FROM AWARENESS TO PRACTICE: AN ONLINE WORKSHOP ON BRINGING CULTURE INTO THE COUNSELLING ROOM

Tomasz Michal Rapacki, M.C. (Master of Counselling)[1]
Edmonton, Alberta
tomrapacki@culturedpsychology.com

Dawn Lorraine McBride, Ph.D.
University of Lethbridge
dawn.mcbride@uleth.ca
Faculty of Education: Counsellor Education
44010 University Drive
Lethbridge, Alberta T1K 3M4

July 10, 2014

[1] **Note:** This manuscript was based on a comprehensive graduate project originally submitted to the School of Graduate Studies, Faculty of Education, University of Lethbridge, Canada on December 11, 2013 in partial fulfilment of the requirements for the degree of Master of Counselling.

Abstract

The purpose of this project is to enhance the counselling services offered to diverse clients by supplying counsellors-in-training with a professional development resource that combines the best available outcome evidence and applied clinical wisdom, with the most current cultural adaptation frameworks. A comprehensive literature review was conducted of the theory and practice of culturally-adapted psychotherapy. This review was then used to develop an interactive and user-friendly online workshop, illustrating how abstract ethnocultural knowledge can be transformed into concrete, culturally-responsive therapeutic practices. To begin, a brief overview of the relevance of culturally competent counselling within the Canadian context is provided, followed by an outline of several major cultural competency theories, guidelines, and therapeutic adaptation frameworks. The main component of the workshop contains a discussion of numerous applied recommendations grouped under six domains, as established by Hwang's 2006 Psychotherapy Adaptation and Modification Framework, including integration of client cultural beliefs into counselling, improving communication, and providing a cultural orientation to therapy. Each domain is further subdivided into several sections, which are illustrated with ample applied examples and strategies. The project is concluded with a discussion of its strengths and limitations, as well as of expected areas of future research within culturally competent counselling.

Table of Contents

Chapter 1: Introduction and Overview....1

Rationale....1

Statement of Personal Interest....6

Overview of the Project....7

Chapter Summary....9

Chapter 2: Methods....10

Research Process....10

Ethical Stance....11

Editorial Standards....11

Chapter Summary....11

Chapter 3: Introduction to Culturally Sensitive Counselling Frameworks....12

Professional Cultural Competency Guidelines....12

Cross-Cultural Competency Frameworks....14

Cultural Adaptation Frameworks....16

The Ecological Validity Model....17

The Psychotherapy Adaptation and Modification Framework....19

Conclusion....20

Chapter Summary 21

Chapter 4: Cultural Modifications 22

Overview of Research Findings 23

Individual Responsiveness 24

Self-esteem 24

Personality 26

Cognitive matching and healing mythology 29

Dynamic sizing 32

Sociocultural Level Differences 34

Acculturation and values 35

Racial identity development 39

Cultural dimensions 42

Communication 49

Modern racism 53

Cultural bridging 55

Specific issues 58

Universal Level Considerations 61

Terror Management Theory 61

Practical needs 64

Chapter Summary 65

Chapter 5: Overview of the Cultural Adaptation Workshop 67

Workshop Overview 67

PowerPoint Presentation 67

Accompanying Materials 68

Chapter Summary 69

Chapter 6: Discussion 70

Strengths 70

Limitations 72

Areas of Future Research 75

Conclusion 77

Summary 78

Project Summary 78

End of Part 1 79

References 80

Appendix.....104

Chapter 1: Introduction and Overview

This project was created to address the growing need for culturally-sensitive counselling and psychotherapy services within Canadian society through a comprehensive review and online workshop on how to adapt services to meet the needs of clients from diverse cultural backgrounds. The hope of the author is that this project will help counsellors to connect abstract ethnocultural knowledge to concrete therapeutic practices, thereby benefitting counsellors' diverse clientele. To this end, this project contains a broad summary of applied research, practical guidelines, and peer-reviewed clinical wisdom, and is equipped with numerous examples and illustrations, so that culturally competent counselling theory can be made more accessible and relevant to practitioners.

This first chapter contains an overview of the significance of culturally-sensitive counselling and includes a rationale, statement of personal interest, as well as an outline of this project. The rationale details the importance of culturally-sensitive counselling within the context of contemporary Canadian society, while the statement of personal interest will address my personal interest and experience in this field. Finally, the overview will lay out a roadmap for the remaining chapters and appendices of this project.

Rationale

There are several reasons why an interactive and practically-focused workshop on how counselling may be adapted for ethnically diverse clients may be a particularly valuable resource for professionals at this time. Such a workshop may serve to promote the further integration of diversity-sensitive values promoted by professional

psychological and counselling organizations. Furthermore, such practical information may also help professionals to address cultural discrepancies in outcomes, or simply to enhance their practice with a new therapeutic advancement associated with better outcomes. Finally, demographic trends within the Canadian population suggest that the present workshop is a timely endeavour, as the Canadian population continues to rapidly diversify. These reasons are explored in detail in the paragraphs below.

Since its explosion in the 1970's, the cultural competency movement has become an influential "fourth force" in counselling psychology (Pedersen, 1991, p. 6). Indeed, culturally responsive practice has become an important ethical and practical goal for helping professionals, as indicated by the publication of aspirational and ethical competency standards by the American Psychological Association (2002) and Canadian Psychological Association (2001). For example, Arthur and Collins (2010) have argued that cultural responsiveness is absolutely integral to ethical and competent psychological practice (see also Collins & Arthur, 2010). Therefore, one reason for the creation of a cultural adaptation workshop is that it is consistent with a philosophical and ethical commitment towards respecting diversity within the helping professions.

Another important impetus for this workshop is that of social justice and responsibility towards society. Despite the strong academic and ethical interest in the topic, it appears that practitioners are having difficulty in widely and effectively deploying culturally sensitive counselling, as issues of ethnic underutilization of mental health services, higher dropout rates, and poorer outcomes continue to persist throughout the United States (Melfi, Croghan, Hanna, & Robinson, 2000; Snowden & Yamada, 2005; U.S. Department of Health and Human Services, 2001; Wang et al., 2005), with

similar attrition and underutilization patterns found amongst numerous ethnic groups in Canada including Vietnamese, Aboriginal, Afro-Caribbean, Filipino, and Mandarin-Chinese Canadians (Kirmayer, du Fort, Young, Weinfeld, & Lasry, 1996; Mok, Lao, Lin, Wong, & Ganesan, 2003; Stewart, 2008). Culturally adapting therapies may thus help to address differential outcomes.

One reason for the discrepancy between awareness and values versus actual outcomes could be that this cross-cultural research explosion has remained largely qualitative and theoretical in nature (Hays, 2009; La Roche & Christopher, 2008), which may be too abstract for mental health practitioners to readily integrate it into their everyday work. Perhaps then, practitioners may benefit from the availability of programs such as the present workshop, which are tailored specifically towards their needs, and which disseminate applied multicultural counselling knowledge along with constructive examples meant to inspire integration of knowledge into personal practice.

Another benefit to making this workshop available at this time is that it may serve to promote the therapeutic advancement of cultural responsiveness within the helping professions. Relatively little is known about the extent to which generic, evidence-based treatments may be effective for minority clients (Hall, 2001; Hwang, 2012; Smedly, Stith, & Nelson, 2009; U.S. Department of Health and Human Services, 2001). In an extensive review of the state of the science behind psychological interventions for ethnic minorities, Miranda and colleagues (2005) concluded that, on balance, and based on highly limited evidence, generic, evidence-supported therapies such as CBT for depression, likely are effective for minority clients. However, they state that it is nevertheless "extremely important" to tailor care to be sensitive to client culture (Miranda et al., 2005, p. 134).

While the evidence for the effectiveness of purely generic approaches remains limited, a growing number of researchers and forward-thinking practitioners have begun testing culturally tailored therapies with promising results. Four extensive meta-analyses have supported culturally adapted therapies as superior to unmodified evidence-based protocols (Benish, Quinana & Wampold, 2011; Griner & Smith, 2006; Huey & Polo, 2008; Smith, Domenech Rodrıguez, & Bernal, 2011), with benefits including increased session smoothness, depth, and satisfaction, as well as improved perceptions of counsellor credibility, higher service utilization rates, and decreased no-show and dropout rates (Lefley & Bestman, 1991; Leong, 2007; Zane et al., 2005). The effect size of culturally-customized treatment over treatment-as-usual has been consistently estimated at r=.22–.24 (Griner & Smith, 2006; Huey & Polo, 2008; Smith, Domenech Rodrıguez, & Bernal, 2011). With less-acculturated clients, clinical samples, or when treatment was customized to a single ethnic group, effects were found to approach or exceed .25 (Griner et al., 2006; Smith et al., 2011). This compares well to factors such as the working alliance at approximately r=.25 (Safran & Muran, 2006) and theoretical orientation at up to .20 (Wampold et al., 1997), which are currently given a central weight in research and training because of their applied significance. In fact, these results indicate that when culturally-adapted programs are delivered to less-acculturated clients or designed for a specific ethnic group, an average participant will typically do equal-or-better than 69% of clients who receive non-adapted therapy, and will report satisfaction levels equal-or-greater than 82% of clients who receive ordinary services. Therefore, even if we accept the limited evidence that some of our current therapeutic methods may be adequate for many minority clients, culturally adapted psychotherapies may nevertheless represent a

technical advancement that can lead to improved outcomes beyond the merely-sufficient status-quo. Cultural responsiveness may well be an important therapeutic innovation in the same class as the discovery of behavioural principles or the working alliance. The present workshop will serve to disseminate this advancement by making it more accessible to clients and practitioners.

One final argument in favour of the creation and dissemination of a cultural adaptation workshop at this time is simply that of necessity, as an increasingly large proportion of Canadian residents do not share the White/European cultural background which is known to underlie traditional psychotherapy (Sue & Sue, 2008). For example, Statistics Canada (2010) has predicted that both the proportion of Canadians who are members of a visible minority group, and those speaking a language other than English or French as their mother tongue are each set to double to up to one-in-three Canadians by 2031 (pp. 23, 26). Similarly, according to the 2011 National Household Survey (Statistics Canada, 2011), Canada's Aboriginal population has increased by 20% from 2006 to 2011 to include 4.3% of Canadians, up from 3.6% in 2006, and 3.3% in 2001. In fact, visible minorities already comprise a large proportion of the population of many major metropolitan centres, such as 43% of Toronto, 42% of Vancouver, and 17% of Edmonton. Therefore, it is likely then that many of today's helping professionals are already being asked to counsel across cultures, and demographic projections suggest that this need is only set to increase. This project represents one step towards addressing this current need, while also helping to prepare counsellors to respond to what will likely be a central challenge for Canada's future helping professionals within our growing, multicultural society.

Statement of Personal Interest

Between emigrating from Poland to Canada at the age of five, living and working in China for over two years, and maintaining numerous cross-cultural friendships both locally and internationally, my diverse experiences have sensitized me to the role of culture in our lives. I have found cross-cultural experiences enormously rewarding and enlightening. For example, I have had the opportunity to live with a Chinese family, maintain a Polish Canadian, bicultural identity, speak three languages, climb a Taoist mountain, experience Eastern business culture, and educate the next generation of young adults in a developing country.

Nevertheless, in acculturating to two different societies (Canadian and Chinese) I have also felt firsthand the challenges faced by many newcomers and cultural minorities, including racism, cultural value differences, as well as the struggles of language acquisition and meeting practical needs in a very different environment. The sum of my experiences has provided me with a context to better understand my cultural identity and has motivated me to pursue culture as a central focus of my professional and academic career.

This project ultimately came about due to a sense of responsibility and social justice. Having experienced both the rewards and hardships of being a newcomer, I wanted to contribute to the lives of the culturally diverse. I recognize that offering effective psychological services that are accessible to all sectors of society is a moral imperative for Canadians. I am also cognizant that society benefits richly from a diverse population, as it offers an enriched culture, a highly skilled labour force, and strong international connections in politics, business, and academia.

My goal in wishing for high-quality psychological services for different others includes that not only should those services reflect cultural empathy and understanding, but that they should be based on the best available evidence. This project is intended to combine the best available outcome evidence and applied clinical wisdom with some of the most current cultural adaptation frameworks. As at least one Canadian study has found that attending seminars on cultural competency to be the strongest predictor of counsellors' self-reported multicultural competency, above coursework, case consultation, and even a diverse caseload (Arthur & Januszkowski, 2001), a seminar was chosen as an efficient method to build cultural competency in Canada's current and future counsellors. The author's hope is that this knowledge will translate into better services for Canada's increasingly diverse citizens.

Overview of the Project

This project is comprised of two parts: Part one contains six chapters introducing cultural competency and reviewing applied and outcomes-focused literature regarding effective multicultural counselling. Part two, a standalone document located in the appendix, consists of a workshop focused on adapting counselling for clients of different cultural backgrounds. In this section I shall outline the remaining content of the project.

Chapter 2 consists of a description of the research methods, rules of ethical conduct, and publication standards utilized to create this project. This chapter outlines how material was obtained for this review, and the ethical spirit within which it was incorporated into an educational workshop.

In Chapter 3, the author introduces and contrasts theories of multicultural counselling with therapeutic adaptation frameworks, and provides a rationale for

selecting the Psychotherapy Adaptation and Modification Framework (PAMF; Hwang, 2006) as the organizing model for the cultural competency workshop. The information in this chapter is intended to be the foundational theoretical material for the instructor of the online workshop (see appendix).

Chapter 4 contains an extensive review of select findings, clinical guidelines, and applied research into cultural differences and therapeutic adaptations organized by individual, sociocultural, and universal-level findings. These findings will be used by the author for the majority of the content and applied examples within the workshop.

Chapter 5 is written by the author with the intention of providing a brief overview of the cultural adaptation workshop. This chapter will serve to clarify how the material reviewed in Chapters 3 and 4 will be incorporated into the workshop.

Chapter 6 contains a discussion of the projects strengths and limitations, as well as areas likely for future research. Material from this section will be integrated into the online lesson so the instructors are aware of how they may need to adapt the workshop to their audience.

The heart of the project is the appendix, which comprises the workshop which contains all the material necessary for an instructor or facilitator to offer a comprehensive online workshop for helping-professionals-in-training such as those in counselling, clinical psychology, and social work who want to learn more about adapting counselling for clients of different cultures. Within this section, detailed online lesson plans are supplied including corresponding PowerPoint slides, handouts, and ample resources.

In addition, the workshop materials will be provided to the University of Lethbridge to be used as a resource that can be used to educate future helping

professionals. Furthermore, a manuscript based on this project will be submitted for publication to academic journals, in order to make the information accessible to practitioners throughout Canada.

Chapter Summary

The present chapter included a detailed rationale to support the need for an online workshop on culturally sensitive counselling that could be used to assist counsellors and counsellors-in-training to customize their services for the needs of diverse clients. Through a statement of personal interest I provided information on my own interest in and aims for this project. Finally, the structure of the project was outlined in the overview section.

As Canada's cultural makeup changes, it becomes incumbent on its helping professionals to fulfill the promise of a just and multicultural society by providing services suited to the changing face of Canada. Like the working alliance and the cognitive revolution before it, multicultural counselling represents an exciting new development that has the potential to make counselling more accessible and effective for millions of Canadians. This project provides practitioners with the information they need to begin integrating this new technology into their personal practice and provide the highest standard of care for culturally different others. It also represents one tool that will help counsellors and psychotherapists more effectively serve their changing community, thereby ensuring that the profession continues to remain relevant in the twenty first century.

Chapter 2: Methods

In the present chapter I describe the research process used to gather information on multicultural competence and therapeutic adaptations for the purpose of this project. I then discuss the ethical and editorial standards used to create this project.

Research Process

Research for this project focused primarily on multicultural competency frameworks, therapeutic adaptation models, and applied or outcomes-focused research related to the delivery of counselling across cultures. An extensive search was undertaken to locate relevant academic journals through online databases including PsycINFO, ERIC, Medline, Google Scholar, as well as all 51 databases available through EBSCO. Searches concentrated chiefly on studies that had been published since the year 2000 and included, but were not limited to, various combinations of keywords such as: counselling, psychotherapy, therapy, psychology, meta-analysis, intercultural, cross-cultural, multicultural, cultural competence, assessment, outcomes, matching, adaptation, and modification.

The author also consulted the databases for lists of publications by leading authors in the field: Professors Derald Wing Sue, Wei-Chin Hwang, Sandra Collins, and Nancy Arthur, and browsed abstracts since the year 2000 in the Journal of Cross-Cultural Psychology and Journal of Counseling Psychology for studies of clinical significance. Finally, the author also reviewed the books *Counseling the Culturally Diverse: Theory and Practice* (Sue & Sue, 2008), *Culture-Infused Counselling: A Model for Developing Multicultural Competence* (Arthur & Collins, 2010), and *Culture & Psychology* (Matsumoto & Juang, 2008). In addition, the author also contacted Professor Wei-Chin

Hwang, receiving recommendation on some of his most recent and most relevant publications on cultural adaptation.

Ultimately, over 160 publications were selected for review with the number based on the author's judgment that the point of theoretical saturation had been reached. The studies were selected based on the author's assessment of their relevance to the topic of applied multicultural counselling, based on their abstracts.

Ethical Stance

At all times during the creation of this project, I adhered to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000). As this project did involve the collection of any human data, ethics approval was not required. However, the teaching materials provided were written to convey a respect for the dignity and rights of teachers, students, and all cultural groups involved.

Editorial Standards

In writing this project, every effort was made to adhere to the editorial standards outlined in the sixth edition of the *American Psychological Association Publication Manual* (American Psychological Association, 2010). However some creative and stylistic liberties were taken in the appendices to facilitate the creation of effective and engaging educational materials.

Chapter Summary

In the preceding chapter I detailed the research process as well as the ethical and editorial standards utilized during the creation of this project. In chapter 3, I continue on to introduce the concept of multicultural competence and therapeutic adaptation frameworks, concluding with the selection of an organizing model for the workshop.

Chapter 3: Introduction to Culturally Sensitive Counselling Frameworks

Within the present chapter is a review of several culturally competent counselling theories and frameworks focused on their utility for the purpose of adapting counselling protocols. The chapter is concluded with a rationale for the selection of a cultural adaptation framework for organizing the content of the workshop. The present information is used to provide facilitators with a background of some of the theoretical frameworks available to practitioners to draw upon, and the cultural adaptation framework selected at the end of the chapter is then used as a framework for understanding, categorizing, and integrating the research findings highlighted in chapter 4 into the workshop. In chapter 5, the author further clarifies how the counselling frameworks discussed in chapter 3 and research findings reviewed in chapter 4 were used to inform the structure and content of the workshop.

This chapter contains four sections: a section each containing brief outlines and assessments of the utility of professional cultural competency guidelines, cultural competency frameworks, and cultural adaptation frameworks, as well a conclusion, which provides a rationale for the selection of a cultural adaptation framework for organizing the content of the workshop.

Professional Cultural Competency Guidelines

A central tool professional organizations use to encourage cross-cultural counselling competency is the publication of cultural competency standards which define expectations for standards of service with diverse individuals and set best practice guidelines. Yet perhaps because multicultural counselling research has developed more quickly in terms of theoretical and qualitative knowledge than through applied and

highly-controlled studies (Hays, 2009; La Roche & Christopher, 2008; see also Weinrach & Thomas, 1998), such professional competency guidelines tend to lack specific principles of application or concrete examples on how their standards are to be achieved. They therefore setting encouraging standards and goals, but may not provide enough information for psychological professionals on how to put them into practice (Hwang & Wood, 2007).

For example, the American Psychological Association (APA; 2002) and Canadian Psychological Association's (CPA; 2001) issuance of guidelines for cultural competence and non-discriminatory practice has been an important step to communicate the significance of cultural competency. In their published guidelines, the APA articulated 6 general recommendations such as awareness of one's own attitudes, biases, and beliefs, and applying culturally appropriate skills in clinical practice. Yet they offered only general suggestions to support those guidelines, such as increasing one's multicultural knowledge, considering how culture affects assessment, working to reduce stereotypical attitudes, etc. Absent is information on what cultural knowledge should be sought or what specific assessment considerations are to be made.

The CPA (2001) has taken the call to action a step further towards application, offering 21 somewhat more specific guidelines for ethical practice, such as assessment of individual, situational, and cultural factors, and awareness that psychological theories may apply differently to members of different cultures. However, there was no discussion of what to do about theories that apply differently to diverse clients, nor was information provided on how to conduct holistic assessment. In general, such aspirational recommendations from professional bodies serve to communicate the central

importance of applied cultural competency, but are not ideal tools for developing it in and of themselves. Therefore, these publications are recommended to workshop participants as foundational reading materials, however, a more detail-rich framework, discussed in the two sections below, has been selected for use for the practical task of organizing the culturally competent therapeutic adaptation strategies to be presented within the workshop.

Cross-Cultural Competency Frameworks

A number of talented researchers have fleshed out the concept of culturally competent counselling in considerable depth, offering frameworks that merit consideration for applied purposes. However, it is this author's opinion that on balance, these research-focused frameworks remain excessively complex and theoretical for practical application. The most prolific model, by Sue and colleagues (Sue, Arredondo, & McDavis, 1992; Sue & Sue, 2008), has 3 main elements: (i) "counsellor self-awareness of own assumptions, values, and biases", (ii) "understanding the worldview of the culturally different client," and (iii) "developing appropriate intervention strategies", each of which are articulated in terms of three dimensions –attitudes/beliefs, knowledge, and skills (Sue et al., 1992, p. 481). A Canadian model by Collins and Arthur (2010) has been based on a very similar framework, but with a substitution of the counselling techniques dimension with the working alliance, resulting in a framework composed of (i) "awareness of personal assumptions, values, and biases", (ii) "understanding the worldview of the client" and (iii) a "culturally sensitive working alliance" (p. 210), with each competency described in terms of knowledge, attitudes, and skills.

These models are highly accurate descriptors of what multicultural competence is in a theoretical sense, but may be too abstract and complex for use during a therapy session. For example, within Sue and colleagues' (1998) model, they further defined 34 specific competencies within its 3 main categories, while Arthur and Collins' (2010, pp. 222–230) model is composed of 11 core competencies and 300+ specific competencies. Sue and colleagues have recommended for counsellors to develop some more concrete-sounding skills such as (i) providing appropriate verbal and nonverbal helping responses, (ii) being aware of cultural limitations during assessment, and (iii) maintaining a willingness to consult with traditional and spiritual healers, however, these constitute definitions of skills more so than descriptions or procedures for how to cultivate and apply them. In other words, these models define what cultural competency is, but may not offer enough recommendations and techniques on how to achieve it.

Similarly, Collins and Arthur (2010) have highlighted 11 core competencies such as maintaining a culturally sensitive working alliance and establishing tasks responsive to salient dimensions of cultural identity. Contained in the skills category of their sub-competencies are abilities such as facilitating indigenous healing systems and implementation of intervention strategies that are respectful of client worldviews. However, yet again these are descriptive rather than prescriptive. Although valuable, such frameworks are indicative of a gap between available theoretical and practical knowledge: while practitioners can appreciate a thorough, analytical description of the many factors that comprise cultural competency, what they need most is information on how to enact it –the *how-to* rather than the *what*. “How can a counselling technique be changed to incorporate a client’s worldview? ” and “what specific actions strengthen a

culturally sensitive working alliance? ” are key questions that are not fully addressed by descriptive frameworks.

Just like awareness of the importance of cultural competency as discussed in the professional competency guideline section is valuable background knowledge, so too are descriptions of cultural competency from cultural competency frameworks. Nevertheless, these domains of knowledge do not satisfy the concrete information requirements of counsellors who desire specific measures, interventions, and modifications that can be utilized to increase the cultural friendliness of their counselling. Therefore, as with the professional guidelines covered in the previous section, the author has recommended familiarity with at least one cultural competency model as background material for understanding the value and purpose of therapeutic adaptations, but believes application-focused models such as those discussed below are best suited for meeting the objective of bridging from cultural knowledge to culturally sensitive practice.

Cultural Adaptation Frameworks

In response to the need for more concrete recommendations and techniques, a number of more utilization-focused models have been created to facilitate the cultural adaptation of existing therapies. Leong and Lee (2006) proposed a simple framework to integrate cross-cultural psychology research with culturally competent counselling theory through their cultural accommodation model (CAM). They suggested that counselling models be adapted in three stages: (i) identifying cultural gaps in existing theories, (ii) filling gaps with culturally-relevant concepts from cross-cultural psychology, and finally, (iii) testing the new theory for incremental validity over the unmodified formulation. They further suggested examples of four domains of relevant research findings that can

be drawn upon to enhance competent counselling with Asian Americans: (i) acculturation, (ii) self-construals, (iii) individualism-collectivism, and (iv) high vs. low context communication styles.

The process of reading cultural research and then using it to modify counselling possesses considerable face validity, offers practitioners the freedom to use their best clinical judgement, and can potentially lead to helpful modifications. However, this framework has three substantial limitations that some practitioners may feel impede its practical utility: (i) only a few suggestions are offered on areas to consider for change, (ii) it may be of limited use to busy clinicians as it means practitioners would have to peruse research to identify modification ideas on their own, and (iii), without more detailed information on areas to change, practitioners may end up implementing changes in a disjointed and haphazard fashion. The last two frameworks, as discussed below, have distinct advantages for application as their authors offer specific suggestions and examples on how to adapt multiple components of psychotherapy. Thus, they are likely the most suitable processes outlined to date for improving the cultural responsiveness of counselling.

The Ecological Validity Model. Bernal, Bonilla, and Bellido (1995) have advanced the Ecological Validity Model (EVM), which involves considering eight specific aspects of psychotherapy for adaptation: language, persons, metaphors, content, concepts, goals, methods, and context. This offers a considerable advantage over other frameworks, as practitioners have eight well-defined categories which to investigate for potential improvements. Furthermore, for each of these elements of psychotherapy, Bernal and colleagues have offered several suggestions based on research with Hispanic

peoples. For instance, content can be tailored to client culture by utilizing basic Hispanic cultural values such as respect and family values as frames for introducing therapeutic concepts. Methods can be enhanced by incorporating genograms, which tap into a family orientation, and folk tales can be used as models for practicing skills and concepts. Domenech-Rodriguez and Weiling (2004) have further expanded on this model with the Cultural Adaptation Process Model, a three-phase process for collaboration between a researcher and an opinion leader selected from the community to co-create a novel, adapted psychotherapy. In the first phase of this process, the researcher and the opinion leader collaborate to design a balanced intervention, taking into consideration both the needs of the community and the maintenance of the fidelity of the original, evidence-supported intervention. They then continue to work together to modify the intervention while it is being put into practice, developing and adapting evaluation measures as they go. In the final phase, they integrate their design, data, and observations into a finished product.

Together, these frameworks have been used effectively in treating Mexican-American, Puerto-Rican, as well as Haitian individual and families (Domenech-Rodriguez, Baumann, & Schwartz, 2011; Matos, Torres, Santiago, Jurado, & Rodr ǵuez, 2006; McCabe, Yeh, Garland, Lau, & Chavez, 2005; Nicolas, Arntz, Hirsch, & Schmiedigen, 2009; Parra Cardona, et al., 2012; Rossello & Bernal, 1999; Rossello, Bernal, G., & Rivera-Medina, 2008) including in two randomized clinical trials (RCTs) by Rossello and colleagues. This evidence constitutes a considerable strength of this model, as it means that early empirical data supports the use of this framework.

The Psychotherapy Adaptation and Modification Framework. Finally, Hwang's Psychotherapy Adaptation and Modification Framework (PAMF; 2006; 2012) is perhaps the most practical guide to date, created specifically to help practitioners to move from abstract principles to concrete skills and strategies. The PAMF consists of six domains to consider for adaptation: (i) dynamic issues and cultural complexities, (ii) orienting clients to psychotherapy, (iii) understanding cultural beliefs about illness and treatment, (iv) improving the client-therapist relationship, (v) understanding cultural differences in expression and communication of distress, and (vi) addressing culture-specific issues (pp. 708–709). The process outlined in the PAMF then invites practitioners to investigate a culture and consider each domain in creating principles for therapeutic adaptations. Finally, practitioners are challenged to support each general principle with a rationale in order to encourage practitioners to thoroughly think through adaptations rather than applying them haphazardly (Hwang, 2012, p. 182).

A considerable advantage of Hwang's (2006) framework is that he has illustrated it with 25 rationales and principles for adapting counselling for Asian Americans, many of which apply to a number of different cultural groups. He has also demonstrated it in a case study (Hwang, Wood, Lin, & Cheung, 2006). For example, one principle is to use cultural bridging techniques such as cultural idioms and cultural symbols as metaphors to explain therapeutic concepts. Another is to enhance the working alliance by joining with clients by learning about their family and asking about their migration history. Another principle is to consider ethnic differences in expression of distress (such as somatization) to improve assessment and communication. In addition, he has also provided the Formative Method for Adapting Psychotherapy (FMAP; Hwang, 2009) which is a three-

phase framework on collaborating with multiple community stakeholders to adapt an intervention from the grassroots up rather than from the theory down. Combining the top-down approach of his PAMF model with the bottom-up process of the FMAP, Hwang has produced the treatment manual, *Improving your mood: A culturally responsive and holistic approach to treating depression in Chinese Americans* which is currently undergoing a second stakeholder consultation process after the conclusion of RCTs (Hwang, 2012). I compare and contrast these last two frameworks in the conclusion below.

Conclusion

Professional guidelines convey the importance of cultural competence, whereas cultural competency frameworks help to define what cultural competence is in rich detail. Cultural adaptation frameworks build on existing knowledge and are particularly helpful for practitioners as they highlight in specific terms, which elements of counselling should be adapted to better fit client culture. Both the Ecological Validity Model (Bernal, et al., 1995) and the PAMF (Hwang, 2006) are workable frameworks that offer direction on what areas to adapt and contain useful examples of how changes can be made. One advantage of the Ecological Validity Model is that it is supported by more empirical studies to date than the PAMF. However, the PAMF is perhaps the most current therapeutic adaptation framework available, and emphasizes bringing multicultural knowledge into practice in a deliberate and informed way. Furthermore, it is designed with the explicit intention of also promoting cultural competency in individual practitioners, not solely for creating adapted psychotherapies, and it is thus accompanied with numerous principles and examples that help to illustrate adaptation concepts.

Finally, the PAMF's examples are given with cognitive behavioural therapy in mind, whereas the Ecological Validity Model has been used primarily with family and group interventions. Therefore, although both of these frameworks are strong contenders for presenting cultural adaptation information, I have selected the PAMF as the main teaching model for the cultural adaptation workshop due to its greater focus on helping individual practitioners bridge from knowledge to practice.

Chapter Summary

In the preceding chapter, professional competency guidelines and culturally-competent counselling frameworks were introduced and then contrasted with cultural adaptation frameworks. Owing to its specific focus on putting cultural awareness into practice, the PAMF was selected as the organizing framework of the cultural workshop.

Chapter 4: Cultural Modifications

The current chapter contains a review of select applied research into cultural differences and therapeutic adaptations. Information is organized into three main parts, by individual, sociocultural, and universal-level findings respectively, with each part broken down further into multiple sections.

In order to effectively adapt counselling to the needs of clients from cultures different than their own, practitioners need to have a sense of what areas are inclined to adaptation and which areas have been modified successfully in the past. Hwang (2006) provided a number of helpful principles and examples in his PAMF framework, but stressed that to achieve high levels of cultural competence, practitioners must also take advantage of literature on cultural differences. Therefore, in the present chapter I provide a review of numerous peer-reviewed studies into cultural differences of relevance to central counselling constructs such as self-esteem, communication, acculturation, personality, and ethnic identity development. Drawing upon these studies and clinical wisdom shared by leading scholars in peer-reviewed publications, I then highlight potential applications in the form of cultural adaptation strategies and guidelines which are subsequently developed even further in the cultural adaptation workshop.

Two leading scholars in the field of culturally competent counselling, Derald Wing Sue (Sue & Sue, 2008, p. 37) and Fredrick T. L. Leong (2007, p. 916; see also Leong, 1996) have endorsed tripartite frameworks for understanding diverse clients, both citing a quotation from Kluckhohn and Murray's (1950) tripartite model of personality that states "every man [*sic*] is in certain respects: a) like all other men, b) like some other men, and c) like no other man" (p. 35). Both scholars have supported the

conceptualization of the client on three levels: the universal, the individual, and the socio-cultural. In other words, recognizing a client's basic humanity, individual uniqueness, as well as his or her shared culture provides practitioners with a comprehensive bio-psycho-social model of the client (Leong, 2007). Following a similar framework, the review of findings relevant to cultural accommodation practices within the present chapter is organized into three main themes, (i) individual responsiveness, (ii) cultural awareness, and (iii) universal level understanding, with each thematic section broken down further into several topics.

Overview of Research Findings

The following details outline the order of research topics found in the literature review in this chapter. The first part of the review contains a discussion of four topics regarding individual responsiveness in counselling diverse clients. Individual responsiveness to a client's culture is addressed by focusing on (i) the assessment of self-esteem, (ii) assessment of personality, (iii) aligning with client values and problem conceptualizations through attention to cognitive matching and healing mythologies, and (iv) actively choosing how to strike a balance between individual and cultural responsiveness, a process termed *dynamic sizing* (Sue, 1998).

In the second part of the review, the author's focus turns to social and cultural differences within which seven areas are highlighted. The main topics include (i) assessment of acculturation and values, (ii) awareness of ethnic identity development, (iii) an exploration of cultural dimensions such as individualism/collectivism, (iv) common cultural differences in communication styles, (v) understanding and discussing

modern racism, (vi) cultural bridging techniques, and (vii) the importance of developing an awareness of unique and specific issues pertaining to each cultural group.

In the third portion of the review, the author raises awareness about universal level considerations shared by all peoples, but which may require extra attention when working with diverse clients. Two topics are explored: Terror Management Theory, and practical needs, the latter of which may be of primary importance in the lives of diverse peoples, who may sometimes occupy a lower socioeconomic status.

Together, the material explored in these three core themes and numerous subtopics comprises the theoretical foundation guiding the techniques and strategies within the cultural adaptation workshop. The review of research findings continues below.

Individual Responsiveness

Although possessing culture-specific knowledge is an important part of being able to demonstrate empathy and understanding in interactions across cultures, it is also essential to appreciate a client's unique values and goals, lest the client be made to feel misunderstood or stereotyped. The following findings, though they may reflect some social-level cultural differences, are particularly informative for improving individual assessment and individualizing treatment. That is, they must ultimately be assessed and understood in context with one individual client, and so they are discussed here.

Self-esteem. Much has been written in psychology about the importance of self-esteem, yet self-esteem may look quite different in individuals from other cultures. For example, collectivist societies such as those of Japan, China, and North American Aboriginal people value modesty and thus tend not to express their self-esteem with

explicit, positive attitudes about themselves or statements about their self-efficacy (California State Department of Education, 1982; Redpath & Nielsen, 1997; Tafarodi & Swann, 1996). Although Western, explicit measures of self-esteem are still correlated with life satisfaction across many different cultures (Diener & Diener, 1995), the effect is considerably weaker in collectivist cultures. In one study, Chen, Chan, Bond, and Stewart (2006) found that the relationship between low self-efficacy and depression in Hong Kong adolescents (n=1777) was about half of what it was in a American sample matched by age and grade level (n=501), suggesting that self-esteem, as expressed through positive self-statements may not be as central to mental health for clients in more collectivist cultures. Instead, results from several meta-analyses have indicated that while healthy members of collectivist societies do self-enhance much like European Canadians do, they tend to do so on their collectivist (interdependent) rather than individualistic traits (Sedikides, Gaertner, & Vevea, 2005; Sedikides, Toguchi, & Gaertner, 2003) such as their loyalty, and abilities to cooperate and maintain group harmony. For example, instead of statements such as "I am special", "I am self-reliant", and "I trust myself to make the right decision" a counsellor may instead hear statements like "I like to work together with others", "I am told I am respectful, modest, and a good listener", and "when there are conflicts in my group, we're able to work out a compromise".

Thus, to effectively assess self-esteem with clients with collectivistic value orientations, counsellors need to ask additional questions on such topics as fitting in, perceived social competence, compromise, respect, and commitment to the group. They may also consider that just like sports fans or university alumni, clients may give clues to their self-esteem by expressing positive feelings about groups that they feel connected to.

Individuals in all cultures self-enhance (Sedikides, et al., 2005), but they often do so strategically based on cultural values. If a client values cooperation, modesty, and social harmony, it is only logical that they may prefer to express their positivity by feeling good about their competencies in these areas.

Personality. Although Western models of personality such as the big five/five factor model have been validated across more than 50 cultures (McCrae, Yik, Trapnell, Bond, & Paulhus, 1998; McCrae & Terracciano, 2005a) there are considerable aggregate personality differences in traits across cultures. On the group level, in their countries of origin, Africans and East Asians generally tend to score considerably lower on extroversion, conscientiousness, agreeableness, and neuroticism than North Americans (see McCrae & Terracciano, 2005b, and Schmitt, Allik, McCrae, & Benet-Martinez, 2007 for a comparison of 56 countries). Similarly, as immigrants, Asian Canadians often score lower on measures of extraversion, openness, and agreeableness than the Canadian average, but these differences tend to decrease with acculturation (McCrae, et al., 1998). A study by Teng, Dere, and Ryder (2008) found that neuroticism decreases while openness and extroversion increases with acculturation for the majority of Chinese Canadian immigrant students, perhaps indicating that the psychological stress of acculturation subsides as newcomers find ways to integrate themselves into society over time. It is however important to note that each person has a unique personality and that such findings indicate only general, aggregate-level trends. Weighing the significance of group-level cultural differences while respecting client individuality is discussed under the heading “dynamic sizing”, the final subsection of the topic of individual responsiveness.

