

Exploring Multicultural Counseling Competence within Intensive In-Community Counseling: A Mixed Methods Study

Moses L. James III

DISSERTATION.COM



Boca Raton

*Exploring Multicultural Counseling Competence within Intensive In-Community Counseling:
A Mixed Methods Study*

Copyright © 2013 Moses L. James III

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the publisher.

Dissertation.com
Boca Raton, Florida
USA • 2015

ISBN-10: 1-61233-433-4
ISBN-13: 978-1-61233-433-2

Cover image © Arbon8 | Dreamstime.com - 3D - Multicultural Community Photo

ABSTRACT

The issues of multicultural counseling competence within intensive in-community counseling stem from the lack of research on the lived experiences of African American families receiving intensive in-community counseling services. This research project includes exploring the perceptions of counseling experiences within the African American family, examining the perceptions of multicultural counseling competence in the African American family, and providing a document that explores the African American viewpoints of the home-based counseling experience. This study incorporated phenomenological research and used the CCCI-R to rely on the participants' views of the multicultural counseling competence of home-based therapists. The themes include: (a) awareness of cultural differences; (b) comfort in the session; (c) time to understand the family needs; and (d) counseling strategies. A summary, conclusions, and recommendations for future research are included.

TABLE OF CONTENTS

	Page
TABLE OF APPENDICES _____	viii
CHAPTER ONE: THE PROBLEM _____	1
Problem Background _____	1
Purpose of the Study _____	2
Research Questions _____	3
Overarching Qualitative Research Question _____	3
Exploratory Research Question _____	3
Limitations and Delimitations _____	3
Definition of Terms _____	4
Importance of the Study _____	5
Summary _____	7
CHAPTER TWO: REVIEW OF THE LITERATURE _____	9
Introduction _____	9
The Development of Multicultural Counseling Competence _____	10
Multicultural Counseling Competency and a Counselor’s Worldview _____	12
Multicultural Counseling Competency Regarding Ethical and Cultural Issues _____	13
Multicultural Counseling Competency and the ACA Code of Ethics _____	14
The Purpose of the ACA Code of Ethics and Multicultural Components _____	15
Multicultural Counseling Competence and AMCD _____	16
Cross-Cultural Competencies and Objectives _____	17
Multicultural Counseling Competence and the Use of the CCCI-R _____	22
The Development of Intensive In-Community Counseling _____	23
Multicultural Counseling Competence and Intensive In-Community Counseling _____	25
Multicultural Counseling Competency with African Americans _____	31
Summary _____	33
CHAPTER THREE: METHODOLOGY _____	35
Research Design _____	35
Population and Sampling Procedures _____	35
Consent of Participants _____	37
Anticipated Ethical Issues _____	38
Instrumentation _____	38
Individual Interview Questions _____	39
Focus Group Questions _____	40
Methodological Assumptions and Limitations _____	41
Mixed Methods Procedures _____	41
Components of Mixed Methods Procedures _____	41
The Nature of Mixed Methods Research _____	42
Phenomenological Procedures _____	44
Summary _____	46

CHAPTER FOUR: FINDINGS	47
Introduction	47
Table 1: Summary of Findings / Themes	48
Research Questions	50
Overarching Qualitative Research Question	50
Exploratory Research Question	50
Data Analysis and Results	50
Participant #1	52
Participant #2	59
Participant #3	66
Participant #4	72
Participant #5	78
Participant #6	84
Focus Group	90
Summary of Phenomenological Findings	99
Description of Individual and Focus Group Themes	99
Synthesis of Individual and Focus Group Textural Description	101
Synthesis of Individual and Focus Group Structural Description	102
Individual and Focus Group Essence of Intensive In-Community Counseling and Multicultural Counseling Competence	103
CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	104
Summary	104
Conclusions	107
Limitations Restated	110
Recommendations	111
REFERENCES	113
APPENDICES	120

TABLE OF APPENDICES

Appendix	Page
A: Consent Form_____	121
B: Client Recruitment Script_____	125
C: Demographic Questionnaire_____	127
D: Permission to Contact_____	130
E: Cross Cultural Counseling Inventory – Revised (CCCI-R)_____	132

ACKNOWLEDGEMENTS

The author would like to express sincere gratitude to committee members Dr. Reynolds and Dr. Ogletree for their invaluable support and guidance in the planning and implementation of this research project. The deepest appreciation is further offered to the participants in the research study. Without their contributions of time, this study would not have been possible.

