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An Inventory for Enhancing Cross-Cultural Group Work

Tomasz Michal Rapacki & Dawn Lorraine McBride

The purpose of this article is to introduce "101 Strategies for More Culturally Responsive Mental Health Services—Group Facilitator Version," an inventory and practical learning tool meant to help group-based counselors, social workers, and psychologists address the growing need for culturally responsive mental health services. This tool is based on a review of over 160 peer-reviewed publications and contains an inventory of 101 concrete strategies focused on how to adapt services to take advantage of the scientifically demonstrated benefits of cultural customization. Each strategy is presented along with endnote references in order to facilitate self-directed learning. This article contains an overview of the development process of this tool, whereas the inventory itself is located within the appendix. Our hope is that this tool will encourage helping professionals to connect their abstract ethnocultural knowledge to concrete therapeutic practices that may improve the mental health outcomes of diverse clients.

Rationale

The provision of culturally informed mental health services to diverse clients is a central challenge for today's helping professionals, many of whom live in increasingly multicultural societies (Collins & Arthur, 2010). The high ethical value of cultural competence has been communicated through cultural competency guidelines published by numerous professional bodies, including the American Psychological Association (2002), the National Association of Social Workers (2001), and the Canadian Psychological Association (2001).

Although there is some evidence that ordinary mental health interventions may be adequate for ethnic minorities (Miranda et al., 2005), there is also evidence that these services may not be an ideal fit

for culturally diverse peoples. In the United States and Canada, people from racial and cultural minority groups are consistently less likely to seek mental health services and more likely to drop out of counseling or receive less therapeutic benefit than their European–American counterparts (Kirmayer, du Fort, Young, Weinfeld, & Lasry, 1996; Melfi, Croghan, Hanna, & Robinson, 2000; Mok, Lao, Lin, Wong, & Ganesan, 2003; Snowden & Yamada, 2005; Stewart, 2008; U.S. Department of Health and Human Services, 2001; Wang et al., 2005).

Although many mental health professionals may be surprised to learn that cultural modifications contribute significantly to client outcomes, there is in fact a good deal of evidence that culturally tailored interventions are superior to unmodified protocols (Benish, Quinana, & Wampold, 2011; Griner & Smith, 2006; Smith, Domenech Rodríguez, & Bernal, 2011). Cultural customization results in such benefits as increased session smoothness, depth, and satisfaction, as well as improved perceptions of practitioner credibility, higher service usage rates, and decreased no-show and dropout rates (Griner & Smith, 2006; Lefley & Bestman, 1991; Leong, 2007; Zane et al., 2005). These benefits have been demonstrated in a variety of interventions from one-on-one psychological services to group-level social work programing.

The effect size of culturally customized treatment over treatment-as-usual has been consistently estimated at r = .22–.24 (Griner & Smith, 2006; Huey & Polo, 2008; Smith et al., 2011). This compares favorably to factors such as the working alliance, at approximately .25 (Safran & Muran, 2006), and theoretical orientation, at up to .20 (Wampold et al., 1997), which are currently given a central weight in research and training. In fact, with less-acculturated clients, clinical samples, or when treatment was customized to a single ethnic group, effects were found to approach or exceed .25 (Griner & Smith, 2006; Smith et al., 2011). In more concrete terms, this indicates that clients who receive mental health services customized for their ethnic group achieve better outcomes than 69% of those who receive ordinary treatment. Furthermore, these clients report satisfaction levels greater than 82% of clients who received nonadapted services. Therefore, culturally tailoring services can have a substantial positive impact on mental health professionals' collaboration with diverse clients. This article and the included inventory were created in order to promote the incorporation of cultural adaptations into mental health practice.

Procedure

The present article is part of a collection of materials developed from a single literature review (see Rapacki & McBride, 2013, 2014a) aimed at collecting information to help mental health professionals practice cross-culturally. The focus of this review was primarily on multicultural competency frameworks, therapeutic adaptation models, and outcome-focused research related to the delivery of counseling across cultures. An extensive search was undertaken to locate relevant academic journals through online databases including PsycINFO, ERIC, Medline, and Google Scholar, as well as all 51 databases available through EBSCOHost. Searches concentrated chiefly on studies that had been published since the year 2000 and included, but were not limited to, various combinations of keywords such as counseling, therapy, psychotherapy, psychology, meta-analysis, intercultural, cross-cultural, multicultural, cultural competence, assessment, outcomes, matching, adaptation, and modification.

We also consulted the databases for lists of publications by leading authors in the field: Professors Derald Wing Sue, Wei-Chin Hwang, Sandra Collins, and Nancy Arthur, and browsed abstracts since the year 2000 in the Journal of Cross-Cultural Psychology and Journal of Counseling Psychology for studies of clinical significance. Finally, we also reviewed the books Counseling the Culturally Diverse: Theory and Practice (Sue & Sue, 2008), Culture-Infused Counselling: A Model for Developing Multicultural Competence (Collins & Arthur, 2010), and Culture & Psychology (Matsumoto & Juang, 2008). In addition, we also contacted Professors Timothy Smith and Wei-Chin Hwang, who directed us to several recent publications on cultural adaptation.

Ultimately, we selected over 160 publications for review, with the final number having been chosen when we judged that the point of theoretical saturation had been reached. The studies were selected based on our judgment of their relevance to the topic of applied multicultural counseling after examining their abstracts. Selection criteria included having (a) a clear focus on applied cultural competence, (b) a topic that was clearly psychological or sociological in nature, and (c) a publication date after the year 2000 and/or evidence of frequent citation that demonstrated the publication as influential in the field of multicultural competence.

Information from this review was then selected for inclusion in cultural competency training materials according to our appraisal

of its practical relevance and educational value. During this phase, approximately 30 additional sources were selected based on their potential to enhance the interactivity and effectiveness of training materials. This information was used to create an online workshop for counsellors-in-training (Rapacki & McBride, 2013, 2014a), a website (Rapacki, 2014), an academic presentation delivered to the International Association of Social Work With Groups (Rapacki & McBride, 2014b), and the present paper. The 101 strategies for more culturally responsive mental health services—group facilitator version inventory was developed as a direct summary of the strategies introduced in the cultural adaptation workshop.

