A Therapeutic Step Forward: Process and Diversity in Cognitive–Behavioral Therapy

A Review of

Culturally Responsive Cognitive–Behavioral Therapy: Assessment, Practice and Supervision
by Pamela A. Hays and Gayle Y. Iwamasa (Eds.)

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Reviewed by

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This is an exemplary book. The main goal in this book is to examine in detail how to adapt cognitive–behavioral therapy (CBT), considered to be the leading empirically supported treatment in psychology, to be culturally responsive to ethnic minority and special social groups. The book goes beyond most of the past discussions on how to treat culturally diverse patients in that the contributors seek, largely through case material, to describe processes by which culture can be integrated into the therapeutic process set forth by CBT guidelines.

Culturally Responsive Cognitive–Behavioral Therapy: Assessment, Practice, and Supervision features 25 authors' ideas on how to integrate the therapeutic process and the beliefs and traditions of minority cultures as a context for (mostly) individual psychotherapy and as training for therapists and trainees. The book provides a different approach from that advocated in similar works in the psychotherapy literature on diversity because it suggests that therapists start at a common baseline and systematically consider and use ethnic minority and cultural differences as integral to therapeutic process. However, as I discuss after a brief description of its contents, this book raises more questions than it answers—which could be considered the hallmark of a good book.

The diversity of ethnic streams (acknowledged by most of the authors as composed of diverse cultural groups) is well represented in this book, which includes chapters on American Indians, Alaskan Natives, Latinos, African Americans, Asian Americans, people of Arab heritage, and Orthodox Jews. A second section contains three chapters that focus on other minority groups: older (ethnic minority) adults; people with disabilities; and lesbian, gay, and bisexual people. The editors claim that these latter groups have special attributes, characteristics, and needs and that they therefore meet the definition of culture in the multicultural counseling literature. A third section contains two chapters: one on how culture should be included in assessment in CBT and another on issues around supervision.

All of the chapters are written in an accessible way, and although each chapter discusses topics appropriate to the group in focus, they seem to follow a parallel format. The authors introduce the group to be discussed historically and demographically, then consider some cultural issues around mental health in the group, followed by issues around CBT such as limitations, and finally provide case material on the integration of
culture into CBT with a client. The stated goal of the editors, Pamela A. Hays and Gayle Y. Iwamasa, is that the book be practitioner oriented, and this is achieved. It is very readable, making it suitable as a textbook. Readers can consult the book for guidelines in carrying out CBT with particular minority group clients and also use it to decide if CBT is the approach they want to use.

There are a number of important questions that this book raises: First, what is the definition of culture that these authors share? And how might that definition affect their suggestions about how to integrate culture into CBT? Most of the terms that refer to culture in the cultural diversity literature are used throughout the book. In fact, a number of terms are used by Hays in the introduction, such as culturally responsive, culturally competent, cross-cultural competence, and culturally sensitive. Even more confusing are phrases such as “cross-cultural equivalence,” which is a complex concept that is difficult to demonstrate (p. 28).

Organista seems to be the only author in the book who is concerned with definition; he quotes Falicov, stating that the "term culture... refer(s) to a community of people that partially share the same meaning systems used to describe and ascribe meaning to the world (e.g. values, norms, role prescriptions)” (p. 73). This is a good definition, in my opinion, because it refers to phenomena and experiences that can be used in adapting therapeutic process. An example of a matching definition and therapeutic approach can be found in the edited volume by Vargas and Koss-Chioino (1992), who base approaches to psychotherapy with ethnic minority youth on being “culturally responsive.” Culture is defined by Vargas and Koss-Chioino as an ideological dimension of the human condition that guides and motivates behavior. Persons who are enculturated within, or acculturated by, a particular culture share meanings about life and the world, as Falicov suggests. To be culturally responsive is to take an active stance in working with culturally specific ideas or meanings expressed or referred to by a client, which are viewed by the client and therapist together as relevant to the therapeutic task of specific modalities. However, in the Vargas and Koss-Chioino book, each author advocated the particular modality they found to be most culturally responsive.

Readers may be aware that anthropological studies use a large number of definitions, each according to the perspectives and areas of focal concern of the researchers, and these definitions do make a difference (Borofsky, Barth, Shweder, Rodseth, & Stolzenberg, 2001). Although anthropology originated the use of the concept of culture in the social sciences about a century ago, it has undergone a number of metamorphoses over time. The point here is that an appropriate, shared definition of this central concept—culture—that complements and expands the goals of CBT seems significant. This also extends to assessment, an important topic usefully discussed in Chapter 11. The authors suggest the use of several assessment instruments that address culture, some of which are specifically adapted to cognitive–behavioral assessment. Because the main function of the instruments is to assess clients' views of their problems and lives, the need for treatment planning to be culturally responsive in therapy is addressed. These measures permit the collection of the relevant data but are not explicit regarding a theory of culture.

Questions regarding the use of empirically supported treatment for ethnic minority groups have been raised by Nagayama Hall (2001). He suggested that culturally sensitive treatments might be more effective, particularly in dealing with intragroup cultural variations; he outlined scientific, ethical, and conceptual issues. One point he raised is that particular modalities may be more effective for particular cultures. All of the chapters in this book address limitations of CBT with the group in focus but, with the exception of the chapter on Alaskan Natives by Hays (Chapter 2), these discussions seem too brief. Hays discusses the advantages and disadvantages of using CBT with this population, focusing on establishing a relationship. Similar to Vargas and Koss-Chioino (1992), Nagayama Hall (2001) pointed to the importance of including cultural context because many outcome measures (i.e., family measures) have different meanings when related to the cultural context of the client.

Having carried out a random controlled treatment study with Mexican and Mexican American youth during the 1990s, in which I tested the widely used modality, Brief Strategic Family Therapy, described as being culturally responsive to Latino cultures (Szapocznik & Kurtines, 1989), I can testify about the difficulties. We used, as a
comparison condition, a newly developed group therapy designed to be culturally specific for that particular client population (considering both ethnicity and age) because of the lack of an existing group therapy for adolescents that would provide sufficient competition for brief strategic family therapy (which had been demonstrated to be very effective for Cubans and other Latinos in Miami).

The difficulties of demonstrating that one condition was more effective than the other were legion. Both were equally effective on some of the measures (i.e., substance use and abuse), but on others (i.e., change in family dynamics), they were equally ineffective. On most measures, both treatment conditions were significantly effective (or not) to about the same extent and in the same ways. The outcomes of this study have not been reported widely because of these negative findings. This raises other questions posed by this book: When you introduce culture into the mix, how do you know which are the essential ingredients that produce positive outcomes? And how do you know if the success of the CBT modality with other groups is replicated with culturally diverse groups once you adapt the therapeutic process?

The editors freely admit that treatment studies of culture integrated into CBT with these minority populations should be completed. Would this mean several studies for each group’s cultural subvariations? How do you decide on these variations? Is this really the direction that should be taken? McCullough (1998) provided an interesting parallel in his meta-analysis of five studies that compared religious counseling for depressed clients against standard approaches. He observed that in these studies no significant difference in efficacy was found. Yet it was also clear that religious approaches were no less effective than standard approaches. Therefore, the religious client who preferred a religious counselor or approach might benefit more and might experience greater satisfaction with treatment. The key ingredient here could be an aspect of the therapist–client relationship.

References