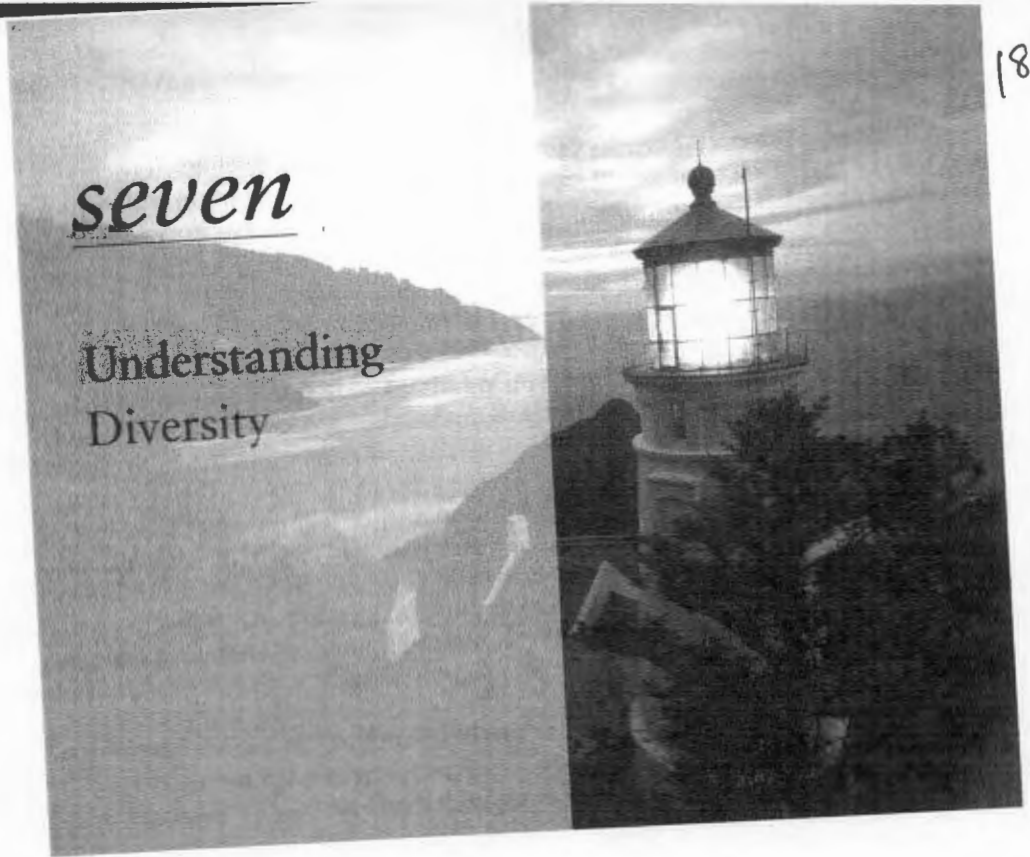


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Understanding Diversity



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Focus Questions

1. How much thought have you given to your own cultural background, and how has it influenced you?
2. How prepared are you to work with client populations that differ from you significantly in a number of ways (age, gender, culture, ethnicity, sexual orientation, socioeconomic status, and educational background)? What life experiences can you draw from to bridge differences between you and your clients?
3. What values do you hold that could make it difficult for you to work with clients who have a different worldview? For example, if you value self-determination and this is not a central value in your client's culture, could this pose a problem for you?
4. What would you do if a client wondered if you would be able to help him because of differences in worldview or culture?
5. How much involvement have you had with people with disabilities? How do you generally feel in their presence? What personal characteristics or experience do you have that could facilitate your work with this special population?
6. What are some societal stereotypes pertaining to people with disabilities? How could you work to change these beliefs in your community?
7. In your college program, how much attention is given to developing awareness of your cultural assumptions, knowledge about diverse cultural groups, and skills for working in a pluralistic society?
8. What can you do to increase your ability to make contact with clients who are different from you? What does it take for you to become a culturally skilled helper?
9. Are you aware of how others perceive you? Have you explored your own identity or multiple identities?
10. What are you willing to do to expand your current attitudes and worldview?

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Aim of the Chapter

In most places where you might work, it will be necessary for you to relate effectively to a wide variety of clients. At this point in your development as a helper, it is essential that you be open to learning how to establish contact with clients who differ from you in age, gender, ethnicity, race, culture, ability, socioeconomic status, sexual orientation, life circumstances, or basic values. You do not need to be of the same point of view or the same background as your client, nor is it necessary for you to experience the same life circumstances to form an effective therapeutic alliance. However, it is necessary for you to have a range of experiences upon which to draw in understanding the human condition. Universal human themes link people in spite of their differences. Your openness to learn from the lessons that life has presented to you, your respect for contrasting perspectives, your interest in understanding the diverse worldviews of the clients you will meet, and your capacity for examining narrow views of reality are critical skills. Even if you have grown up in a monocultural world, you can learn about people with a worldview different from your own. Through concerted efforts on your part, it is possible to expand your current attitudes and views.

To function effectively as a helper, you must familiarize yourself with your clients' cultural attributes and realize how cultural values operate in the helping process. It is important to know about specific differences in various aspects of life and to realize how these differences can affect your work. (See Chapter 2 for a discussion of how your values may affect your interventions as a helper.) All helpers must seriously consider these issues, regardless of their racial, ethnic, or cultural background.

This chapter offers a perspective on how to work with diversity in the helping relationship. By understanding how your own cultural background has contributed to who you are, you have a basis for understanding other viewpoints. You will probably take a course in cultural diversity, which is likely to cover gender concerns, ageism, racism, multicultural issues, physical disabilities, and issues pertaining to sexual orientation. This can be enlightening and can help broaden your vision of the world. By honoring cultural diversity, you can formulate alternative perspectives and develop appropriate tools for working with diverse client populations.

A Multicultural Perspective on Helping

We look at multicultural helping from a broad perspective and do not limit our consideration of this topic to race and ethnicity. Pedersen (2000) defines cultural groups by *ethnographic* variables (nationality, ethnicity, language, and religion), *demographic* variables (age, gender, and place of residence), *status* variables (educational and socioeconomic background), and formal and informal *affiliations*. According to Pedersen, the multicultural perspective provides a conceptual framework that both recognizes the complex diversity of a pluralistic society and suggests bridges of shared concern that link all people, regardless of their

differences. This perspective looks at both the unique dimensions of a person and the common themes we share with those who are different.

Arredondo and her colleagues (1996) make a distinction between multiculturalism and diversity. Multiculturalism puts the focus on ethnicity, race, and culture. In the context of training helpers, the term multicultural refers to five major cultural groups in the United States and its territories: African/Black, Asian, European/White, Hispanic/Latino, and Native American. Diversity refers to other individual differences and characteristics by which persons may self-define. This includes but is not limited to an individual's age, gender, sexual orientation, religion or spiritual identification, physical ability/disability, social and economic class background, and residential location.

Due to the changing demographics of American society, Lee and Ramsey (2006) believe it is imperative that multicultural counseling address differences in gender, social class, language, sexual orientation, disability, and race and ethnicity between the helper and client. They write:

Broadly conceptualized, multicultural counseling considers the personality dynamics and cultural backgrounds of both counselor and client in creating a therapeutic environment in which these two individuals can purposefully interact. Multicultural counseling, therefore, takes into consideration the cultural background and individual experiences of diverse clients and how their psychosocial needs might be identified and met through counseling. (p. 5)

When you become a helper, you will encounter many individuals from cultures different from your own. In many instances, your first step toward helping people involves understanding their cultural values.

The Need for a Multicultural Emphasis

In the past two decades we have seen an increased awareness on the part of the helping professions to address the special issues involved in working with people of various cultures. Lee and Ramsey (2006) contend that because of the changing demographics in American society, a new paradigm is needed for the helping professions. They state that these changing demographics are not limited to racial and ethnic aspects but encompass other areas of diversity including sexual orientation, disability, and socioeconomic status. Because of these changes in demographics, it is important for human service professionals to embrace a broad multicultural perspective if they hope to understand the behavior of culturally diverse client populations.

Pedersen (2008) believes that effective counselors cannot afford to ignore their own culture or the culture of their clients through encapsulation. He claims that whether we are aware of it or not, culture controls our lives and defines reality for each of us. Cultural factors are an integral part of the helping process, and culture influences the interventions we make with our clients. Adopting a multicultural perspective enables us to think about diversity without polarizing issues into "right" or "wrong." According to Pedersen, when two people argue from culturally different assumptions, they can disagree without one being right and the other being wrong. Depending on the cultural perspective from which a

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problem is considered, there can be several appropriate solutions. In some cases, a similar problem may have very different solutions depending on one's culture. For example, helpers may encourage some clients to express feelings of hurt to parents but respect other clients' practice of restraint in self-expression so as not to offend their elders.

