

AN OVERVIEW OF MULTICULTURAL COUNSELING COMPETENCIES

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INTRODUCTION

The November 2008 election of the first African American U.S. President signaled for many a "dramatic change in attitudes toward race in America" (Turner, 2009). Others, however, placed significant caveats on the apparent gains made by some traditionally disenfranchised groups in this country:

Throughout this election season, where the 3 strongest candidates—a senior citizen, a woman and an African American—were "non-traditional," we were reminded that an individual's differences are too often viewed as weakness rather than strength. We were reminded that while diversity is today a fact of life, there is still much work to be done to create a culture of inclusion where a person's age, gender, ability, race, religion or any other defining characteristic—whether physical or cultural—adds to the creativity, innovation and commitment that leads to the kind of breakthrough thinking required to solve the most seemingly intractable problems. (Crider, 2008, p. 2)

Mental health practitioners, researchers, and educators who value inclusivity and social justice likewise walk a fine line between celebrating the laudable strides made by the field in recent decades and acknowledging the enormity of the distance left to go. Much of this work lies within the arenas of race, ethnicity, and culture; much lies beyond the scope of traditionally defined "multiculturalism" and focuses on individuals whose places at the diversity table to date have been limited to folding chairs in the corner of the room. This textbook represents a small gesture of welcome toward a few of these historically overlooked groups.

MULTICULTURALISM IN PRACTICE: MUCH PROGRESS, MUCH TO BE DONE

If, as the saying goes, the journey of 1,000 miles begins with a single step, then surely the climb toward a richer definition of multicultural competence rests on the innumerable handholds placed by those with the vision, courage, and eloquence to define a paradigm—and shatter it. The seminal works of Cross, Parham, and Helms (see, e.g., Cross, Parham, & Helms, 1991; Helms, 1990), McIntosh (2008), D. W. Sue and D. Sue (1990, 2008), and so many others form the scaffolding upon which modern American

multicultural discourse is built. Early (and continuing) efforts to operationalize White and non-White identity development, understand privilege and combat oppression,¹ and create a

¹ As used throughout this textbook, *oppression* means the process by which individuals from historically higher-status groups knowingly or unwittingly, with or without any conscious effort on their parts, utilize the entitlements inherent in their status, thus perpetuating a status quo in which individuals from other groups have by definition lower status, with fewer attendant opportunities, and so on (see Rothenberg, 2004, who has described oppression as "the flip side of privilege," p. 106).

CASE VIGNETTE 1.1

Mariana Prader, PhD, directs Progressive State College (PSC)'s clinical training program. The Provost has called for across-the-board budget cuts, and all program directors have been asked to submit proposals reducing expenditures by 10 percent. Dr. Prader knows next year's spreadsheet includes two big-ticket proposals from her program. One is the installation of an elevator system connecting the parking garage to the PSC Mental Health Clinic waiting area. Currently, an uncovered ramp winds from a service entrance on the far side of the building to a hallway several doors down from the waiting room entrance. The ramp is steep, ices over in winter, and (Dr. Prader thinks to herself) is a lawsuit waiting to happen. However, as no client in a wheelchair has ever utilized the Clinic, she reasons there must not be much need for disability services in the PSC community. The second item is a 5-day "SafeZone" training colloquium for all PSC personnel. Dr. Prader believes the training would be helpful in educating faculty and staff about issues facing gay, lesbian, and bisexual students, especially in light of some homophobic graffiti found on campus recently. Although she *personally* values diversity, Dr. Prader is aware that several faculty members have been very vocal in their opposition to the proposed colloquium; politically, the best thing for all concerned might be if the idea died a regrettable—but unavoidable—death from *acute budgetitis*.

Across town, Etienne Lamont, LCSW, also faces a dilemma: bran muffins, or jelly doughnuts? Eti (as his clients call him) conducts an evening parenting skills group for single fathers. Most of the men come to the two-hour group straight from work—some will return for extra hours or head to second jobs afterward—and Eti likes to offer a few snacks to tide them over. He frowns, tabulating an appropriate ratio of healthy to not-so-healthy items, and mentally runs through a quick checklist of his clients' dietary constraints. Ted and Kyle have heart conditions (bran for them). Roger has diabetes (sugar-free angelfood cake), and Vaughn has some unpronounceable gastrointestinal affliction; he probably won't eat anything, anyway. The 8 men in the group have between them 11 kids, 9 jobs, 6 functional vehicles (if you count Colin's old truck, which runs about half the time), 5 mortgages (including a pending foreclosure and an eviction notice), close to \$100k in outstanding debt, and an average blood pressure of 140/90. Eti remembers taking a graduate course on "gender issues," and his feelings of indignation over the historical and ongoing oppression of women worldwide. He pauses, checks in with himself. He still feels that anger, is still aware of his privilege and that of other men—but there is a story to be told here, too. He struggles to think of a way to speak *both* truths to the men in his group. Eti sighs. *Men may run the world*, he thinks, sticking a couple of bananas in the basket, *but, man, it runs them, too*.

At that exact moment, Dae-sun Yi sits at her computer and thoughtfully compares college Web sites. She is considering majoring in psychology, and would like an intellectually rigorous program with some clinical training opportunities in the community. She hopes to attend graduate school, perhaps earning a PsyD with an emphasis on working with older adults. One program, offered at a nearby school, looks pretty good. There are some interesting electives, the teachers appear to be well-respected, and the program utilizes a nationally recognized competency-based diversity training model. Dae-Sun hesitates, finger poised above the button on the mouse. *Diversity—is that important?*, she wonders. *Is that me?*

shared knowledge base and minimal expectations of multicultural competencies (see, e.g., American Psychological Association [APA], 2003) provide a critical starting point for understanding what it means to be an effective and ethical practitioner in an increasingly diverse world.

