Multicultural Competence in a Diverse World

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APA Members Practicing with Underserved Populations

• 86% of APA Members reported that they practice with Racial/Ethnic Minorities!
• Cultural competence in our modern mental health care environment requires far more knowledge and sophistication on the part of the professional, and is becoming part of the mainstream fundamental knowledge and skill set required for effective practice.
Cultural Competence
(Tseng and Streltzer, 2004)

- *cultural sensitivity*, an awareness and appreciation of human cultural diversity.
- *cultural knowledge*, the factual understanding of basic anthropological knowledge about cultural variation.
- *cultural empathy*, the ability to connect emotionally with the patient’s cultural perspective.
- *cultural guidance involves* assessing whether and how a patient’s problems are related to cultural factors and experiences and suggesting therapeutic interventions that are based on cultural insight.
Ethical Responsibilities

- The APA Ethical Principles of Psychologists and Code of Ethics requires that psychologists respect the dignity and worth of each individual.
- The fact is that minority/diverse populations in most cultures experience some degree of disenfranchisement, simply based on the variable of being different.
Ethical Responsibilities

- We tend to relate most easily, in our lives, as well as in our practices, to those most similar to us, including in regard to the major variables of gender, ethnicity, and social class.

- Our profession has developed *ethical imperatives that underlie the importance of multicultural competence in psychotherapy with members of racial/ethnic minority groups, including immigrant and international groups*, as well as with members of other diverse groups such as gender, age, religion, sexual orientation, etc.
Ethical Responsibilities

- APA Ethics Code Standards 2.01 Boundaries of Competence, 3.01 Unfair Discrimination and 3.03 Other Harassment, all require that especially in regard to the factors of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status, psychologists ensure competence, do not engage in unfair discrimination, or in behavior that is harassing or demeaning.
Multicultural Guidelines

- Principles from the APA *Multicultural Guidelines* (2003) will be applied in suggesting strategies to reduce bias, and to develop culturally appropriate skills in psychological practice.

- Guideline 5 of the Multicultural Guidelines states that, “*Psychologists are encouraged to apply culturally appropriate skills in clinical and other applied psychological practices*” (APA, 2003, p. 390).
Psychotherapy Outcome Studies

• The empirical evidence on the outcomes of counseling and psychotherapy informs that treatment is effective.
Characteristics of Effective Treatment

- The patient’s sense of alliance with the healer.
- Therapists should learn as many approaches as they found “congenial and convincing” and then select for each patient the therapy that accords, or can be brought to accord, with the patient’s personal characteristics and view of the problem.
The Therapeutic Alliance

- The therapeutic alliance has been identified as one of the most important of the common factors in therapeutic effectiveness.
- It is the quality of involvement between therapist and client or patient, as reflected in their task teamwork and personal rapport, and the therapist’s contribution to the alliance is an important element of that involvement.
Threats to the Alliance for Ethnic Minority Clients/Patients

• Ethnic minority populations underutilize psychotherapy services, and have high rates of dropping out of treatment.
• Multiple reasons most likely account for these unfortunate findings, but one possibility may be that many ethnic minority clients do not experience the alliance.
• Related causes include cultural misunderstandings and miscommunications between psychotherapists and clients.
Threats to the Alliance

- Psychologists may not always be aware of when the potential for developing an effective therapeutic alliance may be compromised.
- People of color experience slights and offenses so regularly, that there is a tendency to “edit” their responses on a regular basis.
Threats to the Alliance

• Categorization: Constructive and Destructive Strategy (Allport, 1954)
• We/they dichotomy (Opotow, 1990)
• People in our “in-groups” are more highly valued, more trusted, and engender greater cooperation as opposed to competition.
• For most psychologists and other mainstream health providers, individuals in racial/ethnic minority groups are in an “out-group,” simply by virtue of being different.
Threats to the Alliance

- Contemporary racism among Whites is subtle, often unintentional, and unconscious. Many Whites often give off negative body language (less eye contact, voice tone not as warm or natural) in response to those different from themselves. Whites who demonstrate these behaviors report not being aware of this. Members of ethnic minority groups are aware in those studies that examine these interactions (Dovidio, et al, 2002).
Anxiety is Normal Response
Threats to the Alliance

• “Micro-aggression” is a term coined to convey power dynamics in interactions in cross-cultural encounters that convey attitudes of dominance, superiority and denigration; that a person with privilege is better than the person of color.
Privilege
Right to be Hostile
Privilege of a Psychologist

- Psychologists must be careful to understand and remember their power, and take care to not abuse it.
- Our profession has a social contract with society, based on attitudes of mutual respect and trust, that the discipline will do everything it can to assure that its members will act ethically in conducting the affairs of the profession within society. The “contract” implies a commitment to place the welfare of society and individual members of the society above the welfare of the discipline and its professionals. So psychologists have a higher duty of care to members of society than the general duty of care that all members of society have to each other, including to take care that we not abuse our power, and in fact use it to help.
Threats to the Alliance

- Steele’s “stereotyped threat” research indicates that when ethnic minorities are asked to perform on a task where ethnic minorities stereotypically underperform, they end up underperforming.
- Ethnic minority clients may be particularly sensitive to the experiences of negative judgment, rejection, and criticalness on the part of White therapists, without the White therapist being aware of this.
- Because of a history of oppressive and rejecting experiences, many, if not most ethnic minorities are easily shamed.
- Therapist may not always know when they convey negative judgments in body language, including facial expressions, voice tone and eye contact.
Threats to the Alliance

Our social structures have compounding effects on our cognitive structures, and ultimately our social attitudes and our beliefs about people. The way society constructs societal representations of groups affects the social order, and has tremendous impact on the identities of individuals in various groups, both ethnic minority and White majority.
Internalized Racism
Intersection of Oppressive Factors

- Gender, age, sexual orientation, disability, religion/spiritual orientation, educational attainment and experiences, and socioeconomic factors are examples of other dimensions of identity that enhance or detract from one’s identity, and influence the way we relate to our clients.
Missed Opportunities

• One study (Nelson and Baumgarte, 2004) demonstrated that individuals experience less emotional and cognitive empathy for a target experiencing distress stemming from an incident reflecting unfamiliar cultural norms and that this reduction of empathy is mediated by a lack of perspective taking on the part of the observer.