A multicultural perspective respects the needs and strengths of diverse client populations, and it recognizes the experiences of these clients. However, it would be a mistake to perceive individuals as simply belonging to a group. The differences between individuals within the same group are often greater than the differences between groups. Pedersen (2000) indicates that individuals who share the same ethnic and cultural background are likely to have sharp differences. Not all Native Americans have the same experiences, nor do all African Americans, all Asian Americans, all Euro-Americans, all women, all old people, or all people who are physically challenged. Helpers, regardless of their cultural background, must be prepared to deal with the complex differences among individuals from a variety of groups. They need to be prepared to deal with diversity in areas such as race, culture, ethnicity, sexual orientation, disability status, religion, socioeconomic status, gender, and age (Lee & Ramsey, 2006).

Pedersen (2000) believes that multicultural awareness can make your job easier and more fun; it can also increase rather than decrease the quality of your life. Adopting a perspective that cultural differences are positive attributes that add to relationships will expand your ability to work with diverse client groups. We hope you will view the tapestry of culture woven into the fabric of all helping relationships not as a barrier to break through but as a garment that provides comfort in your clients' search for meaning.

Ethical Dimensions in Multicultural Practice

Becoming an ethical and effective helper in a multicultural society is a continuing process, not a one-time destination. Effective multicultural counseling evolves from three primary practices. First, helpers must be aware of their own assumptions, biases, and values about human behavior, and of their own worldview as well. Second, helpers need to become increasingly aware of the cultural values, biases, and assumptions of diverse groups in our society, and come to an understanding of the worldview of culturally different clients in nonjudgmental ways. Third, with this knowledge helpers will begin to develop culturally appropriate, relevant, and sensitive strategies for intervening with individuals and with systems (Hansen, Pepitone-Arreola-Rockwell, & Greene, 2000; Lee, 2006a; Sue & Sue, 2008).

Lee (2006a) maintains that counselors must address diversity in a way that is both culturally responsive and ethically responsible. Counselors who are culturally responsive have a greater chance of working ethically and effectively with diverse cultural groups. Those counselors who are unaware of cultural dynamics and their impact on client behavior are at risk of practicing unethically.

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Dolgoff, Loewenberg, and Harrington (2009) assert that discrimination in providing services is often linked to racial and cultural factors, socioeconomic class, and gender. They claim that discrimination and misdiagnosis can be due to biased attitudes on the part of practitioners. For example, people in lower socioeconomic classes consistently receive more severe diagnoses than do individuals in higher socioeconomic classes. Diller (2007) claims that discrimination involves more than simply refusing to offer services to certain client groups. Discrimination by helpers can take any one of these forms:

- Being unaware of one's own biases and how they can inadvertently be communicated to clients.
- Being unaware that some of the theories studied during a training program may be culture bound.
- Being unaware of differences in cultural definitions of health and illness.
- Being unaware of the need to match treatment modalities to clients' cultural backgrounds.

Recognizing diversity in our society and embracing a multicultural approach in the helping relationship have become fundamental tenets of professional codes of ethics, and the ethics codes specify that discrimination by helping professionals is unethical. Most ethics codes mention the practitioner's responsibility to recognize the special needs of diverse client populations. Watson, Herlihy, and Pierce (2006) maintain that counselors have been slow to recognize a connection between multicultural competence and ethical behavior. They further state that reliance on ethics codes alone does not guarantee multicultural competence. Respecting diversity implies a commitment to acquiring the knowledge, skills, and personal awareness that are essential to working effectively with a wide variety of client groups. The ACA (2005) ethics code explains this requirement:

Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. (A: Introduction)

The *Ethical Standards of Human Service Professionals* (NOHS, 2000) contain six principles aimed at the human service professional's responsibility to the community and society, with a specific emphasis on ethics and human diversity. Human service professionals must adhere to these standards:

- Advocate for the rights of all members of society, particularly those who are members of minorities and groups at which discriminatory practices have been directed.
- Provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation, or socioeconomic status.
- Become knowledgeable about the cultures and communities within which they practice.

- Become aware of their own cultural backgrounds, beliefs, and values, recognizing the potential impact these values may have on their relationships with others.
- Become aware of sociopolitical issues that differently affect clients from diverse backgrounds.
- Seek the training, education, experience, and supervision necessary to ensure their effectiveness in working with culturally diverse client populations.

To practice ethically, helpers must pay attention to the issues involved in working with culturally diverse populations. Dolgoff and colleagues (2009) remind us that people often belong to several groups and have multiple identities. Even if an individual is primarily identified with a single culture, his or her identity can be based on a number of factors. Dogoff and colleagues caution helpers to avoid stereotyping persons by a primary group identity. It is important to understand the concept of a plurality of identities.

Helpers may misunderstand clients of a different gender, race, age, religion, social class, educational level, or sexual orientation. If practitioners fail to integrate these diversity factors into their practice, they are infringing on the client's cultural autonomy and basic human rights, which will reduce the chance of establishing an effective helping relationship. For some clients religious values may be important. Other clients may focus on gender or age discrimination. By paying attention to what a client is saying, helpers can discover which aspects of a client's identity are most salient for this person at this time.

Overcoming Cultural Tunnel Vision

Our work with students in a human services training program has shown us that students struggle with cultural tunnel vision. Many students are unaware of the difficulty of dealing with clients who have a cultural background different from their own. They have limited cultural experiences, and in some cases they see it as their role to transmit their values to their clients. Some students have made inappropriate generalizations about a particular group of clients. For example, some students in training may assert that certain groups of people are unresponsive to psychological intervention because of a lack of motivation to change.

In a sense, all helping relationships are multicultural. Both those providing help and those receiving help bring to their relationship attitudes, values, and behaviors that can vary widely. One mistake is to deny the importance of these cultural variables; another mistake is to overemphasize such cultural differences to the extent that helpers lose their spontaneity and thus fail to be present for their clients. You need to understand and accept clients who have a different set of assumptions about life, and you need to be alert to the likelihood of imposing your own worldview. In working with clients with different cultural experiences, it is important that you resist making value judgments for them.

The culturally encapsulated counselor, a concept introduced by Wrenn (1962, 1985), exhibits the characteristics common to cultural tunnel vision. Think

about how broad your own vision is as you consider these traits of culturally encapsulated counselors:

- Define reality according to one set of cultural assumptions
- Show insensitivity to cultural variations among individuals
- Accept unreasoned assumptions without proof or ignore proof because that might disconfirm their assumptions
- Fail to evaluate other viewpoints and make little attempt to accommodate the behavior of others
- Remain trapped in one way of thinking, resist adaptation, and reject alternatives

Encapsulation is a potential trap that all helpers are vulnerable to falling into. If you accept the idea that certain cultural values are supreme, you limit yourself by refusing to consider alternatives. If you possess cultural tunnel vision, you are likely to misinterpret patterns of behavior displayed by clients who are culturally different from you. Unless you understand the values of other cultures, you are likely to misunderstand these clients. Because of this lack of understanding, you may label certain client behaviors as resistant, you may make an inaccurate diagnosis of a particular behavior as maladaptive, and you may impose your own value system on the client. For example, some Latinas might resist changing what you view as dependency on their husband. If you work with Latina clients, you need to appreciate that they might possess the value of remaining with their husband, even if he is unfaithful. Latino tradition tells these women that no matter what, it is not appropriate to leave one's husband. If you are unaware of this traditional value, you could make the mistake of pushing such women to take an action that will violate their belief system.

It is important that helpers respect the cultural heritage of their clients and that they avoid encouraging clients to give up this culture so that they can assimilate into the dominant culture. Certainly, clients need to consider the consequences of not accepting certain values of the society in which they live, but they should not be pressured to accept wholesale a set of values that may be unacceptable to them. Although clients who inhabit more than one culture are likely to struggle with finding ways to integrate what is best for them from both cultures, the synthesis can be rich with possibilities.

Helpers from all cultural groups need to examine their expectations, attitudes, biases, and assumptions about the helping process and also about persons from diverse groups. Realize that there is no sanctuary from cultural bias. We tend to carry our bias around with us, yet we often do not recognize this fact. It takes a concerted effort and vigilance to monitor our biases and value systems so that they do not interfere with establishing and maintaining successful helping relationships.

Western and Eastern Values

The theories and practices of the helping process that you have learned are grounded in Western assumptions, yet most of the world differs from mainstream U.S. culture. Hogan (2007) points out that the mainstream culture in the

United States derives from the Anglo-Saxon culture of the English who colonized America. She summarizes the underlying value orientations of the mainstream culture as characterized by an emphasis on a patriarchal nuclear family; "getting things done" and keeping busy; measurable and visible accomplishments; individual choice, responsibility, and achievement; self-reliance and self-motivation; the pragmatic notion of "If an idea works, use it"; change and novel ideas; and equality, informality, and fair play. The degree to which these values fit culturally diverse client groups needs to be carefully considered by human service practitioners.

Some writers in the multicultural field are critical of the strong individualistic bias of contemporary theories and the lack of emphasis on broader social contexts such as families, groups, and communities (Duran, Firehammer, & Gonzalez, 2008; Ivey, D'Andrea, Ivey, & Simik-Morgan, 2007; Pedersen, 2003; Sue, Ivey, & Pedersen, 1996). Pack-Brown, Thomas, and Seymour (2008) write that "the cultural encapsulation of the counseling field helps to perpetuate various cultural biases that are antithetical to the worldview, values, and psychological well-being of many persons from diverse cultural groups and backgrounds" (p. 297). According to Duran, Firehammer, and Gonzales (2008), oppression has resulted in "soul wounding" for persons in diverse groups. Intervention strategies based on Western assumptions may not be congruent with the values of some clients and may perpetuate forms of injustice and institutional racism. Duran and colleagues claim that Western counseling interventions have at times been used to promote social control and conformity rather than the psychological well-being of minority culture clients.

