The Importance of Multicultural Competence in the Mental Health Profession for the Hispanic Community
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The Importance of Multicultural Competence of the Mental Health Profession for the Hispanic Community

University of Wisconsin-Platteville

by

Elizabeth Sandoval Carrillo

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Abstract

Cultural competence refers to the will to use actions that bring understanding between diverse people. It means being respectful and open to various cultural perspectives and strengthening cultures to promote equality. Competence helps build strong relationships based on understanding other people’s attitudes and beliefs. Cultural competence has four major components that are: awareness of one’s view worldwide, developing a positive attitude towards the presence of different cultures, developing skills for interaction across cultures and acquiring knowledge on different cultural practices. This paper explores the importance of multicultural competence in the mental health profession for the Hispanic community. Research studies were reviewed to gather and interpret insights about multicultural competence in the mental health counseling profession.

Keywords: Hispanic, Latino, mental health counseling, multicultural competence, cultural competence
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The world is changing with people from some cultures increasing, especially in America, where there are large numbers of people from different countries and cultures. It is easy to verify through statistics that people from different cultures are increasingly sharing space with other human groups belonging to different cultures. For example, census statistics reveal that the fastest-growing minority culture in America is the Hispanic population constituting 18.1 percent of the United States total population in the year 2017 (US Census Bureau, 2018). School statistics show the same results, with 21 percent of Hispanic students now in American classrooms (Planty, Hussar, & Snyder, 2009).

Mental health counselors have been educated in the therapies, treatments, and case studies targeted towards the majority population. In the past, the mental health professionals applied techniques that worked with people who responded to specific characteristics, behaviors, attitudes, and beliefs typical of people belonging to the majority group (Slade, 2009). In mental health counseling, it is important to have each client have access to mental therapy services that provide the environment of security, trust, and protection. The mental health client needs favorable space to establish a strong therapeutic relationship that promotes treatments and effective responses (Collins & Author, 2017).

However, concerning the mental health treatment of Hispanic clients, mental health professionals are failing or fostering negative responses because of their lack of specific cultural competence training (Paniagua, & Yamada, 2013). The lower-quality patient-physician interaction, therefore, leads to client’s lower general satisfaction with services (Govere, & Govere, 2016). The research articles showed evidence of mental health counselor
ineffectiveness and the reluctance of minority groups to confidently access this type of mental health care to achieve the quality of life that they deserve.

There is a need to adopt greater awareness of the disparities in mental health treatment for the Hispanic population, and a need to consider cultural competence and the Hispanic worldview. The failure to address cultural competence is significantly affecting the mental health care for the Hispanic population which has prompted the appearance of some initiatives that seek to eliminate this barrier in the helping process. Such initiatives include well-meant and sometimes effective attempts to culturally adapt counseling and psychotherapy from the traditional majority-culture treatment to the Hispanic-culture. These attempts carry the implicit assumption that counseling and psychotherapy are a universal model, characterized by worldwide applicability that transcends national and cultural boundaries (Briggs, Miller & Paulson, 2011). However, persons belonging to minority groups such as Hispanics may find the practices of counseling and psychotherapy, even when culturally adapted, to be culturally incongruent because the counseling techniques do not fit their cultural world view. Counseling practices were developed for the majority culture to solve common problems in these populations. We cannot forget that these practices can be inconsistent with the societal values and collective beliefs of individuals belonging to the Hispanic community and can sometimes lead to more harm than good (Smith, 2015). Instead, promoting training in cultural competence of professionals is vital to achieve the goals of the effectiveness of psychotherapeutic treatments in Hispanic communities.

The literature section of the research will examine what studies have shown concerning the relationship between mental health counseling and positive outcomes to provide a theoretical context. The literature review also reveals findings from other studies that attempt to evaluate
how cultural competence has been viewed in relation to mental health treatments over the past
decade as well as the barriers and setbacks in the process. Moreover, the literature review
examines varying opinions and critiques when it comes to how counselors should handle patients
from diverse cultural backgrounds. Answering the questions and issues raised by scholars will
provide insight in the role of cultural competence when it comes to delivering counseling
services. The literature review will also provide an overview of the emerging issues in mental
health counseling.

