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Family counselors' experiences with multiculturalism in professional practice

Angela Rowe Holman
William & Mary - School of Education

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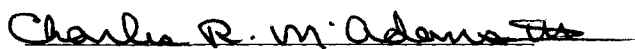Doctor of Philosophy

by
Angela Rowe Holman
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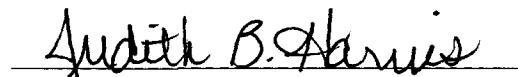
by

Angela Rowe Holman

Approved December 2006 by

Charles R. McAdams, Ed.D.
Co-chairperson of Doctoral Committee

Judith B. Harris, Ph.D.
Co-chairperson of Doctoral Committee

Victoria A. Foster, Ed.D.

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Abstract

Title of Dissertation: FAMILY COUNSELORS' EXPERIENCES WITH
MULTICULTURALISM IN PROFESSIONAL
PRACTICE

Angela Rowe Holman

Dissertation directed by: Judith Harris & Charles McAdams
School of Education, College of William & Mary

      Situated in the interpretivist research paradigm, the purpose of this study was

to explore selected family counselors' experiences with multiculturalism, specifically

race and ethnicity, in their professional practices. Participants were eleven family

counselors who had a minimum of two years postgraduate clinical experience. The

data were analyzed using grounded theory methods that included three levels of

analysis: open coding, axial coding, and selective coding. The participants'

descriptions of their experiences were presented using the multicultural counseling

competencies framework of attitudes and beliefs, knowledge, and skills proposed by

Sue, Arredondo, and McDavis (1992).

      The professional experiences described by the participants in this study are

complex. Four categories of attributes related to the family counselors' experiences

are described: family counselor attributes, work environment attributes, regional

attributes, and multicultural counseling attributes. Dialogue was central to the

experiences of these family counselors. Encouragers of and barriers to multicultural

dialogue are discussed.

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In this study the participants who identified an ethnic affiliation described their experiences with multiculturalism in ways that indicated more integration of personal and professional identities than those who did not identify a particular ethnic affiliation. These family counselors exhibited interest in changing the external stressors that impact clients' lives, such as poverty and discrimination. In addition, the geographic regions of the Southern United States where these participants practiced family counseling were reported to impact their experiences of race and ethnicity in their professional practices. Further research about how regional characteristics may influence client worldviews and family counseling practice may be warranted.

ANGELA ROWE HOLMAN

COUNSELOR EDUCATION PROGRAM

THE COLLEGE OF WILLIAM AND MARY IN VIRGINIA

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Family Counselors' Experiences with Multiculturalism in Professional Practice

Chapter One

I told everyone

your name was Arthur,

tried to turn you

into the imaginary father

in the three-piece suit

that I wanted instead of my own.

I changed my name to Marie,

hoping no one would notice

my face with its dark Italian eyes.

The above poem by multicultural author Maria Mazziotti Gillan (1995) offers an image of a young girl learning to understand what it means to be ethnic in the United States, constructing an identity for herself and her family. The poem brings to life a perspective of how ethnicity can impact a family. The author shares in the imagery of her poem the impact of race and ethnicity on her experience growing up as an Italian American, the cultural struggle between older generations of a family and younger generations—struggles of acculturation. The poem presents only the perspective of the daughter. What was the reaction of the father regarding his daughter's initial rejection of her ethnic identity? How did the dynamic of ethnicity impact their family structure,

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norms, boundaries, and other dynamics commonly assessed by family counselors?

Later the poem continues, reflecting the progression of identity development of
the author:

I smile when I think of you.

Listen, America,

this is my father, Arturo,

and I am his daughter, Maria.

Do not call me Marie.

Each day in the United States, families are impacted as this poet was by the negotiation
of ethnic and racial identities within a society that strives to honor diversity and
multiculturalism while at the same time fosters racism, discrimination, and prejudice.
These negotiations and struggles may present themselves when families attend
counseling.

This chapter includes seven sections. The introductory section provides some
information about demographic changes that have increased the diversity of United States
society. The second section introduces multiculturalism, race, ethnicity, and racism. The
third section offers a brief description of how multicultural issues impact family life. The
fourth section includes a sketch of family counseling as a unique counseling orientation.
The fifth section describes the impact of multicultural values on the field of counseling,
followed by a similar section focused on family counseling in particular. The final section
provides a rationale for further research regarding family counseling and
multiculturalism.

Increasing Diversity

The number of racial and ethnic minority families is growing (US Census, 2000). In 2000 the United States Census Bureau listed six race categories: White; Black or African America; American Indian and Alaska Native; Asian; Native Hawaiian and Other Pacific Islander; and some other race. The census also provides a *race in combination* option for respondents who report more than one race. United States Census Bureau information predicts that after the year 2050, nonwhite racial and ethnic groups will outnumber white non-Hispanic individuals. Latinos/Latinas are the largest growing group of people of color, projected to surpass African Americans in the 21st century (Robinson & Howard-Hamilton, 2000). In the 2000 census the number of foreign-born respondents had risen from 9.6 million in 1970 to 28.4 million (US Census, 2000).

The number of multiracial individuals is increasing as well. In the 2000 census, the first in United States history that allowed people to identify themselves as having more than one racial background, 2.4% of respondents identified as being from at least two racial backgrounds. There were 1.6 million multiracial married couples, or cross-cultural marriages reported, a ten-fold increase since the numbers reported in 1960's census data. Rates of marriage between African Americans and European Americans have tripled during the past 20 years (Laszloffy, 2005).

Racial-ethnic minorities, including multi-racial individuals, experience discrimination, marginalization, and invisibility that affect both family interactions and therapeutic relationships (Leslie, 1995). Ridley (1995) summarized the unfavorable experiences of minority clients in counseling by saying that minority clients are more likely to be misdiagnosed; more likely to be assigned to junior-level counseling staff or

paraprofessionals; more likely to receive minimal therapeutic contact as opposed to intensive psychotherapy; more likely to be underrepresented in private treatment facilities and overrepresented in public treatment facilities; and finally, more likely to be confined longer to inpatient treatment with higher rates of premature termination from therapy. Furthermore, minority clients report more dissatisfaction with the treatment process (Ridley, 1995). The growing diversity of people in society brings forth particular challenges for the field of family counseling. The response to this increasing diversity has been a push for the inclusion of the multiculturalism construct into the theory and practice of family counseling (McGoldrick, Giordano & Pearce, 1996).

Multiculturalism

Multiculturalism is a construct that represents a philosophical movement to overcome ethnocentrism by recognizing diverse viewpoints as valid (Sue & Sue, 2003). In addition to ethnocentrism, multiculturalism also values actions to overcome heterosexism and ablism. Multiculturalism celebrates the richness and complexity of diversity. The term diversity is used within the counseling literature to encompass race, gender, sexual orientation, physical ability, nationality, age, and religion. Contemporary families reflect this kind of societal diversity, including gay and lesbian families and multiracial families (Mio, Trimble, Arredondo, Cheatham, & Sue 1999).

The multicultural counseling competency literature, which is reviewed in Chapter Two, has been critiqued for inconsistencies in use of terminology (Leslie, 1995). Thus, it is important to distinguish the meanings of terms used in this study. "Race" is a term used historically to make biological distinctions among groups of people based on physical characteristics such as skin color. Currently it is recognized as only a socially constructed

concept without biological merit (Laszloffy, 2005), because using biological properties

and phenotypic characteristics such as hair texture to make racial distinctions can be

inaccurate (Robinson & Howard-Hamilton, 2000). "Ethnicity" refers to a sense of

connectedness based on shared commonalities and passed along to others through history

and ancestry (Pinderhughes, 1989). Ethnicity may include attributes such as nationality,

country of origin, and religion, and is expressed in behaviors such as storytelling, singing,

dancing, dressing, and cooking (Alba, 1990). "Culture" is a broader term that

encompasses race and ethnicity, though it is sometimes used to imply only race or

ethnicity. Culture has been defined as integrated patterns of human behavior including

thoughts, communication, specific behaviors, customs, beliefs, and values of social

groups (Leighton, 1982).

The terms "race" and "ethnicity," while related, represent distinct concepts

(Robinson & Howard-Hamilton, 2000). Race is a critical aspect of ethnic identity

formation, especially for people of color, often assuming a primary role in people's

experiences of the world (Leslie, 1995). Whereas ethnicity describes group members who

share a cultural heritage, race reflects physical characteristics and social status (Day

Vines, Wood, Grothaus, Craigen, Holman, Dotson-Blake, & Douglass, in press). Racism

is an attitude, or set of attitudes, that demeans specific racial characteristics and thus,

people with those characteristics (Robinson & Howard-Hamilton, 2000). Ridley (1995)

emphasized the behavioral aspect of racism, indicating that racism is about what people

do despite how they think or feel. Racial prejudice and racism are often used

interchangeably. The distinction between the terms manifests as racism referring to

behavior and racial prejudice pertaining to attitudes, thoughts, and beliefs with negative

connotations about categories of people (Ridley, 1995).

Many definitions of multiculturalism are inclusive of multiple dimensions of

diversity (i.e. sexual orientation, ability, and gender). In this research study, I emphasized

how multiculturalism was used by family counselors with specific regard to race and

ethnicity while recognizing that these two interrelated personal identities together

represent one of the most divisive issues in this society, especially for people who

comprise visible racial ethnic groups (VREG) (Helms, 1990). Given the pervasiveness of

racism in our society, issues of race and ethnicity often elicit increased attention through

more research and dialogue among professionals, including counselor educators and

counselors, as well as among counselors and clients (Sue & Sue, 2003).

Multiculturalism and Family Life

Racial and ethnic minority families and multiracial families enter therapy with

presenting problems similar to non-minority families, yet their problems may be

exacerbated by the sociopolitical complexities of race and ethnicity in the United States

(Laszloffy, 2005). Racism accounts for differences in income, occupation, education,

health care, longevity, and emotional development by affording privilege to some and

disadvantage to others (Robinson & Howard-Hamilton, 2000). Racism also exists within

institutional structures exhibited through policies, procedures, rewards, rules and values

(Pack-Brown, 1999). For example, an agency may continue to use psychological tests

without consideration of subgroup differences in analysis (Ridley, 1995). Because race is

a socially constructed concept that has not been linked to biological evidence of the

existence of distinct races, some consider it to be passé, and suggest its diminished use

within the field of counseling (Cameron & Wycoff, 1998). However, racism is a present-day reality for many racial and/or ethnic minority families (Sue & Sue, 2003) and therefore worthy of attention by family counselors who are often called upon to help families cope with external stressors.

Family Counseling

Family counseling is a relatively new profession, having emerged in the middle of the 20th century in reaction to growing discontent with traditional psychoanalytic and behavioral theories. While many professionals (social workers in particular) had been treating individuals in the contexts of their families, the idea of the family as the focus of treatment was viewed as relatively radical in the psychotherapy world prior to the 1960s (Hair, Fine & Ryan, 1996).

Family counseling textbooks commonly identify three phases in the development of family counseling approaches (Nichols & Schwartz, 2005; Dallos & Draper, 2000). The first phase occurring from the 1950s to the 1970s, and focused on treating dysfunctional family processes (Walsh, 2003) using family counseling as a cost effective alternative to lengthy psychoanalysis (Dallos & Draper. 2000). The second phase was marked by a move toward a more cognitive approach to counseling, and included attention to the subjective experiences of family members and counselors. In the mid-1980s the third phase emerged and continues to the present day. This phase encourages therapeutic attention to extend outside of the family system to look at the larger social contexts within which families are situated. Mills and Sprenkle (1995) described this chronology of family counseling as a progression from the belief in a fixed reality to the recognition of the infinite ways families experience the world. The three phases of the

development of family counseling approaches are described in greater detail in Chapter Two.

Multiculturalism and Counseling

Pederson (1990) described multiculturalism as the "fourth force" in the progressive development of counseling, the first three forces being psychoanalytic theory, behavior modification, and humanistic counseling. He also stated that given the broad scope of different identity perspectives, every therapeutic encounter is cross-cultural. According to Sue, Ivey, and Pederson (1996) multicultural counseling is a meta-theory of counseling, meaning that it can be used as an overarching lens through which all other theories of counseling and development, including family counseling theories, may be viewed. It involves the use of therapeutic techniques designed to be sensitive and responsive to cultural differences between counselors and clients. In order to understand diverse family, family counselors must understand the perceptions of the family members about their experiences (Fine, 1993, as cited in Odell, Shelling, Young, Hewitt & L'Abate 1994). Common barriers to effective multicultural counseling are language differences, racial identity development levels, and differences in worldview (Sue & Sue, 2003).

Sue, Arredondo, and McDavis (1992) created competencies intended to assist counselors in how to best serve clients, regardless of the clients' cultural backgrounds or presenting concerns. Taken together, these competencies represent a model of multicultural counseling (Ponterotto, Fuertes, & Chen, 2000). Within this model there are three categories of competencies: (a) the counselor's awareness of her or his own assumptions, values, and biases; (b) understanding the worldviews of culturally diverse

clients; and (c) development of appropriate interventions for use with these clients. There is growing support for the view that the competencies provide guidelines for best practice (Arredondo, 1998; Corey, 1996; Vinson & Neimeyer, 2003).

It is imperative that family counselors understand their own family experiences through development of the first competency category, personal awareness of attitudes and beliefs (Hardy & Laszloffy, 1995). Culturally influenced values form the foundations of people's biases, including senses of rightness and wrongness of how parenting should be performed (Brown, 1997). Without developing awareness of a counselor's personal values, such as with regard to parenting, the potential for misunderstanding and misdiagnosis exists. For example, it is more common in African American families for extended family members to be actively involved in parenting than in European American families. A European American family counselor with low personal cultural awareness who is counseling an African American family could incorrectly assess an aunt's active involvement in her nephew's parenting as a sign of the nuclear family being enmeshed with extended family members or as having a weak parental hierarchy.

The second component of the multicultural counseling competence framework— knowledge-- refers to the cultivation of specific cultural knowledge, including understanding of intergroup and intragroup cultural differences, sociopolitical influences on client concerns, and the client's worldview. McGoldrick, Giordano, and Pearce (1996) developed a handbook for family counselors relating information about specific ethnic groups and family characteristics. However it is important to note that culture-specific information taken too literally may lead counselors to overgeneralize patterns of

behaviors and characteristics to all members of a racial or ethnic group, overlooking

within-group differences and individuality (Sue & Sue, 2003).

The third component of the competency framework is skills, referring to the

specific interventions and abilities necessary to work with diverse families such as racial

and ethnic minority families or multiracial families. Interventions consistent with the life

experiences and cultural values of the clients are optimal (Sue & Sue, 2003). Extending

the tenets of the third component to the previous example, the family counselor may want

to include the aunt in the family counseling sessions instead of keeping the sessions

closed to members outside of the nuclear family unit. This shift in conceptualizing the

aunt's involvement may allow the family counselor to see the aunt's role as a support

rather than hindrance to the family's structure. Among counselors who treat adults and

individual clients, there is growing support for this triadic competency model as a

representation of best practices (Arredondo, 1998; Lee, 1997; Vinson & Neimeyer,

2000). Far less is known about the use of the multicultural competencies among family

counselors.

Multiculturalism and Family Counseling

In response to increasing diversity within society, paralleled with continued

monoculturalism and ethnocentrism, multicultural counseling developed as a conceptual

model of counseling that values difference (Robinson & Howard-Hamilton, 2000).

Multicultural counseling recognizes the potential impact of multiple identities in the

assessment, diagnosis, and treatment of clients (Sue & Sue, 2003). Sierra (1997)

summarized the criticisms that multicultural theorists have made of family systems

approaches by saying that they are Eurocentric and based on a White middle-class

American concept of the "normal family;" they ignore different kinds of family structures other than nuclear and consider alternatives as dysfunctional; and, they do not consider a wider client base relative to race, gender, ethnicity, and culture. Demographic changes have increased the extent of family diversity and require therapeutic attention to similarities, differences, and adaptation to adversity (Sue & Sue, 2003).

Nichols and Schwartz (2005) note that family counseling presently and historically has attended to context, and that some attention has been given to race and ethnicity in family counseling literature (e.g., Falicov, 1995; Hardy & Laszloffy, 1995; McGoldrick, 1998), Laszloffy and Hardy (2000) assert that racism has not been sufficiently addressed within family counseling, a point they find ironic given family therapy's emphasis on context. Yet, family counseling interventions might benefit clients with multicultural concerns by reducing isolation, increasing support, and helping to regain a sense of normality (Bhugra & DeSilva, 2000; Lee, 1997; Semmler & Williams, 2000, Soo-Hoo, 1999; White & Epston, 1990). Culturally competent family counselors seek knowledge about families' unique cultural compositions (Ariel, 1999) and have access to a variety of culturally competent theoretical models with which to ground their practices (Odell et al., 1994).

Conceptual Level

Family counselors have varied in levels of multicultural counseling competence according to self-reported assessments (Constantine, Juby & Liang, 2001). A possible factor in variation of multicultural counseling competency among family counselors could be related to variations in the cognitive complexity of individual counselors. Cognitive complexity refers to psychological growth that is intrinsic and often

sequentially progressive. Cognitive development theory suggests that at each progressive stage, a new and qualitatively different way of constructing meaning is developed and used. The characteristics of each stage influence how decisions are made and higher stages have been associated with desirable counseling practice behaviors (Peace, 1995, Rest & Narvaez, 1994).

A component of cognitive complexity is conceptual level, taken from conceptual systems theory which was developed by Harvey, Hunt, & Schroeder (Brendel, Foster, & Kolbert, 2002). Conceptual systems theory describes people's behaviors as functions of interaction with their environments. As conceptual levels progress to sequentially higher levels, greater flexibility and more creativity are evident in interpersonal functioning. The Paragraph Completion Method (PCM) was developed as a subjective assessment to measure conceptual level (Hunt, Butler, Nay & Rosser, 1977). Ladany, Inman, Constantine, & Hofheinz (1997) suggested that multicultural case conceptualization may be related to conceptual complexity.

The Need for Further Research

Due to the increasing diversity of the client population, multicultural counseling competence has become a critical issue for all therapists (Ponterotto, Alexander, & Grieger, 1995; Pope-Davis, Reynolds, Dings, & Nielson, 1995). A growing body of quantitative and qualitative research provides support for the development of multicultural awareness, skills, and advocacy. The model of multicultural counseling is based upon an assumption that if the counselor is culturally competent then the therapeutic services provided will be more effective (Pope-Davis, Liu, Toporek, & Brittan-Powell, 2001; Constantine, 2001). Until recently, much of the focus of

multicultural counseling has been oriented towards counselors who work with individual clients. Emerging research and literature is starting to examine the delivery of culturally competent family counseling services (e.g., Nelson & Brendel, Mize, Lad, Hancock, & Pinjala, 2001; Bean & Crane, 1996; McDowell & Jeris, 2004), yet some authors are suggesting that many family therapy trainees and practitioners have not integrated the skills necessary to work with diverse and minority families (Constantine, Juby, and Liang, 2001; Sierra, 1997). I believe that in order to comprehend the integration of multiculturalism into family therapy theory and practice, research must explore how family counselors perceive its role, specifically in terms of race and ethnicity, in their professional practices. There appears to be a lack of information currently available about which skills, if any, family counselors are utilizing from proposed multicultural theories, models, and competencies. The current study intends to address this deficiency.

There is limited published knowledge of family counselors' experiences with multiculturalism. Nonpositivistic research has been found to be effective for studying family counseling (Moon, Dillon, & Sprenkle, 1990; Hoper, 1999) as well as multiculturalism (Pope-Davis, Toporek, Villalobos, Ligiero, Brittan-Powell, Liu, Bashur, Codrington, & Liang, 2002). Ponterotto (1998) suggested qualitative methods be used to research multicultural counseling competencies as a way to gather new insights.

In the study summarized in this document, a descriptive approach was necessary to gather the subjective experiences of family counselors around issues of diversity and multiculturalism in their training and practice. Therefore the current research study is a phenomenological qualitative inquiry into family counselors' subjective experiences of multiculturalism, formed while providing family counseling services to diverse families.

It was situated within an interpretivist research paradigm. Interpretivist researchers are concerned with capturing the subjective, complex experiences of participants (Patton, 2001), and relating them logically to larger, similar groups. Using a phenomenological research strategy, grounded theory methods were employed during data generation and analysis and resulted in an emergent model of family counselors' multicultural competency-based experiences in their professional practices.

Conclusion

In this chapter, race and ethnicity were presented as important factors for family counselors to consider when conceptualizing families' therapeutic concerns, due to the increasing diversity of the population and the continued pervasiveness of racism and prejudice in society. Multicultural counseling literature suggests counselors' abilities to integrate race and ethnicity into their assessment, diagnosis, and treatment of clients are influenced by their own awareness of culture and bias, their development of culture-specific knowledge, and their application of a variety of culture-specific skills. Allen (2000) implores family counselors to develop "an understanding of knowledge about families as constructed, partial, contested, and contingent on ever-changing historical variation" (p. 5). According to Sierra (1997), family counselors may appreciate the importance of attending to cultural contexts within their clinical practice, yet little is known about how this knowledge is actually integrated into practice. The current research study was intended to narrow the gap between theory and practice by gathering and sharing the experiences of selected family counselors with multiculturalism, especially race and ethnicity, in their professional practices.

