

FIFTH EDITION

CULTURAL Diversity

• A PRIMER FOR THE HUMAN SERVICES •



JERRY V. DILLER

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***Cultural Diversity: A Primer
for the Human Services, Fifth
Edition***

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by hatred and the desire for revenge. I also significantly expanded Chapter 9, "Critical Issues in Working with Culturally Diverse Clients," to include an in-depth conceptual analysis of cross-cultural therapeutic work, an expanded section on assessment, and two detailed, interactive case studies. Finally, two new interviews were added, one with Roberto Almanzan, a Mexican American counselor, and another with Veronique Thompson, an African American psychologist.

The fourth edition of the text grew in relation to the expansion of the field of cross-cultural helping and service delivery. The chapters were rearranged for great readability and better access to material. I added sections on racial microaggressions and their impact on therapeutic interaction, collective personality, and therapeutic intervention with individuals from collective family systems, the work of Pamela Hays on the ADDRESSING framework in assessment and diagnosis, a section on enforcing professional standards, and a major section on culturally sensitive treatment of children, with three examples of recent interventions with extensive case studies. A new interview chapter was added on working with Arab- and Muslim-American clients by Marwan Dwairy. And for the first time, an Instructor's Manual and Test Bank was developed for the fourth edition.

In this, the fifth edition, I have attempted to integrate a variety of new and cutting-edge material, both theoretical and clinical, while at the same time retaining the readability, breadth, and currency that has made it especially accessible to the reader. I have been especially gratified to receive comments from students and faculty alike that it "reads more like a dialogue between professor and student than a textbook."

There have been a number of structural changes, as well as substantive new ideas and approaches that have been added with this new edition. Chapter 3, "Working with Culturally Diverse Clients," has been moved to earlier in the text, so as to provide newer clinicians in training practice some basic guidance for beginning to work cross-culturally. The topic of working with culturally diverse parents, families, and children has been broken into two chapters: Chapter 6, "Working with Culturally Diverse Parents and Families," and Chapter 7, "Culturally Sensitive Treatment with Children." And a new interview—in Chapter 16, "Working with South Asian American Clients: An Interview with Sumana Kaipa"—has been added. Substantively, the following new material and topics have been included:

- Talking about race and ethnicity with clients
- A personal reflection on exploring White privilege
- An expanded discussion of Hays's ADDRESSING Framework
- Collective vs. individual treatment models of psychotherapy
- A case study of an exemplary community psychology approach to treatment, "Just Therapy," as practiced by the Family Centre of Wellington, New Zealand
- The Social Science Testimony before the Supreme Court about school desegregation in 1952
- Working with complex trauma in children and adolescents
- The globalization of American mental health practices
- Refugees, immigrants, and a case study of the Center for Empowering Refugees and Immigrants (CERI), in Oakland, California

Finally, I am proud to acknowledge that a number of these sections were contributed by former Wright Institute students, summarizing their dissertation findings.

A WORD ABOUT DIVERSITY

Human beings are diverse in a variety of ways: race, ethnicity, language, culture, gender, socioeconomic class, age, sexual orientation, religion, ablism and disability, and more. Each must be fully appreciated and accounted for in order to understand the complexity of human behavior. This is no small task, however, because each affects the individual

differently and operates by a unique set of rules and dynamics. No single text can adequately and comprehensively cover all forms of diversity. The present book focuses on working with clients from diverse racial and ethnic groups. Diversity within these groups is discussed throughout the book. The decision to highlight only race and ethnicity in this text is pragmatic and in no way minimizes the import of gender, class, age, sexual preference, and so on. Rather, it underlines the fact that each deserves its own text to do it justice. There are even those who argue that covering too many forms of diversity in a single treatment tends to be superficial and minimize the importance of each. For those who would like to read further on other forms of diversity, I have included a selected bibliography arranged by areas of diversity.

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A book like this is not written in a vacuum. I would first like to thank my daughters, the lights of my life, Becca and Rachel, whose support kept me going and whose encouragement allowed me to complete the dream of writing this book. And to Carole Diller, for her help in supporting my escape to Berkeley, where this book was written.