**Statement of the Problem**

Cultural diversity is a major problem in the world today as racial and ethnic differences
leave minorities burdened with chronic illnesses. It mostly happens when health care is offered
based on race and ethnicity. Also, communication and language barriers could affect the level
and amount of quality a patient receives in health care services. For example, Spanish-speaking
Latinos are less likely to visit a mental health provider as they will always need an interpreter.
An interpreter can significantly slow and diminish the patient-mental health counselor
communication. The lower-quality patient-physician interaction, therefore, leads to lower general
satisfaction with services (Govere, *et al*. 2016). Therefore, there is a need to evaluate the quality
of mental health services received by the Hispanic population in the United States.

The purpose of the current study is to answer the following research questions: Why is it
important to understand cultural competence in a counselor? Does cultural competence influence
treatment outcomes? Does the cultural competence of a counselor influence the clients' response
to treatment? Should all mental health counselors receive training in cultural competence? How
can we define the ability of a counselor when treating clients from different backgrounds? Could
we define evident cases of cultural incompetence as barriers to establishing a strong therapeutic
relationship in the helping process? Regarding the training that the counselor receives, we seek to establish a clear vision of its effectiveness and if it covers the sufficient requirements to face a multicultural world in constant growth.

**Significance of the Study**

The significance of this study is to evaluate the quality of mental services received by the Hispanic community to help in assessing the level of influence of cultural competence in the treatments during the last decade.

**Purpose of the Study**

Diversity is a word that characterizes today's world. It is a term that is used to describe people with different sets of perspectives such as religion, cultures, beliefs, age, ethnicity, race, gender education, nationality origin, and sexual orientation (Ferdman, 2017). On the other hand, multiculturalism refers to a concept that is based on cultural diversity that is recognizing diversity in various cultural and ethnic groups as well as a race while at the same time valuing the setting of mainstream diversity (Purdie-Vaughns, & Walton, 2011). Multiculturalism takes on even greater relevance when it is connected within the healthcare environment where misunderstandings can have more of a serious negative consequence.

The acceptance of others is necessary in conducting a competent and efficient care for clients, particularly in the healthcare field. However, cultural sensitivity and competency seems to continue to be an issue that has not been given the necessary attention and has severely negatively impacted the results obtained in the mental health treatment of the Hispanic community. If people understand that cultural insensitivity is a latent problem, they have managed to raise awareness of its importance. But it is still necessary to establish greater efforts to achieve remedies and solutions such as more education and training for those in the
professional mental health field to help close the cultural gap. This study seeks to examine the meaning of cultural competence and its importance when used in a mental health setting with the Hispanic population. This study will describe the models for cultural competence, review effectiveness of implementation of cultural competency models and evaluate the effectiveness of these models with the Hispanic population.

**Definition of Terms**

Culture: The environmental aspects that are acquired and shared from one generation to the next and consisted of the social norms, values, beliefs, and roles associated with a particular group of people (Urbano, 2010).

Cultural sensitivity: Is defined as a skill (s) that enable an individual to learn and understand people or populations of different cultural background. It may also be defined as the demonstrated knowledge regarding particular interpersonal communication and the social norms that exist within-group (Urbano, 2010).

Ethnicity: people with a shared identity sense and feeling as a group and sharing a distinctive heritage (Urbano, 2010).

Hispanic: a group of individuals with a culture and traditions that are of the origins of Spanish-speaking nations such as Spain, South America, Mexico, Caribbean, and Central America (US Census Bureau, 2018).

Diversity: It is a term that is used to describe people with different sets of perspectives such as religion, cultures, beliefs, age, ethnicity, race, gender education, nationality origin, and sexual orientation (Ferdman, 2017).

