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Twelve Practical Suggestions for Achieving Multicultural Competence

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Multicultural competence can be defined as the ability to understand and constructively relate to the uniqueness of each client in light of the diverse cultures that influence each person's perspective. Because the complexity of culture is often overlooked, multicultural research often inadvertently strengthens the stereotypes that it is intended to thwart. To avoid stereotypic thinking, clinicians must critically evaluate cross-cultural research and be thoughtfully creative in applying it to clinical practice. Twelve suggestions are offered for the use of multicultural research as a source of questions that enhance respect for clients' cultural identities rather than as answers that foreclose it.

Although it is easy to endorse the principle of culturally sensitive practice, it is often much harder to make it a reality. The mandate is clear: Psychologists should be "aware of and respect cultural, individual, and role differences . . . [must practice] only within the boundaries of their competence . . . [and must] make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study" (American Psychological Association, 2002, pp. 1063–1064). This is no small task because "we are prisoners caught in the framework of our theories; our expectations; our past experience; our language" (Popper, 1970, p. 52). We tend to believe that others see the world as we do. And when we do acknowledge different perspectives, we normally form convenient notions about the differences that create little more than the illusion of understanding. To achieve true multicultural understanding, psychologists need to learn how to find and use resources that will allow them to "approach clients with sensitivity to their diversity while avoiding the trap of pan-ethnic labels . . . that dilute and obscure the moderating effects of national origin, immigration history, religion and tradition" (Fisher et al., 2002, p. 1026), not to mention individual differences.

Because of the rapidly changing composition of the American population, psychologists are confronted by such challenges with ever increasing frequency. More than 1 in 10 Americans are now foreign born, and 1 in 3 belong to groups identified as minorities. Paradoxically a *majority* of the population in three states (California, Hawaii, and New Mexico) as well as the District of Columbia are "minorities." These new populations fill neighborhoods and clinic waiting rooms as well. It is now so widely accepted in government, business, and human services that culture influences every aspect of human endeavor (Surgeon General, 2001) that Glazer (1997) recently entitled his book, *We Are All Multiculturalists Now*. This is a remarkable achievement for a term that did not appear in the *Oxford English Dictionary* until 1989.

Despite innovative efforts to teach cultural competence (e.g., Dana, 2002), stereotypic thinking still clouds many evaluation and intervention efforts. The roots of this problem can be found in the inherent complexity and instability of culture, the difficulty of defining target groups, flaws in the design or interpretation of data on cultural differences, and uncertainty about how to use the growing body of knowledge about culture and its influence. After a reminder of past missteps with equally laudable goals, the current problem is defined, and 12 guidelines are offered as aids to gaining the necessary cross-cultural understanding.

Socioeconomic Status (SES): A Prequel to Multiculturalism?

Multiculturalists might benefit from considering the fate of a past effort to enhance the effectiveness of mental health services on the basis of sociological data. Shortly after the end of World War II, mental health professionals accepted the notion that society could be divided into distinct classes, each of which was associated with a variety of adaptive or abnormal personality characteristics. The poor were generally believed to be both morally and functionally different from the more prosperous (Gilens, 1999). For example, Hollingshead and Redlich (1958) presented evidence that "the differential distribution of neurotic and psychotic patients by class is significant beyond the .001 level of probability" (p. 222), with the former more prevalent among the more affluent and the latter more prevalent among the poor.

These results were taken as confirmation of the social Darwinist belief that lower SES individuals were anomic, depraved, incapable of deferring gratification, and so class conscious that they suffered from frustrated upper-class mobility strivings (Miller & Reissman, 1961). They were also deemed to be kin-bound and therefore lacking in individual responsibility, lacking in rationality, and suffering from a "relatively limited range of perception of the world around them (i.e. the middle class world)" (Simmons, 1958, p. 24).

Although a half-century of research has yet to demonstrate a clear trend in treatment outcome related to SES (Lam & Sue,

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2001), preferred forms of mental health services were withheld from those in the lower strata of society on the assumption that they lacked the capacity to benefit from the treatment methods available at the time. By the time these service changes were materializing, sociologists had found considerable behavioral variability within socioeconomic strata, many behavioral similarities across classes, and many demographic factors including age, family size, education, and ethnicity that covaried with SES. Therefore, rather than providing a valid database for improving mental health services, findings related to SES were used to introduce biases and invalid beliefs that compromised the quality of programs they were intended to enhance (Stuart, 1964).

