Minority Counselors' Demonstration of

Multicultural Competency in a Clinical Setting

DISSERTATION

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Abstract

Prompted by the Civil Rights Movement in the 1960's, the counseling field has responded to the demand for effective mental health services for people of all backgrounds by establishing multicultural counseling competency standards (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015; D.W. Sue, Arredondo, & McDavis, 1992). The need for culturally competent services (Aneshensel, 2009) led to the development of multicultural counseling competencies supported by theoretical models, pedagogical methods, and assessments for measuring the successful attainment of these competencies (Canfield, Low, & Hovestadt, 2009; D'Andrea, Daniels, & Heck, 1991; Johnson & Lambie, 2012; LaFromboise, Coleman, & Hernandez, 1991; D.W. Sue, 1977). This research has been based on a participant sample of mostly White female counselors treating racial and ethnic minority clients. Most of the research studies focus on two of three dimensions of multicultural competence – awareness and knowledge, while neglecting skills (D.W. Sue, 1977; D.W. Sue & Sue, 1990). Observable multicultural counseling skills are also poorly described in the operationalized multicultural competency standards (Ratts et al., 2015; D.W. Sue et al., 1992). The present study adds to the literature by identifying and describing observable multicultural counseling skills in clinical settings demonstrated by counselors of racial and ethnic minority backgrounds. A qualitative content analysis was conducted, using archival data of counseling sessions available via the Alexander Street Press video library. The data set included eight unscripted intake sessions where the counselor is a person of color, or a Visible Racial/Ethnic Minority (VREM) (D.W. Sue et al., 1992). An inductive content analysis of the videotaped sessions was conducted, and two co-investigators contributed

to the coding process for investigator triangulation. Results yielded observable verbal/linguistic skills, including the use of value-neutral language, client terminology, and accurate reflections, related to a specific knowledge base essential for counselors to utilize this skills with clients. The present study supports Sue et al.'s (1992) framework of multicultural counseling competency.

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Dedication

To my mother, Mayra Sanchez, for your endless love and support, and your example of

perseverance and strength.

List of Tables

Table of Contents

CHAPTER I

THE PROBLEM

Multicultural Counseling encompasses any type of counseling regardless of setting, in which the counselor and client are culturally different from one another. When first described, cultural differences were only defined by ethnic or racial background (Sue, 1977), but the most recent definitions from the 2015 Multicultural Counseling Competencies include any marginalized or privileged positions including social class, sexual orientation, gender identity, religious affiliation, disability status, etc. (Ratts et al., 2015). A marginalized position would include any traditionally underprivileged status, such as low socioeconomic status, racial and/or ethnic minority status, member of the LGBTQ community, or physical or mental disability. A privileged position would include any traditionally dominant culture or membership that would result in advantage in social, vocational, and other areas of life. These distinctions are important in establishing rapport in a counseling relationship, as multiple cultural factors could contribute to the development of an effective therapeutic relationship, which has been identified as the most important element in successful mental health counseling (Laska & Wampold, 2014).

Background of the Problem

As indicated in the newest Multicultural Counseling Competencies (Ratts et al., 2015) ethnic diversity and other types of diversity are important for counselors to be cognizant of during the counseling process, especially assessment and treatment. A client's sexual orientation, disability status, religious beliefs, age, and socioeconomic status are all other variables of identity that need to be considered when conceptualizing a

case (Hays, 1996). These types of diversity issues are becoming more visible in everyday conversation, such as the recent Supreme Court decision that legalized same-sex marriage nationwide (Liptak, 2015), increased visibility and rights for people who identify as transgender (Young, 2015) increased need for Veterans' mental health needs (Bryan, Jennings, Jobes, & Bradley, 2012; "Military PTSD Care," 2013), and recent public attention to racial disparities in police interactions (García & Sharif, 2015; Jones, 2016). Research also shows significant shifting away from organized religion and a rise in secularism in the United States (Pew Research Center, 2012), which implies counselors needing to understand clients' values around religion, morals, and ethics in a nuanced way.

A model for understanding multiple layers of diversity was presented by Hays (1996), to "increase understanding of people of color" (p. 334) within a classroom or continuing education context. The model, ADRESSING, is an acronym for nine areas of diversity: Age, Disability, Religion, Ethnicity/Race, Social Status, Sexual Orientation, Indigenous Heritage, National Origin and Gender/Sex. While a person may experience privilege and marginalization when looking at each of these factors of identity, the "salience," or strength of one identity or another can only be determined by the individual (p. 335). Hays also stresses the importance of a counselor using this model to identify one's own most salient identities and understanding of one's heritage to discuss each of these areas in a comprehensive and mature manner.

Many more articles and books about cultural diversity in counseling led to the standard inclusion of these issues in most counseling master's programs. Master's counseling programs accredited by the Council for Accreditation of Counseling and

Related Educational Programs (CACREP, 2016), require course material on "Social and Cultural Diversity" as one of eight core areas of education. The goal of these standards is to educate future counselors about diverse worldviews in the hopes of creating culturally competent counselors.

A division of the American Counseling Association, The Association for Multicultural Counseling and Development (AMCD), recently published a new set of competencies for counselors to follow in engaging in counseling in a culturally sensitive manner, no matter the background of the client (Ratts et al., 2015). A unique addition to this newest set of competencies, an update from the 1992 original by D.W. Sue et al., is the addition of addressing the counselor's awareness and knowledge of his or her own marginalized/privileged identities, as well as any clients with whom he/she may interact. This is a contrast to past literature that operates on the assumption that a counselor will be from a privileged background, serving a marginalized client (Garcia et al., 2009; Cannon & Frank, 2009). This change reflects the changing demographics of the counseling field and in post-graduate degree seekers in general. Conferral of masters degrees to people of ethnic and racial minorities has increased (2001-2010); from 9% to 12.5% for Blacks, from 4.8% to 7.1% for Hispanics, and from 5.8% to 7% for Asians and Pacific Islanders (US Department of Education: Statistics, 2012).

The reason for such a strong emphasis on cultural sensitivity in counseling is an effort to address a well-documented disparity in service engagement on the part of minority clients. People from ethnic minority backgrounds typically engage in counseling less often, and for less time, and this is found to limit the ability of the counseling

profession to positively engage with and provide ethical services to diverse clientele (Arredondo & Toporek, 2004; Cartwright, Daniels, & Zhang, 2008).

Statement of Problem

While the need for culturally competent counseling services is well documented, and research has begun to explore methods for teaching counseling students to develop this complex skill, much of the literature comes from a single perspective: developing the multicultural competence of a White counselor in preparation for providing services to a client from a minority group. Studies of counselor multicultural competence mainly use White participants, sometimes even deliberately excluding students of color (Cannon & Frank, 2009). This methodology is based on the assertion that counseling students from minority groups are more aware of and knowledgeable about diverse worldviews and cultural issues due to their minority status (Chu-Lien Chao & Nath, 2011; Chu-Lien Chao, 2012). With these assumptions in place, studying the multicultural competence of counselors who identify as members of minority or marginalized groups has been overlooked.

Another vital but missing component in the current training literature is assessment of observable multicultural counseling skills. Counselors' knowledge, awareness, and self-reported competency are described in the literature (Benshoff & Rowell, 2008; Cartwright, Daniels, & Zhang, 2008; Constantine, 2001; Garcia, Bardhoshi, Siblo, Steen, & Haase, 2009; Johnson & Lambie, 2012) but no studies of multicultural interactions with live clients and counselors can be found, despite the common practice of observation and live supervision in field experience courses (Moody, Kostohryz, & Vereen, 2014).

Statement of Purpose

This study establishes empirical data regarding multicultural counseling skills as demonstrated by VREM counselors in a clinical setting. From the theoretical perspective of Sue (1992, 2001), the three domains of multicultural counseling competence are awareness, knowledge, and skills. Many previous studies have examined the domains of awareness and knowledge (e.g., Fuertes & Brobst, 2002; Leuwerke, 2005; Worthington, Soth-McNett, & Moreno, 2007). Formalized assessments developed to measure multicultural competency have been found to be poor predictors of demonstrated multicultural competence (Constantine & Ladany, 2000; Drinane et al., 2016). Studies focused on multicultural competency have utilized vignettes or scripted interactions rather than real-world counseling situations to assess any domain of multicultural counseling competence (Garcia et al., 2009; Li & Kim, 2004). The results of this study identify observable multicultural counseling skills in clinical settings, and implicate future research directions which could further multicultural competence training and development of assessments. By specifically focusing on counselors who are VREM, future training and assessments will be based on data from diverse participants.

Research Questions and/ or Hypotheses

Many research studies on multicultural counseling competencies focus on increasing the competency of racially privileged or White counselors, as the researchers assume that counselors from ethnic minority backgrounds do not need the same type of training. Studies have supported this view, as counseling students from minority backgrounds score higher on ratings of multicultural awareness and knowledge (Chu-Lien Chao, 2012; Chu-Lien Chao & Nath, 2011). Higher ratings on assessments do not

indicate that all counselors of racial and ethnic minority groups do not require training on multicultural competency. Therefore, training and education needs for minority counseling students need to be identified and studied. The present study aims to identify and describe multicultural counseling skills demonstrated by counselors from racial and ethnic minority groups.

Theoretical Framework

The theoretical framework utilized in the present study is Sue & Sue's (2001) framework of Awareness, Knowledge, and Skills. Derald W. Sue introduced the title "Counseling the Culturally Different" in a 1977 article exploring the necessary accommodations counselors must make in treating those from ethnic and racial minority groups. This concept and title has evolved to a well-known model in the counseling and psychology fields, prompting assessments (LaFromboise et al., 1991; Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002; Ponterotto, Rieger, Barrett, & Sparks, 1994), a series of textbooks, and a standard of competencies expected of counselors who work cross-culturally (Arredondo et al., 1996; Worthington, Soth-McNett, & Moreno, 2007). The most recent set of competencies expands the scope of multicultural competence to include social justice advocacy, and acknowledge that counselors from marginalized groups need unique multicultural counseling skills (Ratts & Hutchins, 2009; Ratts et al., 2015).

The awareness domain refers to a counselor's awareness of other cultural values, traditions, and worldviews that may differ from one's own. A counselor may achieve multicultural awareness after moving from an ethnocentric position to a position that is

accepting and respectful of multiple worldviews, beliefs, and values that differ from one's own (Sue & Sue, 1990).

The knowledge domain refers to general familiarity of cultural differences, such as individualistic versus communal cultures, knowledge of terms unique to a specific culture, or how to greet someone from a certain culture in a respectful way. This knowledge can be key to avoiding unintended offensive interactions, or microaggressions (Sue et al., 2007), or otherwise showing a client that his/her culture and worldview is familiar and important to the counselor they are seeing.

The skills domain refers to a counselor's ability to integrate Awareness and Knowledge in a way that informs the counseling techniques and interventions to serve the client's unique needs from a cultural perspective. For example, modifying existing treatment programs to fit a specific culture (Yu, Clark, Chandra, Dias, & Lai, 2009), or including culturally unique practices to augment treatment such as involving a person's faith or community leader in treatment.

Significance of the Study

By addressing the gaps in multicultural counseling research regarding the lack of participants of ethnic and racial minorities, and the lack of research based on live clinical sessions, this study is an important step forward in the field. The volume of archival data available for research use via the Alexander Street Press Video library provides the opportunity to study the demonstrated skills of counselors from a variety of racial and ethnic backgrounds and geographic locations, utilizing a variety of counseling theories and approaches, unlike previous studies, which consist of mostly White female study participants (Barden & Cashwell, 2014; Benshoff & Rowell, 2008; Day-Vines et al.,

2007). The archival data consists of live counseling sessions, which will also offer more accuracy and trustworthiness than many previous studies which utilized written case vignettes or mock counseling sessions, rather than legitimate clinical data (Atkinson et al., 1991; Atkinson, Casas, & Abreu, 1992; Cartwright, Daniels, & Zhang, 2008; D'Andrea et al., 1991; Gim, Atkinson, & Kim, 1991).

Literature Review

Models

Sue and Sue's (1977; 1990) model of multicultural counseling, which is the most commonly used model, involves three dimensions: awareness, skills, and knowledge. The awareness dimension applies to a counselor's awareness of his or her own cultural values, biases, and perspectives. Skills refers to the counselor's ability to use appropriate counseling skills that are suitable to a client's culture, such as modifying non-verbal interactions (e.g., eye contact or physical touch) to accommodate for a client's cultural norms. Multicultural knowledge involves a counselor's learning about different worldviews and cultural customs to be able to incorporate competent cultural accommodations into counseling interactions. This knowledge can include learning about cultural history, terminology, and current social justice issues facing certain marginalized groups.

Phinney (1990; 1996) presents a model of ethnic identity development that complements multicultural counseling models. This model asserts that as a person moves through three stages of understanding one's own ethnic identity, relationships to those of other identities will change. The three stages are 1) Unexamined ethnic identity; 2) Moratorium or exploration; and 3) Achieved ethnic identity (p.147). These stages

correspond to simultaneous changes in a person's relationship to their own ethnic group and relationship to other groups. Phinney asserts that this model is equally applicable to members of both dominant and minority ethnic groups and has even created an assessment based on the model called the Multigroup Ethnic Identity Measure (Phinney, 1992). Echoing ideas of Sue and Sue's (1977; 1990) model, requiring both knowledge and personal awareness, the Phinney model emphasizes personal awareness over knowledge. "The study of ethnic identity provides a way of exploring the meaning of ethnicity for oneself and others while avoiding the stereotypes and clichés that may result from attempts to describe particular groups" (Phinney, 1992, p. 151).

Yet another model to view multicultural development in counselors involves assessing the moral development of the student using Kohlberg's theory, to determine a student's ability to culturally de-center when confronted with a situation that challenges his or her cultural values (McAuliffe, Grothaus, Jensen, & Michel, 2012). The concept of de-centering is described as "the counselor considering his or her culture to be one among many, will all being viable under particular circumstances" (p. 119).

Pedagogy

Formal multicultural training in counseling programs has been proven to increase counselors' self-reported multicultural competence (Constantine, 2001). Specific pedagogical techniques for teaching from the perspective of one or both of the previously described models have been utilized, including cultural immersion activities, and personal growth groups. Literature describes teaching in the context of counseling graduate courses or field experience courses of practicum and internship (Benshoff &

Rowell, 2008; Canfield, Low, & Hovestadt, 2009; Johnson & Lambie, 2012; Smith-Augustine, Dowden, Wiggins, & Hall, 2014).

Use of a pedagogical intervention called a personal growth group has been described as a way to increase counseling students' levels of awareness while interacting with the knowledge they learn in the context of a multicultural skills course (Benshoff & Rowell, 2008; Johnson & Lambie, 2012). These closed groups offered within courses focused on multicultural issues are aimed at "facilitat[ing] dialogue about participants' experiences during the course" (Benshoff & Rowell, 2008, p.2). Personal growth groups have been found to enhance counseling students' personal ethnic identity (Benshoff & Rowell, 2008), as well as increase their understanding of multicultural competence in counseling (Johnson & Lambie, 2012).

Cultural immersion experiences are another pedagogical tool designed to expand counseling students' awareness and knowledge of cultures other than their own, and other than the dominant culture. Canfield et al. (2009) describe immersion experiences as assignments where students interact with people from cultures unfamiliar to them for extended periods of time, preferably in the context of a study abroad trip. These educational international travel experiences are effective at increasing students' multicultural competence (Barden & Cashwell, 2013; Smith-Augustine et al., 2014). The immersion experience can be accomplished without travelling as well, given that a student immerses oneself in an unfamiliar culture "as opposed to *importing* elements of the selected cultural group into their sphere of familiarity" (Canfield et al., 2009, p. 320).

Assessment

Assessing multicultural competence has been studied in a handful of ways. Self-reports assessments are the most common, though observer-rated assessments and client assessments are also used in research. The most commonly used self-report assessments are the Multicultural Counseling Knowledge and Awareness Scale (MCKAS) (Ponterotto et al., 2002), the Multicultural Awareness-Knowledge-Skills Survey (MAKSS) (D'Andrea et al., 1991), and the Cross Cultural Counseling Inventory-Revised (CCCI-R) (LaFromboise et al., 1991). Each of these assessments are self-report measures, though the CCCI-R has an observer-report version, though studies utilizing this version are scarce.

A study by Cartwright et al. (2008) compared observer ratings to counseling students' self-report measures of multicultural competence. The students submitted a video-taped mock counseling session in response to an assigned case vignette regarding a culturally sensitive issue. The multicultural interactions demonstrated on these tapes were rated by researchers using the Multicultural Counseling Assessment Survey Form I (D'Andrea, 2004), a Likert-scale assessment based on the Sue and Sue dimensions of awareness, knowledge, and skills. Results indicated that students tended to over-estimate their multicultural competence.

A similar study previously conducted by Constantine and Ladany (2000) compared self-report multicultural assessments with researcher-rated case conceptualizations, which participants completed by responding to a vignette describing an ethnic minority client. Results indicated no relationship between the self-report

measures and the case conceptualization, suggesting that the assessments likely measure multicultural counseling self-efficacy rather than competence.

Methodology

Research Design

Qualitative research has a primary purpose of understanding data in context, rather than measuring it quantitatively. As such, no formal assessment tools are used, and often, the researcher him/herself is referred to as the only tool in the research process (Miles, Huberman, & Saldana, 2014). Many qualitative research methods include flexible, or semi-structured interviews to gather information on the lived experiences of participants. The content of these interviews are then coded and analyzed to answer research questions around phenomenological inquiry, narrative inquiry, ethnographic studies, or other qualitative traditions (Creswell, 2001). For the present study, a qualitative research design was implemented, in the tradition of content analysis. Archival data from obtained from the Academic Video Online collection (Alexander Street Press LLC, 2011) was analyzed using a qualitative content analysis process.

Qualitative content analysis (QCA) is a research methodology which is particularly well suited to written communication, interview transcripts, or videos. As the present study used archival data of video-recorded counseling sessions, a QCA approach is fitting. The aim of this particular research design is to identify both manifest and latent content in the data (Mayring, 2000), which is particularly appropriate for studying multicultural counseling, which involves a number of non-verbal or latent communication elements. Non-verbal communication in counseling can include nodding, body language, body posture, gestures, and physical distance between individuals.

Multiculturally significant non-verbal or latent communication can include subtle behaviors or comments called micro-aggressions, which Sue et al. (2007) defines as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (p.271). Microaggressions and other non-verbal, context-specific communication in counseling sessions were included in the focus of the present study.

After data was selected and reviewed, the researcher created categories that emerged from the data, which described the content. This type of content analysis coding is inductive, where the categories are created from the data as coding occurs. This is in contrast to deductive content analysis, where a specific theory or model would define categories prior to coding (Elo & Kyngäs, 2008). A possible category in this study may include, "Broaching cultural differences" which would describe direct conversations counselors have with their clients about how cultural differences are affecting the counseling relationship (Day-Vines et al., 2007). Another category may be "Microaggressions" which could include non-verbal or latent content where a counselor is unintentionally offensive or dismissive of a cultural issue present in the counseling relationship. Categories were determined once data is viewed and reviewed several times, and patterns emerged from the data.

Participants and Sampling

Counseling session recording were sampled from the Alexander Street Press Academic Video Online streaming media collection made available to this researcher through Monsignor William Barry Memorial Library. The Streaming Media Library is

described as "a multidisciplinary collection of videos that touches on the curriculum needs of virtually every department. Academic Video Online: Premium allows students and researchers alike to analyze unique and valuable content from over 500 producers and distributors around the world" (Alexander Street Press LLC, 2011). Videos are organized by discipline, of which "Counseling and Therapy" has 1,763 videos included. These videos are divided into the following categories: Fields of Interest; Clinicians; Therapeutic Approaches; Subjects; Publishers; Presenting Conditions. Within the category "Field of Interest," the subcategory "Multicultural Counseling" includes 232 videos.

This researcher identified counseling session videos to include in the data set for this study by viewing these sessions and determining if they were intake sessions where the counselor is of a Visible Racial/Ethnic Minority (VREM), and verified that the session is unscripted (D.W. Sue et al., 1992).

Instrumentation and/or Materials

Per qualitative content analysis procedures, categories were created as data was reviewed. NVivo software was utilized for analyzing data after it was identified and categorized. No formal assessments were utilized in this study, as is expected in qualitative research.

Procedures

After obtaining IRB approval for this study, this researcher began open coding, viewing each video and taking notes by hand. This researcher followed coding suggestions from Saldaña (2016), by focusing on specific aspects of the data for each viewing.

Following three rounds of open coding, this researcher developed a coding frame based on the patterns found in the data. Each counseling video's transcript was coded in NVivo to provide further analysis. At this point, peer reviewers were invited to view selected clips of counseling sessions and discuss the coding frame. This peer review process ensures dependable and credible results in qualitative research.

Processes to Ensure Dependable and Credible Results

After clips were selected and preliminary categories were outlined, two peer reviewers independently reviewed the clips and categories and provided feedback. These peer reviewers were of different ethnic backgrounds than this researcher, to provide a different viewpoint and protect against bias in interpreting the data. Peer reviewers were also recognized experts in multicultural counseling.

Once the categories were reviewed and agreed upon by all reviewers, ensuring inter-coder reliability, data analysis was completed using the identified and/or revised categories. Exemplars were recorded, including quotes or video clips of non-verbal communication, to demonstrate each category.

Throughout the data selection and coding process, the researcher kept a reflexive journal to record thoughts, interpretations, and process potential bias, in order to bracket personal beliefs and views. The process of journaling is a common practice in qualitative research to control for researcher bias (Miles, Huberman, & Saldana, 2014). A detailed researcher self-disclosure statement is included in chapter 3.

Data Analysis and Interpretation and Expected Results

The analysis process was aided by NVivo software, which allowed for multimedia data analysis including audio, video, and transcribed text. While categories and

subcategories emerged from the data during hand written open coding, NVivo was used to organize the data into a presentable, cohesive report.

This researcher expected to find a roughly even number of culturally sensitive and culturally insensitive interactions in the data. This is somewhat contrary to what is stated in the literature, which is that counselors from ethnic minority backgrounds tend to have more awareness of multicultural counseling issues. As previously discussed, however, a counselor's awareness and knowledge of multicultural counseling issues (Constantine, 2001c) may not translate to demonstrated skills in a counseling session. For this reason, the data was expected to show areas for growth in demonstrated multicultural counseling skills in a demographic of counselors who have usually been overlooked as needing this particular type of training.

