

Promoting Optimum Mental Health Through Counseling

J. Scott Hinkle, Editor

Chapter Twenty-Three

The Importance of the Multicultural Perspective in Mental Health Counseling

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The “multicultural perspective” has become very popular in the last decade or two, leading some to consider it a passing “fad” in mental health methods. This unit will attempt to demonstrate the essential and fundamental importance of the multicultural perspective as a continuing and permanent aspect of mental health counseling.

Overview

Culture defines reality for each of us with or without our permission and/or intentional awareness. Behavior occurs in a cultural context and that behavior is interpreted by others through culturally learned assumptions. Behaviors have no fixed meaning outside their cultural context. Not everyone who smiles at you is your friend and not everyone who shouts at you is your enemy. Multiculturalism is more than a method for understanding exotic groups, having gained the status of a generic and fundamental “fourth force” theory to supplement the psychodynamic, behavioral and humanistic interpretations of behavior (Sue, Ivey and Pederson, in press).

The multicultural perspective has typically emphasized a “culture-specific” perspective, in which unique differences for each specific ethnic group are highlighted. A second approach has embraced a “culture-general” perspective where universal similarities across specific cultural groups are stressed. When differences have been overemphasized, groups become exclusionary and are typically viewed as competing for the same limited resources and are therefore, potentially hostile. When similarities have been overemphasized, the strongest group dominates all other groups, at the expense of individual or group identities. This unit will describe a third alternative that emphasizes

both similarities and differences, recognizing that similar cultural values may be expressed by different behaviors.

Discussion

The multicultural perspective is based on the work of ethnic minority authors and researchers over the last several centuries who recognized the importance of cultural differences in a pluralist context. The historical perspective of multiculturalism evolved from the Civil Rights movement, Feminism, Ageism, and the powerful influence of special interest groups emphasizing the legitimacy of their unique cultural perspectives (Ponterotto, Casas, Suzuki and Alexander, 1995). The importance of ethnographic groups defined by nationality, ethnicity, and ethnological tradition constructed a foundation essential to the multicultural perspective.

The dominant, or “Euro-American” cultural values typically define the implicit but culturally-biased assumptions frequently apparent in counseling. Some of these dominant culture assumptions typically include: (a) the fixed definition of normal, (b) the universal importance of individualism, (c) the necessary encapsulation of professional boundaries, (d) the importance of abstract jargon, (e) the universal pathology of dependency, (f) the relative unimportance of support systems, (g) the primacy of linear thinking, (h) the necessity that individuals adjust to the status quo, (i) the irrelevance of historical tradition and (j) the absence of racism in ourselves (Pedersen, 1994). In subtle or sometimes not so subtle ways these underlying assumptions influenced and sometimes defined mental health counseling. The multicultural perspective suggests viable alternatives that challenge these dominant assumptions.

More recently, a broad definition of culture has become more important and includes demographic (age, gender, place of residence) status (social, economic, educational) and affiliations (formal and informal) categories. The broad definition of culture offers several advantages. First, it recognizes the importance of within-group differences. Second, it recognizes the complexity of each person’s multiple interacting cultural identities. Third, it establishes the potential for common ground: the shared similarities of age, gender or affiliation among persons who would otherwise consider themselves different according to ethnicity or nationality. Fourth, it expands the application of culture to the generic practice of mental health counseling.

The presence of cultural bias has not facilitated good mental health counseling practice. Gilbert Wrenn (1985) described the destructive effects of cultural encapsulation which (a) defines reality according to the dominant culture assumptions, (b) minimizes the importance of cultural differences, (c) imposes a self-reference criterion in judging other's behavior, (d) ignores proof that disconfirms standard practice, (e) depends on techniques and quick or easy solutions to complicated problems, and (f) disregards the counselor's own cultural biases. The new interest in multiculturalism may be credited to demographic changes, increased visibility and pressure of minority groups, profit incentives for working with minorities, heightened group consciousness, legally mandated affirmative action in employment and education, affirmative action programs, bilingual educational programs, and a variety of other incentives (Ponterotto and Casas, 1991).

A Recommended Course of Action

The foundation of enhanced mental health counseling, which incorporates the multicultural perspective, is in need of good research. Ponterotto and Casas (1991) point out several weaknesses in the existing research.