This is not to say that income and economic well-being are unrelated to mental and physical health. Strong negative correlations have been found between varied measures of income and various forms of mental and physical morbidity (McLoyd, 1998) as well as the willingness to seek and continue in treatment (Edlund et al., 2002). Nevertheless, the within-group heterogeneity in these studies weakens generalizations about what might be called the *culture of social class*. In its *Resolution on Poverty and Socioeconomic Status,* the American Psychological Association (2000) stressed the need for continued study of the impact of poverty and its effects, but nowhere does it mention the culture of SES or status-linked personality ascriptions that previously led to negative stereotyping and victimization of the poor. Instead, poverty is understood to be a stressor to which individuals adapt in individual ways. As the following review will show, the current approach to multiculturalism runs a similar risk of erroneously labeling people in an effort to understand them.

Complexities in the Nature of Culture

It would be easier to navigate through the sociocultural complexities of the world if people fell into neatly defined categories. Unfortunately, cultures are subjective, have fuzzy boundaries, change constantly, and are highly heterogeneous. Even when people have strong ethnic identities, no one culture is likely to monopolize their outlooks.

The word *culture* was first used in its anthropological and sociological context by E. B. T. Taylor (1871/1924) to mean "that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (p. 1). Kleinman (1996) described Taylor's concept as essentially supporting "the biological basis of racial differences . . . and of higher and lower levels of civilization" (p. 16), pinpointing the risk of its being used to support prejudice. Over time, cultural theorists split their emphases between a code of conduct embedded in social life and the symbolic products of these activities. The latest thinking combines both traditions, defining *culture* as the source of ties that bind members of societies through an elusive "socially constructed constellation consisting of such things as practices, competencies, ideas, schemas, symbols, values, norms, institutions, goals, constitutive rules, artifacts, and modifications of the physical environment" (Fiske, 2002, p. 85).

These internalized rules create traditions that go deeper than reason. For example, Kroeber (1963) observed that as a sign of respect when entering a holy place, Muslims take off their shoes and Jews their hats, but neither group could explain the observance beyond saying that this is how things had always been done. In Kelly's (1955) terms, cultural orientation might be construed as the master plan behind superordinating constructs that covertly influence manifest cognitive content. Because much of the strength of cultural influences stems from the fact that they operate in the background of behavior at the value, linguistic, and construct levels, people often have difficulty defining their cultural influences, and social scientists have difficulty measuring them.

In addition to being subjective, cultures also have fuzzy boundaries. Owing to the influence of mass media, global Internet communities, tourism, intermarriage, education, and mass migrations, the boundaries of every culture are fluid to some extent. We live in "an increasingly interconnected world society, [so] the conception of independent, coherent, and stable cultures becomes increasingly irrelevant" (Hermans & Kempen, 1998, p. 1111). Ideas therefore diffuse across groups, and so certain beliefs and attitudes may have more stability than the groups that originate or espouse them.

Because of this diffusion of influences and the need to adapt to new challenges, once stable cultures are ever changing. Adjustments to external stresses that are necessary to the survival of cultures typically affect behavior before they are recognized and codified. The challenges are often sensed first by only certain group members, who then promote adaptations that are often resisted by others. As a personally witnessed example, when a group of young adults returned to the Taos Pueblo from service during World War II, some resumed their traditional lives but others took jobs in Los Alamos and the surrounding area. While respectful of tribal traditions, the returnees also wanted changes, ranging from the way the community made decisions to more tangible matters, such as adding plumbing and side-entry doors in pueblo living units. Their new ideas caused divisions along generational lines in the once homogeneous community and challenged the unity of its culture.

Culture is transmitted through enculturation, that is, environmental influences that operate to promote unconscious introjection and conscious learning (Tseng, 2003). Families play key roles as arbiters of the dominant culture and creators of their own microcultures. Parenting is the ultimate form of socialization, through which children learn how to function in society. But parents vary in their ability and desire to transmit cultural beliefs to their children, and children are not passive recipients of their parents' values and practices. This explains the fact that the culture with which young adults leave their families of origin is rarely a carbon copy of parental beliefs, making for a diversity of characters at every family reunion.