Limitations and Educational Implications/Inferences

Limitations of this study include the inability of the researcher to identify ethnic minority or other minority status traits aside from visual or aural cues in the videos. A counselor may appear to be from the dominant culture, and speak without an accent, but strongly identify with a minority group. If this were the case, a session may be discarded from the data set mistakenly, but without self-reported demographic data from counselors, it would be impossible to identify all counselors belonging to minority groups. Qualitative studies intentionally use small sample sizes, which results in non-generalizable results. Further research will be necessary to create generalizability.

Educational implications include using the results of this study to inform the specific clinical supervision and skills development needs of counselors who are of ethnic minority backgrounds and are typically overlooked as needing multicultural competency

training. As counseling training can become more inclusive for people from all cultural backgrounds, the counseling services given should improve. Multiculturally competent counselors have the ability to increase services for marginalized populations, increasing the quality of life for cultural minorities as well as vulnerable populations such as the severely mentally ill, low-socioeconomic status, displaced or refugee status individuals, and more. The issue of multicultural competency training can be far-reaching for the effectiveness of counseling professionals.

CHAPTER II: LITERATURE REVIEW

The purpose of this section is to review the current literature that exists in the area of multicultural counseling. First, the need for multicultural counseling is discussed through the history of racial and other types of oppression in the United States, and racial disparities in education, legal, health, and mental health that continue today. Theories for understanding racial prejudice and its effects on ethnic identity will be described. The history of multicultural counseling organizations and competencies will be outlined. Then, the dominant theory of multicultural counseling, Sue's Tripartite Model (2001) will be elucidated. Then, specific pedagogical methods for teaching counseling students' multicultural competency will be reviewed. Finally, existing methods for assessing multicultural counseling skills will be described.

History of Oppression and Prejudice in the United States

The founding of the United States of America is typically taught as a story of discovery for Europeans and an opportunity for religious freedom for the British. From the perspective of Native Americans, African Americans, and other minorities, however, the arrival of the Europeans was the beginning of systematic oppression, relocation, and murder of their people (Tuhiwai Smith, 1999). Subsequently, the United States (US) began bringing people from Africa as slaves, buying and selling people as property. As the European colonies became the US, its population growing with immigrants from various countries, prejudice, oppression, and violence became directed toward whichever immigrant group had most recently arrived, i.e. the Irish, the Italians, or the Polish (Allport, 1954; Utsey, Bolden, & Brown, 2001). Although all US slaves were freed following the Civil War, legal racial oppression and segregation continued until the Civil

Rights Movement, and continued racial prejudice continues today, as evidenced by current disparities in education (Farkas, 2003; Peguero, Shekarkhar, Popp, & Koo, 2015; Shifrer, Muller, & Callahan, 2011; Skiba, Michael, Nardo, & Peterson, 2002), application of the law (Burch, 2015; Crutchfield, Skinner, Haggerty, McGlynn, & Catalano, 2012; King, Johnson, & McGeever, 2010; McConnell, 2013; P. Warren, Tomaskovic-Devey, Smith, Zingraff, & Mason, 2006; Wildman & Moran, 2007), health (N. G. Choi & Kim, 2010; García & Sharif, 2015; Jackson, Knight, & Rafferty, 2010; Schnittker & MacLeod, 2005), and mental health (Aneshensel, 2009; Ditchman et al., 2013; Rogler, Cortes, & Malgady, 1991; S. Sue, Yan Cheng, Saad, & Chu, 2012).

Movements to bring attention to and end oppression based on gender, sexual orientation, and gender identity have also led to societal and legal shifts in the United States. For example, the Women's Suffrage Movement fought for women's rights to vote, own property, and other financial rights, which was ratified into law in 1920 as the 19th Amendment (Mccammon, Hewitt, & Smith, 2004). Typically identified as beginning with the riot at Stonewall Inn in 1969, the Lesbian, Gay, Bisexual, and Transgender (LGBT) community fought for equal rights within the realms of housing, work, and family (Armstrong & Crage, 2006), and recently obtained the right to serve openly in the military and marry nationwide in a 2015 Supreme Court decision (Liptak, 2015).

These movements have succeeded in increasing legal rights for marginalized persons, but societal attitudes and prejudice remain (Jones, 2016; Robinson, 1999; P. Warren et al., 2006). Systemic inequality also continues to promulgate unearned privilege for members of the dominant group (traditionally White heterosexual, upper-class males), and undue hardship on minorities. For example, Feminist movements are still fighting for

equal pay for equal work. LGBT individuals continue to face discrimination and endure violence, including hate crimes, increased unemployment, poorer mental health, and other effects of systemic and individual prejudice today (Dessel, Goodman, & Woodford, 2016; Luiggi-Hernández et al., 2015).

For the purpose of this research study, the focus will be on the prejudice and oppression experienced by people who are visually identified as racial minorities, in the United States, termed Visible Racial and Ethnic Minorities (VREM) (D.W. Sue et al., 1992). Continued racial prejudice is present today in subtle, rather than overt actions. These subtle discriminatory actions and statements are known as racial microaggressions, largely unintentional verbal and non-verbal slights or insults toward people of color (Sue et al., 2007), which will be explained at length in a later section. On a systemic level, racial disparities appear in everyday business dealings (McConnell, 2013; McPhate, 2015), hiring practices, legal issues (Crutchfield et al., 2012; University of Vermont, 2012; P. Warren et al., 2006), and education (Farkas, 2003; Skiba et al., 2002). Current studies and statistics reveal a racially unequal society.

Current Impact of Oppression

Although the Civil Rights Movement ended legally sanctioned racial discrimination practices such as educational segregation and housing practices such as redlining have been eliminated, and African Americans obtained the right to vote, systemic oppression continues to affect people of color in the US, particularly in the educational, legal, and healthcare systems. The following sections will describe the current effects of these systems' oppressive practices considering educational, legal, health, and mental health disparities across racial divides.

Educational disparities. People of racial minority backgrounds have historically lacked access to the same educational resources as their White counterparts. This has been supported by racially discriminatory psychological assessments that labeled racial minorities as biologically inferior to Whites (Guthrie, 2004). African American students were placed in segregated, less rigorous, less funded educational programs less than a century ago (Guthrie, 2004). Currently, children from minority backgrounds experience health and educational disparities upon children entering kindergarten. Starting with school readiness (defined as reading and math skills, vocabulary, and school-appropriate behavior) there are wide racial disparities, amounting to about a one-year difference between White and ethnic minority students. This disparity grows to a four-year gap by the end of high school (Farkas, 2003). Researchers who reviewed large-scale, longitudinal data sets on student achievement identify that most of these disparities can be attributed to socioeconomic class differences (Farkas, 2003; Shifrer et al., 2011). As families of racial minority groups are disproportionately in lower socioeconomic classes, minority children are more likely to start school with less preparations, retain less over summer breaks, and subsequently be placed into lower level classes, repeat grades, or be placed into special education classes (Farkas, 2003). While these systemic variables provide one perspective on educational racial disparities, discrimination within schools is another important factor.

Students of ethnic minority backgrounds are also disproportionately subject to school discipline, including suspension, expulsion, and capital punishment, even when controlling for socioeconomic status, which suggests racial discrimination (Okonofua, Walton, & Eberhardt, 2016; Peguero et al., 2015; Skiba, Trachok, Baker, Sheya, &

Hughes, 2014). In a quantitative study on students' disciplinary records conducted by Skiba et al.(2002), black students were found to be disproportionately sent to the office to receive discipline, and often for subjective offenses, such as being disrespectful. In contrast, White students were most often sent to the office in response to more objective behaviors, such as smoking or vandalism. The study concluded that while office referrals resulted in non-biased disciplinary actions, the number of and reasons for office referrals from teachers are likely influenced by racial bias and discriminatory actions.

Legal Disparities. While laws separating access to resources specifically by race were eliminated with the success of the Civil Rights Movement and ending of Jim Crow era segregation, other laws regarding taxes and housing have continued to create disparate access to resources such as education and affordable housing for racial minorities (McConnell, 2013; Zuckerman, Mattox, Sinche, Blaschke, & Bethell, 2014). Property laws such as those surrounding home mortgages are intended to be race-neutral, but have arguably created barriers for racial minorities (Mendez, Hogan, & Culhane, 2014). This includes barriers to home ownership and, therefore, wealth accumulation that Whites enjoy, increasing racial disparities in income and wealth over time (Wildman & Moran, 2007). Similarly, people with "Black-sounding" names have been found to disproportionately denied access to AirBnB rentals, a sharing platform that is an alternative to hotels (McPhate, 2015).

Perhaps the most visible racial disparities of late can be found in police interactions and criminal court cases. Multiple studies have found that racial minorities, and in particular, Black males, are disproportionately pulled over by police, arrested for misdemeanors, and given harsher sentences for the same crimes as their White

counterparts (Crutchfield et al., 2012; King et al., 2010; Roh & Robinson, 2009; P. Warren et al., 2006). In recent years, high-profile events involving young Black men killed by White police officers accused of misconduct, but who were not prosecuted for any crimes, have brought this issue into the national spotlight. These cases have made Trayvon Martin, Michael Brown, Freddy Gray, and Eric Garner household names, as well as sparked a national discussion and protest movement, Black Lives Matter, about modern-day racial disparities in the justice system (García & Sharif, 2015; Jones, 2016).

Health disparities. Children from racial minority groups are also less likely to receive early childhood screenings, diagnosis, and treatment for behavioral or developmental disorders, which could influence their ability to succeed in school (Aneshensel, 2009; Shifrer et al., 2011). Multiple factors create this disparity, including lack of access to primary and specialized medical care, cultural differences in what is considered appropriate childhood development, and lack of cultural competence among physicians, which leads to fewer discussions of parental concerns (Zuckerman et al., 2014).

Health disparities follow people from racial minority groups into adulthood, resulting in higher levels of chronic illness such as higher infant mortality rates, hypertension, and lower life expectancies (Jackson et al., 2010; Schnittker & MacLeod, 2005). As with educational disparities, the importance of systemic variables such as socioeconomic status and access to healthcare must be considered to fully understand individual behaviors. While people from racial minority groups tend to engage in more unhealthy behaviors such as poor nutrition, smoking, and substance use, research suggests these could be coping mechanisms for dealing with chronic stress (Jackson et

al., 2010). The chronic stress and consequential health issues that people of racial minority groups experience is related to poorer socioeconomic status, income inequality, and perceived social status (Schnittker & MacLeod, 2005). Multiple studies also show that traumatic experiences such as war and childhood maltreatment causes biological changes in stress regulation and immune system functionality, which can be genetically transmitted to children (Kellermann, 2013; Perroud et al., 2014; Ramo-Fernandez, Schneider, Wilker, & Kolassa, 2015). Given that people who are racial minorities are significantly more likely to be exposed to violence in the US, genetic transmission of the results of such trauma can also be taken into account when considering health disparities (Zimmerman & Messner, 2013).

Mental health disparities. In comparison to their White counterparts, people of racial minority backgrounds suffer from more mental health disorders (Aneshensel, 2009), have less access to mental health services (K. A. Williams & Chapman, 2011; Wynaden et al., 2005), seek mental health services less often (Berger, Zane, & Hwang, 2014), and receive poorer quality mental healthcare which therefore results in poorer treatment outcomes (Miranda et al., 2003). Aneshensel (2009) asserts that these disparities are ultimately the result of systemic socioeconomic inequality, which disproportionately affects people who are racial and ethnic minorities. Her research also deconstructs mental health disparities as a combination of financial stress, lack of access to psychosocial resources, as well as the constant stress of living in economically and racially segregated low-income neighborhoods. Living in low-income neighborhoods is correlated with higher exposure to violence, which increases rates of depression, substance use, and other behavioral issues (Zimmerman & Messner, 2013).

Understanding the impact that these disparities has on both racial minorities and the dominant group is important to developing effective interventions to reduce said disparities.

Due to these disparities, and the above-mentioned educational disparities, mental health professionals are mostly from dominant populations. Therefore, counselors charged with treating people from minority groups are mostly White and have no personal experience with the cultural differences between themselves and their clients. Sue first addressed this issue of cultural differences affecting mental health counseling outcomes in 1977, stating that cultural differences between counselor and client create "barriers to effective counseling [which] often lead to alienation or an inability to establish rapport with the culturally different" (Sue, 1977, p. 422). These barriers, which can prevent providers from providing culturally-appropriate mental health counseling, lead to higher rates of premature termination and poorer outcomes for clients from racial and/or ethnic minority backgrounds, as the values prioritized in Western-based counseling theories can be at odds with the cultural values of these minority clients (Sue, 1977). The counseling profession has since attempted to rectify this disconnect through research and updated pedagogy in counseling training programs, which will be discussed further in a later section.

Models of Oppression and Prejudice

Theories for understanding why and how dominant groups such as Whites in the US develop and maintain racial prejudice provide an understanding of this phenomenon as well as strategies to reduce prejudice and oppression. Another important perspective to consider is the effect of systemic and pervasive oppression on the ethnic and racial

identity development of minority groups. Starting with a wider perspective, Allport's (1954) and Dubois' (1903) theories of the social implications of prejudice will be elucidated. Then, theories describing the impact of systemic prejudice on individual development will be outlined.

Perhaps the most prolific and earliest writer on the psychology of racial prejudice, Gordon Allport, is said to have influenced a generation of social psychologists with his research and writing (DeCarvalho, 1993). His life and work included work with police officers in Boston to educate the officers on how to peacefully solve racially charged riots, as well as studying racial tension in South Africa that supported his theories that racial prejudice is a universal phenomenon. His book, The Nature of Prejudice (1954), describes elements of prejudice and discrimination from the dominant group's perspective, as well as how one can overcome such behaviors.

Allport (1954) asserted that prejudice and subsequent discrimination is an emotionally-based phenomenon. This was illustrated by studies showing that people will harbor universal prejudice toward unfamiliar groups, or outgroups, to the point of agreeing to discriminate against fictional groups of foreigners (Allport, 1954). Today, rather than outward manifestations of prejudice such as using racial epithets or other racist verbal expressions, people are likely to harbor subtler, unexplored prejudices, which Allport (1954) describes as an "inner conflict." In other words, a person may intellectually rationalize away discriminatory thoughts or actions toward a group, but emotionally continue to feel uncomfortable toward that group. Allport describes four possible options for managing this inner conflict, which continue to ring true more than sixty years after they were written: Repression, Defensive Rationalizations, Compromise

Solutions, and Integration. Repression is simply denying the existence of any prejudice or discrimination on an individual or community level. Defensive Rationalization, however, involves admission of a prejudicial belief, but includes evidence or a rationalization to justify this view. This can also present as "bifurcation," or a rationalization that splits some members of a minority group away from the discriminatory belief, such as with a phrase, "Not all of them are criminals, some are great people" (p. 335).

Another way of managing this conflict is described as Compromise Solutions. This involves a person changing their behavior and even words and beliefs depending on the situation. Allport (1954) explains, "We are not only permitted to contradict ourselves but are actually expected to do so – depending on the situation" (p. 337). For example, a White person may express different opinions about current events such as the Black Lives Matter movement, depending on whether any Black people are present, only voicing more discriminatory ideas when in the company of all White people. In contrast to this approach, Integration is an approach where a person chooses to confront their prejudices in favor of consistent behavior. "They can neither repress, rationalize, nor compromise with any comfort" (p. 338). Allport describes the person who can use Integration as someone from the dominant group who is in the process of thoughtfully challenging assumed realities about minority groups, and makes judgments about people on an individual basis, rather than on prejudicial beliefs. A White person using this approach will strive to truly understand the challenges faced by people of color, rather than giving lip service to said challenges when discussing them with Black people, and privately dismissing them when surrounded by White people.

A method of reducing prejudice, noted by Allport (1954) is through contact with people of ethnic minority groups. He notes, however, that the type of contact matters. While casual or superficial contact can lead to cementing stereotypical views of minority groups, extended contact such as through close proximity as at work or in residential areas leads to reduction in prejudiced attitudes. Allport notes, however, that contact between majority and minority members must be purposeful and is also enhanced if a person of color is in a high-status position. Intercultural or interracial contact that reduces prejudice must "remove barriers to effective communication" (p.273). These ideas support the concept of having professors, a high status position, of ethnic minority groups, in counseling programs, where conversations about race and prejudice can occur within the context of counseling (Constantine, Smith, Redington, & Owens, 2008).

Allport's theories have been criticized in favor of Dubois's (1903) perspective, which emphasizes Black personality development. While Allport's theories on how prejudice develops is based in the perspective of the dominant culture, which is White, Dubois asserts that African Americans struggle with an implicit duality of identity - American and Black (Gaines & Reed, 1995). African Americans then develop prejudice differently because they are not the dominant culture. This can result in self-rejection, or adoption of the dominant culture's view. This struggle is described in depth through theories of ethnic and racial identity development.

Theories of Ethnic and Racial Identity Development

Racial and ethnic identity development theories provide an understanding of the effects of oppression and prejudice on people of color on an individual level, as well as how a person of color understands their place as a racial minority. As developmental

models, these theories describe how a person's own understanding of their racial identity can change over time.

Sue's (1982) awareness dimension can be understood through the lens of ethnic identity. Counselors with a thorough understanding of their own ethnic identity could be considered to have a high level of awareness of both their own and others' ethnic identity. Ethnic identity can be described as "the psychological relationship of ethnic and racial minority group members with their own group" (Phinney, 1990, p. 499). Researching ethnic identity development in adolescents, Phinney (1990) concluded that by adulthood, most individuals reach a fairly "stable and secure sense of themselves as ethnic group members" (Phinney & Ong, 2007, p. 275). A proposed model of ethnic identity development consists of four successive statuses: Diffuse; Foreclosed, Moratorium; and Achieved (Phinney, 1989). These statuses are defined as follows:

1. Diffuse: Little or no exploration of one's ethnicity and no clear understanding of the issues.

2. Foreclosed: Little or no exploration of ethnicity, but apparent clarity about one's own ethnicity. Feelings about one's ethnicity may be either positive or negative, depending on one's socialization experiences.

3. Moratorium: Evidence of explorations, accompanied by some confusion about the meaning of one's own ethnicity.

4. Achieved: Evidence of exploration, accompanied by a clear, secure understanding and acceptance of one's own ethnicity (Phinney, 1989, p. 38).

This research led to the development and revision of an ethnic identity assessment, the Multigroup Ethnic Identity Measure (MEIM) (Phinney, 1992), the first

such assessment that is not specific to any particular racial or ethnic minority group. This measure was developed from qualitative interviews with 91 high school students of racial and ethnic minority backgrounds. Coding these interviews revealed that ethnic identity development consists of two distinct processes: exploration and commitment. Exploration is described as "efforts to learn more about one's group and participation in ethnic cultural practices" and commitment as "a positive affirmation of one's group" (Phinney & Ong, 2007, p. 275).

Helms's (1984; 1995) model of White Identity Development was originally developed as a stage model, but was later updated using the term *status* in order to "encourage more conceptually complex analyses of people's expressions or manifestations of their racial identity" (Helms, 1995, p. 183). Due to White individuals being members of the dominant group, and therefore inherently having access to resources and privileges, Helms describes six increasingly mature statuses a White individual may achieve, culminating with the "abandonment of entitlement" (p. 184). A person in the first status, Contact Status, would likely be unaware of or deny the effects of or one's participation in racism. In order to move to another status, Helms explains, a White person must encounter a meaningful racial interaction that he or she is unable to process through his or her current schema or status, creating a need for a new way of understanding racial identity and interactions. The second status, Disintegration, is characterized by this type of disruption or breakdown in typical understanding of racial interactions. The next status, Reintegration, describes a return to a privileged, entitled, or justifying attitude toward racial interactions. Pseudoindependence status is characterized by an intellectualized tolerance for racial minorities. In this status, a person may

recognize that many racist stereotypes are untrue, but still feels uncomfortable around people who are racial minorities. The Immersion/Emersion status, involves deep introspection around personal racial identity, confronting personal bias and becoming aware of privilege. This leads to the final status, Autonomy. This status describes a White person with an informed, yet flexible understanding of racial identity and interactions, and "the capacity to relinquish the privileges of racism" (p. 185).

Cross's (1971; 1995) model, titled "The Psychology of Nigrescence" describes a five stage developmental model of racial identity for Black individuals. Starting with an unexamined identity which is typically aligned with the dominant culture, a Black individual may harbor some self-hatred and believe racist stereotypes about oneself and the Black Community. An individual in the Pre-Encounter stage transitions to the Encounter stage through a perspective-experience. Such an experience must be salient enough to "shatter the relevance of the person's current identity and worldview" (p. 105). Cross further explains that such an experience may be the cumulative effect of many subtle racist slights over a long period of time, and the individual interprets or personalizes one of these encounters in a different way, altering their perspective. This could also be an experience of racial prejudice that cannot otherwise be explained. The following stage, Immersion-Emersion, is described as a time of transition – of personal transformation, but also anxiety, as a person pursues knowledge and culture from different racial and/or cultural perspective. This also parallels the White Identity Development (Helms, 1995) status by the same name, in that anger toward White people and institutions is common during this period, as a person integrates oneself passionately into Black culture and social groups. This transitional period lends to the fourth stage,

Internalization, which is described as "the successful resolution of one's racial identity conflicts" (p. 113), allowing a person to view their Black racial identity as a "reference group orientation" (p. 115). This can also become a time of integrating a newly understood Black identity into a bicultural (Black and American) or multicultural (Black, American, Christian, Latina/o, etc.), identity. In this stage, relationships with White people and organizations will be repaired, as the emotional intensity of the Immersion-Emersion stage has passed and an internalized, nuanced racial identity has been developed. The final stage, Internalization-Commitment, is described as "finding ways to translate [one's] personal sense of Blackness into a plan of action or general sense of commitment" (p. 121). This stage may include cycling back to the previous stages and reworking one's sense of racial identity. This movement through the stages multiple times is considered a normal part of this developmental model.

