Social Responsibility Therapy Inclusive Multicultural Treatment Approach

"The common ground is greater and more enduring than the differences that divide" (Nelson Mandela, 1999)

Source: Yokley, J. Multicultural Recognition in Treatment Program Design: Another Path to Explore. 117th Annual Convention of the American Psychological Association, Toronto, Ontario, Canada, 2009 (August).
Division 45- Society for the Psychological Study of Ethnic Minority Issues. [For non-profit educational use only]

Introduction

Continuing the path to optimize impact of mental health services for ethnic minorities requires parallel processing of multiple barriers. The limited services, large number of groups in need and problems with the dominant therapy model create a call for a dramatic change in our research and practice (Kazdin, 2008). These challenges have divided researchers on the issue of whether or not to continue the population-based solution path of attempting to optimize treatment impact for ethnic minorities by adapting each evidence-based treatment to each ethnic group for each diagnostic condition (e.g., Kazdin, 2008; Miranda, Nakamura & Bernal, 2003; Sue (2003). While this debate continues, one area of agreement by some is a call for multicultural theoretical research that focuses less on populations and more on psychological phenomena (e.g., Miranda, Nakamura & Bernal, 2003; Sue, 2003).

The treatment research path for ethnic minorities continues to require a concerted effort on resolving problems with high dropout rates after one treatment session, infrequent session use and poor level of functioning at the end of treatment (Maramba and Hall, 2002). In addition to advances in adapting evidence-based treatments to improve treatment outcome for ethnic minorities, important advances have been made in the area of cultural sensitivity training for therapists. While cultural sensitivity training can address one aspect of the client-therapist relationship, it does not address therapist values or incompatible aspects of the therapy being offered. This is important since clinical practice "arises from a Euro-American framework, many culturally different groups claim that counseling and therapy are culture-bound, that the values of the helping professions are antagonistic to their values" (p. 80, Bingham et al., 2002). For example, Latino-focused psychologist Elizabeth Fraga points out that Latino cultures tend to value a family's health over that of individual family members and may view a psychologist's suggestions for self-care, such as taking a short vacation alone as selfish while psychologist Patricia Arredondo adds that therapists from a society that highly values individualism, may not think to include the family or to interview family members (Dingfelder, 2005). This finding suggests that any minority client therapeutic relationship improvements obtained from client-therapist ethnic matching could be negated by training in the dominant therapy model. Minority therapist training in culture-bound procedures that convey dominant culture values may serve to explain why meta-analytic evaluation from the past twenty years has revealed "that ethnic match is not a significant clinical predictor of decreasing dropout after the first session or increasing number of sessions attended" (p. 290, Maramba and Hall, 2002). Overcoming this barrier requires research and treatment to move beyond cultural sensitivity training and client-therapist ethnic matching into multicultural recognition in treatment program design through attempts to develop treatment approaches that are not culture bound or antagonistic to minority values. Three straightforward multicultural behavior therapy approaches to this goal are to: 1) examine cross-cultural research in search of common, multicultural prosocial values that can be utilized in behavior therapy; 2) include multicultural group therapy in a social learning treatment protocol with multicultural members and a structure that assures mutual client

identification/support is present while negative peer influence is absent and; 3) implement the existing cognitive-behavioral interventions that have a known multicultural evidence base.

Multicultural Values Theory

The theory that certain human values have basic universal, multicultural content (Schwartz & Bilsky, 1987) has been tested in a study of values in Australia, Finland, Hong Kong, Spain and the United States revealing similar value priorities in all western cultures. The finding of basic multicultural human values has been replicated and extended to Africans and Italians (Schwartz, Melech, Lehmann, et. al. 2001). Although more differences are typically found between eastern and western cultures (e.g., Schwartz & Bilsky, 1990) than within western cultures, there appear to be at least some global multicultural prosocial values. For example, a study of cross-cultural similarities and differences in values of American and Japanese college students revealed largely similar overall value priority ratings (Akiba & Klug, 1999). More specifically, a 21-culture study of eastern values and a 9-culture study of western values revealed common values of self-restraint and discipline in both (Bond, 1988). These findings tend to indicate that self-control is viable multicultural prosocial value that may span eastern and western cultures. In addition, a study of US and Japanese nurses revealed common values including competence, patient respect, responsibility, relationship and connection, family importance, caring, truth-telling and understanding the patient/situation (Wros, Doutrich & Izumi, 2004). Taken together, these data tend to indicate that honesty, concern and responsibility (including self-control) may be viable multicultural prosocial values accepted by many culturally different groups that span eastern and western cultures.