Chapter Two

All individuals and their families are embedded within their own cultures; no

person is acultural (Sanchez, 2001). As discussed in Chapter One, culture is a broad term

that encompasses race and ethnicity, sexual orientation, religiosity and spirituality,

nationality, and gender though it is sometimes used to imply only race or ethnicity.

Culture has been defined as integrated patterns of human behavior including thoughts,

communication, actions, customs, beliefs, and values of social groups (Leighton, 1982).

For some families the importance and influence of culture resonates more loudly

than others. Racial and ethnic minorities, including immigrant families and members of

VREGs, often find that their culture-of-origin clashes with the United States majority

culture. These families experience racism and discrimination. The majority culture

reflects Western, European American, White male values and norms. These values and

norms are so embedded within American society that sometimes Euro-American

counseling students in multicultural counseling courses often suggest they do not even

have a culture when tasked with developing an understanding and awareness of their

cultures (Sanchez, 2001). Since culture is reflected within all counseling practices,

including family counseling (Sue & Sue, 2003), it is important to understand the impact

of culture on families and counseling professionals. This task is especially critical for

families (i.e., those most profoundly affected by the experience of their own culture

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being at odds with the dominant culture) and for the family counselors striving to meet the needs of these families with therapeutic interventions.

This chapter draws upon empirical support to describe the relationship between family counseling and multiculturalism. Within the broad field of counseling, multiculturalism is often viewed as the response to increased racial and ethnic diversity; therefore a general description of multiculturalism and multicultural counseling competencies is offered. In an effort to provide context for the current professional development and practices of family counselors a brief historical overview of professional family counseling and the most widely used theories is also provided. Cognitive development theory is then presented to provide information about how counselors develop the case conceptualization skills useful in multicultural family counseling. The chapter provides an overview of the impact of race and ethnicity on families.

Impact of Race and Ethnicity on Families

In the United States the dominant Western family form, the nuclear family, has acquired positive social value while other family forms, such as single parent families or extended family households have received negative attention (Collins, 1998). Western family values include an individual-oriented focus, couple parenting, a view of the marital bond as primary, flexible family member roles, and expression of emotions (Lee, 1997). These values are reflected in the predominant family counseling theories that will be described later in this chapter. Families from origins other than Western, White, or European backgrounds often have structures or values different than those just described. Lee (1997) identified traditional Eastern family values as family/group-oriented, based in

multiple parenting, having a view of the parent-child relationships as primary, having well-defined family member roles, and suppressing of emotion. She further described five types of Asian American families that can be useful in conceptualizing the characteristics of families from other ethnic backgrounds as well.

The first type of family described by Lee (1997) is the traditional family. These families consist of members born in Asian countries, living within ethnic communities and having limited contact within mainstream United States society. The second type of family is identified as the "cultural conflict" family. Within these families are members holding different cultural values that may cause intergenerational conflicts between parental and children values and expectations. The third type of family described by Lee is the bicultural family and consists of parents who are well acculturated to American culture and are still familiar with Eastern cultures. The "Americanized" family represents the fourth family type. These families are less reflective of traditional Asian values and individual members often do not maintain their ethnic identity. The fifth and final family type is the interracial family. These families include families where marriage joins more than one culture. Some families are able to successfully integrate multiple cultures, while other families experience conflicts in values, religious beliefs, communication styles, and parenting issues.

As illustrated by Lee's description of the five types of Asian American families, a person's exclusion from, belonging to, or association with a racial or ethnic group impacts many elements of family life (Herr, 1999). Family rituals, communication, disciplinary techniques, problem resolution skills, and levels of expressiveness are but a few of the factors affected by these cultural variables. Most people in the United States

are in interaction with at least two ethnic groups, and thus, must balance the beliefs and values of one, often the more dominant group, with other groups' beliefs and values. For family members this requires bi-cognitive flexibility, in that they must be capable of operating from a family culture that is sometimes at odds with the dominant culture.

However as Lee identified in the interracial family type description, not all families are able to successfully interweave multiple cultural values. Many of the challenges facing contemporary families are impacted by the pervasive, yet often covert, powers of racism (McGoldrick, 1998). The experiences of discrimination, marginalization, and invisibility by racial and ethnic minorities affect both family interactions and the therapeutic relationship (Leslie, 1995). For example, Utsey, & Ponterotto (2000) found that self-esteem and life satisfaction (common issues processed in counseling sessions) have an inverse relationship with experiences of racism. Their research results also identified social support(i.e., from family members and peers) as a preferred coping mechanism among the African American men and women surveyed in their study.

Race and ethnicity impact parenting styles and decisions. In nonrandom surveys of parents of elementary school students in two urban and predominantly Black school districts, Hill and Sprague (1999) examined how race impacts gender socialization in black and white families. Their study included 202 African American families and 204 white families. Based on their findings, race was considered to have an impact on parenting roles, discipline strategies, long-term goals for children, and current family priorities. More than White parents, Black parents indicated doing well in school and obedience as key issues with their children. School age children of color experience

disproportionate rates of suspension, expulsion, special education placement, low teacher

expectations, and diminished prospects for the future (Day-Vines & Day-Hairston, 2005;

Patton 1998). The consequences of these experience leave children feeling alienated,

devalued, and marginalized by their schools (Tucker, 1999) and their parents often do not

know how to respond to their children's needs. Racial and ethnic minority families and

multiracial families enter therapy with presenting problems similar to non-minority

families, yet their problems may be exacerbated by the sociopolitical complexities of race

and ethnicity in the United States (Laszloffy, 2005). In an effort to meet the needs of

diverse individuals, the field of counseling has adopted the values of multiculturalism

(Sue, Ivey, & Pederson, 1996).

Multiculturalism in Counseling

As defined in Chapter One, multiculturalism is a construct that represents a

philosophical movement to overcome ethnocentrism by recognizing the validity of

diverse viewpoints (Sue & Sue, 2003). It has been named as the fourth force in

counseling (Pederson, 1990). The other three forces in counseling are identified as

psychoanalytic, behavior modification, and humanistic counseling. Multiculturalism

extends these frameworks rather than competing with them. It has extended the models

and theories of family counseling as well, making them more useful to diverse families.

According to Sue, Ivey, & Pederson (1996), multicultural counseling theory is a

meta theory of counseling and psychology and can be considered the professional

response to addressing diversity. Multicultural counseling involves the use of therapeutic

techniques designed to be sensitive and responsive to cultural differences between

counselors and clients. Pederson (1990) stated that given the scope of different identity

perspectives, every therapeutic encounter is cross-cultural. Multicultural issues impact counseling in diagnosis, intervention, and appraisal (Herr, 1999).

The focus on development of a counselor's cultural competence has resulted in a restructuring of teaching, training, and research. Multicultural counseling competence typically refers to counselors' awareness, knowledge, and skills in working with culturally diverse individuals. More precisely, cultural competence encapsulates both knowledge and understanding of specific cultures, including information about values, language, and worldview, which enables individual counselors to effectively interact within that culture (Mio, Trimble, Arredondo, Cheatham, & Sue, 1999). Sue, Arredondo, and McDavis (1992) operationalized the competencies to assist counselors in how to best serve all clients. A more detailed description of the three dimensions of multicultural counseling competence—awareness, knowledge, and skills—follows.

Awareness. Awareness refers to the counselor's responsibility to examine her or his own biases and assumptions while developing a positive orientation toward multicultural points of view. It is imperative that family counselors understand their own perspectives of the definition of *family* through development of personal awareness and reflection (Hardy & Laszloffy, 1995). Despite the multiplicity of family configurations and definitions, Western counseling students typically define *family* in relationship to whether or not children are in the household, there are blood relationships or there are legal or religious contracts (Stevens, 1998). Because families in their varied forms and structures represent socially constructed arrangements reflective of cultural values, it is vital that counselors be sensitive to their own as well as a family's cultural background. Counselors who are not in touch with affective and cognitive elements of their own

cultural identities risk difficulty in working with families from similar and dissimilar backgrounds (Hardy & Laszloffy, 1995). Development of awareness is a key step in the cultivation of multicultural competence.

Knowledge. Knowledge, the second component of developing multicultural counseling competence refers to cultivation of specific cultural understanding, including understanding of intergroup and intragroup cultural differences, sociopolitical influences on client concerns, and the counselor's own worldview. To promote such understanding most counselor education programs currently offer one course in multicultural counseling. Given that this approach has shown to be only somewhat effective, Odell et al. (1994) propose that multicultural family counseling become a subspecialty of marriage and family counseling worthy of its own distinct curriculum as way to facilitate development of cultural knowledge. It is ethically imperative that counselors work only with clients for which they have the specific expertise to do so. While counselors must seek culture-specific knowledge, they must also be careful not to base knowledge on generalizations and stereotypes (Israel & Slevidge, 2003). Culturally competent family counselors seek knowledge about families' unique cultural composition (Ariel, 1999) and have access to a variety of culturally competent theoretical models with which to ground their practices (Odell et al., 1994).

Skills. The third component of multicultural counseling competence is skills and refers to the specific interventions and abilities necessary to work with culturally diverse families. Sue and Sue (2003) state that interventions consistent with the life experiences and cultural values of the client are most optimal. Odell et al (1994), cites "Concepts and techniques used with white, English-speaking American families may not be applicable to other types of families" (Fine, 1993, p. 237). Selecting interventions as a culturally competent family counselor is far more complex than selecting interventions in individual counseling because of the multiple cultural identities within each family group. Celano & Kaslow (2000) specified that culturally competent family counseling interventions need to be flexible in structure and format, include collaborative goal construction, and be based upon a strong working alliance. Other suggested characteristics and experiences of culturally competent family counselors include direct exposure to other cultures, ethnographic knowledge of culturally specific patterns, flexibility, skilled communication, assessment of individualism versus collectivism, ability to take a "not knowing" position with families, operational knowledge of multiple family counseling theories and techniques, and ability to address similarities and differences directly and indirectly (Odell et al., 1994). Skills in empowerment and advocacy were also named as essential in marriage and family counseling, especially with disenfranchised families (Hair, Fine, & Ryan, 1996). Multicultural skills development can be facilitated with an emphasis on experiencing cultural diversity initially during preparation programs and subsequently through ongoing professional development over the course of a counselor's career (Lee, 1997).

Multicultural Counseling Competencies in Review

The competencies within each of these three categories combine to represent a model of multicultural counseling (Ponterotto, Fuertes, & Chen, 2000). The categories are articulated within 31 Competency Statements and 119 Explanatory Statements (Sue, Arredondo & McDavis, 1992). In response to criticism of the competencies (Weinrach & Thomas, 2002), Arredondo and Toporek (2004) suggest viewing the competencies as a "living document" to guide professional responses to cultural needs as they continue to develop and evolve within the counseling field and society at large. There is growing support for the view that the competencies provide guidelines for best practice (Arredondo, 1998; Corey, 1996; Vinson & Neimeyer, 2003).

A study by Rosenthal & Berven (1999) illustrates the importance of the multicultural perspective and competencies with regard to race in counseling situations. The researchers sampled White graduate students enrolled in a rehabilitation-counseling program in a case material review. The study participants were divided into two randomly assigned groups. One group reviewed case materials for a client portrayed as White; the second group reviewed case materials for the same client portrayed as African American. When the same client was portrayed as African American the client was judged to have less potential for education and employment. The study indicated the bias and stereotypes implicit in the counselor trainees' clinical judgment. Initial schemas of Africans American individuals contained stereotypes that led participants to make assumptions about the client consistent with their original schemas. From a cognitive developmental perspective, this process would be described as assimilation, the

modification of new information to match an existing cognitive belief or schema. A more complex process of accommodation, changing schema to reflect a changing knowledge of reality, is preferred. Yet in this study even as study participants were presented with subsequent client information they did not change their clinical judgments when the client was presented as African American. Later in this chapter cognitive development theory will be presented to describe the process that counselors use when conceptualizing client information. The study by Rosenthal and Berven indicates the importance of using a multicultural perspective to understand counselors' cognitive development by producing empirical support of counselor bias on clinical judgment when client race is a variable.

Taking into account the possibility of multicultural social desirability as an influence on research findings, Sodowsky, Kuo-Jackson, Richardson, & Corey (1998) assessed the self-reported multicultural counseling competencies of 176 university counseling center staff. Their sample was 71% White, 11% Asian, 7% Black, and 6% Hispanic. The White participants had the lowest full-scale score of self-reported multicultural counseling competence of the sample. From these findings, the researchers concluded that the participants in the minority groups had greater familiarity with multicultural issues than Whites, perhaps from living multicultural lives and the ensuing subsequent necessity of having interracial contacts more frequently than Whites. Therefore, in order for White counselors to rate their multicultural counseling competence more highly they may need additional in-depth multicultural training. In this study the kinds of training that significantly accounted for variance of multicultural counseling competence self-report were clinical work with minority clients, research

investigations into minority people, and multicultural counseling courses. The multicultural training of family counselors will be described later in this chapter; what is important to note from the study is the disparity between self-reported multicultural counseling competence among White and minority counselors.

Cultural competence is a professional standard that merits investigation among counselors and counseling trainees, but it is important to clients as well, especially clients from minority backgrounds. In a qualitative examination of client perspectives of multicultural counseling competence, Pope-Davis et al. (2002) found that clients' experiences of multicultural counseling were contingent on their self-identified needs and how well they felt their counselors could meet their needs. The participants in this study were involved in individual counseling relationships. Their findings supported previous research indicating that counselors with a perceived interest in the client's culture are rated more favorably and effectively. The clients interviewed in their study illustrated that if cultural issues were overlooked or ignored by dominant culture therapists they subsequently reported less satisfaction with the therapeutic experience. Pope-Davis et al. (2002) concluded that among their study participants, multicultural counseling competence was most important to minority clients' evaluations of their therapy experiences. In an additional study of individual therapists, Knox, Burkard, Suzuki, & Ponterotto (2003) concluded that addressing issues of race with minority clients occurred more frequently among African American therapists than among European American therapists. However therapists from both racial groups perceived positive impacts on therapy when the discussions did occur. In a quantitative study using 112 college students of color who sought mental health treatment at their campus counseling centers,

Constantine (2002) found that the clients' ratings of their counselors' multicultural counseling competence was significantly and directly related to their satisfaction with counseling services overall. If the college students perceived their counselors' as being more culturally competent, then they evaluated their counseling experiences more positively. Constantine inferred that multicultural training and education could help bridge cultural differences such as race and ethnicity between clients and counselors.

Similar findings by Fuertes and Brobst (2002) indicated a link between general counseling proficiency and multicultural counseling competence as perceived by clients and client satisfaction with counseling services for minority clients. Their sample included 85 counseling students with recent personal counseling experiences in which they were clients. The sample was comprised of predominantly White women with a mean age of 30 years. The results of their survey indicated that multicultural counseling competence is correlated with general counselor competence including expertise, trustworthiness, and empathic capabilities. The link between multicultural counseling competence and client satisfaction was only evident for the small number of ethnic minority participants in the sample. Of these ethnic minority clients, most had White Euro-American counselors. Fuertes and Brobst concluded that multicultural counseling competence is important for counselors to develop because it is related to minority client satisfaction with the counseling experience, and most minority clients are likely to work with White counselors.

Similarly, in a study by Gim, Atkinson, and Kim (1991), individual clients of color perceived more positively those counselors who overtly acknowledged the importance of culture in session. Clients' perceptions of family counselors have also been

shown to differ by race. Gregory and Leslie (1996) found that in client evaluation of family counseling experiences, black women clients described sessions more positively when their families worked with black counselors than with white counselors.

The presented studies illustrate the importance of multicultural counseling competencies and perspectives to both counselors and clients. The multicultural model of counseling was developed to address the oppressions and complexities of multiple identities existent in the United States. Potential problems for cross-cultural counseling are misunderstanding and miscommunication arising out of value differences, language barriers, and past negative experiences between minority groups and members of the dominant culture (Brown, 1997). As multicultural counseling continues to grow and guide the theoretical and empirical writing in counseling, more and more practitioners are acknowledging the importance of addressing cultural factors in therapeutic relationships (Constantine, 2002). Multicultural counseling competencies were developed to guide counselors with specific knowledge, skills and awareness associated with minority experiences. The competencies may be useful to counselors in a variety of clinical settings, including family counseling settings.

Family Counseling Theory

The studies described in the previous section provide support for attention to diversity using the multicultural counseling competencies. It stands to reason that the same attention to diversity should be extended to family therapy; however few empirical studies exist relating the use of multicultural counseling competencies to family counseling specifically (Constantine, Juby, & Liang, 2001). A discussion of the current level of integration of multiculturalism in family counseling will follow, but it will be

preceded by a brief overview of the development of family counseling as a distinct field

of counseling and a description of the most widely used clinical models will follow.

Dallos and Draper (2000) outlined the development of family counseling over

three phases. During the first phase, from the 1950s to the mid 1970s, families in

treatment typically included families in which schizophrenia and child delinquency were

primary concerns (Becvar & Becvar, 1988). Family counseling represented a more cost

effective alternative to enacting change as compared to lengthy psychoanalysis (Dallos &

Draper, 2000). During this period many counselors who had been experimenting with

family counseling independently joined into formal groups. One influential group was

the Mental Research Institute (MRI) comprised of Virginia Satir, Don Jackson, Jay

Haley, Paul Watzalwick, and John Weakland. While focusing on interpersonal dynamics

as opposed to intrapsychic functioning was in itself a dramatic change within the field of

mental health, the focus at this time was still primarily on dysfunctional family processes

(Walsh, 2003). Family systems theory formed the paradigmatic basis out of which

various family therapy models arose to address family dysfunction.

Systems Theory. According to systems theory, developed by biologist Ludwig von

Bertalanaffy, a whole is greater than the sum of its parts. As the family system, like any

system, the parts, or individual family members, also change. Therefore, family

members' issues are best conceptualized through assessing the interactional patterns of

the entire family system. Systems theory is based on principles of cybernetics with an

underlying assumption that parts of a system are best understood within the context of the

entire system. Gregory Bateson, a British anthropologist and social scientist, introduced

the use of cybernetics to study patterns of communication within families. Cybernetics is

a term coined by Norbert Weiner, a mathematician, and refers to how information is transmitted, and then regulates feedback. Family systems theorists presume that all communication has two levels: a surface, or content level, and a meta, or process, level. Family relationships are managed at the meta-communications level. Despite systems theory being a complex theory, cybernetics has been critiqued as being an overly simplistic view of family functioning because it does not take into account the cultural context of family life however many therapists found it to be useful in understanding family communication patterns (Dallos & Draper, 2000).

Two further key concepts of systems theory are homeostasis and circularity. Homeostasis refers to the belief that a system seeks to maintain stability through self-regulation, much as a thermostat regulates the temperature within a house. From a homeostatic perspective, families can be resistant to change because the system wants to maintain its current state. Circularity is a cybernetic dynamic whereby the behaviors of system members are maintained through the reactions of other members. For example, a family counselor treating a family with an alcoholic member would look for patterns in the entire family that maintain the alcohol abuse and plan interventions geared toward breaking the feedback loops instead of blaming an individual. Circularity functions to maintain homeostasis, so in the alcoholic family certain processes maintain the behavior and make change difficult. Circular causality, as opposed to linear causality, links patterns of communication and relationships in family dysfunction so that all members of the family system share in responsibility for the dysfunction to some degree. Critics of the concept of circularity assert that not all family members are equally accountable for all interactional patterns. Some family members have more power than others, such as in

families were power is distributed based on which family member generates the most income.

In systems theory, families are often described as either open or closed, referring to the boundaries of the system and types of interactions the family has with the larger environment. A boundary is a psychological demarcation between individuals or subgroups within a family system. It can be enforced through verbal and nonverbal communication. The boundary is like an invisible wall and signifies separateness from those on the outside of the boundary or togetherness of those on the inside of the boundary. Open families have very permeable boundaries, whereas closed families have more rigid boundaries. More open families are characterized by greater independence and autonomy among individual family members, values associated with the Western belief system. In a closed system, family members are less differentiated from each other and more isolated from the outside environment, with values more frequently associated to non-Western beliefs. Family rules maintain family boundaries and convey to members what it is acceptable and allowable behavior. Family rules, roles, and boundaries are influenced by cultural norms and values, although this influence was not the focus of early family counseling theorists.

By the 1970s, distinct models of family counseling had been created (Becvar & Becvar, 1988). Each model of family therapy was characterized by unique methods of intervention. This second phase of family counseling, from the mid 1970s to the mid 1980s, was marked by a move towards a more cognitive approach to counseling (Dallos & Draper, 2000). In reaction to the scientific critiques of modernity, the counselor's role as an objective outsider was called into question and a more subjective positioning of the

counselor as a part of the system developed. Family counseling at this time was largely an eclectic field, yet the distinct schools of family counseling theory gained momentum and many practitioners enrolled in the unique training programs of these schools (Becvar & Becvar, 1988). Three prevalent models of family counseling that arose during this time will be discussed in greater detail—Bowenian family therapy, Structural family therapy, and Strategic family therapy.