A specific model for Hispanic identity development has been proposed (Ruiz, 1990), and a later qualitative study supported the usefulness of a stage model of development for people who identify as Hispanic but have varied nationalities and racial identities (Martin & Chiodo, 2004). The interplay of ethnic identity development and enculturation/acculturation to the dominant society are the main developmental tasks a Hispanic individual will be faced with in his or her lifetime (Casas & Pytluk, 1995). The concept of Hispanic acculturation itself is debated in the literature as a Euro-centric or one-dimensional concept that cannot be adequately measured through quantitative means (Casas & Pytluk, 1995; Rogler et al., 1991). Other scholars theorize that generalized minority development models which do not purport to apply to specific groups of

minorities, such as Phinney (1996; 2001) and Atkinson (1998) have been found to apply quite well to Hispanic people's lived experiences (Martin & Chiodo, 2004).

Other identity development models exist for Asian-Americans (Gim et al., 1991; Ying & Lee, 1999), LGBT individuals (Rosario, Schrimshaw, & Hunter, 2008), and other marginalized populations. Each ethnic identity model describes stages of identity, beginning with an unexamined view that is congruent with the dominant culture. Cognitive dissonance prompts the person to examine assumptions about one's own and others' racial identity, which eventually leads to a new, broader, and more nuanced understanding of race, culture, and ethnicity as an individual in a multicultural society. A multiculturally competent counselor who is self-aware and has a mature ethnic identity will be able to help a greater diversity of clients. For a minority counseling student to reach this level of multicultural competence, they may be pushed into an uncomfortable, dissonant developmental stage in the counseling coursework, or perhaps goes into the counseling program in this stage, and would require support for what Cross (1995), Phinney (1996), and Ruiz (1990) describe at worldview-shattering, anxiety-producing personal chaos. In order to gently guide a person who is undergoing graduate studies to a resolved stage of examined ethnic identity, it is important that such a model not only be applied to counseling clients, but students as well. There is a paucity of research around the development of multicultural counseling competence of counseling students of color (D.W. Sue & Sue, 2013), but by following the above-described racial identity development models, it is reasonable to expect that these students may struggle in their development of multicultural competence without informed supervision and teaching.

History of Multicultural Counseling

The psychology and counseling fields began studying issues of multicultural counseling in response to the Civils Rights Movement, creating organizations dedicated to studying the specific psychological and mental health needs of people of color, developing theories of multicultural counseling practice, pedagogical methods for teaching multicultural counseling, and assessment tools for measuring clinicians' multicultural counseling competency. Each of these developments will be described in the following sections.

Multicultural Counseling Organizations. Prompted by the 1964 Civil Rights Act, the fields of psychology and counseling began to examine the "pervasiveness of scientific racism in research" and the "particular needs of ethnoracial minority groups" (Arredondo & Perez, 2006, p. 1). In the field of psychology, people of color began to formally organization to advocate for a shift away from White, European dominated perspectives. Beginning with the Association of Black Psychologists being formed in 1968, similar minority-led groups formed (Arredondo & Perez, 2006). These groups united as the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests. In the field of Counseling, the Association of Non-White Concerns (ANWC) was established in 1972 under the American Counseling Association (ACA). The organization is now known as the Association of Multicultural Counseling and Development (AMCD) (Arredondo & Toporek, 2004, p. 45). Another purpose of ANWC's efforts was to advocate for education on multicultural issues within counselor education programs, as surveys found that fewer than 1% of students received such instruction in the late 1970's (Sue, Arredondo, & McDavis, 1992).

In 1982, the first multicultural competencies paper was published, as commissioned by the American Psychological Association Counseling Psychology Division president, Allen Ivey. This paper listed ten specific multicultural competencies (D.W. Sue et al., 1982), operationalizing for the first time the specific skills, knowledge, and personal awareness a multiculturally competent counselor needs, based on Sue's model (1982), which is described later in this chapter. These competencies paved the way for accreditation standards in the area of multicultural counseling, requiring CACREP-accredited counseling programs to include training on cultural diversity. In 1991, an AMCD professional standards committee reviewed and expanded these competencies (Sue et al., 1992). In 1996, these competencies were expanded upon, or operationalized, with descriptive statements of behaviors for multiculturally competent counselors to embody (Arredondo et al., 1996). This extensive document also provided descriptors of other characteristics of individuals, called Dimensions. Dimension A, described as fixed or unchanging characteristics such as gender, race, culture, sexual orientation, and language (including accents). Dimension B includes educational attainment, career, relationship status, and religious practices. These characteristics are usually not visible like gender and race are and are subject to change. The meaning of Dimensions A and B are mitigated by Dimension C, which describes the "historical, political, sociocultural, and economic contexts… impacting one's personal culture and life experiences" (Arredondo et al., 1996, p. 46). This dimension model can assist a counselor in assessing a client's many layers of identity. As discussed earlier, a man who is Black (dimension A) is likely to have disparate educational and career opportunities (dimension B), because of historical and political systems affecting his options (dimension C).

The newest revision of the AMCD competencies was recently published to include social justice competencies (Ratts et al., 2015). Another significant change includes language to acknowledge that both counselors and clients fall on a continuum between privileged and marginalized on a variety of characteristics. The competences remain organized around the Awareness, Skills, and Knowledge domains, but also include an Action domain which address the social justice component. Many of the skills-oriented competencies, however, fail to describe observable behaviors that would be displayed in a counseling session. For example, under the "Counseling Relationship" category, the skills competencies include "Acquire assessment skills to determine how the worldviews, values, beliefs and biases held by privileged and marginalized counselors and clients influence the counseling relationship" (Ratts et al., 2015, p. 10). These assessment skills are not defined. One of the action competencies reads, "Take action by exploring how counselor and clients' privileged and marginalized statuses influence the counseling relationship" (p. 11). While this is conceptually sound, further definition of how this exploration takes place would make this an observable action.

Multicultural Counseling Theory. Many theories have been developed within counseling and psychology fields to explain the importance and meaning of racial and ethnic identity, as well as other aspects of identity such as gender and sexual identity. These theories address the role of minority statuses within counseling relationships, clinical supervision relationships, and for individuals' personal understanding of their own ethnic or other minority identity.

Derald Wing Sue, who first wrote on the subject in 1977, has developed one of the most well-known theories in the counseling field. His writing advocated for a

systemic approach to counseling relationships in which cultural differences are present. This approach includes taking into account cultural and class values, language barriers, and experiences of oppression. Even upon his first writing, the need for such a theory was documented, as minority clients were underutilizing counseling services due to "inconsistent values… with their life experiences" (Sue, 1977, p. 422).

After publishing a book with the same title as the 1977 article, *Counseling the Culturally Different* (Sue & Sue, 1990), Sue's work was heavily referenced in developing the first set of Multicultural Counseling Competencies. The cross-cultural skills required of a competent counselor are described as a matrix of characteristics and dimensions. The characteristics that span across each dimension are beliefs and attitudes, knowledge, and skills. These characteristics apply to each of three dimensions: counselor awareness of own assumptions values and biases, understanding the worldview of the culturally different client, and developing appropriate intervention strategies and techniques (D.W. Sue et al., 1992).

This model was later expanded and developed into the Multiple Dimensions of Cultural Competence Model (MDCC) (D. W. Sue, 2001), with additional characteristics and dimensions. This three-dimensional model first identifies "Race- and Culture-Specific Attributes of Cultural Competence," specifically naming different visible races and ethnicities such as African American and Asian American. The second dimension, "Components of Cultural Competence," is based on the older (Sue et al., 1992) model, and includes the counselors' three needed areas: awareness, knowledge, and skills. The third dimension, which Sue (2001) identifies as particularly in need of further research, is "The Foci of Cultural Competence," which include individual, professional,

organizational, and societal levels. Expanding on these organizational foci, specific barriers to multicultural competence at each level are identified and listed.

On the societal level, for example, Sue (2001) identifies three specific issues in obtaining societal-level multicultural competence. First, "the invisibility of ethnocentric monoculturalism." Second, "the power to define reality from singular perspective," and finally, "a biased historical legacy that glorifies the contributions of one group over another" (D. W. Sue, 2001, p. 808). These descriptions fit the experiences of white privilege described by Peggy McIntosh (1988) in her essay known as "Unpacking the Invisible Knapsack."

Sue also acknowledges that as a result of his previous work, training programs have developed an emphasis on knowledge, creating "a large body of knowledge" on different ethnic groups (2001, p. 812). He goes onto emphasize the importance of other dimensions, particularly multicultural competency skills, stating, "Although cultural knowledge may be a necessary condition to becoming culturally competent, it is not a sufficient one" (p. 812).

Multicultural Counseling Pedagogy

Course contents specifically addressing multicultural issues is required in all CACREP-accredited counseling programs. Social and Cultural Diversity is one of the eight core areas required to be included in CACREP-accredited programs. The purpose of this content includes teaching "multicultural and pluralistic characteristics within and among diverse groups nationally and internationally" (CACREP, 2016). To be an effective and ethical counselor, one must be able to treat people from various cultural

backgrounds and learning about these cross-cultural dynamics within a mental health counseling dyad is an important training goal for counseling programs.

While graduate level multicultural training in counseling programs has been shown to increase counselors' self-reported multicultural competence (Constantine, 2001a; D'Andrea et al., 1991), many counselor education techniques are geared toward the White counseling student. Many classroom exercises are designed for White students to understand White privilege, learn about the effects of racism, and gain knowledge about minority cultures (Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005). The literature does not contain specific recommendations for counselor educators teaching minority counseling students and White counseling students together, or a classroom of mostly ethnic and racial minority students. Counseling programs address multicultural competence as either a single course offering or as a principle to be infused into each course in the program (Arredondo & Arciniega, 2001). Specific multicultural counseling pedagogical methods include cultural immersion experiences (Barden & Cashwell, 2013; Canfield, Low, & Hovestadt, 2009; Smith-Augustine, Dowden, Wiggins, & Hall, 2014; West-Olatunji, Goodman, Mehta, & Templeton, 2011); personal growth groups (Benshoff & Rowell, 2008; J. M. Johnson & Lambie, 2012); and using films and other media to prompt student self-awareness (Arredondo & Arciniega, 2001; C. B. Williams, 1999).

Using AMCD's Multicultural Counseling Competencies (Ratts et al., 2015; D.W. Sue et al., 1992) as a guide for course objectives, counselor educators can design classroom activities to encourage students toward developing these competencies throughout a masters-level program. Arredondo (2001) advocates for a classroom

environment as a "learning organization" (p. 265) that encourages and supports

questioning and challenging to produce personal growth in students. This environment

can be enhanced with a strong teacher-student alliance (Estrada, 2015). With this sort of

classroom, self-reflective essays, interactive exercises, and multimedia prompts can assist

students' in developing multicultural knowledge and awareness. Because counseling

students are not yet prepared to interact with clients, use of film or taped counseling

interactions can be helpful in beginning to teach multicultural counseling skills

(Arredondo & Arciniega, 2001; Williams, 1999). Most multicultural counseling courses

employ standard pedagogical interventions to increase students' cultural awareness,

knowledge, and skills. Common interventions in CACREP-accredited programs include

cultural immersion experiences and personal growth groups.

   Cultural Immersion Experiences. Cultural immersion experiences are

pedagogical tools designed to expand counseling students' awareness and knowledge of

cultures different than their own, and other than the dominant culture. Immersion

experiences are assignments where students interact with people from cultures unfamiliar

to them for extended periods of time, often in the context of a study abroad trip (Barden

& Cashwell 2013, Canfield et al., 2009). This pedagogical method is directly supported

by Allport's (1954) Contact Hypothesis, discussed earlier, which states that direct contact

with people of different cultures will lead to reduction in prejudicial attitudes. There is

evidence that counseling students who complete cultural immersion experiences display

increased cultural awareness and knowledge, commitment to social justice, in addition to

increased understanding of their own privilege and position as a member of a majority

culture (Barden & Cashwell, 2013; Canfield et al., 2009; Smith-Augustine et al., 2014).

Successful cultural immersion trips to foreign countries consist of intentional structural and process components in order to maximize educational benefits. Structural components include well-organized activities such as meetings prior to travel and debriefing throughout and after the trip. Process components include the educator's group facilitation skills to create a safe reflective space during the trip, and personality characteristics of the participants, which can affect the group dynamics and subsequent processing of the immersion experience for each individual (Barden & Cashwell, 2013).

    A qualitative study examining the impact of a study abroad immersion experience on masters and doctoral counseling students who participated in an immersion experience in Johannesburg, South Africa and Gabarone, Botswana, supported the concept of increased multicultural competence through a cultural immersion experience (West-Olatunji et al., 2011). The study included six participants, four of whom were doctoral level counseling students, and two at the master's level. These students kept journals throughout the 22-day trip, which included cultural excursions and clinical outreach services. Researchers also conducted daily group supervision and debriefing sessions with all students. The participants' journal entries became data for content analysis, which was analyzed for themes. Of significance in this study is that participants discussed and reflected on their own resistance to personal growth and emotional integration of the immersion experience, but through the direct contact with communities, were able to move through this resistance and into cultural competence (West-Olatunji et al., 2011).

    Many more qualitative research studies support that international immersion experiences significantly increase counseling students' multicultural awareness (K. M.

Choi, VanVoorhis, & Ellenwood, 2015; Prosek & Michel, 2016; Shannonhouse, Barden, & Mobley, 2015; Smith-Augustine et al., 2014; Tomlinson-Clarke & Clarke, 2010). These studies' participants consisted of all or vast majority White American female students. If the small number of students from racial or ethnic minority backgrounds had significantly different experiences from their White counterparts, this information was not included in the studies.

For students and programs that are unable to travel for this experience, however, cultural immersion experiences are still within reach. The immersion experience can be accomplished without travelling, given that a student immerse oneself in an unfamiliar culture "as opposed to *importing* elements of the selected cultural group into their sphere of familiarity" (Canfield et al., 2009, p. 320). Students of racial and ethnic minority groups can complete this type of educational experience, given that an opportunity for cultural immersion exists either locally, or funding for a study abroad trip is available to these students. For example, while a Hispanic student may have experienced racism and discrimination regularly in the community, an immersion experience such as attending a mosque or synagogue could still offer a new cultural experience.

A qualitative study of immersion experiences without travelling supports the idea of counseling students' ability to experience different cultures within their own community over the course of a semester (Hipolito-Delgado, Cook, Avrus, & Bonham, 2013). Three White female master's students completed immersion experiences in their city by volunteering at unfamiliar locations: a homeless shelter, a women's prison, and a nursing home. The students' journal entries were used as data for a grounded theory study. Identified themes included bias, barriers, and self-awareness. The results of this

study align with those of studies examining the experiences of students who travelled abroad. Another study outlines the experience of one student, a White female, who chose to immerse herself in a historically Black area of her city. Her journal entries reveal the process of self-awareness and growth that such an assignment aims for (DeRicco & Sciarra, 2005). These studies reflect the experiences of White female students confronting their identity within the dominant culture. Studies of minority counseling students engaging in cultural immersion projects are not found in the literature.

Personal Growth Groups. Personal growth groups have been described as a pedagogical tool to increase counseling students' levels of awareness while interacting with the knowledge they learn in the context of a multicultural skills course (Benshoff & Rowell, 2008; J. M. Johnson & Lambie, 2012). These closed groups offered within courses focused on multicultural issues are aimed at "facilitat[ing] dialogue about participants' experiences during the course" (Benshoff & Rowell, 2008, p.2). Personal growth groups have been found to enhance counseling students' personal ethnic identity, as well as increase their understanding of multicultural competence in counseling. Increasing students' sense of racial and ethnic identity can increase multicultural competent counseling skills (Chu-Lien Chao, 2013).

Benshoff and Rowell (2008) studied the efficacy of personal growth groups in comparison to other pedagogical methods as part of a multicultural counseling course in CACREP-accredited counseling programs. Students from various programs completed the Multigroup Ethnic Identity Measure (Phinney, 1992) at the beginning and end of the course, and students in personal growth groups completed the Group Counseling Helpful Impacts Scale (Kivilghan, Multon, & Brossart, 1996) after each group session. Statistical

analysis of the results indicated that students who participated in personal growth groups had "enhanced ethnic identity development" (Benshoff & Rowell, 2008, p. 6). Of the nearly 200 students who participated in this study, however, the vast majority were female and White, indicating that these results may not be generalizable to racially and ethnically diverse students.

Johnson and Lambie (2012) studied one class of counseling students who participated in six personal growth group sessions. Each student completed the Multigroup Ethnic Identity Measure - Revised (Phinney & Ong, 2007) and the Washington University Sentence Completion Test (Loevinger & Hy, 1996), as pre- and post-measures. They also completed the Students' Perception of Multicultural Personal Growth Group Experiences Questionnaire; a survey created for this study about the personal growth group intervention. While the results showed no significant changes in the students' ethnic identity or social-cognitive maturity, students indicated on the survey that they valued the personal growth groups as an opportunity for deeper discussion and reflection on multicultural issues. Due to the small sample size of twenty students, the lack of statistical significance is unsurprising. Another limitation of the study was the student population consisting of mostly White students (n=11, or 55%). While Black (n=4, or 20%), Latino (n=1, or 5%) and Asian (n=1, or 5%) students were included in the study, differences in their experiences based on racial identity were not discussed.

Assessing Multicultural Counseling Competency

Following the defining and operationalizing of multicultural competencies (Arredondo et al., 1996), researchers have created formalized assessments to measure counselors' multicultural skills. Other studies assess multicultural competency through

participants' completing a case conceptualization which is coded according to

competency standards (Constantine, Warren, & Miville, 2005; Spanierman, Poteat,

Wang, & Oh, 2008). Some commonly used assessments include the Cross Cultural

Counseling Inventory-Revised (CCCI-R) (LaFromboise et al., 1991), the Multicultural

Counseling Awareness Scale (MCAS) which has since been revised to the Multicultural

Counseling Knowledge and Awareness Scale (MCKAS) (Ponterotto et al., 2002) and the

Multicultural Awareness-Knowledge-Skills Survey (MAKSS) (D'Andrea et al., 1991).

All three of these are self-report measures, with the CCCI-R designed for additional uses

such as a clinical supervisor or a client to evaluate a counselors' multicultural

competency. While the original MCAS contained items to control for social desirability,

the updated version, the MCKAS, does not. Therefore, none of these self-report

assessments contain any items to control for social desirability, which could affect

outcomes if a person responds in a way they expect to be more socially acceptable. More

recently, Constantine (2007) developed an instrument for clients to complete in order to

rate their counselors in regard to racial microaggressions, the Racial Microaggressions in

Counseling Scale (RMCS).

Multicultural Case Conceptualization. Using multicultural case vignettes as

prompts for counselors to demonstrate their multicultural case conceptualization abilities

has been used as an alternate way of measuring counselors' multicultural counseling

competence.

In a study comparing self-report multicultural competency assessments with

multicultural case conceptualizations, no significant relationship was found between the

two methods of assessment (Constantine & Ladany, 2000). Recruited by mail, counselors

(N=135) completed a case conceptualization prompted by a vignette about a young Mexican-American female client, instructed to "imagine" completing an intake as this client's counselor and include thoughts on the etiology of the client's problems and appropriate treatment goals. These counselors also completed a number of assessments including those discussed above. Participants completed the CCCI-R, the MAKSS, the MCI, and the MCKAS. Participants also completed the MCSDS, to provide a measure of social desirability which can account for social desirability in the completion of the self-report multicultural competency measures. Case conceptualizations were coded quantitatively for differentiation and integration, which are defined as a counselor's ability to offer multiple perspectives on a client's problem, and then to connect or relate those perspectives. Higher scores (ranging from 0 to 5) indicated more references to racial or cultural issues affecting the vignette client's problems. The lack of correlation between these two assessments suggests that the self-report measures may not be valid measures for multicultural counseling competence, which is also supported by the correlation with the social desirability scale, indicating that counselors may be overestimating their multicultural competence. This overestimation of competence was also found in studies comparing observer rated and self-report measures (Cartwright et al., 2008). Another limitation of this study is that 75% of the respondents were women, and 77% of them White. This study continues the trend of measuring multicultural competence in White female counselors with racial or ethnic minority clients. Another study utilized the same case conceptualization technique in relation to measures of empathy and perspective taking (Constantine, 2001a). Again responding by mail, 130 counselors completed a case conceptualization exercise "imagining" they were

completing an intake with a young adult male who is gay and Native American. Counselors were asked to comment on possible etiologies of the client's problems and appropriate treatment goals. The same quantitative coding system was used, ranging 0-5, depending on mentions of racial and cultural issues indicating differentiation and integration of approaches to the case vignette. Counselors also completed two of the three subscales of the Interpersonal Reactivity Index (Davis, 1980), measuring Perspective-Taking and Empathic Concern. Results found strong correlations among empathy, perspective-taking, and high scores on the written multicultural case conceptualization. The sample of counselors, however, was 77% White, and 64% female, continuing the research tradition of studying White female counselors treating ethnic minority clients.

Self-Report Measures. The MAKSS contains three scales, based on the Sue et al. (1982) model of Awareness, Knowledge and Skills. This self-report survey utilizes 4-point Likert scales for each of the 80 items (Pope-Davis & Dings, 1995). This instrument was developed to measure any change in multicultural competency from beginning to end of a master's level multicultural counseling course, and the development utilized participants from two universities, completed the course in a regular semester format, a summer semester format, or an intensive weekend course format. The participants at one university were described as "primarily Asian" while the participants at the other university were described as "primarily White" (D'Andrea et al., 1991). Results indicated that the course delivery format did not significantly affect students' multicultural awareness and knowledge development, as students' scores on the MAKSS showed gains in these areas regardless of class format. Students were found to gain the least in multicultural counseling skills development, prompting the researchers to call for further

research studying multicultural counseling skills development in clinical settings. While this measure was developed with diverse participants, it relies on self-report and without any clinical data. Researchers recognized these limitations, stating that further investigation around clinical application is needed.

