

**Australian Psychologists' Perspectives on
Cross-cultural Practice with Clients of
Culturally and Linguistically
Diverse (CALD) Backgrounds.**

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Abstract

The multicultural character of Australian society increasingly demands that psychologists treat clients from culturally and linguistically diverse (CALD) backgrounds. In response, the need for the development of multicultural competence by the psychology profession has been identified as crucial to support effective cross-cultural psychological practice with CALD clients within the international research literature. Similarly multicultural competence is recognised in a range of mental health policies, psychology profession's ethical codes and guidelines, and the training and registration frameworks of the profession. In the Australian context however little empirical research has been undertaken to understand what psychologists themselves think about, or what they do as part of their, cross-cultural practice with CALD clients. The present research explored Australian psychologists' experiences of cross-cultural practice with CALD clients. The aim was to identify elements of effective cross-cultural practice, barriers to effective cross-cultural practice, and the ways in which psychologists learn to work cross-culturally. Thirteen experienced cross-cultural practitioners provided 29 self-selected critical incident narratives of their experiences in cross-cultural practice with CALD clients, and subsequently completed semi-structured interviews. Thematic data analysis found that psychologists' experiences of cross-cultural practice when first working with CALD clients left them 'feeling thrown in the deep end' without the necessary skills to treat their clients effectively. Over time their experiences of working cross-culturally shifted to enjoyment and mastery of a range of applied multicultural competencies. Yet, even as experienced practitioners, participants felt frustrated by systemic barriers to working effectively with their CALD clients, as well as feeling overwhelmed when working with asylum seekers and/or refugee clients. Thematic analysis also identified 10 elements of multicultural competencies that

were applied by participants in their practice with CALD clients. Barriers to effective practice were identified in four domains: systemic practices; the psychologist's stance; client attitude/social status; and the relationship between client and psychologist. Overall this study found strong evidence that psychologists do not learn to work effectively with CALD clients through their training programs. Instead participating psychologists had a strong interest in cultural issues, sought out cultural immersion experiences, and in the main learned on the job after realizing that they were ill equipped to work cross-culturally by standard Western psychology training programs in Australia. Future research should be conducted to verify these findings with a larger national sample of Australian psychologists. Research is also needed to address the absence of CALD patients' voices and experiences in the multicultural competence literature.

Declaration

I declare that this thesis does not incorporate without acknowledgement any material previously submitted for a degree in any university, or other educational institution; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in text.

I further declare that the ethical principles and procedures specified in the document on human research and experimentation issued by the Psychology Department of Swinburne University have been adhered to.

Christine Raab

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“What would it be like to have not only color vision but culture vision, the ability to see the multiple worlds of others.”

Mary Catherine Bateson, Peripheral Visions – Learning Along the Way

In considering the thorny question of how to understand and work with cultural differences in the psychology room, I am indebted to many fine scholars, practitioners, and advocates who have thought about and written most eloquently on this subject before me. I am grateful to the participants in this study for generously sharing their wisdom, and hope I have done their words justice.

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Chapter 1 – Introduction and Overview

Australia is a culturally diverse society. It draws its people from over 200 nations (Australian Bureau of Statistics, 2009). Recently one in four Australians were born overseas, and each year an additional 170,000 migrants, refugees and asylum seekers arrive for permanent settlement (Department of Immigration and Citizenship, 2010). This cultural diversity of Australian society is evident in all aspects of public life, from small businesses and eating establishments, to education and health services.

As a result of Australia's cultural diversity, psychological and mental health services are increasingly called on to provide health care to culturally and linguistically diverse (CALD) clients. There is evidence that migration, acculturation processes, and the refugee journey create an elevated risk for the development of mental distress or illness (Fazel, Wheeler, & Danesh, 2005; Kinzie, 2006; Mental Health Council of Australia, 2008). Prevalence of mental illness and distress for CALD clients appears at least equal (Kinzie, 2006), and for some groups, such as refugees and asylum seekers, much higher than for other Australians (Silove, Steel, McGorry, Miles, & Drobny, 2002; VicHealth Promotion Foundation, 2012).

In many cases psychological practice with CALD clients in Australia involves a cross-cultural encounter. The profession of psychology itself has been described as somewhat mono-cultural

(Ranzijn, McConnochie, Clarke, & Nolan, 2007; Riggs, 2004; Sanson et al., 1997). For example, in a recent Australian study, 86% of counsellors and psychologists described themselves as Caucasian (Pelling, Bear, & Lau, 2006). This suggests that CALD individuals are more likely to receive treatment from a non-CALD practitioner. Yet, even when the psychologist has a CALD background, it is difficult to avoid a cross-cultural encounter due to the wide diversity of cultures represented in Australia's CALD communities.

Cross-cultural psychological practice in multicultural Australia places new demands on psychologists to provide effective and culturally responsive psychological treatment to meet the specific needs of CALD people. There are a number of challenges in developing effective cross-cultural psychological practice with CALD clients. First, despite elevated risks of the development of some mental illness, service utilisation by CALD clients has consistently been found to be lower than for other clients (Hassett & George, 2002; Russell, Thomson, & Rosenthal, 2008; Stolk, Minas, & Klimidis, 2008). A number of barriers to accessing psychological and other mental health services, such as cross-cultural communication issues (Marsella, 2008), cultural variations in help-seeking behaviour (Whitely, Kirmayer, & Groleau, 2006), and lack of culturally appropriate assessment processes (Bhui & Bhugra, 1997), have been identified in the literature.

Research also points to meaningful differences in symptoms and expression of mental illness and distress across cultures. This raises the

question of whether Western models of psychological practice are adequate to assess and treat clients from diverse cultural backgrounds. Serious criticisms have emerged over the past 30 years of how psychology as a discipline has historically addressed issues of cultural difference in professional practice. The American Psychology Society (APA), for instance, claims that: “psychology has been traditionally defined by and based upon Western, Eurocentric, and biological perspectives and assumptions” (American Psychological Association, 2002b, p. 61). The Australian Psychological Society (APS) has also acknowledged that the profession and discipline of psychology in the past contributed to racism as a result of its clinical practices (Sanson et al., 1998).

At the heart of these criticisms lies the charge that the psychology profession and discipline have largely ignored cultural variations in human behaviour, cognition, and affect, and consequently the varied manifestations of human values, communication and experiences of mental health and illness. At the individual practitioner level it has been suggested that reasons for the underutilisation of services may include lack of cross-cultural skills and sensitivity of therapists and consequent distrust of services by CALD clients (American Psychological Association, 2002b).

In response to these criticisms, a consensus has emerged in the Western psychology profession that the psychology profession must develop multicultural competence to support effective cross-cultural

psychological practice. Multiple researchers (e.g., Bhui & Bhugra, 1997; Dana, 1998b; Minas, Lambert, Kostov, & Borangh, 1996; Sue, Arredondo, & McDavis, 1992; Sue, Bingham, Porche-Burke, & Vasquez, 1999), professional bodies (e.g., American Psychological Association, 2002; New Zealand Psychologists Board, 2005), as well as two tiers of government in Australia (Commonwealth of Australia, 2002, 2004; Minas, Klimidis, & Kokanovic, 2007) have called on psychology practitioners to develop multicultural competence.

Research evidence has shown that psychologists who develop multicultural competence are perceived as more effective by their culturally diverse clients (Constantine, 2002; Wang & Kim, 2010; Worthington, Soth-McNett, & Moreno, 2007). Further, the development of multicultural competence has been found to increase the length of the counselling relationship with culturally diverse clients (Worthington et al., 2007), to increase client satisfaction (Fuertes, Bartolomeo, & Nichols, 2001), and to significantly improved treatment outcomes and symptom reduction (Costantino, Malgady, & Primavera, 2009).

Multicultural competence has received significant attention in the international research literature. A number of definitions of multicultural competence are consequently in use. Most share a focus on a specific set of professional competencies in the areas of ethnicity, culture and race. Definitions also tend to emphasise the capacity for empathetic application of these competencies. The definition provided by Robinson and Morris (2000) is a good exemplar of definitions found in the

literature. Importantly it incorporates both a focus on specific competencies and on their application:

a multiculturally competent professional has specific awareness, knowledge, and skills in the areas of ethnicity, race and culture, and is able to utilize these qualities to sensitively engage [CALD] clients in a manner that is consistent with the needs of the client being served (Robinson & Morris, 2000, p. 244).

The most influential conceptual model across the English-speaking psychology professions is the tripartite model of multicultural competence developed for the American Psychological Association (APA) by Sue (1986). The model is made up of 31 individual competencies that relate to: (1) *awareness* - an understanding of one's own cultural conditioning and their effect on one's beliefs, values and attitudes; (2) *knowledge* - an understanding and knowledge of world views of culturally different individuals and groups, and (3) *skills* - the use of culturally appropriate interventions, assessment and communication skills. This model underpins ethical guidelines, professional practice standards, training and research approaches in the psychology professions of English-speaking countries (Sue, 2001).

Mandatory requirements for psychologists training in Australia, introduced in 2010, now include multicultural competence elements around communication and assessment (Australian Psychology

Accreditation Council, 2010). A recent consultation paper released by the Australian Psychology Accreditation Council (APAC) suggests that these requirements will be further strengthened in the next iteration of the accreditation standards for training institutions (Australian Psychology Society, 2013).

It is currently not known exactly what level of training in cultural issues and multicultural competence Australian psychologists receive. Empirical evidence in this area is limited but suggests that many psychologists and mental health care workers do not feel confident in their ability to work with CALD clients (Pelling et al., 2006; Stolk, 2005), and that training in cross-cultural practice skills provided to psychology students is very limited (Lee & Khawaja, 2012; Ranzijn, McConnochie, Day, & Nolan, 2006). Nor is it known what psychologists who work cross-culturally do in their psychological practice with CALD clients. Understanding the practical application of multicultural competence elements in cross-cultural psychological practice settings has been identified as a particular gap in the multicultural competence research literature (D'Andrea & Heckman, 2008).

The absence of in-vivo research that focuses on the perspectives of practitioners working in cross-cultural practice, and their own experiences of and reflections on this work, has also been noted by a number of cross-cultural researchers (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001; Whaley & Davis, 2007). Although well over a hundred articles on the topic of multicultural competence have been

published in the past two decades, to the best of the author's knowledge, only a very small number directly investigate the experiences of psychologists working in cross-cultural practice (Lathopolous, 2007; McConnochie, Ranzijn, Hodgson, Nolan, & Samson, 2012). The absence of such empirical evidence not only discounts the experiences of practitioners, but also undermines the validity of the conceptual model of multicultural competence proposed by Sue (2001), which otherwise enjoys remarkable content validity (Ponterotto, Fuyertes, & Chen, 2000).

Although a very large literature on multicultural competence and practice has been published over the last 20 years, the vast majority of this literature is drawn from the United States. Australian psychological studies on cross-cultural practice are comparatively small and are largely confined to the past five years. There is, therefore, a pressing need for additional empirical research in Australia to validate international models of multicultural competence, and to inform the development of evidence-based cross-cultural psychological practice approaches in the Australian context.

1.1 Research Design

This thesis involved an examination of cross-cultural psychological practice undertaken by Australian psychologists with CALD clients in clinical and counselling practice settings. To address gaps in the research literature on cross-cultural practice and multicultural competence internationally, and in particular in Australia, this study

focuses on exploring the phenomenology of cross-cultural psychological practice from the perspective of psychologists. It also investigates elements of effective cross-cultural practice, barriers to effective practice and the means by which practitioners develop their multicultural competence.

The Department of Immigration and Multicultural Affairs (DIMA) defines CALD in three ways: people who were born in a country other than Australia; and/or people who speak a language other than English at home, and/or those who do not have a proficiency in English (Department of Immigration and Multicultural Affairs, 2001). For the purposes of this research CALD is defined in its broadest terms to reflect the definition used by the Victorian Government's Multicultural Strategy Unit:

In the Australian context, individuals from a CALD background are those who identify as having a specific cultural or linguistic affiliation by virtue of their place of birth, ancestry, ethnic origin, religion, preferred language, language(s) spoken at home, or because of their parents' identification on a similar basis (Department of Human Services, 2007, p. 22).

Following this definition, this study focuses on first- and second-generation migrants, asylum seekers, refugees, and international students under the definition of CALD clients.

There are a number of reasons for making this group the focus of the present research. First, in a culturally diverse society developing effective cross-cultural psychological practice approaches is essential to meeting the mental health needs of *all* Australians. Second, individuals from CALD backgrounds demonstrably face significant discrimination and disadvantage in society which are associated with higher risks for the development of mental illness and distress (VicHealth Promotion Foundation, 2012). Those include encountering significant barriers to accessing mental health services (Stolk et al., 2008). Third, the application of Western models of psychological practice may not provide effective psychological interventions because they do not take into account cultural variations in the manifestation of mental distress and illness, cultural experiences and values, or communication difficulties. Developing evidence based approaches to working effectively with CALD clients in Australia is therefore essential.

Aboriginal and Torres Strait Islander (ATSI) peoples, as another significant and large cultural grouping in Australia, have not been included in the scope of this study. There are a number of reasons why this decision was made. First, ATIS peoples face specific and deep disadvantages and a history of dispossession and displacement. These issues are qualitatively different from those faced by other cultural groupings. ATSI people face the greatest level of disadvantage of any group in Australian society, and do worse than other Australians, including CALD communities, on any social and health outcomes

measure (Australian Bureau of Statistics, 2000; Urquhart, 2009). Second, significant research activity on ATSI issues that is led by ATSI people is already underway within the psychology profession in Australia (e.g., Gillies, 2006; Ranzijn, McConnochie, Clarke, et al., 2007; Vicary & Westerman, 2004; Westerman, 2004; Westerman, 2008). Ongoing research should continue under the leadership of ATSI peoples themselves to ensure that the interests and aspirations of ATSI people are addressed. Nonetheless, there are important parallel experiences that are shared between ATSI and CALD communities. For this reason, where appropriate, research findings on psychological practice with ATSI communities have been included within this thesis.

Study Aims

The aim of the present research was fourfold. Set in the Australian context it aimed to identify:

1. the phenomenological elements of psychologists' experience of cross-cultural practice;
2. elements of effective cross-cultural practice;
3. barriers to effective cross-cultural practice;
4. how psychologists learn to work cross-culturally

Practicing psychologists who specialise in working with CALD clients were interviewed about their cross-cultural practice. Qualitative approaches are particularly well suited to investigating areas that have

received limited empirical attention. Consequently the present study was designed with a mixed qualitative approach combining the elements of the Critical Incident Technique (Flanagan, 1954) with the use of semi-structured interviews and thematic analysis. Practicing psychologists were asked to select and recount three ‘critical moments’ in their practice from which they learned the most about working with CALD clients. The semi-structured interview drew on the international research literature on multicultural competence to elicit responses from participants about cross-cultural practice in Australia. This mixed design allowed for internal cross-validation of research findings related to success elements of cross-cultural practice based on both inductively and deductively devised data sets.

1.2 Thesis Overview

The present thesis begins with a brief history and snapshot of contemporary multicultural Australian society in Chapter 2. This is followed by a review of literature that describes the specific mental health risks and known prevalence rates of mental illness and distress in CALD communities. Finally, this chapter reviews evidence of the underutilisation of psychological and mental health services by CALD communities, and catalogues the literature on barriers to accessing services.

Chapter 3 is the second literature review chapter. It sets out the psychology profession’s research and policy response to the challenge of

providing culturally responsive and effective treatment for CALD clients. It reviews national and state government mental health policy approaches mandating the development of a multiculturally competent workforce and the development of culturally relevant services. This is followed by a review of the Australian psychology profession's practice requirements, accreditation standards, and ethical codes and guidelines as they relate to cross-cultural psychological practice and in particular to multicultural competence. The second half of the chapter reviews the extensive research literature on multicultural competence, including definitions, conceptual models and individual elements, as well as literature on training for multicultural competence and client satisfaction. The more limited set of empirical research on client satisfaction and multicultural competence, and applied cross-cultural competence is also reviewed. Finally, critiques of multicultural competence as a conceptual model, including commentary identifying gaps in empirical research in the area, are provided.

A detailed outline of the structure of the present study is provided in Chapter 4. In particular, this chapter provides an overview of the gaps in the Australian research literature in regard to multicultural competence and cross-cultural practice. This section also outlines the aims of the study.

Chapter 5 is the methodology chapter. As the research design used in the present study is relatively novel extensive background material including the rationale for the methodology and research design

are provided. Next the Critical Incident Technique (Flanagan, 1954) and its use in the field of psychology and other health related areas is reviewed. The semi-structured interview and thematic analysis techniques are also described. To contextualise the present research a statement of personal interest is then included to outline my personal orientation and values and how these relate to this thesis. Next, a detailed description of recruitment processes, participants, materials, procedure and data analysis approaches is provided.

Chapters 6 and 7 outline the results. First, Chapter 6 presents results from the analysis of critical incident narratives provided by participants. As an aim of the present study was to develop an in-depth phenomenological understanding of the experiences of psychologists in cross-cultural practice with CALD clients this chapter will present findings in a novel manner. Each theme identified through the data analysis is described, and then illustrated with a specific detailed case study developed to exemplify each theme, which is in turn explored in some detail. Chapter 7 provides a detailed description of results from thematic analysis of the semi-structured interview with participants. Each research question is reported on in turn, with participant contributions quoted verbatim to illustrate each individual theme.

Chapter 8 canvasses the implications of the findings of the present research in relation to the conceptual literature on cultural competence. To this end the phenomenology of cross-cultural psychological practice, elements of effective cross-cultural practice,

barriers to effective cross-cultural practice, and means by which participants learned to undertake this work are discussed with specific reference to the previous research literature. The next section addresses implications of the results of the present study for clinical practice, the psychology profession and mental health services. Particular implications for working with asylum seekers and refugees are also identified and discussed. The final section considers the limitations of the present research and canvasses suggestions for future research.

Chapter 2: The need for effective cross-cultural psychological practice.

2.1 Chapter Overview

This chapter provides a brief history of multiculturalism and canvass the cultural diversity of contemporary Australian society. Next, it reviews mental health risks specific to CALD communities. Research evidence on the prevalence of mental illness and distress in CALD communities in Australia is then described. Finally, research on utilisation of psychological and mental health services by CALD communities are reviewed.

Three clear patterns emerged from a review of research literature on the experiences of CALD individuals and communities in Australia that impact on the structure and content of the review. First, insufficient empirical research has been undertaken in Australia to provide conclusive evidence about epidemiology, patterns of mental illness and distress, and service utilisation of CALD people. For this reason international literature on the experiences of migrant and refugee communities has been used to supplement the review of the literature in many sections in this chapter. Second, due to the enormous cultural diversity of CALD communities in Australia empirical research into migration and mental illness and distress is also highly diverse. Some research involves specific ethnic communities, some addresses migrants and refugees as a group, and some focuses particularly on CALD

communities who are from non-English speaking backgrounds. This makes it difficult to compare empirical research findings across the literature. Hence, methodological differences and the cultural background of research participants are identified throughout this thesis to enable readers to qualify their interpretation of comparable data as necessary. Third, currently there is only limited research focusing on the interaction between CALD clients and the psychology profession in the Australian literature. Instead, the available literature focuses largely on services delivered by allied teams that may include psychiatrists, psychologists, general practitioners, occupational therapists, nurses and others. For this reason this chapter of the literature review deliberately refers to mental health services and professionals as distinct from psychological services and professionals.

2.2 Australia's Multicultural History and Contemporary Migration Patterns

The focus of this study on the experiences of psychologists who work cross-culturally with culturally and linguistically diverse (CALD) clients. Contemporary Australian society is characterised by its history as a colonised country and migrant society, and its striking ethnic and cultural diversity. To contextualise psychologists' experiences with CALD clients it is important to understand Australian society as a multicultural environment. The following section provides a brief history of settlement of and migration to Australia by diverse cultures over the

past 220 years. It also describes the cultural and ethnic make-up of contemporary Australia, and current migration and settlement patterns.

2.2.1 History of multiculturalism in Australia.

Aboriginal and Torres Strait Islander peoples are the first known inhabitants of Australia. According to historical sources they arrived on the Australian continent between 40,000 to 60,000 prior to European settlement (Macintyre, 1999). It is believed that at least 750,000 Aboriginal and Torres Strait Island people lived in Australia by 1788, and that at least 250 distinct language and cultural groups made up the total population at that time (Macintyre, 1999).

Australia was first colonised by European settlers in 1788 (Clark, 1962). The first post-Indigenous new comers to the continent, both settlers and convicts, hailed largely from the United Kingdom, and later Ireland (Burton, Western, & Kowalski, 2009).

Over the next two centuries Australia continued to develop as a migrant destination and multicultural society. Initially, during the Gold Rush period of the 1850s, migrants from diverse countries of origin, such as China, Pacific Islands, Lebanon, Germany, India and Afghanistan settled in Australia (Commonwealth of Australia, 1989). However, from 1901 until the early 1970s the cultural make up of migrants to Australia shifted dramatically. Under the so-called “White Australia policy” migrants from non-European countries were not admitted (Department of Immigration and Citizenship, 2007). As a result, during this period

migrants largely hailed from the United Kingdom, Ireland, and New Zealand (Burton et al., 2009). There were also significant intakes from non-English speaking European countries such as Holland, Germany, Italy and Greece following the end of the second-world-war (Department of Immigration and Citizenship, 2009a). The White Australia policy was abandoned as discriminatory in the late 1960s, and replaced with a multicultural approach to migration and settlement in 1973 (Tavan, 2005). Distinct ‘waves’ of migrants from a greater diversity of non-English speaking countries were able to settle in Australia from the 1970s. Of particular note were large intakes of refugees from Hungary, the former Czechoslovakia, Chile, Vietnam and Poland in response to economic and humanitarian world events, and large scale migration from Greece and Italy (Department of Immigration and Citizenship, 2009a),

2.2.2 The cultural diversity of contemporary Australia.

Overall, since 1945, over 7 million people have come to Australia as migrants or refugees. Australia’s current population originates from over 200 nations (Australian Bureau of Statistics, 2009), and one in four Australians were born overseas (Department of Immigration and Citizenship, 2010). By the late 1980s, 14 % of Australians, aged 5 and over, spoke a language other than English at home, and Italian, Greek, Chinese, German and Arabic were spoken at home by so many Australians that they have been described as community languages by the Australian Government (Commonwealth of Australia, 1989). Table 1

shows the top fifteen regions and countries of birth of Australian citizens reported in the most recently published population census (Australian Bureau of Statistics, 2006a).

Table 1

Top 15 Country of Birth Regions for Australian Citizens, 2006

Country of Birth (region)	Persons
United Kingdom	1,038,311
New Zealand	389,458
South Eastern Europe	321,606
Maritime South East Asia	315,720
Chinese Asia	305,041
Southern Europe	270,698
Southern Asia	247,487
Western Europe	239,114
Mainland South East Asia	236,715
Middle East	193,631
Southern and Eastern Africa	180,582
Eastern Europe	129,426
Northern America	93,827
Japan and Korea	83,586
Polynesia	77,630

Note: Total Population for 2006 Census $N = 19,855,288$

Australia's cultural diversity continues to grow. Around 170,000 migrants and refugees per annum settle permanently in Australia (Department of Immigration and Citizenship, 2010). New arrivals come to Australia from a diversity of countries of origin either through the

Migration Program, made up of skilled migrants and family reunion entrants, or the Humanitarian Program through which refugees are admitted to Australia (Australian Bureau of Statistics, 2006b).

Over the past decade the cultural distance between newly arrived migrant and refugee communities and the Australian population has grown (Murray, Davidson, & Schweitzer, 2008). For example, by 2009, the fastest growing groups of overseas-born Australians came from Sudan, Bangladesh, and Afghanistan (Australian Bureau of Statistics, 2006b). The Humanitarian Program in particular saw large intakes of refugee populations in recent years from Burma, Iraq, Bhutan, Afghanistan, Congo, Ethiopia, Somalia and Sudan (Department of Immigration and Citizenship, 2009b).

In addition to individuals who arrive in Australia through these permanent settlement programs, in recent years a third group of culturally diverse individuals has contributed significantly to cultural diversity in Australia. There has been remarkable growth in the number of International students coming to Australia to complete secondary or tertiary studies in vocational and higher education institutions. By 2007, 437,065 international students were enrolled to study in Australia, compared to 228,000 in 2002 (Australian Bureau of Statistics, 2007). Table 2 shows the diversity of countries of origin of International students living in Australia.

Table 2

Major Source Countries for International Students, 2006

<i>Country of Origin</i>	<i>Persons</i>
China	69,800
India	34,200
Republic of Korea	25,000
Malaysia	17,900
Hong Kong	16,700
Japan	14,600
Thailand	13,300
United States of America	11,800
Singapore	8,800
Other nationalities	93,000
<i>Total</i>	<i>317,000</i>

It is clear, from the history of multiple waves of migration, the diversity of the resident population, and ongoing new arrivals outlined above, that Australia is a remarkably diverse society. Based on these factors alone it stands to reason that encounters between psychologists and their clients are highly likely to involve cross-cultural encounters.

2.3 Specific Mental Health Risks for CALD Individuals

As demonstrated in the previous section, migration to Australia occurs for a variety of reasons. While some individuals arrive in

Australia looking for better economic prospects or are pulled by professional opportunities, others are pushed to leave their homelands to escape violence, repression or war. Therefore, not all migrants share the same experiences before or after migration (Bhugra, 2004). The long-term psychological consequences of migration are therefore also variable (Berry, 1997). Many migrants successfully adjust to their new homes without experiencing long or short-term distress or mental illness. However, research suggests that the experience of migration as well as being of a CALD background pose specific risks to mental health and wellbeing. These risks can be divided into two phases of the migration process: pre-migration factors and settlement factors.

2.3.1 Pre-migration risk factors for mental health.

The most significant risks for ongoing mental health problems for CALD individuals arise from pre-migration experiences of displacement, war and trauma (Murray et al., 2008). In order to be granted refugee status all refugees must demonstrate a well-founded fear of persecution in their countries of origin (Stewart, 2010). This means that refugees have been exposed to threats to their safety, displacement and/or torture and trauma before arriving in Australia (Kaplan, 2009). Some migrants, who are not refugees, also leave their home countries after experiencing war, or other traumatic events, in search of a more peaceful life. For example, a cross-national study of post-war trauma showed that Dutch post-war migrants to Australia had experienced severe war stress more

frequently than aged-matched Dutch residents of The Netherlands, suggesting that such experiences promoted the need to migrate (Op den Velde et al., 2008).

Strong evidence supports links between pre-migration trauma and mental distress or disorder in migrants and refugees after resettlement (Fazel et al., 2005; Hocking, Kennedy, & Sundram, 2010; Kinzie, 2006; Murray et al., 2008; Renzaho, 2007; Silove & Steel, 1998). It appears that as the exposure to multiple traumatic experiences increases, the risk of the development of post-traumatic stress disorder (PTSD) after resettlement also increases (Murray et al., 2008). This increased risk of PTSD in migrants and refugees is associated with having experienced threats to life (Momartin, Silove, Manicavasagar, & Steel, 2003) or torture (Stewart, 2010). The risk of ongoing mental health problems is also high for refugee children. Kaplan (2009) recently published findings from the Annual Report of the Victorian Foundation of Survivors of Torture which showed that their under-18 client group had been exposed to a high level of trauma, with 44 % experiencing combatant fire, 33 % experiencing severe beatings, 78 % experiencing war-related loss and separation, and up to 94 % experiencing harm to their family. This Australian research is supported by a previous Danish study that showed that of 311 asylum seeker children aged 3-15 years, the majority had witnessed bombings or street shootings, been exposed to house searches, or witnessed the arrest, torture, killing or intimidation of family members (Montgomery, 1998).

2.3.2 Post-migration risk factors for mental health.

Post-migration risk factors for mental distress and mental disorder are also well documented in the literature (e.g., Pernice & Brook, 1996). After arriving in a new country, migrants undergo a process of adjustment to their new country and its culture. This process of adjustment may involve accommodating a myriad of culturally foreign concepts and institutions such as a new language, new religion, new types of food, new social institutions such as hospitals and schools, and modes of transportation. This ongoing process of cultural adjustment is referred to as acculturation in the research literature (Berry, 1997, 2005; Bhugra, 2004). According to Berry (2005), acculturation is defined as “a dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members” (p. 698). It is clear from this definition that acculturation is not in itself a negative process. Some successful acculturation processes lead migrants or temporary visitors to a country to adopt strategies, such as integration and assimilation, as they successfully settle into the receiving society (Berry, 1997). These acculturation strategies are generally linked to better mental health and social outcomes for migrants.

Marginalisation and separation, on the other hand, are acculturation processes linked to negative social and mental health outcomes (Murray et al., 2008). It is well established that culture shock (Pederson, 1994), acculturation stress (Steel, Silove, Bird, McGorry, & Mohan, 1999), and

ongoing social disadvantage, discrimination and marginalisation place migrants at risk for mental distress or the development of mental disorder (Bhugra, 2004; Cantor-Graae & Selten, 2005; Murray et al., 2008).

Where the demands of adjusting to a new cultural environment exceed the capacity of migrants to cope, these individuals can be described as experiencing acculturation stress or culture shock (Berry, 1997). For example, grief and loss for family, friends and culture can contribute to high levels of subjective stress (Bhugra & Becker, 2005). Acculturation stress can lead to serious psychological disturbance, such as anxiety or depression. Indeed, many investigators have found that psychological distress characterises the first years following immigration for many migrants (Ritsner et al., 1996).

Evidence suggests that there are particular demographic and social factors that pose additional risks to the short and long term health of migrants. Being older (Bhugra, 2004; Cantor-Graae & Selten, 2005), being a woman (Bhugra, 2004), being unmarried and without family support (Khawaja, 2007; Kiropoulos, Klimidis, & Minas, 2003), and being unemployed or otherwise of low socio-economic status (Bhugra, 2004; Lindert, Schouler-Ocak, Heinz, & Priebe, 2008) each increase the risk of developing mental distress or illness in migrants.

The cultural distance between the migrating group or individual and the host society also appears to mediate the risk of experiencing acculturation stress (Lindert et al., 2008). A recent review of literature on the psychological wellbeing of refugees resettling in Australia noted, that

changes in the countries of origin of refugees entering Australia through the Humanitarian Program had increased the cultural gap between Australian society and incoming refugees (Murray et al., 2008). This increased cultural distance was found to be related to the high levels of acculturation stress experienced by South Sudanese refugees in a qualitative study undertaken in Brisbane (Khawaja & Milner, 2012).

With the increase in cultural distance for refugee arrivals in Australia, there also comes an increased likelihood that these groups will not be fluent in the English language when they arrive in Australia. Difficulty with English language proficiency, for those arriving in an English-speaking country, appears to mediate acculturation processes and poses a key risk for the development of mental distress or illness in migrant communities. For example, perceived difficulties with English language was a key predictors of levels of psychological distress in a research study involving 280 Muslim migrants in Australia (Khawaja, 2007). English language proficiency was also identified as a risk factor for acculturation distress in a study of older Greek-Australian migrants (Kiropoulos et al., 2003). Similarly, research with International students in Australia (Gillies, 2012), and a systematic review of research studies with International students in the United States also found that English language difficulties were linked to increased levels of loneliness (Sawir, Marginson, Deumert, Nyland, & Ramia, 2008) and acculturation stress (Zhang & Goodson, 2011).

Negative social processes ranging from lack of social support to the

experience of discrimination or racism have also been shown to pose significant risk factors for the development of mental health problems by migrants, international students and refugees (Bhugra, 2004). Lack of social support was identified as a predictor of psychological distress in the study involving Muslim migrants to Australia (Khawaja & Dempsey, 2007). Having social support, on the other hand, was associated with coping in a qualitative study with Sudanese refugees (Khawaja, White, Schweitzer, & Greenslade, 2008). In a review of predictors of psychosocial adjustment of International students to their host country in the United States, social support was identified as one of four key predictors of psychosocial adjustment across the 64 peer reviewed studies (Zhang & Goodson, 2011).

Experiencing hostility within the host country and feeling marginalised or being subject to discrimination are associated with particularly high risk for development of mental distress or disorder in migrants (e.g., Berry, 1997; Cantor-Graae & Selten, 2005; Harris et al., 2006). For instance, in a study of 129 Southeast Asian refugees, 57 Pacific Island immigrants, and 63 British immigrants in New Zealand, anxiety and depression scores were significantly higher when participants reported having experienced discrimination (Pernice & Brook, 1996). An international systematic review of 138 empirical research studies on self-reported experiences of racism and health also found the strongest and most consistent finding to be the association between racism and poor mental health outcomes (Paradies, 2006). In Australia, this association

has not been confirmed through empirical research. A large survey of CALD people living in Victoria ($N = 1,139$) established and that two-thirds of participants had been “targets of racism in the past year, with nearly half reporting six or more incidents in a year” (VicHealth Promotion Foundation, 2012, p. 1). The research also found that experiencing racism was associated with high levels of psychological distress, and put people at higher risk of developing anxiety and depression.

Asylum seekers in detention and living in the community face additional risks of mental distress and disorder (Khawaja, 2007). International research has shown that where post-migration experiences include significant social disadvantage or further traumatic experiences, the risk of mental illness is further increased (Kinzie, 2006; Murray et al., 2008). Increasingly, many refugees arrive in their destination countries without authorisation and then seek asylum (Kinzie, 2006). In Australia, over the past two decades, increased numbers of asylum seekers have met policies designed to deter their arrival such as mandatory detention and temporary visa status (Marston, 2003). For these individuals pre-migration trauma is compounded by ongoing fear of repatriation, barriers to work and social services, family separation and uncertainty in relation to their refugee claim (Sinnerbrink, Silove, Field, Steel, & Manicavasagar, 1997). Mandatory detention poses a particularly high additional risk for the development of mental disorder (Silove & Steel, 1998; Sinnerbrink et al., 1997; Steel et al., 2004).

2.4 Prevalence of Mental Illness and Mental Distress in CALD Communities

The previous section showed that the migration experience is a heterogenous one, and reviewed the specific risks for developing mental distress or disorder as a result of migration. It would be expected that the prevalence of mental illness and mental distress for migrants and refugee communities in Australia would therefore reflect these risks. The following section reviews the available research on prevalence of mental distress and mental disorder for CALD communities in Australia.

2.4.1 Migrants.

Mental health advocates assert that at least 50 percent of migrants worldwide experience mental health issues ranging from chronic mental disorders to trauma and distress (Mental Health Council of Australia, 2008). Research evidence suggests that migrants are at increased risk of developing serious mental disorder (Selten, Cantor-Graae, & Kahn, 2007). A recent meta-analysis of international research systematically compared studies based on population-based incidence data on schizophrenia from 1977 – 2003 (Cantor-Graae & Selten, 2005). It showed that the risk of developing schizophrenia for first-generation migrants across the studies was 2.7 times higher than for non-migrants. Significantly, the analysis also revealed that this risk was even higher for second-generation migrants, for whom the risk was 4.5 times higher than

for non-migrants.

