



Culturally Responsive Practice

THE CBT+ APPEAL: The **time-limited, collaborative, here-and-now, practical, problem-focused, and transparent approach** in CBT can be more acceptable to families from diverse backgrounds.

THE CBT+ APPROACH: Be flexible and responsive while adhering to the core components for each model. Specific culturally responsive strategies for major CBT+ components including engagement and assessment are listed below. For a summary of the research informing these recommendations and for a more detailed index of culture-related challenges and strategies see the [2014 CBT+ Cultural Report and Culturally Responsive Practice](http://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/therapist_resources.html) at http://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/therapist_resources.html

ENGAGEMENT

CBT+ includes steps for the first encounter that have been shown to improve client engagement including with culturally diverse clients:

- Get a description of the concerns ***in their own words***.
- Tell them ***help is available*** and a positive outcome is possible.
- Find out about ***beliefs or past experiences*** (“attitudinal barriers”) regarding mental health services that could interfere. “Have you or others you know had experiences with counseling? What was it like?” Do you have any concerns about seeking counseling for your son?”
- Ask about ***concrete barriers*** to attendance (e.g., finances, child care, transportation) and problem solve. Remind them this treatment is time-limited.
- Give a clear and accurate ***description of the treatment*** you offer, differentiating if necessary from any negative past experiences or preconceptions.

ASSESSMENT

- ***In addition to the clinical interview, use standardized measures*** to help reduce unintentional bias with minority children and families. Present checklists as a way of comparing responses with many others. This can remove the sense of being judged by the provider. ***Always provide feedback to the caregivers and children.***
- During the clinical interview, ask questions to ***learn about a family’s cultural background and context***. Key topics may include:
 - Family’s understanding of the presenting problem and solutions
 - Parenting/Child-rearing Practices
 - Gender roles
 - Migration/Immigration history
 - Acculturation
 - Community Involvement/Practices/Celebrations
 - Discrimination Experiences

- Religious/Spiritual Beliefs and Practices
- Sexual Orientation
- Views of mental health and mental health treatment
- Language

PSYCHOEDUCATION

- **Learn about the client's perspective of symptoms and clinical conditions** and then begin a discussion connecting what the client is reporting with mainstream definitions or descriptions in order to create a common language.
- **Incorporate what you already know about diverse cultural and ethnic groups and what you have learned from specific clients into the psychoeducation.** For example, if a cultural group describes anxiety as "*ataque de nervios*," this is addressed during psychoeducation. Similarly, if a family labels child's misbehavior as disrespect, PMT is described as a program to teach children to respect their elders. It is incumbent on providers to incorporate what they have learned from the client/family into their psychoeducational content so that client's feel heard and respected. Psychoeducation is also a very important opportunity to normalize, validate, and instill hope.

COPING SKILLS

- **Inquire about culturally accepted ways of coping.** If clients identify specific methods, capitalize on these skills. For example, clients may use prayer/spirituality, meditation, seeking social support, engagement in communal activities, distraction, "being strong", and acceptance. They can all work.
- **Inquire about use of emotional expression.** What are their views on healthy ways to express emotions and in what circumstances? What are potential risks?
 - Ask clients to identify feelings they have had in different situations and then ask them how they show their various emotions.
 - Learn from clients how emotions are expressed in their family.
 - Ask client to describe how what they may experience internally is different from what they exhibit externally.
 - Acknowledge the real (and/or perceived) consequences of emotional expression.
 - Explore for socially/culturally more acceptable means of getting one's needs met in problem situations (e.g., "*OK, so you don't feel comfortable saying it that way. What is something you COULD say to them that might still help with the situation?*")
 - If appropriate, consider an experiment to see if the feared consequences are realistic in this situation. Role-play and identify in advance how they will gauge the success of the strategy/interaction.

ACTIVE THERAPY COMPONENTS

PARENTING PREVENTION AND MANAGEMENT (BEHAVIOR PROBLEMS)

All evidence based parenting programs are based on common principles. In some cases these principles and practices may be in conflict with cultural traditions or traditional parenting approaches. Some common "cultural collisions" are beliefs in the use and value of corporal punishment, non-emotionally

expressive family relationships, and infrequent use of praise for desired behavior. Or the belief that disobedience is a sign of disrespect.