Multicultural Prosocial Values

Social Responsibility Therapy (SRT) was originally developed on a multicultural population of youth and young adults exhibiting harmful, abusive behavior (Yokley, 2008). SRT takes another path towards addressing the culture-bound treatment issue by attempting to answer the call for theory-driven multicultural research on psychological constructs that apply to different cultural groups and interventions effective across cultural belief systems (Miranda, Nakamura, and Bernal, 2003; Sue, 2003). SRT adopts an *Inclusive Multicultural Treatment* approach by identifying “least common denominators” in basic human values that are multicultural in nature. SRT attempts to preserve the individuality of cultural groups while seeking unity through a treatment platform that will support multicultural intervention by taking an approach that all humans adopt when they actually want to make a new friend- looking for similarities. SRT respects diversity but seeks unity through common, multicultural values, a position referred to as “diversity within unity” (Etzioni, 2001). Respect for the whole and respect for all is at the essence of "Diversity within unity" which "presumes that all members of a given society will fully respect and adhere to those basic values and institutions that are considered part of the basic shared framework of the society. At the same time, every group in society is free to maintain its distinct subculture-those policies, habits, and institutions that do not conflict with the shared core-and a strong measure of loyalty to its country of origin" (See Footnote 1).

Social maturity development in SRT draws on multicultural values theory (e.g., Akiba and Klug, 1999; Schwartz and Bilsky, 1987, 1990; Schwartz et al., 2001) to select basic prosocial values accepted by multiple cultural groups. Specifically, the social maturity focus of SRT involves developing the multicultural prosocial values of honesty, trust, loyalty, concern, and responsibility as "Healthy Relationship Success Skills" (See Appendix A) and competing factors to unhealthy, harmful behavior. Consumer satisfaction with the multicultural prosocial values utilized in SRT continues to be validated

through structured clinical exercise surveys of multicultural population youth, their caretakers and clinical staff (Yokley, 2008).

Multicultural Group Therapy

The SRT protocol which includes group therapy with a diverse population of individuals exhibiting harmful behavior, provides ample opportunity for multicultural therapeutic interaction, along with strong reinforcement of multicultural prosocial values and behaviors that are incompatible with the presenting unhealthy, harmful behaviors. This is accomplished with a set of PRAISE multicultural group unity and participation motivation skills involving: Pulling people in; Responsible reinforcement; Acknowledgement; Instant identification; Social mathematics and; Enabling responsibility (See Appendix A). In adolescent groups, written accomplishment awards for client modeling of multicultural prosocial values and behaviors are provided while incident reports on behaviors reflecting multicultural values problems are targeted for change. Tolerance training in SRT expands beyond emotional tolerance training with emotional regulation skills to include social tolerance training with role reversal and perspective-taking skills. The culturally diverse SRT group develops multicultural interaction self-efficacy for clients and addresses client needs to practice multicultural navigation skills in a safe, therapeutic setting.

Multicultural Behavior Therapy Interventions

Evidence-based interventions and procedures are combined in SRT to develop awareness and actualization of multicultural prosocial values. The behavior therapy interventions combined in SRT (e.g., cognitive-behavioral therapy, operant conditioning, contingency management, social learning procedures utilized in the therapeutic community model, token economy systems, rational emotive behavior therapy and cognitive therapy) have a known multicultural evidence base. These "Healthy Behavior Success Skills" involve basic skills from the research supported areas of relapse prevention, emotional regulation, decisional balance and social problem solving to help patients Avoid trouble, Calm Down, Think it through and Solve the problem in stressful situations that threaten their recovery from unhealthy, harmful behavior problems (See Appendix A).

