

From Cultural Competence to Cultural Competemility: An Integrative Review of Multicultural Practice in Systemic Family Therapy

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Abstract

As global migration and cultural diversity reshape the landscape of mental health practice, systemic family therapists face increasing demands to deliver culturally responsive care. This integrative literature review examines the evolution of multicultural practice in systemic family therapy, tracing the theoretical and practical shift from cultural competence to cultural humility and, ultimately, to the emerging paradigm of cultural competemility. Drawing upon contemporary scholarship, this review synthesises three interconnected domains: the foundational components of multicultural competence (cultural self-awareness, cultural knowledge, and cultural skills); the application of culturally enriched assessment and intervention strategies within systemic practice; and the integration of cultural humility as a relational stance that addresses power imbalances and institutional accountability. Through examination of a hypothetical case illustration involving an intergenerational conflict within a Kenyan family navigating ethnic, generational, and acculturative tensions, the review demonstrates how modern and postmodern therapeutic approaches, including Cognitive Behavioural Therapy, Structural Family Therapy, and Narrative Therapy, can be adapted through a multicultural lens. Findings suggest that cultural competemility, which synthesises the skill-based dimensions of competence with the reflexive posture of humility, offers a robust framework for ethical and effective systemic practice. Implications for clinical training, supervision, and the continued development of culturally responsive therapeutic models are discussed. This review contributes to the growing body of literature advocating for the integration of social justice perspectives within family therapy practice.

Keywords: *Multicultural competence, cultural humility, cultural competemility, systemic family therapy, culturally responsive practice, intergenerational conflict, social justice, diversity, cross-cultural counselling*

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1. Introduction

In a world characterised by increasing cultural and relational complexities, systemic family therapy must adopt approaches that effectively engage with cultural diversity, relational dynamics, and social justice. The globalisation of human movement, the proliferation of transnational families, and the growing recognition of intersecting identities have fundamentally transformed the therapeutic landscape. According to the United Nations Department of Economic and Social Affairs, international migration reached 281 million people in 2020, representing 3.6% of the global population. This demographic shift has profound implications for mental health practitioners who must navigate increasingly diverse clinical populations whilst remaining attentive to the cultural contexts that shape family functioning and distress.

Cultural competence, long positioned as the gold standard for cross-cultural practice, involves examining how oppressive forces can overshadow individual and social contexts, advocating for people from various backgrounds without bias, and paying special attention to those who are systemically marginalised (Lee, 2024). The concept emerged in the 1980s and 1990s as mental health professions grappled with the recognition that traditional therapeutic models, developed primarily within Western, individualistic frameworks, often failed to adequately address the needs of culturally diverse populations. Yet, as the field has matured, scholars and practitioners have increasingly questioned whether competence alone is sufficient for genuinely ethical and effective practice.

Culture encompasses a variety of factors, including race, age, class, disability, ethnicity, gender, gender identity and expression, religion, spirituality, marital status, immigration status, and social class (Osborn & Karandikar, 2022). Multicultural competence encompasses a therapist's awareness of their own cultural identity, values, preconceived notions, personal limitations, and biases. It also includes an understanding of diverse cultural groups and dynamics, as well as the development of skills essential for effective practice across various cultural contexts. This competence is crucial for fostering therapeutic relationships that are respectful, inclusive, and responsive to the unique needs of clients from different backgrounds (Sue & Sue, 2016). Importantly, this competence is inherently fluid and requires ongoing development; it extends beyond mere knowledge and awareness to include the practical demonstration of these competencies in clinical encounters (Murray, 2020).

The purpose of this integrative literature review is threefold. First, it examines the foundational components of multicultural competence as articulated in contemporary scholarship. Second, it explores the application of culturally enriched assessment and intervention strategies within systemic therapy, demonstrating how traditional tools can be adapted for diverse populations. Third, and most significantly, it traces the theoretical evolution from cultural competence through cultural humility to the emerging paradigm of cultural competemility, a synergistic framework that integrates skill-based competence with the reflexive, power-conscious posture of humility. Through this examination, the review argues that systemic family therapists must move beyond technical mastery to embrace a lifelong commitment to cultural responsiveness, self-reflection, and social justice.