1. There is no unified conceptual framework.
2. The counselor-client process variable is overemphasized and psychosocial variables are underemphasized.
3. Too much research is based on analogies outside the real world.
4. Intracultural within-group differences have been disregarded.
5. There is an overdependence on samples of convenience.
6. There is continued reliance on culturally biased measures.
7. The subject's cultural background is inadequately described.
8. The limits of generalizability are not defined.
9. There is inadequate minority input.
10. There is a failure of responsibility toward minority subject pools.

These weaknesses need to be addressed with more adequate research data as the first recommended course of action.

Sue, Arrendo and McDavis (1992) provide a three-stage developmental framework for multicultural competencies that outline a second recommended course of

action. The first step is to audit counselors' own beliefs, attitudes, assumptions and awareness of culture. This involves their (a) being aware of their own cultural background, (b) knowing how culture influences psychological process, (c) recognizing the limits of their competency, and (d) becoming comfortable with cultural differences. The second step, based on awareness, is increased knowledge. This involves (a) knowing their own cultural heritage, (b) understanding how oppression, racism, discrimination and stereotyping affect them personally, (c) knowing their social impact on others, and (d) knowing the culture of the groups with whom they work. The third step, based on awareness and knowledge, is accurate and appropriate skill. This involves (a) seeking out training to expand their competencies, (b) developing a nonracist identity, (c) being involved meaningfully with culturally different clients. These competencies are expanded with examples and measures to help counselors incorporate the multicultural perspective in their own practice.

A third strategy for incorporating the multicultural perspective is through a Cultural Grid (Pedersen & Ivey, 1993) that separates culturally learned behaviors from expectations. We have already indicated that the same, shared, positive, common-ground expectations may be expressed by very different behaviors in different cultures. Interpreting behaviors outside their cultural context leads to inaccurate assessment, misunderstanding, and inappropriate change. The Cultural Grid matches same/congruent or different/incongruent behaviors on one dimension with same/positive or different/negative expectations on the other dimension, providing four combinations. The combination of same/positive expectation with different/incongruent behavior demonstrates how cross-cultural misunderstandings occur – if the behavior is interpreted out of context – but also allows two people to behave differently working toward the same positive expectation for respect, trust, safety, or friendship. If the apparently contrary behaviors are interpreted in the context of shared positive expectations the conflict can be constructive and positive for the relationships. Conflict between friends or within a family need not be destructive. The common ground of shared positive expectations becomes the focus rather than allowing the stronger person to force the weaker person to change and turning potential friends into enemies.

Conclusion

Multiculturalism has been presented too often as a necessary evil or inconvenience. This unit attempts to demonstrate the positive advantage and contribution that a multicultural perspective can make toward more effective mental health counseling through specific suggestions and guidelines.

The multicultural perspective is here to stay, along with our increasingly complicated life style, and is not a passing fad which will fade away. The competent mental health counselor will need to be knowledgeable about and comfortable with clients and colleagues from unfamiliar cultural backgrounds.

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Chapter Twenty-Four

Multicultural Counseling in Mental Health Settings

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Overview

Multicultural counseling has been called a “fifth force” in the mental health professions. The term multicultural counseling covers a range of perspectives and helping approaches, embracing client populations of diverse racial, ethnic, religious, sexual, cultural, national, and socioeconomic backgrounds. While some limit the definition of multicultural counseling to helping processes between members of differing racial or national groups, others define culture in a sufficiently broad way so as to make all counseling essentially multicultural (Pedersen, 1994).

The realization that ethnic and racial minorities will constitute a statistical majority in the United States by the early 21st century has alerted mental health counselors to the importance of culture in the helping process (Sue & Sue, 1990). Nonetheless, developments within mental health counseling, particularly in regard to the increasing presence of managed care in the marketplace, may make it difficult for the profession to fully embrace multicultural ideals.

Multicultural Counseling: The Basics

While there are a large number of multicultural theories and counseling approaches in the professional literature, several common themes emerge (Steenbarger, 1993):

Social Systems Emphasis – Multicultural counseling does not view problems as wholly residing within individuals, but instead adopts a perspective in which problems result from interactions among persons and social environments. Specifically, the distress on individuals is traceable to

clashes between the cultural norms of clients and the social norms of the dominant culture. Where such clashes result in expressions of violence, discrimination, prejudice, and devaluation toward members of the non-dominant culture, the result can be highly detrimental to development.

