



## Therapist Attitudes and Practices with Ethnic Minority Adolescents

Source: Harper, G.W., & Iwamasa, G.Y. (2000). Cognitive-behavioral therapy with ethnic minority adolescents: Therapist perspectives. *Cognitive and Behavioral Practice, 7*, 37-53.

This article provides a brief literature review of mental health status and service use patterns among ethnic minority adolescents and presents the results of a survey of therapist perceptions and practice related to their work with this population. Although the authors and survey respondents work primarily from a cognitive-behavioral framework, the findings and recommendations are of use to service providers from all theoretical orientations.

Recognizing the heterogeneity within ethnic groups and the dearth of research on mental health issues among many ethnic minorities, the authors cite existing research showing, "African American, Asian American, Latino, and American Indian adolescents are at a disproportionately high risk for mental health problems and experience these problems at disproportionately high rates" (p. 39). The review describes research specific to each of these populations.

Given the absence of information about the degree to which therapists believe client ethnicity is an important variable, the authors conducted a survey of adolescent-serving members of the Association for Advancement of Behavior Therapy (AABT). The 155 participants (66.5 % male, 92.9% European American, 83.9% Ph.D.) completed a questionnaire designed for this study that gathered demographic information as well as data on therapist perceptions related to their work with ethnic minority adolescents. Results showed that when the presenting problem of ethnic minority clients is *clearly related to ethnicity*, 72% indicated they would discuss ethnicity issues either frequently or always with clients, while a surprising 9.1% responded that they would never or infrequently discuss ethnicity issues with these clients. When ethnicity *is not* directly related to presenting problems, only 25.7% of the sample indicated that they would always or frequently discuss issues of ethnicity with their adolescent clients. A majority of therapists indicated that their adolescent client's ethnicity is either somewhat important or important in their functional analysis of behavior (72.9%), in treatment planning (78.2%), and for treatment delivery (74.5%). When conducting therapy with an adolescent client from a different ethnic background than their own, only 49.3% of therapists reported that they would address this difference in therapy. Finally, 77.2% of respondents reported that they engage in activities to learn more about a client's culture, especially reading books or journals and seeking consultation or supervision.

Taken together, "it appears that the vast majority of therapists surveyed generally think that ethnicity is an important factor to consider during the various phases of the therapy process, but fewer of them are willing to directly confront it when in a therapy session with an ethnic minority client" (p. 47). The authors believe that "a therapist who uses a 'color-blind' approach to therapy is a therapist with an ethnically based disability" (p. 49), and they offer the following recommendations for work with ethnic minority adolescents, while stressing recognition of intragroup heterogeneity so as not to stereotype clients.

### Recommendations for Therapists Working with Ethnic Minority Adolescents

- Be prepared at the first session
- Be up front about ethnic differences and address them early
- Realize your limitations and do not try to be someone you are not
- Be willing to incorporate other people/professionals from the adolescent's ethnic culture into therapy
- Be sensitive to the cultural limitations of assessment techniques
- Be creative and culturally sensitive to your own therapeutic approaches
- Consider the ethnic minority adolescent's social and environmental contexts when developing interventions
- Understand the situational specificity of behaviors
- Be respectful
- Pay attention to nonspecifics in therapy (e.g. body language, tone, etc.)