2. Components of Multicultural Competence

The tripartite model of multicultural competence, comprising awareness, knowledge, and skills, has served as the foundational framework for understanding cultural responsiveness in

therapeutic practice (Sue & Sue, 2016). This model has been endorsed by major professional organisations, including the American Psychological Association and the American Counseling Association, and has guided the development of training curricula and competency standards across mental health disciplines. Each component represents a distinct yet interrelated dimension of therapeutic capacity.

Cultural Self-Awareness

Cultural self-awareness constitutes a vital component of therapeutic practice, necessitating that therapists cultivate a deep understanding of their cultural perspectives, inherent privileges, their judgments regarding normalcy and abnormality, and any potential blind spots they may possess (Sue & Sue, 2016). Self-awareness encompasses critical self-examination, which deepens one's understanding of one's own emotions and biases. This process of self-reflection enhances an individual's ability to engage with their work in a more empathetic, more sensitive manner toward the needs of others (Hopf et al., 2021). Multicultural therapists recognise that in various settings, individual identities such as race, class, and gender expression may be acknowledged, enhanced, or diminished (Wiley, 2020). These unique journeys enrich their therapeutic practice and enhance their ability to connect with clients from diverse backgrounds (Holmes & Glass, 2024).

The development of cultural self-awareness is not a singular achievement but rather an ongoing process of examination and growth. Therapists must continually interrogate how their social locations, including race, ethnicity, gender, socioeconomic status, and professional training, shape their perceptions of clients and clinical situations. This reflexive practice becomes particularly salient when working with families whose cultural backgrounds differ significantly from the therapist's own. Research has demonstrated that therapists who engage in regular self-reflection regarding their cultural assumptions demonstrate improved therapeutic outcomes with culturally diverse clients.

Furthermore, cultural self-awareness requires therapists to examine the cultural assumptions embedded within their professional training. Western psychological theories often privilege individualism, autonomy, and verbal self-expression, values that may conflict with the collectivist, hierarchical, or indirect communication styles valued in many cultures worldwide. By recognising these embedded assumptions, therapists can approach their clinical work with greater openness to alternative frameworks for understanding family functioning and mental health. Therefore, therapists need to demonstrate cultural sensitivity by valuing and respecting cultural differences, recognising that these variations should not be regarded as deviations from the norm but rather as legitimate expressions of human diversity.

Cultural Knowledge

Cultural knowledge involves understanding the cultural contexts of clients, including their immigration histories, language, family and community structures, values related to authority, as well as concepts of collectivism versus individualism, stigma, power, and oppression (Sue & Sue, 2016). The mutual storytelling technique can be utilised to enhance cultural knowledge, particularly for certain groups (Ponce et al., 2024). This dimension also encompasses knowledge of history, culture, and the life histories of diverse groups, as well as institutional barriers that prevent mental health interventions, which may help prevent stereotyping and ignorance toward identity groups (Trusty et al., 2022).

The acquisition of cultural knowledge extends beyond factual information about specific cultural groups to encompass an understanding of the historical, political, and socioeconomic contexts that shape contemporary experiences. For instance, understanding the legacy of colonialism, forced migration, or historical trauma is essential for working effectively with families from marginalised communities. This historical consciousness enables therapists to contextualise presenting problems within broader patterns of systemic oppression and resilience.

Critically, cultural knowledge is not binary; it is not simply about whether someone possesses it. Instead, it involves a continuous commitment to learning about diverse groups without assuming that any single aspect of a culture applies to all individuals within that culture (Osborn & Karandikar, 2022). This nuanced understanding guards against the dangers of cultural essentialism, wherein therapists might apply generalised cultural scripts to individual clients without attending to within-group diversity, personal histories, and unique family configurations. The acquisition of cultural knowledge must therefore be balanced with an appreciation for individual variation and the recognition that clients themselves are the primary experts on their own cultural experiences.

