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**Client Perspectives of Multicultural
Counseling Competence:
A Qualitative Examination**

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Multicultural competence is a burgeoning area of research in counseling psychology. However, there has been little focus on understanding multicultural competence from the perspective of clients. This study used qualitative interviews and grounded theory to develop a model of clients' perspectives of multicultural counseling. The resulting model suggested that clients' experiences of multicultural counseling were contingent on their self-identified needs and on how well they felt the counselor met these needs. Moreover, clients appeared to actively manage and moderate the extent to which culture was broached in counseling based on a host of conditions including counseling relationship, salience of identity, counselor behavior, and expectations of counseling, to name a few. Implications for future research and practice are discussed.

Due to the growing diversity among the communities counselors serve, cultural competency has become an important part of effective service delivery (Arredondo, 1988; Ponterotto, Alexander, & Grieger, 1995; Pope-Davis, Reynolds, Dings, & Nielson, 1995). By emphasizing the need for effective service (D. R. Atkinson, 1985, 1987) and restructuring teaching, training, and research (S. Sue, 1999; Vazquez, 1993) to better reflect the growing diversity, multiculturalism has challenged many of the basic tenets of counseling. Today, many would argue that a competent counselor must be multiculturally competent to function effectively.

The need to develop proficient and effective counselors has resulted in a focus on the development of a counselor's cultural competence (Ottavi, Pope-Davis, & Dings, 1994; Ponterotto et al., 1995; Pope-Davis et al., 1995; Sue, Ivey, & Pedersen, 1996). The underlying assumption has been that if a counselor is culturally competent, the counselor will be able to provide the most effective service through the establishment of rapport, appropriate interventions, and culturally appropriate treatment. Theoretically, cultural competency is assumed to contribute significantly to the therapy such that the client's needs are inherently met through these competencies (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001). Yet, the multicultural literature has not examined the client's experience with a "multiculturally competent" counselor (Pope-Davis et al., 2001).

This study is an investigation into clients' subjective experiences in cross-cultural dyads with counselors and is predicated on understanding how a client experiences, values, and integrates a counselor's culture competency in therapy. Until now, much of the focus on diversity and multiculturalism with clients has been on counselor preferences (e.g., D. R. Atkinson & Lowe, 1995; D. R. Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998; Gim, Atkinson, & Kim, 1991) and perceived outcomes in therapy (Nebeker & Lambert, 1995). Little attention has been paid to how the client experiences the counselor within a cross-cultural dyad. We believe that to comprehend the impact multicultural training has upon therapy, multicultural counseling research must understand how clients experience cultural competence in counseling. That is, for all the training that a counselor encounters to become "multiculturally competent," it is still unclear how the client makes meaning of the counselor's competency in therapy. But what does the current literature tell us about a client's experiences in a multiculturally competent context? A brief literature review and critique will help set the foundation for the current study.

Multicultural Competencies and Client Expectations

Multicultural competency research has focused primarily on the development of counselors. When D. W. Sue, Arredondo, and McDavis (1992) first proposed the domains of multicultural competencies, the purpose was to

delineate areas of understanding and professional development among culturally sensitive counselors. The belief was that unless counselors became culturally sensitive and competent to match the growing diversity within the population, psychology and counseling would become obsolete (Hall, 1997). Consequently, much of the multicultural competency research, especially the current research literature, has examined such issues as the role of social desirability (Constantine & Ladany, 2000; Worthington, Mobley, Franks, & Tan, 2000), case conceptualization ability (Constantine & Ladany, 2000), racial identity (Ottavi et al., 1994), multicultural training (Sodowsy, Kuo-Jackson, Richardson, & Corey, 1998), multicultural relationship conflicts (Coleman, 1997), multicultural education (Pope-Davis & Ottavi, 1994), and the validity of the multicultural competency measures (LaFromboise, Coleman, & Hernandez, 1991; Pope-Davis & Dings, 1994, 1995; Sodowsky, 1996; Worthington et al., 2000).

Although no published empirical studies could be found that examined therapy clients' experiences with a multiculturally competent counselor, Sodowsky et al. (1999) did study multicultural competencies and student-client reactions. The clients sampled were English-as-a-second-language middle school students, and the counselors were graduate students. Sodowsky et al., (1999) did find that ratings on the working alliance increased at the end of 10 sessions when clients were working with multiculturally competent counselors. The limitations with this study were that clients were not therapy clients, nontherapy settings were used (e.g., library, cafeteria, lunchroom), and measures used to rate client experiences were researcher derived and focused on what the researchers believed were important elements in the relationship (e.g., patience, sensitivity to client issues). Whereas results seem to show that multicultural competency and the relationship with the counselor became better over time, client experiences were still unclear. Thus, it was unclear how multicultural competencies affected the clients' presenting issues or what occurred within the session.

The closest we come to understanding a client's experience in a multicultural context comes from the client-matching literature. Matching is the process of asking clients who they would prefer to see if given a choice between culturally congruent (e.g., same race or gender) or incongruent (e.g., different race or gender) counselors. The assumption is that if clients are seen by a counselor who is similar to the client on one or more dimensions (e.g., race, gender, ethnicity), the client may feel more comfortable and willing to work in therapy than if the client were matched with a dissimilar counselor. Another assumption is that when clients are matched with similar counselors, the counselor will also understand the sociopolitical context of the individual. That is, a counselor who is African American may understand the life of another African American and be better able to deal with issues of racism

than a European American counselor (e.g., Watkins & Terrell, 1988). In general, the matching literature focuses on anticipated therapy outcomes asked of pseudoclients (e.g., nontherapy participants) in nontherapy or pseudotherapy contexts (Coleman, Wampold, & Casali, 1995). Much of the current matching literature has also focused on the gender, race, and ethnicity of the client and counselor in congruent (same race and/or gender dyad) or incongruent (different race and/or gender) relationships. The literature typically suggests that clients prefer counselors who are similar to them in values and worldview orientation (Coleman et al., 1995). Because this is an overview of the matching literature, for a more complete review of matching studies, readers should refer to D. R. Atkinson and Lowe (1995), Coleman et al. (1995), and Pope-Davis et al. (2001).

An example of the typical matching research is that of Abreu and Gabarain's (2000) study of Mexican Americans. The researchers sampled 90 Mexican American participants enrolled in Chicano culture courses. Student participants were shown photographs of a Mexican and a White counselor and asked to report preferences and fill out a survey packet that included questions on social desirability. Results revealed that before controlling for social desirability, the participants, regardless of acculturation, preferred the Mexican American counselor. After controlling for social desirability, preference for the Mexican American counselor was not evident except for those in low acculturation. Thus, client preferences for culturally similar counselors may be associated with what clients believe they need to do rather than what they want to do. Problematically, this study did not use participants who wanted counseling or had counseling experience to reflect upon. So, there are limits to generalizing these results to a clinical population.

Other studies in matching clients and counselors have found that Black and White clients preferred racially similar counselors (Harrison, 1975; Helms & Carter, 1991; Morten & Atkinson, 1983; Sattler, 1977), Mexican American clients preferred ethnically similar counselors (Lopez, Lopez, & Fong, 1991), Black adolescents preferred attitudinally similar counselors over racially similar counselors (Porche & Banikiotes, 1982), Asian Americans appreciated counselors who are culturally sensitive versus culturally blind (Gim et al., 1991), and that counselor credibility is linked to counselors' ability to meet client expectations (Hector & Fray, 1987). The matching literature therefore suggests that clients prefer to have counselors who are like them in values and worldview (Coleman et al., 1995), but in the absence of this guarantee, clients may select counselors on visible demographic criteria in the hopes of obtaining a counselor who shares some similar elements in worldview and values. In addition, clients may believe that a counselor famil-

iar with the racial and gender contexts of their lived experiences may also be able to incorporate factors such as acculturation level, problem etiology, and helping goals into the therapy relationship (D. R. Atkinson, Kim, & Caldwell, 1998).

Yet, even with all this evidence supporting matching, Flaskerud (1991) noted some concerns in matching research. For instance, there have been inconsistent samples and research methods. Populations used in matching studies have ranged from college students to psychotic and nonpsychotic patients and participants. She further noted that confounding variables are often not controlled for such as socioeconomic levels, within-group differences, education, diagnosis, or therapist orientation (Flaskerud, 1991). Finally, analogue studies used to obtain client experiences are not clinically situated and, therefore, results are difficult to generalize to clinical settings. With all these problems, she noted that consistent and conclusive findings that are generalizable over various settings are difficult to find.

