Culture and the Therapeutic Process

A Guide for Mental Health Professionals

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An Introduction to the Practical Incorporation of Culture into Practice

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This book largely grew from our own frustration with parts of the literature suggesting that some cultural variable "should be considered" or that therapists "should be aware of" a cultural factor in order to engage in some culturally sensitive intervention—but clinical strategies or application guidelines were often noticeably absent. In most cases, these comments were never followed with specifics of how culture should be considered or developed, leaving the reader wondering how to practically include culture in counseling. This book was envisioned to include authors who could discuss practical ways of including culture throughout the counseling process, instead of relying on individuals to just "consider cultural issues." Thus, the goal of this book is to provide readers with a "start-to-finish" approach to implementing culture into each major component of the therapeutic process. This book is structured such that each chapter equates to a particular stage of therapy, beginning with self-awareness and knowledge, and ending with the inclusion of culture when terminating treatment. It is intended to focus on the individual (therapist and client), rather than agency or community levels of cultural competence. In the following, we set the stage for the rest of the book by providing a brief introduction of: (a) defining levels of culture,

(b) cultural salience, (c) the multicultural movement, and (d) the history of multicultural competencies.

Defining Levels of Culture

When the contributing authors were contacted about the applied intent of this book they were given significant leeway regarding cultural factors. In fact, they were explicitly informed that they should not consider only racial or ethnic issues, but a wide range of cultural factors such as sexual orientation, abilities, spiritual and religious issues, gender, and age influences. Because the term *culture* has often been equated with race and ethnicity and has received so many differing definitions, we like the term *diversity*, which supposedly includes the areas previously listed plus many others.

There are almost as many definitions of culture as there are culturalists. Still, it has been suggested that culture can be conceptualized as existing on five levels: (a) anthropological, (b) national, (c) group, (d) within-group, and (e) individual. Because this book is not intended to supplant more detailed texts regarding the nuances of cultural influences on a variety of counseling and psychological outcomes, we will briefly address these five cultural levels. From an anthropological perspective, culture equals country. Epidemiological studies examining suicide rates in Mexico with those in the United States is one example. Another example is the comparison of international ethics codes to examine similar standards across cultural contexts. National definitions of culture are usually large studies that may examine the nuclear family dynamics and then make comparisons with other countries. A group comparison may include general African American and Latino American religious views as they relate to parenting behaviors. Within-group studies may include the level and type of religious behaviors and the ethnic identity level of participants as they relate to parenting behaviors. Finally, the individual level is often reserved for case studies, including the individual client sitting in front of the therapist.

Though all five levels have importance given the context, this book will focus primarily on group, within-group, and individual perspectives. Therapists should be local clinical scientists (Stricker, 2007), meaning that all possible variables are accounted for (as best as possible) during treatment. Further, therapists should continually evaluate their treatments given a client's multiple cultures to which she or he belongs. A client arrives to counseling sessions as a member of multiple cultures, such as possibly identifying closely

with both an African American identity and rural identify, for example. The same is true for the therapist, which is why it is important for therapists to be mindful of their own cultural heritages (and influences) and identities.

Part of the difficulty with including culture into treatment is determining the salience of cultural factors at particular points in time during counseling and creating a multicultural mindset with clients. It is hoped that readers will be assisted with both in this book. Determining salience means that therapists make a mental note that a particular behavior, attitude, or value may have important, unique cultural influences that may have to be addressed. For example, assessing the degree to which resistance at a specific point in treatment should not be considered general resistance, but actually cultural resistance, or the idea that the client does not feel comfortable talking with a particular therapist about that topic because of her ethnicity or that her particular cultural group espouses discussing the topic inside the family unit only. Another example may include diagnosing an individual without regard for cultural influences. Studies have shown that people of color are much more likely to get more "severe" diagnoses than European Americans, for example (see Leach & Carlton, 1997).

Determining Cultural Salience

Determining salience takes practice, experience, and time, but also a consistent motivation on behalf of the therapist to develop a multicultural mindset. Becoming multiculturally competent has gained a great deal of attention in the professional literature over the past two decades. Multicultural competence stems from possessing a multicultural mindset, meaning that the counseling (or educational, organizational, etc.) process is embedded within culture. Culturally competent therapists think contextually, always questioning whether the recent comment or behavior has cultural influences. For example, consider a 37-year-old Chinese American woman client who was sexually abused by a stepfather as a teenager and is guarded with a therapist when discussing the abuse. How much of this guard is related to general difficulty in discussing shame, anger, confusion, depression, and the myriad of other emotions found among many survivors? How much is related to cultural influences such as discussing shameful incidents in general? The answer will, in part, be based on the therapist's willingness to consider cultural influences, assessing for cultural influences, and altering treatment interventions to account for cultural influences. Multicultural competence is related to

cultural vigilance, including a willingness to consider one's own cultures and the cultures of others. It is not simply a general understanding of cultures, but a value system that says, "I will think of this client as a cultural being and consider both the commonalities among people and also the uniqueness that may be culturally inspired." Guidelines outlining multicultural competencies can offer general areas for consideration, but it will ultimately be up to the therapists and organizations to engage in the constant soul-searching needed to become competent.

Brief Overview of the Multicultural Movement

Over the years there has been an explosion of cultural-specific journals (e.g., *Asian Journal of Psychology*, *Journal of Black Psychology*, *Hispanic Journal of Behavioral Sciences*), and cultural-emphasis journals (e.g., *Journal of Multicultural Counseling and Development*, *Cultural Diversity and Mental Health*). On the whole, practically all journals now welcome manuscript submissions from authors who either include or focus on cultural issues related to their topic. Still, there remain only a small number of practical texts tackling cultural issues in counseling. Several factors likely contribute to the lack of applied works on culture, including: (a) the field of multiculturalism is relatively young; (b) when one talks about multiculturalism, one is really talking about virtues, acknowledged to be difficult to define and facilitate in therapists and students (Fowers & Davidov, 2006); and (c) it is difficult, if not impossible, for individual therapists, educators, and students to always identify specifics when considering cultural backgrounds of individual clients and students.

First, multiculturalism began after the social movements of the 1960s and early 1970s, though it has been only in the past 15 to 20 years that increased emphasis has been placed on diversity within training programs. As with any field and any change in worldview, progress is slow. Research including persons of color is not new, but research examining various aspects of culture as the foundation for studies is relatively new. Prior to the mid-1980s it was rare to read culturally focused research. Before this time, much of the research results considered diversity issues like race and ethnicity as an afterthought. Simplistically, many researchers would combine persons of color into a single category and include results essentially stating, "Oh by the way, differences were noted between Whites and non-Whites."

The field then began to develop by examining between-group differences, followed by increased research on within-group differences. The latter grew from explosions of identity theories and instruments. Racial, ethnic, sexual, religious, and ability identity models (among others) emerged, which allowed researchers and therapists to reconsider the influence of culture on individuals. Many of these models focused on development and included components of views of self, self-reference group, out-groups, and dominant society. We presently have a plethora of information that describe individuals and contribute to good counseling practices. However, this research information is often difficult to translate into practical, daily counseling information.

