

CULTURAL COMPETENCE IN CLINICAL PSYCHOLOGY: INVESTIGATING IMPACT OF CULTURAL DIFFERENCES IN THE THERAPEUTIC PROCESS AND OUTCOMES AS DEVELOPING STRATEGIES FOR CULTURALLY SENSITIVE TREATMENT

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Abstract

Introduction: The importance of cultural awareness is being emphasized increasingly and with special focus in the field of clinical psychology because the populations growing gradually and getting more diverse. The ability to effectively care for clients from various different cultural origins is a practical requirement for therapists and it is this aspect that is making cultural competency more than just a theoretical concept. People's views of mental health, motivation to seek therapy, and reactions to treatment are all greatly impacted upon by cultural differences (Sue & Sue, 2019).

Focus: The therapeutic partnership may break down and treatment results might decrease in the absence of cultural competence. In addition to identifying the main obstacles that therapists encounter in the multicultural environments, this research paper explores how cultural variations influence the course of therapy along with outcomes and provides reliable strategies for creating culturally sensitive practices. Through the examination of the inherent traits defining these elements, this paper seeks to emphasize the significance of cultural competency as a therapeutic and ethical necessity in the manifestation and implementation of modern psychological practices.

Scope: There are a number of psychological concepts and frameworks that may tend to serve as the foundation for cultural competence. Sue and Sue's (2019) tripartite framework is a well-known model that highlights three elements: awareness, knowledge, and skills. Being aware means being aware of one's cultural prejudices and how they affect therapy. While skills include employing culturally sensitive methods in clinical practice, knowledge relates to comprehending cultural norms, beliefs, and behaviors.

Keywords: Cultural competency, therapeutic partnership, mental health, motivation, therapy, reactions, treatment.

INTRODUCTION

Bronfenbrenner's ecological systems theory, which emphasizes how cultural background affects people's actions and reactions to differing stimuli, is a significant theory that delineates the pathways of treatment seeking behaviour among patients approaching the clinical psychology centre for help and amelioration. This theory holds that people's experiences with psychological disorders are shaped by the intricate structures which comprise the immediate surroundings they live in, such as their families, communities, and society (Bronfenbrenner, 1979). To be able to deliver care that is culturally appropriate, clinicians need to take certain contextual aspects into account.

Furthermore, Crenshaw (1989) developed the intersectionality theory, which highlights the connections between many aspects of identity, including sexual orientation, gender, race, and socioeconomic background. Therapists can address potential inequities in accessibility to and outcomes arising from psychological care by acknowledging those connections and understanding the unique experiences of their clients. Diagnostic accuracy is significantly impacted by cultural differences. For example, in many Asian and Latinx populations, somatization—the manifestation of mental grief through physical symptoms—is common (Hwang et al., 2008). Clinicians who lack cultural sensitivity risk misinterpreting these symptoms as exclusively physical, which would postpone necessary psychological treatments. Similarly, cultural misinterpretations of verbal expressions or nonverbal actions increase the likelihood that the African American clients would receive a false diagnosis of schizophrenia (Metzl, 2010). Successful treatment requires establishing a solid therapeutic alliance. Yet, cultural misinterpretations may hinder communication and confidence. For instance, in contrast to the individualistic emphasis of Western therapeutic models, Native American clients could place a higher value on the health of the group than on oneself (Gone, 2013). To create genuine relationships, therapists must modify their methods to fit into the cultural norms of their clients.

Treatment engagement is greatly influenced by cultural views on mental health. Because psychological problems are stigmatized in collectivist cultures, people tend to avoid therapy because they believe it will embarrass their relatives. For example, a study by Wong et al. (2010) discovered that social norms and stigma made Asian American customers much less inclined to seek professional psychological services. By addressing these obstacles with culturally aware psychological education, motivation and results can be enhanced.

Hidden attitudes known as implicit biases have the power to influence how the therapist sees the world and accordingly behaves. Inequities can occur in the evaluation of mental health and treatments as a result of these biases, according to research (Hall et al., 2015). For example, preconceptions may lead to Latinx clients being viewed as less willing, even when their medical care compliance is on par with that of other groups.

