Competent cross cultural family assessment: a framework for clinicians

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There is a growing need for clinicians to be culturally competent with our rapidly growing multicultural society (Ecklund & Johnson, 2007). When working with families from diverse cultures clinicians need to be mindful of the influences of ancestors, grandparents, significant ‘spiritual beliefs’ and in some cases, the tribe to which the family member belongs. In family therapy, the ‘family group,’ as defined by the client, should be the focus of treatment. The particular concerns that bring the family to therapy can be understood to be influenced by the way the family interacts given their life circumstances, beliefs, attitudes and resources from their cultural perspective (Suzuoki, 1979). There are increasing demands for all clinicians to be culturally competent by developing a broad and open understanding to the wide array of differences, commonly grouped as culture. This paper presents a practical framework for guiding clinicians in competent cross cultural family assessment and interviewing (Whaley & Davis, 2007).

Genograms

It is common practice when working with families that a genogram is used to conceptualise the history of the family across a number of generations. This is done to provide a visual focus for the family and the therapist in understanding the historical nature of the presenting problem (McGoldrick, Gerson & Shellenberger, 1999). By using a genogram and associated sociogram the therapist can develop a thorough understanding of the influences the client and their family have endured. Enquiring and being respectfully inquisitive about the client’s past and present circumstances and family situation, allows the therapist to develop a starting point for therapy by knowing the client’s strengths, resources and wider social supports (Shellenberger, Dent, Davis-Smith, Scarl, Weintraut & Wright, 2007).

Genograms also help the family to objectify powerful family affects and help to get some distance from them. If the ‘problem’ is seen in the genogram picture (rather than with the presenting client), this helps the family begin to track trans-generational patterns and externalise the ‘problem’ to some extent. It can also help as a concrete way of bringing absent family members into the family sessions, or bringing the family into individual sessions, as in a sense it gives ‘permission’ to reflect on the part played in the problem by other family members or their beliefs. Table 1 provides a cultural genogram template to aid clinicians working with clients from diverse backgrounds.

Table 1 CULTURAL GENOGRAM

1. What was the migration pattern for this family?
2. Nature of migration (political refugee, choice)?
3. Expression of oppression (do different family members internalise or externalise their feelings)
4. Relationship between group’s identity and ancestry?
5. Significance of race, skill, colour etc.,
6. What is the role in this family for religion and spirituality?
7. Gender roles and how these are expressed implicitly and explicitly?
8. Prejudices/Stereotypes (within the family, outside of the family)
9. Role of names (do family members ‘carry the family name’? What expectations does this place on the person?)
10. Occupational roles (valued/devalued). Have the occupational roles changed due to migration?
11. How is the family defined in their cultural group?
12. How are outsiders in general and mental health professionals defined?
13. How are the organising principles of this group shaped by the family?
14. What expectations do the family have of you?
15. Is there more than one culture of origin with this family?
16. What impact does all the above have on you as a therapist working with this family/couple?

Principles of cross cultural family therapy

While family therapy has been practiced for years, it has only been the past 15 years or so that the issue of culture has become addressed with any real vigour. Now, of course, with the shift towards a multicultural and globalised society, many therapists have realised the importance of understanding and working with immigrant families (Constantine & Sue, 2005; Dana, 1998).

It is widely acknowledged that a therapist working with culturally diverse families first needs to identify and assess their own bias, knowledge and experience in working therapeutically (Hayes & Levine, 1997; LaRoche & Maxie, 2003; Gregory & Leslie, 1996). The more the therapist is aware and shows interest in understanding the client’s experiences and situation, the better able they will be to understand the impact of these on the presenting problems faced by the client and their family. Improving the therapist’s cultural knowledge also improves the accuracy of the therapist’s hypotheses about the factors contributing to the
development of the client’s problematic situation (Maxie, Arnold & Stephenson, 2006). Gregory & Leslie (1996) add to this by noting the strength of this approach to working with families is that it draws from an ecological approach, emphasising the impact of historical, cultural, political, social and economic factors on the family, and in turn, therapy.

**tasks for competent cultural family therapists**

McGill (1992) identified three critical tasks for therapists working cross culturally with families. The tasks for therapists are the need:

- to have some knowledge of the particular content of different cultures (including the contexts of gender, race, life cycle issues etc.)
- to be able to make the presence of difference within the family, between the family and therapist, and between the family and the larger societal system be seen as an opportunity rather than a problem
- to hear the complexity of the family’s stories within the context of society’s stories in a way that separates the story from ordinary, daily family life.

By the therapist helping the family retell its personal story both the family members and the therapist can appreciate it within the context of the larger societal story. McGill states that to do this successfully within the context of a therapeutic relationship with their client, the therapist must take time to learn about various cultures and be interested in the client’s ‘telling’. This is not to say that a therapist must be from the same culture as the client but rather they are prepared to broaden their cultural perspectives (La Roche & Maxie, 2003; Pare, 1995). Other writers have also emphasised the importance of awareness and acceptance of difference within and between families when working with families (e.g. Falicov, 1988; McGoldrick et al., 1999). It is important to reflect on the meanings and adaptive behaviours that are attributed by family members to certain life events and situations (Sue & Sue, 1990). It is assumed that a multidimensional definition of culture is required by the therapist who can understand the client’s stage of migration, acculturation and what cultural subgroups they belong to.