Results

In recognition of the time pressures faced by many practitioners, the strategies from the literature review and workshop were presented in the inventory primarily as single sentences organized into six application-focused domains adapted from the psychotherapy adaptation and modification framework (PAMF; Hwang, 2006). These domains include (a) dynamic issues and cultural complexities, (b) orientation to group work, (c) cultural beliefs, (d) relationships, (e) cultural differences in expression and communication, and (f) cultural issues of salience.

In order to take advantage of the self-reference effect (Rogers, Kuiper, & Kirker, 1977), which has been shown to enhance recall, the inventory was structured as a self-evaluation form. We adopted an endnote referencing format in order to manage the length and complexity of the inventory. Using an endnote system allowed us to create a less cluttered inventory that still provided the potential for readers to engage in self-directed learning (Loyens, Magda, & Rikers, 2008) by following up on the original sources of strategies.[1] In addition, we adopted a nearly identical content order to the cultural adaptation workshop, providing further opportunities for practitioners to investigate the strategies of their choice.

Discussion

It is important for counselors, facilitators, and social workers to be aware of the strengths and limitations of the training tools they use, as this allows them to ensure that they are suitable for their needs. In this spirit, we discuss the strengths and weaknesses of this tool below. Subsequently, we offer a few thoughts on the possible directions of future developments in culturally adapted mental health treatments.

Strengths

One considerable strength of this inventory is the extensive, balanced, and diverse literature review upon which it is based, which has allowed for common themes to emerge from expert recommendations and program outcome studies. Over 190 publications were cited, including both methodologically rigorous research and the experiential writings of veteran clinicians. Consequently, the resulting review may be considered broadly representative of a large segment of professionals in the field.

More quantitative than qualitative studies were used in order to address the criticism that culturally competence literature relies too heavily on theory and qualitative research (Hays, 2009; La Roche & Christopher, 2008). This strong foundation in quantitative research has helped to ensure that many of the strategies presented in the inventory have been validated as part of broad collections of effective, diversity-friendly modifications. However, the inclusion of recommendations sourced from the experiential writings of senior clinicians is valuable as well, as this has lent considerable face validity to many of the strategies described, potentially benefitting concrete-minded learners. The fact that the content of the inventory closely follows the PAMF (Hwang, 2006), one of the most current frameworks for cultural adaptation presently concluding clinical trials (Hwang, 2012), is also a positive indicator of the validity of its content. Despite a more predominant quantitative research base, we believe the inventory is broadly reflective of expert consensus between practitioners and researchers in a number of areas.

In regards to the inventory itself, considerable effort was taken to create a concise, accessible, and practitioner-friendly learning tool. The

information is organized according to several empirically supported learning principles: it is concrete; organized by logical, application-focused goals; offers opportunities for self-directed learning; and encourages practitioners to relate strategies to themselves. Finally, this tool is part of a full range of free, publicly available materials including an extensive literature review, website, and downloadable online workshop. Therefore, there are a number of closely related learning materials which are easily accessible to complement this inventory at no cost to practitioners.

Limitations

Despite having considerable strengths, this inventory also has several notable limitations worth highlighting to potential learners. These limitations come in three broad categories: those relating to scope, depth, and methodology of the underlying literature review; the brief, textual format of the inventory; and the need for testing and consultation to further refine this tool. In terms of methodology, despite the extensive literature review that was undertaken, it is possible that the information selected by the principal author may reflect researcher bias. Although every effort was made to select studies according to their applied relevance, we may have inadvertently expressed personal biases in the information that we attended to and selected.

In terms of scope and depth, the literature review was not limited solely to quantitative and methodologically rigorous studies. Even though some examples and suggestions shared in the inventory were based on randomized controlled trials (RCTs) and rigorous, empirical research, a significant part of the review and resulting strategies was theory-driven. Therefore, at times, specific strategies were extended from broader quantitative findings or generated based on theoretical principles or clinical expertise shared in peer-reviewed articles. Consequently, although many of the strategies have been empirically validated as a group through cultural adaptation outcome research, the individual strategies have not yet been validated as discrete elements.

In terms of the brief, textual format of this tool, a deliberate trade-off was made between brevity and depth in order to ensure the form was short enough to possess clinical utility. Thus, the scope of the tool was intentionally limited to cultural diversity only, which is merely a single

dimension of human diversity. Practitioners are strongly encouraged to consider how they will incorporate other important aspects of diversity such as religion, language, gender, sexual orientation, and socioeconomic status.

Additionally, learners should be aware that the included inventory is based on broad generalizations stemming from research with a number of disparate groups from a variety of different countries, ethnic backgrounds, immigration statuses, and acculturation levels. Therefore, it will be important for practitioners to treat the strategies provided as tentative and pursue additional, group-specific research on their own initiative. Additionally, given that the inventory is designed to use self-directed learning, its effectiveness as a teaching tool is dependent on the motivation of the learner and his or her comfort with individual learning.

Perhaps the most important limitation to bring to the attention of readers is that the included learning tool still requires further testing and refinement. It has not yet been tested empirically nor formally evaluated by cultural competency experts. Furthermore, it could likely benefit from further refinement based on the feedback of potential users. Thus, it will be important to continue improving this tool based on practitioner feedback.

In summary, strengths of the 101 strategies for more culturally responsive mental health services—group facilitator version include a broad and diverse literature review, strong face validity, and careful attention to clinical and educational utility. Weaknesses may include a lack of empirical, expert, and user review; a scope limited to cultural diversity only; and broad generalizations that may not necessarily apply equally well to all cultural groups. Prospective users are encouraged to consider these strengths and weaknesses to determine whether this professional development tool is suitable for their individual needs.

Future Developments

The 101 strategies for more culturally responsive mental health services—group facilitator version inventory was created to help address a central challenge in the field of cultural competence, which is the lack of integration of the cultural competency movement

and evidence-based practice research (Hays, 2009; La Roche & Christopher, 2008). To date, there is only limited evidence available on the effectiveness of completely novel, culture-specific therapies (Griner & Smith, 2006; Huey & Polo, 2008), yet the effectiveness of unadapted evidence-based treatments for diverse clients has also not been firmly established (La Roche & Christopher, 2008; Miranda et al., 2005). The included inventory was developed to help practitioners pursue a sensible, middle ground approach (see Hwang, 2006) by adapting existing evidence-based protocols rather than using generic interventions as-is or developing completely new, culture-specific treatments.