Another issue in understanding clients' experiences with multicultural competencies in counseling is that the literature is limited in regard to the diversity of clients. The extant matching literature, for instance, mostly focuses on the gender, race, or ethnicity of the client and counselor (e.g., Solberg, Ritsma, Davis, Tata, & Jolly, 1994; D. W. Sue & Sue, 1999). Similarly, the multicultural competency literature also focuses on the gender, race, or ethnicity of the client and counselors (e.g., Worthington et al., 2000). Consequently, what is known about clients, preferences, and experiences in counseling revolves mainly around a limited number of client dimensions.

Thus, the current literature on multicultural competencies is truncated because the primary focus is on the counselor and focuses mostly on gender, race, and ethnicity. What we do know of client experiences comes primarily from matching literature, but little is really known about the client's experiences with a multiculturally competent counselor. Although Sodowsky et al. (1999) attempted to investigate some of the subjective experiences of clients with multiculturally competent counselors, this study has two important limitations. First, the clients used were not therapy-based clients. Second, the method of understanding client experiences was derived from the researchers. This second limitation is important to remember because it is not clear if clients understand a counselor's multicultural competency in the same way as the researchers. As a result, client responses that do not fit conventional theories may represent possible areas that need deeper exploration rather than be seen as inappropriate responses (Howe, 1996). Hence, a different approach to understanding client experiences in multicultural counseling is needed.

A Qualitative Approach

This study represents the first step of a research program to investigate the ways multicultural competency is operationalized in a counseling context. For the purpose of this study, we employed an inclusive definition of *multiculturalism* that extends beyond race and ethnicity to include nationality, social class, religion, gender, affectional orientation, age, disability, and more (Stone, 1997). The unique aspect of this study stems from the use of a qualitative methodology designed to discover and build a model rather than a quantitative methodology that would measure preexisting concepts. This methodology is also consistent with the recommendations of future research in multicultural counseling posited by Sue, Ivey, & Pedersen (1996).

This alternate approach came about from a number of discussions around the issue of cultural competencies that took place prior to the study. Although the competencies (e.g., knowledge, awareness, and skills) (D. W. Sue et al., 1992) may make sense to counselors, it was not clear if clients would be able to articulate their experience of the counselor within these domains. More specifically, the authors debated whether we would learn anything new about clients' experiences if the clients' responses were forced into the pre-established competency paradigm of knowledge, awareness, and skills (Pope-Davis et al., 2001). For instance, if a client were given an instrument that measured the counselor's multicultural competency, the client's responses would naturally only endorse or not endorse the domains of multicultural competency and, therefore, tacitly support the paradigm of the competencies. We questioned whether this would be a meaningful representation of the client's experiences. The method mentioned above assumes that the client shares a similar conceptualization of multicultural competence to that of the counselor (see Roysircar-Sodowsky et al., 1999). Consequently, the experiences of the client would be filtered through the researcher who has, a priori, assumed the importance of multicultural competencies and framed the responses of the client to favor the domains of the competencies.

Thus, rather than study client experiences from a method that may endorse researcher and/or clinician's hypotheses, the authors proposed an alternative to using the available measures and opted to develop a client-focused instrument. However, in attempting to develop a measure of client experiences, it quickly became apparent that the items and domains tended to follow the competency framework set out by D. W. Sue et al. (1992). As D. R. Atkinson and Wampold (1993) have pointed out, when researchers set forth certain theoretical ideas to be measured, the only option for clients is to endorse or not endorse those ideas. Additionally, little new or additional information outside this theoretical paradigm would be achieved, and potentially important responses by clients would be considered as error rather than as valid

responses. Thus, to fully understand the experiences and voices of the client in multicultural counseling settings, other methods were explored.

Qualitative methods appeared to allow the researchers to incorporate context (Leach & Carlton, 1997) and to potentially produce a different understanding of multicultural competencies aside from those already set forward by D. W. Sue et al. (1992). Through the use of interviews that continually reflect the client's experiences, a model or framework to understand the client can be developed that can both inform and propel quantitative research (Addison, 1992; B. Atkinson, Heath, & Chenail, 1991; Barnes, 1992; Cannon, Higginbotham, & Leung, 1988; Clandinin & Connelly, 1994; Polkinghorne, 1989). As Richie et al. (1997) stated, the usefulness of qualitative methods is the ability to study a phenomenon "for whom the information needed to build a foundation for sound quantitative research is often either unreliable or unavailable" (p. 134).

In the current study, a grounded-theory qualitative method was used (Strauss & Corbin, 1990). Given our belief in the importance of both an examination of counselor behaviors and attitudes as experienced by the client and the incorporation of the client's context in research, Strauss and Corbin (1990) presented an optimal theory and method of study. Predicated upon constructing a theory of client experiences, grounded theory allows for an emergent theory to evolve from within the client's lived experiences. Thus, data collection (interviews), analyses, summarization, and subsequent interviews are all closely grounded within the answers given by the clients.

METHOD

Participants and Procedures

Clients in this study were 10 undergraduate students at a large east coast university. There were 9 women and 1 man ranging in age from 19 to 37 years of age with a mean age of 21.9 ($SD = 5.43$). Clients were recruited from introductory and advanced psychology courses and offered course credit for their participation. They were informed that we were conducting interviews with persons who had a counseling experience with a counselor they deemed to be culturally different from themselves. Examples of cultural difference were provided by a list of such differences (e.g., race, gender, sexual orientation, religion, or otherwise). Fifty-eight individuals expressed initial interest in this study. Participants were contacted by phone. Only 14 met the additional study criteria of having had counseling with a person trained at least at the master's level and had met with a counselor for more than an intake session. Two of these individuals stated that they did not wish to participate because

they had already attained the needed course credit. Two other interested females were not included because the nature of their cultural counseling concern (i.e., gender) was already adequately represented by previously selected clients. Whereas great effort was made to obtain male participants for the study, only 1 male candidate met the minimum selection requirements. During the phone selection inquiries, all potential participants were informed that descriptive information of the multicultural characteristics of the counseling dyad would be included in any publication and that all other information would be confidential. The remaining client-participants all reported having had counseling experiences with one or more counselors that they identified as being culturally different.

Clients reported having received counseling from counselors who varied in terms of type of training program and degree (e.g., L.C.S.W., licensed psychologist, and psychiatrist), setting of practice (e.g., private practice, university counseling center), race (i.e., White, Black, Asian), and sexual orientation. Furthermore, all clients identified their counseling experiences as focusing on personal/social issues, whereas 5 also included an added focus on academic/career development issues. Nearly all clients identified their counseling experiences as having occurred within a few years of the time of the study. The 10 clients, and a brief description of their counseling experiences, are presented in Table 1. The salient facets of culture, as described by these clients, are included in this table. For confidentiality purposes, throughout this article, pseudonyms are used in place of participants' actual names.

The Researchers

The study was conducted in a collaborative format by a research team supervised by an African American male psychologist with expertise in multicultural counseling. Members of the research team were involved in the conceptualization of the study's goals and participated in its multiple stages. The process of data collection via interviews, development of second interview protocol, and interview transcription was undertaken by a team of five original researchers. Original researchers are those team members that participated in study activities from its conceptualization and data collection stage. The original researchers included an African American faculty member (lead researcher), a White American male psychologist (early study coordinator), and a group of doctoral students comprising a White American female (team coordinator), a Chinese American male, a Chicana, a Brazilian American female, and a Lebanese American male. Two new researchers joined the study in the data analysis stage; these were an African American female and another Chinese American male. All research team members were self-identified as heterosexuals.

TABLE 1: Participant Descriptions

Dawn: a 19-year-old, White female Protestant freshman, born and raised in the United States. Her therapist was a White male Protestant licensed clinical social worker working in an individual private practice. The client came to counseling to deal with issues involving depression, which she deemed to be very related to gender and its treatment in American culture. She initially rated the importance of cultural issues in her counseling as 6.^a

Olympia: an 18-year-old, White female Jewish U.S. immigrant of 8.5 years. She saw a White male non-Jewish gay psychiatrist for 10 individual counseling sessions in individual private practice dealing with personal/social issues. She rated the importance of cultural issues in counseling as a 6.^a

Sharon: a 20-year-old, multiracial (Black, White, and Native American) woman born in the United States, who stated she had no religious affiliation. Her counselor was a White female psychiatrist in private practice. Together, they worked for 48 sessions of individual personal/social counseling and two additional sessions that also included her mother. She rated the importance of cultural issues in her counseling sessions as 2.^a

Wanda: a 20-year-old, Black female Christian sophomore who had immigrated to the United States at age 2. She had seen a White female psychologist for personal/social as well as educational issues in 25 individual counseling sessions. Client rated the importance of cultural issues as 9.^a

Kim: a 22-year-old, female biracial (Vietnamese and White) bisexual sophomore. She had previously worked in individual counseling with a Black heterosexual female psychologist, who was in individual private practice, for 30 sessions. She rated the importance of cultural issues in her first counseling as 7.^a Her second therapist was a female White heterosexual psychologist in private practice.

