# Counseling & Therapy Skills

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# Cultural Diversity and Therapy

The fields of counseling and therapy have a long and unfortunate history of ignoring and underserving ethnic minority clients. There are powerful reasons for this to change, and professional groups are focusing increasing attention on the problem (American Psychological Association, 2003). "Minority clients underutilize psychotherapy services and have high rates of dropping out of treatment" (Vasquez, 2007, p. 878). "Despite important developments in our knowledge about mental health prevalence, help-seeking behaviors, and culturally competent treatments for Asian Americans, it appears that troublingly low rates of service utilization still remain" (Sue, Cheng, Saad, & Chu, 2012, p. 532). There are disproportionately few psychologists who are members of ethnic minorities. Fouad and Arredondo (2007) reported that the services that are available to ethnic minorities tend to be of lower quality. There are many reasons for this neglect—political, professional, and personal: the therapeutic alliance is essential in therapy, but ethnic minority clients might have a harder time experiencing it; misunderstandings between therapists and clients are probably more likely when they're from different backgrounds; the general context of therapy is based on several unacknowledged assumptions; cultural biases influence practitioners. The rapidly increasing focus on culturally competent therapy is yielding results that indicate therapy can and does work for minority clients, even though we have a long way to go (Benish, Quintana, & Wampold, 2011; Huey, Tilley, Jones, & Smith, 2014). There is a strong ethical imperative to do what we can to become culturally competent therapists. Ethnic minorities are a large and growing population who face intense stressors and who need far more mental health services than are available. "As a key component to effective psychotherapy training, clinical supervision and multicultural competencies have been considered core competencies in the provision of ethical practice" (Inman & Kreider, 2013, p. 346).

This chapter will give you only an overview of how to be a culturally competent therapist, and you would enjoy other more complete books on the subject, such as *Counseling the Culturally Diverse: Theory and Practice* (Sue & Sue, 2013). Fouad and Arredondo (2007) have written *Becoming Culturally Oriented: Practical Advice for Psychologists and Educators. Culture, Psychotherapy and Counseling* (Hoshmand, 2006) is a collection of papers that you would probably find helpful. *Inclusive Cultural Empathy* (Pedersen, Crethar, & Carlson, 2008) is a comprehensive text that combines theoretical understanding, information about cultures, and practical advice.

## Cultural Competence

Whatever your own culture is, you will almost certainly be working with clients from other cultures at some point; our field is rapidly moving toward more inclusive practice. Becoming a culturally competent therapist has more to do with perspective and attitudes than it does with learning new techniques. I will make some suggestions about methods to use and will certainly talk about being empathic and forming a good relationship, but we also need to look at you as a flexible, open person who sees through your clients' eyes in an integrative way. "Cultural competence is not a technique but a way of construing the therapeutic encounter" (Sue, 2003, p. 968). Brown (2009) says it well:

> Culturally competent psychotherapy practice thus begins with the client at the center of conceptualization, not with the diagnosis, not with a treatment manual, not with the therapist's idea of what to do next. Rather than conceptualizing the problem, culturally competent practice "diagnoses" the person through a sensitive understanding of her or his identity, allowing that to generate a narrative which reveals distress and strengths alike. Questions of how to heal and how to evoke strengths in the service of, and in collaboration with, the specific modalities of psychotherapy that are being offered emerge from an understanding of those various strands of identity, rather than from the imposition of a particular psychotherapeutic model. (pp.349–350)

Many attempts have been made to define cultural competence, and they generally include three major elements. Cultural competence is a function of the therapist's (1) cultural awareness and beliefs, (2) cultural knowledge, and (3) cultural skills (American Psychological Association, 2003; Sue, 2006; Sue, Zane, Hall, & Berger, 2009).