• Comas-Diaz (2006) discussed how cross-cultural encounters are frequently rife with “missed empathetic opportunities”. They include those moments when the clinician changes the topic without addressing or reflecting the client’s feelings.
Multicultural Guideline 1

• “Psychologists are encouraged to recognize that, as cultural beings, they may hold attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves.” (APA, 2003, p. 382).
Developing the Alliance

- Personal attributes found to contribute positively to the alliance include being flexible, honest, respectful, trustworthy, confident, warm, interested, and open.

- Techniques such as exploration, reflection, noting past therapy success, accurate interpretation, facilitating the expression of affect, and attending to the patient’s experience were also found to contribute positively to the alliance.
Reduction of Bias (cont.)

• Increased contact.
• Change the perception of “us vs. them” to “we,” or recategorizing the out-group as members of the in-group.
• Increase tolerance and trust of those different from oneself.
• Develop continuous consciousness to one’s reactions to clients.
Developing the Alliance

• Factors and issues must be continuously assessed, as cultural groups vary, and as individuals within those groups are heterogeneous, based on acculturation, language, generational status, and other related factors (APA, 2003).
Multicultural Guideline 2

• “Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness to, knowledge of, and understanding about ethnically and racially different individuals” (APA, 2003, p. 385).
• The challenge in learning about cultural groups is to avoid stereotyping; rather, the knowledge is to be used to assess the degree of application of various cultural values, behaviors and expectations.
Knowledge can be Paralyzing
Developing the Alliance

• “Cultural mutuality”, as defined by the APA Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990) describes, in part, the importance of relating to clients of color, women, and other oppressed groups in a respectful, connecting manner based on our knowledge of clients’ culture and also tuning in to aspects of the clients’ needs that our therapeutic processes may help.
Mental Health Needs

- 8% of non-Latino Whites live in poverty;
- 14% of Cuban Americans, 27% of Mexican Americans, and 31% of Puerto Ricans live in poverty.
- Only 56% of Latinos have graduated from high school, compared with 83% of the total population (US Department of Health & Human Services, 2001)
Mental Health Needs

• Lack of access to critical economic and social resources is stressful and depression often develops in the context of psychosocial stress.

• Racism and discrimination; unfair treatment and negative external judgments about one’s worth have deleterious effects on both physical and psychological health (Clark, Anderson, Clark, & Williams, 1999).

• Stress-based theories of health have argued that minority race or ethnicity may confer population level risk for poor health and mental health outcomes. (Mendelson, et al, 2008).
Cultural Resilience

- Interpersonal functioning protected against depressive symptoms for Latinos and other minorities to a greater extent than for non-Latino Whites (Plant and Sachs-Ericsson, 2004).
- The Hispanic/Latino/a Paradox (Palloni & Morenoff, 2001) is a phenomenon termed to describe unique resilience to negative health outcomes of poverty and other psychosocial challenges.
- While we are encouraged to be aware of barriers, obstacles and experiences of oppression for clients of color, it is also important to remain open to strengths and positive aspects of identity.
**Challenge of Poverty**

- Students who grow up amid economic insecurity often face many obstacles.
- Neurological brain science is showing how these experiences and the resulting emotions have effects on the brain, and how they can directly impede learning.
- This “threat” reaction takes priority over other functions, such as schoolwork, and creates powerful memories to help prevent future threats.
- Martha Farah (2006), points out that although all families experience stress, most poor families experience a lot of it.
- Farah suggested that the effect of stress on the brain may be the reason for lower scores in language, long-term and short-term memory and attention on the part of children from low-income homes.
Science Supported Interventions

• Eric Jensen is author of a 2006 book, “Enriching the Brain: How to Maximize Every Learner’s Potential,” who has developed a teachers’ training program.

• Activities that have been shown to produce brain capacity:
  – Foster hope;
  – Provide psychotherapy and/or medical treatment for depression;
  – Promote positive emotions that affect learning capabilities because behaviors and thoughts that relate to hope, love and happiness can change the brain;
  – Increase experiences and feelings of effectiveness;
  – Promote exercise, good nutrition.
Reduction of Bias (cont.)

• Identify areas of strength and resilience.
Assessment

  - When validity or reliability has not been established, *psychologists describe the strengths and limitations of test results and interpretation.*
  - assess, cultural and socio-political relevant factors.
Unique Issues of Assessment

- Cultural factors for assessment may include relevant generational history (e.g., number of generations in the country, manner of coming to the country); citizenship or residency status (e.g., number of years in the country, parental history of migration, refugee flight, or immigration); fluency in "standard" English or other language; extent of family support or disintegration of family; availability of community resources; level of education, change in social status as a result of coming to this country (for immigrant or refugee); work history, and level of stress related to acculturation and/or oppression (APA, 2003).
Knowledge

- Attend to the setting you provide.
- Recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals to the area of professional boundaries.
Social Justice Advocacy

• Every individual is responsible to combat racism, no only in oneself, but in society at large. D. Sue (2003) suggested that People of Color must continue to fight for dignity and humanity, regardless of how tired, impatient or angry we feel. He also suggested that hope is an important antidote to surrender, bitterness and blind hatred.
The Process is a Difficult Challenge