Lin: a 21-year-old, junior female Catholic Asian (Korean) American, who had immigrated to the United States at age 10. She saw an Asian (Indian) American psychologist for personal social counseling during three sessions of individual counseling. She rated the importance of cultural issues in her counseling as 9.^a

Patricia: a 21-year-old, middle-class female Black Christian junior who was born in the United States but raised in Africa. She worked with a White upper-class male psychiatrist who was part of a private psychiatric group practice. Counseling consisted of 10 individual counseling sessions focused on personal/social issues. She rated the importance of cultural issues in her counseling as 8.^a

Seema: a 20-year-old, Asian (Indian) American freshman who had immigrated to the United States years before being interviewed. She worked with a White female psychologist in private practice on personal social issues. They had 36 individual sessions focused on personal/social issues. She rated the importance of cultural issues in her counseling sessions as 9.^a

Joyce: a 21-year-old, middle-class Black Christian senior. Her counselor was an African American counselor in a university counseling center. Their work focused on personal/social issues in individual counseling and consisted of 15 sessions. She rated the importance of culture in her counseling as 5.^a

Deepak: a 37-year-old, male Asian American Christian senior who was also in the military and had immigrated to the United States at age 7. His counselor was a White male psychiatrist working at a military hospital. They worked on personal/social issues for 5 individual sessions, 10 group sessions, and 2 family sessions. He rated the importance of cultural issues in his counseling as 9.^a

a. Participants were asked, "How important were cultural issues to you in your counseling?" (1 = *very little*, 10 = *very high*)

Interview Protocol

Two 1.5-hour interviews were conducted with each client. Interview teams were paired to balance racial and gender characteristics to facilitate good rapport with the clients and reduce researcher bias. Using a grounded-theory approach proposed by Glaser & Strauss (1967), and further developed by Richie et al. (1997), the goals of the first interview were to establish rapport, be nondirective, and allow the clients' experiential data to emerge on its own. To ensure that all clients were provided with similar opportunities to address certain topic areas, pre-established questions were used to facilitate the clients' description of their experiences. The clients were asked seven open-ended questions about their counseling experience and the counselor and about how their cultural concerns were brought up and addressed. A series of possible probes were developed a priori to facilitate the interview process. These questions, along with probes used to elaborate on, each are presented in the appendix.

The first interview focused on getting a general sense of the clients' experiences in counseling. After the first interview, clients were asked to review and/or make changes to their transcripts to confirm the accuracy of the data. Most participants returned their transcript to interviewers without major changes. Between the first and second interview, the research team transcribed the first interview and collectively identified commonalities and differences in clients' stories through an early stage of global analysis of transcript data. This initial stage of data analysis led to guidelines for conducting second interviews. In the second interview, clients were asked to elaborate on differences and commonalities and on areas raised in the first interview that needed further exploration. Lincoln and Guba (1985) termed this practice *member checking*. A total of 25 hours of audiotaped interview data were transcribed verbatim. Interview transcripts ranged from 4 to 26 single-spaced pages with a modal length of 9 pages, to comprise a total of 246 pages of analyzed data.

Grounded-Theory Methodology

The goal of this study was to examine the client's experience in multicultural counseling situations to create an explanatory model of client's experiences based on his or her own narratives. The team chose grounded theory as proposed by Glaser and Strauss (1967). Grounded theory is a qualitative method designed to guide the structured collection and analysis of data as well as the construction of a systematic theoretical model. This inductive methodology centers on capturing clients' experiences by systematically analyzing the data in sequential stages that lead to concept coding, categori-

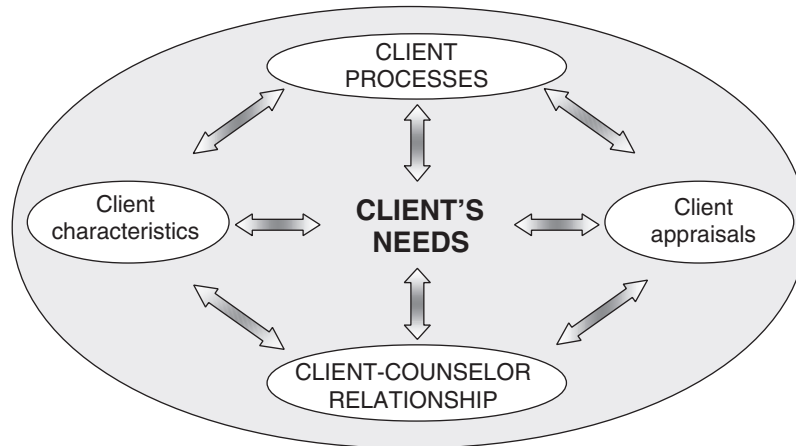


Figure 1. Client Strategic Interaction Model

zation, and synthesis of categories into meaningful interrelated constructs (Glaser & Strauss, 1967). The analysis of data led to the creation of the Client Strategic Interaction Model (see Figure 1).

Researcher Credibility

The culturally and experientially diverse research team met for 2 hours every 2 weeks, for 1 year and 7 months. Initially, these meetings were made up of the original researchers who conceptualized the study and agreed upon its goals. As the study progressed, these meetings became the setting in which team members collectively debriefed, refined, and agreed on study procedures, conducted data analysis, and discussed emerging theory. Additionally, four intensive training sessions were held at various stages of the study. The first intensive training session focused on qualitative grounded-theory methodology. The second training meeting focused on refining the interview protocol and teaching qualitative interview methodology. Original researchers involved in data coding attended a third meeting focused on teaching coding guidelines, creating categories, and building models. Last, the two new team members joined the research team in the “key category” building stage. They were trained as independent observers and auditors of the developed category system as an additional source of triangulation of data analysis and peer debriefing.

Because grounded-theory methodology involves researchers as the instruments of analysis, the possibility of researcher bias was openly addressed. At

the beginning of the research project, original research team members identified personal and professional factors that may have become sources of bias in their data collection and analysis activities. The following is a list of the potential sources of biases researchers articulated: (a) team members' respective theoretical orientations in counseling, (b) viewing of client data within the context of multicultural counseling theories, (c) awareness of the political connotations of emerging data, (d) own identities and level of awareness in various cultural domains, (e) own cultural assumptions and biases, and (f) preference for a counseling style that makes the counselor's intentions explicit to the client. The researchers were continually involved in discussions of potential bias and "peer debriefing." Peer debriefing was described by Lincoln and Guba (1985) as a process of managing subjectivity by open and ongoing articulation of alternative and diverse perspectives.

Concept Coding

In implementing a grounded-theory approach, the team used a multistep process to break down and conceptualize the raw data. The process began with an open-coding phase in which client incidents describing specific meaningful experiences were identified and coded into concepts. The concepts were worded using language as close to the raw data as possible. Following transcription, the two interviewers and an auditor individually coded their transcripts. The team of three then met as a group to compare and discuss their individual concepts, impressions, and biases. From this meeting, a list of concepts for that transcript was generated as well as a list of follow-up questions to clarify and elaborate on the first interview. In addition, a copy of the transcript was sent to the participant who was asked to make any additions or corrections. The same process of concept generation was emulated for the follow-up interview. After concept coding, the team met to compare and discuss lists, eliminate duplicates, and ensure that every relevant piece of data had been coded. At the end of this process, a master list of concepts was generated for all the clients in the study.

Category Generation

The next step was the generation of categories. Three original researchers returned to the transcripts and the master concept list to look for relationships among concepts. Those concepts that showed high interrelatedness were grouped into categories. The list of categories was reviewed to eliminate duplications, ensure clarity, and assure that each concept fit in at least one category. Further, they determined whether each category represented multiple concepts from a variety of clients or if they were saturated. Those categories

that were unique to one particular client were discarded, and the concepts that had fallen within that category were reassigned to more rich and general categories. The end result was a master category list.

Axial Coding and Auditing

The next phase of coding involved axial coding, or the process of making clear the relationships among the categories. This involved meetings in which each category was written on a piece of paper, and the data supporting the categories were examined to determine the relationships between them. This process led to the generation of key categories. These higher level categories encompassed a number of categories below them. The same process of saturation and coverage was followed as had been employed in the category-building process. At this point, a group of three research team members who were not involved in the category-building phase were charged with auditing the coding process and returning to the transcripts to ensure that each concept fit within a key category. Two of these auditors were new team members. This verification and validation step is described as triangulation through multiple and independent analysts (Patton, 1990). Auditors met with the original lead researchers of each transcript to discuss concept fit of key categories and make appropriate changes. In some instances, this resulted in a concept's being listed under more than one key category, but given the interrelationship of categories and key categories, this was not deemed inappropriate.