The MCAS was updated and renamed the Multicultural Counseling Knowledge and Awareness Scale (MCKAS), after undergoing additional investigation (Ponterotto et al., 2002). This revision was normed with a small sample of 199 counselors in training. 45% of the participants identified as White, 18% African American, 16% Hispanic, 2% Asian American or Pacific Islander, and 1% Native American. These participants completed other assessments in tandem, to test for content validity. One of these measures was the Multigroup Ethnic Identity Measure (MEIM; Phinney, 1992), which assesses a person's level of personal racial and/or ethnic identity development, based on Phinney's model of Ethnic Identity Development (Phinney, 1992). The resulting significant correlation between these two measures supports the notion that counselors who have high levels of multicultural competency also have a highly developed personal racial/ethnic identity (Ponterotto et al., 2002).

Critiques of self-report multicultural competency assessments argue that these measures do not successfully assess for multicultural competency in practice, but rather multicultural self-efficacy (Constantine & Ladany, 2000), or counselor empathy (Constantine, 2000). In order to measure multicultural skills in practice, an observational tool completed by third party is required.

Observer Report Measures. The Cross Cultural Counseling Inventory-Revised (CCCI-R), the revised version of the CCCI, was developed with carefully designed

studies to examine the instrument's content validity, internal consistency, and salience loadings of specific items (LaFromboise et al., 1991). The participants in the three studies to develop this revised instrument were of various ethnic identities, ages, educational levels, and genders. Each of these participants utilized the instrument to rate a counselor's multicultural competency. The stimulus participants viewed in each of the three studies was a mock counseling session where the counselor was White, and the client an ethnic minority. While the strength of this instrument is that it is designed to be used as an observer report measure, rather than a self-report measure, the development and norm of the instrument is based on the typical White counselor and ethnic minority client dyad. Additionally, in research using this instrument, clients have been asked to complete the assessment (Drinane, Owen, Adelson, & Rodolfa, 2014; Fuertes, Brobst, & Gretchen, 2002), rather than clinical supervisors in tape review or live supervision. While a client's perception of their counselor's multicultural competence is important, clinical supervisors rating a counselor's multicultural skills would yield an assessment more informed by theory and clinical skills, in comparison to a client's rating. A paucity of research exists in this area, utilizing clinical supervisors' ratings of counselors multicultural counseling competence.

A study using the CCCI-R to code transcripts of counseling sessions with racial and ethnic minority clients compared results with the counselor's self-reported multicultural competence using the Multicultural Counseling Inventory (MCI) (Constantine, 2001b). Masters and doctoral students (N=54) completed the MCI after intake sessions with clients of racial and ethnic minority groups were audio-recorded and transcribed. Doctoral counseling psychology students served as raters to code the

transcripts utilizing the CCCI-R. Results showed that Latino and African American counselors were rated as having higher levels of multicultural competence, and counseling dyads where client and counselor were of the same ethnicity had no significant differences in ratings. Results of the counselors' self-report ratings were unrelated to observer ratings, which has been supported in later studies (Cartwright et al., 2008).

A study modified the use of the CCCI-R for counseling clients to use in order to rate their perception of their counselor's multicultural competence (Drinane et al., 2014). By first surveying 19 counselors (11 of whom were described as an ethnic or racial minority) to select client-appropriate items from the CCCI-R, researchers selected 15 of the original 20 items to consider for a second study with clients. Utilizing additional comments and feedback from the survey, researchers further parsed the items to just seven, with the aim of these items being clear and appropriate for client to answer. With this revised measure, researchers recruited clients who had received counseling at a university counseling center to complete the measure, rating their therapist. Of the 279 clients who volunteered for the study, 151 were White and 127 were racial or ethnic minorities, though specific racial or ethnic descriptions such as Black, Hispanic, or Asian-American, are not provided. These volunteers completed the CCCI-R revised measure as well as the Working Alliance Inventory-Short Form Revised (WAI-SR; Hatcher & Gillaspy, 2006, as cited in Drinane, Owen, Adelson, & Rodolfa, 2014). Results indicated that the working alliance and multicultural competence of the counselor are related, but distinct aspects of the working counseling relationship. The use of the abbreviated CCCI-R revealed that many of the items are inappropriate for client use, as

they are vague, outside of the client's awareness, or outside the client's scope of understanding a therapeutic relationship.

Another study utilizing the CCCI-R as a measure for clients to rate their counselor's multicultural competence surveyed 85 masters and doctoral counseling and counseling psychology students who were currently or recently receiving counseling themselves (Fuertes et al., 2002). Of these participants, the majority were White females. The participants did include 9 Asian Americans, 8 African Americans, 18 Hispanic Americans, and 1 Native American. These participants reported seeing mostly White counselors, with 3 Hispanic and 2 African American counselors reported. Participants completed the CCCI-R, as well as the Counselor Rating Form – Short (CRF-S; Corrigan & Schmidt, 1983, as cited in Fuertes, Brobst, & Gretchen, 2002), the Barrett- Lennard Relationship Inventory (Barrett-Lennard, 1962), the Milville-Guzman Universality and Diversity Scale - Short (MGUDS-S; Milville, Mohr, Sedlacek, & Gretchen, 2000) and the Counselor Evaluation Inventory (CEI; Linden, Stone, & Shertzer, 1965). Keeping in mind that the participants were graduate students in counseling, and therefore more knowledgeable about multicultural counseling competence and other counseling theories, results show a very significant overlap of clients' ratings of multicultural competence and counselor trustworthiness, expertness, and empathy. Another important result is that multicultural counseling competence and client satisfaction were significantly correlated for participants of racial and ethnic minority groups. Considering that the majority of counselors being rated were White, it is very likely that these results speak to the White counselor, minority client dyad yet again.

Client Report Measures. Clients' perception of counselors' multicultural competency is another valuable perspective in assessment, though research studies are inconsistent in what aspects of counseling relationships are assessed in studies regarding client preferences. A series of similar studies asked participants from racial and ethnic minority groups to listen to an audio recording of a mock counseling session after viewing a photo of the counselor, indicating that the counselor was either a person of color with the same ethnic background as the participants or White (Atkinson et al., 1991, 1992; Gim et al., 1991). Participants also completed an acculturation scale and a counselor rating scale after listening to the tape. All three studies, which surveyed participants from Mexican-American (Atkinson et al., 1992), Japanese-American (Atkinson et al., 1991) and Asian-American (Gim et al., 1991) populations found that participants preferred counselors who were ethnically similar to them.

Another study asked Mexican-American participants to indicate preference for a counselor based on a photo and written biography, indicating that a counselor was either Mexican-American or White. Participants completed acculturation scales and the Expectations About Counseling-Brief form (EAC, Abreu, 2000), an assessment measuring participants' expectations about a potential counseling relationship with each of the pseudo counselors. Results revealed that participants preferred counselors ethnically similar to them, even after controlling for client acculturation level, indicated by the higher ratings on the EAC (Abreu, 2000).

A study focusing on counselor self-disclosure in various racially diverse counseling dyads found that clients would like increased self-disclosure from a counselor who is racially different from them (Cashwell, Shcherbakova, & Cashwell, 2003). Over

400 undergraduate students participated in the study. Participants were 27% African American and 66% White, the remaining 7% of other racial/ethnic minority groups. Participants completed the Counselor Disclosure Scale (CDS; Hendrick, 1988, as cited in Cashwell et al., 2003), which assesses a client's comfort with a counselor disclosing different types of personal information. Participants followed written instructions, asking them to consider speaking to an African American or Caucasian counselor when answering the items. The strongest scores were for White participants indicating they prefer for African American counselors to self-disclose most often. All participants indicated a preference for counselors to disclose about personal relationships and personal and professional failures if the counselor was a different ethnicity. While the obvious limitation of this study is that the data is based on written instructions rather than a real counseling scenario, results regarding cross-cultural dyads are worth further study (Cashwell et al., 2003).

    Critiques of Multicultural Competence Assessment. Evaluation of multicultural competency assessments attempt to compare instruments and analyze their utility in the field and in research. Early meta-analysis of the above-discussed instruments (CCCI-R, MCAS, MCI, and MAKSS) suggested that self-report measures had limited utility before much more research was conducted to validate the measures (Ponterotto et al., 1994). Nearly twenty years later, a Constantine and Ladany (2000) conducted a similar study examining the same four assessments along with the Marlowe-Crown Social Desirability Scale and a case conceptualization exercise. Participants (N=135) completed the case conceptualization exercise based on a written vignette describing a Mexican-American woman seeking counseling. A team of researchers coded the case

conceptualization exercise to compare scores with the other assessments. Results showed that social desirability was significantly positively correlated with self-report scores on the CCCI-R, and the MKCAS. Analysis controlling for social desirability found no correlations among the different measures. Comparing participants' scores on the measures with the case conceptualization indicated that participants consistently overestimated their multicultural competence. This issue with self-report measures was later supported by another study comparing counseling students' self-report measures with observer ratings (Cartwright et al., 2008). These results suggest that self-report multicultural competency instruments may be measuring multicultural self-efficacy rather than competence, and these measures only address aspects of working with clients of color, leaving out other aspects of diversity such as gender, socioeconomic status, or disability (Constantine & Ladany, 2000). To address these validity issues with these assessments, researchers have suggested that research on demonstrable skills related to multicultural counseling should be the focus of future research (Constantine & Ladany, 2000; Ponterotto et al., 1994).

Methodological issues with the development and subsequent studies include the lack of real counseling sessions utilized for study, the lack of ethnic diversity in study participants, and the repeated study of dyads with White counselors and clients of Color. One study that used real counseling sessions as data (Constantine, 2001b) analyzed transcriptions of those sessions, which eliminates non-verbal communication from the data. While this same study included diverse counselors (60% White, 21% Latino, and 19% Black), the clients were all people from ethnic/racial minority groups, neglecting to include dyads where the client is White and the counselor is an ethnic minority. Many

studies are based on participants consisting of over 70% White females (Benshoff & Rowell, 2008; Cashwell et al., 2003; K. M. Choi et al., 2015; Chu-Lien Chao, 2013; Chu-Lien Chao, Wei, Good, & Flores, 2011; Leuwerke, 2005; Prosek & Michel, 2016; Roysircar, Gard, Hubbell, & Ortega, 2005; Sammons & Speight, 2008; West-Olatunji et al., 2011; Worthington, Mobley, Franks, & Tan, 2000; Worthington et al., 2007). Counselors of racial/ethnic minority groups have also been found to commit microaggressions that damage the therapeutic relationship (Owen et al., 2011).

Multicultural Counseling Skills

Considering D.W. Sue et al.'s (1992) model of multicultural competence consists of awareness, knowledge, and skills, the skills aspect remains poorly defined and understudied. Studies on multicultural awareness and knowledge exist (Chu-Lien Chao, 2013; Chu-Lien Chao et al., 2011; Roysircar et al., 2005), but very few studies describe demonstrable multicultural counseling skills. Even the CCCI-R, which is the only assessment designed for observer report rather than self-report, has been criticized for having items that are vague, or fail to describe observable skills (Drinane et al., 2014). Items considered vague include "Counselor is aware of institutional barriers affecting which might affect client circumstances" and "Counselor presents his or her own values" (Drinane et al., 2014). Even the most up-to-date Multicultural Counseling Competencies published by the Association for Multicultural Counseling and Development (Ratts et al., 2015) fail to clearly describe observable skills. For example, in the Counseling Relationship section of the competencies, skills listed include "Acquire assessment skills to determine how the worldviews, values, beliefs and biases held by privileged and marginalized counselors and clients influence the counseling relationship" and "Acquire

cross-cultural communication skills to connect with privileged and marginalized clients"
(Ratts et al., 2015, p. 10). The lack of definitive, observable multicultural skills has been
commented on (Hall & Richardson, 2014), but only two observable behaviors related to
multicultural competency have been described - microaggressions and broaching
(Constantine et al., 2008; Day-Vines et al., 2007; Day-Vines, Bryan, & Griffin, 2013; Sue
et al., 2007).

  Microaggressions. Microaggressions are observable behaviors that should be
avoided by counselors as they demean the development of a trusting, effective
therapeutic relationship. Defined as "subtle and commonplace exchanges that somehow
convey insulting or demeaning messages to people of color" (Constantine et al., 2008, p.
2). An example of a microaggression would be a White person assuming a Person of
Color is waitstaff at an event, sending the message that the Person of Color does not
belong as a guest. Counseling students benefit from learning about this unintentionally
offensive communication in order to avoid committing microaggressions with clients
who are culturally different. Studies have shown that microaggressions damage
therapeutic relationships (Constantine, 2007; Hook et al., 2016; Nadal, Griffin, Wong,
Hamit, & Rasmus, 2014; Owen et al., 2011). Microaggressions occur in many
interactions, not just in counseling relationships, and counselors must acknowledge this
reality as part of multicultural competent practice (D.W. Sue et al., 2007). Within a
counseling relationship, microaggressions committed by the counselor can be more
damaging than those committed by non-helping professionals (Constantine, 2007).

  D.W. Sue et. al (2007) break down microaggressions into different types in order
to further understanding of the different messages counselors may unintentionally

communicate to clients from ethnic and racial minority groups. Microinsults denigrate a person's ethnic or racial identity and include instances of assuming a person's intelligence is due to their race, or assuming a cultural behavior is abnormal. Examples of this could include making a remark about a person of Asian descent being good at math or advising a person of Latina/o heritage that their family relationships are enmeshed. Microassaults are often conscious behaviors that communicate a racially-tinged insult, such as a woman moving her purse away from a person who is Black, communicating the assumption that the person is a criminal. Microinvalidations negate the thoughts or experiences of a person from an ethnic/racial minority group, such as questioning the person's perceptions of discrimination. All of these types of microaggressions can contribute to a lack of trust and understanding in the counseling relationship, preventing the establishment of therapeutic rapport.

Constantine (2007) created a survey on experiences of microaggressions by African-Americans seeing White counselors. Forty African-American clients seeing 19 White counselors completed the Working Alliance Inventory – Short Form (WAI-S; Tracy & Kokotovic, 1989 as cited in Constantine, 2007), the Counselor Rating Form – Short (CRF-S; Corrigan & Schmidt, 1983 as cited in Constantine, 2007), a modified version of the CCCI-R (LaFromboise et al., 1991), the Client Satisfaction Questionnaire - 8 (CSQ-8; Larsen, Attkisson, Hargreaves, & Nguyen, 1979, as cited in Constantine, 2007), and a survey written for the study, the Racial Microaggressions in Counseling Scale (RMCS, Constantine 2007). Findings show that microaggressions affect clients' perceptions of their counselor's competence, the counseling relationship, and the clients' satisfaction with counseling negatively. These are important findings for White

counselors, who have been found to have less multicultural knowledge and awareness than counselors from ethnic/racial minority groups (Chu-Lien Chao et al., 2011). Research has explored the effects of Black counselor educators receiving microaggressions (Constantine et al., 2008), but none exist exploring the experience of counselors from ethnic/racial minority groups receiving microaggressions from clients.

Broaching. Day-Vines et al. (2007) describe a concrete rapport-building skill called "broaching," which "refers to a consistent and ongoing attitude of openness with a genuine commitment by the counselor to continually invite the client to explore issues of diversity. In essence, the counseling relationship becomes the vehicle for navigating a discussion concerning issues of difference related to race, ethnicity, and culture" (p. 402). This conversation within the counseling session "presents clients with an option to consider the embeddedness of racial politics with their personal experiences" (p. 402). Broaching can occur in one of five different stylistic ways with various effectiveness: avoidant, isolating, continuing/incongruent, integrated/congruent, and infusing (Day-Vines et al., 2007). These five styles could be described as a developmental continuum, with the avoidant style being a counselor who "minimizes racial differences" and an infusing style being a counselor who is willing to work with systemic issues of race for the benefit of their client.

This concept has been shown to correlate with Black clients sharing more deeply personal concerns with a counselor, regardless of counselor race (Thompson et al., 1994). This was demonstrated in a study with 100 black female undergraduate student participants who completed a counseling session with either a White female or Black female psychology graduate student counselor. Sessions were taped and coded by

participants' depth of self-disclosure. Counselors utilized a Rogerian approach but varied in their use of "cultural content" statements, or directly addressing clients' experiences as a Black student. These cultural content statements can be understood as broaching statements. Client participants also completed assessments: the Cultural Mistrust Inventory, and the Counselor Expertness Rating Scale. Findings show that client participants were more trusting of Black counselors, but also disclosed more personal content to counselors who utilized broaching or cultural content statements, regardless of race (Thompson et al., 1994).

A scale to assess where a counselor falls on the continuum of attitudes toward broaching has been developed (Day-Vines et al., 2013). The Broaching Attitudes and Behavior Survey (BABS) was validated with data from 365 counselors, 80% of which were White. Implications for this survey include using it in supervision to assess student counselors' multicultural counseling skills development, as well as a foundational construct for assessing multicultural competence through observable behaviors. The lack of ethnic and racial diversity in the sample, however, is a limitation which could be addressed in future research.

Conclusion

Multicultural counseling is an important area for research to correct systemic health and mental health disparities that affect people from ethnic and racial minority groups. As the focus was originally to educate White counselors to treat minority clients in a way that shows respect for differences, research has neglected to explore the experiences of counselors from ethnic and racial minority groups. Attempts to describe multicultural competence has led to theories, operationalization, competencies, pedagogy,

and assessments. The most prominent theory, Sue's (1992) Tripartite Model, describes multicultural counseling as consisting of awareness, knowledge, and skills. Assessments, which are mostly self-report in nature, adequately measure awareness and knowledge. Compared with observer reports, however, these assessments do not measure multicultural counseling skills. The two observable skills that have been described, broaching and microaggressions, have been shown to affect counseling satisfaction and the counseling relationship for clients from ethnic and racial minority groups. To advance research in multicultural counseling and improve cross-cultural counseling efficacy, research on observable multicultural counseling skills among counselors of ethnic and racial minority groups, as well as White counselors, is warranted.

CHAPTER III: METHODOLOGY

The present study was conducted through a qualitative content analysis methodology. In this chapter, qualitative research in general, and the content analysis methodology in particular, will be described. The research paradigm, poststructuralism, or social constructionism, will be elucidated. Research procedures including sampling criteria, use of archival data, and qualitative data analysis will be discussed. Per qualitative research protocol, researcher disclosures regarding backgrounds and potential biases are included, as well as other procedures to increase dependability and credibility of results. Limitations of the present study are then discussed. A qualitative content analysis methodology is the most effective way to begin research on observable culturally relevant behaviors in counselors who are a Visible Racial/Ethnic Minority (VREM) during intake counseling sessions.

Qualitative Research Methods

Qualitative research has a primary purpose of understanding data in context, rather than measuring it quantitatively. As such, no formal assessment tools are used, and often, the researcher him/herself is referred to as the only tool in the research process (Miles et al., 2014). Many qualitative research methods include flexible, or semi-structured interviews to gather information on the lived experiences of participants. The content of these interviews are then coded and analyzed to answer research questions around phenomenological inquiry, narrative inquiry, ethnographic studies, or other qualitative traditions (Cresswell, 2013). The majority of qualitative articles published in the *Journal of Counseling and Development* utilize in-depth interviewing at the method of data collection (D. G. Hays, Wood, Dahl, & Kirk-Jenkins, 2016). Other data sources

for qualitative research include fieldwork observations and documents (Patton, 2002). The present study will use documents as data, specifically archival data in the form of video recorded counseling sessions. The method for analyzing this data is content analysis, which is defined as a "reduction and sense-making effort that takes a volume of qualitative material and attempts to identify core consistencies and meanings" (Patton, 2002, p. 453). Qualitative content analysis considers latent content, or the context of communication, as well as manifest content (Mayring, 2000), which the present study identifies as verbal (manifest) and non-verbal (latent) content. This is particularly well-suited for cross-cultural communication as found in multicultural counseling interactions as much of these interactions are based on non-verbal communication and culturally-based assumptions that affect how a counseling relationship develops.

Research Paradigm

Qualitative research, with the role of researcher as instrument, operates on a poststructuralist paradigm, which views reality as socially constructed, in contrast to a logical positivism paradigm which asserts that reality is objective and can be discovered (Morrow, Rakhsha, & Castaneda, 2001). Social constructionism as a research paradigm has been extensively described by Gergen (2009), who describes this research paradigm as an innovative method to explore reality as defined by collaborative relationships. The role of the researcher as a collaborator of this socially constructed reality, is not to avoid bias altogether, but to embrace the subjective, interpretive nature of making sense of qualitative data. The researcher's relationship to the data, through describing one's background, culture, and other relevant demographic information, will be provided.

Qualitative content analysis has been described as a method that seeks to reduce and organize data rather than create or add data, with the goal of identifying core meanings through identifying patterns and themes in the data (Patton, 2002; Schreier, 2012). Content analysis methods are typically selected to analyze text but can also be used to analyze data in other mediums, including transcribed interviews, photographs and videos. Particular attention is paid to the context of the data, or the implicit meanings in addition to the content, or the explicit meanings (Hsieh & Shannon, 2005). Qualitative content analysis is a flexible approach that can be modified to fit research goals and the contributions of related, foundational theories. The process of categorizing data can be classified as either inductive or deductive. Inductive analysis begins with no predetermined categories, as patterns and categories will be assigned, or "emerge" from the data, while deductive analysis relies on categories obtained from previous research or theories (Patton, 2002). Due to the lack of previous research on VREM counselors, an inductive approach will be used in the present study.

Research Design

A qualitative research design will be implemented, in the tradition of content analysis. Archival data from the Alexander Street Press video library was utilized as the data for this study. The data consists of eight audio and video recorded counseling sessions, ranging from 25 to 75 minutes in length. Sessions vary in composition including couples, family, and individual sessions. Three sessions include a reflecting team, and both a supervising counselor and student counselor. The remaining five sessions are individual counseling sessions with one counselor and one client. The counselors featured in the videos are all university professors in counseling or counseling psychology

departments. Each counseling session is unrehearsed and provided in the Alexander Street Press video library to demonstrate a specific counseling skill.

Qualitative content analysis (QCA) is a research methodology that is particularly well suited to written communication, interview transcripts, or videos. As the present study utilized archival data of video-recorded counseling sessions, a QCA approach is fitting. The aim of this particular research design is to identify both manifest and latent content in the data (Mayring, 2000), which is particularly appropriate for studying multicultural counseling, which involves a number of non-verbal or latent communication elements. Non-verbal communication in counseling can include nodding, body language, body posture, gestures, and physical distance between individuals. Multiculturally significant non-verbal or latent communication can include subtle behaviors or comments called micro-aggressions, which D.W. Sue et al. (2007) defines as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (p.271).