There are both advantages and disadvantages to working within the same cultural group as the family that is being seen in therapy. The advantage may be for possible greater understanding and empathy and that it may be easier to interact with the family, based on shared experience and language. However, the disadvantage may be that the therapist over-identifies with the family and thus limits their ability to help the family find new solutions (Downing Hansen, Ranzazzo, Schwartz, Marshall Kalis et al., 2006). While a therapist from a different culture can offer the family new insights from an objective framework and is not limited by personal experience, they may inadvertently miss important factors for the family as the right questions are not asked to find out about the family’s cultural story. This dilemma reflects the importance of clear guidelines for an integrated and culturally affirmative framework to guide clinicians working with diversity.

**family therapy interventions: considerations**

Imber-Black (1997) notes that to become culturally competent the therapist needs to be able to work with families by incorporating the following elements: theoretical models that cut across cultures; culture-specific content that avoids stereotypes; sufficient knowledge of one’s own culture; and a therapeutic attitude marked by openness and lack of imposition. Different cultural groups differ in their experience of pain; what they label as a symptom; how they communicate about pain and symptoms; what they believe regarding aetiology; what their attitude is towards professional helpers; and what treatment they desire or expect (Canino & Alegria, 2008; McGoldrick et al., 1999). Depending on the cultural group the therapist may be working with, there can be a very different emphasis in the language used to describe symptoms or the importance of myth or spiritual interpretation attributed by the family to the problem in therapy (Groleau, Young & Kirmayer, 2006; Rolland, 2006).

**issues to consider**

1. **Use of cultural story in therapy**

   “If family therapy is about meaning, then cultural stories offer a way to ‘restory’ and to reclaim meaning and to create an ecology of the family’s mind” (McGill, 1992).

   Some cultural groups have literal stories while others have myths. These stories offer multiple truths that can be applied in therapy. By looking at the similarities and idiosyncrasies in a family’s cultural story, the therapist can find the perspective that provides the family access to their problem. This can often involve the interweaving of historical material with present day issues faced across the generations affected by the problem. Through discussion, this allows for changes in the family members’ perceptions and beliefs which can in turn facilitate adaptive change in the here and now (Deveaux, 1995).

2. **Consideration of Family Life Cycle**

   It is important that the therapist is aware how culture interacts with life cycle at each stage. Culture influences families in their definition of the nature, timing, tasks and rituals of life cycle phases and transitions. Families from different cultural groups vary in the significance attached to each life cycle transition. For example, a ‘Western’ perspective sees separateness as appropriate during the adolescent/young adult phase while for other cultures (e.g. Asian) this may not be so.

3. **Use of Rituals**

   The use of rituals (e.g. grieving rituals), can be particularly helpful for families who have been subjected to torture, and for refugee families. The culture of the refugee family is a resource, which can help integrate experiences of atrocity and adapt to a new and safer life. Healing rituals can enhance the therapeutic process as it allows for time to deal with the grief and trauma. ‘Storying again’ can be useful as it offers respect and time to weave together survivors’ memories and current experiences with their traditions and beliefs into an account that makes sense of their disrupted and confused inner and social world.

   ‘Storying’ can also promote the conscious and unconscious meanings of actions or beliefs for the family. For example, Woodcock (1995) describes how cultural and religious festivals can help motivate a family in their recovery by encouraging family members to participate in traditional forms of celebration offering renewal by way of linking family members to crucial elements of their cultural identity. This process also encourages links with their own community, affirming their position and present life circumstances.

   This overview provides a framework for developing cultural sensitivity by considering issues such as the ecological/systemic context to which the family belongs. This also includes the family members’ linguistic proficiency, expectations of treatment, ‘definition’ of family, and level of acculturation. For some families, especially those that are relatively recent migrants, it is necessary to assess pre-migratory family life and experiences, the actual migration experience and the impact of migration on the individual family members.
A number of therapists (e.g. McGill, 1992; Deveaux, 1995; Sue & Sue, 1990) emphasise that over-reliance on cultural conceptualisations and interpretations can lead to misguided expectations for the therapist working with a family. At the same time however, the therapist should be guided by common cultural themes and metaphors and should use these as reference points to further explore the family’s cultural principles and standards. Appreciating the cultural and ethnic background, difference, and what this means to the family, will improve service delivery. Through the health professional’s improved understanding and knowledge of the client within their ecological context, services can be tailored to meet their specific needs. The family’s perspective is a good place to start.

References

appendix: immigration and acculturation
While a number of these issues will be covered in the cultural genogram questioning under the heading ‘migration history’, these additional questions can aid understanding of the influences on the family’s immigration and acculturation.
1. How relevant is the socio-cultural context for the members of the family? Does it differ between members of the family?
2. Are some of the family members more comfortable with their migration than other members? What are the influences that make this difference?
3. Was all the family involved in planning its immigration? Did any member make particular sacrifices in their move? Who was in favour? Who was against? Who was left behind? Whom did the family bring?
4. Are any members ‘frozen in time’ in a way which impacts on belief systems (of country of origin and those of the adoptive country)?
5. Does the host country meet their expectations?
6. How much did they know about the adoptive country?
7. How successful was the family in their country of origin? Any experienced economic loss?
8. Have all members of the family achieved all phases of acculturation?
9. Are there any ‘polarisations’ within the family: old country/new country? How does the family deal with these differences?
10. How have the family members been able to mourn the loss of country?
11. What is the ethnic allegiance of the members of the family? (Identity and loyalty)
12. How does the family discuss differences among them?
13. What can be seen as the strengths and constraints of immigration for the family?

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