The Western model of helping does have certain limitations when applied to cultural groups such as Asian Americans, Latinos, Native Americans, and African Americans. Seeking professional help is not typical for many people from diverse backgrounds. In most non-Western cultures, in fact, informal groups of friends and relatives provide a supportive network. Many of the clients with whom you will work have a cultural heritage associated with non-Western values. Some of the interventions you have learned will be of questionable value if you do not modify your techniques.

Eastern and Western are not just geographic terms but also represent philosophical, social, political, and cultural orientations. It is typical to examine individualism and collectivism through comparisons between the cultures of the West, which reflect individualism, and those of the East, which reflect collectivism (Sampson, 2000). Ho (1985) states that a comparison of Western and Eastern systems shows some striking differences in value orientations. Western culture places a prime value on choice, the uniqueness of the individual, self-assertion, and strengthening the ego. By contrast, the Eastern view stresses interdependence, downplays individuality, and emphasizes losing oneself in the totality of the cosmos. From the Western perspective, the primary values are the primacy of the individual, youth, independence, nonconformity, competition, conflict, and freedom. The guiding principles for action (individualism) are found in the fulfillment of individual needs and individual responsibility. From the Eastern perspective, the primary values are the

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Behavioral orientations also differ. The Western view encourages expression of feelings, striving for self-actualization, and individual success, whereas the Eastern view encourages control of feelings, striving for collective actualization, and group achievements. Western approaches emphasize outcomes such as improving the environment, changing one's coping behavior, learning to manage stress, and changing objective reality in other ways to improve one's way of life. Eastern approaches emphasize acceptance of one's environment and inner enlightenment.

Sampson (2000) maintains that individualism and collectivism have become increasingly important cultural variables that have significant effects on an individual's experiences and behavior. He contends that it is not necessary to pit individualism against collectivism. Recognizing both individualism *and* collectivism, independence *and* interdependence, as aspects of a total process can encourage clients to move toward a synthesis of these characteristics.

Some time ago we presented a series of workshops in Hong Kong for human service professionals. This gave us the opportunity to rethink the relevance of applying Western approaches to working with non-Western clients. Almost all the participants in these workshops were Chinese, but some of them had obtained their graduate training in social work or counseling in the United States. These professionals experienced struggles in retaining the values that were basic to their Chinese heritage while also integrating a Western counseling viewpoint that appealed to them.

In talking with these practitioners, we learned that their focus is on the individual in the context of the social system. In their interventions they pay more attention to the family than to individuals' interests. They are learning how to balance a stress on personal development with what is in the best interest of the family and society. They are able to respect the values of their clients, who are also mostly Chinese, yet at the same time challenge them to think of some ways they may want to change. Many of the helping professionals in Hong Kong told us that they had to demonstrate patience and understanding with their clients. They saw it as essential to form a trusting relationship before engaging in confrontation. Although this necessity applies to counseling in general, it seems especially important for non-Western clients.

Case example: Considering cultural differences.* A counselor, Doug, receives a telephone request from the oldest male in a traditional extended family that had recently migrated from a northern state in India. Kishore is requesting counseling concerning his younger sister, who is having difficulty adjusting to their new country and has recently tried to run away from her family. He states that there is disagreement between his sister, Savita, and the

* We thank Tim Bond, University of Bristol, UK, and Lina Kashyap, Tata Institute of Social Sciences, Mumbai, India, for contributing this case study.

rest of her family about whom she should marry. Doug's usual practice would be to respond positively to the inquiry but to insist on the potential client speaking directly to him to arrange an appointment.

Doug wonders what he should do in these circumstances, particularly in view of the cultural differences. It becomes clear that the brother intends to attend the counseling sessions with his younger sister, Savita. This is contrary to Doug's usual practice of seeing client's alone. He hesitates before deciding whether to accept these arrangements.

Your stance. If you were the counselor in this situation, how would you respond to this phone call? Consider these issues in forming your opinion:

- What are the indications of cultural differences between the counselor and the prospective clients?
- Who is the client?
- How far should the counselor go in adapting his usual practices to respond to these cultural differences?
- In what ways will counseling be ethically compromised if the counselor proceeds as requested?
- How far does the available ethical guidance from your applicable professional counseling organization help or hinder responding to these circumstances?

Discussion. This case study directs attention to potential tensions between cultural competence and meeting other ethical requirements. The ethical guidance issued by most professional associations requires cultural sensitivity and competence and warns against prejudice. However, the ethics codes seldom offer more precise instructions on how to achieve these requirements, nor do they provide advice on how to resolve conflicts between any adaptations made in response to cultural differences and other ethical requirements.

The culturally most significant feature of this case is that Kishore is reaching out beyond the family for help. Typically, within his culture problems are resolved or contained within the family, and there is great reluctance to communicate the private business of the family to outsiders. If the problem is of such significance that it justifies breaking the family's privacy, the counselor should recognize the seriousness of this request and the family's sense of concern and vulnerability in requesting help in this way. They are taking a major step outside their cultural norms. One of the first challenges for the counselor is to recognize the scale of risk that the family is taking and the significance of responding in a culturally appropriate way in order to offer a sense of reassurance and safety.

The second culturally significant feature is that the request for counseling is from the oldest male, who has responsibility for the well-being of all family members. This creates new challenges for the counselor who will need to balance being respectful of the oldest male's responsibility whilst working with other members of the family who will also be expected to defer to the oldest male. Kishore's desire to be present in the counseling sessions may be interpreted as his way of communicating his care and concern for his sister or as a way of exercising control. It is unlikely that this will become clear in an initial phone call, and it may take several sessions before the balance between care

and control and the nature of the relationship between brother and sister becomes apparent.

As the counselor, Doug is faced with a critical decision about whether to start his work on the basis suggested by the brother or to attempt to ensure that Savita both wants counseling and is seen on her own to ascertain her wishes. The first might be more culturally appropriate for his client, and the second more respectful of a Western sense of individual autonomy and women's rights. As Doug has little information about Savita's views about her situation, he may decide to offer an initial meeting with both of them to discuss their situation and to agree on how he will work with them. A single meeting may not be sufficient to enable Savita to speak freely; her cultural background may encourage reticence over speaking freely, or even at all, in the presence of men. A tradition of modesty may discourage her from making eye contact with a stranger who is male. Doug will have to be sensitive and patient to win her trust sufficiently for her to communicate her views. He may want to keep an open mind as to whether a female counselor would be more appropriate if Savita is to become the primary client.

Doug's multicultural competence may be tested in other ways. Actions can be as important as words in providing a sense of security across cultural differences. One of the ways in which he might open the meeting would be to offer a cup of tea or water as a culturally appropriate way of demonstrating a respectful welcome, even if offering refreshments is not his normal practice with clients.

At some point Doug will need to decide who constitutes the "client." This is both an ethically and professionally significant decision that cannot be made without taking cultural values into account. Professional ethical guidance for counselors tends to be based on assumptions about nuclear families and the rights of all family members to be autonomous. The basic unit of ethical concern is the individual. These are culturally specific assumptions characteristic of North America and some areas of Europe, including Britain. In extended family systems, the basic unit of ethical concern may be the family as a whole rather than any individual within it. From this perspective, it could be a mistake to understand the request for help in personal terms relating to the two named individuals. Instead, it may be better understood as a request on behalf of the whole family, including other significant unnamed people such as the mother or an older sister.

Deciding how to interpret the request and its implications for establishing how to deliver the counseling is likely to be one of the primary tasks of the initial assessment. It is also ethically significant. Should the counselor work with the autonomy of the family as whole, even if this is at the expense of individual autonomy, or prioritize individual autonomy at the expense of family identity? How the counselor should position himself with respect to existing family structures and gender relationships is another challenging issue that will require careful consideration throughout the counseling relationship. When a counselor is working with people from an unfamiliar cultural background, there is a strong case for obtaining appropriate cultural mentoring in addition to any external therapeutic support or supervision. Some professional bodies strongly recommend or require this additional cultural mentoring.

The decision about who is the client will determine how the counselor approaches issues of informed consent, whose consent ought to be sought, and the management of confidentiality between family members. The emphasis on consent that is characteristic of most professional ethics codes may fail to convey the level of respect that is the intended ethical purpose of this practice. Many counselors would consider it to be good practice to discuss these issues with the prospective clients to determine their wishes before making a final decision about how to proceed. The extent to which such discussions are possible and desirable will depend on the degree of urgency and purpose for which counseling is being sought.

Many of the helping professions express doubts about how far an ethical principle founded on respect for individual autonomy can adequately address the needs of people from a collectivist culture. Could a professional ethic that emphasizes the principle of respect for individual autonomy in itself be culturally insensitive and exclude people who hold other cultural values?