Second, Fowers and Davidov (2006) integrated Aristotelean virtue ethics into the multiculturalism movement. They indicated that multicultural values such as social justice, inclusion, and respect are central to the movement. However, they also suggested that for the field to truly attain multicultural status, the same values are often difficult for individuals to obtain. It requires personal transformations, true openness to other cultures, and character strengths. They spend a significant amount of time suggesting that transformation requires personal reflections, which can be difficult to personally accept. To move toward multicultural competence, individuals must be willing to examine their own cultural influences and their impact on current practices. Good reflection requires individuals to examine how culture impacts them and realize that their worldview is not shared by everyone. True reflection involves questioning your worldview, and cultural competence can only occur after reflection and acceptance occurs. More of this line of thinking will be discussed in Chapter 2 when considering self-awareness and knowledge.

Third, the field has had difficulty translating the vast multicultural knowledge available to practice. There are growing numbers of culturally specific interventions, but then caveats must always be included indicating that not all individuals of a group may respond to the particular intervention because of individual differences. These differences are the other side of the coin; specific interventions may not be obtainable because of the variability within groups. Many culture-specific interventions are founded on majority interventions but with other cultural considerations. There are certain qualities that we all share regardless of cultural background, but the percentages that are culture-specific warrant greater attention and research. It is the hope of the editors and contributors that we can begin to envision culture throughout the therapeutic process.

History of Multicultural Competencies

Over the past few decades, there has been increased emphasis on mental health professionals obtaining cultural competence to better serve their clients. Arredondo and Perez (2006) have succinctly outlined the history of the multicultural guidelines, beginning with the Civil Rights Act of 1964 and progressing to the implementation within various organizations and divisions within the American Psychological Association (APA), the American Counseling Association (ACA), and others. Arredondo and Perez noted the increase in the number of publications during the 1970s that "highlighted the ethnocentrism of psychology and began to focus in affirmative ways on the particular needs of ethnoracial minority groups" (p. 1). Few publications at the time focused on diversity, and, if examined at all, were typically relegated to a secondary analysis, something considered interesting for future researchers to consider. During this time the overwhelming number of journal articles would be decontextualized, meaning that culture was not included. Essentially, the results would be presented, and discussion sections may have included cultural (often racial) issues almost as an afterthought. It was not unusual to read statements to the effect of "… and there were differences on X measure between Blacks and Whites." There was no theoretical rationale as to why the differences may have occurred and no attempt to explain the differences. They were simply noted, if any mention occurred at all.

Arredondo and Perez (2006) also stated that Sue et al. (1982), at the behest of the then-president of Division 17 (Society of Counseling Psychology) of the APA, wrote a paper outlining 10 multicultural counseling competencies, the first paper of its kind and the one from which others took shape. A decade later the Association of Multicultural Counseling and Development (AMCD; a division of ACA) devised 31 multicultural counseling competencies (Sue, Arredondo, & McDavis, 1992). A few years later the competencies were expanded to include explanatory statements, and resulted in 34 competencies. The APA then approved a 6-point multicultural guidelines document that was published in 2003. The acknowledgments section of this document reads like a who's who of multiculturalists, though many others contributed to multicultural competence development throughout the years and organizations (another useful, yet succinct history can be found in Lum, 2003).

The APA (2003) also developed the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists*.

These guidelines were designed to offer therapists six guiding principles designed to influence psychological practices:

1. Psychologists are encouraged to recognize that … they may hold attitudes and beliefs [detrimental to working with] individuals who are ethnically and racially different from themselves.
2. Psychologists are encouraged to recognize the importance of multicultural [sensitivity, knowledge, and understanding] of ethnically and racially different individuals.
3. As educators, psychologists are encouraged to employ the constructs of multiculturalism and diversity in psychological education.
4. Culturally sensitive researchers … recognize the importance of conducting [cultural-centered and ethical] research among persons from ethnic, linguistic, and racial minority backgrounds.
5. Psychologists … apply culturally appropriate skills in [applied] practices.
6. Psychologists … use organizational change processes to support culturally informed organizational (policy) development and practices. Each of these principles incorporates general considerations that lead to culturally sensitive and appropriate practices. (pp. 382–392)

Continuing with the increase in cultural competency importance, Constantine and Sue (2005) published an edited text focusing on the application of the guidelines in a variety of settings. Recently, Hansen et al. (2006) identified 52 multicultural counseling competencies and surveyed 149 psychologists about these competencies. Disturbingly, most of these psychologists indicated that they viewed multicultural competence as important but the overwhelming majority of cultural competence items were not actually practiced. The authors pointed out that many competencies require active and intentional efforts outside the therapeutic session, and that passively waiting for cultural issues to arise is not sufficient nor significantly beneficial.

Miley, O'Melia, and DuBois (1998; as reported in Lum, 2003) indicated that cultural competence can be considered on three levels: practitioner, agency, and community. Briefly, at the practitioner level, increasing cultural competencies is considered to be a developmental process of acquiring *awareness* of one's own biases, prejudices, discriminations, and cultural heritage; *knowledge* of different cultural groups; and *skills* related to working with culturally diverse clients. Sue and Sue (1982) presented this tripartite model, and although there have been expanded, alternative models (e.g., Constantine & Ladany, 2001) and critiques of the model (e.g., Mollen, Ridley, & Hill, 2003;

Ridley, Baker, & Hill, 2001), the foundation for cultural competence generally includes these three factors. Thus, therapists are encouraged to consider their own cultural awareness, identities, privileges, and histories, and to continuously examine the impact of their cultures on clients.

At the agency level, culturally competent therapists promote diversity in program delivery, hiring practices, evaluation, and structures. The latter can include the openness to include culturally diverse interventions, interacting with the community, and focusing on client strengths. Other authors (e.g., Sue & Sue, 2007) have also discussed the need for organizational changes in community agencies, universities, and businesses. In essence, structural changes are more difficult than individual changes, but organizations at any level should strive to become more multiculturally inclusive and strive to provide a mental health system that is culturally competent. At the community level, competence is considered with respect to a promotion of cultural interactions and social justice, the latter of which has been increasing recently in a variety of fields (e.g., Toporek, Gerstein, Fouad, Roysircar, & Israel, 2006).

Research tends to indicate that cultural competencies can increase over time when focused on. That is, therapists must be intentional in their efforts to enhance this knowledge and skill set. Multiple empirical studies have shown that mental health professionals of color typically score higher than dominant group professionals on self-report cultural competency inventories (e.g., Holcomb-McCoy & Myers, 1999; Sodowsky, Kuo-Jackson, Richardson, & Corey, 1998), yet more outcome studies are still clearly needed.

Chapter-by-Chapter Overview

Each chapter in this book provides practical examples, techniques, and strategies to assist therapists in incorporating culture into each stage of treatment, from the beginning of treatment to the end of treatment. Many of the examples and strategies are practical, giving the reader new ways to consider the influence of culture in areas previously not thoroughly considered in the literature. We recognize that there may be some overlap among a few of the chapters but also realize that stages within the therapeutic process do not occur independently; thus, though minimal, some overlap is expected in order to offer context to the chapters.