In contrast to a universal approach, a number of indigenous models of personality have also been created for such diverse cultures as East Indian, Japanese, Mexican, and Filipino peoples (Church, 2000). For example, 'simpatia' is a valued trait in Latin American culture that describes a person who is likeable, easygoing, polite, fun to be with, affectionate, and enjoys sharing feelings with others (Ramirez-Esparza, Gosling, & Pennebaker, 2008). This may indicate that a Hispanic client could expect warmer relationships in counselling and see him or herself more in the context of his or her family. With such clients it could be important to demonstrate simpatia through an especially warm and hospitable invitation, perhaps including the sharing of basic family information, ample encouragement, and abundant expression of positive emotion.

The Chinese Personality Inventory-2 (CPAI-2; Cheung, Leung, Song, & Zhang, 2001) was created in order to fill perceived gaps in Western frameworks (Cheung, Cheung, Wada, & Zhang, 2003) and has been found to explain an 'interpersonal relatedness' dimension of personality, over and above 5 factor models. It consists of culturally-relevant scales such as social harmony, saving face, reciprocal relationship orientation, and social sensitivity (Cheung, Leung, Song, et al., 2001). The CPAI's clinical scales effectively differentiate prison inmates and psychiatric inpatients from ordinary respondents (Cheung, Kwong, & Zhang, 2003) and the CPAI-2's clinical and personality scales have also been validated in a large psychiatric sample, supporting its clinical utility (Cheung, 2007).

Personality is typically thought of as an individual-level variable. However, in their review of the personality literature, Matsumoto and Juang (2008, p. 279) concluded that personality has universal and culture-specific dimensions as well, and that these

dimensions are best thought of as complementary rather than mutually exclusive. Given that personality is central to much of assessment and intervention in psychotherapy, counsellors working cross-culturally will want be aware that every nation and culture may have different normative levels of universal personality traits, and therefore consider assessing each client's unique personality with consideration of their cultural context. As culture-specific personality dimensions indicate, clients may even have some cultural ways of thinking about their personal self that are altogether foreign to Western personality theory.

This understanding could be put into practice during assessment by limiting the weighting of conclusions made from personality assessment results based on Western norms or limited cultural norms (Hood & Johnson, 2007) as well as by performing a more holistic assessment. A practitioner may also choose to label and discuss personality differences that are in the same direction as clients' home cultural averages as normal cultural differences rather than as individually high or low scores. He or she may also consider that neuroticism that shows up in test scores may reflect normal acculturative stress (Teng, et al., 2008) and not personality characteristics. They may instead opt to use such results as an opportunity to provide assistance with acculturation and stress-management instead. Finally, practitioners can choose to investigate personality models from a client's culture and incorporate concepts like simpatia or interpersonal relatedness with Western models to increase client buy-in. They may obtain one of these alternative personality tests, or simply ask informed questions such as "what else is there to know about who you are –your personality? ", "do people describe you as having simpatia? " and "is reciprocity an important part of your personal relationships? "

Cognitive matching and healing mythology. Some scholars have argued that psychotherapy is a culturally-encapsulated healing practice that actually finds its main effect not from its specific theories and techniques, but through a more general process of using language, experiences, and metaphors to bring about adaptive changes to client worldviews (Kleinman, Eisenberg, & Good, 2006; Wampold, 2007). Frank and Frank (as cited in Benish, et al., 2011) have maintained that psychotherapy taps into universal healing processes by creating a rationale or "myth" about an illness and addressing it with a culturally-consistent ritual meant to bring about greater mental health. These explanations and rituals ensure clients' buy-in for the introduction of various possible healthy perspectives and reframes. In Western psychotherapy, practitioners choose to draw upon medical, educational, exploratory, or consultation-based rituals. A meta-analysis by Benish and colleagues has supported the idea that incorporating clients' cultural "myths" about mental health is a central source of the increased benefit stemming from culturally adapting psychotherapy.

One way to ensure a better fit for many clients may actually be to increase emphasis on educational and medical rituals. For example, a more directive, expert, concrete, and solution-focused approach is often preferred by many non-European American clients (Sue & Zane, 1987) including Arab Americans (Al-Krenawi & Graham, 2000), Asian Americans (Kim, 2007; Kim, Li, &, Liang, 2002; Kim & Omizo, 2003; Li & Kim, 2004), Native Americans (Scholl, 2006, Lafromboise, Trimble, & Mohatt, 1990, see also: Beitel et al., 2013), and Hispanic Americans (Rossello et al., 2008). These approaches may be preferred because they are consistent with cultural values supporting education and respect for elders. They also fit problem-resolution focused goals of many

minority clients which were frequently stated as preferred over long-term, emotion-focused, and exploratory approaches by participants in the aforementioned research literature (e.g. Kim et al., 2002).

These preferences are exemplified in a classic 1979 study by Berman in which African American counsellors, themselves educated in the European-American counselling system, preferred using more active and directive "expert" skills compared to White counsellors. Similarly, short-term, drop-in, cognitive-behavioural and solution-focused "consultation" sessions have become one of the most popular ways of seeking psychological services in mainland China (Chang, Tong, Shi, & Zeng, 2005). Hodges and Oei (2007) have highlighted that many aspects of CBT, such as its structure, and emphasis on teaching, homework, and present-future focus are compatible with Chinese culture. Therefore, counsellors may wish to consider a more authoritative and solution-focused approach with many diverse clients, as that may be an expect part of their client's healing ritual. Regardless of general cultural preferences, however, each individual client is likely to have his or her own expectations in regards to counselling. Thus, it is the author's opinion that counsellors ought to discuss with their clients the type of support that they need. More information on aligning counsellor and client goals and responding to expectations is discussed in the topic of acculturation and values under sociocultural level differences.

Despite some level of preference for more directive approaches amongst several cultural groups, Gonzalez-Prendes, Hindo, and Pardo (2011) have cautioned that counsellors should also take care to avoid an overly paternalistic approach which could impair the working alliance and perpetuate current and historical power imbalances. Sue

and Sue (2008, p. 369) described co-constructing therapy as one way to strike a balance between providing structure without sacrificing client agency: practitioners can actively direct and structure counselling sessions, providing clear guidelines to the types of responses expected when they initiate activities. At the same time, in a co-constructive model of therapy, clients are encouraged to be the experts on their own lives by being the ones to set the central goals of therapy, by being given a choice from a menu of activities, and by being challenged by the counsellor to identify and develop their own solutions. In this way, a client may obtain the type of consultation ritual that he or she expects, but also receives the message that his or her opinion, intuition, and experience is just as valuable as the counsellor's.

A practitioner can also encourage a fit by maintaining a "cognitive match" with his or her clients: an agreement on problem conceptualization, treatment, and goals, which leads to improved outcomes, and smoother, deeper, and more positive sessions (Zane et al., 2005). Zane and colleagues have argued that it is important for practitioners to be able to spot and accommodate client-practitioner discrepancies in healing models. One way to do so would be to ask questions about how a client sees the problem and how he or she has solved similar problems in the past.

Leong (2007) has suggested a form of cultural cognitive matching whereby practitioners aim discussion and interventions at individual, social, or universal levels according to clients' problem conceptualizations. For example, if a client had experienced a negative social interaction, he or she might interpret feelings of discomfort as due to systemic racism underlying the interaction, as due to his or her own personal insecurity, or identify with a universal experience of pain that everyone experiences when

faced with social rejection. In order to match the client, the practitioner may choose to thoroughly explore the problem from the client's explanatory level before discussing it from other angles. For example, if the client were to focus on his or her insecurity, the counsellor may discuss that and other internal causes for the discomfort. Leong (2007) pointed out that the working alliance is negatively affected when there is a mismatch between the topics of discussion. If the client were to see the problem as stemming from external racism, and a counsellor responded by relating the discomfort to personal insecurity or as a universal human experience, that counsellor may lose credibility in the eyes of the client. Therefore, practitioners are recommended to try joining with diverse clients by initially following their lead on explanatory mechanisms. They may even offer early counselling interventions that fit with the client's understanding of the level of the problem, which may possess the most face validity to that client. Another way to ensure that matching is effective is to use exit slips such as the Session Rating Scale (Miller, Duncan, Brown, Sparks, & Claud, 2003) or homework evaluation forms (Hays, 2009) that inquire about the perceived usefulness of approaches and interventions.

The preceding discussion of cognitive matching and healing mythology focused on achieving one-on-one matches in content tracking and explanatory frameworks for illness. Additional information on how to achieve matches by using a technique that involves incorporating cultural knowledge is contained under the cultural bridging heading of the sociocultural differences section later in this review.

Dynamic sizing. One final issue of critical importance is Stanley Sue's concept of *dynamic sizing* (Sue, 1998) which is closely connected to maintaining holistic conceptualizations of the client such as through tripartite (individual-social-universal)

frameworks. Utilizing cultural knowledge alone does not constitute cultural competence (Hwang & Wood, 2007). In fact, utilizing cultural knowledge in a rigid and generic fashion when culture is not a salient factor for the client can be experienced by that person as irrelevant, or worse, as cultural stereotyping (Collins & Arthur, 2010; Leong, 2007). Rather, according to Sue, a counsellor must appropriately "size" cultural modifications by assessing a client's individual concerns, values, acculturation, and multiple identities in order to adjust cultural modifications dynamically. Part of this process may include assessment of factors such as acculturation (further discussed in the sociocultural levels section) and sound clinical judgment, however a straightforward way to receive guidance on dynamic sizing of interventions might be to simply ask a question such as: "what role do you believe your culture (or discrimination, family, etc.) may have in all this? "

Hwang (2009) advised that one way to dynamically size is to personalize paraphrases and reflections of cultural values which allows for clients to feel understood rather than stereotyped (i.e. 'family is important to you' rather than 'family is important to Asians'; Hwang, 2009, p. 372). However, cultural generalizations can be helpful when used to normalize common-but-stigmatized experiences, or when used to emphasize the customization of a program to a client's ethnic group.

It is important that cultural knowledge be used as it applies to salient dimensions of an individual client's identity (Arthur & Collins, 2010) and in such a way that counsellors respond to clients' multiple and complex identities (Hwang, 2006). For example, an African Canadian client might choose to seek help for dealing with the consequences of familial rejection connected to being gay, rather than consequences of

being targeted by societal prejudice because he or she is Black. Therefore, it may be helpful to explicitly ask clients about important parts of their personal identity/group membership starting with the first session in order to be equipped to make better decisions about dynamic sizing.

Many counsellors are trained with advanced knowledge on creating person-to-person connections, establishing working alliances, and tapping into client values and goals. The preceding section contained a review of additional methods to enhance such processes so counsellors may better understand and relate with diverse clients as unique individuals. These processes are included and elaborated on within the cultural adaptation workshop. The following section contains information on how counsellors may incorporate cultural differences in order to better respond to clients' cultural selves.

Sociocultural Level Differences

Knowledge of cultural differences enables practitioners to develop diversity-supportive values and cultural competency skills (Arthur & Collins, 2010; Collins & Arthur, 2010; Sue & Sue, 2008). Awareness of cultural differences may increase one's ability to maintain empathy for peoples different from oneself as it offers the context needed to fully understand a thought, response, or behaviour. Using informed rationales based on cultural knowledge allows counsellors to make beneficial and well-thought-out adaptations to therapeutic frameworks (Hwang, 2006). The following findings detail how awareness and utilization of sociocultural-level differences can enhance the counselling process and contain examples that will be included in the workshop. Specifically, this section is composed of seven parts (i) the assessment of acculturation and values, (ii) awareness of ethnic identity development, (iii) an exploration of cultural dimensions, (iv)

cultural differences in communication styles, (v) understanding and discussing racism, (vi) techniques for cultural bridging, and (vii) the importance of culture-specific knowledge pertaining to each cultural group the counsellor works with.

Acculturation and values. Whether studied unidirectionally (towards a Western society) or bidirectionally (towards ancestral and Western cultures) acculturation has been shown to be an effective predictor of client values, cultural knowledge, and preferences (Flannery, Reise, & Yu, 2001) as well as their willingness to seek counselling (Frey & Roysircar, 2006; Keefee, 1982; Wallace & Constantine, 2005). There are numerous opportunities and benefits to harnessing acculturation.

Formal or informal assessment of acculturation can provide information on how to dynamically fit (Sue, 1998) interventions to a client's cultural identity and values. For example, an ethnically Korean client that holds Western values and does not identify as Korean, may see little value in therapeutic adaptations that are deemed 'culturally sensitive' such as being matched with an Asian counsellor (Matsumoto & Juang, 2008, p. 321). In such a case, a therapist may choose to support the working alliance by offering treatment-as-usual, which may be more consistent with their client's most salient cultural identity. However, a counsellor would still be wise to retain the flexibility to adapt their treatment, should a client's needs or preferences change.

Acculturation differences are a common theme observed in familial conflicts in many diverse families (Sue & Sue, 2008). Interestingly, a cultural reaffirmation effect exists whereby immigrant groups may actually endorse more traditional values than those in their home country due to the fact that they often retain and perpetuate the culture of their society as it existed at the time of immigration, even as the culture of their home

country may continue to globalize and change (Kosmitzki, 1996; Matsumoto, Weissman, Preston, Brown, & Kupperbusch, 1997). Therefore, a counsellor may misperceive a parent's seemingly hyper-traditional opposition to a child's adoption of some Western values as exaggerated and defensive, when in fact, that reaction might be rooted in genuinely held cultural values which have formed due to the process of cultural reaffirmation.

A few helpful strategies for families may involve reframing conflicts as differences in levels of acculturation rather than conflicts between members (Sue & Sue, 2008, p. 368). For instance, a therapist can help families to normalize interpersonal conflict by reinterpreting it as *acculturative family distancing* (Hwang & Wood, 2009; Hwang, Wood, & Fujimoto, 2010) a phenomenon in some diverse families that results from acculturative differences in values and communicative styles. A practitioner can emphasize that conflict is no single person's fault, but that this distancing has negative effects on family unity and individual mental health if not addressed (Hwang & Wood, 2009; Hwang et al., 2010). This perspective may help decrease the stigma around seeking help, and relieve pressure on those who feel singled out in family conflicts. The counsellor can then offer his or her services as a cultural broker who can assist with communication across culture-bound values and communication styles, and facilitate a discussion of familial, country-of-origin, and host country cultural standards (Sue & Sue, 2008). Overall, the therapist who is striving for cultural competency might externalize conflict as due to acculturation pressures and invite collaboration amongst family members to find practical solutions to restore family harmony.

Another consideration related to acculturation is for counsellors to recognize that counselling is not value neutral, but rather, shares many components of the White, upper class culture from whence it arose (Sue & Sue, 2008). Such characteristics as an individual focus, verbal and emotional expressiveness, abstract/ambiguous communication, and strict time schedules that characterise the prototypical counselling approach, project values that may be foreign to Asian, African, Hispanic, Aboriginal, and working-class Americans (pp. 137–140). Hence, clinicians can expect to experience difficulties in these aforementioned areas and ought to resist labeling them as resistance in situations where lack of compliance is simply due to differences in values.

One way to help bridge this cultural gap is for therapists is to provide a detailed orientation to therapy which can help clients gain an informed awareness of how counselling offers a unique and active culture, while also helping to align therapist and client goals (Hwang, 2006). This effort on the part of the therapist to explore what counselling is and how it aligns with the client's cultural goals may enhance the therapist and client relationship (Hwang, 2006). Goals to include in this informed consent process may include, but not be limited to

- an explicit discussion of the typical roles of the counsellors and clients in therapy,
- information on the typical length and course of therapy,
- building rapport by discussing confidentiality and co-construction of goals (Sue & Sue, 2008, p. 369), and

- jointly establishing frequent markers of treatment progress, which may appeal to clients who desire more structure and a solution-focus from their therapy (Hwang 2006).

Counsellors may also choose to directly address a delay in the benefits of counselling because of the acculturation process that occurs in initial sessions, or the fact that many clients who perceive mental health help-seeking as strongly stigmatized may have waited a long time to seek help (Hwang, 2009).

For clinicians wishing to assess acculturation via a more formal process, a number of resources are available to evaluate acculturation and values. For example, there is the General Ethnicity Questionnaire (GEQ; Tsai, Ying, & Lee, 2000), the Vancouver Index of Acculturation (VIA; Ryder, Alden, & Paulhus, 2000), or the Asian Values Scale (AVS; Kim, Atkinson, & Yang, 1999). Clinicians may also make use of the numerous multilingual translations of the Session Rating Scale (SRS; Miller et al., 2003) and Outcome Rating Scale (ORS; Campbell & Hemsley, 2009) to monitor outcomes and working alliance in their sessions (see Taras, 2011 for a full catalogue of acculturation assessments; see also Taras 2013 for a listing of culture surveys). Whether or not counsellors choose to make use of formal acculturation assessment tools or prefer more informal methods, they are urged to find a personally congruent way to be responsive to the cultural values and acculturation status of their clients.

Closely related to the phenomenon of acculturation is how clients see themselves fitting in within their own culture and the majority culture, which has important implications for client personal growth and the counsellor-client working alliance. The development of racial and cultural identities is therefore the focus of the next section.

Racial identity development. Racial/Cultural identity development is an important area to highlight for counsellors within the workshop because clients' cultural identities and attitudes towards majority culture may impact how they feel about themselves, whether they wish to work on external or internal problems with their counsellors, and how they may feel about being counselled by others of a different culture. Merging findings from numerous ethnicity-specific minority identity development models, Sue and Sue (2008) have articulated the Racial/Cultural Identity Model (R/CID; p. 243). Five common stages are highlighted in this model: (i) conformity, (ii) dissonance and appreciating, (iii) resistance and immersion, (iv) introspection, and (v) integrative awareness. These stages are highly relevant to this review, as unique counselling challenges stem from each stage. How to address those challenges with different counselling strategies is also topic that is explored within the workshop. Each of these will be reviewed along with examples drawn from Sue and Sue of the unique counselling challenges presented by each stage.

In *conformity* Sue and Sue (2008) have described how some minority individuals may share the values of the dominant group, adopting a self-deprecating or disregarding attitude towards their group and other minority groups. The authors noted that in this stage, clients may report a strong preference for a European American therapist. They may respond best to a relatively narrow problem solving approach, as exploring their identity may be threatening due to revealing feelings of inner self-derogation. However, Sue and Sue shared they felt that it was important for practitioners to invite such clients to raise their consciousness about the reality and impact of racism/oppression at some point during the course of therapy, preferably once there is a strong rapport. They argued

this is important because counsellors can help counter societal prejudice by helping clients to develop more positive cultural self-esteem.

Sue and Sue (2008) have shared how in the *dissonance and appreciating* stage, clients may begin to feel conflicted between appreciating their own cultural group and the dominant cultural group. Clients in this stage will likely be more aware of racism and start to hold suspicions about majority culture. They may also hold conflicting feelings about their cultural group as well as the dominant culture, and may benefit from the counsellor's validation of the reality of oppression and encouragement to have more contact with strong individuals in their cultural group. In therapy, a typical client in this stage may state that his or her feelings towards majority culture have shifted in a negative direction, or that for the first time in a long time, he or she is beginning to appreciate aspects of their minority culture. A counsellor wishing to help a client to work through this stage might respond by validating the reality of oppression and encouraging the client to further connect with his or her culture.

Clients in the *resistance and immersion* stage can be difficult for European American counsellors to work with. According to Sue and Sue (2008) this stage is often characterized by the development of culturocentrism, whereby the client's racial/cultural group and its values may become idealized, while the dominant group may become denigrated and vilified for oppression and racism. Clients in this stage are likely to prefer a therapist of their own racial/cultural group and may tend to see their problems as externally rooted in oppression. Practitioners will be challenged to build trust with these clients through increased self-disclosure and by reacting non-defensively to communications of resentment or accusations of prejudice. Counsellors would be wise to

use non-defensive exploration and alignment to teach clients through experience, new ways of relating to supportive individuals from majority culture. Clients may benefit from an encouragement of positive external change efforts that address discrimination.

In *introspection*, as defined by Sue and Sue (2008), clients may begin to realize the toll that negativity has taken, and may experience the desire to choose their own values rather than rigidly accept those of their racial/cultural group. They again experience conflicting feelings about their culture and majority culture, however this time their motivation is usually more about developing personal autonomy rather than struggling with an internalized negative self-image. These clients may wish for the counsellor's help with exploring their identity and their conflicted feelings about choosing between ethnic loyalty and desire for personal autonomy. They may benefit from encouragement of their personal growth efforts, and reassurance that striving for greater personal autonomy is not disloyal to their cultural group.

Finally Sue and Sue (2008) have characterized the *integrative awareness* stage as one where a client continues to experience a great deal of pride in his or her minority group, but may no longer accept many cultural values unquestionably. These clients may instead selectively develop their own values and seek understanding of other cultural perspectives. In this stage, clients often display an appreciation of positive aspects of dominant culture, but are typically more accepting of culturally-aware dominant culture members. They may also come to view the dominant group, too, as being hurt by racism. Such clients frequently prefer counsellors with similar attitudes on equality and social justice. Clients in the integrative awareness stage may benefit from facilitation and encouragement of their goals of positive community and societal change.

In summary, a clients' stage of racial identity development may be used to inform counsellors about a whole host of possible client preferences (Sue & Sue, 2008). For example, it may indicate what ethnicity of counsellor a client is likely to prefer, how open he or she may be to exploring his or her own identity, if additional effort may be needed to build a working alliance, as well as the strength of the client's self-esteem, and whether problems are likely to be perceived as internal or external (Sue & Sue, 2008). Knowledge of such preferences may help counsellors to utilize better cognitive matching and build stronger working alliances.

Having explored the two major topics of acculturation and values, and racial/ethnic identity development under the theme of sociocultural level differences, we now turn to the third of the seven themes within this chapter, cultural dimensions.

Cultural dimensions. In his seminal work into cross-cultural comparative science, Professor Geert Hofstede identified four cultural dimensions in the values of employees in 40 different countries (Hofstede, 2001). Since then, six cultural dimensions have been identified amongst participants in 93 countries that represent constellations of key values: individualism/collectivism, power distance, uncertainty avoidance, masculinity/femininity, long-term orientation, and indulgence/restraint (Hofstede, Hofstede, & Minkov, 2010; see also Hofstede, 2001). Originally based on surveys of employees in the business world, this model has found considerable utility in the study of business management and organizational behaviour (Hofstede et al., 2010).

Although the dimensions reflect national-level values that do not directly translate into individual values, by being aware of and comparing national scores on Hofstede's six cultural dimensions, a counsellor may be able to better understand an individual

client's values within the context of his or her culture and in comparison to the counsellor's own culture. The six cultural dimensions, though not specific to counselling, reflect general values cultural groups tend to hold in how they prefer to work and interact with others. Therefore, an understanding of cultural values could nevertheless be useful to counsellors to enhance the working alliance with individuals and communities, while avoiding unintended pathologization of culturally normal beliefs. Each dimension will be presented below, coupled with the author's thoughts on their potential implications for counselling. The following comparisons and descriptions of dimensions are each drawn from Hofstede et al. (2010):

The dimension of *Power Distance* reflects the degree to which a culture expects an unequal distribution of power and has a preference for stable, hierarchical relationships (Hofstede, 2011; The Hofstede Centre, 2012). In other words, in counselling, this may be reflected by whether a client prefers to be led, or prefers power and responsibility to be shared within the working relationship. According to Hofstede and colleagues' (2010) data, American and Canadian culture is comparatively low on power distance, suggesting that we may prefer our professionals to adopt a more democratic model of helping compared to other nations. However, the majority of diverse clients we will encounter (such as those from East and West Africa, Brazil, India, and China) will likely be from higher power distance countries, which may be evident by clients holding a greater preference for counsellors to adopt a directive and expert role. In addition, clients from cultures with a high power distance may have families with a more hierarchical structure. Counsellors may wish to understand families within this context before labeling these firm familial roles as problematic. They may also want to

be aware that Western-style assertive communication is not a culturally universal skill, and may sometimes increase familial conflict, rather than reducing it, if communication results in boundary crossing within a firmly hierarchical family (Hays, 2009).

The degree of power distance a client expects may also be potentially used to inform the counsellor how directive he or she may wish to be to maintain a strong working alliance. A counsellor could inquire about this directly, or they may pay attention to how the client approaches him or her, or other authority figures. If for example, the client insists on calling the counsellor by his or her last name or title, displays a great deal of politeness and respect for elders or other high-status persons, and makes frequent requests for advice, these may be indicators that the client expects a higher level of structure and directiveness. With some clients, this behaviour may simply indicate a normal cultural preference, rather than evidence of passivity. By taking cultural context into account, a counsellor might potentially avoid misinterpreting such behaviour as signs of shyness and inhibition (Hwang, 2006).

Individualism/Collectivism is perhaps the most well-known of the six cultural dimensions, and can be described an "I" vs. a "we" orientation. In other words, whether people in a society are integrated strongly or loosely into groups (Hofstede, 2011; The Hofstede Centre, 2012). On the whole, members of collectivist countries tend to identify more with larger groups and hold stronger group loyalty, also emphasizing social harmony. In contrast, in individualistic countries, individuals tend to see themselves as independent and form strong bonds with their nuclear family and only a few others. Given that Canada is the fourth most individualistic country out of a sample of more than

70 nations (Hofstede, 2011), it is quite possible that we may perceive virtually all diverse groups as relatively collectivistic when compared to ourselves.

Perhaps related to this definitive individualism, Western psychological theories have a "blind spot" to the areas of interdependence and interpersonal relations (Cheung, Leung, Zhang, et al., 2001, p. 427). Acting in awareness of this individualistic bias, Western counsellors may choose to deliberately spend more time focusing on a client's context, family, and social interactions. This may include (i) considering increasing focus on resolving relational problems (Hwang, 2006), (ii) using a genogram or other family assessment tool, (iii) emphasizing collaborative over confrontational language (Hays, 2009), and (iv) exploring the impact of interventions on family and significant others with the client when considering their costs and benefits (Hwang, 2006).

A third dimension that may help counsellors to better understand the cultural background of their clients is *Masculinity/Femininity.* This refers to the emphasis on stereotypically masculine values within a culture such as heroism, assertiveness, and individual achievement, versus stereotypically female characteristics such as cooperation, modesty, quality of life, and caring (Hofstede, et al., 2010; The Hofstede Centre, 2012). Societies high in the masculinity trait typically display a larger difference in values between genders (Hofstede, 2011). Masculinity may become visible to a counsellor in clients' competitiveness and willingness to take initiative, whereas femininity may be identified by a preference for compromise and consensual decision-making. According to Hofstede and colleagues' (2010) data, Canadian culture is located roughly in the global middle on this trait, thus Canadian counsellors may find that clients from some cultures may seem to be more ambitious, motivated, and competitive, whereas others may seem

more caring and conciliatory. Counsellors will likely want to weigh the impact of a client's culture in terms of this dimension before applying a variety of labels such as perfectionistic, hypercompetitive, withdrawn, fused, or self-sacrificing. Counsellors wishing to be culturally sensitive might discuss such traits with the client within the context of expectations of both cultures.

In the academic and work world, a prototypical culture high in *Uncertainty Avoidance* shares characteristics such as a general dislike of ambiguity and unstructured situations, values strict rule adherence, clear communication, and may be more opposed to unusual behaviour and ideas (Hofstede, 2011; The Hofstede Centre, 2012). We might see this dimension in the counselling room if a client appears to prefer a more structured approach clear, unambiguous communication. In contrast, with clients from cultures low in uncertainty avoidance, counsellors may feel challenged to be more adaptable and communicate boundaries more effectively. They may also be required to pay a greater attention to context so as to be able to understand the nuances of client communication styles.

The second to last dimension to be reviewed, *Long-Term/Short-Term Orientation* is a dimension that Hofstede and colleagues (2010) have identified as highly representative of many East Asian cultures. The author hypothesizes that this dimension may potentially have a strong relationship to preferences in counselling interventions. Peoples in countries with a long-term orientation such as Japan and China tend to save for the long-term, because they focus on the future over the past or present. They take a longer-term, flexible, and contextual perspective (Hofstede, 2011; The Hofstede Centre, 2012). Americans and Canadians with a relatively short-term orientation may tend to

focus on the present in the counselling room, searching for absolute truths, look more towards simpler solutions, and might also be more in touch with themselves in the present, perhaps excelling at emotional and self-monitoring exercises. Clients representative of long-term orientations might be especially able to grasp the importance of situation or context in their lives, and do well with exercises such as genograms and life lines. Counsellors would be wise to adopt an approach of curiosity, seeking to learn client preferences rather than assuming what the client wants from the counsellor. However this dimension can be one way of organizing thought about an individual client's counselling preferences.

The last cultural dimension, *Indulgence/Restraint* is used to describe a dynamic whereby cultures labeled as indulgent encourage having fun, free expression of natural drives, and self-gratification, whereas cultures valuing restraint may emphasize regulating needs and desires according to social norms (Hofstede, 2011; The Hofstede Centre, 2012). Hofstede and colleagues' (2010) cultural comparisons suggest that in this respect, Canadians are a relatively indulgent nation, especially compared to nations such as China, India, and Japan. Counsellors may find that clients from more restrained cultures take pride in their abilities for self-control and exercise greater control over their display of emotions, demonstrating corresponding preferences, strengths and weaknesses in counselling. Those from more indulgent countries could potentially expect more rapid progress from counselling, and prefer more short-term goals and reinforcers.

In summary, Hofstede, and colleagues' (2010) six cultural dimensions were created to describe differences in work and interaction preferences between national cultures, but they may also hold considerable applied value in indicating clients' likely

counselling strengths and preferences. Counsellors may wish to take such preferences into consideration when making decisions such as whether to maintain a more individual or systemic focus, choosing to be more or less authoritative and directive, and how the incorporate emotion into counselling. This information may be especially useful in understanding and predicting what a client's preferences might be in initial sessions before his or her personality and individual values are strongly understood, but ought not be viewed as a substitute for seeking understanding a client's true personal preferences. However, decisions of when to use approaches that allow clients to stay within their comfort zones and when to try developing complementary skills remain up to counsellors and their clients.

Continuing our focus on sociocultural level differences, the next section (the fourth of seven broad topics), contains an overview of cultural differences in communication. Being informed on how to understand and more effectively respond to different cultural communication styles can be a considerable asset for counsellors practicing cross-culturally. Thus, more information on this topic is contained below and is also a significant focus of the applied workshop in this project.

Communication. Sue (1990) has stated that a significant part of therapy can be thought of as a communication style, and that much of effective therapy "depends on the therapist and client being able to send and receive both verbal and nonverbal messages accurately and appropriately" (Sue & Sue, 2008, p. 160). An important focus of the present section, as well as of the applied workshop, is therefore on how counsellors can understand and adapt to clients' communication styles in order to build mutual understanding and cultural empathy. Counsellors can do so by maintaining an awareness of client body language, eye contact, personal space, and high vs. low context communication (direct vs. indirect communication; Sue 1990).

In his review of communication research comparing European, African, Hispanic, Asian, and Aboriginal Americans, Sue explained that generally speaking, many African-Americans are inclined to speak succinctly, show more affect, talk the most quickly, employ interruptive turn-taking in conversation, and tend to avert eye contact when listening (Sue, 1990; Sue & Sue, 2008). In contrast, Aboriginal Americans frequently make room for silence, communicate in a low-key and indirect manner, and make less use of eye contact. Silence in this culture frequently indicates careful consideration or respect. Asian and Hispanic Americans are also known to communicate in a less-direct, lower-key fashion, to prefer a closer interpersonal space than European Americans and to respond more slowly. They may perceive Western-levels of direct eye contact with strangers or high-status persons to be impolite (Rivera & Rogers-Adkinson, 1997; Sue, 1990; Sue & Sue, 2008). Asian American culture prescribes restraint of facial expression of strong emotions as a sign of self-control. Maintaining direct eye contact to show one is listening is a relatively unique feature of European Canadian culture.

On a practical level, a counsellor could use this information in a number of ways. He or she may avoid misinterpreting less frequent eye contact as disinterest or shyness. The counsellor may wish to be especially mindful to not label normal, low-key communicative behaviours as evidence of passivity, avoidance, or shyness (Hwang, 2006). Counsellors may also wish to adjust their own styles to match higher energy African American conversation or lower-key Aboriginal, Asian, and Hispanic communication. In working with Aboriginal peoples, it may be especially important for counsellors to slow down and allow their clients ample time to finish speaking (Sue & Sue, 2008). Hays (2009) has recommended that counsellors use silence to demonstrate their efforts at understanding clients during initial sessions. While the aforementioned communication styles may constitute a helpful way of generalizing communicative preferences, counsellors are strongly encouraged to process such preferences with their clients directly to enhance the comfort of therapeutic exchanges.

Another characteristic of communication reviewed by Sue and Sue (2008 p. 168–169) is *High Context* versus *Low Context Communication*. Low context communication is described as typical of European American culture and involves stating one's points and preferences in a direct fashion. Low context communication is more common amongst Asian, Hispanic, and Aboriginal groups. In this communication style, information is spoken less directly, and the context of how something is said can sometimes be more important than what is said. For example, Sue and Sue have highlighted how a hesitant "yes" may actually mean "no". When working with clients with high context communication styles it may be especially important to use exit and homework evaluation slips (Hays, 2009) to gain more direct feedback on client

preferences. Counsellors might also use gentler challenging skills or more reframing interventions to avoid being perceived as confrontational.

If a counsellor has difficulty understanding a client's subjective experience of distress, he or she may also find it difficult to develop genuine empathy with that client, as well as with conducting an accurate assessment. Therefore, awareness of the cultural communication of distress is an essential component of cross-cultural counselling (Hwang, 2006). In that respect, it is important to be aware that the expression of physical symptoms is "the most common clinical expression of emotional distress worldwide" (Kirmayer & Young, 1998, p. 420), common in both Western and non-Western cultures. For instance in a classic study, Kleinman (1977) found that 88% of depressed Taiwanese-Chinese adult patients reported only somatic symptoms (n=25), but 20% of Western clients (n=25) did so as well. Similarly, somatization scores for clinically depressed adult African American and Latina women (n=46 and n=43 respectively) were approximately 70% higher than European American women (n=36), but were significant for all groups (Myers et al., 2002). It is hypothesized that in Asian culture, somatic presentation in counselling may be a negotiative tactic to avoid the stigma of mental illness, as clients are often able to discuss emotions when asked or when the working alliance has improved (Cheung, 1982; Cheung & Lau, 1982; Parker, Gladstone, & Chee, 2001), however somatization may also have its roots in a greater belief in mind-body unity which is common in most non-Western cultures (Hwang, et al., 2006; Lee, 2001).

To respond effectively to such cultural communications of distress, it is important for clinicians to focus a significant part of early assessment on how mental illness manifests itself physically and how those physical symptoms affect the client (Sue & Sue,

2008, p. 366). One specific question they can ask to bridge from somatic symptoms to emotions while minimizing stigma is the following: "dealing with headaches and dizziness can be quite troublesome; how are these affecting your mood, relationships, etc. ? " (Sue & Sue, 2008, p. 366). Counsellors may also wish to assist clients with differentiating thoughts and feelings during treatment (Hwang, 2009) which can be done by separating diagnostic symptoms into mental and physical checklists and then distinguishing mental and physical symptoms when discussing symptoms with the client (Hwang, 2012).

Counsellors may not know their client's preferred language nor be able to fully adapt their communication style. However they can employ visuals, translators, client friends or family members, or multilingual dictionaries to foster a richer understanding and connection with their clients (Hwang & Wood, 2007). Thornton (as cited in Hays, 2009, p. 357) noted that even in the absence of effective language, counsellors can convey alignment to their clients physically by moving their chairs to sit alongside the clients while working on how to address a list of their current problems. Similarly, Sue and Sue (2008) have noted that simply apologizing for the limitations of one's cultural helping style and expressing a willingness to understand the client and his or her situation may be enough for many clients (pp. 180–181). This has an added advantage in that showing humility is highly valued in many collectivist cultures (Hwang, 2006).

Communicating with clients about how racism impacts their lives can often be a difficult topic for many counsellors to raise. Thus, the focus of the next (and third to last section) is on how counsellors can better understand and broach racism with their clients.

Modern racism. Despite racism now being taboo in much of the Western world, it continues to exist in implicit and covert forms, even amongst those who do not believe they hold negative attitudes (Dovidio, Kawakami, Johnson, Johnson, & Howard, 1997; Dovidio & Gaertner, 2004). Receiving subtle, often unintentional, verbal and behavioural messages that convey stereotypes or invalidations is a common experience for persons of diversity (Constantine, Smith, Redington, & Owens, 2008; Sue, Bucceri, Lin, Nadal, & Torino, 2009; Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Wang, Leu, & Shoda, 2011). These messages, termed racial microaggressions, may take on several forms: microassaults, microinsults, and microinvalidations (Sue, Bucceri, Lin, Nadal, & Torinio, 2007). Racism can be a difficult, but valuable subject for counsellors to broach with their clients (Day-Vines et al., 2007). By being aware of such subtle occurrences, counsellors may feel better equipped to recognize, validate, and explore these victimization experiences. These forms of discrimination are reviewed below, as well as in the workshop.

Microassaults consist of incidences of conscious discrimination, similar to old-fashioned, overt racism, but typically happen under extenuating circumstances such as when the perpetrator loses inhibition or is within a safe, anonymous, or private environment (Sue, Bucceri, et al. 2007). Examples may include Mel Gibson's anti-Semitic remarks when arrested for driving while intoxicated or a restaurant owner serving Black patrons last (Sue & Sue, 2008, p. 111). In contrast, microinsults and microinvalidations are typically well-meaning and unintentional, but nevertheless carry hurtful implications.

