Ethnocultural Psychotherapy

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Background

Although ethnocultural psychotherapy has its roots in cross-cultural psychology, the majority of scholarship underpinning its development has occurred in the United States, likely due in part to the diversity of the U.S. population. In particular, census estimates indicate that by the year 2050 the number of U.S. residents who self-identify as European American will constitute less than 50% of the total U.S. population. This shifting demographic landscape has helped researchers and clinicians increasingly recognize the limits of traditional conceptualizations of psychotherapy, which have not typically considered the sociocultural, historical, political, and economic conditions that shape people's lived experiences.

Empirical support for the need to attend to culture in psychotherapy can be found in two main arenas. First, researchers have documented ethnic-group variability in the prevalence rates of psychological disorders in the United States. For example, national estimates of mental health disorders have recognized that African Americans and Latinos have significantly lower lifetime risk for mental disorders than do European Americans (Kessler, Chiu, Demler, Merikangas, & Walters, 2005). These findings are noteworthy given that low family income has been identified as an important risk factor for mental health disorders and African Americans and Latino families are disproportionately represented among the economically disadvantaged. These seemingly incompatible findings suggest that there may be racial, ethnic, or cultural differences in the prevalence of psychological disorders that are not the result of socioeconomic disadvantage. Second, research has found that individuals from racial/ethnic minority groups are less likely to seek out mental health care and more likely to drop out prematurely. These disparities have been found even when controlling for sociodemographic and clinical characteristics, including insurance status and severity of symptom presentation, suggesting that current mental health models may not be universally acceptable. Taken together, the accumulating evidence supports the notion that increased attention to cultural issues in psychotherapy is warranted.

What are Ethnocultural Groups?

The relationship between culture and psychotherapy is complex and multidimensional, as is the definition of culture. The terms culture, race, and ethnicity have often been used interchangeably, yet these terms have overlapping and important distinctions among them. Historically, the term race has referred to physical or biological characteristics that distinguish particular groups of people from other groups; however, recent research has undermined the notion that race has biological underpinnings. Nevertheless, the term race still has considerable social significance and meaning for individuals and is commonly used as a proxy for culture and ethnicity. The term ethnicity is generally used to refer to the historical cultural patterns and collective identities shared by groups from specific geographic regions in the world. Some of these patterns include language, history, customs, and rituals. Finally, the term culture refers to a shared set of social norms, beliefs, and values that particular groups hold and transmit across generations. These norms, beliefs, and values are assumed to be learned and cover a wide range of psychologically

relevant topics, including gender and familial roles and relationships, styles of interpersonal communication, and philosophical worldviews (Betancourt & Lopez, 1993).

Cultural Adaptations vs. Culture-Centered Approaches

Ethnocultural psychotherapy is a broad term, and as such it includes a diversity of perspectives on how best to incorporate culture considerations into psychotherapy. Two of the most commonly articulated perspectives are those that systematically adapt existing psychotherapies for particular populations (termed cultural adaptations) and those that make cultural considerations the central focus of the therapy process (termed culture-centered approaches).

Cultural Adaptations

The cultural adaptation approach attempts to systematically adapt existing treatments so as to make them more culturally synchronous, and hence appealing, to individuals from specific cultural groups (Bernal & Saéz-Santiago, 2006). Most of the work in the area of cultural adaptations has been research-based and has focused on adapting manual-based therapies that have not yet been evaluated with highly diverse populations. Although cultural adaptations can range from superficial modifications to more core modifications, an important fact about cultural adaptations is that they do not generally modify the putative mechanisms of change. Rather, cultural adaptations are generally conceptualized as efforts to increase the generalizability of standard interventions by making them more attractive and relevant to participants from different cultural groups. The assumption is that the cultural adaptations will thus increase the likelihood that participants stay engaged in psychotherapy and thus have improved outcome.