In Chapter 2, Leach, Aten, Boyer, Strain, and Bradshaw begin by introducing readers to the need for increasing therapist self-awareness as a cultural being, and knowledge needed to create and maintain an effective therapeutic

relationship. Self-awareness and knowledge reflect respect for the culturally diverse client, and the authors present an overview of some of the common issues found in the competency triad literature. They present obstacles to developing cultural self-awareness, followed by multiple practical exercises and assessment methods designed to enhance self-awareness and knowledge.

Fontes incorporates a multitude of ways to conduct an intake interview in a culturally competent manner in Chapter 3. She walks the reader through each segment of the intake, offering examples and cultural considerations for therapists. Many practical questions and approaches are described and will assist any therapist hoping to include more cultural expertise into her or his intake procedures.

Paniagua, in Chapter 4, offers alternative means of assessing and diagnosing culturally diverse clients. He begins with a discussion of the impact of acculturation assessment and diagnosis, followed by the influence of racism and cultural identity on these counseling segments. Paniagua then moves to the selection of culturally appropriate tests including the mental status exam, discussion of culture-bound syndromes and cultural variations, and *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) cultural recommendations.

In Chapter 5, Constantine, Miville, Kindaichi, and Owens illustrate the importance of incorporating cultural issues into case conceptualizations, with the resultant implications for therapy. The authors address how personal biases can impede robust case conceptualizations and offer a case conceptualization highlighting the bias. Readers will also benefit from the taxonomy they present that includes cultural considerations based on the therapist's theoretical orientation.

Johnson and Sandhu present ways to develop treatment plans that embrace a variety of cultural contexts in Chapter 6. They present perspectives of different worldviews and their impact on therapist, client, and professional and theoretical biases. They offer specific skills related to treatment planning and follow with a multitude of specific questions to ask the client, and questions for the therapist to ask herself or himself. All of this is accomplished from an ongoing cultural assessment standpoint based on an explanatory model. Finally, the authors present a checklist for culturally congruent treatment planning and examples of culturally related treatments.

In Chapter 7, Roysircar and Gill highlight cultural issues that arise when establishing a positive therapeutic relationship. The authors focus on cultural encapsulation and decapsulation, using trainee process notes to highlight topics that can arise when developing the relationship. These narrative notes

are liberally included throughout the chapter and offer the reader insights into trainee thoughts, transitions, and transformations.

Treatment implementation and recommended approaches to working with clients of diverse sociocultural backgrounds are presented in Chapter 8. Utsey, Fischer, and Belvet begin by discussing how Western worldviews limit the therapeutic possibilities, and how personality development, mental illness, and healthy psychological functioning are influenced by culture. The authors review sociocultural models of therapy, followed by a case study, including brief transcripts of the therapeutic intervention.

Ridley and Shaw-Ridley present a three-stage model of termination within a cultural context in Chapter 9. Culture is often overlooked when considering termination issues and the authors present insight into important factors during their pretermination, active termination, and posttermination phases. They incorporate multiple brief cases from which to accentuate their points. They offer practical means to sustain treatment outcomes and offer readers vast culturally appropriate social support components.

In Chapter 10, Fukuyama and Phan present a case study that includes central cultural variables found in multicultural counseling and therapy. Issues such as acculturation, identity, vocational development, and family relationships are presented. Clinical themes and commentary are provided, as is a liberal use of transcripts of therapeutic sessions. The authors include their own reflections and tie together many of the areas presented in earlier sections of the text.

In Chapter 11, Vandiver and Duncan present best cultural practices in four areas: (a) help seeking, (b) assessment, (c) treatment, and (d) training and supervision. This is accomplished by providing a brief review of clinical research that informs counselors about practicing multicultural counseling and by offering ways that this research can be applied to practice. The authors use a combination of the literature and their own rich experiences to offer practical examples that mental health professionals will find very useful.

Conclusion

When discussions of cultural competence arise, the questions often center on pragmatics. For example, how does one become culturally competent specifically? How can therapists and students provide culturally competent interventions that increase the likelihood of success? Unfortunately, the majority of previous writings discuss issues surrounding culture and cultural

competence, but offering means to include culture in each segment of counseling is virtually unavailable. It is the purpose of this book to offer the reader a way of including culture throughout each stage of treatment. Further, an underlying purpose of this book is to help the reader determine where their areas for cultural growth lie, and to offer practical examples that mental health professionals can use to begin or continue their cultural journey.

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Developing Therapist Self-Awareness and Knowledge

Mark M. Leach, Jamie D. Aten, Michele C. Boyer, Jeffrey D. Strain, and Allison K. Bradshaw

The purpose of this chapter is to bring attention to the role of therapist self-awareness and knowledge to cross-cultural counseling. Emphasis is placed on means and strategies that facilitate cultural awareness. Our hope for the chapter is that the reader will begin to gain a deeper understanding into his or her own attitudes, worldview, and heritage.

Self-Awareness and Knowledge

When considering multicultural competence, therapists and trainees typically follow the awareness–knowledge–skills triad originally advanced over 25 years ago (Casas, Ponterotto, & Gutierrez, 1986; Pedersen, 1988; Sue, Arredondo, & McDavis, 1992; Sue et al., 1982). Though it can be used in a myriad of ways (e.g., individual, organizational), the fundamental components are easy to understand. It is incorporating them into practice where the difficulty lies.

Awareness is reserved for self-awareness, meaning that therapists should seek to understand their own cultural influences and what it means to be a cultural being. Interaction models (e.g., McIntosh, 2001; Pedersen, 1994; Smith, 2004) suggest that therapists examine their own: (a) worldviews, (b) privilege, (c) race, (d) defensiveness, (e) values, (f) power, and (g) sociopolitical issues (Roysircar, Gard, Hubbell, & Ortega, 2005). The rationale for self-examination is that multicultural therapists will evaluate the client through their personal lens, and alternate between the client's culture and their own culture (Arredondo & Arciniega, 2001; Daniel, Roysircar, Abeles, & Boyd, 2004).

Knowledge is reserved for knowledge of other cultural groups. The impossibility of being knowledgeable about all other cultures quickly becomes evident when one considers the possible combinations of cultures and cultural influences. However, there are ways to begin to learn about other cultural groups without becoming consumed by the myriad combinations of cultural variables. Though it is understood that therapists cannot know all other cultures completely, developing openness, respect, and empathy toward other cultures is obtainable. Knowledge is not equated with expertise, but rather represents a willingness and openness to learning about other cultures and how cultural factors may influence counseling and potentially interact with the lack of, or comfort with, one's self-awareness.

Skills constitutes the culturally appropriate interventions necessary to maintain a strong and productive therapeutic relationship, leading to positive therapeutic outcomes. Though the focus of this chapter rests on awareness and knowledge, readers will note that all three components are embedded throughout the rest of the chapters, and hopefully they will develop new sources of self-understanding, knowledge, and skills. The information will be interspersed with increasing knowledge and it is hoped that the reader will begin to understand his or her attitudes related to the information.