Microinsults "represent subtle snubs, frequently unknown to the perpetrator, but clearly convey a hidden insulting message to the recipient" (Sue, Capodilupo, et al. 2007, p. 274). For example, when persons are asked where they are from or complemented on their English simply because of their race, the message received may be that that their ethnic group is un-Canadian. Microinvalidations deny bias on the part of the perpetrator and dismiss the reality of, and psychological experience of racism. They may include statements about the oversensitivity of the upset person or for instance, that one has friends of colour and is therefore immune to racism.

Such unintentional and covert forms of discrimination may leave the person feeling undermined and questioning his or her judgment. Such discrimination may also lead to a double bind between choosing to hold in unvoiced negative feelings or voicing suspicions and being dismissed as oversensitive, risking greater hostilities. Wang and colleagues (2011) have found that even in situations where it is uncertain whether discriminatory treatment has actually occurred, the experience of racial microaggressions has negative emotional consequences.

It is the counsellor's responsibility to actively broach the topic of racism in sessions so that its effects can be discussed and addressed because clients will likely be unwilling to do so due to having received negative reactions when discussing this taboo topic with European Americans in the past (Day-Vines et al., 2007). Day-Vines and colleagues have underlined that in addition to potentially leading clients towards greater psychological health, such discussions can also help counsellors gain a greater understanding of the client and build a stronger working alliance. When raising the topic, counsellors may anticipate mistrust and prepare to react non-defensively. When racism is

brought up, it is best for counsellors to err on the side of validating feelings of victimization and prejudice, even if they some elements of the experience may mirror psychological symptoms (Day-Vines et al.; Hays, 2009). Similarly, counsellors may teach and validate racial microaggressions as painful internal experiences that can be processed with the goal of letting go of the hurt (Sue, Bucceri, et al. 2007).

An important underlying commonality between improving cultural communication skills and discussing racism, as shared in the previous two sections, is the intention to help make counselling feel clear and relevant to the lives of diverse clients. In the next (and second to last) section under the theme of sociocultural differences, *cultural bridging* is discussed. Within this section, numerous discrete techniques and strategies are shared to further illustrate how culturally competent counselling can be further realized.

Cultural bridging. If therapy is in itself a unique culture, as suggested by Sue (1990), then counsellors may wish to make an effort to reduce therapeutic "culture shock" (Hwang, 2006). One way to ease the transition is to carefully orient the client to counselling (as previously discussed) and to consider the potential value of taking a more directive and solution-focused approach that includes increased personal disclosure and influencing skills (Sue & Sue, 2008, p. 179).

A common recommendation stemming from intercultural communication and cultural competence research is for the counsellor to become more 'real' in the session by strategically using more self-disclosure and nonverbal affiliative expressions (Gudykunst & Nishida, 1984; Gudykunst, Sodentani, & Sonoda, 1987; Gudykunst, Yang, & Nishida, 1985). This helps both people to get a better "feel" of each other, because persons of

cultures foreign to one's own may be more difficult to understand and predict. As such, intercultural interactions typically contain more use of interrogation. By being more flexible with their use of self-disclosure, therapists can avoid the perception, for some clients, that they are being rude or distant (Hwang, 2006). *Non-verbal affiliative expressions* refer to non-verbal actions that convey invitation and encourage social connectedness, such as gaze, smile, touch, and inviting facial expressions (Yang, 2007). Although counsellors may wish to be cautious with touch, they are well advised to accept the challenge to extend a non-verbal welcome to their diverse clients.

Another cultural bridge that will be stressed in the workshop is to adopt the advice of scholars (Bernal, et al., 1995; Domenech-Rodriguez, et al., 2011; Hwang et al., 2006) who have encouraged counsellors to incorporate values, language, strengths, and symbols from a client's culture to reframe therapeutic interventions as aligning with culturally congruent concepts. For example, Domenech-Rodriguez and colleagues harnessed popular cultural values such as respeto (respect) and buena educacion (a noble upbringing) to explain parenting concepts to Mexican American families. She also utilized cultural folk sayings called dichos. One example of such a saying is "*La verdad no mata, pero incomoda"* (Galvan & Teschner, as cited in Zuniga, 1992, p. 58) which literally means "the truth doesn't kill but it can hurt" (p. 58). Zuniga suggested the use of this saying to acknowledge the difficult emotions that may come with introspection, client apprehension, and resistance.

Cultural sayings and folk stories can also be utilized by counsellors to convey valuable lessons and moral precepts. For example Nzewi (2009) used the structure of African trickster folktales to teach cognitive behaviour therapy (CBT) to a 12-year-old

Nigerian adolescent. For those affiliated with a Chinese culture, Hwang and associates (2006) have suggested the use of Chinese 成语 *Chengyu*. Further, Hwang, (2006) has suggested the idiom 双管齐下 Shuang Guan Qi Xia (two brushes painting together) which alludes to a story of a talented artist who would paint with two brushes in one hand. The idiom means to work on two tasks at the same time, and can be used to explain the dual cognitive and behavioural intervention strategies of cognitive behavioural therapy. Likewise, Hwang (2012) has also made use of the Chinese concepts of mind-body unity and the concept of balancing black and white Qi (life energy). Using these concepts in combination with the Taoist Yin Yang symbol, he has explained to clients the value of rebalancing cognitions through CBT. The same framework is used to encourage traditional Chinese exercise and behavioural activation activities such as taiji and sitting in the sun.

Similarly, the medicine wheel teaching of First Nations peoples can be used to convey the importance of balance as well as physical, social, spiritual, and cognitive healing (Verniest, 2006). The teaching of the medicine wheel can function as a tool of decolonization, as its use presents indigenous knowledge as equal to Western knowledge (Absolon, 2010) and because reconnection with cultural knowledge is considered a restorative intervention for Aboriginal peoples (Stewart, 2008).

In conclusion, practitioners can bridge between cultures by adopting a more psychoeducational style and making an effort to learn specific cultural knowledge such as cultural sayings, values, and health beliefs to use as familiar metaphors for illustrating therapeutic concepts. This information is elaborated on considerably within the workshop in several ways, including with more numerous and detailed examples of

cultural concepts being used as metaphors to help clients understand CBT, a discussion of encouraging culturally congruent self-care activities, as well as a checklist for how to conduct a cultural assets search.

In the next (and final) section regarding sociocultural level adaptations, the author highlights the importance for practitioners to independently pursue knowledge specific to the ethnic groups that they work with. This is illustrated through the examples of stigma related to mental-health help seeking amongst Asian, Arab, and African American cultural groups, as well as by the challenge of high rates of suicide amongst Aboriginal groups.

Specific issues. To ensure effective treatment of minority clients, it is important to become aware of specific psychological challenges facing a client's cultural group (Hwang, 2006). Although a comprehensive discussion of important issues for all major ethnic groups is beyond the scope of comprehensive review, two core examples will be discussed to offer illustrations of what information practitioners can look for to enhance their competency with specific client cultural groups: the stigma underlying help seeking amongst several cultural groups, and suicide amongst Aboriginal youth.

The first example is the taboo of mental illness in several different cultures. Consistent with this taboo conceptualization, is that Arabic-speaking clients may view mental health services with great stigma, suspicion, and as negatively affecting one's marriageability (Youssef & Deane, 2006). Traditional Asian values are often also not supportive of counselling, although perhaps for partly different reasons, such as a strong emphasis on saving face, relying on willpower, and restricting private disclosure to strangers (Miller, Yang, & Chen, 1997; Chu & Sue, 2011). African-American culture

often tends to place an emphasis on mental endurance and self-reliance, contributing to cultural prescriptions to 'tough it out' which also increase the stigma associated with seeking treatment (Broman, Mavaddat, & Hsu, 2000; Snowden, 2001).

When counsellors become aware of sociocultural barriers such as concerns about marriageability, loss of face, or cultural prescriptions to 'tough it out' which some of their clients may need to overcome to attend counselling they may choose to take action to de-stigmatizing counselling. For example, they may

- emphasize confidentiality (Sue & Sue, 2008, p. 372) which may help allay privacy concerns such as about marriageability,
- reframe counselling as a way to growing or fixing mistakes rather than admitting failure to minimize loss of face (Miller, et al., 1997), and
- choose to provide ample encouragement and validation recognizing the strength and effort that it took to come to a session (Hwang, 2009).

To further lessen the perceived stigma, cognitive-behaviourally-oriented practitioners can reduce their emphasis on changing cognitions and increase emphasis on positive thinking, problem solving and behavioural activation (Hwang, 2009). They can further choose to examine the helpfulness rather than the rationality of problematic beliefs, especially when they center on real stressors (Hays, 2009). Finally, counsellors may address stigma on a systemic level as suggested by Hwang, Myers, Abe-Kim, and Ting (2008) by increasing their visibility in the cultural community and coordinating with other respected professionals such as doctors and spiritual leaders who may be clients' first choice to share their mental health concerns. Additionally, counsellors can increase their emphasis

on assessing problem severity should they feel clients have delayed treatment for an extended period of time due to fear of social stigma (Hwang, 2006).

A second example of a culture-specific challenge may be suicide amongst Aboriginal youth, which occurs at 5–6 times the rate of the general youth population according to the Aboriginal Healing Foundation (2007). In response, they have called for school and community based suicide prevention programs as part of the solution and have challenged mental health practitioners to build rapport with young people while helping address related issues of substance abuse, mood disorders, and conduct/antisocial disorders. Efforts at cultural reconnection, a healing intervention raised earlier in this chapter, may be useful to help Aboriginal communities as it was found to be a protective factor that strongly influences suicide rates (Chandler & Lalonde, 1998). In summary, increasing the availability of suicide prevention programs, closer bonds between counsellors and youth, addressing underlying challenges such as substance abuse and depression, and encouraging cultural reconnection may all be beneficial in helping First Nations to protect their youth from suicide.

The preceding seven sections on sociocultural differences contained a review of several findings and methods that counsellors could use to better respond to their clients' cultural selves. In the third and final major theme within this review, universal level considerations are presented that apply to all cultures, but that may be worthy of increased attention when working cross-culturally.

Universal Level Considerations

In addition to maintaining individual and cultural responsiveness, counsellors may wish to take care to not lose sight of several universal level considerations. These include challenges that may be universal, but may sometimes be more salient in the lives of clients of diverse cultures living within Canada. The universal level is explored from two main angles: Terror Management Theory and challenges related to practical needs.

Terror Management Theory. In this topic, Terror Management Theory (TMT; Greenberg, Pyszczynski, & Solomon, 1986) is reviewed because it has been posited through this theory that cultural worldviews are directly linked to mental health. That is, cultural worldviews are believed to play a central role in psychological protection from anxiety by bringing a sense of order, meaning, and value to life (Becker, 1973). Therefore, TMT may serve to highlight how protecting client culture may be closely linked to psychological wellbeing.

In almost 300 studies on over 24,000 participants from numerous different nations, researchers have demonstrated that when mortality is brought close to conscious awareness, people inadvertently increase their commitment to their most conservative cultural worldviews, and act to bolster their self-esteem (Burke, Martens, & Fauchner, 2010) and vice versa (Schimel, Hayes, Williams, & Jahrig, 2007) because cultural values and self-esteem are thought to be dual anxiety buffers (Greenberg, et al., 1986).

When the most traditional cultural prescriptions or methods for bolstering self-esteem are not positive (for example, cultural prescriptions for excessive thinness), the types of highly conservative defensive reactions that people have been shown to display

when reminded subtly of death can be intolerant or unhealthy (e.g. restrictive eating; Goldenberg, Arndt, Hart, & Brown, 2005). Participants have been found to

- display increased aggression to value-threatening individuals (Lieberman, Solomon, Greenberg, & McGregor, 1999);
- decrease their medical help seeking (Goldenberg, Routledge, & Arndt, 2009);
- intensify overeating (Mandel & Smeesters, 2008) and restrictive eating (Goldenberg, et al., 2005);
- blame innocent victims to validate a 'just world' hypothesis (Hirschberger, 2006);
- experience increased symptoms of social phobia, chronic hand washing, social anxiety, and PTSD (Pyszczynski & Kesebir, 2011; Strachan et al, 2007); and
- decrease their appraisals of their multicultural counselling competency (Ivers, & Myers, 2011).

It follows from these findings that practitioners may wish to thoroughly think through any strategies that challenge clients' cultural beliefs unless clients are clearly open to doing so (Hays, 2009) as doing so might be personalized as a threat to identity (Chiu & Hong, 2005) leading to increased cultural conflict, or aggravation of a client's anxiety and unhealthy behaviour patterns.

One potential extension of this theory for cross-cultural counsellors is that if members of a community hold traditional cultural values that are not supportive of psychotherapy or otherwise base their self-worth on self-reliance, then these values could

be triggered by reminders of mortality such as a suicide in the community, or memories of past torture or trauma brought up in the media. These reminders may cause a community to close off, reducing formal help-seeking right when it is needed most. In such cases, perhaps a counsellor may use cultural bridging techniques to reframe help seeking as being consistent with other important cultural values such as harmonious families or increased personal resilience. As reminders of mortality have been shown to cause defensive reactions such as discrimination and favouritism of ingroups (Fritsche, Jonas & Fankhänel, 2008; Tam, Chiu, & Lau, 2007) it also follows that exercises such as self-epitaphs or letters to the deceased could conceivably have some unhelpful side-effects. For example, traditional patterns such as patriarchal beliefs, ethnic rivalries, or acculturation conflicts in the family could reappear, interfering with therapeutic progress. It is also worth noting that attachment style (see Bowlby, 1969/1982, 1973, 1980; Mikulincer & Shaver, 2007) may be a third component of a reciprocal tripartite security system including culture and self-esteem (Hart, Shaver, & Goldenberg, 2005; Mikulincer & Florian, 2000; Mikulincer, Florian, & Hirschberger, 2003), thus close relationships may be part of psychological health, but may also be implicated in defensive reactions.

Natural defence mechanisms such as self-esteem, worldview, and attachment styles may promote psychological health of people across many different cultures, but are likely to have negative consequences when these systems contain discriminatory or unhealthy beliefs or when they are challenged by counsellors without a sufficient basis for doing so. In the final section of this review, practitioners are encouraged not to overlook real-world needs in their efforts to accommodate client individuality and culture.

In the final section of this review, practitioners are encouraged to recognize how assisting clients with practical needs can sometimes be as important as helping with psychological or cultural needs. It is argued that helping with practical needs may not only be culturally sensitive, but may often be an ethical necessity in and of itself.

Practical needs. When diverse clients face significant practical barriers in their lives such as housing, finances, and acculturation, perhaps the most fitting and culturally competent response is for counsellors and psychologists to expand the boundaries of their traditional roles and offer assistance with these barriers (Atkinson, Kim & Caldwell, 1998; Atkinson, Thompson, & Grant, 1993). Offering to help clients coordinate their efforts to meet their practical needs may be a universal directive, but the need for such assistance may be greater amongst newcomers and minority groups that face systemic barriers (George, 2002; Sue & Sue, 2008).

Practical barriers faced by diverse clients as listed by Kung (2004) include language development, finances, transportation, and a lack of awareness about available services. Many newcomers have additional needs such as affordable housing, employment, social contact, and familiarity with Western norms that may temporarily supersede the need for long term psychological growth (George, 2002). As a result, counsellors may be challenged to act as social workers, advocates, or acculturation consultants in order to create the stability that allows clients to be able to focus on their psychological wellness (Atkinson, et al., 1993). At minimum, Canadian Psychologists are challenged by their code of ethics to coordinate with other service providers, provide assistance beyond only the psychological domain, advocate on behalf of their clients, and make referrals so that clients can access the services they need (Canadian Psychological

Association, 2000; principles II.18, II.20, and II.21 respectively). Similar to the concept of dynamic sizing (Sue, 1998) reviewed earlier, perhaps practitioners may be well-advised to also dynamically adjust the balance between psychological and practical assistance to be of the greatest help to their clients.

Hays (2009) has suggested that offering practical assistance is naturally compatible with the behavioural component of cognitive behavioural therapy which is often focused on environmental change. She has advised practitioners to carefully separate environmental/practical and individual/cognitive challenges in the assessment phase. In the treatment phase, counsellors may then employ practical, behavioural skills to make changes to clients' environment at the same time as they working on cognitive skills to address psychological challenges. For example, when working with a depressed international student, a counsellor might incorporate cultural social interaction skills, financial/educational skills, and suggest social-focused behavioural activation activities, rather than focusing exclusively on a narrow range of internal problems and cognitions.

Chapter Summary

The preceding chapter contained a detailed and utilization-focused review of culturally competent counselling research findings that will be used directly to inform the content for the cultural adaptation training workshop. Findings were organized by individual, sociocultural, and universal levels, and readers were introduced to such applied topics as

- how to utilize cultural sayings, folk tales, and symbols as cultural bridges to enhance the understanding of counselling concepts,

- balancing emphasis on cultural adaptations versus the individual uniqueness of the client through *dynamic sizing* (Sue, 1998),
- the centrality of practical needs which may sometimes take precedence over psychological or cultural needs,
- broaching and discussing racism within counselling sessions, and
- enhancing the assessment of self-esteem and personality with cultural knowledge.

The fifth chapter contains a brief overview of how this material has been integrated into a cultural adaptation workshop aimed at helping counsellors gain cultural competency. Thereafter, strengths and limitations of this review, as well as of the applied element of this project will be presented. Following this section is the appendix, which consists of the content of the workshop itself.

Chapter 5: Overview of the Cultural Adaptation Workshop

I have written Chapter 5 with the intention of providing a brief overview of the structure and organization of the applied element of this project: the "From Awareness to Practice: Bringing Culture Into the Counselling Room" workshop. For a selection of information relevant to the facilitation of/participation in the workshop, readers are invited to consult the "Preamble" section within the appendix. For in-depth information regarding the creation and structure of the PowerPoint presentation, including how the material from earlier chapters was used to inform this practical presentation, readers are encouraged to refer to the section titled "PowerPoint Presentation and Slides", also located within the appendix.

Workshop Overview

The cultural adaptation workshop is organized around an interactive and engaging PowerPoint presentation, designed to encourage explorative learning and critical thinking over more than 150 slides of interactive content. This presentation is further supported by four resources, carefully crafted to enhance participants' learning experiences.

PowerPoint Presentation

The PowerPoint presentation was created with close attention to APA standards and guidelines, but also with a creative, accessible, and learner-friendly design in mind. The presentation has three major sections: (i) "The Need for Culturally Adapted Counselling and Psychotherapy", (ii) "Introducing Culturally Competent Practice", and (iii) "Moving from Theory to Practice with the PAMF." The "Moving from Theory to Practice with the PAMF" section contains the majority of the recommendations and strategies for culturally adapting therapy, and is further subdivided according to the six,

easily-understandable domains of the Psychotherapy Adaptation and Modification Framework (PAMF; Hwang, 2006): (i) Dynamic issues & cultural complexities, (ii) Orientation to therapy, (iii) Cultural beliefs, (iv) Client-therapist relationship, (v) Cultural differences in expression and communication, and (vi) Cultural issues of salience. Together, these three sections and six domains are used to thoroughly introduce the benefits of cultural adaptation, provide an overview of frameworks that can be used for customizing counselling, and offer numerous examples and illustrations of specific strategies to use to improve services delivered to diverse clients. For more detailed information regarding the creation and content of each section of the PowerPoint presentation, readers are encouraged to refer to the "PowerPoint Presentation and Slides" section in the appendix.

Accompanying Materials

Though it comprises a major component of the applied portion of this project, the PowerPoint presentation is only one of five components associated with the workshop. The accompanying four learning materials include (i) an introduction and orientation to the goals of the workshop, complete with recommended pre-readings, (ii) discussion forum questions intended to help attendees further process, solidify, and personalize what they have learned, (iii) a self-evaluation form that can also be used as a convenient summary of each of the practical recommendations in the workshop for future reference, and (iv) a workshop evaluation form, which may be used by facilitators to improve future workshops. These materials have been made available to encourage participant self-study and self-reflection, promote collaborative learning, and provide a convenient evaluation tool to ensure the quality of the workshop.

Chapter Summary

In the present chapter I described the structure of the cultural adaptation workshop, which includes an extensive and interactive PowerPoint presentation and four sets of accompanying materials designed to help participants take their learning a step further. Readers interested in further information on the facilitation, creation, and content of the workshop are invited to refer to the "Preamble" and "PowerPoint Presentation and Slides" sections located within the appendix. In the final chapter I provide a summary and conclusion, discussing the strengths, weaknesses, future directions, and implications of this project.

Chapter 6: Discussion

Before putting an educational program into practice it is important for the facilitator to be aware of its strengths and limitations. This allows the instructor to ensure that the content and delivery of that program is suitable to meet the needs of the learners, and to make adjustments or choose a more suitable alternative if it does not. In this spirit, the strengths and weaknesses of this literature review and applied workshop are discussed below. Subsequently, a few thoughts are offered on the possible directions of future research in culturally adapted therapies.

Strengths

One considerable strength of this project is the extensive literature review upon which the information presented is based. Between the appendix and the literature review, over 190 sources were consulted for information on culturally-competent counselling, which has allowed the information provided to be based on a firmly founded overview of publications in the field.

A diverse collection of sources was reviewed that included primary sources (journal articles) as well as secondary sources (culturally competent counselling textbooks, reviews, and meta-analyses). Although most studies consulted were relatively recent (published after the year 2000), I also consulted classic and seminal articles in the field and drew heavily on the works of leading scholars such as Derald Wing Sue, Fredrick T. L. Leong, Nancy Arthur, Sandra Collins, Wei Chin Hwang, Geert Hofstede, and Fanny Mui Cheung. More quantitative than qualitative studies were cited in order to address the criticism that culturally competent counselling literature relies too heavily on theory and qualitative research (Hays, 2009; La Roche & Christopher, 2008), however a

significant portion of qualitative studies and secondary sources were included to take advantage of the applied value of clinical wisdom shared by leaders in the cultural competent counselling movement.

In regards to the cultural adaptation workshop itself, considerable effort was taken to create an effective learning tool. The workshop was crafted with a focus on creativity and interactivity so that it might be meaningful, engaging, and accessible to participants with different learning styles. At the same time, the workshop was also created to be informative, and is thus furnished with a great deal of content, and complemented with reflection questions inviting critical thought. In addition, detailed citations and reading lists are provided so that participants may easily access additional resources to independently pursue their own professional development long after they have completed the workshop. Although the workshop was designed for potential use in the Campus Alberta Applied Psychology (CAAP) courses such as 6607: *Equity and Diversity in Counselling*, or 6619: *Specialized Counselling Practicum*, the content can be readily adapted for learners with varying levels of cultural and counselling experience.

Importantly, since a sizable portion of the workshop is based on quantitative studies and recommendations from experienced practitioners, the majority of the examples, illustrations, and suggestions offered possess considerable face validity, which may help to motivate concrete-minded learners. The fact that the content of the workshop closely follows one of the most current frameworks for cultural adaptation (the PAMF; Hwang, 2006), one that is currently concluding clinical trials (Hwang, 2012) is also a positive indicator of the validity of its content.

Limitations

Despite having considerable strengths, this project also has notable limitations that should be highlighted for learners and facilitators. These limitations come in three broad categories: those relating to scope, depth, and methodology of the literature review informing this project, the electronic format of the workshop, and the need for testing and consultation to further refine this workshop.

In terms of methodology, despite the extensive literature review undertaken for this project, it is possible that the information that I have selected reflects researcher bias. Although every effort was made to select studies according to their applied relevance, I may have inadvertently expressed personal biases in the studies that I attended to and selected as well as the points that I chose to include as I composed the research review and workshop.

In terms of scope and depth, the literature review was not limited solely to quantitative and methodologically rigorous studies. While some examples and suggestions shared were based on RCTs and rigorous, empirical research, a significant part of this project was theory-driven. Therefore, at times, general conclusions were extended from more limited quantitative findings, or suggestions were included on the basis of theoretical principles or clinical expertise shared in peer-reviewed articles. Consequently some illustrations and guidelines offered have not yet been fully empirically tested. For example, the PAMF framework itself has not yet finished being evaluated it its clinical trials (2012) which would otherwise lend it more decisive empirical support. In addition, this workshop itself has not yet been assessed for validity and utility by potential users or experts in the field; neither has it been empirically tested.

Other limitations resulting from the scope and depth of the literature review include that the literature review represents a greater focus on breadth than depth, thus containing a broad combination of general conclusions based on research with a number of disparate groups residing in a few different countries and of different ethnic backgrounds, nationalities, immigration status, and acculturation levels. When the needs and characteristics of specific groups are highlighted in the review, the focus is typically on only a few select cultural groups. Therefore, it will be important for individual practitioners to treat all generalizations in the workshop as tentative and pursue additional, group-specific research on their own initiative.

In addition, in order to keep the workshop brief enough to fit a 3-hour professional development session, the scope of the literature review and workshop was intentionally limited to cultural diversity only, which is merely a single dimension of human diversity. Counsellors are strongly encouraged to consider how they will incorporate other important aspects of diversity such as religion, language, gender, sexual orientation, and socioeconomic status.

There are also limitations inherent with the electronic format of the workshop. Given that the heart of the workshop is a presentation relying heavily on the use of the PowerPoint presentation format, a significant portion of its effectiveness as a teaching tool depends on the motivation of the learner and his or her comfort with individual, online learning. If the workshop were to be delivered face-to-face by a facilitator, then part of its effectiveness would then also rely on the facilitator's ability to make the material engaging and pace it effectively, especially if they were to present in a lecture format.

Perhaps the most important limitation to bring to the attention of readers and participants is that the present workshop is to some degree still a work-in-progress that requires further testing and refinement. As mentioned previously, it has not yet been tested empirically, nor evaluated by cultural competency experts. Furthermore, it could likely use further refinement with the help of its potential users. Thus, it will be important to consult focus groups to receive further feedback on how to improve this presentation as a learning tool. Such feedback could be used for example, to shorten this rather lengthy presentation and to emphasize the content considered most useful to participants. Another way to use focus group feedback would be to find out how the presentation could be modified to cater to students with different learning styles. There remains work left to be done to further bring together evidence-based practice and culturally competent counselling within this project.

In summary, strengths of this project include a broad and diverse literature review, strong face validity, careful attention to accessibility and engagement within the construction of the workshop. Weaknesses may include a lack of empirical, expert, and user review, a scope limited to diversity related to culture only, and broad generalizations made about sometimes disparate groups. Prospective users of this workshop are encouraged to consider the strengths and weaknesses of this project to determine whether this professional development tool is suitable for their specific needs. In the next section, the author discusses potential areas for future research within the realm of culturally adapted counselling and psychotherapy.

Areas of Future Research

A central problem in the field of cultural competence is the lack of integration of the cultural competency movement and evidence-based practice research (Hays, 2009; La Roche & Christopher, 2008). To date, there is only limited evidence available on the effectiveness of culturally adapted psychotherapies (Griner & Smith, 2006; Huey & Polo, 2008), yet the effectiveness of unadapted evidence-based treatments for diverse clients is also not firmly established (Miranda et al., 2005; La Roche & Christopher). However, recent research trends and social demographic variables suggest that the field of evidence-supported, culturally customized treatments is set to blossom.

With the creation of the Ecological Validity Model (Bernal, et al.,1995) and the Psychotherapy Accommodation and Modification Framework PAMF (Hwang, 2006), there are now two frameworks actively being tested for adapting psychosocial interventions (Walker, Trupin, & Hansen, 2011). Two RCTs of the Ecological Validity Model have been completed (EVM; Rossello & Bernal, 1999; Rossello, et al., 2008), and Hwang (2012) reports that one utilizing the PAMF is being prepared for publication. Therefore, it is likely that information available on the effectiveness of culturally adapted treatments is set to increase.

Another current development in the field is the utilization of bottom-up therapeutic adaptation frameworks emphasizing the creation of therapeutic adaptations through collaboration with communities and stakeholders. This is evidenced by the creation of the Formative Method for Adapting Psychotherapy (Hwang, 2009) to enhance the PAMF, and the Cultural Adaptation Process Model (Domenech-Rodriguez & Weiling, 2004) to complement the Ecological Validity Model. It appears that therapeutic

adaptation research is picking up speed and increasingly integrating theory, practice, and community.

In addition, another exciting feature has been the steady establishment of new culture-based therapies such as Cuento Therapy (Costantino, Malgady, & Rogler, 1986), Strengthening of Intergenerational/Intercultural Ties in Immigrant Chinese American Families (SITICAF; Ying 1999), and Chinese Taoist cognitive psychotherapy (Zhang et al., 2002). As the population of diverse peoples in Western countries increases, we may see such therapies gathering additional interest and support. We may also see parts of them integrated into conventional therapies.

A meta-analysis of culturally adapted therapies by Griner and Smith (2006) indicated that interventions targeted to specific cultural groups were four times more effective than interventions for heterogeneous groups, and interventions conducted in a client's native language were twice as effective as interventions in English. Therefore, we may see an increased emphasis on even more culture and language-specific interventions in the future, as opposed to those targeting a general racial group such as 'Asian' or 'African' Canadians.

Finally, as the author of this project has highlighted the need for further testing and consultation in order to increase integration of evidence-based practice and culturally competent counselling within the present project, this research and consultation will be an important part of its future refinement. Thus, it will be imperative to disseminate this project to academic authorities in cultural competency as well as potential users in order to seek feedback on how to further enhance to its validity, educational value, and practical utility. It will also be important to continually update this workshop so that it

continues to reflect developments within multicultural counselling so that it may remain a useful tool for counsellors-in-training for years to come.

Conclusion

I began this project because I believe that every Canadian should have access to effective mental health services, and because I also believe that psychologists have a duty to continually search for and disseminate advancements in psychological treatment. I found it discouraging that despite an over 40-year research explosion, considerable discrepancies continue to exist within the mental health outcomes of some ethnic groups and that culturally-adapted therapies remain relatively scarce. In my mind, the status quo is not consistent with the principles of multiculturalism, fairness, and social justice that are valued not only by many Canadians but also by forward-thinking people worldwide. Therefore, I designed a workshop in the hope that it will help make the abstract ideas and theories of culturally responsive counselling come alive for future counsellors so that they may be able to fully integrate them into their practice.

This project has not been an easy undertaking. It has cost a great deal of effort, months of work, and countless sleepless nights. At times, it was a considerable source of anxiety and pressure in my life. However, I believe this endeavour to be a worthwhile one because there are people out there who continue to struggle alone with mental health problems because they don't feel a counsellor or psychologist can understand them and their culture. There are people who feel alone in a culturally-foreign land, not knowing how to seek help. These people's suffering is vastly greater than my own anxiety and toil. Furthermore, there are also counselling students out there who understand the great importance of cultural competence, but do not know what steps to take to develop it.

Perhaps they will be spared some time and effort by being able to access some of the wisdom shared by leading practitioners which is distilled within my workshop and review. Creating this workshop was worthwhile because it may help people such as these. I hope that the reader finds this contribution useful in some way towards improving their cultural responsiveness. I further hope that this contribution may constitute one small step forward towards helping psychotherapy stay relevant and useful within a rapidly changing world.

Summary

The intent of this chapter was to empower readers with information on the strengths and limitations of this project so that they may be able to make an informed decision about whether or not it may be an effective tool for them. The author also discussed future directions in culturally adapted therapy research and concluded the project by expressing his personal hopes for the project and the future of culturally competent counselling and psychotherapy.

Project Summary

As previously described, the aim of this project is to address the growing need for culturally-sensitive counselling within Canadian society through a comprehensive review and online workshop on adapting counselling services to better meet the needs of clients from diverse cultural backgrounds. Chapter 1 contained an overview of the importance of culturally sensitive counselling and an outline of the structure of this project. Chapter 2 contained a description of the research methods, rules of ethical conduct, and publication standards utilized to create this project. In Chapter 3 the author presented information on professional guidelines, theories, and therapeutic adaptation frameworks

related to cultural competency. Chapter 4 comprised the literature review that informed the creation of the cultural adaptation workshop. Chapter 5 contained an overview of the structure of the workshop. Finally, in Chapter 6 the author focused on the strengths and limitations of this project, shared predictions on possible future development of research in this field, and offered a personal statement to mark the conclusion of the project.

End of Part 1

This concludes Part 1 of this project. The information presented serves as a foundation for Part 2 which is located in the appendix and consists of an introduction and reading list, the PowerPoint workshop, and complementary handouts. Facilitators are encouraged enhance the workshop with their own materials but to provide attribution to the original author. They are also encouraged to share personal and/or student feedback with the author.

References

Aboriginal Healing Foundation. (2007). *Suicide among Aboriginal people in Canada*. Ottawa, ON: Author. Retrieved from: http://www.ahf.ca/downloads/suicide.pdf

Absolon, K. (2010). Indigenous wholistic theory: A knowledge set for practice. *First Peoples Child & Family Review*, 5(2), 74–87.

Al-Krenawi, A., & Graham, J. R. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. *Health Social Work, 25*(1), 9–22. doi:10.1093/hsw/25.1.9

American Psychological Association. (APA). (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists.* Washington, DC: Author.

American Psychological Association. (APA). (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Arthur, N., & Collins, S. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*, 217–233. doi:10.1080/09515071003798212

Arthur, N., & Januszkowski, T. (2001). The multicultural counselling competencies of Canadian counsellors. *Canadian Journal of Counselling, 35*, 36–48.

Atkinson, D. R., Kim, B. S. K., & Caldwell, R. (1998). Ratings of helper roles by multicultural psychologists and Asian American students: Initial support for the three-dimensional model of multicultural counseling. *Journal of Counseling Psychology, 45*, 414–423.

Atkinson, D. R., Thompson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist, 21*, 257–277. doi:10.1177/0011000093212010

Becker, E. (1973). *The denial of death.* New York, NY: Free Press.

Beitel, M., Allahjah, A. A., Cutter, C. J., Blackhawk, N., Van Alst, T., & Barry, D. T. (2013). Expectations and preferences for counseling and psychotherapy in Native Americans. *Journal of Indigenous Research, 2*(1), 2.

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology, 58*, 279–289. doi:10.1037/a0023626

Berman, J. (1979). Counseling skills used by Black and White male and female counselors. *Journal of Counseling Psychology*, *26*, 81–84.

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23*, 67–82.

Bowlby, J. (1969/1982). *Attachment and loss, Vol. 1: Attachment* (2nd ed.). New York, NY: Basic Books.

Bowlby, J. (1973). *Attachment and loss, Vol. 2: Separation: Anxiety and anger.* New York, NY: Basic Books.

Bowlby, J. (1980). *Attachment and loss, Vol. 3: Loss.* New York, NY: Basic Books.

Broman, C. L., Mavaddat, R., & Hsu, S.-Y. (2000). The experience and consequences of perceived racial discrimination: A study of African Americans. *Journal of Black Psychology, 26*, 165–180.

Burke, B. L., Martens, A., & Faucher, E. H. (2010). Two decades of terror management theory: A meta-analysis of mortality salience research. *Personality and Social Psychology Review, 14*, 155–195. doi:10.1177/1088868309352321

California State Department of Education. (1982). *American Indian education handbook.* Sacramento, CA: California State Department of Education, American Indian Education Unit.

Campbell, A., & Hemsley, S. (2009). Outcome rating scale and session rating scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist, 13*, 1–9. doi:10.1080/13284200802676391

Canadian Psychological Association. (CPA). (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON, Canada: Author.

Canadian Psychological Association. (CPA). (2001). *Guidelines for non-discriminatory practice*. Retrieved from: www.cpa.ca/cpasite/userfiles/Documents/publications/NonDiscPractrev%20cpa.pdf

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*, 191–219.

Chang, D. F., Tong, H. Q., Shi, Q. J., & Zeng, Q. F. (2005). Letting a hundred flowers bloom: Counseling and psychotherapy in the People's Republic of China. *Journal of Mental Health Counseling, 27*, 104–116.

Chen, S. X., Chan, W., Bond, M. H., & Stewart, S. M. (2006). The effects of self-efficacy and relationship harmony on depression across cultures: Applying level-oriented and structure-oriented analyses. *Journal of Cross-Cultural Psychology*, *37*, 643–658. doi:10.1177/0022022106292075

Cheung, F. M. (1982). Somatization among Chinese: A critique. *Bulletin of the Hong Kong Psychological Society*, *8*, 27–35.

Cheung, F. M. (2007). Indigenous personality correlates from the CPAI-2 profiles of Chinese psychiatric patients. *World Cultural Psychiatry Research Review*, *2*, 114–117.

Cheung, F. M., Cheung, S. F., Wada, S., & Zhang, J. (2003). Indigenous measures of personality assessment in Asian countries: A review. *Psychological Assessment, 15*, 280–289.

Cheung, F. M., Kwong, J. Y. Y., & Zhang, J. (2003). Clinical validation of the Chinese Personality Assessment Inventory (CPAI). *Psychological Assessment, 15*, 89–100.

Cheung, F. M., & Lau, B. W. (1982). Situational variations of help-seeking behavior among Chinese patients. *Comprehensive Psychiatry*, *23*, 252–262.

Cheung, F. M., Leung, K., Song, W. Z., & Zhang, J. X. (2001). *The Cross-Cultural (Chinese) Personality Assessment Inventory-2 (CPAI-2).* (Available from F. M. Cheung, Department of Psychology, The Chinese University of Hong Kong, Hong Kong SAR.)

Cheung, F. M., Leung, K., Zhang, J. X., Sun, H. F., Gan, Y. Q., Song, W. Z., & Xie, D. (2001). Indigenous Chinese personality constructs: Is the Five Factor Model complete? *Journal of Cross-Cultural Psychology*, *32*, 407–433.