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Jerry V. Diller

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INTRODUCTION

CHAPTER

1

Much has happened in the field of cultural diversity and intergroup relations since *Cultural Diversity: A Primer for the Human Services* first appeared in print fifteen years ago. Ethnic populations in the United States have continued to grow at an astounding rate. There has been a significant move toward conservatism in politics and a worsening economic climate. Both have contributed to a backlash against immigration and efforts to promote equity and social justice. The terrorist attacks of September 11, 2001, and the wars in Iraq and Afghanistan have changed our perceptions of the world and our place in it, ushering in widespread suspicion and animosity toward Arab and Muslim peoples. These trends made the United States a more dangerous place for those who are culturally different.

With the election of Barack Obama, a biracial man of African descent, as the 44th U.S. president, many in the United States dared to hope that this event would mark the beginning of a new and more positive era of race relations. Although the deeply rooted effects of institutional and cultural racism are the most resistant to change, there were clearly discernable differences in the climate for ethnic identity formation and pride. The image of a Black man in the White House and the increasing number of individuals of color in powerful political positions, as well as the role models that these all offered, could not help but reinforce and strengthen the self-concept, ethnic identity, aspirations, and pride of children of color and other diverse populations. Their parents, in turn, have been heartened by these events and now dare to dream bigger dreams for their children's future. For these parents, something they had never conceived of as possible—a person of color in the White House—had taken place. The reaction of White America was mixed. For many, it shattered old stereotypes and normalized their perceptions of individuals of color in positions of power; for others, however, it only intensified their hatred.

Meanwhile, America has been experiencing the worst economic downturn and recession since the Great Depression and stock market crash of 1929. During such severe economic times, communities of color and other at-risk populations are always the hardest hit and most negatively affected. And the same is certainly true today. A recent study by the Kaiser Family Foundation (July 2009), for example,

found that Hispanics and Blacks in comparison to Whites were more likely to be unemployed, overrepresented in occupations with the highest unemployment rates, experiencing job-related problems such as getting a good paying job or losing their jobs, having difficulty affording aspects of their daily lives such as paying for housing and food, affording and accessing health coverage and care, and postponing or skipping health care due to cost.

Add to this the existence of longstanding practices by mortgage lenders of discrimination against Black and Hispanic loan applicants—estimated at 2.8 to 1 compared to White applicants—as well as the practice of *redlining* [refusing to make loans in poor neighborhoods (Morgenson and Rosner, 2011)], and one begins to appreciate the magnitude of the financial discrimination faced by individuals of color.

As if such practices weren't insidious enough, and faced with increasing federal regulation of lending practices, banks and other lenders did a "flip-flop" and began what has been called *predatory lending practices*—making loans to individuals who could not possibly afford them, and who would eventually face foreclosure and the loss of their homes and their "piece of the American dream." Not surprisingly, buyers of color were disproportionately victims of such practices.

A final factor must be added to this emerging picture of race relations in the United States, and that is population growth among American minorities as witnessed in the recent reelection of Obama for a second term as president. In spite of a sagging economy and having his feet held to the fire because of it, President Obama won a decisive victory over his Republican opponent Mitt Romney, which has been widely attributed to increased voter turnout, especially Latinos, women, and younger voters. More will be said about the changing pattern of demographics in the United States in Chapter 2.

Thus, in the present, sometimes confusing climate of race relations in the United State today, with its simultaneous progression toward greater racial equality via more positive identification, social mobility, and population growth and regression by way of disproportionate economic harm to minority populations and fear of greater immigration numbers, the importance of training culturally competent *human service providers* is all the more critical. This is the goal of *Cultural Diversity: A Primer for the Human Services*.

