Jennifer A. Erickson Cornish ▪ Barry A. Schreier ▪ Lavita I. Nadkarni
Lynett Henderson Metzger ▪ Emil R. Rodolfa

HANDBOOK OF MULTICULTURAL COUNSELING COMPETENCIES

Contents

Subject Index

HANDBOOK OF MULTICULTURAL COUNSELING COMPETENCIES

Edited by
Jennifer A. Erickson Cornish
Barry A. Schreier
Lavita I. Nadkarni
Lynett Henderson Metzger
Emil R. Rodolfa

WILEY
JOHN WILEY & SONS, INC.

This book is printed on acid-free paper. ♾

Published by John Wiley & Sons, Inc., Hoboken, New Jersey.

Published simultaneously in Canada.

Library of Congress Cataloging-in-Publication Data:

Handbook of multicultural counseling competencies / edited by Jennifer A. Erickson Cornish... [et al.]; foreword by Derald Wing Sue.

p. cm.

ISBN 978-0-470-43746-9 (cloth); 978-0-470-60917-0 (ebook); 978-0-470-60919-4 (ebook); 978-0-470-60919-4 (ebook)

1. Cross-cultural counseling. 2. Multiculturalism. 3. Minorities–Counseling. I. Cornish, Jennifer A. Erickson.

BF636.7.C76H363 2010

158 0.308–dc22
2009042696

Foreword

In my 40 years of work in the field of psychology, I have never come across a better integrated and more groundbreaking text than *The Handbook of Multicultural Counseling Competencies* edited by Erickson Cornish, Schreier, Nadkarni, Henderson Metzger, and Rodolfa. Simply stated, it is an outstanding piece of work destined to make a major contribution to the field by (a) broadening our understanding of multicultural identities that go beyond race/ethnicity; (b) pointing out similarities and differences that distinguish many marginalized groups; (c) offering an integrated definition of multicultural counseling competencies that incorporates developmental levels; (d) presenting "best practices" guidelines in each chapter; (e) providing readers with case vignettes to illustrate real-life situations; and (f) presenting numerous helpful exercises that allow/force readers to explore their values, biases, and assumptions about human behavior (an important cultural competency foundation). What is impressive about this book is how the editors and contributors have so smoothly combined these strengths into each chapter so that it reads with clarity, insight, and lived experience. Each chapter comes to life, is filled with nuggets of insights and truths, and provides readers with valuable suggestions for working with these populations.

Although there are now numerous published works on cultural competency, this handbook does not stick to the narrow confines of a limited population, but is philosophically grounded in the assumption that multiculturalism encompasses an umbrella that includes multiple dimensions such as age, race, ethnicity, gender, immigration, linguistic background, social class, sexual orientation, size, religion, gender identities, and multiracial

identities. Reading the chapters carefully leads readers to conclude that while differences between the groups are important and oftentimes unique, sociopolitical shared similarities for many marginalized groups exist.

Sizeism, for example, is an unrecognized prejudice directed toward “overweight” and “obese” people filled with stigma and possessing damaging consequences to targets. The authors of this chapter (Abakoui & Simmons) make a strong case that they prefer the term *fat* as an objective statement of size and as an attempt to destigmatize the word. When one views all groups in this chapter, it is clear they share similar dynamics and processes related to stigma, prejudice, discrimination, and the detrimental consequences of marginalization. For that reason, Chapter 15, “Developing Competency with White Identity and Privilege” (Dressel, Kerr, & Steven), has special significance to each chapter as it speaks to how helping professionals need to recognize the power differentials in their relationships with marginalized groups, how traditional systems of counseling/psychotherapy may become forms of cultural oppression, and the need to work with marginalized client populations in culturally competent ways that may challenge traditional forms of helping/healing.