The international research evidence regarding prevalence of depression and anxiety for migrants is more varied. Two reviews of research into rates of depression in migrants concluded that rates of depression were higher for some migrant groups than others, but that it could not be concluded from the data that migrants as a whole were more likely to be diagnosed with a depressive disorder than non-migrants (Bhugra, 2004; Bhugra & Ayonrinde, 2004; Kinzie, 2006).

These international findings suggest that prevalence of mental illness would be equal or higher for CALD people, and in particular for non-English speaking cohorts, than other Australians. It is difficult, however, to make an accurate assessment of the prevalence of mental illness in CALD communities in Australia. To date no comprehensive epidemiological studies have been undertaken that establish the prevalence of mental disorders in CALD communities in Australia (Stolk et al., 2008).

The limited number of studies attempting to compare the prevalence of mental disorders between Australian-born and CALD and non-English speaking cohort groups, have yielded mixed results. Most have employed varied, and at times problematic, methodologies (Klimidis, McKenzie, Lewis, & Minas, 2000). For example, the National Survey of Mental Health and Wellbeing (NSMHW), undertaken in 1999, reported that the 12-month prevalence of mental disorders among people from non-English speaking backgrounds was 14.5 percent, compared

with 18.6 percent for those born in Australia, and 15.7 percent for those born in other English-speaking countries (Pirkis, Burgess, Meadows, & Dunt, 2001). These results are surprising when considered in relation to international data on high prevalence of mental disorders for immigrant and refugee communities. Yet, the validity of studies using the NSMHW data was seriously undermined by the exclusion of participants from the study who did not speak English (Kiropoulos, Blashki, & Klimidis, 2005). The exclusion of non-English speaking CALD individuals at high risk of mental distress and mental disorder suggests that no valid findings on prevalence for CALD communities can be made based on the survey (Pirkis et al., 2001).

In contrast, a series of smaller studies undertaken during the 1990s consistently found that people from a CALD background had a higher prevalence of mental illness than other Australians (Kiropoulos et al., 2003; Klimidis & Minas, 1999; Stolk, 2005; Stuart, Klimidis, & Minas, 1998). For example, using data from the 1989-1990 National Health Survey undertaken by the Australian Bureau of Statistics, Stuart found that treated rates of mental disorder were higher for Greek-born, and lower for those born in the UK, Ireland or in South-East Asia, compared to Australian-born individuals (Stuart et al., 1998). In addition, case register data examined by Minas et al. (1999) showed that a higher percentage of Victorian in-patients from a non-English speaking background than English-speaking background were diagnosed with psychosis. Similarly, for a matched community sample of 298 older

Greek-born and Australian born individuals, anxiety and depression measures were consistently higher for the CALD cohort (Kiropoulos et al., 2003). When considering similar data, as well as a mental health census of GPs, Minas reported that when age-corrected, results showed higher prevalence of mental disorders for all migrant groups, except Western European and Southeast Asian groups (Minas et al., 1996).

2.4.2 Refugees and asylum seekers.

The literature confirms that the prevalence of mental disorder is particularly high for refugees and asylum seekers. Two recent international reviews of serious mental disorder in refugee populations both found substantially elevated risks for the development of schizophrenia and post-traumatic stress disorder in refugee populations (Fazel et al., 2005; Kinzie, 2006). In their systematic review of surveys involving 6743 adult refugees from seven countries, Fazel (2005) found that refugees who were settling in Western countries could be up to 10 times more likely to develop post-traumatic stress disorder than the age-matched general population in those countries. They did not, however, identify any significant differences in levels of major depressive disorder between refugees and the general population.

In Australia, research studies also show high prevalence rates for particular mental disorders in refugee populations. A review of research with South Sudanese refugees found high levels of psychopathology, particularly post-traumatic stress disorder and depression, across a

number of Australian quantitative studies (Tempany, 2009). High levels of post-traumatic stress disorder were also evident in a population of Tamil refugees who had been exposed to trauma and torture (Silove et al., 2002). These prevalence rates appear to remain higher for many years after resettlement. For example, a population-based study of Vietnamese refugees in Australia who had been settled in the country for over 10 years, also found that eight percent had a mental disorder, which rose to 12 percent for those who had been exposed to trauma (Steel, Silove, Phan, & Bauman, 2002).

The prevalence of mental disorder appears to be even higher for asylum seekers. Recent research with 74 asylum seekers living in the community reported that 86 % presented with symptoms of mental distress, manifestly higher than that present both in a comparable group of refugees with permanent protection, and the general population (Hocking et al., 2010). For those asylum seekers who are currently detained rates of mental illness and distress are even higher. A number of studies have shown that detained asylum seekers have a much higher burden of emotional distress and anxiety (Mares & Jureidini, 2004), clinical depression, post-traumatic stress disorder, suicidal ideation (Dudley, 2003), and self-harm than asylum seekers living in the community (McLoughlin, 2006). Suicidal ideation reported by asylum seekers in detention in one study, was 54 % higher than that of asylum seekers living in the community (Silove & Steel, 1998). In one study, parents and children in Australian immigration detention centres who

were assessed over a two-year period, all met diagnostic criteria for at least one psychiatric disorder (Steel et al., 2004).

2.4.3 International students.

Although there are currently no population based studies indicating the prevalence of mental illness and distress experienced by international students in Australia, research suggests that acculturation stress is frequently experienced by international students (Smith & Khawaja, 2011). A number of small research projects undertaken at individual universities suggest that international students may be prone to experiencing mental distress during their time studying in Australia. For example, a study of the health and wellbeing of 979 international students at the University of Melbourne found that while overall students did not experience studying overseas as detrimental to their well-being (Rosenthal, Russell, & Thomson, 2008), there were elevated levels of symptoms of anxiety, stress and depression on the Depression, Anxiety and Stress Scale (DASS) for this group when compared to age-related norms (Crawford & Henry, 2003).

Three other Australian studies also found reported symptoms of psychological distress such as worry and rumination in international students (Khawaja & Dempsey, 2007), and experiences of loneliness and social isolation (Gillies, 2012; Sawir et al., 2008). Moreover, high levels of psychological distress were reported amongst international students in a study ($N=86$) comparing the experiences of a cohort of domestic and

international students (Khawaja & Dempsey, 2008). While high, these levels of psychological distress did not differ significantly between the two student groups.

2.5 Underutilisation of Mental Health Services by CALD

Communities

The previous section reviewed Australian and international research literature on the prevalence of mental illness and distress in CALD communities. Overall, the literature suggests that these groups experience mental illness and distress at the same level as other Australians, but that for some groups, such as refugees, and for some specific disorders, such as schizophrenia, the prevalence of diagnosis may be much higher. This implies that individuals from CALD backgrounds should present for psychological treatment at least as frequently as Australian-born clients.

While, to the best of the author's knowledge, there is no empirical data to show the utilisation of psychological services by CALD clients in Australia, research data on utilisation of mental health services is available. International research has shown underutilization of mental health services by immigrant communities in countries such as the United States (Herrick & Brown, 1998; Neighbours et al., 2007; Vega, Bohdan, Aguilar-Gaxiola, & Catalano, 1999), the United Kingdom (Bhugra, 2004; Laird, Amer, Barnett, & Barnes, 2007), and Canada

(Kirmayer et al., 2007; Li & Browne, 2000). The literature in Australia also consistently shows that CALD groups are under-represented in psychiatric services (Hassett & George, 2002; Trauer, 1995), in seeking help from GPs (Kiropoulos et al., 2005), accessing allied health professionals (Steel et al., 2006), primary health care services (Correa-Velez, Johnston, Kirk, & Ferdinand, 2008), and university counselling services (Russell et al., 2008).

A recent comprehensive report on access to mental health services in Victoria by Stolk et al. (2008) confirmed that CALD clients were significantly less likely than Australian-born clients to be treated in community and acute mental health settings. Moreover of those treated, a significantly higher proportion of CALD clients were diagnosed with psychosis rather than less serious mental illnesses and CALD clients were significantly more likely to be admitted involuntarily than their Australian-born compatriots. Importantly, the study also identified that the gap in access to mental health services for CALD is widening.

Research suggests that utilisation rates are not uniform amongst different ethnic cohorts. For example, one study showed that immigrants from China, though one of the largest immigrant groups in Australia, were amongst the lowest represented in mental health services (Klimidis et al., 1999). Another study found that Vietnamese-speaking immigrants and Arabic speaking groups were less likely than Australian-born clients to use specialist psychiatric services (McDonald & Steel, 1997). In a study of elderly clients of a community aged psychiatry service it was

shown that the representation of elderly European migrants was similar to the local population, while elderly migrants from Asia and other non-European backgrounds were under-represented (Hassett & George, 2002).

Research that specifically addresses the utilisation of psychological and mental health services by asylum seekers and refugees in Australia is limited. For the most part these specific groups are subsumed under the CALD label in the research studies reviewed above. Research carried out with Sudanese refugees ($N = 64$) in 2010 found that even though they presented with significant distress only two individuals had accessed counselling or psychological services (Copelj, 2010). The only study to specifically addressed service utilisation of asylum seekers was undertaken in 2008 (Correa-Velez et al., 2008). The study involved analysing the health records of asylum seekers ($N = 341$) attending asylum-seeker health clinics between 2005 and 2006. Results showed that 27 % of consultations were in relation to psychological problems.

A consensus is emerging in the research literature that international students in Australia, and internationally, underutilise university counselling services. Early research undertaken at three Australia universities in the 1990s found that international students were high users of student services including counselling and welfare services compared to Australian students (Mullins, Quintress, & Hancock, 1995). This contrasts with findings from a recent literature review (Smith & Khawaja, 2011), recent international research (Sakurako, 2000), and

recent Australian studies (Ang & Liamputtong, 2008; Raunic & Sophia, 2008; Russell et al., 2008) which found that international students underutilised university counselling services relative to their domestic student colleagues. For example, a large study of international students ($N = 979$) at a metropolitan university in Australia reported that even though 28% of students identified a need for help, only 20% actually visited the counselling service (Russell et al., 2008).

Overall, the evidence reviewed above suggests that CALD individuals are less likely than other people to access mental health services than individuals from mainstream cultures. Yet, evidence presented in the previous section suggests that prevalence rates in these communities are at least comparable to the mainstream community. It has been suggested in the literature that service under-utilisation may be due to professional practice, language, cultural and service quality factors that pose barriers to accessing mental health and psychological services for CALD people (Klimidis et al., 2000).

2.6 Barriers to Effective Psychological Services for CALD People

The literature demonstrates that CALD clients face multiple barriers to accessing and receiving culturally appropriate mental health and psychological treatment (McConnochie et al., 2012). Cultural differences can affect individuals' subjective experience of and manifestation of mental distress and illness, the idioms of distress they

use, the ways in which they understand their experiences, the type of help-seeking behaviour they engage in, and the appropriate diagnoses and treatment approach (Andary, Stolk, & Klimids, 2003; Stolk, 2005; Stolk et al., 2008). However, standardised Western practices are based on the assumption of universality of mental distress and disorder and, therefore, of assessment and treatment approaches. It has been argued that Western approaches at best ignore important subjective experiences of CALD clients, and at worst may do harm due to their potential for mislabeling or misdiagnosing problems (American Psychological Association, 2002; Kirmayer, 2001). That is, it appears that standard Western practice approaches to mental health and psychological services in Australia are not meeting the culturally specific needs of CALD clients, and instead pose barriers to accessing appropriate services. The section below focuses on major barriers faced by CALD clients identified in the literature: cross-cultural communication issues, variations in mental health beliefs and help seeking behaviour, variations in assessment processes, and other service and socio-cultural barriers to accessing mental health services.

2.6.1 Cross-cultural communication issues.

In most cases accessing mental health and psychological services require cross-cultural communication. For non-English speaking CALD people their inability to speak English with health professionals poses a significant barrier to accessing psychological or mental health services.

However, cross-cultural communication may pose a barrier even for CALD individuals who are usually fluent speakers of English. Procter (2006) noted that in times of emotional distress it is not uncommon for persons from a non-English speaking background to revert to their language of origin. The language barrier to service utilization is therefore constituted in part by the inability to communicate in the client's language of origin (Romios, McBride, & Mansourian, 2007), as well as by the low rates of qualified interpreters used in mental health settings in Australia (Minas et al., 1996).

Research with mental health and psychological service staff on barriers to CALD clients accessing services identified lack of access to bilingual staff (Marsella, 2008; Minas, Klimidis, et al., 2007), lack of access to interpreters in appropriate community languages and insufficient funding for interpreter services (Renzaho, 2007). Notably, in a recent survey 40 percent of CALD patients chose to visit a GP who consulted in another language, and almost 80 percent of CALD patients with poor English proficiency chose to attend bilingual GPs (Kiriopoulos et al., 2005).

Cultural variations in the use of idioms of distress are another cross-cultural communication issue that can pose a barrier to effective psychological practice with CALD clients. For example, in research published on Chinese patients of mental health services in Australia, an elderly Chinese patient with a 30-year history of depressive disorder described his distress in the following words: "I felt very unbalanced.

Before this, the atmosphere in our house was harmonious” (Hsiao, Klimids, Minas, & Tan, 2006). Balance and harmony are important expressions of mental well-being, and are also central to the explanatory model of mental illness for clients from Confucian backgrounds (Phan, Steel, & Silove, 2004). Research has demonstrated that misunderstanding idioms of distress can contribute to diagnostic mistakes when Western practitioners assess CALD clients (Phan et al., 2004) and lead clients to feel misunderstood by health practitioners (McConnochie et al., 2012).

It is particularly evident in the literature that problems with miscommunication may arise more frequently when working with newly arrived refugees and asylum seekers, and that valid and reliable interpretation of unique expressions of distress and presenting symptoms requires advanced cross-cultural communication skills and may indeed require the use of bicultural workers (Murray et al., 2008). In part, this may be due to the cultural distance between newly arriving communities of refugees and asylum seekers and the Australian population. Levels of acculturation and cultural distance have been shown to act as barriers to accessing health services by members of ethnic communities (McConnochie et al., 2012).

The type of interpreter frequently used by services may pose a barrier to accessing services. The literature suggests that use of family members is common practice by some health services. Lack of privacy and the likelihood of error in translations through these practices pose barriers to effective mental health treatment (Miletic et al., 2006).

Research suggests that lack of privacy and confidentiality can also be an issue in small CALD communities, in which interpretation may be undertaken by qualified interpreters who are known to the client (McConnochie et al., 2012).

2.6.2 Mental health beliefs and help seeking behaviour.

Help seeking behaviours that do not fit with seeking psychological treatment have been identified as barriers to CALD clients accessing mental health or psychological services. The literature shows that some CALD individuals hold cultural beliefs about where to seek help for their mental health issues that do not align with seeking psychological treatment. For example, a study of West Indian immigrants in Canada showed that many participants believed that cures for mental illness would be found in God, and to a lesser extent traditional folk medicine, rather than in Western medicine or treatment (Whitely et al., 2006). In a US study investigating help seeking behaviours and emotional distress among Latino men and women, seeking help from family for distress was found to be perceived as more culturally congruent than taking problems to 'outsiders' (Whitely et al., 2006).

It has also been shown that stigma attached to mental illness may be particularly strong in some CALD populations, and that this can affect help seeking behaviour (Kiropoulos et al., 2005). Empirical research in Australia showed that stigma was a barrier to accessing services identified by Chinese migrants (Blignault, 2008), refugee adolescents

(Australian Bureau of Statistics, 2000), and migrants from the former Yugoslavia (Copelj & Kiropoulos, 2011).

A mismatch of mental health beliefs between CALD clients and mental health professionals and psychologists can constitute a barrier to developing a mutually agreeable approach to assessment and treatment. In Western cultures, mental illness is often explained as a biomedical problem, in which a combination of biological vulnerability (genetic predisposition) and environmental influences (such as stress or trauma) interact (Thomas, Bracken, & Yasmeen, 2007). Symptoms, including some physical symptoms, are understood to have a psychological cause within this belief system. This model is at the heart of Western psychology's understanding and treatment of mental illness.

In contrast, research in Australia has demonstrated culturally distinct explanatory models of mental illness amongst Greek-born and Italian-born migrants (Kiropoulos & Bauer, 2011), Indigenous people (Vicary & Bishop, 2005) and Turkish migrants (Minas, Klimids, & Tuncer, 2007). Empirical evidence has identified mental health beliefs based on biophysical and cosmological concepts derived from Chinese medicine (Phan et al., 2004), collectively experienced and based on external socio-political factors (Kokanovic, Dowrick, Butler, Herrman, & Gunn, 2008), or due to supernatural causal beliefs (Minas, Klimids, & Tuncer, 2007). A recent Australian study involving 112 Asian-Australian university students has provided evidence that strong adherence to Asian cultural values was negatively correlated to seeking professional

psychological help (Urquhart, 2009).

2.6.3 Culturally appropriate assessment processes.

Lack of culturally validated and appropriate assessment processes also constitute a barrier to effective provision of psychological services to CALD clients. Assessment processes such as the clinical interview taught to Western psychologists, have been criticised for being ethnocentric (Bhui & Bhugra, 1997; Dana, 1998a) and for not taking into account the role of culture (Aklin & Turner, 2006). This increases the risk of misdiagnosis and ineffective treatment of clients from CALD backgrounds (Andary, Stolk, & Klimids, 2003).

The majority of assessment instruments routinely used in Australian psychological practice were developed and validated in Western countries (Minas, 2007). Many studies have questioned the validity of using such Western assessment instruments with clients from CALD backgrounds in clinical assessments (Acevedo-Polakovich et al., 2007), child intake assessments (Ecklund & Johnson, 2007), neuropsychological assessments (Vrantsidis, 2008), assessments of ability (Fraine & McDade, 2009; Smith, Flicker, Dwyer, March, Mahajani, Almeida & LoGiudicce, 2009), and behavioural disturbances in school settings (Grant, Oka, & Baker, 2009). It is argued by cross-cultural psychological assessment experts that the cultural variations in the manifestation of mental illness, culture-bound syndromes, idioms of distress, and explanatory models will be missed by mainstream

assessment processes (Andary, Stolk, & Klimidis, 2003). For instance, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) diagnostic criteria have been criticised by transcultural psychiatrists for not having been validated across cultures (Andary, Stolk, & Klimidis, 2003), and for not taking account of the influence of culture on the manifestation, symptomology and expression of mental illness (Lewis-Fernandez & Diaz, 2002).

Awareness of culturally appropriate assessment processes remain limited in the psychology profession according to cross-cultural psychologists (Mezzich, Caracci, Fabrega, & Kirmayer, 2009). However, the literature suggests that effective assessment practices with CALD clients could include the use of the Cultural Formulation interview (Bennett, 2009; Kupa, 2009; Lewis-Fernandez & Diaz, 2002; Mezzich et al., 2009). Alternatively culturally appropriate assessment can make use of instruments that have been specifically developed and validated with cultural groupings, such as the ethnographically derived Phan Vietnamese Psychiatric scale, which measures anxiety, depression and somatisation in Vietnamese populations (Phan et al., 2004). The West Australian Transcultural Mental Health Centre (Ryder, Little, Wright, Pearman, & Willett, 2005) and the Victorian Transcultural Psychiatric Unit (Victorian Transcultural Psychiatry Unit, 2011) each publish a list of such clinical assessment tools that have been translated and validated for use with CALD populations.

Consultation with cultural informants to assist in establishing

validity of assessments has also been recommended as a means of improving the competence of cross-cultural clinical assessments (Acevedo-Polakovich et al., 2007). The use of cultural consultants drawn from the same language and cultural grouping as the clients, with the consent of the client, can ensure that cultural factors, and the language used to describe them, have been accurately understood by the practitioner (Bennett, 2009). It can also help ensure that the client's symptoms are correctly assessed as normal or aberrant within the client's own cultural milieu (Stolk et al., 2008).

CALD children who are challenged paedagogically, behaviourally or socially in schools also face barriers to accessing effective assessment processes. Currently, assessment guidelines for the diagnosis of intellectual disability in most Australian states mandate that an individual scores below a particular level on a standardized cognitive assessment instrument in order to access disability support (Fraine & McDade, 2009). For instance, the Victorian Guidelines mandate the use of instruments, such as the Wechsler Preschool and Primary Scale of Intelligence – Third Edition (WPPSI-III, Wechsler, 2002) and the Wechsler Intelligence Scale for Children – Fourth Edition (WISC-IV, Wechsler, 2004), when applying for disability support funding (Department of Education and Early Childhood Development, 2009). However, evidence has shown that the use of such standardised instruments may not be appropriate for use with CALD students because the assessment's validity can be affected by differences in cultural

background, experience of schooling, level and quality of education, test-taking experience, proficiency in the instrument language, and experience of the culture in which the instrument was developed (Fraine & McDade, 2009). For example, a student's capacity for English or their lack of prior schooling, rather than their intellectual capacity, may cause low scores on both verbal and non-verbal IQ assessments (Ardial, 2005). The potential for overdiagnosis of intellectual disability in CALD cohorts, particularly in newly arrived groups seems clear. While research in this area is scarce, there is evidence in the US that ethnically diverse students are disproportionately represented in special education classes (Rhodes, Ochoa, & Ortiz, 2005). For refugee and asylum seeker students these cultural and language issues may be further compounded by their experiences of trauma, and the effect of trauma on their ability to concentrate and undertake complicated cognitive tasks (Kaplan, 2009).

It appears that some work has begun to address this barrier. In response to these concerns mandates on standardised assessment procedures with school students are being relaxed and alternative forms of assessment for newly arrived migrants and refugees accepted and promoted (Whitelaw, 2008). For example, the Victorian Government has set out guidelines for assessment of refugees and recent arrivals from non-English speaking backgrounds (Department of Education and Early Childhood Development, 2009). Alternative assessment procedures, such as a dynamic assessment format (Wright, 2008) and a process approach to assessment (Fraine & McDade, 2009), have been developed by

Australian cross-cultural practitioners for use with CALD students.

2.6.4 Systemic and socio-cultural barriers.

CALD individuals have been shown to face a number of additional systemic barriers to accessing effective mental health and psychological services (Romios et al., 2007). Factors associated with being newly arrived in Australia contribute initial barriers to accessing services. For instance, lack of information about services has been identified as an initial barrier to CALD clients accessing services by a number of mental health service providers (Australian Bureau of Statistics, 2000; Romios et al., 2007; Stolk et al., 2008). In addition, lack of economic status, insecure living conditions, lack of social support, and the perception that addressing health needs is a luxury have each been shown to be barriers to service access in a large scale literature review (McConnochie et al., 2012).

Lack of funding and resources to support culturally specific services have also been listed as systemic barriers in the literature. For example, in a 2007 survey of 101 ethno-specific services in Australia, high caseloads, threats to program continuity, and lack of program funding were mentioned as particular barriers to service provision to CALD clients (Minas, Klimidis, et al., 2007). They also identified lack of access to an appropriate evidence base to inform appropriate treatment of CALD communities (Minas, 2007; Romios et al., 2007).

Prior negative experiences with mental health services, and in particular experiences of discrimination, provide a further barrier for

CALD clients accessing psychological and mental health services (Blignault, 2008; Ishikawa, Cardemil, & Falmagne, 2010). For example, Canadian research with West Indian migrants cited above, revealed the perception of a dismissive attitude from service providers as one of three key deterrents for their use of current mental health services (Whitely et al., 2006).

2.7 Summary

This review of literature presented in this chapter suggests that there is a need to develop more effective cross-cultural practice in Australia. The review suggests that given the great cultural diversity of Australian society and the particular risks to mental health posed by migration processes, Australian psychologists will be required to work with CALD clients, and that they will need to take into account cultural issues in this work. Research canvassed in this chapter demonstrates that current practices are not meeting the needs of CALD clients. CALD clients are not accessing mental health services as frequently as their fellow Australians. When they do attend services, there are numerous barriers in place that prevent them from receiving culturally relevant and effective psychological treatment. In some cases, for instance in the imposition of culture-blind assessment processes, this may lead to harm arising from CALD clients engagement with psychological practices in Australia.

Chapter 3: Multicultural Competence and Cross-cultural Psychological Practice

3.1 Chapter Overview

The previous chapter has demonstrated the poorer mental health outcomes of CALD people in Australia (relative to the population as a whole), as well as barriers to, and under-utilisation of, mental health and psychological services. This suggests the need for improvements in the provision of psychological services and cross-cultural practice in order to meet the needs of CALD clients.

This chapter will discuss what the response to this challenge by the psychology profession in Australia has been to date, and highlight where further work is required to improve outcomes for CALD clients. It will begin by describing how the mental health and psychology profession policy and training frameworks recognise this challenge. First, the policies, training requirements and ethical standards related to multicultural competence and cross-cultural psychological practice developed by governments and the psychology profession in Australia will be outlined. Secondly, the international literature on multicultural competence is reviewed. Notably, an international focus was required because Australian research in this area is relatively limited. The international multicultural competence literature, in contrast, is extensive, and the review will focus particularly on the influential tri-partite model

of multicultural competence adopted by the APA (Sue, 2001). This model has also become the main conceptual model underpinning research and cross-cultural practice approaches across the English-speaking world. The chapter also canvasses critiques and limitations of this multicultural competence approach.

The chapter will then discuss a small number of studies that focus directly on cross-cultural psychological practice from the perspective of psychologists and clients. This small literature highlights that despite policy efforts in Australia, and a comparably intense international research effort on multicultural competence, there is only limited understanding of cross-cultural psychological practice with CALD clients in Australia, or the practical ways to improve this practice.

3.2 Policy and Ethical Guidelines

3.2.1 Mental health policy and practice standards in Australia.

Over the last 20 years Australian health policy has responded to the growing need to deliver mental health services that take into account the cultural diversity of Australian society (Minas, Klimidis, et al., 2007). The most recent National Mental Health Plan 2003-2008 (Commonwealth of Australia, 2003) has been supplemented by an implementation document that specifically addresses the needs of CALD people (Commonwealth of Australia, 2004). *The Framework for the*

Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia (2004) has been described as a high point for multicultural mental health policy (Griffiths, 2006). It identifies the challenges in cross-cultural service provision as: ensuring that mental health needs of people from CALD backgrounds are met; developing public policy to ensure equity and access for a diverse community; planning and delivering culturally competent and appropriate services; and developing and maintaining a culturally competent workforce. Recently the Australian Government's National Standards for Mental Health Services (2004) and the National Practice Standards for the Mental Health Workforce (2003) also specifically incorporated standards that require service organizations and mental health professionals to actively take into account the cultural diversity of clients, develop culturally competency, and to provide services that address the culturally specific needs of CALD people.

These Commonwealth policy initiatives are mirrored in state government policies. As part of a larger research project into depression Minas et al. (2007) undertook a comprehensive review of every major mental health policy relating to cross-cultural service delivery and professional practice. They discovered that every state and territory has mental health policies that refer to ethnic minority communities. Victoria, New South Wales, Western Australia and Queensland are particularly 'active states' with a strong focus on mental health services for CALD communities.

There is, however, currently no evidence to show that the inclusion of these requirements in policy settings over the past 20 years has led to demonstrable changes in outcomes for CALD clients. Nor have the practices of mental health professionals, including psychologists, been systematically assessed against these national and state based policy requirements. Thus, despite a strong policy focus, little is currently known about the actual levels of multicultural competence of mental health workers and services in Australia.

3.2.2 Accreditation requirements, training standards, ethical and professional guidelines of the psychology profession in Australia.

Psychology Board of Australia. Since 2010 all psychologists practicing in Australia have been required to register with the national Psychology Board of Australia (PsyBA). The PsyBA has developed *Guidelines on areas of practice endorsements* (Psychology Board of Australia, 2010) which set out the key competencies required for endorsement as registered psychologists. Core competency (“G”) directly addresses cross-cultural issues. It requires that psychologists achieve the competency to work “within a cross-cultural context – this includes demonstrating core capabilities to adequately practice with clients from cultures and lifestyles different from the psychologist’s own” (Psychology Board of Australia, 2010, p. 7). The inclusion of this requirement in the Guidelines significantly raises the level of engagement and competency expected of Australian psychologists in this

area of practice.

Australian Psychology Accreditation Council. Similarly, the Australian Psychology Accreditation Council (APAC) endorsed a set of *Rules for Accreditation and Accreditation of Standards for Psychology Courses* in 2010 (Australian Psychology Accreditation Council, 2010). It mandates the inclusion of knowledge of intercultural diversity and Indigenous psychology, understanding of the influence of culture on psychological assessment, and the development of communication skills with individuals and groups from various cultural backgrounds as core capabilities that need to be developed by each accredited undergraduate psychology course taught in Australia. Unfortunately, what this means and what, or how much, content should be included has not been specified.

APAC has recently released a consultation draft of *revised accreditation standards for psychology courses in Australia* (Australian Psychology Society, 2013). Requirements for developing cultural competence through psychology courses have been further expanded within these proposed new standards through the inclusion of a specific new competence area (Competence B7: Working in a cross-cultural context). It requires graduates to develop the relevant knowledge and skills to, with support, adjust all aspects of psychological practice to meet the cultural needs of CALD and other culturally diverse clients.

Despite these laudable recent initiatives there is no evidence that the multicultural competence of psychologists graduating and seeking

endorsement in Australia has improved as a result of these initiatives. The issue of training psychologists in multicultural competence, and the available evidence from the Australian and international literature, is discussed in more detail below (see page 71).

Australian Psychological Society. Focusing on cultural issues is relatively novel in the history of the Australian psychology profession. The Australian Psychological Society (APS) is the largest voluntary professional association of psychologists in Australia. It represents over 20,000 psychologists and has been responsible for the development of the psychology profession's ethical code and guidelines. For most of its history, the APS has not distinguished between psychological practice with CALD, Indigenous or other Australian clients (Sanson et al., 1998).

Indeed, cultural difference was largely absent from psychological practice and research discourse in Australia until the 1990's. In response to criticism on this issue the APS sponsored a groundbreaking symposium on the Psychology of Indigenous Peoples (Gridley, Davidson, Dudgeon, Pickett, & Sanson, 2000), and launched a number of initiatives that recognise the specific needs of Indigenous people in the delivery of psychological services. While much remains to be done to significantly improve mental health outcomes for Indigenous Australians (Brown, 2001; Burke, 2006; Vicary & Bishop, 2005; Westerman, 2004), the APS has actively engaged in this area in a number of ways. For example, it developed an ongoing APS Interest Group on Aboriginal Issues (Gridley et al., 2000), actively supported the development of

curriculum guidelines for incorporating Australian Indigenous content into psychology undergraduate programs (Burke, 2006; Ranzijn, McConnochie, & Nolan, 2007; Ranzijn, McConnochie, Nolan, & Day, 2006). It also set up a bursary scheme (*APS Bendi Lango Initiative*) to increase the number of Indigenous psychologists (Gordon, 2006).

The APS response to CALD clients and communities has been slower and less intensive. Nonetheless, the APS has adopted a number of initiatives over the past 20 years. First, the APS ethical codes and practice guidelines recognised cultural diversity issues for the first time in the mid-1990s (Sanson et al., 1998). The most recently adopted *Code of Ethics* (2007) explicitly notes under General Principle A: Respect for the rights and dignity of people and peoples:

A.1 Justice

A.1.1 Psychologists avoid discriminating unfairly against the people on the basis of age, religion, sexuality, **ethnicity**, gender, disability, or any other basis proscribed by law.

A.1.2 Psychologists demonstrate an understanding of the consequences for people of unfair discrimination and stereotyping related to their age, religion, sexuality, **ethnicity**, gender, or disability.

A.1.3 Psychologists assist their clients to address unfair discrimination or prejudice that is directed against the clients.

In the accompanying explanatory statement the Code makes the

meaning of these principle explicit in regard to CALD clients:

“[psychologists must] have a high regard for the diversity and uniqueness of people and their right to linguistically and culturally appropriate services” (Australian Psychological Society, 2007, p. 11).

Standard B.7 of this Code also specifically addresses the use of interpreters and mandates a series of ethical responsibilities when working with them, such as ensuring that the interpreter is not in a multiple relationship with the client that may impair the interpreter’s judgment (Australian Psychological Society, 2007).

Second, the APS has developed practice guidelines that address cultural diversity issues in psychological practice with Indigenous clients. As mentioned above the *Guidelines for the provision of psychological services for, and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia* specifically describe an ethical approach to working with Aboriginal and Torres Strait Islander people (Australian Psychological Society, 2003b).

The APS has not to date developed similar specific guidelines for undertaking psychological practice with CALD clients. Instead, cultural competence and the need to recognise the different life experiences of clients from CALD backgrounds in psychological practice are referenced within three APS practice guidelines: *Guidelines for psychological practice with lesbian, gay, and bisexual clients* (Australian Psychological Society, 2010), *Guidelines for the use of psychological tests* (Australian Psychological Society, 2009), and *Guidelines for psychological practice*

with women (Australian Psychological Society, 2003a). Table 3 includes the cross-cultural practice aspects addressed in each of the guidelines.

In summary, these guidelines require psychologists in Australia to develop professional competency in recognising the impact of cultural and linguistic diversity on identity development, cultural difference in the experience and expression of distress, to understand the effects of racism and prejudice on clients, and to develop a high level of knowledge about the intersection of culture and formal assessment processes, and in particular, the impact of culture on the validity of standard assessment tools.

Third, the APS sponsored the production of a discussion paper on racism and prejudice that addressed psychologists working with CALD clients (Sanson et al., 1998). The paper contained recommendations for actions the APS should take on cross-cultural psychological practice with CALD people. For example it recommended that a proportion of APS professional development activity be dedicated to cross-cultural psychology. Only a few of these recommendations, including the establishment of a Psychology and Cultures Interest Group have been implemented to date (Australian Psychological Society, 2011).