### Knowing Yourself: Cultural Awareness and Beliefs

"The provider is sensitive to her or his personal values and biases and how these may influence perceptions of the client, the client's problem, and the counseling relationship" (Sue et al., 2009, p. 529). Ther-

apy is already complex when you're treating clients with whom you share a language and general cultural background. It isn't easy to enter another person's experiential life with deep understanding and acceptance, and doing so with a person from a culture different than yours requires a high level of self-awareness. You especially need to be aware of your biases and your assumptions about the nature of reality—your worldview.

**SELF-AWARENESS: YOUR WORLDVIEW IS LIKE THE AIR YOU BREATHE.** Your advice, empathic understanding, judgments, interpretations, and opinions are all filtered through your cultural biases—many of which are not shared by other cultures and many of which you are only partially aware of. Sue (2006) urges therapists to know their own stimulus value. "Counselor know thy cultural self" (p. 240). The more clearly and accurately you know your own values, prejudices, defenses, and blind spots, the more comfortable you can be in forming relationships with clients and the more likely you are not to confuse your views with universal truths. You can more easily see things through the client's perspective.

All of us have biases that interfere with how well we hear our clients, and these biases operate largely without our awareness. Our *confirmation bias* makes us more likely to perceive events and information that are consistent with what we already believe and to fail to perceive disconfirming evidence. The *actor/observer bias* leads us to attribute our own bad behavior to the pressures of circumstances and other people's similar bad behavior to flaws in their character. Social psychologists have identified many more biases like these, and they all should make us worry and be humble about the accuracy of our beliefs. They also should motivate us to seek consultation, get good therapy, and be as self-aware as possible.

Working cross-culturally adds another level of bias that we seldom think about. Your culture has taught you a worldview—a set of beliefs and perceptions that are so much part of your functioning that they just seem obviously self-evident. Is it best that marriage should be based on love? The answer "yes" seems painfully obvious to most people from North America, but many cultures in the world don't believe this, and North Americans believe it much more strongly now than they did even 50 years ago (Miller & Perlman, 2009). Is it human nature to want to excel? People from many cultures would be ashamed to be singled out for praise; it would violate the good of the group. Do you believe that everything that happens has a cause? Are humans free to make choices? These last two seem self-evident to most Westerners, but we don't even notice that these two beliefs are logically inconsistent with each other. These few examples are meant to alert you to the unconscious but powerful hold your worldview has on you and to motivate you to examine your assumptions. The other thing they should do is to make you humbly receptive when you see a client from another culture.

CULTURAL BIASES. There is often subtle condescension in our cultural biases; without much awareness, it is easy to see people who are different from us as simpler than we are. Vasquez (2007) worries about the impact of *microaggressions,* in which a person with privilege or power subtly communicates attitudes of superiority and denigration in cross-cultural communications. Her unsettling observation is, "Microaggressions are often perpetrated by well-meaning people who hold egalitarian beliefs but who have not become aware of their negative attitudes and stereotypes about people of color and/or who have not had sufficient contact with people different from themselves" (pp. 880–881; also see Fouad & Arredondo, 2007; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Owen et al., 2011). Most of us are *well-meaning people who hold egalitarian beliefs,* and so we need to be humble and vigilant about our self-awareness. Pedersen, Crethar, and Carlson (2008) claim, "Counselors are all vulnerable to cultural encapsulation. . . . A culturally encapsulated counselor sees the world through a cultural lens without recognizing that many of her or his perceptions may in fact be biased and thus damaging to clients" (pp. 93–94). However, "not all racism is intentional. . . . [R]acism commonly emerges as an unintentional action of well-meaning people" (p. 80). These writers seem to be ganging up on us well-meaning people, but their point matters. Our cultural biases are powerful and must be taken seriously if we hope to overcome them.