Examining Your Cultural Assumptions

Pedersen (2003) contends that it is critical for practitioners to consider behaviors in a cultural context to achieve accurate assessment, meaningful understanding, and appropriate intervention. For Pedersen, anything less is culturally biased. Without being aware of their cultural assumptions and biases, helpers could cause harm to those they serve. A central task helpers face in becoming culturally competent involves acknowledging that they bring their cultural biases, prejudices, and stereotypes to their work with clients (Pack-Brown et al., 2008).

Culturally learned basic assumptions, whether we are aware of them or not, significantly influence the ways in which we perceive and think about reality and how we act. A willingness to examine such assumptions opens doors to seeing others from their vantage point rather than from a preconceived perspective. Helpers often unwittingly make cultural assumptions on a variety of topics. Reflect on how your understanding of these issues is likely to influence your work with clients.

Assumptions about self-disclosure. Self-disclosure is highly valued in counseling, and most helpers assume that no effective helping can occur unless clients reveal themselves in the helping relationship. One way to facilitate meaningful disclosure on the part of clients is for helpers to model appropriate self-disclosure. Ivey, Ivey, and Zalaquett (2010) comment that helper self-disclosure can increase client self-disclosure, create trust between counselor and client, and establish a more equal relationship in the interview. However, some writers have reservations about the value of helper self-disclosure, contending that the helping process can work quite well without this kind of sharing.

Ivey and colleagues (2010) make some points worth your consideration. Unless clients work through the obstacles to some level of disclosure, they are not likely to be able to participate in the helping relationship. However, you can

mine how the counselor ought to be sought, and members. The emphasis on codes may fail to convey the use of this practice. Many discuss these issues with the client before making a final decision. Discussions are possible and a purpose for which counsel-

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Assumptions

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are highly valued in counseling can occur unless clients way to facilitate meaningful appropriate self-disclosure. self-disclosure can increase trust and client, and establish a some writers have reservations regarding that the helping pro-

worth your consideration. level of disclosure, they are relationship. However, you can

recognize and appreciate that some of your clients will struggle in letting you know the nature of their problems. This struggle in itself is a useful focus for exploration. Rather than expecting such clients to disclose freely, you can demonstrate respect for their values and at the same time ask them what they want from you. With your support and encouragement, clients can sort through their values and socialization pertaining to self-disclosure and decide the degree to which they want to change.

Some forms of helping place less stress on verbal disclosure, such as music therapy, occupational and recreational therapy, and other forms of activity therapy. Helpers can also assume an advocacy role for the client in the system, can help clients build on their natural sources of support, or can teach clients to use the resources within the community. As you will see in Chapter 13, a number of community-based interventions may be more appropriate for some clients than traditional approaches to helping.

Assumptions about family values. D. Sue (1997) has written about some traditional Chinese family values. Filial piety is a significant value in Chinese American families, emphasizing obedience to parents and respect and honor for them. They value family bonds and unity more than self-determination and independence. Family communication patterns are based on cultural tradition and emphasize appropriate roles and status. Academic achievement is prized. Helpers who fail to understand and appreciate these values are likely to err by pushing Chinese American clients to change in directions that are not consistent with their values.

In one of his multicultural workshops, Paul Pedersen related that many Asian students with whom he worked reflected values from their family when they were confronted with a problem. They first tended to reflect inward for some answer. If they did not find an answer within themselves, they tended to go to someone in the family. If neither of these routes worked, they were likely to seek guidance from a teacher, a friend, or someone they considered wise. If none of these avenues resulted in a satisfactory solution, they might then consult a professional helper.

Assumptions about nonverbal behavior. Clients can disclose themselves in many nonverbal ways, but cultural expressions are prone to misinterpretation. Personal space requirements, eye contact, handshaking, dress, formality of greeting, perspective on time, and so forth all vary among cultural groups. Mainstream Americans often feel uncomfortable with silence and tend to fill in quiet gaps with words. In some cultures, in contrast, silence indicates a sign of respect and politeness. You could misinterpret a quiet client's behavior if you did not realize that the client might be waiting for you to ask questions. It is good to keep in mind that there are no universal meanings of nonverbal behaviors.

You may have been systematically trained in a range of microskills: attending, open communication, observation, hearing clients accurately, noting and reflecting feelings, and selecting and structuring, to mention a few (Ivey et al., 2010). Although these behaviors are aimed at creating a positive therapeutic relationship, individuals from certain ethnic groups may have difficulty responding

positively or understanding the intent of the counselor's attitudes and behavior. The helper whose confrontational style involves direct eye contact, physical gestures, and probing personal questions may be seen as offensively intrusive by clients from other cultures.

In American middle-class culture, direct eye contact is usually considered a sign of interest and presence, and a lack thereof is interpreted as evasiveness. It is common for individuals to maintain more eye contact while listening and less while talking. Some research indicates that African Americans may reverse this pattern by looking more when talking and slightly less when listening. Among some Native American and Latino groups, eye contact by the young is a sign of disrespect. Some cultural groups generally avoid eye contact when talking about serious subjects (Ivey et al., 2010). Clearly, helpers who pathologize a client's lack of eye contact may not be understanding or respecting important cultural differences. Helpers need to acquire sensitivity to a wide range of cultural differences to reduce the probability of miscommunication, misdiagnosis, and misinterpretation of nonverbal behaviors.

Assumptions about trusting relationships. Many, but not all, mainstream Americans tend to form quick relationships and to talk easily about their personal life. This characteristic is often reflected in their helping style. Thus, the helper expects that the client will approach their relationship in an open and trusting manner. Doing this is very difficult for some clients, however, especially given that they are expected to talk about themselves in personal ways to a stranger. It may take a long time to develop a meaningful working relationship with a client who is culturally different from you.

Assumptions about self-actualization. Helping professionals commonly assume that it is important for the individual to become self-actualized. But some clients are more concerned about how their problems or changes are likely to affect others in their life. You will recall that in the Eastern orientation one of the guiding principles is achievement of collective goals. Likewise, Native Americans judge their worth primarily in relation to how their behavior contributes to the harmonious functioning of their tribe. Native Americans have a value system that is fundamentally different from that of the dominant culture, determining their self-worth in reference to the betterment of the tribe rather than their own gain (Anderson & Ellis, 1988).

Assumptions about directness and assertiveness. Although the Western orientation prizes directness, some cultures see it as a sign of rudeness and as something to be avoided. If you are not aware of this cultural difference, you could make the mistake of interpreting a lack of directness as a sign of being unassertive rather than as a sign of respect. Getting to the point immediately is valued in Western culture, but clients from other cultures may prefer to delay dealing with their problems or to cope with them in indirect ways. It is easy to put the responsibility on the client when the therapy interventions do not work. However, if therapists cannot connect to clients using the techniques in which they were trained, it is their responsibility to find other ways to work with their clients.

attitudes and behavior. eye contact, physical gestures, and directness may be perceived as offensively intrusive by

It is usually considered a sign of respect. It is interpreted as evasiveness. It is often seen while listening and less so when listening. Among Native Americans may reverse this. For the young is a sign of respect. Direct contact when talking about a client's problem is to pathologize a client's behavior. It is an important cultural difference. The range of cultural differences, misdiagnosis, and

But not all, mainstream culture is not easily about their perceptions of helping style. Thus, the relationship in an open and honest way, however, especially in personal ways to a successful working relationship

Professionals commonly value the self-actualized. But problems or changes are often seen in the Eastern orientation to goals. Likewise, Native Americans may view their behavior differently. Native Americans have a different view of the dominant culture, and the importance of the tribe rather

Although the Western view of rudeness and as a sign of cultural difference, you may see directness as a sign of being direct. At the point immediately after the intervention, cultures may prefer to communicate in indirect ways. It is important that therapy interventions do not use the techniques that find other ways to work

A helper may judge certain clients as being "nonassertive," with the implication that this is negative and something that needs to be changed. If you are operating from a Western orientation, you are likely to assume that your clients are better off if they can behave in assertive ways, such as telling people what they think, feel, and want. It is critical to recognize that being direct and assertive is just one way of being; counselors should avoid assuming that assertive behavior is the norm and is desirable for everyone. Certain clients might be offended if it were automatically assumed that they would be better off if they were more assertive. For example, assume that you are working with a woman who rarely asks for what she wants, allows others to decide her priorities, and almost never denies a request or demand from anyone in her family. If you worked hard at helping her become an assertive woman, it could very well create conflicts within her family system. If she changed her role, she might no longer fit in her family or in her culture. Therefore, it is crucial that both you and your clients consider the consequences of examining and modifying their cultural values.

One way to respect your clients is to listen to what they say they value. Ask your clients what behaviors are and are not working in their lives. If clients tell you that being indirect or unassertive is problematic for them, then this should be explored. However, if such behaviors are not posing difficulty for them, you need to monitor how your biases may be operating when you attempt to change clients in directions that they are not interested in pursuing. Asking your clients what they want from you is a way of decreasing the chances that you will impose your cultural values on them. On this point, consider the following case.