After data was selected and reviewed, the researcher created categories as they emerged from the data, which describe the content, per inductive content analysis procedures. Following Mayring's (2000) step model for inductive category development, this researcher began with open coding, viewing videos to determine and define categories. To guide open coding, this researcher followed elemental suggestions from Saldaña (2016) for exploring qualitative data. These categories may have become subsumed into old categories or further refined as data analysis continues. After reviewing about 50% of the data, categories were reviewed again for clarity. After data

no longer yielded new categories, also known as reaching saturation, a summative check was performed with the assistance of collaborative researchers. These finalized categories and their definitions became the coding frame, which consists of categories and subcategories (Schreier, 2012).

Categories should clearly relate to the research question. In the present study, which seeks to understand observable multicultural counseling behaviors, a possible category may be "broaching cultural differences" which would describe direct conversations counselors have with their clients about cultural differences between the two of them. Another category may be "Microaggressions" which could include verbal or non-verbal behaviors where a counselor is unintentionally offensive or dismissive of a cultural issue present in the counseling relationship. A subcategory of "microaggressions" could be "client microaggressions," where the client is unintentionally offensive to the counselor, prompting a response from the counselor. Broaching and microaggressions are two specific multicultural counseling behaviors that have been described in the literature. Other observable behaviors will be described in relation to the guiding theory, D.W. Sue et al. (1992) Tripartite Model. While awareness and knowledge may be difficult to observe in clinical counseling sessions, the skills category is expected to be referenced frequently, with observable behaviors burgeoning the existing definitions.

Researcher Disclosure

As the role of a qualitative researcher involves acknowledging and managing one's background and interest in the study, relevant information regarding the primary researcher and collaborators will be disclosed. All three researchers have been identified

as experts in multicultural counseling through receipt of Minority Fellowship Awards from the National Board for Certified Counselors.

The primary researcher is a bisexual 31-year-old divorced female who identifies as ethnically bicultural and racially White. She was raised in a conservative, Christian community by her White American father and White Cuban mother. She identified strongly with the Latter-day Saints (LDS), or Mormon faith, in which she was raised, until age 25. Subsequently, she identifies as an atheist, or secular humanist. She is a practicing mental health counselor, and a PhD Candidate in Counseling. She became interested in multicultural counseling during her masters' degree practicum and internship, where she saw clients from many different countries. She acknowledges that her personal experiences of witnessing her mother being discriminated against as an immigrant with a noticeable accent, and frequently hearing racist remarks due to her passing for White, and change in religious worldview, affects her interpretation of prejudice, racism, and multicultural counseling interactions. In order to bracket her biases as much as possible, this researcher kept a reflective journal throughout the data analysis process (Miles et al., 2014; Patton, 2002).

The first research collaborator is a 30-year-old married female who was born in Afghanistan and immigrated to the United States with her family as a child. She is a PhD student in Counseling and professor of psychology at a community college. She was raised in the Muslim faith, but currently identifies as agnostic. The second research collaborator is a 32-year-old married Black female from Quebec, Montreal, of Haitian descent. She identifies strongly as a Christian, and currently practices as a mental health counselor.

Participants and Sampling

Counseling session recording were sampled from the Alexander Street Press Academic Video Online streaming media collection made available to this researcher through Monsignor William Barry Memorial Library. The Streaming Media Library is described as "a multidisciplinary collection of videos that touches on the curriculum needs of virtually every department. Academic Video Online: Premium allows students and researchers alike to analyze unique and valuable content from over 500 producers and distributors around the world." Videos are organized by discipline, of which "Counseling and Therapy" has 1,763 videos included. These videos are divided into the following categories: Fields of Interest; Clinicians; Therapeutic Approaches; Subjects; Publishers; Presenting Conditions. Within the category "Field of Interest," the subcategory "Multicultural Counseling" includes 232 videos. Filtering these videos by Content Type, 53 videos are included in the type "Counseling Session." Many of these videos include a corresponding transcript of the session, which is sometimes a translation into English from the video's original language. Details of the counselor, including their name and university affiliation, is also provided for each video.

From these 53 videos, eight were selected as data for the present study. Purposive sampling was utilized to select videos that fit the criteria for the present study. Only intake sessions were included, so that all counseling interactions are based on rapport-building first sessions, rather than comparing first sessions with interactions in established counseling relationships. Sessions were selected only if the featured counselor appeared to be Visible Racial/Ethnic Minority (VREM) (D.W. Sue et al., 1992). The purposive sampling of VREM counselors is a response to existing literature

that is heavily based on White counselors. The counselors in the sample include a Latino man (3 videos), a Filipino man (2 videos), a Black woman (2 videos), and a Black man (1 video).

Instrumentation and/or Materials

Per qualitative content analysis procedures, categories were created as data was reviewed. This researcher viewed each counseling video through the streaming media service provided by the research institution, on a personal laptop computer. Open coding was performed by hand, with all raw coding notes and this researcher's reflective journal entries kept together in one notebook. After open coding was completed, and a codebook finalized, transcripts of each counseling session were imported into NVivo, a qualitative analysis software program, for final coding. No formal assessments will be utilized in this study, as is expected in qualitative research.

Procedures

After obtaining IRB approval for this study, this researcher began open coding, viewing each video and taking notes by hand. This researcher followed coding suggestions from Saldaña (2016), by focusing on specific aspects of the data for each viewing. The first round of viewing the counseling sessions and coding, this researcher used "In Vivo" methods – writing down pertinent phrases and interactions around cultural content. For example, "Coming here is such a strength. It isn't very common in our culture to seek counseling" (Nadal, 2011b). The next round of open coding followed Process Coding, which seeks to describe the data using gerund verbs. The researcher focused on the counselor's words and actions, such as "gathering information," "setting goals," and "reflecting content/feelings/meaning." The last round of coding followed

Value Coding, which this researcher used to describe the content or issue discussed in the counseling session. Examples of this include "family patterns," "gender roles," or "immigration."

Following these three rounds of open coding, this researcher developed a coding frame based on the patterns found in the data. The coding frame will be fully described and defined in chapter four. Each counseling video's transcript was coded in NVivo in order to provide further analysis. At this point, peer reviewers were invited to view selected clips of counseling sessions and discuss the coding frame. This peer review process ensures dependable and credible results in qualitative research.

Processes to Ensure Dependable and Credible Results

After the coding frame was applied to the transcripts, two co-investigators of different ethnic backgrounds from the primary investigator independently reviewed sections of counseling session videos that exemplified the categories, in order to work collaboratively on the second phase of coding. The role of two co-investigators from diverse ethnic and racial backgrounds provided a different viewpoint and protected against bias in interpreting the data. This approach is called investigator triangulation, using multiple investigator viewpoints to add trustworthiness and credibility to the research results (Miles et al., 2014).

Once the coding frame was reviewed and agreed upon by all investigators, ensuring inter-coder reliability, data analysis was completed using the identified and/or revised categories and subcategories. Any disagreements among the investigators were discussed until a consensus was reached. Exemplars were selected, including quotes or video clips of non-verbal communication, to demonstrate each finalized category in the

codebook.

Throughout the data selection and coding process, the researcher and co-investigators kept reflexive journals to record thoughts, interpretations, and process potential bias, in order to bracket personal beliefs and views. The process of journaling is a common practice in qualitative research to control for researcher bias (Patton, 2002).

Data Analysis and Interpretation and Expected Results

The analysis process was aided by NVivo software, which allowed for multimedia data analysis including audio, video, and transcribed text. While categories and subcategories emerged from the data during hand written open coding, NVivo was used to organize the data into a presentable, cohesive report.

This researcher expected to find a roughly even number of culturally sensitive and culturally insensitive interactions in the data. This is somewhat contrary to what is stated in the literature, which is that counselors from ethnic minority backgrounds tend to have more awareness of multicultural counseling issues. As previously discussed, however, a counselor's awareness and knowledge of multicultural counseling issues may not translate to demonstrated skills in a counseling session. For this reason, the data was expected to show areas for growth in demonstrated multicultural counseling skills in a demographic of counselors who have usually been overlooked as needing this particular type of training.

Limitations and Educational Implications/Inferences

Limitations of this study apply to all qualitative research in that results are descriptive, but not generalizable. While observable multicultural skills may be identified and described through this study, replication studies and related studies with alternate

research designs such as grounded theory will be necessary to create generalizable results.

Educational implications include using the results of this study to inform the specific clinical supervision and skills development needs of counselors who are of ethnic minority backgrounds and are typically overlooked as needing multicultural competency training. As counseling training can become more inclusive for people from all cultural backgrounds, the counseling services given should improve. Multiculturally competent counselors have the ability to increase services for marginalized populations, increasing the quality of life for cultural minorities as well as vulnerable populations such as the severely mentally ill, low-socioeconomic status, displaced or refugee status individuals, and more. The issue of multicultural competency training can be far-reaching for the effectiveness of counseling professionals.

CHAPTER IV: RESULTS

This section will outline and describe the results of the present study, within the

framework of D.W. Sue & Sue's (1990; 1992; 2001) Multicultural Counseling

Competency (MCC) theory of awareness, knowledge, and skills. The focus of the present

study is the skills domain in particular. The results of a qualitative content analysis are

presented as categories and subcategories, which describe the overall themes and patterns

observed in the data. Categories were created inductively, as part of the coding/analysis

process (Miles et al., 2014; Patton, 2002). After the coding frame and categories are

defined, specific results with exemplars will be described.

Overview

Categories are divided into two main groups – counselor responses and session

content. Counselor responses include behaviors identified in the literature previously as

multicultural competencies, such as broaching (Day-Vines et al., 2007), using a client's

language (D.W. Sue et al., 1992), and avoiding microaggressions (D.W. Sue et al., 2007).

Previously identified counseling microskills (Ivey, 1971; Ridley, Mollen, & Kelly, 2011)

are identified as well, but in the present study the combination of microskills and

language appears to be an important aspect. The implicit meaning or context (Hsieh &

Shannon, 2005) of these counselor responses points to in-depth awareness and knowledge

of the complexity of human experiences, which make up the session content.

The intentional use of language, including neutral wording and using a client's

terminology, in tandem with reflecting content, feelings, and meaning, appears to foster

therapeutic rapport across cultural divides. Research on Motivational Interviewing (MI)

counseling techniques indicate that language matching increases empathy in therapeutic

dyads (Lord, Sheng, Imel, Baer, & Atkins, 2015; Mihalcea, Resnicow, Singh, & An, 2017). While these studies are specifically looking at the application of MI in a standardized way, the development of empathy in the therapeutic relationship is emphasized and measured as an aspect of effective MI counseling. Another aspect building therapeutic rapport that is emphasized in MI counseling is use of simple and complex reflections (Lord et al., 2015). The combination of these language and reflecting skills is informed by knowledge of common issues facing clients of color, such as immigration, racism, and acculturation. This combination of knowledge and skills supports D.W. Sue et al.'s (1992) theory. The findings of the present study will illuminate the skills domain in relationship to the knowledge domain.

Findings

Two main categories were revealed through data analysis: *counselor responses* and *session content*. *Counselor responses* includes the subcategories *counselor language* and *accurate reflections.* The category *session content* includes subcategories *identity, experiences,* and *relationships.* Definitions of each of these codes are as follows:

Counselor responses:

Counselor language: The specific word choices a counselor uses which typically break with social norms for conversation, which builds therapeutic rapport.

Neutral wording: Word choices which intentionally avoid assumptions or judgment about the client's experiences, identity, or relationships, especially around ethnicity, sexual orientation, relationship status, and gender roles.

Client terminology: Utilizing a word or phrase that a client gives to an experience, identity, or relationship.

Accurate Reflections: As identified by Ivey (1971), reflecting is a microskill in which the counselor paraphrases a client's words to communicate understanding. These reflections may be geared to content, feelings, or meaning.

Session content: The issue a client brings to a counseling session to discuss.

Experiences: Significant life events such as immigration, formal education, and vocation.

Identity: Aspects of a person's identity, including ethnicity, race, sexual orientation, socioeconomic class, gender, etc.

Relationships: Significant interactions with people the client cares about, including family of origin, romantic partners, children, and friends.

The combining of these skillful counselor responses with underlying knowledge of the content clients bring to counseling creates a therapeutic environment, where rapport can be built and maintained. Each counselor in the data set used neutral language until the client provided specific terminology, then used the client's terminology to provide accurate reflections. Combined with other microskills such as broaching and immediacy, these counselors built a therapeutic alliance.

Counselor Responses

Neutral Language

Counselors in each session displayed different therapeutic styles and operated from different theoretical orientations, but each responded to their clients in similar ways.

These responses included frequent reflections and careful use of language to avoid communicating judgment or value assumptions around any of the content the client brought into the session. An example from Dr. Anika Warren (2006b) illustrates this intentionally *neutral language*: "Tell me about where you grew up, with whom, and what that was like for you" (3:05). The wording of this sentence indicates to the client that Dr. Warren understands that her client may not have had a typical upbringing with parents and siblings and invites any type of description about her upbringing. Dr. Kevin Nadal (2011b) asks about family background using neutral language as well: "Who did you live with and what was that like?" (6:10). Another example of *neutral language* from Dr. Gonzalo Bacigalupe (2003a) asking a father who is his son's primary caretaker, "Have you met other men who take care of their children?" (20:25) which communicates a lack of expectations of traditional gender roles.

Client Terminology

Once a client provided a term for their experience, each counselor adopted that term into their responses. An example from Dr. Gonzalo Bacigalupe (2003b) demonstrated this utilizing *client terminology*: a client described her home as full of chaos, to which Dr. Bacigalupe responded, "can you tell me little bit about what the chaos was about or what -- how you define that?" (16:35). Another example from Dr. Kevin Nadal (2011a) is a probing question: "Tell me a little bit more about this guilt or feeling ungrateful," (12:10) where the words *guilt* and *ungrateful* were words the client used to describe an aspect of his relationships with his parents.

Accurate Reflections

Reflecting feelings and meaning behind a client's words requires knowledge and understanding of implicit cultural context. These reflections follow the previous pattern of using neutral language unless the client has provided their own terminology. According to Ivey, Ivey, and Zalaquett (2014), who describe counseling microskills in a hierarchal model of increasing skill and complexity. Reflecting skills are important in many contexts in counseling interactions, and also increase in skill and complexity. Per the microskills hierarchy these skills can be used in various combinations: paraphrasing (reflecting content), reflecting feelings, and reflecting meaning are increasingly important skills to utilize in a cross-cultural counseling relationship.

Reflecting content, which can also be called paraphrasing, is a counseling skill that demonstrates a counselor's understanding and actively listening to the content of a client's concerns. An example from the present study is Dr. Kevin Nadal reflecting his understanding of his client's relationship with his immigrant parents around his sexual orientation, using neutral wording:

> "Right. Yeah I mean it sounds like you're… you're getting pressure from… from all over, from different sides and… and so let me clarify your parents know that you're gay and then they still pressure you to perhaps umm… you know still have somebody and follow this timeline and then… and back again in Columbia they don't know that you're gay and they want you to follow this timeline" (Nadal, 2011a, 5:05).

Reflecting feeling deepens the therapeutic alliance as the counselor demonstrates

an understanding of the client's emotional or affective experience in relation to the content of the session. Dr. Thomas Parham demonstrates reflecting his client's feelings around being a Black graduate student in primarily White graduate program: "Okay, is frustration a good way to, ah, characterize what it is you're feeling, with the curriculum, with inter-access with faculty and students?" (Parham & Ajamu, 2000, 17:15). Dr. Kevin Nadal utilized his client's terminology (italicized) to reflect feeling: "Right and then you feel *guilty or ungrateful* if you do experience these feelings" (2011a, 19:00).

Dr. Gonzalo Bacigalupe demonstrated using neutral language to reflect meaning with a Latino father who is the primary caretaker for his child, which does not align with traditional Latino gender roles: "Your work is maternal. The responsibility of mothering is not appreciated in this culture. The responsibility of taking care of children is not valued in this culture" (Bacigalupe, 2003a, 33:25). Dr. Anika Warren accurately reflected meaning with a client who self-identified using the word *queer*: "What you're talking about is deciding how you want to choose your life as a queer person both professionally and personally" (2006a, 11:20).

To understand how the counselors constructed these intentionally-worded sentences that demonstrate Rogerian empathy, unconditional positive regard, and congruence (Quinn, 2013), - knowledge of how culture affects a person's view of their own experiences, identity, and relationships must be included. Similar to research on language synchrony in motivation interviewing, a counselor's ability to demonstrate reflective listening increases empathy and builds the therapeutic alliance (Lord et al., 2015). Most of what the clients brought into the counseling sessions can be understood as variations on these three aspects of the human experience.

Experiences

Clients bring a variety of life experiences into counseling that affect their worldview and sense of self. In the present study, clients discussed decisions and feelings around major life experiences like formal education, vocation, and immigration. Immigration is a unique and significant life experience that many clients of color have experienced directly or indirectly. Culturally competent counselors have knowledge about how varied immigration experiences affect people and the first generation born in the United States, and the importance of assessing an individual's personal immigration experiences (Benet-Martínez & Haritatos, 2005; Dow, 2011). In the present study, clients described a variety of immigration experiences, motivations, and responses. The counselors responded with accurate reflections, utilizing the client's terminology. The following exemplar demonstrates a client expressing their feelings as a first-generation child of immigrants, and the counselor's skilled reflection:

> Client: "… my parents like gave up their entire lives. They just picked up and left so that I can be where I am now where I'm sitting, so I can go to college and you know so I can do all these things umm… that I was able to because of them…to be alive because essentially part of the reason they left is also for safety reasons and you know I'm alive because of them and that's just kind of pushes whatever other feelings I had."
>
> Dr. Kevin Nadal: "I mean it sounds like there… there is a lot of sacrifice in your family and… and because of that sacrifice it makes it even harder to connect to some of these emotions" (Nadal, 2011b, 19:15).

Another counseling session showed the importance of knowledge about the varied experiences of immigrants and their children. For example, Dr. Gonzalo Bacigalupe (2003b) counseled a mother and daughter who immigrated from Iran with a visa to seek lengthy medical treatment for another member of the family. The counseling session focused on the effect of this immigration on the family, which split the parents and siblings across two continents. The counseling student remarked,

> Yeah that was a kind of a question I had. Well, what were Patti's dreams for her children in making this enormous transition from Iran to the States, this huge transition, I mean, there must have been a dream, some purpose that was bringing her over here, and I was really curious what her thoughts back, I guess, 20 years ago or something like that (Bacigalupe, 2003b, 38:01).

Patti, the mother being counseled, already explained the motivation for the immigration. This student's remarks reflect a stereotypical belief about immigrants coming to the United States for the "American Dream." This kind of failure to listen to the client and reference to stereotypes could be considered a microaggression (D.W. Sue et al., 2007). In contrast, Dr. Bacigalupe asked about this situation using neutral language: "Do you work on how they make sense of what happened to Shireen, I mean, in Iran during the time that she was alone, was that worked out with the whole family?" (22:50).

Dr. Anika Warren demonstrated skilled career counseling with a client who identifies as queer, and is the son of Vietnamese immigrants, which is a culture that traditionally influences their children's vocational choices. This client was discussing his vocational choices in relationship to his two most salient identities: sexual orientation and ethnicity. This client was exploring staying in his current work with LGBTQ health

issues or switching to a position more understood and respected by his parents. Dr. Warren reflected the meaning of this dilemma: "Your work, like [your parents'] work sounds like it's also about survival and family if you think of your Asian family, your queer family and survival, you're working with HIV/AIDS. In some ways, it does overlap it's just not as clear" (44:15).

Discussing formal education and racial identity, Dr. Anika Warren reflected content to invite a deeper discussion of this experience with her black female client: "You've mentioned that, uhm, many of the women that you have worked with at Spelman, because it's all-woman's, women's, school that's also all-black, primarily people of color, African-American women's school, and I'm wondering, how do you think the racial piece might have played into roles that you take on?" (2006b, 10:25).

Identity

Clients who are members of minority groups often need support and validation in these identities, which can include ethnicity, race, gender, sexual orientation, or faith. These various identities align with Hay's (1996) ADRESSING model, which is an acronym for various individual identities that a counselor should assess for: Age, Disability, Race, Ethnicity, Socioeconomic status, Sexual orientation, Indigenous heritage, National origin, and Gender. In the present study, clients' salient identities included race and ethnicity, faith, gender, and sexual orientation. Table 1 illustrates how skillful counselor responses around different aspects of client identity.

Table 1

Appropriate Reflections around Client Identity Factors

	Reflections with Neutral Wording	**Reflections with client terminology** (Note. Italics indicate client's word, used by the counselor)
Race/Ethnicity	"I'm wondering if you could tell me a little bit about your ethnic background" (Warren, 2006a, 3:45).	"So, how would you describe your upbringing as far as family interactions in the home. You mentioned that you were *Vietnamese* and I'm wondering, like culturally, what the experience was like?" (Warren, 2006a, 4:45).
Faith	"When you became a couple your relationship with God changed and that complicated things" (Bacigalupe, 2003, 24:50)	"Okay. So, you've notice in the libation we'd call on *the Creator* and invite him or her into this space" (Parham, 2000, 15:00).
Gender	"I think it's important to look at gender roles. You know and how gender might play a part and how we view our relationships and so forth. And especially you said that you're Colombian and so having these Latino values and wonder how you know some of these Latino gender roles might influence umm… you know even communicating with each other expressing feeling with each other" (Nadal, 2011, 24:10).	"It is my impression that with this couple what I see is that there has been a switch in roles. They've managed to get the best of both worlds. He gets to take care of his child. And he's doing well and his son gets to be in his house with his daddy. And he is not pre-occupied with anything else and at the same time, Amber doesn't have to worry because the baby is safe with his *papa*. I feel that Amber thinks that he has taken away her role as the mother" (Bacigalupe, 2003, 38:40).
Sexual Orientation	Dr. Warren: "Your parents aren't aware?" Client: "Right." Dr. Warren: "Okay" (Warren, 2006, 12:40)	"You mentioned that you identified as *queer*. Could you tell me a little bit about what that means to you?" (Warren, 2006, 11:20).