Table 3

Cross-cultural Issues Identified in APS Professional Practice Guidelines

Guidelines for psychological practice with lesbian, gay, and bisexual clients (Australian Psychological Society, 2010)	Guidelines for the use of psychological tests (Australian Psychological Society, 2009).	Guidelines for psychological practice with women (Australian Psychological Society, 2003a)
<p>Section 10.</p> <p>In offering psychological services to culturally and linguistically diverse lesbian, gay, and bisexual clients, it is not sufficient that psychologists simply recognise the cultural, linguistic and religious/spiritual diversity of their clients. Clients may be affected by the ways in which their culture views same-sex attraction. The effects of racism within lesbian, gay, and bisexual communities are also critical factors to consider for psychologists. Psychologists are sensitive to the complex dynamics associated with cultural values about gender roles, religious and procreative beliefs, and degree of individual and family acculturation within Australia. They are also sensitive to the client's personal and cultural history of discrimination or oppression (Greene, 1994). All of these factors may have a significant impact on identity integration and psychological and social functioning.</p>	<p>4.1. Psychologists are aware of the limitations of using English language assessment tools for the psychological assessment of culturally and linguistically diverse clients (Stolk, 2009).</p> <p>4.2. When psychologists are obtaining informed consent for a psychological assessment and explaining the limits to confidentiality, psychologists are aware that some clients from culturally and linguistically diverse backgrounds may not be familiar with these concepts. Where necessary, psychologists seek the advice of a relevant cultural consultant.</p> <p>4.3. When assessing clients who are immigrants or former refugees, psychologists take responsibility for overcoming any language or cultural bias in the assessment instruments used. Psychologists are also mindful of the possibility that these clients' previous experiences may affect their readiness to be assessed.</p> <p>4.4. When psychologists conduct assessments of cognitive functioning for culturally and linguistically diverse clients, psychologists review the suitability of available assessment tools, and adapt their assessment processes to reflect accurately each client's capabilities.</p>	<p>Section (3.x)</p> <p>[Members should] consider the intersection of gender with cultural differences. Each culture has its own social and historical context, values, moral principles, constructions of gender, and ways of managing distress. Ideally, women would have access to psychologists from within their own cultures Implementation includes members taking responsibility to familiarise themselves with the client's culture, for example by seeking supervision from a culturally appropriate source.</p>

Fourth, the APS has recently recognised the particular needs of refugees and asylum seekers through the establishment of the Refugee Issue Interest Group and sponsorship of a comprehensive literature review to provide practitioners with an evidence base to support their psychological practice with these individuals and groups (Murray et al., 2008).

To contextualise the Australian psychology profession's approach to cross-cultural psychological practice, it is worth considering how this approach compares to psychology professions in similar countries. The United States, Canada, the United Kingdom, South Africa and New Zealand are all countries, which like Australia are predominantly English-speaking and are multicultural in make-up. Table 4 provides a comparison of ethical codes and practice guidelines on cross-cultural practice of each country's psychology professions.

The United States and New Zealand each have highly developed requirements for the recognition of cultural diversity and culturally competent practice (American Psychological Association, 2002a; New Zealand Psychological Society & New Zealand Psychologists Board, 2002). Canada, South Africa and Australia have developed ethical frameworks governing some but not all aspects of cross-cultural practice (Australian Psychological Society, 2007; Canadian Psychological Society, 2003; Health Professions Council of South Africa, 2004), while in the United

Table 4

Comparison of Cross-cultural Issues in Ethical Codes and Professional Practice Instruments for the Psychology Professions of six English-speaking Countries

Country	Ethics Code	Specific Practice Guidelines
Australia	<p><i>Code of Ethics</i> (2007)</p> <ul style="list-style-type: none"> - respect for diversity & non-discrimination - use of interpreters 	<p><i>Guidelines for the provision of psychological services for, and the conduct of psychological research with Aboriginal and Torres Strait Islander people of Australia</i> (2003b)</p> <ul style="list-style-type: none"> - sets guidelines for research, service provision, mandated skills, knowledge and self-knowledge, psychological testing and assessment, suicidality and training.
Canada	<p><i>Canadian Code of Ethics for Psychologists</i> (2003)</p> <ul style="list-style-type: none"> - respect for diversity & non-discrimination - cultural variation in meaning of family & privacy - evaluate own culture 	<p><i>Guidelines for Non-Discriminatory Practice</i> (2001)</p> <ul style="list-style-type: none"> - contains 21-point practice Guidelines for Ethical Practice with Diverse Populations
New Zealand	<p><i>Code of Ethics for Psychologists working in Aotearoa/New Zealand</i> (2002)</p> <ul style="list-style-type: none"> - declaration of due regard for cultural diversity and Treaty of Waitangi for all psychologists - respect for diversity & non-discrimination - relations between Maori & non-Maori - sensitivity to diversity 	<p><i>Guidelines for Cultural Safety</i> (2005a)</p> <ul style="list-style-type: none"> - sets mandatory standards of clinical and cultural competence and ethical conduct to be observed by all registered psychologists
South Africa	<p><i>Rules of Conduct Pertaining Specifically to Psychology</i> (2004)</p> <ul style="list-style-type: none"> - respect for diversity & non-discrimination - use of interpreters - understanding of impact of cultural diversity on assessment and diagnoses 	n/a
United Kingdom	<p><i>Code of Ethics and Conduct</i> (2009)</p> <ul style="list-style-type: none"> - no reference to cross-cultural issues 	n/a

Country	Ethics Code	Specific Practice Guidelines
United States	<i>Ethical Principles of Psychologists and Code of Conduct, 2010 Amendments (2002a)</i> - respect for diversity & non-discrimination	<i>Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (2002b)</i> reviews literature and outlines knowledge, attitudes and skills for psychologists in multicultural societies in six areas: practitioner multicultural attitudes; multicultural knowledge; multicultural education; multicultural research; multicultural skills; and cultural policies and practices.

Kingdom no references to cultural issues could be found in their *Code of Ethics and Conduct* (The British Psychological Society, 2009).

The APS has devoted significant effort and resources to addressing the needs of CALD clients within the psychology profession over the past 20 years. However, the Australian effort is lagging behind compared to countries such as the United States. Most particularly, the lack of comprehensive guidelines for psychological practice with CALD clients is a major limitation of the Australian psychology profession's attempts to address deficits in cross-cultural psychological practice.

3.3 Multicultural Competence

In this section the focus of the chapter shifts to considering the concept of multicultural competence itself in some detail. The psychology profession's focus on multicultural competence in the conceptual and empirical literature has a long history. Throughout this history the vast bulk of the published literature has originated in the United States. The first articles on psychological practice with racial and ethnic minority clients appeared in the United States in the 1950s. Accounts of failures of mainstream psychology to address the needs of culturally diverse clients were published throughout the 1970s and the first formal description of the concept of multicultural competence was published in 1982 (Robinson & Morris, 2000).

Literature on multicultural competence originating in other

multicultural English-speaking countries such as Australia, Canada, the United Kingdom and New Zealand is comparatively limited, and less likely to specifically originate from, or directly address, the psychology profession. Instead research and commentary on issues of multicultural competence from these countries has largely emerged from allied health professions such as the psychiatric and medical professions (e.g., Bhui, Warfa, Edonya, McKenzie, & Bhugra, 2007; Lo & Fung, 2003), and nursing (Gillies, 2006).

3.3.1 Definition of multicultural competence.

Multicultural competence has been defined in many ways and there is currently no consensus about a shared definition in the psychology literature (Gow, 2002; McDermott, 2010). For the purpose of this study, the definition developed by Robinson and Morris was adopted. Their definition of multicultural competence was chosen because it incorporates both a focus on professional skills, knowledge and awareness, and the practitioner's empathic ability to tailor these to each individual client:

a multiculturally competent professional has specific awareness, knowledge, and skills in the areas of ethnicity, race and culture and is able to utilize these qualities to sensitively engage racial/ethnic minority clients in a manner that is consistent with the needs of the client being served (2000, p. 244).

3.3.2 Models and elements of multicultural competence.

The literature contains some divergent views on precisely what type of theoretical model best represents multicultural competence, and about which individual elements constitute multicultural competence (e.g., Gow, 2002; McDermott, 2010). However, by far the most influential and persuasive model of multicultural competence in the psychology literature was first developed by the Education and Training Committee of the APA's Division of Counseling Psychology (Division 17) led by prominent cross-cultural theorist Derald Wing Sue (1982), and further revised in 1992 (Sue).

In a review of competence models, the tripartite model of multicultural competence has been praised for achieving remarkable content validity and playing a foundational role in the field (Ponterotto et al., 2000). As a result it underpins the *Practice Guidelines for Psychologists in Cross-cultural Practice* adopted by the APA (American Psychological Association, 2002b), and forms the theoretical underpinnings of the majority of empirical research and cross-cultural practice approaches in the United States and internationally (e.g., Hansen, Pepitone-Arreola-Rockwell, & Greene, 2000; Lopez & Rogers, 2001; Ponterotto, Rieger, Barrett, & Sparks, 1994; Stolk, 2005).

The so-called tri-partite model of multicultural competence organises elements of multicultural competence along three dimensions: awareness, knowledge and skills. These have been defined as follows:

1. *Awareness component* - an understanding of one's own cultural conditioning and its effects on one's beliefs, values and attitudes;
2. *Knowledge component* - understanding and knowledge of the worldviews of culturally different individuals and groups; and
3. *Skills component* - use of culturally appropriate interventions, assessment and communication skills (Sue, 2001).

One of the only empirical studies of this type undertaken in Australia identified these same three factors of multicultural competencies (awareness, knowledge and skills) in its development of the *Multicultural Mental Health Awareness Scale* (MMHAS) (Khawaja, Gomez, & Turner, 2009). The MMHAS was developed to assess the multicultural competence of mental health professionals in Queensland, Australia.

Table 5 shows the 31-individual elements of multicultural competence organised by awareness, knowledge and skills identified by Sue in his revised model (Sue et al., 1992). Individual

Table 5

31-Components of Multicultural Competence

<i>Awareness</i>	<i>Knowledge</i>	<i>Skill</i>
1. Aware and sensitive to own heritage and valuing/respecting differences.	1. Has knowledge of own racial/cultural heritage and how it affects perceptions.	1. Seeks out educational, consultative, and multicultural training experiences.
2. Aware of own background/experiences and biases and how they influence psychological processes.	2. Possesses knowledge about racial identity development. Able to acknowledge own racist attitudes, beliefs and feelings.	2. Seeks to understand self as racial/cultural being.
3. Recognises limits of competencies and expertise.	3. Knowledgeable about own social impact and communication styles.	3. Familiarizes self with relevant research on racial/ethnic groups.
4. Comfortable with differences that exist between themselves and others.	4. Knowledgeable about groups one works and interacts with.	4. Involved with minority groups outside of work role: community events, celebrations, neighbours, and so forth.
5. In touch with negative emotional reactions toward racial/ethnic groups and can be non-judgmental.	5. Understands how race/ethnicity affects personality formations, vocational choices, psychological disorders, and so forth.	5. Able to engage in a variety of verbal/non verbal helping styles.
6. Aware of stereotypes and preconceived notions.	6. Knows about sociopolitical influences, immigration, poverty, powerlessness, and so forth.	6. Can exercise institutional intervention skills on behalf of clients.
7. Respects religious and/or spiritual beliefs of others.	7. Understands culture-bound, class-bound, and linguistic features of psychological help.	7. Can seek consultation with traditional healers.
8. Respects indigenous helping practices and community networks.	8. Knows the effects of institutional barriers.	8. Can take responsibility to provide linguistic competence for clients.
9. Values bilingualism.	9. Knows bias of assessment.	9. Has expertise in cultural aspects of assessment.
	10. Knowledgeable about minority family structures, community, and so forth.	10. Works to eliminate bias, prejudice and discrimination.
	11. Knows how discriminatory practices operate at a community level.	11. Educates clients in the nature of one's practice.

NOTE: Reproduced from Sue (2001).

elements range from values statements (e.g., *Values bilingualism*) to specific skills (e.g., *Can take responsibility to provide linguistic competence for clients.*) and knowledge requirements (e.g., *Knows about sociopolitical influences, immigration, poverty, powerlessness, and so forth.*).

While the skills and knowledge components are not dissimilar to competencies in other areas of psychology, the awareness area is unique in its demand on the psychologist's own values and personhood. The awareness competencies highlight the need for intrapersonal awareness of culture on the part of the psychologist in order to attain multicultural competence. Indeed, Fowers and Davidov (2006) argue that "personal transformation [of the psychologist] is central to multi-cultural training" (p. 582) on the journey to achieving multicultural competence.

Notably, in the knowledge domain, the Sue model specifically identifies five racial/ethnic groupings (European American, Native American, Latino American, Asian American and African American) in relation to which psychologists should develop specific cultural knowledge. This reflects the unique cultural make-up and socio-political history of the United States. In this regard this model may be inadequate for use in Australia, which has its own unique cultural make-up.

A number of cross-cultural commentators have criticised the cultural knowledge domain of the Sue model (e.g., Fields, 2010). They have argued that by focusing on learning particular cultural knowledge to inform cross-cultural practice, stereotypical attributions may result, with

the possibility that the individual differences that characterise the client may be lost (Brown, 2009; Ota Wang, Neil, & Paul, 2001; Seeley, 2004; Stuart, 2004). That is, these critics argue that the multicultural competence approach lacks focus on individual client experience and the cultural environment in which it takes place (Pope-Davis, 2001). Stuart (2004) provides a particularly strong warning: “it is never safe to infer a person’s cultural orientation from knowledge of any group to which he or she is believed to belong.” (p. 5)

The empirical validity of the Sue-model of multicultural competence has also been criticized despite its wide-spread adoption and apparent content validity (Dunn, Smith, & Montoya, 2006). It has been criticised for being conceptually driven, and lacking empirical evidence to support the overall structure and individual components of the model (Sodowsky, Taffe, Gutkin, & Wise, 1994; Worthington et al., 2007). Indeed, results from empirical studies on multicultural competency are varied, and not all of the empirical evidence supports the three distinct elements of the model proposed by Sue (Ponterotto et al., 1994).

Support for additional domains of multicultural competence were found in two studies. For example, Sodowsky et al. (1994) developed and tested a self-report instrument, the *Multicultural Counselling Inventory (MCI)*, of multicultural competency based on the tripartite model and its 31 elements with ($N = 932$) college students. He found that the MCI was made up of four factors: Multicultural Counselling Skills, Multicultural Awareness, Multicultural Counselling Knowledge, and Multicultural

Counselling Relationship. The fourth relationship factor found in the study was the “interactional process with minority clients, such as the counselor’s trustworthiness and comfort level” (Sodowsky et al., 1994, p. 145). In a qualitative study with multicultural counselling scholars, Constantine et. al. (2004), also found a fourth element of multicultural competence, namely personality characteristics of the psychologist (e.g., openness, flexibility, commitment to multicultural work).

On the other hand, two quantitative studies with college students based on the tripartite model were only able to confirm two distinct domains of the model (knowledge and awareness) (Constantine, Gloria, & Ladany, 2002; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002).

Research also suggests that the 31-competence elements identified by Sue et al. (1992) may not represent all aspects of multicultural competence. Empirical research has identified at least nine additional correlates of the multicultural competency model (Worthington et al., 2007). Evidence has been found for an association between a more highly developed white racial identity and increased multicultural competence (Constantine, 2002; Middleton et al., 2005; Vinson & Neimeyer, 2000). A negative association between racism measures and cultural competence was also identified in the same research (Constantine, 2002). Multicultural competence in psychologists was also perceived to be greater if they made use of verbal behaviour that actively references culture and ethnicity in their sessions (Rogers, 1998). Psychologists who had higher levels of general clinical experience and

higher levels of social experiences involving cross-cultural contact were perceived as more multiculturally competent (Menapace, 1998). A strong association between social desirability and reported levels of multicultural competence was also found (Constantine & Ladany, 2000).

It is notable that of these additional elements a number are related to intrapersonal characteristics of the psychologist (e.g., white racial identity development), and to personal and professional experience (e.g., social and clinical experiences) and only one, use of verbal behaviour, refers to a measurable behaviour by the psychologist.

In summary, research evidence suggests that the precise structure of multicultural competence and its individual elements has not yet been established. While the Sue-model is foundational in the field, empirical support for it is mixed. Some empirical evidence suggests that a relationship domain and personal characteristics of the psychologist may also play a role in multicultural competence. In Australia, the only empirical evidence available supports the three-part Sue-model. Further research is needed to understand what constitutes multicultural competence in the Australian context.

3.3.3 Training for multicultural competence.

Irrespective of its precise structure, a focus on multicultural competence has been an important addition to mainstream training programs for psychologists in recent years. As a result, there is an increased focus on training psychologists to become multiculturally

competent in undergraduate and graduate programs. In the United States 90 percent of counselling psychology programs report including didactic and experiential multicultural content in their undergraduate and graduate programs (Smith, Constantine, Dunn, Dinehart, & Montoya, 2006).

The quality and quantity of multicultural competence training varies significantly between programs (Constantine & Gloria, 1999). Research analysing the content of 54 course syllabi in the United States found that the majority reflected the tripartite model of multicultural competence, but that there was otherwise significant variation in the content and method of training across programs (Pieterse, Evans, Risner-Butner, Collins, & Mason, 2009).

Despite this diversity it seems that training in multicultural competence has a positive impact on the perceived multicultural competence of psychology graduates (Smith et al., 2006; Worthington et al., 2007). In a meta-analysis of 45 training outcome research studies involving 5,991 participants, Smith (2006) found that overall, training led to moderate to higher ratings of multicultural competence for graduates than for those who had received no training. Worthington (2007) found in his 20-year content analysis of empirical research on multicultural counselling competencies that multicultural training positively affected client perception of the multicultural competence of psychologists, as well as increasing the length of the counselling relationship.

Evidence suggests that the addition of experiential training opportunities such as cultural immersion, cross-cultural supervision and

clinical experience working with CALD clients all significantly improve multicultural competence (Carlson, Brack, Laygo, Cohen, & Kirkscey, 2012; Dickson & Jepsen, 2007; Fukuyama, 1994; Hansen et al., 2006; Pope-Davis, Breaux, & Liu, 1997; Vereen, Hill, & McNeal, 2008).

In Australia, despite the APAC requirement for mandatory training to develop the capacity to work effectively cross-culturally, it appears that trainee psychologists only receive limited training as part of their undergraduate or postgraduate programs. Two studies have focused on this issue in Australia. The first involved an internet-based search of program outlines published by Australian psychology schools (Ranzijn, McConnochie, Day, et al., 2006). Results indicated that multicultural content was not present in the vast majority of these training programs. These findings should be treated with caution as the methodology used in the study did not enable an examination of the complete content integrated within all psychology programs. Nor did it provide opportunity for additional information to be provided by psychology groupings within universities.

More recently Lee and Khawaja (2012) assessed the impact of multicultural training experiences on psychology students' cultural competence. They found that on average participants ($N = 127$) only received 6.7 hours of multicultural training as part of their overall psychology training programs. Moreover, the study found that this training did not significantly improve measures of cultural competence. Instead, they found that the level of in-vivo experience working with

CALD clients and the number of hours spent discussing CALD clients in supervision increased the level of cultural competence of participants.

The only evidence available at present suggests insufficient and ill-targeted training of psychologists in Australia in relation to multicultural issues. However, this research is by no means conclusive. Additional empirical research in this area is required, given the importance placed on multicultural competence of psychologists in the policy and ethical frameworks of the Australian psychology profession.

3.4 Client Satisfaction and Cross-cultural Psychological Practice

The underlying assumption of the focus on multicultural competence by the psychology profession is that it will lead to improvements in the experience of cross-cultural psychological practice for CALD clients. Yet, there is only a relatively small empirical research effort examining the interaction between multicultural competence of psychologists and client satisfaction with cross-cultural psychological practice (D'Andrea & Heckman, 2008). Of these, many studies have been criticised for not analysing actual counselling relationships, and instead making use of laboratory simulations (Worthington et al., 2007). Similar criticisms have also been made in the psychiatry literature (Bhui et al., 2007).

A handful of studies, undertaken in large part by one researcher Madonna Constantine, have examined real-world psychological practice

relationships. Evidence from these studies supports a connection between client satisfaction and perceived multicultural competence of the psychologist by the client (Constantine, 2007; Constantine, Kindaichi, Arorash, Donnelly, & Jung, 2002; Wang & Kim, 2010). Perceived multicultural competence has also been found to be a mediating factor on the client's perceived strength of the counselling relationship and subsequently on client satisfaction in a study of 51 counselling dyads (Fuentes et al., 2006). Clients rated psychologists as more competent if they actively demonstrated cultural interest compared to those who undertake 'culturally-blind' practice in cross-cultural situations (Pope-Davis et al., 2001). Similarly, results from a study involving 272 Latino/a clients found that clients reported significantly improved outcomes, including satisfaction and symptom reduction, when the practitioner provided a culturally competent service in line with clients' cultural needs (Costantino et al., 2009).

Notably, one of the studies found evidence that clients rated their psychologists more highly where they perceived them to be not only generally competent but in particular multiculturally competent (Constantine, 2002). Yet this finding may not be universally applicable to all CALD clients. A qualitative study involving 10 students who were clients at a college psychology clinic found evidence that multicultural competence was pivotal for some participants, but not important for others (Pope-Davis et al., 2002).

From the review of this limited empirical work it appears that multicultural competence of the psychologist is related to greater levels of satisfaction with the therapist by culturally diverse clients. However, the absence of any Australian research in this area once again points to the need for Australian empirical research to be conducted.

3.5 Applied Cross-cultural Psychological Practice Approaches

Despite the breadth and depth of published research on multicultural competence, there has also been remarkably little empirical research focused on the experiences of psychologists who work cross-culturally. Research has not in the main examined in-vivo cross-cultural psychological practice. As a result it is largely unknown how psychologists apply the multicultural competence framework and training in their cross-cultural psychological practice. In recent years a small number of empirical studies have begun to address this area of research. The following section briefly reviews the exceptions identified in the Australian and international literature.

The first exception is a study undertaken with 689 registered psychologists with experience in conducting cross-cultural therapy in the United States (Maxie, Arnold, & Stephenson, 2006). Results indicated that 85% of psychologists actively discussed ethnic/racial differences with their clients in the context of establishing rapport, assessment processes or a cultural component to the client's presentation, and felt

comfortable doing so. Yet, respondents also thought that less than half of their colleagues engaged in discussions of cultural differences.

A second exception is a US-based study that involved 149 professional psychologists who were asked to identify which of 52 recommended multicultural psychotherapy competencies they rated as important and which ones they actually used in their cross-cultural practice (Hansen et al., 2006). Ninety percent of participants rated themselves as somewhat to highly multiculturally competent. Despite their self-rating of their competence, participants frequently applied only a small number of the competencies in their practice. They further reported only infrequently making use of the majority of competencies (86%), even where they had indicated that they believed these to be important. A significant difference was found between competencies participants endorsed as important and those they actually used in their practice. Findings from this study raise important questions about the gap between *what psychologists do in cross-cultural practice* as opposed to *what they believe is important in cross-cultural competence*.

In Australia there have only been two research studies that specifically investigate what takes place in cross-cultural psychological practice. The first, and most recent, is a national qualitative study which investigated the self-reported experiences of 23 Australian psychologists working with Indigenous clients (McConnochie et al., 2012). Results from the study suggest that psychologists experienced contradictions between the Western psychological approaches they had been trained in,

and the communication and relationship approaches preferred by their Indigenous clients. Participants reported insufficient or inadequate training and instead reported needing to develop their own ways of working effectively with Indigenous clients on a trial-and-error basis.

The only study to address similar questions in relation to CALD clients is an unpublished thesis undertaken in Queensland (Lathopolous, 2007). Lathopolous conducted qualitative research with ($N = 15$) professionals from the mental health service industry in Brisbane in which he asked them to identify the types of competencies they actively employed in their work with CALD clients. Participants reported making use of a wide variety of cross-cultural competencies in their work. Examples include use of: cross-cultural knowledge, cultural awareness, cross-cultural communication skills, engaging the client and self-disclosure. Overall participants rated cross-cultural skills (e.g., respect and ability to develop good rapport), a subjective understanding of culture and self-awareness as more important in their work with CALD clients than specific cultural knowledge and general clinical skills. They also pointed to the danger of stereotyping clients, and generally acquired cultural knowledge from clients themselves rather than relying on pre-existing cultural knowledge. Self-disclosure by the practitioner, additional time for sessions, maintaining flexible boundaries about what constitutes therapeutic work were also identified as important by participants.

Participants reported that communication with clients (including use of interpreters), as well as making use of cultural consultants were appropriate and constituted a key part of their competent practice with CALD clients. There were mixed reports on the type of specific treatment interventions and therapeutic approaches used in cross-cultural practice. Some participants adapted family therapy and narrative therapy approaches for culturally appropriate use with their clients, while others reported using psychoeducation. Participants also reported that they did not generally directly bring up the issue of cultural difference with their clients.

3.6 Summary

This chapter summarised the literature on professional and practice issues arising from cross-cultural encounters between psychologists and their clients. In particular the chapter focused on mental health policies, and accreditation, training and ethical standards that apply to psychologists working in Australia. It found that despite the stated intentions of the psychology profession there is to date little evidence that multicultural competence is increasing amongst Australian psychologists.

Secondly, the extensive literature on multicultural competence was reviewed. Overall the review of the literature found that a dominant model of multicultural competence has been adopted by much of the

English-speaking world, and underpins the practice approach in the United States. Yet, empirical evidence is still required to support certain aspects of this multicultural model (Constantine et al., 2004), its measurement (Dunn et al., 2006), training outcomes (Abreu, Chung, & Atkinson, 2000), its impact on client satisfaction (Pope-Davis et al., 2002), and its practical application in cross-cultural psychological practice settings (D'Andrea & Heckman, 2008). In addition, the review found that relatively little research has focused on what happens in in-vivo cross-cultural psychological practice settings. It is particularly notable that the views of practitioners themselves have been largely absent from the literature. In the Australian context, the lack of empirical research is particularly marked.

Pope-Davis has argued that empirical research is urgently required and should include the perspective of practitioners (Pope-Davis et al., 2001). Similarly, Whaley has maintained that the multicultural competence movement will falter unless it can meet the challenge of the evidence-based practice focus in psychology, and begin to fill these research gaps (Whaley & Davis, 2007).

Chapter 4: The Present Study

Psychological practice in Australia frequently involves a cross-cultural encounter between CALD clients and psychologists who do not share the same cultural background. Does this cultural difference matter? Research in the United States and an analysis of Australian epidemiological and treatment outcome data suggest that it does. There has been extensive research into the theoretical framework for cross-cultural psychological practice internationally, in particular in the United States, where it is known as the ‘fourth pillar of psychological practice’. Initially the issue of cultural differences between clients and psychologists was raised because treatment participation and outcomes for culturally diverse patients were found to be consistently lower than for other clients (Stolk et al., 2008). Research has increasingly discovered meaningful differences in symptoms and expression of mental illness and distress across cultures (Andary, Stolk, & Klimidis, 2003; Andary, Stolk, & Klimids, 2003). This in turn, raised the question of whether Western models of psychological practice are adequate to assess and treat clients from diverse cultural backgrounds.

Improving the multicultural competence of psychologists has been identified as the key to improving outcomes for culturally diverse clients in policies, ethical frameworks and psychological research across the English-speaking psychology professions. Indeed, research evidence

suggests that psychologists who develop cultural competence are perceived as more effective by their culturally diverse clients.

As shown in the previous chapters, while there is extensive research on the conceptual model of multicultural competence, its measurement and the impact of training on self-rated multicultural competence of training psychologists, only limited empirical research that specifically addresses in-vivo cross-cultural psychological practice has been undertaken to date. More specifically there is extremely limited research on the experience of cross-cultural psychological practice from the perspective of psychologists. This gap in empirical evidence on multicultural competence has been criticised by a number of leading cross-cultural experts (Abreu et al., 2000; D'Andrea & Heckman, 2008; Pope-Davis et al., 2002). In particular it has been noted that future researchers should examine the perceptions of psychologists “whose primary roles involve providing clinical services to diverse client populations because they may offer different perspectives about the field of multicultural counseling” (Constantine et al., 2004).

In Australia, the lack of empirical research on cross-cultural psychological practice with CALD clients is particularly evident. As a result very little is currently known about the phenomenology of Australian cross-cultural psychological practice, what specific practice elements are characteristic of cross-cultural practice in Australia, what the barriers are to working effectively with CALD clients, what constitutes the multicultural competence of psychologists, or the scope

and effectiveness of cross-cultural training for Australian psychology trainees. The international research literature provides a theoretical approach to understanding these issues, but many of its findings are yet to be empirically tested in Australia.

4.1 Research Aims

To address the lack of empirical data on cross-cultural practice in Australia this study sought to explore the phenomenology of cross-cultural psychological practice. Practicing psychologists, who specialise in working with CALD clients, were interviewed about their cross-cultural psychological practice. Focus was on the descriptions of in-vivo experiences of participating psychologists during specific moments in their cross-cultural practice with CALD clients, as well as their reflections on cross-cultural psychological practice, barriers to effective practice with CALD clients and the means by which they learned to undertake this work.

In the Australian context this study therefore aimed to:

1. Identify the key phenomenological elements of cross-cultural psychological practice in an Australian context;
2. Identify elements of effective cross-cultural psychological practice in an Australian context;

3. Identify barriers to successful cross-cultural practice in Australia;
and
4. Identify how psychologists learned to work cross-culturally in Australia.
5. Compare elements of cross-cultural practice applied by psychologists in this Australian research with elements of the multicultural competence model.

Chapter 5: Method

5.1 Chapter Overview

This chapter presents a rationale and description of the research methodology. Next a statement of personal interest is included. This is followed by a description of the process for recruitment of participants, a description of the participants and the inclusion criteria used for their selection. The materials used in the study are then discussed, together with the procedure for collection of interview data. Finally, the selection of data analysis techniques is described and the data analysis processes detailed.

5.2 Rationale for Methodology

This study aimed to explore the experiences of psychologists who work cross-culturally with CALD clients. To best address this research question a qualitative methodological approach was selected. The need for qualitative research into cultural competence and cross-cultural psychological practice in order to develop an empirical evidence base for the field has been particularly noted in the research literature (Ponterotto et al., 2002; Pope-Davis et al., 2001).

Qualitative research methodologies are of particular value for exploratory research in areas that have received relatively limited previous empirical attention (Greenhalgh & Taylor, 1997). Qualitative

approaches are suited to exploratory research because they specifically aim to provide rich descriptive accounts of the phenomenon under investigation (Smith, 2008). Qualitative research thus provide insight into generalisable phenomena by focusing close attention on the commonalities that characterize the experiences recounted by a small number of participants (Bradley, 1992). The literature makes a strong case that qualitative research can identify the presence of a phenomenon within a particular population, even if it cannot quantify its occurrence in the general population (Forrester, 2010; Smith, 2008; Willig, 2008).

Qualitative research methods have been criticised for not being generalisable to the general population, and for merely providing insight into the lived experiences of specific participants in the sample (Silverman, 2005). In response to such criticisms, a set of guidelines to improve the validity and reliability of qualitative research in psychology has been developed and refined over a number of years (Elliott, Fischer, & Rennie, 1999). These guidelines outline a number of steps that should result in rigorous qualitative research. Table 6 lists each of the six guidelines.

The methodological approach and presentation of results in this study were informed by these guidelines because they represent a systematic and common sense approach to improving the validity and reliability of research. Throughout the methodology and results chapter the guidelines are referred to where they have influenced the approach taken in the study.

Table 6

Guidelines for Publication of Qualitative Research Studies and Psychology (Elliott, Fisher & Rennie, 1999)

Guidelines

1. outline the researcher's own perspective; situate the sample in order to permit the reader to draw their own inferences about the generalisability of findings;
 2. ground findings in examples to illustrate analytical procedures and interpretations;
 3. provide credibility checks by comparing two or more varied qualitative perspectives;
 4. present a coherent overall narrative, framework, or underlying structure of the phenomena based on the research findings;
 5. show how a general understanding of the research phenomenon has been based on the appropriate number of informants or situations, the limits of their generalisability explained
 6. resonate with the reader as an accurate representation of the subject matter.
-

5.3 Research Design

In designing the methodology for this study the researcher agreed with Denzin and Lincoln that “each [research] practice makes the world visible in a different way. Hence, there is frequently a commitment to

using more than one interpretive practice in any study” (Denzin & Lincoln, 2005, p. 4). The present study used a mixed qualitative approach that combined the Critical Incident Technique (CIT) (Flanagan, 1954) with the use of semi-structured interviews and thematic analysis. Using a mixed method allowed the research questions to be approached from two distinct directions. First, CIT permitted an inductive exploration of the experience of cross-cultural psychologists in Australia and addresses the lack of previous research on this topic. Second, the semi-structured interview with thematic analysis was designed to acknowledge the theoretical framework developed in the international research literature and explicitly test this with participants. These approaches complement each other to provide a richer data set. This mixed method approach was also deliberately chosen to allow for credibility checks between the two data sets in line with the guidelines for publication of qualitative research studies in psychology (Elliot, et al., 1999).

Table 7 shows each research question in the present study and the methodological approach used to address it. The CIT addressed two of these research questions. As a result two distinct data analysis techniques were applied. First, inductive categorisation of critical incidents was used to address the exploratory research question. Second, thematic analysis was used to analyse the critical incident narratives to extract elements of cross-cultural practice embedded in the narratives. This approach enabled a comparison to be drawn with the data analysis of the semi-structured interview questions addressing the same research question. Semi-

structured interview questions and thematic analysis addressed all other research questions. Each approach and the rationale for its use are described in more detail in the next two sections of this chapter.

5.3.1 Critical incident technique.

The Critical Incident Technique (CIT) was first developed by Flanagan to understand the specific behaviours that led to success or failure of airforce missions in WW2 (Flanagan, 1954). CIT is characterised by its focus on collecting data about professional activities from informants who are expert in undertaking this activity. It can be used to collect and analyse any observable human activity that is sufficiently complete in itself to permit inferences and predictions about the activity to be drawn (Flanagan, 1954).

Despite the use of the term critical in its name, the CIT aims to collect data about “common-place events that occur in the routine professional practice which are critical in the rather different sense that they are indicative of underlying trends, motives and structures” (Angelides, 2001, p. 430). The objective is to gain understanding of the incident from the perspective of the individual undertaking it, taking into account cognitive, affective, and behavioural elements (Gremler, 2004).

Table 7

Research Aims and Data Collection & Analysis Strategies

Research Aims	Data Collection Strategy	Data Analysis Strategy
1. To identify the phenomenological elements of Australian psychologists' experience of cross-cultural practice	Critical Incident Technique	Classification of Incidents Inductive approach
2. To identify elements of effective cross-cultural practice in Australia	Interview with semi-structured questions	Theoretical Thematic Analysis Combined Inductive & Deductive
	Critical Incident Technique	Theoretical Thematic Analysis Combined Inductive & Deductive
3. To identify barriers to effective cross-cultural practice in Australia	Interview with semi-structured questions	Theoretical Thematic Analysis Combined Inductive & Deductive
4. To identify how Australian psychologists learn to work cross-culturally	Interview with semi-structured questions	Theoretical Thematic Analysis Combined Inductive & Deductive

The CIT has been employed extensively in research since its development by Flanagan. In the field of psychology it has been used in studies of ethical transgressions of psychology graduate students (Fly, van Bark, Weinman, Kitchener, & Lang, 1997), non-romantic post-therapy relationships between psychologists and former clients (Anderson & Kitchener, 1996), ethical issues in supervision of student research (Goodyear, Crego, & Johnston, 1992), and the development of a five stage model of culture shock (Pederson, 1994). It has also been widely used in educational, service, medical, and nursing research to develop safety checklists, guidelines for actions in emergencies, improving the design of equipment, and establishing job performance criteria (Arora, Johnson, Lovinger, Humphrey, & Meltzer, 2005; Cooper, Newbower, Long, & McPeck, 2002; Cottrell, Kilminster, Jolly, & Grant, 2002; Gremler, 2004; Kemppainen, 2000; Klein, Calderwood, & Clinton-Cirocco, 1988; Narayanasamy & Owens, 2001).

