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What constitutes cultural competency? Is it just the ability to understand the cultural perspective of another, or is there more to it? In this article, the author suggests that cultural competency is a process with specific content; that is, that there is a specific skill and knowledge base that one must have in order to be culturally competent. This view moves cultural competency from mere philosophy to an arena that can be studied and practiced.

In order to be culturally competent, there must be scientific mindedness, dynamic sizing, and culture-specific expertise. *Scientific mindedness* is evident in therapists who do not make premature judgments about a client, but who "develop creative ways to test hypotheses, and who act based on acquired data" (p. 239). This skill complements the notion of *dynamic sizing*, whereby the therapist ascertains whether a cultural characterization adequately reflects an individual or whether it functions as a stereotype. Dynamic sizing requires that there be an appreciation of culture without stereotyping members of a particular group, and suggests that one may change perspectives in order to understand the client in his/her specific situation. *Culture-specific expertise* regards the body of knowledge a therapist should have in order to effectively treat a member of a particular minority group, such as knowing the minority group's history of oppression.

With these concepts in mind, the author discusses some concrete steps that can be taken to increase the effectiveness of therapy with members of minority groups. Although the article does not address children's mental health services, these steps can be of benefit to those working with children and families. Scientific mindedness, dynamic sizing, and culture-specific skills are general concepts that frame the author's view of cultural competency. Complementing these concepts are 10 concrete strategies that can be trained, and which offer practical guides to achieving cultural competency. These concepts and strategies help move cultural competency from philosophy to research and practice.

Steps to Increase the Effectiveness of Therapy with Members of Minority Groups

(1) *Self awareness & stimulus value*: In order to treat a member of a minority group, the therapist must become self-aware of his/her own values, biases and stereotypes, and of any defenses, projections, or internalized racist reactions that he/she may have. The therapist also must become aware of any characteristics that he/she possesses which the client may react negatively to. For example, a client may not react well to a younger therapist if the client comes from a culture that places more credibility on older persons.

(2) *Assessment of client*: The therapist should assess the client in terms of his/her "background, country of origin, family structure, immigration status (if immigrants) birth order, sex roles, social class and culture" (p. 240). Assessment is especially important with regard to degree of acculturation, as some clients may be more acculturated into Western values and treatment programs than others. The therapist must also be aware that some cultural values may conflict with those of mainstream America and these differences may cause considerable stress to both the client and therapist. Clients who are not well acculturated may work best with therapists who are members of the same minority group. Further, the therapist should assess the degree to which the client has had negative minority group experiences (i.e., racism, discrimination), because "such experiences may have an important effect on the client's personal problems and on their interactions with therapists" (p. 241). Assessment of these characteristics can place the client's situation in perspective and explain the client's behavior, and can alert the therapist to his/her own strengths and deficiencies in understanding the client. "The valid assessment of clients is dependent upon not only the information gained about

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the clients but also the dynamic sizing skills of the therapist. The ability to determine the relevance of a client's cultural background in the manifestation of symptoms is extremely important" (p. 240).

(3) *Pretherapy intervention*: According to the author, pretherapy intervention is a helpful process for minority clients who are unfamiliar with Western psychiatry and psychology. Every effort should be made to help clients understand the nature of the intervention, and what to expect of it. Slides, audiotapes, and videotapes can explain confidentiality issues and the typical roles of the client and therapist.

(4) *Hypothesizing and testing hypotheses*: Therapists should form hypotheses about their clients, and especially if the therapist is unsure whether the client's behaviors and attitudes are the result of culture or due to the dynamic between the therapist and client. The use of different strategies to test hypotheses is encouraged. For example, the author suggests that a therapist may want to contact the client's friends or family to test the client's assertion that he/she is doing well, even though the therapist sees evidence to the contrary.

(5) *Attending to credibility and gift-giving*: Credibility is viewed as having an ascribed status and an achieved status. Ascribed status has to do with the level of credibility the therapist has in the eyes of the client. If the client comes from a culture that undervalues women, for example, ascribed credibility may suffer if the therapist is a woman. A client may see no value in services if there is a lack of ascribed credibility. Achieved credibility occurs when "through the skills and actions of the therapist" (p. 242) the client perceives the therapist to be competent or helpful. If there is a lack of achieved credibility, the client may prematurely terminate services. Gift giving concerns the benefits that a client may "take away" from treatment, such as a relaxed mood, or insight into his or her problems. If possible, gift giving should occur at the first session, so the client will know that something meaningful can be gained from the therapeutic session.

(6) *Understanding the nature of discomfort and resistance*: Therapists are trained to handle resistance as it comes up in the therapeutic session, but they "are frequently unprepared to deal with their own feelings of discomfort and resistance in working with culturally dissimilar clients" (p. 242). Clients from culturally dissimilar backgrounds may have different value systems, may not comply with treatment, or may communicate in ways that are difficult for the therapist to understand. Therefore, therapists may become frustrated by the therapeutic relationship. When such feelings occur, the therapist should ask questions to help sort through these feelings. For example, "What feeling am I experiencing," "Is the client doing something that I don't understand or value," "What kinds of cultural differences are being portrayed?"

(7) *Understanding the client's perspectives*: According to the author, it is impossible to understand one's ethnic/minority background completely. Thus, therapists must decide which cultural aspects are particularly salient to the therapeutic process. Three questions that must be asked include: (a) how does the client conceptualize mental health problems? (b) what are the client's cultural means for resolving those problems? and (c) what are the client's goals for treatment? If clients have very different means for resolving problems they may be especially resistant to Western approaches. "The important tasks for therapists are to gain an understanding of how clients are conceptualizing the problems, what they prefer in terms of solving problems, and what kind of goals that they would like to achieve" (p. 243). Therapists should not try to reduce this discrepancy by "simply pretending to adopt the perspective of clients" (p. 243). Rather, therapists should look at these discrepancies as a signal that the client may have very different ideas about treatment.

(8) *Strategy or plan for intervention*: The therapist should have a carefully devised strategy or plan for intervention, based on the background culture and individual characterizations of the client. Therapists should attempt to learn as much as possible about the client's minority background before the treatment session.

(9) *Assessment of services*: Assessing how the session went is another important step toward building cultural competency because it gives the therapist an opportunity to reflect upon the session and his/her



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interactions with the client. For example, the therapist may ask whether he/she was credible with the client, whether the gift was well received, whether the client understands the intervention better, etc.

(10) *Willingness to consult*: Finally, the therapist should not be reticent to call upon outside sources when building cultural competency. The therapist may need the assistance of another person skilled in the background of the minority or may need someone to help assess the intervention.