Dr. Anika Warren utilizes the skills of using neutral language until the client provides his own terminology, with both ethnicity and sexual orientation identities. By the end of this session, Dr. Warren has enough information from the client using these skills to offer the following reflection of content, feeling, and meaning:

> So what you're really talking about is deciding how you wanna choose your life as a queer person both professionally and personally? So, do I live a lie and protect myself and my family, if I'm hearing you right, or do I tell the truth and come out and take that risk? And with that risk, it's very scary because it could affect the closeness... and it also sounds like from how you're describing your parents, that like most parents uhm, all around the world, they want what's right and what's best for their children... and they have an idea of what that is and it may be different from what you want to do and what you see is best. So it really sounds like you're really torn (2006a, 39:35).

Relationships

Even clients who come in as individuals discuss the people who are important to them. The people clients talked about were mostly romantic partners, children, family of origin members, and friends. Counselors responded using neutral language, until the client provided their preferred terminology. Counselors were also informed by knowledge of how culture and identity influence a person's perceptions of and priorities in their relationships. The following counselor response demonstrates utilizing neutral language to explore parenting and gender roles within a cross-cultural marriage:

"For seven years, you've been married, and you've been studying medicine. How

did you come to these decisions? Did you have conversations about who would

stay home with the baby or was it a surprise?" (Bacigalupe, 2003a, 10:20).

The same counselor, pressed for time, however, may miss an important statement about

an intergenerational pattern of abuse:

Client: "It doesn't matter how old they get, I want to go take them, especially

because I had that abuser husband, I don't want her to marry somebody abuser

[sic]."

Gonzalo Bacigalupe: "Let me -- we are going to have to stop very soon and I was

wondering Sandi [addressing the student counselor], do you sometimes, in the

sessions struggle with helping them to feel out how to negotiate these things"

(2003b, 54:00).

Examples of accurate reflections using neutral wording or client terminology around each

of the session content categories of client experiences, client identity, and client

relationships are outlined in Table 2.

Table 2

Counselor Responses to various Session Content

	Client Experiences	Client Identity	Client Relationships
Neutral wording	"Could you tell me a little bit about what you do actually, just to give me an idea of what your work, your line of work is? (Warren, 2006a, 17:20).	"This story that you have about how Latino men are. How did you arrive at it?" (Bacigalupe, 2003, 18:05).	"So, how would you describe your upbringing as far as family interactions in the home" (Warren, 2006a, 4:20).
Client terminology	"Why is it important for your experience in this program to reflect you?" (Parham, 2000, 17:55).	"You mentioned that you were Vietnamese and I'm wondering, like culturally, what the experience was like?" (Warren, 2006a, 4:45).	"So you talked about feeling isolated maybe with your friends or in relationships and perhaps is it do I feel isolated because it's a gay thing or is it a me thing." (Nadal, 2011, 15:10)
Accurate reflection	"Okay, is frustration a good way to characterize what it is you're feeling, with the curriculum, with inter-access with faculty and students?" (Parham, 2000, 17:15).	"In many ways there was a division. There's not a division in the interest or how they overlap as far as content... but there's division as far as [what] you share and what you practice with whom" (Warren, 2006a, 34:25).	"… sounds like is not only the pride that you take with being the first in your family to do that and then one day you'll be a doctor and that they'll be proud but what sacrifice did it take on their part to help you get to this particular space" (Parham, 2000, 22:25).

Conclusion

Multiculturally competent counselors of color follow a sequence of skills to build rapport with clients. Using value neutral language until the client supplies terminology, the counselor then adopts the client's terms in constructing accurate reflections of content, feeling, and meaning. Each of these responses require knowledge and awareness of cultural variations around major human experiences, identity, and relationships. These results support the guiding theory, D.W. Sue (1977) and D.W. Sue et al.'s (1992) which identifies the three areas of awareness, knowledge and skills required for multiculturally competent counseling. The relationship between these areas will be further explored in the following chapter.

CHAPTER V: DISCUSSION

A summary of the present study is included, followed by discussion of the observable multicultural counseling skills identified in the study, followed by implications for practice and future research. Recommendations for multicultural counseling theory, pedagogy, and assessment measures will be discussed in light of the present study, and recommendations for applying the findings of the present study to clinical practice and building upon this research to further multicultural counseling competency are outlined.

Summary

The present study examined observable multicultural counseling skills as demonstrated by counselors who are racial or ethnic minorities in the United States. Data was selected from the Alexander Street Press Video Library. A total of eight unscripted intake counseling sessions were analyzed using a qualitative content analysis research design. Results yielded observable verbal/linguistic skills, including the use of value-neutral language, client terminology, and accurate reflections. A specific knowledge base is essential for counselors to select appropriate wording to express empathy with clients. This requisite knowledge includes three aspects of the client's life: client experiences such as immigration and formal education, identity issues such as race and LGBTQ status, and relationships such as family of origin and romantic partnerships.

Discussion

Theory. The guiding theory for the present study is Sue & Sue's (1992) model for Multicultural Counseling Competency (MCC). This model divides MCC into three

components: awareness, knowledge and skills. The present study supported this model, while suggesting these components are interrelated, rather than separate aspects of MCC. Sue (2001) updated the theory from three dimensions of knowledge, awareness, and skills to a multidimensional model, organized by intersections of race, and environmental systems. This update acknowledges the relationship between environmental factors and race, but omits other aspects of identity such as gender, socioeconomic status, and LGBTQ status. The 2015 Multicultural Competencies (Ratts et al., 2015) further expanded upon the 1992 Multicultural Competencies (D.W. Sue, Arredondo, & McDavis) to include a socioecological model and developmental domains for counselor multicultural and social justice competence, based on the foundational competencies of awareness, knowledge, and skills from Sue's original theory. The intersection of environmental and identity aspects is described using the terms marginalized and privileged rather than ethnic/racial identifiers (Ratts et al., 2015). The complex interplay of identity, relationships, and experiences found in the present study aligns with the current Multicultural Competencies. Intersectional Theory (Crenshaw, 1989), advocates for a multi-axial approach that recognizes compounding effects of marginalized identities, rather than a binary of marginalized and privileged:

> "The failure to embrace the complexities of compoundedness is not simply a matter of political will, but is also due to the influence of a way of thinking about discrimination which structures politics so that struggles are categorized as singular issues," (p. 166).

While Intersectional Theory comes from the field of law, psychology and counseling have begun to utilize the concepts of intersectionality to enhance multicultural competency. The American Psychological Association, which has also utilized D.W. Sue et al.'s (1992) Multicultural Counseling Competencies as an ethical guide, recently released an updated document advocated the awareness of intersectional identities and environmental factors in conceptualizing client cases, as well as calling for awareness of the clinician's personal perspectives around culture and intersectional identities (American Psychological Association, 2017).

The present study supports an intersectional perspective. Counselors demonstrated the connection between knowledge and skills, with knowledge about cultural differences informing competent verbal/linguistic skills that build trust between the counselor and client. Insufficient knowledge impedes trust, because a counselor is more likely to commit a microaggression which invalidates the client's experiences, identity, and/or relationships (Constantine, 2007; Owen, Tao, Imel, & Wampold, 2014).

Considering the relationship between awareness and knowledge could be a key to preventing trust-destroying microaggressions in counseling relationships. By definition, microaggressions are unintentional, or due to lack of awareness (D.W. Sue et al., 2007). A striking microaggression in the present study's data set involved a counseling student referring to an immigration stereotype: that all immigrants come to the US seeking the "American Dream." Although the client had already explained her motivation for coming to the US was to seek medical treatment for her daughter, a counseling student wondered aloud what her "dream" must have been (Bacigalupe, 2003b). Had this counseling student been aware that there are many different motivations and reasons for immigrants

to come to the US, she may have offered a trust-building comment rather than an insensitive comment based on a false assumption.

The same session, however, demonstrated that even a seasoned counselor may miss pertinent information or even commit a microaggression. Dr. Bacigalupe (2003), in the last few minutes of a session with clients who spoke with an audible accent and had immigrated to the US from the Middle East under duress, laughed at a client's misunderstanding his use of an idiom (57:05), and made a joke about the being "hanged" for her style of dress in her home country (56:10). While microaggressions in any counseling session are unfortunate errors on the counselor's part, the present study demonstrates that counselors of color also commit microaggressions and their higher levels of multicultural awareness on formal assessments (Chu-Lien Chao & Nath, 2011; Chu-Lien Chao, 2012) do not exempt them from such errors. The assumption that multicultural counseling competency is primarily for white counselors who see minority clients has prevented previous research from studying the needs of counselors from minority groups in developing multicultural competency.

The present study also supports theories that describe necessary multicultural knowledge. For example, Hays' (1996) ADRESSING model describes various aspects of client identity: **A**ge, **D**isability, **R**eligion, **E**thnicity, **S**exual orientation, **S**ocio-economic status, **I**ndigenous heritage, **N**ationality, and **G**ender. D'Andrea and Daniels'(2003) RESPECTFUL model describes similar aspects of identity, as well as experiences and relationships: **R**eligious-spiritual identity, **E**conomic class background, **S**exual identity, **P**sychological maturity, **E**thnic-cultural-racial identity, **C**hronological developmental challenges, **T**rauma and other threats one's well-being, **F**amily history and dynamics,

Unique physical characteristics, **L**ocation of residence and language differences (Lewis, Lewis, Daniels, & D'Andrea, 2003). The present study identified similar categories of identity: gender, faith, sexual orientation, and ethnicity; relationships: family of origin, parenting, romantic partnerships; and experiences: immigration, formal education, and vocation. Specific multicultural skills previously described, such as Day-Vines et al. (2007) Broaching concepts, were also identified in the present study. Multiple clinicians in the present study broached the concept of race, ethnicity, and sexual orientation in assessing a client's identity, and building rapport by identifying these marginalizing factors of the client's life (Bacigalupe, 2003a; Nadal, 2011a; Nadal, 2011b; Parham & Ajamu, 2000; A. K. Warren, 2006a). Incorporating each of these theories into effective pedagogy is essential to improving outcomes for clients.

Pedagogy. As outlined in Chapter 2, mental health counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) are required to include course content addressing cross-cultural counseling issues. This researcher suggests utilizing the extensive research available on reducing or eliminating prejudice on a subconscious level as part of counselor pedagogy. Using Allport's (1954) recommendations, counseling pedagogy can actively reduce prejudice without discussing it explicitly. For example, counselor educators can expose students to people of color in positions of authority, breaking the pattern of mostly White, heterosexual cisgender men as experts. If no faculty of color are at an institution, educators may invite guest speakers from the community who represent minority groups and utilize videos of counselors who are people of color for class demonstrations. Videos and books depicting interactions between people of different races have been shown to

affect levels of prejudice in children and adults (P. J. Johnson & Aboud, 2017; Joyce & Harwood, 2014). Counselor education programs should prioritize this kind of representation as an ethical mandate to reduce prejudicial behavior in counseling students.

Common pedagogical interventions, immersion experiences and personal growth groups, were also previously discussed (Barden & Cashwell, 2014; Canfield et al., 2009; J. M. Johnson & Lambie, 2012). The seventh, latest edition of Sue's textbooks titled *Counseling the Culturally Diverse* (2015), is a nearly 800-page tome on various aspects of multicultural counseling: philosophical, cognitive, and emotional foundations of cultural difference; the social justice implications of multicultural counseling in the United States; cultural differences in communication, diagnosis, and the concept of helping; ethnic identity development models; and thirteen chapters about individual aspects of identity, including race, gender, ability, and socioeconomic status. The amount of knowledge in this book is far more than can be absorbed and retained in one course. This indicates a need to synthesize the knowledge that exists in this field in order to move the knowledge base forward, and effectively train future counselors. This researcher recommends subsuming the wealth of knowledge around multicultural counseling into Sue's original three concepts of awareness, knowledge, and skills.

Awareness. The first developmental domain in the 2015 Multicultural and Social Justice Counseling Competencies (MSJCC), is counselor-self-awareness and acknowledgment of one's own "social identities, social group statuses, power, privilege, oppression, strengths, limitation, assumptions, attitudes, values, beliefs, and biases" (Ratts et al., 2015, p. 5) Teaching with the aim of creating or increasing awareness of

power, privilege, and oppression in society would provide context for multicultural

counseling knowledge and accomplish this developmental domain. Previously discussed

pedagogical interventions such as immersion experiences (Barden & Cashwell, 2014;

Canfield et al., 2009; West-Olatunji et al., 2011) and personal growth groups (Benshoff

& Rowell, 2008; J. M. Johnson & Lambie, 2012) would be valuable for the purpose of

creating and increasing awareness of how humans in every culture grapple with issues of

inequality, prejudice, and oppression. Counseling students of color would gain awareness

of how their own experiences of oppression and prejudice affect their work as future

counselors. Counselor educators could also utilize ethnic identity models (Cross Jr, 1995;

Helms, 1995; Martin & Chiodo, 2004; Phinney, 1989) for counseling students to locate

themselves within the continuums of identity development and the dominant culture.

With this foundational multicultural awareness, counseling students' multicultural

counseling knowledge would be contextualized in these larger issues. Awareness and

knowledge of cultural variations around identity, experiences, and relationships, are

required to formulate neutral phrases, and choose which terms a client uses that would be

appropriate to utilize, as well as to formulate accurate reflections.

>>>>>>>>>>>>>>>>>>>>> *Knowledge*. To accomplish MSJCC's developmental domains of client worldview

and counseling relationship, counselors must learn about how communication and

relationship styles such as high versus low context communication and individualistic

versus community-oriented cultures. Many multicultural counseling textbooks utilizing

D.W. Sue's model discuss aspects of identity singularly, which forces educators to

discuss cultural knowledge in overly-broad terms. For example, a chapter on Counseling

Asian Americans and Pacific Islanders (D.W. Sue & Sue, 2015) attempts to distill

cultures of countries as varied as India, China, the Philippines, Fiji, and Vietnam into a singular entity of collectivistic people who use high-context communication skills. The complex histories of these countries the unique characteristics of their people cannot be fully understood in such an abridged format and presenting them as such may give counseling students a false sense of competency.

Research has shown that counseling students self-reported multicultural competency is consistently higher than an observer's rating of their multicultural competency (D'Andrea et al., 1991). Perhaps these students assumed their cultural knowledge was complete after learning cultural generalizations in one course. The present study supports a different approach to cultural knowledge, by naming generalizations that apply to the human experience across multiple cultures: relationships, experiences, and identity. Counselor educators could present these general categories that are universal for humans, and then the variations on these experiences, due to cultural differences, as well as the effects of oppression and prejudice. For example, existing literature recognizes the importance of multicultural knowledge around gender roles in Latino families (Arredondo, 2002; Daniel-Ulloa, Sun, & Rhodes, 2017), yet the specific multicultural counseling skill of using neutral language to ask about these relationships is not specified.

Counseling students in the United States should also gain knowledge specific to the country's oppressed groups, such as refugee and immigration experiences, and the long history of civil rights injustices Black Americans, Native Americans, Chicanos, and other minority groups have endured and continue to endure. Intersectionality Theory (Crenshaw, 1989) would be a valuable guide for teaching how racial and ethnic identities

combined with other aspects of identities, such as those identified by Hays'

ADRESSING model (Hays, 1996), affect one's designs for living and patterns for

interpreting reality. Counseling students should understand themselves through these

theories to assess how their clients may be similar and different to them in varying ways.

Multicultural knowledge must include the current state of health, legal, and educational

disparities racial minorities suffer due to the effects of systemic oppression and

discrimination, as discussed in depth in Chapter 2. To understand a minority client's

worldview, and to then practice accurate reflections, a counselor of any racial/ethnic

background must learn the extent to which the United States' history of racial inequality

continues to affect people of color today through disproportionate immigration and law

enforcement, police brutality, mass incarceration, and underfunded educational, housing,

and health systems, which are directly responsible for health and mental health disparities

and can effectively reduce a person's chances of achieving upward economic mobility to

that of winning the lottery (Mason, 2016).

Knowledge of developing theories and research techniques such as neuroscience

and trauma, that are accelerating understanding of the brain, providing objective data on

psychopathology, rather than relying on subjective interpretations of symptoms. The

American Psychiatric Association, which oversees the development and publication of

the Diagnostic and Statistical Manual (DSM), rejected including updates from this branch

of science in the 5th edition. As a result, the National Institute for Mental Health (NIMH)

withdrew support from the DSM 5 and announced they would pursue a new classification

system for mental illness that includes research from neuroscience, genetics, chemistry,

and other disciplines that can offer insight into the mechanisms of mental health

symptoms. This new project, Research and Domain Criteria (RDoC), hopes to discover new understanding and treatment options for acute and chronic trauma symptoms (Van der Kolk, 2014). People from racial and ethnic minority groups, long relegated to violent, poverty-stricken cities, are much more likely to suffer trauma symptoms due to an unstable and unsafe upbringing (Aneshensel, 2009). The United States also has a large population of military veterans suffering from acute trauma during service, affecting their ability to return to civilian life (Brenner et al., 2011). The potential for objective, brain-based measures and treatments could eventually offer culturally-objective measurements of symptoms and treatment. This would yield valuable clinical information for counselors to utilize in cross-cultural treatment.

Skills. D.W. Sue wrote in a 1997 article, "…We have focused more on cultural differences rather than skill development. We succeed in warning students that many of the traditional counseling skills and strategies may be ineffective for ethnic minorities but do not give instruction in terms of what to do in cross-cultural relationships" (D.W. Sue, 1997, p. 185). This issue was apparent in the 1992 Multicultural Counseling Competencies, which described culturally skilled counselors as "able to engage in communication – both verbal and nonverbal – that transcends race or nationality and eliminates prejudice" (D.W. Sue et al., 1992, p. 483). The 2015 Multicultural Counseling and Social Justice Competencies also fails to describe objective multicultural counseling skills, instead admonishing counselors to "employ evidenced-based interventions that align with the cultural background and worldview of privileged and marginalized clients" (Ratts et al., 2015, p. 5). The specific skills identified in previous research, such as broaching (Day-Vines et al., 2007) and avoiding microaggressions (Hook et al., 2016)

were identified in the present study, but the verbal/linguistic skills such as using neutral wording and client terminology to formulate accurate reflections, should be included in counseling training programs as well. Teaching counseling skills from the foundational awareness and knowledge of multicultural counseling concepts as discussed above, would address the problem Sue himself identified as teaching students to utilize counseling microskills in culturally competent ways (D.W. Sue, 1997). More defined multicultural counseling skills can also lead to more reliable and valid multicultural counseling assessments.

In the present study, the counselors demonstrated multicultural skills by constructing intentionally-worded sentences that demonstrate Rogerian empathy, unconditional positive regard, and congruence (Quinn, 2013), knowledge of how culture affects a person's view of their own experiences, identity, and relationships must be included. Similar to research on language synchrony in MI, a counselor's ability to demonstrate reflective listening increases empathy and builds the therapeutic alliance (Lord et al., 2015). Defining these skills objectively would allow for more objective assessment measures.

Assessment. Many formalized assessments have been developed to measure counselors' multicultural counseling competency, and the most-researched assessments were described in depth in the Literature Review. The vast majority of these assessments are self-report measures. Self-report assessments for multicultural competency are not a valid form of assessment, per their subjective nature. These measures of multicultural counseling competency have been found to actually be measuring multicultural counseling self-efficacy (Constantine & Gloria, 2002; Constantine & Ladany, 2000),

which is an internal construct of the counselor's rather than a measure of the counseling interaction. Counseling should adopt a more objective and comprehensive assessment practice for monitoring multicultural competency development in students. This requires objective measures of the counseling interaction, which requires identification of specific skills such as those discussed in the present study. Another possible direction for assessment would be utilizing qualitative research principles of triangulating data, perhaps by assessing the client's, counselor's, and supervisor's assessments of a single counseling session as a summative assessment. Triangulating data sources is a known method in qualitative research to increase trustworthiness, and the subjective nature of counseling and culture would be more accurately assessed using qualitative rather than quantitative measures (Cresswell, 2013; Patton, 2002). In order to justify using quantitative assessment measures, research on multicultural counseling would need to identify an objective way to identify a therapeutic alliance.

Implications for Practice

Practicing mental health counselors must always be learning and expanding their knowledge base of the experiences of people of color in the United States who experience regular prejudice, oppression, and microaggressions, which can lead to racial trauma and increased psychological and physical symptoms as a result (Jernigan & Daniel, 2011). A more advanced understanding of how systemic oppression and discrimination affects the mental health of people of color can also motivate counselors to intervene on institutional levels, fulfilling the social justice aspect of multicultural counseling competency.

Counselors of any racial or ethnic background would benefit from following the above-described training protocol to increase awareness of prejudice, oppression, and

discrimination, knowledge of culturally influenced variables in relationships, identity, and experiences, and specific verbal/linguistic skills to adapt counseling microskills and build a working therapeutic alliance. Non-verbal clinical interventions such as Eye-Movement Desensitization and Reprocessing (EMDR, Van der Kolk, 2014), art therapy, and yoga, verified as effective through neuroscience research, are also promising clinical developments for cross-cultural counseling interventions.

Recommendations for Future Research

This researcher recommends further research on the multicultural counseling skills of racial/ethnic minority counselors through replication of the present study. The present study's data set only included racial/ethnic minority clients, which leaves the counselor of color with a white client dyad unexplored. This dyad, with a power dynamic opposite of the dominant culture of the United States, could offer valuable insight. Other aspects of identity previously discussed, such as sexual orientation, age, and disability status, could provide additional data on navigating complex intersecting identities in a vulnerable counseling relationship that relies on trust and authenticity to be effective.

