In this day and age, the importance of understanding and accepting differences in people and cultures cannot be overstated. In the USA, and in many other countries around the globe, the divisiveness between groups of people is enormous. On the surface, the divisiveness may simply appear to be fueled by differences in political, religious and/or social view. But it is highly likely that behind those views are the maladies of intolerance, damnation and disdain in the minds of individuals about aspects of the behaviors and beliefs of people and cultures that differ from their own.

Countless people suffer painful emotional and behavioral consequences related to uncivil attitudes and/or actions. Individuals who are not able to receive enough help and healing from family, friends or wise members of their community may be fortunate enough to reach out for, and receive, effective therapy. Responsible therapists will have done their homework before working with a client whose cultural background differs from their own. This will enable them to provide greater understanding and empathy, and in-so-doing, provide more effective treatment.

The second edition of *Culturally Responsive Cognitive Behavior Therapy* has just been published by the American Psychological Association. Edited by Gayle Y. Iwama and Pamela A. Hays, it includes contributions by 27 experts in the field.
Each chapter describes effective cultural perspectives and adaptations that can enhance the work of Cognitive Behavior Therapy (CBT) practitioners, and quite frankly, can enhance the work of practitioners using other therapeutic modalities. It is a remarkable gift to have this “Go-To” book that offers substantial knowledge on the topic, provided by experts. The writers have incorporated information gained from recent research on the relevant application of CBT as applied to a variety of diverse cultures. In the introductory chapter, readers are wisely encouraged to consider any biases they have, and to challenge and replace them. An exercise is included (pp. 12–13) so that readers can conduct a cultural self-assessment and consider pertinent influences on their attitudes and behaviors. They are given the opportunity to consider several categories shown in the Table provided.

Throughout the book various chapters provide evidence of the effectiveness of CBT when used with ethnic minority groups (American Indians, Alaskan Natives, Latinx people, African Americans, Asian and South Asian Americans, people of Arab heritage and Orthodox Jews) and additional groups (elderly, disabled, sexual and gender minorities). Readers are given considerations to make therapy more effective with the respective groups. It is useful to read about the limitations of CBT with individuals of the group being described, which are referred to in some of the chapters. The case studies that are included give further insights about specific issues, challenges and considerations. These enable practitioners to be mindful when practicing CBT with members of these communities or cultures.

The final chapter, ‘Culturally Responsive Cognitive Behavior Therapy Clinical Supervision,’ provides important guidelines that will be helpful for CBT supervisors. It may also be helpful for supervisors of students of other modalities to consider and incorporate these guidelines.

In her introductory chapter, Dr. Hays indicates that while she and Dr. Iwamasa have included a diverse selection of cultural and minority groups in the book, more research is needed that will involve a greater number of diverse groups. After becoming aware of the valuable insights provided by current research, I am sure readers will whole-heartedly agree with that suggestion.

As I complete this review, I wish to add the following sobering observation, which also applies to a majority of contemporary books about cognitive approaches to psychotherapy that have been read by this reviewer. In recent years, when referring to the history and development of CBT, a number of practitioners and writers appear to be overlooking, or may simply be choosing to omit, the contributions of Rational Emotive Behavior Therapy (REBT). This is the pioneering cognitive approach in psychotherapy that was created by the late and great Albert Ellis. History shows that CBT and other approaches stand on the shoulders of REBT. Practitioners of CBT and other modalities are deprived of valuable knowledge when they fail to learn about REBT and those unique aspects that can enhance the application of their modality.

A musician, the late Roy Hargrove, once said: “It is important to understand history so that you can create something that stands on some kind of integrity.” Indeed, the work of Aaron T. Beck, often considered the founder of CBT, was first published in the 1960’s, over a decade after the early Ellis works were pub-
lished and taught. Dr. Beck often credited the contributions of Ellis to the field and Ellis’s influence on his early work.

On page 11 of this book, in the section on ‘Cognitive Behavior Therapy: An Overview,’ Dr. Hays writes: “In the 1950’s and early 1960’s, the field known as behavior therapy called attention to how environments could be manipulated to elicit, shape, and reinforce desired behaviors. A number of behavioral researchers subsequently became interested in the influence of cognition on behavior and it was out of this interest that the field of CBT developed.”

The omission of even brief mention of REBT in the development of CBT can give a skewed view of its actual history and development. This is particularly true of students and younger practitioners who may not have had the opportunity to hear Ellis, who died in 2007.

I teach semester courses in both ‘Comparative Psychotherapies’ and ‘Rational Emotive Behavior Therapy’ at Columbia University, and give seminars and lectures about REBT at other universities. At times I am floored by a few of the attendees and students who approach me and say that they had had very little, if any, knowledge about REBT prior to hearing my presentations despite having been taught CBT. In this reviewed book, *Culturally Responsive Cognitive Behavior Therapy*, there is only one reference (p. 122) to RET (RET – Rational Emotive Therapy – the name given to REBT prior to 1993), and Ellis is not mentioned at all.

Articles by Ellis, Beck and Padesky were published in the *Journal of Cognitive Therapy* (2003, 2005) describing the respective views of each of these authors on the similarities and differences between REBT and CBT. They all agreed that REBT includes more of a philosophical element, in addition to its no-nonsense cognitive and behavioral methodology. One of the philosophical elements in REBT, which is not emphasized in CBT, is its emphasis on the importance of working towards experiencing greater unconditional acceptance. This component has 3 forms: unconditional self-acceptance, unconditional other acceptance, and unconditional life acceptance. These attitudes create and fortify tolerance, and are highly relevant and beneficial when working with clients from diverse cultures, backgrounds and lifestyles. REBT offers the ‘how-to’s’ for achieving this goal, and may add to the effectiveness of CBT therapy with clients from any and all of the groups considered in this book.

I highly recommend *Culturally Responsive Cognitive Behavior Therapy* to therapists using CBT and any other therapeutic modality. It is an enriching, articulate and important addition to the library of any responsible and effective therapist who has the desire to better understand their clients. It can assist therapists to communicate with their clients more effectively and in ways to which clients can best understand and relate, creating more impactful rapport, healing and hope throughout the therapeutic process. And isn’t that an essential goal of many therapeutic approaches? Their implicit or explicit goal is to provide the understanding and techniques that offer healing and hope, along with the psycho-education that encourages and enables clients of all creeds, cultures, beliefs and life styles, to maintain their therapeutic gains post-therapy.
Congratulations to Drs. Iwamasa and Hays, and to all the contributors in this book. I have no doubt that many of us look forward to a third edition in the years ahead!

References

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Рецензия на книгу

Принимающая когнитивно-биевиоральная терапия в разных культурах

Рецензия на книгу:

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