Chiu, C.-Y., & Hong, Y. (2005). Cultural competence: Dynamic processes. In A. Elliot & C. S. Dweck (Eds.), *Handbook of motivation and competence* (pp. 489–505). New York, NY: Guilford.

Chu, J. P., & Sue, S. (2011). Asian American mental health: What we know and what we don't know. *Online Readings in Psychology and Culture, 3*(1), 4. Retrieved from: http://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1026&context=orpc

Church, T. A. (2000). Culture and personality: Towards an integrated cultural trait psychology. *Journal of Personality, 68*, 651–703.

Collins, S., & Arthur, N. (2010). Culture-infused counselling: A fresh look at a classic framework of multicultural counselling competencies. *Counselling Psychology Quarterly, 23*, 203–216. doi:10.1080/09515071003798204

Constantine, M., Smith, L., Redington, R. M., & Owens, D. (2008). Racial microaggressions against Black counseling and counseling psychology faculty: A central challenge in the multicultural counseling movement. *Journal of Counseling and Development, 86*, 348–355. doi: 10.1002/j.1556–6678.2008.tb00519.x

Costantino, G., Malgady, R. G., & Rogler, L. H. (1986). Cuento therapy: A culturally sensitive modality for Puerto Rican children. *Journal of Consulting and Clinical Psychology*, *54*, 639–645.

Day-Vines, N., Wood, S., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling and Development, 85*, 402–410. doi:10.1002/j.1556-6678.2007.tb00608.x

Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology, 68*, 653–663.

Domenech-Rodriguez, M. M, Baumann, A. A., & Schwartz, A. L. (2011). Cultural adaptation of an evidence based intervention: From theory to practice in a Latino/a community context. *American Journal of Community Psychology, 47*, 170–186. doi:10.1007/s10464-010-9371-4

Domenech-Rodriguez, M. M., & Weiling, E. (2004). Developing culturally appropriate, evidence-based treatments for interventions with ethnic minority populations. In M. Rastogin & E. Weiling (Eds.), *Voices of color: First person accounts of ethnic minority therapists.* (pp. 313–333). Thousand Oaks: Sage Publications.

Dovidio, J. F., & Gaertner, S. L. (2004). Aversive racism. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 1–52). San Diego, CA: Academic Press.

Dovidio, J. F., Kawakami, K., Johnson, C., Johnson, B., & Howard, A. (1997). The nature of prejudice: Automatic and controlled processes. *Journal of Experimental Social Psychology, 33*, 510–540.

Flannery, W., Reise, S. P., & Yu, J. (2001). An empirical comparison of acculturation models. *Personality and Social Psychology Bulletin, 27*, 1035–1045.

Frey, L. L., & Roysircar, G. (2006). South Asian and East Asian international students' perceived prejudice, acculturation, and frequency of help resource utilization. *Journal of Multicultural Counseling and Development, 34*, 208–222. doi:10.1002/j.2161-1912.2006.tb00040.x

Fritsche, I., Jonas, E., & Fankhänel, T. (2008). The role of control motivation in mortality salience effects on ingroup support and defense. *Journal of Personality and Social Psychology, 95*, 524–541. doi:10.1037/a0012666

George, U. (2002). A needs-based model for settlement service delivery for newcomers to Canada. *International Social Work, 45*, 465–480. doi:10.1177/0020872802045004050l

Goldenberg, J. L., Arndt, J., Hart, J., & Brown, M. (2005). Dying to be thin: The effects of mortality salience and body mass index on restricted eating among women. *Personality and Social Psychology Bulletin, 31*, 1400–1412. doi:10.1177/0146167205277207

Goldenberg, J. L., Routledge, C., & Arndt, J. (2009). Mammograms and the management of existential discomfort: Threats associated with the physicality of the body and neuroticism. *Psychology and Health, 24*, 563–581. doi:10.1080/08870440701864546

Gonzalez-Prendes, A. A., Hindo, C., & Pardo, Y. F. (2011). Cultural values integration in cognitive-behavioral therapy for a Latino with depression. *Clinical Case Studies, 10*, 376–394. doi:10.1177/1534650111427075

Greenberg, J., Pyszczynski, T., & Solomon, S. (1986). The causes and consequences of a need for self-esteem: A terror management theory. In R. F. Baumeister (Ed.), *Public self and private self* (pp. 189–212). New York: Springer-Verlag.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*, 531–548. doi:10.1037/0033-3204.43.4.531

Gudykunst, W. B., & Nishida, T. (1984). Individual and cultural influences on uncertainty reduction. *Communication Monographs, 51,* 23–36. doi:10.1080/03637758409390181

Gudykunst, W. B., Sodetani, L. L., & Sonoda, K. T. (1987). Uncertainty reduction in Japanese-American/Caucasian relationships in Hawaii. *Western Journal of Speech Communication, 51,* 256–278. doi:10.1080/10570318709374271

Gudykunst, W. B., Yang, S.-M., & Nishida, T. (1985). A cross-cultural test of uncertainty reduction theory: Comparisons of acquaintances, friends, and dating relationships in Japan, Korea, and the United Sates. *Human Communication Research, 11,* 407–454. doi:10.1111/j.1468-2958.1985.tb00054.x

Hall, N. G. C. (2001). Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *Journal of Consulting and Clinical Psychology, 69,* 502–510.

Hart, J., Shaver, P. R., & Goldenberg, J. L. (2005). Attachment, self-esteem, worldviews, and terror management: evidence for a tripartite security system. *Journal of Personality and Social Psychology, 88,* 999–1013. doi:10.1037/0022-3514.88.6.999

Hays, P. A. (2009). Integrating evidence-based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40,* 354–360. doi:10.1037/a0016250

Hirschberger, G. (2006). Terror management and attributions of blame to innocent victims: Reconciling compassionate and defensive responses. *Journal of*

Personality and Social Psychology, 91, 832–844. doi:10.1037/0022-3514.91.5.832

Hodges, J., & Oei, T. P. (2007). Would Confucius benefit from psychotherapy? The compatibility of cognitive behaviour therapy and Chinese values. *Behaviour Research and Therapy, 45*, 901–914. doi:10.1016/j.brat.2006.08.015

The Hofstede Centre (2012). *The Hofstede Centre*. Retrieved from: http://geert-hofstede.com/index.php

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviours, institutions, and organizations across nations* (2nd ed.). Thousand Oaks, CA: Sage.

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture*, *2*(1). doi:10.9707/2307-0919.1014

Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations: Software of the mind* (3rd ed.). New York: McGraw-Hill.

Hood, A. B., & Johnson, R. W. (2007). *Assessment in counseling: A guide to the use of psychological assessment procedures* (4th ed.). Alexandria, VA: American Counseling Association.

Huey, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37*, 262–301. doi:10.1080/15374410701820174

Hwang, W. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61*, 702–715. doi:10.1037/0003-066X.61.7.702

Hwang, W. (2009). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice, 40,* 369–377. doi:0.1037/a0016240

Hwang, W. (2012). Integrating top-down and bottom-up approaches to culturally adapting psychotherapy: Application to Chinese Americans. In G. Bernal & M. M. Domenech Rodriguez (Eds.), *Cultural Adaptations: Tools for Evidence-Based Practice with Diverse Populations* (pp. 179–199). Washington, DC: American Psychological Association Press.

Hwang, W., Myers, H. F., Abe-Kim, J., & Ting, J. Y. (2008). A conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. *Clinical Psychology Review, 28,* 211–227. doi:10.1016/j.cpr.2007.05.001

Hwang, W., & Wood, J. J. (2007). Being culturally sensitive is not the same as being culturally competent. *Pragmatic Case Studies in Psychotherapy, 3*(3), 44–50.

Hwang, W., & Wood, J. J. (2009). Acculturative family distancing: Links with self-reported symptomatology among Asian Americans and Latinos. *Child Psychiatry and Human Development, 40*, 123–138. doi:10.1007/s10578-008-0115-8

Hwang, W., Wood, J. J., & Fujimoto, K. (2010). Acculturative family distancing (AFD) and depression in Chinese American families. *Journal of Consulting and Clinical Psychology, 78,* 655–667. doi:10.1037/a0020542.

Hwang, W., Wood, J. J., Lin, K., & Cheung, F. (2006). Cognitive-behavioral therapy with Chinese Americans: Research, theory, and clinical practice. *Cognitive and Behavioral Practice, 13*, 293–303. doi:10.1016/j.cbpra.2006.04.010

Ivers, N. N., & Myers, J. E. (2011). Mortality as a context for multicultural practice: Awareness of death and relating with diverse clients. *Journal of Creativity in Mental Health, 6*, 15–28. doi:10.1080/15401383.2011.557310

Keefee, S. E. (1982). Help-seeking behavior among foreign-born and native-born Mexican Americans. *Social Science & Medicine, 16*, 1467–1472. doi:10.1016/0277-9536(82)90061-2

Kim, B. S. K. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology, 54*(4), 474–480. doi:0.1037/0022-0167.54.4.474

Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian Values Scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology, 46*, 342–352.

Kim, B. S. K., Li, L. C., & Liang, C. T. H. (2002). Effects of Asian American client adherence to Asian cultural values, session goal, and counselor emphasis of client expression on career counselling process. *Journal of Counseling Psychology, 49*, 342–354. doi:10.1037/0022-0167.49.3.342

Kim, B. S. K., & Omizo, M. M. (2003). Asian cultural values, attitudes toward seeking professional psychological help, and willingness to see a counselor. *The Counselling Psychologist, 31*, 343–361. doi:10.1177/0011000003252268

Kirmayer, L. J., du Fort, G. G., Young, A., Weinfeld, M., & Lasry, J. C. (1996). *Pathways and barriers to mental health care in an urban multicultural milieu: An epidemiological and ethnographic study.* McGill University, Montreal: Culture and Mental Health Research Unit. Retrieved from: https://www.mcgill.ca/files/tcpsych/Report6.pdf

Kirmayer, L. J., & Young, A. (1998). Culture and somatization: Clinical, epidemiological, and ethnographic perspectives. *Psychosomatic Medicine, 60*, 420–430.

Kleinman, A. M. (1977). Depression, somatization and the "new cross-cultural psychiatry". *Social Science & Medicine, 11*, 3–9.

Kleinman, A., Eisenberg, L., & Good, B. (2006). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *FOCUS: The Journal of Lifelong Learning in Psychiatry, 4*, 140–149.

Kluckhohn, C., & Murray, H. A. (1950). Personality formation: The determinants. In C. Kluckhohn & H. A. Murray (Eds.), *Personality in nature, society, and culture* (pp. 35–48). New York, NY: Knopf.

Kosmitzki, C. (1996). The reaffirmation of cultural identity in cross-cultural encounters. *Personality and Social Psychology, 86,* 796–813.

Kung, W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology, 32,* 27–43. doi:10.1002/jcop.10077

LaFromboise, T. D., Trimble, J., & Mohatt, G. (1990). Counseling intervention and American Indian tradition: An integrative approach. *Counseling Psychologist, 18*, 628–654.

La Roche, M., & Christopher, M. S. (2008). Culture and empirically supported treatments: On the road to a collision? *Culture & Psychology, 14*, 333–356. doi:10.1177/1354067X08092637

Lee, S. (2001). From diversity to unity: The classification of mental disorders in 21st century China. *Cultural Psychiatry: International Perspectives, 24*, 421–431.

Lefley, H., & Bestman, E. (1991). Public-academic linkages for culturally sensitive community mental health. *Community Mental Health Journal, 27*, 473–491.

Leong, F. T. L. (1996). Toward an integrative model for cross-cultural counseling and psychotherapy. *Applied and Preventive Psychology, 5*, 189–209.

Leong, F. T. L. (2007). Cultural accommodation as method and metaphor. *American Psychologist, 62*, 916–927. doi:10.1037/0003-066X.62.8.916

Leong, F. T. L., & Lee, S. H. (2006). A cultural accommodation model of psychotherapy: Illustrated with the case of Asian-Americans. *Psychotherapy: Theory, Research, Practice, Training, 43*, 410–423. doi:10.1037/0033-3204.43.4.410.

Li, L. C., & Kim, B. S. K. (2004). Effects of counseling style and client adherence to Asian cultural values on counseling process with Asian American college students. *Journal of Counseling Psychology, 51*, 158–167. doi:10.1037/0022-0167.51.2.158

Lieberman, J. D., Solomon, S., Greenberg, J., & McGregor, H. A. (1999). A hot new way to measure aggression: Hot sauce allocation. *Aggressive Behavior, 25*, 331–348. doi:10.1002/(SICI)1098-2337(1999)25:5<331::AID-AB2>3.0.CO;2-1

Mandel, N., & Smeesters, D. (2008). The sweet escape: Effects of mortality salience on consumption quantities for high- and low-self-esteem consumers. *Journal of Consumer Research. 35,* 309–323. doi:10.1086/587626

Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodriguez, I. (2006). Adaptation of parent-child interaction therapy for Puerto Rican families: A preliminary study. *Family Process, 45,* 205–222. doi:10.1111/j.1545-5300.2006.00091.x

Matsumoto, D., & Juang, L. (2008). *Culture & Psychology* (4th ed.). Belmont, CA: Wadsworth.

Matsumoto, D., Weissman, M., Preston, K., Brown, B., & Kupperbusch, C. (1997). Context-specific measurement of individualism-collectivism on the individual level: The IC interpersonal Assessment Inventory (ICIAI). *Journal of Cross-Cultural Psychology, 28,* 743–767.

McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (2005). The GANA program: A tailoring approach to adapting parent child interaction therapy for Mexican Americans. *Education & Treatment of Children, 28*, 111–129.

McCrae, R. R., & Terracciano, A. (2005a). Personality profiles of cultures: Aggregate personality traits. *Journal of Personality and Social Psychology, 88,* 407–425. doi:10.1037/0022-3514.89.3.407

McCrae, R. R., & Terracciano, A. (2005b). Universal features of personality traits from the observer's perspective: Data from 50 cultures, *Journal of Personality and Social Psychology, 89,* 547–561. doi:10.1037/0022-3514.88.3.547

McCrae, R. R., Yik, M. S. M., Trapnell, P. D., Bond, M. H., & Paulhus, D. L. (1998). Interpreting personality profiles across cultures: Bilingual, acculturation, and peer rating studies of Chinese undergraduates. *Journal of Personality and Social Psychology*, *74*, 1041–1055.

Melfi, C. A., Croghan, T. W., Hanna, M. P., & Robinson, R. L. (2000). Racial variation in antidepressant treatment in a Medicaid population. *Journal of Clinical Psychiatry, 61*, 16–21. doi:10.4088/JCP.v61n0105

Mikulincer, M., & Florian, V. (2000). Exploring individual differences in reactions to mortality salience: Does attachment style regulate terror management mechanisms? *Journal of Personality and Social Psychology, 79*, 260–273.

Mikulincer, M., Florian, V., & Hirschberger, G. (2003). The existential function of close relationships: Introducing death into the science of love. *Personality and Social Psychology Review, 7,* 20–40. doi:10.1207/S15327957PSPR0701_2

Mikulincer, M., & Shaver, P. (2007). *Attachment in adulthood: Structure, dynamics, and change.* New York, NY: Guildford Press.

Miller, G., Yang, J., & Chen, M. (1997). Counseling Taiwan Chinese in America: Training issues for Counselors. *Counselor Education and Supervision, 37*, 22–34.

Miller, S. D., Duncan, B. L., Brown, J., Sparks, J. A., & Claud, D. A. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of brief visual analog measure. *Journal of Brief Therapy, 2*, 91–100.

Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology, 1*, 113–142. doi:10.1146/annurev.clinpsy.1.102803.143822

Mok, H., Lao, D. W. L., Lin, D., Wong, M. P., & Ganesan, S. (2003). Chinese Canadians in a cross-cultural psychiatry outpatient clinic: Some exploratory findings. *BC Medical Journal 45*, 78–81. Retrieved from: http://www.bcmj.org/article/chinese-canadians-cross-cultural-psychiatry-outpatient-clinic-some-exploratory-findings

Myers, H. F., Lesser, I., Rodriguez, N., Mira, C. B., Hwang, W., Camp, C.,...Wohl, M. (2002). Ethnic differences in clinical presentation of depression in adult women. *Cultural Diversity and Ethnic Minority Psychology, 8*, 138–156. doi:10,1037//1099-9809.8.2.138

Nicolas, G., Arntz, D. L., Hirsch, B., & Schmiedigen, A. (2009). Cultural adaptation of a group treatment for Haitian American adolescents. *Professional Psychology: Research and Practice, 40*, 378–384. doi:10.1037/a0016307

Nzewi, E. N. (2009). Linking African and Western models through integration of trickster folktales in the application of cognitive behavior therapy for depression. *Psychology, 16*, 146–163.

Parra Cardona, J. R., Domenech-Rodriguez, M., Forgatch, M., Sullivan, C., Bybee, D., Holtrop, K., ... & Bernal, G. (2012). Culturally adapting an evidence-based parenting intervention for Latino immigrants: The need to integrate fidelity and cultural relevance. *Family Process, 51*, 56–72. doi:10.1111/j.1545-5300.2012.01386.x

Parker, G., Gladstone, G., & Chee, K. T. (2001). Depression in the planet's largest ethnic group: The Chinese. *American Journal of Psychiatry, 158*, 857–864.

Pedersen, P. B. (1991). Multiculturalism as a generic approach to counseling. *Journal of Counseling and Development, 70*, 7–12.

Pyszczynski, T., & Kesebir, P. (2011). Anxiety buffer disruption theory: A terror management account of posttraumatic stress disorder. *Anxiety, Stress, & Coping, 24*, 3–26. doi:10.1080/10615806.2010.517524

Ramirez-Esparza, N., Gosling, S. D., & Pennebaker, J. W. (2008). Unraveling the puzzle of simpatia. *Journal of Cross-Cultural Psychology, 39*, 703–715. doi:10.1177/0022022108323786

Redpath, L., & Nielsen, M. O. (1997). A comparison of Native culture, non-Native culture and new management ideology. *Canadian Journal of Administrative Sciences, 14*, 327–339.

Rivera, B. D., & Rogers-Adkinson, D. (1997). Culturally sensitive interventions: Social skills training with children and parents from culturally and linguistically diverse backgrounds. *Intervention in School and Clinic, 33*, 75–80.

Rossello, J., & Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology, 67*, 734–745.

Rossello, J., Bernal, G., & Rivera-Medina, C. (2008). Individual and group CBT and IPT for Puerto Rican adolescents with depressive symptoms. *Cultural Diversity & Ethnic Minority Psychology, 14*, 234–245. doi:10.1037/1099-9809.14.3.234.

Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79*, 49–65.

Safran, J. D., & Muran, J. C. (2006) Has the concept of the therapeutic alliance outlived its usefulness? *Psychotherapy: Theory, Research, Practice, Training, 43,* 286–291. doi:10.1037/0033-3204.43.3.286

Schimel, J., Hayes, J., Williams, T., & Jahrig, J. (2007). Is death really the worm at the core? Converging evidence that worldview threat increases death-thought accessibility. *Journal of Personality and Social Psychology, 92*, 789–803. doi:10.1037/0022-3514.92.5.789

Schmitt, D. P., Allik, J., McCrae, R. R., & Benet-Mart ńez, V. (2007). The geographic distribution of big five personality traits: Patterns and profiles of human self-description across 56 nations. *Journal of Cross-Cultural Psychology, 38,* 173–212. doi:10.1177/0022022106297299

Scholl, M. B. (2006). Native American identity development and counseling preferences: A study of Lumbee undergraduates. *Journal of College Counseling, 9*, 47–59. doi: 10.1002/j.2161-1882.2006.tb00092.x

Sedikides, C., Gaertner, L., & Vevea, J. L. (2005). Pancultural self-enhancement reloaded: A meta-analytic reply to Heine (2005). *Journal of Personality and Social Psychology, 89,* 539–551. doi:10.1037/0022-3514.89.4.539

Sedikides, C., Toguchi, Y., & Gaertner, L. (2003). Pancultural self-enhancement. *Journal of Personality and Social Psychology, 84*, 60–79. doi:10.1037/0022-3514.84.1.60

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2009). *Unequal treatment: confronting racial and ethnic disparities in health care (with CD).* Washington, D.C.: National Academies Press.

Smith, T. B., Domenech Rodrıguez, M. M., & Bernal, G. (2011). Culture. *Journal of Clinical Psychology, 67,* 166–175. doi:10.1002/jclp.20757

Snowden, L. R. (2001). Barriers to effective mental health services for African Americans. *Mental Health Services Research, 3,* 181–187. doi:10.1023/A:1013172913880

Snowden, L., & Yamada, A. M. (2005). Cultural differences in access to care. *Annual Review of Clinical Psychology, 1,* 143–166. doi:10.1146/annurev.clinpsy.1.102803.143846

Statistics Canada (2010). *Projections of the diversity of the Canadian population.* (Catalogue no. 99-011-X2011001). Retrieved from: http://www.statcan.gc.ca/pub/91-551-x/91-551-x2010001-eng.pdf

Statistics Canada (2011). *Aboriginal peoples in Canada: First Nations people, Métis and Inuit.* Retrieved from: http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.pdf

Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education, 46,* 49–56. doi:10.1080/14635240.2008.10708129

Strachan, E., Schimel, J., Arndt, J., Williams, T., Solomon, S., Pyszczynski, T., & Greenberg, J. (2007). Terror mismanagement: Evidence that mortality salience

exacerbates phobic and compulsive behaviors. *Personality and Social Psychology Bulletin, 33*, 1137–1151. doi:10.1177/0146167207303018

Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*, 424–433.

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477–483.

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity and Ethnic Minority Psychology, 13*, 72–81. doi:10.1037/1099-9809.13.1.72

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2009). Racial microaggressions and the Asian American experience. *Asian American Journal of Psychology, 1*, 88–101.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American Psychologist, 62*, 277–279. doi: 10.1037/0003-066X.63.4.277

Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M.,... Vazquez-Nuttall, E. (1998). *Multicultural counseling competencies: Individual and organizational development.* Thousand Oaks, CA: Sage.

Sue, D. W., Lin, A. I., Torino, G. C., Capodilupo, C. M., & Rivera, D. P. (2009). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity and Ethnic Minority Psychology*, *15*, 183–190.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* Hoboken, NJ: John Wiley & Sons.

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*, 440–448.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. *American Psychologist, 42*, 37–45.

Tafarodi, R. W., & Swann, W. B., Jr. (1996). Individualism-collectivism and global self-esteem: Evidence of a cultural trade-off. *Journal of Cross-Cultural Psychology, 27*, 651–672.

Tam, K. P., Chiu, C. Y., & Lau, I. Y. M. (2007). Terror management among Chinese: Worldview defence and intergroup bias in resource allocation. *Asian Journal of Social Psychology, 10*, 93–102. doi:10.1111/j.1467-839X.2007.00216.x

Taras, S. (2011). *Instruments for measuring acculturation* [Catalogue file]. Retrieved from: http://www.vtaras.com/Acculturation_Survey_Catalogue.pdf

Taras, S. (2013). *Catalogue of instruments for measuring culture* [Catalogue file]. Retrieved from: http://www.vtaras.com/Acculturation_Survey_Catalogue.pdf

Teng, J., Dere, J., & Ryder, A. G. (2008, June). *Personality and acculturation in Chinese immigrants to Canada: A combined etic-emic approach.* Poster presented at the 69th annual convention of the Canadian Psychological Association, Halifax, NS. Retrieved from: http://www.chp.concordia.ca/content/downloads/CPAPosterJenny.pdf

Tsai, J. L., Ying, Y. W., & Lee, P. A. (2000). The meaning of 'being Chinese' and 'being American': Variation among Chinese American young adults. *Journal of Cross-Cultural Psychology, 31,* 302–332.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. Retrieved from: http://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/TOC.pdf

Verniest, L. (2006). Allying with the medicine wheel: Social work practice with Aboriginal peoples. *Critical Social Work, 7*(1). Retrieved from: http://www.uwindsor.ca/criticalsocialwork/allying-with-the-medicine-wheel-social-work-practice-with-aboriginal-peoples

Walker, S. C., Trupin, E., & Hansen, J. (2011). *A toolkit for applying the cultural enhancement model to evidence-based practice.* Retrieved from: http://depts.washington.edu/pbhjp/downloads/projectsD/models_for_changeD/Toolkit%20Cultural%20Enhancement%20Model.pdf

Wallace, B. C., & Constantine, M. G. (2005). Africentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Psychology, 31,* 369–385. doi:10.1177/0095798405281025

Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist, 62*, 857–873. doi:10.1037/0003-066X.62.8.857

Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H-N. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes". *Psychological Bulletin, 122*, 203–215.

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health service in the United States. *Archives of General Psychiatry, 62*, 629–640.

Wang, J., Leu, J., & Shoda, Y. (2011). When the seemingly innocuous "stings": Racial microaggressions and their emotional consequences. *Personality and Social Psychology Bulletin, 37*, 1666–1678. doi:10.1177/0146167211416130

Weinrach, S. G., & Thomas, K. R. (1998). Diversity-sensitive counseling today: A postmodern clash of values. *Journal of Counseling & Development, 76*, 115–122.

Yang, P. (2007). Nonverbal affiliative phenomena in Mandarin Chinese conversation. *Journal of Intercultural Communication, 15*, 7–23. Retrieved from: http://www.immi.se/intercultural/nr15/yang.htm

Ying, Y. W. (1999). Strengthening intergenerational/intercultural ties in migrant families: A new intervention for parents. *Journal of Community Psychology, 27*, 89–96.

Youssef, J., & Deane, F. P. (2006). Factors influencing mental-health help-seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion, & Culture, 9*, 43–66. doi:10.1080/13674670512331335686

Zane, N., Sue, S., Chang, J., Huang, L., Lowe, S., Srinivasan, S, ... Lee, E. (2005). Beyond ethnic match: effects of client–therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology, 33*, 569–585. doi:10.1002/jcop.20067

Zhang, Y., Young, D., Lee, S., Zhang, H., Xiao, Z., Hao, W.,...Chang, D. F. (2002). Chinese Taoist cognitive psychotherapy in the treatment of generalized anxiety disorder in contemporary China. *Transcultural Psychiatry, 39*, 115–129. doi:10.1002/(SICI)1520-6629(199901)27:1<89::AID-JCOP6>3.0.CO;2-O

Zuniga, M. E. (1992). Using metaphors in therapy: Dichos and Latino clients. *Social Work, 37*, 55–60. doi:10.1093/sw/37.1.55

Appendix:

FROM AWARENESS TO PRACTICE: BRINGING CULTURE INTO THE COUNSELLING ROOM

Note: All images in this manual are used with permission from their respective owners. Unless otherwise cited, the images used are from Microsoft's Clip Art and Media gallery, which Microsoft has made available to customers for personal, educational, and non-profit applications.

Table of Contents

Title Page 104

Table of Contents 105

From Awareness to Practice: Bringing Culture into the Counselling Room Facilitator's Manual 108

Preamble 108

Purpose 108

Recommendations and Facilitator Qualifications 109

Copyright Statement 109

Target Population 110

Workshop Format and Length 110

Limitations and Disclaimer 112

Introduction to Participants 114

Disclaimer 116

Reading List 117

Foundational Resources 118

Required Readings 118

Supplementary Readings 119

Cultural Competency Self-Evaluation Form.....122

PowerPoint Presentation and Slides.....128

PowerPoint Presentation Overview.....129

Design Philosophy.....129

Organization.....130

(I) The need for culturally adapted counselling and psychotherapy.....130

(II) Introducing culturally competent practice.....131

(III) Moving from theory to practice with the PAMF. 131

1. Dynamic issues & cultural complexities.....132

2. Orientation to therapy. 132

3. Cultural beliefs.....133

4. Client-therapist relationship.....133

5. Cultural differences in expression and communication.....134

6. Cultural issues of salience.....134

PowerPoint Presentation Slides.....136

Discussion Forum Questions.....168

Workshop Evaluation Form A 171

Workshop Evaluation Form B 172

References 173

From Awareness to Practice: Bringing Culture into the Counselling Room

Facilitator's Manual

Preamble

Purpose

This workshop is intended as an online tool for instructors and facilitators who educate graduate level counselling/clinical psychology students about cultural competence and diversity. This workshop includes an interactive PowerPoint presentation, a reading list, an introduction for participants, a set of discussion questions, a summary sheet, as well as a workshop evaluation form.

Recommendations and Facilitator Qualifications

Instructors intending on facilitating the workshop are strongly recommended to become familiar with Chapters 1 through 6 of this project (Rapacki & McBride, 2013) as well as the workshop reading list, as these materials lay the foundation for the information presented in the workshop. Instructors should also possess an advanced degree in counselling psychology or a related program, as well as some academic and professional experience in the field of multicultural counselling.

Copyright Statement

The material in this workshop is subject to certain copyright restrictions under the Creative Commons Attribution-NonCommercial-NoDerivs 3.0 Unported License. Facilitators are welcome to freely copy, distribute, and transmit these materials, on condition that they attribute the original author. However, the permission of the author should be sought before modifying, building, or transforming this work, as well as before using it for any commercial purposes. For permission please

contact the author at tomrapacki@culturedpsychology.com, or through his supervisor, Professor Dawn Lorraine McBride at dawn.mcbride@uleth.ca. Further information on this license is available through Creative Commons at the following web address: http://creativecommons.org/licenses/by-nc-nd/3.0/. The suggested format for in-text citations is (Rapacki & McBride, 2013) whereas in a reference list or bibliography it may appear as:

Rapacki, T. M., & McBride, D. L. (2013). *From awareness to practice: An online workshop on bringing culture into the counselling room.* (Master's project, University of Lethbridge, Lethbridge, Canada). Retrieved from: https://www.uleth.ca/dspace

Target Population

This workshop is intended for graduate students training to become counsellors or psychologists, and who have completed, or are in the process of completing, a cultural competency course.

Workshop Format and Length

The workshop is designed primarily around an individual study plus online group discussion format. It is recommended that participants spend 1 hour reviewing the materials in the reading list, and 2–3 hours participating in the interactive

presentation and its embedded reflection questions, media, and activities. Instructors are further suggested to select three questions from the included discussion forum questions sheet for several hours of online, forum-based discussions. However, the format of the workshop is flexible, and instructors may wish to use the discussion forum questions or the activities and reflection questions embedded within the PowerPoint presentation for real-time discussions, partner activities, or written assignments. A quiz, introduction to participants and summary sheet are also provided. Below is a table of the workshop's various components and estimated time commitments in the order an instructor may wish to assign them.

Table 1

Workshop Components and Estimated Time Commitments

Workshop Component	Estimated Time Commitment
Introduction to Participants	10 minutes
Reading List	1 – 2 hours depending on previous coursework
PowerPoint Presentation	2 – 3 hours
Discussion Forum Questions	5 – 10 hours online discussion time recommended; subject to instructor discretion
Quiz (Optional)	15 minutes
Summary Sheet (Optional)	Optional post-workshop printed resource

Table 1

Workshop Components and Estimated Time Commitments

Workshop Evaluation Form	10 minutes

Limitations and Disclaimer

It is essential that facilitators familiarize themselves with the strengths and limitations of the workshops which are discussed in detail in Chapter 6. For instance, instructors should be aware that the workshop focuses exclusively on racial/ethnic diversity, and that general conclusions are often made about disparate ethnic groups, which will not reflect the preferences of each distinct ethnic group nor every individual client. Furthermore, although this training tool contains a large collection of peer-reviewed clinical advice, this workshop has not yet been empirically evaluated, assessed by experts, nor focus tested.

Therefore, *it is critical that the workshop be implemented as part of a comprehensive cultural competency education program under the direction of a qualified instructor. Furthermore, participants are advised to employ any recommendations and techniques contained within the workshop in combination with sound clinical judgment, consideration of a client's individual characteristics and preferences, as well as in-depth knowledge of the client's specific cultural group.* Time should be set aside so that participants can be made aware of these and other limitations which are also introduced in PowerPoint presentation and discussed in full in Chapter 6.

Introduction to Participants

From Awareness to Practice: Bringing Culture into the Counselling Room

Welcome and thank you for your interest in the *From Awareness to Practice* cultural competency workshop!

This workshop was created to help make diversity sensitive counselling come alive for students of counselling and related professions. More specifically, the goal of this workshop is to assist you, the student, in turning the abstract cultural competency information you have learned during your diversity training into concrete, culturally-adapted practices and strategies you can use with diverse clients.

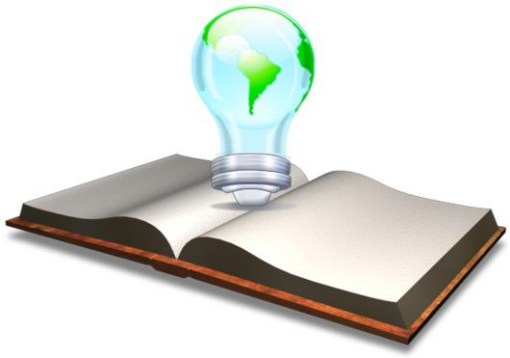
This workshop is detailed and comprehensive, filled with ideas, examples, and activities which are meant to inspire you to integrate cultural modifications in a way that is congruent with your own counselling orientation and personal style. My hope is to assemble applied research, practical guidelines, and peer-reviewed clinical wisdom in a way that makes culturally competent counselling theory more accessible and relevant to the next generation of future practitioners. You are therefore encouraged to select strategies you feel may work for you, and challenged to make reasoned decisions about using such modifications with individual clients. This presentation has been carefully crafted to be accessible and user friendly. I hope that you will find it inspiring!

–Tomasz Rapacki

Disclaimer

This workshop is intended for use as part of a comprehensive cultural competency education program and under the direction of a qualified instructor. Participants are advised to employ any recommendations and techniques contained within the workshop in combination with sound clinical judgment, consideration of a client's individual characteristics and preferences, as well as in-depth knowledge of the client's specific cultural group. Participants are encouraged to become familiar with the strengths and limitations of this workshop which are discussed in detail in Chapter 6 of the literature review accompanying this workshop.

Reading List



The following readings are selected to help you to get the most out of this workshop. *Foundational resources* contain prerequisite information which forms the backbone of the culturally competent counselling workshop. Students should ideally already be familiar with these or comparable readings as part of their diversity training course. *Required readings* provide an introduction to the material that will be covered in the workshop, and will help student make better sense out of the information presented. Participants are asked to study them prior to undertaking this workshop. *Supplementary readings* are there for those who wish to continue their cultural learning after completing the workshop.

Foundational Resources

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists.* Washington, DC: Author.

Canadian Psychological Association (2001). *Guidelines for non-discriminatory practice*. Retrieved from: www.cpa.ca/cpasite/userfiles/Documents/publications/NonDiscPractrev%20cpa.pdf

plus:

Arthur, N., & Collins, S. (2010) *Culture-infused counselling: Celebrating the Canadian mosaic*. Calgary, AB: Counselling Concepts.

or

Sue, D. W., & Sue, D. (2008). *Counseling the Culturally Diverse: Theory and Practice.* Hoboken, NJ: John Wiley & Sons.

Required Readings

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23,* 67–82.

Hays, P. A. (2009). Integrating evidence–based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*(4), 354–360. doi:10.1037/a0016250

Hwang, W. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61*(7), 702–715. doi:10.1037/0003-066X.61.7.702

Hwang, W. (2009). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice, 40*(4), 369–377. doi:0.1037/a0016240

Supplementary Readings

Arthur, N., & Collins, S. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*(2), 217–233. doi:10.1080/09515071003798212

Atkinson, D. R., Thompson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist, 21*(2), 257–277. doi:10.1177/0011000093212010

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology, 58*(3), 279–289. doi:10.1037/a0023626

Day-Vines, N., Wood, S., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling and Development, 85*(3), 402–410. doi:10.1002/j.1556-6678.2007.tb00608.x

Hwang, W., Myers, H. F., Abe-Kim, J., & Ting, J. Y. (2008). A conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. *Clinical Psychology Review, 28*(2), 211–227. doi: 10.1016/j.cpr.2007.05.001

Hwang, W., & Wood, J. J. (2007). Being culturally sensitive is not the same as being culturally competent. *Pragmatic Case Studies in Psychotherapy, 3*(3), 44–50.

Kleinman, A., Eisenberg, L., & Good, B. (2006). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *FOCUS: The Journal of Lifelong Learning in Psychiatry, 4*, 140–149.

La Roche, M., & Christopher, M. S. (2008). Culture and empirically supported treatments: On the road to a collision? *Culture & Psychology, 14*(3), 333–356. doi:10.1177/1354067X08092637

Leong, F. T. L. (2007). Cultural accommodation as method and metaphor. *American Psychologist, 14*(5), 915–922. doi:10.1037/0003-066X.62.8.916

Leong, F. T. L., & Lee, S. H. (2006). A cultural accommodation model of psychotherapy: Illustrated with the case of Asian-Americans. *Psychotherapy Theory, Research, Practice, Training, 43*, 410–423. doi:10.1037/0033-3204.43.4.410.

Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities.

Annual Review of Clinical Psychology, 1, 113–142. doi:10.1146/annurev.clinpsy.1.102803.143822

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477–483.

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*(4), 440–448.