Inclusion: is the act of involving people of diverse culture without considering their differences in terms of age, religion, gender, race, their lives, education background, communities, groups’
organizations or nationality origins. It is a practice that encompasses integration, assimilation, and differentiation (Èzbilgin, 2009; Ferdman, 2017).

Multiculturalism: is a concept that is based on cultural diversity that is recognizing diversity in various cultural and ethnic groups as well as races while at the same time valuing the setting of mainstream diversity (Purdie, et al. 2011). Its primary purpose is to set a framework upon which normative beliefs, guiding principles, policies, and practices are set to guide the behavior of people in diverse cultures.

**Delimitations of Research**

This study focuses on the Hispanic community. The literature review identified the problems connected with the quality of mental health services the Hispanic population has received in the past and currently. The review also examines the influence of cultural competence on the outcome of treatments, and the preference of Hispanic clients to these mental health services. This review of research included sources from 2009 to 2018.

**Method of Approach**

This paper examines sources through a review of different research papers related to the importance of cultural competence in relation to the mental health counseling profession. The information was compared, and congruences and inconsistencies were sought in the results obtained in each literature reviewed. This research work mostly uses secondary sources such as articles, journals, and books. I also found original articles or primary sources that provided valuable information for the work of data collection and findings, as well as comparative results. The literature review made it possible to define the positive impact of cultural competence on the outcomes in the treatment of multicultural clients.
Chapter Two: Review of Literature

Introduction

Research studies have consistently shown a relationship between mental health counseling services and positive outcomes for clients. This is a common theoretical construct for the mental health counseling field. This study will examine how cultural competence has been viewed in relation to mental health treatments over the past decade as well as the barriers and setbacks in the counseling process. In addition, the review will explore the varying opinions and critiques on how counselors should handle patients from diverse cultural backgrounds. Examining the issues raised by scholars will provide insight in the role of cultural competence related to delivering counseling services to persons from minority cultures. Finally, the literature review will provide an overview of the emerging issues in mental health counseling.

Theoretical context of multicultural competence in mental counseling.

Cultural competence and the impact on effective client treatment are undoubtedly a long-standing concern. Nomie (1914) studied the effect of cultural competence in effective treatment in the medical area. The author found that medical cost increases for patient from different cultures, which may be related to the fact that the care for these patients is being handled inadequately and inefficiently. The investigation concludes that the disconnect between the patient and the health professional can be the cause of the inhibition of the treatment effectiveness.

Over the recent past, scholars have formulated different approaches and concepts in attempts to explain the role of cultural competency in mental health counseling services. Most of the past studies acknowledged the theory of cultural competence as a key underlying factor in determining the outcomes of mental health counseling. The study by Collins and Arthur (2017)
is a critique on the historical ideologies concerning cultural practices in counselling. They noted that, if strategies and techniques for cultural competence are inadequate for accommodating diverse cultural populations then the client receives lower positive outcomes. In addition, the study proposed a new theoretical model, they called culture-infused counseling, which aimed at creating a balanced working relationship between clients and mental health counselors.

Similarly, a study by Arslan & Raţă (2013) confirmed that it is important to formulate more practical and dynamic concepts in dealing with people from different cultures, as it is not logical to generalize concepts of multicultural teaching from the majority culture. These studies demonstrated that theoretical concepts of multicultural competence should be dynamic as learning strategies and techniques for cultural competence tend to be inefficient when responding to multicultural context issues.

