members of their own communities (e.g., family, friends), or their encounters with issues related to racism and discrimination.<sup>3 4 5</sup>

<sup>3</sup> Day-Vines, N.L., Brodar, J.R., Hicks, D., Fernandez-Korto, E.B., Garcia, C., Jones, K. (2022). An investigation of the relationship between school counselor trainees' broaching behavior and their racial identity attitudes. *Journal of Counseling and Development*, 100, 3-13.

<sup>4</sup> Day-Vines, N.L., Cluxton-Keller, F., Agorsor, C., Gubara, S., Otabil, N. (2020). The multidimensional model of broaching behavior. *Journal of Counseling and Development*, 98, 107-118. <https://doi.org/10.1002/jcad.12304>

<sup>5</sup> Day-Vines, N.L., Booker Ammah, B., Steen, S., & Arnold, K.M. (2018). Getting comfortable with discomfort: Preparing counselor trainees to broach racial, ethnic, and cultural factors with clients during counseling. *Journal for the Advancement of Counseling*, 40, 89-104. <https://doi.org/10.1007/s10447-017-9308-9>



## Why is Culturally Intentional Care Needed?

It has been shown that acknowledgement of cultural factors during the therapy process enhances counselor credibility, client satisfaction, the depth of client disclosure, and members' willingness to return for follow-up sessions.<sup>6,7</sup>

Members who reported higher levels of cultural concealment had less effective treatment outcomes compared to members who were more forthcoming about their cultural concerns.<sup>8</sup>

Premature termination rates for members of color hover around 50%, compared to White members, whose termination rates are around 30%.<sup>9</sup> Therapy can be difficult to access, underutilized, or prematurely terminated and the treatments offered are less likely to be state of the art.<sup>10</sup>

Many scholars assert that the treatment environment is a microcosm of society, such that encounters with racism and racial discrimination are unintentionally reinscribed within the therapeutic dyad. To illustrate, Hook et al. (2016) found that 81% of respondents who had previously received counseling services reported at least one microaggression during their therapy sessions.<sup>11</sup>

Therapists' avoidance of racial, ethnic, and cultural concerns during treatment emerged as the predominant microaggressive event, followed by respondents' presumption that counselors (a) harbored stereotypes about members; (b) denied having cultural biases or stereotypes; or (c) minimized the importance of cultural issues during treatment. In the absence of culturally appropriate acceptance, understanding, and respect for the client's personhood, therapists may unwittingly discourage participation in the counseling process, which contributes to premature departure from treatment.

6 Kugelmass, H. (2016). Sorry, I'm not accepting new patients. *Journal of Health and Social Behavior*, 57(2), 168-183. doi:10.1177/0022146516647098

7 Shavers, V. L., Klein, W. M., & Fagan, P. (2012). Research on race/ethnicity and health care discrimination: where we are and where we need to go. *American Journal of Public Health*, 102(5), 930-932. doi:10.2105/ajph.2012.300708

8 Drinane, J. M., Owen, J., & Tao, K. W. (2018). Cultural concealment and therapy outcomes. *Journal of Counseling Psychology*, 65(2), 239-246. doi:10.1037/cou0000246

9 Sue, D. W., & Sue, D. (2003). *Counseling the Culturally Diverse: Theory and Practice* (4th ed.). New York: Wiley.

10 Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist*, 53(4), 440-448. <https://doi.org/10.1037/0003-066X.53.4.440>

11 Hook, J. N., Farrell, J. E., Davis, D. E., DeBlaere, C., Van Tongeren, D. R., Utsey, S. O. (2016). Cultural humility and racial microaggressions in counseling. *Journal of Counseling Psychology*, 63(3), 269-277. doi:10.1037/cou0000114





## Who Benefits from Culturally Intentional Care?

Given that members of color have historically prematurely terminated counseling at disproportionately higher rates than their White counterparts, Hurdle is intentional about actively working against inequity in access to quality mental health care. Mental health stigma, access to quality care, and access to culturally intentional providers are amongst the most prevalent barriers to treatment for minoritized communities. At Hurdle, we are particularly aware that culturally intentional care is critical for neglected communities (i.e., BIPOC, LGBTQIA+, and other diverse, minoritized racial, ethnic, and cultural groups). The culturally intentional model we employ is fit to meet the needs of diverse populations, with specific focus on communities that have been historically neglected in mental health care.

Hurdle's model of care is designed to serve those who feel that their culture has not been honored in a therapeutic context. Anyone who wants to understand how their identity has shaped their experiences and the impact of those experiences on their mental well being would find Hurdle's model of care beneficial in the therapy process.

## Efficacy of Hurdle's Model

Measurement-based care, the systematic evaluation of patient symptoms before or during an encounter to inform behavioral health treatment, is paramount to our approach to care. Despite measurement-based care's demonstrated ability to enhance usual care by expediting improvements and rapidly detecting patients whose health would otherwise deteriorate, it is heavily underused, with typically less than 20% of behavioral health practitioners integrating it into their practices.<sup>12</sup>

<sup>12</sup> Lewis, C. C., Boyd, M., Puspitasari, A., Navarro, E., Howard, J., Kassab, H., Hoffman, M., Scott, K., Lyon, A., Douglas, S., Simon, G., Kroenke, K. (2019). Implementing measurement-based care in behavioral health: A review. *JAMA Psychiatry*, 76(3), 324–335. <https://doi.org/10.1001/jamapsychiatry.2018.3329>

Hurdle's model has shown to be effective amongst the people it serves, showing not only positive rates of engagement and attendance, but significant clinical improvements across its member population. On average, Hurdle members complete 11.8 sessions, with only 11% of our members dropping out of therapy after their first session. This level of retention, compared to historical drop off rates of 20%-57% shows that Hurdle members are more engaged and satisfied with their providers.<sup>13</sup>

Our data indicates that members who attend therapy with Hurdle providers see significant clinical improvements. Seventy-seven percent of Hurdle members who screened as mildly anxious or worse either screened negative for anxiety or experienced a clinically significant improvement in their anxiety symptoms in follow-up assessments. Similarly, 85% of Hurdle members who screened as mildly depressed or worse either screened negative for depression or saw a clinically significant improvement in their depression symptoms in follow-up assessments.

Hurdle has implemented a patient-reported tool that measures patient perspectives on the level of cultural intentionality shown by their provider. When asked if their provider gave them an opportunity to explore how their beliefs about their race, ethnicity, and culture impact their situation, 86% of Hurdle members strongly agreed or agreed. Hurdle members were asked if their provider's openness to discussing race, ethnicity, and culture with them strengthened their counseling relationship, and 92% of members either strongly agreed or agreed. Meanwhile, 94% of Hurdle members strongly disagreed or disagreed when asked if their provider blamed them for some of the struggle they were having that were related to race, ethnicity, and culture. This is especially pertinent because in a national study by Hook et al (2016), 81% of clients (n=2,212) reported that their provider committed at least one microaggression during treatment.

Furthermore, Hurdle members are extremely satisfied with their experience. Our services consistently receive high post-session therapy evaluations, with an average rating of 4.82 of 5.



**Interested in Hurdle's Culturally  
Intentional Care Model?**

[Contact us here](#)

<sup>13</sup> Barrett, M. S., Chua, W. J., Crits-Christoph, P., Gibbons, M. B., Casiano, D., Thompson, D. (2008). Early withdrawal from mental health treatment: Implications for psychotherapy practice. *Psychotherapy (Chicago, Ill.)*, 45(2), 247-267. <https://doi.org/10.1037/0033-3204.45.2.247>