Taras, S. (2008). *Instruments for measuring acculturation.* Retrieved from: http://people.ucalgary.ca/~taras/_private/Acculturation_Survey_Catalogue.pdf

Walker, S. C., Trupin, E., & Hansen, J. (2011). *A toolkit for applying the cultural enhancement model to evidence-based practice.* Retrieved from: http://depts.washington.edu/pbhjp/downloads/projectsD/models_for_changeD/Toolkit%20Cultural%20Enhancement%20Model.pdf

Zane, N., Sue, S., Chang, J., Huang, L., Lowe, S., Srinivasan, S, ... Lee, E. (2005). Beyond ethnic match: effects of client–therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology, 33*(5), 569–585. doi:10.1002/jcop.20067

Cultural Competency Self-Evaluation Form

This form is designed as part of the "From Awareness to Practice" workshop[2] to help you remember the techniques and strategies you found the most exciting and interesting. It can also be used as a summary sheet so that you can come back and reflect on what stood out for you, and set personal goals for developing your cultural competence. During the presentation you will be prompted to fill out sections of your self-evaluation Form.

Please rate the following cultural competence techniques and strategies from 1 to 5 according to how congruent you feel they are with your personal counselling style, with 1 being very unlike and 5 very alike.

Domain 1: Dynamic Issues & Cultural Complexities	
Section 1: Self-Esteem	1 2 3 4 5
Include interdependent traits in self-esteem assessment	☐ ☐ ☐ ☐ ☐
Inquire about group membership when assessing self-esteem	☐ ☐ ☐ ☐ ☐
Ask the question “what would your mother, friend, etc. say are your personal strengths?”	☐ ☐ ☐ ☐ ☐
Section 2: Acculturation and Personal Values	1 2 3 4 5
Use clients’ level and strategy of acculturation to inform how to “size” cultural interventions	☐ ☐ ☐ ☐ ☐
Personalize statements recognizing clients’ cultural values without stereotyping	☐ ☐ ☐ ☐ ☐
But, discuss common cultural experiences if doing so normalizes stigmatized experiences or emphasize the customization of a counselling program	☐ ☐ ☐ ☐ ☐
Assess acculturation formally e.g. through the GEQ, VIA, AVS, etc.	☐ ☐ ☐ ☐ ☐
Assist a client with finding and employing a comfortable acculturation strategy	☐ ☐ ☐ ☐ ☐
Ask clients about the role of culture and context in their lives when unsure of how to dynamically size interventions	☐ ☐ ☐ ☐ ☐

[2]Rapacki, T. M., & McBride, D. L. (2013). *From awareness to practice: An online workshop on bringing culture into the counselling room.* (Master's project, University of Lethbridge, Lethbridge, Canada). Retrieved from: https://www.uleth.ca/dspace

Domain 1: Dynamic Issues & Cultural Complexities (cont'd)	
Section 3: Minority Identity Development	1 2 3 4 5
Utilize a model of minority identity development to guide counselling when relevant	☐ ☐ ☐ ☐ ☐
Section 4: Personality in Context	1 2 3 4 5
Limit the weighting of personality assessment conclusions based on limited cultural norms	☐ ☐ ☐ ☐ ☐
Interpret personality in the context of national differences in mean scores	☐ ☐ ☐ ☐ ☐
Consider that newcomer “neuroticism” scores may simply reflect acculturative stress	☐ ☐ ☐ ☐ ☐
Learn about and use indigenous personality tests	☐ ☐ ☐ ☐ ☐
Discuss indigenous personality values and concepts with your client	☐ ☐ ☐ ☐ ☐

Domain 2: Orientation to Therapy	
Section 1: Orientation to Therapy	1 2 3 4 5
Make time for a longer, more detailed orientation	☐ ☐ ☐ ☐ ☐
Educate explicitly about roles and expectations in therapy	☐ ☐ ☐ ☐ ☐
Explain the typical course of therapy	☐ ☐ ☐ ☐ ☐
Build rapport by emphasizing confidentiality	☐ ☐ ☐ ☐ ☐
Discuss healthy therapeutic termination to reduce dropout	☐ ☐ ☐ ☐ ☐
Reduce stigma by articulating a holistic/biopsychosocial model that doesn’t make the client feel personally blamed for his or her illness	☐ ☐ ☐ ☐ ☐
Section 2: Meeting Client Expectations	1 2 3 4 5
Assess if the client may prefer a more active, problem-focused, and expert approach	☐ ☐ ☐ ☐ ☐
Discuss with clients how needing time to acclimatize to a foreign therapeutic culture, or having waited longer to seek help may slow initial therapeutic benefits	☐ ☐ ☐ ☐ ☐
Offer the gift of a small solution early on as an example and to provide motivation	☐ ☐ ☐ ☐ ☐
Section 3: Establishing Goals/Structure	1 2 3 4 5
Emphasize co-constructing therapy	☐ ☐ ☐ ☐ ☐
Consider establishing frequent goals and markers of treatment progress with periodic review	☐ ☐ ☐ ☐ ☐

Domain 3: Cultural Beliefs	
Section 1: Holistic, Psychoeducational Approach	1 2 3 4 5
Teach and utilize a biopsychosocial model of mental illness	☐ ☐ ☐ ☐ ☐
Maintain a more systemic focus	☐ ☐ ☐ ☐ ☐
Help resolve relational/social conflicts	☐ ☐ ☐ ☐ ☐
Explore the consequences of interventions for the client's family	☐ ☐ ☐ ☐ ☐
Simplify material, reduce learning load, consolidate complex topics	☐ ☐ ☐ ☐ ☐
Consider increasing session length; teaching time for unfamiliar concepts	☐ ☐ ☐ ☐ ☐
Section 2: Cultural Bridging Techniques	1 2 3 4 5
Use a traditional wellness model from the client's culture such as Yin & Yang or the Medicine Wheel to explaining therapeutic strategies	☐ ☐ ☐ ☐ ☐
Utilize the wheel of wellness	☐ ☐ ☐ ☐ ☐
Learn and make use of cultural sayings to explain therapeutic concepts	☐ ☐ ☐ ☐ ☐
Frame interventions so as to be congruent with cultural values	☐ ☐ ☐ ☐ ☐
Section 3: Cultural Beliefs, Strengths, and Resources	1 2 3 4 5
Increase focus on resolving relational problems	☐ ☐ ☐ ☐ ☐
Assess social/familial/environmental contributions to illness and wellness	☐ ☐ ☐ ☐ ☐
Emphasize collaboration over confrontation	☐ ☐ ☐ ☐ ☐
Teach problem-solving for coping with practical environmental stressors	☐ ☐ ☐ ☐ ☐
Present skills together with cultural context within which they will be effective	☐ ☐ ☐ ☐ ☐
Refocus hierarchical, punitive cultural parenting styles on harmonious collectivist values	☐ ☐ ☐ ☐ ☐
Reframe familial conflict as acculturation conflict, offer assistance as a cultural broker	☐ ☐ ☐ ☐ ☐
Educate about Acculturative Family Distancing and its effects on mental health	☐ ☐ ☐ ☐ ☐
Reframe acculturation as bi-cultural competence	☐ ☐ ☐ ☐ ☐
Emphasize counselling as finding solutions rather than admitting failure	☐ ☐ ☐ ☐ ☐
Encourage culturally-congruent and inexpensive self-care activities	☐ ☐ ☐ ☐ ☐
Conduct a cultural strengths/assets search	☐ ☐ ☐ ☐ ☐
Be aware of possible differences in values such as sharing vs. individual achievement, non-interference, dialectical/negotiated problem resolution	☐ ☐ ☐ ☐ ☐

Domain 3: Cultural Beliefs (cont'd)	
Section 4: Reducing Stigma	1 2 3 4 5
Increase collaboration with cultural healers, doctors, elders, religious leaders, and other physical/spiritual health practitioners	☐ ☐ ☐ ☐ ☐
Increase visibility in the cultural community	☐ ☐ ☐ ☐ ☐
Distribute materials and raise awareness where clients first seek help	☐ ☐ ☐ ☐ ☐
Address community misconceptions about counselling	☐ ☐ ☐ ☐ ☐
Stress privacy and confidentiality	☐ ☐ ☐ ☐ ☐
Decrease emphasis on changing cognitions; increase positive thinking, problem solving, and behavioural activation	☐ ☐ ☐ ☐ ☐
Question the helpfulness rather than rationality of a problematic beliefs, particularly when stressors are real	☐ ☐ ☐ ☐ ☐

Domain 4: Client-Therapist Relationship	
Section 1: Developing Cultural Knowledge/Self-Awareness	1 2 3 4 5
Read about clients' cultural backgrounds	☐ ☐ ☐ ☐ ☐
Inquire directly about cultural values and influences	☐ ☐ ☐ ☐ ☐
Expose self to different cultures	☐ ☐ ☐ ☐ ☐
Explore Hofstede's cultural dimensions for a client's culture	☐ ☐ ☐ ☐ ☐
Take cultural workshops, coursework, supervision, and consultation; diversify caseload	☐ ☐ ☐ ☐ ☐
Utilize a White/ethnic identity model to guide own cultural development	☐ ☐ ☐ ☐ ☐
Section 2: Improve Joining	1 2 3 4 5
Utilize proper cultural etiquette in initial sessions	☐ ☐ ☐ ☐ ☐
Offer tea; show concern about client's physical comfort; increase self-disclosure	☐ ☐ ☐ ☐ ☐
Assess family and immigration history as an icebreaker	☐ ☐ ☐ ☐ ☐
Normalize client feelings/perceptions of stigmatization	☐ ☐ ☐ ☐ ☐
Actively provide validation, praise, emotional support, validate difficulty of sharing	☐ ☐ ☐ ☐ ☐
Convey alignment nonverbally, e.g. moving one's chair to sit alongside the client while addressing a list of current problems	☐ ☐ ☐ ☐ ☐

Domain 4: Client-Therapist Relationship (cont'd)	
Section 3: Promoting Realistic Expectations	1 2 3 4 5
Explicitly discuss roles and expectations	☐ ☐ ☐ ☐ ☐
Appear professional and be more proactive with giving advice	☐ ☐ ☐ ☐ ☐
Be aware of transference of expectations: e.g. a doctor, healer, or priest	☐ ☐ ☐ ☐ ☐
Facilitate development of realistic expectations	☐ ☐ ☐ ☐ ☐
Be aware that more severe problems may be possible due to delaying treatment	☐ ☐ ☐ ☐ ☐
Begin with easier tasks to inspire confidence	☐ ☐ ☐ ☐ ☐
Section 4: Allying Against Racism and Prejudice	1 2 3 4 5
Actively broach the topic of race and racism in sessions	☐ ☐ ☐ ☐ ☐
Anticipate mistrust	☐ ☐ ☐ ☐ ☐
Strongly consider validating any feelings of victimization	☐ ☐ ☐ ☐ ☐
Validate racial microaggressions as real and hurtful	☐ ☐ ☐ ☐ ☐
Section 5: Cognitive Matching	1 2 3 4 5
Generally avoid challenging cultural beliefs unless this is a goal of the client	☐ ☐ ☐ ☐ ☐
Use cognitive matching: match therapeutic discussions and interventions to individual, sociocultural, or universal levels by following the client's lead	☐ ☐ ☐ ☐ ☐
Share anecdotes or cases that normalize help-seeking, reduce feelings of isolation, normalize initial difficulties	☐ ☐ ☐ ☐ ☐

Domain 5: Cultural Differences in Expression and Communication	
Section 1: Differences in Communication	1 2 3 4 5
Consider using silence to demonstrate understanding in initial sessions	☐ ☐ ☐ ☐ ☐
Avoid misinterpreting normal low-key, indirect communicative behaviour as evidence of passivity, avoidance, or shyness, if such communication is a cultural trait	☐ ☐ ☐ ☐ ☐
Allow Aboriginal persons ample time to finish speaking	☐ ☐ ☐ ☐ ☐
Be aware of differences in meaning of smiles, silence, and eye contact	☐ ☐ ☐ ☐ ☐
Increase self-disclosure, invitational body language; invite questions	☐ ☐ ☐ ☐ ☐
Employ visuals, translators, supportive friends or family members, multilingual dictionaries	☐ ☐ ☐ ☐ ☐
Be aware of ethical limitations of using child translators	☐ ☐ ☐ ☐ ☐
Apologize for the limitations of one's cultural helping style but express a willingness to understand the client and his or her situation	☐ ☐ ☐ ☐ ☐
Utilize homework evaluation forms; translated exit/feedback slips (i.e. SRS, ORS)	☐ ☐ ☐ ☐ ☐
Discuss interpersonal distance the cultural meaning of interpersonal distance	☐ ☐ ☐ ☐ ☐
Section 2: Expression of Distress	1 2 3 4 5
Focus part of early assessment on physical symptoms	☐ ☐ ☐ ☐ ☐
Inquire about psychosocial symptoms indirectly: "Dealing with headaches and dizziness can be quite troublesome; how are these affecting your mood, relationships, etc. ? "	☐ ☐ ☐ ☐ ☐
Help clients differentiate between thoughts and feelings during treatment	☐ ☐ ☐ ☐ ☐
Use a non-stigmatizing procedure to make a co-diagnosis with the client	☐ ☐ ☐ ☐ ☐

Domain 6: Issues of Salience	
Section 1: Specific Cultural Issues	1 2 3 4 5
Take the initiative to learn about the strengths and challenges of individual cultural groups	☐ ☐ ☐ ☐ ☐
Adopt an expanded understanding of responsibilities as a counsellor	☐ ☐ ☐ ☐ ☐
Assist/counsel the client on meeting practical needs, overcoming structural barriers	☐ ☐ ☐ ☐ ☐
Use the Three Dimensional Model of Multicultural Counselling	☐ ☐ ☐ ☐ ☐
Consult with the community or community leaders on adapting your counselling approach	☐ ☐ ☐ ☐ ☐
Utilize the FMAP or Cultural Adaptation Process Model to gain community feedback on your therapeutic adaptations	☐ ☐ ☐ ☐ ☐

PowerPoint Presentation and Slides

The goal of "From Awareness to Practice: An Online Workshop on Bringing Culture Into the Counselling Room" is to help participants become even better counsellors to clients from diverse cultures. This section contains information intended for interested readers who wish to understand more about how the applied element of this project is connected to the literature review, and how content is organized to promote the cultural competency learning goals of the workshop. This section includes:

- an overview of the PowerPoint presentation's structure, complete with a description of what material from specific chapters within the project was used to inform the presentation, and
- a copy of the PowerPoint presentation slides.

Those interested in a more succinct outline of the structure of the presentation are invited to read Chapter 5 of this project, whereas those who seek information specifically related to facilitation of/participation in the workshop are encouraged to consult the "Preamble" section near the beginning of this appendix.

PowerPoint Presentation Overview

Design Philosophy

The central consideration in the creation of this workshop was to help make concrete cultural competency knowledge as accessible as possible, in order to best facilitate the dissemination of the development of culturally responsive practice. To that end, the PowerPoint presentation has been carefully crafted featuring large, easily readable fonts, and concisely worded information on each slide. Furthermore, each counselling adaptation strategy introduced is followed by an application section containing examples and guidelines for how to put the concept into practice. In creating the presentation, the author paid close attention to APA standards and guidelines, but also strove to achieve a creative, learner-friendly design.

To further enhance participants' learning experiences, relevant hyperlinks, illustrations, reflection questions, and interactive activities are interspersed throughout the presentation. The materials accompanying the PowerPoint presentation are also meant to stimulate self-reflection and group learning processes in order to provide an even more engaging learning experience. It is the author's hope that "From Awareness to Practice: Bringing Culture into the Counselling Room", serves as an easily obtainable, practical, and effective teaching tool. Each facilitator is welcome to deliver the content of the workshop

according to his or her own authentic style, however, they may wish to enhance or complement the accessibility of the presentation materials in order to take advantage of this design.

Organization

The PowerPoint presentation has three major sections: (i) *The Need for Culturally Adapted Counselling and Psychotherapy*, (ii) *Introducing Culturally Competent Practice*, and (iii) *Moving from Theory to Practice with the PAMF*. An overview of the organization and content of each section, followed by a description of the delivery method of the presentation is presented below.

(I) The need for culturally adapted counselling and psychotherapy. The workshop learning experience will be more meaningful to participants if they are reminded of how culturally adapting psychotherapy is consistent with values such as diversity, compassion, and responsible practice. Thus the first part of the presentation describes the necessity for culturally adapted therapies. It includes information on the diversity of Canadian society, the limitations of un-adapted approaches, and the potential benefits to culturally customized counselling. The content of this section is drawn primarily from Chapter 1 of this project.

(II) Introducing culturally competent practice. It will be much easier for attendees to appreciate the learning material in the workshop if they have some context behind how cultural adaptation frameworks fit into the big picture of cultural competency efforts. Thus, in this section, information is shared on various models used for thinking about and promoting cultural competency. Included are brief overviews of professional guidelines, theoretical frameworks, and the cultural adaptation frameworks. It concludes with a discussion of the relative benefits of the PAMF (Hwang, 2006) model for cultural adaptation and a rationale for the organization of the next section of the workshop according to the PAMF's six domains of therapeutic adaptation strategies. This section corresponds closely to chapter 2 of the literature review of this project.

(III) Moving from theory to practice with the PAMF. The main purpose of the third section is to inspire participants with ideas on how they may personally realize cultural competence within their future counselling practice. To do so, cultural adaptation strategies are presented within a clearly structured and accessible framework together with ample examples. As the PAMF is intended as a tool to promote therapeutic adaptation efforts and develop psychologist cultural competence (Hwang, 2006), and also includes easily understandable categories, this last section of the presentation was organized by the same 6 domains of cultural adaptation strategies as contained in the PAMF. The sections are as follows: (i) Dynamic Issues & Cultural Complexities, (ii) Orientation to Therapy, (iii) Cultural Beliefs, (iv) Client-Therapist Relationship, (v)

Cultural Differences in Expression and Communication, and (vi) Cultural Issues of Salience. The information used to elaborate on each of these domains is drawn from the review in Chapter 4, as well as from the PAMF framework itself. The domains are outlined below, and are also featured in the PowerPoint Presentation.

1. Dynamic issues & cultural complexities. In this domain, counsellors are given suggestions on how they might demonstrate respect client culture without overlooking client individuality, as well as how to enhance their assessment practices and make decisions on how much to adapt their counselling approaches. Major topics in this subsection include (i) contextual assessment of self-esteem, (ii) acculturation, (iii) minority identity development, and (iv) personality. The information is drawn from the respective headings in the Chapter 4 literature review. Each topic concludes with a number of applied guidelines such as individualizing statements reflecting cultural values or asking a client to take a parent's perspective in order to feel more comfortable listing his or her personal strengths.

2. Orientation to therapy. The focus within this subsection is how to increase client comfort and understanding of the counselling process by providing effective first sessions and session orientations. Four routes to enhancing first sessions are presented: (i) providing an orientation to therapy, (ii) responding to clients' preconceived therapeutic expectations, and (iii) establishing goals and structure with a culturally different client. The information for these topics is

drawn from the PAMF framework itself as well as from sections in Chapter 4 such as cognitive matching, acculturation and values, and cultural bridging. Practical strategies are shared within each route such as co-constructing therapeutic goals from within a directive approach, and openly discussing how many diverse clients may notice some delay before feeling initial therapeutic benefits due to the additional time needed to acculturate to culturally unfamiliar therapeutic methods.

3. Cultural beliefs. Workshop attendees will be introduced to four strategies to enhance their counselling through respecting and incorporating their clients' cultural beliefs: (i) adopting a holistic, psychoeducational approach, (ii) utilizing cultural bridging techniques, (iii) integrating cultural beliefs, strengths, and resources into treatment, and (iv) reducing stigma surrounding help-seeking. The information, examples, and illustrations for this section are drawn primarily from topics of cultural bridging, and cultural dimensions in Chapter 4. Numerous examples and applications are provided, including adopting cultural symbols such as the medicine wheel and concepts of yin and yang, as well as a process described by Hays (2009) for conducting a cultural assets search.

4. Client-therapist relationship. Given the central importance of the client-therapist relationship, participants will receive information on how to build a stronger working alliance with clients from cultures different from their own. Core topics include how counsellors can (i) develop their cultural knowledge and self-awareness, (ii) utilize methods to improve joining across cultures, (iii) match

some therapeutic expectations while promoting realistic expectations, (iv) how to ally with the client against racism and prejudice, and (v) striving for a ‘cognitive match’ during discussions. Included is information from Chapter 4 headings such as cultural bridging, modern racism, cognitive matching, specific issues, and Terror Management Theory. Some of the practical recommendations offered in this domain include assessing family migration history as an icebreaker, avoiding the challenging of central cultural beliefs, and validating the reality and hurtfulness of racial microaggressions.

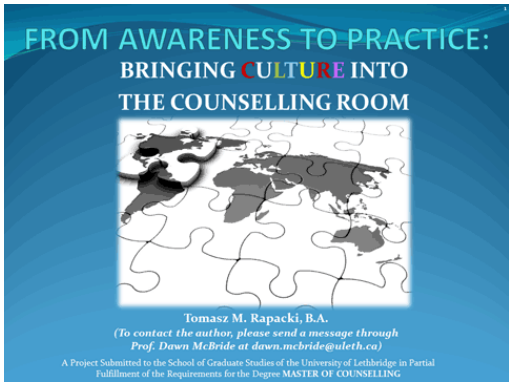
5. Cultural differences in expression and communication. Like the working alliance, communication too is a central to counselling and psychotherapy. The focus of this subsection is twofold: (i) how to respond to differences in communication, and (ii) how counsellors can improve their practice by understanding and recognizing somatization and other cultural expressions of distress. Some suggestions offered under this domain include a non-stigmatizing process for co-diagnosing depression with the client shared by Hwang (2012), and using intentional silence to convey careful listening and understanding. The majority of the content for these topics is informed by the communication topic in Chapter 4.

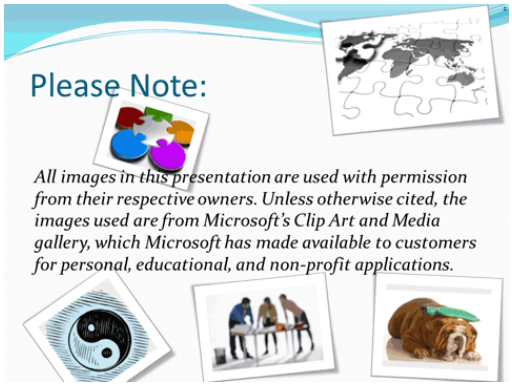
6. Cultural issues of salience. In the sixth and final subsection, workshop attendees will be challenged to take the initiative to expand their knowledge of individual cultural groups and their specific needs, strengths, and challenges.

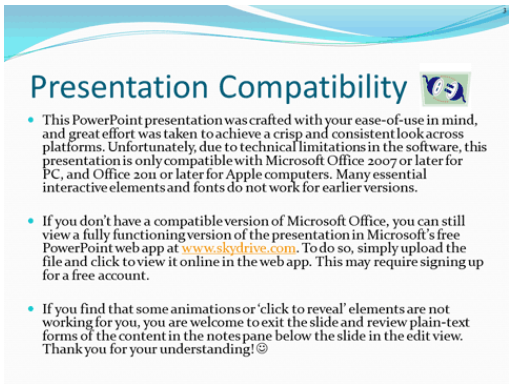
Three topics are discussed as examples of the type of information and professional development opportunities counsellors may choose to seek out: (i) examples of specific cultural challenges such as Aboriginal suicide and stigma of counselling within many cultural groups, (ii) the necessity for counsellors to extend their assistance beyond traditional helping roles, and (iii) how to collaborate with community stakeholders to gain more information and refine therapeutic adaptations. This discussion is drawn from topics such as the specific issues and practical needs sections of Chapter 4 and the FMAP framework (Hwang, 2009) as briefly outlined in Chapter 3. This final cultural adaptation domain marks the end of the presentation and is thus concluded with a summary and a personal thank you extended to participants.

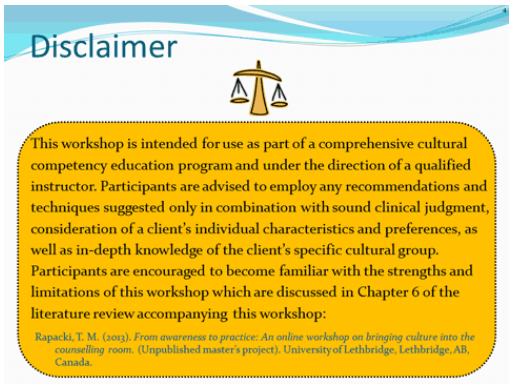
PowerPoint Presentation Slides

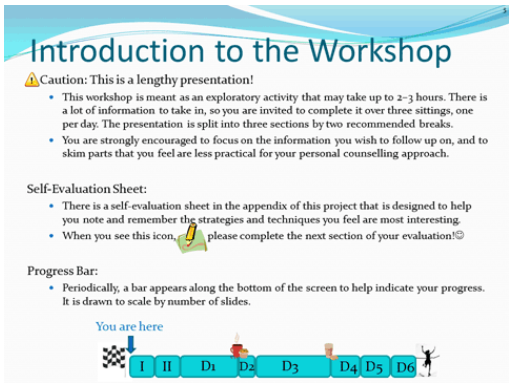
Note: Some slides contain significant animated content, and may therefore not display properly in this document. The latest, fully-functional PowerPoint copy of this presentation can be obtained from the author at tomrapacki@culturedpsychology.com, from the CulturedPsychology.com website, or through Professor Dawn Lorraine McBride (dawn.mcbride@uleth.ca).

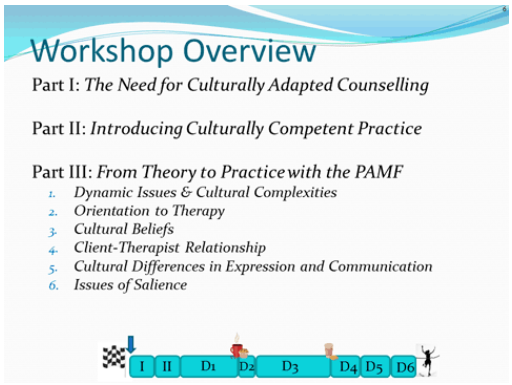












Part I:

The Need for Culturally Adapted Counselling and Psychotherapy

Need for a Culturally Adapted Approach

- Please view the following video[1].
- Without cultural competence we may focus on the therapeutic "game" as we know it, missing the gorilla of culture in the middle.

- May also miss the importance of context (the curtains) and the working alliance could also be affected (i.e. a player leaving the game).

[1] Simmons (2010)

The Canadian Challenge

- Visible minorities as a proportion of major Canadian metropolitan centres[1]:

- The proportion of visible minority groups may double to up to *one-in-three* Canadians by 2031![1]
- Canadians whose mother tongue is not English/French could also reach almost one-third[1]

[1] Statistics Canada (2010)

The Canadian Challenge

- Implications:
  - *Responding to the needs of a diverse population is an important current need.*
  - *This will also be a central future challenge for Canadian helping professionals.*

[1] Statistics Canada (2010, pp.23,26)

Limitations of Existing Approaches:

- "Cultural Encapsulation"[1,2]:
  - Approaches reflect upper-middle class values and culture[3]:

Individualism	Abstract/ambigous communication
Assertiveness	Present-focus
Rationality	Use "Standard English"
Verbal/emotional expressiveness	Strict time schedules

[1] Kleinman, Eisenberg, & Good (2006); [2] Wampold (2007); [3] Sue & Sue (2008, pp.137-140)

Limitations of Existing Approaches:

- Explanatory Models[1,2]:
  - Explanatory models include[3]:
    - The nature of the problem
    - The cause
    - The treatment
  - When client and counsellor's *explanatory models* for mental illness don't match, poorer diagnosis, treatment, and outcomes are likely to result[1].

[1] Kleinman in Hwang, Myers, Abe-Kim, & Ting (2008, p.218); [2] Kleinman, Eisenberg, & Good (2006); [3] See Kleinman et al. for a more in-depth analysis of explanatory models

Limitations of Existing Approaches:

- Poorer Outcomes:
  - A poor fit between mental health services and diverse populations is leading to[1–5]:
    - Underutilization
    - Higher dropout
    - Poorer outcomes

[1]Kirmayer, du Fort, Young, Weinfeld, & Lasry (1996); [2]Melfi, Croghan, Hanna, & Robinson (2000); [3]Mok, Lao, Lin, Wong, & Ganesan, (2003); [4]U.S. Department of Health and Human Services, 2001; [5]Wang et al., 2005).

Advantages of Adapting Counselling[1]

- More ethical than implementing approaches "as-is"
- More efficient than developing and training practitioners in new therapies for every single cultural group
- Few evidence-based therapies are validated with different ethnic samples[2,3]

[1]Hwang (2006); [2]Miranda et al. (2005); [3]U.S. Department of Health and Human Services (2001)

Advantages of Adapting Counselling[1]

- Outcomes[1–6]:
  - Increased session smoothness
  - Depth
  - Satisfaction
  - Perception of counsellor credibility
  - Higher service utilization
  - Decreased no-show and dropout

[1]Benish, Quinana & Wampold (2011); [2]Griner & Smith (2006); [3]Huey & Polo (2008); [4]Lefley & Bestman (1992); [5]Leong (2007); [6]Zane et al., (2005)

Conclusion

- Culturally adapting counselling and psychotherapy is a viable and ethical option!

Part II:

Introducing Culturally Competent Practice

What is Culturally Competent Counselling?

D.W. Sue's Cultural Competence Models[1–3]

- 3 dimensions:
  - "self-awareness of own assumptions, values, and biases"
  - "Understanding the worldview of the culturally different client"
  - "Developing appropriate intervention strategies"
- Each dimension encompasses **knowledge**, **attitudes**, and **skills**.

Culture-Infused Counselling Model[4]

- 3 dimensions:
  - "Awareness of personal assumptions, values, and biases"
  - "Understanding the worldview of the client"
  - "Culturally sensitive working alliance"
- Each competency described in terms of **knowledge**, **attitudes**, and **skills**.

[1]Sue, Arredondo, & McDavis (1992, p.481); [2]Sue & Sue (2008); [3]Sue et al. (1982); [4]Collins & Arthur (2010, p.210)

Professional Guidelines

- American Psychological Association's 6 general guidelines[1]:
  - Awareness of own attitudes, biases, and beliefs
  - Recognize importance of cultural sensitivity, responsiveness, and knowledge
  - Employ multiculturalism and diversity as constructs in psychological education
  - Encouraged to conduct ethical and culture-centred research with clients from minority backgrounds
  - Support organizational change and multicultural policy development
  - Apply culturally appropriate skills in clinical practice

[1]American Psychological Association (2002)

Professional Guidelines

- Canadian Psychological Association:
  - Articulates how the 4 ethical principles[1] apply to non-discriminatory practice
  - 21 general guidelines[2], i.e.:
    - Recognize the inherent worth of all people
    - Awareness of own beliefs and how they affect others
    - Recognize the reality of oppression
    - Assessment of individual, situational, and cultural factors

[1]Canadian Psychological Association (2000); [2]Canadian Psychological Association (2001)

Advantages and Disadvantages for Practitioners

Cultural Competency Frameworks

- √ Comprehensive descriptions of cultural competency
- × Highly complex: 34–300+ sub-factors
- × Describe what competence is rather than how to achieve it

Cultural Competency Guidelines

- √ State the importance of cultural competence to the profession
- √ Concise
- √ Provide ethical standards and suggested directions
- × Offer few specifics on how to achieve standards

A Third Option: Cultural Adaptation Frameworks

Advantages

- ✓ Articulate processes / principles for modifying therapy
- ✓ Utilization-focused, "*how to*" knowledge
- ✓ Contain specific methods, examples, and techniques

Disadvantages

- × Build upon frameworks and guidelines
- × Assume practitioner knows about and values cultural competency
- × Still require practitioners to research individual minority groups

Implication: *The most practical tool for practitioners, but not a replacement for cultural knowledge and experience*[1].

[1]Hwang (2006)

Ecological Validity Model[1] (EVM)

- Please click the icons to explore the 8 areas of therapeutic modification in the Ecological Validity Model!

[1] Bernal, Bonilla, & Bellido (1995)

Ecological Validity Model[1] (EVM)

- √ Specific areas to explore for adaptation
- √ Easy to understand labels
- √ A leading adaptation framework in the field:
  - √ 2 RCTs with Puerto Rican Adolescents[1,2]
  - √ Studies with Mexican-American and Haitian individuals/families[3–6]

- × Relatively few specific examples
- × Focused primarily on Hispanic cultures
- × Intended for designing counselling programs moreso than individual practitioners
- × Primarily used with group/family/psychoeducational interventions

[1]Rossello & Bernal(1999); [2]Rossello, Bernal, & Rivera-Medina (2008); [3]Domenech-Rodriguez(2008); [4]Matos, Torres, Santiago, Jurado, & Rodriguez (2008); [5]McCabe, Yeh, Garland, Lau, & Chavez (2005); [6]Nicolas, Arntz, Hirsch, & Schmiedigen (2009)

Psychotherapy Adaptation and Modification Framework (PAMF)[1]

- Consists of 6 domains with 25 therapeutic principles
- Each principle is a practical suggestion
- All principles are explained by a cultural rationale for why they would be effective

[1] Hwang (2006)

Psychotherapy Adaptation and Modification Framework (PAMF)[1]

- The 6 domains of the PAMF:

Dynamic issues and cultural complexities	Orienting clients to psychotherapy
Understanding cultural beliefs about illness and treatment	Improving the client-therapist relationship
Understanding cultural differences in expression and communication of distress	Addressing culture-specific issues

[1] Hwang (2006)

Psychotherapy Adaptation and Modification Framework (PAMF)[1]

√Dual purpose design[2]
- √ Creating adapted psychotherapies
- √ **And** helping practitioners bridge from abstract knowledge to concrete skills

√Numerous examples, 25 practical principles[1]

√Challenges practitioners to justify adaptations (avoid applying them haphazardly)

[1] Hwang (2006); [2] Hwang (2012)

Psychotherapy Adaptation and Modification Framework (PAMF)[1]

√Currently undergoing an RCT[2]; demonstrated in case study[3]

√Most current framework to date [4]

× Domain labels may be less intuitive

× Some principles are Asian-focused

√But most are widely applicable

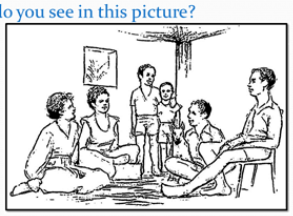
[1] Hwang (2006); [2] Hwang (2012); [3] Hwang, Wood, Lin, & Cheung (2006); [4] Hwang (2009)

Conclusion

- Cultural competency frameworks define what cultural competence is
- Professional guidelines convey its importance and set standards
- Adaptation frameworks are helpful for applying cultural knowledge
- An important goal for the PAMF is helping individual practitioners bridge from knowledge to practice, so we will discuss adapting our therapeutic services from its perspective
- But both EVM and PAMF are respected, practical frameworks for therapeutic adaptations!

Culture Break ☺

- What do you see in this picture?



- Urban legend[1] suggests that this ambiguous picture (source unknown), appears as a family sitting under a tree and a woman with a basket on her head to members of some African cultures. To what degree do you think reality may be culturally constructed?

[1] Vision Health (2009)

Part III:

From Theory to Practice with the PAMF

Overview of Part III Topics

Domain I: *Dynamic Issues & Cultural Complexities*

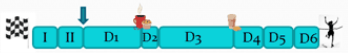
Domain II: *Orientation to Therapy*

Domain III: *Cultural Beliefs*

Domain IV: *Client-Therapist Relationship*

Domain V: *Cultural Differences in Expression and Communication*

Domain VI: *Cultural Issues of Salience*



Domain 1: Dynamic Issues & Cultural Complexities

Dynamic Issues & Cultural Complexities: Overview

Refers to:

- Addressing clients' multiple, complex identities[1]
- Dynamic sizing: dynamically adjusting focus between cultural vs. individual-focused treatments[2]

[1] Hwang (2006); [2]Sue & Sue(2008)

Dynamic Issues & Cultural Complexities: Components

- Benefits:
  - Protects working alliance from two opposite excesses: cultural blindness vs. stereotyping based on group characteristics[1]
  - Addresses the most salient identities for a client[2]
    - A Korean-Canadian may not hold "Korean" values and not desire Korean-centered interventions like doing a family genogram[3]
    - An African-Canadian may seek help for coping with family rejection due to being a Gay rather than of prejudice because of being Black
  - Allows full integration of cultural competence[4] through recognizing that *all counselling is multicultural counselling*[2]

[1]Sue (1998); [2]Arthur & Collins (2010); [3]Matsumoto & Juang(2008); [4]Parham in Gallardo, Johnson, Parham, & Carter (2007, p.432)

Dynamic Issues & Cultural Complexities: Components

1. Assess self-esteem accurately
2. Assess acculturation and incorporate personal values
3. Address minority identity development
4. Understand personality in context

Self-Esteem and Collectivism

- Collectivist societies value modesty and avoid boasting about self-efficacy / individual ability (i.e. Japanese, Chinese, First Nations[1–3])
- Western self-esteem is a much weaker indicator of mental health in non-western cultures[4] i.e. only has half the power to predict depression in Hong Kong vs. American students[5]
- Collectivist peoples speak highly of their collectivist (interdependent) strengths instead: loyalty, cooperation, compromise, maintaining group harmony, etc.[6]

[1]California State Department of Education (1982); [2]Redpath & Nielsen (1997); [3]Tafarodi & Swann (1996); [4](Diener & Diener (1995); [5]Chen, Chan, Bond, & Stewart (2006); [6]Sedikides, Toguchi, & Gaertner (2003)

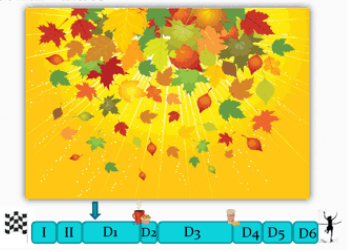
Self-Esteem: Applications

- Include interdependent traits in self-esteem assessment: fitting in, perceived social competence, compromise, respect, and commitment to the group.
- i.e., "I like to working together with others", "I am told I am respectful and a good listener", "when there are conflicts in my group, we're able to compromise".
- Ask about group membership: just like sports fans, or University Alumni, clients may give clues to their self-esteem by expressing positive feelings about their groups.
- Asking "what would your mother, friend (or other significant person) say are your strengths?" is more modest and culturally acceptable[1]

[1]Hays (2009, p.357)

Dynamic Issues & Cultural Complexities: Components

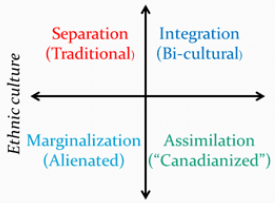
2. Assessing acculturation and incorporating personal values



Acculturation and Values

- Acculturation reflects values, cultural knowledge, and preferences[1]
- Can be thought of as bidirectional and unidirectional:
  - Unidirectional: towards taking on a new culture
  - Bidirectional: commitment towards ethnic and host cultures considered separate

Bidirectional Acculturation Strategies[1]



[1]Flannery, Reise, & Yu (2001)

Acculturation and Values

- No single acculturation strategy consistently produces superior mental health outcomes.[1,2]
- Perhaps clients must find the best "fit" for them?
- But acculturation to Western values increases help-seeking from Western mental health practitioners in a variety of cultural groups[3–5]

[1]Yoon, Langrehr, & Ong (2011); [2]Matsumoto & Juang (2008, pp.391–393); [3]Frey & Roysircar (2006); [4]Keefee (1982); [5]Walace & Constantine (2005).