In an additional category verification step, each transcript was coded using Folio Views®, a program that created matched lists of each concept with its corresponding bits of raw transcript data. Folio Views, a data management program, help people find and retrieve specific information from large amounts of data. The database produces a list of the concepts and transcript data that comprises each key category. This process of retrieving raw data and comparing it with the list of concepts and categories serves to verify the accuracy and fit of the raw data within each concept and category.

The data analysis group met as a whole to ensure that each concept fit under at least one key category and that each key category was well represented across all clients. Next, the team engaged in selective coding to develop the relationships among the key categories. Next, one key category was chosen that seemed to represent the core around which the clients' experiences revolved. The team then met to discuss the relationships among the remaining key categories and "confirming" and "disconfirming" client experiences around the core concept (Lincoln & Guba, 1985). To better understand client experiences and determine whether the preliminary model represented the data accurately, researchers went back to the transcripts and constructed core stories for each client. Based on findings in the core stories,

the preliminary model was modified. Finally, the team compared the emerging model with the existing literature.

Although we have presented our process of data analysis as an almost linear set of individual steps, it is important to point out that it is not uncommon in grounded theory to switch back and forth between levels of analysis or use all three simultaneously (Strauss & Corbin, 1990). In addition, we frequently returned to the transcripts to ensure that all pieces of data had been incorporated into the core concept.

Throughout the study, several strategies were used to ensure rigor in the data analysis process. According to Patton (1990), researchers are considered reliable when they have been trained to be objective observers and to analyze data systematically. Researchers in the present study underwent great effort to ensure credibility through intensive training, triangulation procedures, and open articulation of potential personal biases. As previously mentioned, “peer debriefing” (Lincoln & Guba, 1985) was used as a measure to recognize and eliminate “group think” in the process of data analysis. Because qualitative inquiry considers constructs that emerge from the analysis of multiple judges to be free from personal researcher bias (Marshall & Rossman, 1989), our use of a collaborative investigative format ensures that the constructs that emerged were dependable and trustworthy.

The trustworthiness of the current study, as defined by Lincoln and Guba (1985), is considered high because the categories and model created emerged directly from interview data. The current study also possesses ample credibility because the narratives obtained from clients describe experiences in multicultural counseling as observed by both clients and consumers of research in this area of study (Patton, 1990). The transferability of this study is limited by the characteristics of the client sample, undergraduate students who have participated in multicultural counseling. However, the experiences of these clients can be instrumental in providing insight regarding clients’ experiences in multicultural counseling. In summary, the present research team employed strategies proposed by Lincoln and Guba (1985) to ensure the trustworthiness of the study: peer debriefing, member checking, data triangulation, and the search of disconfirming evidence or negative case analysis.

RESULTS

The present study resulted in an emergent theoretical model of clients’ experiences of their counselor’s cultural competence as represented in Figure 1. The emergent model postulates that clients’ perceptions of multicultural counseling competence and their overall experience in counseling were a result of the dynamic interaction of many factors. The core of these factors

was based on clients' perceptions of how well the counselor met their needs. The core category, named Client's Needs, critically influenced the dynamic interaction between the four other components, Client Characteristics, Client-Counselor Relationship, Client Processes, and Client Appraisals. The core category describes how clients perceived their needs in counseling and their beliefs about whether those needs were being met, their actions in counseling, their relationship with their counselor, and their overall satisfaction with counseling. In Figure 1, arrows are used to emphasize that each component of the model affects and is affected by all other components of the model. These dynamic relationships represented in the figure reflect the participants' descriptions of the confluence of various parts of their experiences. Client Processes and Client-Counselor Relationship are capitalized in the figure because these categories seemed to represent active processes engaged in by the client.

The model also postulates that clients took an active role in incorporating, dismissing, and/or understanding culture within the counseling process. We have named this component Client Processes because it describes internal choices and action clients took related to cultural issues in counseling, including persistence and termination decisions. The experiences of the clients in this study suggested a reciprocal temporal relationship in which Client Characteristics, such as expectations and initial reasons for seeking counseling, salient cultural identity, and the role of family in coping, influenced Client Processes. In turn, these components affected the participants' perceptions of the Client-Counselor Relationship, which describes the intersection between counselor and client characteristics and the relationship that is jointly created. The component Client Appraisals describes the result of the interactions with the counselor and includes the client's assessment of the counseling experience and feelings about future counseling.

While describing our findings, it is important to note that this is not a static model. Instead, clients' perceptions of their needs may change over the course of counseling depending on interactions in counseling, changes in their awareness, and changes in life circumstances. Hence, their experience of multicultural counseling competence may change over time. In fact, it is possible that after one or more sessions, Client Appraisals may exert influence on Client Processes in future sessions. The same is true for the Client Characteristics and Client-Counselor Relationship categories, both of which influence Client Appraisals but can also eventually be affected by such appraisals. In other words, this model is based on the ongoing client-counselor interaction and is seen as evolving and dynamic.

In the following sections, we describe in detail the five major components of the theoretical model, using direct quotations from the clients for illustrative purposes and noting variability of responses within the emergent theory.

Using a system similar to one used by Richie et al. (1997), we discuss the responses according to the following notation: (a) The words *generally, most, often, these clients, the clients in the sample, the majority, usually, typically,* and *tended* indicate the characteristic response of a majority (7 or more) of the clients; (b) The words *some, several,* and *a number of* indicate responses from 4 to 6 clients; and (c) *a few* indicates responses from 3 or fewer clients; more specific wording (e.g., *all, one*) is used occasionally.

Client's Needs

The core category reflects the centrality of clients' perceptions of their needs and how these perceptions colored their experiences, their assessment of the importance of cultural aspects of counseling, and their view of a counselor's competence in addressing such issues. All clients described their experience in counseling and the competence of their counselor in relation to whether their needs were met. When their central needs were fulfilled, clients allowed significant leniency in other areas. In addition, we found that clients' needs were very complex and interactive. For some clients, primary needs were seen as revolving around cultural issues, such as racial conflicts on campus or gender issues related to sexual experiences. Other clients indicated that their needs and present concerns were not culturally related, such as managing social anxiety or depression. Whereas all clients indicated that cultural issues arose in counseling, the impact of their counselor's cultural competence, or lack thereof, varied greatly. Furthermore, some clients determined that their counselor was culturally competent along one dimension of culture but not another. Two examples of client stories illustrate how clients' needs played a key role in how they experienced and appraised the counseling process.

The experiences of Sharon, a woman who identified as African American, White, and Native American, suggested that her needs, and whether these were met, played a large role in her satisfaction with counseling and her ratings of her counselor. Although Sharon indicated that cultural impasses arose in counseling, she did not identify these issues as central. Her need for understanding and nurturing as well as her assumptions of gender took precedence over other cultural needs. Thus, the combination of positive counseling behaviors and the matching of expectations seemed to mitigate some of the negative experiences in terms of cultural misunderstanding. This is illustrated by Sharon's statement:

I certainly don't think [similarity of race] is necessary in all situations, it's definitely not. But I can't say that it wouldn't make it a little easier on me. Maybe she could have asked me a little more, and been more experienced, but what I

did get from our experience is what I needed, so I can't say that having her be, you know, White, was a problem; [it] didn't make it a bad experience at all. A little more experience when it came to racial or cultural aspects could help, I'm sure.

The centrality of the Client's Needs category can also be seen with Wanda, an African American woman. She entered counseling with a White female counselor due to depression and issues of racism and discrimination on campus and in her classes. Although she felt that the counselor was somewhat helpful in addressing her problems related to depression, she did not feel that the counselor was able to adequately address and discuss the concerns related to discrimination and oppression. Wanda stayed in counseling for approximately 5 months and eventually dropped out because she did not feel heard or understood by the counselor around issues that she considered central.

I just felt like, that my concerns [issues that had to do with race and being a woman on campus] just weren't being taken care of. I'm not looking for someone to baby-sit my concerns, or anything. You know, I'm just looking for someone who can like give me constructive advice on like how to deal with them, and so I won't keep things bottled up. But that didn't happen, so I just felt like it wasn't working anymore.

The core stories of these two clients illustrate how their perception and prioritization of needs influenced their experience with the counselor, their assessment of the cultural competence of the counselor, and the importance they placed on cultural competence. The remaining components of the model are significantly affected by the Client's Needs category, while serving to shape those needs.