Case example: Is listening to your client enough? Mac, a successful psychologist, has concerns about much of the multicultural movement. He sees it as more trendy than useful. "I do not impose my values. I do not tell clients what to do. I listen, and if I need to know something, I ask. How am I to know whether a Japanese American client is more American than Japanese or vice versa unless I ask him? My belief is that the client will tell you all you need to know."

Your stance. What is your reaction to Mac's attitude? How would you determine the level of acculturation of a client of yours? What is your reaction to Mac expecting his client to educate him on culture issues?

Discussion. We react not so much to what Mac says as to what is implied by what is said. Certainly, it is important for clients to tell counselors what they need to know. However, Mac seems to downplay the necessity for ongoing education and sensitivity to cultural issues, which might enable him to ask more effective questions. It is not the responsibility of Mac's clients to educate him. Listening to our clients is not enough; we also need to be formally and informally educated.

Review the basic cultural assumptions that influence you and determine where you might be imposing your views. What forces have shaped your basic assumptions? Are you open to considering the relevance of such assumptions in working with clients who are different from you?

Challenging Your Stereotypical Beliefs

Although you may assume you are without bias, stereotypical beliefs could well affect your practice. **Stereotyping** involves assuming that the behavior of an individual will reflect or be typical of that of most members of his or her cultural group. This assumption leads to statements such as these: "Asian American clients are emotionally repressed." "African American clients are suspicious and will not trust professional helpers." "White people are arrogant." "Native Americans have very low motivation."

Sue (2005) contends that **modern racism** is often subtle, indirect, and unintentional, which allows people to remain oblivious to its existence. According to Sue, racism frequently operates outside the level of conscious awareness. Helpers who view themselves as being without any stereotypes, biases, and prejudices are most likely underestimating the impact of their socialization. Such helpers can be even more dangerous than those who are more open about their biases and prejudices. According to Pedersen (2000), this form of racism emerges unintentionally from well-meaning and caring professionals who are no more nor less culturally biased than segments of the general public. He believes that unintentional racists must be challenged either to become intentional racists or to modify their attitudes and behaviors. The key to changing the unintentional racist lies in examining basic underlying assumptions, such as those we described earlier.

In addition to cultural stereotypes, some stereotypes are associated with special populations, such as people with disabilities, older people, and people who are homeless. Statements that lump together individuals within a group reflect a myth of uniformity. In your professional work you need to realize that there are variations within cultural groups and that such differences may be at least as important as those among different groups. In your attempt to be culturally sensitive, be careful to avoid further stereotyping of certain groups.

Although cultural differences both among and within groups may be obvious, it is important not to go to the extreme of focusing exclusively on the differences that can separate us. In working with mental health professionals in foreign countries, we have become even more convinced that there are some basic similarities among the peoples of the world. Universal experiences can bind people together. Although personal circumstances differ, most people experience the pain of making decisions and attempting to live with integrity in the world. It is essential to be respectful of the real cultural differences that exist, and it is equally important that we not forget the common denominators of all people.

Understanding People With Disabilities*

Part of understanding diversity involves understanding how ability and disability are relevant factors in the delivery of human services. In ways similar to people of color, people with disabilities have to face prejudice, hostility, lack of

* We want to acknowledge Dr. Mark Stebnicki, Professor and Director of the Graduate Program in Rehabilitation Counseling at East Carolina University, for his consultation with us and helpful input in revising this section on understanding people with disabilities.

understanding, and discrimination on the basis of their physical, emotional, or mental abilities. DePoy and Gilson (2004) point out that diversity categories such as race, ethnicity, and gender fall under a similar analytic lens. Individuals without disabilities frequently view people with disabilities through the same distorted spectacles with which they see others who differ from them. The clarity of a helper's vision can be impaired by myths, misconceptions, prejudices, and stereotypes about people with disabilities.

It is important to recognize the potential of people with disabilities. Helpers' attitudes are a key factor in successfully intervening in the lives of people with disabilities. Dispelling myths and misconceptions when helping people with disabilities achieve their goals can be just as necessary as when working with persons who have addiction issues, intense marital conflicts, or are survivors of extraordinary stressful and traumatic events.

Examining Stereotypes Pertaining to Physical Disabilities

People with physical disabilities do not want to be labeled with language such as "crippled," "afflicted," "special," or "handicapped." Many advocates believe that the environment itself and others' negative attitudes toward persons with disabilities are the real handicapping conditions (Smart, 2009). Historically, much of the language used to refer to "the disability experience," as portrayed in the print and electronic media, has communicated a condescending attitude toward persons with disabilities. For example, some with spinal cord injuries are concerned that others may perceive them as being "physically or mentally deficient" in some way. Marini (2007) notes that spinal cord injury has profound implications for socialization, employment outlook, self-esteem, and basic independent functioning. Overall, persons with disabilities remain the most disenfranchised group in almost every society, regardless of their ethnicity. Minorities with disabilities are the least educated and have the highest unemployment rate in the United States, with some unemployment estimates ranging from 66 to 70% (Roessler & Rubin, 1998; Szymanski & Parker, 2003). Persons with disabilities are often unemployed and underemployed, and many live below the poverty line (Olkin, 2009). Olkin states that people with disabilities generally report psychosocial issues more than physical barriers as major impediments in living with a disability.

Individuals without disabilities often try to hide their feelings of awkwardness in the presence of a person with a disability through exaggerated attention and kindness. Helpers may have learned a variety of negative messages about disability, and they may experience some initial discomfort. It is essential for helpers to demonstrate a willingness to examine their own attitudes when they are working with people who have any kind of disability. A critical aspect of self-awareness is to recognize, understand, and manage one's countertransference in working with clients with disabilities (Olkin, 2009). Although people with disabilities share some common concerns, it is a mistake to think of them as all being the same. There is considerable diversity among people within a

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particular ethnic group, and the same can be said about people with physical disabilities.

As with any special population with which you work, it is important that you identify your assumptions. For example, you could assume that certain careers might be out of reach for a client with a disability. But to make this assumption without checking it out with your client is tantamount to limiting his or her options. Inaccurate assumptions may result in faulty case conceptualizations and problem formulation (Smart, 2009). Smart notes that many of our assumptions about individuals who have disabilities are inaccurate and may impede the helping process and further disable the client. This would be a good time for you to reflect on any stereotypes that you may have toward people with disabilities and to scrutinize your assumptions about why they are seeking counseling.

A major role of practitioners who work with people with disabilities is to help these individuals to understand the prejudice and discrimination that surrounds disability. According to Palombi (in Cornish, Gorgens, Monson, Olkin, Palombi, & Abels, 2008), persons with disabilities often experience many of the same prejudices and kinds of discrimination as other underrepresented groups. For practitioners to effectively work with persons with disabilities, it is essential that helpers recognize their own biases and address them. If practitioners fail to do this, the result may be a perpetuation of attitudinal barriers based on ignorance, false beliefs, and prejudice (Cornish et al., 2008). Helpers need to be able to assist their clients who have a disability develop an understanding of the impact that societal stereotypes have on their view of themselves. Mackelprang and Salsgiver (1999) put this matter cogently:

Stereotypical attitudes are pervasive in society, and human service professionals are as susceptible to them as anyone. Close monitoring of personal reactions to people with disabilities can help professionals identify and deal with their personal attitudes based on stereotypical beliefs. (p. 9)

Pushing Through Perceived Limitations

If you work with people with disabilities, you must develop attitudes and intervention skills that will enable your clients to recognize the strengths and resources they possess. As a helper, you may encounter clients who have been disabled from birth, adolescents recently disabled due to traumatic injury (perhaps a sports injury or an automobile accident), adults who have had a stroke or heart disease, those with rapid onset disabilities that may or may not be permanent, or adults who have been diagnosed with a chronic degenerative condition such as Parkinson's disease, multiple sclerosis, or type I (insulin dependent) diabetes.

The kinds of help persons with disabilities need may encompass a broad range of services. Primarily, these individuals could benefit from psychosocial adjustment services with the intention of optimizing their level of independent functioning, developing positive coping skills, cultivating resiliency strategies, and achieving optimal levels of wellness. Some clients may need help finding community resources to enable them to participate fully in the workforce. Others may need counseling to overcome the anxiety and depression that is often present when it looks like all of life has been turned on its head in a single

about people with physical

work, it is important that you assume that certain careers are not to make this assumption about limiting his or her case conceptualizations and many of our assumptions and may impede the help. It would be a good time for you to work with people with disabilities and seeking counseling.

Working with people with disabilities is to avoid discrimination that occurs. Gargens, Monson, Olkin, and others often experience many of the same issues as other underrepresented groups. For people with disabilities, it is essential to address these issues. If practitioners fail to address these barriers based on ignorance (Olkin, 2008). Helpers need to be able to provide an understanding of the experience of themselves. Mackelprang

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to develop attitudes and interests in the strengths and resources of people who have been disabled. Traumatic injury (perhaps a sports injury or a stroke or heart disease, which may not be permanent, or adults with a chronic condition such as Parkinson's disease or dependent diabetes). This may encompass a broad range of benefits from psychosocial support to their level of independent living. Developing resiliency strategies, interventions may need help finding ways to integrate fully in the workforce. Anxiety and depression that is often learned on its head in a single

moment. The rehabilitation plan should be highly individualized and presented in such a way that each person can reach his or her optimal level of medical, physical, psychological, emotional, vocational, and social functioning. Persons with disabilities often have complex issues; it is best not to judge these clients or their needs based on your first meetings with them. You should not assume that people with disabilities are seeking counseling only because of their disability.