Recent research trends suggest that this middle-ground approach is set to blossom. With the creation of the ecological validity model (EVM; Bernal, Bonilla, & Bellido, 1995) and the PAMF (Hwang, 2006), there are now two frameworks actively being tested for adapting psychosocial interventions (Walker, Trupin, & Hansen, 2011). Two RCTs of the EVM have been completed (Rossello & Bernal, 1999; Rossello, Bernal, & Rivera-Medina, 2008), and Hwang (2012) has reported that one using the PAMF is being prepared for publication. Therefore, it is likely that information available on the effectiveness of cultural adaptation is set to increase.

Another current development is the adoption of bottom-up therapeutic adaptation frameworks emphasizing customization of services based on collaboration with communities and stakeholders. This is evidenced by the creation of the formative method for adapting psychotherapy (Hwang, 2009) to enhance the PAMF, and the cultural adaptation process model (Domenech Rodríguez & Weiling, 2004) to complement the EVM. It appears that therapeutic adaptation research is increasingly integrating theory, practice, and community.

Another encouraging development is the steady establishment of novel culture-based treatments in parallel to the culturally adapted interventions movement, such as cuento therapy (Costantino, Malgady, & Rogler, 1986), strengthening of intergenerational/intercultural ties in immigrant Chinese American families (SITICAF; Ying, 1999), and Chinese Taoist cognitive psychotherapy (Zhang et al., 2002). As cultural diversity in Western countries increases, these innovative new therapies are likely to gather additional interest and support.

A meta-analysis of culturally adapted therapies by Griner and Smith (2006) indicated that interventions targeted to specific cultural groups were four times more effective than interventions for heterogeneous groups, and interventions conducted in a client's native language

were twice as effective as interventions in English. Therefore, an increased convergence between culture-specific and culturally adapted therapies may occur, as emphasis shifts to progressively more targeted interventions rather than on broad racial or ethnic groups such as "Asian" or "African."

Finally, as we have highlighted the need for refinement of the 101 strategies for more culturally responsive mental health services with further testing and consultation, this process is also an expected future development. The present publication is part of the current effort to refine this tool through academic collaboration and peer review. It is our hope that this inventory will constitute one small step forward towards helping psychotherapy, counseling, and social work to continue to stay relevant and effective within a rapidly changing world.

References

American Psychological Association. (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists.* Washington, DC: Author.

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Counseling Psychology, 58*, 279–289. doi:10.1037/a0023626

Bernal, G., Bonilla, J., & Bellido, C. (1995). Ecological validity and cultural sensitivity for outcome research: Issues for cultural adaptation and development of psychosocial treatments with Hispanics. *Journal of Abnormal Child Psychology, 23,* 67–82.

Canadian Psychological Association. (2001). *Guidelines for non-discriminatory practice*. Retrieved from www.cpa.ca/cpasite/userfiles/Documents/publications/ NonDiscPractrev%20cpa.pdf

Collins, S., & Arthur, N. (2010). Culture-infused counselling: A model for developing multicultural competence. *Counselling Psychology Quarterly, 23*, 217–233. doi:10.1080/09515071003798212

Costantino, G., Malgady, R. G., & Rogler, L. H. (1986). Cuento therapy: A culturally sensitive modality for Puerto Rican children. *Journal of Consulting and Clinical Psychology, 54*, 639–645.

Domenech Rodríguez, M. M., & Weiling, E. (2004). Developing culturally appropriate, evidence-based treatments for interventions with ethnic

minority populations. In M. Rastogin & E. Weiling (Eds.), *Voices of color: First person accounts of ethnic minority therapists* (pp. 313–333). Thousand Oaks, CA: Sage.

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training, 43*, 531–548. doi:10.1037/0033-3204.43.4.531

Hays, P. A. (2009). Integrating evidence-based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*, 354–360. doi:10.1037/a0016250

Huey, S. J., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37*, 262–301. doi:10.1080/15374410701820174

Hwang, W. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61*, 702–715. doi:10.1037/0003-066X.61.7 .702

Hwang, W. (2009). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice, 40*, 369–377. doi:10.1037/a0016240

Hwang, W. (2012). Integrating top-down and bottom-up approaches to culturally adapting psychotherapy: Application to Chinese Americans. In G. Bernal & M. M. Domenech Rodríguez (Eds.), *Cultural adaptations: Tools for evidence-based practice with diverse populations* (pp. 179–199). Washington, DC: American Psychological Association Press.

Kirmayer, L. J., du Fort, G. G., Young, A., Weinfeld, M., & Lasry, J. C. (1996). *Pathways and barriers to mental health care in an urban multicultural milieu: An epidemiological and ethnographic study.* Montreal, Quebec: McGill University, Culture and Mental Health Research Unit. Retrieved from https://www.mcgill.ca/files/tcpsych/Report6.pdf

La Roche, M., & Christopher, M. S. (2008). Culture and empirically supported treatments: On the road to a collision? *Culture & Psychology, 14*, 333–356. doi:10.1177/1354067X08092637

Lefley, H., & Bestman, E. (1991). Public–academic linkages for culturally sensitive community mental health. *Community Mental Health Journal, 27*, 473–491.

Leong, F. T. L. (2007). Cultural accommodation as method and metaphor. *American Psychologist, 62*, 916–927. doi:10.1037/0003-066X.62.8.916

Loyens, S. M., Magda, J., & Rikers, R. M. (2008). Self-directed learning in problem-based learning and its relationships with self-regulated learning. *Educational Psychology Review, 20*(4), 411–427. doi:10.1007/s10648-008-9082-7

Matsumoto, D., & Juang, L. (2008). *Culture & psychology* (4th ed.). Belmont, CA: Wadsworth.