Importance of Understanding Cultural Heritage and Background

Therapists must become aware that they possess a cultural heritage regardless of ethnic background, comprised of multiple identities, which may influence work with clients (who also have multiple identities). Embedded within the first component is the idea that therapists should begin to understand other

worldviews to assist them with understanding their own worldviews. When therapists enter into a culturally different situation, they must engage in a "self-reflective orientation" (Roysircar, 2004) in which they become introspective to understand their own motivations, and cultural projections and transferences. Unfortunately, this self-reflection can be a difficult task for some. The old adage that "a fish doesn't know it's in water" comes to mind, as it takes getting out of a comfort zone to begin to understand personal values and attitudes. The fish is surrounded by water and does not consider anything outside the water, and it is only when the fish is pulled out of the water does it begin to understand its own culture. Likewise, therapists are surrounded by their cultures and many rarely consider how their cultures may influence their attitudes and behaviors.

One of the first introductions to the authors' multicultural courses was the statement, "Tell me what your culture is." It is difficult to answer, as we all possess multiple cultures (Pedersen, 1994), but the authors have found an interesting trend: students of color are more readily able to respond to the statement than majority students. A reason for this difficulty by majority students is that they are part of the dominant culture and, by definition, dominant cultures often dictate norms and subsume other cultures. Therefore, as part of a dominant norm culture it becomes difficult to self-reflect to determine how the norm influences the non-norm. Of course, readers who have taken courses in multicultural issues understand that much of the course is often, either directly or indirectly, related to cultural self-awareness.

Cultural self-awareness does not automatically lead to interpersonal cultural knowledge, but is an initial step into understanding culturally different clients. It is a continuous process and is not something that ends once the therapist and client have a good working relationship. Self-reflection should be continual regardless of the stage of therapy. Different beliefs arise in counseling and it is imperative that the therapist considers personal cultural influences as a possible explanation for such differences. If cultural differences do occur, it does not mean necessarily that counseling becomes prohibitive, but rather that it could be a factor influencing treatment.

Cultural self-awareness is also reflective of mutual respect for culturally diverse clients. In our courses, we frequently encounter students who equate respecting a client to agreeing with a client's cultural beliefs. This is not necessarily equivalent and more often than not very different. One can

still disagree with a client and have difficulty with a client's cultural beliefs, traditions, means of expressing oneself, or any of a myriad of other cultural issues. The emotional difficulty should not detract from the respect for a client. Nor should it obfuscate the similarities found between the therapist or client simply because the client is human, has anxieties, fears, joys, families, and friends, and needs assistance and expertise.

Much of the cultural literature assumes and discusses ethnic differences, such as a European American therapist treating a Latino American client. Certain cultural assumptions are made that the therapist must become aware of personal issues that may limit therapeutic effectiveness. What is also discussed, though much less so, is that all counseling is multicultural (Pedersen, 1994). Therefore, that same European American therapist seeing a European American client cannot assume that their cultural backgrounds are similar. Perhaps there are religious differences, or a degree of physical abilities, or sexual orientation differences, or perhaps no overt religious (or other) differences but differences in ideation.

Sue (2001) presented a multidimensional model of cultural competence that "allows for the systematic identification of cultural competence in a number of different areas" (p. 790). At the individual level, Sue provides an assumption of the model that none of us are motivated at birth to be biased or prejudiced. Instead, biases and prejudices are learned, and by definition, are something that can be unlearned (Ponterotto, Utsey, & Pedersen, 2006). Once these biases and prejudices are brought into conscious awareness most therapists will initially experience resistance. This form of personal resistance can also lead to resistance to cultural competence. However, the journey to breaking the barriers of resistance is possible, though the introspection involved is a challenging process for many. In a special issue of the *Journal of Counseling and Development* in 1999, multiple authors discussed their personal struggles to reducing their own biases and prejudices through self-awareness and analysis, often resulting in an emotional toll. Reducing biases may be only one of the goals of self-awareness. Another goal for therapists may be to understand how their cultural background has influenced their attitudes and values. By understanding one's background, even when devoid of prejudices in specific areas, it gives the therapist a more robust understanding of herself or himself, thus making one more mindful of cultural perspectives in counseling. However, as noted, attempting to understand the self is complex and difficult, and may present obstacles.

Obstacles to Developing Self-Awareness and Knowledge

Sue (2001) has outlined four obstacles that impede cultural awareness that can reduce the likelihood of cultural competence. First, most therapists view themselves as moral, respectful, and decent people. It is difficult to acknowledge biases because the results may be counter to therapists' self-identity. Through our training programs we have noted instances when therapists-in-training have difficulty identifying biases because "we're all therapists," which somehow implies that they are supposed to be bias-free. This attitude is compounded by early theoretical positions suggesting that value-free counseling was optimal. Therapist development theories (e.g., Stoltenberg, McNeill, & Delworth, 1998) would argue that the difficulty in identifying personal biases is consistent with early therapist development because therapists-in-training have not fully integrated their personal and professional identities.

A recent example includes the following from a student in the first author's microskills course, "I was raised Baptist and think that gay people are sinning, but I can work with them in counseling." Another example can be found in a recent statement by another student. When asked about her cultural background and how it may influence clients she reported, "I'm an army brat and have lived all over, so I can work with anyone." The implication is that experience alone allows one to be cognitively flexible and unbiased. Of course this is not the case and throughout the semester her anxiety level increased when counseling a culturally different client whom she initially assumed would cause her no value-based concerns. Through supervision into her own previously hidden values and biases did she realize that the bias was being transferred from one army base to the next.

Second, identifying and discussing social and personal biases in public is generally not acceptable. Outward discussion of bias can lead to challenges that may end with presenting the therapist in a different light than he or she wants to portray. Ideally, training programs would allow for public discussion of biases (which requires developing a safe environment with understood boundaries), but these discussions can still be risky, especially when working closely with colleagues for multiple years. For example, when the student mentioned that lesbian, gay, bisexual, and transgender (LGBT) individuals are committing a sin, another student in class took offense, as might be expected

and expressed her own opinion. Third, once some insight is gained, personal responsibility for one's past and present behaviors must be acknowledged. Additionally, this insight can lead to an understanding of how a therapist may have contributed to cultural problems rather than helped alleviate them.

Finally, the emotions surrounding this realization are often difficult to experience, and most individuals are unwilling to consider facing their emotional selves. It is much easier to acknowledge and become concerned with inequities on a social level, but to examine personal beliefs for inequities and personal responsibilities can become burdensome. Explained another way, Harrell (1995, as cited in Mio, Barker-Hackett, & Tumambing, 2006) discusses the "Five D's of Difference" to explain reactions individuals have when they feel different: (a) Distancing, (b) Denial, (c) Defensiveness, (d) Devaluing, and (e) Discovery. Readers will note some overlap among the D's though they are a useful way to conceptualize awareness obstacles. Everyone has felt different at points in their lives and our means of handling the dissension involved with "differentness" is often driven by these Five D's.

Reactions to Difference

Distancing means that if we avoid situations, physically, emotionally, and intellectually, we will not have to confront them. Related, if we distance ourselves from ourselves, then we can remain culturally encapsulated (Wrenn, 1962, 1985) and never push ourselves to a new level of cultural and personal awareness. Some trainers have had students or supervisees who indicate that they will work with some cultural group while in a training program, but will not when working in the community. Other than being a naive statement, it reflects the idea that distancing reinforces the stereotypes and individuals do not have to take responsibility for their own biases.