But what constitutes “effective” and “ethical” may evolve over time and with developmental level. Consider the examples discussed in Case Vignette 1.1 on the preceding page.²

The scaffolding is there—but, as the previous vignette illustrates, it is by no means complete. Increasingly nuanced understandings of the interplay between target status and day-to-day reality are emerging from current explorations of racial *microaggressions* (the insidious and pervasive staccato of invalidating and disempowering messages with which persons of color are almost continually bombarded) (Sue, Capodilupo, & Holder, 2008; Sue et al., 2007), *intersectional identity theory* (see, e.g., Shuddhabrata Sengupta’s 2006 article, “I/Me/Mine,” in which she describes multiple identities as “minefields,” and observes, “it’s just that we don’t know which mine (as in ‘weapon’ and as in ‘first-person possessive singular personal pronoun’) will claim which part of me,” p. 634), *contemporary racism* (Smith, Constantine, Graham, & Dize, 2008, for example, note that clinicians risk hitting a “developmental ceiling unless they simultaneously refine their understanding of the operations of racism within their own and their clients’ conceptual worlds” [p. 337], including forms of oppression much more subtle than those encountered during the civil rights era), and myriad other issues at the forefront of social justice scholarship.

Nor are racial, ethnic, and cultural themes the only overlooked aspects of diversity. By way of example, a cursory search for the term *racism* appearing in publication titles over the last 20 years yields 58 results; once *racism* is excluded, the terms *ageism*, *sexism*, *ableism*, *sizeism*, and *transphobia* appear in only 19 journal titles *combined* over the same period of time, with sexism

² All vignettes represent amalgams of the authors’ experiences and do not depict any actual person or situation.

accounting for all but one of these.³ In decrying the 96 percent failure rate in summary judgment on employment discrimination suits based on multiple claims (cases in which the plaintiff argues that she was discriminated against based on, e.g., her age, gender, *and* religious affiliation), Kotkin (2009) questions whether “the realities of today’s workplace” suggest that “diversity is tolerated or may even be valued up to a point,” but that “too much difference” leads to “disparate treatment” (p. 3). When the provision of psychotherapy services itself risks becoming inherently “disparate” due to a lack of clinical expertise in the core issues that impact hundreds of millions of people (or, if considered in the aggregate, every human being), the time has come for a reconsideration of what the field means by basic “cultural competence.”

Practitioners and researchers alike recognize gaps in therapists’ awareness and experience in effectively meeting the needs of clients whose multicultural identities fall outside of the syllabi of most three-credit graduate “diversity” courses. Recent articles question the competency of counseling training program graduates to offer services to differently abled clients (Cornish et al., 2008; Smart & Smart, 2006) and argue that even among those with positive attitudes toward diversity in general, college “faculty members may not consider disability as an aspect of diversity” (Barnard, Stevens, Oginga Siwatu, & Lan, 2008, p. 173). Similarly, Bartoli (2007) argues that training in the areas of religion and spirituality “continues to be scarce and inadequate,” suggesting that “recent, and not so recent, graduates are left on their own to seek further training and develop relevant competencies,” a reality that renders it “dubious whether psychologists currently meet the needs of religious and spiritual clients adequately” (p. 54). In promulgating its “Guidelines for Psychological

³ PsycARTICLES search conducted July 28, 2009. *Ageism* appeared in one journal article title; *ableism*, *sizeism*, and *transphobia* yielded no results for the time-frame searched. *Sexism* and *racism* appeared together in three titles.

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Practice with Girls and Women,” the American Psychological Association (APA, 2007) acknowledged that “many psychologists and members of the general public may believe that women’s issues in psychology were dealt with and resolved in the 1970s and 1980s” (p. 949), while the needs of female clients in today’s changing social and economic context remain unmet. In an increasingly pernicious double-bind, older adults chronically underutilize therapy services, while “mental health issues relevant to older individuals continue to be underrepresented in the research literature and underemphasized in psychology, medical, and other health care provider training programs” (Smith, 2007, p. 277). Popular media and the counseling and training literature are full of similar examples of a profound disconnect between the needs of the mental health field’s constituent communities and the functional expertise of its providers. The Surgeon General’s office, for example, has documented disparities along ethnic and racial lines in both mental health access and service delivery (U.S. Department of Health and Human Services, 2001). Leigh, Powers, Vash, and Nettles (2004) could be speaking of a broad range of categories of difference when they acknowledge that the inclusion of “disability culture” in coursework “remains incidental. Psychologists typically have minimal or no training that will prepare them to deal appropriately with people with disabilities” (p. 49). And, as Garrett et al. (2001) note,

Research has shown that persons of color tend to underutilize counseling services, terminating at a rate of greater than 50% after the first session (Priest, 1994; D. W. Sue & D. Sue, 1999). This overwhelming rate of early termination, according to Sue and Sue, has been attributed to the biased nature of services and the lack of sensitivity and understanding for the life experiences of the culturally different client (p. 148).

Without an adequate foundation upon which to build functional competencies, professionals working with the individuals and groups

described in the following chapters may, too often, find themselves participating in this very lack of awareness of how best to serve the needs of those different from themselves.

WHAT THIS BOOK IS

The list of underserved—and, too often, underacknowledged—categories of difference includes a number of dimensions explored in this *Handbook*: age, size, sex, and social class; spiritual/religious, racial, ethnic, and multiracial identification; immigration, linguistic, ability, and gender-identity status; sexual orientation; and White identity/privilege. This introductory text offers clinicians and clinicians-in-training an overview of these issues with an emphasis on the practical application of theory and technique to real-world case examples. In keeping with the “basic assumption” in the field of psychology that “the path toward proficiency is developmental” (Stoltenberg, 2005, p. 858), detailed, developmentally relevant competency categories will be examined, with resources and exercises geared toward students, instructors, and practitioners at various levels of experience and expertise. The topics covered in this *Handbook* represent a cross-section of diversity characteristics and best-practice guidelines rarely addressed in depth in textbooks of this kind. These guidelines (discussed as applicable in the following chapters) are geared toward the APA Board of Educational Affairs Council of Chairs of Training Councils (2007) benchmarks and reflect principles shared by professional organizations throughout the mental health field (see, e.g., APA, 2007). Think of this *Handbook* as a multicultural “sampler” consisting of common clinical issues *uncommonly* included in professional training protocols.

WHAT THIS BOOK IS NOT

A seven-course meal. This *Handbook* does not comprehensively address any single topic, nor does it purport to provide an exhaustive overview

of *all* (or even most) multicultural competencies. The coverage is selective and, in some ways, eclectic—by design. Excellent and detailed examinations of what might be considered foundational diversity concepts exist already in the canon of the field (see, e.g., Atkinson & Hackett, 1998; Atkinson, Morten, & Sue, 1998; Constantine & Sue, 2005, 2006; Helms & Cook, 1999; Pederson, 2001; Ponterotto, Casas, Suzuki, & Alexander, 2001; Sue, Arredondo, & McDavis, 1992; D. W. Sue & D. Sue, 1990; D. W. Sue & D. Sue, 2007;). Many of these documents provide a foundation for the comments of the authors included here. This text, however, is designed to bridge the gaps in what we *don't* know we don't know—helping us to examine and, in turn, reduce our multicultural blind spots in areas that we may not even recognize *as* diversity.