"Cultural Reaffirmation Effect"

- Immigrant groups may hold stronger traditional values than those in their home country
- Traditions crystalize at the time of immigration, while the old country globalizes and changes[1,2]
- Implication: *We may see parents or family members that appear hypertraditional, this does not necessarily imply a defensive reaction*

[1]Kosmitzki (1996); [2]Matsumoto, Weissman, Preston, Brown, & Kupperbusch (1997)

Acculturation & Values: Applications

- Use clients' level and strategy of acculturation to inform how to "size" cultural interventions
- Personalize statements to recognize cultural values without conveying stereotypes (i.e. 'family is important to you' vs. 'family is important to Asians')[1]
- But *do* make cultural statements to normalize stigmatized experiences or emphasize the customization of a program[2]

[1]Hwang (2009, p.372); [2]Hwang (2012)

Acculturation & Values: Applications

- Acculturation may be assessed formally through the General Ethnicity Questionnaire(GEQ[1]), Vancouver Index of Acculturation(VIA[2]), and Asian Values Scale (AVS[3])
- A comprehensive list of measures is available here[4]
- Assist a client with finding and employing their preferred strategy for acculturation

[1]Tsai, Ying, & Lee (2000); [2]Ryder, Alden, & Paulhus (2000); [3]Kim, Atkinson, & Yang (1999); [4]Taras(2011)

Acculturation & Values: Applications

- Emphasizing acculturation as bi-directional, developing competency to navigate 2+ cultures rather than giving up the home culture may assist families struggling with acculturation conflicts
- If unsure how to dynamically size interventions, ask the question: "what role does your culture, discrimination, etc. have in all this"?

Dynamic Issues & Cultural Complexities: Components

3. Addressing minority identity development

Please fill out self-evaluation sheet domain 1, sections 1 & 2. ☺

I | II | D1 | D2 | D3 | D4 | D5 | D6

Racial/Cultural Identity Model (R/CID)[1]

Please click the titles to learn about the 5 stages of racial/cultural identity development ☺

- Conformity
- Dissonance and appreciating
- Resistance and immersion
- Introspection
- Integrative awareness

- Sharing values of the dominant group
- Adopting a self-deprecating / disregarding attitude towards own group and other minority groups

[1]Sue and Sue (2008, pp.242–258)

Minority Identity Development: Applications[1]

Conformity:

- Prefer a European-American therapist
- Respond best to problem solving approach - exploring identity may be threatening, revealing negative feelings, low self-esteem
- Work on problem-focused goals, but attempt to raise consciousness later about the reality of oppression[1]

Dissonance and appreciating:

- Provide validation of reality of oppression
- Encourage contact with strong individuals of their cultural group.

[1]Sue and Sue (2008, pp.242–258)

Minority Identity Development: Applications[1]

Resistance and immersion:

- Often prefer therapist of own cultural group
- Build trust through increased self-disclosure
- React non-defensively to resentment & accusations
- Use relationship to teach new ways of relating to majority culture (empowered but not hostile)
- Encourage social action and external change efforts
- Ally against prejudice

Introspection:

- Explore identity issues
- Explore conflict between autonomy and cultural group
- Validate that striving for personal autonomy ≠ disloyalty to their cultural group

[1] Sue and Sue (2008, pp.242–258)

Minority Identity Development: Applications[1]

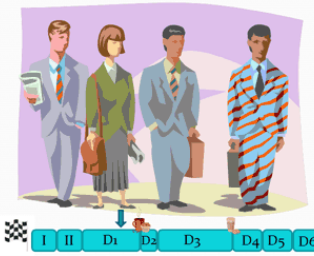
Integrative awareness:

- Often prefer counsellors with similar worldviews, i.e. anti-prejudice
- Counsellor may act as a facilitator of efforts for positive community and societal change

[1] Sue and Sue (2008, pp.242–258)

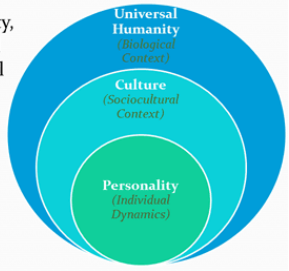
Dynamic Issues & Cultural Complexities: Components

4. Understanding personality in context



Personality

- Addressing personality, culture, and universal needs / motives are all part of a holistic conceptualization of the client and their challenges[1–4].



[1]Leong (1996); [2]Leong (2007); [3]Sue & Sue (2008); [4]Hofstede, Hofstede & Minkov (2010)

The "Big 5"of Personality[1]

- **O**penness
- **C**onscientiousness
- **E**xtroversion
- **A**greeableness
- **N**euroticism

- The 'universal' big five/five factor model of personality has been validated across more than 50 cultures[1,2] but there are considerable aggregate personality differences in traits
- Comparing Canadians to other nations can help us understand ourselves in context
- The next slides compare Canadian university students to those from select other countries, plotted against the world average

[1]McCrae, Yik, Trapnell, Bond, & Paulhus (1998); [2]McCrae & Terracciano (2005a)

Optional Activity

- Interested in having some fun and comparing your personality traits to country averages on the next few slides?
- To do so, take the 50-question IPIP NEO short form here[1], which is provided for educational purposes, but correlates highly with the NEO-PI-R used for the country data[2]
- You will get *percentile scores* for Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness to Experience which you can convert to "*world average*" scores on the table in the next slide for comparison with the country data
- If you choose this activity, please be aware that it is for **educational purposes only** and that scores will only be estimates because the two tests and norms are related but **not directly comparable**! ☺

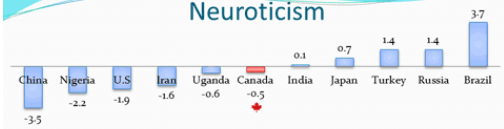
[1]Johnson (2001); [2]Goldberg (1999)

Optional Activity

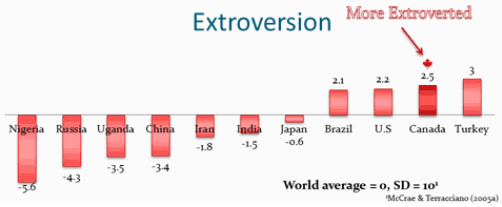
IPIP NEO to "World Score" Conversion Table

IPIP NEO Score	"World Score"	IPIP NEO Score	"World Score"
1	-23	55	1
5	-16	60	2
10	-13	65	4
15	-10	70	5
20	-8	75	7
25	-7	80	8
30	-5	85	10
35	-4	90	13
40	-2	95	16
45	-1	99	23
50	0		

Neuroticism



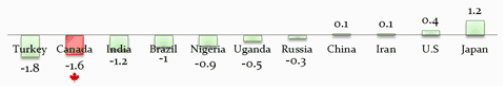
Extroversion



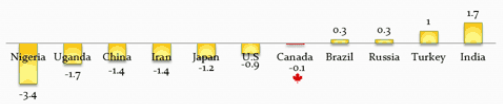
World average = 0, SD = 10[1]

[1]McCrae & Terracciano (2005a)

Openness



Agreeableness



World average = 0, SD = 10[1]

[1]McCrae & Terracciano (2005a)

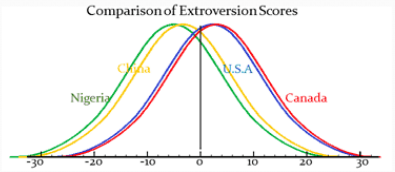
Conscientiousness

World average = 0, SD = 10[1]

[1]McCrae & Terracciano (2005a)

Personality Comparisons

- Canadians (or at least Canadian university students) may be more extroverted than the international average[1] particularly compared to China, Russia, Nigeria, etc.



[1]McCrae & Terracciano (2005a)

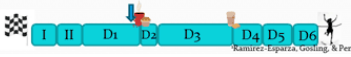
Personality Comparisons

- Personality differences from American culture decrease among Asian-American immigrants with acculturation[1,2]
- Neuroticism was found to be elevated but decreased with acculturation. *–Evidence of acculturative stress?*[2]
- Personality has individual, universal, and cultural components[3]
- Culture-specific personality models exist as well, i.e., for East Indian, Japanese, Mexican, and Filipino peoples[4]

[1]McCrae, Yik, Trapnell, Bond, & Paulhus (1998); [2]Teng, Dere, & Ryder (2008) [3]Matsumoto & Juang (2008, p.279); [4]Church (2000)

Simpatia

- 'Simpatia' a personality trait in Hispanic cultures:
- Likeable, easygoing, polite, fun to be with, affectionate, enjoys sharing feelings with others[1]
- Implication: *May indicate that Hispanic clients expect more warm, inviting counselling relationships*



[1]Ramirez-Esparza, Gosling, & Pennebaker (2008)

The CPAI

- The Chinese Personality Assessment Inventory-2 (CPAI-2)[1]
- Explains many personality traits important to Chinese culture
- Focuses on interpersonal relationship "blind spot" in Western models[2]

[1]Cheung, Leung, Song, & Zhang (2001); [2]Cheung et al. (2001)

The CPAI

- 'Interpersonal relatedness' dimensions like:
  - Social sensitivity
  - Reciprocal relationship orientation
  - Harmony
- Also, other traits assessed important to the Chinese context: *saving face, traditionalism / modernity, self vs. social orientation, social sensitivity, thrift / extravagance*[1,2]

[1]Cheung, Cheung, Wada & Zhang (2003); [2]Cheung, Leung, Song, & Zhang (2001)

The CPAI

- Validated in a large psychiatric sample[1]
- Clinical scales effectively differentiate prison inmates and psychiatric inpatients from healthy respondents[2]
- Interpersonal relationship dimension also replicated in Chinese-Americans and European-Americans[3]
- Implication: *Evidence of Western theory "blind spots" to relational / interpersonal context*

[1]Cheung (2007); [2]Cheung, Kwong, & Zhang (2003); [3]Lin & Church (2004)

Personality: Applications

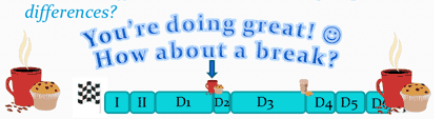
- Limit weighting of personality assessment conclusions based on Western or limited cultural norms
- Exploring national personality differences, consider interpreting personality differences similar to home cultural averages as normal cultural differences
- Consult McCrae & Terracciano (2005b) and Schmitt, Allik, McCrae, & Benet-Martinez (2007) for a comparison of 56 countries.

Personality: Applications

- Consider that newcomer neuroticism scores may reflect normal acculturative stress, use as opportunity to provide assistance
- Consider using indigenous personality tests or concepts to increase client buy-in:
  - "What else is there to know about your personality?"
  - "Do people describe you as having simpatia?"
  - "Do you attach great importance to reciprocity in personal relationships?"

Reflection Questions

- *What might an interpersonal context "blind spot" in Western theories mean for our practice with diverse clients?*
- *If you took the IPIP NEO, you likely found many of your scores were off the charts compared to the country averages. What does that say about the size of individual differences versus between-group differences?*



Domain II: Orientation to Therapy

Please fill out evaluation sheet domain 1, sections 3-4. ☺

Thought Experiment

Suppose you were appointed as a diplomat tomorrow and invited to dine with the royal family. Would you know all of the points of Western etiquette and fine dining? Would you know exactly which utensil to use when, where to sit, how to address the Queen and all of the members of the royal family?

How might you feel if you went to the dinner without knowing these rules? How might clients from a different culture feel attending counselling, not being familiar with the rules and roles of counselling?

Orientation to Therapy: Overview

Refers to[1]*:*

- Providing an orientation and explanation to the expectations of and unique 'culture' of therapy.
- Changing structure and focus of sessions to be more in line with client expectations

[1]Hwang (2006)

Orientation to Therapy: Components

1. Providing an orientation to therapy
2. Respond to therapeutic expectations
3. Establish goals/structure

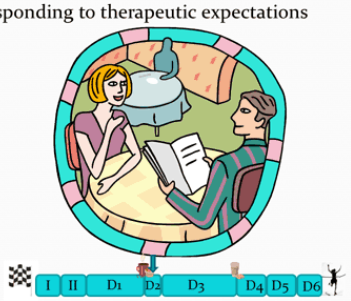
Orientation: Applications

- Make time for a longer, more detailed orientation[1,2]
- Educate explicitly about roles and expectation in therapy
- Explain the typical course of therapy
- Build rapport by emphasizing confidentiality, [3]
- Discuss healthy therapeutic termination to reduce dropout[1]
- Reduce stigma by articulating a holistic / biopsychosocial model that doesn't make the client feel personally blamed for their illness

[1]Hwang (2006); Hwang (2009); [2]Sue & Sue (2008)

Orientation to Therapy: Components

2. Responding to therapeutic expectations



Responding to Expectations: Applications

- Consider a more directive, active, expert approach preferred by most cultural groups[1–7]
- Problem-focused, time-limited approaches (CBT, BT, SFT) often fit well with more concrete expectations of diverse clients[2]

[1]Sue & Zane (1987); [2]Sue & Sue (2008); [3]Lafromboise, Trimble, & Mohatt (1990), [4]Al-Krenawi & Graham (2000), [5]Li & Kim (2004); [6]Kim, Li, &, Liang (2002); [7]Rossello, Bernal, & Rivera-Medina (2008)

Responding to Expectations: Applications

- Directly address clients receiving less initial benefits due to acclimatization time to foreign therapeutic culture / waiting longer to seek help[1]
- Offer the gift of a small solution early on as an example and to provide motivation[2]
- Being more directive does *not* mean being paternalistic[3] this can remind clients of historical and current oppression

[1]Hwang (2009); [2] Sue (1998); [3]Gonzalez-Prendes, Hindo, & Pardo (2011)

Reflection Questions:

Which cultural groups in Canada and the United States have historically been mistreated in a paternalistic way?

How might you communicate an expert approach without disempowering them?

Orientation to Therapy: Components

3. Establishing Goals and Structure

Establishing Goals/Structure: Applications

- Emphasize *co-constructing* therapy[1]:
  - Be directive and explicitly structure sessions
  - Give guidelines of responses expected
  - Emphasize client's role as expert in their life
  - Provide a choice of activities
  - Encourage development of own solutions
  - Look to the client to set treatment goals
- Focus on alleviating symptoms[1]
- Establish frequent goals and markers of treatment progress with periodic review to appeal to concrete-oriented clients[2]

[1]Sue & Sue (2008); [2]Hwang (2009)

Domain III: Cultural Beliefs

Please fill out self-evaluation sheet domain 2

I | II | D1 | D2 | D3 | D4 | D5 | D6

Cultural Beliefs: Introduction

- Providing a familiar structure for new information allows the brain to organize it in a meaningful way, enhancing recall[1-3]
- For example, stories and metaphors can enhance information processing in CBT[4]
- Integrating cultural beliefs, meanings, symbols, stories, and metaphors facilitates the therapeutic change process[5]
- The following exercise demonstrates how meaning making can enhance cultural learning

[1]Brouillet, Marshall, & Andrews (1987); [2]Ormrod (2012); [3]Philips (2002); [4]Otto (2000); [5]Hwang (2006)

Cultural Meanings Exercise

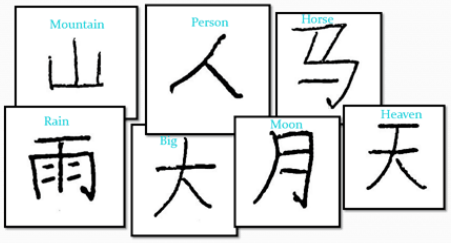
- On the next screen, you will see 7 Chinese characters paired with their English translations.
- Please remember as many meanings as you can after studying the list for 45 seconds. The slide will time this on its own.
- When you're ready, click to the next slide *(or if you don't wish to participate, you may skip the next few slides).*

Study Slide

大	Big	山	Mountain	天	Heaven
马	Horse	雨	Rain		
月	Moon	人	Person		

Thank you! Please click to proceed to the 'test' slide!

Test Slide



Click each picture to get the correct answer, or click anywhere else to advance to the next slide.

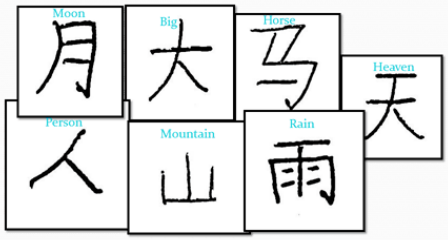
Cultural Meanings Exercise

- How many did you get right?
- This time let's enhance our learning by using cultural meaning making.
- Follow the same procedure as last time, and we will test how much you've learned after 45 seconds.
- Click to advance to the study slide *(You are still free to skip this section if you don't wish to participate).*

Study Slide

Thank you! Please click to proceed to the 'test' slide!

Test Slide



Click each picture to get the correct answer, or click anywhere else to advance to the next slide.

Cultural Meanings Exercise

- Was it easier to remember the characters the second time? Chances are that if you weren't already familiar with a similar character system, connecting this new information to familiar concepts helped you to learn and remember.
- If you were already familiar with these or similar characters, how might your study process differ with those who weren't?
- Practitioners can take advantage of cultural meanings to enhance therapeutic effectiveness with diverse clients.[1] ☺

*Please note that the use of mnemonic pictures in this exercise was for demonstration only, and was not meant to imply that modern Chinese characters are pictographs. They are not.

[1]Hwang (2006)

Cultural Beliefs: Overview

Refers to[1]*:*

- Understanding cultural beliefs about illness and treatment
- Integrating cultural systems, beliefs, meanings, and strengths to enhance treatment
- Maintaining awareness and responsiveness to how beliefs affect help-seeking and treatment preferences

[1]Hwang (2006)

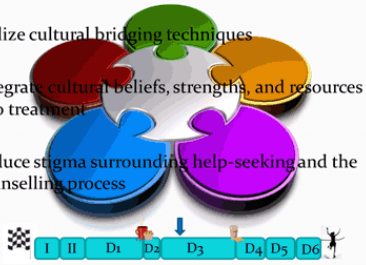
Cultural Beliefs: Overview

- Benefits[1,2]:
  - Facilitates client understanding and adherence to treatment
  - Increases client comfort
  - Makes treatment more culturally congruent
  - Takes advantage of existing strengths and healing pathways
  - Addresses the stigma of counselling by presenting a familiar cultural model
  - May enhance the perceived relevance, recall, and behaviour change from therapeutic concepts[3]

[1]Hwang (2006); [2]Hwang(2009); [3]Otto (2000)

Incorporating Cultural Beliefs: Components

1. Adopting a holistic, psychoeducational approach
2. Utilize cultural bridging techniques
3. Integrate cultural beliefs, strengths, and resources into treatment
4. Reduce stigma surrounding help-seeking and the counselling process



Holistic, Psychoeducational Approach: Applications

- Educate clients in a biopsychosocial model of mental illness that does not place the blame solely on the client and their cognitions[1,2]
- Maintain a more systemic focus, especially with clients who identify with collectivistic values or struggling with societal prejudice[3]
- Help resolve relational/social conflicts[2,4]

[1]Hwang (2006); [2]Hays (2009); [3]Sue & Sue (2008, pp.180, 254, 256); [4]Hwang (2009)

Holistic, Psychoeducational Approach: Applications

- Explicitly explore the consequences of interventions for the client's whole family[1]
- Simplify material, reduce learning load, consolidate complex topics[2]
- Increase time for teaching unfamiliar concepts, consider increasing session length

[1]Sue & Sue (2008, p.370); [2]Hwang (2009)

Incorporating Cultural Beliefs: Components

2. Utilizing cultural bridging techniques

Cultural Bridging

- "Cultural Bridging" involves using cultural sayings, metaphors, or cultural beliefs to present therapeutic concepts[1,2]
- Application examples follow:

[1]Hwang (2006); [2]See also Rossello & Bernal (1999)

Cultural Bridging: Yin & Yang

Yang Qi 阳气
Sun
Light
Positive
Life
Male
Heat
Vigour

Yin Qi 阴气
Moon
Darkness
Negative
Death
Female
Cold
Relaxation

- Chinese traditional medicine views the body and mind as interconnected and stresses Daoist beliefs about the need for balance of complementary Yin Qi & Yang Qi (dark and light energy)[1]

[1]Hwang (2012)

Cultural Bridging: Yin & Yang

- Using Yin & Yang to introduce CBT techniques[1]:
  - Sitting in the sun and imagining influx of positive Yang energy as a behavioural activation exercise
  - Presenting cultivating positive cognitions as improving one's balance of qi
  - Emphasizing balanced thinking and action
  - Promoting culturally-congruent physical activities (tai ji, qi gong, meditation) by rationale of mind-body holism

[1]Hwang (2012)

Cultural Bridging: Medicine Wheel

- Canadian Aboriginal spirituality also views wellness as holistic[1–3], a balance between Mental, Spiritual, Physical, and Social/Emotional
- When one area is out of balance, all areas suffer
- Each aspect of the medicine wheel can be used to introduce different elements of counselling in the service of balance[1], i.e.:
  - Physical = Physical self-care, action strategies, nature, economic conditions
  - Mental = Cognitions, psychoeducation, anti-colonialist philosophy

[1]Absolon (2010); [2]Verniest (2006); [3]Wenger-Nabigon (2010)

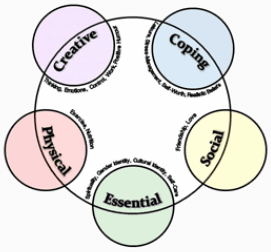
Cultural Bridging: Medicine Wheel

- The medicine wheel can be a tool for decolonization: presents Aboriginal as equal to Western knowledge[1]
- Using the medicine wheel promotes cultural reconnection, a healing intervention for Aboriginal peoples[2]
- Cultural continuity in Aboriginal communities was found to be strongly related to decreased suicide rates[3]

[1]Absolon (2010); [2]Stewart (2008); [3]Chandler & Lalonde (1998)

Cultural Bridging: Medicine Wheel

- *Optional:* Practitioners could also research and make use of the *Indivisible Self* model of wellness[1] to provide counselling to clients with holistic mental health beliefs



[1]Myers & Sweeney (2008)

Cultural Bridging: Cultural Sayings

- Cultural values, proverbs, and sayings can also be used to explain therapeutic concepts, click below if you'd like to explore some examples:

Chinese Chengyu (proverbs):

- 双管齐下
- 山不转路转，路不转人转，人不转心转

Mexican-American/Latino *Dichos* (folk sayings):

- ***Al que no ha usado huaraches, las correas le sacan sangre***[4]
- ***La verdad no mata, pero incomoda***[4]

- *Lit. The truth doesn't kill but it can hurt*[4]
- Acknowledges the difficult emotions that may come with introspection

[1]Hwang (2006); [2]Hwang (2011, p.240); [3]Cabo in Zuniga (1992, p.58); [4]Galvan & Teschner in Zuniga (1992, p.58)

Cultural Bridging: Cultural Framing

- Using familiar cultural values to frame goals and interventions:
  - Using Mexican cultural values *respeto* (respect) and *buena educacion* (a noble upbringing) to explain parenting concepts [1]
  - Teaching CBT through co-constructed African trickster folktales with adolescents[2]
  - Adding a goals column to thought records and calling them "goal analysis" to appeal to solution-focused Chinese clients[3]
  - Reformulating *chaining* (linking thoughts, emotions, behaviours, and consequences) as "climbing the mountain" towards a the summit (a goal)

[1]Domenech-Rodriguez (2008); [2]Nzewi (2009); [3]Hwang (2012, p.193)

Incorporating Cultural Beliefs: Components

3. Integrating cultural beliefs, strengths, and resources into treatment

Please fill out evaluation sheet domain 3, sections 1 & 2. ☺

Cultural Dimensions

- 6 cultural dimensions identified by Professor Geert Hofstede and colleagues[1]
- Used in education, business management, and organizational behaviour
- National scores on cultural dimensions might help a counsellor better understand a client's values and expectations within the context of their culture and in comparison to the counsellor's own culture

[1]Hofstede, Hofstede, & Minkov (2010)

Cultural Dimensions

- *Optional:* Click below if you'd like to explore some examples of possible therapeutic implications to each dimension[1–3]. ☺

Masculine culture:
- Client may seem more ambitious, motivated, and competitive

Feminine culture:
May seem more caring and conciliatory
- Be aware of culture before applying hypercompetitive or withdrawn / self-sacrificing labels
- Discuss traits in context of expectations of both cultures

Collectivistic:
- Canadian Counsellor's individualistic bias will likely become apparent
- Consider increasing time spent focusing on client's context, family, and social interactions

[1]Hofstede (2011); [2]Hofstede, Hofstede, & Minkov (2010); [3]The Hofstede Centre (2012a)

Cultural Dimensions

- *Optional:* Click below if you'd like to explore some examples of possible therapeutic implications to each dimension[1–3]. ☺

Long-term orientation:
- Might be especially able to grasp the importance of situation and context
- May do well with exercises such as genograms and life lines

Short-term orientation:
- May look more towards simpler solutions
- Possibly more in touch with themselves in the present i.e., emotional and self-monitoring exercises
- May be less accepting of structures and boundaries

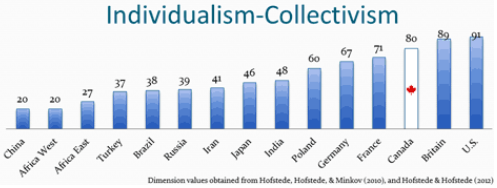
[1]Hofstede (2011); [2]Hofstede, Hofstede, & Minkov (2010); [3]The Hofstede Centre (2012a)

Cultural Comparisons

- In the next few slides we compare Canada to other nations on the cultural dimensions
- What might these dimensions mean about how we'd work with people from these different countries and cultures?

Power Distance

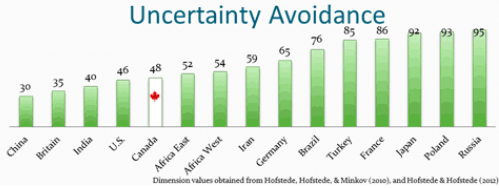
Individualism-Collectivism



Dimension values obtained from Hofstede, Hofstede, & Minkov (2010), and Hofstede & Hofstede (2012)

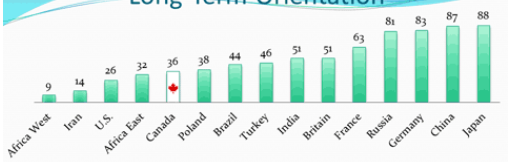
Masculinity-Femininity

Uncertainty Avoidance

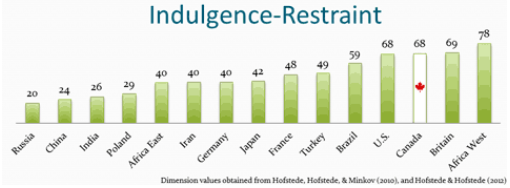


Dimension values obtained from Hofstede, Hofstede, & Minkov (2010), and Hofstede & Hofstede (2012)

Long-Term Orientation



Indulgence-Restraint



Dimension values obtained from Hofstede, Hofstede, & Minkov (2010), and Hofstede & Hofstede (2012)

Cultural Dimension Comparison

- Generally, Canadian culture is[1]:
  - Less accepting of power distance
  - Highly individualistic
  - Average in masculinity and femininity
  - More comfortable with uncertainty
  - Has a short-term orientation
  - Is indulgent, tolerating eccentric behaviours

[1]Hofstede, Hofstede, & Minkov (2010)

Cultural Dimension Comparison

- Therefore, on average, we might expect most clients from other cultures to:
  - Prefer a more "expert" working relationship
  - Be more contextual, collectivistic, and historic
  - Prefer more concrete, less ambiguous strategies
  - Put more value in social expectations and self-restraint
- Of course we still need to respond to *every client's individual acculturation and values*, but cultural dimensions can be a useful tool!

Optional Activity ☺

- If you are interested, try comparing two countries or reading more about countries' cultural profiles on Hofstede's website here[1]
- Some of the scores might not match the ones in this presentation exactly because the website does not use the newest 2010 and later data available here[2]
- *Which dimension do you think is most influential on counselling preferences?*

[1]The Hofstede Centre (2012b); [2]Hofstede & Hofstede (2012)

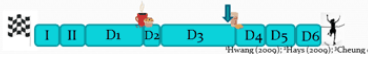
Integrating Cultural Beliefs Cont'd

- Canada was the 4th most individualistic country in the world from a sample of 70+ countries, behind America, Australia, and Britain[1]
- Asian, African, Hispanic, and Aboriginal Americans all have more group / family centered cultures or live with extended families[2]
- European Americans often see their identity in a less interrelated, contextual way[3,4]

[1]Hofstede, Hofstede, & Minkov (2010); [2]Sue & Sue (2008, pp.138-140); [3]Hardin (2006); [4]Harb & Smith (2008)

Integrating Cultural Beliefs Cont'd

- As indicated by their high individualism, European-American counsellors can benefit from focusing more on context and social relationships with diverse clients[1,2]
- Western knowledge has a blind spot to collectivist-style interdependence[3]



[1]Hwang (2009); [2]Hays (2009); [3]Cheung et al. (2001)

Integrating Cultural Beliefs: Applications

Reintegrating social context into counselling:

- Increase focus on resolving relational problems[1]
- Assess social/ familial/ environmental contributions to illness & wellness[2]
- Emphasize collaboration over confrontation[2]
- Be aware that Eastern thinking and problem-solving approaches view solutions as negotiated and dialectical, not analytical, leading to a single correct solution[3,4]
- Increase client's ability deal with practical environmental stressors[2] through practical problem-solving[1]
- CBT, SFT, and BT modified to include cultural context are useful for this purpose[2,5]

[1]Hwang (2009); [2]Hays (2009); [3]Peng & Nisbett (1999); [4]Nisbett, Peng, Choi, & Norenzayan (2001); [5]Sue & Sue (2008, p.371)

Integrating Cultural Beliefs: Applications

- Present skills together with cultural context within which they will be effective (e.g., when and where to use assertive communication vs. traditional communication[1])
- Refocus hierarchical, punitive cultural parenting styles on harmonious values of collectivist cultures without criticism[3]
- Be aware that sharing vs. individual achievement, and non-interference are values of Aboriginal peoples[4]

[1]Hays (2009); [2]Hwang (2009); [3]Sue & Sue (2008, p.371); [3]Sue & Sue (2008, p.363); [4]Sue & Sue (2008, p.350)

Integrating Cultural Beliefs: Applications

- Reframe and normalize familial conflict as acculturation conflict[1]
- Educate that *Acculturative Family Distancing*[2,3] naturally results due to communicative and value differences and has negative consequences for mental health
- Offer assistance as a cultural broker, facilitating communication and discussion of familial, country-of-origin, and host country cultural standards[4]
- Reframe acculturation as bi-cultural competence

[1]Sue & Sue (2008, p.368); [2]Hwang & Wood (2009); [3]Hwang, Wood, & Fujimoto (2010); [4]Sue & Sue (2008)

Applications: Aligning with Traditional Forms of Healing[1]

- Increase collaboration with cultural healers, doctors, elders, religious figures, and other health practitioners[1]
- Distribute materials and raise awareness at strategic locales where clients first seek help[2]:
  - Medical clinics
  - Religious groups
  - School
  - Traditional medicine practitioners

[1]Hwang (2006); [2]Hwang, Myers, Abe-Kim, & Ting (2008)

Applications: Aligning with Traditional Forms of Healing[1]

- Encourage culturally-congruent and inexpensive self-care activities[1,2]:
  - Meditation
  - Qi gong
  - Tai ji
  - Religious ceremonies
  - Crafts
  - Music
  - Massage
  - Sweat lodge
  - Incense and sweet grass burning
  - Smudging
  - Outdoor activities[1] (e.g. berry picking[3])

[1]Hays (2009); [2]Hwang (2006); [3]Minton & Soule (1990)

Applications: Cultural Strengths Search

- Conduct a cultural strengths / assets search[1]! Click if you'd like to learn about what you might include in a cultural strengths search ☺

❑ Extended family
❑ Traditional celebrations and rituals
❑ Storytelling activities
❑ Political / social action groups
❑ Family pride in accomplishments of its members (e.g. a child's school success[1])

...ractical living skills ...i.e. hunting, ...arming, medicine)
...eliefs used to cope ...ith prejudice and
...nishings
...ities that facilitate social interaction (living in a village, reserve, etc[1])

...hunting, farming, fishing, spiritual connection)
❑ Presence of cultural art, videos,

[1]Hays (2009)

Incorporating Cultural Beliefs: Components

4. Reducing stigma surrounding help-seeking and the counselling process

De-stigmatizing Counselling: Applications

- Address community misconceptions about counselling[1]
- Increase visibility in the cultural community
- Stress privacy and confidentiality[2]
- Emphasize counselling as finding solutions rather than admitting failure[3]

[1]Hwang, Myers, Abe-Kim, & Ting (2008); [2]Sue & Sue (2008, p.372); [3]Miller, Yang, & Chen (1997)

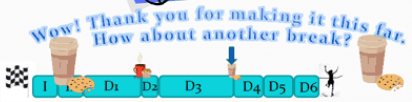
De-stigmatizing Counselling: Applications

- In CBT, Decrease emphasis on changing cognitions, but increase positive thinking, problem solving, and behavioural activation[1]
- Question the *helpfulness* rather than *rationality* of a problematic beliefs, especially when stressors are real (i.e. having children in danger of being taken into custody)[2]

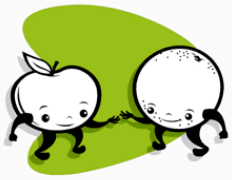
[1]Hwang (2009); [2]Hays, (2009)

Reflection Question:

Please share an example of another cultural symbol or saying you might adapt to explain a therapeutic concept. ☺



Domain IV: Client-Therapist Relationship



Please complete self-evaluation sheet domain 3. ☺

Client-Therapist Relationship: Overview

Refers to:

- Improving the client-therapist relationship
- Setting realistic relationship and goal expectations

Benefits[1,2]:

- Improved working alliance, client comfort
- Increased empathy, greater feeling of social connectedness
- Reduced stigma and anxiety due to realistic expectations
- Reduced anxiety about cultural differences
- Increased feelings of client self-efficacy

[1]Hwang (2009); [2]See also Hwang (2009; 2012)

Client-Therapist Relationship: Components

1. Developing cultural knowledge and cultural self-awareness
2. Utilize methods to improve joining
3. Match some expectations, promote realistic expectations
4. Ally against racism and prejudice
5. Strive for achieving a 'cognitive match' during discussions

Cultural Knowledge and Self-Awareness: Applications

- Read about the cultural background of the client
- Inquire directly about cultural values and influences
- Expose oneself to different cultures
- Explore cultural information such as aggregate personality traits, Hofstede's cultural dimensions, cultural values and activities
- Take part in cultural workshops, coursework, supervision, and consultation, diversify caseload[1]
- Consider utilizing a *White identity model* to guide progress towards awareness and anti-racist action

[1]Arthur & Januszkowski (2001)

White Identity Development

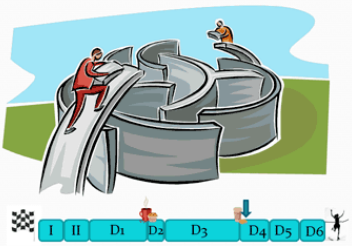
Optional activity:
Click the titles to learn about the 7 stages of development of White racial consciousness (The White Racial Identity Model)[1]

- Formation of non-racist White identity.
- Involves awareness of
- Works actively to change society and oppose racism
- Makes alliances with minority groups and aware Whites
- Resists social pressure for conformity to status-quo

[1]Sue & Sue (2008, p.277-282)

Client-Therapist Relationship: Components

2. Utilize methods to improve joining



Facilitating Joining: Applications

- Realize building a bond will require more than just elaborate verbal messages[1]
- Utilize proper cultural etiquette in initial sessions[2]:
  - Offer tea
  - Show concern about client's physical comfort
  - Increase self-disclosure
- Assess family and immigration history as an icebreaker[3]

[1]Sue & Sue (2008, p.153); [2]Hwang (2009); [3]Hwang (2006)

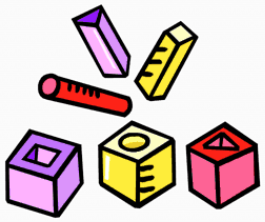
Facilitating Joining: Applications

- Actively provide validation, praise, emotional support, validate difficulty of sharing information[1]
- Normalize client feelings of stigma[1]
- Convey alignment nonverbally, e.g. moving one's chair to sit alongside the client while addressing a list of current problems[2]

[1]Hwang (2009); [2]Thornton as cited in Hays (2009, p.357); [3]Hays (2009)

Client-Therapist Relationship: Components

3. Matching some expectations; promoting realistic expectations



Aligning Expectations: Applications

- Explicitly discuss roles and expectations[1,2]
- Appear professional and be more proactive with giving advice[3]
- Be aware of transference of expectations: clients may expect to be treated as they would by doctors, healers, or priests[4]

[1]Hwang (2006); [2]Hwang (2009); [3]Hwang (2012); [4]Sue & Sue (2008, p.147)

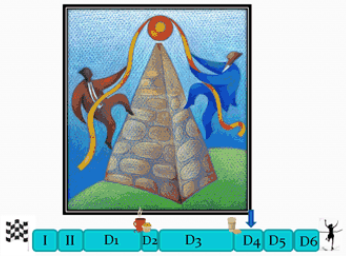
Aligning Expectations: Applications

- Facilitate development of realistic expectations:
  - Emphasize patience[1]
  - Express that new skills require time to acquire
  - Be aware: more severe problems due to delaying treatment may require longer recovery times
  - Begin with easier tasks to inspire confidence[2]
  - Share anecdotes or cases that normalize help-seeking, reduce feelings of isolation, normalize initial difficulties[3]

[1]Hwang (2006); [2]Hays (2009); [3]Hwang (2009)

Client-Therapist Relationship: Components

4. Allying against racism and prejudice



Allying Against Racism and Prejudice

- Racism continues to exist in North America in implicit and covert forms even amongst those who do not believe they hold negative attitudes[1,2]
- *It is the counsellor's responsibility to broach the topic of racism in sessions* because clients learn this topic is taboo with most European-Americans[3]
- Doing so may also lead to deeper empathy and a stronger working alliance[1]

[1]Dovidio, Kawakami, Johnson, Johnson, & Howard (1997); [2]Dovidio & Gaertner (2004); [3]Day-Vines et al. (2007)

Racial Microaggressions

- Please click here[1] to learn about racial microaggressions
- Optional activity: consider trying an empirically-supported implicit social attitude test here[2] if you're interested in learning more about your own implicit attitudes and biases

[1]Sue (2010); [2]Project Implicit (2011)

Racial Microaggressions

- Receiving subtle, unintentional, negative messages that stereotype or invalidate is a common experience for many ethnic groups[1–4]
- Covert messages leave victim questioning their sensitivity and judgment
- Double Bind: victim must cope with unvoiced feelings or voice them and face denial, resentment, & possible escalation of hostilities
- Awareness of the possibility of discrimination having occurred provokes negative emotional consequences[4]

[1]Constantine, Smith, Redington, & Owens (2008); [2]Sue, Bucceri, Lin, Nadal, & Torino (2009); [3]Sue, Lin, Torino, Capodilupo, & Rivera. (2009); [4]Wang, Leu, & Shoda (2011)

Racial Microaggressions

Please click to explore 3 types of Microaggressions![1]

Microassaults

- Deny perpetrator's bias
- Dismiss the reality of and psychological experience of racism
- Examples: Accusing the victim of oversensitivity, proclaiming one has friends of colour and is therefore immune to racism[1]

Microinsults

Microinvalidations

[1]Sue, Bucceri, Lin, Nadal, & Torinio (2007); [2]Sue & Sue (2008, p.111); [3]Sue, Bucceri, Lin, Nadal, & Torinio (2007, p.274);

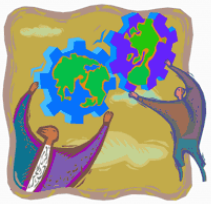
Allying Against Racism and Prejudice: Applications

- Actively broach the topic of race and racism in sessions[1]
- Anticipate mistrust[2]
- Strongly consider validating feelings of victimization even when they might be part of client symptoms[1,3]
- Validate *racial microaggressions* as real and hurtful

[1]Day-Vines et al. (2007); [2]Hays (2009)

Client-Therapist Relationship: Components

5. Strive for achieving a 'cognitive match' during discussions



Cognitive Matching

- Maintaining a "cognitive match" -agreement on *problem conceptualization*, *treatment*, and *goals*, is tied to better outcomes, and smoother, deeper, more positive sessions[1]
- Cultural cognitive matching involves matching therapeutic discussions and interventions to *individual*, *sociocultural*, or *universal levels* according to client problem conceptualization[2]

[1]Zane et al. (2005); [2]Leong (2007)

Cognitive Matching: Applications

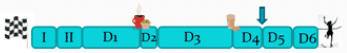
- Avoid challenging important cultural beliefs unless this is an important goal for the client[1]
- Match therapeutic discussions and interventions to individual, sociocultural, or universal levels[2]:
  - Example:
    - A client experiencing discomfort after a negative social interaction may interpret it as because of systemic racism, personal insecurity, or a universal experience of pain due to rejection
    - Practitioner thoroughly explores the problem from the client's explanatory level before discussing it from other angles

[1]Hays (2009); [2]Leong (2007)

Reflection Questions:

- Imagine a client described to you not getting a return phone call after a job interview. What words would you use to broach the topic of racism in a session?
- What exploration question might you use next?