Research by Hall, Chapman, Lee, Merino, Thomas, and Payne, (2015) is similar to earlier research but also demonstrated intrinsic bias actions related to client-provider interactions. These specific circumstances in the interaction with clients of color validate the results obtained in earlier research studies, particularly in relation to treatment decisions and treatment adherence. The most outstanding conclusion of the research is the negative effect on patient’s health outcomes. Patients of color were less likely to receive appropriate treatment (treatment decision) and less likely to continue treatment (adherence) Likewise, findings were noted in a study conducted by Fokuo, Goldrick, Rossetti, Wahlstrom, Kocurek, Larson, & Corrigan, (2017) that recognized the stigma of mental illness as a key limiting factor that affected the outcomes as it had enormous implications on the client experience. If the culture had a very negative view of mental health illness and treatment, then the client from that culture was much less likely to receive or adhere to treatment. Also, the study demonstrated that the lack of clear guidelines on
reducing stigma in mental health setting increased the chances of nurses and psychiatrists to behave or depict attitudes that were perceived as discriminatory.

Relational cultural theory has also been studied by different authors as a key approach for multicultural competence in mental health. According to a study by Duffey & Trepal (2016), relational-cultural theory emphasizes fostering relationship through developing separation and individualism in human growth. The concept emphasizes the approach towards effective mental health requires the creation of not only strong bonds between counselor and client, but also bonds that are sustainable, to allow mental counselors to develop multicultural competence through interacting with the patients over a longer period of time. This study emphasized the need for developing a social connection between the practitioners and the social backgrounds of patients, such as the family and relatives of the mental health patients. The study concluded that the approach was important for nurturing multicultural competence through emotional, cognitive, and social learning experiences (Duffey & Trepal, 2016). The studies showed the need for strong bonds between the client and the mental health counselor as well as the need for effective culturally competent training. There were, however, different opinions on what constituted culturally competent and effective training. The authors concluded that criterion was needed to ensure effective and consistent culturally competent training.

**Criteria for multicultural interactions in mental health counseling**

To understand how cultural competence influences responses to mental health treatments, it is vital to evaluate the criteria that researchers have used to determine cultural competence. For this propose, research by Johnson & Jackson Williams (2015) evaluated the standards that suggested effectiveness in psychotherapy counseling among a diverse client population. The authors studied how skills, knowledge, and awareness affected the competence in dealing with
diverse clients. They found that social desirability, racial identity, and multicultural training were key determinants in predicting knowledge, skills, and awareness during multicultural counseling. Equally, Sehgal, Saules, Young, Grey, Gillem, Nabors, and Jefferson, (2011) noted that the multicultural competence of counselors is determined by experience, and the ability to apply knowledge and skills from training when dealing with mental health clients. These findings are important because they show how different factors can influence the interaction between counselors and clients and this criterion can help to understand the ability of different counselors in dealing effectively with mental health clients. In addition, Inman & DeBoer Kreider (2013) conducted an exhaustive analysis of the different cultures interacting within the American culture. They examined the factors that must be considered to achieve positive responses from clients and to prescribe successful treatments. The authors state that the experience in cultural competence plays a preponderant role in the type of positive outcomes received.

Due to the complex process of developing cultural competence, and perspectives Ingene, (2011) concluded in essence that a multi-dimensional approach was best for counselors, educators, practitioners, and leaders when working with persons from diverse cultures. The author stated multicultural competencies are significant for training and counseling members that are from different populations since diverse cultures help in the promotion of intrapersonal and interpersonal learning that is important in a society of a diverse culture. This statement is validated because members of the diverse cultures simply replicate the cultures of the society they live in as well as providing a safe environment upon which interpersonal and intrapersonal unique skills are practiced. Further, Dickson & Shumway (2011), determined that a multi-faceted model may be needed, and any approach must include greater awareness of the need for cultural competence. They presented an elaborate and integrative framework with three important
components that could be used in a multicultural setup to deliver effective training. These three components consist of: multicultural clinical instructions, sensitive cultural environment, and strategies consisting of experimental, traditional, and participatory approaches. Another related approach is a study by Bridges, Andrews, and Deen (2012). Their study highlights the negative impact of cultural incompetence on a diverse community mainly when care provision is based on the processes and institutional approaches or structures that do not reflect the reality of a given cultural group. These realities may consist of behavioral contingencies of help-seeking, cultural beliefs about mental health problems, and the negative historical experiences that result in mistrust in the client.

