

An Integrative Approach to Cross-Cultural Psychotherapy

A. Ka Tat Tsang, Ph.D.

University of Toronto

February 2009

In a sense, my practice of psychotherapy has always been cross-cultural. When I received training in psychotherapy in the 1970s, I was taught theories and practice models developed in the West, mainly in North America, and was asked to apply them to a predominantly Chinese clientele in Hong Kong. Psychotherapy then was a new socio-cultural product that was not well understood by most people; and we only had very limited practice experience and research findings regarding the application of Western psychotherapy systems to Chinese clients. My own learning and practice involved negotiation between two cultures in terms of knowledge, worldview, value, and practice.

After coming to Canada in 1989, continued my clinical practice and worked with clients coming from very diverse backgrounds. The professional literature back then was dominated by the cultural literacy approach (Dyche & Zayas, 1995) which assumes that people from a broadly defined cultural group, such as African-American or Asian American, all share certain cultural characteristics. The cultural literacy approach expects the practitioner to become literate in a given culture, and then offer culturally appropriate interventions that are specific to that group. The problem of the cultural literacy approach was well documented by authors like Ho (1995), Dyche and Zayas (1995). Another phenomenon was the lack of empirical research in the area. I was sceptical that simple outcome studies will provide the knowledge practitioners needed, and advocated for an integrated practice-oriented model of research, employing process-outcome research strategies (Tsang, 2000, Tsang, Bogo, and George, 2003). Over the years I have explored theoretical, research, and practice issues in cross-cultural clinical practice (e.g., Bogo, Tsang, & Lee, in press; Keenan, Tsang, Bogo, & George 2004a, 2004b; Tsang & Bogo, 1997; Tsang & George, 1998; Tsang, 2001; Tsang, Bogo, & George, 2003). Our study on cross-cultural clinical practice (Tsang, Bogo, & George, 2003), funded by the Social Sciences and Humanities Research Council of Canada, is the first process-outcome study in this area.

The cross-cultural clinical practice model that is currently being developed combines my theoretical reflections, research, and clinical experience. The model is built on MCM ([Multiple Contingencies Management](#)) thinking, and is grounded in direct practice. Together with my colleagues Marion Bogo, Eunjung Lee, and Usha George, I am trying to develop a practice model that can enhance the effectiveness of psychotherapists in cross-cultural clinical practice.

The model has attracted a fair amount of interest over the last 10 years or so, and I have presented on the topic at many academic conferences, as well as workshops, seminars, and training programs by professional associations, hospitals, community organizations, and multi-

national corporations in different parts of the world. Earlier articulation of the model (Tsang & George, 1998) was adopted by the New Zealand Social Workers Registration Board to define core competence in cross-cultural practice.

[Powerpoint Presentation: Version February 2009](#)

[Selected publications by Ka Tat Tsang related to this topic](#)

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