Evidence-based parenting programs favor non-violent, non-coercive approaches; emphasize promotion of warmth, closeness, and emotional expressiveness; and encourage praising or attending to desired behavior even if it is expected and usual within the family. Learning from caregivers creates the opportunity to capitalize on any opening by incorporating family beliefs and using their words (e.g., PMT is way to get kids to show respect for elders, time out is a form of punishment, there are many ways to show approval).

Sometimes behaviors that parents find to be a problem or evidence of disrespect are the result of acculturation experiences. Parents may adhere to traditional beliefs and expectations for dress, supervision levels, family, autonomy, and dating. The youth's behavior may be normative in contemporary US society but conflict with traditional culturally accepted values.

Another example is parental views on acceptable sexual behavior in young children. Many religious and traditional families do not support any kind of sexual behavior including masturbation and perceive the behavior as evidence of a serious problem. Yet masturbation, as long as it is not excessive or public or sexual curiosity are normative behaviors and do not constitute disorders.

Specific Strategies for corporal punishment:

Acknowledge that corporal punishment can change child behavior, but highlight drawbacks:

- Only changes behavior when parent is around to catch them
- Does not teach child what **to** do, so more appropriate behaviors may not replace the negative behaviors.
- Often does not feel as good to child or parent.
- Stick is more likely to escalate a situation compared to carrot.
- Use adult example—would they feel better about changing their behavior (e.g., at work) for a reward or punishment? How would they feel about their job/their boss?
- Can hurt parent-child connection (inciting fear/anger instead of positive feelings).
- Can lead to CPS involvement if it goes too far—educate regarding state definitions of abuse
- Often has not solved the problem—that is why they come to therapy.
- Teaches kids to change the behavior of others by getting physical.
- Research finds that children who routinely receive corporal punishment (even when it's not abusive) are likely to develop more aggression, delinquency, mental health problems and more abusive behavior towards others.

Specific strategies for parents who view any disagreement as disrespect:

- Explore views on disagreement: *“Are there times you would WANT your child to disagree with adults/authorities?”* AND/OR *“Can you ever disagree with someone you respect?”* AND/OR *“Are there acceptable ways for a child to express disagreement in your family?”* AND/OR *“Did you ever disagree with your parents?”*

- Elicit views on respect and explore difference between respect and fear or submission: *“How do you define respect?”* AND/OR *“How do people earn respect without physical coercion?”* AND/OR *“What authorities earn your respect? How do they do it?”*

Specific strategies for addressing praise and acknowledging positive behaviors:

Ask caregiver about their perspective about giving praise or acknowledgment for their child’s positive behaviors. If the caregiver reports not supporting this concept, consider the following strategies:

- Explore how the family lets children know when they have been good, met expectations, achieved something.
- Explore alternatives to praise that are culturally responsive (thumbs up, tap on shoulder, high five, nod of head).
- Elicit view on praise/rewards with open-ended questions: *“How were you raised? How did you know if you did something right growing up?”* AND/OR *“What do you think about praise?”* AND/OR *“How does he know you are pleased with his respectful behavior?”* AND/OR *“How does your child know you are happy with him/his behavior?”*
- Explain that acknowledging positive behavior makes it more likely to happen again.
- Elicit descriptions of results of praise: *“What does it feel like when you are told ‘good job’ by someone that matters?”*
- Get the child’s perspective on how caring or approval is shown in the family.
- Do a reward chart first if it is more acceptable, then teach praise.
- See if caregivers are willing to do an “experiment”/try something a little different. Have them identify some behaviors they want to see from the child and ask: *“Would you be willing to try a little change (make a positive statement or otherwise let the child know you appreciate the behavior) to see if it makes difference? Try it, and just notice what your child does.”* Then follow up: *“How did it go?”* AND/OR *“How are you feeling?”*
- Role-play the skill together and elicit feedback before having them try it at home – *“How does it feel to be doing this skill? What feels comfortable and what doesn’t?”*
- Elicit concerns: How do they think other people in community will judge them for using these new skills? Positive or negative?

Specific strategies for addressing gender/role expectations of behavior:

- *Some cultures have very traditional views on gender roles with regard to parenting and children’s roles in the family: Father is disciplinarian, mother is responsible for child care; children are expected to take on roles such as overseeing the other children at the expense of school and social activities; children should contribute financially to the household.* Explore potential negative impact of relying on children in this way, particularly in US cultural context. Explore alternatives and potential costs/benefits of trying them.
- Explore whether there are ways to meet the needs of children within familial expectations (e.g., can oldest daughter look after children AND carve some time for other needs). Help parents see how these changes may serve their interests as well (e.g., do they have goals for this daughter other than current caregiving?).