Briggs, Miller, and Paulson, (2011) found that there have been some effective mental health counseling models that adapted psychotherapy theories and treatment from the majority culture for the minority culture. The efforts translate into beliefs that counseling and psychotherapy are scientifically defined so they can be used universally with practices that can be applied, to transcend national and cultural boundaries.

Moreover, studies have shown that multicultural supervision is another vital criterion that can be used to inform about interactions in multicultural environments. According to Tohidian and Quek (2017), supervision practices were noted as vital components in the criteria for a multicultural interaction. The authors noted lack of development and training among the clinicians was a key factor negatively affecting the effectiveness of their interaction with mental health patients. The study suggested that emphasis on supervision was vital criteria for helping clinicians during different multicultural stances, encounters, surrounding, and interventions (Tohidian & Quek, 2017). The criteria would not only be important for the clinicians but was found to be vital in helping the healthcare providers understand numerous risk factors that
affected cultural competence; thus, helping them to create effective strategies to respond to cultural competence barriers.

**Barriers of multicultural competence in mental counseling.**

Although the literature has shown criteria to use in assessing multicultural competence, other studies have focused on the barriers that inhibit competence in multicultural environments. According to a study done by Ojeda, Flores, Meza, and Morales, (2011), the environment or setting for mental health counseling may deter many Latinos from accessing or seeking mental counseling. Therefore, the research concluded that despite a large and increasing number of Latinos in America, there have been no adequate measures to reform the mental counseling environments to accommodate the social and cultural needs of Hispanics. This conclusion is confirmed for Bridges, et al. (2012). These authors define the absence of adequate parameters to evaluate the mental health counseling environment and recommended extensive research on the need to improve them. The authors recommended studying the clinics location, signage, hours of operation, and any other factors that could impact the delivery of mental health services that would be culturally responsive to the client. Likewise, in similar research on barriers to receiving mental health services, Dow (2011) argued that mental health perception on clients from other cultures is also a key barrier that affects the ability of counselors to implement culturally competent interventions. Similarly, research done by Chang, Natsuaki, and Chen (2013) describes the problem related to the cultural disconnection of professionals who serve culturally different clients. For instance, how these barriers influence the abandonment of therapy when clients feel dissatisfied and counselors are unable to establish strong and reliable therapeutic relationships. Furthermore, they said that the perception of mental illness and people from certain ethnic background affects their self-esteem and distracts the ability to have effective
communication. The study by Bridges, Andrews and Deen (2012) further found that the language barrier was a key factor that has affected the response to mental health in the Hispanic population. The findings from both studies are interesting because they suggest that the multicultural competence of counselors can be influenced by their ethnic background or encounter with clients from a particular racial background. The approach to language that counselors use can determine how the Hispanic client reacts to the treatment, and this event happens when counselors do not pay enough attention to the sensitiveness in communication. The findings from both studies also suggest that the multicultural competence of counselors can be influenced by their ethnic background and the ethnic background of their clients. Latinos, for example, tend to have a negative perception of seeking help on mental issues because of the fear of being stereotyped.

One of the most relevant studies on cultural competence (Bridges, et al., 2012) emphasized that empathy is one of the most important elements that the mental health counselor shows to the client. The study points out the lack of improvement in multicultural competence in the past decade and the significant problems created for society. The authors reiterate that more training is necessary to achieve a dramatic impact on the success of the counseling process and must be considered in both theory and practice.

