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# Psychology's cultural competence, once simplistic, now broadening

**Psychologists say the profession must view cultural competence as a constant learning process.**

**By Scott Sleek**  
**Monitor staff**

**G**uadalupe Ayala finds her multi-culturalism class always interesting, but rather impractical.

She enjoys the lively class discussions on the history of Chicanos and the media's stereotypic images of African-Americans. And her class has visited the Museum of Tolerance—a Los Angeles facility that features exhibits on racism and prejudice in America.

But Ayala, a second-year student in San Diego State University's psychology graduate program, wants to study more than the unique features of ethnic groups. She wants to learn how to effectively work with them as a clinician and a researcher.

"What we're mostly talking about in the classroom," she says, "is stereotypical representations of different ethnic groups? This is a typical Latino, this is a typical Vietnamese person. But each individual is different, no matter what their race. I think what we should try to do is develop a curriculum that exposes people to a new way of thinking, to help them approach all people with an open mindset."

Ayala echoes a complaint that many psychologists raise about the profession's concept of multicultural knowledge. As the nation's ethnic-minority population soars, some psychologists warn that the field's well-intentioned efforts to promote cultural competence, in everything from basic research to clinical assessment, have been too simplistic. They call on psychology to broaden the paradigm of multicultural proficiency: Psychologists must view cultural awareness as something they'll constantly be learning, rather than studying in a single graduate course. And they must address multiculturalism in every facet of their work—not just as a subject to cover in a special issue of a journal.

## **The numbers**

Psychologists need only look at demographic forecasts to find that they'll be working with a growing number of people from other cultures in their research and practice. Minority groups are expected to make up more than half of the U.S. population by 2050, compared with about 25 percent today and less than 20 percent in 1970. (See chart on page 26). The profession, however, is still struggling to recruit a corresponding force of ethnic minorities into its ranks. African-Americans, Latinos, Asian-Americans and Native Americans together represent less than 6 percent of APA's membership (see the chart at the bottom of the page.)

This year, fewer than 20 percent of new full-time students in more than 700 psychology graduate programs are ethnic minorities, according to data collected by APA's Research Office. And only about 9 percent of the full-time faculty in graduate psychology programs are members of minority groups, the Research Office has found in its annual faculty salary survey.

"I'm the only person of color on a tenure-track position on our main campus," says Roberto Velasquez, PhD, a faculty member at San Diego State. "Some students have said to me I'm the first minority instructor they've had."

Despite the recruitment problem, psychology has made earnest steps to prepare for the changing demographic landscape. Multicultural courses have become common in graduate programs. Journals devote increasing space to articles on ethnic-minority research and clinical concerns. APA and other psychology groups are hosting a variety of conferences on multicultural issues (see page 26). And in 1997, an APA Commission on Ethnic Minority Recruitment, Retention and Training in Psychology recommended that the profession beef up its efforts to improve multicultural education in psychology and recruit ethnic minorities into the profession.

But while the efforts may be noble, they've often been poorly executed, critics in the profession say. Many scientists, for instance, still use standardized questionnaires and methodologies when studying minority populations, even though those instruments are only proven valid with white, middle-class Americans, says Barbara VanOss Marín, PhD, who has spent her career studying Latin-American people. And since many psychological interventions are based on the findings from those studies, practitioners and public advocates may be using ineffective means of helping minorities, says Marín, a professor at the University of California, San Francisco.

For instance, many low-income people are getting safe-sex messages that have no relevance to their daily lives, mainly because the messages emanate from research on an entirely different population. Educated gay men may pay attention to advertisements promoting condom use. But why should psychologists assume that a low-income African-American woman, who scrapes together for money just to feed her children, will make sure she has condoms handy, asks Gail Wyatt, PhD, of the University of California, Los Angeles. Wyatt for 25 years has studied sociocultural factors in sexual decision-making.

Cultural miscues no doubt abound in therapy as well, psychologists say. For example, a practitioner may misinterpret a Puerto Rican patient's behavior as passive and resistant to treatment, rather than understanding it as a culturally based deference to authority, says Christine Iijima Hall, PhD, of Glendale Community College in Arizona.