DEDICATION

To my parents Moses L. James Jr. and Barbara James whose love and support helped turn this dream into a shared reality. To my brother Troy whose support and encouragement helped me to stay focused on the task at hand. To my sons Moses and Andrew whose unconditional love and encouragement continued to fuel my motivation. To Jennifer whose love, support, and encouragement helped to maintain rational thinking during challenging moments in completing this project.

CHAPTER ONE: THE PROBLEM

Problem Background

Intensive in-community counseling in the state of New Jersey is a form of home-based counseling whereby a master's level clinician works with an individual youth (or adolescent) and their family regarding emotional or behavioral problems. More specifically, these services focus on the emotional or behavioral problems in children and adolescents from families who are unable or unwilling to access traditional outpatient family therapy (Jordan, Alvarado, Braley, & Williams, 2001). In short, intensive in-community counseling services encourage these families to learn new adaptive methods of problem solving, new ways to care for their child, to avoid out-of-home placement, and to learn therapeutic skills which encompass empowerment. It should be noted that intensive in-community counseling may include a master's or bachelor's level behavioral assistant to work with the emotionally or behaviorally disordered client (Jordan et al.). At times, other staff may work with a family to provide support services to the agency referring the client or family.

Current research focuses on the importance of counselors being able to understand the context of minority clients as a means for providing better services for those clients. More specifically, Bender, Windsor, Flynn, and Thompson (2009) and Chao, Wei, Good, and Flores (2011) focused on the moderating effects of multicultural counseling and home-based therapeutic services. Likewise, Constantine, Warren, and Miville (2005), Ford, Moore, Whiting, and Grantham (2008), and Fouad (2006) all focused on multicultural counseling guidelines and supervision. Similarly, Laszloffy and

Habekost (2010), Neville, Spanierman, and Doan (2006), Reynolds (2011), and Sehgal et al. (2011) examined multicultural counseling competence with regard to cultural sensitivity. In addition, Sheu and Lent (2007) and Spanierman, Poteat, Wang, and Oh (2008) targeted multicultural counseling competence concerning minorities.

There is a lack of research on the lived experiences of African American families receiving intensive in-community counseling services and limited documentation of the African American home-based counseling experience. Taking into account the increase of the African American population (United States Bureau of the Census, 2010) and the disproportionate numbers of African Americans families who are either homeless, in the child welfare system, or victims of trauma (Surgeon General, 2001), a need exists to explore multicultural counseling competency. More specifically, there is a need to explore multicultural counseling competence regarding who provide in-community counseling services to this population in the State of New Jersey. In fulfilling this need, counselors may be able to engage and provide meaningful help to a culturally diverse population.

Purpose of the Study

This study concerns multicultural counseling competence with home-based therapists. The author explored the perceptions of counseling experiences within the African American family. Another goal of the study was to examine the perceptions of African American families and to explore their viewpoints of the home-based counseling experience. With increasing diversification of the population in the United States and the increasing need of mental health related services, race and ethnicity should be a consideration for home-based therapists when trying to understand the perspectives of

those who are receiving mental health services (Allen-Portsche, 2008). A mixed methods study incorporating phenomenological research was used to explore the context of multicultural competence and to illuminate the essence of the experiences of African Americans regarding “what” they experienced and “how” they experienced it (Moustakas, 1994).

Research Questions

Overarching Qualitative Research Question

What are the African American perceptions that define multicultural counseling competence and that could assist intensive in-community counselors to be successful in multicultural counseling situations?

Exploratory Research Question

What are the lived experiences of African American clients who receive intensive in-community counseling?

Limitations and Delimitations

There were several limitations and delimitations regarding this study. To begin with, this study relied on self-report measures from qualitative interviews as they related to the subjectivity of interpretation, social desirability, and focus on existing theoretical frameworks (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001). Additionally, the study incorporated network sampling in the State of New Jersey which limits the generalizability of the findings. Moreover, the sample included African American families who were either the parent or guardian of a child or adolescent who received home-based family psychotherapy in the State of New Jersey. It should be noted that the sample stemmed from mobile crisis service referrals to a non-profit mental health agency

that provides intensive in-community mental health services. Master's level counselors in this agency are the point of entry to the clients. More specifically, due to the nature of the research questions, another limitation was the fact that all participants were over 19 years of age with the assumption that clients over 19 years of age (legal adults) might be better able to comprehend and verbalize their experiences. Lastly, another limitation was that the primary language of all participants is English due to the reality that translation issues can create a multitude of biases and miscommunication.