For this reason, chapter topics may be grouped (or singled out) in ways that initially seem counterintuitive. However, we believe it is well worth considering “otherness” from this broad perspective. The organizing principle behind *these* contributions to the conversation on multiculturalism is, “What is missing?” The authors whose work appears within these pages have each attempted to tell the stories of those about whom the “dialogue on diversity” has been largely silent. The need to understand is real—but what constitutes “competency” in this broad context, and how can the developmental needs of mental health professionals best be met?

Competency in Practice

Competency “is generally understood to mean that a professional is qualified, capable, and able to understand and do things in an appropriate and effective manner” (Rodolfa et al., 2005, p. 348), while professional competency is the “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served” (Epstein & Hundert,

2002, p. 277). Competencies are “complex and dynamically interactive clusters” that include “knowledge . . . skills . . . attitudes, beliefs, and values” and other important characteristics (Rubin et al., 2007, p. 453). Competency ensures that “a professional is capable (i.e., has the knowledge, skills, and values) to practice the profession safely and effectively” (Rodolfa et al., 2005, p. 349).

The “culture of competence” (Roberts, Borden, Christiansen, & Lopez, 2005, p. 356) refers to a pedagogical shift in mental health education from learning *objectives* to learning *outcomes*. The movement away from students learning to practice by accumulating hours and toward students demonstrating competent practice started within medical and nursing education (e.g., Association of American Medical Colleges, 1998). The history of the competencies movement among education and health professions (including psychology) has been well documented by Kaslow et al. (2007). As a brief summary, within psychology, the National Council of Schools and Programs in Professional Psychology (NCSPP) (Peterson, Peterson, Abrams, & Stricker, 1997) first delineated six core competencies of psychological practice, including relationship, assessment, intervention, consultation and education, and management and supervision. NCSPP subsequently expanded these ideas, which currently include relationship, assessment, intervention, diversity, research/evaluation, management/supervision, and consultation/education (see <http://www.ncspp.info/model.htm>). In addition to identifying competencies to be taught in a core curriculum, NCSPP “highlighted that each competency is composed of the knowledge, skills, and attitudes necessary for professional functioning” (Kaslow et al., 2007, p. 701). NCSPP recently released its *Competency-Based Education for Professional Psychology* handbook (Kenkel & Peterson, 2009), outlining a training model that emphasizes five components: psychological science and education, integrative pedagogy, core curriculum and the professional core competency areas, elements of practice, and social responsibility, diversity, and gender. Other

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training councils, including scientist-practitioner clinical psychologists (Belar & Perry, 1992), counseling psychologists (e.g., Stoltenberg et al., 2000), and clinical scientists (<http://psych.arizona.edu/apcs/apcs.html>) have also outlined competency-based education and training approaches. The APA Committee on Accreditation (<http://www.apa.org/ed/accreditation/>) and Canadian Psychological Association Accreditation Panel (<http://www.cpa.ca/accreditation/>) implemented competency-based approaches to accreditation of academic and internship programs beginning in the 1990s. Various organizations have developed guidelines related to competencies, including multicultural competencies (e.g., APA, 2003).

The 2002 Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology, was organized by the Association of Psychology Postdoctoral and Internship Centers (APPIC), together with the APA and 33 related organizations, to move the competency movement forward. Each sponsoring organization sent a delegate; other participants were chosen based on their areas of expertise. A preconference survey resulted in consensus around eight core competency domains: scientific foundations of psychology and research; ethical, legal, public policy/advocacy, and professional issues; supervision; psychological assessment; individual and cultural diversity; intervention; consultation and interdisciplinary relationships; and professional development. A “competency cube” (Rodolfa et al., 2005) was developed at the conference that included foundational competency (reflective practice/self-assessment; scientific knowledge and methods; relationships; ethical and legal standards and policy issues; individual and cultural diversity; interdisciplinary systems), functional competency (assessment/diagnosis/conceptualization; intervention; consultation; research/evaluation; supervision/teaching; management/administration), and developmental stages (graduate education; practica/internship; postgraduate supervision; residency/fellowship; and continuing competency). Within each professional stage, specialty education was recommended

via parameters of practice that differentiate specialties, including populations served.

Following the Competencies Conference in 2002, the APA Board of Educational Affairs (BEA) began to focus on the assessment of competencies, the Association of Directors of Psychology Training Centers developed an outline of competencies for graduate field placements (Hatcher & Lassiter, 2007), and a Benchmarking Conference was held by the BEA in 2007. Rubin and colleagues (2007) have described a current “national zeitgeist focusing on competencies and their assessments” (p. 453). Obviously, the competency and assessment of competency movements are beyond the scope of this *Handbook*. The goal of each of our chapters, however, is to help clinicians enhance not only their ability to provide services to the populations specifically described, but also their general multicultural competency. Some of the populations included in this *Handbook* have received considerable attention in the literature, and others little scrutiny at all. As previously discussed in this chapter, the list of topics addressed in this book is not meant to be exhaustive, but does represent many of the target groups we feel have experienced discrimination in the United States and can be treated and supported more competently by well-trained mental health professionals.

Certainly, every mental health professional cannot be expected to possess all of the knowledge, skills, attitudes, and values necessary to work optimally with each of these populations, particularly since each includes many different subpopulations, each of which is itself subject to constantly changing contexts. However, we hope this volume will give the reader a general overview of the basic aspects of competency, with many resources and references provided for further information.

D. W. Sue and D. Sue (2008) describe culturally competent counselors, in part, as being aware of their own assumptions, values, and biases; understanding the worldview of culturally diverse clients; and using appropriate intervention strategies and techniques. These criteria correspond with the attitudes/values, knowledge, and

skills typically used to define competence in general.

Knowledge has been defined as “facts [and] information . . . acquired . . . through experience or education; the theoretical or practical understanding of a subject” (*The New Oxford American Dictionary*, 2005, p. 938). Thus knowledge of a specific diverse population will include such information as the definition of the population, including its various segments, and the history of oppression the population has experienced.