The utility of these interventions is repeatedly demonstrated in multiple cultural settings year after year at the World Congress of Behavioral and Cognitive Therapies by its umbrella organizations, the Association for Advancement of Behavior Therapy (USA), International Association for Cognitive Psychotherapy, The Australian Association for Cognitive and Behaviour Therapy, the Japanese Association for Behavior Therapy, Associacion Latinoamericana de Analisis y Modificacion del Comportamiento, Southern African Association for Behavior Therapy and the European Association for Behavioural and Cognitive Therapies. The irrational beliefs central to Rational Emotive Behavior Therapy have been evaluated in multicultural studies involving Colombia, Costa Rica, El Salvador, Spain and the USA with respect to a violence index and acculturation along with selected medical conditions, opening new multicultural directions for REBT (Lega & Ellis, 2001).

The utility of the multicultural social learning approach adopted by SRT involving social learning experiences implemented by rational authority and supported by socially responsible peer role models in a functional family setting has been demonstrated throughout the world with multicultural therapeutic community research spanning back almost 20 years (e.g., Biase & Sullivan, 1986). With respect to substance abuse, the therapeutic community approach used in SRT has been referred to as “The predominant residential modality for treating addictions from Chile to China” (Waters, Fazio,

Hernandez & Segarra, 2002). Multicultural research on therapeutic community social learning treatment procedures has been implemented to improve treatment retention of both African Americans and Native Americans in the United States (e.g., DeLeon, Melnick, Schoket & Jainchill, 1993; Fisher, Lankford & Galea, 1996). Although the basic behavioral principles and procedures used in SRT are applicable in multiple cultural settings, since cross-cultural interactions are prone to interpersonal misunderstanding which can impair the impact of cross-cultural behavior therapy (Seiden, 1999), multicultural competence is important in behavioral intervention with multicultural clients (Hayes & Toarmino, 1995) and implementing PRAISE multicultural skills is strongly recommended to develop group unity and motivate participation. A summary of research support for the contingency management and social learning procedures used in SRT is provided in Chapter 4 of Yokley (2008).

Summary and Conclusion

SRT exhibits strong social validity with a social maturity focus on multicultural prosocial values that: 1) benefit the client and community; 2) are competing factors to unhealthy, harmful, behavior and; 3) are necessary to achieve success in a democratic society where social responsibility is prerequisite to successful community adjustment. Since the diverse SRT group mirrors our multicultural society and focuses on the development of multicultural prosocial values, it has to potential be an optimal training environment for positive multicultural interaction. SRT employs cognitive-behavioral interventions and social learning procedures that enjoy a multicultural evidence base. SRT respects diversity but seeks unity by developing common, multicultural values, a position referred to as “diversity within unity” (Etzioni, 2001). The diversity within unity approach of SRT may provide a more inclusive path for multicultural recognition in unhealthy, harmful behavior treatment by identifying cultural similarities to celebrate in addition to the traditional approach of developing awareness of cultural differences to respect.

In conclusion, with respect to tolerance training, SRT adds social tolerance to the traditional emotional tolerance training skills. With respect to awareness training, SRT adds awareness training on cultural similarities to celebrate to the traditional awareness training on cultural differences to respect. The SRT approach to multicultural recognition in treatment program design is one prescription for decreasing the culture clash discomfort that exacerbates client stress, increases treatment drop out, decreases outcome and can inhibit clients from pursuing any desired goals, which may exist outside of their familiar cultural environment.

Recommended Readings

1. "Multicultural intervention approach, rationale and content", page 25- 46 in Yokley (2008).
2. "A structured discovery motivation to change exercise: What do you want in others?", page 171- 174 in Yokley (2008).

Footnote 1

The "Diversity within unity" project was developed and advocated by renown sociologist, Brookings Institution Scholar and Senior White House advisor Amitai Etzioni (2001) with funding from The Atlantic Foundation, the Robert Bosch Stiftung, and the Carnegie Corporation of New York.

References

References to the present article on multicultural recognition in treatment program design are provided in Yokley (2008).

Yokley, J. (2008). *Social Responsibility Therapy for Adolescents & Young Adults: A Multicultural Treatment Manual for Harmful Behavior*, New York, NY, US: Routledge Mental Health/Taylor & Francis Group.

APPENDIX A. Keep your Skill Cards with you at all times

There are two basic types of knowledge in life... Knowing it or knowing where to get it

Social Responsibility Therapy- Healthy Behavior Success Skills[2]

Getting what we want in life involves learning to...