Definition of Terms

The following definitions provide an explanation and organization to this qualitative study:

Children's Mobile Response and Stabilization System (CMRSS): This is a specific mobile crisis service in the state of New Jersey in both Essex and Middlesex counties. The aim of this service is to ensure safety and wellbeing of children, adolescents, and their families facing crisis situations that may risk the disruption of a youth's current living situation (Rutgers University, 2013). As a result, CMRSS provides immediate crisis response on-site and coordinates subsequent stabilization services to children, youth, their families, and caregivers.

Family Therapy: An approach to psychotherapy that focuses on the awareness of interaction between people within a nuclear or extended family with a goal to ease problems initially reported by individual family members or the family as a whole.

Intensive In-Community Counselor (IIC): A master level or state licensed (LPC, LCSW, LMFT, etc.) individual who provides home based counseling to an individual youth (or adolescent) and their family regarding emotional or behavioral problems.

In-Home Therapist / Home Based Therapist: A master level or state licensed (LPC, LCSW, LMFT, etc.) individual who provides home based counseling to an individual youth (or adolescent) and their family regarding emotional or behavioral problems.

In-Home Therapy / Home Based Therapy: A form of therapy that is provided within the residence of clients (Smith, 2000).

Intensive In-Community Counseling (IIC): A form of home based counseling whereby a master level clinician works with an individual youth (or adolescent) and their family regarding emotional or behavioral problems. These services focus on the emotional or behavioral problems in children and adolescents from families who are unable or unwilling to access traditional outpatient family therapy (Jordan et al., 2001).

Mobile Crisis Services: These services provide home and community-based emergency and crisis mental health treatment to individuals who are often unable or unwilling to access traditional mental health care in the community (Sacco, 2004). Additionally, many of the recipients of this service had been previously untreated in the community.

Importance of the Study

Although there has been much research in this area, additional research needs to be conducted around the setting of intensive in-community counseling and its association with engagement. Part of this research gap may stem from limitations in prior research (Pope-Davis et al., 2001). For instance, one limitation was simply the over-reliance on self-report measures as they related to the subjectivity of interpretation, social desirability, and focus on existing theoretical frameworks. Comparatively, Hurley (2008)

discussed the need for further development of sophisticated methodologies with regard to intensive in-community services. As a result, numerous articles support the need for qualitative, exploratory research on client experiences and perspectives of multicultural counseling competence (Pope et al. 2001). According to Moustakas (1994), qualitative research often originates out of a lack of literature. Subsequently, a qualitative study may assist in the continued growth and knowledge of intensive in-community counseling. Similarly, a qualitative study may promote continued growth of the home-based counseling field by enhancing the current understanding of the client experience of multicultural counseling competence, as well as to enrich a counselor's understanding of what it means to be competent when working with ethnically diverse clients in the home (Allen-Portsche, 2008). This study focused on the meaning of the experience, which may be of help in generating ideas about what clients find useful in therapy while taking the diversity of clients and other contextual factors into account. More specifically, the emphasis was on how individuals make meaning of their environment as opposed to the reality of the environment itself (Allen-Portsche).

Allen-Portsche (2008) pointed out marginal considerations concerning race and ethnicity of clients receiving intensive in-community counseling, and that clients participating in this modality need a voice to express their perspectives. Continued research in this area may enhance the understanding of how to implement effective mental health therapy in the context of the home. More specifically, continued research can explore the viewpoints of ethnically and racially diverse clients, along with how they recognize multicultural counseling competence. It should be noted that further research will be necessary to study additional factors that define multicultural counseling

competence with counselors who work with other racial and ethnic populations.

Similarly, further research may identify critical factors from other minority clients that may be included in a training program for counselors in order to build conceptual models for future study.

For the most part, current efforts in the area of intensive in-community counseling could further the understanding of multicultural counseling competence since little is known about the lived experiences of African American families receiving these services in the State of New Jersey, as well as all African American home-based counseling experiences. Do knowledge, skills, and awareness describe the necessary components that are important for clients when they receive counseling in their homes? By exploring multicultural counseling competence in this research project, African American families had the opportunity to describe their perspectives and experiences with their therapists. This topic may serve to increase the understanding of multicultural counseling competence through the exploration of the clients' lived experiences. By gaining an understanding of what multicultural counseling competence means to African American families, it may promote future research in developing a training program that would be appropriate for various racial and ethnic groups.