Immigration also influences cultural outlooks by challenging the ethnic identities with which newcomers arrive. *Ethnicity* refers to "social groups that distinguish themselves from other groups by sharing a common historical path, behavioral norms, and their own group identity" (Tseng, 2003, p. 7). Immigrants may assimilate by moving away from their ethnic heritage and immersing themselves in the mainstream, integrating the two sets of views, separating by withdrawing from the mainstream and accepting only heritage beliefs, or marginalizing by failing to accept or integrate either set of beliefs (Berry & Sam, 1997). Multiple factors influence acculturation, including the receptivity of the host culture to immigrants, the extent to which the immigrants' characteristics are distinctive, and the extent to which members of the native culture are willing to accept those who assimilate. The winner of these

internal culture conflicts will be determined by such factors as the strength with which heritage beliefs were held prior to migration, the amount of contact immigrants have with others who adhere to heritage beliefs, and the nature and duration of socializing contact with host society.

The complexity of the acculturation process is revealed by countless biographies of immigrants who excelled in the "new country." For example, Harmetz (2002) described the socialization of Billy Wilder, a German Jew who came to the United States to escape Hitler in 1933:

> As quickly as possible, Mr. Wilder made himself an American. He avoided the cafes and living rooms where refugees met to drink coffee and speak German. Instead he lay on the bed in his rented room and listened to the radio and learned 20 new English words every day. (p. A21)

Within 5 years, he wrote the first of his 25 film scripts in English, a remarkable achievement for a man who did not speak English when he arrived in this country. It is also noteworthy that along with many other newcomers, he may have affected the host culture almost as much as he was affected by it.

Although it might be assumed that having an internally consistent, single cultural identity is essential for positive mental health, in reality no individual is a repository of a "pure" culture. Everyone belongs to multiple groups—nation, region, gender, religion, age cohort, and occupation to name a few— each of which exerts a different cultural influence that may be congruent, complementary, or in conflict with any of the others. Every influence is interpreted by each person, who decides whether and, if so, how personal beliefs should respond to each of these influences. Therefore, every individual is a unique blend of many influences. Whereas culture helps to regulate social life, specific beliefs are products of individuals' minds. Because of this complexity, it is *never* safe to infer a person's cultural orientation from knowledge of any group to which he or she is believed to belong.

Cultural Sensitivity or Cultural Stereotypes?

For more than a century, scholars have studied most of the world's cultures with invaluable results, defining culture as "the unique behavior and lifestyle shared by a *group* [italics added] of people" (Tseng, 2003, p. 1). Deep insights have been gained into the ways in which groups of people evolve different approaches to dealing with the existential and pragmatic issues in human existence. However, when psychologists make inferences about individual clients from assumptions about the cultures that influence them, in effect they commit the logical flaw of basing ideographic predictions on nomothetic data sets. The problem thus lies less in the original studies than in the ways in which they are applied, often resulting in stereotypic thinking.

While cautioning against stereotyping, Sue (1999) promoted use of the term *Asian American*. This implies commonalities among the 3.6 billion people who live in Asia, divided among many nations as different as Afghanistan, China, India, Syria, and Japan. Ethnic differences within and between these nations are at least as great as those between nations in the eastern and western hemispheres. If the within-group differences among Asians are great, they may be even greater for Asian Americans. Recent census data revealed that 10.2 million people identified themselves as having pure Asian backgrounds, and another 1.7 million identified themselves as having mixed backgrounds. Asian Americans include new immigrants and those whose families have lived in the United States for many generations, those living in urban ethnic concentrations that support use of the native language and traditions as well as those who live in totally integrated communities in which their group is a small minority. And they may embrace Buddhist, Hindu, Islamic, Shiite, Shinto, Christian, and other doctrines, followed by some with fundamentalist fervor and others in name only.