Avoid trouble (relapse prevention)- Use the 3-step social responsibility plan: Get out (Remove yourself)- "You need to be laughing and leaving, not staying and stewing"; Get honest (Block the thought)- Tell yourself the truth, feelings change but actions can't be changed. If you can't deny the thought delay it. Tell yourself "I can always do this tomorrow". Get Responsible[3] (Substitute a more responsible thought)- Weigh your decision on the "Reality Scales".

Calm down (emotional regulation)- The ABC's of letting feelings go: "A" is the Action that occurred; "B" is the Belief problem, i.e., the word "should" or "must" that is triggering the feeling; "C" is Challenging the Belief problem in order to stop working yourself up, prevent following feelings and let it go.[3] (See Ellis & Bernard, 2006; Ellis & Velten, 1992).

Think it through (decisional balance)- Do a Responsibility Check, ask yourself- "Is what I'm considering helpful or harmful to myself and others?" If harmful or unhealthy[3] use the three Reality Scales (0 to 10 scales):
Survival scale- How necessary for my survival is it for me to… ? ("Could this threaten my safety?")
Success scale- How important for my success is it for me to…? ("Will this change my life forever?")
Severity scale (Bad or Awful scale)- How severe would the consequences be if I...?

Solve the problem (social problem solving)- Get SET for solving problems: 1) Set your goal;
2) Evaluate your progress and options; 3) Take responsible action[3]

Treatment applications with case study illustrations are provided in Chapters 4-7 of the Clinician's Guide to SRT

Social Responsibility Therapy- Healthy Relationship Success Skills[4]

What do we want from others in our life and what do they want from us?
Developing the relationships we want in life requires mutual...

Honesty- Involves getting honest with yourself and others by taking responsibility for mistakes along with getting honest about others mistakes to keep them from getting in worse trouble later.

Trust- Involves building trust in others by keeping your word and respecting their feelings along with learning to trust others by opening up about problems and picking the right people to trust.

Loyalty- Involves standing up for what you know is right and who you know is right when there is peer pressure to keep quiet, "If you don't stand for something, you'll fall for anything."

Concern- Involves helping self by keeping personal problems "up front" so they don't get out of control again and helping others by treating others the way they want to be treated.

Responsibility- Our number one responsibility is self-control. Three others are emotional restitution (making things right), pulling our own weight and learning to accept feedback.

Treatment applications with case study illustrations are provided in Chapter 9 of the Clinician's Guide to SRT

Social Responsibility Therapy Multicultural Group Process Skills[5]

Getting the most out of your group learning experience requires...

Pulling people in- "Can I borrow that from you? That's a really good point we need to discuss" (Making them a part/Integration).

Responsible reinforcement- "That [took a lot of courage, was impressive, etc] let's give him a hand for his… [honesty, trust, loyalty, concern, responsibility]" or "Thank you for your honesty".

Acknowledgement - "What they are teaching us is…", "An important thing that I got from of what you said was..."

Instant identification- "Please raise your hand if you have also..." followed by head count "one, two, three... people here also..." for awareness development (rapid identification/validation of shared experience).

Social mathematics by finding the least common denominator between group members, during group introductions and when two or more members disclose similar issues- "These two/three have a couple things in common, what are they, what did you notice?" or after introductions, "What does this group have in common?" (Cumulative Identification).

Enabling responsibility- "It's not pick on John time or Let's not put John in the hot seat or Help me take John off the spot, please raise your hand if like John, you have ever (been accused of/made the mistake of)..."

Setting the occasion for accepting responsibility and the "no more secrets policy" (p. 176) by getting honest

Treatment applications with case study illustrations are provided in Chapter 9 of the Clinician's Guide to SRT

1. SRT early stage recovery skills to help stabilize and prevent relapse into unhealthy harmful behavior (Yokley, 2010)
2. Do the responsible thing. "Act as if" you are the person you want to be and go to the opposite healthy, helpful extreme
3. SRT late stage recovery skills to help maintain healthy, helpful behavior (Yokley, 2008; 2010; 2011; 2012)
4. SRT multicultural group unity and participation motivation skills (pages above- Yokley, 2008; summary- Yokley, 2010)