PERCEPTIONS OF CULTURALLY SENSITIVE FAMILY THERAPY

(Preliminary results from a questionnaire distributed for the Ethnicity and Family Therapy Conference sponsored by the Family Institute of New Jersey and Fordham University School of Social Services, New York, NY, November 1, 1996)

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Summary

Clinicians' perceptions of culturally-sensitive therapy closely parallel their perceptions of good therapy in general. Although subjects rated many interventions more applicable to non-European minority groups (African-American, Latino, Native American, and Asian American) than to white middle-class comparison families, relatively few items distinguished these ethnic groups from each other in this small sample of 78 respondents. Interventions rated most culturally sensitive were not always most culturally specific in the sense of distinguishing applicability to ethnic families from applicability to white middle-class families. Respondents were most likely to distinguish culturally-specific interventions when describing therapy for families from their own ethnic background.

PURPOSE

The literature on ethnicity and family therapy says more about the importance of understanding different ethnic and racial groups than about the particulars of culturally sensitive clinical interventions. To investigate how specific interventions fit (or don't fit) clients from different ethnic backgrounds, we compiled from published sources (including both editions of Ethnicity and Family Therapy) a list of 74 therapeutic principles and practices proposed by various authors to be applicable to particular ethnic or racial groups. The questionnaire asks clinicians to rate the applicability of these intervention items for clients from an ethnic background the respondent knows well, either professionally or personally. In addition, to determine if respondents view interventions as culturally specific (rather than applicable to everyone), we asked them to rate the applicability of the same interventions for white, middle-class families as well.

Despite our best efforts, the questionnaire proved more time consuming and less user friendly than we had hoped. Nonetheless, completed questionnaires from 78 respondents (over half from conference participants and faculty) provide some preliminary results bearing on the following questions: (1) Which therapeutic principles and practices do clinicians regard as most applicable (essential) for client families from different ethnic groups? (2) Which of these culturally-sensitive interventions are also culturally specific (in that they distinguish what therapists would do with ethnic families vs. white middle-class families)? and (3) What personal and professional characteristics of clinicians predict their perceptions of culturally-sensitive and culturally-specific therapy?

PARTICIPANTS

As of 10/25/96, 78 completed questionnaires were available for analysis. Of these, 44 were returned by conference participants and faculty, and 34 were from therapists in Tucson AZ and Miami FL who work with ethnic minority families. The respondents were primarily female (64%), their mean age was 42.2 years (range: 22 - 62), and they represented a variety of clinical professions. The majority (87%) had at least a masters degree (most often in social work), and there were 22 doctoral-level therapists and 4 MDs. The sample included 17 students enrolled in a graduate program, though nearly all had some degree of clinical experience. The typical respondent reported spending over 70% of his or her work time in direct clinical service or in clinical teaching or supervision.

Because some respondents rated interventions for two ethnic groups and most also rated applicability for families from the dominant (white-middle class) culture, we were able to make both between- and within-subject comparisons. In all, there were 164 therapy descriptions for target ethnic groups distributed as follows: African American (n=18), Native American (n=6), Mexican American (n=16), other Latino American (n=12), Asian American (n=7), Jewish American (n=8), families of European origin (n=18 with 7 Irish American), families of other ethnic origin (n=10), and white middle-class comparison families (n=69). We attempted no analyses for target ethnic groups with less than six therapy descriptions.

PRELIMINARY RESULTS

Question 1: Which principles and practices do clinicians view as most relevant for families from various ethnic backgrounds?

Table 1 lists the 20 intervention items receiving the highest applicability ratings for 59 descriptions of culturally-sensitive therapy for four non-European ethnic groups: African Americans, Native Americans, Latinos, and Asians.

The table shows mean item ratings for each group on a 1-9 scale (where 1 = not at all applicable and 9 = highly applicable for this group), and the overall ranking reflects the average rating across all of these groups.

As it turned out, the averaged rankings of items for these four groups were highly intercorrelated. In other words, items that received high average ratings for one group also tended to have high applicability ratings for the other ethnic groups. To a lesser extent the rankings of items for these non-European ethnic groups also correlated with averaged ranking for the European, Jewish, and white-middle-class comparison groups, suggesting that respondents viewed many interventions as helpful (or not helpful) across the board.

Question 2: Which interventions are culturally specific in that they distinguish what therapists would do with ethnic families compared to white middle-class families?

Table 2 lists the 20 principles and practices that most differentiated ratings for non-European ethnic clients from the white-middle-class standard. These culturally-specific interventions, viewed by respondents as more (or less) relevant to ethnic families than to comparison families, appear in the table according to their magnitude of difference (or effect size) relative to the comparison ratings. Thus, item 6 ("Don't assume that intense closeness (enmeshment) between family members is problematic") and item 13 ("Avoid encouraging young people to be 'independent' from their family") elicited the strongest differences between ratings for ethnic families vs. white-middle-class families. Because similar items again tended to distinguish therapy for African-American, Native American, Latino, and Asian families from therapy for the comparison clients, only the combined ethnic vs. comparison ratings are shown.