Summary

This introduction discussed the concerns of multicultural counseling competence with home-based therapists. Moreover, it discussed the aim of the study which included exploring the perceptions of counseling experiences within the African American family, examining the perceptions of multicultural counseling competence in the African American family, and for providing a document that explores the African American

viewpoints of the home-based counseling experience. For the most part, the introduction discussed the problem background, purpose of the study, research questions, limitations and delimitations, and definitions, as well as the importance of the study.

In subsequent chapters, this study provides a review of literature including the development of multicultural counseling competence, a discussion of the counselor's worldview, a discussion of ethical and cultural issues related to competency, the development of intensive in-community counseling, a discussion of multicultural counseling competence and intensive in-community counseling, and a discussion of counseling competency with African Americans.

CHAPTER TWO: REVIEW OF THE LITERATURE

Introduction

The purpose of this literature review was to explore the gaps in knowledge regarding the multicultural counseling competency of intensive in-community counselors with African American families. This review discusses the development of multicultural counseling competency and home-based therapy, as well as the development of multicultural counseling competence through the influences and recommendations of the following organizations and entities: the American Psychological Association (APA), the 1973 APA Conference on Levels and Patterns of Professional Training in Psychology, the American Counseling Association (ACA), the ACA Code of Ethics, the Association for Multicultural Counseling and Development (AMCD), and the multicultural counseling competency assessment tool the Cross-Cultural Counseling Inventory–Revised (CCCI-R). In addition, the author examined the influence of a counselor’s worldview along with ethical and cultural issues related to the development of multicultural counseling competency. In particular, this worldview, in relation to cultural conflicts when conducting intensive in-community counseling, was also probed. Also, ethical and cultural issues regarding an intensive in-community counselor’s professional obligations were covered.

Regarding home-based therapy, the literature review explores the development of this particular form of therapy and the positive and negative characteristics of treating individuals in the community. Likewise, multicultural components of intensive in-

community counseling and the African American home-based counseling experience show the need for an exploratory study in order to examine the perceptions of counseling competence in this particular segment of the population. To accomplish this, the author examined current research focusing on the importance and need for counselors to understand the context of minority clients as a means of providing better services for them. Further, this author reviewed relevant peer-reviewed journal articles in the field of counseling which included only a portion of multicultural counseling competency and home-based therapy. It was the aim of this author to explore the scope of research (scant) regarding the lived experiences of African American families receiving intensive in-community counseling services while establishing the need to explore the perceptions of counseling experiences within the African American family.

The Development of Multicultural Counseling Competence

In discussing the development of multicultural counseling competence, it is important to understand the history of multicultural awareness. Robinson and Morris (2000) noted the attempts that APA members (primarily African American psychologists) made to increase awareness of cultural concerns in efforts to establish a program where individuals could have open discussions of cultural concerns. In particular, this period included concerns, such as the paucity of minority counselors and the use of culturally insensitive therapeutic approaches, and excluded systemic approaches to address cultural biases (Turner & Kramer, 1995). As such, the APA established several protocols during the 1970s and 1980s to assist in increasing awareness of cultural concerns (APA, 1997). Consequently, this period mirrored the increased awareness of multicultural concerns among mental health professionals (Turner & Kramer). Subsequently, the professional

community examined cultural concerns through research and articles (Sue, 1977) which resulted in the coining of the term “multicultural counseling” (Jackson, 1995).

The 1973 APA Conference on Levels and Patterns of Professional Training in Psychology addressed the ethics of conducting therapy across cultures (Fouad, 2006). Korman (1974) pointed out that one of the recommendations to address the ethics of conducting therapy across cultures was to assist therapists in knowing how to build a range of skills to work with culturally diverse clients and their cultural differences. Similarly, D.W. Sue (1977) and S. Sue (1977) discussed notions of multicultural competency in conducting therapy in order to avoid communication incapability in understanding culturally appropriate information. Later, Atkinson, Morten, and Sue (1979) and Arredondo (1998) focused on multiculturalism and diversity, pointing out that all counseling is cross-cultural. It should be noted that prior to Arredondo, Arredondo et al., (1996) referred to multicultural counseling as the preparation and practice that integrates multicultural and culture-specific awareness, knowledge, and skills into counseling interactions. In addition, Arredondo et al. referred to “multicultural” from the context of counseling preparation and application in terms of the five major cultural groups in the United States and its territories: (a) African American / Black; (b) Asian; (c) Caucasian / European; (d) Hispanic / Latino; and (e) Native American or indigenous groups who have historically resided in the continental United States and its territories.

