

Ability to work with difference (working in a “culturally competent” manner)

There are many factors that need to be considered in the development of culturally competent practice, and finding a language that encompasses all of them is a challenge. For example, issues in relation to gender, disability or sexual orientation may vary according to a specific cultural group. Nonetheless, the competences required to work in a culturally competent manner are probably similar, since they relate to the capacity to value diversity and maintain an active interest in understanding the ways in which service users may experience specific beliefs, practices and lifestyles, and considering any implications for the way in which an intervention is carried out.

There are of course many ways in which both clinicians and those with whom they work may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to their erroneous assumption that they do not exist. It is also the case that it is the individual's sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any therapeutic encounter requires the clinician carefully to consider potential issues relating to specific beliefs, practices and lifestyles, and relevance to the intervention being offered.

Finally, it is worth bearing in mind that (because issues of specific beliefs, practices and lifestyles often relate to differences in power and to inequalities) clinicians need to be able to reflect on the ways in which power dynamics play out, in the context both of the service they work in and when working with clients and their families/ significant others

Basic stance

An ability to draw on knowledge that in working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic, rather than any specific beliefs, practices and lifestyles in clients, their significant others or their and families, and hence:

workers should equally value all people for their particular and unique constellation of characteristics and be aware of (and challenge) stigmatising and discriminatory attitudes and behaviours in themselves and others.

there is no normative state from which people and families may deviate, and hence no implication that the normative state is preferred and other states problematic

Knowledge of the significance for practice of specific beliefs, practices and lifestyles

An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices which is critical
An ability to draw on knowledge that the demographic groups included in discussion of 'different' beliefs, practices or lifestyles are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area
An ability to draw on knowledge that a service user will often be a member of more than one "group" (for example, a gay man from a minority ethnic community), and that as such, the implications of combinations of lifestyle factors needs to be held in mind by clinicians

An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:
ethnicity
culture
gender and gender identity
religion/ belief
sexual orientation
socio-economic deprivation
class
age
disability
For all clients with whom the clinician works, an ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the effectiveness and acceptability of an assessment or intervention

Knowledge of social and cultural factors which may impact on access to the service

An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions e.g.:
language
marginalisation
mistrust of statutory services
lack of knowledge about how to access services
the range of cultural concepts, understanding and attitudes about mental health which affect views about help-seeking, treatment and care
stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe)
stigma or shame and/or fear associated with being diagnosed with a mental health disorder
preferences for gaining support via community contacts/ contexts rather than through 'conventional' referral routes (such as the GP)

An ability to draw on knowledge of the potential impact of socio-economic status on access to resources and opportunities
An ability to draw on knowledge of the ways in which social inequalities impact on development and on mental health in clients and/or their significant others/ families
An ability to draw on knowledge of the impact of factors such as socio-economic disadvantage or disability on practical arrangements that impact on attendance and engagement (e.g. transport difficulties, poor health)

Ability to communicate respect and valuing of clients, significant others and families

Where clients from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles
An ability to identify protective factors that may be conferred by membership of a specific sociodemographic group (e.g. the additional support offered by an extended family)
An ability to take an active interest in the social and cultural background of clients, and hence to demonstrate a willingness to learn about the client's socio/cultural perspective(s) and world view

Ability to gain an understanding of the experience of specific beliefs, practices and lifestyles.

An ability to work collaboratively with the client and their families/ significant others in order to develop an understanding of their culture and world view, and the implications of any culturally-specific customs or expectations for the therapeutic relationship and the ways in which problems are described and presented			
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An ability to take an active and explicit interest in the client's experience of the beliefs, practices and lifestyles pertinent to their community:			
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An ability to discuss with the client and their family/significant others the ways in which individual and family relationships are represented in their culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of the intervention			

Ability to adapt communication

Where the clinician does not share the same language as clients, an ability to identify appropriate strategies to ensure and enable the client's full participation in the assessment or intervention

where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies which need to be in place for an interpreter/advocate to work effectively and in the interests of the client

An ability to adapt communication with service users with a disability (e.g. using communication aides or by altering the language, pace, and content of sessions)

Ability to employ and interpret standardised assessments/measures

An ability to ensure that standardised assessments/ measures are employed and interpreted in a manner which takes into account the demographic membership of the client and their significant others e.g.:

if the measure is not available in the client's first language, an ability to take into account the implications of this when interpreting results

if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed

if standardisation data (norms) is not available for the demographic group of which the client is a member, an ability explicitly to reflect this issue in the interpretation of results

Ability to adapt interventions

An ability to draw on knowledge of the conceptual and empirical research-base which informs thinking about the impact of social and cultural factors on the effectiveness of psychological interventions

Where there is evidence that specific beliefs, practices and lifestyles are likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit to the client

An ability to draw on knowledge that culturally-adapted treatments should be judiciously applied, and are warranted:

if evidence exists that a particular clinical problem encountered by a client is influenced by membership of a given community

if there is evidence that clients from a given community respond poorly to certain evidence-based approaches

Ability to demonstrate awareness of the effects of clinician's own background

An ability for clinicians of all backgrounds to draw on an awareness of their own group membership and values and how these may influence their perceptions of the client, the client's problem, and the therapeutic relationship

An ability for clinicians to reflect on power differences between themselves and clients

Ability to identify and to challenge inequality

An ability to identify inequalities in access to services and take steps to overcome these:

an ability to consider ways in which access to, and use of, services may need to be facilitated for individual clients with whom the clinician is working (e.g. home visiting, flexible working, linking families with community resources)

where it is within the remit/role of the clinician, an ability to identify client groups whose needs are not being met by current service design/procedures, to identify potential reasons for this, and to identify and implement potential solutions