For cultural competence training to be effective, resources and research are required to show and identify different concepts that can be used in enhancing the training outcomes. Given the enormous differences across global communities, it is difficult to have a perfect technique that can be used to understand the cultural dynamics across these populations. This is seen as a key concern since the theoretical frameworks are not applicable in all cultures, and while some might work in certain cultures, they can have negative outcomes in other cultures.
According to Gopalkrishnan (2018), policy and regulatory aspects are also key barriers of multicultural competency in mental health counseling. The study evaluated numerous factors that affect how professionals work in diverse populations. The evaluation included the mental health systems as well as the environments where mental health clients engage with professionals. The study noted that the clients faced many issues, ranging from discrimination to racism to language barrier to gender issues, and the most surprising thing was lack of clear policies to deal with these issues. The authors suggested that there is need for effective policies in both the mental health systems as well as enforcements from the government level to ensure that the right processes are followed when administering programs for mental health patients.

**Impact of cultural competence training among mental counselors**

Past studies have evaluated the relationship between training and multicultural competence in mental health counseling. Multicultural competence training involves equipping counselors with knowledge, skills and strategies for dealing with culturally diverse clients. Pieterse, Evans, S, Risner-Butner, Collins, & Mason, (2009), found that multicultural training among psychologists has contributed to new developments and standards that can be effectively applied to the stakeholders involved in counseling. The study also found that there are many disparities, especially between social justice in counseling psychology and counselor education. Although, Pieterse et al. (2009) concluded that despite training being perceived as an important tool for addressing the issues of cultural incompetence, it also has some negative impacts as it tends to expose minority ethnic groups to many social injustices. They argue that the topic implies the perceptions into a message of unequal treatment of the client due to lack of resources and, above all, knowledge about how to face the counseling process. Therefore, it places greater emphasis on dealing with oppression and marginalization and calls on counseling psychologists
to act as agents of social change. On the other hand, Sue, Zane, Nagayama, Hall & Berger (2009) highlighted the benefits of training in cultural competency have not yet been fully accepted and there are still many opponents of training as a positive aspect in enhancing cultural competency. Consequently, the research argued that the content of training on multicultural competence varies from one place to another, thus resulting in challenges on how knowledge, skills, and perspectives of multicultural competence are applied to clients. Therefore, the findings show some discrepancies that affect the applicability of multicultural training by mental health counselors.

Recent studies indicate that there are limitations to reach a level of cultural competence according to the needs of populations of different cultures, and that requires professionals who are capable of understanding their client’s unique worldviews (Benuto, Casas & O’Donohue, 2018). The authors emphasize their results on the need to acquire cultural competences that are relevant and specific to client’s specific cultures in order to achieve successful interventions in clients. Rogers-Sirin & Gupta (2012) believed that the benefits of training in cultural competency have not yet been entirely accepted and there are still many opponents of training as a positive aspect in enhancing cultural competency. Their research also showed that the content of training on multicultural competency varies from one place to another, resulting in a challenge on how knowledge, skills, and paradigms of multicultural competence are applied to clients. Therefore, the findings show some discrepancies that affect the applicability of multicultural training by psychologists.

Cultural needs have been perceived to have enormous impacts on the outcomes of multicultural competence training. This argument is further supported by Sue, Sue, Neville & Smith, (2019), where they noted that misunderstandings were key limitations in counseling
diverse population. Even for professionals with excellent qualifications, the level of awareness of a diverse population was the key, and critical factor in determining the outcomes. The authors also noted that the importance of cultural competency in training could be clearly explained using sociocultural theory, which stresses how people interact to develop the culture in which they live. Thus, taking insights from both studies, Sue et al. (2019) and Benuto, Casas & O'Donohue (2018), it is possible to note the emphasis on the sociocultural dynamics as key components that affect the ability of mental counsellors to conduct training in a culturally diverse population.