Client Characteristics

Client Characteristics reflects variables that clients brought to counseling and were integrally involved in the clients' definitions of needs and their experiences of the counseling relationship. In addition, these characteristics played a major role in Client Processes or how clients decided to manage culture in counseling. Salient properties and dimensions of the Client Characteristics category are (a) initial reasons for seeking counseling, (b) client's expectations of the counseling process, (c) assumptions of cultural similarity or dissimilarity, (d) desired counselor characteristics, (e) salience of cultural identities and the client's acknowledgement of the effect of culture on counseling, (f) assumptions about counselor's expertise, (g) reasons for persisting in counseling, and (h) the role of family and other support systems in coping with cultural problems.

In our sample of clients, initial reasons for seeking counseling varied. Clients also varied as to how they saw culture being related to their core problem. For example, one client went into counseling because of social anxiety, another one because of depression, and yet another one because of difficulties in coping with what she saw as discrimination and Eurocentrism in her classes. Clients also brought to counseling their expectations of the process. For example, Deepak, an Asian Indian American man, described his initial counseling expectations:

I was expecting them to come and solve all my problems. I thought, "Oh good here they come. Here comes the team." You know, they're going to give me all the answers and they're going to unlock the mysteries of the universe and then I'll be set to go home.

However, several of the clients reported having no expectations of the counseling process. Interestingly, some of the clients who reported having no initial expectations of counseling changed their views once they interacted with their counselors. Seema, an Asian Indian American woman, described a positive change in her expectations.

I really had no expectations this time. But I went in [to] the first session with my current counselor [and I] was just, wow. I mean I was so hopeful after just fifteen minutes. I couldn't wait for next week to come around.

Lin, a Korean American woman, explained her disappointment and changing expectations resulting from her experience with an Asian Indian American counselor.

I just thought that as a psychologist, she would know everything, you know. She would know what I go through, like feelings and emotions. I totally expected her to know everything about me, at least about my background, have an idea of how Asian families are, what their values are, and things like that. She didn't have any knowledge of that, so that was really disappointing.

Deepak indicated that he did not enter counseling expecting the counselor to understand him culturally; "And so I wasn't really expecting somebody to come up and have any insight into my culture. I was already feeling as though I'm different."

A client's assumptions about the meaning of cultural dissimilarity or similarity and the salience of identity, including the client's acknowledgement of the effect of culture on counseling, affected the interaction between the client and the counselor. Dawn, a White woman, described how the similarity of

religious background between herself and her White male counselor led to her discomfort in counseling.

I thought he would judge me because I knew his values already, because they were supposedly, they were the same as mine and my family's. So, maybe it would have been better to NOT see someone with the same values, because then I wouldn't have felt like I would be judged about it.

Other participants described assumptions about the effects of gender and ethnic similarity in counseling. In terms of gender, several participants indicated that the experience of being a woman could be understood only by other women. In addition, characteristics such as empathy and understanding were attributed to women. Sharon, an African American, White, and Native American woman, illustrated the beliefs of several other female clients in the study:

I feel that since she [the counselor] was a woman, that she had kind of a sensitive nature, a motherly nurturing nature, she had, and I felt a lot of that at the beginning. I think I really wanted that at the beginning; for my counselor to be a woman.

In terms of ethnic and racial similarity, Joyce, an African American woman, stated,

It was a lot more comfortable for me to be able to request an African American woman because, I guess there's certain things that you can assume when someone [is] within your group. It's not necessarily equal, but you can start out with some type of meeting ground.

All participants described desired counselor characteristics to include demographic characteristics, behavior, personality, and counselor cultural knowledge. The participants' assumptions about cultural similarity and dissimilarity affected their preferences and desires regarding demographic characteristics of counselors. Demographic preferences varied widely with some participants wanting counselors of similar backgrounds and some wanting different backgrounds. For some, demographic variables were inconsequential.

Like several participants, Lin, the Korean American woman, expressed an interest in having a counselor who was aware of her ethnic heritage. However, she suggested that counselors may be able to acquire cultural understanding through affiliation with people from various cultures. According to Lin, "If a counselor had like a close friend [who was] Korean-American, or is very aware of Asian-American values, and you know the culture, definitely [they could be helpful]."

Seema, the Asian Indian American woman, stated that she did not believe that her counselor had the capacity to understand her ethnic culture and the cultural implications on relationships because her counselor was culturally dissimilar. At the same time, she expressed a desire to have a non-Indian counselor because she felt that her goals may not be congruent with expectations from her family and people of her own cultural background.

Yeah, I like her goals better. You know my goals match up with hers better than it would with an Indian therapist . . . her goals for me might be very different from what an Indian psychologist might be, and I prefer hers. You know, I don't want her to think that "because she's Indian, that's how most Indians think." I want her to help me change them.

In terms of desired counselor behavior, all clients indicated that they wanted the counselor to behave in ways that communicated caring, attentiveness, and general competence. Deepak provided an example of sentiments common to several participants:

I would be looking for signs of something like that, that would show me that he's human also and that we could relate that way together. I mean, obviously I would respect his abilities and his skills and everything else right off the bat so he wouldn't have to do anything to enforce that, but empathy, and some humanity in some way to me, would be important.

Some clients indicated an acknowledgement of the role of culture and their cultural identity in their experience of counseling. This was illustrated by examples of client statements that expressed an awareness of the influence that their cultural background had on their expectations and experience in counseling. Deepak, the Asian Indian American man, described how cultural aspects influenced his behavior in counseling: "I think it's cultural, people from India don't, or Eastern backgrounds I've noticed, we don't question authority." Lin described similar counseling perceptions:

It's really rare for Asian kids to have counseling first of all. And it's really considered a shameful thing. Like something is really wrong with her! So I didn't even tell my parents that I had counseling.

Assumptions of expertise, another component of the Client Characteristics category, reflected some clients' expectations and beliefs about the elements that define expertness and professional credibility. For some, education was most important, for others it was professional experience. Olympia, the Hungarian client, expressed her thoughts about different aspects of her assumptions of expertise.

Based on years of education, where it's more informed. Especially when they diagnose you with emotional problems, and, they're not just pulling it out of their ass. And also because he's gone under personal therapy, to become a therapist. So I guess, having had the experience of therapy is important. I think before it is, was good that he had a MD and I guess in a way I do respect that more.

Assumptions of expertise also affected clients' trust and willingness to participate in the counseling process, even when it felt uncomfortable. Sharon, the African American, White, and Native American woman, illustrated this with the following statement:

I just went on with it, 'cause who knows what she was thinking, who knows where she wanted to take things, maybe she had some ideas in her head that were leading to something else I didn't know about. I mean, I think I mostly went along with her 'cause I looked at her as an authority.

Whereas an assumption of expertise was cited by several clients as the reason they persisted in counseling, there were other reasons as well. For example, Patricia, an African American woman, voiced the sentiment that the effort of having to retell the story and getting to know another counselor kept her from changing counselors.

I don't think I'd want to go through getting used to someone again. It's like, you have a pair of shoes, you just want to keep them. We sort of match each other now in a lot of ways despite all the differences. He understands me.

The category "reasons for persisting in counseling" also encompassed clients' explanations for not persisting in counseling. The participants who terminated their counseling relationship provided a variety of reasons. With several participants, termination was a direct result of a lack of cultural understanding, whereas with others, there were more general issues.

The majority of clients who discussed the relevance of cultural issues in their lives also referred to the role that their family and friends, or other support systems, played in coping with cultural aspects of their presenting problems. This in turn seemed to affect the counseling relationship, the choices clients made about the extent to which culture would be discussed in counseling, and the expectations they had about their counselor's ability to address cultural issues. For example, Seema indicated that her circle of friends satisfied her need for assistance with relationships when cultural issues were involved, and therefore she did not expect her counselor to play that role.

I have brought that up with her [the counselor]. It's something that I don't feel the need to bring up. I really think I can just deal with it on my own, me and my

friends. Between us, among us we can just do it. I don't need her [the counselor] for that.

In sum, Client Characteristics set the foundation for the clients' experiences in counseling and influenced how they perceived their counselor and events in counseling. In addition, they shaped how clients defined and presented their problems and needs within the counseling relationship.

Client-Counselor Relationship

The next portion of the model reflects the client's perceptions of what occurs in the interactions between the client and the counselor. The relationship affects Client Characteristics, Client Processes, and Client Appraisals. Thus, this is an especially dynamic portion of the model, in which interactions with the counselor on a session-by-session basis influence how the client makes meaning of the process and decides on subsequent actions.

There are several themes we identified as components of the Client-Counselor Relationship category. These themes include client disclosure, counselor behavior and approach, and equity and power in the therapeutic relationship. This order implies no level of importance or temporal order.