EXPOSURE - ANXIETY

Facing up to unrealistic fears is important to help reduce anxiety. However some fears and worries have a historical or cultural context among marginalized groups including those who have been exposed to discrimination, bias, stigma, and disproportionate violence. African Americans and Native Americans must deal with historical oppression and bias in the US. Latinos, immigrants, and refugees are subject to biased beliefs, may be in jeopardy for their undocumented status, or come from cultures where they were subjected to violence and oppression. LGBTQ youth have long been harassed, stigmatized and may be victims of hate crimes. A culturally responsive approach recognizes these disparate experiences and how those may contribute to anxiety and fear in situations that might not affect mainstream populations. Careful consideration may be needed to determine whether a client's anxiety response is accurate and adaptive, disproportionate and impairing, or (commonly) somewhere in between.

1. Ask about experiences of discrimination, harassment, mistreatment because of belonging to a particular group. "I understand you are really afraid when you go out of your house. Have you had experiences where you were treated in a frightening way because of your background? Tell me about that."
2. Explore ways to balance exposure with realistic assessment of risk and how to manage. For example, a young black youth may realistically fear encounters with police, but would still benefit by safe exposure experiences so that overall anxiety is reduced, which can help with decision making.

BEHAVIORAL ACTIVATION - DEPRESSION

Depression is a worldwide phenomenon and it tends to manifest in similar ways across cultures. CBT approaches have been found to work in many cultures around the world.

1. Find out how clients conceptualize and describe depression or depression symptoms. Incorporate those words into the presentation of behavioral activation or changing thoughts. Learn how the culture tends to address depression when it is identified.
2. Elicit ideas for activation that will bump up mood and take steps to solve problems or achieve goals. Pull for culturally meaningful ways of activating and changing thoughts.

TRAUMA-SPECIFIC PROCESSING – POST TRAUMATIC STRESS

All cultures have ways of responding to and adapting to traumatic events because trauma exposure is universal. In some cultures acceptance and going on is the preferred approach, whereas in others, community sharing and rituals are the way that traumas are overcome.

Ask how the family or culture handles traumatic events.

- Get specific about differences between public or non-interpersonal events (disaster, accidents) and interpersonal traumas (child abuse, rape, witnessing DV).
- Use open-ended questions such as "unfortunately sexual abuse happens all over the world. How does your culture handle finding out that a child was abused?"; "what are some of the traditions in your community and culture for healing after trauma".

- Address views that client shouldn't talk about "family matters" with outsiders.
 - Acknowledge and use motivational strategies to explore possible benefits of talking about the trauma. Use culturally relevant metaphors (e.g., seeking a medical professional help in the case of broken arm)

Listen for responses that are potential "cultural collisions" such as blaming victims, beliefs that sexual abuse ruins a girl and her chances in life, or that it was "just fate".

- Find out what are the consequences within their community for individuals who have experienced this trauma (how are people treated differently, are there known exceptions, can these consequences be overcome).
- Explore who is considered responsible for the trauma (by family/community) and Socratically challenge cognitions/beliefs that are unhelpful or inaccurate.
- Consider involving a respected authority from the community (e.g., religious leader). It would be helpful to find out what the respected authority's views are prior to bringing them into the process as a support. It may be valuable to have permission to talk with this leader to assist the family. If you have spoken to this person and know they would support healthy views (e.g., not blaming the victim) it may also be valuable to include them in a treatment session, with family's permission, to correct misperceptions.
- Encourage child/caregivers to identify reasons for their beliefs. Listen to their perspectives while also asking questions that explore potential alternative thoughts that could prove more helpful.

Pay special attention to historical trauma among Native Americans, African Americans, and refugees. Inquire about how history plays a part in their response to current traumas.

- Recognize that an individual's depth of pain is informed by historical cultural experiences. Acknowledge how this can impact reactions to more recent and personally experienced traumas.
- Encourage the client to think about how to change the intergenerational legacy of trauma for themselves and their community.

With immigrants attend to experiences that occurred during migration.

SUMMARY

Being culturally competent and explicitly taking a culturally responsive approach can reduce disparities in access, increase engagement in effective therapies by traditionally marginalized minority groups, and make therapy a meaningful experience. As long as the therapy is adherent to the basic principles and practices of evidence-based therapy, cultural adaptation and adjustment are best practice.