Here it is clear that subjects did rate many interventions more applicable to non-European minority groups than to white middle-class comparison families, though in our small sample relatively few items distinguished these ethnic groups from each other. Overall, about half of the items showed statistically reliable differences between intervention ratings for the four non-European ethnic groups and ratings for comparison clients (and as expected, these statistical effects were stronger for within-subject than for between-subject comparisons).

Although many of the distinguishing interventions in Table 2 had high applicability ratings for ethnic clients, some of them did not. For example, item 14 ("Avoid doing a genogram in the first session"), though rated near the middle of the 1-9 scale, was still viewed as much more applicable to ethnic families than to comparison families from the dominant culture. A similar pattern can be seen in Table 1, where 12 of the top 20 interventions for ethnic clients in Table 1 statistically distinguished ratings for non-European ethnic groups from white-middle-class comparison ratings -- yet eight of them (including top-ranked item 29, "Respect clients' sense of self sufficiency... treat them as collaborators, etc.") did not. Finally, it is striking that 17 of the 20 differentiating intervention items in Table 2 show higher applicability ratings for ethnic therapy than for comparison therapy. In fact, interventions for non-European ethnic groups received lower ratings on only three: "Encourage clients to take an 'I position'" (item 46), "Appeal to intellectuality and reason" (item 49), and "Model and encourage egalitarian gender roles..." (item 20).

Question 3: What personal and professional characteristics of clinicians predict their perceptions of culturally-sensitive and culturally-specific therapy?

To better understand ratings of culturally-specific therapy, we calculated discrepancy scores indicating how differently each respondent rated interventions for a particular ethnic group compared to white middle-class clients. Analyses of these discrepancy scores confirmed that respondents were significantly more likely to describe culturally-specific therapy (i.e., to distinguish ethnic therapy from therapy for white-middle-class families) when they were rating interventions for clients from their own ethnic group. In other respects, therapists' demographic and professional characteristics had little to do with their perceptions of culturally-sensitive or culturally-specific clinical practice.

Finally, therapists who described themselves as "culturally sensitive" tended to (a) identify more strongly with their own ethnic group; (b) identify more strongly with Bowenian, structural, systemic, and feminist theoretical orientations; and (c) believe that "the world would be a healthier, safer place if more people had therapy."

COMMENT

Due to the small number of respondents and unsystematic sampling procedures, these preliminary questionnaire results are tentative at best. We hope to expand the sample by obtaining more descriptions of therapy for particular ethnic groups, and invite conference participants and interested colleagues to send us their questionnaires if they have not yet done so.

In other work we are exploring ways to investigate the actual effectiveness of different intervention approaches for families from different ethnic backgrounds. Despite its obvious importance, the question of how (and whether)

cultural differences moderate the effectiveness of different family interventions has attracted virtually no systematic research.

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INTERVENTION ITEMS RANKED HIGHEST (MOST CULTURALLY-SENSITIVE) FOR NON-EUROPEAN ETHNIC GROUPS

	African Am. (n=28)	*Latino Am. (n=39)*	*Native Am. (n=9)*	*Asian Am. (n=8)*	*All groups (n=84)*
29. Respect clients' sense of self-sufficiency; treat them as collaborators rather than recipients of help.	7.69	7.55	7.67	8.63	7.72
66. Educate clients about what to expect in therapy.	7.80	7.49	8.00	8.00	7.69
48. With problems of the elderly, involve adult children and encourage family members to provided needed assistance.	7.09	7.67	7.13	8.63	7.54
6. Don't assume that intense closeness (enmeshment) between family members is problematic.	7.18	7.84	7.00	7.25	7.47
58. Make clear that, although discipline is a private matter, there are rules and consequences for using physical punishment in the United States.	7.00	7.73	6.86	7.38	7.38
74. Explicitly encourage clients to express both positive and negative reactions to the therapist's suggestions (because they may be reluctant to do so).	7.78	7.32	5.50	8.00	7.34
9. Encourage families facing difficult transitions (e.g., a son leaving home or entering manhood) to invent or use culturally relevant life-cycle rituals.	7.00	7.30	7.22	7.63	7.23
8. Convene members of the clients' natural social network.	7.00	7.38	7.11	7.00	7.19
12. Use indirect approaches to making suggestions (e.g., stories, metaphors, questions that imply suggestions).	6.68	7.13	7.78	8.00	7.13
42. Work toward strengthening the marital/parental dyad (relative to	6.71	7.08	6.43	7.13	6.91

parent-child dyads).					