CULTURAL BIASES INHERENT IN THERAPY IN OUR CULTURE. Bias doesn't just occur in us as individuals; the very structure of our profession hides some unspoken assumptions. The goals and processes of counseling and therapy are often subtle and more culturally biased than we realize (Hoshmand, 2006). As I describe these assumptions of therapy, in some cases you probably will think, "But what's wrong with believing that?" I'm not judging these characteristics as good or bad; the point is that these are all commonly accepted assumptions in Western culture, but they are rejected by some other cultures:

- Implicitly, most therapy approaches encourage individuation and individual empowerment, often at the expense of being securely attached to others; empowerment sounds good; dependency sounds bad. More broadly, the individual good is emphasized over the good of the group or the system. Jordan (2008) argues passionately that this implicit assumption needs to change. "The core ideas of what is now called the Relational-Cultural Theory are that women (although increasingly we think, all people) grow through and toward connection. A model of human development that posits we move from dependence to autonomy does not accurately represent human experience" (p. 2).
- We value and emphasize the psychological over the social.

- Therapy often promotes prescriptions about how men and women should think, feel, and act.
- Western psychotherapy often values cognitive functioning over emotional functioning.
- Therapy is usually described as "intervention," a word that strongly implies that professionals do things to clients rather than with clients.
- Therapy is seen as a commodity that is exchanged for remuneration.
- We avoid language that implies morality or love as part of therapy, and we avoid the spiritual or metaphysical—or at most we accept only a limited number of spiritual views. Pedersen, Crethar, and Carlson (2008) say:

> [T]here appears to be a lack of connection between the perspectives of clients and the perspectives of psychologists when it comes to religion and spirituality. If religion and spirituality are important to our clients' worldviews, then they should also be important to us as culturally inclusive counselors. (p. 105)

Self-awareness and professional awareness are dauntingly large achievements that will require a serious commitment.

## Cultural Knowledge

> The counselor has knowledge of the client's culture, worldview, and expectations for the counseling relationship. (Sue et al., 2009, p. 529)

LEARNING CULTURE-SPECIFIC INFORMATION. Learning as much as you can about your clients' culture is a way of showing respect, and it helps you understand better. It can build your credibility with clients as long as you demonstrate humble interest and don't try to show off how knowledgeable you are. Through reading, you can acquire intellectual knowledge about the key identity issues related to at least one or two other cultures. It isn't possible, obviously, to learn a great deal about many cultures, and it is likely that the cross-cultural therapy you do will be with clients from just one or a few cultures. Key identity issues include race, gender, language, religion, education, family structure, education, intergenerational patterns, religion/spirituality, and political history (especially if it includes oppression or traumatization). Having intellectual knowledge will help you connect with clients, but you should also arrange to have some experiential knowledge. There is value in having your client educate you about his culture, and it will help you form a better alliance if you have also participated in an event particular to your client's culture, such as attending a religious ceremony or a wedding, participating in a sweat lodge or a sharing circle, attending a soccer match, or going to a culture-specific concert.

Specific cultural knowledge will also help you with what Sue (2006) calls "dynamic sizing," which consists of

> skills in knowing when to generalize and be inclusive and when to individualize and be exclusive in working with clients. That is, the therapist can flexibly generalize in a valid manner. The skills are quite important because one of the major dilemmas facing individuals is how to appreciate culture without stereotyping. Often, when the cultural values or characteristics of various groups are discussed, there is a stereotypic quality to the discussion. Statements such as, "Asians are collective rather than individualistic in orientation," "Native Americans appreciate nature in contrast to Americans who try to master nature," and "For African Americans, the Church and spirituality are important," can be viewed as accurate cultural portrayals or overgeneralizations and stereotypes. On the one hand, the statements may reveal important cultural characteristics of groups. Those who are skilled in dynamic sizing are able to avoid stereotypes of members of a group while still appreciating the importance of culture. (p. 239)

**Dangers of a little knowledge.** Dynamic sizing is an important skill to develop, but it is deceptively difficult to master. Learning culture-specific information is helpful, but it also carries the significant danger of encouraging generalizing and stereotyping. There probably is no way to become really familiar with another culture unless you live in the culture for a long time. The nuances of meaning and language are enormously complicated. "Culture is complex and not simple" (Pedersen, Crethar, & Carlson 2008, p. 70). In our wish to honor and understand the worldview of clients from other cultures we sometimes develop shallow knowledge. Our intentions are good, but it's easy to cling to generalizations that give us the illusion of more understanding than we really have. Even worse, if you know many therapists who work with another culture, chances are good that you know at least one who has a false pride in being expert on that culture.