During the course of the treatment, the linguistic disparities can also cause serious difficulties. Errors can result from common mistakes in translation which can at any point obscure the subtleties of inflection in voice, the colloquial relevance of the phrases, and the additional expressions tinted by the inherent culture of the individual, despite the presence of the most adept of translators. Furthermore, misdiagnosis or ineffective therapies may arise from the use of standardized evaluation instruments that lack cultural validity (APA, 2017). Systemic challenges, such as a lack of varied therapists and insufficient global education in graduate programs, tend to frequently restrict access to culturally appropriate therapy. Disparities in mental health are made worse in the presentation by these unfair practices, which adversely affect vulnerable communities resulting in their further receding into their shells (Hwang et al., 2008).

To become culturally competent, clinicians need to pursue continual education in a number of areas that enable them to become tuned in to the needs of the patients. Featuring cultural sensitivity as a major functional component of the treatment process can to a greater or even lesser extent counter the effects of the debilitating impact of systemic racism that the patients may be exposed to, and techniques for resolving implicit bias that may creep in. These are a few of the issues that need to be focussed upon and must mandatorily be covered in the training programs. Role-playing activities that mimic cross-cultural encounters, for instance, can improve therapists' empathy and flexibility (Sue & Sue, 2019). It is crucial to modify treatment approaches to conform to the cultural values of the clients. For example, African American and Hispanic clients who prioritize faith as a coping technique may benefit most from the inclusion of spirituality in treatment (Gallardo, 2014). Likewise, using storytelling and metaphors that are culturally appropriate can improve interaction with Native American customers (Gone, 2013).

Cultural differences can be overcome by collaborating with neighbourhood organizations. For underprivileged people, local mental health programs like ethnically specific group therapies offer relatable and easily accessible care (Wong et al., 2010). Additionally, these collaborations give the clinicians important knowledge about the cultural mores and customs and also the conventions followed by a group or an individual.

An organized approach for examining the cultural components of an individual's psychological experiences is the Cultural Formulation Interview (CFI), which has been included in the DSM-5 (APA, 2013). A more comprehensive assessment of the client's mental health issues is made possible by the CFI, which focuses on the client's cultural background, beliefs, and values rather than just symptoms and disorders as typical diagnostic interviews would have done. The 16 open-ended questions that make up the CFI are intended to elicit information regarding the client's cultural identity, therapeutic preferences, stressors, supports, and explanatory theories of illness. For instance, "Are there aspects of your background or identity that are important to your care?" is one of the questions the CFI poses (APA 2013). Clients are encouraged to express their wants and expectations in their own words by using these questions.

The CFI has demonstrated efficacy in customizing care for a range of populations. For example, studies reveal that by tackling interpersonal relationships and cultural prejudices related to mental health, incorporating the CFI into therapy for Hispanic clients can increase involvement (Gallardo, 2014). Similar to this, the CFI can assist Asian American clients in identifying culturally specific coping strategies that might otherwise go unnoticed. These coping mechanisms may be manifested in the form of reliance on spiritual activities or rituals prescribed by the extended family (Hwang et al., 2008).

When it comes to overcoming cultural barriers in trauma therapy, the CFI is helpful. Immigrants or refugees who have been displaced or subjected to political violence frequently have complicated cultural histories that have an impact on their mental health. Clinicians can have a better understanding of how these individuals frame their trauma by employing the CFI (Gone, 2013).

Although the CFI provides insightful information, using it effectively calls for sensibility and sensitivity. Talking about cultural problems might make some of the patients uncomfortable, particularly if they think their therapist is an outsider. Clinicians ought to approach the CFI with cultural humility in order to lessen this, stressing that they are there to learn and modify their approach rather than to be the "experts" on the client's culture. In order to include cultural variables without dominating other essential aspects of the client's mental wellness, psychologists must also strike a balance between the CFI and professional judgment.

More educational initiatives should include the CFI in the syllabus in order to fully enable the use of its potential. Research on the long-term effects of applying the CFI in treatment may potentially offer important proof of its effectiveness. Additionally, the CFI may become more accessible and relevant in the digital era if it is modified for use in healthcare settings, where cultural variances could be more difficult to identify.

