Implementing Cultural Competence

Therapy is always the interaction of two or more cultural identities, a concept that makes cultural competence an essential part of providing effective therapy. With a focus on enhancing cultural competence in the treatment setting, we are introducing Spotlight on Culture, an initiative of the NCTSN Culture Consortium Collaborative Group. Our goal is to share with professionals the many ways that NCTSN members are approaching and implementing cultural competence. For this we invited firsthand accounts from members about their experiences and projects.

The first contribution comes from Marta I. Casas, MA, a therapist from the Latin American Health Institute (LHI), a Network member since 2007. The Institute’s main goal has been to adapt, implement, and evaluate Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) to meet the treatment needs of Latino children in the Boston area. The LHI has implemented culturally-sensitive adaptations of TF-CBT that are appropriate for recent immigrants, unaccompanied migrant children, children with low levels of acculturation, and children whose caregivers adhere to certain cultural practices regardless of their degree of acculturation. The adaptations also consider regional variations of cultural practices in Latin American countries. They have been found to improve treatment engagement and to empower children and families.

Marta offered the following examples of the linguistic and cultural adaptations that LHI staff have implemented:

• Use of folk tales in psychoeducation. We use Latin American folk tales as a platform for providing psychoeducation about posttraumatic symptoms and reactions. An example of this is the use of the legend of “La Llorona” (The Crying Woman), a figure from the folklore of several Central and South American countries. La Llorona drowns her children and is later condemned to perpetually cry at the sound of water, which reminds her of her loss. The story helps us to illustrate the concept of triggers and how they function as reminders of traumatic experiences.

• Identifying culturally appropriate ways to describe distress. We help parents identify regional idioms of distress. The goal is to “translate” their folk expressions of trauma into shared concepts, so that the caregiver and child can speak in a common language about the trauma sequelae.

• Use of folk art. Folk art, such as Alebrijes, Vejigantes, and Mascaras de Diablo Cajuelo, helps to illustrate aspects of affect regulation by encouraging the exploration and identification of feelings.

• Creating a life story. Children create a rich narrative, which we call a “Roots Scrapbook,” using poems and images. The narrative begins from their place of birth and includes traumatic memories, survival responses, as well as positive experiences that have helped them to cope. This approach promotes the telling of a more complete story within the context of their culture of origin.

Marta reminded us that culture is always present in the therapy room, regardless of the client’s and therapist’s ethnicity, race, nationality, and other cultural characteristics. Exercising cultural competence in treatment can help children and families more successfully interpret, manifest, and cope with distress, and ultimately overcome their traumatic experiences.