Multi-Generational (Bowenian) Family Therapy. The Multi-generational model of family therapy developed by Tennessee native Murray Bowen, is primarily concerned with differentiation of self in relation to others (Dallos & Draper, 2003). Problems are thought to develop when family members have low differentiation. Differentiation of self is the ability to separate individual intellectual and emotional functioning from the family. Someone with low differentiation of self has a high need for the approval of others. High differentiation of self is characterized by the ability to recognize the need for interdependence but not depending on other's for acceptance. Important concepts of this model are rooted in psychodynamic theory and include (a) the nuclear family emotional system which depends on the differentiation of the spouses from their families of origin, (b) interlocking triangles that are created when a dysfunctional two-person interaction brings in a vulnerable third person, (c) the family projection process whereby parents project anxiety onto children by triangulating the children in spousal interactions, and lastly, (d) emotional cut-offs which represents attempts to separate from the family. Bowenian family therapy has been criticized for being gender biased through its valuing of traditionally male attributes and pathologizing of traditionally female characteristics, namely emotionality and connectedness (Walsh, 2003). The main goal of Bowenian

family therapy, with the counselor in the role of coach, is to promote growth through increased differentiation.

Structural Family Therapy. Argentinean-born psychologist Salvador Minuchin developed structural family therapy in the 1960s and 1970s and emphasized the importance of family organization. Key concepts of his model are (a) family boundaries which function to protect differentiation of the system (example the parental system must be hierarchical over the children), (b) proximity or patterns of separateness and connectedness that vary widely among cultural groups, and (c) hierarchy. Hierarchy refers to the order of power in a family and from a structural family therapy perspective, a healthy family would have parents at the top of the hierarchy with children below. This would represent that the parents have more power in the family. The primary goal of this model is to strengthen the parental subsystem and hierarchy, values previously identified as being associated with a Western values orientation. One means of achieving this goal is to increase clarity regarding decision making of parents (Dallos & Draper, 2000). The counselor assumes a directive stance by using role plays or "enactments" to encourage dialogue, escalating stress to motivate change, and "unbalancing" the system by siding with individuals in order to restructure the family. Minuchin studied families from a variety of cultural backgrounds to seek evidence of normal family stressors that transcend cultural differences (Walsh, 2003). A central assumption of this model is that a normal family cannot be distinguished from an abnormal family by the presence or absence of symptoms and stressors. Symptoms are considered functional reactions to environmental or developmental challenges. This model has been criticized for its acknowledgment of

some cultural variation and generational hierarchies, while overlooking the influence of sexism and its implicit gender hierarchy (Walsh, 2003).

Strategic Family Therapy. Jay Haley is the individual most often associated with the development of Strategic Family Therapy. He was born in Wyoming and studied under Gregory Bateson and Salvador Minuchin. Haley's strategic model focuses on problem resolution achieved by getting families "unstuck" from faulty interactional patterns (Walsh, 2003). In his research and practice, often with ethnic minority families, he saw so much diversity that he avoided constructing a definition of a normal family. Instead he associated family functionality with the family's environment. Haley's approach minimizes the focus on a family's ethnicity and concentrates on changing family structure to bring about change (Richport-Haley, 1998). The main goal of this model is to reduce presenting symptoms by unlocking rigid dysfunctional patterns (Dallos & Draper, 2000). Haley asserted that people are constantly making assumptions about how they will interact with others and exert influence; thus the counselor has an active responsibility to maintain an awareness of potential and actual power struggles wherein individuals seek to maintain control over their own lives. Family beliefs, assumptions, and other cognitive constructions are important and challenged by the directive stance of the counselor and assignment of paradoxical tasks (Dallos & Draper, 2000). Some criticism has taken aim at strategic family therapy for the directiveness of the therapist when practicing from that framework.

The third phase of family counseling brought the profession from the mid 1980s to the present (Dallos & Draper, 2000). Mills and Sprenkle (1995) also chronicled the changes in family counseling within the postmodern era and described the transition from

a belief in a fixed reality to the recognition of the infinite varied ways families experience the world. The postmodern perspective, in contrast to the objectivity of modernism, is founded on the principle that reality is relative. Postmodern criticism of family counseling shifted the counselor's position from a location outside the family as a distant relative to within the family system as a co-creator of the family story. Clients and counselors are considered to have equally valid perspectives and the therapeutic endeavor becomes a more collaborative process. The counselor's role is to expand the family's story by challenging, or deconstructing, assumptions and ideologies.

An important criticism that has developed over the three phases described above is of systems counseling's tenet that all problems are interpersonal ones. Critics suggest that related family problems of child abuse and domestic violence are not merely solved through interpersonally focused counseling. Rather, implicit components of some problems and stressors are concepts of power and oppression and are influenced and perpetuated by socialization within the larger culture and society (McGoldrick, 1998). Additionally, postmodern critics argue that family counseling has focused primarily on the nuclear family as the client unit, ignoring the diversity of life choices and situations experienced by other family forms. In the postmodern phase of family counseling, continued emphasis on personal meanings and beliefs of family members has expanded to include an emphasis on the counselor's own beliefs and prejudices. Rather than conceptualizing families through their own immediate context, further focus is placed on the larger social context. Individual identities, including the counselor's, are seen as fragmented across varying social contexts. These theoretical changes bring recognition of

the importance of language and power. This period has been most influenced by two additional theoretical influences: feminism and social constructionism.

Feminist Family Therapy. Feminist family therapy emphasizes the often-unconscious ways men and women are driven to act out dominant social beliefs about gender roles (Dallos & Draper, 2000). Feminist family counselors assert that as part of the larger community, counselors have a responsibility to address the political forces that continue to oppress and marginalize non-dominant family forms (Mills & Sprenkle, 1995). A mantra of feminism is "The personal is political" (Hanisch, 1970). Specific feminist critiques of currently-preferred family counseling models emphasize the impossibility of counselor neutrality, the inappropriateness of circular causality in power imbalanced relationships, the use of language that obscures women's realties, and the perpetuation of women's oppression by traditional therapeutic processes such as mother-blaming and pathologizing characteristically feminine attributes (Simola, 1992).

Feminist family counseling remains marginalized in the broader arena of family counseling because some believe it overlooks other personal identities like class, culture, race, or religion (Almeida & Hernandez, 2001). A reoccurring theme in the feminist family counseling literature is the need to address cultural oversights. Almeida & Hernandez (2001) recommend counselors take social action to challenge conservatism and gather a more complex assessment of the social location of individual family members. They suggest this will be accomplished by asking critical questions of practitioners and family counseling faculty who train future practitioners.

Social Constructionism and Family Counseling. In social constructionist

approaches to family counseling goals and treatment concerns are co-constructed

between counselors and families. Social constructionist theory asserts that reality does

not exist solely in the mind of the individual, but is socially constituted (Berger &

Luckman, 1966). In counseling orientations driven by this philosophy, the counselor must

have an awareness of political dilemmas, personal prejudices, and potentially oppressive

assumptions or practices. Three goals reformulate counseling from social constructionist

theory perspective: (a) a pragmatic shift in location of psychological distress or family

dysfunction, (b) greater contemplation of culture, gender, and class, and (c) inclusion of

empowerment and social change in therapy (Lydonn, 1995). Hair, Fine, & Ryan (1996)

suggest that social constructionism is an essential framework for expanding the context of

family therapy.

Narrative family therapy, rooted in this postmodern social constructionist

thinking, accentuates the ability of people to assign meaning to their experiences by

generating stories (Dallos & Draper, 2000). The counselor's role is to create a mutually

validating conversation between family members while they share their own personal

perspectives and create new narratives. As such, the counselor is less directive than in

earlier family counseling approaches, as in Haley's strategic family counseling model,

and assumes less of an expert orientation . Narrative family counselors encourage

expression of multiple ideas, avoid pathologizing, use a strength-based approach to

interventions, and recognize counselor values. Narrative therapy emphasizes the role of

language in client creation of stories. The prominent figures of narrative therapy are

Michael White and David Epston who practice family counseling in Australia (Hoper,

1999).

The narrative stance to family counseling has been identified as being especially

suited to culturally sensitive family counseling practice (McGoldrick, 1998). Comas-Diaz

(1994) proposes that an extension of the narrative family counseling technique, life story

construction, be expanded to include cultural stories. Narrative counselors intentionally

avoid the client's transposing of the counselor's values for her own (Walsh & Keenan,

1997). Currently, much of the literature on narrative counseling is conceptually oriented

or written from an isolated case study. One qualitative study about termination in a

narrative family therapy practice, found that among the two minority families

interviewed, client-perceived multicultural counseling difficulties significantly

contributed to the families' decisions to terminate treatment (Hoper, 1999). Both families

described their narrative family counselors as culturally insensitive. The data from this

study contradicts the conceptual and theoretical literature on narrative family counseling

that has suggested its appropriateness for culturally sensitive practice. More information

is needed to understand both why some families respond positively to narrative family

therapy and how individual family counselors apply the theoretical concepts in

professional practice.

In summary, today's preeminent family therapy models of counseling include

multi-generational, structural, strategic, and more recently social constructionist

approaches such as narrative family counseling. Feminist family counseling challenged

all models of family counseling to consider the impact of gender and power on family

dynamics. Presently, family counseling encompasses marital and couples counseling,

parent-child counseling, or work with more than one member of a family (Nichols &

Schwartz, 200). The above models of family counseling enjoy widespread use with a

variety of client families, including multiracial families and racial/ethnic minority

families, however, little is known about how family counselors use the lens of

multiculturalism to conceptualize these families' concerns.

Multiculturalism and Family Therapy

The field of family counseling is becoming increasingly attentive to the ways that

multicultural counseling competence translates into more effective clinical practice for

family counselors evidenced by a growing number of relevant articles published in the

flagship journals (Wieling & Rastogi, 2003; Sierra, 1997; Hair, Fine, & Ryan, 1996;

Bean & Crane, 1996; McDowell & Jeris, 2004). This change has been called the "re-

visioning of family therapy", and encourages counselors to consider the socio-political

context of family life (McGoldrick, 1998). Understanding how family counselors can

work effectively with diverse families is increasingly seen as a critical task (Hardy &

Laszloffy, 1995; Odell, et al., 1994; Smith & Ingoldsby, 1992).

A growing body of research, such as that presented previously in this chapter,

points to the importance of consideration of cultural dimensions in the counseling

process, yet most of this research is conducted using samples of individual therapists.

While many agree that more research on multicultural issues specific to family

counseling is needed, little organized direction about the future of such research exists.

Bean & Crane (1996) reviewed the six most widely circulated journals in marriage and

family counseling over a ten year time period, 1984 to 1993. They concluded that there is

a shortage of published research focusing on racial and ethnic minorities in the marriage

and family counseling professional literature. According to Bean and Crane, this shortage may lead to difficulties among practitioners working with ethnic minority families, difficulty establishing a culturally sensitive educational curriculum for marriage and family counselors, and difficulty in recruiting minority educators if the field appears disinterested in diversity issues.

In a similar research project, McDowell and Jeris (2004) analyzed 127 articles from the Journal of Marital and Family Therapy published from 1999-2001. They found that only eight of the articles centered on race, ethnicity, or cultural competence. Based on the analysis of McDowell and Jeris, the use of theories, interventions, and research methods generated from a dominant culture perspective can be ineffective and even potentially harmful to clients, supervisees, students, and research participants from marginalized groups. These analyses indicate that continued multicultural family counseling related research focusing on specifically on race and ethnicity is warranted.

Nelson et al. (2001) invited a group of 29 leading family therapists presenting at a regional marriage and family therapy conference to participate in qualitative interviews about ethnicity issues in family therapy. Twenty-six of the twenty-nine participants were identified as white by the researchers. The results of the researchers' interviews with participants showed that among the leading family therapists and educators who participated, diverse and even contradictory perspectives existed regarding ethnicity and its integration in family therapy. Some participants felt ethnicity was never a family counseling-related issue, while others believed ethnicity is always a family counseling-related concern. Most participants agreed a family therapist should be open to learn from clients. One of the recommendations for future research suggested by the authors of this

study was to replicate similar interview questions about family therapists' perceptions of ethnicity in family therapy with clinicians working in community agency based settings as many of the family counselors in their study were working in academia.

Multicultural Education and Training of Family Counselors

A meaningful shift in perspective within the family counseling profession has brought forth multi-level analysis and change across training centers, academic research institutions, practitioners, and field leaders. Siebert and Willets (2000) note that while families have changed rapidly over the last five decades, cultural and institutional adjustments to these changes have been more tedious. Many educational institutions and community agencies experience difficulties providing services to or training with diverse families with varying needs and demands. Some family counselors and counselor educators believe family counselors' education in multiculturalism is still inadequate (Wieling & Rastogi, 2003; Sierra, 1997; Hair, Fine, & Ryan, 1996). Imber-Black (1997) suggests culturally competent family counselors must be exposed to theoretical models that cut across cultures, provided with nonstereotypical culture-specific information, gather self-knowledge of the counselor's own culture, and exhibit attitudes demarcated by openness. The professional literature recognizes that one multicultural counseling course is important yet insufficient to fulfill training in the competency standards (Brucker & Perry, 1998). Multicultural training during graduate training is significantly correlated with higher levels of self-reported multicultural counseling competence in White family counselors (Constantine, Juby, & Liang, 2001).

While the Constantine et al. (2001) studied a sample of White marriage and family therapists, Wieling and Rastogi (2003) sent surveys to marriage and family

counselors of color asking about their multicultural graduate training experiences. The fifteen surveys returned were analyzed with qualitative research methods. The authors concluded that all participants felt their own ethnicity had great impact on their clinical work. Though having a small sample size, this study is significant because it sought to include the underrepresented voices of marriage and family counselors of color. Participants stated that their educational training had been inadequate in terms of culturally appropriate theoretical and practical instruction, and they expressed major concerns about the lack of multicultural values and sensitivity in the field and the lack of mentors, as well as, experienced discrimination based on ethnicity and language of origin. Several participants stressed the importance of developing multicultural theories appropriate to working with families and the need for more multicultural research in the field of marriage and family therapy.

In a study of mostly White women working with African families as early interventionists, participants noted they had very limited opportunities for in service training in cultural issues and little institutional support for multicultural competence development (Sexton, Lobman, Constans, Snyder, & Ernest, 1997). The participants also noted they had very limited opportunities for in service training in cultural issues once in the field, even though multicultural counseling competencies have shown to be compatible with existing training programs and ongoing professional development activities (Kim & Lyons, 2003; Lee, 1997).

Inman, Meza, Brown, and Hargrove (2004) examined the relevance and integration of multicultural issues in family therapy education programs. They also examined the relation of such education to students' and faculty perceptions of their own

multicultural competence. The sample consisted of 123 students and 61 faculty members from 63 accredited family therapy programs. Results revealed that among minority participants, 80% perceived their education programs as being inadequate in representation of minority faculty. One interesting discrepancy was that 75% of faculty reported multicultural issues were well integrated within their programs, while only 67% of students thought similarly. Turner, Wieling, & Allen (2004) examined the weakness of family therapy in developing culturally effective family-based research programs and concurred with the results of Inman, Bean, and Hargrove, strongly advocating for research that translates into the delivery of culturally competent family counseling.

The Council for Accreditation of Counseling and Related Education Programs (CACREP) and the American Counseling Association (ACA) have adopted the multicultural counseling competency framework of Sue, Arredondo, & McDavis (1992) to initiate the transition from monocultural training to multicultural training. However, the American Association of Marriage and Family counselors (AAMFT) allows family therapy training programs to create their own definitions of diversity, and has failed to develop specific guidelines and objectives for multicultural training (Sierra, 1997). In 1988 the accreditation organization for marriage and family therapy education, the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), introduced curriculum guidelines to address socio-cultural issues in family therapy training. However, unlike related fields of social work and psychology, family therapy failed to develop specific guidelines and objectives for multicultural training (Sierra, 1997).

Even though AAMFT has not adopted the multicultural counseling competence framework concurrent with an increase in the percentage of minorities in the national population from 1980-1996, program content at American Association for Marriage and Family Therapy (AAMFT) conferences has increased (Killian & Hardy, 1998). Using quantitative and qualitative methodology, Killian and Hardy (1998) explored AAMFT's commitment to minority issues and minority membership and found the increase in minority-focused presentations paralleled the increase in the percentage of ethnic minorities in the United States population. Attention to multicultural related issues is on the rise.

Increased devotion to preparation of culturally competent family counselors is crucial (Hardy & Laszolffy, 1995; Odell, et al. 1994). Family counseling recognizes the interdependence of people and relationships, both of which are shaped by cultural context. Family counselors may learn from an educative perspective about diverse groups or family forms, yet basic assumptions may not be fully challenged and impacted, and courses fall short of providing the transformative experiences that would shift attitudes. Though more recent trends in family counseling seek to be inclusive of multiple cultural perspectives of family life (Pare, 1995), family counseling has failed to fully support some racial and ethnic minority families, resulting in dissatisfaction with the family counseling experience and early termination of counseling (Hoper, 1999).

Family counselors may appreciate the importance of attending to cultural contexts within their clinical practice, yet little is known about how this knowledge is actually integrated into their perspective and clinical practice (Sierra, 1997). The next section introduces cognitive development theory with particular emphasis on conceptual development, as a

framework on which we may better come to understand the link between counselors'

processing of their experiences in family counseling and their translation of that

processing into professional practices.

Cognitive Development

As the current study explores how family counselors experience and

conceptualize diversity, specifically race and ethnicity, including a theoretical component

on counselor development may provide useful descriptive insight about the participants.

Increasingly diverse client populations challenge family counselors to think creatively

and collaboratively about their helping roles. Effectively responding to the diversity of

families suggests a need for more complex perspective-taking skills and more enhanced

empathic capabilities on the part of family counselors.

Several theories seek to explore ways humans construct meaning about

themselves and their world. Cognitive developmental theory offers a comprehensive

explanation of psychological function and development, focusing on how individuals

construct meaning. According to cognitive developmental theory, psychological growth

is intrinsic and occurs in sequential hierarchical stages (Kohlberg, 1984). Each

progressive stage represents a qualitatively different and more complex way of

constructing meaning than the previous stage. The direction of this development is

irreversible--once growth progresses an individual to the next stage that individual will

not return to the previous stage. The characteristics of each stage influence how decisions

are made. Reasoning and behavior are linked with the attained level of cognitive

complexity. The complexity of an individual's cognitive and affective processes is seen

as a function of the individual's developmental stage (Foster & McAdams, 1998).

Developmental growth is a lifelong process, but it is not automatic. It depends upon interactions between the person and their environment and includes the influences of cultural factors such as race and ethnicity (Lewis, Lewis, Daniels, & D'Andrea, 1998). No significant differences have been found across cultures in the process of developmental growth (Lee & Snarey, 1988). Certain universal conditions create an optimal environment for cognitive growth. The application of these conditions, collectively referred to as Deliberate Psychological Education (DPE) includes role-taking, guided reflection, balance between experience and reflection, support and challenge, and continuity (Sprinthall & Theis-Sprinthall, 1983). Role taking requires the person to take on a qualitatively significantly new perspective, and can assist the individual in comprehending a wider worldview (Sprinthall, 1995). Guided reflection involves a personal dialogue between an instructor/mentor/supervisor and the individual in order to assist the individual in making meaning of the new experience. Balance between experience and reflection allows individuals to vacillate between new experiences and thinking about those new experiences. The support and challenge component encourages a person in the mentor role to encourage individuals to operate slightly above their current modal cognitive level while experiencing a comparable level of personal support. Finally, continuity of the DPE environment is important to promoting cognitive growth such that an individual must be immersed in the appropriate DPE conditions for an extended amount of time without interruption if growth is to occur.

A primary assertion of cognitive developmental theorists is that higher stages of cognitive development are better than lower stages in a complex environment (Sprinthall,

1978). Higher implies that an individual has better tools to make sense of her or his experience in the world, not that an individual has more or less worth or intellectual capacity than a person functioning at a lower stage. Research has shown that individuals reject lower levels of meaning making in favor of methods associated with their current level of cognition, preferring complexity (Rest & Narvaez, 1994). "Each stage is a more differentiated, comprehensive, and integrated structure that the one before it" (Hayes, 1991, p. 179). However, stage growth is specific to certain aspects or domains of human processing (e.g., thinking, feeling, understanding) and growth in one aspect or domain, does not necessarily translate into equivalent growth in other domains.

Higher levels of cognitive development are associated with skills that may be transferable to multicultural application. These skills include greater empathic communication, more autonomy and interdependence, more flexible counseling methods, and a reduction in prejudice (Holloway & Wampold, 1986; Peace, 1995; Rest & Narvaez, 1994; Sprinthall & Thies-Sprinthall, 1983; Stoppard & Miller, 1985). Application of cognitive development to counseling skills, in particular case conceptualization, can more acutely be examined in application of conceptual complexity using conceptual systems theory.

Conceptual Complexity and Multiculturalism. Conceptual systems theory (CST) is a developmental theory of conceptual development constructed by Harvey, Hunt, and Schroeder that has been applied to understanding counselor cognitive complexity and case conceptualization, in particular (Brendel, Kolbert, & Foster, 2002;Holloway & Wampold, 1986; Holloway & Wolleat, 1980). CST describes a person's behavior as a function of interaction with the environment, and assesses interpersonal sensitivity in that

process. As individuals advance through the CST proposed stages, a developmental shift occurs reflecting increasingly interdependent meanings developed by the individual. One dimension of this development is referred to as conceptual level (Hunt, 1975). Hunt's model of conceptual complexity has been associated with counselors' ability to more complexly assess a situation and orient to issues of interpersonal sensitivity and authority (Holloway & Wolleat, 1980). The model recommends that, for optimal functioning, people of lower complexity be matched with environments of high structure and people of higher complexity be matched with environments of less structure. A developmental match is one in which an individual is challenged with a more demanding structure than what coordinates with her level of functioning.