Cultural Skills and Responsiveness

Cultural skills and responsiveness involve identifying and adapting interventions based on cultural perspectives. This includes assessing relational patterns, modifying language and metaphors, and engaging families in co-constructing meaning. It also encompasses both verbal and nonverbal responses, implementing appropriate institutional interventions, anticipating the impact and limitations of the applied helping skills, and considering systemic and environmental factors (Sue & Sue, 2016). Understanding, valuing, and integrating cultural information into therapeutic delivery yields positive client outcomes (Orlowski et al., 2024).

The skill dimension of multicultural competence represents the practical translation of awareness and knowledge into therapeutic action, as well as the capacity to respond flexibly and appropriately to the cultural needs of diverse clients and families. This includes the ability to adapt communication styles, modify therapeutic techniques, and collaborate with cultural brokers or community resources when appropriate. Skilled multicultural practitioners recognise that effective intervention requires more than cultural sensitivity; it demands the capacity to translate this sensitivity into concrete therapeutic actions.

A study conducted on newcomer youth emphasizes the critical importance of counselors' awareness, knowledge, and skills in practicing multicultural responsiveness (Zak et al., 2025). Multicultural competence is an ongoing process that requires lifelong professional development, self-reflection, and the ability to adapt practices to changing cultural contexts (Wampler & McWey, 2020). The dynamic nature of culture itself, evolving across generations, contexts, and individual life trajectories, necessitates that therapists maintain a stance of perpetual learning rather than assuming that competence is ever fully achieved.

3. Systemic Assessment Application

Systemic assessment traditionally employs tools such as genograms, eco-maps, structural mapping, and circular questioning (Nichols & Davis, 2020). These assessment instruments, developed within the systemic tradition, aim to capture the relational patterns, boundaries, and communication dynamics that characterise family systems. When infused with multicultural

competence, these tools become culturally enriched instruments that capture the complexity of diverse family systems. The adaptation of traditional assessment tools for culturally diverse populations represents an important development in the field, enabling therapists to gather clinically relevant information whilst remaining sensitive to cultural contexts.

Alongside mapping relational patterns with genograms, it is crucial to include migration history, language transitions, collectivist versus individualist orientations, community roles, and significant rituals (Amorin-Woods, 2024). The cultural genogram, an adaptation of the traditional genogram, explicitly attends to ethnic heritage, migration patterns, and the transmission of cultural values across generations. This tool enables therapists and families to collaboratively explore how cultural identities have been shaped, maintained, or transformed across the life course and across generational lines.

Eco-maps should also reflect cultural systems such as community organisations, faith affiliations, ethnic networks, and experiences of discrimination (Woodworth, 2024). For many culturally diverse families, these extended networks represent crucial sources of support, identity, and meaning that may not be captured by assessments focused narrowly on the nuclear family. Understanding the family's relationships with ethnic communities, religious institutions, and other cultural systems is essential for a comprehensive assessment.

Circular questions can be adapted to explicitly explore cultural meanings. For example, questions exploring how cultural background shapes the expression of conflict in families, or what is considered respectful or disloyal in particular communities, can provide valuable insights into family dynamics that might otherwise remain obscured. These culturally attuned questions invite family members to articulate the cultural frameworks through which they interpret their experiences. Furthermore, it is crucial to acknowledge that cultural contexts often involve systemic oppression, acculturation stress, and identity shifts. Research on immigrant families emphasizes how transgenerational traumas, parentification, and loyalty issues manifest within cultural systems (Glebova et al., 2024). By integrating cultural awareness into the assessment process, therapists can better understand how culture influences the structure, meaning-making, and distress within relational systems.

4. Application in Systemic Intervention

Multicultural competence in intervention allows systemic therapists to tailor their approach to fit clients' cultural contexts (Wiley, 2020). Rather than imposing Western individualistic goals, therapists invite families to express their values and aspirations in culturally relevant terms. This may involve adapting language, integrating community elders, or using culturally significant stories and rituals. A strengths-based cultural framing recognises cultural resources, such as kin networks and communal values, as assets rather than obstacles to therapeutic progress. This perspective represents a significant departure from deficit-oriented approaches that may inadvertently pathologise cultural difference.