Clients described several factors that affected their level of disclosure with counselors, including uncertainty about confidentiality, the counselor's "style," and self-disclosure as a means of self-image management. Clients also identified cultural factors affecting self-disclosure such as cultural identification with the counselor, whether disclosure was consistent with the client's cultural norms, and perceived counselor cultural insensitivity. For example, Seema, an Asian Indian American woman, described an experience with her counselor in which she disclosed her discomfort with an Asian Indian American man who was pursuing her even though she was not interested. She indicated that her counselor's response led her to avoid raising the issue again.

And I told her about it and she said, "Sit him down and tell him, 'I'm not interested.'" Because I had told him in very indirect ways and he didn't acknowledge them. So she [said], "when you sit him down just tell him, 'I'm not interested in you, it's not you!'" So, I felt like that really wouldn't fit, because you just don't do that. But it made perfect sense to her and I can see why. But in my culture you just don't do that. So I didn't really want to talk about this problem with her again.

Counselor behavior and approach encompassed a large portion of the data for all participants. This category represented the participants' perceptions of the ways in which their counselor approached them and their presenting

problems. The data in this category varied widely and were grouped along two dimensions: positive and negative experiences and cultural and general experiences. For the purposes of this study, we will present examples related to cultural issues. Some positive experiences that were reported included the counselor's addressing cultural issues and not addressing cultural issues. For example, Seema indicated the following:

No, I don't think she does [connect cultural issues with social anxiety], I don't think she does at all actually. And that's the reason I'm so comfortable with her. I really think that if I was an American girl, you know, talking to her, she would talk to her exactly the same way.

Wanda, an African American woman who expressed irritation and anger regarding her counselor's reaction, provided an example of a negative cultural experience.

There's this book, *Beloved*, by Tony Morrison, and there's like a lot of symbolism issues in there, and I felt like the other people in the class, they were making jokes about things that I felt they wouldn't normally make jokes about, so I went to the counselor. And maybe sometimes this is my fault, for bringing up little issues like that, but things like this get to me . . . So, I just went to explain what had happened in the classroom, and she was like don't you think you're over reacting?

For most of the clients, equality and power in the therapeutic relationship were important themes that affected many parts of their counseling experience. Olympia, the White Hungarian American woman, expressed the effect that an equal relationship may have on cultural differences.

I think a very important thing is to have a very equal relationship, where there's mutual respect. I think those things transcend things like race and gender and age because if you're able to establish a relationship like that with someone, [they] could be anybody really.

Kim, the Vietnamese and White woman, offered that while she felt more understood culturally by one counselor, the equality she felt in a subsequent therapeutic relationship was more important to her.

I've had a therapist who's up on the cultural but not necessarily on the communication and all the other things. I think it's very important for me to have a therapist I feel equal to. Power dynamics are a very important thing that I have. I have control issues and I'm dealing with power struggles between men and women and I don't want to have that between my therapist and I too. It's just like another battle. So I think that's very important for me to feel comfortable.

All of the Client-Counselor Relationship and Client Characteristics variables affected one another in different ways depending on the client. However, an interesting finding that seemed to apply to all clients was that these components differentially affected Client Processes depending on the client's need. Seema, the Asian Indian American woman, described how the experience of her counselor's lack of cultural understanding did not bother her much because she did not identify it as a problem or primary need.

I don't think [the lack of cultural understanding] is a hindrance to our session. It's not, like, I still, you know, look forward to going to her. I mean things that are my biggest problems I feel she can really help me with them. So it doesn't really affect the sessions, I think.

Client Processes

In the model presented here, the Client Processes category is critical to the interactions that take place throughout the model. This category represents how clients make meaning of the counseling interaction and the actions they take to deal with the counselor. It is important to note that these processes are explored in relation to culture in counseling, given that this was the focus of our study. Four main types of Client Processes emerged from the data: (a) client's management of culture, (b) educating the counselor, (c) decision to confront the counselor, and (d) explanations about cultural understanding or lack thereof.

Many clients seemed to actively manage whether and how culture was addressed in counseling sessions. This category was especially influenced by the Client's Needs category. For example, Wanda, an African American woman, described how the cultural aspects of her presenting problem were a primary theme she wished to address in counseling, and thus she persisted in presenting the subject on several occasions. She described her frustration as her counselor responded in a way that felt culturally insensitive. Because this was a central need for her, she brought it up repeatedly and finally gave up, refraining from broaching the subject again. Conversely, Joyce, an African American client, talked about how she censored cultural issues:

I was always really unsure of how to talk about ethnic issues and so I am always trying to be careful about what I say and everything 'cause I am not sure what's going to be taken a certain way or not. That came into play when I would speak to her like she was in the counseling position so she is prepared to hear whatever happens to come from the client or patient or whatever. It still was a factor in what I would say and what I would talk about.

The clients' management of culture was also evident in an example offered by Sharon, another African American woman. She explained working to adjust her explanations so her counselor could better understand the importance of her family and their influence.

I felt that, at first, he [the counselor] would misunderstand me when I talked about the whole family thing, how my family wanted to be protective and all that. And I realized that I sort of had to say things in another way for him to understand. If not, we would not have gone anywhere. So I had to do the adjusting to him.

On the other hand, Seema, the Asian Indian American woman, did not see culture as central to her presenting problem, social anxiety, and she did not want to address these issues when they were brought up by her counselor. Thus, based on Client Characteristics and the counselor's reaction or approach, clients were active in managing how or whether they brought up culture, when it was discussed, and whether it was ever brought up again.

Another process clients engaged in as a result both of the Client-Counselor Relationship category and the Client's Needs category was that of educating the counselor. This process was specific to cultural variables and included instances in which clients tried to explain their cultural values, beliefs, and norms to counselors. Educating the counselor was especially relevant for clients who had a high need to discuss culturally related topics and to frame their problem within a cultural context. Lin, the Korean American woman, described her experience of working with an Indian counselor.

The problem that I had had a lot to do with my culture and how I was brought up. And how my parents are. I had no idea where she was coming from. I had no idea of how much she knows or she's aware of in my background. So, I didn't know where to start to inform her of my culture, to sort of get her to understand. It was really hard. I was like, "oh my gosh, what am I going to tell her. Whatever am I going to tell her to make her understand?" I really had to work with her.

For other clients, educating the counselor became frustrating because culture was not a central issue or part of the presenting problem. Deepak, the Asian Indian American man, noted, "I always felt as though I had to explain this to him. He was sensitive to culture, it's just that he didn't know anything about it." Similarly, Kim, the Vietnamese and White woman, explained that even though she felt very positive toward her counselor in general, she felt a great deal of frustration with her counselor's apparent lack of cultural knowledge in terms of ethnicity.

I feel like I can't really go into the cultural problems. And I think that's a little bit of a wall we have now, with my current therapist. I feel as though she should, I feel as though I need to give her a book on like the Asian American experience. [A book] that gives general themes of what Asian culture is like. Because, the impression that I get is that she doesn't understand what I'm saying. I can understand certain parts of having to explain, but I felt like I had to explain so much that I was like, "have you never studied any minorities?"

The decision to confront the counselor was another important aspect of the Client Processes category. This component was again influenced by a client's needs and goals for counseling, as well as by the client's cultural norms and perception of equity and power in the therapeutic relationship. Seema, the Asian Indian American woman, described her difficulty with confronting her White counselor about inaccurate cultural assumptions she felt the counselor was making.

I think what bothered me more is [that] I thought about what her view of me might be you know. I mean if she thinks I come from that sort of background what does she really think of me? You know, but I didn't think about it again. Again, that's not the reason I was there.

Conversely, Kim felt a strong affinity for her counselor and an egalitarian relationship. Therefore, her motivation and the conditions for confronting her counselor were strong at a point in counseling when she felt that a concern was not being taken seriously.

I wanted it to be like a really positive interaction between us, [if I] feel this anger toward her, I'm not going to really listen. I'm not going to think that her opinions were valuable, so I wanted to get that out of the way. And I felt like that was going to be a major issue, if I didn't talk to her about it. And so I thought that it was in my best interest if I brought it up. . . . I think I felt more comfortable being confrontational with her because I felt more of an equal relationship. I think that's what made me upset and say something about it.

The decision to confront the counselor seemed to be determined, for some clients, by the expected outcome of the confrontation. Seema expressed her decision not to confront her counselor's lack of cultural competence:

I don't think she can do anything about it [counselor's lack of cultural understanding]. You know, it's just the way she thinks. She's also human, just because she's a professional, she can't really, totally change her ways of thinking. I just let it go. I never tell her. I've never really told her.

In fact, when the presenting issue involved culture, the decision to confront or not to confront the counselor was, in part, related to how clients managed

culture in the relationship and how the counselor responded to the client's attempts to confront or educate the counselor. Lin described her frustration with her counselor's lack of responsiveness.