Two recent meta-analyses on cultural adaptations have found generally positive effects of adapted interventions. Smith, Rodriguez, and Bernal (2011) found a medium effect size (d=0.46) in their meta-analysis of 65 studies. Of note, their results indicated variability across ethnicity, with studies focusing on Asian Americans generally producing larger effect sizes than those focusing on African Americans, Latinos, and American Indians. In addition, they found that larger effect sizes were associated with studies that used culturally homogenous groups (as opposed to heterogeneous groups) and those studies that had a larger number of cultural adaptations. Benish, Quintana, and Wampold (2011) conducted a more focused meta-analysis of studies that compared cultural adaptations with unadapted psychotherapies. Their findings indicated that culturally adapted psychotherapies were more effective than the comparison conditions (d=0.32). Further, larger effects were found among those psychotherapies that adapted the explanatory model of illness to fit with the particular population's model of health and illness.

The evidence supporting the efficacy of cultural adaptations has encouraged the growth of research in the area of cultural adaptations. Nevertheless, as with culture-centered therapies, notable questions remain. In particular, while numerous cultural adaptations have been conducted with Latinos and African Americans, fewer have been conducted with Asian Americans and the literature is almost non-existent for American Indians. Moreover, although Smith and colleagues documented an association between number of adaptations and effect size, there is little consensus regarding how to operationalize and assess the adaptations that researchers make. It is likely that future work in this area will begin to shed more light on our understanding of the adaptation process.

Culture-Centered Approaches

In contrast to cultural adaptations, the culture-centered approaches make cultural considerations the central focus of therapy and posit that cultural considerations are the active mechanism by which clients improve. Culture-centered approaches generally endorse

the belief that attempts to impose traditional forms of psychotherapy upon individuals from non-European cultures are built upon faulty assumptions of universality and essentialism as they pertain to both experiences of distress and pathways to health. That is, culture-centered approaches attempt to understand and assess culturally specific conceptions of health and sickness, while also respecting and making use of culturally specific health-care traditions, including religious and spiritual approaches. Further, culture-centered approaches often consider and explicitly address the roles that societal structure issues of power, privilege, and oppression play in the development and experience of client distress as well as the therapy process.

One commonly cited example of a culture-centered therapy is *cuento therapy*, an approach that uses cultural folktales to increase Puerto Rican children's connection both with their parents and with their culture and heritage (Costantino, Malgady, & Rogler, 1986). Similarly, the inclusion of *cultural socialization* in group therapy, an approach that teaches cultural pride; alertness to discrimination; coping with antagonism; and an appreciation for cultural legacy, has been used to engage and develop secure relationships with African American youth (Stevenson, 2003). This strategy utilizes a communal framework in the socialization of African American children in order to develop their own critical consciousness about their culture. These examples have similar theorized mechanisms of action, namely the use of culturally relevant treatment approaches to increase clients' connections with their family and culture. The assumption is that, by increasing the sense of cultural belongingness, clients feel more positively about their ethnocultural identity and experience higher levels of psychological wellbeing. Thus, the entire therapy endeavor remains culturally congruent from the outset.

Some other examples of culture-centered therapies are multicultural approaches that focus less on resolving formal psychopathology and more on promoting developmental wellbeing. This tradition, which is rooted in counseling psychology, has tended to give attention to the client–therapist relationship, as well as a variety of sociocultural developmental issues, including racial and ethnic identity, spirituality and religion, and social class struggles (e.g., Sue, Ivey, & Pedersen, 1996).

Despite the intuitive appeal of the culture-centered therapies, they are not widely used. This may be in part due to the fact that there remain numerous unanswered questions regarding the efficacy and mechanisms of action of these approaches. Thus, research is needed that investigates the extent to which culture-centered approaches produce clinical outcomes that are at least equivalent to those produced by standard psychotherapy approaches. Relatedly, research is needed that investigates the putative mechanisms of action and demonstrates that these actions are different from the mechanisms of other psychotherapy approaches. For example, to what extent does a focus on ethnocultural identity increase clients' sense of self and empowerment, which in turn can reduce experiences of distress? And does this reduction in distress mirror the symptom improvement that results from other psychotherapy approaches? As researchers continue to investigate these and other questions, it is likely that psychotherapists will increasingly turn to culture-centered approaches in their work with culturally diverse groups.