To provide ethical and effective services to individuals with disabilities, Smart (2009) believes helpers must seek further training about the experience of disability: "Certainly, information about each client's identity and feelings about his or her disability must come from that individual, but obtaining a broad knowledge of the disability experience is essential" (p. 643). Palombi (in Cornish et al., 2008) contends that many practitioners are unaware of the unique needs and struggles of persons with disabilities, and thus, they may not be able to provide ethical and competent care.

Cornish and her colleagues state that professionals are not being adequately trained to provide services to clients with disabilities despite the likelihood that they will work with this population. Practitioners must engage in self-reflection to accurately determine whether they are competent to provide services to persons with disabilities. If not, appropriate referral skills are necessary. Cornish and her colleagues (2008) contend that "it is essential to provide ethical treatment to persons with disabilities, minimize barriers to care, and train future psychologists in these endeavors" (p. 489).

Olkin (2009) describes disability-affirmative therapy as being designed "to help counselors incorporate disability knowledge and culture into the treatment, making for a powerful combination to achieve desired results" (p. 369). A premise of disability-affirmative therapy is that "incorporating information about disability will inform the case formulation such that it neither overinflates nor underestimates the role of disability" (p. 355).

Mackelprang and Salsgiver (1999) provide these guidelines for practice with persons with disabilities:

- Operate on the assumption that people are capable or potentially capable.
- Critically evaluate the assumption that the problem with disability lies with the person and that individuals with disabilities must be changed before they can function adequately in society.
- Recognize that people with disabilities often face discrimination and oppression, as do other minority groups. Realize that your interventions might well involve political advocacy and actions on your part to eliminate policy barriers that prevent individuals from accessing society's benefits.
- Empower persons with disabilities with interventions based on the assumption that these individuals have the right to control their own lives.

Reflect on these basic assumptions and principles as you strive to formulate your own guidelines for effective practice with people with disabilities.

Case example: Challenging our perceptions. I (Marianne) gave a talk to people with disabilities at a residential facility. The kinds of questions they raised were not any different from those of other groups that I have addressed,

and many of the residents emphasized that they were no different from people without disabilities. Later, I asked a staff member at this institution to ask a few residents this question: "What would you like to tell helpers in training about yourself to assist them in better dealing with special populations?" Some of the residents gave these responses:

- "I would like them to know that I want to be treated as a normal person even though I am in a wheelchair. Look at the person, not at the wheelchair. Don't be afraid of us."
- "I'm a very good person. I'm a very smart person. I have a disability, but I also have intelligence."
- "I can think and feel just like a normal person."

The staff member said a great deal in very few words in a letter to me about her perceptions of the people she helps:

They have lived in institutions for most of their adult lives. They say they are no different from people without disabilities, but I think that they have enormous hearts. The people I have known have no prejudice and are very loving and giving. They also have a greater appreciation for the very simple things in life that most of us take for granted each day. They are unique individuals and I feel fortunate to have worked with them.

Your stance. Consider your own attitudes and assumptions about people you meet who have disabilities. Do you go out of your way to "help" these individuals? Do you conveniently "avoid" getting too close to them? How might your own reactions affect your work as a helper with this population?

Discussion. Societal attitudes are slowly changing as well-known individuals demonstrate a basic truth—having a disability does not mean that the person is disabled. One example is Erik Weihenmayer, who was born with a degenerative eye disorder that resulted in losing his sight by age 13. In *Touch the Top of the World*, Weihenmayer (2001) chronicles a life of determination that led to him accomplishing incredible physical feats. He is a world-class athlete, acrobatic skydiver, long-distance biker, marathon runner, skier, mountaineer, ice climber, and rock climber. He was the first man with blindness to gain the summit of Mt. McKinley and to scale the 3,300-foot rock wall of El Capitan. In the spring of 2001 he earned the distinction of being the first person who was blind to climb above 29,000 feet to reach the summit of Mount Everest. So far he has climbed five of the seven highest mountains in the world, and his goal is to reach all seven summits on each of the seven continents. Weihenmayer is living proof that sensory disabilities do not necessarily limit a person's ability to reach his dreams. His story and the stories of others, though less dramatic, demonstrate that misconceptions regarding disabilities can be challenged. Weihenmayer's accomplishments give new meaning to the term "physically challenged."

Most of us are familiar with the Special Olympics, in which people with physical disabilities participate at the highest levels. Indeed, many people who are not so well known are challenging themselves to reach phenomenal goals in their daily lives. Such individuals continue to teach us about ourselves and the

capacity of the human spirit to overcome any obstacle. And what about clients who have a disability but who lack hope and want to give up? If helpers accept their hopelessness and despair, they will be of little therapeutic value to their clients. Human service professionals need to discover their clients' strengths and work toward empowerment.

Multicultural Counseling Competencies

Increasingly, helpers will come into contact with culturally diverse client populations who may not share their worldview of what constitutes normality and abnormality. Because the helping professions seem to continue to emphasize a monocultural approach to training and practice, many helpers are ill prepared to deal effectively with cultural diversity (Sue & Sue, 2008). Although referral is sometimes an appropriate course of action, it should not be viewed as a solution to the problem of inadequately trained practitioners. With the increasing number of culturally diverse clients seeking professional help, and with the decreasing number of resources to meet these needs, helpers may not always be able to make a referral, even in those cases where they deem this necessary. Given this reality, we recommend that students in the human service professions, regardless of their racial or ethnic background, receive training in multicultural helping.

Working with culturally diverse client populations requires that helpers possess the awareness, knowledge, and skills to effectively deal with the concerns of the people with whom they work. Although it is unrealistic to expect you to have an in-depth knowledge of all cultural backgrounds, it is feasible to have a comprehensive grasp of general principles for working successfully with cultural diversity. If you are open to the values inherent in a diversity perspective, you will find ways to avoid getting trapped in provincialism, and you will be able to challenge the degree to which you may be culturally encapsulated (see Wrenn, 1985).

Sue and his colleagues (1982, 1992) developed a conceptual framework for multicultural counseling competencies and standards in three areas. The first area deals with the helper's beliefs and attitudes about race, culture, gender, and sexual orientation. The second dimension involves knowledge and understanding of the worldview of the helper and specific knowledge of the diverse groups with whom he or she works. The third area deals with skills and intervention strategies needed to serve diverse client groups. Sue and Sue (2008) have summarized these competencies as they apply to practice. Arredondo and her colleagues (1996) updated and operationalized these competencies, and Sue and his colleagues (1998) extended multicultural counseling competencies to individual and organizational development. Hansen and colleagues (2000) have identified and described some minimal multicultural competencies for practice, and Egan (2006) has developed list of multicultural competencies he has adapted from various sources. These multicultural competencies have been endorsed by the Association for Multicultural Counseling and Development (AMCD), by the Association for Counselor Education and Supervision (ACES), and by the

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American Psychological Association (APA, 2003). For an updated and expanded version of these competencies, see *Multicultural Counseling Competencies 2003: Association for Multicultural Counseling and Development* (Roysircar et al., 2003). Refer also to the APA's (2003) *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*.

The essential attributes of **culturally skilled helpers**, compiled from these sources, are presented next. You can use this checklist to identify areas of *multicultural competence* you now possess as well as areas in which you need to acquire additional knowledge and skills.

Beliefs and Attitudes of Culturally Skilled Helpers

Put a check mark in the box before each of the beliefs and attitudes in this section that you think you already hold or each area of awareness that you already possess.

With respect to beliefs and attitudes, culturally skilled helpers . . .

- become aware of their own personal culture and how they might come across to those who differ from them in a multitude of ways.
- are aware of how their own cultural heritage, gender, class, ethnic identity, sexual orientation, disability, and age shape their values, assumptions, and biases related to identified groups.
- gain awareness of their personal and culture biases toward individuals or groups other than their own.
- do not allow their personal biases, values, or problems to interfere with their ability to work with clients who are different from them.
- believe that cultural self-awareness and sensitivity to one's own cultural heritage are essential for any form of helping.
- are aware of their negative and positive emotional reactions toward others that may prove detrimental to establishing collaborative helping relationships.
- have moved from being culturally unaware to knowing their cultural heritage.
- learn about the ways in which they are both alike and different from the person they are helping.
- seek to examine and understand the world from the vantage point of their clients.
- become aware of how any aspect of diversity (age, disability, race) can become a target of negative behaviors.
- are able to recognize the limits of their multicultural competence and expertise.
- respect clients' religious and spiritual beliefs and values.
- recognize their sources of discomfort with differences that exist between themselves and others.
- welcome diverse value orientations and diverse assumptions about human behavior and, thus, have a basis for sharing the worldview of their clients as opposed to being culturally encapsulated.