Differences in conflict resolution strategies illustrate the differences in conceptual levels among individuals, from concrete to abstract (Stoppard & Miller, 1985). Counselors at higher conceptual levels are associated with desirable characteristics such as greater flexibility, more creativity, and more openness to multiple perspectives. It is proposed that these traits may translate well into development of multicultural counseling competence. Holloway and Wolleat (1980) described a relationship between conceptual level and a counselor's search for information and clinical assessment. These characteristics and skills may be associated with family counselors' conceptualization of race and ethnicity in client families. Conceptual levels are useful tools for counselors and counselor educators. A counselor's conceptual level is related to more accurate hypothesis formation; therefore counselor educators have reason to purposively promote conceptual level development. As Sprinthall (1978) stated, "If we know what development is, then... we know something of what education ought to be." (p. 14).

Higher-level functioning counselors more easily integrate verbal and nonverbal client

information. Low-level counselor behaviors include concrete thinking, compliance, and

difficulty tracking clients (Holloway & Wolleat, 1980).

Case conceptualization is a core skill in counselor education, linking theory to

practice, and essential to multicultural counseling. Conceptualizing cases from a

multicultural perspective requires adeptness at integrating racial factors with client's

presenting concerns (Ladany, Inman, Constantine, & Hofheinz, 1997). Case

conceptualization contains three components: a diagnostic formulation ("What

happened?"), a clinical formulation ("Why did it happen?"), and a treatment formulation

("What can be done about it and how?" (Sperry, Blackwell, Gudeman, & Faulkner,

1992). Case conceptualization skills seem to offer increased value to counselors working

with couples and families because of the more complex conceptualization processes

required (Sperry, 2005). Learning family counseling is difficult as students shift from

conceptualizing cases individually and linearly to interpersonally and systemically

(Kaiser & Ancellotti, 2003). Multicultural counseling asks all counselors to consider the

cultural context of client concerns during case conceptualization. As families have

become more diverse, so have the models of family counseling. Unfortunately, theories

remain relatively limited in their descriptions of modern diverse families (Allen, 2000;

Herr, 1999), thus the family counselors applying these models are likewise limited in

their clinical conceptualizations of modern families (Herr, 1999). The progression of

family counselors' cultural conceptualizations of families has operated along a continuum

beginning with the notion that a.) all families are more alike than different; to b.) families

are more different than alike; next c.) families differ primarily due to ethnicity only; and

finally, d.) families are multidimensional and impacted by numerous contextual variables

(Falicov, 1995). This progression represents an increasingly complex progression of

making meaning of the differences among families. Counselors can help combat racism

by considering their own bias and racial and cultural factors during clinical decision-

making (Ridley, 1995).

Conclusions

Multiculturalism is being incorporated into the family counseling literature, but as

this chapter described, there remains confusion as to how multicultural competence

translates into useful clinical practice among the multitudinous differences within

families. Research indicates that family counseling and multicultural competence produce

positive outcomes. The present chapter described current research as well as the historical

context of family counseling. Also included was an overview of cognitive development

theory, including extended emphasis on conceptual development. Conceptual

development provides information about how with increased cognitive complexity family

counselors may be able to more accurately attend to issues of race and ethnicity in their

professional practices.

Chapter Three

Chapter Two reviewed the literature pertinent to this study of family counselors'
experiences with multiculturalism in their professional practices. The literature indicated
that multiculturalism is an increasingly critical issue for all counselors. Clients--
especially racial and ethnic minority clients--rated their therapy experiences more
positively when counselors attend to cultural issues (Fuertes & Brobst, 2002;
Constantine, 2002; Pope-Davis, et al., 2002). In family therapy, there has been an
increase in the conceptual attention to multiculturalism over the last decade, yet there
remains a gap in empirical research about the development of skills and eradication of
bias among family counselors. Cognitive development theory-- in particular Hunt's
(1975) conceptual development theory--was presented as a framework to understand how
differences in cognitive complexity may impact counselors' abilities to include cultural
factors like race and ethnicity in their case conceptualizations. The review of literature
demonstrated that additional research with family counselors is needed to learn more
about their clinical experiences with racial and ethnic minority families. The current
research study sought to address this need. The present chapter describes the interpretivist
paradigm, phenomenological strategy, grounded theory methods, and participants for this
inquiry. Methods for data generation and analysis are also described.

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Paradigm

The paradigm that undergirds a research study reflects the epistemological views

(beliefs about the nature of knowledge and how it is acquired), ontological assumptions

(beliefs about the nature of reality), and methodological beliefs (how methods are used or

studied) of the researcher (Guba & Lincoln, 1994). These views, assumptions, and beliefs

frame the questions of who, when, where, why, and how, giving purpose and structure to

the process of collecting and analyzing research data (Strauss & Corbin, 1998).

Essentially, a paradigm is the researcher's worldview in which the inquiry takes place

relative to the focus of that inquiry. The proposed study was conducted using an

interpretivist paradigm. Interpretation is the process of making meaning of what is

experienced. Qualitative researchers frequently use the interpretivist paradigm (Rossman

& Rallis, 2003). Common assumptions associated with the interpretivist paradigm are:

- All research is interpretive (Denzin & Lincoln, 2005).

- All research is guided by the researcher's set of beliefs and feelings
  (Denzin & Lincoln, 2005).

- The researcher has an unavoidably subjective worldview (Rossman &
  Rallis, 2003).

- The researcher tries to understand the social world from multiple
  perspectives of individual experience (Rossman & Rallis, 2003) and
  believes that social phenomena are not amenable to enumeration alone.
  (Harry, Sturges, Klinger, 2005).

The current research study was especially well suited to being situated within an

interpretivist paradigm because I sought to explore a human social phenomenon: how, if

at all, family counselors perceive and address diversity in their professional practices.

Using qualitative methods for generating and analyzing data, such as interviews and

document analysis, allowed flexibility and responsiveness in eliciting and interpreting

participants' descriptions of their experiences (Schwandt, 2001). Strauss and Corbin

(1998) suggested that qualitative inquiry is useful in obtaining descriptions of feelings

and thought processes that may be difficult to extract through quantitative research

methods. Additionally, qualitative inquiry can describe the active ways individuals

construct meaning, similar to the ways counselors attempt to uncover or clarify the

meaning-making of their clients (Dallos & Draper, 2000). Furthermore, Pope Davis, Liu,

Toporek, and Brittan-Powell (2001) suggested that multicultural counseling competency

research be conducted with qualitative methods to more fully capture the nuances of

clients' and counselors' experiences. To date, a large proportion of race, ethnicity, and

multicultural counseling competency related literature in the field of family counseling

has been conceptual in nature. Empirical findings were therefore needed to expand

current theoretical speculation.

Evaluation Criteria

Lincoln and Guba (1985) identified several ways to evaluate the quality of

nonpositivistic research, such as interpretivist inquiry. One way is to evaluate a study's

results in terms of their trustworthiness. Rossman and Rallis (2003) identify a trustworthy

study as one that is useful and accurate. Trustworthiness has four qualities: credibility,

transferability, dependability, and confirmability.

Overall, a study's trustworthiness indicates the value of the research findings to

others. Credibility addresses the extent to which the researcher accurately represents the

participants' views of their experiences. I attempted to ensure credibility of my findings

by using member checks, wherein I solicit feedback from the participants regarding my

interpretations of their experiences. A sample of a member checking summary is located

in Appendix A. Transferability involves the degree to which the findings can be useful to

others in similar or different contexts. I assisted in the transferability of my study's

findings by providing "thick descriptions" (Denzin, 1989) of the study's

phenomenological context, as in chapters one and two, and the findings, as in chapters

four and five. Dependability--related to ensuring a logical, traceable, and documented

research process--and confirmability—linking my interpretations to the data in clear

ways-- are achieved through precise record keeping and maintenance of an audit trail

(Schwandt, 2001).

An audit trail is a documentation system that includes all data and analysis

materials, including copies of the member-checking summaries of data, my reflexive

journal (wherein I recorded my ongoing questions, reflections and decisions regarding

my research), and my codebook (wherein I maintained a record of my analytical

reasoning). A sample of a reflexive journal entry is located in Appendix B and a sample

of a list of data codes is in Appendix C. Keeping these records in an organized fashion

would allow a third-party examiner to follow the audit trail documenting the research

procedures, providing an opportunity for the examiner to attest to the dependability of the

procedures and confirmability of the findings that I have reported (Schwandt, 2001).

Given the small size and scope of the proposed study, though, an audit was unnecessary.

Patton (2001) suggested that because of the time and funding required to do study audits,

they are typically done only when the research findings will influence large-scale policy decisions.

Phenomenological and grounded theory methods both involve a distancing of the researcher's personal assumptions and biases from the participants' data. Peer debriefing, used in this study as an additional technique to ensure credibility and confirmability of the study's findings, showed me new ways of looking at data, and assisted in this bracketing process. I met with a fellow graduate researcher who is familiar with interpretivist methods and diversity research. She asked me questions about my interpretations after reviewing samples of my data analysis. This helped me understand how my personal perspectives and values affected the findings. She and I communicated through face-to-face meetings, email messages, and telephone calls throughout the course of this study. I also discussed my research findings with a coworker. My conversations with her were useful because I could explain my thought processes out loud. A sample of my written reflection following peer debriefing meetings is in Appendix I. She helped identify with me the concepts that seemed confusing or insufficiently described. Divergent perspectives encourage researchers using grounded theory techniques to look critically at the codes and categories we develop (Charmaz, 2005).

A second way to ensure quality of findings in an interpretivist inquiry is to evaluate the study's authenticity. Authenticity has several dimensions—fairness, ontological authenticity, educative authenticity, tactical authenticity, and catalytic authenticity—all of which, except fairness, were out of my direct control as a researcher. Fairness means that the voices of the participants are represented fairly and with appreciation for participants' multiple perspectives (Patton, 2001). Ontological

authenticity refers to personal changes the participants may have experienced as a result of involvement in the study such that their understandings of the phenomenon become more complex. Educative authenticity involves the participants achieving a greater understanding and appreciation of others' experiences and points of view as a result of participation. Tactical authenticity means that participants considered taking action related to the study as a result of participation. Finally, catalytic authenticity is achieved when participants actually do take beneficial action as a result of participation in the study (Guba & Lincoln, 1989) and, using the previous examples, would occur if the participants actually did engage in those conversations. Participants were contacted by email after data generation and member checking were complete to inquire if further action had been taken as a result of participation in the study, and no participants responded.

Participants

I used a purposeful sample for the current research study. Members of a purposeful sample are selected because they offer in-depth insight about the studied phenomenon. Perhaps the most widely known example of research results derived using a purposeful sample is Piaget's developmental theory that arose from work with his own two children (Patton, 2001).

The sample was comprised of eleven family counselors from diverse work settings. Prior research suggested that community-based counselors would be information-rich in understanding counselors' experiences with ethnic diversity in families engaged in counseling (e.g., Nelson et al., 2001) and attempts were made to solicit participants from community-based agencies. One family counselor in the sample

was in full-time private practice with other mental health clinicians from multiple disciplinary backgrounds. Two participants maintained small private practices in addition to full-time employment within school settings. One participant was a full-time doctoral student of counseling and maintained a small private practice part-time. Five participants worked in community-based agencies providing counseling services to adolescents and their families who were court-ordered to treatment. One participant was in a career transition from community-based family counseling to academia as a counselor educator. Another was employed by a hospice facility as a family counselor to patients and their families. Of the eleven participants, six provided in-home family counseling services. I have provided succinct analyses of each participant in eleven case studies in Chapter 4. In Chapter 5, I have presented a cross-case analysis of all eleven cases, including observations about these cases that may provide insight into the experiences of similar groups of family counselors.

While licensure requirements for professional counselors and family counselors vary from state to state, a common requirement is a minimum of two years of clinical experience (ACA, 2006). Thus, participants in this study had a minimum of two years experience providing family counseling services. Three participants had over ten years of experience as family counselors. Four participants had five to ten years of experience and the remaining four participants had between two and five years of experience. All participants also had formal educational training at the university level in family counseling theory and practice, and most had taken at least one graduate-level course that specifically addressed multiculturalism and counseling. Seven participants were master's

level clinicians, one was pursuing his doctoral degree in counseling at the time of his participation, and three had doctoral degrees in counselor education.

I attempted to achieve diversity of demographics (i.e., age, gender, race, and ethnicity) among participants; however, a limitation of the field is that White counselors predominate (Sue & Sue, 2003). Therefore, this study's sample is comprised primarily of White counselors. Two of the nine White participants identified European ethnicities and three of the White participants identified cultural identities that emphasized United States Southern culture. Four White participants did not identify any specific ethnic identification. One participant identified herself as Filipino and noted that she was raised in Europe. Another identified himself as Mexican American/Latino/Chicano. While the specific ages of the counselors were not requested directly, four noted that they were in their twenties. The sample was comprised of nine women and two men.

To form this group, I invited participation using existing electronic mail distribution lists for family and professional counselors who are members of professional associations. The two lists located with this particular readership are IAMFCNET (sponsored by the International Association of Marriage and Family Counselors) and CESNET (sponsored by the Counselor Educators and Supervisors). Public invitations posted to these two lists, however, did not solicit a full complement of participants.

To complete the sample, a list of faculty members in counseling departments with marriage and family counseling programs was obtained using the Internet search engine, Google. Faculty members with public email addresses were emailed invitations to participate that they were asked to distribute to their recent graduates. A copy of this invitation is provided within Appendix D. Invitations to participate were also posted in

two family counseling university-based clinics in Virginia and North Carolina. Existing participants were also asked to share invitations to participate with colleagues. Five participants responded to the emails distributed by professors. One participant responded to the invitation posted in a university based-family counseling clinic. Two other sample members who had already agreed to participate recommended one participant each. The remaining three participants contacted the researcher by email and did not specify the source(s) of their invitations to participate.

Perspective

A study's perspective is less explicit than its paradigm, but still carries its own assumptions (Guba & Lincoln, 2005). In the current study, Hunt's theory of conceptual complexity was intended to be used to guide the analysis of the participants' data. The central assumption of Hunt's theory, as it can be applied to counselors, is that as counselors become increasingly cognitively complex, their abilities to conceptualize or make meaning of their cases improves. Higher levels of conceptual complexity are associated with skills in alignment with multicultural values, such as greater empathic responses, increased ability to see an issue from multiple perspectives, and an expanded worldview (Hunt, 1975). However, only three participants completed Hunt's assessment tool, the Paragraph Completion Method. Therefore, data analysis was guided by Sue, Arredondo, & McDavis' (1992) multicultural counseling competency framework of attitudes and beliefs, knowledge, and skills instead. Data from the participants' experiences were organized using corresponding competencies as articulated within the 31 Competency Statements and 119 Explanatory Statements described in Chapter Two.

Strategy

A research strategy assists the researcher in putting the paradigm into empirical motion, providing methodological practices to guide the inquiry (Denzin & Lincoln, 2005). The research strategy for this study was basically phenomenology, though the methods for data generation and especially data analysis followed Strauss and Corbin's (1998) grounded theory approach, and are described below. Phenomenology is concerned with how individuals experience the life world (Holstein & Gubrium, 2005). In other words, phenomenologists ask how the social world is made meaningful from participants' points of view. In my study I was concerned with how family counselors apprehended and acted vis-à-vis multiculturalism in their professional practices. The intent of a phenomenological study is for readers of the study's results to gain a better understanding of the participants' lived experiences. The purpose of the current study was to gain a better understanding of the clinical experiences of family counselors and their therapeutic work with racial and ethnic minority client families.

A technique that is essential to phenomenological study is "bracketing," which refers to the researcher temporarily suspending her own beliefs to focus upon analysis of the participants' subjective experiences of the world (Schwandt, 2001). The analyst must put aside, as much as is possible, her prior knowledge of related theories and literature. While a general goal of phenomenological inquiry is to describe and understand the focus of the study as themes arise from systematic data analysis, it is important to acknowledge my own knowledge about the literature in family counseling, as well as personal bias, which may be heightened around cultural identity topics (Harry, Sturges, & Klinger, 2005). These acknowledgments underscore the importance of reflective practice and

interpersonal perceptiveness. Researchers using grounded theory methods suspend

preconceptions and disciplinary perspectives while consciously noting the roles and

limitations of the researcher (Wilson & Hutchinson, 1996). In doing so,

phenomenological researchers "bracket" their experiences to allow clear emergence of

the meanings of the participants' experiences.

To assist these processes I maintained a reflexive practice, incorporated a

statement of the researcher as instrument (Appendix B) into this document and kept an

ongoing reflexive journal throughout data generation and analysis. A sample entry from

the reflexive journal is located in Appendix E. Reflexivity, which is important in

nonpositivistic studies like this phenomenological study, was sustained through critical

self-reflection and inquiry into how my own life impacted my research work and visa-

versa (Guba & Lincoln, 2005). Reflexivity acknowledges the subjective nature of human

perception--including that of the researcher--and therefore renders complete bracketing

impossible (Schwandt, 2001). Reflexivity and bracketing are integral components of this

research design because I, as the researcher, was the primary instrument of data

generation and collection.

Data Collection and Generation

The methods for generating, collecting and analyzing the empirical data in this

study followed a grounded theory approach to inquiry. Strauss and Corbin identify a

grounded theory as "theory that was derived from data, systematically gathered and

analyzed through the research process" (1998, p. 12). Grounded theory produces research

results in the form of theory generated inductively from the fieldwork of interviews and

document analysis (Patton, 2001). The researcher attempts to create theory using multiple

stages of data generation and analysis. Because grounded theorists use rigorous

procedures to provide some methodological standardization, grounded theories can

enhance understanding more meaningfully than theories based on speculation (Strauss &

Corbin, 1998). Though qualitative data evolves to some degree throughout any

nonpositivistic inquiry, grounded theory researchers follow systematic procedures as data

emerge. Charmaz (2005) considers these procedures to be a major strength of the

approach. To study the experiences of family counselors with racial and ethnic diversity

in their professional practices in a systematic way, I used grounded theory techniques to

collect and generate data from the eleven participants using interviews and two types of

artifacts: collections of emailed interactive reflections and visual representations of the

counselors' experiences created by the participants.

The initial interaction with participants, after informed consent was obtained, was

via electronic mail. The reflections took place through private email messages between

interviewer and participants. The first data generated with the participants, created prior

to the first interview, were their initial reflections in response to the following question:

"Considering all families in your case load, what are your perceptions of how, if at all,

diversity affects your clinical practice?" Responses were submitted as email messages

sent to me. This allowed participants to focus in on the question when they had

unstructured time to do so. One participant, Dorothy, shared during a later face-to-face

interview, "I was thinking about this question when I was doing the reflection email. That

kind of helped me get my thoughts together." The next interaction with the participants

involved scheduling interviews.

The central method of generating data in a phenomenological study is through interviews (Patton, 1998). Interviews with participants in this study were conducted face-to-face or using a telephone. All interviews were recorded using a digital recording device. I conducted two interviews with each of nine participants. Two others participated in only one interview each due to their scheduling obligations. Initial contacts with participants began in January 2006 and email communication continued until August 2006. Prolonged engagement—spending a substantial amount of time exploring a study's focus with participants--helped to build trust and allowed me to learn more about the family counselors' experiences (Rossman and Rallis, 2003), thereby increasing the credibility of the study's results.

Use of pseudonyms to refer to participants throughout the study helped maintain the confidentiality of their identities. Participants were provided with verbatim copies of interview transcripts used in the study and summaries of interview data. They also received copies of the completed study document. All participants were given an informed consent agreement that they signed and returned to me (Appendix H). This document informed them of all data generation procedures before they began their participation. They were told clearly that they had the right to withdraw from the study at any time. In fact, two additional participants not counted among the group of eleven completed the initial email reflection question then withdrew from the study. Their materials were not included in the data analysis. Participants were also told they could choose not to answer any interview questions or reflections to which they would rather not respond. One participant, for example, chose to respond to a question asked during an interview but requested the recording device be turned off while she spoke. She indicated

that she did not want that information included into the research, but she stated that she felt it was important for her to continue to address the question that was asked. Participants had the option to retract interview or document data from the research findings at any time during the study, however only one participant did so, changing demographic information that was incorrectly presented in her member check summary.

During the initial interview, I asked similar questions of each participant (see Appendix F: Initial Interview Protocol) and probed for clarification about statements included in the initial written reflections. These interviews were semi-structured in that a set of guiding questions was used but the format remained open-ended and responsive to each participant's unique experiences. The goals of the first interview were threefold: 1.) to gather a general sense of the counselor's experience with diversity, 2.) establish rapport, being as nondirective as possible, and 3.) to link the written reflection to the oral interview by asking for clarification and additional information as needed.