CIT approaches can be divided into two main camps: those using quasi-quantitative research and analytic processes, and those using an exploratory inductive qualitative approach. An example of the former is the development of empirically developed ethical guidelines by the APA through cataloguing 703 critical incident narratives written by a random sample of 679 APA members (Pope & Vetter, 1992). This research yielded a total of 23 empirically derived guidelines. An example of the latter approach is an investigation of early alliance development between psychotherapists and clients through an in-depth phenomenological analysis of 20 critical incidents

provided by clients (Fitzpatrick, Janzen, Chamodraka, & Park, 2006). In this case the analysis identified five domains of therapist activity that supported alliance development in the study. Despite their differences both approaches tend to make use of categorisation of critical incidents as their key analytical strategy.

CIT was chosen as one of the two qualitative research methodologies for this research because it is regarded as especially useful in increasing knowledge about little known phenomena (Gremler, 2004). The aim of the research is to explore the experiences of psychologists working cross-culturally in Australia. The CIT is a useful technique which can produce concrete and detailed accounts of a particular professional situation in which the affective, behavioural and cognitive actions of psychologists in cross-cultural psychological practice can be identified (Gremler, 2004). It does this by gathering data from the respondents' perspective in their own words. As a result a particularly rich description of a phenomenon is provided from which underlying patterns and common themes can be drawn allowing generation of broader concepts and theoretical models.

For the purposes of this study the CIT was used in a mixed-method design. As Flanagan noted: "the critical incident technique does not consist of a single rigid set of rules... it should be thought of as a flexible set of principles which must be modified and adapted to meet the specific situation at hand" (Flanagan, 1954, p. 335). To enable in-depth analysis of each response, the number of participants in this study is lower than that seen in many quasi-quantitative CIT approaches. A novel data analysis procedure,

thematic analysis, was used to analyse the critical incident narrative data set in addition to the more usual categorisation process. This was undertaken to provide cross-validation between the critical elements of cross-cultural practice that support successful work with CALD clients as reported in the critical incident narratives, and those identified in the analysis of the semi-structured interviews.

5.3.2 Semi-structured interviews and thematic analysis.

The qualitative research interview is the most common form of systematic social inquiry in the social sciences (Hugh-Jones, 2010). There are numerous examples of the use of the semi-structured interview in psychological research (e.g. Blignault, 2008; Clarkson & Nippoda, 1997; Ishikawa et al., 2010; Lathopolous, 2007; Pope-Davis et al., 2002). The aim of the research interview is to contribute to a body of knowledge that is conceptual and theoretical. It is based on the meaning that experiences hold for the interviewees (DiCicco-Bloom & Crabtree, 2006). The focus of the interview is the subjective account of an individual's experiences (Hugh-Jones, 2010), making it particularly useful to explore understandings, opinions and what people remember doing. Rigorous qualitative research interviews that make use of verbatim records and transcripts enjoy satisfactory validity and can generate data-driven theories from a small number of cases (Seale & Silverman, 1997).

Semi-structured qualitative interviews are organised around predetermined open-ended questions, but also allow the interviewer the

flexibility to raise other questions that arise from their interaction with the interviewee (DiCicco-Bloom & Crabtree, 2006). These type of interviews are informed by theoretical frameworks in developing the interview schedule, while simultaneously maintaining space for the expert interviewee to also determine what is important to them ((Hugh-Jones, 2010).

5.4 Statement of Personal Interest

As shown in Table 6 (p. 87), the guidelines for publication of qualitative research in psychology include the recommendation that researchers explain their theoretical orientation, personal orientation and values, and research expectations (Elliott et al., 1999). By making these visible, the researcher allows readers to interpret the research findings and their interpretation in light of the researcher's particular perspective. The following section includes my personal reflections on this research project and my expectations of research outcomes at the start of the project.

The topic of cross-cultural communication is a life-long interest for me that has been shaped by my own childhood experiences. I am a migrant to Australia. My family came to Australia from Germany when I was a 14-year old. Both my parents also had earlier experiences of migration. My mother is a Dutch woman who spent her childhood years in Australia. My father migrated to Australia as a young man before returning to Germany after meeting and marrying my mother in Australia.

As a result of this migration history I have grown up in a household where cross-cultural communication has been a feature all my life. I have personal experience of the frustration of not understanding cultural nuances, not being understood by others, as well as the rewards when communication across cultures ‘clicks’ and understanding is reached despite cultural differences.

I have also grown up feeling comfortable discussing migration, cultural differences and speaking with people who have a strong accent or imperfect English. I remember as a teenager noticing that some of my Australian friends who visited my home were unable to understand my father, even though his English was fluent and his accent mild. This was my first recognition that fear and anxiety about ‘getting it wrong’ could prevent communication across cultures. And, on the other hand, that exposure to language and cultural difference built skills in cross-cultural communication that were often unconscious.

My personal interest in cross-cultural communication is also reflected in my academic and professional life. I have worked for over 10 years in the equity field in higher education and much of my work has addressed improving access for CALD individuals to tertiary study. I also sat on the board of the Multicultural Women’s Health Centre for many years. This service provides health information in many languages to women who had migrated to Australia.

Through this work I became aware of multiple barriers to service access for CALD individuals and refugees. I also became aware of the need for

culturally specialist interventions, service provision and professional skills to provide appropriate and effective services to CALD students and health service recipients. I have also worked as a volunteer with refugee support organisations in Australia, Guatemala and Germany. In all three countries access to mainstream services and the difficulty of cross-cultural communication was highlighted by the refugees and asylum seekers I worked with. Moreover, the immense benefit and positive impact on the lives of migrants and refugees of cross-culturally skilled professionals and services was made clear to me. I believe that culturally competent and caring professionals can make a real difference in people's lives.

When I started studying psychology as a mature-aged student I was surprised to find that very little in my course prepared me to work with clients who were from a CALD or migrant background. I started to wonder how effective psychological services were in meeting the needs of these groups. Given how important nuances of meaning and language often are in therapeutic settings, I also wondered how cross-cultural communication worked between psychologists and clients who were culturally different from each other. When I started my first professional practice placement my interest in this research intensified. Even though I had life long experience as a cross-cultural communicator in my personal and professional lives, I felt ill-prepared and lacking in skills and knowledge in my first cross-cultural encounter with a client. I wanted to know how to work more effectively with CALD clients. Which tools would be effective? How central should culture be to treatment? How do you work with an interpreter? I found little

Australian research specific to the field of psychology to help me answer these questions.

When I set out to develop the present research I expected that participants would confirm that they made use of a culturally informed and specific set of skills in their cross-cultural practice. I expected that these would be distinct from and additional to generalist psychology skills. I also believed that a unique Australian approach would emerge from the research that would differ from the cross-cultural psychological practice employed in the United States and elsewhere internationally. Finally, I anticipated that like me, participants would not have received specific training in working with CALD clients.

5.5 Recruitment

The methodology of this study required participants who had significant expertise in cross-cultural psychological practice with CALD clients. To this end recruitment of psychologists was undertaken in two ways. First, participants were recruited directly through agencies in which it could be expected that the clientele include a large proportion of CALD clients (see Appendix B for full list of organisations approached). Letters were sent to these agencies that work with a high proportion of CALD clients asking them to promote the study with their staff (see Appendix C). Five participants were recruited for the study through this process. Second, advertisements were placed in professional psychology publications and newsletters (e.g., the APS Psychology and Culture Interest Group) asking for psychologists to

participate in the research (see Appendix D). A total of 13 requests for more information were received in response to this process. After meeting the inclusion criteria (discussed in more detail below), eight of these individuals were invited to participate in the study.

5.6 Participants

Eighteen individuals were either invited to participate in the study or responded to one of the advertisements. Each was sent a detailed project information statement (see Appendix E). The final sample comprised 13 participants who were practicing Australian psychologists. Most of the participants were women (women = 11, men = 2). The majority of participants ($n = 8$, 61%) were born in Australia. These participants described their cultural backgrounds as ranging from Australian, Anglo-Australian, to Irish/British ancestry. The remaining participants ($n = 5$, 38%) had migrated to Australia from Holland, New Zealand, Argentina, Chile and Greece. The inclusion criteria for participation in this study were:

1. that the participant was registered to practice psychology in Australia; and
2. that the psychologist had a minimum of three years of experience working with clients from CALD backgrounds who were culturally different from the practitioner.

The selected participants met these inclusion criteria. All were psychologists registered to practice in Australia. Participants had worked as

psychologists for $M = 17.5$ years (range 5 – 42 years). Each psychologist stated that the majority of their work as a psychologist had been, or was currently, with clients from a CALD background. The average years of experience working with CALD clients ranged from 5 – 30 years with $M = 11.7$ years. Those psychologists who were themselves of a CALD background worked with CALD clients from cultures that were distinct from their own. The percentage of CALD clients amongst participants' current client loads ranged from 20 -100% with an average of 51 % ($M = 51.3$).

Participants undertook their psychological work with CALD clients in diverse practice settings. Two were employed in agencies that worked exclusively with migrants or refugees, while others worked in mainstream service settings located in areas with high CALD populations. A number worked in private practice and specialised in cross-cultural psychological services. Table 8 shows the type of psychological work currently undertaken by the participants.

Table 8

Current Psychological Practice Area of Participants

Psychological Practice Type	<i>n</i>	%
Private Practice	3	23
Tertiary Counselling Service – International Students	3	23
Refugee/Migrant Trauma	2	15
Forensic, Drug & Alcohol	2	15
Secondary School	2	15
Multicultural Mental Health Service	1	8

$N = 13$

5.7 Materials

Participants were sent a pre-interview pack alerting them to the structure of the interview (see Appendix F for full pre-interview kit). They were also provided with detailed information about the critical incident section of the interview. In particular they were provided with a definition of critical incidents (“common place events that occur in routine professional practice which is critical in the sense that they are indicative of underlying trends, motives and structures”), an invitation to think of three such critical incidents prior to the interview, examples of the type of questions that would be asked to explore the critical incidents, and a warning to disguise the identity of their clients. They also received information about the focus of the second part of the interview and some sample questions that would be asked (e.g., “What are the most important elements of competent practice with CALD clients?”).

Participant interviews were based on a three-part semi-structured interview schedule (see Appendix H for full interview schedule). Part 1 included demographic questions designed to elicit the level and length of experience of the psychologist working with CALD clients, as well as the psychologist’s cultural background (e.g., “What percentage of your clients would you say are from a cultural background that is different from your own?”). Part 2 of the interview schedule included 11 prompts to elicit detailed recollections of 3 critical incidents selected by the participant (e.g., “What was the client doing? What did you do?”).

5.8 Procedure

A pilot interview was initially undertaken with one registered psychologist working in private practice with CALD clients. The psychologist met all inclusion criteria for the study. A face-to-face interview using the three-part interview schedule was completed. It took approximately 1.5 hours to complete the interview.

Following the interview a debriefing process was undertaken during which the participant was asked for feedback on all questions in the interview and the experience of recounting critical incidents. The participant suggested that her recollection of critical incidents and her ability to reflect on the interview questions would have been improved if she had been provided with more information about the critical incidents. She also felt it would help to have been invited to select them prior to the interview, and if she had known some of the interview questions before the interview. Based on this feedback a pre-interview pack (Appendix F) was created and sent to each participant in the study at least one week before the interview.

All interviews were conducted by the author. Ten interviews were conducted face-to-face and three were by telephone. They were all conducted between November 2008 and June 2009. In each case the interviews were taped. Taping did not commence until participants had formally acknowledged their consent to participate in the interview and the recording (see Appendix G Informed Consent Form).

Face-to-face interviews were held at a location of the participants choice. The importance of protecting the confidentiality of responses and in

particular client details was reflected in the choice of interview setting. The majority took place in meeting rooms in the participants' places of work, and two were held in interview rooms in university libraries. Participants taking part in telephone interviews were located in private settings in which they could not be overheard while discussing their work and clients.

The interview style employed prioritised building rapport in order to ensure that the participant and interviewer could jointly attempt to understand and reflect on the practices of the psychologist. Reflective listening, to clarify meaning, was used to ensure accuracy of meaning. To ensure uniformity all participants were asked demographic questions, followed by discussion of critical incidents, and finally semi-structured interview questions (see Appendix H Interview Schedule). Overall, the interview schedule was used as a guide rather than a formal script.

5.9 Data Analysis

Reflecting the research aims of this study, two sets of data were collected from each participant via the interview process outlined above. Each data set was transcribed in order to increase the reliability and validity (Seale & Silverman, 1997; Silverman, 2005) of the analysis in line with the guidelines for publication of qualitative psychological research (Elliott et al., 1999). The first data set was constituted by verbatim transcripts of the narrative account and discussion of 26 critical incidents provided by 11 of the participants. The second was made up of 13 transcribed verbatim records of the semi-structured interviews with participants. The data analysis rationale

and detailed account of the process for each data set is provided separately below.

5.9.1 Critical incident data analysis.

The critical incident data set provides an in-depth account of cross-cultural psychological practice by experienced cross-cultural practitioners. Its narrative form allows inferences about two distinct research questions to be drawn. Firstly, the critical incident data set enables an in-depth phenomenological analysis of the experience of working cross-culturally by exploring self-selected moments in cross-cultural practice that are meaningful to the practitioner. Second, the critical incident data sets as a whole provide detailed narrative accounts of in-vivo cross-cultural practice with CALD clients from a group of experienced cross-cultural practitioners. From these multiple narratives of in-vivo practice *the presence of applied multicultural competency elements* used by practitioners in real-world settings can be established.

Their presence can be cross-referenced with elements of cross-cultural practice mentioned by participants in the semi-structured interview, which they *believe to be important* for psychologists working with CALD clients. Consequently two distinct data analysis approaches were used to analyse the critical incident data set. Each will be described below.

5.9.2 Classification of critical incidents.

The contents of each Critical Incidents in this study were analysed to identify classifications that summarise and describe each incident (Strauss, 1993). An inductive approach was used to develop the initial classifications in order to reflect the participants' own interpretation and evaluation of the significance of the narrative (Angelides, 2001). A combined inductive and theoretically driven approach was subsequently used to develop labels and definitions for each classification. Classifications of individual narrative accounts of critical incidents were then compared across the whole data set in order to provide insight into their frequency, and to identify commonalities that characterise the experience of cross-cultural psychologists (Gremier, 2004).

As the aim of this research was to explore the phenomenology of cross-cultural psychological practice in order to develop generalisable findings, it was decided that at least two critical incidents recounted by two different psychologists needed to be present to constitute a classification theme. Classification of the critical incidents was undertaken in the following manner:

1. All 26 critical incidents were read and first impressions and potential themes noted.
2. Each critical incident was then summarised and classified by critical incident type, presenting problem, psychologists' experience, and reflection/learning.

3. Incidents were subsequently grouped in a number of ways to identify common themes across the participants.
4. In order to constitute a theme at least two critical incidents from two different practitioners were required. Two critical incidents were excluded from further analysis at this point because they did not constitute a theme.
5. Identification and naming of themes was based on the summary of the critical incident, the research literature, and findings from the previous chapter.
6. Common elements across the theme were identified and one critical incident chosen as an exemplar of each theme.

The exemplar was written up based on the transcript and summary of the exemplar critical incident. Case studies were developed and reported in the results section to allow for an in-depth illustrative exploration of each theme. They were also developed with the aim of using them as illustrative examples of cross-cultural psychological practice that can be used as teaching resources for psychologists in the future. Case studies developed through this thesis have, to date, been used in training of post-graduate psychology students at Swinburne University of Technology. Evaluation of training with these case-studies has been positive thus far.

This approach is similar to one used by Pederson (1994) in his book outlining the five stages of culture shock through illustrative critical incident narratives. Pederson argues that learning about culture is profoundly

complicated as well as personal necessitating an emphasis on significant stories to describe these experiences. According to Pederson this approach also allows the development of the type of teaching resources (case studies or critical incidents) that are popular in multicultural training because their open ended and complex natures reflect the complexity of real-life situations when persons from different cultures interact. For example, the well regarded book *Counselling the Culturally Diverse* is organised around such illustrative case studies or critical incidents (Sue & Sue, 2008).

5.9.3 Semi-structured interview data analysis.

The semi-structured interview data set contains reflections on cross-cultural psychological practice by a group of experienced cross-cultural psychologists in Australia. Data analysis addressed the research aims: 1. to identify elements of effective cross-cultural practice, 2. barriers to effective cross-cultural practice, and 3. the means by which participants learned to work cross-culturally.

Thematic analysis was used as the data analysis process to provide a rich thematic approach across the entire data set. Thematic analysis is a foundational qualitative analysis technique that can be used across different qualitative methodologies to minimally organise and describe data in great detail (Braun & Clarke, 2006). A key advantage is its flexibility. Thematic analysis can be used in a hybrid approach combining inductive and deductive coding processes and theme development (Fereday & Muir-Cochrane, 2006).

For the purpose of this study thematic analysis was used across the entire data set according to the process developed by Braun and Clarke (2006).

The thematic analysis process included five steps and was undertaken as follows:

1. *Familiarising self with the data* – Each semi-structured transcript was initially read multiple times to become familiar with the data set. During reading noteworthy concepts, items that stood out, and potential themes were noted.
2. *Generating initial coding* – To generate initial coding each transcript was re-read and each data item relevant to the research questions was colour coded (e.g., blue = critical element of practice; green = barrier to effective work; red = learning to work cross-culturally, and yellow = reflection on the structure and phenomenology of multicultural competence). Each item was given an initial inductive data label (see Table 9 below for example).
3. *Searching for themes* – To identify any underlying themes connecting the individual data items, a small card of each item and its label was created. These were first sorted by colour, and a review undertaken to ensure that they had been correctly colour coded and labelled. Subsequently, data analysis followed the same procedure but proceeded separately for each research domain. For the purpose of brevity, only the data analysis to identify critical elements of competent cross-cultural practice is outlined in detail. In total 186 individual data-items which related to elements of effective cross-cultural practice were identified across the data set. These were sorted inductively into initial themes. In order to constitute a theme it

was decided that at least 10 data items needed to be present. This first round of sorting generated 26 themes (e.g., cross-cultural assessment, actively reflects on own practice, manages cultural values differences).

4. *Reviewing themes* - Each theme and its items were subsequently reviewed to ensure that items were best described by the theme and to understand the relationships between themes. At this stage the themes were consolidated to 9 key themes made up of 18 sub-themes. To ensure validity each theme was reviewed again to look for exceptions, contradictions and ‘matchedness’ of each data item and theme to the data set. One aim of this research project was to identify unique Australian elements of competent cross-cultural practice, while simultaneously comparing them to elements of multicultural competence identified in the international research literature. Consequently, the final stage of data analysis involved categorising all identified themes and sub-themes into a data map based on the skills, knowledge and awareness model described in the international research literature. This was followed by attempts to create alternative data maps based on deductive reasoning approaches. The best fit, of awareness, knowledge and skills was selected.
5. *Defining and naming the themes* – After a final review each theme was given a name and definition. The names given to each theme reflected their content and as well as the research literature. Names and definitions were tested with the research supervisor.

Table 9

Example of Thematic Analysis Process for Identifying Elements of Effective Cross-cultural Practice

Analytic Process Elements	Example
Data Extract	“I mean you’re going to find another Brazilian that thinks totally differently. So you know it’s ... I think it’s going to this client thinking, ok, this person is unique” (Teresa)
Coded For	Work with individual not stereotype.
Theme	Understanding clients as individual.
Reviewed Theme	Awareness of within-group differences.
Definition	The psychologist is aware of within-group differences within cultures, and that each client is a unique individual within a particular cultural framework.

5.9.4 Thematic analysis of critical incidents.

Each critical incident transcript was also analysed through a thematic analysis process in order to identify the presence of cross-cultural practice elements in the narratives recounted by participants. Once again analysis was undertaken as follows:

1. *Familiarising self with the data* – Each critical incident was initially read and re-read multiple times. An initial list of behaviours, cognitions and affective responses was developed.
2. *Generating initial coding* – Each critical incident was subsequently re-read and each mention of a behaviour, cognition and affective response

was identified and given a code (see Table 10 for example). Where multiple occurrences of the same behaviour, cognition or affective response were present in a single critical incident they were combined into one single result indicating its presence as an applied cross-cultural practice element. An inductive approach was used at this stage of analysis.

3. *Searching for themes/Reviewing themes* – All codes generated were then sorted into potential themes and sub-themes. Themes and their relationship to each other were reviewed until a final list of 11 themes was identified (see Table 10 for an example). In order to constitute the presence of an applied theme a minimum of three data items needed to be present, and in order to constitute a *distinct additional* theme, a minimum of 10 data elements needed to be present.
4. *Defining and naming the themes* – Finally additional themes were given a name and definition. Each theme was compared to the themes of effective competent practice identified in the analysis of semi-structured interview data. Where these corresponded to the each other they were considered to cross-validate each other. The name of the original was adopted. Any themes that did not correspond to the original 9 themes were given their own label.

Table 10

Example of Thematic Analysis Process for Identifying Presence of Cross-cultural Practice Elements

Analytic Process Elements	Example
Data Extract	“But it’s the separation from the family and that... and the culture of the family, the ... the... you know, the collective culture, which we don’t have here, and that sense that I’m no substitute for that collectivist extended family support that he would have had.” (John)
Coded For	Application of knowledge about the culture of the client.
Theme	Knowledge about cultural issues
Reviewed Theme	Cross-cultural knowledge.
Definition	Knowledge held by psychologist in a range of cultural psychology domains

5.10 Summary

This chapter has outlined the rationale for the methodology employed in this study, and described each step in the participant recruitment, data collection and analysis processes. It also included a personal statement by the author. The next chapter is the first of two results chapters. It outlines results from the analysis of critical incident narratives.

Chapter 6: Results - Phenomenology of Cross-Cultural Practice

6.1 Chapter Overview

This chapter presents results from the analysis of critical incident narratives provided by participants. Analysis of these self-selected and detailed memories of psychological practice with CALD clients identified important themes that characterise the experience of working cross-culturally. As mentioned in the previous chapters, the aim of this approach was twofold: first to develop an in-depth exploration of the phenomenology of working with CALD clients from the perspective of the practitioner; and second to catalogue cultural competencies (skills, awareness and knowledge) applied by skilled practitioners in their narrative accounts of working with CALD clients. The cultural competencies will be discussed in detail in Chapter 7, while the present chapter focuses on the phenomenology of cross-cultural practice.

6.2 Summary of Results

Eleven participants provided a total of 26 critical incidents that met the inclusion criteria for this study. That is, they related to work undertaken with CALD clients in Australia. The critical incidents chosen by participants were characterised by their diversity. This included a diversity of presenting problems, practice settings, complexity of the situation, negative or positive outcomes, and the cultural background of clients. Twenty-six critical

incidents involved clients from 15 different cultural backgrounds. Table 11 shows the cultural backgrounds of clients. There was a somewhat stronger representation of clients from a Sudanese background (5 of 26) and Chinese clients (4 of 26).

Table 11
Cultural Background of Clients in Critical Incident Narratives

Client Background	Total
Sudanese	5
Chinese	4
Afghani	3
Sub continental Asian	2
Eastern European	2
Southern European	1
Serbian	1
Iraqi	1
Korean	1
Burmese	1
Tongan	1
Ethiopian	1
Sri Lankan	1
Vietnamese	1
Other (Muslim Women's Group)	1
Total	26

The incidents also varied in complexity, with some focused on one specific element of cross-cultural practice, while others included multiple ethical and practice elements. Approximately one third of incidents that were recounted led to negative outcomes for clients. The other two-thirds of incidents included challenges to competent cross-cultural practice but ultimately involved a positive outcome for the client.

Despite the diversity of these narratives data analysis of the critical incidents identified eight experiential themes in cross-cultural psychological practice. As mentioned in the previous chapter, in order to constitute a theme at least two incidents from two different participants needed to be present. As a result two individual critical incident narratives were excluded from analysis as they did not meet these inclusion criteria. Further analysis showed that these individual themes could be grouped under three higher order factors: 1. Learning to work cross-culturally; 2. Mastery of cross-cultural practice; and 3. Encountering barriers to cross-cultural practice. Analysis was undertaken as outlined in Chapter 4 (page 109). Table 12 shows each theme and the common elements that characterise them.

The rest of this chapter will provide a detailed description of each of the eight sub-themes. The following sections will initially describe each theme, then a detailed case study exemplifying each theme will be presented, which will be followed by a detailed exploration of participants' experiences. Each case study was prepared by preparing a summary of the critical incident based on the participant's interview transcript (which included their initial unprompted narrative account and the subsequent exploration of their account). Quotations from participants were included in the case studies to retain participants' interpretations of the scenarios in their own words. Participants were identified by an assumed name to protect their anonymity throughout the results chapters.

Table 12

Phenomenological Themes of Cross-cultural Practice

Meta-theme	Sub-themes	Common Element.
Learning to work cross-culturally	Learning to work cross-culturally	Culture blind treatment approach Feeling of lack of competence Negative outcomes for clients Sense of shock at inability to help
Mastery of cross-cultural practice	Making culture central to treatment	Cultural knowledge Active engagement with culture Adjustment of standard Western treatment Enjoyment of treatment process
	Working with cultural values differences	Cultural self-awareness Personal discomfort Understanding clients' cultural values Assessing normativeness of values Adjusting treatment to respect client's values
	Working with language and meaning	Awareness of language difficulties of client with ESL background Use of interpreter or other mechanism to address ESL Misunderstanding of meaning despite translation

Meta-theme	Sub-themes	Common Element.
		Discomfort and learning Use of flexible assessment and communication approaches
	Setting clear boundaries	Awareness of client need for material support Awareness that advocacy can be appropriate Sense of excessive dependence Setting firm boundaries
	Understanding within-group differences	Cross-cultural knowledge about culture of client Holding stereotypical representation Jolt of surprise and humour Reminder of within-group differences
Encountering cross-cultural practice barriers	Feeling overwhelmed	Precarious life situation & history of trauma of client Absence or inadequacy of other support networks Standard Western treatment fails Feeling overwhelmed and helpless
	Systemic barriers	Systemic barriers primary factor Cultural competence of practitioner not applicable Culturally appropriate treatment cannot be provided Feeling helpless and frustrated

6.3 Learning to Work Cross-culturally.

All participants recounted four narratives of their practice in which the initial experiences of cross-cultural practice as novice psychologists was the focal point. These constitute a distinct experiential meta-theme of *learning to work cross-culturally*. Each incident involved the novice psychologist experiencing a sense of shock that their training as psychologists had not provided them with the knowledge, skills and awareness required to work effectively with CALD clients. Each of the incidents in this theme share the following characteristics: the novice psychologist initially felt confident in their ability to work with the CALD client, they intervened in a culture-blind manner, intervention outcomes were unhelpful for the client, the psychologist experienced a sense of shock and recognised that they needed to develop additional competencies to work with CALD clients. The case study below provides a detailed illustration of an early experience of learning how to work cross-culturally.

Case Study Iris

“And it caused chaos. It was a bloody disaster.”

Iris is a psychologist working for a community based outreach service. She has recently completed her training as a psychologist. Her client is a young Eastern European woman in her late twenties who has been diagnosed with a severe mental illness. Iris provides the client with ongoing outreach

support and case management. The young woman lives at home with her parents. The psychologist visits the family regularly. She is warmly welcomed, offered food, and gains the confidence of the parents. At each visit the parents complain about the difficulty of living with their daughter. The daughter stays up all night pacing her room, smoking and playing loud music, drinking coffee and then sleeps all day. The psychologist intervenes by convincing the family that someone their daughter's age should be able to live independently in order to relieve the parents from their burden of care ("I thought, well, someone her age really should be able to live independently"). The daughter moves out and chaos ensues in the family system ("It was a bloody disaster"). There is very limited assistance for the daughter in her new accommodation. The parents now travel back and forward to their daughter's flat to continue to support her. The young woman deteriorates and eventually moves back home. The family no longer welcomes the psychologist.

Iris initially expressed no concern about working with a client from a CALD background. This suggests she believed that her training had equipped her to work professionally with this client. Her only concern at the beginning of her interaction with her client related to her lack of experience working with families ("I was never particularly family oriented, more of a psychodynamically oriented psychologist.")

Nonetheless, it appears that Iris was able to establish good rapport and a working relationship with the family. Iris's confidence in working with the client may have grown in response to the hospitality she received from her client's family, who "always insisted on feeding [her]". This type of hospitality is culturally appropriate for Eastern European clients who may hold collectivist cultural norms.

When selecting her treatment intervention Iris failed to take account of the client's collectivist cultural background. Instead she responded to the family's complaints about their daughter's behaviour with a culturally blind approach. Iris seemed unaware that she herself held normative values about the importance of independence of adult children from their families. She also seemed unaware that her intervention was based on these Western values ("I thought that someone her age should be able to live independently"). In doing so she was blind to her client's cultural values regarding the role of the family and the importance of family as a source of care for individuals with mental illness. That is, she failed to recognise that adult children living at home with their parents is considered normal and appropriate within the client's own cultural background.

Iris' advice was followed by the family and led to negative outcomes for the family system. Her client's symptoms worsened until she was forced to move back home ("And it caused chaos. It was a bloody disaster"). Iris described experiencing shock that her intervention had caused such damage to her client.

It appears that Iris's shock subsequently led her to an important reappraisal of her practice as a psychologist working with clients from CALD backgrounds. The critical incident confronted Iris with the understanding that she did not yet possess the cultural knowledge and skills to work effectively with her client. Importantly it also led her to actively seek out training and research in cross-cultural psychology in order to develop her cross-cultural competence as a psychologist.

6.4 Mastery of Cross-cultural Practice.

6.4.1 Making Culture Central to Treatment.

Four critical incidents recounted by participants placed the client's culture as central to the treatment. These constitute the theme *making culture central to treatment*. This work with clients was experienced as highly creative and enjoyable. Psychologists felt competent and took pride in their work. Each incident shared a number of characteristics: practitioner's knowledge of the migration/refugee experience and client culture, the practitioner's confident engagement with the client regarding their culture, and a deliberate adjustment of standard Western psychology treatment to account for the clients' cultural needs.

Case Study Julie

“I just did things really differently.”

Julie is Anglo-Australian and an experienced school psychologist working in the private school system. In recent

years she has frequently worked with Sudanese clients. Two Sudanese sisters, attending Year 5 and 7, are referred to her following aggressive behaviour towards a teacher and the principal. The girls feel that the staff treated them and their family unfairly. They no longer respect them. Julie decides that to address the problem behaviour, she needs to primarily support the rebuilding of the relationship between the girls and the staff. She organises for the teacher to attend a psychology session with the girls. She asks the three of them to complete an art project together. ("It was just lovely. And they talked about their piece of art and it was just a really good step in healing their relationship"). Julie also organises for the principal to help the elder girl to learn calming techniques to help her control her anger. The relationship between the girls and the staff improves and the behavioural problems stop. Julie continues to work with the girls to explore where their anger comes from by focusing on issues related to their refugee journey ("we did a map tracing their journey across the world"). She also builds resilience by encouraging them to reconnect to their culture ("we did a sheet about memories of their culture"). She makes use of art therapy to encourage the girls to express their feelings without needing to use their developing English language skills. Julie feels enriched and competent.

Julie seemed enthusiastic about her work with these clients, and approached it with creativity and flexibility. She seemed to recognise from the outset the importance of treating the girls' behavioural problems within a Sudanese cultural context. She drew on her previous experience working with clients from Sudanese backgrounds and engaging with the Sudanese community ("I'd gone to a few of their cultural days and things, like refugee day"). Perhaps as a result Julie conveyed confidence in her ability to work within this cultural context. In recounting this critical incident Julie gave a strong impression of proactive engagement with the cultural identity of her clients.

Reflecting Julie's cultural knowledge, she chose to focus on re-establishing the relationships between the girls and the teacher and principal, rather than addressing the problem behaviour directly. This approach is a collective approach (addressing the social context) rather than one based on an individual deficit model (i.e., the girls have a behaviour problem). Notably it proved successful in rebuilding the relationships. Julie conveyed pride in having chosen a culturally relevant approach that worked effectively for her clients.

Julie's confidence in working with the girls' cultural context also extended to her choice of therapeutic techniques. By making use of art therapy Julie both acknowledged and overcame any communication problems posed by the girls' ESL background ("I guess art, you know, goes across cultures, whereas language doesn't"). By working in a non-verbal

medium Julie created an alternative non-verbal means for emotional self-expression for her clients.

6.4.2 Working with differences in cultural values.

Three critical incidents addressed the theme of *working with differences in cultural values*. Each incident shared some key features: the psychologists were made aware that their values differed from the values expressed by their clients, they experienced their clients' values with a sense of personal discomfort, they sought to understand their clients' world view, proactively assessed if their clients' values were normative within the client's cultural background, and ensured that their treatment was respectful of their clients' world view. The following case study illustrates this theme by exploring the experience of working with a client who holds values that clash with the psychologist's feminist values.

Case Study Charlotte

“I snap my fingers and she brings me coffee.”

A young Afghani refugee regularly attends appointments with Charlotte at a refugee and migrant support service. He arrived in Australia by boat and spent time incarcerated in a detention centre. He has been separated from his family and lives alone. He is awaiting a permanent visa. He presents with depression and alcohol abuse. Despite forming a working relationship and ongoing

treatment his symptoms do not improve. Charlotte is surprised when one day her client arrives at a session clean and sober and with improved mood. She asks him what has changed. He explains that he has moved in with a distant cousin and her family who have recently arrived in Australia. He reports that he is shown great respect in the family, and that his female cousin now looks after him (“I snap my fingers and she brings me coffee, and she cooks for me, and she cleans my clothes”). The children have been moved out of their room to make space for him. Charlotte feels her feminist values strongly challenged by her client’s story (“Ordinarily I would have really reacted to that”). She holds her own values in check, reminds herself of her client’s very different cultural values regarding gender roles, and communicates pleasure to her client about his new situation (“I said I was so pleased for him that he was living like that”). The relationship between Charlotte and her client is strengthened following her positive response.

Charlotte seemed to conceive of the values clash with her client as a cultural clash, rather than a values clash within a culturally neutral relationship. This approach appears to be underpinned by her understanding that her client comes from a country with a great cultural distance from Australian culture (“I’ve been very aware that that he comes from a very

different cultural background to myself”). As Charlotte works for a specialist refugee/asylum seeker agency, it is likely that she had previously worked with a number of Afghani clients. She would have acquired knowledge about Afghani cultural norms such as extended family structures and the gendered division of labour within families.