Research, including a study with Russian-speaking mothers, demonstrates that culturally adapted groups can improve feelings of belonging and enhance relational coping (Knaifel, 2021). Cultural adaptation of evidence-based interventions has emerged as an important strategy for enhancing treatment engagement and outcomes with diverse populations. These adaptations may involve surface-level modifications, such as translating materials and incorporating culturally relevant examples, as well as deeper structural modifications that align intervention goals and processes with cultural values.

In addressing power and systemic issues, it is essential to recognise that families operate within various systems of oppression, including factors such as race, migration, and class. Supporting them in navigating these complexities requires a relational approach that validates their experiences whilst building capacity for adaptive coping. Therapists working from a multicultural perspective attend not only to dynamics within the family system but also to the broader social systems that impinge upon family functioning. This expanded focus aligns with the growing emphasis on social justice within family therapy.

Additionally, Sue and Sue (2016) note that monitoring and repairing cultural ruptures is crucial; this involves being attentive to misunderstandings that may arise from cultural misattunement, language barriers, or differing norms. Taking prompt action to address and mend any relational breakdowns is vital for fostering understanding and connection. Cultural ruptures, when unaddressed, can lead to premature termination and therapeutic failure. Consequently, cultural information can serve as a valuable resource for therapists, enabling them to gain insights from clients regarding appropriate culturally responsive interventions (Chu & Cheung, 2025).

5. Multicultural Competence: A Bridge Between Family Therapy Models

As societies grow increasingly diverse, therapists must move beyond technical mastery of models to integrate cultural responsiveness and systemic awareness. Multicultural competence, encompassing cultural awareness, knowledge, and intervention skills (Sue & Sue, 2016), ensures that theories such as Cognitive Behavioural Therapy (CBT), Structural Family Therapy (SFT), and Narrative Therapy do not reproduce cultural bias or ignore sociocultural context. This bridging function is essential for ethical practice in contemporary settings. Each of these major therapeutic approaches carries both strengths and limitations when applied across cultural contexts; multicultural competence enables therapists to maximise the former whilst mitigating the latter.

Cognitive Behavioural Therapy

Cognitive Behavioural Therapy (CBT) views conflict through cognitive distortions and core beliefs (Beck, 2011). In family contexts, members may hold beliefs that sustain conflict. Tools such as thought records would assess how these beliefs sustain conflict. CBT has accumulated substantial evidence for its effectiveness across a range of presenting problems, making it one of the most widely practised therapeutic approaches globally. However, CBT's focus on individual cognition may overlook cultural narratives (Wampler & McWey, 2020). Cultural expectations of filial piety, for instance, are not simply thought errors but important aspects of collective meaning.

Without cultural awareness, CBT might misinterpret normative obedience or underestimate acculturative stress. The emphasis on challenging and modifying cognitions may conflict with cultural values that emphasise acceptance, harmony, or deference to authority. Culturally competent CBT incorporates sociocultural context into case formulation (Huey et al., 2023). The therapist would explore how beliefs reflect valid cultural frames, fostering mutual understanding instead of merely correcting cognitions. This culturally adapted approach recognises that cognitions are not formed in a vacuum but are shaped by cultural contexts that give them meaning and validity.

Structural Family Therapy

SFT, according to Nichols and Davis (2020), conceptualises families as organised systems with boundaries and hierarchies. Family issues may arise from enmeshed boundaries and rigid hierarchies, requiring assessment of power dynamics and targeted interventions. The structural approach provides clear guidelines for assessment and intervention, with particular attention to family organisation and the patterns of interaction that maintain problematic symptoms. However, SFT's Western-centric view on hierarchy may not fit collectivist cultures, where hierarchical structures can signify cultural coherence rather than dysfunction (Goldner, 2002).

Over-restructuring could disrupt cultural norms (Winek, 2009). For example, interventions aimed at reducing parental authority may conflict with cultural values that emphasise respect for elders and hierarchical family organisation. A culturally competent approach should recognise and embrace legitimate hierarchies whilst respecting cultural norms and family-defined notions of healthy functioning. This requires therapists to distinguish between hierarchies that serve adaptive functions within particular cultural contexts and those that genuinely impede family functioning or individual well-being.