Some APA members believe the association has to take stronger measures to ensure that psychologists are adequately addressing cultural differences in their work. Wyatt, for example, says APA should consider establishing cultural-competence

guidelines for research and practice, and require members to meet those criteria.

### **Starting at the roots**

Many scholars note that graduate programs need to expand their multicultural curriculum. In surveys conducted by psychologists, students have said they want their training programs to include such features as greater numbers of bilingual faculty and periodic evaluations of each student's multicultural knowledge.

San Diego State student Ayala says she wants her training to be more intricate. Rather than simply focusing on the characteristics and tribulations of minority populations, she wants to talk about psychological theory on racial differences, about the most appropriate assessment tools to use with each ethnic group.

"It's a one-unit class, and that's not giving us enough time to explore these issues," she says. "We're not getting into the literature, into theory."

Rick Schulte, PhD, acting clinical director of the San Diego State program, says some faculty could do a better job of incorporating multi-ethnic issues into their courses. But the real difficulty in making education and training more culturally comprehensive is the fact that ethnic-minority faculty are difficult to recruit, simply because they are so few in number, he says. And he also finds it difficult, even in a melting pot like San Diego, to find good, multi-ethnic practica settings for trainees. Few ethnic-minority residents can afford to get to the university's clinic where many students get hands-on experience serving clients. Schulte is now trying to work more with community outreach groups to develop those training sites.

### **Suggestions on solutions**

Many psychologists are taking creative steps to upgrade the profession's understanding of America's burgeoning ethnic mosaic. Among them is Joseph Ponterotto, PhD, a professor at Fordham University's Lincoln Center. Ponterotto and his colleagues have developed the Multicultural Competency Checklist for counseling training programs trying to set up and maintain a strong multicultural curriculum. The 22-item list calls for such steps as a 30-percent representation of minorities on the faculty, a student-faculty committee to oversee multicultural programming, and regular evaluations of trainees' cultural awareness.

In research, psychologists are making efforts to promote culturally appropriate research. Fordham University psychologist Celia Fisher, PhD, says she and her two co-editors of the journal *Applied Developmental Science* are trying to publish articles on new research methods that account for ethnic and cultural differences. And Marín and her colleagues have launched the Collaborative HIV Prevention Research in Minority Communities project, which in part strives to increase the number of ethnic-minority investigators heading studies on HIV in minority communities.

Although clinicians still haven't agreed on a standard model of the culturally competent therapist, many are offering ideas on what cultural proficiency looks like in practice. Stanley Sue, PhD, a psychologist at the University of California, Davis, and a renowned scholar on ethnic-minority affairs, cites several characteristics of a therapist who is competent in dealing with people of different cultures:

• Scientific mindedness. Form and test hypotheses about a culturally different patient's issues, rather than making premature conclusions about that client and his

or her culture.

? A focus on dynamic sizing. Know when to generalize about certain behaviors and when to individualize.

? Culture-specific expertise. Develop a thorough understanding of the cultural groups most prevalent in the marketplace.

Don Pope-Davis, PhD, a multicultural psychologist at the University of Maryland, College Park, has a much simpler formula for becoming an effective therapist with people of different ethnic backgrounds. He believes clinicians must ask their clients for help in understanding the value systems from which they come. And they should make sure their clients feel that any cultural differences they may have with the clinician are respected and acknowledged during the therapy process.

The drive for a more culturally competent profession extends far beyond the need to only help white counselors understand the role culture plays in the therapy process, Pope-Davis says.

"Counselors of color also need to learn to be culturally competent," he says. "It is something we must all learn, and must continue to address on a daily basis."

And in the midst of this expanding understanding of cultural differences, psychology must remember its commitment to the individual. Therapists who focus too much on an ethnic feature, such as skin color, may form a one-dimensional image of a client and ignore the unique and multilayered character that a person brings into the therapy room, says Madonna Constantine, PhD, of Teachers College, Columbia University. She cites the example of a patient who is a Latina lesbian. The person may identify herself not only as an ethnic minority, but also as a sexual minority, a woman in a still-patriarchal society, and an individual with a personality different from anyone else's.

"We're all multidimensional beings," she says. "If we focus on one thing, we miss out on the richness of all the identities that a person brings to us."

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