Often we learn some generalizations that have some truth to them and our little bits of knowledge are both a blessing and a curse. "We are both similar and different at the same time," (Pedersen, Crethar, & Carlson, 2008, p. 62). Our similarities and our culture-specific knowledge can help us understand more quickly, but they can also blind us to exceptions. These bits of knowledge comfort us as something we "know," but for every such observation there are thousands of people for whom it's not true, and some of them will be your clients. The message of this whole section is that absolutely every client you will ever see is different, and your job is to know this particular client. If you are open, you will never have a client who doesn't surprise you.

## Cultural Skills

> The counselor has the ability to intervene in a manner that is culturally sensitive and relevant. (Sue et al., 2009, p. 529)

**CULTURE AND THE ALLIANCE.** There is overwhelming research evidence that the therapeutic alliance is the strongest predictor of successful therapy, but very little of that research has been done specifically about cross-cultural counseling. Cross-cultural research is increasing for some ethnic groups but not others, and there does seem to be enough evidence to conclude that therapy is effective with ethnic minority clients (Benish et al., 2011; Huey, Tilley, Jones, & Smith, 2014; Miranda et al., 2005). Still, we don't have much evidence about the role of the alliance. In spite of this, virtually all writers in the cross-cultural field assume the relationship between successful outcome and the alliance holds for ethnic minority clients, too, and the real problem is determining whether minority clients have a fair chance to experience a good therapeutic alliance.

> Attention to the therapeutic relationship and the working alliance with clients/patients of color may require special considerations. What are the unique issues that may interfere with the therapeutic alliance of clients different from psychotherapists? . . . One issue is that [because of unconscious biases] psychologists may not always be aware of when the potential for developing an effective therapeutic alliance may be compromised. . . . Although there is mixed evidence, most clients of color are more comfortably matched with therapists similar to them. More specifically, clients working with clinicians of similar ethnic backgrounds and languages tend to remain in treatment longer than do clients whose therapists are not ethnically or linguistically matched. (Vasquez, 2007, p. 880; see also Asnaani & Hofmann, 2012; Farsimadan, Draghi-Lorenz, & Ellis, 2007)

**CULTURAL HUMILITY AND THE ALLIANCE.** Hook, Davis, Owen, Worthington, and Utsey (2013) have perceptively captured the basic stance we are trying to understand with the concept of *cultural humility.* They developed a measure for clients to rate their therapists on cultural humility and found that this characteristic is related to stronger alliances and better outcomes. Clients rate culturally humble therapists as high on these positive qualities and low on these negative qualities:

| Positive | Negative |
|---|---|
| Is respectful | Assumes he/she already knows a lot |
| Is open to explore | Makes assumptions about me |
| Is considerate | Is a know-it-all |
| Is genuinely interested in learning more | Acts superior |
| Is open to seeing things from my perspective | Thinks he/she understands more than he/she actually does (Hook et al., 2013, p. 357) |
| Is open-minded | |
| Asks questions when he/she is uncertain | |

**Culture and empathy.** The essence of therapy is in making clients feel deeply known as they really are and deeply accepted as they really are. Being empathic with a person from another culture is extremely important and extremely complex. It is in the service of becoming more empathic that we have spent so much time on your awareness of your worldview. "This awareness of the subjective nature of their own worldview seems to make effective counselors willing to suspend their worldview more readily and enter more fully into the subjective experience of others" (McClure & Teyber, 1996, p. 12). Temporarily suspending your worldview takes focus and awareness, and it usually causes the therapist some discomfort; it is inevitably somewhat threatening to consider the possibility that what seems obvious to you about reality might not be the whole story. This discomfort arose in college students in an experiment by Nelson and Baumgarte (2004). When students were asked to make judgments about people demonstrating unfamiliar cultural norms, they were less empathic and assigned more blame to the target person. For example, in one scenario a manager's efforts resulted in his receiving an award. The manager, John, then was "mortified by the individual attention and wondered why the division as a whole was not recognized for their success. The incident left John feeling depressed and dissatisfied at work" (p. 395). John was anxious over the strong cultural norm of taking pride in winning an award. His reaction caused the students to be less empathic and to judge John negatively.