Awareness of Counselor Limitations – Multicultural counselors recognize that clients are likely to possess distinctive world views that differ from those of counselors. Accordingly, these counselors attempt to understand and work within the cultural framework of clients. By uncritically adopting the perspectives of the dominant culture, counselors can perpetuate the very patterns of misunderstanding and devaluation that generate client presenting problems.

Empowerment Focus – Multicultural counselors view their roles as developmental, emphasizing the creation of experiences of empowerment for clients. By affirming distinctive world views and raising clients' awareness of the often deleterious impact of the dominant culture, multicultural counselors facilitate identity development, enabling individuals to understand, accept, and value their own differences and those of others.

Skills Focus – Multicultural counselors recognize that clients may possess culturally-distinctive social norms and communication styles. Hence, multicultural counselors strive for “cultural competence” by learning how to recognize and work within the norms and styles presented by a diverse clientele.

Mental Health Counseling – Emerging Issues

While mental health counselors frequently espouse a sensitivity to the cultural backgrounds and issues of clients, it is not always easy to translate such sensitivity into practice. Staff and budget cuts at community agencies, college counseling centers, and hospitals have helped spur the trend toward problem-focused brief therapies. In some

managed care settings, these therapies are prescribed as part of clinical protocols, eliminating counseling approaches that individualize helping processes along cultural dimensions. It is unclear how mental health counselors, seeing clients for five or fewer sessions, can adequately explore the cultural meanings and world views that may underlie a given presenting complaint (Steenbarger, 1993).

A second challenge to multicultural mental health counseling concerns assessment and diagnosis. In essentially all managed mental health care settings, therapists are required to render DSM-based diagnoses and deliver only “medically necessary” care and services. To the extent that mental health counselors seek state licensure and core provider status for inclusion in managed care networks, they may buy into a medical model of care that is inappropriate for culturally diverse clients. While mental health counselors have been very concerned with the trend toward clinical models of care, relatively little attention has been paid to the impacts of this trend upon multiculturalism. For example, a recent review of psychological assessment tools found that very few explicitly address the cultural background of the clients (Quinn, 1993), implicitly assuming that traditional procedures are equally applicable to all clients and concerns.

Recent Trends

Several recent trends may help facilitate a greater rapprochement between mental health and multicultural counseling. General disenfranchisement with DSM as a guide for the management of mental health care had led some service settings and managed care organizations to focus upon *functional impairments* as the basis for making treatment decisions. Instead of diagnosing problems in medical terms, therapists view presenting issues in the light of their *severity*: the degree to which the problems are interfering with the person’s life. Such a framework bridges the gap between DSM-diagnosable and V-code conditions and allows clients to be seen for help even when their issues are best framed as developmental.

A second intriguing trend is the movement toward greater flexibility in the allotment of sessions for clients, with case management, rather than fixed session limits helping to ensure efficient utilization of resources. Recognition that not all clients can

equally benefit from traditional brief therapy has led to a demand for processes that allot sessions based upon assessed need, instead of administrative fiat. Such flexibility would help mental health counselors work with clients requiring in-depth exploration of personal and cultural issues.

The trend toward managed healthcare is fueling efforts at outcomes assessment and greater standardization of care. Because of the relative youth of the approach, few if any controlled studies have been undertaken to document the populations and presenting problems uniquely benefiting from multicultural counseling. Such studies will no doubt help to effect a greater rapprochement with mental health counseling in the years ahead.

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Chapter Twenty-Five

Multicultural Counseling Competency

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Overview

Multiculturalism has developed as an integral component of counseling practice and research. In part, multiculturalism as a field of investigation and practice, has increased in significance as American society has become more racially, ethnically, and culturally diverse.

In 1980, the Education and Training Committee of the Counseling Psychology Division of the American Psychological Association (APA) informed its membership of the need to develop minimal multicultural counseling competencies in their training programs. Hill and Strozier (1992) found three key facts in their research during the 1980s: (a) 87% of APA-approved counseling psychology training programs offered a multiculturally focused course, (b) 59% of these programs required a multicultural course for all graduate students, and (c) 45% of the counseling psychology programs allowed students to develop a multicultural subspecialty.