Attempts to categorize other large populations are vulnerable to similar criticism. For example, the phrase *African American* can be misleading. It implies that 33.9 million people share certain salient characteristics because of their ties with some of the 797 million people of Africa, who live in 50 different countries and speak more than 1,000 different languages, unless, of course, their forebears came from the West Indies, South America, Australia, or New Zealand. Confirming the existence of many different varieties of African American identity (Cross, 1991), Shipler (1997) described the contrasts between southern Black identity, with its greens and black-eyed peas, and urban black identity, with its rap, and from working to middle-class status. He noted that the definition of *Black* is undergoing rapid change, with iterations of the culture closely held by different groups at the same time. Therefore, it is entirely misleading to speak about a monolithic African American culture.

The same problem prevails in efforts to generalize about the 2.5 million Native Americans who range from being full blooded to only fractional members of any of more than 500 different tribes (Sutton & Broken Nose, 1996). They may live and work on tribal lands, live on tribal lands and work elsewhere, or spend no time on tribal lands. And they may adhere to tribal culture in every aspect of daily life, primarily during ceremonies, or not at all. Perhaps what they have in common is being classified as "Indians," a term given by Spanish explorers to all of the cultures they found in North America, defined by the fact that as non-Christians they were considered to be uncivilized and without culture (Berkenhoffer, 1978).

Finally, in the 2000 census, 36 million Americans were identified as "Hispanic." Hardly a homogeneous group, two thirds were from Mexico, 14% were from Central or South America, 11% were from Puerto Rico, 4% were from Cuba, and 7.3% were from other Spanish (and Portuguese!) speaking regions of the world, with their national origin being the identity that they preferred over the homogenizing term (Kaiser Family Foundation, 2002). And Rodriguez (2002) eloquently bemoaned the inaccuracy of assuming homogeneity even among those who have roots in the same country. One need only reflect on the huge heterogeneity among Caucasians in the United States to grasp the true meaning of his concerns.

When psychologists attempt to apply the conclusions of studies that aggregate so much diversity under a single label, they fall victim to the *myth of uniformity*, the naive belief that all members of a group will have the same characteristics. Given that even identical twins raised together are not exactly alike, people who simply share a cultural or racial background can hardly be considered birds of a feather. Epidemiologists refer to this as an "ecological fallacy [that] arises when an attempt is made to ascribe to individuals the average properties of large groups of population"

(Lawson, 2001, p. 207). Equally erroneous is the "atomistic fallacy [that] arises when an individual's . . . experience is used to impute average characteristics for a population group" (Lawson, 2001, p. 207). Making either of these errors leads to the acceptance of a stereotype in which the conclusion goes far beyond the data on which it is based.

Stereotypes can be convenient: Like emotions, they store a considerable amount of information in quickly accessible form. They may be positive or negative and may help or harm the targeted group, but they always operate as prejudices that bias what is perceived and the way it is interpreted (Crandall, Eshleman, & O'Brien, 2002).

There is a very fine line between sensitivity to the implications of a person's membership in a particular group and losing sight of that person's individuality. Linguistic convenience can easily give rise to stereotyped thinking that undermines respect for the uniqueness of individuals, the avowed goal of multiculturalism. Awareness of different cultures does provide hypotheses about what the majority of some groups *may* believe, but it offers scant information about any given individual. Oddly, psychologists who realize the foolishness of assuming that men and women always conform to the Mars–Venus distinction are generally much more willing to classify people according to their ethnicity.

A Plan of Action

Multicultural competence is defined as the ability to understand and constructively relate to the uniqueness of each client in light of the diverse cultures that influence each person's perspectives. To achieve this competence, it is necessary to avoid stereotypes and identify the multiple cultural influences that often operate unconsciously in the mixed identities of most clients. The 12 suggestions in Table 1 can help in acquiring the necessary skills.

1. *Develop skill in discovering each person's unique cultural outlook*. Good therapy involves both acceptance and change. Change is easier and more meaningful when grounded in acceptance because new ideas are better comprehended when delivered in the client's literal and figurative languages. The multicultural literature (e.g., American Psychiatric Association, 1994, Appendix 1) identifies areas of culture that are *potentially* relevant to clients. Open-ended questions derived from this literature can be used to determine the psycho-logic of clients' responses, their weltanschauung. Thomas (1999) referred to these as "preferred thematic gestalts . . . [i.e.,] that which feels 'right', how it explains or justifies their life, and how it defines what they think to be their 'true' selves and leaves out what doesn't fit" (p. 142). Ethnographic interviewing can be used to help clients articulate the meaning of their words and actions.