We can see from the example above how easy it is for us to judge, unconsciously, because we are not starting with a clean slate; we are operating from what is embedded in us. Therefore, we must work hard to suspend our worldview and acquire as much new knowledge as we can so that we can "understand clients' perspectives" (Sue, 2006, p. 243).

**Empathy on steroids.** Cross-cultural empathy is not much different from the empathy we have been learning together in previous chapters. It is just harder to do because there are barriers of language, knowledge, and worldview. I know—I've already asked you to be fully present, to be mindful, to be in the zone at times, to enter the client's experiential world, to cognitively make sense out of that experiential world, and to help the client feel known and accepted. What more could we want? Nothing, really, except that you do empathy on steroids; understanding a person from another culture requires new work from you and a heightened alertness to the barriers you have to overcome.

> Even though studies have shown that ethnic similarity between the counselor and the client create obvious advantages and increase the probability of a positive therapeutic outcome, ethnic similarity is not a prerequisite to achieving cultural empathy. The display of culturally sensitive responses and attitudes by the counselor is more important than an ethnic match. (Chung & Bemak, 2002, p. 156)

Empathic communication may not even require much shared language. Alberta and Wood (2009) use a broad definition of "empathic communication" in cross-cultural therapy "because, while language represents an important aspect of cultural competence, it is often an overrated one; . . . communication goes beyond language" (p. 567). Sometimes just sitting in pensive silence is deeply connecting. The fundamental issue is: does your client feel that you "get" her?

## Some Special Methods of a Culturally Competent Therapist

Stanley Sue is one of the most prolific researchers and writers on cultural competence in therapy, and he has outlined several aspects of treatment that are unique to cross-cultural counseling (Sue, 2006, pp. 240–244).

ASSESSMENT OF CLIENT. It is important to assess two major issues about an ethnic minority client. First, you need to consider the degree to which a client is acculturated into the dominant culture. There is huge variability within ethnic groups in the degree to which individuals have adopted the culture of mainstream North America. Because of this, having an ethnically similar therapist is more important to some clients than to others. Clients who are not very acculturated will retain the values and behaviors of their country of origin and probably would work better with a counselor who is ethnically and culturally matched. The second area of assessment is to determine how important minority-group experiences have been in the person's life. If a client has been the victim of intense discrimination and racism, consideration should be given to finding a therapist whose race or social position won't make it difficult for a relationship to form.

PRETHERAPY INTERVENTION. People from other cultures are often not familiar with Western psychotherapy, how it is structured, and how it can help with problems. There is evidence that a kind of psychoeducational presentation (about what to expect in therapy, the nature of confidentiality, the roles that therapists and clients play, and other similar information) seems to increase both participation in and success of therapy.

HYPOTHESIZING AND TESTING HYPOTHESES. Sue suggests forming and testing hypotheses about the client, especially when the therapist is not sure if the client's behaviors, attitudes, and situations are the result of the client's internal issues or are being influenced by culture. Some of his suggestions for testing these hypotheses include gathering evidence from others in the client's life. I have concern about the impact this might have on the relationship with and trust of the therapist, however.