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CULTURALLY-SENSITIVE INTERVENTIONS (CONTINUED)

	African Am. (n=28)	*Latino Am. (n=39)*	*Native Am. (n=9)*	*Asian Am. (n=8)*	*All groups (n=84)*
10. Frame problems as "normal" issues of transition (e.g., acculturation).	6.59	7.21	5.56	7.86	6.88
69. Gently encourage family members to speak about issues they may consider unspeakable.	7.04	6.92	6.00	7.00	6.87
72. Invite members of the extended family to participate in therapy.	6.60	7.11	6.38	7.00	6.86
56. Teach clients to recognize when they are angry and practice responsible self-assertion.	6.67	6.97	6.63	7.00	6.84
17. With child and adolescent problems, work to restore the hierarchical relational structure in the family.	6.48	7.08	6.44	6.88	6.79
27. When attempting to engage a reluctant husband or father, appeal to his sense of responsibility and role as family head.	6.46	7.24	5.71	6.75	6.79
1. Give concrete, practical advice about how to solve problems.	6.73	7.08	4.44	7.62	6.73
33. With couple problems, explore and reinforce strengths rather than mutual needs and dependencies.	6.27	6.67	6.88	6.25	6.51
62. Use go-betweens (e.g., trusted uncle, friend, community leader) to bridge gaps between estranged family members.	6.17	6.94	5.88	6.13	6.49
55. Focus on the present and immediate future rather than the past.	6.25	6.62	6.50	5.75	6.40

Mean ratings are on a 1-9 scale where 1 = "not at all applicable" and 9 = "extremely applicable to this group".

The 10 underlined means indicate interventions ranked significantly more applicable to non-European ethnic groups than to white middle-class families.

CULTURALLY SPECIFIC INTERVENTIONS DISTINGUISHING THERAPY FOR NON-EUROPEAN ETHNIC FAMILIES VS. WHITE MIDDLE-CLASS COMPARISON FAMILIES (RANKED BY EFFECT SIZE)

	Ethnic families*	*WASP families*	*Point-biserial r*
6. Don't assume that intense closeness (enmeshment) between family members is problematic.	7.47	4.82	.58
39. Comment specifically on cultural oppression or racism as it relates to the clients' background.	5.89	3.37	.48
13. Avoid encouraging young people to be "independent" from their family.	6.17	3.90	.48
30. Do counseling and therapy in the clients' home, with family members or friends present.	5.96	3.74	.43
46. Encourage clients to take an "I position" to promote differentiation and personal responsibility. (-)	5.67	7.18	-.37
48. With problems of the elderly, involve adult children and encourage family members to provided needed assistance.	7.54	6.29	.37
5. Respect and protect male self-esteem when supporting a wife or mother's position (e.g., make her idea seem like his idea).	6.21	4.42	.36
8. Convene members of the clients' natural social network.	7.19	5.58	.36
40. Encourage clients to discharge anger, shame, and fear associated with oppression and historical trauma.	6.01	4.16	.34
38. Use restraint when gathering information; try not to ask too many questions.	5.51	3.89	.32

* Includes descriptions for African American (n=28), Latino American (n=39), Native American (n=9), and Asian American (n=8) families.

All differences between ethnic and comparison group ratings are significant at $p < .01$.

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CULTURALLY SPECIFIC INTERVENTIONS (CONTINUED)

	Ethnic families*	*WASP families*	*Point-biserial r*
15. Avoid long-term, insight-oriented therapy.	5.95	4.40	.32
62. Use go-betweens (e.g., trusted uncle, friend, community leader) to bridge gaps between estranged family members.	6.49	5.00	.32
54. Do not use first names of adult clients unless invited to do so.	6.38	4.84	.31
72. Invite members of the extended family to participate in therapy.	6.86	5.54	.31
20. Model and encourage egalitarian gender roles in therapy (e.g., encourage equal sharing of chores, child-care responsibilities, decision making). (-)	5.28	6.52	-.31
18. Use acts of hospitality (e.g., exchange of gifts) to facilitate the process of therapy.	4.51	2.97	.31
67. Avoid using questionnaires and forms.	6.08	4.63	.29
60. For alcohol or substance problems, encourage participation in 12-Step programs (e.g., Alcoholics Anonymous). (-)	6.17	7.35	-.29
3. Avoid taking a strong stand about missed appointments and family members attending therapy.	5.43	4.14	.28
49. Appeal to intellectuality and reason. (-)	5.68	6.69	-.28

* Includes descriptions for African American (n=28), Latino American (n=39), Native American (n=9), and Asian American (n=8) families.

All differences between ethnic and comparison group ratings are significant at $p < .01$.