Counseling research should also embrace new technology that allows for objective, culture-free measures of brain function. Neuroscience and the RDoC matrix relies on functional magnetic resonance imaging (fMRI), which allows researchers to view real-time functioning of the brain during specific tasks. This type of research has already revealed the mechanisms of non-verbal brain activities in improvisational musicians (Limb & Braun, 2008), and the interaction of two brains in non-verbal communication such as dancing (Chauvigné, Belyk, & Brown, 2018), and non-verbal cooperative exchanges (Hu, Hu, Li, Pan, & Cheng, 2017). These studies show how two

brains interacting non-verbally coordinate, which subsequently increases prosocial decisions. As research on Motivational Interviewing has found the importance of counselor-client synchrony in developing empathy (Lord et al., 2015), fMRI studies can further explore what elements of counselor-client interaction create synchrony and empathy, ultimately creating a trusting therapeutic alliance, which can be objectively observed rather than subjectively assumed. If jazz musicians and dancers can be subjects of fMRI studies, counselors' and clients' brains could be studied to learn how counseling microskills and multicultural counseling skills are reflected in both brains as a therapeutic alliance unfolds.

While traditional counseling interventions rely on language to create this therapeutic alliance, many modalities involving creative arts and other non-verbal interactions have shown promise in effectively treating trauma and other mental health concerns (Van der Kolk, 2014). Utilizing fMRI technology, it is possible to examine how yoga, drama therapy, art therapy, and music therapy affect the brain. Polyvagal theory describes the mechanisms of physiological self-regulation and arousal, which counselors can utilize to assess clients' emotional state in session and teach clients self-regulation skills, which is similar to the suggested use of the RDoC model in psychotherapy (Alexopoulos & Arean, 2014).

Brain studies can also develop objective assessments of successful cross-cultural counseling interactions. These studies, in combination with research on multicultural counseling skills, could yield specific observable skills similar to the microskills model (A.E. Ivey, 1971) which could be applied across cultures. Moving away from self-report measures which are inherently subjective, fMRI studies of counseling interactions would

provide objective data on the effectiveness of different counseling interventions and skills applied in varying counseling relationships.

Finally, a pilot study on the above described multicultural counseling pedagogy model should be conducted. By synthesizing the existing research on multicultural counseling, counseling student from racial/ethnic minority groups, as well as those with various intersecting identities, can benefit from the plethora of research, despite the history of focusing heavily on White counselor and racial minority client dyads. In order to measure the effectiveness of this pedagogical model, objective assessments of effective multicultural counseling, as described above, would be utilized.

Conclusion

Multicultural counseling continues to be an important topic of research to combat mental health disparities in minority populations in the United States. As more people of color enter the counseling profession, the elements of effective multicultural counseling must be updated from the existing research model which mostly focuses on a White counselor and minority client dyad. The present study focused on multicultural counseling skills demonstrated by counselors who are people of color, or visible racial/ethnic minorities. A qualitative content analysis of videotaped counseling sessions revealed specific multicultural counseling skills utilized by each counselor. These skills included utilizing neutral language and client terminology to provide accurate reflections. These language skills reflected an understanding of client experiences, identity, and relationships, as they vary across cultural contexts. These results support the underlying theory that multicultural counseling has been built upon (Sue, 1977; D.W. Sue, 2001), and provides direction for future research. This research can build upon methods utilized

in other areas of psychotherapy and psychology, including neuroscience and motivational interviewing, in order to further define and describe the therapeutic alliance on a non-verbal, or super-cultural level.

References

Abreu, J. M. (2000). Counseling Expectations Among Mexican American College

    Students: The Role of Counselor Ethnicity. *Journal of Multicultural Counseling and*

    Development, *3*(July), 139–148.

Alegria, M., Takeuchi, D., Canino, G., Duan, N., Shrout, P., Meng, X.-L., … Gong, F.

    (2004). Considering context, place and culture: the National Latino and Asian

    American Study. *International Journal of Methods in Psychiatric Research*, *13*(4),

    208–20. Retrieved from

    http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2774128&tool=pmcentr

    ez&rendertype=abstract

Alexander Street Press LLC. (2011). Academic Video Online. Retrieved from

    https://search-alexanderstreet-com.ezproxy.barry.edu

Alexopoulos, G. S., & Arean, P. (2014). A model for streamlining psychotherapy in the

    RDoC era: The example of "Engage." *Molecular Psychiatry*, *19*(1), 14–19.

    https://doi.org/10.1038/mp.2013.150

Allport, G. (1954). *The Nature of Prejudice*. Garden City, NY: Perseus Publishing.

American Psychological Association. (2017). Multicultural guidelines: An ecological

    approach to context, identity, and intersectionality, (August). Retrieved from

    http://www.apa.org/about/policy/multicultural-guidelines.pdf

Aneshensel, C. S. (2009). Toward explaining mental health disparities. *Journal of Health*

    and Social Behavior, *50*(4), 377–394. Retrieved from https://www.lib.uwo.ca/cgi-

    bin/ezpauthn.cgi?url=http://search.proquest.com/docview/201667800?accountid=15

115%5Cnhttp://vr2pk9sx9w.search.serialssolutions.com/?ctx_ver=Z39.88-

2004&ctx_enc=info:ofi/enc:UTF-

8&rfr_id=info:sid/ProQ:nursing&rft_val_fmt=info:ofi/

Armstrong, E. A., & Crage, S. M. (2006). Movements and Memory: The Making of the

Stonewall Myth. *American Sociological Review*, *71*(October), 724–751.

Arredondo, P. (2002). Mujeres Latinas--Santas y Marquesas. *Cultural Diversity & Ethnic

Minority Psychology*.

Arredondo, P., & Arciniega, G. M. (2001). Strategies and Techniques for Counselor

Training Based on the Multicultural Counseling competencies. *Journal of

Multicultural Counseling and Development*, *29*(October), 263–273.

Arredondo, P., & Perez, P. (2006). Historical Perspectives on the Multicultural

Guidelines and Contemporary Applications. *Professional Psychology: Research and

Practice*, *37*(1), 1–5. https://doi.org/10.1037/0735-7028.37.1.1

Arredondo, P., Rosen, D. C., Rice, T., Perez, P., & Tovar-Gamero, Z. G. (2005).

Multicultural counseling: A 10-year content analysis of the journal of counseling &

development. *Journal of Counseling & Development*, *83*(2), 155–161. Retrieved

from

http://proquest.umi.com/pqdweb?did=848849731&Fmt=4&clientId=56318&RQT=

309&VName=PQD

Arredondo, P., & Toporek, R. (2004). Multicultural Counseling Competencies = Ethical

Practice. *Journal of Mental Health Counseling*, *26*(1), 44–55.

Arredondo, P., Toporek, R., Brown, S., Jones, J., Locke, D. C., Sanchez, J., & Stadler, H.

(1996). Operationalization of the Multicultural Counseling Competencies AMCD

Professional Standards and Certification Committee. *Journal of Multicultural Counseling and Development*, *24*, 42–78.

Atkinson, D. R., Casas, A., & Abreu, J. (1992). Mexican-American Acculturation , Counselor Ethnicity and Cultural Sensitivity , and Perceived Counselor Competence. *Journal of Counseling Psychology*, *39*(4), 515–520.

Atkinson, D. R., Matsushita, Y. J., Kang, H., Lee, A., Nguyen, D., & Nishimura, J. (1991). Japanese-American Acculturation, Counseling Style, Counselor Ethnicity, and Perceived Counselor Credibility. *Journal of Counseling Psychology*, *38*(4), 473–478.

Bacigalupe, G. (2003a). *Crossing Bridges, Part 1*. Thousand Oaks, CA: Masterswork Productions. Retrieved from https://search.alexanderstreet.com/view/work/bibliographic_entity%257Cvideo_work%257C2414682

Bacigalupe, G. (2003b). *Mother and Daughter: A Cultural Tale*. Thousand Oaks, CA: Masterswork Productions. Retrieved from http://search.alexanderstreet.com/view/work/2414638

Barden, S. M., & Cashwell, C. S. (2013). Critical Factors in Cultural Immersion: A Synthesis of Relevant Literature. *International Journal for the Advancement of Counselling*, *35*(4), 286–297. https://doi.org/10.1007/s10447-013-9183-y

Barden, S. M., & Cashwell, C. S. (2014). International immersion in counselor education: A consensual qualitative research investigation. *Journal of Multicultural Counseling and Development*, *42*(1). https://doi.org/10.1002/j.2161-1912.2014.00043.x

Benet-Martínez, V., & Haritatos, J. (2005). Bicultural identity integration (BII):

components and psychosocial antecedents. *Journal of Personality*, *73*(4), 1015–1049. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/15958143

Benshoff, J. M., & Rowell, P. C. (2008). Using personal growth groups in multicultural counseling courses to foster students' ethnic identity development. *Counselor Education and Supervision*, *48*(1), 2–13.

Berger, L. K., Zane, N., & Hwang, W.-C. (2014). Therapist ethnicity and treatment orientation differences in multicultural counseling competencies. *Asian American Journal of Psychology*, *5*(1), 53–65. https://doi.org/10.1037/a0036178

Brenner, L. a, Breshears, R. E., Betthauser, L. M., Bellon, K. K., Holman, E., Harwood, J. E. F., … Nagamoto, H. T. (2011). Implementation of a suicide nomenclature within two VA healthcare settings. *Journal of Clinical Psychology in Medical Settings*, *18*(2), 116–28. https://doi.org/10.1007/s10880-011-9240-9

Burch, T. (2015). Skin Color and the Criminal Justice System: Beyond Black-White Disparities in Sentencing. *Journal of Empirical Legal Studies*, *12*(3), 395–420. https://doi.org/10.1111/jels.12077

Canfield, B. S., Low, L., & Hovestadt, a. (2009). Cultural Immersion as a Learning Method for Expanding Intercultural Competencies. *The Family Journal*, *17*(4), 318–322. https://doi.org/10.1177/1066480709347359

Cartwright, B. Y., Daniels, J., & Zhang, S. (2008). Assessing Multicultural Competence : Perceived Versus Demonstrated Performance. *Journal of Counseling & Development*, *86*(3), 318–322.

Casas, M. J., & Pytluk, S. D. (1995). Hispanic Identity Development: Implications for Research and Practice. In J. G. Ponterotto, M. J. Casas, L. A. Suzuki, & C. M.

Alexander (Eds.), *Handbook of Multicultural Counseling* (pp. 155–180). Thousand

Oaks, California: SAGE Publications.

Cashwell, C. S., Shcherbakova, J., & Cashwell, T. H. (2003). Effect of Client and

Counselor Ethnicity on Preference for Counselor Disclosure. *Journal of Counseling

and Development*, *81*(Spring), 196–201.

Chauvigné, L. A. S., Belyk, M., & Brown, S. (2018). Taking two to tango: FMRI analysis

of improvised joint action with physical contact. *PLoS ONE*, *13*(1), 1–29.

https://doi.org/10.1371/journal.pone.0191098

Choi, K. M., VanVoorhis, R. W., & Ellenwood, A. E. (2015). Enhancing Critical

Consciousness Through a Cross-Cultural Immersion Experience in South Africa.

Journal of Multicultural Counseling and Development, *43*(October), 244–261.

https://doi.org/10.1002/jmcd.12019

Choi, N. G., & Kim, J. (2010). Utilization of complementary and alternative medicines

for mental health problems among Asian Americans. *Community Mental Health

Journal*, *46*(6), 570–8. https://doi.org/10.1007/s10597-010-9322-4

Chu-Lien Chao, R. (2012). Racial/ethnic identity, gender-role attitudes, and multicultural

counseling competence: the role of multicultural counseling training. *Journal of

Counseling & Development*, *90*(1), 35–50.

Chu-Lien Chao, R. (2013). Race/ethnicity multicultural training in school counselors:

Multicultural training, racial/ethnic identity, and color-blind racial attitudes. *Journal

of Counseling & Development*, *91*(April), 140–151.

Chu-Lien Chao, R., & Nath, S. R. (2011). The Role of Ethnic Identity, Gender Roles, and

Multicultural Training in College Counselors' Multicultural Counseling

Competence: A Mediation Model. *Journal of College Counseling*, *14*(Spring), 50–64.

Chu-Lien Chao, R., Wei, M., Good, G. E., & Flores, L. Y. (2011). Race/ethnicity, color-blind racial attitudes, and multicultural counseling competence: the moderating effects of multicultural counseling training. *Journal of Counseling Psychology*, *58*(1), 72–82. https://doi.org/10.1037/a0022091

Constantine, M. G. (2000). Social Desirability Attitudes, Sex, and Affective and Cognitive Empathy as Predictors of Self-Reported Multicultural Counseling Competence. *The Counseling Psychologist*, *28*(6), 857–872.

Constantine, M. G. (2001a). Multicultural training, theoretical orientation, empathy, and multicultural case conceptualization ability in counselors. *Journal of Mental Health Counseling*, *23*(4), 357–372.

Constantine, M. G. (2001b). Predictors of Observer Ratings of Multicultural Counseling Competence in Black, Latino, and White American Trainees. *Journal of Counseling Psychology*, *48*(4), 456–462. https://doi.org/10.1037//0022-0167.48.4.456

Constantine, M. G. (2001c). The Relationship Between General Counseling Self-Efficacy and Self-Perceived Multicultural Counseling Competence in Supervisees. *The Clinical Supervisor*, *20*(2), 81–90.

Constantine, M. G. (2007). Racial Microaggressions Against African American Clients in Cross-Racial Counseling Relationships. *Journal of Counseling Psychology*, *54*(1), 1–16. https://doi.org/10.1037/0022-0167.54.1.1

Constantine, M. G., & Gloria, A. M. (2002). The Factor Structure Underlying Three Self-Report Multicultural Counseling Competence Scales. *Cultural Diversity and Ethnic*

Minority Psychology, *8*(4), 334–345. https://doi.org/10.1037//1099-9809.8.4.334

Constantine, M. G., & Ladany, N. (2000). Self-Report Multicultural Counseling

Competence Scales : Their Relation to Social Desirability Attitudes and

Multicultural Case Conceptualization Ability. *Journal of Counseling Psychology*,

47(2), 155–164. https://doi.org/10.1037//0022-0167.47.2.155

Constantine, M. G., Smith, L., Redington, R. M., & Owens, D. (2008). Racial

Microaggressions Against Black Counseling and Counseling Psychology Faculty: A

Central Challenge in the Multicultural Counseling Movement. *Journal of*

Counseling & Development, *86*(3), 348–355. https://doi.org/10.1002/j.1556-

6678.2008.tb00519.x

Constantine, M. G., Warren, A. K., & Miville, M. L. (2005). White Racial Identity

Dyadic Interactions in Supervision: Implications for Supervisees ' Multicultural

Counseling Competence. *Journal of Counseling Psychology*, *52*(4), 490–496.

https://doi.org/10.1037/0022-0167.52.4.490

Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016*

CACREP Standards.

Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black

Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist

Policies. *The University of Chicago Legal Forum*, *1989*(1), 139–167.

https://doi.org/10.1525/sp.2007.54.1.23.

Cresswell, J. (2013). Five Approaches to Qualitative Inquiry. In *Qualitative Inquiry and*

Research Design (pp. 53–84).

Cross Jr, W. E. (1995). The Psychology of Nigrescence: Revising the Cross Model. In J.

G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of Multicultural Counseling* (pp. 93–122). Thousand Oaks, California.

Crutchfield, R. D., Skinner, M. L., Haggerty, K. P., McGlynn, a., & Catalano, R. F. (2012). Racial Disparity in Police Contacts. *Race and Justice*, *2*(3), 179–202. https://doi.org/10.1177/2153368712448063

D'Andrea, M., Daniels, J., & Heck, R. (1991). Evaluating the Impact of Multicultural Counseling Training. *Journal of Counseling & Development*, *70*(1), 143–150.

Daniel-Ulloa, J., Sun, C., & Rhodes, S. D. (2017). The Intersection Between Masculinity and Health Among Rural Immigrant Latino Men. *International Journal of Men's Health*, *16*(1), 84–95. https://doi.org/10.3149/jmh.1601.84

Day-Vines, N. L., Bryan, J., & Griffin, D. (2013). The Broaching Attitudes and Behavior Survey (BABS): An Exploratory Assessment of Its Dimenstionality. *Journal of Multicultural Counseling and Development*, *41*(October), 210–223.

Day-Vines, N. L., Wood, S. M., Grothaus, T., Craigen, L., Holman, A., Dotson-Blake, K., & Douglass, M. J. (2007). Broaching the Subjects of Race, Ethnicity, and Culture During the Counseling Process. *Journal of Counseling and Development*, *85*(Fall), 401–409.

DeCarvalho, R. J. (1993). Gordon W. Allport on the Nature of Prejudice. *Psychological Reports*, *72*, 299–308.

DeRicco, J. N., & Sciarra, D. T. (2005). The Immersion Experience in Multicultural Counselor Training: Confronting Covert Racism. *Journal of Multicultural Counseling and Development*, *33*(January), 2–16.

Dessel, A. B., Goodman, K. D., & Woodford, M. R. (2016). LGBT Discrimination on

Campus and Heterosexual Bystanders: Understanding Intentions to Intervene. *Journal of Diversity in Higher Education*, No Pagination Specified. https://doi.org/10.1037/dhe0000015

Ditchman, N., Werner, S., Kosyluk, K., Jones, N., Elg, B., & Corrigan, P. W. (2013). Stigma and intellectual disability: potential application of mental illness research. *Rehabilitation Psychology*, *58*(2), 206–16. https://doi.org/10.1037/a0032466

Dow, H. D. (2011). An overview of stressors faced by immigrants and refugees: A guide for mental health practitioners. *Home Health Care Management and Practice*, *23*(3), 210–217. https://doi.org/10.1177/1084822310390878

Drinane, J. M., Owen, J., Adelson, J. L., & Rodolfa, E. (2014). Multicultural competencies: What are we measuring? *Psychotherapy Research*, *3307*(April), 1–10. https://doi.org/10.1080/10503307.2014.983581

Drinane, J. M., Owen, J., Adelson, J. L., Rodolfa, E., Drinane, J. M., Owen, J., … Rodolfa, E. (2016). Multicultural competencies: What are we measuring? *Psychotherapy Research*, *26*(3), 342–351. https://doi.org/10.1080/10503307.2014.983581

Estrada, F. (2015). The Teaching Alliance in Multicultural Counseling Course Education: A Framework for Examining and Strengthening the Student-Instructor Relationship. *International Journal for the Advancement of Counselling*, *37*(3), 233–247. https://doi.org/10.1007/s10447-015-9240-9

Farkas, G. (2003). Racial Disparities and Discrimination in Education: What Do We know, How Do We Know It, and What Do We Need to Know? *Teachers College Record*, *105*(6), 1119–1146. https://doi.org/10.1111/1467-9620.00279

Fuertes, J. N., Brobst, K., & Gretchen, D. (2002). Clients' Ratings of Counselor Multicultural Competency. *Cultural Diversity and Ethnic Minority Psychology*, *8*(3), 214–223. https://doi.org/10.1037//1099-9809.8.3.214

Gaines, S. O., & Reed, E. S. (1995). Prejudice: From Allport to DuBois. *American Psychologist*, *50*(2), 96–103. https://doi.org/10.1037/0003-066X.50.2.96

García, J. J. L., & Sharif, M. Z. (2015). Black lives matter: A commentary on racism and public health. *American Journal of Public Health*, *105*(8), e27–e30. https://doi.org/10.2105/AJPH.2015.302706

Gergen, K. J. (2009). *An Invitation to Social Construction* (2nd ed.). Thousand Oaks, California: SAGE Publications.

Gim, R. H., Atkinson, D. R., & Kim, S. J. (1991). Asian-American Acculturation , Counselor Ethnicity and Cultural Sensitivity , and Ratings of Counselors, *38*(1), 57–62.

Guthrie, R. V. (2004). *Even the Rat was White: A Historical View of Psychology* (2nd ed.). Boston: Pearson.

Hall, K. G., & Richardson, E. D. (2014). Multicultural Microskills: Implementation on an Existing Design. *Journal for International Counselor Education*, *6*, 75–89.

Hays, D. G., Wood, C., Dahl, H., & Kirk-Jenkins, A. (2016). Methodological Rigor in *Journal of Counseling & Development* Qualitative Research Articles: A 15-Year Review. *Journal of Counseling & Development*, *94*(2), 172–183. https://doi.org/10.1002/jcad.12074

Hays, P. a. (1996). Addressing the Complexities of Culture and Gender in Counseling. *Journal of Counseling & Development*, *74*, 332–338. https://doi.org/10.1002/j.1556-

6676.1996.tb01876.x

Helms, J. E. (1995). An Update of Helms's White and People of Color Racial Identity Models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of Multicultural Counseling* (pp. 181–197). Thousand Oaks, California: SAGE Publications.

Hipolito-Delgado, C. P., Cook, J. M., Avrus, E. M., & Bonham, E. J. (2013). The Lived Experience of Cultural Immersion. *Journal of Humanistic Counseling*, *52*(October), 191–207.

Hook, J. N., Farrell, J. E., Davis, D. E., Deblaere, C., Van Tongeren, D. R., & Utsey, S. O. (2016). Cultural Humility and Racial Microaggressions in Counseling. *Journal of Counseling Psychology*, *63*(3), 269–277.

Hsieh, H., & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–88. https://doi.org/10.1177/1049732305276687

Hu, Y., Hu, Y., Li, X., Pan, Y., & Cheng, X. (2017). Brain-to-brain synchronization across two persons predicts mutual prosociality. *Social Cognitive and Affective Neuroscience*, *12*(12), 1835–1844. https://doi.org/10.1093/scan/nsx118

Ivey, A. E. (1971). *Microcounseling: Innovations in interviewing training*. Oxford, England: Charles C Thomas.

Ivey, A. E., Bradford Ivey, M., & Zalaquett, C. (2014). *Intentional interviewing and counseling : facilitating client development in a multicultural society* (8th ed.). Belmont, CA: Brooks Cole.

Jackson, J. S., Knight, K. M., & Rafferty, J. A. (2010). Race and unhealthy behaviors:

Chronic stress, the HPA Axis, and physical and mental health disparities over the life course. *American Journal of Public Health*, *100*(5), 933–939. https://doi.org/10.2105/AJPH.2008.143446

Jernigan, M. M., & Daniel, J. H. (2011). Racial trauma in the lives of Black children and adolescents: Challenges and clinical implications. *Journal of Child and Adolescent Trauma*, *4*(2), 123–141. https://doi.org/10.1080/19361521.2011.574678

Johnson, J. M., & Lambie, G. W. (2012). A multicultural personal growth group as a pedagogical strategy with graduate counseling students. *Journal of the Scholarship of Teaching and Learning*, *12*(3), 125–141.

