



Empirically Supported Research Approaches and Cultural Competence

© iStockphoto.com/Pamela Moore



There is a movement in the training of mental health professionals to emphasize cultural competence.

Beginning in the 1950s and 1960s, there was a movement among researchers and clinicians to evaluate the effectiveness of both medical and psychological assessment and treatment in a scientific manner. In medicine, this came to be known as *evidence-based medicine*. In psychology, the terms *empirically based treatments* and *empirically based principles* refer to assessment and treatments and their aspects for which there is scientific evidence that the procedure is effective.

Recently, a movement in the training of mental health professionals has begun to emphasize *cultural competence* (Delvecchio Good & Hannah, 2015). In this approach, the focus of interventions begins with the person who is being served. That is, a clinician should consider and understand the worldview of the individual she is treating. This includes the client's willingness to describe internal thoughts and feelings, how he understands how a particular disorder affects him, what he expects from his treatment, as well as his relationships with significant others. For example, in one study, Latinos with depression were less likely to take antidepressants since they had cultural concerns about addiction or dependence (Vargas et al., 2015).

The existence of these two movements has led to a debate concerning the degree to which a particular psychological disorder should be considered from a more universal standpoint (represented

by empirically based principles) as opposed to a manifestation of cultural processes (represented by cultural competence). This debate is of particular concern in countries such as the United States where there has been a lot of immigration from different cultures leading to an increasingly diverse population. At the same time, increases in the numbers of women as well as individuals from different cultures becoming mental health professionals have led to significant changes in the diversity of those offering health and mental health services.

For some researchers, there is a dynamic tension between cultural considerations with an emphasis on the individual client and his or her way of expressing and experiencing mental illness, and empirically based principles that emphasize treating all clients in a consistent manner (Delvecchio Good & Hannah, 2015). That is, there is a tension between flexibility and consistency. Other researchers suggest this dynamic tension can be overcome by beginning with particular cultural groups and developing an intervention based on the cultural factors found in that particular group (Weisner & Hay, 2015).

One alternative is to classify treatments in terms of culture (Evans, 2009). *Transcultural* concepts and treatments would be appropriate to individuals in all cultures. *Multicultural* concepts and treatments would be appropriate for individuals from groups that have similar worldviews, practices, and traditions. *Culturally adapted* and *culture-specific* concepts and treatments would be designed for individuals from a specific group. At this point, however, there has been limited research that fully integrates cultural factors with empirically supported approaches to treatment (Helms, 2015; V. H. Jackson, 2015).

Thought Question: What are some particular benefits that each of these two approaches—empirically based principles and cultural competence—bring to psychological treatment? If you were a mental health professional, how would you bring the benefits of the two approaches to your clients?