Denial means that one minimizes or ignores the differences between individuals. The issue of colorblindness is relevant here. *Colorblindness* is a term used for well-intended individuals attempting to look past race or ethnicity to the "universal" aspects of human behavior, but with unforeseen consequences. Frequently one hears comments such as, "I don't see you as (a member of a particular group) but as a person." The concern is that it negates the meaning associated with the particular minority group to which the person identifies. Essentially, the statement takes away part of the person's identity.

Often, a quick exercise in our multicultural courses highlights the concern. If the statement is simply rephrased as "I don't see you as a woman but

as an individual," it often leads to immediate insight (at least to the women in the audience) about the importance of being a woman as part of her identity. We have found that once we substitute gender for some previous cultural statements (for example, racial, ethnic, sexual orientation), then the identity denial of the initial statement often becomes obvious and increases understanding. Another concern with colorblindness is that social psychologists have determined that it does not lead to the desired outcome of unbiased treatment across groups (American Psychological Association [APA], 2003). The APA (2003) article highlighted some of the research literature indicating that taking a colorblind approach actually perpetuated stereotypes and social inequalities, and resulted in a less accurate view of others than incorporating a multicultural approach (see Brewer & Brown, 1998; Schofield, 1986; Wolsko, Park, Judd, & Wittenbrink, 2000).

Defensiveness is associated with protection. When therapists feel threatened culturally they may answer with what they believe to be justifiable responses. "I am not homonegative, my cousin is gay" is the type of response that can often be heard in the community, in counseling sessions, and within the supervisory relationship. "I'm not racist but …" may be another. White individuals making the latter statement may fall into the "conflictive racial attitude" category of the "White racial consciousness" model (LaFleur, Rowe, & Leach, 2002; Leach, Behrens, & LaFleur, 2002). In this model individuals holding this racial attitude are conflicted, often justifying positive attitudes to themselves and the community, but harboring less positive attitudes. From a psychodynamic perspective, individuals might deny through a variety of defense mechanisms such as sublimation, rationalization, and reaction formation. Working through the defenses through counseling, deeper personal reflection, or discussions with others is needed to overcome defensiveness.

Devaluing is represented when we diminish the worth of something or someone we find threatening. When therapists engage in devaluing, whether unintentionally or unconsciously, they become at risk for viewing others negatively. "*They* always act that way" may be a general statement mentioned to justify a manner of thinking while simultaneously belittling another group. Unfortunately, the they–us dichotomy diminishes introspection and understanding of relationships to the self.

The final *D* is Discovery, or dealing with the anxiety associated with confronting culturally different values, attitudes, behaviors, and individuals. Discovery creates the opportunity to grow and learn from new experiences, increasing the likelihood of further introspection and possibly better therapeutic outcomes.

Characteristics of Culturally Competent Therapists

To become culturally competent, therapists must be willing to increase their self-awareness. Through self-awareness therapists begin to understand how biases (or even lack thereof in some instances) influence the way they conduct counseling sessions, assess and diagnose, conceptualize cases, plan interventions, create a therapeutic alliance, implement treatments, and terminate with clients. Therapists approach clients with a collection of attitudes that influence perceptions of others, the same as would any other individual. These worldviews were created and modified through years of training and are so embedded that many therapists are typically unaware of them. Therapist awareness also helps clients, as it helps therapists to consider the client's culture and how it influences who they are and perhaps why they are seeking treatment. Cultural self-awareness can also create cultural empathy (Ridley & Lingle, 1996), contributing to more culturally sensitive treatment.

The awareness–knowledge–skills triad (Sue & Sue, 2007) suggests that all three are intertwined and necessary for good, culturally competent interventions. Unfortunately, one can read textbooks, attend workshops, and even present research and teach diversity issues without assessing how the information relates to the self. However, that individual would not be considered culturally competent. It is through learning the information, incorporating it, and relating it back to the self that becomes critical. For example, most introductory multicultural textbooks include a chapter on Native Americans (American Indians, First Nations), including historical wrongs imparted on them by European Americans. They often include historical events such as the Native American holocaust, governmental land grabs, and treaty breaks leading to discussions about majority member mistrust and other issues. White therapists, for example, will often state that they had nothing to do with these historical events, yet culturally aware therapists will understand how their current status and ethnicity may impact willingness to seek counseling and trust. Related, non-Native American therapists can reflect on their views on related topics like: (a) modern tribal rights, (b) gaming privileges and their relationship to the tax structure, (c) views of typical U.S. holidays such as July 4 and Thanksgiving, and (d) perhaps personal privilege. Responses may help highlight their understanding of historical issues.

Constantine, Melincoff, Barakett, Torino, and Warren (2004) conducted a qualitative study in which they examined the experiences of 12 cultural

scholars in 6 areas. They wanted to determine the traits of culturally competent individuals. Three of the most relevant areas for our purpose include aspects of multicultural counseling competence (e.g., personality characteristics, self-awareness, knowledge, skills), awareness of and interest in cultural issues, and multicultural counseling competence (e.g., exposure to other cultures, experiences with discrimination, cultural issues addressed at home).

Results indicated that culturally competent therapists had various personality traits such as open-mindedness, commitment to cultural competence, and actively listening to how their clients construed their world. They also found that culturally competent therapists understand the client's cultural context, including cultural history, and how that influences the client. The history includes not only the client's history but the history of the particular groups (e.g., racial, socioeconomic, religious) to which the individual belongs. For example, the first author received an education about the history of the Church of Jesus Christ of Latter Day Saints (LDS) while working as an intern in Utah many years ago. The history of violence against them and eventual exile due to a belief system has been handed down through the church history. To this day, the LDS church is often misunderstood and vilified. In multicultural courses and religion courses therapists-in-training often subtly discuss biases against faith traditions like the LDS church, potentially influencing their counseling work.

Many of the participants in the Constantine et al. (2004) study also indicated that self-awareness is an important component of cultural competence. Therapists should be aware of their own value systems, including their stereotypes and biases, and their own cultural history. An important piece of self-awareness and knowledge is understanding the components that make up one's identity (gender, ethnic). For example, an understanding of gender, racial, and ethnic identity models, and where individual therapists fall within those models, significantly contributes to attitudes toward out-groups. Additionally, understanding these models helps understand and normalize some client biases, which can be addressed in session. Theoretically, this discussion could lead to decreased premature termination. A previously suicidal African American client of the first author informed him that he would involuntarily commit her to the state hospital, though she was not currently in danger to herself. When asked the reason for her belief she stated, "Because I'm Black and you're White." This statement may have caused some therapists to be taken aback or try to defend themselves. However, given the client's Black racial identity status in which she distrusted practically all Whites, it helped the author to understand her perspective and simultaneously his

own perspective, leading to a fruitful therapeutic discussion and her eventual return for extended treatment.

Other areas discussed that may increase cultural competence, through awareness, are exposure to different cultures, identifying personal variables that are salient to the individual therapist, and noting personal experiences with discrimination. For example, salient variables that have impacted the lives of the first two authors include being male, European American, Protestant, and having grown up middle class. The privileges associated with these variables are incredible, and have been addressed in many other resources (e.g., Paniagua, 2005; Schlosser, 2003). Many Protestant therapists do not consider themselves as having privilege, until one talks with others who are Catholic in many parts of the country, LDS, Muslim, or Jewish. For example, readers interested in understanding their own Christian privilege could read Schlosser (2003). Reading his list of 28 Christian privileges allows Christian readers to become more self-aware of stressors they do not have to endure simply because of their religious faith.