2. *Acknowledge and control personal biases by articulating your own worldview and evaluating its sources and validity*. Multicultural sensitivity begins at home. When a clinician's biases go unchecked, any perceptions of clients reveal more about the therapist than the client. For example, Eisenberg (1996) recounted the way in which Charcot influenced a female patient to act in conformity with his expectations of how hysterics act and then accepted her responses as proof of the validity of his assumptions. From Freud through modern behaviorism, ideas that began as thoughtful observations of individuals were recast as universal laws of human behavior (Dowd, 2003). In every instance, such overeager projections have resulted in "cultural parochialism" (Hughes, 1985, p. 21) that has led to the unwarranted imposition of the beliefs of some people upon many. To guard against this, psychologists can benefit by periodically rearticulating their beliefs about human behavior and its management, using the model proposed by Kleinman (1996) to uncover the value assumptions in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM–IV*; American Psychiatric Association, 1994). Some of these beliefs pertain to predictions about the behavior of identified groups. Those that originate in the research literature should be evaluated in light of therapists' own experiences. Those that are derived from experience should be cross-checked against the literature. A bidirectional flow between the evolving knowledge base of psychology and clinicians' practice wisdom is the only way to achieve responsible operational theories.

3. *Develop sensitivity to cultural differences without overemphasizing them*. Even when differences between cultures are prominent, it is important to realize that other aspects of group beliefs and behavior may be common across cultures. This is hardly surprising, given the fact that cultures evolve as groups attempt to deal with the universal challenges of human existence. For example, through a 50-nation study, Schwartz and Bardi (2001) found a "surprisingly widespread consensus regarding the hierarchical or-

Table 1
Twelve Suggestions That Facilitate Multicultural Competence

1. Develop skill in discovering each person's unique cultural outlook.
2. Acknowledge and control personal biases by articulating your worldview and evaluating its sources and validity.
3. Develop sensitivity to cultural differences without overemphasizing them.
4. Uncouple theory from culture.
5. Develop a sufficiently complex set of cultural categories.
6. Critically evaluate the methods used to collect culturally relevant data before applying the findings in psychological services.
7. Develop a means of determining a person's acceptance of relevant cultural themes.
8. Develop a means of determining the salience of ethnic identity for each client.
9. Match any psychological tests to client characteristics.
10. Contextualize all assessments.
11. Consider clients' ethnic and world views in selecting therapists, intervention goals, and methods.
12. Respect clients' beliefs, but attempt to change them when necessary.

der of values" (p. 268). In light of this and similar evidence, the observation of one difference should not be the basis for assuming that everything else must be different as well. This is as true for individuals, and so clinicians must avoid the trap of overgeneralizing from observations of one or more anomalies. The failure to do so introduces "cultural red herrings" into clinical assessment (Stein, 1985).

4. *Uncouple theory from culture*. Researchers have identified meaningful differences in thought processes, such as the holistic versus analytic traditions (Nisbett, Peng, Choi, & Norenzayan, 2001) and the Confucian and Socratic reasoning styles (Tweed & Lehman, 2002). Although these patterns have been attributed to broad cultural groups, they are not necessarily the province of any particular group and can be found in people with very diverse characteristics. Moreover, these cognitive styles may be relevant to intervention whether or not the client belongs to the group most associated with them. Rather than coupling cognitive styles with ethnic background, it would be more helpful to offer detailed descriptions of the cognitive orientations and allow clinicians to determine their relevance to a planned intervention. As an example, Perry (1971) described nine "positions" in adult cognitive development. Many spouse abusers have the dualistic orientation found at the low end of Perry's continuum. But some abusers are capable of higher order, relativistic thinking. Rather than offering a standardized treatment to overcome dualism to all abusers, it is wiser to first determine whether the classification applies, trying to change it only when it does. Bond and Tedeschi (2001) term this "unpackaging" culture at the individual level, through which "the empty, categorical variable of 'culture' is replaced by a measurable, psychological variable as the causal agent. Culture now enters the model as a 'positioning' factor, a set of influences that affect the typical level of that psychological variable" (p. 311). In this way, the focus is on the individual, and culture is introduced as a mediator or moderator when relevant.