Charlotte’s initial emotional response to her client’s statement was to feel horrified. She conveyed that she was conscious that she was affronted because her own values of gender equality and the rights of children were challenged by her client’s account. That is, it appears that Charlotte was able to almost instantly become aware of her affective reaction, and critically interpret it (“I felt it, and I thought it, and then I just let it go.”).

Charlotte proceeded to note her strong feelings and moved forward for the benefit of her client. She appeared to be working from the perspective that her client’s values should take precedence over her own. In doing so, it is implicit that Charlotte had also made an assessment of the client’s family situation in relation to her previous knowledge of Afghani norms and found them to be congruent (“if the way they that they live, does that kind of match the way that I also know from other people, or is there something different”).

It is notable that Charlotte expressed genuine pleasure to her client about his progress and his living situation. This suggests an empathetic response that transcends cultural and values differences between Charlotte and her client. Perhaps as a result of her clear interest and pleasure in the

client's improved living situation her relationship with the client also improved after this critical moment in practice ("I think he was really pleased to see that I was happy for him. So I think that enhanced things.").

6.4.3 Working with language and meaning.

Four critical incidents centred on moments in practice during which psychologists navigated misunderstandings caused by differences in language and/or meaning across cultures. These constitute the theme *working with language and meaning*. Each incident shared some characteristics. The practitioner in each incident worked with a newly arrived CALD client for whom English was a second language. The practitioner recognised that there were communication barriers and sought to address them by working with an interpreter. Despite the use of the interpreter misunderstandings of *meaning* occurred that affected the assessment or treatment of the client. The practitioner consequently felt discomfort and was made aware that working with an interpreter was not itself sufficient to address communication barriers. The psychologist chose to actively address the communication problem in the session with the client. It should be noted that one participant was unable to address the communication problem directly with her clients, as the clients had already terminated treatment for unrelated reasons. The next case study illustrates the experience of psychologists *working with the challenge of differences in language and meaning across cultures*.

Case Study Sarah

“Oh my God what have I done.”

Sarah is a psychologist working in private practice. A middle-aged Afghani man presents for treatment with symptoms of depression after losing a job he describes as very menial. The man is a former General who had to flee from Afghanistan with his family. He has asked that his wife accompany him to each session. An experienced interpreter is also present for each session. Treatment focuses on psychoeducation about depression and addressing the client's beliefs about his illness (“they also had a model that he was broken and he wasn't mendable”). During one session the client suddenly flies into a rage following the interpreter's translation of something Sarah has said. Sarah is initially dismayed (“oh my God what have I done”). She remains calm. It gradually emerges, through the interpreter, that the client has taken great offence to Sarah's use of the word “soldier” to describe his former profession (“I was a General!”). The interpreter says that translated into Farsi the meaning of “soldier” is closer to that of “private”. Sarah feels relieved that this is a simple misunderstanding. She apologises to the client and explains that the word “soldier” in English is used as a

term to describe all ranks within the military. After the interpreter conveys this information to the client, he becomes calm once again. The relationship between the client and Sarah is not harmed. Sarah learns that even where an interpreter is present the meaning of words can differ in significant ways. The incident alerts Julie to her client's shame and wounded dignity resulting from his changed status in Australia. Ongoing work focuses on rebuilding her client's sense of self.

In this case study Sarah presents as a confident cross-cultural practitioner. This is evident in a number of ways. First, she showed flexibility in accommodating her client's preference to include his wife in the treatment process. She also demonstrated awareness of the importance of working with the client's explanatory model of mental illness. Finally, Sarah appeared confident in her ability to work with an interpreter.

Sarah was initially dismayed when the misunderstanding caused her client to explode with anger. However, she demonstrated her confidence as a cross-cultural practitioner by recovering quickly from her mistake ("My first assumption, if there is a problem, you know option one is 'what has been misunderstood here?"). Sarah remained calm enough to proactively address the misunderstanding by apologising to the client and explaining the different meaning of the word 'soldier' in English and Farsi. It appears that

her immediate action had the effect of maintaining a positive relationship with her client.

Sarah seemed open to learning from the incident (“Oh ok, something is happening here that I really need to learn”). She described learning an important insight about her client. The incident made her aware of her client’s need to protect his fragile sense of self (“he was already on the way to reclaiming some sort of sense of himself, and to have this happen reacted against it quite strongly”.)

In relation to her professional practice it seems that Sarah learned that the presence of an interpreter is no guarantee that misunderstandings in cross-cultural encounters can be entirely avoided (“it was just a reminder to be as alert as possible”). In particular, the moment seems to have reminded her that mistranslation or the difference of meaning across cultures can act as a barrier to understanding in cross-cultural psychological practice.

6.4.4 Setting clear boundaries.

Two critical incidents recounted by participants addressed the theme of establishing clear boundaries in psychological practice with CALD clients. These constitute the theme *setting clear boundaries*. In both incidents psychologists were cognisant of their clients’ practical material needs, and aware that, in some cases, advocacy to support such clients is appropriate. Intuitively psychologists sensed that their clients were becoming excessively dependent, and set firm boundaries around the work in order to encourage their self-efficacy.

Case Study Paola

“I kept thinking this is wrong. You can’t solve the financial issue.”

Paola is a psychologist from a CALD background. She works for a community agency. Shortly after the Balkan war a married couple from the former Yugoslavia presented to the service with suicidal ideation. They threaten to kill themselves if they can’t bring their grandchildren to Australia. The couple is also desperate to send money to their grandchildren who are living in poverty in their home country. Paola’s co-worker asks her to sit in on a session after she fails to make progress with the couple. Paola observes that her co-worker is very worried about the couple’s safety. She sits in on a session and observes a shared sense of helplessness pervading the interaction between the psychologist and the clients (“Everyone was feeling powerless with them”). Paola is also concerned about the lack of clear boundaries that have been set by her co-worker (“I kept thinking this is wrong, you can’t solve the financial issue. I can’t reunite them.”). Paola undertakes a risk assessment and determines that there is a low risk of self-harm by the clients (“they mentioned that they were not going to kill themselves”). She explains to the couple the role of psychologists, and what they can and can’t provide to

them. She makes clear that they will not be able to provide any financial support to the couple. She also refers them to a social worker to help them find practical ways to support their family. The wife decides to continue to attend the agency for psychological support. Ongoing work focuses on rebuilding her identity following her refugee journey and arrival in a new country, as well as on addressing the unexpressed grief and loss she is carrying relating to the family she had to leave behind when she came to Australia.

Paola appeared composed and confident in her ability to work with the clients in the case study. She seemed able to maintain a curious stance and carefully observed the clients' interaction with the other psychologist. This stance provided her with the space to understand that something was going wrong in the interaction between her colleague and the clients.

Paola's account suggests that her colleague had become enmeshed with the clients, to the detriment of their treatment. In the face of the clients' difficult material situation a sense of helplessness appears to have been transmitted to the practitioner. Notably, the practitioner appeared reluctant to tell her clients that it was not the role of a psychologist to provide financial support. Nor did she take on an active casework approach in regard to their financial situation. This suggests that complete paralysis had developed in the therapeutic process.

Paola conversely maintained a strong sense of separateness and boundaries from the clients. She conveyed the belief that psychologists and clients have a shared responsibility for the client's welfare. ("I hold that value that I don't want to patronise. Like crossing boundaries it's also a lack of respect for them.") As a result she appeared free to take a more proactive therapeutic approach with the couple. She was active in assessing their risk, and through this process developed a respectful and trusting relationship with them ("We had a really good conversation"). Having assessed that their risk was minimal, Paola was able to pursue discussions around the boundaries of psychological practice, and to convey a clear sense of the support that could be provided.

Paula appeared to have an understanding of her clients' life situation, including the marginalisation and financial difficulties they were experiencing ("It was a real problem ... they need the money"). Paola's CALD background and previous experience working with CALD clients may have contributed to her sense of confidence in understanding the situation of her clients, and willingness to take action.

6.4.5 Understanding within-group differences.

Two critical incidents addressed the importance of understanding each client as individuals within their cultural context rather than as a stereotypical representation of their culture. These constitute the theme *understanding within-group differences*. Narratives shared some common elements. In each situation the practitioner had worked extensively with

clients from the same cultural background as their current client, and as a result held a stereotypical representation of what a person from this cultural background would be like. They each experienced a jolt of surprise and humour when their client presented as different from this representation. Both were reminded that stereotypes could creep into cross-cultural practice of experienced practitioners. The following case study explores the phenomenology of learning about within-group differences in cross-cultural psychological practice.

Case Study Angelika

“I had come into this thinking they would be quiet and reserved women. There was nothing quite or reserved about these women at all!”

Angelika is an experienced psychologist. She works with clients from varying cultures, including families and individuals from Islamic backgrounds. She considers herself a feminist and runs assertiveness training as part of her private practice. Angelika is contacted by a Muslim women’s group to run an assertiveness training workshop. She phones the group to explain what her program contains, expecting that they would change their minds. The group decides that this is exactly what they would like to learn. Angelika is determined not to ‘water down’ her workshop. On the day of the workshop Angelika feels a little

anxious and spends a long time selecting respectable clothing. When she arrives she is surprised to find a diverse group of women (“There were African women in colours. There were Anglo-Saxon women who had changed their religion. There was a Greek woman.”). She is further surprised that the women are confident and feel no need to develop assertiveness in their personal lives (“There was nothing quiet or reserved about these women at all!”). Instead the women want to learn how to communicate assertively with the Western world. Angelika adjusts her usual program to meet the group’s needs. She listens (“They had an incredible sense of humour and we were able to look at the stereotypes”). Both the group and Angelika learn about stereotypes and values differences within the community of Muslim women.

Despite Angelika’s experience working with Muslim families she initially appeared insecure and anxious about working with the Muslim women’s group. It seems likely that her confidence working with this group was undermined because she perceived a mismatch between her ‘idea’ of Muslim women and the topic of the workshop (“It was kind of waking up, and I went, oh my God, a bunch of Muslim women doing assertiveness programs, how am I going to be credible to them to do that.”)

In her anxiety to be perceived as credible Angelika changed her clothes numerous times before the workshop to ensure she was dressed appropriately (“Do I look respectable? Taking it off, putting another lot on”). This action responded to her cultural knowledge about the importance of modest attire held by many Muslim women. In choosing to dress appropriately Angelika also demonstrated respect for the cultural values of her clients.

When Angelika recounted her first impression of the women once arrived at the workshop, it appears clear that she was very surprised by what she found. The women were a diverse group drawn from many different cultures and ethnicities. Their attire varied, not all women held fundamentalist religious beliefs, and they seemed to Angelika to be confident and strong women (“I had come into this thinking that they would be quiet and reserved. There was nothing quite and reserved about these women at all”).

Angelika’s surprise suggests that she held a stereotypical schema of a Muslim woman in her mind that was undermined by her actual encounter with the group. Given that she had assumed that the feminist content of her assertiveness training module would not suit these women, it suggests that her schema contained the notion that all Muslim women were subservient and repressed .

Angelika’s recollection of this moment was characterised by warmth and a sense of humour. Jolted by her mistaken assumptions, she appear open to learning and understanding more about the women. Perhaps due to this

openness to learn she described her experience in the workshop as interesting and enjoyable (“I learned an incredible amount because I had assumed people were the same”).

As a practitioner Angelika learned from this experience that she was vulnerable to making assumptions about clients from CALD backgrounds even when she had previously worked with a particular cultural grouping (“I had used stereotypes and prejudged”).

6.5 Encountering Barriers to Effective Practice

6.5.1 Feeling overwhelmed.

Three critical incidents described feeling overwhelmed by working with refugees and asylum seekers, or other clients whose visa status was uncertain. *Feeling overwhelmed* constitutes an experiential theme in the present study. Each of the incidents is characterised by a number of shared elements. The client’s current life situation is precarious. The client has an extensive history of current or previous trauma, and does not have strong support networks or family in Australia. In each incident standard Western treatment does not lead to positive outcomes for the client, and the practitioners feel overwhelmed and helpless. Responses to these feelings varied between participants. Some practitioners, such as John, developed techniques to address their helplessness. Others chose to discontinue working with this client group. One participant noted in her interview that she could no longer work with refugees because she was burnt-out and

overwhelmed. John's case study below describes the experience of feeling overwhelmed.

Case Study John “

When I'm in the room with him it almost feels like I'm in the room with his country”.

John is a highly experienced cross-cultural psychologist with a long history of working with refugees. He currently works in a university counselling service. Over the period of a year John sees an Afghani student from a refugee background. The student has a history of trauma and multiple diagnoses of depression, post-traumatic stress disorder and anxiety. He struggles with concentration and passing his course of study. His ability to stay in Australia and not be deported back to Afghanistan depends on his ability to pass his course work. John frequently feels overwhelmed and helpless in the face of the client's extensive past trauma and current difficult life situation (“When I'm in the room with him it almost feels like I'm in the room with his country”). Treatment is an ongoing painful struggle. Small pieces of progress are important (“When he smiles it's like a small victory”). The psychologist focuses on the client's problems with concentration to achieve control in one part of the client's chaotic life. While the relationship with the client is strong

there is no improvement in the client's mental health symptoms and his ability to pass his course remains uncertain.

This case study represents the experience of competent cross-cultural psychologists working with clients from refugee backgrounds. In this type of scenario refugee clients present with a combination of a long history of trauma and separation from family, combined with ongoing uncertainty about their ability to remain safely in Australia. This is a common situation in Australia. Many asylum seekers who have arrived in Australia by boat, those on temporary protection visas and those who are in the process of having their asylum requests assessed share the same situation.

In the face of these combined factors John's experience was characterised by feelings of helplessness. Importantly, John has a long history of working with refugees and migrants with mental health problems, and has previously worked in Kosovo with recently displaced and traumatised people. Yet, despite John's best efforts and evident competence as a cross-cultural practitioner, there was only very minor improvement for this client.

John appeared highly cognisant of his client's precarious visa status, and the possibility that he would be sent back to his home country where he faced significant danger of persecution, unless his study performance improved. This knowledge seems to have created anxiety for John, and may have led him to develop a strong feeling of responsibility for his client. John

described a strong counter-transference response to his client, and reported that he frequently felt overwhelmed and helpless in the face of his client's situation. ("There's a pervasive sense of helplessness that happens a lot of the time, or sometimes all the time, when you are working with that person.") He perceived his client's problems as immense ("I'm in the room with his country").

John's cultural knowledge about Afghani culture as a collectivist culture and his understanding of the losses inherent in the refugee experience also appeared to contribute to his feelings of inadequacy. In response it appeared that John felt a great deal of sadness throughout his relationship with the client. "It's the separation from the family and the culture of the family, the collectivist culture which we don't have here. That sense that I'm no substitute for that collectivist extended family support that he would have had".

Despite John's feelings of helplessness, he also demonstrated resilience and perseverance as a practitioner. His resilience seemed to be based on his ability to maintain hope and notice small signs of improvement. "I just trust to time, that you know, that the healing process at some level is happening, 'cause there have been a few signs of growth, in that he has made some friends now". It also appeared that to reduce feelings of helplessness in his client and himself as a practitioner, John focused on creating experiences of mastery by working with one small part of the client's problems, his ability to concentrate.

6.5.2 Systemic Barriers.

Two critical incidents provided by participants centred on the negative impact common practices of the services they worked with had on their ability to provide competent cross-cultural psychological treatment to clients. The theme of *when the system fails the client* contained a number of common features: the competence of the cross-cultural practitioner was of secondary importance in the context of the systemic barriers they faced in their practice; the culturally appropriate intervention practitioner's wanted to undertake was not supported by organisational practice parameters; they felt helpless to subvert the organisational approach in order to provide culturally appropriate treatment for their CALD clients. The next case study explores the experience of a school psychologist working within the state school system.

Case Study Amy

“The difficulty with a lot of the stuff that we do is the way the school works.”

Amy is a school psychologist. She works across three schools. Most of her work focused on assessing children. She often feels that there is not enough time to work with the children who are referred to her. The welfare coordinator at her school asks Amy to urgently assess a primary school aged Vietnamese boy for Severe Behaviour Disorder. The coordinator states that the aim of the assessment is to complete an application for continuing disability

funding from the Education Department. The school's current disability funding for the boy's ongoing learning support needs was approved on the basis of a previous report. The psychologist notices that the boy has not recently shown any disruptive behaviour in the classroom, one of the diagnostic indicators for severe behaviour disorder ("I kind of need to know a bit more before I do anything"). Despite misgivings about the boy's symptoms Amy feels under pressure to complete her assessment quickly and to diagnosis the boy with an ongoing behaviour disorder ("I did feel some pressure to make the application fit what they wanted it to fit"). Before she can complete the assessment the boy's mother withdraws him from the school and sends him to live with family interstate. Amy is left feeling uneasy about her work with the boy and his family ("The difficulty with a lot of the stuff that we do, is the way the school works"). Amy is concerned that the urgency of the application for disability support funding took precedence in her work with the boy. She believes as a result she did not have the time to build a relationship with the boy and his family, or explore the meaning of his behaviour and diagnosis within a Vietnamese cultural framework.

In her account of this critical incident Amy conveyed her feeling of frustration about the constraints on her work with the boy and his family. She intimated that she found it very difficult to place the needs of the boy

and his family at the centre of the treatment process (“It all happened so quickly, as it tends to in schools. It’s very reactive”).

It is implicit in Amy’s account that she understood that diagnosis of a mental disorder can be experienced as particularly shameful within Vietnamese culture [“the big learning for me from that situation culturally was the whole concept of shame and what that means”). However, she did not act on this knowledge. Amy conveyed her belief that the time pressure she worked under in general, and specifically given the urgency of the assessment request, prevented her from addressing these issues with the boy and his family.

Amy also seemed to feel significant pressure from the welfare coordinator to urgently diagnose the boy with severe behaviour disorder. She appeared to know that secondary schools in the public system tend to struggle to support students with additional needs in the classroom unless they receive disability funding from the government. Amy seemed aware that the previous diagnosis may not reflect the boy’s current functioning (“I spoke to the disability person in the region and said “I’m really not sure”.”), and that she needed to know more to make a culturally valid assessment (“Those previous difficulties had made me think I need a bit more information before I do anything. Because it wasn’t just a straight forward assessment.”).

The sense of urgency once again appeared to have undermined Amy’s preferred approach to assessing the boy. Overall, Amy seemed to be struggling to balance the needs of her client and those of the school. This

may be due to Amy operating in a setting in which it was not clear who her client was: the school or the boy and his family.

6.6 Summary

The present chapter outlined results from the analysis of critical incident narratives chosen participants. In total eight experiential themes in the domains of learning to work cross-culturally, mastery of cross-cultural practice, and encountering cross-cultural practice barriers were discussed. Case studies were provided with illustrate each theme, and allowed for their in-depth analysis. The next chapter turns to results from the analysis of semi-structured interviews.

Chapter 7 Results of Thematic Analysis of Semi Structured Interviews

7.1 Chapter Overview

This chapter presents results from data analyses that address three research aims of this study: (1) key elements of effective cross-cultural practice; (2) key barriers to effective cross-cultural practice; (3) and learning to work cross-culturally. Each section summarises the overall findings, and then defines key themes and illustrates these through example responses from participants. A conceptual overview of findings, either in the form of a table or process map, is also presented, to illustrate possible interactions and relationships between individual themes.

As outlined in Chapter 5 (p. 106), thematic analysis of the semi-structured interview data set was employed to identify the themes reported in this chapter. In relation to the specific study aim of *identifying key elements of effective cross-cultural psychological practice* results from the thematic analysis of the critical incident data set are also reported.

7.2 Elements of Effective Cross-cultural Practice

Two data sets, from semi-structured interviews and from critical incident narratives, were each analysed to identify key elements of effective cross-cultural competence. As stated in Chapter 5 (page 87), the critical incident data set was analysed in this manner to enable comparison with,

and hence cross-validation of, the results of thematic analysis of the semi-structured interview data set. This cross-validation provides evidence that those elements of cross-cultural practice which participants *stated* were important in the semi-structured interviews were also *applied* by them in their practice with CALD clients as described through their critical incident narratives.

Analysis of the semi-structured interview data set identified 10 distinct themes constituting elements of effective cross-cultural psychological practice. Data analysis of the critical incidents data set also identified the presence of nine distinct themes. Comparison of these results found strong overlap between nine of the 10 themes identified in each of the two data sets. One additional theme, reflective practice, was identified solely in the critical incident narrative data set. The theme has been included because it provides evidence of the application of this multicultural practice element by participants in their practice. Table 13 sets out each individual theme and its definition.

7.2.1 Cross-cultural knowledge.

Reflecting the importance of knowledge identified in the research literature, cross-cultural knowledge was the element of effective cross-cultural practice most frequently cited by participants in this study. The theme cross-cultural knowledge incorporates knowledge held by psychologists across a range of cultural psychology domains, and the skills to apply this knowledge competently. The ability to develop new cultural

Table 13

Elements of Effective Cross-cultural Practice

Theme	Definition
1. Cross-cultural knowledge (55)	Knows about cultural differences, country of origin, and migration/refugee process. Applies knowledge effectively.
2. Culturally appropriate interventions (33)	Knows which psychological interventions & assessments are appropriate for cross-cultural use. Adjusts standard Western practice to accommodate the culture of the client.
3. Cultural self-awareness (32)	Aware of own culture and values and power inherent in psychology profession.
4. Cultural interest (27)	Open to and respectful of cultural difference. Conveys cultural interest.
5. Cross-cultural communication (23)	Knows about ESL issues and dynamics of cross-cultural communication. Uses advanced listening skills and works effectively with interpreters.
6. Negotiating cultural difference (14)	Aware of cultural difference. Negotiates impact of cultural difference with client.
7. Reflective practice (13)	Reflects on own practice and impact of professional practices on clients. Willing and able to learn from mistakes.
8. Acknowledging within-group differences (12)	Knows about within-group differences. Conveys understanding of cultural difference and appreciation of client as unique individual.
9. Flexibility (11)	Knows that standard 'talking therapy' approach is not sufficient to meet complex needs of CALD clients. Uses flexible approach.
10. Therapeutic relationship (11)	Aware of shared humanity across cultures. Uses empathy to build relationship with client.

NOTE: Numbers in brackets = number of data items constituting each theme.

knowledge in response to working with CALD clients from unfamiliar cultural backgrounds was also identified important in this theme.

Participants mentioned the need for specific cultural knowledge in the following areas: acculturation, the migration and refugee journey, cross-cultural psychological differences, idioms of distress and understanding of mental disorders, cultural variation in symptomology and treatment approaches, and the country of origin and culture of clients.

I do think it helps to know some of the broad categories of difference such as collectivism versus individualism, the power distance factor in society, and direct and indirect communication, Asian cultures being very indirect in their communication style, the patriarchal versus non-patriarchal or even matriarchal societies. (John, #12)

If I'm working with people from other cultures who already have a framework for mental health, like for instance people who would go to an Imam or go to a monk or go to a natural healer or whatever, I think it's useful to know where they would go, and perhaps even a little bit about what they can or can't do. (Sarah #9)

... you need ... I mean it's pretty much what we do, it's yeah knowledge of ... of other ... what happens in other

countries. So, knowledge ... and I was so politically ignorant before I started there and really had no idea, so you really need to have an understanding of repressive regimes, torture, to be looking out for you know signs of that. (Ann #14)

The second skill associated with this theme involved the psychologist communicating their knowledge to the client and setting their client at ease about their cultural differences.

Ooh, there are little things. Like I will ask people how to refer to them. Like if someone comes in and they are called 'Dan' or 'Chris' – come in Dan, come in Chris. Whereas if someone comes in called Bormir Joy [Note: made up name], I'll say are you Bormir or are you Joy. (Sarah #9)

They like it particular the young ones. They start talking about a place and I say oh, yes I went there before you were born. I'm showing that I actually do know a bit, so that they can relax on those issues. (Doris, #8)

Participants noted that possessing knowledge about all cultures and countries of origin of the diverse CALD population in Australia was particular difficulty. This seems to reflect the multiple waves of migration

and diversity of migrants and refugees who have settled in Australia. This challenge was felt acutely by some particularly when they were starting out.

I remember when we did the [agency] training being scared to death, thinking how the hell am I going to learn about every country's history and political situation. (Ann #14)

Many participants noted that this skill of working within the limits of their cultural knowledge, and communicating effectively with their clients to address this issue, was essential.

I would say that that is the key thing to be able to say, I'm sorry I don't know enough about your culture can you tell me what you mean when you say this. Yes, absolutely. (Sarah #9)

Well to know about the culture, or to respectfully say that you don't know about the culture and 'would you tell me what is the best way'. I do this with Chinese cultures sort of people and I'd say in your country what was the way that people would try to help. (Doris, #8)

In addition, the ability to acquire specific knowledge about a culture or the country of origin of a specific client was identified. Participants mentioned research or consultation with other professionals as methods for gaining this knowledge.

Usually if I have a client whose culture seems to be an important part, or religion or whatever it might be, often I will take the trouble to do a bit of research, so I at least know, try and know if there are hotspots. (Sarah, #9)

I'll find out what that means, if I haven't asked the client or I don't think it's appropriate or I need to learn more, I'll go out and find out about that. Yeah. (Angelika, #3)

7.2.2 Culturally appropriate interventions.

This theme incorporates the second most frequently cited set of practice elements. It can be defined as the psychologist's ability to adjust standard Western psychological practice or make use of culturally appropriate interventions and assessment tools to provide effective psychological interventions with CALD clients. As a starting point this involves knowing that standard Western approaches are not always appropriate for use with CALD clients.

Uhm, we don't do any psychometric testing, because it is not going to be valid. So I would do my assessments... assessments take much longer. (Charlotte, #7)

On top of the knowledge that a particular approach will not be appropriate, practitioners are also skilled in adjusting Western evidence-

based approaches such as psycho-education or cognitive-behaviour therapy to make them suitable for working with CALD clients. The psychologist is also able to make use of culturally specific clinical and educational assessment approaches.

So I guess if we're using some of our frameworks and our models, we have to be able to do that for them, we have to make it relevant for them you know. So CBT, you know in it's ... in its current format it may need an intermediary step to work for them, well mainly just to be able to see how it relates to what they already know rather than using it as it is in the book, you know. (Julie, #10)

But in terms of actual treatment it is pretty much the same. I do narrative, I do some CBT, I do psychodynamic, I'll do a genogram and understand the family. All the same sort of things really, I might just get there a bit differently, and it's slower. (Charlotte, #7)

... it's about being aware that I think, you know combinations of things provide ... and use in appropriate ways, provide ... and that's why I think the combination standardised and ... and non-standardised device can ... can be very useful. And you know the two can explain each other above what is available with just one of them. (Marcus, #11)

Finally, taking into account language differences, negotiating cultural differences, and, in the case of refugees, working through major and multiple trauma were identified by participants as important elements of successful cross-cultural psychological practice. This theme involves the knowledge that psychological practice with CALD clients may require additional time:

... and I guess knowing that it will take longer and ... and it might take longer because then it's also important to develop a relationship ... because generally speaking they're refugees.

(Paola, #13)

A willingness to not know. A willingness to be wrong. A willingness to learn Ruth, #2)

7.2.3 Cultural self-awareness.

This theme is defined as psychologists' awareness of their own culture, social position and values. Participants noted that in a cross-cultural psychological encounter practitioners must understand that the practitioner and the client each have their own culture for effective psychological practice to occur.

Number one to try always to be aware that if you have got a client from another culture in a room they are not the only one with a culture. (Sarah, #9)

So being aware of our own attitudes, values and beliefs, which sounds really easy. (Ruth, #2)

This element of competent practice provided the building blocks from which it becomes possible to negotiate cultural differences between the psychologist and client.

However, if you know ... if you have some understanding of your own cultural biases, I think that goes a long way to then being able to kind of clarify working with somebody who is of a different cultural background. (Marcus, #11)

Uhm, being really aware of my own values and what pushes my buttons. So knowing that I can be racist as hard as it is to admit. Knowing that I found that Sudanese family difficult and I decided that we shouldn't let those people come here, and then I had to really examine that, because if I really held that belief, then I wasn't going to be able to work with people from that background. Because that would cloud and judge the work that I was doing. (Charlotte, #7)

A secondary aspect of this theme involves the knowledge that the psychology profession itself may represent institutional power to CALD clients. This knowledge enables the psychologist once again to actively address this cultural issue with the client.

To have to work through power issues and power imbalances, because I think with the case of that [client] it was a lot of power imbalances happening and ... for the power issues to work out ... to have reflected about privileges, that one has in the profession. (Paola, #13)

7.2.4 Cultural interest.

The fourth theme is cultural interest. It incorporates the psychologist's openness to and respect for other cultures along with their ongoing personal interest in cultural issues. It also incorporates respect for the resilience CALD clients show in their migration and acculturation journey.

You do have to have a personality that is open to it. (Amy, #6)

First and always respect and admiration for the client and for what they are doing. (Ruth, #2)

I very much enjoy seeing clients who have grown up in a different country, who can tell me about their histories and what life was like for them, and then also understanding how they survived, and then also enjoying how they are putting their lives together here. (Charlotte, #7)

The practitioner's cultural interest was reflected in the enjoyment of working with CALD clients and seeing every cross-cultural encounter with CALD clients as a learning opportunity.

Yes. Yes. You know and to actually enjoy the fact that I get to meet people, uhm, of such diverse backgrounds and beliefs and feel humbled and feel it is a privilege. Because if I didn't work at [this agency] I wouldn't get to meet all these people who share all sorts of amazing stories with me. And I learn so much about the world. (Charlotte, #7)

I guess another really important consideration for me is curiosity about the person's culture that it's a very, very powerful way of building rapport with a client of CALD background to ask questions about, how is this done in your culture? You know, what ... how do parents discipline children in your culture? Tell me a little bit about that. What was it like for you growing up in Iran as a girl? (John, #12)

7.2.5 Cross-cultural communication.

The ability to communicate effectively in intercultural psychology encounters was the fifth theme identified in the study. Cross-cultural communication is the ability of the psychologist to effectively communicate with CALD clients for whom English is a second language. This involves the psychologist knowing about the process of learning another language and the limits of expression and ease for non-native English speakers when they are not communicating in their preferred language.

Oh, yeah, and that the other thing, is knowing it's not just about language but it's about culture you know, because I think sometimes there's the misperception, and that goes with I guess you know counselling but also assessment, that it's not just about language but it's about culture, and the two are both independently important in a way I guess or interdependently important. (Julie #10)

Two types of skills seen as allowing effective communication in the context of this knowledge made up the second aspect of cross-cultural communication. The first skill is the ability to take the necessary time and employ 'deep listening' skills to understand the meaning of the client's speech or narrative.

Ah, I mean with this work I think I have learned to sit in silence a great deal more because people are often presenting

with such incredible layers of grief, so I might just sit quietly with people a great deal more than I would for example with clients at the [mainstream clinic] (Charlotte, #7)

... there is a wonderful Middle Eastern saying that the greatest gift you can give anybody is the quality of your attention. To really want to know what that other person is struggling with, and really want to help them through it. (Ruth, #2)

And the other one you know that's really powerful for me is patience. If I'm patient enough to listen to a story that a client brings, I most often get all of my questions answered. It's when I run in with a million questions that I stop a story and I stop what's primary to the individual. So listening for narrative is really important for me. (Angelika, #3)

The second skill component of cross-cultural communication identified involved working effectively with interpreters in a psychological setting.

But it's also a fairly complicated process to do it well. To do the interpreting, briefing and introductions, remembering to say everything about whose role is what, and allow the interpreter time to interpret, and they're there to maintain confidentiality and so on and so on. (Iris, #4)

Uhm, so language is very different. And when you have an interpreter you have to get to the point quickly, you can't think I'm going to build this point here. It's going to take me five to six sentences to get to it. You have got to say it straight away. Otherwise by the time it has gone by the other person it has gone completely differently. Uhm, obviously I have think a lot more, staying with interpreters for a minute, say around transference and counter transference for that third person in the room, which I wouldn't normally have to do. I'd usually just have to worry about myself with a client about what's going on here but I also need to worry about the interpreter. So that's obviously something that I would do differently, briefing and debriefing the interpreter, asking what's going on there. Having to change interpreters if it's not working. Talking to the client about the interpreter. So the whole thing around interpreters that's different. (Charlotte, #7)

7.2.6 Negotiating cultural differences.

Effectively negotiating cultural differences between the psychologist and the client is the sixth theme. In this regard the psychologist initially recognises that there are cultural differences, and then takes responsibility for, and is skilled in explicitly addressing the cultural difference between

client and practitioner. Implicit in this concept is the values of the client rather than those of the psychologist determining the psychological work.

It's important too that they realise that there is going to be a difference and that it's ok that there is a difference. And you just need to acknowledge it and be aware of it and consciously try to manage that as best you can. (Amy, #6)

(Pause) Probably recognising the ... the differences in world view, of standpoints or whatever ... that each is coming from, and needing to find some way of ... of crossing that barrier and negotiating that barrier so that you do find a way of ... of communicating or building trust and so on. (Iris, #4)

7.2.7 Reflective practice.

Engaging in active reflective practice was identified as the seventh theme. This theme included a willingness to learn from mistakes. It also included the recognition that as the practitioner's multicultural competence increased there was still a need to keep on reflecting on their practice to ensure effective practice with CALD clients.

Oh, I've certainly still got a lot to learn (chuckle) in that respect, e.g., what happened with the first client, Johnny. You know, that because of my strong background in the addictions

field I jumped in with, oh, that's really an addiction. And you know because I thought, oh, I know all about this, but in fact I didn't, you know. I needed to be more aware of cultural issues in this and how he framed his difficulty. (John, #12)

It's something that you continue to strive towards, continue to question the ways you are working and the ways you are asking questions, and reflecting on things you did well and you didn't do well. (Charlotte, #7)

7.2.8 Acknowledge within-group differences.

The eighth theme is awareness of within-group differences. Here the psychologist is, in the first instance, aware of within-group differences within cultures, and that each client is a unique individual within a particular cultural framework. This awareness extends to understanding the harm that can be caused when clients are seen as stereotypical representations of their cultural background.

That's what I think about every time someone comes in with a different perspective, whether it's culture or gender or whatever it might be, then I have to say, ok I'm learning here. Not to assume that, well, not to assume that just because I know that 'sorry business' is important that I know all about 'sorry business. Not to assume that because

I have worked in Laos I know all about Laos people.

(Sarah, #9)

I mean you're going to find another Brazilian who thinks totally differently. So you know it's ... I think it's going to this client thinking that, ok, this person is unique...

(Teresa, #5)

The skill component of this theme involves the psychologist being able to communicate to the client some recognition of their cultural background, but simultaneously an understanding that the client may not necessarily hold these same values or follow these customs.

From my own experience clients really appreciate it when you can say I know a little bit about where you come from because I have seen some other people from your background, but that doesn't mean that I know you. (Charlotte, #7)

And sometimes it can be helpful to say you know I believe that some people in your culture, you know, do such and such, or ... believe that, you know, this applies to mental illness, and I wonder if that's your point of view and... (Iris, #4)

7.2.9 Flexibility.

The ability to work creatively and adjust practice in response to CALD clients' needs and preferences define the ninth theme of flexibility. To support effective work psychologists need to monitor the effectiveness of interventions carefully and alter their approach when needed.