Please fill out self-evaluation sheet domain 4. ☺



Domain V: Cultural differences in Expression and Communication

Cultural Differences in Communication: Overview

Refers to:

- Understanding and overcoming differences in communication, including different ways of expressing distress

- Benefits[1,2]:
  - Reduces misunderstandings and miscommunications
  - Reduces stigma
  - Improves treatment outcomes
  - Increases comfort despite foreign communication styles

[1]Hwang (2006); [2]Hwang (2009)

Cultural Differences in Communication: Components

1. Understand and respond to differences in communication
2. Adapt practice to somatization and other cultural expressions of distress

Cultural Differences in Communication

- Effective therapy "depends on the therapist and client being able to send and receive both verbal and nonverbal messages accurately and appropriately"[1]
- Understanding communication styles includes awareness of factors such as body language, eye contact, personal space, and high vs. low context communication (direct vs. indirect communication[2]

[1]Sue & Sue (2008, p.160); [2]Sue (1990)

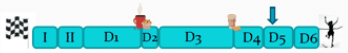
Comparison of Communicative Styles[1]

First Nations	Asian Americans and Hispanics	European Americans	African Americans
Speak softly & slower	Speak softly	Increase speed / volume to direct listener	Speak with affect
Indirect eye contact	Polite to avoid eye contact with high-status persons	Eye contact when listening	Direct eye contact when speaking, less eye contact when listening
Interject less, few encouragers	Interject less, few encouragers	Head nods, nonverbal markers	Interruptive turn taking
Allow silence before responding	Mild delay before responding	Quick responding	Quickest responding
Low-keyed, indirect expression	Low-keyed, indirect	Objective, task-oriented	Affective, emotional, interpersonal

[1]Sue & Sue (2008, p.176)

Reflection Questions:

- Would you attempt to match a diverse client's communicative style in terms of speed, tone, expressed emotion or other characteristics?
- Why or why not? *or* To what degree might you do so?



High and Low Context Communication

- High Context vs. Low Context Communication[1] :
  - *Low context communication*:
    - Typical of European-American culture
    - Speaking directly and saying what one means
  - *High context communication*:
    - Shared by Asians, Hispanics, First Nations, some African-Americans[1]
    - Conveys more information through how something is said than what is said
    - Greater importance on situation, tone, and body language

[1]Sue & Sue (2008)

Cultural Differences in Communication: Understanding Communicative Differences

- High Context Examples[1]:
  - European culture: "No" = no
  - Filipino culture: Hesitant yes = no
  - Arab culture: "No" during business = ok to keep bargaining, until "no" is stressed very strongly
  - Asian & Arab cultures: Invitations must be extended and refused multiple times before they are accepted

[1]Sue & Sue (2008)

Uncertainty Reduction

- *Uncertainty reduction theory* describes the motivation to reduce uncertainty in interactions with strangers[1]
- A major goal in initial intercultural interactions is to reduce ambiguity between participants, so more interrogation, self-disclosure, and *nonverbal affiliative expressions* are used[2–4]

[1]Berger & Calabrese (1975); [2]Gudykunst & Nishida (1984); [3]Gudykunst, Sodentani, & Sonoda (1987); [4]Gudykunst, Yang, & Nishida (1985)

Uncertainty Reduction

- *Non-verbal affiliative expressions:*
  - Are non-verbals that convey a feeling of invitation and social connectedness[1]:
    - Gaze
    - Smile
    - Touch
    - Inviting facial expressions
  - These expressions are also conveyed online through emoticons, smileys, and text formatting[2]

[1]Yang (2007); [2]Curtis (2009)

(°͜ʖ͡°) ʕ°ᴥ°ʔ ✌ (◕‿-)[1]

-`ღ´-

Thank you for persevering with this presentation so far! You're almost done.

[1]Kula One (n.d.)

Other Communicative Differences[1]

- A smile can indicate discomfort or embarrassment in Asian cultures, may be misread as smugness during conflict
- Silence can indicate respect, privacy, or agreement in different cultures
- Some Arabic-speaking cultures like to be bathed in sound and politely 'share' it with their neighbours
- Aboriginal culture is a storytelling culture that emphasizes learning by listening
- Asian, African, Hispanic, and Arab Americans all prefer a closer interpersonal space than European Americans[1–3]

[1]Sue & Sue (2008); [2]See also Sue (1990); [3]Rivera & Rogers-Adkinson (1997)

Communication: Applications

- Consider using silence to demonstrate understanding in initial sessions[1]
- Avoid misinterpreting normal low-key, indirect communicative behaviour as evidence of passivity, avoidance, or shyness[2] especially with Asian, Aboriginal, and Hispanic clients
- Allow Aboriginal persons ample time to finish speaking[3]
- Be aware of differences in meaning of smiles, silence, eye contact

[1]Hays (2009); [2]Hwang (2006)

Communication: Applications

- Increase self-disclosure, invitational body language, and allow questions[1]
- Employ visuals, translators, supportive friends or family members, multilingual dictionaries[2]
- Be aware of ethical limitations of child translators[1]
- Apologize for the limitations of one's cultural helping style but express a willingness to understand the client and their situation, this is enough for many clients[3]

[1]Sue & Sue (2008); [2]Hwang & Wood (2007); [3]Sue & Sue (2008, pp.180–181)

Communication: Applications

- Utilize homework evaluation forms to facilitate more direct feedback[1]
- Consider exit/feedback slips like the multilingual and free Session Rating Scale[2] and Outcome Rating Scale[3]
- Awareness of interpersonal distance: counsellor may come off as cold if draws back from a client without discussion of its cultural meaning[4]

[1]Foo & Kazantzis (2007); [2]Miller, Duncan, Brown, Sparks, & Claud (2003); [3]Campbell & Hemsley (2009); [4]Sue (1990)

Cultural Differences in Communication: Components

2. Adapting practice to somatization and other cultural expressions of distress

Cultural Expressions of Distress

- Understanding cultural communication of distress is an essential component of cross-cultural counselling[1]
- *Somatization* = expressing emotional distress through physical symptoms
- Is "the most common clinical expression of emotional distress worldwide"[2]
- Is ubiquitous, occurring across Western and non-Western countries[2]

[1]Hwang (2006); [2]Kiramayer & Young (1998, p.420)

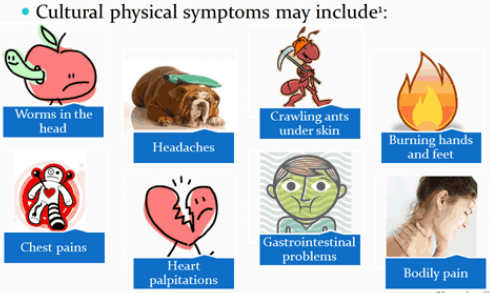
Cultural Expressions of Distress

- Study: 88% of depressed Chinese reported only somatic symptoms, but 20% of Western clients did the same[1]
- Similarly, somatization scores for depressed African American and Latina women were 70% higher than European-American women, but were significant, for all groups[2]
- For some clients, this may be a negotiative tactic, (easier to talk about than mental illness) i.e. Asian clients are able to discuss emotions when asked or when the working alliance is strong[1–3]
- But can also be due to a greater belief in mind-body unity[6–7]

[1]Kleinman (1977); [2]Myers et al. (2002) [3]Cheung (1982); [4]Cheung & Lau (1982); [5]Parker, Gladstone, & Chee (2001); [6] Hwang, Wood, Lin, & Cheung (2006); [7]Lee (2001)

Cultural Expressions of Distress

- Cultural physical symptoms may include[1]:



[1]Hwang (2006)

Cultural Expressions of Distress: Applications

- Focus part of early assessment on physical symptoms
- Inquire about psychosocial symptoms indirectly: "Dealing with headaches and dizziness can be quite troublesome; how are these affecting your mood, relationships, etc.?"[2]
- Help clients differentiate between thoughts and feelings during treatment[3]
- Be patient and clients will likely share emotional distress after a strong relationship is built
- No need to withhold/hide diagnosis –diagnose collaboratively[4]

[1]Hwang (2006); [2](Sue & Sue, 2008, p.360); [3]Hwang (2009); [4]Hwang(2012)

Cultural Expressions of Distress: Applications

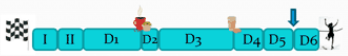
- Non-stigmitizing procedure for diagnosing depression[1]:
  1. Separate physical and mental symptoms into checklists, consider expanding checklist with additional cultural somatic symptoms
  2. Introduce the checklist as a list of problems clients often struggle with, and ask if the client experiences similar problems
  3. Tell the client that when people have checked a significant number of those symptoms, it's called major depression
  4. Ask if they think they have major depression
- This procedure resulted in clients actively accepting and using the diagnostic label!

[1]Hwang (2012, pp.190,191)

Reflection Question:

- If a client reports somatic symptoms, but you suspect they are holding back cognitive and emotional information until they feel more comfortable with you, how might you present or frame an initial intervention to him or her?

Please complete evaluation sheet domain 5. ☺



Domain VI: Cultural Issues of Salience

Cultural Issues of Salience: Overview

Refers to[1]*:*

- Addressing other cultural issues of salience to the client
- Awareness of unique issues for a client's ethnic group

- Benefits[1,2]:
  - Client feels more understood and satisfied
  - Avoid overlooking key issues
  - Ensures treatment aligns with client priorities

[1]Hwang (2006); [2](Hwang, 2012)

Cultural Issues of Salience: Components

- Issues will be different for every culture and client
- This challenges practitioners to take initiative to learn about specific cultural groups and to conduct holistic and individualized assessment
- Exploring these issues for each cultural group is beyond the scope of this presentation, but a few examples will be provided for what to look for

Cultural Issues of Salience: Examples

- Suicide in Aboriginal youth is 5–6x higher than the Canadian youth average[1]
- Possible interventions[1]:
  - Community-based suicide prevention programs
  - Building helper connections with young people
  - Address related issues of substance abuse, mood disorders, and conduct/ antisocial disorders
  - Cultural reconnection activities - this is a healing intervention in and of itself[2]
  - Promote cultural continuity in Aboriginal communities, as this is a strong protective factor against suicide[3]

[1]Aboriginal Healing Foundation (2007); [2]Stewart (2008); [3]Chandler & Lalonde (1998)

Cultural Issues of Salience: Examples

African Americans:

- Face systemic barriers and prejudice[1]
- Additional challenges due to lack of financial resources, educational barriers

Asian Peoples:

- High somatization rates[2]
- Deep stigma involving mental health help-seeking
- Family pressure for academic success[1]

Arabic-Speaking Groups:

- Fear of reduced marriageability resulting from help seeking

[1] Sue & Sue (2008); [2]Hwang (2006); [3]Youssef & Deane (2006)

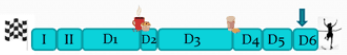
Taking an Expanded Approach

- Culturally diverse clients often face practical challenges that may take precedence over psychological growth[1]
- Barriers to counselling: language, finances, transportation, and awareness of services[2]
- Pressing needs: affordable housing, employment, social contact, familiarity with Western norms, social support[1]
- Therefore counsellors are challenged to expand beyond traditional ways of helping[3,4]

[1]George (2002); [2]Kung (2004); [3]Atkinson, Kim & Caldwell (1998); [4]Atkinson, Thompson, & Grant (1993)

Taking an Expanded Approach

- Hays (2009) suggests that practitioners identify environmental problems and teach behavioural skills to change the environment while also working on cognitive skills
- For example: Working on Western social interaction skills, educational skills, or social behavioural activation activities with a depressed international student together with restructuring cognitions

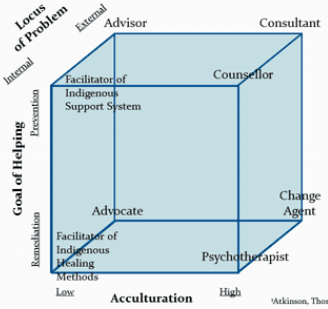


3 Dimensional Model of Multicultural Counselling[1]

- Practitioners may need to take on new roles in multicultural counselling[1]:
  - An *advocate* helping clients to access resources and be understood by others
  - A cultural healing / cultural strength *facilitator*
  - A *consultant*, training clients to respond to discrimination and barriers
  - A *change agent* who lobbies for societal change

[1]Atkinson, Thompson, & Grant (1993)

3 Dimensional Model of Multicultural Counselling[1]



[1]Atkinson, Thompson, & Grant (1993)

Collaborative Therapeutic Adaptation

- Therapeutic adaptation frameworks are usually top-down (improvements generated by theory & research)[1]
- Working with the community to design a program is another option (bottom-up)
- This is an increasing trend with two new frameworks recently being applied for this purpose

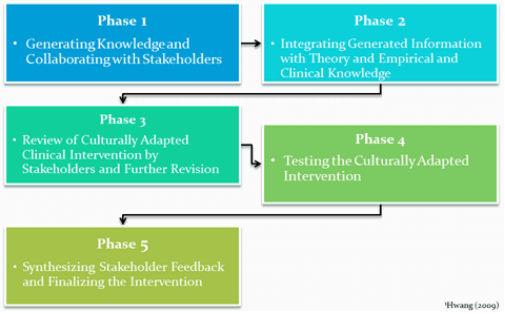
[1]Hwang (2009)

Collaborative Therapeutic Adaptation

- Collaborating with stakeholders can lead to new information and strategies[1,2] while empowering the community to participate in designing its own care
- The *Formative Method for Adapting Psychotherapy* (FMAP[1]) is a five-phase framework designed for use with the PAMF to combine top-down and bottom-up processes

[1]Hwang (2009); [2](Hwang, 2012)

The FMAP[1]



[1]Hwang (2009)

Collaborative Therapeutic Adaptation

- More information on this bottom-up framework is available in Hwang (2009) or Hwang (2012)
- For those who prefer the Ecological Validity Model for adapting psychotherapy, the *Cultural Adaptation Process Model*[1] is a three-phase framework similar to the FMAP, designed for that model

[1]Domenech-Rodriguez & Weiling (2004)

Workshop Summary

- Through the PAME framework we explored how respecting the complexity of clients, welcoming [illegible] and integrating [illegible] into our practice. We assessed [illegible] how to join with others across cultures, aligning expectations, and overcoming communicative barriers. Finally we explored the importance of adopting an expanded helping role and the challenge of becoming more informed about others.

Congratulations!

- I hope that this workshop equips you with some more tools you can use to build richer working relationships with your clients and contribute more deeply to Canada's multicultural communities.
- I wish you the best on the rest of your journey!

-Tom Rapacki

Thank you for reading!

- Your feedback on this learning experience is important to me, and helps to improve this presentation for future workshops. I invite you to fill out one of the evaluation forms included in this package.
- I would also like to hear about your experience in putting this information into practice! Please feel welcome to contact me about this project!

References

Aboriginal Healing Foundation. (2007). *Suicide among Aboriginal people in Canada*. Ottawa, ON: Author.

Absolon, K. (2010). Indigenous wholistic theory: A knowledge set for practice. *First Peoples Child & Family Review, 5*(2), 74–87.

Al-Krenawi, A., & Graham, J. R. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. *Health Social Work, 25*(1), 9–22. doi:10.1093/hsw/25.1.9

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. Washington, DC: Author.

Arthur, N., & Collins, S. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*, 217–233. doi:10.1080/09515070903378211

Arthur, N., & Januszkowski, T. (2001). The multicultural counselling competencies of Canadian counsellors. *Canadian Journal of Counselling, 35*, 36–48.

Atkinson, D. R., Kim, B. S. K., & Caldwell, R. (1998). Ratings of helper roles by multicultural psychologists and Asian American students: Initial support for the three-dimensional model of multicultural counseling. *Journal of Counseling Psychology, 45*, 414–423.

Atkinson, D. R., Thompson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist, 21*, 257–277. doi:10.1177/0011000093212010

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology, 58*, 279–289. doi:10.1037/a0023626

Berger, C. R., & Calabrese, R. J. (1975). Some explorations in initial interaction and beyond: Toward a developmental theory of interpersonal communication. *Human communication research, 1*, 99–112.

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23*, 67–82.

Brouillet, F., Marshall, C. R., & Andrews, T. E. (1987). *Teaching and learning in the cognitive domain: A Review of the Literature*. U.S. Department of Education, Office of Educational Research and Improvement.

California State Department of Education. (1982). *American Indian education handbook*. Sacramento, CA: California State Department of Education, American Indian Education Unit.

Campbell, A., & Hermsley, S. (2009). Outcome rating scale and session rating scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist, 13*, 1–9. doi:10.1080/13284200601076331

Canadian Psychological Association. (CPA). (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON, Canada: Author.

Canadian Psychological Association. (CPA). (2001). *Guidelines for non-discriminatory practice*. Retrieved from: www.cpa.ca/cpasite/userfiles/Documents/publications/NonDiscPractrev%nocpa.pdf

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*, 191–219.

Chen, S. X., Chan, W., Bond, M. H., & Stewart, S. M. (2006). The effects of self-efficacy and relationship harmony on depression across cultures: Applying level-oriented and structure-oriented analyses. *Journal of Cross-Cultural Psychology, 37*, 643–658. doi:10.1177/0022022106292073

Cheung, F. M. (1982). Somatization among Chinese: A critique. *Bulletin of the Hong Kong Psychological Society, 8*, 27–35.

Cheung, F. M. (2007). Indigenous personality correlates from the CPAI-2 profiles of Chinese psychiatric patients. *World Cultural Psychiatry Research Review, 2*, 114–117.

References cont'd

Cheung, F. M., Cheung, S. F., Wada, S., & Zhang, J. (2003). Indigenous measures of personality assessment in Asian countries: A review. *Psychological Assessment, 15*, 280–289.

Cheung, F. M., Kwong, J. Y. Y., & Zhang, J. (2003). Clinical validation of the Chinese Personality Assessment Inventory (CPAI). *Psychological Assessment, 15*, 89–100.

Cheung, F. M., & Lau, B. W. (1982). Situational variations of help-seeking behavior among Chinese patients. *Comprehensive Psychiatry, 23*, 252–262.

Cheung, F. M., Leung, K., Song, W. Z., & Zhang, J. X. (2001). *The Cross-Cultural (Chinese) Personality Assessment Inventory-2 (CPAI-2)*. (Available from F. M. Cheung, Department of Psychology, The Chinese University of Hong Kong, Hong Kong SAR.)

Cheung, F. M., Leung, K., Zhang, J. X., Sun, H. F., Gan, Y. Q., Song, W. Z., & Xie, D. (2001). Indigenous Chinese personality constructs: Is the Five Factor Model complete? *Journal of Cross-Cultural Psychology, 32*, 407–433.

Church, T. A. (2000). Culture and personality: Towards an integrated cultural trait psychology. *Journal of Personality, 68*, 651–703.

Collins, S., & Arthur, N. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*, 217–233. doi:10.1080/09515070903378211

Constantine, M., Smith, L., Redington, R. M., & Owens, D. (2008). Racial microaggressions against Black counseling and counseling psychology faculty: A central challenge in the multicultural counseling movement. *Journal of Counseling and Development, 86*, 348–355. doi: 10.1002/j.1556-6678.2008.tb00519.x

Curtis, J. (2009). *Use of uncertainty reduction theory to examine emoticons and other chat room tools: Facilitators of affiliative nonverbal communication*. Unpublished master's thesis. The State University of New York; Potsdam, New York. Retrieved from: http://dspace.sunyconnect.suny.edu/handle/1951/49672

Day-Vines, N., Wood, S., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling and Development, 85*, 402–410. doi:10.1002/j.1556-6678.2007.tb00608.x

Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology, 68*, 653–663.

Domenech-Rodriguez, M. M. (2008, December). *Outcomes of a RCT of PMTO for Spanish-speaking Latino parents: Behavioral observations of parenting practices*. Paper presented at the National Institute of Health Summit: The Science of Eliminating Health Disparities. Washington, DC.

Domenech-Rodriguez, M. M., & Weiling, E. (2004). Developing culturally appropriate, evidence-based treatments for interventions with ethnic minority populations. In M. Rastogin & E. Weiling (Eds.), *Voices of color: First person accounts of ethnic minority therapists*. (pp. 313–333). Thousand Oaks: Sage Publications.

Dovidio, J. F., & Gaertner, S. L. (2004). Aversive racism. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 1–52). San Diego, CA: Academic Press.

Dovidio, J. F., Kawakami, K., Johnson, C., Johnson, B., & Howard, A. (1997). The nature of prejudice: Automatic and controlled processes. *Journal of Experimental Social Psychology, 33*, 510–540.

Flannery, W., Reise, S. P., & Yu, J. (2001). An empirical comparison of acculturation models. *Personality and Social Psychology Bulletin, 27*, 1035–1045.

Foo, K. H., & Kazantzis, N. (2007). Integrating homework assignments based on culture: Working with Chinese patients. *Cognitive and Behavioral Practice, 14*, 333–340. doi:10.1016/j.cbpra.2006.08.005

References cont'd

Frey, L. L., & Royuricar, G. (2006). South Asian and East Asian international students' perceived prejudice, acculturation, and frequency of help resource utilization. *Journal of Multicultural Counseling and Development, 34*, 208–222. doi:10.1002/j.2161-1912.2006.tb00040.x

Gallardo, M., Johnson, J., Parham, T., & Carter, J. (2007). Ethics and multiculturalism: Advancing cultural and clinical responsiveness. *American Psychologist, 8*(11), 425–435. doi:10.1037/a0016887

George, U. (2002). A needs-based model for settlement service delivery for newcomers to Canada. *International Social Work, 45*, 465–480. doi:10.1177/0020872802454004

Goldberg, L. R. (1999). A broad-bandwidth, public domain, personality inventory measuring the lower-level facets of several five-factor models. *Personality psychology in Europe, 7*, 7–28. Retrieved from: http://ipip.ori.org/newBroadBandText.htm

Gonzalez-Prendes, A. A., Hindo, C., & Pardo, Y. F. (2011). Cultural values integration in cognitive-behavioral therapy for a Latino with depression. *Clinical Case Studies, 10*, 376–394. doi:10.1177/1534650111427075

Grizer, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*, 531–548. doi:10.1037/0033-3204.43.4.531

Gudykunst, W. B., & Nishida, T. (1984). Individual and cultural influences on uncertainty reduction. *Communication Monographs, 51*, 23–36. doi:10.1080/03637758409390181

Gudykunst, W. B., Sodetani, L. L., & Sonoda, K. T. (1987). Uncertainty reduction in Japanese-American/Caucasian relationships in Hawaii. *Western Journal of Speech Communication, 51*, 256–278. doi:10.1080/10570318709374275

Gudykunst, W. B., Yang, S.-M., & Nishida, T. (1985). A cross-cultural test of uncertainty reduction theory: Comparisons of acquaintances, friends, and dating relationships in Japan, Korea, and the United Sates. *Human Communication Research, 11*, 407–454. doi:10.111.1.1468-2958.1985.tb00054.x

Harb, C., & Smith, P. (2008). Self-construals across cultures: Beyond independence - interdependence. *Journal of Cross-Cultural Psychology, 39*, 178–197. doi:10.1177/0022022107313861

Hardin, E. (2006). Convergent evidence for the multidimensionality of self-construal. *Journal of Cross-Cultural Psychology, 37*, 526–532. doi:10.1177/0022022106290475

Hays, P. A. (2009). Integrating evidence-based practice, cognitive-behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*, 354–360. doi:10.1037/a0016250

The Hofstede Centre (2011a). *Dimensions*. Retrieved from: http://geert-hofstede.com/dimensions.html

The Hofstede Centre (2011b). *The Hofstede Centre*. Retrieved from: http://geert-hofstede.com/index.php

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture, 2*(1). doi:10.9707/2307-0919.1014

Hofstede, G., & Hofstede, G. J. (2012). *Dimension Data Matrix*. Retrieved from: http://www.geerthofstede.nl/dimension-data-matrix

Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations: Software of the mind*, 3rd ed. New York: McGraw-Hill.

Huey, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37*, 262–301. doi:10.1080/15374410701818374

Hwang, W. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61*, 702–715. doi:10.1037/0003-066X.61.7.702

Hwang, W. (2009). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice, 40*, 369–377. doi:10.1037/a0016240

References cont'd

Hwang, W. (2011). Cultural adaptations: A complex interplay between clinical and cultural issues. *Clinical Psychology: Science and Practice, 18*, 238–241. doi:10.1111/j.1468-2850.2011.01255.x

Hwang, W. (2012). Integrating top-down and bottom-up approaches to culturally adapting psychotherapy: Application to Chinese Americans. In G. Bernal & M. M. Domenech Rodriguez (Eds.), *Cultural Adaptations: Tools for Evidence-Based Practice with Diverse Populations* (pp. 179–199). American Psychological Association Press.

Hwang, W., Myers, H. F., Abe-Kim, J., & Ting, J. Y. (2008). A conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. *Clinical Psychology Review, 28*, 211–227. doi:10.1016/j.cpr.2007.05.001

Hwang, W., & Wood, J. J. (2007). Being culturally sensitive is not the same as being culturally competent. *Pragmatic Case Studies in Psychotherapy, 3*(3), 44–50.

Hwang, W., & Wood, J. J. (2009). Acculturative family distancing: Links with self-reported symptomatology among Asian Americans and Latinos. *Child psychiatry and human development, 40*, 123–138. doi:10.1007/s10578-008-0115-8

Hwang, W., Wood, J. J., & Fujimoto, K. (2010). Acculturative family distancing (AFD) and depression in Chinese American families. *Journal of consulting and clinical psychology, 78*, 655–667. doi:10.1037/a0020545

Hwang, W., Wood, J. J., Lin, K., & Cheung, F. (2006). Cognitive-behavioral therapy with Chinese Americans: Research, theory, and clinical practice. *Cognitive and Behavioral Practice, 13*, 293–303. doi:10.1016/j.cbpra.2006.04.010

Johnson, J. A. (2001). The IPIP-NEO (International Personality Item Pool Representation of the NEO PI-R™). Retrieved from: http://www.personal.psu.edu/faculty/j/5/j5j/IPIP/

Keefer, S. E. (1982). Help-seeking behavior among foreign-born and native-born Mexican Americans. *Social Science & Medicine, 16*, 1467–1473. doi:10.1016/0277-9536(82)90060-2

Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian Values Scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology, 46*, 342–352.

Kim, B. S. K., Li, L. C., & Liang, C. T. H. (2002). Effects of Asian American client adherence to Asian cultural values, session goal, and counselor emphasis of client expression on career counselling process. *Journal of Counseling Psychology, 49*, 342–354. doi:10.1037/0022-0167.49.3.342

Kirmayer, L. J., du Fort, G. G., Young, A., Weinfeld, M., & Lasry, J. C. (1996). *Pathways and barriers to mental health care in an urban multicultural milieu: An epidemiological and ethnographic study*. Culture and Mental Health Research Unit, McGill University. Montreal. Retrieved from: https://www.mcgill.ca/files/tcpsych/Report6.pdf

Kirmayer, L. J., & Young, A. (1998). Culture and somatization: Clinical, epidemiological, and ethnographic perspectives. *Psychosomatic Medicine, 60*, 420–430.

Kleinman, A. M. (1977). Depression, somatization and the "new cross-cultural psychiatry". *Social Science & Medicine, 11*, 3–9.

Kleinman, A., Eisenberg, L., & Good, B. (2006). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *FOCUS: The Journal of Lifelong Learning in Psychiatry, 4*, 140–149.

Kosmitzki, C. (1996). The reaffirmation of cultural identity in cross-cultural encounters. *Personality and Social Psychology, 86*, 796–813.

Kula One (n.d.) *1 line art: ASCII art in one line*. Retrieved from: http://lineart.kulaone.com/

References cont'd

Kung, W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology, 32*, 27–43. doi:10.1002/jcop.10077

LaFromboise, T. D., Trimble, J., & Mohatt, G. (1990). Counseling intervention and American Indian tradition: An integrative approach. *Counseling Psychologist, 18*, 628–654.

Lee, S. (2001). From diversity to unity: The classification of mental disorders in 21st century China. *Cultural Psychiatry: International Perspectives, 24*, 421–431.

Lefley, H., Bestman, E. (1991). Public-academic linkages for culturally sensitive community mental health. *Community Mental Health Journal, 27*, 473–491.

Leong, F. T. L. (1996). Towards an integrative model for cross-cultural counseling and psychotherapy. *Applied and Preventive Psychology, 5*, 189–209.

Leong, F. T. L. (2007). Cultural accommodation as method and metaphor. *American Psychologist, 14*, 915–922. doi:10.1037/0003-066X.62.8.916

Lin, E. J. L., & Church, A. T. (2004). Are indigenous Chinese personality dimensions culture-specific? An investigation of the Chinese Personality Assessment Inventory in Chinese American and European American samples. *Journal of Cross-Cultural Psychology, 35*, 586–605. doi:10.1177/0022022104268390

Li, L. C., & Kim, B. S. K. (2004). Effects of counseling style and client adherence to Asian cultural values on counseling process with Asian American college students. *Journal of Counseling Psychology, 51*, 158–167. doi:10.1037/0022-0167.51.2.158

Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodriguez, I. (2006). Adaptation of parent-child interaction therapy for Puerto Rican families: A preliminary study. *Family Process, 45*, 205–222. doi:10.1111/j.1545-5300.2006.00093.x

Matsumoto, D., & Juang, L. (2008). *Culture & Psychology*, 4th ed. Belmont, CA: Wadsworth.

Matsumoto, D., Weissman, M., Preston, K., Brown, B., & Kupperbusch, C. (1997). Context-specific measurement of individualism-collectivism on the individual level: The IC interpersonal Assessment Inventory (ICIAI). *Journal of Cross-Cultural Psychology, 28*, 743–767.

McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (2005). The GANA program: A tailoring approach to adapting parent child interaction therapy for Mexican Americans. *Education & Treatment of Children, 28*, 111–129.

McCrae, R. R., & Terracciano, A. (2005a). Personality profiles of cultures: Aggregate personality traits. *Journal of Personality and Social Psychology, 88*, 407–425. doi:10.1037/0022-3514.89.3.407

McCrae, R. R., & Terracciano, A. (2005b). Universal features of personality traits from the observer's perspective: Data from 50 cultures. *Journal of Personality and Social Psychology: 89*, 547–561. doi:10.1037/0022-3514.88.3.547

McCrae, R. R., Yik, M. S. M., Trapnell, P. D., Bond, M. H., & Paulhus, D. L. (1998). Interpreting personality profiles across cultures: Bilingual, acculturation, and peer rating studies of Chinese undergraduates. *Journal of Personality and Social Psychology, 74*, 1041–1055.

Melfi, C. A., Croghan, T. W., Hanna, M. P., & Robinson, R. L. (2000). Racial variation in antidepressant treatment in a Medicaid population. *Journal of Clinical Psychiatry, 61*, 16–21. doi:10.4088/JCP.v61n0105

Miller, G., Yang, J., & Chen, M. (1997). Counseling Taiwan Chinese in America: Training issues for Counselors. *Counselor Education and Supervision, 37*, 22–34.

Miller, S. D., Duncan, B. L., Brown, J., Sparks, J. A., & Claud, D. A. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of brief visual analog measure. *Journal of Brief Therapy, 2*, 91–100.

References cont'd

Minton, B. A., & Soule, S. (1990). Two Eskimo villages assess mental health strengths and needs. *American Indian and Alaska Native Mental Health Research, 4*, 7–34.

Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology: 1*, 113–142. doi:10.1146/annurev.clinpsy.1.102803.143822

Mok, H., Lao, D. W. L., Lin, D., Wong, M. P., & Ganesan, S. (2003). Chinese Canadians in a cross-cultural psychiatry outpatient clinic: Some exploratory findings. *BC Medical Journal 45*, 78–81. Retrieved from: http://www.bcmj.org/article/chinese-canadians-cross-cultural-psychiatry-outpatient-clinic-some-exploratory-findings

Myers, H. F., Lesser, I., Rodriguez, N., Mira, C. B., Hwang, W., Camp, C.,…Wohl, M. (2002). Ethnic differences in clinical presentation of depression in adult women. *Cultural Diversity and Ethnic Minority Psychology, 8*, 138–156. doi:10.1037//1099-9809.8.2.138

Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development. 86*, 482–493. doi:10.1002/j.1556-6678.2008.tb00536.x

Nicolas, G., Arntz, D. L., Hirsch, B., & Schmieding, A. (2009). Cultural adaptation of a group treatment for Haitian American adolescents. *Professional Psychology: Research and Practice, 40*, 378–384. doi:10.1037/a0016307

Nisbett, R. E., Peng, K., Choi, I., & Norenzayan, A. (2001). Culture and systems of thought: holistic versus analytic cognition. *Psychological Review, 108*, 291–310. doi:10.1037//0033-295X.108.2.291

Nzewi, E. N. (2009). Linking African and Western models through integration of trickster folktales in the application of cognitive behavior therapy for depression. *Psychology, 16*, 146–163.