Skill has been defined as “proficiency, ability or dexterity” (*Webster’s*, 2005, p. 1058) and “the ability to do something well; expertise” (*The New Oxford American Dictionary*, 2005, p. 1589). For the diverse populations in this *Handbook*, clinical/counseling skills are outlined relevant to functional categories, including assessment, diagnosis, case conceptualization, intervention, relationship, collaboration, referral, and supervision and training.

Attitude is “a settled way of thinking or feeling about someone or something, typically . . . that is reflected in a person’s behavior” (*The New Oxford American Dictionary*, 2005, p. 102), while a *value* is “a principle, standard, or quality considered inherently worthwhile or desirable” (*The American Heritage Dictionary*, 1983, p. 749). One of the most difficult aspects for a mental health counselor working with diverse populations is to overcome his or her own *isms*, including racism, heterosexism, and ageism (Henderson Daniel, Roysircar, Abeles, & Boyd, 2004); however, those who do engage in such self-assessment craft a more reflective and likely more effective practice.

Multicultural Counseling Competency

Consistent across various definitions of multicultural competence has been the view that the competencies are not static, but ever changing. In his 2004 keynote address to the Teachers College Winter Roundtable on Cultural Psychology and Education, Parham (as cited in Hanson et al., 2006) described the process of becoming a multiculturally competent psychotherapist as a complex and lifelong journey.

Implicit in this understanding is that the psychotherapist is engaging in an active process of personal and social change. *Multicultural competence* can be defined as the extent to which a psychotherapist is actively engaged in the process of self-awareness, obtaining knowledge, and implementing skills in working with diverse individuals (Arredondo et al., 1996; Constantine, Hage, Kindaichi, & Bryant, 2007; Sue, Arredondo, & McDavis, 1992).

The domains within this multicultural counseling competencies model can be thought of from either a fixed-goal or process perspective (Collins & Pieterse, 2007). The fixed-goal perspective implies that the eventual competency outcome is seen through demonstrable behaviors, whereas the process perspective requires internal engagement and change. Within the *knowledge* domain, multicultural counseling competence may consist of obtaining information about “various worldview orientations, histories of oppression endured by marginalized populations, and culture-specific values that influence the subjective and collaborative experience of marginalized populations” (Constantine et al., 2007, p. 24). *Skill development and implementation*, within the multicultural counseling competency, requires that the psychotherapist act in a way that “draws from an existing fund of cultural knowledge to design mental health interventions that are relevant to marginalized populations” (Constantine et al., 2007, p. 24). The process dimension or domain of *self-awareness* requires that the multiculturally competent counselor is “cognizant of one’s attitudes, beliefs and values regarding race, ethnicity, and culture along with one’s awareness of the sociopolitical relevance of cultural group membership in terms of issues of cultural privilege, discrimination, and oppression” (Constantine et al., 2007, p. 24).

History of Multicultural Counseling Competency in Mental Health

The integration of multiculturalism into graduate clinical and counseling psychology curricula, training, and research has been a 30-year

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endeavor. There has been widespread agreement that the United States has become increasingly diverse over the past several decades and that mental health practitioners have been, and will be, providing counseling to clients who may have different worldviews from their own. Yet, there remains some debate as to what form of service delivery is deemed to be culturally relevant and what constitutes multiculturally competent psychotherapy.

For example, various iterations of a multicultural counseling competencies model have been proposed since the early 1980s. The American Counseling Association (ACA) and the APA both supported the creation of and endorsed the multicultural counseling competencies and multicultural guidelines, respectively (see, e.g., Arredondo & Perez, 2006). Sue et al. (1982) were the first to propose a model that addressed counselor competency with respect to racial and ethnic groups. The model delineated three broad competency areas: therapist's awareness of her or his own assumptions, values, and biases; understanding the worldview of culturally different others; and developing appropriate intervention strategies and techniques. These three areas are reflected in a therapist's attitudes, knowledge, and skills. The second iteration of the multicultural counseling competencies (Sue et al., 1998) added competencies at the organizational/systemic level. These 31 multicultural counseling competencies were operationalized through the addition of 119 explanatory statements, and the introduction of a model highlighting multiple identity dimensions within a contextual framework (Arredondo et al., 1996). In 2003, the Association for Multicultural Counseling and Development, a division within ACA, produced an updated version of the multicultural counseling competencies (Roysircar, Arredondo, Fuertes, Ponterotto, & Toporek, 2003). Similarly, the APA has produced aspirational guidelines to promote competent research, assessment, and clinical practice with diverse populations. At present, there are APA practice guidelines for working with gay, lesbian, bisexual, and transgender populations, older adults, girls and women, and ethnic, linguistic,

and culturally diverse populations (examined in more detail within the relevant chapters in this volume). In 2003, guidelines with respect to multicultural education, training, research, practice, and organizational change were adopted by the APA. A list of Multicultural Competency Guidelines proposed by the APA and other organizations is included below.

Multicultural Competency Guidelines

The following Web sites provide links to the core multicultural competency guidelines for most major professional organizations in the United States (please see individual chapters for additional information and topic-specific resources):

APA Ethics Code (2002)

<http://www.apa.org/ethics/code/index.aspx>

APA Guidelines for Psychotherapy with Older Adults (2004)

<http://www.apa.org/practice/guidelines/older-adults.pdf>

APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists (2002)

<http://www.apastyle.org/manual/related/guidelines-multicultural-education.pdf>

APA Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients (2000)

<http://www.apapracticecentral.org/ce/guidelines/glb.pdf>

APA Guidelines for Psychological Practice with Girls and Women (2007)

<http://www.apa.org/about/division/girlsandwomen.pdf>

American Counseling Association Ethics Code

<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

National Association of Social Workers Cultural Standards (2006)

<http://www.socialworkers.org/practice/standards/NASWCulturalStandardsIndicators2006.pdf>

National Association of Social Workers Code of Ethics
<http://www.socialworkers.org/pubs/code/code.asp>

American Psychiatric Association Ethics Code
<http://www.psych.org>

AMCD Multicultural Counseling Competencies
<http://www.counseling.org/Files/FD.ashx?guid=735d18d6-2a6e-41bf-bd4a-5f4ce48a100>

As a result of widespread acceptance of the multicultural counseling competencies among professional organizations and accrediting bodies (such as the APA, The Council for Accreditation of Counseling and Related Educational Programs [CACREP], etc.), most graduate programs have incorporated at least one course in multicultural issues into their training models. Several authors have assessed the implementation of these competencies and guidelines across curricula and practica experiences, and within supervision (Smith, Constantine, Dunn, Dinehart, & Montoya, 2006; Vereen, Hill, & McNeal, 2008). Despite such attention to multicultural education, research has shown that there appear to be some gaps between beliefs and practice, and that skill development and implementation will require further efforts on the part of training institutions and psychotherapists at all levels of training (Hanson et al., 2006; Henderson Daniel, Roysircar, Abeles, & Boyd, 2004).

