

Diversity Based Psychology:  
What Practitioners and Trainers Need to Know

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Two significant developments influencing the profession's view of multicultural competency were highlighted in 2003. These developments were the American Psychological Association's 2002 Ethical Principles and Code of Conduct that took effect June 1, 2003 and the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists published in May 2003. It is apparent that the "old rules" in psychology have moved away from a monocultural to a multicultural premise and that these "new rules" recognize both an appreciation of differences as well as an understanding of the inherent ambiguity and complexity in psychological practice (Pack-Brown & Williams, 2003).

The purpose of this article is to discuss implications of these two documents and describe issues relevant for multicultural competence for psychology practitioners and trainers. In a thoughtful overview of the major changes in the 2002 APA Ethics Code, Knapp and VandeCreek (2003), pointed out that the revised Ethics Code conveys greater sensitivity to the needs of cultural and linguistic minorities. Thus, APA's implementation of the 2002 Ethics Code provides a mechanism for enhancing practitioners' multicultural competence.

### Practice Issues

Multiple relationships. The New Ethics Code Standard 3.05 explicitly states that multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical. While it is the opinion of these authors and Pack-Brown and Williams (2003), that the new Ethics Code's phrasing still has a Western European emphasis toward singularly defined and bounded relationships versus more fluid relationships, multicultural competence is facilitated in this code by recognizing that in particular cultural contexts, closer and more complex involvement in the lives of clients may facilitate appropriate service and protection for the client. Thus, maintaining healthy boundaries in relationships with clients does not inherently require detached objectivity but does require professional judgment and a commitment to the best interest of the client. For instance, many psychologists in small "communities" have reported the experience of both a social and professional relationship simultaneously when treating a patient from the same or similar background. As such, the intersections of trust, boundaries, and appropriateness for both relationships are dependent on the psychologist's knowledge that multiple relationships are likely as well as on the psychologist's ability to effectively and ethically manage these relationships.

Competence. Another example of the implementation of multicultural competence in the 2002 Ethics Code is evident in the new standard 2.01b that requires sensitivity to the impact of cultural, disability and diversity factors on

the competence of a psychologist. According to this standard, psychologists should not provide services when they lack needed knowledge and when scientific or professional knowledge has established that a certain understanding of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective services.

It is evident that the necessary sensitivity required to provide psychological services to diverse populations is grounded in ethical thinking that takes into account multiple world views and identities and requires ongoing education, formal training, and supervised experience (Welfel, 1988).

Assessment. The 2002 Ethics Code also reinforces attention to multicultural competence in the area of assessment, as new standard 9.06 requires psychologists to incorporate in their reports the situational, personal, linguistic, and cultural differences that may influence test scores and interpretations. It is quite evident that appropriate consideration of complexities of different ethnic groups, as well as cultural phenomena affecting performance such as “stereotype threat” (Steele, 1997) must be integrated as standard practice. The shifting of the population served in psychological practice mandates a change away from monocultural techniques of assessment to multicultural procedures.

The Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (APA, 2003) also provides both a

conceptual basis and practical strategies for addressing multiculturalism. The guideline from this document for practice states “*Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices*” (APA, 2003). The essence of this guideline is that multiculturally competent practice involves the application of psychological skills that integrate a focus on the client based on his or her cultural context, using culturally appropriate assessment tools that have a broad range of interventions.

For example, when treating a 72 year old, Filipino American veteran who has become physically disabled due to complications from a stroke, a health psychologist making a culturally competent assessment should minimally evaluate a number of factors including racism, ableism, fluency in English, changes in social status, mobility, multiple identities, generational history, family and “community” resources to gain an understanding about how they relate to the presenting problem, intervention strategies and the best prognosis for treatment. If the therapeutic goal is to increase compliance with physical therapy and reduce the patient’s symptoms of feeling a sense of dread, worry, and irritability; it may be a completely valid intervention to reduce the number of English speaking treatment providers and reduce the time exposure in uncomfortable settings; resulting in a recommendation that in home physical therapy rather than a hospital based treatment plan. Clearly depending on the data generated, multiple recommendations could be valid. The point is that without the assessment of the patient in a cultural context, it would be easy to

simply recommend hospital based physical therapy when in fact the precipitants of the anxiety symptoms may be related to having to relearn behaviors in an environment that produces anxiety due to language difficulties and feelings of powerlessness.