I think once I told her, I don't really feel like you understand my problem and she would just like deny it. No, I understand what you're going through. So my attempt to converse about it wasn't, you know . . .

Finally, the last theme that emerged as a Client Process was identified as "explanations for the counselor's cultural understanding or lack thereof." It was interesting to see how clients made meaning of their counselor's multicultural competency or lack of multicultural competency. A few clients described the reasons they believed their counselor demonstrated cultural understanding. For example, whereas Kim, the Vietnamese and White woman, disliked her African American counselor's style, she did feel that the counselor was culturally competent in terms of ethnicity and explained this in the interviews.

I definitely felt understood in that sense and that was met and because she was a woman of color, the first therapist that I had, um, she sort of understood what it was like being a minority and we totally got along and like I felt like she really understood me, in that sense... it wasn't necessarily that she had gone through it or anything, but I think that she maybe knew a lot about minorities. Or, even what they went through.

Many clients tried to explain their counselor's lack of understanding. Some asserted that their counselor did the best that they could, given their counselor's background. Deepak, the Asian Indian American man, attributed the lack of understanding to the counselor's lack of exposure to other Asian Indian clients.

I didn't hold him responsible for knowing my culture. I was disappointed that he didn't, [and] wasn't able to relate to me. But [I] remember when I was sitting in the ward. I looked around and I was the only Indian there.

Seema, the Asian Indian American woman, explained a similar issue:

With the information I've given her she's doing the best that she can. In terms of understanding the really intricate dynamics of Indian groups or Indian relationships, she really can't do much.

Although Kim had expressed a lot of frustration about having to explain cultural issues to her White counselor, she considered alternative

explanations for her counselor's behavior that could appear as a lack of cultural competence.

But maybe she just thinks that she's not trying to group things together. Maybe she doesn't just assume that all Asians are alike. [Maybe] she's thinking, "I've never had a Vietnamese client, I mean, maybe this is a little different so I'm paying attention to make sure that I don't assume anything?" So it just may be her style that I'm perceiving.

A striking finding in this category was that some clients tended to blame themselves for their counselor's lack of cultural understanding. Seema, the Asian Indian American woman, stated, "I was very reluctant to admit I had a problem, so maybe that's why I was sort of blaming her for it [the negative experience with counseling]. It may have been just my fault." Dawn, a White woman, gave repeated examples of this occurrence.

I don't know if it was really any fault of his own. He didn't really see what was wrong and partly my fault was that I didn't feel like I could tell him. If I would have been honest with him, things might have been a little different in terms of what I put myself through. But, still I didn't feel like I could really tell him everything. I guess I didn't give him a fair chance to help me.

Client Appraisals

This portion of the model describes the appraisals of counseling that clients made based on the components of the Client-Counselor Relationship and Client Processes categories. It is important to note that according to our data, counseling is an ongoing dynamic process with multiple appraisals that happen throughout the counseling experience. In fact, Client Appraisals may change on a session-to-session basis and may influence Client Processes. If the client enters a new counseling relationship, the Client Appraisals category may influence the Client Characteristics category for the new counseling relationship.

Two themes emerged from the data in this category: feelings about future counseling and assessment of the counseling experience. These themes were interactive given that the assessment of the counseling affected feelings about future counseling. Overall, Client Appraisals resulted from the interaction with the counselor and how the client made meaning of the counseling. For example, although she seemed to blame herself for her counselor's lack of understanding, Dawn, a White woman, evaluated her counselor negatively based on her beliefs about counseling.

His cultural competence in terms of gender wouldn't be that good because, I guess as a counselor it's your, even if you're different from someone, I think it's your job to make them feel so comfortable so you [the client] can tell them, no matter what. For some reason that wasn't happening.

In another example, Wanda, an African American woman, expressed how she had felt angry and dismayed as she terminated counseling.

I felt like she didn't have any alternative for me [other than to stop going to counseling], for example, recommending to another counselor. I didn't feel like she would provide me with something, I just felt like the time with her was a total waste. I was embarrassed about the fact that I actually attempted counseling, 'cause it just didn't help at all, and it was just frustrating me rather than helping me.

Conversely, Joyce, another African American client, described a positive outcome from her experiences.

It was very good for me to come to terms with a lot of the beliefs that I had about myself as an African American woman and about people, about other ethnicities, it helped me put a lot of things into perspective.

Feelings about future counseling ranged from positive to negative. Participants who indicated that they would be hesitant to seek counseling again sometimes attributed their negative experience to the individual counselor and, other times, assumed that their experience reflected the profession as a whole. For example, Wanda's experiences, although attributed to the individual counselor, influenced her likelihood to follow-up with counseling again: "Yeah, I think counseling would definitely help me, still. But, I'm just afraid of going in there and being offended again and just stop going. I have more negative thoughts about counseling." Although a few participants indicated that they would be hesitant to seek counseling again, the majority of participants indicated that they would seek counseling in the future if the need arose. For example, Deepak stated

I'll definitely be more receptive to receiving more counseling now and I would even advocate it to my friends and family who are having problems. The very first thing I tell them is seek counseling. Whether it's, you know, outpatient basis, anything. Some therapy of some sort. Just sit down and talk to somebody, I absolutely believe in it, so definitely.

DISCUSSION

This study sought to understand clients' experiences of counseling in cross-cultural dyads and to develop a model of multicultural counseling competence grounded in the perspective of the client. Previous models have focused on the extent to which counselors demonstrate cultural awareness, knowledge, and skill (e.g., D. W. Sue et al., 1992). Although these components were clearly described by many clients in this study, other factors in counseling mitigated the influence of cultural competence.

This study supported the need to understand the role of client variables as they influence clients' perceptions of multicultural counseling. For example, clients who defined themselves and their presenting problem using cultural constructs seemed to prefer racially or gender-similar counselors. Clients who did not believe that culture influenced their interpersonal relationships tended to place less importance on cultural competence of the counselor. These findings suggest complexities that may have not been addressed in previous research on racial identity and preference for racially similar counselors (e.g., Harrison, 1975; Helms & Carter, 1991; Morten & Atkinson, 1983; Sattler, 1977). Similarly, the results also provide information that is useful in interpreting research that explored clients' perceptions of expertness, trustworthiness, and attractiveness (Goldberg & Tidwell, 1990), levels of mistrust (Watkins & Terrell, 1988), perceptions of credibility and competence (S. Sue & Zane, 1987; Lefly, 1989), and the impact of counselors' behaviors on clients' perceptions of helpfulness (LaFromboise, 1992). It appears that much of the previous research on client characteristics, although useful, is somewhat limited without a context. Comprehensive models of client experiences, such as the one that emerged from the present study, may provide a structure within which many of these previous findings may be considered.

The complexity of the model is interesting to consider in light of universal healing conditions purported to represent common factors in all forms of psychotherapy (Fischer, Jerome, & Atkinson, 1998; Frank & Frank, 1991). Fischer et al. (1998) described common factors as (a) the therapeutic relationship, (b) a shared worldview between the client and counselor, (c) client expectations for positive change, and (d) interventions believed by both client and counselor to be a means of healing. Interestingly, these four factors emerged from our data and form a part of our model. However, our model also indicated that these four factors were not sufficient to explain the experience of the clients and the resulting perception of the success or failure of the counseling. Some of the significant differences between the model that emerged from this study and the factors proposed by Fisher et al. are the multitude of variables that encompass client characteristics, the client's perceptions of the role of culture in counseling, the client's experience of the coun-

selor's approach and sensitivity, and the choices that the client makes within counseling. This goes beyond the universal factors in that Client Processes gives credibility and power to a client's decision-making process that was pivotal in determining the course of counseling.

The findings also supported assertions that counselors who demonstrate an interest in a client's culture are perceived as more culturally competent (Gim et al., 1991; Pomales, Claiborn, & LaFromboise, 1986; Sodowsky, 1991). Whereas this finding is significant, several questions remain. Where does multicultural competence overlap with general competence? Based on the Client Strategic Interaction Model, it appears that some factors related to the overlap of general and multicultural counseling may be (a) the extent to which clients believe that their presenting problem is being addressed, (b) the amount of support they have for cultural issues outside of counseling, (c) the congruence of the counselor's style with the client's preferences, and (d) the salience of the client's cultural identities.

The results also address a question raised by Pope-Davis et al. (2001): How important is multicultural competence to clients? For many clients, multicultural competence was pivotal in their experience. For other clients, multicultural competence was less critical contingent upon other needs being met and the experience of a positive therapeutic relationship. This is not to say that the cultural competence of the counselor was irrelevant. It may be more accurate to say that the cultural competence of the counselors provided an environment within which the client gauged the extent to which his or her choices and options for a full range of interventions and opportunities could be reached.