The editors of the *Handbook* have attracted a talented pool of contributors, major scholars and practitioners who are experts in their fields. They write with passion, commitment, and expertise that is immediately obvious to readers. To them, multicultural counseling competence is more than an intellectual exercise, and requires helping professionals to develop not only the knowledge base of counseling and the information related to a particular population they hope to understand, but also the attitudes, awareness, and skills needed to function in an increasingly pluralistic society. Nearly all authors emphasize the need to go beyond a cognitive understanding of groups, to exploring

their own assumptions about human behavior, biases, and emotions related to the groups they hope to help. To me, this is especially important as increasing research now reveals that cultural competence may increase with training, but that unconscious biases and “nested negative” feelings toward certain marginalized groups remain unchanged unless training programs directly confront them.

Little doubt exists in my mind that *The Handbook of Multicultural Counseling Competencies* will become a standard and perhaps a classic in the field. It is destined to become a part of the knowledge base of counseling competence, and should be used as a major text in multicultural counseling courses and other social science disciplines. It brings together recent advances in the fields of cultural competence and multicultural populations, and is extremely relevant not only to the helping professionals but to general fields in the social sciences. Few texts on multicultural counseling present cutting-edge information in such a scholarly manner, translate cultural perspectives and methodologies in ways that have meaning to scholars and practitioners, and do such a fine job in involving readers in the real-life experiences of the populations addressed in this text.

I commend the editors and authors for producing this much-needed and valuable piece of work. You have done a great service to the profession.

—Derald Wing Sue, PhD
Professor of Psychology and Education
Teachers College, Columbia University

Acknowledgments

The editors would like to express our sincere gratitude to Derald Wing Sue for writing the Foreword to this volume. We could have no higher aspiration for our work than that it live up to his gracious expectations. We also want to offer our appreciation to the authors for their thoughtful contributions, to Bethany Kasdon for the countless hours she spent reviewing the chapters from a student's perspective, and to Marquita Flemming, our editor at Wiley, for her endless patience and support. Finally, the Association of Counseling Center Training Agencies (ACCTA) deserves particular thanks for multicultural leadership and for growing this book: For this reason, all royalties from the sales of the Handbook will go to support ACCTA's leadership in training psychology's newest professionals in multiculturally competent practice.

In addition, we want to thank our partners, friends, and families for their personal support to each of us: Tom Birkenholz; the Erickson Cornish family; the Henderson and Metzger families, respectively and collectively (with special thanks to Linda, Steve, Galen, and Landon, Luke, Ashley, and Elizabeth); the sugarloafers; and Maya and Michael Wilson.

Chapter 1

An Overview of Multicultural Counseling Competencies

Lynett L. Henderson Metzger, Lavita I. Nadkarni, and Jennifer A. Erickson Cornish

Introduction

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

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

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

Multiculturalism in Practice: Much Progress, Much to Be Done

If, as the saying goes, the journey of 1,000 miles begins with a single step, then surely the climb toward a richer definition of multicultural competence rests on the innumerable handholds placed by those with the vision, courage, and eloquence to define a paradigm—and shatter it. The seminal works of Cross, Parham, and Helms (see, e.g., Cross, Parham, & Helms, 1991; Helms, 1990), McIntosh (2008), D. W. Sue and D. Sue (1990, 2008), and so many others form the scaffolding upon which modern American multicultural discourse is built. Early (and continuing) efforts to operationalize White and non-White identity development, understand privilege and combat oppression,[1] and create a shared knowledge base and minimal expectations of multicultural competencies (see, e.g., American Psychological Association [APA], 2003) provide a critical starting point for understanding what it means to be an effective and ethical practitioner in an increasingly diverse world.