In addition to widespread endorsement, the multicultural counseling competencies have also received criticism, leading to a rich debate within the various fields. Weinrach and Thomas (2002) and Thomas and Weinrach (2004) have questioned the imposition of the multicultural counseling competencies on mental health professionals, and believe them to have created potential ethical concerns for practitioners.

They argue that the competencies are exclusive in nature, with an undue emphasis on racial identity and who defines such, that dissimilar identity constructs are given the same weight, that the terms *multicultural* and *diversity* are used interchangeably, and that the competencies are dated based on their source material. Their arguments have received support from Vontress and Jackson (2004) and Patterson (2004), who propose a universal system of counseling, grounded in empiricism and theory, that requires respect, genuineness, empathic understanding—coupled with communication of these concepts—and structure. Yet, in their 20-year content analysis of empirical research on the multicultural counseling competencies (MCC), Worthington, Soth-McNett, and Moreno (2007) concluded that “the existing empirical MCC process/outcome research has shown consistently that counselors who possess MCCs tend to evidence improved counseling processes and outcomes with clients across racial and ethnic differences” (p. 358).

OVERVIEW OF HANDBOOK

Our goal is to describe the knowledge, skills, and attitudes/values necessary to work with diverse populations, focusing on the following areas of diversity: age, disability, ethnicity, immigration, language, men, multiracial individuals, race, sexual orientation, size, social class, spirituality/religion, transsexual/intersex/transgender identity, White identity/privilege, and women. We present the groups in alphabetical order by subject for ease of reference, although we acknowledge that members of certain groups have experienced differential levels of oppression at specific historical times.

Each chapter synthesizes the existing literature into the competencies of practical *knowledge*, *skills*, and *attitudes/values* necessary for clinical work with that particular target group. In addition, references and resources relevant to each population group are included. A developmental approach is utilized throughout, generally based on the June 2007 *Benchmarks* document (APA, Board of Educational Affairs & Council of Chairs of Training Councils, 2007). Although

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each chapter is written using the same general outline, each is designed to function either as a stand-alone resource or in conjunction with the remaining material for a more comprehensive examination of these issues. Each chapter is briefly summarized below.

Age and Diverse Older Adults

Given that the population of the United States is aging as well as becoming increasingly diverse, it is vital that all health-care providers receive adequate education on adult development, aging, and multiculturalism, as well as the intersection between these topics. This chapter presents the demographics of today's aging population, examines important concepts such as the sociocultural/psychological dynamics of aging, and outlines common misconceptions and ageist beliefs when treating diverse older adults. Appropriate skills needed for effective assessment and intervention with this population are described.

Disability

In this chapter, the concept of disability as a multicultural issue is examined. Various models for understanding disabilities are explored, including explanations of types of disability, historical and legal considerations, developmental concerns, multiple minority status, and current issues and skills needed to treat individuals with disabilities.

Ethnicity

Ethnicity is an often-overlooked and even more often misunderstood cornerstone of self-identification for many individuals. This chapter clarifies terms and explores issues involved in the examination of ethnic differences through the lens of personal experience as well as current research. Using a developmental approach to explore the multicultural competencies needed by practitioners at various points along the developmental continuum, this chapter describes competent psychotherapeutic work with clients from diverse ethnic backgrounds.

Immigration

Immigration imposes significant pressures on members of immigrant communities as it necessitates a psychological restructuring against the backdrop of multiple cultural contexts. Understanding immigrants' experiences and competently serving their mental health needs becomes imperative. This chapter highlights the requisite knowledge and skills needed to work with a specific group, Asian Indians, who have immigrated to the United States.

Language

The importance of training future mental health practitioners to become competent in issues of language acquisition development related to the areas of assessment and intervention is undeniable (e.g., U.S. Census data from 2000 reports that 18% of the population speaks a language other than English). This chapter focuses on self-awareness about English-language learners and knowledge related to second-language acquisition. Vignettes guide the reader to turn this knowledge into competent practice.

Men

The chapter on psychotherapy with men serves as a primer for the conceptual and clinical issues that therapists experience when treating male clients. Many training models fail to recognize how male socialization and male identities influence the process of psychotherapy. Pertinent knowledge, skills, and values/attitudes are examined, with an emphasis on the core concepts, historical and present-day realities, and clinical dynamics that inform the provision of services to male clients.

Multiracial Identities

There are a growing number of individuals who identify as multiracial or of mixed race. Individuals of racially diverse ancestry have faced a long history of oppression and marginalization in this

country. Typically the identity development trajectories and self-conceptualizations of multi-racial people differ in important ways from those of individuals with a single racial identification. Therefore, mental health practitioners must increase their understanding of the unique characteristics and needs of this population to provide competent services for these individuals. This chapter provides guidelines and resources to enhance professionals' awareness of their own values and attitudes, knowledge of ecological issues, and skills in developing competency in working with persons of mixed ancestry.

Race

Understanding the concept of race, the unique challenges and opportunities of racial identity formation in the face of historical and ongoing racism, and the needs of racially diverse individuals represents a core multicultural counseling competency. This chapter provides an introduction to the basic terms, identity development concepts, historical contexts, and assessment and intervention models relevant to providing competent and effective services to people of color in the United States.

Sexual Orientation

A proliferation of research and scholarly writing regarding the development of sexual orientation and identity has occurred over the past 30 years since the removal of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*. This chapter helps mental health practitioners familiarize themselves with the professional literature, educate themselves regarding gay, lesbian, and bisexual culture, examine their own beliefs and attitudes, and synthesize this information into an effective therapeutic stance to provide competent clinical treatment.