Melfi, C. A., Croghan, T. W., Hanna, M. P., & Robinson, R. L. (2000). Racial variation in antidepressant treatment in a Medicaid population. *Journal of Clinical Psychiatry, 61*, 16–21. doi:10.4088/JCP.v61n0105

Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W., & LaFromboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology, 1*, 113–142. doi:10.1146/annurev.clinpsy.1.102803.143822

Mok, H., Lao, D. W. L., Lin, D., Wong, M. P., & Ganesan, S. (2003). Chinese Canadians in a cross-cultural psychiatry outpatient clinic: Some exploratory findings. *BC Medical Journal, 45*, 78–81. Retrieved from http://www.bcmj.org/article/chinese-canadians-cross-cultural-psychiatry-outpatient-clinic-some-exploratory-findings

National Association of Social Workers. (2001). *NASW standards for cultural competence in the practice of social work.* Washington, DC: NASW Press.

Rapacki, T. M. (2014). *Cultured psychology*. Retrieved from http://www.culturedpsychology .com

Rapacki, T. M., & McBride, D. L. (2013). *From awareness to practice: An online workshop on bringing culture into the counselling room.* (Master's project, University of Lethbridge, Lethbridge, Canada). Retrieved from: https://www.uleth.ca/dspace

Rapacki, T. M., & McBride, D. L. (2014a). *From awareness to practice: An online workshop on bringing culture into the counselling room.* Retrieved from ERIC database. (ED545469)

Rapacki, T. M., & McBride, D. L. (2014b, June). *From awareness to practice: Bringing culture into the counselling room.* Paper presented at the XXXVI Annual Symposium of the International Association for Social Work With Groups, Calgary, Alberta, Canada.

Rogers, T. B., Kuiper, N. A., & Kirker, W. S. (1977). Self-reference and the encoding of personal information. *Journal of Personality and Social Psychology*, *35*(9), 677.

Rossello, J., & Bernal, G. (1999). The efficacy of cognitive-behavioral and interpersonal treatments for depression in Puerto Rican adolescents. *Journal of Consulting and Clinical Psychology, 67*, 734–745.

Rossello, J., Bernal, G., & Rivera-Medina, C. (2008). Individual and group CBT and IPT for Puerto Rican adolescents with depressive symptoms. *Cultural Diversity & Ethnic Minority Psychology, 14*, 234–245. doi:10.1037/1099-9809.14.3.234

Safran, J. D., & Muran, J. C. (2006). Has the concept of the therapeutic alliance outlived its usefulness? *Psychotherapy: Theory, Research, Practice, Training,*

43, 286–291. doi:10.1037/0033-3204.43.3.286

Smith, T. B., Domenech Rodríguez, M. M., & Bernal, G. (2011). Culture. *Journal of Clinical Psychology, 67*, 166–175. doi:10.1002/jclp.20757

Snowden, L., & Yamada, A. M. (2005). Cultural differences in access to care. *Annual Review of Clinical Psychology, 1*, 143–166. doi:10.1146/annurev.clinpsy.1.102803.143846

Stewart, S. L. (2008). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *International Journal of Health Promotion and Education, 46*, 49–56. doi:10.1080/14635240.2008.10708129

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* Hoboken, NJ: John Wiley & Sons.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the surgeon general.* Rockville, MD: Author. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK44243/pdf/TOC .pdf

Walker, S. C., Trupin, E., & Hansen, J. (2011). *A toolkit for applying the cultural enhancement model to evidence-based practice.* Retrieved from http://depts.washington.edu/pbhjp/ downloads/projectsD/models_for_changeD/Toolkit%20Cultural%20Enhancement%20Model.pdf

Wampold, B. E., Mondin, G. W., Moody, M., Stich, F., Benson, K., & Ahn, H-N. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "all must have prizes." *Psychological Bulletin, 122*, 203–215.

Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Twelve-month use of mental health service in the United States. *Archives of General Psychiatry, 62*, 629–640.

Ying, Y. W. (1999). Strengthening intergenerational/intercultural ties in migrant families: A new intervention for parents. *Journal of Community Psychology, 27*, 89–96.

Zane, N., Sue, S., Chang, J., Huang, L., Lowe, S., Srinivasan, S., . . . Lee, E. (2005). Beyond ethnic match: Effects of client–therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology, 33*, 569–585. doi:10.1002/jcop.20067

Zhang, Y., Young, D., Lee, S., Zhang, H., Xiao, Z., Hao, W., . . . Chang, D. F. (2002). Chinese Taoist cognitive psychotherapy in the treatment of generalized anxiety disorder in contemporary China. *Transcultural Psychiatry, 39*, 115–129. doi:10.1002/(SICI)1520-6629(199901)27:1<89::AID-JCOP6>3.0.CO;2-O

Appendix: 101 Strategies for More Culturally Responsive Mental Health Services—Group Facilitator Version

The purpose of this inventory is to help group-based mental health practitioners to explore and evaluate strategies to enhance their work with diverse clients. This document is adapted from the workshop entitled "From Awareness to Practice" and is grounded in the psychotherapy adaptation and modification framework. Complementary materials are publicly available on the ERIC database (reference number ED545469). The endnotes are available from the first author's website: www.culturedpsychology.com/. Facilitators are advised to employ these recommendations only in combination with their best clinical judgment and consideration of a client's individual characteristics and preferences, as well as with in-depth knowledge of the client's specific cultural group.

Please rate the following cultural competency strategies from 1 to 5 based on how well they fit with your personal helping style, with 1 being not at all and 5 meaning very well.

Domain 1: Dynamic Issues & Cultural Complexities	
Section 1: Self-Esteem	1 2 3 4 5
1. Include interdependent traits[3] in self-esteem building	□ □ □ □ □
2. Inquire about group membership when assessing self-esteem	□ □ □ □ □
3. Ask the question "what would your mother (friend, etc.) say are your personal strengths?"[4]	□ □ □ □ □
Section 2: Acculturation and Personal Values	1 2 3 4 5
4. Use clients' level and strategy of acculturation to inform how to "size"[5,6] cultural interventions	□ □ □ □ □
5. Personalize statements recognizing clients' cultural values without stereotyping[6]	□ □ □ □ □
6. But, discuss common cultural experiences if doing so normalizes stigmatized experiences or emphasize the customization of a counseling program[7]	□ □ □ □ □
7. Assess acculturation formally; e.g., through the GEQ[8], VIA[9], AVS[10], etc.[11,12]	□ □ □ □ □
8. Assist a client with finding and employing a comfortable acculturation[13] strategy	□ □ □ □ □
9. Ask clients about the role of culture and context in their lives when unsure of how to dynamically size interventions	□ □ □ □ □
Section 3: Minority Identity Development	1 2 3 4 5
10. Utilize a model of minority identity development[14] to set developmental goals when appropriate	□ □ □ □ □
Section 4: Personality in Context	1 2 3 4 5
11. Reduce the weighting of personality assessment conclusions based on limited cultural norms	□ □ □ □ □
12. Interpret personality in the context of national differences[15,16] in mean scores	□ □ □ □ □
13. Consider that newcomer "neuroticism" may simply reflect acculturative stress[17]	□ □ □ □ □
14. Learn about and use indigenous personality tests, such as the CPAI-2[18]	□ □ □ □ □
15. Discuss indigenous personality values and concepts with your participants	□ □ □ □ □