Strategies for Increasing Therapist Self-Awareness and Knowledge

We now turn to specific strategies for increasing therapist self-awareness of culture. There are multiple ways to evaluate one's own culture, including values, attitudes, and general worldviews. As a professional or professional-in-training, most therapists have probably been involved with a multicultural course or engaged in continuing education credits that include cultural components geared toward knowledge. Likewise, most therapists will have likely received training, though perhaps to a lesser degree, on counseling skills for working with a culturally different client. Rarely are workshops designed to evaluate the self. Thus, the following offers several methods for facilitating therapist self-awareness and knowledge by highlighting cultural assessment strategies, interpersonal strategies, and training strategies.

Cultural Assessment Strategies

There are a number of instruments designed to assess multicultural competencies, including awareness, knowledge, and skills, and they are all self-report measures. Because of their self-report design they possess the usual concerns

of self-report instruments, namely, self-report bias. Examples of general instruments designed to measure awareness, knowledge, and skills include (a) Multicultural Awareness, Knowledge, Skills Survey (MAKSS-CE-R) (D'Andrea, Daniels, & Heck, 1991), (b) Multicultural Counseling Inventory (MCI) (Sodowsky, Taffe, Gutkin, & Wise, 1994), (c) Multicultural Counseling Knowledge and Awareness Scale (MCKAS) (Ponterotto, Gretchen, Utsey, Rieger, & Austin, 2002), and (d) Cross-Cultural Counseling Inventory-Revised (CCCI-R) (LaFromboise, Coleman, & Hernandez, 1991). Questions from these and other inventories usually attempt to tap general multicultural competency. Other instruments therapists can respond to, assess specific cultural areas such as tolerance and prejudice (e.g., Quick Discrimination Index) (Utsey & Ponterotto, 1999) or homosexuality (e.g., Attitudes Toward Lesbians and Gay Men) (Herek, 1984), and can also be completed and offer insights into previously underevaluated biases. Next, we turn our attention to two specific examples of cultural assessments, the Intercultural Development Inventory and cultural genogram.

Intercultural Development Inventory (IDI) IDI (Hammer & Bennett, 2001a, 2001b) is an assessment tool that we have found to be particularly useful in cultural awareness and cultural competence training. The measure is theoretically based and designed to provide information about an individual's cultural competency by providing an indication of one's sensitivity to, or awareness of, cultural differences. Bennett's (1986, 1993, 2004) Developmental Model of Intercultural Sensitivity (DMIS) provides the underlying theoretical structure for the IDI. Bennett proposes that as individuals' experiences of cultural difference become more complex, their potential for competence in intercultural relations increases. Intercultural competence is reflected in the ability to effectively generate perceptions, shift perspectives, and adapt behavior appropriate to varying cultural contexts.

The DMIS is developmental in nature and contains six stages, worldviews, or orientations toward difference (Denial of Differences, Defense against Difference, Minimization of Difference, Acceptance of Difference, Adaptation to Difference, and Integration of Difference). Each stage is associated with identifiable cognitions, emotions, and behaviors that build on or are in reaction to those that characterize the preceding stages or orientations. Bennett asserts that knowing the underlying cognitive orientation toward cultural difference provides information to (a) make predictions about attitudes and behaviors, and (b) design educational or experiential interventions to facilitate development toward greater cultural sensitivity and competence.

The IDI (Hammer & Bennett, 2001a), currently in its second revision, provides a reliable and valid measure of cultural awareness, or intercultural competence. It is culture-general in nature, which provides the potential for wide application in educational, business, interpersonal, and therapeutic settings where sensitivity to ethnic and nonethnic differences is important. IDI scores are not systematically affected by social desirability, age, education level, or gender (Hammer, Bennett, & Wiseman, 2003). The IDI is a 50-item self-assessment measure that can be taken in paper-and-pencil or electronic formats.

An IDI profile provides a visual bar graph representation of the test taker's Intercultural Sensitivity, Worldview Profile, and Developmental Issues. The "Intercultural Sensitivity" section of the profile plots overall Developmental Intercultural Sensitivity (on the ethnocentric–ethnorelative continuum) and overall Perceived Intercultural Sensitivity (how one sees oneself) across the theoretical dimensions of the DMIS and the actual scales of the IDI. The "Worldview Profile" and "Developmental Issues" sections of the profile indicate the degree to which (unresolved, in transition, resolved) the individual or group has dealt with the developmental tasks associated with the particular worldview being assessed by the various scales (denial/defense, reversal, minimization, acceptance/adaptation, encapsulated marginality). The IDI profile provides a snapshot of how an individual or group experiences difference. This information together with knowledge of the DMIS and the "Interpreting Your Intercultural Development Inventory (IDI) Profile" handout from the *IDI Manual* (Hammer & Bennett, 2001b) provide the foundation upon which a person or group can develop a personalized, developmentally appropriate educational plan to enhance sensitivity to cultural difference and cultural competency. The "Interpreting Your Intercultural Development Inventory (IDI) Profile" resource describes attitudes, beliefs, behaviors, strengths, and developmental tasks associated with each of the measured IDI worldviews that test takers can use to identify activities and opportunities to stimulate their intercultural awareness, given their current way of approaching cultural differences.

Cultural Genogram A genogram is a map or a chart of one's lineage, similar to a family tree (McGoldrick, Gerson, & Schellenberger, 1999). It uses symbols to denote a number of family members' personal characteristics, as well as overarching patterns within a family system. More specifically, a cultural genogram illustrates cultural aspects of family patterns and structures, such as family values, family member ethnicities, education achievement levels, or socioeconomic status (Hardy & Laszloffy, 1995). Spiritual histories and

intercultural marriages may also be depicted (Frame, 2004). In this way, a therapist-in-training is able to visually display and examine his or her own family's cultural patterns, as well as reflect upon the meanings of these patterns in his or her life.

Hardy and Laszloffy (1995) state that to begin a cultural genogram, therapists must first identify their culture(s) of origin or the central group(s) from which they have descended. Next, therapists should identify aspects of their cultures that have positive or negative connotations, such as high educational attainment (a pride issue) or low socioeconomic status (a shame issue). Using the information gathered, the therapist then creates symbols for pride/shame issues and selects colors for each culture represented on the genogram. Finally, a three-generation genogram is constructed, along with a key that reveals the meanings of the colors and symbols. The end goal of creating a cultural genogram is to examine one's culture(s) of origin and to learn from reflections based on this experience.