Narrative Therapy

Narrative Therapy conceptualises problems as stories embedded within larger cultural discourses (White & Epston, 1990). This approach emphasises the socially constructed nature of identity and the role of dominant cultural narratives in shaping individual and family experience. Whilst Narrative Therapy assesses issues such as gender and globalisation and externalises tensions, it may overlook socioeconomic hierarchies in non-Western families (Glebova et al., 2024). Additionally, its reliance on verbal expression and storytelling may disadvantage those who prefer indirect communication.

A multicultural approach can help balance autonomy with family honour (Zak et al., 2025), utilising tools such as cultural genograms and various therapeutic interventions that honour both individual and collective narratives. Narrative therapists working with culturally diverse families must attend to the cultural discourses that shape family stories, including narratives of migration, diaspora, and cultural adaptation. By situating family narratives within these broader cultural contexts, therapists can help families identify both the constraints and resources embedded within their cultural stories.

6. Cultural Humility in Systemic Family Therapy

In the context of systemic therapy, effectively addressing intergenerational and cultural conflict requires a shift from traditional cultural competence models to one of Cultural Humility (CH). Cultural humility, increasingly recognised as a foundational stance in ethical practice (Truant, 2025; Wagner et al., 2024), moves beyond the static acquisition of knowledge towards a lifelong, dynamic process of self-reflection and power rebalancing (Scott & Jenney, 2024). This paradigm shift acknowledges the inherent limitations of any therapist's cultural knowledge whilst emphasising the relational and ethical dimensions of cross-cultural work.

Conceptualising Cultural Humility

Cultural humility is defined in recent literature not as a goal of mastery but as a continuous, critical posture adopted by the therapist (Scott & Jenney, 2024). Unlike cultural competence, which may suggest that a finite body of knowledge can be acquired, cultural humility positions

learning as perpetual and incomplete. This process is defined by three core principles that guide therapeutic engagement across cultural differences.

First, lifelong self-reflection and self-critique require that therapists who practice cultural humility must constantly examine their own prejudices, privileges, and cultural presumptions. They must understand how their social identity affects the therapeutic interaction (Pei et al., 2021). This self-awareness constitutes the foundational step towards equitable care (Campinha-Bacote, 2025). The emphasis on lifelong reflection acknowledges that cultural blind spots may emerge at any point in a therapist's career and that ongoing vigilance is necessary.

Second, addressing power imbalances involves a commitment to equitable relationships, wherein the client is recognised as the expert on their own cultural experience. The therapist actively sets aside their own professional authority to engage in shared decision-making (Eads et al., 2021; Truant, 2025). This redistribution of power represents a fundamental shift from traditional models of therapeutic authority.

Third, institutional accountability is essential. Cultural humility must hold institutional and systemic structures, including therapeutic models themselves, responsible for perpetuating inequality and disparities (Wagner et al., 2024). This dimension extends the focus beyond individual therapist-client interactions to encompass the broader systems within which therapy is embedded. The transition from competence to humility recognizes that although cultural knowledge is helpful, therapy becomes truly patient-centered and diversity-sensitive when it adopts a humble position (Hsu et al., 2021).

Application in Systemic Therapy

In systemic therapy, cultural humility functions as the overarching relational frame. It ensures the therapist's focus remains on the family's context, which is shaped by intersecting cultural identities, sociopolitical dynamics, and intergenerational histories (Pei et al., 2021). It prevents the therapeutic process from pathologising differences or imposing the therapist's normative cultural expectations onto the family system. This relational orientation is particularly well-suited to systemic work, which has always emphasised the importance of understanding clients within their contexts.

Assessment under a cultural humility framework focuses on curiosity rather than knowing. The therapist engages in self-reflection regarding their potential assumptions, uses open, non-judgemental questions to map the family's cultural ecosystem (Carroll et al., 2024), and externalises problems rather than locating pathology within individuals. This stance of not-knowing enables families to educate the therapist about their cultural realities rather than having cultural interpretations imposed upon them.

Interventions under a cultural humility framework prioritise collaborative, non-prescriptive solutions. The therapist avoids intervening based on a perceived cultural deficit. Instead, they position themselves as a co-learner. Multi-perspective inquiry ensures all voices, especially those who feel marginalised within the family, are equally validated, addressing power imbalances. Therapeutic goals shift from conformity to collaborative adaptation, encouraging families to invent new solutions that integrate competing needs for continuity and autonomy (Campinha-Bacote, 2025).