Domain 2: Orientation to Group Work	
Section 1: Orientation to Group Therapy	1 2 3 4 5
16. Make time for a longer, more detailed orientation[2,6]	□ □ □ □ □
17. Educate explicitly about roles and expectations in therapy/group work[2,6]	□ □ □ □ □
18. Explain the typical course of treatment[2]	□ □ □ □ □
19. Build rapport by emphasizing confidentiality[19]	□ □ □ □ □
20. Discuss healthy termination to reduce dropout[2]	□ □ □ □ □
21. Reduce stigma by articulating a holistic/biopsychosocial model that doesn't make clients feel personally blamed for their illnesses and struggles[2,4]	□ □ □ □ □
Section 2: Meeting Client Expectations	1 2 3 4 5
22. Assess if the client may prefer a more active, problem-focused, and expert approach[19-27]	□ □ □ □ □
23. Discuss with clients how needing extra time to acclimatize to a foreign therapeutic culture and having waited longer to seek help may slow initial therapeutic benefits[6]	□ □ □ □ □
24. Offer the gift of a small solution early on as an example, and for motivation[5]	□ □ □ □ □
Section 3: Establishing Goals/Structure	1 2 3 4 5
25. Emphasize co-constructing[19] group therapy/interventions	□ □ □ □ □
26. Consider establishing frequent goals and markers of treatment progress with periodic review[6]	□ □ □ □ □
Domain 3: Cultural Beliefs	
Section 1: Holistic, Psychoeducational Approach	1 2 3 4 5
27. Teach and utilize a biopsychosocial model of mental illness[2]	□ □ □ □ □
28. Maintain a more systemic focus[28]	□ □ □ □ □
29. Help resolve relational/social conflicts[4,6]	□ □ □ □ □
30. Explore the consequences of interventions for the client's family[29]	□ □ □ □ □
31. Simplify material, reduce learning load, consolidate complex topics[6]	□ □ □ □ □
32. Consider increasing session length; teaching time for unfamiliar concepts[6]	□ □ □ □ □
Section 2: Cultural Bridging Techniques	1 2 3 4 5
33. Use a traditional wellness model from the client's culture such as yin & yang[7] or the medicine wheel[30-32] to present mental health strategies	□ □ □ □ □
34. Utilize the wheel of wellness[33]	□ □ □ □ □
35. Learn and make use of cultural sayings to explain therapeutic concepts[2,34-36]	□ □ □ □ □
36. Frame interventions so as to be congruent with specific cultural values[7,36]	□ □ □ □ □

Section 3: Incorporating Cultural Beliefs, Strengths, and Resources	1 2 3 4 5
37. Increase focus on resolving relational problems[6]	□ □ □ □ □
38. Assess social/familial/environmental contributions to illness and wellness[4]	□ □ □ □ □
39. Emphasize collaboration over confrontation[4]	□ □ □ □ □
40. Teach problem-solving for coping with practical environmental stressors[4]	□ □ □ □ □
41. Present skills together with cultural context within which they will be effective[4]	□ □ □ □ □
42. Refocus hierarchical, punitive cultural parenting styles on harmonious collectivist values[37]	□ □ □ □ □
43. Reframe familial conflict as differences in acculturation and offer assistance as a cultural broker[38]	□ □ □ □ □
44. Educate about acculturative family distancing and mental health[39,40]	□ □ □ □ □
45. When acculturation conflicts occur in families, consider reframing acculturation as development of bicultural competence, not assimilation	□ □ □ □ □
46. Emphasize help-seeking as finding solutions rather than admitting failure[41]	□ □ □ □ □
47. Encourage culturally congruent and inexpensive self-care activities[4,2]	□ □ □ □ □
48. Conduct a cultural strengths/assets search[4]	□ □ □ □ □
49. Be aware of possible differences in values such as sharing vs. individual achievement, noninterference[42], dialectical/negotiated problem resolution[43,44]	□ □ □ □ □
Section 4: Reducing Stigma	1 2 3 4 5
50. Increase collaboration with cultural healers, doctors, elders, religious leaders, and other physical/spiritual health practitioners[2]	□ □ □ □ □
51. Increase visibility in the cultural community[45]	□ □ □ □ □
52. Distribute materials and raise awareness where clients first seek help[45]	□ □ □ □ □
53. Address community misconceptions about mental health services[45]	□ □ □ □ □
54. Stress privacy and confidentiality[46]	□ □ □ □ □
55. Decrease emphasis on changing cognitions; increase positive thinking, problem solving, and behavioral activation[4,6]	□ □ □ □ □
56. Question the helpfulness rather than rationality of a problematic beliefs, particularly when stressors are real[4]	□ □ □ □ □