Cultural Competence

Although the two perspectives on ethnocultural psychotherapy differ in important ways, they share many beliefs about the cultural competence that psychotherapists need when working with clients from different ethnocultural groups. Cultural competence has been defined in a variety of ways, but in general it is understood to consist of therapist attitudes, knowledge, and behaviors that allow for effective clinical work when working with culturally diverse populations. The American Psychological Association (APA) has

published a set of guidelines for conducting psychotherapy with ethnocultural groups that are consistent with the concept of cultural competence. These guidelines highlight the importance of self-awareness regarding how one's own cultural background, experiences, attitudes, values, and biases can influence clinical work, as well as emphasize the importance of familiarizing oneself with, and acquiring relevant knowledge about, particular ethnic groups. There is evidence supporting the importance of cultural competence in the therapy process, as numerous studies have documented significant associations between cultural competence and working alliance.

Given the heterogeneity of the U.S. population, acquiring cultural competence requires effort on the part of interested psychotherapists. In particular, psychotherapists should find ways to learn about the cultural values, as well as the socioeconomic and historical experiences that are relevant for different populations. For example, variability exists across cultures in the importance placed on hierarchical relationships, social harmony, and respect for authority figures. In addition to helping clinicians understand their clients' backgrounds, this knowledge can help clinicians determine their level of formality (or familiarity) with their clients, how actively they engage in discussion, and how much they might choose to include family and other sources of support in the therapy process. In addition, this knowledge can help clinicians be prepared to work with a variety of life-event stressors that may be particularly salient for some groups. These may include topics like immigration and immigration-related stress, as well as experiences with prejudice and discrimination. Finally, knowledge regarding particular ethnic groups can help clinicians think through the utility of including family or other sources of support in the therapy process. For example, for many ethnocultural groups religiosity and spirituality are important values, and clinicians may find it helpful to check with their clients about these beliefs and even consider inviting religious or spiritual advisors into the therapy process.

One important point about cultural competence is that does not entail the rigid application of knowledge about groups to individuals, a process akin to stereotyping. Instead, cultural competence requires the balancing of knowledge about cultural groups with a recognition that individuals differ in the extent to which their experiences and worldviews are consistent with that cultural group. Moreover, cultural competence integrates numerous sociopolitical considerations in addition to culture, including gender, sexual orientation, socioeconomic status, and minority status. By emphasizing the heterogeneity that exists within ethnocultural groups across numerous dimensions, cultural competence can help clinicians attend to important cultural factors while not making assumptions and stereotyping. Indeed, some scholars have argued that cultural competence might be better conceptualized as contextual competence, given the increasing recognition that the term is being used to describe a multidimensional and contextual phenomenon.

Beyond Psychotherapy

Although the focus of ethnocultural psychotherapy has traditionally been on the enterprise of psychotherapy, more recent scholarship has begun to acknowledge that many individuals seek out formal and informal mental health services in nonpsychiatric settings. For example, many individuals receive their first encounter with mental health treatment in primary care settings, a pattern that appears to be particularly common for individuals from different ethnocultural groups. Similarly, many individuals from ethnocultural groups turn to religious and spiritual mentors for counseling services before making use of formal mental health services. Moreover, there exist many community-based organizations that provide complementary social services that are often quite attractive and useful to individuals from ethnocultural groups, including

adult education classes, job training programs, English courses, and a variety of education and health programming for children.

As a result, ethnocultural psychotherapists should consider how they might expand their conception of mental health treatment to incorporate the broad range of services that individuals seek when in psychological or emotional distress. This broadening conception could lead to increased integration of psychotherapy and primary care, closer collaboration with religious organizations, as well as the development of different types of outreach and prevention services that might be of particular relevance to their clients. By integrating complementary services into their psychotherapy, ethnocultural psychotherapists increase their community engagement and visibility in the service of working holistically to enhance their clients' overall well-being.

The overarching aim in ethnocultural psychotherapy of how to best incorporate cultural considerations into psychotherapy has become increasingly important given the shifting demographic landscape in the United States. The two main perspectives regarding how to attend to these issues, the cultural adaptations and culture-centered approaches, offer somewhat different views regarding the utility of standard therapy approaches as a base from which to begin when working with ethnocultural groups. However, both perspectives view cultural competence as playing a critical role in helping psychotherapists work effectively with different populations, work that can be enhanced through the integration of complementary health and social services.

SEE ALSO: Cross-Cultural Issues in Assessment; Cross-Cultural Research; Evidence-Based Practice in Psychology; Multicultural Issues in Training and Practice; Therapeutic/Working Alliance; Treatment Adherence/Compliance

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