Ormrod, J. E. (2012). *Human learning* (6th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

Otto, M. W. (2000). Stories and metaphors in cognitive-behavior therapy. *Cognitive and Behavioral Practice, 7*, 166–172.

Parker, G., Gladstone, G., & Chee, K. T. (2001). Depression in the planet's largest ethnic group: The Chinese. *American Journal of Psychiatry, 158*, 857–864.

Peng, K., & Nisbett, R. E. (1999). Culture, dialectics, and reasoning about contradiction. *American Psychologist, 54*, 741–754.

Phillips, J. A. (2002). *Learning theories: Cognitive learning theories*. The Learning Domain. Kuala Lumpur, Malaysia. Retrieved from: peoplelearn.homestead.com/BEdac/Chapter_5.pdf

Project Implicit (2011). *Welcome to Project Implicit!* Retrieved from: https://www.projectimplicit.net/

Ramirez-Esparza, N., Gosling, S. D., & Pennebaker, J. W. (2008). Unraveling the puzzle of simpatia. *Journal of Cross-Cultural Psychology, 39*, 703–715. doi:10.1177/0022022108323786

Redpath, L., & Nielsen, M. O. (1997). A comparison of Native culture, non-Native culture and new management ideology. *Canadian Journal of Administrative Sciences, 14*, 327–339.

Rivera, B. D., & Rogers-Adkinson, D. (1997). Culturally sensitive interventions: Social skills training with children and parents from culturally and linguistically diverse backgrounds. *Intervention in School and Clinic, 33*, 75–80.

Rossello, J., & Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology, 67*, 734–745.

Rossello, J., Bernal, G., & Rivera-Medina, C. (2008). Individual and group CBT and IPT for Puerto Rican adolescents with depressive symptoms. *Cultural Diversity & Ethnic Minority Psychology, 14*, 234–245. doi:10.1037/1099-9809.14.3.234

References cont'd

Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79*, 49–65.

Schmitt, D. P., Allik, J., McCrae, R. R., & Benet-Martinez, V. (2007). The geographic distribution of big five personality traits: Patterns and profiles of human self-description across 56 nations. *Journal of Cross-Cultural Psychology, 38*, 173–212. doi:10.1177/0022022106297299

Sedikides, C., Toguchi, Y., & Gaertner, L. (2003). Pancultural self-enhancement. *Journal of Personality and Social Psychology, 84*, 60–79. doi:10.1037/0022-3514.84.1.60

Simmons, D. J. (2010, April 28) *The Monkey Business Illusion*. [Video file]. retrieved from: http://www.youtube.com/watch?v=IGQmdoK_ZfI&feature=youtube

Statistics Canada (2010). *Projections of the diversity of the Canadian population*. (Catalogue no. 91-551-X2010001). Retrieved from: http://www.statcan.gc.ca/pub/91-551-x/91-551-x2010001-eng.pdf

Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education, 46*, 49–56.

Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*, 424–433.

Sue, D. W. (2010, October 4) *Microaggressions in Everyday Life*. [Video file]. retrieved from: http://www.youtube.com/watch?v=IGQmdoK_ZfI&feature=youtube

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477–483.

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*(2), 45–52.

Sue D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity and Ethnic Minority Psychology, 13*, 72–81. doi:10.1037/1099-9809.13.1.72

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2009). Racial microaggressions and the Asian American experience. *Asian American Journal of Psychology, 1*, 88–101.

Sue, D. W., Lin, A. I., Torino, G. C., Capodilupo, C. M., & Rivera, D. P. (2009). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity and Ethnic Minority Psychology, 15*, 183–190.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice*. Hoboken, NJ: John Wiley & Sons.

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*, 440–448.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. *American Psychologist, 42*, 37–45.

Tafarodi, R. W., & Swann, W. B., Jr. (1996). Individualism-collectivism and global self-esteem: Evidence of a cultural trade-off. *Journal of Cross-Cultural Psychology, 27*, 651–672.

Taras, S. (2011). *Instruments for measuring acculturation*. Retrieved from: http://www.vtaras.com/Acculturation_Survey_Catalogue.pdf

References cont'd

Teng, J., Dere, J., & Ryder, A. G. (2008, June). *Personality and acculturation in Chinese immigrants to Canada: A combined etic-emic approach*. Poster presented at the 69th annual convention of the Canadian Psychological Association, Halifax, NS. Retrieved from: http://www.chp.concordia.ca/content/downloads/CPAPosterJenn_9.pdf

Tsai, J. L., Ying, Y. W., & Lee, P. A. (2000). The meaning of 'being Chinese' and 'being American': Variation among Chinese American young adults. *Journal of Cross-Cultural Psychology, 31*, 302–332.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. Retrieved from: http://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/TOC.pdf

Versteel, L. (2006). Allying with the medicine wheel: Social work practice with Aboriginal peoples. *Critical Social Work, 7*(1). Retrieved from: http://www.uwindsor.ca/criticalsocialwork/allying-with-the-medicine-wheel-social-work-practice-with-aboriginal-peoples

Vision Health (2009). *A "Psychological" Optical Illusion*. Retrieved from: http://www.eyes-and-vision.com/influence-of-culture-on-visual-perception.html

Wallace, B. C., & Constantine, M. G. (2005). Africentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Psychology, 31*, 369–385. doi:10.1177/0095798405278227

Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist, 62*, 857–873. doi:10.1037/0003-066X.62.8.857

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health service in the United States. *Archives of General Psychiatry, 62*, 629–640.

Wang, J., Leu, J., & Shoda, Y. (2011). When the seemingly innocuous "stings": Racial microaggressions and their emotional consequences. *Personality and Social Psychology Bulletin, 37*, 1666–1678. doi:10.1177/0146167211416130

Wenger-Nabigon, A. (2010). *The Cree medicine wheel as an organizing paradigm of theories of human development*. Unpublished manuscript. Retrieved from: http://zone.biblio.laurentian.ca/dspace/bitstream/10219/383/1/NSWJ-V7-2016-p539-561.pdf

Yang, P. (2007). Nonverbal affiliative phenomena in Mandarin Chinese conversation. *Journal of Intercultural Communication, 13*, 7–23. Retrieved from: http://www.immi.se/intercultural/nr13/yang.htm

Yoon, E., Langrehr, K., & Ong L. Z. (2011). Content Analysis of Acculturation Research in Counseling and Counseling Psychology: A 22-Year Review. *Journal of Counseling Psychology, 58*, 83–96. doi:10.1037/a0021208

Youssef, J., & Deane, F. P. (2006). Factors influencing mental-health help-seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion, & Culture, 9*, 43–66. doi:10.1080/13674670232333515686

Zane, N., Sue, S., Chang, J., Huang, L., Lowe, S., Srinivasan, S.,… Lee, E. (2005). Beyond ethnic match: effects of client-therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology, 33*, 569–585. doi:10.1002/jcop.20067

Zuniga, M. E. (1992). Using metaphors in therapy: Dichos and Latino clients. *Social Work, 37*, 55–60. doi:10.1093/sw/37.1.55

Discussion Forum Questions

The following questions are provided to aid instructors in the facilitation of discussions or other processing activities that help students integrate the workshop material, such as online discussion forums, partner activities, and written assignments. *The author of this project waives his copyright on the following questions, such that anyone is free to utilize, modify, or distribute them on condition that he or she provides an appropriate reference crediting the author for his work.*

It is recommended that three questions be selected from the following for an online forum-based discussion:

a) Please share two things you might do differently in one of the phases of the counselling process (e.g. introduction, assessment, intervention, termination, etc.) as a result of what you have learned in this workshop. What rationale supports these changes as potentially beneficial? How well do they fit into your personal style or therapeutic perspective?

b) Describe to the class a technique or strategy that was shared in the presentation that might be effective with one diverse group but not with another. Explain.

c) How might you, as a counsellor, make decisions to effectively balance your cultural and individual responsiveness? What information or strategies would you use?

d) Describe your experience completing one of the activities within the workshop. What did you learn from it that is relevant to providing more effective counselling?

e) Introduce a resource to the class that either describes a culturally adapted therapy or that informs counsellors about specific mental health strengths and challenges of a particular cultural group.

f) How does your personal communicative style compare to other people in your own culture? How does it compare to some of the common styles of cultural groups summarized in the presentation? How might you personally choose to adapt this style to communicate with someone with a different communicative style than your own?

g) Please share with your classmates a novel example of cultural bridging of a specific therapeutic concept or strategy. You are encouraged to use a broad definition of culture, which may include ethnic identity, religious beliefs, sexual orientation, socioeconomic status, occupation, etc. For

example, you may choose to adopt a religious symbol or teaching, a cultural healing practice, cultural saying, or technical language familiar to clients with a particular occupation.

h) Separate mental and physical symptoms of a DSM or ICD-10 mental health diagnosis (e.g. depression, generalized anxiety disorder, anorexia) into a checklist and describe how you might introduce the potential diagnosis to a client.

i) What were the top 5 strategies or techniques from your self-evaluation sheet? In what ways do they match with your counselling style? How do they differ?

Workshop Evaluation Form A

Please rate the following aspects of the *PowerPoint presentation*:

	Very poor	Poor	Fair	Good	Excellent
Length	☐	☐	☐	☐	☐
Accessibility / Ease of Use	☐	☐	☐	☐	☐
Engagement	☐	☐	☐	☐	☐
Quality of Activities	☐	☐	☐	☐	☐
Usefulness	☐	☐	☐	☐	☐
Overall	☐	☐	☐	☐	☐

Please rate the following aspects of *the workshop as a whole* including the presentation, lectures, readings, discussions, assignments, activities, etc.:

	Very poor	Poor	Fair	Good	Excellent
How would you rate the workshop overall?	☐	☐	☐	☐	☐
How effective was the workshop at promoting the development of concrete methods for adapting counselling approaches and realizing cultural competency?	☐	☐	☐	☐	☐
	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
How likely do you think it is you will benefit from the knowledge shared in this workshop within the next 5 years?	☐	☐	☐	☐	☐

What did you find the most useful from this workshop?

What did you find the least useful?

Please share any other comments or suggestions:

Workshop Evaluation Form B

Please rate the following aspects of the *PowerPoint presentation*:

	Very poor	Poor	Fair	Good	Excellent
Length	☐	☐	☐	☐	☐
Accessibility / Ease of Use	☐	☐	☐	☐	☐
Engagement	☐	☐	☐	☐	☐
Quality of Activities	☐	☐	☐	☐	☐
Usefulness	☐	☐	☐	☐	☐
Overall	☐	☐	☐	☐	☐

Please rate the following aspects of *the workshop as a whole* including the presentation, lectures, readings, discussions, assignments, activities, etc.:

	Very poor	Poor	Fair	Good	Excellent
How would you rate the workshop overall?	☐	☐	☐	☐	☐
How effective was the workshop at promoting the development of concrete methods for adapting counselling approaches and realizing cultural competency?	☐	☐	☐	☐	☐
How effective was the facilitator?	☐	☐	☐	☐	☐

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
How likely do you think it is you will benefit from the knowledge shared in this workshop within the next 5 years?	☐	☐	☐	☐	☐

What did you find the most useful from this workshop?

What did you find the least useful?

Please share any other comments or suggestions:

References

Aboriginal Healing Foundation. (2007). *Suicide among Aboriginal people in Canada*. Ottawa, ON: Author.

Absolon, K. (2010). Indigenous wholistic theory: A knowledge set for practice. *First Peoples Child & Family Review*, 5(2), 74–87.

Al-Krenawi, A., & Graham, J. R. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. *Health Social Work, 25*(1), 9–22. doi:10.1093/hsw/25.1.9

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists.* Washington, DC: Author.

Arthur, N., & Collins, S. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*, 217–233. doi:10.1080/09515071003798212

Arthur, N., & Januszkowski, T. (2001). The multicultural counselling competencies of Canadian counsellors. *Canadian Journal of Counselling, 35*, 36–48.

Atkinson, D. R., Kim, B. S. K., & Caldwell, R. (1998). Ratings of helper roles by multicultural psychologists and Asian American students: Initial support for the three-dimensional model of multicultural counseling. *Journal of Counseling Psychology, 45*, 414–423.

Atkinson, D. R., Thompson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist, 21*, 257–277. doi:10.1177/0011000093212010

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology, 58*, 279–289. doi:10.1037/a0023626

Berger, C. R., & Calabrese, R. J. (1975). Some explorations in initial interaction and beyond: Toward a developmental theory of interpersonal communication. *Human communication research, 1*, 99–112.

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23*, 67–82.

Brouillet, F., Marshall, C. R., & Andrews, T. E. (1987). *Teaching and learning in the cognitive domain: A Review of the Literature.* U.S. Department of Education, Office of Educational Research and Improvement.

California State Department of Education. (1982). *American Indian education handbook.* Sacramento, CA: California State Department of Education, American Indian Education Unit.

Campbell, A., & Hemsley, S. (2009). Outcome rating scale and session rating scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist, 13*, 1–9. doi:10.1080/13284200802676391

Canadian Psychological Association. (CPA). (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON, Canada: Author.

Canadian Psychological Association (2001). (CPA). *Guidelines for non-discriminatory practice*. Retrieved from: www.cpa.ca/cpasite/userfiles/Documents/publications/NonDiscPractrev%20cpa.pdf

Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry, 35*, 191–219.

Chen, S. X., Chan, W., Bond, M. H., & Stewart, S. M. (2006). The effects of self-efficacy and relationship harmony on depression across cultures: Applying level-oriented and structure-oriented analyses. *Journal of Cross-Cultural Psychology, 37*, 643–658. doi:10.1177/0022022106292075

Cheung, F. M. (1982). Somatization among Chinese: A critique. *Bulletin of the Hong Kong Psychological Society, 8*, 27–35.

Cheung, F. M. (2007). Indigenous personality correlates from the CPAI-2 profiles of Chinese psychiatric patients. *World Cultural Psychiatry Research Review, 2*, 114–117.

Cheung, F. M., Cheung, S. F., Wada, S., & Zhang, J. (2003). Indigenous measures of personality assessment in Asian countries: A review. *Psychological Assessment, 15*, 280–289.

Cheung, F. M., Kwong, J. Y. Y., & Zhang, J. (2003). Clinical validation of the Chinese Personality Assessment Inventory (CPAI). *Psychological Assessment, 15*, 89–100.

Cheung, F. M., & Lau, B. W. (1982). Situational variations of help-seeking behavior among Chinese patients. *Comprehensive Psychiatry, 23*, 252–262.

Cheung, F. M., Leung, K., Song, W. Z., & Zhang, J. X. (2001). *The Cross-Cultural (Chinese) Personality Assessment Inventory-2 (CPAI-2).* (Available from F. M. Cheung, Department of Psychology, The Chinese University of Hong Kong, Hong Kong SAR.)

Cheung, F. M., Leung, K., Zhang, J. X., Sun, H. F., Gan, Y. Q., Song, W. Z., & Xie, D. (2001). Indigenous Chinese personality constructs: Is the Five Factor Model complete? *Journal of Cross-Cultural Psychology*, *32*, 407–433.

Church, T. A. (2000). Culture and personality: Towards an integrated cultural trait psychology. *Journal of Personality, 68*, 651–703.

Collins, S., & Arthur, N. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*, 217–233. doi:10.1080/09515071003798212

Constantine, M., Smith, L., Redington, R. M., & Owens, D. (2008). Racial microaggressions against Black counseling and counseling psychology faculty: A central challenge in the multicultural counseling movement. *Journal of Counseling and Development, 86*, 348–355. doi: 10.1002/j.1556-6678.2008.tb00519.x

Curtis, J. (2009). *Use of uncertainty reduction theory to examine emoticons and other chat room tools' facilitation of affiliative nonverbal communication*. Unpublished master's thesis, The State University of New York; Potsdam, New York. Retrieved from: http://dspace.sunyconnect.suny.edu/handle/1951/44972

Day-Vines, N., Wood, S., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. (2007). Broaching the subjects of race, ethnicity, and culture during

the counseling process. *Journal of Counseling and Development, 85*, 402–410. doi:10.1002/j.1556-6678.2007.tb00608.x

Diener, E., & Diener, M. (1995). Cross-cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology, 68*, 653–663.

Domenech-Rodriguez, M. M. (2008, December). *Outcomes of a RCT of PMTO for Spanish-speaking Latino parents: Behavioral observations of parenting practices.* Paper presented at the National Institute of Health Summit: The Science of Eliminating Health Disparities, Washington, DC.

Domenech-Rodriguez, M. M., & Weiling, E. (2004). Developing culturally appropriate, evidence-based treatments for interventions with ethnic minority populations. In M. Rastogin & E. Weiling (Eds.), *Voices of color: First person accounts of ethnic minority therapists.* (pp. 313–333). Thousand Oaks: Sage Publications.

Dovidio, J. F., & Gaertner, S. L. (2004). Aversive racism. In M. P. Zanna (Ed.), *Advances in experimental social psychology* (pp. 1–52). San Diego, CA: Academic Press.

Dovidio, J. F., Kawakami, K., Johnson, C., Johnson, B., & Howard, A. (1997). The nature of prejudice: Automatic and controlled processes. *Journal of Experimental Social Psychology, 33*, 510–540.

Flannery, W., Reise, S. P., & Yu, J. (2001). An empirical comparison of acculturation models. *Personality and Social Psychology Bulletin, 27*, 1035–1045.

Foo, K. H., & Kazantzis, N. (2007). Integrating homework assignments based on culture: Working with Chinese patients. *Cognitive and Behavioral Practice, 14*, 333–340. doi:10.1016/j.cbpra.2006.08.005

Frey, L. L., & Roysircar, G. (2006). South Asian and East Asian international students' perceived prejudice, acculturation, and frequency of help resource utilization. *Journal of Multicultural Counseling and Development, 34*, 208–222. doi:10.1002/j.2161-1912.2006.tb00040.x

Gallardo, M., Johnson, J., Parham, T., & Carter. J. (2007). Ethics and multiculturalism: Advancing cultural and clinical responsiveness. *American Psychologist, 8*(11), 425–435. doi:10.1037/a0016871

George, U. (2002). A needs-based model for settlement service delivery for newcomers to Canada. *International Social Work, 45*, 465–480. doi:10.1177/00208728020450040501

Goldberg, L. R. (1999). A broad-bandwidth, public domain, personality inventory measuring the lower-level facets of several five-factor models. *Personality psychology in Europe, 7*, 7–28. Retrieved from: http://ipip.ori.org/newBroadbandText.htm

Gonzalez-Prendes, A. A., Hindo, C., & Pardo, Y. F. (2011). Cultural values integration in cognitive-behavioral therapy for a Latino with depression. *Clinical Case Studies, 10*, 376–394. doi:10.1177/1534650111427075

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*, 531–548. doi:10.1037/0033-3204.43.4.531

Gudykunst, W. B., & Nishida, T. (1984). Individual and cultural influences on uncertainty reduction. *Communication Monographs, 51*, 23–36. doi:10.1080/03637758409390181

Gudykunst, W. B., Sodetani, L. L., & Sonoda, K. T. (1987). Uncertainty reduction in Japanese-American/Caucasian relationships in Hawaii. *Western Journal of Speech Communication, 51*, 256–278. doi:10.1080/10570318709374271

Gudykunst, W. B., Yang, S.-M., & Nishida, T. (1985). A cross-cultural test of uncertainty reduction theory: Comparisons of acquaintances, friends, and dating relationships in Japan, Korea, and the United Sates. *Human Communication Research, 11*, 407–454. doi:10.1111/j.1468-2958.1985.tb00054.x

Harb, C., & Smith, P. (2008). Self-construals across cultures: Beyond independence–interdependence. *Journal of Cross-Cultural Psychology, 39*, 178–197. doi:10.1177/0022022107313861

Hardin, E. (2006). Convergent evidence for the multidimensionality of self-construal. *Journal of Cross-Cultural Psychology, 37*, 516–521. doi:10.1177/0022022106290475

Hays, P. A. (2009). Integrating evidence-based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*, 354–360. doi:10.1037/a0016250

The Hofstede Centre (2012a). *Dimensions.* Retrieved from: http://geert-hofstede.com/dimensions.html

The Hofstede Centre (2012b). *The Hofstede Centre.* Retrieved from: http://geert-hofstede.com/index.php

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture, 2*(1). doi:10.9707/2307-0919.1014

Hofstede, G., & Hofstede, G .J. (2012). *Dimension Data Matrix.* Retrieved from: http://www.geerthofstede.nl/dimension-data-matrix

Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations: Software of the mind,* 3rd ed. New York: McGraw-Hill.

Huey, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37,* 262–301. doi:10.1080/15374410701820174

Hwang, W. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61,* 702–715. doi:10.1037/0003-066X.61.7.702

Hwang, W. (2009). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice, 40,* 369–377. doi:0.1037/a0016240

Hwang, W. (2011). Cultural adaptations: A complex interplay between clinical and cultural issues. *Clinical Psychology: Science and Practice, 18,* 238–241. doi:10.1111/j.1468-2850.2011.01255.x

Hwang, W. (2012). Integrating top-down and bottom-up approaches to culturally adapting psychotherapy: Application to Chinese Americans. In G. Bernal & M. M. Domenech Rodriguez (Eds.), *Cultural Adaptations: Tools for Evidence-Based Practice with Diverse Populations* (pp. 179–199). American Psychological Association Press.

Hwang, W., Myers, H. F., Abe-Kim, J., & Ting, J. Y. (2008). A conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. *Clinical Psychology Review, 28*, 211–227. doi:10.1016/j.cpr.2007.05.001

Hwang, W., & Wood, J. J. (2007). Being culturally sensitive is not the same as being culturally competent. *Pragmatic Case Studies in Psychotherapy, 3*(3), 44–50.

Hwang, W., & Wood, J. J. (2009). Acculturative family distancing: Links with self-reported symptomatology among Asian Americans and Latinos. *Child Psychiatry and Human Development, 40*, 123–138. doi:10.1007/s10578-008-0115-8

Hwang, W., Wood, J. J., & Fujimoto, K. (2010). Acculturative family distancing (AFD) and depression in Chinese American families. *Journal of Consulting and Clinical Psychology, 78*, 655–667. doi:10.1037/a0020542.

Hwang, W., Wood, J. J., Lin, K., & Cheung, F. (2006). Cognitive-behavioral therapy with Chinese Americans: Research, theory, and clinical practice. *Cognitive and Behavioral Practice, 13*, 293–303. doi:10.1016/j.cbpra.2006.04.010

Johnson, J. A. (2001). The IPIP-NEO (International Personality Item Pool Representation of the NEO PI-R™). Retrieved from: http://www.personal.psu.edu/faculty/j/5/j5j/IPIP/

Keefee, S. E. (1982). Help-seeking behavior among foreign-born and native-born Mexican Americans. *Social Science & Medicine, 16*, 1467–1472. doi:10.1016/0277-9536(82)90061-2

Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian Values Scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology, 46*, 342–352.

Kim, B. S. K., Li, L. C., & Liang, C. T. H. (2002). Effects of Asian American client adherence to Asian cultural values, session goal, and counselor emphasis of client expression on career counselling process. *Journal of Counseling Psychology, 49*, 342–354. doi:10.1037/0022-0167.49.3.342

Kirmayer, L. J., du Fort, G. G., Young, A., Weinfeld, M., & Lasry, J. C. (1996). *Pathways and barriers to mental health care in an urban multicultural milieu: An epidemiological and ethnographic study.* Culture and Mental Health Research Unit, McGill University, Montreal. Retrieved from: https://www.mcgill.ca/files/tcpsych/Report6.pdf

Kirmayer, L. J., & Young, A. (1998). Culture and somatization: Clinical, epidemiological, and ethnographic perspectives. *Psychosomatic Medicine, 60*, 420–430.

Kleinman, A. M. (1977). Depression, somatization and the "new cross-cultural psychiatry". *Social Science & Medicine, 11*, 3–9.

Kleinman, A., Eisenberg, L., & Good, B. (2006). Culture, illness, and care: Clinical lessons from anthropologic and cross-cultural research. *FOCUS: The Journal of Lifelong Learning in Psychiatry, 4*, 140–149.

Kosmitzki, C. (1996). The reaffirmation of cultural identity in cross-cultural encounters. *Personality and Social Psychology, 86*, 796–813.

Kula One (n.d.) *1 line art: ASCII art in one line.* Retrieved from: http://1lineart.kulaone.com/

Kung, W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology, 32*, 27–43. doi:10.1002/jcop.10077

LaFromboise, T. D., Trimble, J., & Mohatt, G. (1990). Counseling intervention and American Indian tradition: An integrative approach. *Counseling Psychologist, 18,* 628–654.

Lee, S. (2001). From diversity to unity: The classification of mental disorders in 21st century China. *Cultural Psychiatry: International Perspectives*, *24*, 421–431.

Lefley, H., Bestman, E. (1991). Public-academic linkages for culturally sensitive community mental health. *Community Mental Health Journal*, *27*, 473–491.

Leong, F. T. L. (1996). Toward an integrative model for cross-cultural counseling and psychotherapy. *Applied and Preventive Psychology, 5*, 189–209.

Leong, F. T. L. (2007). Cultural accommodation as method and metaphor. *American Psychologist, 62*, 916–927. doi:10.1037/0003-066X.62.8.916

Lin, E. J. L., & Church, A. T. (2004). Are indigenous Chinese personality dimensions culture-specific? An investigation of the Chinese Personality Assessment Inventory in Chinese American and European American samples. *Journal of Cross-Cultural Psychology, 35*, 586–605. doi:10.1177/0022022104268390

Li, L. C., & Kim, B. S. K. (2004). Effects of counseling style and client adherence to Asian cultural values on counseling process with Asian American college

students. *Journal of Counseling Psychology, 51*, 158–167. doi:10.1037/0022-0167.51.2.158

Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodriguez, I. (2006). Adaptation of parent-child interaction therapy for Puerto Rican families: A preliminary study. *Family Process, 45*, 205–222. doi:10.1111/j.1545-5300.2006.00091.x

Matsumoto, D., & Juang, L. (2008). *Culture & Psychology*, 4th ed. Belmont, CA: Wadsworth.

Matsumoto, D., Weissman, M., Preston, K., Brown, B., & Kupperbusch, C. (1997). Context-specific measurement of individualism-collectivism on the individual level: The IC interpersonal Assessment Inventory (ICIAI). *Journal of Cross-Cultural Psychology, 28*, 743–767.

McCabe, K. M., Yeh, M., Garland, A. F., Lau, A. S., & Chavez, G. (2005). The GANA program: A tailoring approach to adapting parent child interaction therapy for Mexican Americans. *Education & Treatment of Children, 28*, 111–129.

McCrae, R. R., & Terracciano, A. (2005a). Personality profiles of cultures: Aggregate personality traits. *Journal of Personality and Social Psychology, 88*, 407–425. doi:10.1037/0022-3514.89.3.407

McCrae, R. R., & Terracciano, A. (2005b). Universal features of personality traits from the observer's perspective: Data from 50 cultures, *Journal of Personality and Social Psychology, 89*, 547–561. doi:10.1037/0022-3514.88.3.547

McCrae, R. R., Yik, M. S. M., Trapnell, P. D., Bond, M. H., & Paulhus, D. L. (1998). Interpreting personality profiles across cultures: Bilingual, acculturation, and peer

rating studies of Chinese undergraduates. *Journal of Personality and Social Psychology, 74*, 1041–1055.

Melfi, C. A., Croghan, T. W., Hanna, M. P., & Robinson, R. L. (2000). Racial variation in antidepressant treatment in a Medicaid population. *Journal of Clinical Psychiatry, 61*, 16–21. doi:10.4088/JCP.v61n0105

Miller, G., Yang, J., & Chen, M. (1997). Counseling Taiwan Chinese in America: Training issues for Counselors. *Counselor Education and Supervision*, *37*, 22–34.

Miller, S. D., Duncan, B. L., Brown, J., Sparks, J. A., & Claud, D. A. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of brief visual analog measure. *Journal of Brief Therapy, 2*, 91–100.

Minton, B. A., & Soule, S. (1990). Two Eskimo villages assess mental health strengths and needs. *American Indian and Alaska Native Mental Health Research*, *4*, 7–24.

Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology, 1*, 113–142. doi:10.1146/annurev.clinpsy.1.102803.143822

Mok, H., Lao, D. W. L., Lin, D., Wong, M. P., & Ganesan, S. (2003). Chinese Canadians in a cross-cultural psychiatry outpatient clinic: Some exploratory findings. *BC Medical Journal 45*, 78–81. Retrieved from: http://www.bcmj.org/article/chinese-canadians-cross-cultural-psychiatry-outpatient-clinic-some-exploratory-findings

Myers, H. F., Lesser, I., Rodriguez, N., Mira, C. B., Hwang, W., Camp, C.,...Wohl, M. (2002). Ethnic differences in clinical presentation of depression in adult women. *Cultural Diversity and Ethnic Minority Psychology, 8*, 138–156. doi:10,1037//1099-9809.8.2.138

Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development. 86,* 482–493. doi:10.1002/j.1556-6678.2008.tb00536.x

Nicolas, G., Arntz, D. L., Hirsch, B., & Schmiedigen, A. (2009). Cultural adaptation of a group treatment for Haitian American adolescents. *Professional Psychology: Research and Practice, 40,* 378–384. doi:10.1037/a0016307

Nisbett, R. E., Peng, K., Choi, I., & Norenzayan, A. (2001). Culture and systems of thought: holistic versus analytic cognition. *Psychological Review, 108,* 291-310. doi:10.1037/0033-295X.108.2.291

Nzewi, E. N. (2009). Linking African and Western models through integration of trickster folktales in the application of cognitive behavior therapy for depression. *Psychology, 16,* 146–163.

Ormrod, J. E. (2012). *Human learning* (6th ed.). Upper Saddle River, NJ: Pearson Prentice Hall.

Otto, M. W. (2000). Stories and metaphors in cognitive-behavior therapy. *Cognitive and Behavioral Practice, 7,* 166–172.

Parker, G., Gladstone, G., & Chee, K. T. (2001). Depression in the planet's largest ethnic group: The Chinese. *American Journal of Psychiatry, 158,* 857–864.

Peng, K., & Nisbett, R. E. (1999). Culture, dialectics, and reasoning about contradiction. *American Psychologist, 54,* 741–754.

Phillips, J. A. (2002). *Learning theories: Cognitive learning theories.* The Learning Domain. Kuala Lumpur, Malaysia. Retrieved from: peoplelearn.homestead.com/BEduc/Chapter_5.pdf

Project Implicit (2011). *Welcome to Project Implicit!* Retrieved from: https://www.projectimplicit.net/

Ramirez-Esparza, N., Gosling, S. D., & Pennebaker, J. W. (2008). Unraveling the puzzle of simpatia. *Journal of Cross-Cultural Psychology, 39,* 703–715. doi:10.1177/0022022108323786

Redpath, L., & Nielsen, M. O. (1997). A comparison of Native culture, non-Native culture and new management ideology. *Canadian Journal of Administrative Sciences, 14,* 327–339.

Rivera, B. D., & Rogers-Adkinson, D. (1997). Culturally sensitive interventions: Social skills training with children and parents from culturally and linguistically diverse backgrounds. *Intervention in School and Clinic, 33*, 75–80.

Rossello, J., & Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology, 67,* 734–745.

Rossello, J., Bernal, G., & Rivera-Medina, C. (2008). Individual and group CBT and IPT for Puerto Rican adolescents with depressive symptoms. *Cultural Diversity & Ethnic Minority Psychology, 14,* 234–245. doi:10.1037/1099-9809.14.3.234.

Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79*, 49–65.

Schmitt, D. P., Allik, J., McCrae, R. R., & Benet-Mart ńez, V. (2007). The geographic distribution of big five personality traits: Patterns and profiles of human self-

description across 56 nations. *Journal of Cross-Cultural Psychology, 38*, 173–212. doi:10.1177/0022022106297299

Sedikides, C., Toguchi, Y., & Gaertner, L. (2003). Pancultural self-enhancement. *Journal of Personality and Social Psychology, 84*, 60–79. doi:10.1037/0022-3514.84.1.60

Simmons, D. J. (2010, April 28) *The Monkey Business Illusion.* [Video file]. retrieved from: http://www.youtube.com/watch?v=IGQmdoK_ZfY&feature=youtu.be

Statistics Canada (2010). *Projections of the diversity of the Canadian population.* (Catalogue no. 99-011-X2011001). Retrieved from: http://www.statcan.gc.ca/pub/91-551-x/91-551-x2010001-eng.pdf

Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education, 46*, 49–56. doi:10.1080/14635240.2008.10708129

Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*, 424–433.

Sue, D. W. (2010, October 4). *Microaggressions in Everyday Life.* [Video file]. retrieved from: http://www.youtube.com/watch?v=IGQmdoK_ZfY&feature=youtu.be

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling and Development, 70*, 477–483.

Sue, D. W., Bernier, J. E., Durran, A., Feinberg, L., Pedersen, P., Smith, E. J., & Vasquez-Nuttal, E. (1982). Position paper: Cross-cultural counseling competencies. *The Counseling Psychologist, 10*(2), 45–52.

Sue D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity and Ethnic Minority Psychology, 13*, 72–81. doi:10.1037/1099-9809.13.1.72

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2009). Racial microaggressions and the Asian American experience. *Asian American Journal of Psychology, 1*, 88–101.

Sue, D. W., Lin, A. I., Torino, G. C., Capodilupo, C. M., & Rivera, D. P. (2009). Racial microaggressions and difficult dialogues on race in the classroom. *Cultural Diversity and Ethnic Minority Psychology, 15*, 183–190.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* Hoboken, NJ: John Wiley & Sons.

Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*, 440–448.

Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. *American Psychologist, 42*, 37–45.

Tafarodi, R. W., & Swann, W. B., Jr. (1996). Individualism-collectivism and global self-esteem: Evidence of a cultural trade-off. *Journal of Cross-Cultural Psychology, 27*, 651–672.

Taras, S. (2011). *Instruments for measuring acculturation* [Catalogue file]. Retrieved from: http://www.vtaras.com/Acculturation_Survey_Catalogue.pdf

Teng, J., Dere, J., & Ryder, A. G. (2008, June). *Personality and acculturation in Chinese immigrants to Canada: A combined etic-emic approach.* Poster presented at the 69th annual convention of the Canadian Psychological Association, Halifax, NS.

Retrieved from: http://www.chp.concordia.ca/content/downloads/CPAPosterJenny.pdf

Tsai, J. L., Ying, Y. W., & Lee, P. A. (2000). The meaning of 'being Chinese' and 'being American': Variation among Chinese American young adults. *Journal of Cross-Cultural Psychology, 31*, 302–332.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. Retrieved from: http://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/TOC.pdf

Verniest, L. (2006). Allying with the medicine wheel: Social work practice with Aboriginal peoples. *Critical Social Work, 7*(1). Retrieved from: http://www.uwindsor.ca/criticalsocialwork/allying-with-the-medicine-wheel-social-work-practice-with-aboriginal-peoples

Vision Health (2009). *A "Psychological" Optical Illusion.* Retrieved from: http://www.eyes-and-vision.com/influence-of-culture-on-visual-perception.html

Wallace, B. C., & Constantine, M. G. (2005). Africentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Psychology, 31*, 369–385. doi:10.1177/0095798405281025

Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist, 62*, 857–873. doi:10.1037/0003-066X.62.8.857

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health service in the United States. *Archives of General Psychiatry, 62,* 629–640.

Wang, J., Leu, J., & Shoda, Y. (2011). When the seemingly innocuous "stings": Racial microaggressions and their emotional consequences. *Personality and Social Psychology Bulletin, 37,* 1666–1678. doi:10.1177/0146167211416130

Wenger-Nabigon, A. (2010). *The Cree medicine wheel as an organizing paradigm of theories of human development.* Unpublished manuscript. Retrieved from: http://zone.biblio.laurentian.ca/dspace/bitstream/10219/387/1/NSWJ-V7-art6-p139-161.pdf

Yang, P. (2007). Nonverbal affiliative phenomena in Mandarin Chinese conversation. *Journal of Intercultural Communication, 15,* 7–23. Retrieved from: http://www.immi.se/intercultural/nr15/yang.htm

Yoon, E., Langrehr, K., & Ong L. Z. (2011). Content Analysis of Acculturation Research in Counseling and Counseling Psychology: A 22-Year Review. *Journal of Counseling Psychology, 58,* 83–96. doi:10.1037/a0021128

Youssef, J., & Deane, F. P. (2006). Factors influencing mental-health help-seeking in Arabic-speaking communities in Sydney, Australia. *Mental Health, Religion, & Culture, 9,* 43–66. doi:10.1080/13674670512331335686

Zane, N., Sue, S., Chang, J., Huang, L., Lowe, S., Srinivasan, S, ... Lee, E. (2005). Beyond ethnic match: effects of client–therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology, 33,* 569–585. doi:10.1002/jcop.20067

Zuniga, M. E. (1992). Using metaphors in therapy: Dichos and Latino clients. *Social Work, 37*, 55–60. doi:10.1093/sw/37.1.55