Size

Currently there is a "war on obesity" being fought in the media, in medical and mental

health consulting rooms, and in our homes, with research typically focused on treatment for obesity and the stigma of being fat. This chapter outlines the importance of size as an aspect of diversity and how size-acceptance in conjunction with treatment from a *health-at-every-size* perspective can improve mental and physical health for our clients. This chapter provides tools to create a respectful and supportive therapeutic environment to help clients reach their therapeutic goals.

Social Class

This chapter examines the clinical and training goals necessary for mental health practitioners to integrate social class and an awareness of classism into their work. Using the Social Class Worldview model, the authors review relevant literature and provide suggestions for how best to become a competent mental health practitioner in the arenas of social class and classism.

Spirituality and Religion

The chapter on spiritual and religious aspects of counseling outlines knowledge, skills, and attitudes/values necessary to provide sensitive services to individuals who hold a range of spiritual and religious worldviews. The authors provide a summary of central elements of major world religions, a comprehensive resource guide, and training and practice suggestions to enhance practitioners' competency in religious and spiritual development.

Transsexual/Intersex/Transgender

This chapter addresses identities located along both the biologically influenced continuum of sex identity and the more socially constructed continuum of gender identity. Working with individuals who present with identities outside the traditional dichotomous framework of gender and sex can be intimidating for mental health practitioners because they are often conflated

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with sexual orientation as well as with each other. For each of the topics presented in this chapter, a rationale for its emphasis in mental health training, a summary of current knowledge and scholarship in the area, key definitions and terms, and recommendations for necessary skill development and self-awareness are provided.

White Identity and Privilege

The understanding of White privilege is a crucial element in becoming a culturally sensitive mental health provider. For White mental health practitioners, this understanding must go beyond a cognitive processing and encompass an affective experience of self. This chapter emphasizes the need for a lifelong commitment to an understanding of privilege and describes the knowledge, skills, and values/attitudes necessary to incorporate this understanding into competent practice.

Women

This chapter focuses on women's gender within the context of multiple identities, noting that in an increasingly global world, and one that adheres almost universally to patriarchal social structures, it is important for therapists to understand the strengths demonstrated and challenges experienced by women by virtue of being female. A selected review of the historical backdrop and the literature on the psychology of women is discussed, and practitioners are provided with an overview of the knowledge, skills, and values/attitudes necessary for competent practice when treating women.

SUMMARY

While this book provides practical guidelines for working with 15 categories of difference not commonly addressed in training manuals of this type, many topics remain unexplored. Areas for further study include disparate treatment based on geographic location/geography of origin

among individuals born in the United States (including, e.g., stereotypes and assumptions based on a person hailing from "the South," "the West Coast," etc.); political affiliation (expressed or assumed); level of educational attainment (as distinct from professional identity and socioeconomic status); marital status and traditional versus nontraditional family structures (cohabitation, adoption, unpartnered individuals, work-related issues, etc.); veteran status and military service experience or affiliation; educational issues (e.g., providing services to students who utilize American Sign Language or other assisted-learning modalities); and a whole host of other areas ripe for exploration. Even within the broad topics covered here, it is clear that the field would benefit from a more in-depth focus on specific permutations of human experience (the dynamics of traumatic brain injury, for example) and a greater range of coverage of these and additional categories (e.g., the challenges facing *younger* adults as a function of age or perceived age). This list could clearly extend indefinitely.

Notwithstanding the rich body of work yet to be done, however, we hope within these chapters to have assembled a useful, relevant, and timely exploration of issues fundamental to multicultural competency at each stage of professional development. Below we provide a selection of resources designed to serve as a general introduction to the experiential possibilities of multicultural awareness and diversity training. These resources do not focus on a particular population or set of competencies, but, rather, on the process of increasing one's recognition of the way diversity issues influence day-to-day life as well as mental health practice. Each of these activities can be modified depending on the goal, size of the group, or type of setting. These resources represent a starting point for discussing the principles and concepts presented in greater detail throughout the remainder of this book. The authors hope that these materials will prove useful in facilitating ongoing dialogues about multicultural competence in all its permutations—a dialogue in which they feel very honored to have taken some small part.

RESOURCES

The following resources are provided as suggestions for further inquiry and as tools students,

clinicians, trainees, and supervisors can utilize to help improve the quality of the services they provide.

EXERCISE 1.1: THE "NAME GAME"

Ideal as an icebreaker or group-bonding experience, this activity involves each group participant simply writing her or his full name on a chalkboard, dry-erase surface, or large piece of paper and explaining what she or he knows about the source and meaning of each component.

As can be seen in the example below, participants do not need to have a particularly sophisticated knowledge of the linguistic derivations of their names or genealogies to generate interesting avenues for discussion and exploration of a variety of personal identities:

| <i>Lynett</i> | <i>Lee</i> | <i>Henderson Metzger</i> |
|---|---|---|
| My father, a police officer, came across this name on a file while my mother was pregnant with me. She tells me that she does not know the type of case involved, but assures me that it was not "murder or anything really bad." | My father's middle name; growing up, it was important to me that it was the "boy spelling" for this reason. | My partner and I took the same combined name: Henderson (my mother's family name, not an uncommon practice in the South; space no hyphen) Metzger ("butcher" in German; especially meaningful to preserve because many of his Jewish extended family members were killed in the Holocaust). |

Variations include having group members write down the *meanings* of their names (without the names attached), collecting these, and having group members match meanings with names, or recall exercises in which group members are asked to remember particular names and meanings.

While generally perceived as a relatively nonthreatening way to open a discussion around sociocultural issues, this exercise should be approached thoughtfully in terms of accessibility issues (e.g., are there obstacles that make it impossible or awkward for some participants to get to the front of the room, write their names, etc.) and with the awareness that names and the act of naming are charged topics in their own right. For example, those with limited access to their own biographical information (through adoption or removal from the home, family secret-keeping, etc.), whose names are inextricably linked with oppressive or imperialistic historical realities (e.g., those with family "slave names," descendants of immigrants who anglicized their names upon arrival to this country), and who have undergone or are in the process of undergoing identity transitions (as in divorce, emancipation, gender realignment surgery, or other significant life changes) may find this exercise particularly challenging.