In the recent past, counselors who were culturally unaware often blamed their minority clients for unsuccessful counseling outcomes. Multicultural counseling research, however, has demonstrated that counseling ineffectiveness with ethnic and racial minority clients is linked critically to the multicultural counseling competency of the counselor. Thus, multicultural counseling competency has become a very important aspect of the mental health profession.

This chapter will review the literature pertaining to multicultural counseling competency. First, key definitions and terms will be presented. Second, multicultural counseling guidelines will be summarized. Third, influences and implications of

multicultural counseling training will be discussed. Fourth, promising instruments for assessing multicultural counseling competency will be presented.

Definitions of Key Concepts

Culture is important to multicultural counseling because an understanding of culture allows the multiculturally competent counselor to observe client behavior from within a cultural context. Culture is defined as the thoughts, beliefs, practices and behaviors of a people in the areas of history, religion, social organization, economic organization, political organization, and collective production. Culture provides a system in which people (a) set goals, make decisions, and solve problems; (b) explain and define social roles; (c) emphasize cooperation or competition; (d) view human nature, truth, time orientation, and property; and (e) define identity and individuality.

Racial and ethnic identity and worldview are additional concepts that are important to multicultural counseling competency. **Racial identity** is defined as a person's sense of identification based on physical characteristics and genetic origins. **Ethnic identity** refers to a person's identity based on a group's social and cultural heritage passed on to group members from one generation to the next. **Worldview** is defined as the perceptions, attitudes, beliefs, and assumptions that individuals and groups hold about the world. These terms are conceptualized as mediating variables between the individual's or group's cultural systems and resulting behaviors.

Multicultural counseling is defined as a counseling relationship between a counselor and client who adhere to different cultural systems. Multicultural counseling can be conducted in a competent or incompetent manner.

Multicultural counseling competency overlaps with essential attributes associated with basic counseling competency. A competent mental health counselor has the ability to establish rapport, display interest in the client's concerns, and comprehend the transactions between people and environments within a variety of social contexts. A multiculturally competent counselor is a competent counselor who applies psychological knowledge to the cultural concerns of the client. The counselor attends to his or her own worldview, racial- and ethnic-identity, as well as to the worldview, racial- and ethnic-identity of his or her client.

Thus, multicultural counseling competency is predicated on the general principles of counseling competency. Yet, multicultural counseling experts have developed specific guidelines for understanding culturally diverse and culturally different people.

Guidelines for Multicultural Counseling Competency

Most experts urge mental health counselors to consider interpersonal, intrapersonal, economic, cultural, and sociopolitical factors when assessing culturally diverse clients. Specific guidelines for conducting competent multicultural counseling were provided by the American Psychological Association in 1993. Briefly, these guidelines suggested that to be effective with clients who are culturally different, the counselor must be aware of and practice five competencies:

- (1) acknowledge and recognize ethnic, racial, and cultural factors as significant to the counseling relationship;
- (2) respect and be aware of the many ethnic, cultural, and racial factors that might contribute to the orientation and values of the client;
- (3) consider the impact, importance, and potential support of community and social agencies that the client might be involved with;
- (4) recognize and attend to the social, economic, and political acts of racism, sexism, discrimination, and prejudice; and
- (5) consider within-group differences for clients of all ethnic, racial, cultural, gender, and class groups.

These guidelines are important, and one of the best ways to learn them is in formal training programs.

Training Programs To Provide Multicultural Counseling Competency

During the 1980s, many counseling training programs developed multicultural courses, requirements, and subspecialties (Hill & Strozier, 1992). Most multicultural training programs were based on the APA division 17 position paper on cross-cultural

counseling competency (Sue et al., 1982). Sue et al. (1982) suggested that multicultural counseling competencies can be developed in awareness, knowledge, and skills. To further aid training programs in developing aware, knowledgeable, and skilled multicultural counselors, Ponterotto, Alexander, and Grieger (1995) presented a checklist for multicultural competence training programs.

Recently, researchers determined that most counselor training programs are producing graduate students with competency in two of three domains, awareness and knowledge. However, few training programs are producing counselors who are skilled multicultural practitioners. All three aspects of multicultural counseling competency are important, and training programs are encouraged to measure how well their trainees develop these competencies.