7. Acquiring Multicultural Competemility Using Systemic Lenses

In contemporary psychotherapy, counsellors increasingly engage clients from diverse cultural, ethnic, and social backgrounds. The concept of multicultural competemility—a fusion of competence and humility introduced by Campinha-Bacote (2025)—emphasises that cultural effectiveness involves both learning and unlearning. Practitioners must acquire cultural awareness, knowledge, and skills whilst remaining humble about the limits of their understanding. Systemic therapy aligns with this perspective by asserting that individuals can only be understood within their relational and cultural contexts (Nichols & Davis, 2020). Through this lens, diversity becomes a resource for transformation rather than a barrier to overcome, fostering relational sensitivity, ethical awareness, and inclusive practice.

Cultural competemility represents a conceptual framework that views cultural competence and cultural humility not as competing ideas, but as synergistic (Campinha-Bacote, 2025). It argues that Cultural Humility, the lifelong process of self-reflection, self-critique, and power balancing, must permeate the five components of Cultural Competence: Awareness, Knowledge, Skill, Desire, and Encounters. This integration addresses the critique that Cultural Humility, whilst ethically crucial, lacks the practical skills necessary for real-world application. Competemility maintains that practitioners need the skills of competence, but those skills must always be applied through the stance of humility.

Systemic therapy view's identity and behaviour as co-constructed within family and sociocultural systems. It resists individualistic interpretations by situating client experiences within interdependent networks of meaning (Vetlesen, 2022). When merged with competemility, systemic practice transforms into a dynamic partnership grounded in respect and shared learning. The therapist's role shifts from expert to collaborator, engaging with clients' cultural realities in ways that support justice, empathy, and connection.

Therapists operationalise these dimensions through reflexive dialogue, circular questioning, and contextual meaning-making. In multicultural families, differences in parenting or gender norms are explored through each member's cultural logic. A competent therapist recognizes structural factors, migration, racism, or gender inequality that shape family narratives (Hardy, 2021). Therapists also engage in self-of-the-therapist work, critically examining personal assumptions and emotional reactions (Tseliou et al., 2023). In online or hybrid settings, competemility becomes essential, as digital communication may obscure cultural cues. Humility and flexibility help sustain empathy and inclusion across modalities.

8. Case Illustration: The Mwangi Family

To illustrate the application of multicultural competemility within systemic practice, consider the following case example. A therapist in Nairobi meets with the Mwangi family: father (56, Kikuyu heritage), mother (49, Luo heritage), and their 17-year-old daughter, Amina, who has recently returned home after completing secondary school abroad and now resists participation in the family's small business and traditional weekly ritual. The presenting issue is conflict between the parents and Amina: she feels controlled and culturally constrained; the father perceives her behaviour as disrespect and a threat to the family's continuity. This case exemplifies the complex intersection of ethnic diversity, generational difference, acculturation, and globalisation that characterises many contemporary families.

Cultural Dynamics

Several cultural dynamics intersect in this case. Ethnically, the Kikuyu father and Luo mother bring differing norms and communication styles to the family system. Inter-ethnic marriages in Kenya navigate distinct cultural traditions regarding family authority, gender roles, and conflict resolution. An acculturation gap exists, with Amina influenced by Western individualism during her time abroad, whilst her parents uphold collectivist values. This gap is particularly salient during adolescence, when identity formation intersects with cultural adaptation.

Gender expectations present tension between Kikuyu patriarchal norms and Amina's global exposure to autonomy. The father's expectations regarding his daughter's participation in the family business and rituals reflect culturally embedded assumptions about filial duty that may clash with Amina's newly developed sense of individual agency. Additionally, traditional rituals valued by parents are perceived as outdated by Amina, representing the broader tension between cultural preservation and adaptation that many immigrant and globally mobile families navigate. The mother's position, bridging two ethnic cultures, becomes crucial for assessing cultural strengths and potential mediation.