Domain 4: Relationships	
Section 1: Developing Cultural Knowledge/Self-Awareness	1 2 3 4 5
57. Read about clients' cultural backgrounds	□ □ □ □ □
58. Inquire directly about cultural values and influences	□ □ □ □ □
59. Expose self to different cultures	□ □ □ □ □
60. Explore Hofstede's cultural dimensions for a client's culture[47,48]	□ □ □ □ □
61. Take cultural workshops, coursework, supervision, and consultation; diversify caseload[49]	□ □ □ □ □
62. Utilize a White[50]/ethnic[14] identity model to guide own cultural development	□ □ □ □ □
Section 2: Improve Joining	1 2 3 4 5
63. Utilize proper cultural etiquette in initial sessions[6]	□ □ □ □ □
64. Offer tea; show concern about client's physical comfort; increase self-disclosure[6]	□ □ □ □ □
65. Discuss/assess family and immigration history as an icebreaker[2]	□ □ □ □ □
66. Normalize client feelings/perceptions of stigmatization[6]	□ □ □ □ □
67. Actively provide validation, praise, emotional support, validate difficulty of sharing[6]	□ □ □ □ □
68. Convey alignment nonverbally; e.g., moving one's chair to sit alongside a client while addressing a list of current problems[51]	□ □ □ □ □
Section 3: Promoting Realistic Expectations	1 2 3 4 5
69. Explicitly discuss roles and expectations[6,2]	□ □ □ □ □
70. Appear more professional; consider being more proactive with giving advice[7] if this matches client expectations	□ □ □ □ □
71. Be aware of transference of expectations: e.g., a doctor, healer, or priest[52]	□ □ □ □ □
72. Facilitate development of realistic expectations[2]	□ □ □ □ □
73. Be aware that more severe problems may be possible due to delaying treatment due to cultural stigma of mental health help-seeking[2]	□ □ □ □ □
74. Begin with easier tasks to inspire confidence[4]	□ □ □ □ □
75. Share anecdotes or cases that normalize help-seeking, reduce feelings of isolation, or normalize initial difficulties[6]	□ □ □ □ □
Section 4: Allying Against Racism and Prejudice	1 2 3 4 5
76. Actively broach the topic of race and racism in sessions[53]	□ □ □ □ □
77. Anticipate mistrust[4]	□ □ □ □ □
78. Strongly consider validating any feelings of victimization[4,53]	□ □ □ □ □
79. Validate racial microaggressions[54,55] as real and hurtful	□ □ □ □ □
Section 5: Cognitive Matching	1 2 3 4 5
80. Generally avoid challenging cultural beliefs unless this is a client goal[4]	□ □ □ □ □
81. Use cognitive matching: match responses, discussions, and interventions to individual, sociocultural, or universal levels by following client language[56]	□ □ □ □ □

Domain 5: Cultural Differences in Expression and Communication	
Section 1: Differences in Communication	1 2 3 4 5
82. Consider using silence to demonstrate understanding in initial sessions[4]	□ □ □ □ □
83. Avoid misinterpreting normal low-key, indirect communicative behavior as passivity, avoidance, or shyness, if such communication is a cultural trait[2]	□ □ □ □ □
84. Allow Aboriginal persons ample time to finish speaking[57]	□ □ □ □ □
85. Be aware of differences in meaning of smiles, silence, and eye contact[19,58]	□ □ □ □ □
86. Increase self-disclosure[19,58-62,]; invitational body language[64]; invite questions[19]	□ □ □ □ □
87. Employ visuals, translators, supportive friends or family members, multilingual dictionaries[64]	□ □ □ □ □
88. Be mindful of the ethical limitations of using child translators[19]	□ □ □ □ □
89. Apologize for the limitations of one's cultural helping style but express a willingness to understand the group participants and their situations[65]	□ □ □ □ □
90. Utilize homework evaluation forms[66]; translated exit/feedback slips (e.g., SRS[67] and ORS[68] group versions)	□ □ □ □ □
91. Discuss the cultural meaning of interpersonal distance[58]	□ □ □ □ □
Section 2: Expression of Distress	1 2 3 4 5
92. Focus part of early assessment on physical symptoms[2]	□ □ □ □ □
93. Inquire about psychosocial symptoms indirectly: "Dealing with headaches and dizziness can be quite troublesome; how are these affecting your mood, relationships, etc.?"[69]	□ □ □ □ □
94. Help clients differentiate between thoughts and feelings during treatment[6]	□ □ □ □ □
95. Use a nonstigmatizing procedure to make a codiagnosis with a client[7]	□ □ □ □ □
Domain 6: Issues of Salience	
Section 1: Specific Cultural Issues	1 2 3 4 5
96. Take the initiative to learn about the strengths and challenges of individual cultural groups[2]	□ □ □ □ □
97. Adopt an expanded understanding of responsibilities as a mental health worker[70,71]	□ □ □ □ □
98. Assist/counsel clients on meeting practical needs, overcoming structural barriers[4,68-73]	□ □ □ □ □
99. Use the three dimensional model of multicultural counseling[70]	□ □ □ □ □
100. Consult with the community or community leaders on adapting your counseling approach[6,7]	□ □ □ □ □
101. Use the FMAP[6] or cultural adaptation process model[74] to incorporate community feedback into therapeutic modifications	□ □ □ □ □

Note

Due to space limitations, the endnotes have been deleted from the inventory. The complete inventory and endnotes are available from the first author's website at www.culturedpsychology.com/.

Endnotes

[1] Rapacki, T. M., & McBride, D. L. (2014). *From awareness to practice: An online workshop on bringing culture into the counselling room.* Retrieved from ERIC database. (ED545469)

[2] Hwang, W. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61*, 702–715. doi:10.1037/0003-066X.61.7.702

[3] Sedikides, C., Toguchi, Y., & Gaertner, L. (2003). Pancultural self-enhancement. *Journal of Personality and Social Psychology, 84*, 60–79. doi:10.1037/0022-3514.84.1.60

[4] Hays, P. A. (2009). Integrating evidence-based practice, cognitive–behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*, 354–360. doi:10.1037/a0016250

[5] Sue, S. (1998). In search of cultural competence in psychotherapy and counseling. *American Psychologist, 53*, 440–448.

[6] Hwang, W. (2009). The formative method for adapting psychotherapy (FMAP): A community-based developmental approach to culturally adapting therapy. *Professional Psychology: Research and Practice, 40*, 369–377. doi:0.1037/a0016240

[7] Hwang, W. (2012). Integrating top-down and bottom-up approaches to culturally adapting psychotherapy: Application to Chinese Americans. In G. Bernal & M. M. Domenech Rodriguez (Eds.), *Cultural Adaptations: Tools for Evidence-Based Practice with Diverse Populations* (pp. 179–199). American Psychological Association Press.

[8] Tsai, J. L., Ying, Y. W., & Lee, P. A. (2000). The meaning of 'being Chinese' and 'being American': Variation among Chinese American young adults. *Journal of Cross-Cultural Psychology, 31*, 302–332.