Facilitators are encouraged begin with a disclaimer allowing anyone who chooses to do so to opt out of the exercise (and to structure the exercise in such a way that it is not immediately obvious who has and has not participated), to be alert to cues that participation may be distressing to some individuals, and to intervene appropriately if any aspect of the activity has the effect of perpetuating oppression, increasingly marginalization, or otherwise limiting open and productive communication. When participants do choose to discuss these types of issues, however, the experience can be an especially rich and rewarding one for all those involved.

EXERCISE 1.2: SAMPLE SOCIOCULTURAL IDENTITY WHEEL

In this exercise, participants are provided with (or draw) a circle with a circle inside it; the two circles are connected by lines, thus creating several smaller compartments. Participants are asked to write down one of their sociocultural identities in each segment, and perhaps to circle "two or three" that are the most salient. Those who wish to do so are then invited to share a salient identity. In the course of the discussion, attention may be directed to helpful concepts—for example, which identities typically reflect a degree of personal choice (e.g., political affiliation, social group membership) and which represent more or less immutable factors (e.g., visual racial/ethnic group status, some types of differential ability)—and questions may be raised regarding thought-provoking response patterns (e.g., "What do we make of the fact that no White participants identified race or ethnicity as a salient sociocultural identity?"). This exercise can be structured to take only a few minutes or can incorporate substantial additional material and analysis.

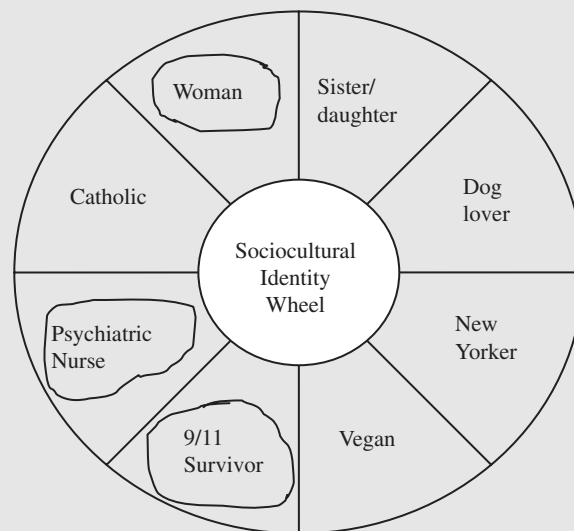


Figure 1.1 Sociocultural Identity Wheel

In the figure, the participant self-identifies as a sister/daughter, a dog lover, a New Yorker, a vegan, a 9/11 survivor, a psychiatric nurse, a Catholic, and a woman. She has selected "9/11 survivor," "psychiatric nurse," and "woman" as her three most salient identities, as indicated by the circle around each identity. Note that, in this example, participants are asked to highlight 8 sociocultural identities; however, any number could be selected.

Variations on This Theme:

- Asking participants to identify ways in which they are members of a "target group" (traditionally disenfranchised, marginalized, or oppressed individuals—e.g., women, persons of color, and those who are differently abled) or "non-target group" (traditionally empowered individuals—e.g., men, White people, those with high socioeconomic status) [see below for a more detailed description of these concepts]
- Examining the intersection between multiple identities (e.g., What does it mean to be a bisexual Latina mother?)

- Exploring relationships between salient life experiences and these identities (i.e., each participant might be asked to complete a Life Experiences Wheel similar to the Sociocultural Identity Wheel and comment on how, for example, socioeconomic status has impacted his or her career choice and professional development; what affirming and invalidating messages she or he has gotten based on racial and ethnic identification; to what extent gender-based violence has impacted past and present relationships, etc.)

EXERCISE 1.3: "KNAPSACK OF PRIVILEGES" EXERCISE

Peggy McIntosh (2008) famously "unpacked" the invisible "knapsack" of White privilege (p. 239), acknowledging the unearned and largely unrecognized collection of entitlements, presumptions in their favor, and cultural cache of which White individuals in American society are the unspoken beneficiaries on a daily basis (for more information on White privilege specifically, please see Chapter 15). This concept has been expanded to include a broad range of privilege categories (e.g., heterosexual privilege; McIntosh, 2002), and can be useful in assisting those for whom this may be a new perspective in thinking through how the dual dynamics of privilege and oppression play out in everyday experiences. Along with those discussed elsewhere in this volume, identified privileges might include items such as the following:

- As a White person, I do not worry that I have (or that my child has) been invited to a party or social event as the token representative of my race to demonstrate the inclusivity and open-mindedness of the host.
- As a White student or employee, my image is not routinely used on marketing materials, in photos, etc., as evidence of the organization's diverse enrollment or hiring practices.
- As a person of an accepted faith-based denomination, I can rest assured that my religion will not be associated with terrorism.
- As a person who is traditionally abled, I can assume I will be able to attend a class such as this (find suitable transportation; be able to gain access to the building; find a comfortable seat; and participate fully in the activities of the semester) without undue hardship.
- As a heterosexual woman, I do not have to worry that people will assume I am a child molester if I am around young children.
- As a young adult, I can expect that not being able to recall a memory does not reflect anything about my age.
- As a person with a culturally validated body shape, I do not have to fear that people will roll their eyes, groan, complain, or ask to move when I am assigned a seat next to them on an airplane.
- As a native English speaker, I can question a sales assistant, service provider, or government official about a confusing or unclear item, bill, or policy without him or her assuming that I do not understand enough to have a valid concern.
- As a cisgender individual, I am addressed by others using titles and pronouns that fit my concept of my own identity. I am never referred to by derogatory terms such as "s/he" or "it."

One simple exercise involves printing a variety of these types of privileges on strips of paper, dividing participants into small discussion groups, and having each group member randomly select a privilege to read and discuss. The individual may hold the privilege (i.e., be a member of a group that benefits from the privilege) or may not hold the privilege (i.e., be a member of a group that lacks the privilege). Ideally, each discussion group will be composed of individuals from a
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variety of privileged/nonprivileged statuses. The specific items used in the exercise can be tailored to reflect areas of particular salience for the participants or venue. Participants may also be asked to generate ideas about ways in which they are privileged in their particular identities or settings.

EXERCISE 1.4: SALIENCY EXERCISES

Another way to begin talking about a broad variety of multicultural issues involves asking participants to think through various scenarios, evaluating the salient sociocultural considerations in each. There are obviously innumerable ways to present this material, from providing clinical vignettes (all vignettes, as with all clinical experiences—and, indeed, all human interactions—include diversity, power, and privilege components, some more explicitly than others) to deconstructing popular media images and themes or asking participants to bring in real-life examples of situations in which they noticed an exercise of privilege, were aware of an identity status, reacted to a power differential, observed (or perpetrated) an act of microaggression, and so forth.