Assessment Through a Multicultural Competemility Lens

Assessment integrates multiple levels of analysis. At the individual level, the therapist explores Amina's identity development, values, and emotional state, attending to acculturation stress, reverse culture shock, and autonomy needs. Research on third culture children, individuals raised in cultures different from their parents', highlights the unique developmental challenges these young people face in integrating multiple cultural identities. At the family level, roles, authority structures, and communication patterns are examined, with particular attention to culturally defined concepts of respect and obedience. The cultural dimension acknowledges Kikuyu and Luo heritage and potential inter-ethnic tensions. The contextual dimension examines the impact of schooling abroad, the urban setting of Nairobi, and the clash between Western norms and local traditions.

Tools such as the Cultural Formulation Interview (APA DSM-5), acculturation and values scales, and cultural family genograms support comprehensive assessment. The therapist, approaching the family with a cultural humility stance, first acknowledges their own potential biases regarding traditional versus modern values, parental authority, and gender roles in business contexts. Rather than labelling Amina's behaviour as resistance, the therapist explores the conflict as a disconnect between continuity (the father's perspective) and self-determination (Amina's perspective), validating both positions as culturally meaningful.

Intervention Strategies

Intervention proceeds through several culturally sensitive steps. Culturally sensitive joining respects both the father's authority and Amina's autonomy, using culturally appropriate language and acknowledging each family member's perspective as valid. Psychoeducation normalises acculturation stress and generational gaps, reducing blame and pathologisation whilst providing a framework for understanding the family's struggles as common rather than pathological.

Bicultural dialogue facilitates storytelling and reflective listening, highlighting shared values across generational and ethnic lines. This intervention enables family members to discover

commonalities beneath their surface disagreements. Family meaning reconstruction uses narrative therapy techniques to co-create a new family story that honours both tradition and evolution. The family is invited to author a narrative that integrates the father's concern for continuity with Amina's need for individuation. Cultural ritual integration adapts existing rituals to include Amina's meaningful participation, creating a third way that integrates competing needs. Skills building trains family members in I-statements, active listening, and emotional regulation. Throughout, therapist self-reflection maintains cultural humility, with the therapist monitoring for potential cultural misattunements.

Expected outcomes include mutual cultural respect and a shared family narrative, improved communication and reduced conflict, Amina feeling heard whilst parents feel honoured, and a strengthened family identity that blends tradition with global awareness. This case demonstrates how a multicultural competent therapist recognizes cultural worldviews shaping perceptions of respect and independence, integrates awareness, knowledge, and culturally adapted skills, and works collaboratively, flexibly applying therapeutic models within specific cultural contexts.

9. Discussion

This integrative review has traced the evolution of multicultural practice in systemic family therapy from cultural competence through cultural humility to the emerging paradigm of cultural competemility. Several key insights emerge from this synthesis. First, multicultural competence, comprising cultural self-awareness, cultural knowledge, and cultural skills, remains foundational to effective cross-cultural practice. However, the literature increasingly recognises that competence alone is insufficient. The risk of cultural essentialism, the tendency to apply generalised cultural scripts without attending to individual variation, and the potential to reproduce rather than challenge power imbalances all highlight limitations of a purely competence-based approach.

Second, cultural humility addresses these limitations by positioning the therapist not as a cultural expert but as a lifelong learner. The emphasis on self-reflection, power balancing, and institutional accountability shifts the therapeutic relationship towards greater equity. Yet, critics have noted that cultural humility's emphasis on reflexivity may come at the expense of practical skill development (Carroll et al., 2024), a concern that competemility directly addresses by integrating skills within a humble stance.

Third, the integration of multicultural competence with established therapeutic models, CBT, Structural Family Therapy, and Narrative Therapy, demonstrates that cultural responsiveness is not an add-on but a fundamental dimension of ethical practice. Each model carries culturally embedded assumptions that may inadvertently pathologise difference or privilege Western individualistic values. Multicultural competence serves as a corrective lens, enabling therapists to adapt these models to diverse cultural contexts whilst remaining faithful to their theoretical foundations.