Cultural Interpersonal Interactions

Culturalists are the first to state that experiences with other cultures and/or interactions with individuals from other cultural groups can significantly increase awareness and knowledge, and, perhaps, skills. Attending local festivals, attending cultural events outside of one's comfort zone, and eating new foods are relatively easy ways to increase awareness and knowledge. Becoming more familiar with a different culture over time is more difficult yet yields tremendous benefits. For example, traveling to different regions of the country or perhaps international travel can be effective, even if for only a short time. However, anyone can travel if they have the time and money. The difficulty lies in becoming observers of culture and interacting with culture as opposed to merely being a tourist. Most people are tourists, but some are willing to evaluate their experiences and consider the cultural nuances instead of the obvious. Though there are too many nuances to list, when traveling some examples may include noticing speech patterns, emotional ranges, time orientations, connections and closeness, reactions to foreigners, family interactions, and level of contextualism. Critical incidents, cross-cultural interviews, and cultural immersion will now be highlighted as examples of cultural interpersonal interaction strategies.

Critical Incidents Cushner and Brislin (1996) were one of the first to include critical incidents as a means for practitioners, and those in training, to become

more culturally aware and knowledgeable. Critical incidents have been used in training formats for decades and began as culture assimilators (Fiedler, Mitchell, & Triandis, 1971), sometimes called the "cultural sensitizer." They are brief scenarios, usually one to three paragraphs, in which the reader is asked to respond to a dilemma based on cultural differences. They typically include some miscommunication or problematic interactions among differing cultural group members, and the reader must choose from multiple options (usually four) to determine the culturally appropriate outcome. They were initially designed for those preparing to live in another culture (usually country) and for those encountering another nondominant group in their own country. The incidents were designed to increase knowledge of other cultures, though they would also influence cultural self-awareness. Discussions of the correct response would occur, including expectations, norms, values, and beliefs of both the new culture and the individual's culture. Critical incidents could easily be included in courses or with individual therapists. A related alternative includes multicultural and cross-cultural dialogues, such as those found in Storti (1994). These dialogues are very brief conversational interactions in which the reader is instructed to determine where the understanding breakdown occurred. Group discussions can occur prior to reading the correct responses, which are included in these books.

Cross-Cultural Interviews The cross-cultural interview is another way for therapists to continue their self-reflection by beginning to familiarize themselves with a new worldview. According to Hammer and Bennett (1998), seeking cultural difference and learning to shift perspectives, both cognitively and behaviorally, characterizes the ethnorelative point of view that is necessary for a therapist-in-training to be effective when working with culturally different clients. In other words, participating in this exercise should aid in the discovery of differences and similarities between oneself and others (Fuller, 2005).

Cross-cultural interviews are similar to informational interviews that are commonly used in career counseling. According to Reed (1984), the purpose of an informational interview is to "learn about the realities of the job from the persons involved in that career" (p. 174). In the same way, a cross-cultural interview, for the purposes of this chapter, gives therapists-in-training a way to learn about a new and different culture from a person who actually belongs to that cultural group. Just as an informational interview is conducted with a person whose job an interviewer would like to know about, a cross-cultural interview should be conducted with a person whose culture

the interviewer would like to understand better. Thus, it is important for the interviewer to choose someone for this exercise who appears very different from him or her. For example, a 24-year-old Caucasian female therapist-in-training may seek to interview a 55-year-old Hispanic female immigrant to learn how the woman's cultural background is different from and similar to her own.

Although a cross-cultural interview may be completely unstructured, Berg-Cross and Chinen (1995) present the Person-in-Culture Interview (PICI) that may be used for just such a purpose. (The PICI can be used in an intake with a client, but may also be used simply for the purpose of multicultural learning.) The goal of a therapist who uses the PICI is to gather information about a person's broad cultural values as well as his or her individual and personal values. It consists of 25 open questions that are based on Psychodynamic, Humanistic, Systems, and Existential factors and, therefore, covers a variety of topics. Sample questions that could be used in a cross-cultural interview from the PICI include "What are the most enjoyable activities in your life?" and "What kinds of things make you angry?"

Cultural Immersion Yet another way of seeking difference and becoming more familiar with diversity is engaging in a cultural immersion experience. This experience can be used to build off the cross-cultural interview or may become completely separate and unrelated. For the purposes of this exercise, the immersion experience should be individualized, emotionally grounded, well planned, and include self-reflective activities. Thus, according to Wilson (2001), a vacation to a different country with a travel group will not likely fit the criteria for an immersion that will foster cultural competence. Wilson further stipulates that participants in an immersion should enter the experience as a learner, not a helper. So, for example, people engaging in missionary work will not likely be in a true immersion situation as the goal of missionary work is usually to change the existing culture and not simply experience it as it is.

This being said, an immersion may include any number of activities, so long as the time spent immersed is within a culture that is very different from one's own and fits the previously mentioned criteria. Thus, the immersion experience could occur in a different country but could also easily take place within one's own town. For instance, a therapist-in-training may choose to attend a church or worship service that is unfamiliar, engage in a cross-cultural meal with a culturally different family, or participate in a specific festival or ceremony. In any of these experiences, opportunities for learning

and challenges will be presented that will lend themselves to later reflection. For instance, Wood and Atkins (2006) describe working through language barriers, using different communication styles, and working with unfamiliar resources as being just a few of these possible challenges.

Cultural Training Strategies

Trainers have sought to provide learning experiences that can help therapists develop the skills and techniques necessary for effective cross-cultural counseling. In addition to the acquisition of specific skill sets, many trainers have also sought to influence therapists' professional identity by emphasizing multiculturalism. Numerous training approaches have evolved with the intent of enhancing therapist cultural self-awareness and knowledge. We will now highlight exercises, personal assignments, portfolios, progress notes, a triad training model, and multiculturally infused supervision as examples of cultural training strategies.

Exercises There are numerous books that provide recommendations for providing insight into our and other cultures. However, most do not offer practical, structured exercises. Notable exceptions include Pedersen's (2004) *110 Experiences for Multicultural Learning*, which provides a section on self-awareness with over 30 exercises, and Hetherington's (1995) *Celebrating Diversity: Working with Groups in the Workplace*. Pedersen, Draguns, Lonner, and Trimble also provide a student workbook with self-awareness exercises that accompany the 1989 third edition of their text, *Counseling Across Cultures* (as cited in Pedersen & Hernandez, 1993). Finally, exercises are included in Pedersen's (1988) *A Handbook for Developing Multicultural Awareness*. Although there are other texts that include structured exercises, these have been used extensively and offer good insights.

Personal Assignments One of the more difficult assignments in the authors' graduate-level multicultural course is for students to "discuss how their cultural history may and/or currently impacts their clinical treatment." It is essentially a self-awareness exercise because the students' first issue is to understand how their culture is actually comprised. Because of the difficulty in the assignment, we inform them on the first day of class that this assignment will count as their final exam. Thus, they can consider their cultural attitudes, history, and values as the semester includes topics such as racial identity, sociopolitical histories, sexual orientation, religious background, and acculturation.

During the semester, questions may arise that have direct influence on their self-awareness, such as the role of Islam in the United States, the genocide of American Indians, immigration issues, and rights of the disabled.

