

Not all multicultural psychotherapies are the same

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([pubs/journals/pri](#)) An increasing number of diverse psychotherapeutic interventions are being developed to treat members of racial and ethnic minority groups. Nevertheless, health disparities within these groups continue to widen. Individuals from racial and ethnic minority groups are not receiving and accessing mental health services at the same rate as White individuals (SAMHSA, 2015). Furthermore, given the growing diversity of mental health interventions, many psychologists are uncertain about which interventions to choose (Smith & Trimble, 2016; Soto et al., 2018).

Researchers have consistently documented that more-effective interventions are aligned with patients' characteristics (Barlow, 2004). However, few studies have been conducted to identify interventions and patients' cultural assumptions (Hall et al., 2021). Even though culture can translate into specific cultural interventions, many psychologists are unaware of psychotherapies' implicit cultural assumptions (Hall et al., 2021).

Similarly, clinicians are unsure how to address patients' culture. To tackle this gap, Martin J. La Roche (2024) classified the vast and growing number of psychotherapies into three categories and differentiated the clinical implications of each in [an article published in Practice Innovations](#) (<https://doi.org/10.1037/pri0000255>). In this classification, psychotherapies' cultural constructs were underscored as a means to make them more explicit (La Roche, 2013, 2021, 2024). Although this classification minimizes significant differences between distinct psychotherapies such as psychoanalysis and cognitive-behavioral therapy, it can enhance psychologists' ability to make explicit implicit cultural assumptions, which helps clinicians personalize and develop more-effective interventions (La Roche, 2024).

The three main psychotherapeutic categories are as follows:

1. Universal psychotherapies, in which interventions are similar for all patients irrespective of cultural variations. Consequently, it is not relevant to explore patients' cultural differences.
2. Psychotherapies for racial and ethnic minority groups, which underscore the importance of race and ethnicity, a necessary psychotherapeutic ingredient for the effective treatment of individuals in these groups. These psychotherapies assert that better outcomes are obtained with interventions that are more similar to a patient's race or ethnicity and dominant language. In addition, psychologists should work continuously to enhance their multicultural proficiency.
3. Cultural psychotherapies, which define culture as meanings that are more frequent among distinct groups of people such as members of the LGBTQ+ community, religious groups, or racial groups. Everyone has a culture, which is defined as more than race or ethnicity (La Roche, 2013, 2024).

Cultural psychotherapies assert that it is not enough to assume that patients have a specific set of cultural values because of their race or ethnicity (La Roche, 2013); it is essential to assess patients' complex cultural meanings to develop more cost-effective treatments (Sue, 1999). Unfortunately, most cultural assessment tools are long and cumbersome, which discourages clinicians from using them. The cultural formulation is a significant exception, as it is an in-depth assessment that can be completed quickly (Sánchez et al., 2022). Nevertheless, more research is needed to refine both strategies to identify patients' cultural assumptions and to develop more-effective culturally sensitive interventions (La Roche, 2024).

This article is in the [Clinical Psychology](#) ([/pubs/highlights/spotlight/topic-clinical](#)) topic area.

Citations

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