[9] Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79*, 49–65.

[10] Kim, B. S. K., Atkinson, D. R., & Yang, P. H. (1999). The Asian Values Scale: Development, factor analysis, validation, and reliability. *Journal of Counseling Psychology, 46*, 342–352.

[11] Taras, S. (2011). *Instruments for measuring acculturation* [Catalogue file]. Retrieved from: http://www.vtaras.com/Acculturation_Survey_Catalogue.pdf

[12] Taras, S. (2013). *Catalogue of instruments for measuring culture* [Catalogue file]. Retrieved from: http://www.vtaras.com/Acculturation_Survey_Catalogue.pdf

[13] Flannery, W., Reise, S. P., & Yu, J. (2001). An empirical comparison of acculturation models. *Personality and Social Psychology Bulletin, 27*, 1035–1045.

[14] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (pp. 242–258). Hoboken, NJ: John Wiley & Sons.

[15] McCrae, R. R., & Terracciano, A. (2005). Universal features of personality traits from the observer's perspective: Data from 50 cultures, *Journal of Personality and Social Psychology, 89*, 547–561. doi:10.1037/0022-3514.88.3.547

[16] Schmitt, D. P., Allik, J., McCrae, R. R., & Benet-Mart ńez, V. (2007). The geographic distribution of big five personality traits: Patterns and profiles of human self-description across 56 nations. *Journal of Cross-Cultural Psychology, 38*, 173–212. doi:10.1177/0022022106297299

[17] Teng, J., Dere, J., & Ryder, A. G. (2008, June). *Personality and acculturation in Chinese immigrants to Canada: A combined etic-emic approach.* Poster presented at the 69th annual

convention of the Canadian Psychological Association, Halifax, NS. Retrieved from: http://www.chp.concordia.ca/content/downloads/CPAPosterJenny.pdf

[18] Cheung, F. M., Leung, K., Song, W. Z., & Zhang, J. X. (2001). *The Cross-Cultural (Chinese) Personality Assessment Inventory-2 (CPAI-2).* (Available from F. M. Cheung, Department of Psychology, The Chinese University of Hong Kong, Hong Kong SAR.)

[19] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* Hoboken, NJ: John Wiley & Sons.

[20] Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. *American Psychologist, 42*, 37–45.

[21] LaFromboise, T. D., Trimble, J., & Mohatt, G. (1990). Counseling intervention and American Indian tradition: An integrative approach. *Counseling Psychologist, 18*, 628–654.

[22] Al-Krenawi, A., & Graham, J. R. (2000). Culturally sensitive social work practice with Arab clients in mental health settings. *Health Social Work, 25*(1), 9–22. doi:10.1093/hsw/25.1.9

[23] Li, L. C., & Kim, B. S. K. (2004). Effects of counseling style and client adherence to Asian cultural values on counseling process with Asian American college students. *Journal of Counseling Psychology, 51*, 158–167. doi:10.1037/0022-0167.51.2.158

[24] Kim, B. S. K., Li, L. C., & Liang, C. T. H. (2002). Effects of Asian American client adherence to Asian cultural values, session goal, and counselor emphasis of client expression on career counselling process. *Journal of Counseling Psychology, 49*, 342–354. doi:10.1037/0022-0167.49.3.342

[25] Rossello, J., Bernal, G., & Rivera-Medina, C. (2008). Individual and group CBT and IPT for Puerto Rican adolescents with depressive symptoms. *Cultural Diversity & Ethnic Minority Psychology, 14*, 234–245. doi:10.1037/1099-9809.14.3.234.

[26] Scholl, M. B. (2006). Native American identity development and counseling preferences: A study of Lumbee undergraduates. *Journal of College Counseling, 9,* 47–59. doi: 10.1002/j.2161-1882.2006.tb00092.x

[27] Beitel, M., Allahjah, A. A., Cutter, C. J., Blackhawk, N., Van Alst, T., & Barry, D. T. (2013). Expectations and preferences for counseling and psychotherapy in Native Americans. *Journal of Indigenous Research, 2*(1), 2.

[28] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (pp. 180, 254–256). Hoboken, NJ: John Wiley & Sons.

[29] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 370). Hoboken, NJ: John Wiley & Sons.

[30] Absolon, K. (2010). Indigenous wholistic theory: A knowledge set for practice. *First Peoples Child & Family Review*, 5(2), 74–87.

[31] Verniest, L. (2006). Allying with the medicine wheel: Social work practice with Aboriginal peoples. *Critical Social Work, 7*(1). Retrieved from: http://www.uwindsor.ca/criticalsocialwork/allying-with-the-medicine-wheel-social-work-practice-with-aboriginal-peoples

[32] Wenger-Nabigon, A. (2010). *The Cree medicine wheel as an organizing paradigm of theories of human development.* Unpublished manuscript. Retrieved from: http://zone.biblio.laurentian.ca/dspace/bitstream/10219/387/1/NSWJ-V7-art6-p139-161.pdf

[33] Myers, J. E., & Sweeney, T. J. (2008). Wellness counseling: The evidence base for practice. *Journal of Counseling & Development. 86,* 482–493. doi:10.1002/j.1556-6678.2008.tb00536.x

[34] Hwang, W. (2011). Cultural adaptations: A complex interplay between clinical and cultural issues. *Clinical Psychology: Science and Practice, 18*, 238–241. doi:10.1111/j.1468-2850.2011.01255.x

[35] Zuniga, M. E. (1992). Using metaphors in therapy: Dichos and Latino clients. *Social Work, 37*, 55–60. doi:10.1093/sw/37.1.55

[36] Domenech-Rodriguez, M. M. (2008, December). *Outcomes of a RCT of PMTO for Spanish-speaking Latino parents: Behavioral observations of parenting practices.* Paper presented at the National Institute of Health Summit: The Science of Eliminating Health Disparities, Washington, DC.

[37] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 371). Hoboken, NJ: John Wiley & Sons.

[38] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 365). Hoboken, NJ: John Wiley & Sons.