Portfolios Roysircar (2004) discusses a self-awareness assessment curriculum (C-SAA) that occurs over an academic semester and includes a variety of exercises designed to enhance self-awareness. For example, she includes the use of portfolios with trainees to examine cultural-awareness progress throughout an academic semester. Portfolios are individualized assessment tools where individuals can include materials from a variety of sources to show their best work. While Roysircar has students evaluate themselves based on recent APA guidelines (e.g., "Professional Practice Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients"; "Guidelines on the Multicultural Education and Training, Research, Practice, and Organizational Change for Psychologists"), practitioners can do the same. We find that these guidelines are important places to begin, yet guidelines are often worded generally. It is the intent of culturalists to help move students and practitioners beyond these generalizations. For example, guidelines will often begin sentences with, "Culturally skilled therapists should be aware of (or have an understanding of …)." Unfortunately, cultural defenses often assist us in convincing ourselves that we have an awareness or understanding of a particular cultural issue when in reality it is limited or actually potentially nontherapeutic. As mentioned earlier, self-awareness is a constant exercise in which good, culturally aware therapists are continually examining their own cultural reactions both inside and outside the treatment room.

Progress Notes Another exercise that Roysircar (2004) (Roysircar et al., 2005) recommends is weekly progress notes in which her trainees describe their attitudes and beliefs surrounding clients from other cultural groups. Though not necessarily combined, she also mentions that case conceptualization papers can include client cultural issues such as cultural histories, spiritual influences, sexual orientation influences, and the role of socioeconomic status.

Triad Training Model Pedersen's triad training model (1994, 2000; Irvin & Pedersen, 1995) is designed to make cultural conversations concrete rather than have them maintained in the abstract. In this training model (let's assume one therapist is sitting with one client), two other individuals are in the room with the therapist–client dyad, one representing the pro-therapist and one representing the anti-therapist, both of the same ethnicity as the

client. The four goals of the training model are to: (1) express the problem from the client's cultural perspective, (2) recognize specific instances of resistances that may be culturally bound, (3) reduce the therapist's defensiveness, and (4) practice recovery skills when the therapist has trouble.

As the mock counseling session begins, the pro-therapist and anti-therapist begin to add comments as if they represent the thoughts of the client. For example, the pro-therapist may state, "I think he really meant to say this …," whereas the anti-therapist might say, "He really has no idea where you are coming from." Therapists must then respond to the changing counseling session and develop skills that help them recover from mistakes made, eventually becoming more comfortable with difficult culturally diverse situations. After the mock session, discussions of the process, including gaining a cultural understanding of the client's concerns, recognizing specific instances of resistances and culturally protective defensiveness, and recovery skills, lead to therapist awareness and knowledge that can lessen the anxiety and increase counseling effectiveness.

Multiculturally Infused Supervision The cross- and multicultural literature related to counseling and supervision is replete with examples of the sweeping effects multiculturalism and the pursuit of cultural competence have had on the ways therapists and mental health professionals are trained (D'Andrea, 2005; Locke & Faubert, 2003). To aid in the development of multiculturally infused supervision, Robinson, Bradley, and Hendricks (2000) developed a four-step model of training. The four steps are (1) developing cultural awareness of the counseling supervisor, (2) exploring the cultural dynamics of the counseling supervisory relationship, (3) examining the cultural assumptions of traditional counseling theories, and (4) integrating multicultural issues into existing models of supervision. Because the focus of this chapter is on building one's cultural awareness, we will focus on those steps (i.e., 2, 3, 4) over which the supervisee has direct control.

First, cultural dynamics of the counseling supervisory relationship should be explored. The process by which supervisors are matched with supervisees often depends on the structure of one's training program. In spite of the procedures one's program uses for matching supervisors with supervisees, cultural differences between supervisor and supervisee will certainly emerge. We recommend that cultural dynamics be discussed and appropriately processed throughout supervision. Recognizing that it can be difficult for supervisees, especially new ones, to initiate discussion about potentially sensitive topics (e.g., race, ethnicity, sexuality, religion), we have included some suggestions to help the supervisee begin what will hopefully be an ongoing dialogue.

1. Using self-disclosure or discussing aspects of one's cross-cultural identity could positively affect the supervisory relationship, as it is likely to increase trust and intimacy. Self-disclosing aspects of diversity may also prompt one's supervisor to reciprocate. For example, coming out in supervision as a gay man may prompt the supervisor to disclose her or his sexual orientation. This could lead to a rich discussion about how one's sexual orientation affects both the supervisory and therapeutic relationships. One should be aware, however, that this suggestion does not mean that all supervisors are willing to disclose personal information. Several supervisors, for personal, theoretical, or institutional reasons, avoid self-disclosure. In these instances, it is best to respect the supervisor's boundaries while continuing to push oneself to increase cultural awareness.
2. Sometimes, when working with a supervisor who does not create a space in supervision to discuss cross- and multicultural dynamics, one should consider consulting with peers and other clinicians to raise their self-awareness. In doing so, we should seek out peers or colleagues who share a commitment to being culturally competent clinicians, and with whom we have developed a trusting relationship. These meetings, whether incident specific and sporadic, or permanent and ongoing, should be focused on how one's cultural identity affects their ability to effectively provide mental health services to their clients. To that end, example topics that may be discussed are: (a) personal biases and cultural limitations, (b) expectations of clients whose cultural identity appears to be similar, (c) expectations of clients whose cultural identity appears to be different, (d) where to go to learn about different aspects of diversity and culture, and (e) how to approach and discuss topics related to culture with one's clients.
3. The third suggestion is self-reflection. To get an accurate sense of one's values and beliefs about diversity and culture, we suggest keeping a record or journal of one's thoughts and feelings. This is designed to be a deeply personal memoir, in which one writes their fears and misperceptions regarding cross- and multicultural concepts. Please know that everyone has personal biases and limitations, and that it can be scary to write them down. Nevertheless, until one becomes aware of these shortcomings, it is difficult, if not impossible, to achieve an elevated level of self-awareness.

Second, the cultural assumptions of traditional counseling theories also need to be examined. There are numerous methods used to teach students to

use existent counseling theories. In most instances, cross- and multicultural limitations receive only minimal attention or are ignored entirely. According to Robinson et al. (2000), each theory should be carefully examined, as they are all based on a set of beliefs or assumptions that may not accurately reflect the values of cross- and multicultural competent therapists. Consequently, it is important to discuss the limitations or shortcomings of selected theories with one's clinical supervisor. For example, if a supervisee were learning to use multigenerational family therapy, the supervisee would need to be aware of the patriarchal values upon which the theory is based. A multiculturally competent therapist would be mindful not to perpetuate Bowen's early belief that mothers/women should assume a weak and passive parenting role (Luepnitz, 2002).

Third, multicultural issues should be integrated into existing models of counseling supervision. Similar to the point made by Robinson et al. (2000) in the previous paragraph, not all models of supervision were designed to address the multitude of multicultural issues that exist in therapeutic practice or that emerge over the course of clinical supervision. As a result, supervisees are responsible for pushing themselves by asking about multicultural topics that are novel or foreign to them—supervisees should regularly ask their supervisor about cross- or multiculturally related therapeutic issues.

Conclusion

Understanding one's own cultural background is an imperative first step to understanding and empathizing with people from other cultures. According to Fuller (2005), identifying the pieces of one's own cultural background allows therapists to become more effective when working with those who are culturally different in therapeutic relationships. Thus, it is our hope that the strategies described here will be used to help increase therapists' self-awareness and knowledge of their own culture, and, ultimately, that of their clients.

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