Measurement Issues in Multicultural Counseling Competency

Instruments to assess counselor and client worldview, racial and ethnic identity, acculturation, and racist attitudes and beliefs have been developed (Sabnani & Ponterotto, 1992). However, until recently relatively little research and scholarship have been directed toward the development of psychometrically sound and conceptually anchored instruments that measure multicultural counseling competency (see Ponterotto, Rieger, Barrett, & Sparks, 1994 for a more exhaustive review). Currently, researchers have developed four promising instruments. These instruments with relatively sound psychometric properties are the Cross-Cultural Counseling Inventory-Revised (LaFromboise, Coleman, & Hernandez, 1991), the Multicultural Counseling Inventory (Sodowsky, Taffe, Gutkin, & Steven, 1994), the Multicultural Awareness Knowledge and Skills Survey (D'Andrea, Daniels, & Heck, 1991), and the Multicultural Counseling Awareness Scale-Form B (Ponterotto, Sanchez, & Magids, 1991).

Researchers (Ponterotto et al., 1994; Yutzenka, 1995) have reviewed the formats, development, and psychometric properties of these instruments. They suggested that the instruments be used to evaluate the effectiveness of multicultural supervision, videotaped

multicultural counseling sessions, and counseling students and trainees. Researchers also suggested that the instruments be used in multicultural counseling research.

Direction of Multicultural Counseling Competency

Two courses of action for multicultural counseling competency exist. First, researchers and practitioners must develop the multicultural counseling skills of practitioners. Programs must provide the counselor with clinical experience that will allow him or her to apply cultural awareness and knowledge while working with diverse populations. These multicultural in-vivo experiences are to be designed for counselors to practice clinically appropriate techniques for multicultural counseling, and to apply the suggested multicultural guidelines with a variety of clients.

Second, researchers and practitioners must further develop assessment instruments for multicultural counseling competency. The instruments mentioned in this digest are at a promising stage of development, however, they still require additional testing and validation. Each instrument requires greater application with counselors and diverse clients. One obvious direction for researchers would be to conduct multi-trait/multi-method studies with the instruments to further test their psychometric properties.

Conclusion

Multicultural counseling competency is best developed by focusing on the three domains of awareness, knowledge, and skills. While most training programs for counselors are adequately developing trainees who are strong in multicultural awareness and knowledge, more work needs to be done to strengthen counselor skills. Moreover, assessment instruments for multicultural counseling competency have been developed but need further psychometric development to support and facilitate the continued development of multicultural counseling competency in counseling professionals and training programs.

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Chapter Twenty-Six

Preparing Mental Health Counselors for Multicultural Counseling

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Over the past two decades there has been a growing emphasis on training mental health counselors to be competent multicultural practitioners. As evidence of this trend, since 1976, the number of counselor education programs offering courses on multiculturalism as part of the core counseling curriculum has steadily increased (see Ponterotto & Casas, 1991).

According to Herr (1991) and Locke (1993), training in multicultural counseling for mental health counselors is important because cultural diversity is a national reality and a critical factor in counselor/client interactions. In order to effectively serve a culturally diverse range of clients, “all mental health counselors must be sensitive to and equipped with the skills necessary to engage in cross-cultural counseling as defined in ethnic, racial, and socioeconomic terms “ (Herr, 1991, p. 18).

The multicultural movement in counseling has spawned several models of multicultural training (e.g. Pedersen, 1988; Sue, Akutsu, & Higashi, 1985; Sue & Sue, 1990). Collectively, these models were designed to promote the following: (a) self-knowledge, especially an awareness of one’s own cultural biases; (b) knowledge about the status and cultures of different cultural groups; (c) skills to make culturally

appropriate intervention, including a readiness to use alternative counseling strategies that better match the cultures of clients; and (d) actual experiences in counseling culturally different clients.

While it has been generally accepted that these components are essential to effective multicultural training, Kiselica (1991) has argued that additional measures may be necessary in order to enhance the preparation of mental health counselors for cross-cultural encounters. Specifically, Kiselica noted that the process of deciding whether or not to engage in multicultural counseling can be unsettling and anxiety provoking. Kiselica suggested that many mental health counselor trainees may need to address these powerful feelings in a highly supportive environment *before* they engage in more formal, multicultural training activities. The purpose of this paper is to extend Kiselica's (1991) recommendations by discussing four previously overlooked aspects of the multicultural training experiences of mental health counselors. Each aspect is presented as a task for counselor educators to achieve with mental health counselor trainees.