The participants scheduled interviews at their convenience. Most selected to schedule interviews during blocks of time during which they typically provided counseling to families. Each interview was approximately 45-80 minutes in length. The central question for all interviews was, "What are your experiences with diversity, specifically race and ethnicity, in your professional practice?" During the first interview, participants were directed to think of their current clinical cases in which multiculturalism seemed to be a pressing concern and reflect more specifically about those cases. Again, I replied to the participants' responses with follow-up questions that sought further clarification of thoughts and feelings about those experiences. Though the interview format was flexible and dependent upon participants' responses, the following

topics were addressed: participants' experiences with multiculturalism in their professional practices, multicultural attitudes and beliefs, multicultural knowledge, and specific culturally competent techniques or skills used and not used by participants.

Participants were contacted via email after the first interview and encouraged to ask questions or share more thoughts and feelings about multiculturalism and their professional practices. However no participants responded to this request and therefore this prompt was provided again during the next interview.

After the initial interview, subsequent interviewing engaged participants in expansion and clarification of their expressed thoughts and feelings. After each interview, a paid transcriptionist transcribed the dialogue verbatim. These transcripts were then sent to the participants via electronic mail along with summarized copies of my interpretations of their interviews. This technique, which allowed the participants the opportunity to revise or correct the summaries, is called member checking (Appendix A). Engaging participants in member checks regularly helped to ensure that my understandings of their experiences were accurate, thereby increasing the credibility and confirmability of my findings (Patton, 2001). These summaries allowed the participants to check the ideas to be used in final report, elaborating and correcting as needed. The participants received the summaries by email and had the option to return their feedback, additional thoughts, or changes by email. Any corrections or additions were then incorporated into my analyses. Three participants responded to the requests for feedback on their member check summaries with statements that suggested they were satisfied with the member check summaries. As previously indicated, one participant clarified incorrect

demographic information. Seven participants did not respond. A second request for feedback was made but did not generate any further responses.

At the conclusion of these interviews, participants were asked to create or select an artifact (e.g. collage, drawing, photograph, object) that metaphorically represented how they thought or felt about diversity in their professional practices. Asking participants to produce an aesthetic form of data representation was intended to provoke an additional perspective or way of viewing the studied phenomenon (Piercy & Benson, 2005). Piercy and Benson encourage qualitative researchers of family counseling to gather and use aesthetic forms of data, suggesting that the creative nature of family therapy work renders family counselors inclined to participate aesthetically.

Participants were directed to describe their artifacts in an email message and send either the artifact or a photograph of the artifact to me electronically or by postal mail. The prompt that was used for this request was: "Share with me a visual representation that would describe or illustrate your experience with diversity--specifically race and ethnicity--in your professional practice." By inviting participants to express themselves creatively in the selection or creation of the artifact, family counselors in this study had the opportunity to share their experiences orally, in written format, and aesthetically, encouraging triangulation of data generation methods and types. Triangulation is the use of multiple sources and kinds of methods or data to increase accuracy, complexity, and credibility of findings (Patton, 2001). Two participants contributed electronic copies of images that represented their experiences. Two additional participants verbally described narrative accounts of metaphorical representations of their experiences during their interviews. Seven participants did not submit artifacts.

Triangulation helps to ensure that a study's results are trustworthy and authentic, as described earlier in this chapter. It also promotes the integrity of the study (Schwandt, 2001). Triangulation in the current study included multiple sources of data and multiple methods and types of data generation. Using multiple data types (in this study: interviews, interactive reflections conducted via email, and documents and artifacts collected and generated by participants) was intended to stimulate theoretical saturation by allowing new data to emerge from multiple sources, encouraging maximum variability in data across participants (Harry, Sturges, & Klinger, 2005). Theoretical saturation is the point at which no new themes emerge within in the limits of available time for the project (Strauss & Corbin, 1998).

Data analysis methods for all generated data are described in the next section.

Data Analysis

The methods used for data analysis reflected the phenomenological strategy and grounded theory methods combined in the proposed study. Phenomenological researchers believe that through dialogue, reflection, and systematic data analysis, the meanings of participants' experiences will emerge (Rossman & Rallis, 2003). Interviews provided snapshots of the participants' experiences while the emerging grounded theory provides a picture of the whole phenomenon (Charmaz, 2005). During data analysis, I read through the data, searching for clues as to how the participants each made meaning of their experiences with racial and ethnic minority or multiracial client families and then incorporated those perspectives into their clinical practice (Holstein & Gubrium, 2005). As the researcher, I became immersed in the data so that relationships and meanings could emerge through inductive analysis.

A common flaw in grounded theory analysis is premature closure or "under analysis" (Wilson & Hutchinson, 1996). In avoiding premature closure, it was important to move through several levels of analysis. Briefly, these are open coding, axial coding, selective coding, and the generation of a conditional matrix, leading to the formation and depiction of an integrated theory. It is important to note that the coding of the data took place during data generation. Conducting interviews and reflecting upon the data during analysis helped me to clarify codes and develop new questions.

The purpose of coding procedures, as identified by Strauss & Corbin (1998, p. 12) are:

1. Build rather than test theory.

2. Provide researchers with analytic tools for handling masses of raw data.

3. Help analysts to consider alternative meanings of phenomena.

4. Be systematic and creative simultaneously.

5. Identify, develop, and relate the concepts that are the building blocks of theory.

Theorizing involves the interplay of making inductions and deductions. A theory offers both an explication and explanation of a phenomenon (Patton, 2001). Two levels of theory-- formal and substantive-- have been identified (Strauss & Corbin, 1998). Substantive theory accounts for a phenomenon with a set of explanations and formal theory is applied to a broader range of topics in a variety of settings. In order to be useful, grounded theory must not be so overly generic that it could apply to any circumstance, but should contribute to knowledge of the specific content area of the study (Wilson & Hutchinson, 1996). The goal of the current study was to produce grounded theory at the substantive level.

Open Coding

For the researcher using grounded theory methods, analytic tasks include naming

concepts, defining categories, and developing categories in terms of their properties and

dimensions (Strauss & Corbin, 1998). Thus the first step is conceptualizing. A concept is

a labeled phenomenon. Data are broken down into discrete incidents, ideas, events, or

acts and each is then given a representative name, also called a code. Like elements are

separated from dissimilar data by constant comparison of data with one another,

determining which data belong together under each coding category. This process is

called open coding.

Several methods were employed when coding in this study: line-by-line

microanalysis, coding a whole sentence or paragraph, and perusing the entire document

for a general sense of what was occurring (Strauss & Corbin, 1998). First I skimmed the

transcribed accounts of the interviews to get a general sense of what was occurring. Then

I perused the email reflections for each participant in the same manner. The interview

data provided rich descriptions of the family counselors' experiences, while the email

reflections and artifacts tended to represent the abstract ideas that the participants had

about multiculturalism. Analysis of each data source informed previous analysis

(Charmaz, 2005).

The data sources were again analyzed by re-reading through the printouts of these

text documents. During the second reading, I made notes in the margins of the printouts

and assigned code names to each unit of analysis. The size of the units varied. Sometimes

the unit of analysis was as small as a phrase within a sentence. More commonly a unit of

analysis was a sentence or group of sentences that conveyed a common idea. Sometimes

large segments of interview dialogue expressed several ideas and required line-by-line

analysis. In this study, some code labels used the language of the participants; these codes

are called "in vivo" codes (Strauss & Corbin, 1998). As the researcher, however, I named

the majority of the codes. Appendix C presents a sample of the code list.

During this first phase of data analysis I wrote general code-notes in the margins

of the transcribed interviews. Code-notes are memos that captured the record of my

thoughts, interpretations, questions, and future ideas as they arose during analysis

(Strauss & Corbin, 1998). An example of a code note from one of Dorothy's interviews is

"Counselor wonders what clients really think about her."

A "codebook" was maintained throughout the coding process. The codebook for

this study was a computer word processing file that contained a running list of all codes,

descriptions of codes, and corresponding examples. Because flexibility in allowing

themes to emerge and change was important to this study, I continued to return to the

codebook to refine code names and organization throughout data analysis. Generally

speaking, as I employed open coding I broke down data from interviews and reflections

into discrete parts--for instance one line of interview data-- and closely examined them

for similarities and differences. As data were grouped together in coding categories, the

theoretical properties of each code emerged.

Axial Coding

Each level of the coding process becomes more conceptual than the previous data

analysis procedure (Strauss & Corbin, 1998). The next step after open coding was to use

axial coding as a way of reassembling data that were taken apart during open coding.

This involved relating categories to subcategories according to their properties and

dimensions and examining how categories link to each other. Using my interpretive lens as the researcher, I continued to make meaning of the data as I grouped codes together around commonly expressed ideas, thoughts, or feelings, thus linking concepts. Data elements (events, happenings, objects, and actions/interactions) that were found to be conceptually similar or related in meaning were grouped according to emerging categories. I created a separate file for each category that contained the codes and all data linked to that category. Creating categories at the axial level involved more abstract linking of concepts and allowed for comparison of concepts on a broader level.

At this stage, I also reviewed the artifacts and artifact descriptions. Analysis of these data sources was holistic. The holistic themes of the visual representation as each participant described it were examined to see if they related to previously developed codes or if a new code needed to be created. In analyzing the artifacts, I looked for any additional categories to emerge from the representations that may have been different than themes that the analysis of the interview data yielded. The artifact-based themes were consistent with the ideas expressed in the interview data and therefore did not generate any additional categories. Yet as indicated previously, only three participants contributed artifacts. I was surprised that so few participants communicated using this data type. I believe this may have been attributable to the overall length of time participation in this study required.

As I used open and holistic coding procedures and examined data for similarities and differences with axial coding, I used another analytic tool: the flip-flop technique (Strauss & Corbin, 1998). Strauss and Corbin describe the flip-flop technique as one that turns the code concept "inside out," the point being to examine the data from an

alternative perspective. In the current study a use of the flip-flop technique was to consider clinical cases in which race and ethnicity were not considered significant to the participants in their case conceptualization of client families. All participants endorsed a viewpoint that, in general, race and ethnicity were significant to case conceptualizations. Two participants described some individual situations in which race and ethnicity were not relevant to some particular case conceptualizations. In examining the similarities between those two participants that may have separated them from the group, I identified that they are both in the younger and less experienced ranges of all the participants. They are also both White and expressed a shared belief that unless race and ethnicity were directly related to the presenting problem of a family, then those issues were not directly relevant to the overall case conceptualization. Further discussion about how counselor attributes impacted the findings of this study is located in Chapter Five.

Selective Coding

Next, the process of selective coding began. As I moved through the stages of data analysis, I visualized a family of Russian nesting dolls, beginning with a small unit that is encapsulated by progressively larger units. Each stage of analysis generated a broader conceptualization of the data than the last. At this stage of the analysis, categories were integrated and refined, ultimately leading to the development of a model that represented how all of the axial codes related to each other (Harry, Sturges, & Klinger, 2005). This model was entitled "Creating Multicultural Dialogues" and is described in detail in Chapter Five. The model forms the framework of the theory that is the study's results. My immersion with the data for the course of the study promoted integration of the categories into the model.

Strauss and Corbin (1998) describe this bringing together of all the codes, categories, and relationships among concepts as an "analytic gestalt" (p. 144). Wilson and Hutchinson (1996) suggest failure to present a gestalt of the data--or a theory—and instead presenting a list of themes that emerged from the data--is a common methodological mistake in grounded theory research and one that I attempted to avoid by using a technique proposed by Straus and Corbin (1998) called "writing the storyline." This technique was intended to aid integration and involved rereading several interviews to get a general sense of what was going on in the data. I then began to articulate the main issues in a narrative description called the storyline. After all of the interviews were coded and theoretical saturation appeared to be achieved, writing a storyline assisted me in drawing relationships among codes and concepts and identifying the predominant themes of the study.

I then modified the codes so that all cases were accounted for. For example, a category emerged that was related to adolescent dating. Many participants discussed how interracial adolescent dating by clients led to race-related discussions with families. Though this information was initially grouped under a code entitled adolescent dating, it was found to be better accounted for under a theme related to skills family counselors used to process issues related to race and ethnicity in family counseling sessions.

If the data representing a particular category did not adequately answer questions about that category such as who, what, when, and how, then the category was considered "poorly developed." Poorly developed categories needed further development through more thorough reexamination of the raw data. This occurred with the category of "values." The data that were placed within the category represented how values

influenced decision making in clients, but only two examples were categorized in this way. The data were reexamined and the two coded segments of data within that section were determined to better fit under other categories. This process encouraged density, which increases the explanatory power of the theory. Strauss & Corbin (1998) describe density as the state in which "all the salient properties and dimensions of a category have been identified" (p. 158). To achieve density I filled in the attributes of poorly developed categories by re-examining memos and the raw data. Eventually no new properties or dimensions emerged from the data. I was then more certain of theoretical saturation, and therefore closed the data gathering process.

I examined the data contained within each category in its entirety. Upon reviewing the data in this way, I realized that some of these categories were linked to each other in a more broad sense. For example, two categories--participant ethnicity and age--were grouped together under a broader category of counselor attributes. Some ideas did not seem to fit in the data and appeared only as extraneous concepts, such as one participant's description of a particular continuing education training seminar. They were then dropped from the theory. Strauss and Corbin (1998) call this "trimming the theory" and suggest its utility in making the theory less cluttered and more comprehensible. Next, using the multicultural counseling competence framework of awareness, knowledge, and skills, I organized the categories of coded data within this framework. For example, awareness of impact of counselor ethnicity and awareness of own biases were grouped together under the broader category of awareness.

Finally, Strauss & Corbin (1998) suggest developing a matrix as a conceptual model to represent the theory that emerged as selective coding continued. The model was

represented with a visual diagram and is displayed in Appendix L. Visual representations

of qualitative data may connect audiences on intellectual and affective levels (Piercy &

Benson, 2005). However, visual displays of complex processes may oversimplify the

researcher's interpretive analytic process (Harry, Sturges, & Klinger, 2005). Using visual

representations in conjunction with textual depictions of the results of selective coding

hopefully prevented this oversimplification in the current study. The visual diagram that I

used was a work in progress that evolved during the analysis that continued through the

writing phase of this research project.

I used the multicultural counseling competence framework of awareness,

knowledge, and skills, to guide development of the model. Using this theoretical

perspective to organize the data, I was able to examine the data as a whole. From this

angle, I was able to see counselor interactions occurring within different professional and

personal contexts: with self, with clients, and within the workplace. I was also able to see

that within these interactions the participants experienced varying levels of

encouragement or discouragement to engage in multicultural related dialogues. I

constructed a model that would illustrate relationships among different contexts/actors

and varying opportunities for multicultural dialogue. Seeing the data represented in a

visual diagram helped me to understand how the categories were related and expressed

by the participants. The concept of "creating multicultural dialogues" was the thread

interwoven throughout the data that had been unraveled through open coding.

Authenticity

Copies of the research report were made available to all participants via electronic

mail, which, in at least one case, assisted the development of educative authenticity,

awareness of and empathy for others' experiences (Guba & Lincoln, 1989). One

participant remarked in an email how interesting it was to read about the experiences of

others. Two examples of tactical authenticity, a reaction to the research that leaves the

participant feeling empowered to act (Guba & Lincoln, 1989), from this study are

evidenced in the following quotes from participants Charlotte and Carol:

> I just realized, I hadn't thought of this before. We are in the middle of trying to
> hire more counselors and my supervisor said we really need a guy as far as
> gender. We all offered different things but never once did we ever say maybe we
> need someone of a different race. I think I will probably bring that up in treatment
> team meeting.

> You know, I have never really talked about how I feel about those funerals with
> my coworker. I have never really said that to her although we have talked about
> other things we like and dislike about funerals. I don't think I have really avoided
> it on purpose. Really, probably after talking to you it might kind of spark me to go
> back and revisit that with her and see what she thinks. You know, see how they
> feel about it, if they feel the same way, and how they think I should deal with it.

Audience

The results of this study should be useful to those interested in the experiences of

family counselors and multicultural counseling issues. My purpose for conducting the

current study was to develop grounded theory that addressed the experiences and

concerns of family counselors with clients around issues of multiculturalism, specifically

race and ethnicity. By providing clear documentation of procedures and components of

the research process, it is my intention that readers are able to follow the logic that led to

the cases presented in Chapter Four and the emergent theory presented in Chapter Five.

Hopefully the theory that evolved from this study will be meaningful to family

counselors who provide services to families facing complex concerns. In addition, the results of this study may also be of interest to counselor educators, supervisors, and community mental health administrators.

To date, limited empirical research exists regarding family counselors' experiences with multiculturalism in their professional practices. Though the majority of counseling professionals endorse multicultural counseling competencies, many clients continue to be impacted by racism, discrimination, and prejudice—forces at odds with a multicultural philosophy. The next chapter presents the experiences of eleven family counselors working with clients who confront these challenges.

Chapter Four

This chapter presents the individual case studies of the eleven family counselors who participated in this study. Situated in the interpretivist research paradigm, the purpose of this study was to explore selected family counselors' experiences with multiculturalism, specifically race and ethnicity, in their professional practices. Participants were eleven family counselors who had a minimum of two years postgraduate clinical experience with family therapy. The study generated data using four means of communication with the participants: emailed reflection questions, in-person and telephone interviews, artifact creation, and assessment of Hunt's Conceptual Level using the Paragraph Completion Method (Hunt, Butler, Noy, and Rosser, 1977). Grounded theory methods were used to analyze the data generated with the eleven family counselors. The study explored the family counselors' experiences related to their awareness, skills, and knowledge of the multicultural elements of their professional practices.

As stated in Chapter Three, participants are identified by their pseudonyms. Direct quotations from participants are included within the narratives to assist in illustrating the study's findings, allowing readers an in-depth look at the experiences of these family counselors. Wherever possible, the language of the participants is used to describe various racial and ethnic groups as they were identified during communication with the participants. For example, some participants identified "Black" families and

other participants identified "African American" families. Thus, throughout the case studies these identity markers vary and are referenced as used by the participants.

The age, race and ethnicity, educational levels, and professional experiences of these participants are varied. Some of the family counselors have doctoral level training, one is in the midst of doctoral education, and others are recent graduates of master's level programs. Many of the participants are White, although some identified strong ethnic connections in addition to a White racial identity. Two other participants are persons of color and one of those participants also expressed a strong ethnic connection. Some of these family counselors are in private practice, others are working for community agencies, and one is transitioning from clinical work to academia.

What these family counselors have in common is that they all live and work in the Southeastern United States. Additionally, they all expressed, albeit at varying levels, an interest in multicultural concerns and exposure to multicultural education and training. All participants have experience working with clients of color and clients of racial and ethnic backgrounds different than their own.

The case studies in this chapter present the family counselors' experiences with multiculturalism. These eleven narrative descriptions provide detailed accounts of the professional development of each family counselor as related to multiculturalism. Each participant described personal and professional characteristics that contributed to their experiences of multiculturalism as family counselors. Descriptions of their professional experiences, including relevant demographic and family information, caseload, and work environment, are presented within the narratives and summarized in the table that follows.

Table 1

Participant Background Information Summary

Participant Name	Gender	Race/ Ethnicity	Approx. Age	Education	Work Setting	PCM Score
Lynn	F	Irish American	Over 30s	Master's	Community/ Private Practice	N/A
Jane	F	Caucasian	Over 30s	Doctoral	Community/ Private Practice	N/A
Dorothy	F	Caucasian	20s	Master's	Community	3
Anna	F	Caucasian	30s	Master's	Community	N/A
Charlotte	F	Asian American	20s	Master's	Community	3
Emma	F	German/ American	Over 30s	Doctoral	Private Practice	N/A
Bill	M	White	20s	Master's	Community	N/A
Joseph	M	Hispanic American	Over 30s	Doctoral	Private Practice	N/A
Robert	M	White Southern	30s	Doctoral	Community	3
Carol	F	White Southern	Under 40s	Master's	Community	N/A
Camille	F	Caucasian Southern	20s	Master's	Community	N/A

In the section that follows, the experiences of the family counselors who participated in this study will be described individually. Chapter Five will include descriptions of the themes that emerged through a cross-case analysis of the individual cases.

Lynn –

"It makes me feel a sense of pride to know who I am and who I came from and to be able to share that with clients."

Lynn described herself as "a woman of Irish descent" from a "poor, working class background." She shared that she is proud of her ethnic heritage and makes efforts to seek out information about her ancestry. She also displays references to her ethnicity in her office and responds to clients' questions about these objects with openness.

> My culture is so important to me. Someday I want to go to Ireland and when I have clients look at the pictures on my walls of Ireland and ask if I've been, then I tell them that I'm Irish. I'm excited about who I am. I know a lot about the Irish, including the stereotypes, and I'm proud of what my family's done.

The artifact Lynn selected for this research study, which was created to be a visual representation of her experiences with multiculturalism in her professional practice, is a handmade Shamrock as homage to her own cultural background. It reflects the importance she places on her own culture as a key element of her professional experiences.

During her research participation Lynn shared several stories about the role that culture has played in her own life. For instance, she described growing up in an ethnically diverse Northeastern neighborhood and participating in rituals associated with a variety of European cultures, such as going to ethnic weddings. She also grew up during the Civil Rights movements and recalled with pain learning about lynching and racism. When Lynn moved from the Northeast to the Southeast as an adult she was shocked to see and hear White people's public racism. As a very spiritual person, she said she was especially dismayed to hear racist comments at church events.