[39] Hwang, W., & Wood, J. J. (2009). Acculturative family distancing: Links with self-reported symptomatology among Asian Americans and Latinos. *Child Psychiatry and Human Development, 40*, 123–138. doi:10.1007/s10578-008-0115-8

[40] Hwang, W., Wood, J. J., & Fujimoto, K. (2010). Acculturative family distancing (AFD) and depression in Chinese American families. *Journal of Consulting and Clinical Psychology, 78*, 655–667. doi:10.1037/a0020542.

[41] Miller, G., Yang, J., & Chen, M. (1997). Counseling Taiwan Chinese in America: Training issues for Counselors. *Counselor Education and Supervision, 37*, 22–34.

[42] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 350). Hoboken, NJ: John Wiley & Sons.

[43] Peng, K., & Nisbett, R. E. (1999). Culture, dialectics, and reasoning about contradiction. *American Psychologist, 54*, 741–754.

[44] Nisbett, R. E., Peng, K., Choi, I., & Norenzayan, A. (2001). Culture and systems of thought: holistic versus analytic cognition. *Psychological Review, 108,* 291-310. doi:10.1037/0033-295X.108.2.291

[45] Hwang, W., Myers, H. F., Abe-Kim, J., & Ting, J. Y. (2008). A conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. *Clinical Psychology Review, 28,* 211–227. doi:10.1016/j.cpr.2007.05.001

[46] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 372). Hoboken, NJ: John Wiley & Sons.

[47] Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations: Software of the mind,* 3rd ed. New York: McGraw-Hill.

[48] The Hofstede Centre (2012). *The Hofstede Centre.* Retrieved from: http://geert-hofstede.com/index.php

[49] Arthur, N., & Januszkowski, T. (2001). The multicultural counselling competencies of Canadian counsellors. *Canadian Journal of Counselling, 35,* 36–48.

[50] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (pp. 277–282). Hoboken, NJ: John Wiley & Sons.

[51] Thornton, as cited in Hays[4] (p.375)

[52] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 147). Hoboken, NJ: John Wiley & Sons.

[53] Day-Vines, N., Wood, S., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. (2007). Broaching the subjects of race, ethnicity, and culture during the counseling process. *Journal of Counseling and Development, 85,* 402–410. doi:10.1002/j.1556-6678.2007.tb00608.x

[54] Sue D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity and Ethnic Minority Psychology, 13,* 72–81. doi:10.1037/1099-9809.13.1.72

[55] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 111). Hoboken, NJ: John Wiley & Sons.

[56] Leong, F. T. L. (2007). Cultural accommodation as method and metaphor. *American Psychologist, 62*, 916–927. doi:10.1037/0003-066X.62.8.916

[57] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 357). Hoboken, NJ: John Wiley & Sons.

[58] Sue, D. W. (1990). Culture-specific strategies in counseling: A conceptual framework. *Professional Psychology: Research and Practice, 21*, 424–433.

[59] Berger, C. R., & Calabrese, R. J. (1975). Some explorations in initial interaction and beyond: Toward a developmental theory of interpersonal communication. *Human communication research, 1*, 99–112.

[60] Gudykunst, W. B., & Nishida, T. (1984). Individual and cultural influences on uncertainty reduction. *Communication Monographs, 51*, 23–36. doi:10.1080/03637758409390181

[61] Gudykunst, W. B., Sodetani, L. L., & Sonoda, K. T. (1987). Uncertainty reduction in Japanese-American/Caucasian relationships in Hawaii. *Western Journal of Speech Communication, 51*, 256–278. doi:10.1080/10570318709374271

[62] Gudykunst, W. B., Yang, S.-M., & Nishida, T. (1985). A cross-cultural test of uncertainty reduction theory: Comparisons of acquaintances, friends, and dating relationships in Japan, Korea, and the United Sates. *Human Communication Research, 11*, 407–454. doi:10.1111/j.1468-2958.1985.tb00054.x

[63] Yang, P. (2007). Nonverbal affiliative phenomena in Mandarin Chinese conversation. *Journal of Intercultural Communication, 15*, 7–23. Retrieved from: http://www.immi.se/intercultural/nr15/yang.htm

[64] Hwang, W., & Wood, J. J. (2007). Being culturally sensitive is not the same as being culturally competent. *Pragmatic Case Studies in Psychotherapy, 3*(3), 44–50.

[65] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (pp. 180–181). Hoboken, NJ: John Wiley & Sons.

[66] Foo, K. H., & Kazantzis, N. (2007). Integrating homework assignments based on culture: Working with Chinese patients. *Cognitive and Behavioral Practice, 14*, 333–340. doi:10.1016/j.cbpra.2006.08.005

[67] Miller, S. D., Duncan, B. L., Brown, J., Sparks, J. A., & Claud, D. A. (2003). The Outcome Rating Scale: A preliminary study of the reliability, validity, and feasibility of brief visual analog measure. *Journal of Brief Therapy, 2*, 91–100.

[68] Campbell, A., & Hemsley, S. (2009). Outcome rating scale and session rating scale in psychological practice: Clinical utility of ultra-brief measures. *Clinical Psychologist, 13*, 1–9. doi:10.1080/13284200802676391

[69] Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice.* (p. 366). Hoboken, NJ: John Wiley & Sons.

[70] Atkinson, D. R., Thompson, C. E., & Grant, S. K. (1993). A three-dimensional model for counseling racial/ethnic minorities. *The Counseling Psychologist, 21*, 257–277. doi:10.1177/0011000093212010

[71] Atkinson, D. R., Kim, B. S. K., & Caldwell, R. (1998). Ratings of helper roles by multicultural psychologists and Asian American students: Initial support for the three-dimensional model of multicultural counseling. *Journal of Counseling Psychology, 45*, 414–423.

[72] George, U. (2002). A needs-based model for settlement service delivery for newcomers to Canada. *International Social Work, 45*, 465–480. doi:10.1177/0020872802045004050 1

[73] Kung, W. (2004). Cultural and practical barriers to seeking mental health treatment for Chinese Americans. *Journal of Community Psychology, 32*, 27–43. doi:10.1002/jcop.10077

[74] Domenech-Rodriguez, M. M., & Weiling, E. (2004). Developing culturally appropriate, evidence-based treatments for interventions with ethnic minority populations. In M. Rastogin & E. Weiling (Eds.), *Voices of color: First person accounts of ethnic minority therapists.* (pp. 313–333). Thousand Oaks: Sage Publication