The essence of the guidelines is to provide a mechanism in which previously common practice interventions are reexamined in light of the standards of cultural appropriateness and competence for the 21<sup>st</sup> century. This document and others produced by many multicultural experts have advocated for psychologist involvement in social activist endeavors, particularly those that challenge institutional oppression (Pack-Brown & Williams, 2003). Clearly, the multiculturally competent psychologist needs to expand the therapist role beyond one-on-one individually problem focused treatment and incorporate activities that address changes in the arena of social justice. Nevertheless, how to incorporate anti-racism into everyday practice with all clients is a complex practical and ethical issue. But these Guidelines and Ethics Code make clear that the perpetuation of racism affects the mental health of all in our society and it is an important intervention strategy to address deleterious societal issues.

### **Training Issues**

The recent changes in the APA Ethics Code and the publication of the Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (May 2003) also have implications for trainers in the field of psychology providing a clear mandate to enhance

students' development of competence in working with a wide range of diversity, including ethnicity, race, socioeconomic class, sexual orientation, gender and religion. Because multicultural competence is complex and multifaceted, trainers are confronted with the arduous task of choosing where to focus energy and attention, and determining effective ways of infusing multiculturalism and diversity into training curriculums and supervision. The Guidelines provide much needed clarification of the scope and definition of multicultural competence.

Broadly defined, multicultural competence involves the dimensions of 1) awareness of one's own attitudes and beliefs, 2) knowledge about cultural differences and 3) skills in working with diverse groups (Sue, et.al., 1982; Sue, Arredondo, & McDavis, 1992). Effective and ethical work with diverse individuals and groups requires that psychologists pay attention to and develop skills in each of these fundamental areas. The ultimate goal for psychologists involved in training is to increase these skills for students and interns who work with diverse clients. At a minimum, this involves enhancing trainees' abilities to recognize cultural dimensions of clinical work, including world view differences and the effects of racism and oppression, increasing their abilities to deal with clients with flexibility and cultural sensitivity, and increasing their abilities to understand their own reactions, assumptions and biases.

Awareness. Guideline #1 addresses, multicultural awareness and states, *"Psychologists are encouraged to recognize that, as cultural beings, they may hold*

*attitudes and beliefs that can detrimentally influence their perceptions of and interactions with individuals who are ethnically and racially different from themselves."*

Multicultural awareness is a critical step in the process of training of new psychologists, and involves an awareness of the values, assumptions and biases that are rooted in the trainee's culture, heritage, experiences (e.g., of oppression or privilege) and social and political environment. It involves helping trainees to become aware of how their own cultural backgrounds have influenced their attitudes, stereotypes, preconceived notions and behavior. In order to develop this awareness, training staff and trainees must have an attitude of openness, non-defensiveness and curiosity. Trainees and trainers must work actively to increase both self-knowledge as well as comfort in dealing with differences. Training staff members must work to create an atmosphere of safety where trainees can explore these sensitive issues and can be appropriately vulnerable. Trainers and trainees must challenge themselves to take risks, to deal with conflict and to embrace differences.

Knowledge. Guideline #2 emphasizes the need to acquire multicultural knowledge and understanding. Guideline #2 states, "*Psychologists are encouraged to recognize the importance of multicultural sensitivity/responsiveness, knowledge, and understanding about ethnically and racially different individuals.*" Multicultural knowledge involves learning and seeking information about the cultures, world-views and experiences of different groups of people. Psychologists must have knowledge about the heritage, history, family structure, values, and beliefs of

diverse groups. Psychologists must also have accurate information about institutional barriers, sociopolitical contexts, oppression and discrimination (Sodowsky, Kuo-Jackson, & Loya, 1997). As trainers, psychologists must be committed to keeping abreast of current research, literature and world/current events and issues. Trainers have the responsibility to nurture and encourage trainees to seek this knowledge and to maintain curiosity and an “attitude of wonder”. This “attitude of wonder” suggests a continual quest for information and knowledge and the ability to ask appropriate and meaningful questions.