5. *Develop a sufficiently complex set of cultural categories*. People have far more diversity than is reflected in the language used by many multiculturalists. Two comparisons illustrate the utility of creating many categories. A Ugandan tribe that permits sex and marriage among family members under prescribed conditions has words for 68 different kinds of relatives so that the rules can be understood and obeyed. And the *DSM–IV* was increased to 312 diagnostic entities from the 106 categories in the first edition of the *DSM* to improve precision in describing psychopathology, with additional categories under consideration. In comparison, a vocabulary limited to such terms as *first-* or *second-generation Asian American* or *on-* or *off-reservation Native American* hardly supports precise clinical assessment. Until a more complex vocabulary is available, it is better to describe rather than categorize clients' identities.

6. *Critically evaluate the methods used to collect culturally relevant data before applying the findings in psychological services*. Unfortunately, because of the complexity of cultures, cross-cultural research often suffers from methodological flaws. For example, the *invalidity of measurement* is a problem well illustrated by Freeman's (1999) account of errors in Margaret Mead's influential but essentially inaccurate conclusions about sexual behavior in the Samoan Islands. In addition to controlling interpretive errors like those that beset Mead, one must also determine that the questions and expected answers have equivalent meanings in all cultures in which the measures are used (Cheung & Leung, 1998). Not even back-translation guarantees shared meaning. *Subject selection* is one of two sampling problems in cross-cultural studies. Survey researchers must define the population to which they plan to generalize their results and then draw a sample that is projectable to the larger group (van de Vijver, 2001). Unfortunately, adherence to this standard is a rarity in cross-cultural research, as illustrated in Hofstede's (1980) attempt to extrapolate data from IBM employees to portray the cultures of the 66 countries in which they were employed. This explains the failure of efforts to replicate these results (Fiske, 2002). *Sample size* problems are seen in the use of small convenience samples as a basis for descriptions of huge nations (e.g., Arbisi, Ben-Porath, & McNulty, 2002; Cheung & Ho, 1997). Such studies may provide interesting ideas, but their results cannot be taken at face value. For tests to be used cross-culturally without qualification, the validation sample in the new population must be comparable in size and characteristics to the group used in developing the instrument, *and* the norms for this group must be statistically and clinically similar to those in the original normative sample.

7. *Develop a means of determining a person's acceptance of relevant cultural themes*. It can be useful to learn about a person's acceptance of peer-group and cultural beliefs, and many instruments have been developed for this purpose. At one extreme are simplistic three-item inventories that ask, for example, how closely people identify with their ethnic or racial group, whether they prefer to associate with people like them, and how many of their close friends are indeed like them. Answers to these questions yield crude indications of respondents' ethnicity. At the other extreme are more comprehensive, multi-item inventories that address a range of values, knowledge, and behaviors related to specific cultures (e.g., Cuellar, Arnold, & Maldonado, 1995; Vandiver, Cross, Worrell, & Fhagen-Smith, 2002). Although psychometrically strong instruments like these measure respondents' expressed identification with a particular ethnic group, they do not reveal which specific beliefs and practices are accepted, how strongly each is accepted, or whether acceptance of particular beliefs is situation specific. Test results may be useful sources of general information that can then be validated and refined through sensitive, nondirective interviewing.

8. *Develop a means of determining the salience of ethnic identity for each client*. Ethnicity certainly contributes to identity. However, it may not be the component that is most salient for any given person or situation. Decisions are affected by the interaction among many factors, such as developmental stage, gender, sexual orientation, religion, nationality (as opposed to ethnicity), disability, and occupation (Hays, 2001). Ethnicity may dominate, influence, or be inconsequential with respect to any of these variables. For example, the decision of whether to stay in an abusive relationship by an African American Catholic mother recently diagnosed with breast cancer is not likely to be guided by ethnicity alone, or even primarily. Therefore, sensitive assessment involves asking clients to articulate the sources of their perspectives rather than arbitrarily overweighting any one of them solely on the basis of demographics.