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- rather than maintaining that their cultural heritage is superior, are able to accept and value the many forms of diversity.
- are able to identify and understand the central cultural constructs of their clients and to avoid applying their own cultural constructs inappropriately to people with whom they work.
- respect indigenous helping practices and respect help-giving networks within the community.
- monitor their functioning through consultation, supervision, and further training or education.
- understand that mainstream Western helping strategies might not fit all people or all problems and realize how they may need to adapt their interventions to the needs of their clients.

Knowledge of Culturally Skilled Helpers

Put a check mark in the box before each type of knowledge in this section that you think you already possess.

With respect to knowledge areas, culturally skilled helpers . . .

- possess knowledge about their own racial and cultural heritage and how it affects them personally and in their work.
- possess knowledge and understanding about how oppression, racism, prejudice, discrimination, and stereotyping affect them personally and professionally.
- do not impose their values and expectations on clients from differing cultural backgrounds and avoid stereotyping clients.
- strive to understand the worldviews, values, and beliefs of those with whom they work.
- understand the basic values underlying the helping process and know how these values may clash with the cultural values of diverse groups of people.
- are aware of the institutional barriers that prevent some individuals from utilizing the mental health services available in their communities.
- have knowledge of the potential bias in assessment instruments and use procedures and interpret findings keeping in mind the cultural and linguistic characteristics of clients.
- possess specific knowledge and information about the particular individuals with whom they are working.
- are knowledgeable about communication style differences and how their style may clash with or foster the helping process with persons from different cultural groups.
- are knowledgeable about the community characteristics and the resources in the community as well as those in the family.
- learn about the basics of family structure and gender roles of groups with whom they work.
- understand how people in various cultures feel about asking for professional help.

have knowledge about sociopolitical influences that impinge upon the lives of ethnic and racial minorities, including immigration issues, poverty, racism, stereotyping, stigmatization, and powerlessness.

view diversity in a positive light, which enables them to meet and resolve the challenges that arise in their work with a wide range of client populations.

know how to help clients make use of indigenous support systems. In areas where they are lacking in knowledge, they seek resources to assist them.

Skills and Intervention Strategies of Culturally Skilled Helpers

Put a check mark in the box before each of the skill areas in this section that you think you already possess.

With respect to specific skills, culturally skilled helpers . . .

take responsibility for educating their clients to the way the helping process works, including matters such as goals, expectations, legal rights, and the helper's orientation.

familiarize themselves with relevant research and the latest findings regarding mental health and mental disorders that affect diverse client populations.

are willing to seek out educational, consultative, and training experiences to enhance their ability to work with culturally diverse client populations.

assess their level of cross-cultural and personal-cultural competence and do what they can to become a culturally competent helper.

are open to seeking consultation with traditional healers or religious and spiritual leaders to better serve culturally different clients, when appropriate.

use methods and strategies and define goals consistent with the life experiences and cultural values of their clients and modify and adapt their interventions to accommodate cultural differences.

establish rapport with and convey empathy to clients in culturally sensitive ways.

have the ability to design and implement nonbiased and effective interventions for clients from identified groups.

are able to initiate and explore issues of difference between themselves and their clients, when it is appropriate.

are not limited to only one approach in helping but recognize that helping strategies may be culture bound.

are able to send and receive both verbal and nonverbal messages accurately and appropriately.

are able to exercise institutional intervention skills on behalf of their clients.

become actively involved with individuals outside of the office (community events, celebrations, and neighborhood groups) to the extent possible.

are committed to understanding themselves as racial and cultural beings and are actively seeking a nonracist identity.

actively pursue and engage in professional and personal-growth activities to address their limitations.

consult regularly with other professionals regarding issues of culture to determine whether or where referral may be necessary.

Reflection questions. Now that you have completed the checklist, summarize and think about the implications of your current level of awareness, knowledge, and skills. As a way to assess your present level of multicultural competence, reflect on the following questions:

- Are you familiar with how your own culture has a present influence on the way you think, feel, and act? What steps could you take to broaden your base of understanding, both of your own culture and of other cultures?
- Are you able to identify your basic assumptions, especially as they apply to diversity in culture, ethnicity, race, gender, class, religion, and sexual orientation? To what degree are you clear about how your assumptions are likely to affect your practice as a helper?
- How open are you to being flexible in applying the techniques you use with clients?
- How prepared are you to understand and work with clients of different cultural backgrounds?
- To what degree are you now able to differentiate your own cultural perspective from that of a person from another culture?
- Is your academic program preparing you to gain the awareness, knowledge, and skills you will need to work with diverse client populations?
- What kinds of life experiences have you had that will better enable you to understand and counsel people who have a different worldview?
- Can you identify any areas of your personal-cultural biases that could inhibit your ability to work effectively with people who are different from you? If so, what steps might you take to challenge your biases?

Social Justice Competencies

Becoming increasingly aware of the ways that oppression and discrimination operate in the lives of our clients is a fundamental part of ethical practice, and we must translate this awareness into various forms of social action. Multiculturalism and social justice are ultimately intertwined (Crethar, Torres Rivera, & Nash, 2008). The social justice perspective is based on the premise that oppression, privilege, and social inequities do exist and have a negative impact on the lives of many persons from diverse cultural groups. For us to be able to effectively

work with a range of persons from diverse backgrounds, it is critical that we acquire competencies in the social justice perspective, and it is essential that we incorporate these competencies into our practice. We can play a significant role in making society a better place by challenging systemic inequities. Crethar and Ratts (2008) address the question of why social justice is a concern in the counseling field:

Social justice in counseling represents a multifaceted approach in which counselors strive to simultaneously promote human development and the common good through addressing challenges related to both individual and distributive justice. This approach includes empowerment of individuals and groups as well as active confrontation of injustice and inequality in society, both as they impact clientele and in their systemic contexts. (p. 24)

From a social justice perspective, the goal of helping is to promote the empowerment of people who are marginalized and oppressed in our society (Herlihy & Watson, 2007). This perspective reflects a valuing of fairness and equal treatment for marginalized and devalued individuals and groups of people who do not share equally in society; it also includes the right to participate in making decisions on matters that affects their lives (Constantine, Hage, Kindaichi, & Bryant, 2007; Crethar & Ratts, 2008; Crethar et al., 2008).

In their clinical and research work in the areas of multicultural competence and social justice, Constantine and colleagues (2007) identify nine social justice competencies essential to effectively delivering services to diverse client populations:

- Become knowledgeable about the ways that oppression and social inequities can operate on individual, societal, and cultural levels.
- Engage in self-reflection on issues of race, ethnicity, oppression, power, and privilege in your own life.
- Develop an ongoing awareness of how your position of power or privilege could replicate experiences of injustice in your interactions with clients or community organizations.
- Question therapeutic practices that appear inappropriate for individuals from certain groups.
- Learn about indigenous models of health and healing and be willing to collaborate with such resources, when appropriate, as a way to implement culturally relevant interventions.
- Consider the various types of social injustices that can occur within an international context, which may have global implications.
- Strive to implement comprehensive prevention and remedial mental health intervention programs designed to meet the needs of marginalized groups of people.
- Collaborate with community organizations in partnerships to promote trust, minimize power differentials, and provide culturally relevant services.
- Acquire advocacy skills and develop system intervention skills necessary to bring about social change within institutions, neighborhood, and communities.

These social justice competencies, like the multicultural competencies, are not achieved once and for all. It is best to think of these competencies as a part of a lifelong journey in developing attitudes and behaviors that will equip you to best serve a wide range of client groups.

Recognizing Your Own Limitations

As a culturally skilled helper, you have the ability to recognize the limits of your multicultural competency and expertise. When necessary, you will refer clients to more qualified individuals or resources. It is not realistic to expect that you will know everything about the cultural background of people with whom you will work. There is much to be said for letting your clients teach you about relevant aspects of their culture. Ask clients to provide you with the information you will need to work effectively with them. In working with culturally diverse individuals, it helps to assess the degree of acculturation and identity development that has taken place. This is especially true for individuals who have had the experience of living in another culture. They often have allegiance to their own home culture but find certain characteristics of their new culture attractive. They may experience conflicts when integrating the values from the two cultures in which they live. These core struggles can be productively explored in the context of a collaborative helping relationship.

We encourage you to accept your limitations and to be patient with yourself as you expand your vision of how your culture continues to influence the person you are today. It is not helpful to overwhelm yourself with all that you do not know or to feel guilty over your limitations or parochial views. You will not become a more effective and culturally skilled helper by expecting to be completely knowledgeable about the cultural backgrounds of all your clients, by thinking that you should have a complete repertoire of skills, or by demanding perfection. Instead, recognize and appreciate your efforts toward becoming a more diversity-competent helper.

The first step is to become more willing to accept diversity as a value and to take actions to increase your ability to work with a range of clients. You can also recognize when referral is in the best interest of your client. It is important to commit to lifelong learning and to take the steps necessary to continually upgrade your knowledge and skills to better serve diverse client populations (NOHS, 2000). This kind of continuing education extends throughout your professional career.