... improvisation and creativity. And trying things until you see the light bulb in the person and you think ah, yes, I have got their interest. (Ruth, #2)

The psychologist is able to be flexible when appropriate about what constitutes psychological practice and can maintain flexible boundaries with clients when required.

It's not.. it's so not like the working kind of practice or even when I worked in a hospital, it's so not like that, you have to be more adaptable and it's a mixture of psychology and casework and you know all of that, so different. (Ann, #14)

7.2.10 Therapeutic relationship.

The final theme is building a solid relationship between psychologist and client. In the context of an intercultural encounter the therapeutic relationship is seen as particularly important.

...and just the whole, well particularly up until recently, the whole political climate was, you're not welcome. So, to have someone who would actually make the decision to walk on that journey with them, meant a huge amount and helped. (Ann, #14)

there are going to be some people or some cultures where it's ... where it's going to be a greater proportion of people where that ... that relationship is even more key than other people we would work with ... and that's going to be the first step, is building that ... you know really building that relationship. (Julie, #10)

The relationship theme incorporates the ability to understand that psychologist and client share a basic humanity. The skill also inherent in the theme is the psychologist's ability to use deep empathy to develop a trusting therapeutic relationship with the CALD client.

At the end of the day I think that's really what I truly learned, you know, as well as being able to be creative, and lateral, and determined, there's a human connection. (Ann, #14)

Uhm, yeah, I think we have talked a lot about difference, and I think of the reasons psychology can work between cultures is the commonalities, the things that are the same. (Sarah, #9)

Summary. This section of the chapter has described 10 elements of effective cross-cultural psychological practice identified through thematic analysis of the semi-structured interviews and critical incident narratives.

7.3 Barriers to Effective Cross-cultural Practice

Thematic data analysis of the semi-structure interviews identified 13 themes that constituted barriers to effective cross-cultural practice. These barriers appear to arise either from within the psychologist, from within the client, from the interrelationship between the two, or from systemic factors, such as the institutional framework psychologists work in. Figure 1 shows each barrier and places it within this conceptual framework.

Systemic barriers were most frequently mentioned by participants in this study, followed by barriers created by the psychologist's stance, the client's social-cultural issues, and finally the relationship. The implications of this response pattern are discussed in more detail in Chapter 8 (p. 207). For the purposes of this results chapter each theme is discussed in detail.

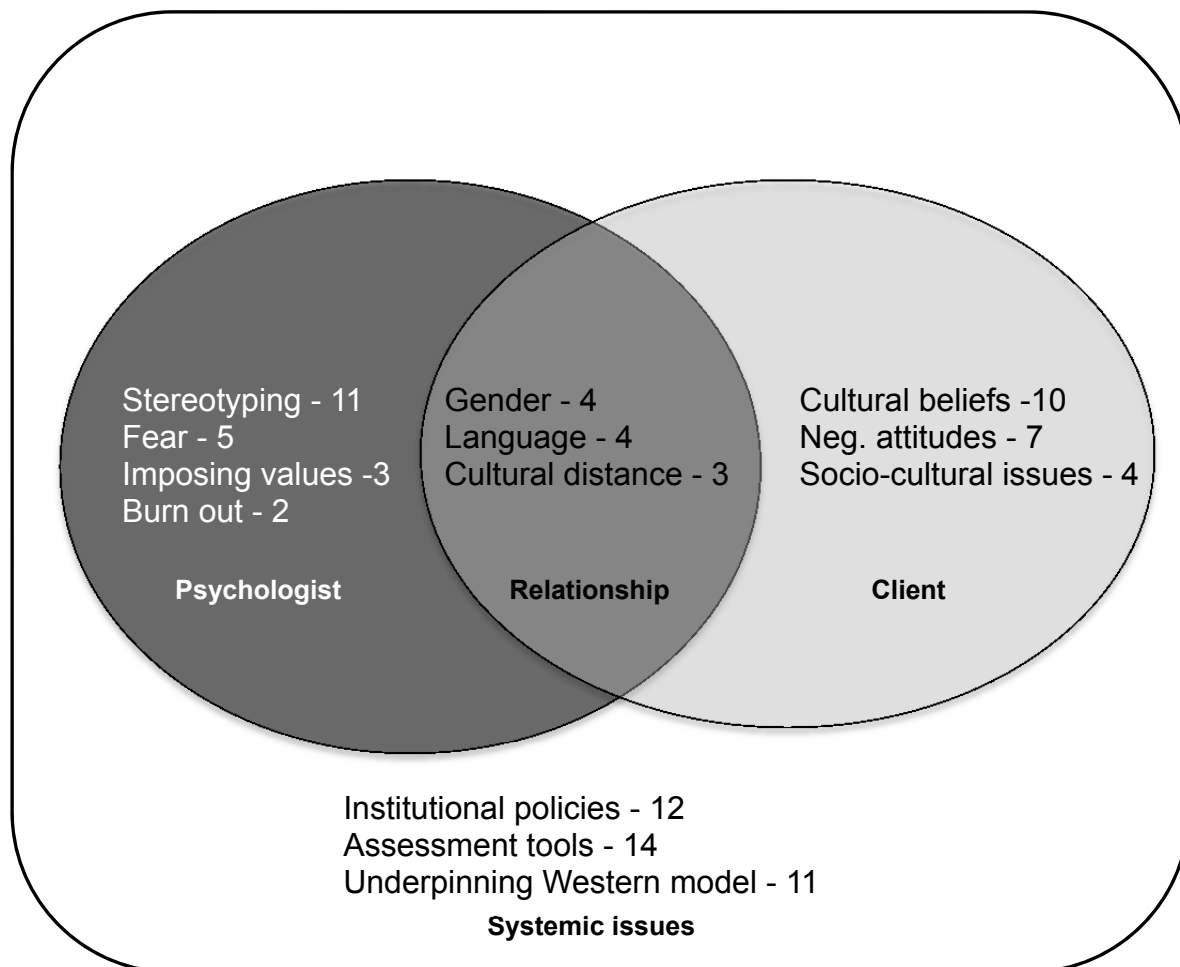


Figure 1. Model of relationship between barriers to effective cross-cultural practice. Numbers against each individual item = the number of times each was identified in the data set.

7.3.1 Systemic barriers.

Systemic barriers arise out of a mismatch between Western psychological practice and theory and the cultural needs of CALD clients. These barriers include Western assessment practices and instruments, institutional policies and practices, and lack of institutional support for the time consuming work of psychological practice with CALD clients

Assessment. Assessment tools used for clinical purposes and for assessments of intellectual functioning in institutional settings in Australia were seen as inappropriate for use with many CALD clients. For example, participants noted the inability to accurately measure client abilities in school settings.

Oh, well I think there are some of our assessments that are just really inappropriate you know. Probably not ... not just our cognitive ones obviously and our... our adaptive ones but you know probably some more of those checklist type things, because you know ... because ... and not to say they don't have their place, but you really have to look at it. (Julie, #10)

They also identified the serious risks of misdiagnosis or incorrect assessments when such tools were used in clinical or educational settings with CALD clients.

I mean one of the things that (pause) used to upset me was I ... and this is just an example. A senior nurse who told me of the case with a refugee from a South East Asian country who'd been in and out of hospital for years ... with a severe psychosis, with not a note about the fact that he was a refugee. And she involved [a refugee agency], and so then they were able to start unpacking some of the ... you know, the trauma issues. So just

...yeah people ... clinicians being aware that these things matter and may have a bearing on ... on the person's behaviour and mental state and so on. (Iris, #4)

and you know there's research that goes back to the 1980s that suggests that there might be larger numbers of Greek background children who were in special school settings and Vietnamese and so on. Now, the reason I'm talking about that is because there may be ... you know there may be say, legitimate reasons for expressing that these minority groups have higher representations than the local populations in special school settings because they have some biological difficulty of some description. However, my suspicion is that isn't the case, that in fact, it's the use of devices that are inappropriate for measuring levels of certain things that have come into play. (Marcus, #11)

Institutional policies. The theme of institutional policies was identified as a key barrier to providing culturally appropriate interventions. Insufficient time available to devote to CALD clients and insufficient funding were mentioned as one dimension of this theme.

... ehm, bureaucracies are going to get in the way. The way that business is. (Amy, #6)

... well in my case was ... has ... had to do with the amount of people what we had to see in the field ... in the ... in the agency. That you had to see seven clients a day you know so in the end the clinician doesn't really have anything to give... . (Teresa, #5)

Some psychologists identified unfriendly or inappropriate front of house processes or even racism of agencies as barriers to effective practice with CALD clients.

... or a service that is not very refugee friendly, you know places that don't use interpreters, or insist that people come to the office, and when they don't turn up on time they are not going to be seen. Uhm, so barriers, there's so many, I could talk and talk about this forever. (Charlotte, #7)

Underpinning Western model. Western psychological approaches themselves constitute another barrier to effective cross-cultural practice. It incorporates criticisms of the imposition of Western 'evidence based' practice on CALD clients when evidence was in many cases not validated through research undertaken with CALD communities.

Western world's evidence based practice. What is there that says this works in the Aboriginal world or in the Sudanese world or whatever other world? (Angelika, #3)

.... Psychological training, at least until recently has ... has had a very Western (pause) epistemological focus I suppose, and that world view is not universal, DSM-IV is very much based on a Western perspective, Western research and the assumption that everyone is white, middle-class and male. (Iris, #4)

in my opinion, the predominant influence in Western psychology has been the biological model in ... particularly in relation to deficit ideas and this sort of thing and very little ... up until very recently, very little work on the notion of cultural elements. Culture's been considered to be something of a too hard to handle basket that it's too hard to define and so on and ... (Marcus, #11)

7.3.2 The psychologist's stance.

A number of related barriers identified in the data have been grouped together under the psychologist's stance. These include attitudes held by the psychologist, along with affective responses and problematic approaches to cross-cultural practice. Participants also identified barriers to competent practice that arise from the psychologist's genuine desire to work effectively and non-prejudicially in intercultural psychology encounters.

Stereotyping. Stereotyping is the first barrier identified within the psychologist's stance. It occurs when the psychologist carries preconceived

ideas about a client based on their culture. This can be a barrier to effective practice due to negative stereotypes about a cultural group that interfere with developing a respectful relationship with a client.

Well, being judgmental, like one of my girlfriends who also did a lot of cross-cultural work. She was actually saying in some discussion recently, oh, I just avoid working with, maybe it was Greeks? She spent a lot of time in Greece, and she now just says I get so irritated with them, and I don't really want to work with them. (Doris, #8)

Seeing an individual client as merely representative of their culture and making assumptions about them on the basis of their culture is the other way in which stereotypes can prevent effective practice.

The barrier is I think stereotypes, when we carry them with us and then stereotypes in anything really that we do. Because it doesn't matter what culture, what sub-group, whatever, there are going to be stereotypes and there are going to be a hundred thousand million exceptions to that. (Emily, #3)

Fear of judgment. Another barrier to working effectively across cultures identified in the study is the psychologist's anxiety about working with CALD clients. Fear about being judged by their clients as being culturally insensitive or lacking cultural knowledge may lead to active

avoidance of working with CALD clients. Alternatively, it can affect the psychologist's practice with CALD clients, for example, through avoidance of cultural content in sessions , or avoiding using an interpreter.

I think fear is one. I think definitely fear of, you know, not knowing what to do. And ... fear of ... of just, you know, that ... that goes with that lack of understanding another culture, which then I guess prevents a whole lot of things. Sometimes I think it prevents, you know, people from working at all (chuckle) with these people, you know, rather than actually seeking the knowledge. (Julie, #10)

And once again one of the bits of feedback that we got from training recently and was to do with the beliefs session. They said, 'oh I haven't been really confident in the past to know whether to go there. You know if... if a client was talking about something, whether it was ok to ask them about what that meant in their culture, whatever it is that they might be talking about. (Iris, #4)

Imposing own values. The imposition of the psychologist's values was also identified as a key barrier to effective cross-cultural practice. It prevents the practitioner from understanding the client's own cultural and values framework. A number of participants noted that they had imposed their own values on a client on some occasions.

You know psychologists come in [to supervision] and they say things like ‘oh, you know, that person hasn’t individuated from their family and stuff. And I say ‘well in whose culture do they need to do that? (Angelika, #3)

For me, it was not sitting well with me that here we are, the guy ... he’s still living at home. Twenty-six years old and cannot ... cannot go. And I was, oh, this is pretty odd for me... (Teresa, #5)

Burn-out. This additional theme is included even though it was only mentioned by one participant who works exclusively with asylum seekers. However, given results reported in the previous chapter by participants about feeling overwhelmed and helpless in their work with refugees and asylum seekers, the intensity with which the participant experienced this barrier, as well as the special needs of this vulnerable client group, it was included as a barrier to competent practice. Asylum seekers have in many cases experienced multiple traumas, and live with a great deal of social disadvantage and uncertainty in relation to their visa status in Australia. One of participant described the experience of working with this group of clients as mentally and emotionally exhausting and left the service she was working for because of burn out.

But, yeah, lots of my clients have been in that situation [where they could be deported at any time] and that’s hard. It’s hard work and it

... and particularly when it's so uncertain. And with lots of my clients along the way, there's been the risk of them being returned, and actually very close to being returned. And then it's incredibly stressful and emotionally draining work to ... to... . Cause you're sort of carrying that for them sometimes and with them often, yeah, so.

(Amy, #6)

7.3.3 Client socio-cultural issues.

Another cluster of barriers to effective cross-cultural psychological practice identified through the analysis of data, is based on CALD clients' cultural beliefs and attitudes, and their social position in society. Cultural normative beliefs about the manifestation and treatment of mental disorders, and negative attitudes to the psychology profession were identified as barriers to effective practice. The difficult social and emotional situation many refugees and asylum seekers experience when they are newly arrived in Australia was also identified as a key barrier to effective cross-cultural psychological practice.

Cultural beliefs. A key barrier to effective cross-cultural psychological practice arises from the culturally appropriate beliefs that CALD clients may hold about mental health and treatment. For example, where mental illness is associated with shame CALD clients may not engage with psychological services. Second, CALD clients may prefer not to engage in the 'talking cure' offered by Western psychologists because

they prefer culturally normative help seeking behaviour such as seeking help from family or respected members of their community.

And there is going to be clients who are just not willing to engage because they, you know, they don't see the value of talking therapy.
(Charlotte #7)

Well, there is more stigma and shame, and in the honorific cultures shame is a big issue, and mental health would be a big issue too.
(Doris #8)

One of them is different expectations of what counselling is. A lot of the students that come in see it as punishment. And we had a speaker not too many years ago from Hong Kong, come out for the APS, and she was talking about instituting counselling in universities in China. And then we talked about it for a while through an interpreter. What that meant was having people there to counsel students to put them back on the right track and make sure they did the right thing. (Ruth #2)

Negative attitude to the psychology profession. A key barrier identified in the thematic analysis was client suspicion and fear of figures of authority. This barrier was raised by a number of participants who work with refugees and asylum seekers. Participants noted that these clients

possessed extraordinary sensitivity to feeling rejected by a psychologist and there were difficulties in developing a trusting therapeutic relationship.

[T]hey are very acutely aware of what's going on around them. And the slightest look or comment, if it's... . You know they pick up on it straight away and you can lose their trust and you won't get their trust very quickly either, so they're very sensitive to other people's lack of concern or something like that. (Ann, #14)

... and so [they] would hate you because you're a representative of ... of those who've detained them or something like that. (Iris, #4)

Social disadvantage of client. The social disadvantage experienced by asylum seekers and refugees living in the community were identified as another barrier to effective psychological intervention with CALD clients. In particular, where clients had ongoing concerns with their visa status, lack of safety, lack of work rights, access to medical care, and extreme poverty it was difficult to undertake psychological treatments for post-traumatic stress disorder, depression or anxiety. The difficulty of maintaining appropriate boundaries when faced with such profound need from clients was another aspect of this barrier.

They live with the threat of ... of being sent back and so until they get that. And ... and then there's often so much psychological damage

happened with people living in poverty on charity for ten plus years. And that's it, it takes a long time for some of them to ... to recover. I suppose you know at this point the question for me is still open, you know. Will some of them recover ever? (Ann #14)

7.3.4 Relationship between client and psychologist. The final cluster of barriers to effective cross-cultural practice identified in the thematic analysis is located in the relationship between client and psychologist. In particular, the intersection of the cultural identities of psychologists and clients, and their ability to communicate together were identified as barriers in the thematic analysis.

Gender. Gender difference was identified as a barrier to practicing effectively with certain CALD clients. Specifically this barrier is related to working with clients who held cultural values that included a hierarchical division of gender roles within the public and private spheres. That is, it related to the difficulty of developing a therapeutic relationship between female psychologists and male CALD clients who believed that the role of women should not include professional work outside the home. One psychologist mentioned that this problem abated as she aged, with some CALD cultures holding the experience of older members of the community in great regard.

Well some of the Muslim cultures would never... . It's easier now that I am older, but they are never going to respect my point of view. And it would be some silly little girl trying to tell them how to live their lives. But age has helped that. I have got more authority.

(Doris, #8)

And to some young men from some cultures coming to see a woman. What would a woman know? I have been told umpteen times that I should be home. (Ruth, #2)

Language. Not surprisingly, communication problems when working with CALD clients whose English was still developing and/or who required an interpreter emerged as a key difficulty in working cross-culturally. Issues around triangulation and safety were mentioned in this regard. Others pointed out that even when a CALD client's command of English was fluent, cultural idioms and subtleties of speech in a second (or third) language, could still make communication difficult and lead to misunderstandings in therapy.

And I think sometimes the language too is a barrier. Actually, a lot of time it's a barrier, because you know the way I would put it was ... would not be the same way that an Australian would ... would describe a situation. (Teresa, #5)

I tried it actually, just to do a relaxation technique with an interpreter just using the NDR technique the other day. And that's ... you know it was interesting. I'm not to sure how ... how we got So yeah, there are some barriers there. (Ann #14)

Cultural distance. A number of people referred explicitly to the impact that cultural distance between the psychologist and client had on their relationship, and the effectiveness of practice. It was observed that new waves of migrants and refugees coming to Australia came from cultures that were increasingly culturally different from Australia (e.g., oral traditions, no schooling, strong gender roles). Attempting to understand each other sufficiently to work through distressing issues, or diagnose and treat mental illness was made very difficult by the greater degree of cultural distance.

Yeah, particularly because we keep having new communities which ... you know. The cultural distance seems to increase with each new ... new group. You know we are less and less familiar with people from Arabic backgrounds or from African backgrounds and so on. And so learning how to work effectively with them is a greater challenge. (Iris #4)

So you know when it was people from the former Yugoslavia I used to see, yeah, you probably could say alright let's get your history, let's work out what you want, let's go. But if you have got someone

from Burma who has been in refugee camp on the Thai border who has resolved all of their problems by talking to their extended family who were around them then the notion of coming and seeing someone like me is very strange, and so I'm not going to jump in, and going to need to spend time asking them how does it feel to be talking to someone like me, and what are they thinking the purpose of this is, and making sure that I am really understanding why they are seeing me, because otherwise we will just be at cross-purposes. (Charlotte #7).

7.4 Learning to Work Cross-Culturally

One of the research aims of this thesis was to explore how psychologists learned to work effectively with clients from CALD backgrounds. Thematic analysis identified seven learning approaches used by participants to develop their cross-cultural practice competence. These individual approaches can be conceptualized as a three stage learning process in which different types of learning take place at different stages of a psychologist's life and career: prior to undertaking training or working as a psychologist, during psychologist training, and while working professionally with CALD clients. Figure 2 shows the three stage model and each learning theme. Each stage, and its elements, are discussed in turn.

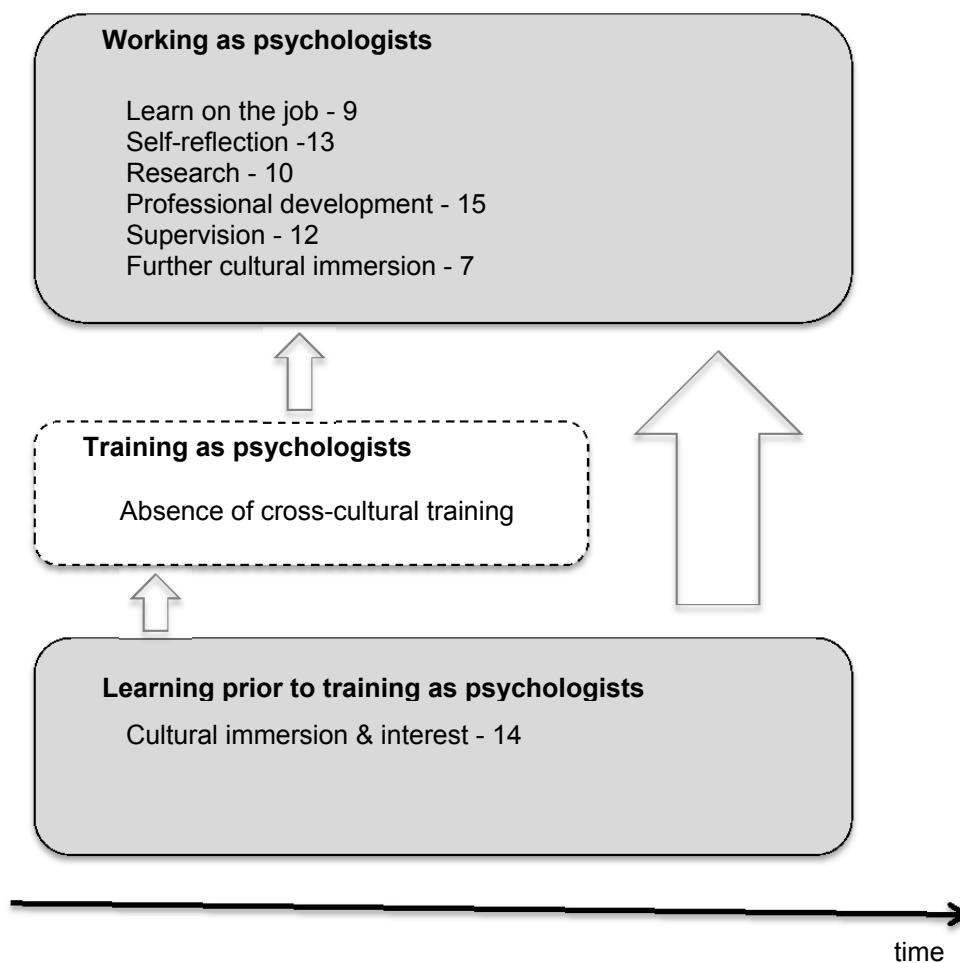


Figure 2. Learning to Work Cross-culturally. Numbers against each individual item = the number of times each was identified in the data set.

7.4.1 Learning prior to training as a psychologist.

Cultural immersion and interest. This theme addresses learning that occurred prior to participation in formal training or working as a psychologist. Participants related seeking out or being exposed to experiences that brought them in contact with people from different cultures. Learning activities included having lived overseas, having a migration or refugee experience, having grown up in a CALD family, or having close friends or relatives from a CALD background:

I think growing up in another country made a big difference, uhm, and speaking English. I think those experiences were very helpful. (Amy, #6)

And I think also I said to you that growing up in New Zealand probably helped because of the school I went to and the majority of my friendships were with Pacific Islanders. (Charlotte #7)

And having a Serbian brother-in-law, I joke about it, but I have learned a lot about even my own biases and my own prejudices and frustrations about other cultures by having him in my life I would never have known much about Serbia or Yugoslavia if it hadn't been for my brother-in-law. (Amy #6)

For others the theme included previous work experience, travel or involvement in community activities that brought them in contact with individuals from different cultures. Participants suggested that cultural immersion reflected their personal interest in different cultures, exposed them to cultural differences, and in turn highlighted that they had a culture of their own.

I have always had a respect and an interest in people who have different cultural backgrounds (Charlotte, #7)

And you know ... and travelling overseas and ... and learning that you're ... that your culture isn't ... isn't the centre of the universe, that there are other ways of living here in the world and so on. (Iris, #4)

I think ... I think part of my kind of approach ... well, what I'm ... if I could call it approach and a style or whatever, comes from I ... I've worked for a considerable amount of time in schools that had diverse cultural ... kids from diverse cultural backgrounds, teenagers and prior to that I was a youth worker. And working with children of pretty ... from pretty diverse backgrounds as well, so I suppose it was a ... as a kind of putting it into practice. The sort of psychologist came from to some extent my background in ... in this ... those other areas really, just my ... if you like, my work experience and ... (Marcus, #11)

One individual reflected that immersion was helpful in making cross-cultural contact and communication more familiar:

Mix with different people from different background, I think it's really really important in ... so it doesn't become like a ... an unknown quantity but something familiar (Paola, #13)

7.4.2 Learning through formal training as a psychologist.

Training. Notably, participants did not mention their psychology training programs as a means of learning to work cross-culturally. All but one participant trained as psychologists in Australia. None of them reported receiving formal training in cross-cultural psychological practice as part of their training programs. Only John, who trained in the United States, undertook formal training in cross-cultural psychological practice prior to commencing his cross-cultural work with clients.

It also helped because I did most of my training in the States.

(John, #12)

Only one participant said that there were incidental learning opportunities provided within their training programs. Sarah mentioned that in some of her training programs she was able to proactively address cultural issues by following her own pre-existing interest in cross-cultural topics.

It would only be writing Option F in an assignment, but yeah, it is something that if you dig for or if you are personally

interested that you could find. But on the other hand, no, we never had a lecture on how to deal with this particular group.

(Sarah, #9)

Sarah also mentioned that one of her internships took her to a practice setting in which there were a high percentage of CALD clients. However, she noted that there was no active training provided on how to work with this group. Instead, the learning experience appears to have involved being ‘thrown in the deep end’.

Uhm, I haven’t had any formal postgrad training, like certificates or diplomas in working, it’s just been ... look I did some of my internship in Corrections, you get thrown into the multicultural environment anyway, just by virtue that the population is. I guess it’s sort of what you call learning on the job. (Sarah, #9)

7.4.3 Learning on the job.

Interestingly, the vast majority of learning identified by participants took place once they were already working professionally as psychologists and first encountered CALD clients. As outlined in Chapter 6 (p. 117), learning to work cross-culturally initially appears to involve an active process of developing additional cross-cultural skills, knowledge and awareness in order to work effectively with this client group. Subsequently, the data suggest that the process of learning to work cross-culturally is

ongoing. Participants did not identify an endpoint at which they had *become* culturally competent. Instead, learning approaches identified through thematic analysis were ongoing and varied between formal learning processes, such as professional development and supervision, and informal processes, such as research and reflecting on practice, and seeking further cultural immersion opportunities.

Most practitioners described learning how to work effectively cross-culturally after being thrown in the deep-end. Individuals describe being placed in work situations where many of their clients were from CALD backgrounds. This forced them to practice with cross-culturally with clients and to learn from other staff.

Certainly nobody ever showed me. (Marcus, #11)

Implicit in this theme is that the psychologists experienced this learning as a stressful, but ultimately useful way of learning. Being exposed to, and listening to clients as experts on their own culture, helped practitioners understand more about how to work effectively cross-culturally.

I, uhm, you know the first few times I had to call a client using a telephone interpreter I had to go to another room because I was scared of making a fool of myself, other people listening to me and wondering what I was doing. And then I just got more confident at

it. I think I told you that the first client I had was a client from Sri Lanka, and Susan, the Manager, happened to be walking out to the waiting room with me, and I said ‘which one do you think is my client’, and she said I’m sure it’s that one, and I said ‘how do you know?’, and she said ‘because she looks Sri Lankan’. Oh, ok, so is that what a Sri Lankan person looks like. So I was very green, and I guess in a way they did take a bit of a gamble with me... (Charlotte, #7)

And then just listening to my clients (Ann, #14)

... learning from them because they are our best teachers. They know what they need. They just don’t know it at the time. (Ruth, #2)

Reflective Practice. Applying a reflective stance in relation to their cross-cultural practice was identified as another key learning theme. It is similar to one of the success elements identified in the previous section of this chapter (p. 159). This theme suggests that reflective practitioners are thoughtful in their approach to practice, are cognisant of the role culture plays in their own and their clients’ values, world views, and preferred ways of working, and constantly seek to improve their work. A reflective stance included recognising mistakes, stereotypes, blinkered thinking, and using trial and error in their practice.

Experientially. I made mistakes, I reflected, I made more mistakes, I reflected again (laughs). And I continue to do that (laughs).

(Angelika, #3)

... and getting it wrong and getting it right. And reviewing it and that gradually builds.. (Ruth #2)

... and I have made mistakes and I have been able to admit to them and talk about them and get good supervision and debriefing so I can continue to do it. (Charlotte, #7)

Research. Undertaking research to gain cultural knowledge was identified as another means by which participants learned to work more effectively with CALD clients. They actively sought both general knowledge about cross-cultural psychology issues (e.g., refugee process, acculturation), and also sought to understand the culture and country of origin of a specific client.

Every time that I've seen a client who was from a different background I used to go to the news and ... and you know what's... what happened? Go to the history ... go to the history and see, and what I found also very useful was some people in family therapy who write about cultural background. (Teresa, #5)

I did lots of reading. ... Oh, heaps of stuff, you know various books on you know ... what was the ... you know the various ones on torture and trauma and..., oh Judith Herman, you know lots of the basics as well as you know [unclear] articles and ... and you know UNHCR stuff that gets published, it's ... it was ... yeah, it was trying to understand the global political, country political, Australia's policies impact on people. (Ann, #14)

Professional Development. Accessing professional development programs was one of the key learning processes mentioned by psychologists. Participants sought out formal training in cross-cultural communication, working with interpreters, and on cross-cultural psychological issues.

Training in cross-cultural counselling, or cross-cultural communication, that's really, really important I think. (Paola, #13)

I did three ... I did training with Foundation House [for the Survivors of Torture and Trauma] and then I sat in on every training that they ran for our volunteers, so I did that several times which was useful. (Ann, #14)

Psychologists particularly spoke of the importance of experiential learning such as role-plays and learning by doing. One participant who trains others in cross-cultural communication said:

What I get them to do is to role play briefing an interpreter and starting the introduction with ... with the client and just doing that in English, and asking the interpreter just simply to repeat what is being said, to repeat that in English and they're amazed at how difficult it is, never mind trying to translate it, just trying to remember what was being said and to convey that accurately. (Iris, #4)

Supervision. Some participants noted that they were able to learn through regular supervision, while most participants relied on less formal supervisory structures for support. In the absence of cross-cultural experts to access for individual supervision, participants actively sought out and formed networks with other psychologists and allied professionals working in similar institutional settings or with similar client cultural groupings.

I have a network with all the multicultural counselling group, so a group of wogs, as well as people from the mainstream culture to ... to ... and we discussed cases and we would consult and if we couldn't live with someone we would refer, or someone wanted a Chinese you know where a Chinese capable person was, and so who

wanted to refer to ... someone from Serbia and we knew where the resources were. (Paola, #13)

Oh, you know it was ... well it was ... it was two people really is what started me off and ... and that was working alongside an ESL ... an incredibly experienced ESL teacher who was Rosanna and ... and she's more than experienced like she's a real leader in the field. So I was very, very lucky that she took hours ... I mean I've had hours and hours and hours and hours of ... of talking through some of these things. I've been very lucky and I guess I could call her my informal supervisor in that area you know, and I also had a Sudanese Cultural Liaison Officer who has taught me just an enormous amount and we've become friends and you know so I've spent hours and hours learning from him as well. (Julie, #10)

Further cultural immersion. The theme further cultural immersion was identified as another distinct learning approach. It involved participants undertaking cultural immersion prior to working and training as psychologists. Cultural immersion also continues to provide psychologists with opportunities for learning how to work cross-culturally once they have already commenced working with CALD clients. Showing an interest in and spending time with CALD individuals and communities outside psychological practice was seen as an opportunity for learning.

And fortunate enough, though not often enough, beginning to be friends with colleagues who then honour me by inviting me home and beginning to talk to me a bit, and so I learn.

(Ruth, #2)

And being in Shepparton and working in that environment was so... I learnt so much from that. Like I didn't know about Muslim culture and also Aboriginal and Islander culture.

There was big proportion of those groups there and I learned a lot...just by being around is such a big thing. (Amy, #6)

7.5 Summary

This chapter has presented results addressing three aims of the study: identified key elements of effective cross-cultural practice with CALD clients; identified barriers to effective cross-cultural practice with CALD clients; and identified how participants learned to undertake cross-cultural psychological practice. It described and illustrated themes identified in each area with verbatim quotes by participants. Next Chapter 8, the first of two discussion chapters, will discuss the implications of results presented in Chapters 6 and 7 in relation to the conceptual and empirical research literature in the field of multicultural competence and cross-cultural psychological practice.

Chapter 8 – Discussion

8.1 Chapter Overview

The present study involved an in-depth exploration of Australian psychologists' experiences of working in cross-cultural practice with CALD clients. Its aims were to develop a phenomenological understanding of cross-cultural practice, to identify key elements of effective cross-cultural practice in an Australian context, to identify key barriers to effective cross-cultural practice; and to examine how these psychologists learned to work cross-culturally.

Unique findings were made about the phenomenology of cross-cultural psychological practice from the perspective of practitioners. In summary, results suggest that far from a problem-saturated practice, cross-cultural psychological work can be undertaken with confidence and enjoyment by experienced practitioners. Results also provide compelling evidence of the *presence of phenomena*, namely that effective cross-cultural psychological practice by experienced psychologists involves the application of a specific set of skills, knowledge and awareness. As expected, the findings suggest that the Australian setting in this study shaped the elements in each multicultural competence domain. Results, further, suggest that psychologists experience their initial work with CALD clients as very difficult, and that they feel ill-prepared to undertake this work. Strong evidence was found in this study that current training programs fail to equip psychologists with the multicultural competencies to

effectively work with CALD clients. Instead, results suggest that learning to work cross-culturally is a developmental process in which psychologists take charge of their own learning needs once they are working as psychologists.

This chapter canvasses the implications of these findings in relation to the conceptual literature and previous empirical studies on multicultural competence cross-cultural psychological practice surveyed in Chapters 2 and 3. The phenomenology of cross-cultural psychological practice, barriers to effective practice and learning to work cross-culturally are each discussed. An implicit aim of this study was to produce empirical evidence about the experience of cross-cultural practice with CALD clients that would contribute to improving this area of practice. This chapter therefore also considers the implications of findings for cross-cultural psychological practice, the psychology profession and mental health. A number of recommendations for clinical practice, the psychology profession, training organisations, regulatory bodies and mental health service providers have been developed and are discussed. This chapter, finally, also considers the limitations of this study, and concludes with suggestions for future research.