9. *Match psychological tests to client characteristics*. As with every other aspect of developing multicultural sensitivity, test selection and interpretation is far more complex than it first appears. Test data are meaningful when the test has been derived

from and normed in the culture of the respondents (Merenda, 1994). But because few such measures exist, psychologists often must use instruments developed in one culture to evaluate clients identified with another. This always carries the risk of finding too little or too much pathology. The temptation to normalize deviant responses to compensate for ethnic influences should be avoided, because it distorts findings (Kehoe & Tenopyr, 1994). It has been suggested that subsets of norms for specific beliefs and behaviors should be developed for cohorts of clients (Okazaki & Sue, 2000). This helps to guard against overpathologizing, but it carries the risk of collecting measurement data that are irrelevant to the client or are not comparable with the groups with which the test was originally developed. Great care must be taken to evaluate the appropriateness of each instrument, and reports must acknowledge that cultural bias may impact findings. It is also prudent to give the examinee the benefit of the doubt in interpreting any abnormal or substandard responses and to consider alternative explanations for such data.

10. *Contextualize all assessments*. It is easy to find commonalities in the behavior of subsets of members of identifiable populations and to attribute these to culturally mediated traits believed to typify these groups. But these same patterns can often be more parsimoniously explained by identifying the similar challenges faced by group members, in which case they are better explained as adaptive reactions to the environment. Whaley (2001) insightfully reframed the "paranoia" attributed to many African Americans as "cultural mistrust" born of decades of negative experience with Caucasians. Rather than ascribing traits to racial or other cultural groups, much as was done in the past to members of certain SES strata, it is prudent to first identify any common environmental stresses and then consider whether "traits" could be relabeled as coping responses.

11. *Consider clients' ethnic and world views in selecting therapists, intervention goals, and methods*. It is often difficult to help people make changes necessary for attaining their goals. Intervention is not likely to succeed when it is offered by providers who do not earn clients' trust, use language or concepts that are not understood, or require behavioral or cognitive skills that the clients lack. An example of a bad match is asking an elderly Korean woman who is haunted by memories of her slavery in a Japanese "comfort station" during World War II to accept service from a Japanese male. So, too, is asking a client whose tradition sees helpers as very active to accept the services of a nondirective therapist. Intelligent matching of providers and methods to clients' preferences and expectations not only removes unnecessary obstacles to effective therapy but also enhances outcome (Morris, 2001).

12. *Respect clients' beliefs, but attempt to change them when necessary*. To be sensitive to another person's culture is to understand the unique way in which specific values, beliefs, and practices help to create meaning. Therapists who are insensitive to clients' beliefs will have great difficulty in establishing the rapport needed to motivate them to make sustainable changes. Empathic therapists see the world from the client's perspective, but they do not necessarily accept everything in the client's view as healthy. Indeed, it may be appropriate for therapists to attempt to change selected beliefs (Rogler, Malgady, Constantino, & Blumenthal, 1987). For example, if a husband believes that his culture permits him to beat his wife when she does not submit to his will, psychologists have an obligation to attempt to change this belief, even if the man's wife accepts the doctrine. In instances such as these, knowledge of the belief system shared by the couple helps to contextualize the abuse, but the professional obligation to prevent harm takes precedence over the mandate to respect diversity.

Conclusion

Psychological assessment requires far more than a social history, clinical diagnosis, treatment recommendations, and prognosis. Culturally sensitive assessment requires therapists to respond appropriately to the unique perspectives of each client. To be open to their clients' messages, therapists must be aware of, and control, their own perceptual and interpretative biases. Therapists must recognize and control their own perceptual biases in order to understand the major influences on each client. Acknowledgement of ethnicity is important. But the simple fact that clients are identified with one or more ethnic groups does not make it safe to assume that they accept any of the themes that typify these groups. The cross-cultural literature is a useful guide for generating a list of *hypotheses*, each of which should take the form of a question rather than a set of assumptions that are routinely accepted. Furthermore, actual clinical experience with ethnic groups can be a source of information to verify and expand the literature. In summary, culturally competent psychological services require self-reflection, a critically evaluative use of the literature, thoughtful accumulation of personal practice wisdom, and above all, a great sensitivity to the uniqueness of each client.

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