Task 1: Recognize that You Will Make Mistakes in Multicultural Encounters

Mental health counselor trainees often enter the arena of multicultural training and counseling with little prior contact with culturally diverse clients. As a result, trainees tend to be culturally encapsulated, that is, locked within their own ethnocentric perceptions of the world. According to Wrenn (1962), cultural encapsulation results in counselors disregarding the cultural variations of their clients. Culturally encapsulated counselors may not sensitively understand their clients' experiences and relate to their clients in a stereotypic manner.

While the training models highlighted above can help trainees to increase their cultural sensitivity by challenging their ethnocentric views, these models have failed to address the effects of cultural encapsulation on the self-efficacy of mental health counselors involved in the training process. Inevitably, ethnocentric trainees are bound to make mistakes as they attempt to transform rigid, unicultural modes of thinking and behavior with those that are more complex and multicultural in nature. Mental health

counselors who err during the early stages of training need reassurance that making mistakes is part of learning. They also need encouragement to persist with the training process. At the same time, they need to be gently pushed to positively alter their ethnocentric thoughts and behaviors. Balanced support of this kind can prevent many trainees from becoming discouraged during the early stages of multicultural training.

Task 2: Prepare to Be Challenged by Culturally Different Clients and Colleagues

Because trainees are likely to make mistakes during the early stages of training, they need to be supportively forewarned that cross-cultural encounters will likely result in challenges by culturally different clients and colleagues. For example, an Anglo trainee with a linear conception of time may fail to appreciate the American-Indian belief that time is flowing and circular. Consequently, an American-Indian client may avoid the counselor who adheres to a rigid appointment schedule and an American-Indian colleague might express anger toward the Anglo counselor for his or her cultural insensitivity. Situations such as these can be awkward for trainees and they require sensitive responses by the counselor educator. Trainees need to be encouraged not to shy away from multicultural counseling as a result of their discomfort with these situations. Instead, they should be urged to view these uncomfortable situations as opportunities to learn from their mistakes, how to make amends for culturally insensitive behavior, and how to develop culturally appropriate process and intervention skills with the culturally different.

Task 3: Don't Avoid Cross-Cultural Encounters Because of Preconceived Notions of the Culturally Different

In addition to the fears associated with making mistakes in cross-cultural contexts, mental health counselors sometimes avoid multicultural counseling because of preconceived notions of the culturally different. The literature on racial identity development suggests that cross-cultural interactions are side-stepped by many

individuals because of their unquestioned acceptance of stereotypes about particular groups. However, ongoing contact with the culturally different helps the culturally encapsulated person to question previously held stereotypes and develop a new-found appreciation for different cultures. To help trainees resist the urge to avoid cross-cultural contact, counselor educators are advised to empathically respond to the fears of trainees; forecasting that persistence in multicultural endeavors is likely to provide a new, multidimensional view of the culturally different.

Task 4: Discover the Joys Inherent in Multicultural Counseling

One of the most effective strategies for inspiring mental health counselors to embrace multicultural training is to emphasize the many joys that are inherent in cross-cultural encounters. The multicultural training literature has inadequately emphasized the potential for mental health counselors to experience the beauty of different cultures through multicultural counseling. Consequently, there is a need to widen the lens of multicultural training to focus on the opportunities for enrichment that await mental health counselors who enter the arena of multicultural counseling.

Conclusion

Multiculturalism is considered to be one of the major forces within mental health counseling (Pedersen, 1990). In order to sensitize and prepare the profession to work effectively in our multicultural society, counselor educators must help mental health counselor trainees to become aware of their own cultural backgrounds and those of the culturally different, develop a wide range of culturally sensitive counseling skills, and apply those skills in the context of cross-cultural counseling. By supportively teaching trainees to recognize that they might avoid such vital training due to unfounded stereotypic thinking and a fear of making mistakes with and being challenged by the culturally different, counselor educators will help mental health counselors to embrace the training as an enriching experience. The end result is that trainees will flourish as

competent, multicultural counselors and, in the process, experience and celebrate the beauty and joy found in their cultures.

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