8.2 The Phenomenology of Cross-cultural Psychological Practice

The primary aim of this study was to explore cross-cultural psychological practice to understand the real-world experience of psychologists who engaged in multicultural psychological practice in

Australia. One of the most significant and unique findings of the present research, was that participants in this study valued and enjoyed undertaking cross-cultural psychological practice with CALD clients.

Throughout the literature, cross-cultural psychological practice has to a large degree been addressed as a ‘problem’ for which a ‘solution’ must be found (e.g., Clarkson & Nippoda, 1997; Maxie et al., 2006; Spanakis, 2004; Sue et al., 1982). That is, cross-cultural psychological practice has been conceptualised as a deficit model. Yet, relatively little has previously been known about how psychologists themselves experience this practice. Results from this study suggest that the experience of working across cultures can be largely positive. Psychologists can gain great satisfaction at a personal level from undertaking the work, and come to feel effective in undertaking the work. These findings, characterise cross-cultural psychological practice in a positive light from the practitioner’s perspective, and appear to be unique in the multicultural competence literature in the United States and Australia.

The particular characteristics of participants in this study need to be taken into account to make sense of these findings. Participants were selected for their high levels of experience working with CALD clients. It is possible that they chose to work in a field that they found personally interesting and rewarding. However, even if this is the case, it nonetheless appears that the enjoyment of working with CALD clients developed once participants had become confident culturally competent practitioners. That is, it seems that as confidence and competence develops so does the

enjoyment of this type of practice. This developmental explanation aligns with the results in this study, which show that practitioners described their initial practice with CALD clients as uncomfortable and as though they had been thrown into the “deep end”. This issue is discussed in more detail (page 214).

Thematic analysis of critical incident narratives supports the consensus view in the literature that working cross-culturally requires a specific set of cultural competencies. The participants described very specific challenges that arise from issues of cultural difference when working with their clients from CALD backgrounds (e.g., making culture central to treatment). As experienced cross-cultural practitioners, these participants appear to have mastered a number of complex and culturally specific aspects of psychological practice as a means of overcoming these challenges.

The four areas of challenge identified within the participants’ self-selected narratives were: working with cultural values differences; working with language and meaning; setting clear boundaries; and understanding within-group differences. Notably, participants also identified each of these areas amongst elements of effective cross-cultural practice in their semi-structured interviews. Each of these individual practice elements is addressed in more detail in the subsequent section of this chapter (page 199).

Results of the analysis of critical incidents also identified three areas of exception to this overall sense of satisfaction with, and mastery of, cross-

cultural practice by participants. First, as mentioned above, it appears that the participants' first attempts at working with CALD clients resulted in difficult and negative experiences. Participants described feeling "thrown into the deep end" and unable to help their clients because they did not possess the right set of skills, knowledge and awareness after completing their training as psychologists.

This finding illustrates the consequence of limited or non-existent cross-cultural practice training for trainee psychologists in their degree programs. It is in line with previous research in Victoria in which 85% of mental health staff reported feeling unprepared for cross-cultural clinical work by their professional training (Stolk et al., 2008). It is also remarkably similar to results from a recent qualitative study with Australian psychologists working with Indigenous clients who described insufficient and inadequate training and the need to develop multicultural competence through trial-and-error (McConnochie et al., 2012)

Data in this study also suggest that the psychologists experienced strong negative emotions about the impact of systemic barriers preventing them from working effectively with their CALD clients. The systemic barriers they specifically identified were agency practices such as lack of funding for interpreters, or strict time limited treatments that did not take account of the additional time required to provide culturally appropriate treatment for CALD clients.

These types of barriers are in accord with previous research in which Australian mental health professionals identified insufficient funding for

interpreters (Renzaho, 2007) and lack of program funding and high caseloads (Minas, Klimids, & Kokanovic, 2007) as barriers. They also support recent work by D.W. Sue in which he expanded the notion of multicultural competence beyond the individual skills, knowledge and awareness of the psychologist to incorporate the domain of systemic cultural competence of the psychology profession and its agencies (Sue, 2001). In Australia, Tracey Westerman (Westerman, 2004) similarly writes about the limits of considering individual competence of psychologists while the service and societal barriers to psychological health for Indigenous Australians remain in place. Significantly, these barriers, which act as a source of frustration to participants, were also identified as barriers in the semi-structured interview data set and are discussed in more detail in the section discussing barriers to effective cross-cultural psychological practice (p. 207).

The present study, in addition, found that psychologists experienced working with refugees and asylum seekers as particularly overwhelming. To the best of the author's knowledge there has not previously been research published which focuses on understanding the impact of working with this particular population on psychologists or other health professionals in Australia. Previous research has shown that many refugees have extensive histories of trauma, and may be more likely than other CALD individuals to suffer from comorbid and severe mental health problems (Fazel et al., 2005; Kinzie, 2006; Murray et al., 2008). The present data certainly suggest that

working with this group may be challenging and feel overwhelming for psychologists because of the complexity of the clients' presentations.

Participants' responses further suggested that psychological practice with asylum seekers or refugees with temporary visa status may be especially difficult. Past findings indicate that this group is even more vulnerable to severe mental health problems than other refugees (Hocking et al., 2010; Silove & Steel, 1998). Their precarious visa status means that removal from Australia to a less safe country is a real possibility. This study suggests that the precariousness of these clients' existence may have been transferred to their psychologists, and experienced by them as feelings of helplessness. For example, John describes this work in these terms: "When I'm in the room with him it almost feels like I'm in the room with his country".

It seems likely that a sense of helplessness may not be confined to the individual participants in this study, but may be shared by the mental health profession in Australia more broadly. For instance, there has been a particularly intense research effort in Australia in recent years to understand the experiences, cultural issues, and mental health needs of refugee and asylum seeker populations (e.g., Chaichanasakul, 2008; Fraine & McDade, 2009; Hocking et al., 2010; Kaplan, 2009; Marston, 2003; Murray et al., 2008). A recent literature review on the needs of South Sudanese refugees, for example, also identified few studies on culturally appropriate interventions for South Sudanese refugees, and that it was unclear which aspects of standard Western treatments were beneficial with this group

(Tempany, 2009). Thus, the current findings, in conjunction with previous research, suggest the need to develop specific culturally appropriate service models and psychological practice approaches for working with asylum seekers and refugees.

8.3 Elements of Effective Cross-cultural Practice

The second aim of the study was to identify elements of cross-cultural practice that were associated with successful cross-cultural practice, based on the experience of psychologists who work with CALD clients in their day-to-day practice. Thematic analysis integrating findings from both semi-structured interview and critical incident narrative data identified 10 individual cross-cultural practice elements: Possessing cross cultural knowledge; Use of culturally appropriate interventions; Reflective practice; Cross-cultural communication skills; Flexibility; Cultural interest; Cultural self-awareness; Negotiating cultural values differences; Therapeutic relationship; and Acknowledging within-group differences.

Not surprisingly the majority of the practice elements described by participants are consistent with those previously identified in the literature. Cultural self-awareness, use of culturally appropriate tools, negotiating cultural differences, and acknowledging within-group differences are conceptually identical to elements of the 3-part Sue model (Sue, 2001) shown in Table 5. This suggests that these multicultural competence elements may not be particular to the Australian context. Results from this

study, involving the examination of in-vivo cross-cultural practice, also provide empirical support for aspects of the Sue model.

A number of findings in this study differed from previous international research findings. These differences reflect particular features of cross-cultural practice that are specific to the Australian context. Participants identified cross-cultural knowledge and cross-cultural communication as important elements of cross-cultural practice. Although these two elements are similar to those described in the US literature, there are important variations in the Australian context. For example, cross-cultural knowledge in the United States refers both to possessing universal cultural knowledge (e.g., understanding of acculturation/migration, idioms of distress and expression of illness) and to possessing specific cultural and historic knowledge about five specific cultural groupings that are dominant in the United States (e.g., African-American and Latino/a) (American Psychological Association, 2002b).

Participants in this Australian study identified as important the same types of universal cultural knowledge as their US colleagues. However, instead of specific knowledge about a small number of cultural groupings, the Australian participants highlighted the importance of possessing the *skill to develop cultural knowledge*. For example, one participant described researching the political history of Burma, as well as some basic cultural customs such as appropriate greetings, in preparation for meeting a new Burmese client.

This focus on developing cultural knowledge as a generic cross-cultural skill rather than specific knowledge may be a response to the particular cultural diversity of Australian society discussed in Chapter 2. Similar findings were made by Lathopolous (2007) in his research with mental health professionals in Queensland. Participants in this study also highlighted that relying on pre-existing cultural knowledge could lead to stereotyping, and that it was preferable instead to seek cultural knowledge from CALD clients themselves.

Similarly, participating psychologists in the present study noted that it would be impossible to know about the country of origin and culture of every client in advance. Instead, they suggested that finding out about the history of the country of origin of the client and some cultural information, and testing these with the client, is essential for effective cross-cultural practice. They also saw this research process as one of the key means by which they learnt to work cross-culturally.

Such an approach, identified in this study and the study undertaken by Lathopolous (2007), appears to overcome the dangers inherent in an excessive focus on learning a set list of cultural knowledge instead of responding to the individual client's cultural specificity. This latter approach had been identified by critics of multicultural competence models currently dominant in the psychology profession in the United States as particularly concerning due to the substantial risk of this practice leading to stereotypical attributions (Brown, 2009; Ota Wang et al., 2001; Stuart, 2004).

The challenge of understanding and responding to within-group differences was viewed as a specific challenge in the critical incident narratives chosen by participants of this study. That is, even experienced cross-cultural psychologists seemed to find this aspect of cross-cultural practice difficult and requiring advanced skills to enable them to work sensitively with their CALD clients.

In a second finding, apparently specific to the Australian context of this study, participants identified the importance of cross-cultural communication skills. Difficulties with cross-cultural communication were also identified as an important barrier to effective practice (see p. 207 for further discussion). As well as acknowledging the importance of specific listening skills and the ability to understand differences in language and meaning, Australian participants gave particular emphasis to the importance of possessing skills in working effectively with interpreters.

In Australia working with CALD clients from newly arrived communities often involves the need to work with interpreters. The importance of this skill of working with interpreters has been widely recognised in the Australian literature (Miletic et al., 2006). For example, the recent development of a specific Australian instrument to measure the impact of training on the multicultural competence of mental health workers includes a specific item on skills in working with interpreters within the Multicultural Mental Health Awareness Scale measure (Khawaja et al., 2009). While working with interpreters was also included in the 31-multicultural competence elements in the United States (Sue, 2001) the

emphasis in cross-cultural communication in the US competence literature seems to be on cultural misunderstandings and micro-aggressions in speech (Constantine, 2007) rather than the communication issues involved with working with newly arrived communities who may lack English skills.

Possessing cultural interest, maintaining a reflective practice, and flexibility are three additional elements of cross-cultural practice identified by participants in this study. These elements reflect intrapersonal qualities of the psychologist, as well as a flexible and reflective practice stance. That is, participants suggested that an important element in working effectively across cultures is that the psychologist is a person who is interested in and seeks out cultural differences in many aspects of their lives, is able to work in a flexible manner, and is open to reflecting on their own practice in an ongoing process of learning. These findings are similar to less well known conceptual writings in the multicultural competence literature on intrapersonal elements of cross-cultural competence. In relation to multicultural competence, personality factors such as the personal characteristic of openness (Constantine et al., 2004; Fowers & Davidov, 2006), and processes such as personal transformation (Fowers & Davidov, 2006), and self-exploration have been identified in empirical studies as additional processes that support the development of multicultural competence.

Flexibility in approaching psychological practice has also been identified previously as an important element in providing effective cross-cultural practice to CALD clients in Australia. Lathopolous (2007) found in

his study with Queensland mental health professionals that maintaining flexible boundaries of what constituted therapeutic work was important in practice with CALD clients. Turner also (as cited in Khawaja et al., 2009) referred to the need for practitioners to learn to “think on their feet ... to maximise the potential of achieving positive clinical outcomes” (p. 69). Empirical support for the role cognitive flexibility plays in predicting multicultural competence was also recently found in a study of U.S. racial/ethnic minority and international psychological trainees (Chaichanasakul, 2008).

Participants in this study also specifically identified the importance of a strong therapeutic relationship between the psychologist and the client as an important success element of cross-cultural practice. This is not surprising given that the importance of the therapeutic relationship has previously been identified as an important success factor for psychological practice in general (Messer & Wampold, 2002; Rosenzweig, 1936). The finding also supports previous research by Sadowsky et al. (1994) in which a relationship factor was identified as the fourth multicultural competence factor during the development of the Multicultural Counseling Inventory. Qualitative research by Constantine has also previously identified the importance of effective relationships in cross-cultural psychological practice (Constantine et al., 2004).

In contrast to findings in this study, the therapeutic relationship factor is absent in the dominant Sue-model (Sue, 2001). One explanation for this absence may be that when this conceptual model was first developed

much cross-cultural research writing focused strongly on the deficits of cross-cultural practices and sought to highlight that cultural differences between clients and psychologists were important areas for attention in clinical practice and psychology research (Clarkson & Nippoda, 1997; Sue, 1990; Sue et al., 1992). In this study however, psychologists described their day to day work with clients not only as enjoyable, but appeared to draw on shared understandings (“an underlying shared humanity”) to build strong relationships with their culturally different clients. The capacity to build such relationships with CALD clients may be an additional success factor in cross-cultural practice in Australia.

8.4 Implications of Results for Conceptual Models of Multicultural Competence

Competing models of multicultural competence in the literature were reviewed in the introductory section of this thesis (see Chapter 3, p.65). Of these the three-part model of Skills, Knowledge and Awareness is by far the most dominant. This model has been criticised, however, as being largely conceptually driven and lacking conclusive empirical support (Worthington et al., 2007). Empirical evidence is indeed mixed ranging from support for the three-part model (Khawaja et al., 2009), and support for a two-factor model based on awareness and knowledge (Constantine, Gloria, et al., 2002; Ponterotto et al., 2002). There is also empirical support for a four-factor model. In the first of these, a relationship factor based on the interactional

process with minority clients was identified (Sodowsky et al., 1994), and in the second a personality factor based on openness, flexibility and commitment to multicultural work was found (Constantine et al., 2004) .

This study was not designed to empirically test the structure of the multicultural competence model. However, its results provide empirical evidence for the *presence of particular competencies* in the cross-cultural practice of Australian psychologists. Participants in this study rated as important, and significantly reported applying, 10 distinct multicultural competence elements in their work with CALD clients. These included skills, knowledge, and awareness similar to those contained in the three-part model developed by Sue (2001). In addition they included a therapeutic relationship element and personality elements similar to those identified in the four-factor models described above.

While it is not possible to draw firm conclusions about the structure of multicultural competence from the results of this study, the presence of these additional elements suggests that the three-part model of multicultural competence requires further empirical testing to understand the complexity of its elements and their relationship to each other, and to ensure that this model incorporates all aspects of the phenomenon. It was noted by Khawaja et al. (2009) in her research to develop the Australian *Multicultural Mental Health Awareness Scale* that the awareness factor is particularly ‘difficult’ and may overlap with other domains of multicultural competence. The present research supports this view and provides additional evidence that awareness may overlap with other elements such as personal characteristics

and a reflective stance. Moreover, the presence of the therapeutic relationship element in the results of this study suggests that a relationship factor may form another distinct element of multicultural competence.

8.5 Barriers to Cross-cultural Practice

This study sought to identify which, if any, barriers to successful cross-cultural practice were identified by practicing psychologists working with CALD clients. Thirteen barriers to successful cross-cultural practice were identified (see Figure 1 page 165). These were grouped into a typology of barriers consisting of four domains: systemic practices; the psychologist's stance; client attitude/social status; and the relationship between psychologist and client. Each of these domains is discussed in turn below.

Systemic practice barriers that emerged in the present research are very similar to those found in the research literature reviewed in Chapter 2. For example, lack of access to bilingual staff and interpreters, and insufficient client time, had also been identified as systemic barriers to successful cross-cultural practice by mental health workers in previous Australian research (Minas, Klimidis, et al., 2007).

Notably, the analysis of critical incidents also identified the impact of systemic barriers on the experience of psychologists and on the effectiveness of their practice with CALD clients. Specifically, participants experienced strong feelings of helplessness and frustration when confronted

by systemic barriers. That is, it appears that psychologists in this study believe that they are not able to provide effective treatment to CALD clients when the services within which they work do not support culturally appropriate treatment through their institutional policies and practice norms.

Secondly, the present research suggests that for some CALD clients their economic and social disadvantage, as well as their cultural beliefs about mental illness, constitute barriers to accessing cross-cultural services. This finding supports previous research which also identified cultural beliefs about mental illness as a key barrier to access for CALD clients (Kljajic, 2009). It has been previously suggested that lack of access to financial resources may prevent CALD clients from accessing mental health services (Kirmayer et al., 2007; Whitely et al., 2006).

Participants in this present study emphasised that CALD clients' economic and social disadvantage acted as a barrier to successful therapeutic work in a subtle way. Participants noted that the need for safety, secure housing, health care and employment dominated the lives of some refugees and asylum seekers to such an extent that psychological treatment for their distress or trauma was a very low priority for them. In the conceptual framework of Maslow's hierarchy of needs (Maslow, 1943), such clients would appear to be preoccupied with their safety and physiological needs, and hence unable to focus on love/belonging, esteem and self-actualisation needs at the heart of Western psychological practice.

A more contemporary explanation of this finding can be made in reference to research with South Sudanese refugees (Tempany, 2009). The

extensive international literature review found that South Sudanese refugees had high rates of psychopathology, but that, in line with the present study, many refugees themselves reported more concern with current stressors such as family problems. Moreover, the review found that coping strategies identified in qualitative studies with Sudanese refugees included silence, stoicism and suppression. These coping strategies are not congruent with ‘talking therapies’ often favoured by Western psychologists, and may further explain why psychological treatment for trauma was a low priority for these clients.

Multicultural competence literature is predicated on the concept that the cultural skills, knowledge and awareness of psychologists directly impact on the effectiveness or otherwise of cross-cultural psychological practice. To this end, it was expected that skills deficits, such as stereotyping and imposing own values, would be identified as barriers to effective practice by the interviewees. Participants indeed noted that some of these aspects of psychologists’ practices were barriers to working cross-culturally. It is clear however that of the 13 barriers identified by participants only two, stereotyping and imposing own values, involved a deficit in the psychologists’ own multicultural competence.

This somewhat surprising finding may reflect participants’ general level of comfort with and enjoyment of working cross-culturally. That is, because these participants were selected for their experience in working cross-culturally, they may have achieved relatively high levels of mastery in cross-cultural competence. This, in turn, may explain why they did not

report many experiences in which a deficit in their skills, awareness and knowledge created barriers to successful practice. On the other hand, the desire to represent themselves in a positive light (social desirability bias) may have led them not to report other deficits in their skills, awareness and knowledge. As mentioned in previous chapters, extensive research has identified the impact of social desirability on self-reported multicultural competence by psychology trainees and practitioners (Constantine & Ladany, 2000; Dunn et al., 2006; Lee & Khawaja, 2012).

These findings also need to be considered in light of results from the analysis of critical incidents. The analysis indicates that when first undertaking cross-cultural psychological practice the participants felt thrown in the deep-end, and lacking the appropriate multicultural skills, knowledge and awareness to effectively treat their CALD clients. It appears then that a lack of multicultural competence become less of a barrier to effective cross-cultural practice as the practitioner gains experience and develops additional skills, knowledge and awareness.

In an intriguing finding, participants identified two intrapersonal factors within the psychologist, fear of being judged and burn-out, as barriers to successful cross-cultural practice. These intrapersonal barriers have, to the best of the author's knowledge, not previously been identified in the cross-cultural literature.

Fear of judgement may be based on the psychologist's strong desire to communicate and connect with their clients across the cultural divide, combined with their awareness of the pitfalls involved in cross-cultural

communication and psychological practice. That is, it appears that participants in this study wanted to demonstrate 'cultural ease' (McDermott, 2010) to show that they were culturally competent practitioners, but were concerned that they may fall short in practice, and be judged by their CALD clients as culturally insensitive. Inhibition or performance anxiety are therefore implicit in this barrier.

Burn-out was also identified as a barrier to competent cross-cultural practice and it was emphasised that maintaining good boundaries was difficult when burn-out occurred. The Code of Ethics of the APS requires that psychologists ensure that their emotional, mental, and physical state does not impair their ability to provide a competent psychological service (Australian Psychological Society, 2007). Nonetheless, burn-out is a widespread professional issue for psychologists. In a recent survey of Australian counselling psychologists almost half of the participants identified burn-out as a significant issue in their practice (Pelling et al., 2006). Burn-out may occur for many different reasons such as problems in psychologists' personal lives (e.g., grief or divorce) or the demands of their psychological practice.

Results of the analysis of critical incident narratives in the present study found that participants felt particularly overwhelmed when they worked with asylum seekers and refugees. One participant reported that she could no longer work with this client group due to experiencing ongoing feelings of burn-out. This suggests that this work may constitute a specific risk factor for burn-out for psychologists.

The relationship domain of barriers was the final area identified in this study. Communication problems were the first barrier identified in this domain. This finding has face-validity and makes intuitive sense. There is ample previous literature pointing to communication as a barrier to CALD clients accessing psychological services, building a relationship with a client, and also in the therapeutic process (Constantine, 2007; Minas, Klimidis, et al., 2007; Steel et al., 2006). The present findings support this previous research and also, as outlined in the previous section, particularly point to the importance of working effectively with interpreters as a means of overcoming this barrier.

The present results further suggest that greater cultural distance between client and psychologist makes it more difficult to undertake effective cross-cultural psychological work together. In the conceptual literature, cultural distance has previously been identified as a barrier to effective work with CALD clients (e.g., Stolk et al., 2008). The present findings expand on these previous findings in focusing on the increased difficulty posed by the considerable cultural distance between psychologists and the most recently arrived CALD communities in Australia.

For instance, one participant reported that despite many important cultural differences she had much in common with communities arriving from Europe, but that such commonalities were harder to establish with her clients from Sudan. It has been previously noted that Sudanese refugees are more likely to hold collectivist values, to have grown up in a hierarchical, authoritarian and patriarchal society with specific gender roles, and that

some may not have previously been exposed to Western urban lifestyles such as modern utilities or income support systems (Khawaja & Milner, 2012). In light of the importance of forming a working relationship between client and psychologist, it appears that cultural distance may impede effective cross-cultural practice even when the psychologist is generally able to practice in a culturally competent manner with CALD clients from cultural backgrounds more similar to themselves.

Gender differences were identified as the final barrier to effective practice with some male CALD clients. Some female participants noted that their gender could be a barrier to effective work with clients who held cultural beliefs about the status and role of women that were not congruent with women working in the public sphere or acting as advisors to men. It appears that in many cases participants found ways to overcome this barrier. For instance, one participant described her hair turning white as she aged overcoming this cultural difference, while another noted that at times her CALD clients demonstrated great cultural flexibility themselves by treating her as an 'honorary man'.

8.6 Learning to do the Work

There is a requirement for cross-cultural and Indigenous knowledge and skills to be taught in all undergraduate and postgraduate psychology courses in Australia (Australian Psychology Accreditation Council, 2010). Notably, in discussing how they learnt to work cross-culturally, participants

in this study uniformly did not mention learning relevant skills, knowledge or awareness through any formal content in their psychology training programs. The only exception was one participant who undertook his training in the United States.

While the size of the present study sample was too small to be representative of the general population of psychologists, this finding nevertheless suggests that APAC's recent focus on cross-cultural competencies in training is timely (for more detailed discussion see page 54). As noted previously, other Australian research has identified a cross-cultural training deficit for psychology trainees, that is, they have found very limited or no cultural content in university programs (Lee & Khawaja, 2012; Ranzijn, McConnochie, Day, et al., 2006).

Previous research suggests that this lack of training has impacted the confidence and competence of the psychology workforce in Australia. For instance, Australian psychologists and mental health workers reported lack of confidence in their ability to work with CALD clients (Pelling et al., 2006; Stolk, 2005) and with Indigenous clients (McConnochie et al., 2012). Results from the analysis of critical incidents in this study showed that participants' initial experiences of working with clients from CALD backgrounds were often negative, left them feeling thrown in at the deep-end and lacking the appropriate skills, knowledge and awareness to work effectively with these clients.

It is instructive that in contrast, in the United States over 90% of psychology counselling programs report that didactic and experiential

multicultural content is included in their programs (T. B. Smith et al., 2006). Moreover evaluation of such training suggests that it led to moderate to higher ratings of multicultural competence, positively affected client perception of the multicultural competence of psychologists and increased the length of the counselling relationship (Worthington et al., 2007).

Results in the present study show that most learning about how to work cross-culturally occurred once participants were already working with CALD clients as psychologists. They described a learning process of actively engaging in professional development, seeking supervision from experts in cross-cultural work and cultural consultants, increasing their cultural knowledge through research, seeking out cultural immersion opportunities and learning through immersion in cross-cultural work with their CALD clients. Their motivation for learning appears to have been prompted by the ‘deep-end’ experiences described above.

Interestingly the present findings imply that trainee psychologists were not typically afforded the opportunity to develop practical skills in working with CALD clients through exposure to such clients while they were practicing under supervision as part of their training programs. Given that experiential learning has in particular been found to enhance multicultural competence (Lee & Khawaja, 2012; Vereen et al., 2008), it appears that the absence of such training opportunities may be undermining the multicultural competence of graduating Australian psychologists.

Professional development appears to have continued throughout participants’ professional careers. This suggests both the participants’

ongoing interest in cultural issues, and the need for ongoing professional development for cross-cultural psychological practice. As mentioned in the previous section, the need for ongoing development of relevant cultural knowledge and reflective practice appears to be particularly characteristic of working cross-culturally. Many commentators in the literature have similarly noted that it is more appropriate to describe multicultural competence as an ongoing learning process rather than as a tick-a-box set of skills to be acquired (e.g. McDermott, 2010; Stuart, 2004).

In an intriguing finding of the present research, participants described experiences of cultural immersion during their early lives as the first part of their learning process for working effectively with CALD clients. Participants noted that contact with culturally diverse individuals prior to becoming psychologists offered them important insights, built their awareness of themselves as cultural subjects, and helped them to develop cultural ease around clients who are culturally different from them. It is also significant that of the 13 participants, a third were themselves first generation migrants. This representation is somewhat higher than the proportion of CALD people within the Australian population as a whole. It is also higher than expected within the Australian psychology profession, where psychologists from a CALD background have been found to be underrepresented in past research (Pelling et al., 2006). Their own experience of migration seems to have in itself provided early-learning experiences and shaped a personal interest in cultural issues amongst these participants. These findings suggest that psychologists' own experiences of

migration and their cultural immersion in the earlier stages of their lives, support their development of multicultural competence as professionals in later life.

Findings in this study that the psychologists' personal experiences provided the means through which they learnt to work cross-culturally, are consistent with, and expand our understanding of the hypothesis, discussed previously, that intrapersonal factors within the psychologist play a role in multicultural competence. Perhaps both openness to new experiences and people, and previous experience of cross-cultural contact contribute to the development of the type of *person* who will be more interested in cultural issues, might seek out cross-cultural experiences in all parts of their lives, and hence more easily develop culturally competent psychological practice.

It is important to caution that this research by no means provides evidence that these personality characteristics or experiences are *necessary* preconditions for the development of multicultural competence. There is no evidence to suggest that training cannot foster the development of multicultural competence in individuals who have had little or no previous contact with people from other cultures. Indeed research evidence particularly points to the effectiveness of providing psychology trainees with experiential cross-cultural learning opportunities such as cultural immersion, cross-cultural supervision and clinical experience with CALD clients in improving self-reported levels of multicultural competence (Lee & Khawaja, 2012; Pope-Davis et al., 1997; Vereen et al., 2008). That is results suggest that, whether in early life or through training programs, the direct

experience of cross-cultural contact is an important aspect of learning to work cross-culturally. Didactic training methods alone therefore appear insufficient to foster cross-cultural competence.

8.7 Implications for Psychological Practice with CALD Clients

The development of multicultural competence is considered essential for practicing psychologists in Australia. Psychologists are required to develop multicultural competence by the *National Practice Standards for the Mental Health Workforce (Commonwealth of Australia, 2002)*, as a requirement for registration with the Psychology Board of Australia (Psychology Board of Australia, 2010), and as an ethical requirement of psychological practice (Australian Psychological Society, 2007).

Results from this study further illustrate the importance of developing and applying multicultural competencies in cross-cultural practice with CALD clients. In particular, it has been shown that psychologists who had only been trained in mainstream Western psychological treatment approaches did not feel competent to help their CALD clients. Further, once psychologists had developed multicultural competence through their work and extensive self-directed professional development activities, they applied numerous elements of multicultural competence in their practice with CALD clients. Participants regarded the use of these elements as essential for effective psychological practice with

CALD clients. Table 14 includes recommendations for psychological practice with CALD clients.

Table 14

Recommendations for Psychological Practice with CALD Clients

List of recommendations

1. Develop and apply multicultural competencies in cross-cultural psychological practice with CALD clients.
 2. Undertake ongoing professional development, in particular experiential learning and cultural immersion, to develop and maintain multicultural competency.
 3. Monitor own multicultural competencies, seek supervision and/or refer where competence is lacking.
-

The first major implication of these results is the confirmation that psychologists should actively develop, apply and maintain multicultural competence in their practice with CALD clients. This should include but not be limited to the elements for effective cross-cultural practice identified in this study. Developing cultural self-awareness is the first important element. Possessing specific cross-cultural knowledge and developing the skill to gain additional cultural knowledge is also required. The practitioner should be able to choose and make use of culturally appropriate tools (e.g., assessment instruments) for use with different CALD clients. The cross-cultural communication skills of the practitioner should be strong and include the ability to work with interpreters. The ability to negotiate cultural differences in psychological practice, as well as possessing an understanding of within-group differences, and the capacity to convey an

appreciation of the client as a unique individual are other necessary cross-cultural skills. Aspects of the psychologist's stance such as the ability to use empathy to build effective therapeutic relationship, and the capacity to reflect on their own practice and employ a flexible approach to psychological practice, are the final essential elements of cross-cultural practice identified in this study.

Results in the present study confirmed previous findings that Australian psychologists do not receive sufficient training to support multicultural competence and effective cross-cultural psychological practice upon completion of training (Lee & Khawaja, 2012; McConnochie et al., 2012; Ranzijn, McConnochie, Day, et al., 2006). A major implication of the present study is the need for psychologists already engaging in psychological practice to undertake professional development activities in cross-cultural practice with CALD clients to overcome this training deficit. Professional development activities that focus on experiential learning, cultural immersion and exposing psychologists to individuals from other cultures may be of particular benefit.

Findings in this study suggest that the development of multicultural competence is an ongoing process. It appears to be ongoing in two domains. First, it seems that developing multicultural competence requires the psychologist to undertake an ongoing personal transformation and to develop awareness of themselves as a cultural being. For this reason, it may be helpful for psychologists to set up support structures that focus on professional and personal issues raised by the process of developing

multicultural competence. Seeking supervision with experienced cross-cultural practitioners may be particularly useful.

Second, the wide diversity of cultures psychologists in Australia are likely to encounter due to the make-up of contemporary Australian society will require ongoing professional development for all psychologists. Participants, who are already experienced cross-cultural practitioners, identified the need for ongoing learning for themselves, in order to work with CALD clients from cultural backgrounds with which they are not yet familiar.

8.8 Specific Implications for Working with Asylum Seekers and Refugees

One of the most important implications of this study is that working with asylum seekers and refugees constitute its own sub-specialisation within cross-cultural psychological practice with CALD clients. Participants in the study repeatedly identified work with this group as being distinct from work with other CALD clients both in their self-selected narratives and answers in the semi-structured interviews. Table 15 summarises specific recommendations for working with asylum seekers and refugees.

Table 15

Recommendations for Psychological Practice with Asylum Seekers & Refugees

List of recommendations

1. Self-monitor for burn-out when working with asylum seekers and refugees.
 2. Access supervision, training, research and cultural guides specific to working with asylum seeker and refugee populations.
-

It appears, therefore, that working with newly arrived asylum seekers and refugees is particularly challenging for psychologists in Australia. Feeling overwhelmed and helpless, as well as burn-out, seem to be particularly associated with working with this specific client group. This suggests that psychologists need to develop additional strategies for supporting themselves while working with this population. Hence, self-monitoring for burn-out, developing peer support networks and accessing regular specialised supervision should be incorporated into the professional practice of psychologists working in this field.

There is also a clear need to equip psychologists with better access to evidence-based treatment and assessment frameworks to support individual practice. The current findings support earlier research that indicated there is a need for additional research and for better dissemination of existing research on working with asylum seeker and refugee populations in Australia.

It is encouraging to note that the newly developed Refugee Issue Interest Group of the APS has begun the process of developing a register of

research relevant to working with refugees and asylum seekers (Australian Psychology Society, 2013). Individual psychologists should also make themselves familiar with the rapidly developing research literature on working with refugees and asylum seekers.

8.9 Implications for the Psychology Profession, Training & Regulatory Bodies

The development of multicultural competence, as mentioned previously, is a requirement for registration as a psychologist in Australia (Psychology Board of Australia, 2010). The inclusion of cross-cultural psychology practice content is also mandatory for the accreditation of psychology training programs (Australian Psychology Accreditation Council, 2010). In addition, the Code of Ethics for the psychology profession, which was developed by the APS and has been endorsed by the PsyBA, recognises “the right to linguistically and culturally appropriate service” (Australian Psychological Society, 2007).

Present findings, as well as previous research (Lee & Khawaja, 2012; McConnochie et al., 2012; Ranzijn, McConnochie, Day, et al., 2006), suggest that the intended outcome of these requirements, the development of multicultural competence of the psychology workforce, is not currently being achieved. Specifically it appears that when commencing practice psychologists do not feel competent to treat clients from CALD

backgrounds. Table 16 includes recommendations for the psychology profession, training and regulatory bodies.

Table 16

Recommendations for the Psychology Profession, Training & Regulatory

Bodies

List of recommendations

1. Review minimum registration standards for psychologists as they relate to working with CALD clients.
 2. Review minimum training requirements as they relate to working with CALD clients.
 3. Develop training requirements which incorporate exposure to cultural immersion, and CALD clients as well as didactic knowledge and skills training.
 4. Develop robust monitoring systems to ensure compliance with minimum registration standards and training requirements.
 5. Develop minimum professional development requirements that address cross-cultural psychological practice with CALD clients.
 6. Develop practice guidelines for working with CALD clients.
 7. Develop a central register of research, assessment instruments and treatment approaches supporting cross-cultural psychological practice.
-

The present findings have implications for the minimum standards set for registration of psychologists and the design and delivery of training. They also underscore the need to develop resources to support effective provision of psychological services to CALD clients by the psychology profession. A parallel process is required, and already in train, in relation to working with Indigenous clients in Australia. Any future actions by the profession should ensure that both CALD and Indigenous clients' needs are recognised.