Before becoming a counselor, Lynn was a homemaker and raised three children. She went on to become a registered nurse before finally pursuing a bachelor's degree in sociology and then a master's degree in family counseling. The combination of all of her professional and educational experiences contributes to Lynn's sense of herself as a counselor. Self-reflection, especially with regard to multicultural issues, has been a cornerstone of Lynn's professional identity development.

Lynn did not complete the conceptual level assessment, the Paragraph Completion Method, so her conceptual level could not formally be assessed, however her responses to the interview questions did reveal that she had a high level of concern for others' ideas, thinks about problems from multiple perspectives, and is secure in her own beliefs. Those characteristics are consistent with individuals who score at level 3, the highest conceptual level measured by the Paragraph Completion Method.

Lynn received training and supervision as a family counselor in the community working with court-ordered adolescents and their families. At the time of her participation in this research study, Lynn was employed full time as a counselor in an educational setting in Virginia and also maintained a small part time private practice. Lynn identified adolescents to be her favorite client population. One of the culturally related concerns that she has for that population is helping parents distinguish between children who are acculturated to a different set of values versus children who are rebelling against their parents' cultural norms.

Lynn also believes that experiences of racism can have a significant impact on clients' self-esteem. She described one case with an African American father that she worked on as a family counselor in a different work setting. The father was mandated to

see her for counseling after a social services agency received a report that he had

physically punished his child. Lynn stated she had observed that African American

families tended to use physical punishment more frequently than Caucasian families. She

felt it was important that the father be empowered as a parent. She did not want to be

perceived as part of "the system" which had referred him to her. She did not evaluate

whether physical punishment was a justifiable form of discipline or not, but she did

discuss how the law was written and how, with that information, the father could be

empowered to create a method of discipline that would not violate the law. For Lynn the

racial difference and systemic power differentials made that particular case significant for

her.

Active learning environments and exposure to people who are culturally different

than Lynn expanded her awareness and broadened her worldview. As a nursing student,

Lynn participated in a study abroad trip to Guatemala. Learning about the lives of

migrant workers and touring migrant camps left an impression on her about systemic

discrimination.

> We toured different migrant camps and kind of looked at how the workers were
> shoved into one building and then how prostitutes and alcohol were brought in on
> payday so they ended up spending all of their money. It kept them trapped even
> though they came [to the camps] to send money back to their families. They
> ended up going back with STDs and alcoholism and hardly any money.

During that trip she developed a deeper understanding of how different dimensions of

personal identity interact with one another. For instance she saw how class intersected

with race and how the role of women varies within different ethnic groups. Exposure to

diversity through experiences such as the study abroad trip during her nursing training

spilled over into her thoughts about diversity in counseling.

Regarding her development of multicultural knowledge, Lynn shared that the graduate level multicultural counseling course was "a real eye opener." Her professor for that course was an African American woman. The professor described her experiences being a woman of color in a society that emphasized Whiteness. As a woman, Lynn was able to relate to the professor's shopping for hosiery and cosmetics experiences, but the fact that these products were predominantly marketed towards women with White complexions had not occurred to Lynn until that class. While the class provided her with some knowledge and expanded her awareness, she ultimately felt that it was insufficient in providing specific skills to use in cross-cultural counseling sessions.

A skill Lynn does feel strongly about when working with diverse clients is rapport building. Connected to her previously stated beliefs about how racism can impact self-esteem, Lynn often addresses the role of discrimination in her clients' lives during counseling sessions. She stated she invites clients to process their experiences of discrimination with her. She asks adolescents about how they are fitting in at school and she also asks clients who are culturally different from her how they feel about having a White therapist.

> I want to gauge if [cultural difference] is a barrier to us hitting it off…I want them to be comfortable with me and if there's ever a time that they are not, especially if that is because there is a difference between us, then we need to talk about it.

One experience that contributed to her stance of inquiring about experiences of discrimination was Lynn's own experience of discrimination. As a supervisee she felt she was treated differently and denied some opportunities by a supervisor who was African American. In Lynn's opinion, that supervisor gave preferential treatment to the other African American supervisees. That exposure to discrimination by someone in a position

of authority over Lynn developed into a therapeutic objective of checking in with clients about their own experiences of discrimination.

In conclusion, Lynn believes that one of the most significant problems facing family counselors today is that "... for families of lower class, access to services is limited." She also feels strongly that the larger social institutions in which counselors work need to provide supportive and affirmative environments for both the counselors and the clients. At the time of the interview she felt she was able to address diversity issues with her clients but not at the administrative level of the agency she works for.

> It's like, at my age, you can't just go job hopping, but I think you can set an example by the way you treat people and by the opinions you give at the right times. You know, timing is pretty much everything. Knowing when to keep your mouth shut and when it's okay to say something that will really be heard. But still this is probably one of the better work environments I've been in.

Jane –

"In doing family therapy with people from a different ethnicity or culture, I have to be willing to go on the ride with them."

Jane described herself as an "over-30 female Caucasian." Her contributions to the study focused primarily on her role as a counselor with very little personal disclosure about her life outside of being a counselor. She did not go into any further detail about her own race and ethnic identity, other than to label herself as Caucasian. Jane and Lynn are two of three participants with more than ten years of experience each.

Jane did not complete the conceptual level assessment, the Paragraph Completion Method, so her conceptual level could not formally be assessed, however her responses to the interview questions did reveal that she had a high level of concern for others' ideas, thinks about problems from multiple perspectives, and is secure in her own beliefs. Those

characteristics are consistent with individuals who score at level 3, the highest conceptual

level measured by the Paragraph Completion Method.

Jane has a Ph.D. in Counselor Education and is a Licensed Professional

Counselor. She indicated that her primary motivation for obtaining her doctorate was

because she was already seeking additional educational credits to earn counseling

licensure and felt that she might as well apply those extra educational credits towards an

advanced degree. When she entered the doctoral program, Jane already had a significant

number of years of experience as a master's level clinician. She had provided community

based counseling services for more than fifteen years. During that time she was involved

in what she described as a "life altering" experience as a member of a supervision group

that was facilitated by two therapists who were very prominent in the field of family

counseling at that time. She stated that her lengthy group supervision experience made a

major impact on her thoughts about clients and counseling.

Currently, Jane is a family counselor and educational consultant. She maintains a

small private practice in Virginia and provides educational consultation to public schools

across that state through a professional development agency. In her private practice, Jane

specializes in providing counseling services to families who are coping with chronic

illnesses. She shared that her work with the professional development agency provides

her with the opportunity to work with students and teachers in some of the most

impoverished schools in Virginia. She stated these schools are predominantly comprised

of students of color and teachers of color. She reported that, as a White woman, she is

frequently a "minority" in those schools and because of that she works hard to establish

trust.

Both in my private practice and my public practice, you know, there are such issues around trust. That's what I think the issue is and so I spend a long time working on trust.

Jane's approach to family counseling is to follow "families down whatever path they present." She described this concept to be akin to a cartoon, "The Family Circus", a journey meandering down many different paths. She feels it is important to follow the family's lead in the direction they choose while suspending her own judgment and being mindful of the differences between her problem solving style and theirs. She actively seeks out information about the families' norms and customs, which she acknowledges are frequently influenced by cultural values. One of her favorite techniques is to use directness, which she refers to as "calling it what it is." She feels this skill brings into the open issues that are present between clients and therapists but often left unspoken.

Jane's preference for directness in her therapeutic style was also expressed in her research participation. As a participant, Jane did not care for what she perceived to be "political correctness" language. Jane identified this dislike at two points during the study, once during an email reflection and once during a telephone interview. Both times she felt words like "diversity" and "race and ethnicity" were vague and indirect, not accurately attending to the views expressed.

I guess I don't know whether you're talking about race, diversity…I don't know what you're talking about. I feel like that is political correctness language and people [who use it] aren't asking what they really want to know…what is it you want to know? Do you want to know if I work with African Americans, do I work with Asians, what is it you want to know?

Like many other participants, for Jane, multicultural awareness corresponded with an awareness of the impact of her own identity on others. Unlike the other research participants, Jane is in a leadership position in her work environment at the professional

development agency. That means she has to be conscious of not only her identity, but that of her staff as well. When speaking about her staff she stated, "I have to be very conscious that my agency looks like a bunch of old White women and that doesn't fly really well." To counteract this perception, Jane shared a multicultural skill that she has found to be effective in her clinical work. She described using a "cultural broker." A cultural broker, Jane explained, is someone who bridges a cultural gap between client and therapist and also translates potentially misunderstood information. For example, Jane described how as a Caucasian woman working with Black families, she is a minority. She felt while working with families of color having another family counselor of color to work as her co-therapist increased the level of trust between the therapists and clients.

> ...[A] cultural broker is a person who translates the majority norms to the minority...it can make me more accessible to folks, makes me more real to them. I feel like I get dismissed if I don't have a cultural broker because I'm not seen as trustworthy or maybe we're not speaking the same language. I think then people just ignore you but on the surface they play nice-nice.

Another way Jane facilitates trust in client-counselor relationships is to share more personal information about her with clients whom she perceives to be different from her. She believes the increased self-disclosure of personal anecdotes, again, makes her appear "more real to them."

Jane stated that sometimes she has to be willing to gather multicultural knowledge from the clients themselves. She indicated that based on her experience, empathy is challenged because cultural differences make for differences in trust and communication between counselor and client. She tries to improve trust and communication, in part by, learning from the family.

> Part of me thinks it isn't just about trust, it's about being able to understand their life experience and in the schools that I work with, the teens have a different

language. Their words mean things differently. I sometimes just have to sit back and learn.

She referenced a family she was working with during the time of her research participation that she felt was particularly relevant to the study topic. While working with that particular family, a Russian American family comprised of a mother, father, and their son, Jane realized that the communication patterns she was observing were different in ways she had not seen before, but she had difficulty identifying exactly what they were. Recognizing the limitations of her own knowledge about this family's Russian heritage-influenced communication styles, Jane consulted with the parents and asked them to inform her about how cultural norms were influencing the communication patterns she was observing.

Summarizing her approach to counseling clients who are culturally different from her, Jane stated:

> Sometimes things work and you don't know why. Maybe suspending judgment that I know the right way, or that they don't have their own problem solving style, but that I just don't know what it is yet and then looking to find out what it is.

Dorothy –

"I feel more of a difference across class than race. The services aren't available to help lower SES families—it takes something like getting in trouble to get their kids help."

Dorothy described herself as a "Caucasian woman" and stated she was in her twenties. Similarly to Jane, Dorothy's research participation centered primarily on reflections about herself in her professional role. She did share that she is married and has one child. Additionally, Dorothy stated she was "raised in an upper middle class family." She stated that both of her parents were professionals and set an example for her while she was growing up to be open-minded, non-judgmental, and accepting of other people.

Unlike Lynn, she did not describe in detail any personal experiences related to her own ethnic identity or race. She did, however, wonder how clients might perceive her youthful age and indicators of her socioeconomic class—such as jewelry and the car she drives—. Her concern was that clients might feel less trustful and more socially distanced from her if they perceived her to be young and of a different class.

> I think families might make an assumption that I am not from where they are from and so I don't understand them. Not that I feel I have to prove that I am similar to them, but I guess I have to work harder to show them that I understand. I might not have lived what they have lived, but I can see where they are coming from.

At the time of her research participation, Dorothy worked in a grant-funded family counseling position in Virginia where she provides family counseling services to early adolescents, ages 11-13, whose families have been court-ordered to counseling. The primary offenses for which the adolescents and their families are referred are domestic assault and battery and petty larceny. The treatment modality used at her site is the Functional Family Therapy model. Dorothy stated this model was developed specifically for adolescents in the juvenile justice system. The premise of the model is not to change families, but to empower parents to improve their families' communication styles. This model influenced Dorothy's selection of an artifact for her research participation. She selected a photograph of a courtroom as a visual representation of the counseling relationship. She stated that in her setting she often feels like the judge listening to the opposing arguments of parents and children then determining "sentencing." She stated that just as diversity and context would influence a judges sentencing decision, so would it influence:

> ...the direction that I will go with a family and the interventions that I use. Although clients come to see me under negative circumstances, sometimes they end of seeing me a source of help and support.

Dorothy was one of three research participants who completed the Paragraph Completion Method. Her score on this assessment of conceptual level was a 3, the highest conceptual level identified by the assessment. This score indicated that she considers and weighs alternatives before deciding on the best solution to a problem. It also indicated that she shows concern for others' ideas as well as her own and seeks compromise wherever possible. She will not compromise to please others because she is secure in her own beliefs, however she will accept responsibility for the consequences of her decisions.

In her opinion, Dorothy's caseload is most affected by diversity of socioeconomic status and not race. She frequently works with African American and Caucasian families from lower class backgrounds, however the town within which she practices is a very wealthy area so her clients are in the minority by virtue of their social class. Dorothy notices a "huge disparity" between social classes in her region. Many times this impacts the clients from lower socioeconomic backgrounds abilities to make appointments due to transportation issues and work schedules. She feels public transit in her area is inefficient and that places families without a car, or with only one car, at a disadvantage. Class is also the variable that she feels most separates her from her clients.

Dorothy said that she does not typically bring up cultural differences, like race, between herself and her clients until after the family introduces the subject. When she conceptualizes client cases:

> I always keep in mind multicultural differences. When working with a family, if I recognize something as a generalized theme for a specific culture, I tend not to mention this stereotype, just note it mentally and incorporate it in to the conceptualization of the family. I may ask them how a particular characteristic works for them.

However, she also described one case in which she changed her approach to discussing

cultural differences. While working with a Black Jamaican blended family, she:

> ...found myself being more open about culture in therapy...I was unsure of
> Jamaican cultural values and felt that to really understand what being in their
> family meant I had to explore that aspect.

In that instance, an ethnic difference, not a racial difference, prompted Dorothy to change

her stance on broaching cultural issues in counseling sessions.

Dorothy described how promoting her own multicultural awareness involved

introspection and conversations with colleagues. She relies on her coworkers to help her

process cases and to challenge her unchecked biases. She did not share any information

about how awareness of her own race or ethnicity influenced her professional

experiences. This limited level of self-disclosure in the research project was consistent

with how she described her use of self-disclosure in counseling relationships. She stated

that she rarely shares anything more with families other than that she too is a parent and

that she is married.

Dorothy felt like she received mixed messages about using cultural knowledge of

different families. She felt confused about the professional ethic of not making

assumptions about families based on their cultural origins versus using culture specific

knowledge to inform intervention selection and case conceptualization. She stated she

tries to reconcile this struggle by keeping the culture specific information "in the back of

my mind" but being open to individual differences within families and "never using

[culture-specific knowledge] to define a family." She gave an example of knowing that

African American families tend to be more protective about sharing information so she

holds onto that information and takes more time to help those families reveal themselves

in sessions. She did not share any information that would indicate an understanding of the context for how culture specific norms arise, i.e., why African American families working with a White therapist that they have been mandated to see might be more protective than some other families.

One multicultural skill related to race and ethnicity that Dorothy referenced is helping families process conflicting opinions about race, ethnicity, and racism. She described her work with a multiracial family. In that family the White mother and her Arabic and White daughter were arguing about the daughter's selection of friends. Dorothy helped the mother to see that her rejection of her daughter's African American friends on the basis of their race felt like a devaluation of her daughter's identity. Dorothy summarized her approach to intervening with that family around cultural concerns:

> My role was to let the mother see what was happening to her daughter. The daughter has a lot of African American friends—adults and teenagers—and the mom does not accept that. She doesn't want her dating any of them. She will use the "N" word. Basically what she is saying to her daughter is 'I don't accept these people who are from another race.' And her daughter is biracial. It becomes a rejection so we needed to talk about that.

Anna —

"I try to reflect on my own self in the moment. I think it's important to check your own values, your own beliefs, your own standards before you walk into a family's home. You know, are you afraid to sit on their couch? Are you afraid to take a drink they may offer?"

Anna described herself as "Caucasian and working class." She is also a member of a multiracial family that is comprised of her African American husband and their two sons. She indicated that she sometimes shares with clients and colleagues that she is a parent, but typically does not talk about being married to a man of a different race than her own or what it is like raising biracial children. However, she reported that she

recently ran into a client family outside of the office while with her family and that the client family acted shocked to see her family. She said she got the impression from them that she had withheld something from them that they expected to know. As did Dorothy's and Jane's, Anna's research focused primarily on her professional identity, though she did reflect on how that was influenced by her own beliefs.

Anna did not complete the conceptual level assessment, the Paragraph Completion Method, so her conceptual level could not formally be assessed, however her responses to the interview questions did reveal that she had a high level of concern for others' ideas, thinks about problems from multiple perspectives, and is secure in her own beliefs. Those characteristics are consistent with individuals who score at level 3, the highest conceptual level measured by the Paragraph Completion Method.

Anna is employed as an in-home family counselor. She has a master's degree in counseling, is a Licensed Professional Counselor, and is trained in Eye Movement Desensitization and Reprocessing (EMDR). At the time of her research participation, Anna had just recently completed a "therapist boot camp." She stated the goal of that training was for the attendees to learn more about their own nonverbal behaviors while engaged in intense emotional disclosures with their peers, hoping that development of such awareness would be translated to their clinical practices. The premise of this training embodies Anna's firm belief in the need for counselors to maintain deep awareness of their personal reactions to all clients. Anna's interview responses illustrated her continued efforts to be present-centered and continuously aware of her self as a therapist.

According to Anna, being an in-home family therapist, and not a therapist who practices in an office environment, changes the nature of the therapeutic relationship. She

frequently works with families from low socioeconomic status backgrounds and clients

of color and stated that because she works with "families in [economic] need, these

families typically tend to be comprised of people who are not White." She said she

sometimes has a feeling of "all eyes on me" as she pulls into her clients' neighborhoods.

> So just the socioeconomic is a barrier and then you have to extend out; then you
> have the cultural issues; and then I am stepping into their homes and I am a White
> woman. It's one thing for them to step into your office on their terms, but I'm
> going into their home and seeing everything out like an open book.

Being aware of how her own race impacts counseling relationships is important to

Anna and it is also an issue that she says comes up frequently. She described how one of

the African American families she was counseling had few positive interactions with

White culture in their history. The mother felt her son's teachers were racist. In fact, the

referring incident for counseling services was a race-related incident that occurred at the

son's school. During a class field trip, the son had a behavioral episode on the school bus.

A White parent, who was chaperoning the field trip, physically disciplined the young boy

by spanking him in the back of the bus. Afterwards, the boy said he hated White people,

including one of his classroom teachers who is White. Anna said she was aware that the

boy's current hatred of White women would have an impact on her ability to be his

family's counselor. She said:

> The mom and I talked about how that relates to the son and I. I'm a White woman
> and I'm going into their home. This [relationship] is going to take some time.

Anna believes processing cultural differences that exist between counselor and

client in session with families is an opportunity to convey genuineness and develop trust.

She also processes cultural issues internally. Anna shared that she sometimes mentally

notes reactions to cultural differences by saying to herself:

Wow! Hello. I am noticing this. What is this striking in me? Why am I feeling out of place now?

She referred to this as "checking myself in the moment." Being perceived as open and accepting, not critical or judgmental, are significant concerns for Anna.

In acquiring multicultural knowledge, Anna often turns to the family as the expert just as Jane and Dorothy described doing. She recalled a recent time when a mother from Puerto Rico made efforts to reunite her son with his father who had attempted to murder her years prior. Anna was initially shocked at the mother's high sense of loyalty to a man who had tried to kill her. Anna used the information the mother provided about how her family's culture, which operated differently than Anna's, influenced her sense of loyalty. This helped Anna to understand the mother's perspective, which in turn allowed Anna to be more helpful in helping the mother achieve her goals for her family.

Sometimes race-related issues can be processed to attend to other family therapy goals. Anna used the skill of reframing when working with a family in which the children were very racist yet the mother was not. The mother, in that case, did not understand where her children's beliefs were coming from. After becoming more familiar with this single parent family, Anna reframed the children's racism as an attempt on their part to connect to their absentee father who was also very racist. By adopting some of his belief system they could feel more a part of his life even when he was unavailable to them physically and emotionally.

Anna described learning to discuss race and ethnicity with clients in family counseling as an intuitive process. She stated:

> There are opportunities with cultural issues to sort of call it what it is. It's tough to explain that. It's just you can kind of sense that there is some filtering going on

from the client's end. When I sense that I just sort of call it what it is—not too upfront, but in a nice, gentle way.

This approach of making difference and concerns more overt is similar to Jane's direct approach, which she also identified as "calling it what it is."

Just as Lynn and Jane did, Anna has also noticed the way race impacts her work environment among her coworkers. She works in an agency where weekly supervision meetings bring together the in-home family counselors that typically work outside of the office in their clients' homes. The supervision meetings are often the only times coworkers spend together because they spend the majority of their time in their clients' homes or at community events with clients. She noticed how in the supervision meetings the seating arrangement is often segregated by race. By Anna's observation, the Black counselors sit together and the White counselors sit together around the supervision table. The supervisor at her agency is also White.

Anna described one especially intense exchange that occurred while she was giving a case presentation during supervision. At her agency it is common to videotape therapy sessions, with clients' permission, and replay segments of sessions during supervision case conferences. Anna presented a case in which she was working with a Black mother who made remarks that could be interpreted as internalized racism.

