**Terri’s Dilemmas - Cross Cultural Issues and Competence**

**Cross cultural issues**

Bruno referred himself for counselling after yet another serious fight with his wife. He tells Terri that she is threatening to leave and take the children with her unless he “gets help with his temper”. He agrees that he is a “hothead” and is easily provoked. He says that his wife angers him and then she won’t back down in a disagreement with him. Even when she can see he is “losing it” she keeps going and often undermines him in front of their three children. He admits that he has been physically violent on a few occasions, although he minimizes it. When Terri asks him to say more about “yeah I give her a bit of a tap sometimes” it turned out to be a head butt in the face on one occasion and a punch on another. What worries Terri is Bruno’s statement that “in my country a man is the leader of his own house. His family look up to him and he has control or he loses respect. In my country I wouldn’t be seeing a psychologist for telling my wife what to do”.

Terri wonders how much she should consider cultural issues here, and whether her lack of knowledge about Bruno’s cultural background is going to impede (or not) how she approaches work with him. How can she manage discrepancies between different cultural and legal expectations with clients without being disrespectful or enacting oppression? Would Bruno be better served by working with a counselling psychologist from his own culture?

Is this in fact anything to do with culture at all?

**Competence**

One of the doctors refers a 16 year old girl, Saskia, for issues with self esteem. Saskia tells Terri that she has difficulty trusting people. After four meetings, when Terri has established good rapport, Saskia tells her that she has some “issues with eating”. As the session unfolds, it becomes apparent that Saskia displays all the symptoms of advanced bulimia and also expresses great ambivalence about changing this behaviour. She doesn’t want her doctor to know as he might “send me to hospital”. She says her mother has been aware of it and has told her to “stop that silly nonsense”. Terri has never worked with eating disorders before and while she has some basic knowledge from her training, she knows this is an area outside her competence where she should consider a referral. She mentions a referral to Saskia, who is horrified and tearful and says she “won’t go” and that she trusts Terri to help her.

Terri feels torn. On one hand she realizes how important she is to Saskia and how big a wrench referring her would be for Saskia. On the other hand she knows little about how to work with bulimia. Terri wonders how much she can afford to focus on Saskia’s distress in her decision making. Is it really viable to learn about such areas of practice via supervision? Could she quickly enroll in an eating disorders workshop? When are good intentions and a strong rapport not sufficient to help an individual client? Could Terri continue to work with Saskia while setting up specialist help for Saskia with the bulimia?