For professionals in clinical psychology, cultural awareness is a fundamental component of moral and successful practice, it is not an elective. Cultural differences have a significant impact on all phases of the process of therapy, including assessment of outcomes for therapy, as has been highlighted in this paper. Clinicians who lack cultural competency run the risk of misdiagnosing patients, failing to establish trust, and providing therapies that are incompatible with the requirements and values of their patients.

Practical avenues for enhancing cultural competency are provided by the tactics covered, which include ongoing multicultural instruction, culturally specific measures, collaboration among communities, and the application of instruments like the Cultural Formulation Interview. However, achieving true understanding of culture calls for more than just technique adoption, it calls for a dedication to the awareness of oneself, systemic transformation, and continuous growth. The idea of humility in culture is a crucial part of cultural competency. Cultural humility places more emphasis on a continuous process of learning, self-awareness, and openness to understanding others than competence, which implies a set mastery of skills or information. Therapists are challenged by cultural humility to critically assess their own prejudices and presumptions while maintaining an open mind to the experiences of their clients. This method not only strengthens the therapeutic partnership but also complies with moral principles that uphold the independence and worth of clients.

To better comprehend an individual's history and cultural humility could entail, for example, admitting one's ignorance and consulting with cultural specialists or community leaders. It might also entail facing up to difficult realities like privilege, institutional racism, and power dynamics in the therapeutic alliance. Clinicians can go beyond symbolic gestures and interact with diversity more deeply and authentically by adopting cultural humility. It is impossible to split clinical psychology's quest for cultural competency from the larger framework of equality and equity. Accessing treatment for psychological disorders can be difficult for marginalized communities due to structural obstacles like discrimination, economic inequality, and a lack of services that are appropriately suited to their culture. Psychologists must campaign in the public arena as well as within the profession in order to address these inequities.

For instance, by working with neighbourhood organizations to conduct outreach and education, psychologists help reduce the stigma of mental health in marginalized populations. Additionally, they might push for legislative reforms that would improve financing for community psychological services or amend insurance policies to include culturally appropriate treatments. These initiatives are in keeping with the American Psychological Association's multicultural principles, which emphasize the moral need to advance equity (APA, 2017).

The capacity of clinical psychology to accept and value the diversity levels of individuals undergoing treatment will determine its future in dealing with the typically complicated cases of the patients belonging to the marginalized communities. Incorporating cultural awareness into every element of practice would guarantee that therapy is not just successful but additionally fair and inclusive as the field develops. By incorporating the features of inclusiveness, the therapists can satisfy their ethical duty to treat patients with humanity and dignity, irrespective of their cultural origins.

REFERENCES

1. American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
2. American Psychological Association. (2017). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. Washington, DC: Author.
3. Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
4. Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. *University of Chicago Legal Forum*, 1989(1), 139–167.
5. Gallardo, M. E. (2014). Developing cultural humility: Embracing race, privilege, and power. *Cultural Diversity and Ethnic Minority Psychology*, 20(2), 235–242. <https://doi.org/10.1037/a0032595>
6. Hall, W. J., Chapman, M. V., & Lee, K. M. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: A systematic review. *American Journal of Public Health*, 105(12), e60–e76. <https://doi.org/10.2105/AJPH.2015.302903>
7. Hwang, W. C., Myers, H. F., Abe-Kim, J., & Ting, J. Y. (2008). Culturally adapted cognitive-behavioral therapy for Chinese Americans with depression: Effectiveness and feasibility. *Psychotherapy: Theory, Research, Practice, Training*, 45(1), 58–72. <https://doi.org/10.1037/0033-3204.45.1.58>
8. Metzl, J. M. (2010). *The protest psychosis: How schizophrenia became a black disease*. Beacon Press.
9. Sue, D. W., & Sue, D. (2019). *Counseling the culturally diverse: Theory and practice* (8th ed.). Hoboken, NJ: Wiley.
10. Wong, E. C., Tran, C. G., & Ponce, N. A. (2010). Community mental health care: Use of services by Asian Americans. *Psychiatric Services*, 61(12), 1032–1038. <https://doi.org/10.1176>