One specific type of exercise involves examining the implications of our assumptions in particular circumstances. These are the ways in which our minds fill in the blanks when certain sociocultural cues are ambiguous or missing. For example, participants might be given the following instructions:

In each of the following scenarios consider your reactions to the basic narrative—and then ask yourself how your perspective changes when additional information is provided or sociocultural statuses are clarified. What assumptions did you make initially? Did those change; if so, how? How would these assumptions likely impact the situation?

Scenario #1: I have just walked 6 blocks to the police station. I arrive, exhausted and out of breath, to report that I have just been robbed. I describe my assailant as a young male, probably in his 20s, and state that he took all of my money, credit cards, and identification. I can't remember any other details of his appearance or the incident. [Additional information: At 74 years old, I am the oldest person in the police station.]

Scenario #2: I have just been called into my boss's office on a charge of sexual harassment. A co-worker has claimed that I made sexually inappropriate and derogatory comments. This is the third accusation the worker has brought against me, and the head of my employer's HR department is telling me that I could lose my job and face a civil lawsuit or even criminal prosecution. [Additional information: At 350 pounds and 5 feet 7 inches tall, my body type is considered "morbidly obese."]

Scenario #3: Two workers, a man and a woman, have just arrived at my home from the Department of Social Services. They tell me they are here because my brother, who is 12 years old, told his teacher I touched him in his "private place." I have never been in trouble before, and I do not know what is going to happen. [Additional information: At 54, my estimated IQ places my cognitive abilities within the range defined as "moderate mental retardation."]

These and similar exercises can serve as a jumping-off point to discuss positive and negative stereotypes (see Chapter 2 for a discussion of the impact of positive and negative stereotypes associated with older adults, for example), institutionalized and systemic *isms*, and the importance of self-reflection in clinical practice. Along similar lines, participants might be invited to engage in the following visualization exercise:

If you are comfortable doing so, close your eyes. Notice your breathing—a deep breath in; slowly out. Deep, easy, breaths—in; out. Relax into your chair. Let the sounds of the room fall away. Now imagine that you have been arrested. You are in the [fill in the

appropriate city or county] jail, awaiting arraignment. Sit with that idea for a moment. Think about what it would be like, being you, in the jail cell. Notice your surroundings. What do you see, hear, smell? What thoughts go through your mind? What are your expectations? Your fears? What feelings are you aware of in your body at this moment?

Now imagine the same scenario: You have been arrested, and you are you, just as you are here today, everything the same, *except* change one salient sociocultural identity. If you are a male, for example, you could imagine yourself as a female; if you are traditionally abled, as someone differently abled; if you are from a lower-SES background, as being wealthy, and so on. You can give yourself more or less privilege. You can change a status that is apparent to others, or a status only you would know about. Now ask yourself—what has changed? Do you have different thoughts, fears, expectations? Do you notice different aspects of your environment? What are your feelings now?

Participants can then explore personally and with the group their thoughts and reactions as they “experienced” the process of surrendering or taking on a more privileged status.

Note that the preceding examples were adapted from course curricula utilized with graduate students in a master’s-level forensic psychology training program. The specific situations could, of course, be tailored to reflect common scenarios encountered in any discipline (e.g., Scenario #3 could be introduced with, “As a social worker, how would you react if . . . ” and adapted accordingly; the visualization exercise could be modified to involve walking into a new classroom setting or employment situation).

As participants become more familiar with the concepts and language of diversity, many find it beneficial to complete Target Journey

and Non-Target Journey exercises. Sample instructions are included below:

EXERCISE 1.5: TARGET AND NON-TARGET JOURNEYS

The basic concept of the *Target Journey* involves reviewing your life and recognizing ways in which you have experienced oppression as a member of a “target” (nonprivileged) group or as a result of a target status or experience. A few examples of potential target groups or statuses are:

- Persons of color
- Persons with gay, lesbian, or bisexual affectional orientations
- Transgender individuals
- Differently abled persons
- Women
- Persons with non-majoritarian religious affiliations or spiritual beliefs
- Persons from lower socioeconomic backgrounds
- Persons whose first language is not English (in American culture), or who speak nonstandard English
- Persons who were not born in this country
- Persons who face discrimination based on their age or perceived age
- Persons who do not fit into the current cultural “ideal” of beauty
- Persons with limited access to educational opportunities

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This list is by no means exhaustive. Your personal experience may not fit into one of these categories, or it may fit into several. It is your choice as to which group or groups on which to focus. You may choose to focus on one or two experiences in great detail, or to provide a narrative exploring how these issues have impacted you throughout your life.

Note that each individual's experience is different; thus, many of us may have experienced only "moments" of awareness of our target status; many others may have been aware of our nonprivileged status on a daily basis for a lifetime.

Conversely, the basic concept of the *Non-Target Journey* involves reviewing your life and recognizing ways in which you have oppressed others as a member of a "non-target" (or privileged) group. A few examples of potential non-target groups or statuses are:

- White persons
- Heterosexual persons
- Persons with traditionally accepted gender identification
- Traditionally abled persons
- Men
- Persons with majoritarian religious affiliations or spiritual beliefs
- Persons from middle- and upper-class socioeconomic backgrounds
- Persons whose first language is English (in American culture), or who speak standard English
- Persons who were born in this country
- Persons who do not face discrimination based on their age or perceived age
- Persons who fit into the current cultural ideal of beauty
- Persons with greater access to educational opportunities

Again, this list is by no means exhaustive, and your personal experience may fit into none or several of these categories. You may choose to focus on one or two instances in which you have displayed discrimination or acted in an oppressive manner, or you may provide a narrative exploring various ways in which you have done so throughout your life.

The Journeys can be written, shared orally, or a combination of both. Additional research is not generally required; however, participants may be encouraged to include quotations, excerpts, music or video selections, or other materials if doing so would enrich their Journeys. If information from the Journeys is shared in a group format (a powerful and moving experience for most participants), care should be taken to outline basic rules of "safe sharing" in this context. Those listening should be aware that their role is to bear witness to the Journey and affirm the individual's experience of sharing; it is not necessary that they agree with the person sharing, understand his or her perspective, or even "get it."

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