> I was with this client on Martin Luther King Day and I asked her if she had any plans. Then she went on this long rant where she started putting down the Black culture and I didn't stop her. I just sort of validated her. I told her I wondered if her beliefs were related to her self-esteem and then we started to talk about how I didn't know what it was like to be Black.

When Anna played a videotaped segment of that exchange for her group supervision, a discussion of race emerged between the counselors:

> The Black people in the supervision group seemed to have a strong reaction [to the tape] and then race came up between us as counselors, because it seemed like if you were Black you would of handled that situation differently than if you were White. The supervisor was trying to make the point that the way I understood it was that her low self-esteem related to how she was treated because she was Black. My Black coworkers--they treated it more as 'How could you disrespect our race like that?'

Anna said that was a particularly difficult case for her, but one that provoked, what she felt, was a much-needed open discussion of race between coworkers. Even though she was often broaching race and ethnicity with her clients, she had, up to that point, never discussed it during a group supervision session with her colleagues. One of the concerns that emerged was that several coworkers shared that they felt discriminated against at work. Processing her feelings and her coworkers' reactions helped her to make sense of how race impacted that interaction. Anna said it was necessary to process that meeting's events and the emergent feelings several times individually with her supervisor and also as a group with her colleagues.

In summary, Anna has a high awareness of her own thoughts and feelings about race and the personal reactions she has to all of her client families. For Anna, knowing herself is an important part of her providing quality family counseling and she actively seeks to promote this internal awareness. She considers the limited perceptions of family counselors to be the biggest culturally related challenge facing family counselors today.

> I think if you get in the practice of thinking outside of knowing that there is something more than what you think you are seeing, you get in the process of knowing yourself and your limits, then I think you have a better chance of joining with the families. But if counselors aren't clued in from day one to do that, then I think the biggest culturally related challenge is that a counselor is going to go in there and have stereotypes, those unchecked beliefs and assumptions that families pick up on immediately.

Charlotte –

"I'm just reminded of how different each family is regardless of their race or ethnicity...The minute I think I am starting to see some kind of pattern related to race or some kind of cultural factor it just kind of blows up in my face."

Charlotte described herself as an "Asian American woman" and is in her late twenties. She identified her heritage as Filipino, but she also considers herself to be "Westernized" which to Charlotte, means that she has immersed herself in mainstream American culture and values. Charlotte received citizenship in the United States one year prior to participating in the current study. She was raised in Germany, later moved to Canada, and from Canada moved to North Carolina where she stayed until she completed her undergraduate degrees in psychology and biology. She then moved to Virginia, where she currently resides, for her graduate counseling degree and subsequent clinical work. Charlotte's diverse experiences growing up and being a woman of color were described throughout her research participation. She often reflected back and forth between her own experiences with race and ethnicity to those of her clients. Because her own heritage is so complex, Charlotte is hesitant to make assumptions about families based on perceived racial and ethnic characteristics.

Charlotte's score on the Paragraph Completion Method was a 3, the highest conceptual level identified by the assessment. This score indicated that she considers and weighs alternatives before deciding on the best solution to a problem. It also indicated that she shows concern for others' ideas as well as her own, seeks compromise wherever possible, and that she will not compromise to please others because she is secure in her own beliefs.

Charlotte provides in-home family counseling services to families who are court-ordered to therapy. She especially likes in-home family counseling because, like Anna, she feels like it dissolves some of the power differential associated with an office atmosphere. She stated her caseload is comprised of blended families, adoptive families, grandparents raising grandchildren, and other extended family members raising their kin. From her work experience she has seen diversity in "age, family configuration, gender, SES, education, etc."

The diversity in family configurations that Charlotte observed was initially shocking. She came to realize she would more frequently than not being working with families structured differently than mother, father, and children. She also frequently notices religious differences, and feels this is especially due to being in clients' homes and around religious symbols that are displayed in the home. Once a family asked her to pray with them. Though the family was of a different denomination than Charlotte, she willingly participated. She recalls the experience as being "very moving."

Similarly to Lynn, Charlotte believes her own experiences of race and ethnicity significantly contribute to her clinical presence. For example, she said that being in an interracial marriage makes her more sympathetic to the adolescents clients she works with who are dating outside of their race. She understands the family conflict that can ensue because she faced it in her own family when she fell in love with and married a White man.

> I can relate to that struggle of not pleasing your parents… how your parents have certain values and you develop your own values and how do you make that match? How do you honor your parents and honor yourself at the same time?

Also she recognizes that, in some ways, being a woman of color is a positive advantage to her work as a family counselor. For instance, part of Charlotte's job is to take adolescents on trips into the community for activities. When her White coworkers are seen out in the community with their clients their presence stands out and Charlotte is concerned that in some ways that breaches confidentiality. As a woman of color at a community event with a client of color, Charlotte believes she is more likely to be perceived as a family friend than a professional as compared to Anna who feels "all eyes on me" when she drives into a predominantly Black neighborhood as a White woman. Another client mother, and a woman of color, also expressed to Charlotte her relief when meeting for the first time. Charlotte said the client told her she was relieved to learn she wouldn't be working with "an old White woman or an old White man." As Jane shared, many clients seem to assume that family therapists will be "White and old." In that case Charlotte, being neither, had an advantage.

However, Charlotte's race has also been a negative barrier to some therapeutic relationships. For example, her supervisor at work removed her as the family therapist from a case with an openly racist father. She continued to provide individual counseling to the adolescent daughter, but two of her White coworkers stepped in to do the family counseling.

> This Dad has blatantly stated to his daughter that he does not like her talking to anybody who is African American and he's forbidden her. He doesn't pass on phone calls if he thinks the caller sounds Black. This Dad flies a huge Confederate flag in the back of his house and he hasn't had a problem with me working individually with his daughter but through conversations, my supervisor decided two others would do the family work...It makes sense in some ways, we have a short amount of time to make change. I do have contact with him sometimes picking up his daughter, but I don't do the challenging or the pushing buttons. I am sort of on the fence about that, I mean I think our job is to challenge and I think that includes who we are—if that's something the clients are not

comfortable with then maybe they need to learn to be comfortable with it. But I try to be realistic too. I need more information.

Being a woman of color also impacted Charlotte's past experiences as a graduate counseling student. Charlotte's level of multicultural awareness was elevated above some of her classmates and even some of her professors because of her own experiences of race and ethnicity. She recalled a time when her professor and supervisor were instructing a supervision group in how to approach race in counseling sessions. She says he discussed it:

> ...in a way that implied that culture is injected into the session by someone else, not necessarily you, the therapist. I feel differently. I feel like I bring it to sessions. I carry it around everywhere. I don't get to choose whether culture is going to be an aspect of the counseling relationship because it is almost always addressed. I don't think I've ever not had a family at some point ask me where I'm from, and they don't' mean North Carolina. So in that sense I never get to choose that part. I feel like I'm always aware, always bringing it to the table because it's something I really can't hide.

Sometimes Charlotte uses the actual client families to gather multicultural knowledge, as previously mentioned participants have also been described doing. She also consults with colleagues who are more informed about different cultures than she is. One example of this occurred when a family that Charlotte was counseling had a particular dialect that Charlotte had difficulty understanding. She consulted with a colleague who was from the same geographic region and that coworker translated the family's dialect for Charlotte, which allowed her to work more effectively with that family. That approach is similar to what Jane described as using a 'cultural broker" to translate language and norms across cultures.

Like several other participants, when cultural differences between counselor and clients seem to interfere with therapeutic joining, Charlotte increases her level of self-disclosure. Two additional multicultural skills she uses are flexibly planning sessions around families' schedules as a way to show respect and promote trust and also asking questions to clarify families' culture. She feels the most important part of using the skill of asking questions is feeling comfortable enough to ask. She was grateful to have had the opportunity to practice asking questions and broaching race and ethnicity with clients and fellow classmates as a graduate student and supervisee. Now she tends to bring up cultural issues in the first few sessions of meeting with a new family.

Charlotte remarked on the limited emphasis placed on race and culture within her agency. She believed the lack of funding for mental health resources in her community rendered everyone too exhausted by the demands of their large caseloads to attend to multiculturalism. She misses the time spent discussing multiculturalism in classes because those conversations triggered her to think more proactively about the role of culture in the lives of her clients. She felt it was useful to learn the language of diversity conversations from more experienced supervisors and professors. Her current supervisor has very little time to devote to supervision and cultural issues are rarely attended to. Charlotte wonders how a lack of diversity at the administrative level trickles down to her clinical work:

> Another part of my job where I have seen race, ethnicity, SES, and education make a large impact is in the political administrative realm. The members of the assessment team appear diverse in race, ethnicity, education, and expertise. Unfortunately they do not make decisions on how clinical interventions will be funded. I am not sure what the composition of the funding team is, but other funding decisions made by executive administrators are a group of mostly Caucasian males who are highly business oriented.

Furthermore, she said she understands why few people of color enter her profession when members of the dominant culture primarily fill leadership positions. Another source of discouragement has been working with clients who often discuss their own racist values towards people of color, as in the aforementioned example. Facing client racism is an issue many research participants raised.

In summary, Charlotte's experiences as a woman of color have had significant impact on her view of the role of multiculturalism in family counseling as a complex issue. She feels confident in her abilities to work directly with client families. However, like Dorothy, Anna, and Lynn, she is most discouraged by the larger social context that keeps some family groups more at risk and multi-stressed than others. From Charlotte's experience, a lack of funding for her agency and other are social programs means that coworkers and supervisors are overburdened with little time available to dialogue with each other about issues like diversity. She misses times when she was being supervised as a student that she had the chance to give voice to her cultural concerns and dilemmas. As Dorothy and others observed, families from lower socioeconomic backgrounds have fewer resources to cope with stressors and as Anna shared working with economically disadvantaged clients often means working with clients of color. Charlotte tried to sort through her thoughts about the intersection of race and poverty in the South:

> The more difficult part for me is sort of the chicken or the egg. I don't know what is feeding off of what here, but I think race does overlap with poverty. The hardest thing for me is trying to figure out what is even useful to figure out. Is this a race thing or a poverty thing? When I look at my caseload, lots of stuff does come hand in hand, but the more consistent variable has been SES.

Emma –

"I have some knowledge from my education about other cultures and I bring that with me, absolutely, but there is danger in that if you make assumptions from that perspective then that's not benefiting the therapeutic process. It's a balancing act—having that knowledge but at the same time listening to your clients and asking questions."

Emma has lived in the United States for approximately twenty years. She is originally from Germany and has obtained United States citizenship. She is the mother of three adult children who have each grown up in the U.S. She shared that they frequently remind her of cultural nuances she misses or navigates incorrectly. Two things people notice about Emma are her German last name and her German accent. In counseling relationships she shares with clients her own ethnic background during introductions. She feels this approach is useful in two ways. First, it answers any questions she feels the clients may be wondering about her own background and secondly, it invites clients to discuss their own racial and ethnic backgrounds. From her experience, families rarely introduce and race and ethnicity into counseling conversations without prompting from the counselor.

> I do put differences on the table to make it okay for them to talk about that if they want to. I usually wait to go further than that until later in sessions because people usually dismiss it in the first session when I try to discuss their race. So I start by addressing it from my own ethnicity. I can always go back when I have a better established relationship, when I have joined with the family then I feel it is easier for them to trust me to talk about race, especially clients of color. Families never bring it up on their own.

Emma did not complete the Paragraph Completion Method assessment, nor did she submit an artifact. Based on the complexity of her responses to the interview questions and her emailed reflection, her conceptual level appears consistent with the other participants who did complete the PCM and all scored at level three.

Emma has a master's degree in Community Counseling and a doctoral degree in Counselor Education. She is a licensed professional counselor and a licensed marriage and family therapist. She works in a private practice group of mental health professionals. She feels disappointed that her workplace does not seem to value multiculturalism and finds the topic only discussed when she initiates it. Sometimes the difference in value she has on multiculturalism from her colleagues makes her feel some self doubt about her own approach to addressing cultural differences and concerns.

> I questioned myself. I question myself all the time…but then I came back to: it feels right for me to address it and so I keep addressing it.

Many of her family counseling clients are referrals from the local school system and include children with discipline problems. At the time of her research participation in the current study, her caseload primarily consisted of African American single parent mothers and their children. She stated that the diversity on her caseload keeps her "honest."

> It requires me to balance the knowledge that I might bring with the lived experience of the family. Doing family work with diverse families requires me to keep remembering that every family is different and my preconceived notions about what families should be like are best checked at the door.

Multicultural awareness is an important concern for Emma. She said she uses her awareness of her own biases and assumptions to protect her from letting them influence her reactions to clients. She said, "Interacting with different people, from different backgrounds help's maintain my awareness of my own beliefs and assumptions." Supervision in graduate school also contributed to Emma's multicultural awareness. She described how the extensive number of hours spent in supervision allowed for time to

consider diversity issues. In the field, she feels there is "just not enough time to get to those things."

Emma promotes her multicultural knowledge through consultation with other family counselors and by doing personal reading about families and culture. She especially likes a family therapy sourcebook that presents information about families from a variety of ethnic backgrounds. She feels the information presented in that text helps her to balance that culture-specific knowledge about ethnic families with the uniqueness of individual families. She also reported a strong negative reaction to the multicultural counseling course that she took in graduate school. She felt the classroom atmosphere needed to be more accepting of the students' thoughts and feelings. She tries to emulate an accepting atmosphere in counseling relationships and she believes the multicultural counseling course could have modeled that same kind of environment. Like other participants, she was confused by a course that on the one hand provided culture-specific information and on the other hand warned against making generalizations based on culture.

> There is a contradiction in this course. Is it that it is supposed to help you become more aware of your own issues or is this a course that is going to teach you about material that can be learned. Is it a course that is supposed to be about knowledge or is it a course that is supposed to raise your awareness? Maybe you need both. Maybe you need more than one course.

Just as Lynn, Dorothy, and Charlotte concurred, Emma feels one of the biggest challenges facing family counselors today is the lack of a "social safety net." She says that even in private practice, she frequently works with families whose resources and coping skills are exhausted by lack of job security, lack of adequate childcare, and lack of easily accessible social services. She reported that it is difficult to promote therapeutic

growth when some families are struggling so much just to get their basic needs met. In those cases she shifts her goals for counseling towards helping the families not blame themselves for their struggles. She tries to help them more fully understand the social context of their day-to-day struggles.

In addition to helping clients conceptualize their situations in a broader social context, another multicultural skill Emma uses is helping clients process their own experiences of racism. For example, Emma worked with a family who felt that his teacher was treating their son differently due to his race, similarly to the case Anna described. Her goals as the family counselor in that single parent family were for the mother to collaborate with her in developing solutions to the school problems, to help the mother determine how she wants to discuss racism with her child in general, and to help counteract negative messages the child received that were detracting away from his self esteem. Emma made a point of noting that it was not her goal to determine whether or not the racism actually existed or not. She also implies that racism is connected to children having a negative image of themselves, a point also made by Lynn who felt discrimination is connected to self esteem. She approaches racism differently with different members of the family, based on differing developmental needs.

> This is heavy stuff. I tend to work through the parent and am really therefore less focused on how aware a child is of racism. I think, though this isn't something I've ever checked out with somebody, but the sense I get is that children, especially at elementary school age, just have more of a sense of 'There is something wrong with me.' Whatever I may perceive as racism is for them just something that's wrong with them and that has implications for later on and that's why it's important to address.

Bill –

"There's also this X-factor, 'What is the unspoken barrier that comes between me and this family?' I try to identify that honestly and bring it up."

Bill described himself as a "White male counselor." He has a master's degree in family counseling. He is also recently married and originally from the Northeast though he currently lives in rural southwestern Virginia. Bill shared that clients tend to perceive him as being very young. Like other participants in his age range, he wondered how clients' perception of his age impacts his ability to be respected by client families. Bill described how his identity as a young counselor has seemed to overshadow other cultural identities. This issue first arose in graduate school when a supervisor tried to help him to process how being a White male was impacting his work with a family of color. However, Bill felt that processing his youthful appearance in supervision was more important than processing race because he felt that his age was of greater concern to the family than the racial difference.

Bill did not submit an artifact or complete the Paragraph Completion Method; therefore his conceptual level could not be formally assessed. Informally, it appears that Bill is confident in his decisions and considers multiple perspectives when contemplating problems or clinical decisions. Those attributes are consistent with people who score in the higher range of the conceptual level assessment.

Bill works at a community services board in the child and family unit where he provides family counseling services to the adolescents and their guardians. Bill stated his client demographic is mainly Caucasian and have lower income status. He shared that the region overall is very isolated from larger metropolitan areas and he calls it "the rural South." He stated that he misses the diversity of clients that he encountered in previous

work environments. He believes that in some ways the absence of diversity is also a multicultural concern. Lack of education and conformity to traditional gender roles appear to be two consequences of the cultural encapsulation and isolation from more contemporary worldviews that Bill's clients experience.

> A big thing for us here is just helping people view things in a different way, other than what their daddy did or what their granddaddy did. It can be tricky because there are values and traditions.

Mostly, Bill relies on internal dialogue with himself to process multicultural awareness. Once he becomes aware that he is holding onto a stereotype about a group he asks himself about the source of the assumption:

> Is it based on just one experience or one person and is that really fair to judge a whole group? So I look for exceptions to the bias I have and start to say to myself, 'See that's not true.' And of course it's not. There are no absolutes across groups—that helps me consider people as individuals. Culture informs their experiences and how people relate to others but it doesn't necessarily predict behavior.

Sometimes Bill encounters families that are presenting in counseling with cultural issues that he is unfamiliar with. In those cases he uses supervision to stimulate his multicultural awareness and knowledge. He described one particular case of a multiracial, multiethnic family comprised of a Muslim Arab father, a White Christian woman and their three daughters. In that case he felt cultural issues were at the core of the families' other presenting concerns, namely conflict in parenting styles. Bill felt that was a particularly difficult case to work with because the father was unsupportive of therapy and would not attend the counseling sessions. It was very difficult for Bill to incorporate the cultural contributions from the Muslim Arab side of the family when the father was not there to give voice to those values. In that case, he relied heavily on supervision to work with whom he did have in the therapy room: the mother and the daughters. He

shared that he tried to avoid work that would jeopardize the father's authority as a parent

or contradict with Muslim values, but again that was difficult without the father's

physical presence in the therapy room. Even though he no longer works with that

particular family, Bill vividly recalls the case as a painful experience because he felt he

could not help that family as effectively as he would have liked.

With regard to multicultural knowledge, Bill sometimes uses culture-specific

information about different ethnic groups that he acquired in a graduate level

multicultural counseling course to educate families about their own characteristics. He

shared that this has been especially helpful with multiracial families.

> We talk about what one partner's culture does versus the other partner's and what
> they think about that. Ultimately it comes down to what each partner says and
> does. My job there would be to help them bring those things out...to help them
> reflect on what they've shared. 'Well okay, these are cultural conflicts. Can you
> meet somewhere in the middle or could you live with this or could you live with
> that one?' I try to help them compromise on those things and figure out how to
> make it work for them.

The multicultural counseling course provided him with information about different ethnic

groups. So while the course provided him some useful knowledge, he feels, as did Lynn

that the most educative experiences have occurred outside of the classroom in the field.

> The best education, as far as family counseling, was the hands on experiences
> from the internship. The experiential learning and then being there in the situation
> not dealing with hypotheticals, but seeing the issues first hand was what was
> really helpful.

The combination of observing, doing, and processing experiences through conversations

with families, peers, and supervisors provided Bill with many opportunities to increase

his multicultural counseling awareness, expand his knowledge, and improve his skills.

Bill described his multicultural skills to stem primarily from his non-expert stance. Similarly to Jane's approach to follow families' leads, he views the family as the expert on their lives and lets them set the direction for therapy. By positioning himself as a "non-expert" he feels he makes a step towards neutralizing the power differentials associated with his own race, position, and age. He said he tries to focus on openness and genuineness with families in the moment, yet he tends to shy away from self-disclosure. Whereas Lynn, Jane, and Charlotte use self-disclosure to become closer to families, Bill's approach to self-disclosure is more similar to Dorothy and Anna.

> I usually tell clients my name and how long I've been working here. If a client pushes for more then I feel that's informative clinically. If it is relevant to a case though, I will reveal something more, like using a real life example. But in general, I'm not comfortable sharing much personal information. Normally I don't really say a whole lot about myself.

Like other participants, Bill uses counseling as an opportunity for families to process how cultural issues impact their own families. One issue that frequently initiates discussions about race is adolescent dating. He has noticed a trend towards more interracial dating among adolescents and stated that sometimes creates conflicts for parents. He described one situation in which he received a referral from social services for a White family in which the father physically punished his adolescent daughter for dating someone who was not White. The father told Bill, 'I don't care what you say about it. She knows she can't have a relationship with someone from another race.' Because the family was mandated to attend counseling, they had to find a way to work together despite Bill's dislike of the father's stance. Bill said he shifted his focus from changing the father's value system towards helping the family avoid violence in the future. He created a safety plan with the daughter.

> We addressed the race topic to some degree. I didn't try to go in there and say, 'Dad you know you're a racist idiot.' We just tried to increase his awareness of the impact of his choices and beliefs on himself and his family. With the daughter we tried to gauge her safety in the home and increase her own awareness of her father's potential reactions to her choices.