Johnson, P. J., & Aboud, F. E. (2017). Evaluation of an intervention using cross-race friend storybooks to reduce prejudice among majority race young children. *Early Childhood Research Quarterly*, *40*, 110–122. https://doi.org/10.1016/j.ecresq.2017.02.003

Jones, B. P. (2016). Black Lives Matter and the Struggle for Freedom. *Monthly Review*, *68*(4), 1–8.

Joyce, N., & Harwood, J. (2014). Improving Intergroup Attitudes through Televised Vicarious Intergroup Contact: Social Cognitive Processing of Ingroup and Outgroup Information. *Communication Research*, *41*(5), 627–643. https://doi.org/10.1177/0093650212447944

Kellermann, N. P. F. (2013). Epigenetic transmission of holocaust trauma: Can nightmares be inherited? *Israel Journal of Psychiatry and Related Sciences*, *50*(1), 33–39.

King, R. D., Johnson, K. R., & McGeever, K. (2010). Demography of the legal

profession and racial disparities in sentencing. *Law and Society Review*, *44*(1), 1–32. https://doi.org/10.1111/j.1540-5893.2010.00394.x

LaFromboise, T. D., Coleman, H. L., & Hernandez, A. (1991). Development and factor structure of the Cross-Cultural Counseling Inventory☐" - Revised. *Professional Psychology: Research and Practice*, *22*(5), 380–388. https://doi.org/10.1037/0735-7028.22.5.380

Laska, K. M., & Wampold, B. E. (2014). Ten Things to Remember About Common Factor Theory. *Psychotherapy (Chicago, Ill.)*, *51*(4), 519–524. https://doi.org/10.1037/a0038245

Leuwerke, W. (2005). Fostering the Development of Multicultural Counselling Competencies : Training , Growth and Development for White Counsellors. *Guidance and Counseling*, *21*(1), 21–29.

Lewis, J. A., Lewis, M. D., Daniels, J. A., & D'Andrea, M. J. (2003). *Community Counseling* (3rd ed.). Pacific Grove, CA: Brooks Cole.

Limb, C. J., & Braun, A. R. (2008). Neural substrates of spontaneous musical performance: An fMRI study of jazz improvisation. *PLoS ONE*, *3*(2). https://doi.org/10.1371/journal.pone.0001679

Liptak, A. (2015, June 26). Supreme Court Ruling Makes Same-Sex Marriage a Right Nationwide. *The New York Times*. Retrieved from http://www.nytimes.com/2015/06/27/us/supreme-court-same-sex-marriage.html%5Cnhttp://www.nytimes.com/2015/06/27/us/supreme-court-same-sex-marriage.html?ref=politics

Lord, S. P., Sheng, E., Imel, Z. E., Baer, J., & Atkins, D. C. (2015). More Than

Reflections: Empathy in Motivational Interviewing Includes Language Style Synchrony Between Therapist and Client. *Behavior Therapy*, *46*(3), 296–303. https://doi.org/10.1016/j.beth.2014.11.002

Luiggi-Hernández, J. G., Torres, G. E. L., Domínguez, J. G., Sánchez, G. M. C., Meléndez, M. P., Medina, D. M. C., & Rentas, C. D. G. (2015). OUTING THE DISCRIMINATION TOWARDS LGBT PEOPLE DURING THE HIRING PROCESS : WHAT ABOUT THEIR WELL-BEING ? *Revista Puertorriquena de Psicologia*, *26*(2), 194–213.

Martin, L. A., & Chiodo, J. J. (2004). Ethnic Identity Among Hispanics: A Reassessment of Previous Development Models. *Multicultural Perspectives*, *6*(1), 36–42. https://doi.org/10.1207/S15327892mcp0601

Mason, C. N. (2016). *Born Bright*. New York: St. Martin's Press.

Mayring, P. (2000). Qualitative Content Analysis. *Forum: Qualitative Social Research*, *1*(2).

Mccammon, H. J., Hewitt, L., & Smith, S. (2004). "NO WEAPON SAVE ARGUMENT": Strategic Frame Amplification in the U.S. Woman Suffrage Movements. *The Sociological Quarterly*, *45*(3), 529–556.

McConnell, E. D. (2013). Who has Housing Affordability Problems? Disparities in Housing Cost Burden by Race, Nativity, and Legal Status in Los Angeles. *Race and Social Problems*, *5*(3), 173–190. https://doi.org/10.1007/s12552-013-9086-x

McPhate, M. (2015, December 11). Discrimination by Airbnb Hosts Is Widespread , Report Says. *The New York Times*.

Mendez, D. D., Hogan, V. K., & Culhane, J. F. (2014). Institutional racism,

neighborhood factors, stress, and preterm birth. *Ethnicity & Health*, *19*(5), 479–499. https://doi.org/10.1080/13557858.2013.846300

Mihalcea, R., Resnicow, K., Singh, S., & An, L. (2017). Understanding and Predicting Empathic Behavior in Counseling Therapy. *Association for Computational Linguistics*, 1426–1435.

Miles, M. B., Huberman, M. A., & Saldana, J. (2014). *Qualitative Data Analysis: A Methods Sourcebook* (3rd ed.). London: SAGE Publications.

Miranda, J., Duan, N., Sherbourne, C., Schoenbaum, M., Lagomasino, I., Jackson-Triche, M., & Wells, K. B. (2003). Improving care for minorities: Can quality improvement interventions improve care and outcomes for depressed minorities? Results of a randomized, controlled trial. *Health Services Research*, *38*(2), 613–630. https://doi.org/10.1111/1475-6773.00136

Morrow, S. L., Rakhsha, G., & Castaneda, C. L. (2001). Qualitative Research Methods for Multicultural Counseling. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of Multicultural Counseling* (2nd ed., pp. 575–603). Thousand Oaks, California: SAGE Publications.

Nadal, K. L. (2011a). *Counseling Gay and Lesbian People of Color: Multiple Identities: Part 2*. USA: Microtraining Associates. Retrieved from https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cvideo_work%7C1779197

Nadal, K. L. (2011b). *Counseling Gay and Lesbian People of Color: Multiple Identities: Part One*. USA: Microtraining Associates. Retrieved from https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cvideo_work

%7C1779194

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The Impact of

Racial Microaggressions on Mental Health : Counseling Implications for Clients of

Color. *Journal of Counseling & Development*, *92*(January), 57–66.

https://doi.org/10.1002/j.1556-6676.2014.00130.x

Okonofua, J. A., Walton, G. M., & Eberhardt, J. L. (2016). A Vicious Cycle : A Social –

Psychological Account of Extreme Racial Disparities in School Discipline.

Perspectives on Psychological Science, *11*(3), 381–398.

https://doi.org/10.1177/1745691616635592

Owen, J., Imel, Z., Tao, K. W., Wampold, B., Smith, A., & Rodolfa, E. (2011). Cultural

ruptures in short-term therapy : Working alliance as a mediator between clients '

perceptions of microaggressions and therapy outcomes. *Counselling and*

Psychotherapy Research, *11*(3), 204–213.

https://doi.org/10.1080/14733145.2010.491551

Owen, J., Tao, K. W., Imel, Z. E., & Wampold, B. E. (2014). Addressing Racial and

Ethnic Microaggressions in Therapy. *Professional Psychology: Research and*

Practice, *45*(4), 283–290.

Parham, T., & Ajamu, A. (2000). *Innovative Approaches to Counseling African Descent*

People. USA: Microtraining Associates. Retrieved from

https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cvideo_work

%7C1778757

Patton, M. Q. (2002). *Qualitative Research & Evaluation Methods* (3rd ed.). Thousand

Oaks, California: SAGE Publications.

Peguero, A. A., Shekarkhar, Z., Popp, A. M., & Koo, D. J. (2015). Punishing the children of immigrants: Race, ethnicity, generational status, student misbehavior, and school discipline. *Journal of Immigrant & Refugee Studies*, *13*(2), 200–220. https://doi.org/10.1080/15562948.2014.951136

Perroud, N., Rutembesa, E., Paoloni-Giacobino, A., Mutabaruka, J., Mutesa, L., Stenz, L., … Karege, F. (2014). The Tutsi genocide and transgenerational transmission of maternal stress: epigenetics and biology of the HPA axis. *The World Journal of Biological Psychiatry : The Official Journal of the World Federation of Societies of Biological Psychiatry*, *15*(4), 334–45. https://doi.org/10.3109/15622975.2013.866693

Phinney, J. S. (1989). Stages of Ethnic Identity Developent in Minority Group Adolescents. *Journal of Early Adolescence*, *9*(1–2), 34–49. https://doi.org/10.1017/CBO9781107415324.004

Phinney, J. S. (1990). Ethnic Identity in Adolescents and Adults : Review of Research. *Psychological Bulletin*, *108*(3), 499–514.

Phinney, J. S. (1992). The Multigroup Ethnic Identity Measure: A new scale for use with adolescents and young adults from diverse groups. *Journal of Adolescent Research*, *7*, 156–176.

Phinney, J. S. (1996). When we talk about American ethnic groups, what do we mean? *American Psychologist*, *51*(9), 918–927. https://doi.org/10.1037/0003-066X.51.9.918

Phinney, J. S., Horenczyk, G., Liebkind, K., & Vedder, P. (2001). Ethnic identity, immigration, and well-being: An interactional perspective. *Journal of Social Issues*,

57(3), 493–510. https://doi.org/10.1111/0022-4537.00225

Phinney, J. S., & Ong, A. D. (2007). Conceptualization and measurement of ethnic

identity: Current status and future directions. *Journal of Counseling Psychology*,

54(3), 271–281. https://doi.org/10.1037/0022-0167.54.3.271

Ponterotto, J. G., Gretchen, D., Utsey, S. O., Rieger, B. P., & Austin, R. (2002). A

Revision of the Multicultural Counseling Awareness Scale. *Journal of Multicultural

Counseling and Development*, *30*(July), 153–180.

Ponterotto, J. G., Rieger, B. P., Barrett, A., & Sparks, R. (1994). Assessing Multicultural

Counseling Competency: A Review on Instrumentations. *Journal of Counseling &*

Development, *72*, 316–322.

Pope-Davis, D. B., & Dings, J. G. (1995). The Assessment of Multicultural Counseling

Competencies. In J. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander

(Eds.), *Handbook of Multicultural Counseling* (pp. 287–311). Thousand Oaks,

California: SAGE Publications.

Prosek, E. A., & Michel, R. E. (2016). Transformative Learning for Counselor Trainees :

Implementation of the Multicultural Immersion Experience Model. *International*

Journal for the Advancement of Counselling, *38*, 61–76.

https://doi.org/10.1007/s10447-015-9256-1

Quinn, A. (2013). A Person-Centered Approach to Multicultural Counseling

Competence. *Journal of Humanistic Psychology*, *53*(2), 202–251.

https://doi.org/10.1177/0022167812458452

Ramo-Fernandez, L., Schneider, A., Wilker, S., & Kolassa, I.-T. (2015). Epigenetic

Alterations Associated with War Trauma and Childhood Maltreatment. *Behavioral*

Sciences & the Law, *33*, 701–721. https://doi.org/10.1002/bsl

Ratts, M. J., & Hutchins, M. (2009). ACA Advocacy Competencies: Social Justice Advocacy at the Client/Student Level. *Journal of Counseling and Development*, *87*(Summer), 269–275.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015). *Multicultural and Social Justice Counseling Competencies*. *Association for Multicultural Counseling and Development*. https://doi.org/10.1017/CBO9781107415324.004

Ridley, C. R., Mollen, D., & Kelly, S. M. (2011). Beyond Microskills: Toward a Model of Counseling Competence. *The Counseling Psychologist*, *39*(6), 825–864. https://doi.org/10.1177/0011000010378440

Robinson, T. L. (1999). The Intersections of Dominant Discourses Across Race, Gender, and Other Identities. *Journal of Counseling and Development*, *77*(Winter), 73–79.

Rogler, L. H., Cortes, D. E., & Malgady, R. G. (1991). Acculturation and mental health status among Hispanics. Convergence and new directions for research. *The American Psychologist*, *46*(6), 585–597. https://doi.org/10.1037/0003-066X.46.6.585

Roh, S., & Robinson, M. (2009). A Geographic Approach to Racial Profiling. *Police Quarterly*, *12*(2), 137–169.

Rosario, M., Schrimshaw, E. W., & Hunter, J. (2008). Predicting Different Patterns of Sexual Identity Development Over Time Among Lesbian , Gay , and Bisexual Youths : A Cluster Analytic Approach. *American Journal of Community Psychology*, *42*, 266–282. https://doi.org/10.1007/s10464-008-9207-7

Roysircar, G., Gard, G., Hubbell, R., & Ortega, M. (2005). Development of Counseling Trainees â€™ Multicultural Awareness Through Mentoring English as a Second Language Students. *Journal of Multicultural Counseling and Development*, *33*(1), 17–36.

Ruiz, A. S. (1990). Ethnic identity crisis and resolution. *Journal of Multicultural Counseling and Development*, *18*(1), 29–40. https://doi.org/10.1002/j.2161-1912.1990.tb00434.x

Saldana, J. (2016). *The Coding Manual for Qualitative Researchers* (3rd ed.). London: SAGE Publications.

Sammons, C. C., & Speight, S. L. (2008). A Qualitative Investigation of Graduate-Student Changes Associated With Multicultural Counseling Courses. *The Counseling Psychologist*, *36*(6), 814–838.

Schnittker, J., & MacLeod, J. D. (2005). The Social Psychology of Health Disparities. *Annual Review of Sociology*, *31*, 75–103.

Schreier, M. (2012). Qualitative Content Analysis. In U. Flick (Ed.), *The SAGE Handbook of Qualitative Data Analysis* (p. 170-). Thousand Oaks, California: SAGE Publications. Retrieved from https://books.google.com/books?hl=en&lr=&id=R-6GAwAAQBAJ&oi=fnd&pg=PA170&dq=schreier+qualitative+content+analysis&ots=L48lYVv4Jj&sig=pIzf2YCZvzB5P1-8k0MlhSUnYmo#v=onepage&q&f=false

Shannonhouse, L., Barden, S., & Mobley, A. K. (2015). Qualitative Outcomes of a Homestay Immersion with Critical Reflection. *Counselor Education and Supervision*, *54*(December), 302–319. https://doi.org/10.1002/ceas.12028

Shifrer, D., Muller, C., & Callahan, R. (2011). Disproportionality and learning

   disabilities: Parsing apart race, socio-economic status, and language. *Journal of*

   Learning Disabilities, *44*(3), 246–257. https://doi.org/10.1177/00222194103742326

Skiba, R. J., Michael, R. S., Nardo, A. C., & Peterson, R. L. (2002). The color of

   discipline: Sources of racial and gender disproportionality in school punishment.

   The Urban Review, *34*(4), 317–342. https://doi.org/10.1023/A:1021320817372

Skiba, R. J., Trachok, M., Baker, T. L., Sheya, A., & Hughes, R. L. (2014). Parsing

   Disciplinary Disproportionality: Contributions of Infraction, Student, and School

   Characteristics to Out-of-School Suspension and Explusion. *American Educational*

   Research Journal, *51*(4), 640–670. https://doi.org/10.3102/0002831214541670

Smith-Augustine, S., Dowden, A., Wiggins, A., & Hall, L. (2014). International

   Immersion in Belize: Fostering Counseling Students' Cultural Self-Awareness.

   International Journal for the Advancement of Counselling, *36*, 468–484.

   https://doi.org/10.1007/s10447-014-9219-y

Spanierman, L. B., Poteat, V. P., Wang, Y.-F., & Oh, E. (2008). Psychosocial costs of

   racism to white counselors: Predicting various dimensions of multicultural

   counseling competence. *Journal of Counseling Psychology*, *55*(1), 75–88.

   https://doi.org/10.1037/0022-0167.55.1.75

Sue, D. (1997). Multicultural training. *International Journal of Intercultural Relations*,

   21(2), 175–193. https://doi.org/10.1016/S0147-1767(96)00044-2

Sue, D. W. (1977). Counseling the Culturally Different: A Conceptual Analysis.

   Personnel and Guidance Journal, (March), 422–425.

Sue, D. W. (2001). Multidimensional Facets of Cultural Competence. *The Counseling*

Psychologist, *29*(6), 790–821. https://doi.org/10.1177/0011000001296002

Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling

competencies and standards: A call to the profession. *Journal of Counseling and

Development*, *70*(APRIL), 477–486. Retrieved from

http://doi.wiley.com/10.1002/j.2161-1912.1992.tb00563.x

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal,

K. L., & Esquilin, M. (2007). Racial Microaggressions in Everyday Life:

Implications for Clinical Practice. *American Psychologist*, *62*(4), 271–286.

https://doi.org/10.1037/0003-066X.62.4.271

Sue, D. W., & Sue, D. (1990). *Counseling the Culturally Different* (2nd ed.). New York,

New York: Wiley.

Sue, D. W., & Sue, D. (2013). Multicultural Counseling Competence for Minority Group

Counselors/Therapists. In *Counseling the Culturally Diverse* (Sixth, pp. 57–85).

Hoboken, New Jersey: Wiley.

Sue, D. W., & Sue, D. (2015). *Counseling the Culturally Diverse* (7th ed.). Hoboken,

New Jersey: John Wiley & Sons, Inc. Retrieved from

https://books.google.com/books?id=fwj9CgAAQBAJ&printsec=frontcover#v=onep

age&q&f=false

Sue, S., Yan Cheng, J. K., Saad, C. S., & Chu, J. P. (2012). Asian American mental

health: a call to action. *The American Psychologist*, *67*(7), 532–44.

https://doi.org/10.1037/a0028900

Thompson, C. E., Worthington, R., Atkinson, D. R., Dana, D., Hodgson, A., Neville, H.,

… Miguel, S. S. (1994). Counselor Content Orientation, Counselor Race, and Black

Women's Cultural Mistrust and Self-Disclosures. *Journal of Counseling Psychology*, *41*(2), 155–161.

Tomlinson-Clarke, S. M., & Clarke, D. (2010). Culturally Focused Community-Centered Service Learning: An International Cultural Immersion Experience. *Journal of Multicultural Counseling and Development*, *38*(July), 166–175.

Tuhiwai Smith, L. (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. London: Zed Books Ltd.

University of Vermont. (2012, April 3). Vt . police see race disparity in traffic stops. *The Berkshire Eagle*, pp. 1–3. Retrieved from http://ezproxy.barry.edu/login? url=http://search.proquest.com/docview/963554487? accountid=27715

US Department of Education: Statistics, N. C. for E. (2012). Degrees conferred by sex and race. Retrieved from https://nces.ed.gov/fastfacts/display.asp?id=72

Utsey, S. O., Bolden, M. A., & Brown, A. L. (2001). Vision of Revolution From the Spirit of Frantz Fanon. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of Multicultural Counseling* (2nd ed., pp. 311–336). Thousand Oaks, California: Sage Publications.

Van der Kolk, B. (2014). *The Body Keeps the Score*. New York, New York: Penguin Books.

Warren, A. K. (2006a). *Career Counseling: Skills for Contextualizing Decision Making*. USA: Microtraining Associates. Retrieved from https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cvideo_work %7C1778827

Warren, A. K. (2006b). *Career Counseling: Skills for Guided Discovery and Career*

Assessment. USA: Microtraining Associates. Retrieved from

https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cvideo_work

%7C1778822

Warren, P., Tomaskovic-Devey, D., Smith, W., Zingraff, M., & Mason, M. (2006).

Driving while black: Bias processes and racial disparity in police stops.

Criminology, *44*(3), 709–737. https://doi.org/10.1111/j.1745-9125.2006.00061.x

West-Olatunji, C., Goodman, R. D., Mehta, S., & Templeton, L. (2011). Creating

Cultural Competence : An Outreach Immersion Experience in Southern Africa.

International Journal for the Advancement of Counselling, *33*, 335–346.

https://doi.org/10.1007/s10447-011-9138-0

Wildman, B., & Moran, S. M. (2007). Race and wealth disparity: the role of law and the

legal system. *Fordham Urban Law Journal*, *34*(4), 1219–1239.

Williams, C. B. (1999). The Color of Fear and Blue-Eyed: Tools for Multicultural

Counselor Training. *Counselor Education and Supervision*, *39*(1), 76–79.

https://doi.org/10.1002/j.1556-6978.1999.tb01792.x

Williams, K. A., & Chapman, M. V. (2011). Comparing Health and Mental Health

Needs, Service Use, and Barriers to Services amng Sexual Minority Youths and

Their Peers. *Health and Social Work*, *36*(3), 197–206.

Worthington, R. L., Mobley, M., Franks, R. P., & Tan, J. A. (2000). Multicultural

counseling competencies: Verbal content, counselor attributions, and social

desirability. *Journal of Counseling Psychology*, *47*(4), 460–468.

https://doi.org/10.1037/0022-0167.47.4.460

Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural

Counseling Competencies Research : A 20-Year Content Analysis. *Journal of Counseling Psychology*, *54*(4), 351–361. https://doi.org/10.1037/0022-0167.54.4.351

Wynaden, D., Chapman, R., Orb, A., McGowan, S., Zeeman, Z., & Yeak, S. (2005). Factors that influence Asian communities' access to mental health care. *International Journal of Mental Health Nursing*, *14*(2), 88–95. https://doi.org/10.1111/j.1440-0979.2005.00364.x

Ying, Y.-W., & Lee, P. A. (1999). The Development of Ethnic Identity in Asian-American Adolescents: Status and Outcome. *American Journal of Orthopsychiatry*, *69*(2), 194–208.

Zimmerman, G. M., & Messner, S. F. (2013). Individual, family background, and contextual explanations of racial and ethnic disparities in youths' exposure to violence. *American Journal of Public Health*, *103*(3), 435–442. https://doi.org/10.2105/AJPH.2012.300931

Zuckerman, K. E., Mattox, K. M., Sinche, B. K., Blaschke, G. S., & Bethell, C. (2014). Racial, Ethnic, and Language Disparities in Early Childhood Developmental/Behavioral Evaluations: A Narrative Review. *Clinical Pediatrics*, *53*(7), 619–631. https://doi.org/10.1177/0009922813501378