Fourth, the case illustration demonstrates how these theoretical frameworks translate into clinical practice. The Mwangi family's intergenerational conflict, situated at the intersection of ethnic diversity, acculturation, and globalisation, required a therapeutic approach that honoured both individual autonomy and collective belonging. The competemility framework enabled the therapist to bring both skill and humility to this complex clinical situation, modelling the integration of competence and humility that characterises effective multicultural practice.

10. Implications for Practice and Training

Several implications for clinical practice, training, and supervision emerge from this review. For clinical practice, therapists must commit to ongoing cultural self-examination, recognising that multicultural competemility is a lifelong process rather than an achieved state. Assessment tools should be adapted to capture cultural dimensions of family functioning, and interventions must be flexibly tailored to honour clients' cultural frameworks. Therapists should actively monitor for cultural ruptures and engage in repair when misattunements occur. The integration of cultural competemility requires ongoing professional development, peer consultation, and willingness to receive feedback from culturally diverse clients.

For training programmes, the integration of multicultural competemility into systemic family therapy curricula should move beyond didactic instruction to include experiential components, supervised clinical encounters with diverse populations, and structured opportunities for self-of-the-therapist work. Training should address how to adapt established therapeutic models for diverse cultural contexts whilst maintaining theoretical integrity. Curriculum design should ensure that multicultural content is infused throughout training rather than relegated to a single course or module. Supervision should incorporate attention to cultural dynamics, encouraging trainees to examine their own cultural assumptions and their impact on clinical work.

For the field more broadly, continued research is needed to develop and validate culturally adapted assessment tools and intervention protocols. Tools such as the Client Assessment of Multicultural Competent Behaviour (CAMCB) and similar instruments (Chu & Cheung, 2025) can support ongoing evaluation of therapist multicultural competence. Additionally, the integration of social justice perspectives into systemic practice deserves continued attention, recognising that families exist within broader systems of privilege and oppression that must be addressed in therapeutic work. The field would benefit from outcome research examining the effectiveness of culturally adapted interventions across diverse populations.

11. Conclusion

This integrative literature review has examined the evolution of multicultural practice in systemic family therapy, tracing the theoretical and practical progression from cultural competence through cultural humility to the emerging paradigm of cultural competemility. The synthesis reveals several key findings. First, multicultural competence, grounded in cultural self-awareness, cultural knowledge, and cultural skills, remains essential for effective cross-cultural practice but is insufficient when divorced from an ongoing commitment to self-reflection and power consciousness. Second, cultural humility addresses the limitations of competence-based approaches by positioning the therapist as a lifelong learner rather than a cultural expert, yet may underemphasise practical skill acquisition. Third, cultural competence resolves this tension by arguing that humility must permeate the competence dimensions, creating a synergistic framework in which skills are always applied with a humble, client-centered stance.

The application of these frameworks to established therapeutic models, Cognitive Behavioural Therapy, Structural Family Therapy, and Narrative Therapy, demonstrates that cultural responsiveness is not an adjunct to clinical practice but a fundamental ethical requirement. Each model carries embedded cultural assumptions that may inadvertently reproduce bias; multicultural competemility provides the corrective lens necessary for culturally responsive adaptation. The case illustration of the Mwangi family demonstrates how these theoretical

principles translate into clinical action, offering a template for practitioners working with families navigating intergenerational, ethnic, and acculturative tensions.

Emerging insights from this review point towards several directions for future development. The field must continue to develop culturally validated assessment instruments and intervention protocols that can be applied across diverse populations. Training programmes must integrate competemility not as discrete curriculum content but as an orienting stance that pervades all aspects of clinical education. Supervision must attend to the cultural dimensions of therapeutic relationships, supporting trainees in developing both skill and humility. Most fundamentally, systemic family therapy must continue to evolve towards a social justice orientation that recognises families as embedded within broader systems of privilege and oppression.

In an increasingly interconnected and diverse world, the capacity to work effectively across cultural differences is not optional but essential. Cultural competence offers systemic family therapists a robust framework for ethical, effective, and culturally responsive practice, one that honors both the knowledge and skills required for competent intervention and the humility required to engage authentically with the cultural realities of diverse families. By embracing this integrative paradigm, the field moves closer to its aspirations of justice, inclusion, and healing across all the communities it serves.

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