I once worked at a university counseling center that was baffled by the fact that very few members of the university's rather sizable Asian student population ever sought treatment. In the hope of remedying the situation, the center invited Asian student leaders to visit the counseling center to learn about available services. After a very polite but unproductive meeting, I overheard one of the students commenting to another: "This place looks like a hospital. Why would anyone want to come here? This is where people come to die." No one on the staff had ever considered that the remodeled health center, with its hospital-like rooms, might deter clients from seeking help, or that in some cultures, hospitals are places people go to die and are thus to be avoided.

Contained in this simple scenario is the crux of a serious problem that currently faces human service providers. How can one hope to offer competent services cross-culturally when one lacks basic knowledge about the people one hopes to serve? Ethical guidelines of all human services professions expressly forbid discriminating

against clients on the basis of race and ethnicity. However, although increasing efforts are being made in this direction, only now have professional organizations begun to define specifically what culturally competent and ethical sensitive services might look like, as well as develop bases for censuring those who provide services without the requisite skills. The reality is that most service providers regularly, although unknowingly, discriminate against culturally diverse clients by lacking the awareness, skills, and knowledge necessary to serve them competently.

This fact is reflected in research that consistently shows that community facilities and services are underutilized by culturally diverse clients, especially those of color. The following are a number of reasons for this:

- Mainstream agencies may inadvertently make clients feel uncomfortable or unwelcome, as in the abovementioned scenario.
- Clients may not trust the motives or abilities of providers because of past experiences they have had with the system.
- Clients may believe they will not be understood culturally or will not have their needs met in a helpful manner.
- Clients may be unfamiliar with the kinds of services available or come from a culture in which such services are perceived very differently.

Each of these possibilities is sufficient to deter culturally diverse clients, who as a group tend to have especially high mental health needs, from seeking treatment or help.

The purpose of this book is to sensitize providers and those learning to be providers to the complex issues involved in *cross-cultural service delivery*. Only when culturally sensitive services are routinely available will the utilization rates of public facilities among culturally diverse clients begin to approach those of mainstream White groups. As professionals, providers are expected to demonstrate expertise and competence in the services they offer. Cross-cultural service delivery should be no less an area to master. Only by gaining the requisite awareness, knowledge, and skills necessary to be “culturally competent” can human service providers hope to actualize their professional commitment to nondiscrimination and equal access for all clients.

Discrimination in this context involves more than merely refusing to offer services to those who are racially or ethnically diverse. It also includes the following:

- Being unaware of one’s own prejudices and how they may be communicated inadvertently to clients
- Being unaware of differences in cultural style, interactive patterns, and values, and realizing how these can lead to miscommunication
- Being unaware that many of the theories taught during training are culture-bound
- Being unaware of differences in cultural definitions of health and illness, as well as the existence of traditional cultural healing methods
- Being unaware of the necessity of matching treatment modalities to the cultural style of clients or of adapting practices to the specific cultural needs of clients

Of equal importance to effective cross-cultural service delivery is developing empathy and an appreciation for the life experiences of those who are culturally diverse

in the United States. Why do so many culturally diverse clients harbor fears and mistrust of providers and others who represent the system? Why are so many of them angry and frustrated? Why do many culturally diverse people tend to feel tenuous and conflicted about their traditional identities? Why is parenting such a major challenge for these clients? What is the source of the enormous stress that is the ongoing experience of many culturally diverse clients? And why do they so often feel that majority group members have very little awareness of or concern for the often-harsh realities of their daily lives? Without keen insight into the complex answers to these questions, well-meaning professionals cannot hope to serve their clients sensitively.

Through training, providers are familiar with the inner workings of the system and thus able to gain access to it on behalf of clients. However, special care must be taken in this regard. First, there is the danger that culturally diverse clients may—as a result of interacting with providers and the system—be unintentionally socialized into the ways of the dominant culture. For example, in working with women from traditional cultures, it is important for them to understand that becoming more independent and assertive—a frequent outcome of counseling with mainstream women—can prove highly problematic when they reenter the traditional world. Culturally competent providers educate their clients as to the service alternatives available—as well as the possible consequences—and then allow them to make informed choices. Such providers also consult and collaborate with traditional indigenous healers when such interaction is useful or supportive to the client.