Minimum standards for registration as psychologists, related to working with CALD patients, need to be addressed. To register with the Psychology Board of Australia, psychologists need to have achieved the competency to work “within a cross-cultural context – this includes demonstrating core capabilities to adequately practice with clients from cultures and lifestyles different from the psychologists’ own” (Psychology Board of Australia, 2010, p. 7). Precisely what this means is not currently well defined. Nor is it clear how the presence of this core capability is determined. To ensure that multicultural competence is indeed one of the core competencies of registered psychologists it would be useful to review the minimum registration standards for psychologists as they relate to working with CALD clients.

The requirements for the inclusion of cross-cultural psychology content in undergraduate programs (Australian Psychology Accreditation Council, 2010) need to be addressed in light of the findings that after completing training psychologists do not feel competent to work with CALD clients. It is not currently known what type of content is included in programs. Nor has a minimum requirement for hours of training, or mandated content in this area been developed. In the first instance it would be beneficial to audit training provided by universities in this area to set a benchmark for improvement of multicultural training. Moreover, it appears that a more comprehensive set of requirements and compliance approaches may be needed to ensure that universities provide adequate multicultural training to trainee psychologists.

Results from this study also suggest that psychologists particularly benefit from learning cross-cultural practice skills through experiential content such as cultural exposure, cultural immersion and supervised practice with CALD clients. This implies that training programs need to combine didactic and experiential learning to ensure that psychologists possess core capabilities for working effectively with CALD clients upon graduation. For example, a requirement to provide experiences working with CALD clients during training could be mandated and regularly audited. Such a requirement would also create an impetus for university psychology programs to actively engage with CALD communities with the added benefit of potentially expanding the psychology services available to CALD communities.

In light of findings from this study it seems that ongoing professional development for practicing psychologists in working effectively with CALD clients is also needed to overcome deficits in multicultural competence of the psychology profession. APAC and the APS already have requirements and systems in place to mandate a certain amount of professional development for registered psychologists each year. It would be useful to mandate that a certain amount of training each year must focus on cultural issues in psychological practice. Further, given the relationship between cultural immersion and multicultural competence, it may be beneficial for cultural immersion activities to be promoted as valid professional development activities that can attract professional development points (e.g., the Cultural Immersion Trips currently organised

by the APS Cultural Interest Group). This recommendation is in line with a recommendation previously made in the *APS Discussion Paper on Racism and Prejudice* in 1998 (Sanson et al., 1998) that has not been implemented. Results from this study suggest that this recommendation still remains relevant today.

The present findings also indicate that psychologists struggle to access appropriate evidence, guidance and resources that can help them to find the most effective way to work cross-culturally with CALD clients. For example, there are currently no Australian psychology practice guidelines that focus on working with CALD clients. It is noteworthy that the position of cultural issues as the ‘fourth pillar’ of psychology in the United States (Fuentes et al., 2001) seems to have been achieved as a result of the psychology profession’s early adoption of ethical guidelines that underscored the importance of such work. This in turn led to an expansion of research on and training in multicultural psychological practice in the U.S.. In the Australian context the absence of such guidelines, given that the APS has many guidelines addressing a variety of other professional practice domains, suggests a lack of prioritisation of issues of multicultural competence as they relate to CALD communities. Such guidelines would provide a starting point for the development of multicultural competent practice for psychologists who feel ‘thrown in the deep-end’ in their work with CALD clients. It is therefore recommended that practice guidelines for working with CALD communities be developed.

In addition, it appears that lack of access to research and cross-culturally validated assessment tools and treatment approaches is currently impeding effective practice with CALD clients. It seems therefore that mental health policy initiatives at state government level requiring that research and data collections on knowledge about CALD communities be established (Minas, Klimidis, et al., 2007), and the APS recommendations that psychological assessment measures be cross-culturally validated (Sanson et al., 1997), have not to date been achieved.

Encouragingly there are a number of contemporary projects underway within the APS and its groups actively addressing these issues (e.g., through the Psychology and Cultures, Refugee Issues Interest Group, and Aboriginal and Torres Strait Islander People Interest Group). Similarly, in the mental health field, state based cultural bodies are continuing to build such resources (e.g., Victorian Transcultural Psychiatry Unit). Yet, it seems that the efforts of all groups are currently small and dispersed, and do not provide a 'go-to' register of resources for practicing psychologists. It would be of benefit for a register of cross-cultural research and evidence-based assessment and treatment approaches for work with CALD clients to be established.

8.10 Implications for mental health organisations

Results from this study also have implications for psychological services to CALD clients offered by mental health organisations and other

service providers. As discussed extensively above, it appears that there may be multicultural competence deficits due to insufficient training in this area. This has implications for the psychology workforce as a whole and hence also for service providers. Table 17 contains specific recommendations for mental health organisations

Table 17

Recommendations for Mental Health Organisations.

List of recommendations

1. Evaluate multicultural competence of mental health staff working with CALD clients.
 2. Provide professional development to address deficits in multicultural competence of staff working with CALD clients.
 3. Audit multicultural competence of the organization (including formal and informal policies and practices).
-

It would be beneficial for service providers to evaluate the multicultural competence of their staff. In addition, it would be of benefit to provide professional development to address any areas of multicultural benefits if these have been found lacking through such an audit process.

Mental health services are currently required to provide services that address the culturally specific needs of CALD people. This requirement is enshrined in the national standards for mental health services and their workforce (Commonwealth of Australia, 2002, 2003). The present research however suggests that these services may not be meeting their obligation to CALD clients. Systemic processes, such as time limited therapies, lack of access to interpreters or funding for interpreters, appear to create working

conditions for psychologists that prevent them from meeting their ethical obligation for culturally responsive treatment to their CALD clients.

A number of experts in cross-cultural psychological practice have suggested that auditing the cross-cultural responsiveness of mental health services is an important means by which service delivery to CALD and other culturally diverse clients could be improved (Gillies, 2012; Sue, 2001; Westerman, 2004). To this end it is recommended that mental health services undertake multicultural competence audits of their service provision, formal and informal policies and practices as they relate to CALD clients.

8.11 Limitations of the Present Research

The findings of the present study need to be considered in the context of several potential limitations. First, the cultural competence of practitioners was not independently verified in this study. That is, participants were selected for their expertise as cross-cultural practitioners on the basis of their years of experience. While years of experience suggest a high degree of multicultural competence it is possible that some participants did not practice effective cross-cultural competence.

In a related point, social desirability of responses by practitioners could not be controlled for due to the qualitative format. Research has shown that social desirability has in the past influenced the information provided by participants in quantitative and qualitative multicultural

competence research (Constantine & Ladany, 2000; Dunn et al., 2006; Lee & Khawaja, 2012).

Future research into the cultural competence of psychologists should consider an approach that allows the actual, rather than implied or stated, cross-cultural competence of practitioners to be determined. This could be achieved by including independent verification of multicultural competence, such as through supervisor, peer or client reports on the practitioner's actual work. If quantitative research is conducted in this area, it could instead consider including Australian quantitative self-report measures of multicultural competence (e.g., *Multicultural Mental Health Awareness Scale*, Khawaja et al., 2009) to verify the self-assessment of practitioners.

This problem could be addressed in future research by using social desirability scales to assess the impact of such response patterns on participant data.

A third potential limitation is the heterogeneity of psychological practice undertaken by participants. Participants in this study worked in a diverse range of psychological practice, ranging from working with children and families in school settings to clinical practice in hospitals. This decision was made deliberately to explore cross-cultural psychological practice as broadly as possible given the overall lack of empirical research on this topic in Australia. However, as a consequence of this approach nuances of cross-cultural practices specific to the clinical setting of the participant were highlighted. For instance, psychological assessment practices and tools have emerged as important issue in cross-cultural competence research in clinical

and education psychology settings (e.g. Kaplan, 2009; Ryder et al., 2005). However, as a result of the breadth of practice represented by participants, these did not emerge as important findings in the present study.

A further limitation of the present study is that results are based mainly on the author's interpretations of the data sets. Significant effort went into ensuring validity of the data analysis process by accounting for personal biases and adhering to methodologies recommended as robust in the qualitative psychology field (Elliott et al., 1999). While there was no formal cross-validation by a second independent researcher, data codes, themes and final results were verified through consultation with the author's supervisor. As with all qualitative research, readers are reminded to consider the author's 'personal statement' in order to form their own view of any potential biases that may have been inadvertently expressed in the data analysis process.

8.12 Future Research

The present study provides important new empirically derived Australian data on the specific multicultural competencies used by psychologists in cross-cultural practice, the challenges and barriers encountered in working with CALD clients; and the formal and informal means by which psychologists learn how to undertake this work. Findings in each of these areas warrant further research to verify their veracity and expand their scope.

First, the results from this study support the hypothesis that cross-cultural work with CALD clients requires Australian psychologists to make use of a set of specific cross-cultural competencies. These competencies are similar, but not identical to those previously found in the literature. Indeed, a number of unique Australian findings were made (e.g., the emphasis on the skill of developing specific cross-cultural knowledge relevant to the cultural background of each CALD client).

The presence of these unique findings requires verification through a larger national study of Australian psychologists focussed on identifying the specific cross-cultural practice elements used when working with CALD clients. This research should be of sufficient size to allow for factor-analysis testing of the conceptual model of multicultural competence and the inter-relationship between the various domains of multicultural competence (awareness, knowledge, skills, therapeutic relationship, personality factors), identified in the present study and previous research. In particular, the interrelationship between the relationship, personality and awareness elements of multicultural competence remains ill-defined and requires clarification.

Second, the issue of training requires research attention. Taking into account findings from this study showing that psychologists felt “thrown in the deep end” at the start of their practice with CALD clients a number of research questions arise. Verification is required in the first instance of this ‘deep end experience’ as a shared experience across the Australian psychology profession. It may be of benefit to focus on understanding early

career practitioners' training and cross-cultural exposure, their perceived levels of self-efficacy in working with CALD clients, as well as their levels of cultural competence as measured through the Australian Multicultural Mental Health Awareness Scale (Khawaja et al., 2009).

It appears that Australian trainee psychologists are not currently receiving adequate training in multicultural competencies, despite the policy intentions of the bodies that govern the psychology profession. A study to map precisely what type of training psychologists receive in relation to working with CALD clients would be of benefit. A detailed survey of training institutions' curricula, supervision and in-vivo training offerings should be undertaken at a national level.

Working with asylum seekers and refugees appears to constitute a sub-speciality of its own in the field of cross-cultural psychological practice. As mentioned throughout this thesis, psychologists appear to be at risk of being overwhelmed by working with this population irrespective of their multicultural competence, due to a combination of their extensive trauma histories, social disadvantage and precariousness of visa status, lack of evidence-based treatment and assessment tools, and the cultural distance between these clients and their psychologists. Much research is already under way to address these issues. However, an urgent need remains for additional research that can provide an evidence-base for culturally appropriate and effective psychological treatment and assessment approaches for working with these specific CALD communities.

The policy focus on cross-cultural practice in Australia has to date been based on the assumption that improving the cultural competence of the psychology workforce would lead to better outcomes for CALD clients. However, it is currently unknown how CALD clients themselves experience cross-cultural psychological practice in Australia irrespective of the multicultural competence of the practitioner. More specifically it is also unknown if improvements in the cultural competence of psychologists leads to better experiences for CALD clients.

Research is required to understand cross-cultural psychological practice from the perspective of clients to ensure that efforts to improve practice meet the expressed needs of this group. This study identified a number of barriers to successful cross-cultural practice that were not limited to the cultural competence of the individual psychologist. It would be beneficial to verify if these same barriers are those perceived by CALD individuals and communities, and to canvass other solutions preferred by clients (e.g., cultural-matching).

The perspective of CALD clients is also currently lacking in the study of multicultural competence elements. To this end, dyad studies involving psychologist and client pairs would be of great benefit for understanding the interaction in the cross-cultural counselling relationship. Further, involvement of clients in assessments of cultural competence of practitioners would provide greater empirical validity of elements of culturally competent practices.

8.13 Conclusion

Overall, this study provides unique empirical evidence about how psychologists themselves experience working cross-culturally with CALD clients. The study found that psychologists initially experience cross-cultural practice as overwhelming and difficult, but subsequently experience a degree of mastery in working cross-culturally. On the whole it seems that experienced cross-cultural practitioners enjoy working with CALD clients who are culturally different from themselves. However, their experience is less positive in two domains. First, working with refugees and asylum seekers seems to be particularly overwhelming for practitioners, even when they are highly experienced at working cross-culturally with CALD clients. Second, psychologists experience a great deal of frustration when systemic practices of service providers prevent them from applying a culturally responsive practice approach in their work with CALD clients.

This study also established empirical evidence regarding the application of multicultural competencies by psychologists working in cross-cultural practice with CALD clients in Australia. That is, the study showed that working cross-culturally with CALD clients involves the application of additional culturally specific skills, knowledge and awareness beyond standard Western psychological practice competencies.

The present study demonstrated that practitioners apply 10 distinct practice elements that support effective cross-cultural practice. Overall these elements are very similar to those contained in the highly influential Sue

model of multicultural competence (Sue, 2001). Hence this study provides strong evidence for the overall validity of the individual elements of the Sue model. Results also suggest that a number of these multicultural competencies previously identified in the Sue model have specific emphasis within the Australian context. For example, there was a strong emphasis on developing the skill to work with interpreters within the cross-cultural communication element, which is relatively less important in the US model. The present study raises questions about the validity of the tripartite structure of the Sue model, and instead provides some support for models of multicultural competence that incorporate additional factors (e.g., Sadowsky et al., 1994). Specifically, evidence emerged of the presence of additional elements of personal characteristics, reflective stance, and therapeutic relationship applied by psychologists in their cross-cultural practice.

This study also provides empirical evidence that psychologists are confronted with multiple barriers to working effectively with CALD clients. Barriers were found in four domains: systemic practices, the psychologists' stance, client attitude/social status, and the relationship between client and psychologist. Most significantly psychologists appear to be particularly frustrated and overwhelmed by barriers posed by systemic practices and working with refugees and asylum seekers.

Finally, the present study provides compelling evidence that psychologists do not learn to work effectively with CALD clients through their training programs. Instead, they appear to learn on the job after realising that they are not equipped to work with their CALD clients after

completing standard Western training programs. Indeed, learning to work effectively cross-culturally with CALD clients appears to be an ongoing process requiring constant acquisition of cultural knowledge, exposure to experiential learning and cultural immersion, and which asks the practitioner to participate in ongoing personal and professional change.

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Appendix A

Ethics Approval

From: "Keith Wilkins" <KWilkins@groupwise.swin.edu.au>
To: <raab.christine@gmail.com>, "Ann Knowles" <AKnowles@groupwise.swin.edu.au>
CC: "Aimii Treweek" <ATreweek@groupwise.swin.edu.au>
Date: 02/06/2008 17:10
Subject: SUHREC Project 0708/191 Ethics Clearance

To: Assoc Prof Ann Knowles/Ms Christine Raab, FLSS

Dear Ann and Christine

SUHREC Project 0708/191 Multicultural competence and psychological practice in Australia
 A/Prof A Knowles FLSS Ms Christine Raab
 Approved duration: 02/06/2008 To 31/12/2008

I refer to the ethical review of the above project protocol undertaken on behalf of Swinburne's Human Research Ethics Committee (SUHREC) by a SUHREC Subcommittee (SHESC2). Your responses to the review, as emailed initially on 12 May 2008 and again on 23 May 2008 (with attachments), were put to delegates of the SUHREC Subcommittee for consideration and found to be satisfactory. A separate email containing feedback/suggestions has been separately sent to you for your consideration/noting.

I am pleased to confirm that approval to proceed has been given for the project (as submitted to date) in line with standard on-going ethics clearance conditions here outlined.

- All human research activity undertaken under Swinburne auspices must conform to Swinburne and external regulatory standards, including the National Statement on Ethical Conduct in Human Research and with respect to secure data use, retention and disposal.

- The named Swinburne Chief Investigator/Supervisor remains responsible for any personnel appointed to or associated with the project being made aware of ethics clearance conditions, including research and consent procedures or instruments approved. Any change in chief investigator/supervisor requires timely notification and SUHREC endorsement.

- The above project has been approved as submitted for ethical review by or on behalf of SUHREC. Amendments to approved procedures or instruments ordinarily require prior ethical appraisal/ clearance. SUHREC must be notified immediately or as soon as possible thereafter of (a) any serious or unexpected adverse effects on participants and any redress measures; (b) proposed changes in protocols; and (c) unforeseen events which might affect continued ethical acceptability of the project.

- At a minimum, an annual report on the progress of the project is required as well as at the conclusion (or abandonment) of the project.

- A duly authorised external or internal audit of the project may be undertaken at any time.

Please contact me if you have any queries about on-going ethics clearance. The SUHREC project number should be quoted in communication.

Best wishes for the project.
 Yours sincerely
 Keith Wilkins for Secretary, SHESC2

Appendix B
List of Organisations Contacted
& Places of Advertising

The following organisations were contacted to publicise the research study. Advertising to staff or in newsletters took place between Aug-Dec 2008.

APS Cultural Interest Group Newsletter*
APS Matters Email Bulletin*
Multicultural Mental Health Newsletter*
Victorian Transcultural Psychiatry Unit
Asylum Seeker Resource Centre*
Centre for Sexual Assault West
Foundation House
University Counselling Services – La Trobe University, Deakin University, University of Melbourne, RMIT, Swinburne University, Monash University

Note: *denotes inclusion of study information in newsletter to members or staff.

Appendix C

Letter to Organisations

Research Project

Multicultural competence and psychological practice

in Australia.

Date

Dear [Insert Name of CEO of Organisation],

We are writing to see your support for a research study we are undertaking into *Multicultural Competence and Psychological Practice in Australia*. You have been contacted because your organisation provides psychological services to many clients from a culturally and linguistically diverse background.

We are seeking to interview psychologists who have extensive experience working with clients from CALD backgrounds in cross-cultural psychological practice. Research will focus on identifying key elements of multiculturally competent practice, challenges and barriers to competent cross-cultural practice, self-perceptions of competence, and the means by which psychologists develop multicultural competence. Data will be collected through face-to-face interviews (1 – 1.5 hours). This project has received ethics approval from the Swinburne Human Research Ethics Committee. (Please see the attached Project Information Statement for more detail).

We are hoping that you will support this research project by passing the information we have included to relevant staff in your organisation. We stress that we are seeking to interview staff as individual psychologists, rather than as representatives of your organisation. Your organisation would not be identified in the research project in any way.

We note that by sending out this information to relevant staff you are agreeing to publicise the research study through your organisation.

We would be delighted to provide you with any additional information you require or to answer any questions you might have about the project.

Yours sincerely,

Christine Raab
 Doctor of Psychology (Clinical) Candidate
 Faculty of Life & Social Sciences
 Phone: 0439 358 867 e-mail: raab.christine@gmail.com

Associate Professor Ann Knowles
 School of Psychological Science & Statistics, Faculty of Life & Social Sciences
 Phone: 03 9214 8205 e-mail: aknowles@groupwise.swin.edu.au



Appendix D

Advertisement for Study

Multicultural competence and psychological practice in Australia

Registered psychologists are invited to participate in research which aims to increase understanding of multicultural competence in psychological practice in Australia. The importance of multicultural competence in improving mental health outcomes for individuals from CALD backgrounds has been recognised in the *National Practice Standards for the Mental Health Workforce*, and the *Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*. The psychology profession also notes the importance of multicultural competence in its professional *Code of Ethics* and training requirements.

Psychologists are being sought who have extensive experience working with clients from culturally and linguistically diverse backgrounds (CALD) in cross-cultural psychological practice. Research will focus on identifying key elements of multiculturally competent practice, challenges and barriers to competent cross-cultural practice, self-perceptions of competence, and the means by which psychologists develop multicultural competence.

Data will be collected through face-to-face interviews (1 – 1.5 hours) mainly focusing on critical incidents in cross-cultural psychological practice.

This project has received ethics approval from the Swinburne Human Research Ethics Committee.

Principal Investigator(s):

Christine Raab, Doctor of Psychology (Clinical) Candidate, Faculty of Life & Social Sciences

Associate Professor Ann Knowles, Faculty of Life & Social Sciences

For more information or to register interest please contact:

Christine Raab

Faculty of Life & Social Sciences, Swinburne University.

Ph: 0439 358 86 or email: raab.christine@gmail.com

[Upon request for information the full Project Information Statement will be provided to individuals]



Appendix E

Project Information Statement

Project Title

Multicultural competence and psychological practice in Australia.

Investigators

Chris Raab, Doctor of Psychology (Clinical) Candidate &
Associate Professor Ann Knowles
Faculty of Life & Social Sciences

Introduction to Project and Invitation to Participate

Registered psychologists are invited to participate in research which aims to increase understanding of multicultural competence in psychological practice in Australia. Psychologists are being sought who have extensive experience working with clients from culturally and linguistically diverse backgrounds (CALD) in cross-cultural psychological practice. Research will focus on identifying key elements of multiculturally competent practice, challenges and barriers to competent cross-cultural practice, self-perceptions of competence, and the means by which psychologists develop multicultural competence.

Multicultural competence can be defined as a psychologist's ability to work with individuals who are different from the practitioner in their country of origin, ethnic background or citizenship.

The importance of multicultural competence in improving mental health outcomes for individuals from CALD backgrounds has been recognised in the *National Practice Standards for the Mental Health Workforce*, the *Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*. The psychology profession also notes the importance of multicultural competence in its professional *Code of Ethics* and training requirements.

The aim of this research is to explore multicultural competence by interviewing psychologists who have extensive experience in cross-cultural psychological practice in order to:

- identify the critical elements of multiculturally competent practice;
- identify the means by which psychologists develop multicultural competence;
- identify the challenges of cross-cultural psychological practice and barriers to multiculturally competent practice; and
- develop an understanding of psychologists' perceptions of their own multicultural competence.

What this project is about and why it is being undertaken

This project seeks to gather information from **registered psychologists** who are experienced cross-cultural psychological practitioners about their work with CALD clients. Participants are being sought who are psychologists currently working with CALD clients and who have significant experience (minimum 3 years) working with CALD clients.

It is important to note that **no information will be sought from clients**. Nor will identifying information about clients be collected.

In order to develop an understanding of what constitutes best practice in multicultural psychological work in Australia the critical incident technique will be used to collect data from psychologists. Critical incidents are defined as common-place events that occur in routine professional practice which are critical in the sense that they are indicative of underlying trends, motives and structures, not in the sense that they refer to negative or dramatic moments. The critical incident technique is a particularly useful technique for gathering and analysing data in areas that have not been well-researched.

It is envisaged that this present research project will support efforts to improve the multicultural competence of psychologists and be helpful to individual psychologists seeking to develop their own competence working with CALD clients.

Project interests

This project is being undertaken in partial fulfilment of the research requirements for the qualification of Doctor of Psychology (Clinical).

What participation will involve

Participants will be asked to take part in individual interviews lasting from 1 – 1.5 hours. Each interview will contain the following elements:

1. Discussion of Critical Incidents – Each participant will be asked to select three **critical incidents** prior to the interview. Each critical incident is defined as an interaction with a CALD client in a clinical setting. Participants are asked to select the three incidents from which they **learnt most** about their cross-cultural practice. While maintaining their clients' anonymity, participants will be asked to recount each incident in detail and reflect on what they learnt from it.
2. Semi-structured interview – Each participant will be asked a series of semi-structured questions to further reflect on multicultural competence. Questions will focus on the types of skills, knowledge and attitudes/beliefs that might constitute multicultural competence.

Participant rights and interests – Risks & Benefits/Contingencies/Back-up Support

Participants in this research project are asked to take part in a process of reflection about their professional practice with CALD clients. This will include detailed reflection on critical incidents in their practice, and more generally about what constitutes multiculturally competent practice.

Given that reflective practice and supervision are key elements of ethical psychological practice, it is not envisaged that participating will involve any particular risks to participants. Participation may, however, make practitioners more conscious of the specific features of their cross-cultural work with CALD clients.

Participant rights and interests – Free Consent/Withdrawal from Participation

Participation in this project is entirely voluntary. Participants can choose not to participate in part or all of the project and can withdraw at any stage of the project without being penalised or disadvantaged in any way. They are also free to withdraw data contributed by way of interview at any stage of the research process.

It is recognised that there is a minor risk of distress to interview participants who choose to answer questions relating to sensitive issues. Participants may decline to answer any question felt to be too personal, intrusive, sensitive or distressing. Participants may request that the interview be stopped, postponed or interrupted at any point. In the case that any distress is experienced by the interview process, debriefing and support is available through the service detailed below.

While some participants will be invited to consider taking part in the research through agencies that employ them, they are being invited to participate as individual psychologists **not** as representatives of their organization. Hence, individuals are free to choose whether to participate or not in their own right, and their standing as employees will not be adversely affected by their decision.

Having decided to participate in the research, **participants are asked to fill in and sign the attached consent form** indicating their willingness to participate in each element of the research process. This form needs to be returned to the research team before interviews take place.

Participant rights and interests – Privacy & Confidentiality

All data collected at interview (data tapes, files and written transcripts) will be stored in a secure facility at Swinburne University of Technology for 7 years. In order to maintain the privacy and anonymity of participants, data will not be stored in the same location as the name of individual participants and their signed consent forms. Participants' identities will be kept anonymous and actively disguised through use of pseudonyms where necessary to achieve this.

Research output

No data will be disclosed to other persons, with the exception of academic publication in conference papers, articles and book chapters. No material which identifies participants as the source of quoted statements will be published without consent of the individual. Any quotations that are selected for publication will be sent to participants, and participants will be provided with the opportunity to approve, amend or delete such quotations.

Further information about the project – who to contact

If you have any queries about the project and/or these procedures, or if you would like to be provided with the aggregate research findings on completion of this project, please contact:

Associate Professor Ann Knowles
School of Psychological Science & Statistics, Faculty of Life & Social Sciences
Phone: 03 9214 8205 e-mail: aknowles@groupwise.swin.edu.au

Christine Raab
Doctor of Psychology (Clinical) Candidate
Faculty of Life & Social Sciences
Phone: 0439 358 867 e-mail: raab.christine@gmail.com

For referral to professional debriefing service:

Associate Professor Roger Cook
Director, Swinburne Psychology Clinic
Phone: 03 9214 8653

Concerns/complaints about the project – who to contact:

This project has been approved by or on behalf of Swinburne's Human Research Ethics Committee (SUHREC) in line with the *National Statement on Ethical Conduct in Human Research*. If you have any concerns or complaints about the conduct of this project, you can contact:

Research Ethics Officer, Swinburne Research (H68),
Swinburne University of Technology, P O Box 218, HAWTHORN VIC 3122.
Tel (03) 9214 5218 or +61 3 9214 5218 or resethics@swin.edu.au

Appendix F
Pre-interview Information Kit
for Participants



Multicultural competence and psychological practice in Australia

Thank you for agreeing to take part in this research project.

I am enclosing some additional information about the process and material to be discussed.

The first part of our interview will involve you recalling and reflecting on three critical incidents in your cross-cultural psychological practice with culturally and linguistically diverse (CALD) clients. Critical incidents are defined as “common-place events that occur in routine professional practice which is critical in the sense that they are indicative of underlying trends, motives and structures”.

Before the interview please think about **three critical incidents** in your cross-cultural psychological practice with CALD clients. Think about three events/sessions/incidents with CALD clients **from which you learnt most about multicultural competence** in your work as a psychologist. These events may have been particularly challenging or troubling for you or particularly successful and satisfying moments in your work. For instance, you might recall a session in which your **usual** approach to psychological treatment or assessment needed to be **refined or altered** to accommodate the cultural background of the client you were working with. Alternatively, you might consider a situation during which your **understanding of and communication with** a client was challenged by the cultural difference between you.

I will ask you to recount these critical incidents in some detail during the interview and then reflect on what you learned from the experience. Questions might include:

- What was the client doing? What were you doing?
- What were you thinking/feeling during this moment?
- What was the relationship between you and the client during this moment?
- What tools or skills did you draw on in this situation?
- What did you learn from the situation?

While you will be asked to discuss these incidents in detail I ask that you take care not to reveal any information that may identify your client. You might, for example, wish to consider ways to disguise your clients’ identities before the interview (e.g. change age or occupation).

The second part of the interview will involve answering a series of questions regarding the types of skills, knowledge and attitudes or beliefs that might constitute multicultural competence. I have attached a list of the questions for you to consider before the interview if you like. However, there is no need to prepare your answers in advance.

Please don't hesitate to contact me if you have any further questions about the interview. My mobile phone number is 0439 358 867 or raab.chrisitne@gmail.com.

Regards

Chris Raab

Questions to be addressed during the interview

Critical Incidents

Instructions and questions to be used to elicit data about each critical incident. Please note these questions are prompts and may be omitted if the participant spontaneously covers the area in their answers.

1. Please summarise the critical incident as you recall it in as much detail as possible.
2. What was the client doing? What did you do?
3. Can you remember what you were thinking at the time?
4. Can you tell me what you were feeling at the time?
5. What was the relationship between you and your client like during this moment?
6. What tools or skills did you draw on in this situation?
7. In hindsight is there anything that you would do differently?
8. In hindsight what got in the way of competent practice?
9. In hindsight what helped you be competent in this moment?
10. What did you learn about your qualities as a psychologist and as a person in this moment?
11. What is about this memory that helped you learn the most?
- 12.

Semi-structured Questions

- 1.
 2. What do you think are the most important elements of competent practice with CALD clients?
 3. What are the key barriers to working effectively with CALD clients?
 4. What strategies or tools do you think a psychologist especially needs to do this work?
 5. What knowledge do you think a psychologist especially needs to do this work?
 6. What type of values/attitudes help or hinder in this work?
 7. Are you aware whether your own cultural biases and assumptions affect your work in this area? How?
 8. Are there other things that are important in this work?
 9. If you were to give advice to a psychologist beginning their work with CALD clients what would say?
 10. Do you have any advice for supervisors who are working with novice psychologists in this area?
 11. Do you have any recommendations for universities about training psychologists for this work?
 12. Do you have any recommendations for the psychology profession and bodies (e.g. Victorian Registration Board, APS) about this work.
-

Appendix G

Informed Consent Form

**Project Title:**

Multicultural competence and psychological practice in Australia.

Principal Investigator(s):

Chris Raab, Doctor of Psychology (Clinical) Candidate
 Associate Professor Ann Knowles
 Faculty of Life & Social Sciences

1. I consent to participate in the project named above. I have been provided a copy of the project information statement and this consent form and any questions I have asked have been answered to my satisfaction.

2. ***Please circle your response to the following:***

- | | |
|---|------------|
| ▪ I agree to be interviewed by the researcher | Yes |
| No | |
| ▪ I agree to allow the interview to be recorded by electronic device | Yes |
| No | |
| ▪ I agree to make myself available for further information in relation to this project, if required | Yes |
| | No |

3. I acknowledge that:

- (a) I am aware that I will be asked questions regarding my professional competence working with people from a CALD background.
- (b) my participation is voluntary and that I am free to withdraw from the project at any time without explanation;
- (c) the project is for the purpose of research and not for profit;
- (d) any personal or health information about me which is gathered in the course of and as the result of my participating in this project will be (i) collected and retained for the purpose of this project and (ii) accessed and analysed by the researcher(s) for the purpose of conducting this project;
- (e) my anonymity is preserved by using pseudonyms in any publications. Pseudonyms will be chosen from a list of common first names to avoid mistaken identification. I will not be identified in publications or otherwise without my express written consent.

By signing this document I agree to participate in this project.

Name of Participant:.....

Signature & Date:

Appendix H

Interview Schedule

Introductory statement:

Thank you for agreeing to participate in this interview. You will recall that the interview will take between 1 to 1.5 hours. I will be taping this interview as previously discussed, and you have consented to a recording being made. Is that correct?

I remind you that you may decline to answer any question you feel is too personal, intrusive, sensitive or distressing. You may request that the interview be stopped, postponed or interrupted at any point. In the case that any distress is experienced by the interview process, debriefing and support is available.

The interview questions are divided into three areas:

- 1. Demographic questions to find out about your own cultural background and experience working with CALD clients*
- 2. The review of three Critical Incidents you have selected*
- 3. Some semi-structured questions regarding your views on multicultural competence.*

Do you have any questions before we start?

Part 1 Demographics

Demographic questions are designed to elicit the cultural background of the psychologist and understanding of their experience working with CALD clients.

- 1. How long have you been practicing psychology for?**
 - 2. What percentage of your clients would you say are from a cultural background that is different from your own?**
 - 3. What is the main cultural grouping you work with?**
 - 4. For how long has the majority of your practice been with people from a CALD background?**
 - 5. How would you describe your own cultural background?**
 - 6. Do you speak a language other than English at home?**
 - 7. Where you or your parents born in a country other than Australia? Where?**
-

Part 2 Critical Incidents

Instructions and questions to be used to elicit data about each critical incident. Please note these questions are prompts and may be omitted if the participant spontaneously covers the area in their answers.

13. Please summarise the critical incident as you recall it in as much detail as

possible.

14. What was the client doing? What did you do?
15. Can you remember what you were thinking at the time?
16. Can you tell me what you were feeling at the time?
17. What was the relationship between you and your client like during this moment?
18. What tools or skills did you draw on in this situation?
19. In hindsight is there anything that you would do differently?
20. In hindsight what got in the way of competent practice?
21. In hindsight what helped you be competent in this moment?
22. What did you learn about your qualities as a psychologist and as a person in this moment?
23. What is about this memory that helped you learn the most?

Part 3 Semi-structured Questions

Each participant will then be asked the following questions.

13. Reflecting on the critical incidents you recalled, what do you think are the most important elements of competent practice with CALD clients?
14. What are the key barriers to working effectively with CALD clients?
15. What strategies or tools do you think a psychologist especially needs to do this work?
16. What knowledge do you think a psychologist especially needs to do this work?
17. What type of values/attitudes help or hinder in this work?
18. Are you aware whether your own cultural biases and assumptions affect your work in this area? How?
19. How did you learn to do this work?
20. If you were to give advice to a psychologist beginning their work with CALD clients what would say?
21. Do you have any advice for supervisors who are working with novice psychologists in this area?
22. Do you have any recommendations for universities about training psychologists for this work?
23. Do you have any recommendations for the psychology profession and bodies (e.g. Victorian Registration Board, APS) about this work.
24. Some recent research in Australia suggests that successful work is not based on specific knowledge about the culture of the client, but about actively stating lack of own knowledge and strong interest/curiosity about the client's own background.
25. Finally, some psychologists have suggested that there is no specific multicultural/cross-cultural or psychological practice required for competence. Instead, they argue that generalist approaches which respect the individual, include openness etc. can be applied to all clients. Is there such a thing as multicultural competence in your judgement?