ATTENDING TO CREDIBILITY AND GIVING. *Ascribed credibility* is the trust attributed to a therapist by cultural beliefs and values. *Achieved credibility* is trust earned by the individual therapist. When working with Western clients, therapists generally start out with some ascribed credibility, partly because most people who make it into therapy have a general idea of what therapy is and that it has professional status. Clients from other cultures may have little idea of what therapy is and why they should trust the therapist. In fact, many cultural values would interfere with credibility, values such as "only the weak seek help" or "only older people have wisdom" or "women defer to men." The therapist should be especially aware of the credibility issue and take special measures to earn achieved credibility. One strategy that can help is the pretherapy intervention described above. It is also helpful to be especially aware of providing a positive experience in the first session when clients are forming their initial impressions of how and why therapy might be beneficial to them.

UNDERSTANDING THE NATURE OF DISCOMFORT AND RESISTANCE. Therapists should be ready for their own frustration, discomfort, and resistance when working with clients whose values and expectations are not what the therapist is used to. Clients might be more likely to question the value of therapy or respond belligerently or, the opposite, respond unusually passively. In both cases, the therapist might be caught off guard in new territory. Sue says to expect more of your own discomfort and use that discomfort to explore and understand your own issues. In a sense, if you feel discomfort, frustration, and resistance in therapy, it's a countertransference issue. Therapy is about the client; why are you so bothered by what is happening? It is an opportunity to learn, especially if you can consult a colleague about your reactions.

STRATEGIZING OR PLANNING FOR INTERVENTION. By this, Sue does not mean that you make plans for the client. He is recommending that you think carefully about what approach you are going to take. Your plan might be to take a very unstructured approach, for example. The point is that you must be alert and aware of why you are doing what you're doing. This might seem an obvious requirement, but you can often develop a rhythm and usual way of doing things in therapy; cross-cultural therapy requires more conscious awareness of that rhythm and knowing that it may need to be altered or abandoned.

ASSESSING THE SESSION. After every session you should ask yourself how well the session went—kind of a mini outcome evaluation in which you consider issues like your level of credibility, the strength of your alliance, opportunities for giving the client "gifts" of concrete benefits, and what would be helpful in the next session. In many cases, it would also be helpful to gather feedback from your clients, although

some clients might find this odd or intimidating. You will need to be exquisitely sensitive to what your request means to each client.

HAVING THE WILLINGNESS TO CONSULT. Finally, it is important to consult with colleagues about treatment and to consult with sources of culturally specific information that might inform your treatment.

## ☙ Culturally Competent Therapy Looks a Lot Like Competent Therapy

Wampold (2007) makes a strong case that "the essential aspect of psychotherapy is that a new, more adaptive explanation is acquired by the patient" (p. 862) and that this explanation of the presenting problem "must be different from presently held explanations for a patient's troubles but not sufficiently discrepant from the patient's intuitive notions of mental functioning as to be rejected. A corollary is that the explanation . . . must be consonant with the cultural context of the healing practice" (p. 864; also see Benish et al., 2011, for a discussion of the importance of culturally adapted "illness myths") and is highly dependent on the therapeutic relationship. This is a general description of the basic change that occurs in all effective approaches to therapy. It says that the change must always take the client's culture into account, whether the therapist is from the same culture or not. It also says that the "new, more adaptive explanation" emerges from the human connection. The fundamental principles are the same ones we've been talking about for 13 chapters.

I don't want to dilute the importance of understanding cultural competence with ethnic minority clients, but if culturally competent therapy looks a lot like competent therapy, we do need to know that good therapy is based on the same principles with virtually all of our clients. In a way, all of your clients will be from a "different culture," unless they are exactly like you, which they never will be. When I see a female client, I will have special difficulty understanding her because there are so many important ways that a woman's experience is different from anything I can know directly. In fact, some writers argue that gender issues are a cultural diversity issue (Becker, 2006; Gere, 2006). When a Canadian therapist sees a client born and raised in California there clearly are cultural differences, even if both people are middle-class females of the same race. There can be miscommunications built into conversations between clients and therapists from different social classes. Being from different ethnic backgrounds is obviously an important issue, but it's just more difficult than some other situations. It's also less difficult than some other situations. No one can ever fully understand another person; but we try, we come close sometimes, and some ways of being come closer than others. Most important, coming close really helps.