Case Vignette 1.1

Mariana Prader, PhD, directs Progressive State College (PSC)'s clinical training program. The Provost has called for across-the-board budget cuts, and all program directors have been asked to submit proposals reducing expenditures by 10 percent. Dr. Prader knows next year's spreadsheet includes two big-ticket proposals from her program. One is the installation of an elevator system connecting the parking garage to the PSC Mental Health Clinic waiting area. Currently, an uncovered ramp winds from a service entrance on the far side of the building to a hallway several doors down from the waiting room entrance. The ramp is steep, ices over in winter, and (Dr. Prader thinks to herself) is a lawsuit waiting to happen. However, as no client in a wheelchair has ever utilized the Clinic, she reasons there must not be much need for disability services in the PSC community. The second item is a 5-day

“SafeZone” training colloquium for all PSC personnel. Dr. Prader believes the training would be helpful in educating faculty and staff about issues facing gay, lesbian, and bisexual students, especially in light of some homophobic graffiti found on campus recently. Although she *personally* values diversity, Dr. Prader is aware that several faculty members have been very vocal in their opposition to the proposed colloquium; politically, the best thing for all concerned might be if the idea died a regrettable—but unavoidable—death from *acute budgetitis*.

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

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

But what constitutes “effective” and “ethical” may evolve over time and with developmental level. Consider the

examples discussed in Case Vignette 1.1.[2]

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

Nor are racial, ethnic, and cultural themes the only overlooked aspects of diversity. By way of example, a cursory search for the term *racism* appearing in publication titles over the last 20 years yields 58 results; once *racism* is excluded, the terms *ageism*, *sexism*, *ableism*, *sizeism*, and *transphobia* appear in only 19 journal titles *combined* over the same period of time, with sexism accounting for all but one of these.[3] In decrying the 96 percent failure rate in summary judgment on employment discrimination suits based on multiple claims (cases in which the plaintiff argues that she was discriminated against based on, e.g., her age, gender, *and* religious affiliation), Kotkin (2009) questions

whether “the realities of today's workplace” suggest that “diversity is tolerated or may even be valued up to a point,” but that “too much difference” leads to “disparate treatment” (p. 3). When the provision of psychotherapy services itself risks becoming inherently “disparate” due to a lack of clinical expertise in the core issues that impact hundreds of millions of people (or, if considered in the aggregate, every human being), the time has come for a reconsideration of what the field means by basic “cultural competence.”

Practitioners and researchers alike recognize gaps in therapists' awareness and experience in effectively meeting the needs of clients whose multicultural identities fall outside of the syllabi of most three-credit graduate “diversity” courses. Recent articles question the competency of counseling training program graduates to offer services to differently abled clients (Cornish et al., 2008; Smart & Smart, 2006) and argue that even among those with positive attitudes toward diversity in general, college “faculty members may not consider disability as an aspect of diversity” (Barnard, Stevens, Oginga Siwatu, & Lan, 2008, p. 173). Similarly, Bartoli (2007) argues that training in the areas of religion and spirituality “continues to be scarce and inadequate,” suggesting that “recent, and not so recent, graduates are left on their own to seek further training and develop relevant competencies,” a reality that renders it “dubious whether psychologists currently meet the needs of religious and spiritual clients adequately” (p. 54). In promulgating its “Guidelines for Psychological Practice with Girls and Women,” the American Psychological Association (APA, 2007) acknowledged that “many psychologists and members of the general public may believe that women's issues in psychology were dealt with and resolved in the 1970s and 1980s” (p. 949), while the needs of female clients in today's changing social and

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

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

Without an adequate foundation upon which to build functional competencies, professionals working with the individuals and groups described in the following chapters may, too often, find themselves participating in this very lack of awareness of how best to serve the needs of those different from themselves.

What This Book Is

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

What This Book Is Not

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

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

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

Competency in Practice

Competency "is generally understood to mean that a professional is qualified, capable, and able to understand and do things in an appropriate and effective manner" (Rodolfa et al., 2005, p. 348), while professional competency is the "habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions,

values, and reflection in daily practice for the benefit of the individual and community being served" (Epstein & Hundert, 2002, p. 277). Competencies are "complex and dynamically interactive clusters" that include "knowledge. . .skills. . .attitudes, beliefs, and values" and other important characteristics (Rubin et al., 2007, p. 453). Competency ensures that "a professional is capable (i.e., has the knowledge, skills, and values) to practice the profession safely and effectively" (Rodolfa et al., 2005, p. 349).

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