Skills. Guideline #5 states, “*Psychologists strive to apply culturally-appropriate skills in clinical and other applied psychological practices.*” In order to develop multicultural counseling skills, psychologists must use their self-awareness as well as their knowledge of specific cultures to develop culturally sensitive and appropriate interpersonal behaviors and interventions. As trainers, psychologists must develop and model a wide-ranging repertoire of behaviors and skills that are flexible and appropriate for clients from diverse groups. Training psychologists must also model flexibility in utilizing both traditional and nontraditional assessment and intervention techniques. The development of trainees’ skills in working with diverse clients involves enhancing their ability to recognize cultural issues, increasing their abilities to deal with clients in ways that are flexible and sensitive, and increasing their abilities to deal with their own reactions to clients. The bridge to the development of these skills is cultural self-exploration and awareness. According to Sue, Ivey, & Pederson (1996), as

psychologists become more aware of their own biases, values, assumptions and stereotypes, and increase their self-understanding, they are less likely to project their own cultural values onto clients, and become more effective in their work.

Institution. Thus far, this discussion has focused on content areas for the training of multiculturally competent psychologists. It is also important to consider the institutional context in which such training occurs. Guideline #3 states, *“As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education..”* It is imperative that trainers pay attention to how the organizational context of the training institution or program may overtly or covertly influence the training experience, and facilitate, or not, the development of multicultural skills. An environment that effectively supports the development of multicultural competence is one in which aspects of multiculturalism are infused into all areas of training and service delivery. For example, discussions of multicultural issues are not limited to one seminar, but are included and considered in every aspect of the agency’s functioning. Within the institution, there must be permission to hold differing perspectives, values and world-views. The institution or training program must also create the space for respectful conversations about those differences. The creation of an atmosphere of safety is critical for trainees to explore, develop and become competent in multicultural skills.

## **The Many Facets of Diversity**

Although the purpose of this article is to highlight the two recent additions to the psychology lexicon, it would be unfortunate not to acknowledge what all psychologists know: that diversity comes in many forms. For instance APA (2000) developed Guidelines for Psychotherapy with Lesbian, Gay and Bisexual (LGB) Clients. These guidelines explore a) attitudes toward homosexuality and bisexuality, b) gay relationships and families, c) issues of diversity related to homosexuality, and d) educational issues. Clearly it is important for psychologists to not only develop skills to assess and treat LGB people, psychologists must also understand their attitudes and values related to LGB individuals and LGB relationships.

In all of their assessments and treatment, psychologists should take into account the many facets of diversity including ableism, ageism, religion, socio-economic status, as well as the factors discussed above, culture, ethnicity and sexual orientation. Regardless of the client's diversity, it is important for psychologists to create a sense of safety for their patients.

## **In Summary**

The Ethics Code, the Multicultural Guidelines and all guidelines for the treatment of diverse populations have implications for psychologists who are practitioners and trainers. Clearly as psychologists we understand that the interests of our patients, clients and trainees are paramount. These interests are

best served through the development of competency in diversity and the resulting safety that occurs in both the practice of and training in psychology.

But what is safety in the context of diversity? We have alluded to a number of important factors: a) understanding our personal reactions, b) understanding others' worldview and experiences, c) setting contextually appropriate boundaries, d) understanding the limits of our competency, e) knowing and using appropriate assessment and intervention techniques, and f) appropriate environmental surroundings.

Pope (1993) described a number of factors that influence a sense of safety for trainees, but these factors also appear essential to the development of a safe, multicultural environment. They overlap with the comments above, but are well worth repeating: a) understanding the task at hand whether it be therapy or supervision; b) respect for the other; c) openness to receive information; d) encouragement to explore the essential issues at hand; e) maintaining an appropriate boundary of privacy, thus not exploring where there is no contract to explore; f) acceptance of the other; g) sensitivity and empathy for other's experiences; h) frank, clear communication; and i) supportive attitude.

Psychologists should take steps to build safe diverse training and practice environments. The welcoming atmosphere created will facilitate the personal exploration by both trainees and clients.

It is important to note that specifically stated in the Multicultural Guidelines and evident in the revision of the Ethics Code, is the notion that these

“living documents” expire as knowledge bases expand, empirical evidence confirms, demographics shift, and hopefully, the practice of psychology and society itself, evolves.

We hope this paper will help psychologists enhance their understanding of the road to and need for the knowledge, skills and attitudes affirmative of diversity. Diversity based psychology will provide more effective training for students and interns and increasingly helpful treatment for clients. Our profession requires no less, as the public we serve will benefit from competent diversity based psychological services.

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