Multicultural Training

To enable helpers to utilize a multicultural perspective in their work, we support specialized training through formal courses and supervised field experiences with diverse client populations. We believe that a self-exploratory class should be required for helpers so that they can better identify their cultural and ethnic blind spots. In addition to enabling students to learn about cultures other than their own, such a course could offer opportunities for trainees to learn more about their own race, ethnicity, and culture.

A good program should include at least one course dealing exclusively with multicultural issues and persons from diverse backgrounds. However, reliance on a single-course offering designed to address the interface of professional ethics, multicultural counseling competence, and social justice counseling issues is not adequate for assisting counselors to deal successfully with the demands they will face (Bemak & Chung, 2007). In addition to a separate course, a broad range of ethical decision-making skills related to multicultural counseling should be integrated throughout the curriculum and infused in all aspects of the training program (Pack-Brown et al., 2008). For example, a fieldwork or internship seminar can introduce ways that helping strategies can be adapted to the special needs of diverse client populations and show how some techniques may be quite inappropriate for culturally different clients. The integration of multiculturalism and gender awareness can certainly be a thread running through relevant formal courses. In addition, there could be at least one required field placement or internship in which trainees have multicultural experiences. Ideally, the supervisor at this agency will be well versed in the cultural variables of that particular setting and also be skilled in cross-cultural understanding. Further, trainees should have access to both individual and group supervision on campus from a faculty member.

Supervised experience, along with opportunities for trainees to discuss what they are learning, is the core of a good program. We encourage you to select supervised field placements and internships that will challenge you to work on gender issues, cultural concerns, developmental issues, and lifestyle differences. You will not learn to deal effectively with diversity by working exclusively with clients with whom you are comfortable and whose culture is familiar to you. You can learn a great deal by going out into the community and interacting with diverse groups of people who face myriad problems. Through well-selected internship experiences, you will not only expand your own consciousness but increase your knowledge of diverse groups. This will provide a basis for acquiring intervention skills.

Pedersen (2000) has identified an effective multicultural training program as including the components of awareness, knowledge, skill development, and experiential interaction, all of which are integrated in actual practice. As you have seen, awareness of personal attitudes and of attitudes toward diverse client populations is integral to becoming an effective helper. From a knowledge perspective, helpers need to understand what makes a diverse population special. They need to know what behavior is acceptable within the diverse population and how this behavior differs from that of other groups.

Hansen and her colleagues (2000) point out that both awareness and knowledge competencies are essential prerequisites to developing effective multicultural skills. The skills they identify as being crucial include being able to (a) conduct culturally sensitive interviews and assessments; (b) form accurate and nonbiased conceptualizations; (c) design and implement effective treatment plans; and (d) accurately evaluate the adequacy of their skills and to take corrective actions when needed. Skill development is a necessary but not sufficient component of learning to work with diverse populations. The skills themselves are not unique, but the ways in which these skills are applied to

particular clients should be the focus of training. Effective training will pay sufficient attention to each of these domains. If any of them are neglected, helpers are at a disadvantage.

Training programs have come a long way in the past decade, but they still have some way to go if they are to meet the goal of equipping helpers with the knowledge and skills required to meet the needs of diverse clients. As a student, you can take some small, yet significant, steps toward recognizing and examining the impact of your own cultural background and learning about cultures different from your own. Deciding to act upon even a few of the suggestions listed here is one way to move in the direction of becoming a culturally skilled helper.

By Way of Review

- Multiculturalism can be considered as the fourth force in the helping professions. This perspective recognizes and values diversity in helping relationships and calls on helpers to develop strategies that are culturally appropriate.

- A multicultural perspective on the helping process takes into consideration specific values, beliefs, and actions related to race, ethnicity, gender, age, ability, religion, language, socioeconomic status, sexual orientation, political views, and geographic region. Multicultural counseling, broadly conceptualized, considers the personality dynamics and cultural backgrounds of both helper and client in establishing a context where these people can interact meaningfully.

- To function effectively with clients of various cultures, you need to know and respect specific cultural differences and realize how cultural values operate in the helping process.

- Be aware of any tendencies toward cultural tunnel vision. If you have limited cultural experiences, you may have difficulties relating to clients who have a different view of the world. You are likely to misinterpret many patterns of behavior displayed by such clients.

- It is important to pay attention to ways in which you can express unintentional racism through your attitudes and behaviors. One way to change this form of racism is by making your assumptions explicit.

- There are some striking differences in value orientations between Western and Eastern cultures. A main difference is the Western emphasis on individualism and the Eastern emphasis on collectivism. Individualism and collectivism are not necessarily oppositional concepts, for they are both elements of a total system. These value orientations have important implications for the process of helping.

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- In working with people from other cultures, avoid stereotyping and critically evaluate your assumptions about the use of self-disclosure, nonverbal behavior, trusting relationships, self-actualization, and directness and assertiveness.
- Rather than thinking of cultural differences as barriers to effective helping relationships, learn to welcome diversity as something positive. Recognize that consciously dealing with cultural variables in helping can make your job easier, not more difficult.
- As a helper it is essential that you demonstrate a willingness to examine your own attitudes when you are working with people who have any kind of disability.
- Many individuals with disabilities achieve extraordinary success; keep your focus on clients' potential rather than their perceived limitations.
- Effective multicultural helpers have been identified in terms of the specific knowledge, beliefs and attitudes, and skills they possess.
- Social justice addresses issues of oppression, privilege, and social inequities. Helping professionals need to take an active stance in addressing social justice issues that are manifested in society by acquiring social justice competencies.
- Acquiring and refining multicultural and social justice competencies should be thought of as a lifelong developmental process that requires ongoing reflection, training, and continuing education.
- Helpers who view differences as positive attributes will be most likely to meet and resolve the challenges that arise in multicultural helping situations.

What Will You Do Now?

1. If your program does not require a course on cultural diversity, consider taking such a course as an elective. You might also ask if you can sit in on some class sessions in various courses that deal with special populations. For example, in one university these are a few of the courses offered: The Black Family, The Chicano Family, American Indian Women, The African Experience, The Chicano and Contemporary Issues, Afro-American Music Appreciation, The White Ethnic in America, Women and American Society, The Chicano Child, and Barrio Studies.

2. On your campus you will probably find a number of student organizations for particular cultural groups. Approach some members of one of these organizations for information about the group. See if you can attend one of their functions to get a better perspective on their culture.

3. Think of ways to broaden your cultural horizons. Go to a restaurant, social event, church service, concert, play, or movie with a person from a cultural background that is different from your own. Ask this person to teach you about salient aspects of his or her culture.

4. If your grandparents originally came from another country, interview them about their experiences growing up in their culture. If they are bicultural, ask them about any experiences with combining both cultures. What have been their experiences in assimilation? Do they retain their original cultural identity? What do they most value in both cultures? Do what you can to discover the ways in which your cultural roots have some influence on your thinking and behavior today. In Chapter 3 you were introduced to the importance of discovering how your family of origin continues to influence you. This exercise can help you develop a richer appreciation of your cultural heritage.

5. Helpers are likely to encounter clients with a variety of disabilities. Some broad types of disabilities include mobility disabilities, visual disabilities, deafness, developmental disabilities, psychiatric disabilities, and cognitive disabilities. In groups of three or four, select a broad category and research the kinds of help available in your community for persons with this disability. What additional services would benefit this special population? Present your findings in class.

6. For the full bibliographic entry for each of the sources listed here, consult the References at the back of the book. For a state-of-the-art book on multicultural perspectives on supervision and training, practice, and research and on models of racial and ethnic identity development, see Ponterotto, Casas, Suzuki, and Alexander (1995). For a good overview of counseling strategies and issues for various ethnic and racial groups, consult Atkinson (2004). Pedersen (2000) deals extensively with the topic of developing multicultural awareness, knowledge, and skills. For a discussion of unintentional racism in counseling, see Ridley (2005). Sue, Ivey, and Pedersen (1996) deal in a comprehensive manner with multicultural counseling from the perspectives of theory, practice, and research. See Lee (2006c) for a useful treatment of multicultural issues in counseling. Sue and Sue (2008) have written a comprehensive text on helping diverse client populations. For a framework for developing cultural competency in the areas of cultural awareness, knowledge acquisition, and skill development, see Lum (2007); and for a useful treatment of culturally diverse social work practice, see Lum (2004).

Ethics in Action CD-ROM Exercises

7. Review role-play segment 12 in Part Three on the CD-ROM. How would you respond if your client presented you with a gift and told you that in his culture this was a way to express appreciation? How might the cultural context make a difference in deciding to accept or not accept a gift?

8. Put yourself into role-play segment 3, Culture Clash, in Part Two on the CD-ROM. You are the counselor, and your client directly questions you about your background, wondering if you are able to understand her life experience and thus help her. When you consider the range of differences between you and a given client, what specific differences concern you the most? Role-play a situation where a clash between you and a client might develop (such as a difference in age, race, sexual orientation, or culture).

9. Refer to the CD-ROM section entitled "Becoming an Effective Multicultural Practitioner," which is found in Part Two immediately following role-play segment 3. Complete the self-examination of multicultural counseling competencies. Bring your answers to class and explore in small discussion groups what you need to learn to become competent as a counselor of clients whose cultural backgrounds differ from your own.