Other studies have looked at the impact of cultural competence training among counseling mentors through the lenses of the impelling dynamics of globalization. A study done by Schouler-Ocak et al. (2017) highlighted that immigration in the contemporary century is one of the driving forces that can show how cultural training is playing a role in mental counseling. The study noted that cultural competence training has been associated with improved clinical practices by helping the practitioners define the patients in their culture while still maintaining the clinical core values and principles. Schouler-Ocak, et al. (2017) added that cultural competency training also had positive impacts on the knowledge and skills applied when working with immigrant patients, thus becoming a key approach towards improving the psychiatric treatment. The authors made recommendations to emphasize the need for cultural competence training, which requires collaboration between law makers, healthcare providers, and consultants.
Chapter Three: Conclusions and Recommendations

In summary, the United States now has an ever-increasing minority culture. The largest and fastest growing minority culture is the Hispanic culture (Planty, et al, 2009; US Census Bureau, 2018). Each cultural group has individuals who could benefit from mental health counseling; however, majority-culture mental health counseling may not be appropriate or effective for persons from minority cultures. Cultural competence involves understanding the aspects that define Hispanic communities, such as communication, social values, and other values in the society.

Based on the existing literature, the following conclusions were drawn. Cultural competence is closely linked to positive outcomes in mental health counseling (Collins & Arthur, 2017; Slade, 2009). Through understanding the importance of multicultural competence, it can be possible to improve the treatment outcomes among the Hispanic population without hurting their social, religious, and cultural beliefs.

Second, the mental health counseling treatment and techniques from the majority-culture is not effective in working with persons from a minority culture (Bridges, et al 2012; Fokuo, 2017; Govere & Govere, 2016; Paniagua & Yamada, 2013). The ability of practitioners to serve a diverse population depends on whether they can establish rapport and good relationship and can communicate effectively with their patients. While some adaptations have been made, the non-specific mental health counseling, has not been particularly efficient or effective with the Hispanic culture (Benuto et al, 2018; Rogers-Sirin & Gupta, 2012). Research has shown that many Hispanic individuals might fail or fear to report to practitioners as they fear being misunderstood or judged negatively.
Third, there are a number of reasons why traditional majority-culture counseling is not as effective as it needs to be for persons from a minority culture. Researchers have found that some mental health counselors believe that traditional mental health counseling is universal and can be universally applies (Briggs et al, 2011, Rogers-Sirin & Gupta, 2012; Smith, 2015). The mental health counselor has probably received little or no training in cultural competence (Pieterse et al, 2009). The training in multiculturalism or cultural competence varies significantly from one training program to the next with even less consistency in continuing professional education (Pieterse et al, 2009). The mental health counselor may have inherent bias that they need help addressing (Hall et al 2015).

Fourth, there are many different options for addressing cultural competence in the counseling profession. Scholars have suggested different approaches and models which enhance multicultural competence in mental health counseling, whereas others tend to criticize the approaches. Some researchers suggested adapting the majority culture counseling techniques and treatment for the minority culture (Bridges et al, 2012) which they viewed as at least an attempt to address cultural differences, particularly with counselors who have already received their education and are currently practicing counselors. Some researchers recommended changing the environment itself (Ojeda et al, 2011, Bridges et al, 2012). Some recommended a multi-faceted or multi-dimensional approach to address cultural competence in mental health counseling (Dickson & Shumway, 2011; Arslan & Rata, 2013; Ingene, 2011). A relational cultural theory was recommended by Duffey and Trepal (2016).

Based on these conclusions, it is recommended that further studies investigate the current state of university counseling education programs in relation to the teaching of cultural competence. Specific emphasis is needed on the amount and the specific kinds of cultural
competence that is provided. In addition, research is needed on the benefits of recruiting, training and employing persons from minority cultures as counselors.

Additional research is needed on criteria to evaluate effective culturally competent practices. Johnson & Williams, (2015) completed preliminary research but more research is needed to determine how best to evaluate practice. Currently experience and the ability to apply existing knowledge and skills to multicultural clients is the standard (Sehgal et al, 2011). Gopalkrishan (2018) recommended changes in policies and regulations as the only way to effectively change mental health counseling to provide culturally competent practices.
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