Later, Sue and Sue (1999) discussed multicultural themes which arose from the 1999 National Multicultural Conference and Summit (NMCS). In short, these themes included (a) the diversification of the United States; (b) the facilitation of difficult

dialogues on race, gender, and sexual orientation; (c) the concept of spirituality as a basic dimension of the human condition; (e) the invisibility of mono-culturalism; and (f) Whiteness, and the teaching of multiculturalism and diversity.

Multicultural Counseling Competency and a Counselor's Worldview

According to Sue (1981), worldview refers to how people perceive their relationship to the world of nature, institutions, and other people. Similarly, Horner and Vandersluis (1981) described worldview as a general conception of one's place in the universe. Moreover, Sarason (1984) reported that the development of an individual's worldview stems from the beliefs and postulations individuals hold about the makeup of the world. When defining worldview, one can explore two competing hypotheses related to a counselor's worldview and race/ethnicity (Mahalik, 1999). To begin, the first hypothesis is that counselors of different racial/ethnic groups differ on worldview—reflecting group membership. The other hypothesis is that counselors are similar to each other with regard to worldview—reflecting membership in a “therapist culture”. The results of Mahalik's study indicated that counselors share similar worldviews regardless of group membership. Additionally, the study found minimal differences between counselors based on racial/ethnic membership.

One should note the work of Kluckhohn and Strodtbeck (1961) in assisting counselors to define their worldview from a culturally competent standpoint. Kluckhohn and Strodtbeck developed five existential themes consisting of: (a) social relationships; (b) human nature; (c) person to nature; (d) human activity; and (e) time. Furthermore, Kluckhohn (1968) suggested that individuals solve everyday problems in the above-

mentioned five value areas. Subsequently, an individual's response to this exploration may be comprised of their individual worldview from a culturally competent viewpoint.

Multicultural Counseling Competency Regarding Ethical and Cultural Issues

Regarding ethical and legal considerations related to multicultural counseling competency, intensive in-community counselors need to be aware that they have a professional obligation throughout their careers to follow the collection of principles and moral aims established in the ACA Code of Ethics (2005). In this way, counselors can understand that their main responsibility is to the client (ACA). In addition, these counselors should understand that this responsibility stems from trust—trust between the client and the clinician. It should be noted that trust is gained from building collaborative, suitable, and confidential working relationships (ACA). As such, the ACA considers trust the cornerstone of the counseling relationship (Standard B. Introduction).

When referring to professional standards, intensive in-community counselors must ensure that there are no conflicts between the codes and their state's legal code. The ACA (2005) ethics code recommends that individuals commit to the ethical codes and vigorously work to resolve the previously mentioned conflicts (Standard H.1.b). Intensive in-community counselors need to show consideration for diversity and how to work with various individuals (Preamble). As such, these counselors should incorporate strategies to assist in their dialogue with clients, regardless of race or culture (Standard A.2.c).

Moreover, intensive in-community counselors should communicate in a cross-culturally sensitive manner to ensure they do not put the client's confidentiality and right to privacy in danger (ACA, 2005, Standard B.1.a). In terms of multicultural competency

issues, counselors should know how age, ethnic / racial background, and socio-economic factors contribute to their worldview (Horner & Vandersluis, 1981; Sarason, 1984; Sue, 1981). Adhering to these tenets may increase a counselor's cultural competence when providing psychotherapy in the home.

Multicultural Counseling Competency and the American Counseling Association (ACA) Code of Ethics

In discussing multicultural counseling competency, it is important to note the influence of such competency in conjunction with the ACA's Code of Ethics. Overall, this section provides a brief history of the ACA and purpose of the ACA Code of Ethics in exploring this influence. The ACA originated when the National Vocational Guidance Association (NVGA), the National Association of Guidance and Counselor Trainers (NAGCT), the Student Personnel Association for Teacher Education (SPATE), and the American College Personnel Association convened to develop an association with a greater professional tone (ACA, n.d.). As a result, they founded an organization known as the American Personnel and Guidance Association (APGA). Later, in 1983, they changed their name to the American Association of Counseling and Development and in 1992 changed its name to the American Counseling Association. The purpose of the ACA is to promote public confidence and trust in the counseling profession so that professionals can further assist their clients and students in dealing with the challenges life presents (ACA).