A second danger is dependence. Culturally diverse clients are especially susceptible, given their more limited knowledge of mainstream culture. As the conduit to the system, providers may unknowingly perpetuate dependence rather than help these clients learn to function independently. Often, for example, it is easier and more expedient to make referrals for clients than teach them how to arrange them for themselves. Helping is most useful, however, when it facilitates clients' interactions with the system on their own terms and in light of their cultural values and needs. In the literature, this is called *empowerment*, and it involves supporting and encouraging clients to become their own advocates.

Providers and clients from culturally diverse backgrounds do not come together in a vacuum. Rather, each brings a certain amount of baggage about the ethnicity of the other. Clients, for example, may initially feel mistrust, anger, fear, suspicion, or deference in the presence of the provider. Providers, in turn, may respond with feelings of superiority, condescension, discomfort, fear, or inadequacy. Each may also perceive the other in terms of cultural stereotypes. Such reactions may be subtle or covered up, but one can be sure they will be there and, for a time at least, they will get in the way of forming a working alliance. Projections such as these fade with time as client and provider come to know each other as individuals instead of stereotypes. The least helpful thing that a provider can do at this point, however, is to take these reactions personally and respond defensively. A much better strategy is to acknowledge their existence and raise them as a topic for discussion. Research shows that clients of all backgrounds are most comfortable with professionals from their own culture. Unfortunately, there is a serious shortage of non-White providers, and clients of color find themselves working with dominant group professionals. This is where cultural competence comes in. It is my belief and experience

that basic trust can develop cross-culturally, but it is not easy. It requires the right skills, a sincere desire to help, a willingness to openly acknowledge and discuss racial and ethnic differences, and a healthy tolerance for being tested.

This book focuses on working with clients from diverse cultures. Its principles, however, are applicable in a variety of helping situations where provider and client come from qualitatively diverse backgrounds. This is even true for members of the same cultural group. Differences in class, gender, age, geography, social and political leanings, and abilism can lead to such diverse life experiences that members of the same group may feel that they have little in common.

For example, a middle-class White provider, having grown up in a major Eastern city, may experience difficulties similar to those just described when working with poor Whites from the rural South. Likewise, providers and clients from diverse cultural backgrounds who share similar demographics of class, gender, geography, and other elements may feel that they have much in common upon which they can build a working relationship.

I use a number of different terms in referring to culturally diverse clients, and do so consciously. Anyone familiar with this field is aware of the power of such terms. First of all, they possess subtle connotations and, at times, implicit value judgments. They have often been used as a means of oppressing and demeaning devalued groups, but they can also serve as powerful sources of empowerment and pride. It is not surprising that members of ethnic groups pay very serious attention to the ways in which they label themselves and are labeled by others. Finding out what term is preferable is a matter of respect, and if providers are in doubt, they should just ask clients what name they prefer. I have never seen anyone offended by that question. I have, however, repeatedly watched providers unintentionally alienate clients through their use of outdated and demeaning terms like “Orientals” or insensitive general references such as “you people.”

Consider the following terms used in this text:

- *Cultural diversity* refers to the array of differences among groups of people with definable and unique cultural backgrounds.
- *Culturally diverse* implies that the client and provider come from different cultures. It suggests no value judgment as to the superiority of one culture over the other—only that the two have been socialized in very different ways and may likely find communication problematic.
- *Culture* is viewed as a lens through which life is perceived. Each culture, through its differences (in language, values, personality and family patterns, worldview, sense of time and space, and rules of interaction), generates a phenomenologically different experience of reality. Thus, the same situation (e.g., an initial counseling session at a community mental health center) may be experienced and interpreted very differently depending on the cultural background of individual clients and providers.
- *Ethnic group* refers to any distinguishable people whose members share a common culture and see themselves as separate and different from the majority culture. The observable differences—whether physical, racial, cultural, or geographic—frequently serve as a basis for discrimination and unequal treatment of a minority ethnic group within the larger society.