This study provided one of the first comprehensive explorations of clients' experiences in multicultural counseling based on in-depth interviews of 10 clients. The nature of this sample raises questions of transferability of the results. First, 9 of the 10 participants in this study were women, the majority was traditional college age, and they were all college students. These factors may have influenced their experiences in counseling, the types of presenting problems that brought them to counseling, and their interpretations of, and insight into, their experiences. It is possible that the experiences of another 10 clients in multicultural counseling may vary. Therefore, it is important to reassert that the model that emerged from this exploration is a representation of the experiences of these 10 clients.

Implications for Future Research, Practice, and Training

The model emerging from the data suggests multiple factors that interact and influence multicultural counseling and suggests a variety of implications

for research, practice, and training. Overall, it seems that the current models of multicultural counseling competence (e.g., D. W. Sue et al., 1992) may need to be revisited to consider the complexities suggested by the Client Strategic Interaction Model. It is possible that existing models may provide a needed foundation in training counselors but do not explain the experience of clients. In particular, the role of the client, the relationship, and the therapeutic environment appear to be critical.

Implications for research. This study presents a number of implications and suggestions for future research. First, the limited transferability of the current findings may be addressed in several ways. Additional interviews would help to determine whether this model might be transferable to a greater number of clients. Interviews with clients reflecting a wider range of ages, educational backgrounds, gender, socioeconomic status, and racial and ethnic backgrounds would be useful. In this study, we were particularly interested in “multicultural” as an inclusive construct. Therefore, some of the clients discussed racial and ethnic differences, others discussed cross-gender experiences, and others discussed differences based on sexual orientation. Although this allows an examination of multicultural counseling in a broad sense, it may be useful to obtain more data regarding each of these categories of differences to test the model that emerged from the sample used in this study.

Second, efforts toward developing quantitative methods for assessing various aspects of the model would be useful. Overall, instruments may be designed to measure different aspects of the experience for clients, such as their comfort in the counseling relationship, the degree to which they believe the counselor is meeting their needs, and the degree to which they believe culture is relevant and addressed in counseling. Individually, most of the constructs identified in the current study have not been quantified in the literature. The development of instruments that measure clients’ characteristics such as salient identities, assumptions of the role of counseling in clients’ presenting problems, and expectations of counseling would provide tools that may be useful in practice and training. In addition, some modification could be made to existing instruments to assess cultural dimensions within the counseling relationship including issues such as perceptions of safety and the desire for equality. Third, the measurement of multicultural counseling competence could be improved by addressing the counselor’s competence in assessing the perceptions, needs, and expectations of the client.

Process research could be used to test portions of the model and reduce the limitation of retrospective data. For example, counselors’ competence may be measured at the beginning, middle, and end of a counseling relationship from the perspective of the counselor, outside observers, and the client. Like-

wise, clients' perceptions of their needs, as well as their satisfaction and comfort with the counseling relationship, may be assessed throughout the course of counseling. In this way, the dynamic relationships between the constructs proposed by the current model may be tested.

Fourth, and finally, given the unique nature of the Client Processes component of the model, additional qualitative research into these factors would be useful. For example, given certain relationship and client processes, how do clients manage culture in counseling? How do clients make decisions about how they choose to address culture in counseling? What can culturally competent counselors do to facilitate this process?

Implications for training. The findings suggested that multicultural counseling competence was preferred and, in some cases, demanded by clients in the study. This provides support for the need for competence training of students and practitioners. The experiences of the participants suggested some specific areas that should be addressed in training. For example, training may be enhanced by a greater emphasis on accurate assessment of clients' needs and cultural experiences, particularly as clients see the relevance of these factors to counseling.

Some clients presented their perceptions of culturally insensitive counselor behavior. These observations may be used in developing curriculum and skills training. For example, clients who perceived that their counselor lacked knowledge of cultural factors affecting family structure and norms indicated some frustration and resignation about the limitations of their counselor. Many of these clients also disclosed questions about their counselors' cultural understanding.

Our results offer multiple implications for training and practice. First, it appears that training that increases counselors' cultural knowledge base may prove useful. Second, it may be helpful to teach counselors to disclose their intentions and plans to clients, especially when gathering cultural information or making interventions. Third, it seems important to train counselors to use some restraint when making assumptions based on cultural knowledge. For example, statements such as, "I know that with some Vietnamese families, respect for elders and the good of the family comes first and I know that everyone's family is a little different. What was it like in your family?" could be an approach that would demonstrate knowledge of possible cultural issues while not making assumptions.

Implications for practice. There are particular findings that may inform counselors who are working toward multicultural competence. As discussed in relation to implications for training, the support for competence in practice was clear. Practitioners may consider integrating specific counselor

behaviors identified by clients as paramount to their experience including cultural knowledge, sensitivity, and receptivity to discussing cultural issues. Second, accurate assessment of client characteristics may be critical in understanding possible cultural impasses in counseling. An initial exploration of the client characteristics identified in the model can provide a context within which counselors can better understand the needs of clients and make decisions about interventions. This assessment may be done formally in an intake format or gradually throughout the first few sessions.

Third, clients' perceptions of power in the therapeutic relationship as well as other factors helped to shape their disclosure and resilience in the face of multicultural impasses. Attempts to understand the type of relationship desired by the clients can help to frame interventions and illuminate the degree to which clients may feel safe in counseling.

Whereas counselors have a tremendous role in facilitating positive interaction conditions and assessing Client Characteristics, it is our interpretation that clients are the primary actors in the counseling processes. The participants in this study exemplified resiliency and power held by clients in deciding whether they will demand cultural competence or accept substandard cultural competence in light of general competence. The counselor's role in this process may be to create an environment in which clients feel that the totality of their experience is welcomed and relevant in addressing their presenting issue. Based on the examples given by the participants in this study, this goal may be achieved, in part, by communicating some understanding of the role of culture, affirming of the salience of clients' various identities, and assessing and describing the presenting problem within a cultural context.

Finally, the role of cultural support systems appeared to be significant for clients who continued working with counselors who demonstrated a lack of cultural competence. This may suggest that efforts to facilitate clients in building such support systems may be useful interventions. It may be important for counselors to become familiar with the communities with which clients identify and feel supported. If clients are culturally isolated, it may be helpful for counselors to make referrals or encourage clients to reach out to relevant organizations or individuals. An appropriate referral presupposes that the counselor understands the unique cultural identity and identity development of his or her client.

CONCLUSION

The clients in this study shared rich stories and glimpses into meanings and emotions that characterized their experiences in multicultural counseling. Many of the participants expressed that they did so in an effort to help

improve multicultural counseling and contribute to positive experiences for future clients. As a research team, we were impressed with the resilience conveyed by clients who had experienced multiple affronts to their identity as cultural beings. Even more striking was the tendency of many clients to communicate their frustration with cultural incompetence while emphasizing a sort of forgiveness for this incompetence in counselors. Clearly, the experiences of these clients reinforce the need for a more sophisticated understanding of multicultural counseling and enhanced counselor training.

APPENDIX

Interview Questions/Items

1. Please tell us a little bit about yourself.
2. We would like to know about how you came to be in counseling. Could you tell us about that?
 - (p) Could you say how, why, and whether there was anyone else involved?
 - Were you required to be in counseling?
 - Were you referred to counseling?
 - Was there anyone else involved?
 - (p) What issues did you hope to address in counseling?
3. Would you describe your thoughts and feelings when you entered counseling?
 - (p) Did you have expectations of counseling? (Please describe)
 - (p) Did you have expectations of the counselor? (Please describe)
 - (p) Were you looking for particular things in a counseling relationship? (Please describe)
4. Please describe some of the ways you see you and your counselor as being similar and/or different?
 - (p) Could you tell us about cultural differences and/or similarities?
 - (p) Were there any other similarities and/or differences?
5. Were cultural concerns brought up in your counseling? (Please describe)
 - (p) What were they?
 - (p) How did these come up?
 - (p) Did your counselor talk with you about these? (Please describe)
 - (p) What about the counselor do you think made him or her deal with them in that way?
 - (p) What did your counselor specifically do to make you believe that?
 - (p) How has this concern affected your life?
 - (p) How does it affect you now?
 - (p) What is your sense of how this/these issue(s) are dealt with by society?
6. Based on your own experience, how would you assess your counselor?
 - (p) Why?
 - (p) In your opinion, how was your counselor in dealing with your cultural concerns?

- (p) In your opinion, how was your counselor in dealing specifically with cultural counseling?
7. Is there anything else you would like to share about yourself and/or your counseling experience?
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