Moreover, this association serves professional counselors in over 50 countries, including the United States, Europe, Latin America, Philippines and the Virgin Islands. In addition, the ACA is associated with an all-inclusive set of connections including 19

divisions and 56 branches. One of these divisions is the Association for Multicultural Counseling and Development (AMCD) discussed later in this literature review.

The Purpose of the ACA Code of Ethics and Multicultural Components

In brief, the ACA Code of Ethics provides clarification regarding the nature of ethical responsibilities, supports the mission of the ACA, establishes values that describe ethical behavior, serves as a guide in building an expert course of action serving individuals receiving counseling services, and serves as the foundation for handling complaints and investigations against ACA members (ACA, 2005).

Section A.2.c of the ACA Code of Ethics discusses developmental and cultural sensitivity (ACA, 2005). In short, counselors should be aware of conveying material that is culturally appropriate. Moreover, counselors (incorporating a group effort with their clients) should consider the cultural implications of informed consent procedures and adjust their practices accordingly. Section B.1.a of the ACA Code of Ethics discusses multicultural/diversity (ACA). In particular, this section focuses on the need for counselors to uphold awareness and sensitivity with regard to the ethnic connotations of confidentiality and privacy. It is suggested that counselors arrange discussions (when appropriate) with their clients regarding the sharing of information (ACA). With this in mind, the ACA Code of Ethics contains several other sections that incorporate multicultural components, such as section E.6.c which focuses on culturally diverse populations whereby counselors are cautioned about selecting assessments for such populations. Additionally, section E.5.b focuses on cultural sensitivity whereby counselors are required to maintain awareness of client problems in relation to their culture. Comparatively, section E.8 focuses on multicultural issues/ diversity with regard

to assessments whereby counselors incorporate methods that were normed on populations other than that of the client. Likewise, section F.2.b focuses on multicultural issues/diversity in supervision whereby supervisors maintain awareness regarding the role of multiculturalism/diversity in the supervisory relationship.

Furthermore, section F.11 focuses on multicultural/diversity competence in counselor education and training programs, while section F.11.a focuses on faculty diversity in which educators are entrusted to employ and retain diverse faculty members. Similarly, section F.11.b focuses on student diversity wherein counselor educators vigorously work to attempt to employ and retain a diverse student body. In essence, counselor educators must exhibit a duty to multicultural competence. Correspondingly, section F.11.c focuses on multicultural competence whereby the counselor educator imparts multicultural competency in their training and supervision practices. It should be noted that this training assists students to gain awareness, knowledge, and skills (ACA, 2005). Finally, section G.1.g focuses on multicultural/diversity considerations in research whereby counselors maintain sensitivity to integrating cultural considerations through investigative practices.

Multicultural Counseling Competence and the Association for Multicultural Counseling and Development (AMCD)

In discussing multicultural competencies, one should note the contributions of the Association for Multicultural Counseling and Development (AMCD) created in 1972 (AMCD, n.d.). Originally, this association was known as the Association for Non-White Concerns (ANWC) in Personnel and Guidance, a division of the American Personnel and Guidance Association (APGA) (now known as the ACA). The name was changed to the

Association for Multicultural Counseling and Development in 1985 to echo the endeavors of the association (AMCD). Overall, the organization seeks to create programs to enhance the understanding of both ethnic and racial empathy. In addition, the organization sustains personal growth through educational opportunities for individuals of diverse ethnic backgrounds. In discussing multicultural counseling competency, one should note the 31 competencies proposed by the AMCD which encouraged both the ACA and the counseling profession to take on these competencies in both accreditation criteria and training.

Cross-Cultural Competencies and Objectives

Cross cultural competencies and objectives include three main sections:

(a) Counselor Awareness of Own Cultural Values and Biases; (b) Counselor Awareness of Client as Worldview; and (c) Culturally Appropriate Intervention Strategies (Arredondo et al., 1996). In addition, each section is subdivided into three: (a) Attitudes and Beliefs; (b) Knowledge; and (c) Skills. Regarding the attitudes and beliefs of a counselor's awareness of cultural values and biases, an explanatory statement includes the notion that culturally skilled counselors are aware of their own cultural values and biases through their attitudes and beliefs (Arredondo et al.). In short, the culturally unskilled counselor moves towards being culturally skilled, and being sensitive to their own individual cultural heritage, and for respecting differences. Additionally, counselors should be aware of how their own cultural backgrounds, experiences, attitudes, values, and biases influence psychological processes. Similarly, these counselors should also be able to recognize the limits of their competencies and expertise.