In the above case, race was clearly connected to the presenting problem. Bill stated, in general, he only broaches cultural topics if they are related to the presenting problems or if cultural differences might interfere with working effectively with the family.

> I think there is always that issue of how are you being perceived as a counselor by the clients and I think there are ways to sort of present yourself as someone who is sensitive to cultural issues despite simply all that good old fashioned Rogerian openness and genuineness...If I wonder why things aren't working then I think maybe it's me, maybe it's how they feel about me and I think it's important to be honest with them and just sort of bring it up.

In summary, Bill tends to wait for clients to initiate discussions about how culture is affecting them unless he senses that a cultural difference is interfering with therapeutic progress. He does note that several supervisors, during his graduate training, encouraged him to broach race and ethnicity in all of his cases, but as an independent practitioner he takes a different approach. He also believes that multiculturalism is less of a persistent focus of his counseling style in his current work environment, in part, because of the lack of diversity between the agency staff and clients.

> Actually it [multiculturalism] doesn't come up too often at work. It's kind of odd. Like I said, I estimated the other day and I'm guessing ninety percent of the clients we see are White folks and then maybe the rest are all African American. Everyone speaks English. Everyone is American and everyone has been here a long time, from this area. So I don't know if that has to do with that we don't see many ethnically diverse people here or if people aren't comfortable saying it. I don't think it's a matter of comfort. I think if we had a more diverse client base, we would talk about it more. I just think it has to do more with who we work with.

Joseph –

"Diversity? Oh yeah, I'm immersed in it. I can't get out of it. And that's not a bad thing. I'm just totally aware of it so much that it's a part of my conscious awareness everyday."

Joseph described himself as "Hispanic American, Mexican American, and Latino." He also indicated that while three of his grandparents were born in Mexico, his United Sates birth certificate identifies his ethnicity to be White. Joseph is married to a "Euro American" woman and they have two children. During his research participation, Joseph reflected on how his professional views of family counseling have been influenced by his own ethnicity and his multiracial family, similar to the level of self reflection that Lynn and Charlotte reported during their participation. For example, he shared that it is important for his own children to be attuned to both their Euro American heritage and their Hispanic heritage and that within his interracial relationship with his wife he noticed more differences than similarities.

> My wife is EuroAmerican. She was born, reared and educated in the Southeast. I think that though I grew up in the South there are real differences from the Southeast to the Southwest.

Like Charlotte, Joseph's racial and ethnic background is complex. He stated his birth certificate lists his race as White. He also shared that as a child, he felt marginalized by both White culture and the Latino cultures. Much of his awareness stems from his own experiences as a man of color. Joseph identified several instances in which he experienced racism and discrimination, many of which have occurred since he moved from the Southwest to the Southeast of the United States.

> In the South, I see a lack of understanding, a lack of appreciation, greater prejudice in terms of, well…only in the South do I hear people say, 'If they're in America they need to speak English.' Just the other day I was in the grocery store and this lady was trying to pay but couldn't' understand and another lady behind

me said, 'What do they expect? For us to learn Spanish? Why can't they just learn English? They're in America after all.' It's things like that all the time.
I think in the Southwest there's more of a Latino presence in the Texas, than in the Southwest, than in North Carolina. Merely the amount of time Latinos have had in the Southwest to assimilate and accommodate, as well as for the Euro American culture to embrace Hispanic culture. I can see more presence of Hispanic culture there in the architecture, the restaurants, in businesses, language, the populations, more biracial relationships, and more effort to speak Spanish than in the Southeast. I feel here we are decades behind.

Joseph completed his master's degree in counseling in North Carolina during the early Nineties. After working as a research assistant for a group of physicians, psychiatrists, and family therapists, he was inspired to develop his own private practice. Currently, he is a licensed marriage and family therapist and a clinical supervisor approved by the American Association of Marriage and Family Therapists.

Joseph did not complete the conceptual level assessment, the Paragraph Completion Method, so his conceptual level could not formally be assessed, however his responses to the interview questions did reveal that he has a high level of concern for others ideas, thinks about problems from multiple perspectives, and is secure in his own beliefs. Those characteristics are consistent with individuals who score at level 3, the highest conceptual level measured by the Paragraph Completion Method.

Joseph practices family counseling in North Carolina and is a doctoral student in a family counseling program in Virginia. His private practice is Christian-based counseling service. He hopes to transition from being solely a clinician to also having a role in academia. Because of this, Joseph's experience is unique compared to the other participants. He is one of the most clinically experienced participants, along with Lynn and Jane, yet he is also concurrently enrolled as a counseling student. The doctoral cohort provides Joseph the chance to engage in multicultural dialogue. He says "Not a day goes

by that I don't have a conversation with someone about some aspect of diversity." He

said the members of his cohort frequently consult with one another around multicultural

issues and that all of those conversations contribute to his professional development.

> We [the doctoral cohort] can't even go to eat without getting into some kind of exchange. Sometimes it's likes 'Gee, I need to take a break from all this', but it's in those conversation that my idea of being multiculturally competent develops.

Other participants noted a decline in multicultural-related dialogue with peers,

supervisors, and coworkers after leaving their graduate programs. Though Joseph had

little exposure to formal multicultural counseling education in his master's level program

ten years ago, his exposure increased in his doctoral program and he described a high

level of awareness of multicultural issues:

> I try to be intentional about race and ethnicity in counseling by examining myself and thinking about how I identify myself—what it means to be male, the privilege I have, and how clients may think about me. Just by virtue of being degreed and credentialed there is a power differential. Power is a huge construct when it comes to empowering clients around race and ethnicity issues. I think about being Hispanic/Latino, being married and what it means to wear a wedding ring, my office space and the feel of it.

As a master's level student he did not take a multicultural counseling course, but

as a doctoral student he co-taught a multicultural counseling course with a faculty

member. He said that it was in that course that the multicultural counseling competencies

really began to resonate with him. Like other participants, he felt that it was an

emotionally intense course, but unlike Anna who had a negative reaction to the course,

Joseph's reaction was very positive. The mutual level of respect and maturity of his

classmates contributed to his feelings that the class was a safe environment for him to

explore his thoughts about multicultural counseling and his own biases and assumptions.

Regarding awareness of his own biases Joseph says:

...I get a sense for myself when there's an experience that I have when I'm working with someone that might have a different worldview than my own. I feel it somatically.

Joseph believes broaching multicultural topics is a critical skill to approaching diversity in family counseling. He believes that many counselors are uncomfortable doing so, but that it is important to work through that discomfort because broaching race and ethnicity can overcome some of the power differential between therapist and client. He believes not all therapists are ready to give up their positions of power and operate from truly equitable relationships with their clients. Joseph also acknowledged that not all clients are comfortable discussing cultural issues. He says he takes responsibility for introducing race and ethnicity as topics in counseling but respects clients who choose to back away from those issues.

> I tend to bring it up first. I ask them about any experiences they have that might be different for them. I tell them I am curious about the meaning it has for them to have a male Christian counselor. I ask if there are nay other attributes about who I am or who they are that might be significant for the counseling relationship. I name a few examples too-race, gender, and marital status. If they are ok with it and talk with it to some extent that leads me to believe they will be receptive to discussing race and ethnicity, but if I hear some kind of dismissing remark like, 'Oh, it's no big deal', then I try to respect that.

Joseph also said that he is comfortable with self disclosure, but unlike Jane, Bill or Charlotte, he did not describe intentionally using self disclosure as a therapeutic technique, however, when asked by clients about personal aspects of his identity such as his marital status, he says that he is happy to share that he is a father and a husband. Like Emma, he often shares information about his ethnic heritage in his introductory sessions with new clients.

As a supervisor of other counselors Joseph has the opportunity to engage in multicultural conversation with his supervisees. He broaches cultural differences between

himself and his supervisees in a similar way to with his clients. He also makes race and

ethnicity issues overt in the cases his supervisees present to him. As a supervisor he is

able to incorporate a multicultural component whereas other participants who receive

supervision, like Charlotte, often rely on their supervisors to bring up cultural topics.

Joseph did not create an artifact, however he did describe a visual metaphor

during his second interview. The metaphor referenced a 1980's motion picture film and is

meant to represent what it is like working in a session with numerous personal identities

impacting families.

> I think of the movie Top Gun. Tom Cruise plays a pilot and at one point he is
> engaged in an aerial dogfight with Russian meg fighters. He was up there with
> another character played by Val Kilmer. First there was one meg fighter that was
> identified on their radar. So that would be like one cultural marker. Then there are
> two more bleeps on the radar, so they identified two more meg fighters. So it's
> just these two United States naval aviators with three meg fighters. Then in the
> next scene it's like five or six Russian meg fighters. I would associate that in
> counseling sometimes there may be an apparent cultural or racial identification.
> Maybe it's their last name or their skin color or maybe they come out and say. Or
> gender. So first there's that one meg on the screen, then as the interview goes
> along, the first session, then the second or third session you realize that there are
> more cultural meg fighters. You have to be aware of them all and they are not all
> coming from the same angle. I just think it's a very rich contextual issue.

Robert –

"When I was working as a counselor in the criminal justice setting I was often viewed as
just another White cop and it really took me as a therapist being willing to take that on as
being in the continuum of things from the client's mind. But I had to sit with that and
initially it was fairly upsetting. I didn't like to hear that and I had to, as a person and a
professional, undo that notion."

Robert described himself as a "White male" and shared that he is in his thirties

and recently married. Robert is the son of small business owners. He reflected that while

growing up in a small Southern town he was exposed to diversity through interactions

with the customers that frequented his parents' shop. He felt this gave him a less

culturally encapsulated experience than was typically associated with growing up in the South. Robert described how being in the South impacted his racial identity as a member of the majority culture.

> I think the South has baggage around issues of race. There is still a presumption that everybody from the South has certain prejudices. Sometimes it takes a little extra effort to get past those with folks. It was upsetting to realize some of the generalization made about me.

Throughout his research participation, Robert reflected on how being a White male has influenced his perception of himself as a counselor and his clients' perception of him.

> I remember a very good conversation that I had with a supervisor. Addressing diversity was globally put to me as addressing the power differential between them and me. The conversation bled over into, "Not only is there a judge's order saying these people have to come in to see you, but also you are a White male working with African American and Latino clients." We talked about how the power differential there was operating on two or three different levels, that just me in that setting could possibly complicate the situation. Through supervision I came to understand that power differential and how they could feel that way and it became much easier for me to sit with that rather than becoming defensive.

Similar to Joseph, Robert referred to these cultural differences between himself and clients in terms of power.

At the time of his participation in the current study, Robert was in the midst of making a career transition from clinical work and therapist training to counselor education. He had accepted a position as an assistant professor in a counselor education program, but had not yet started the new position. Robert's clinical experience includes community based counseling with court-ordered clients and family counseling in a community setting. He has licensure in North Carolina as a both professional counselor and a marriage and family therapist. He has a Ph.D. in counselor education.

Robert scored a 3 on the Paragraph Completion Method. This score indicates

Robert's conceptual level is at the highest conceptual level identified by the assessment.

This score indicated that he considers and weighs alternatives before deciding on the best

solution to a problem. It also indicated that Robert shows concern for others ideas but

will not compromise to please others because he is secure in his own beliefs.

One instance of awareness of his own assumptions that Robert gave an example

of occurred when he realized that a family could take many different configurations than

that traditional nuclear family in which he was raised.

> When I was just getting my feet in the doors being a family therapist, I had a really—not rigid—but typical, view of what a family is. You know, two parents, kids, and a dog. I remember when I first got my eyes opened to the fact that a family was not always simply a parent and child unit. Working with African American families in the South that is where my eyes were really opened up to the fact that someone could be called "family" who was no kin blood at all...That was a real growth experience for me, that realization was fairly powerful to me that day.

Robert recalled in his work with Southern Baptist African American families, that also he

had to adjust to the idea of these families including members of their church in their

family counseling sessions. Robert said the connection between these families and their

church was stronger than what he experienced in his own family. "I had to learn to accept

the preacher as someone who would be welcome in family counseling." He said that

acceptance of what comprises a family is one of the biggest challenges facing family

counselors today.

For Robert development of multicultural knowledge has been most meaningful

when practiced with clients. He participated in multicultural counseling courses at the

master's level and doctoral level and said he was provided with "great information, good

exposure" but feels like he did not have the opportunity to make meaning of what he was

learning until he was able to put it into practice during internship and then process it

during supervision. "The intimacy of supervision was what I needed to feel safe to really

talk about what was going on for me"; other participants expressed that sentiment as well.

> I have been lucky and fortunate to have, an this was through no design of my
> own, I just really got lucky everywhere that I've worked, I've had pretty good
> supervisors who were pretty forward about making diversity an issue in
> supervision, even in individual and group supervision settings. They have just
> really taken and really forward position, a really aggressive standpoint on that.

A skill Robert developed to serve a culturally diverse clientele was to use

language in a purposeful way. Often when working with families he used words like

"power" and "control" in effort to strengthen the parental hierarchy. A supervisor guided

him towards understanding that in one particular case with a Latina woman "taking

control" was difficult for her to do. With his supervisor, Robert worked towards

implementing strategies that would strengthen the parental hierarchy using language that

felt less domineering and aggressive to that mother. In supervision he processed the

context of power for Latina women. Since then he has become more intentional and

flexible in the words he chooses.

Robert also uses self-disclosure as a skill to encourage rapport building. A

component of self-disclosure is, in Robert's opinion, being open about presumptions and

prejudice. He believes having closer relationships to client families gives him more

"leverage to promote change." Sometimes he shares information and stories about

himself to draw families closer, but noted the importance of timing when using self-

disclosure:

> I follow Minchin's [Salvador Minuchin, a prominent family therapist theorist]
> lead about sharing little things. Minuchin says you have to make these efforts at
> joining the family to let them know you're a person and you have your own
> thoughts, feelings, presumptions—that you're fallible...I think that's a very

important part of joining with the family. Usually before I unload anything heavy I'll try to gauge the family's comfort level.

To summarize, Robert is mindful of diversity and multicultural issues. He is conscious of how his work environment and his own race have interacted. Working through others' assumptions about being a White male was difficult yet ultimately Robert believes he became more empathic by working through those concerns in supervision.

> Through supervision, I just kind of had to sit with that, that power differential I had on me. I grew to understand how others might think I feel that way [racist]. I grew to understand how they might think I feel that way and then it became much easier for me to sit with that rather than becoming defensive. I made that shift and I think it made me more empathic to see how others could see me as part of a bigger system.

Carol –

'The first thing that comes to mind [about race and ethnicity] is, this sounds kind of negative, but I just get a tension in my stomach, I think because you don't know if the family is going to be as open to you or as trusting of you. And that's probably bad that I have a negative thing come up right off the bat, you know ordered that way."

Carol initially described herself only as a "grief counselor at a hospice center." She works with patients, and the families of patients, who have been told by a medical doctor that they have six months or less to live. When prompted to share, if she felt it was appropriate, any other aspects of herself that may be relevant to the current research study, Carol indicated that she is "Caucasian" and grew up in South Carolina. She moved to North Carolina when she was fifteen. Like Robert, Carol's ethnic heritage is connected to being White and living in the South. To some extent, her experiences growing up have had a negative impact on her professional development because she feels she has to overcome some of the racism that was a part of her childhood.

> I grew up in a very small rural town in South Carolina where White people lived on one side of the town and Black people lived on the other...Although it was taught that you treat everybody equal and everybody was equal in the eyes of

God—that was more talked about than it was shown. I have struggled with that growing up over my lifetime. I've struggled because I feel like growing up, I developed some racial issues that maybe I didn't trust or like or feel comfortable around Black people. So I feel like that is something that I have had to struggle with and that's something I think I've overcome a good bit, but I'm not going to say that I have completely overcome that all together. I think if I said that I would be a liar.

At the time of her research participation, Carol lived in a rural area of North Carolina in the foothills of the Blue Ridge Mountains. She has a master's degree in counseling and two bachelor's degrees. One degree is a bachelor of arts in psychology; the other is a bachelor of arts in music performance.

Carol did not submit an artifact or complete the Paragraph Completion Method; therefore her conceptual level could not be formally assessed. Informally, it appears that she is usually confident in her decisions, but does have some doubts about the choices she makes, especially those related to cultural concerns. She considers multiple perspectives when contemplating problems or clinical decisions. Those attributes are consistent with people who score in the middle to higher range of the conceptual level assessment.

Carol's descriptions of providing family counseling services to grieving families highlights some unique situations that were different from the other participants. Carol reflected on how cultural factors like religion and spirituality are especially important. She felt this focus on spirituality was heightened because of her work setting in a hospice center. She said that, "The diversity factors almost always will affect the ways in which they grieve and their beliefs about the grief process." She also reflected on her own complex feelings about faith and religion as the daughter of a minister.

My spirituality has evolved over my lifetime, a lot because my dad was a minister. I went through a lot of things where I questioned a lot of my spiritual beliefs and kind of reformed some of those because what I was taught wasn't

always what I saw acted out. I think that has also played into working through my biases.

One way that spirituality influences her clinical work is that Carol often attends funerals of patients. She has noticed differences in her reactions to funeral services from White Southern Baptist families to Black Southern Baptist families. She said that at both services, ministers attempt to convert the funeral attendees. Carol finds this irritating. Her preference is for funerals to focus only on the person whose life is being mourned and not to have an evangelical component, though she recognizes this to be a personal, not professional, preference. She described how that irritation is different when she attends funerals for Black patients as compared to funerals for White patients.

> I think that is part of my bias. It causes me some dissonance inside because what's happening is basically I'm saying it's okay because they are Black. Like I excuse them for that, like I don't expect any better. Part of me feels like I should just drop it and not worry about the bias but I guess that's not the right way to think about it so I try to challenge it more. Sometimes another counselor and I talk about funerals we have been to together, but I've never brought up this part. Probably after talking to you it might kind of spark me to go back and revisit that with a colleague and see what they think and how they feel.

Like Bill, Carol's work setting is not very racially diverse and Carol believes, for that reason, multiculturalism is rarely addressed. She said most of the staff, which is comprised of nurses, counselors, and physicians, is White and that their clientele is also usually White. She thinks that if there was more diversity among their staff and clientele, and then they would probably talk about diversity more. Once, the staff team assisted a family whose religious affiliation was Greek Orthodoxy. She said, because they were all unfamiliar with that faith, the entire staff joined together to learn more. She said they researched and shared information as a group and believes this led to more effective interventions with the family.

Like other participants in different settings, sometimes the hospice team learns about multicultural issues from the clients themselves. For example, Carol remembered working with an African American family. She said the hospice team was frustrated because the patient, who was in her Nineties, would not communicate with them. When the adult children were present they acted as a cultural broker, to use Jane's term, and translated their mother's behaviors. They told the staff that their mother lived in an era and economic class when it was uncommon for Black people to talk to White people about problems or make complaints. This made it difficult for their mother to ask for help in an assertive way from the hospice team.

The above case is one example of how Carol's clients can have difficulty asking for and accepting help, for whatever reasons. Carol said class differences also often contribute to reluctance to use hospice services. She stated that because her clients are so geographically isolated they tend to be very self reliant and even skeptical of community resources.

> I feel like they've always grown up fending for themselves. They might have been able to get by even if they had to work a little harder, growing their own food or having lots of kids to help on the farm, they just didn't ask for help. They would rather rely on their own families and their own inner resources. They would almost rather sit in the dark or starve to death than ask for assistance from an outsider.

Another way Carol learns more about the role of culture in clients' lives is through life review. Carol says that one of her goals as a family's grief counselor is to have them reflect on the life of the patient, and also have the patient reflect on his or life. Occasionally, those conversations include references to race related issues and Carol is not always sure how to respond:

Sometimes the families will talk about growing up together, civil rights, and things like that. It fascinates me and I enjoy hearing about that. I try to let them know I am really interested in it. There are even times when I feel a little bit of guilt about what they have been through, but I've never actually come out and said that to them. I might say, that must have been really difficult, but I've never come out and said well I hate that, I hate that things were like that for you and I wish things could have been different as far as race goes. I've never said that and I don't know why.

Carol and the hospice team try to make services more accessible by going into clients' homes. Carol frequently conducts family counseling sessions in the patient's home with extended family members gathered around the bedside of the patient. Like Anna and Charlotte described, being in a family's home feels different than doing family counseling in an office. Carol says:

It's humbling to go into someone's personal space, but it's also very scary because you are on their turf. I think it makes me more respectful of how they think about things. I really think before I speak because I really want to be respectful of their beliefs and I notice that feeling is stronger when I'm in their space.

The above examples address how Carol has received some multicultural knowledge through her work experiences. She also took a multicultural counseling course and a spirituality course as part of her graduate counseling program. She said that the spirituality course was more beneficial than the multicultural counseling course because it included more experiential exercises so she was able to have more hands on experiences and process more of her own beliefs that way.

There were a lot of times when I wished my professors were doing more actual practice. A lot of them are just academics and not actually counselors. Sometimes I feel like that book knowledge was maybe how things should be done but not how things really work in the real world.

She also felt as Emma did, that there was a "double message" in the multicultural counseling course to not make assumptions but also to learn some generalized characteristics of ethnic groups.

In Carol's opinion, the biggest culturally related challenge facing family counselors today is awareness of their own biases, something that she continues to work through on an ongoing basis.

> I think this is something that has probably always been an issue and will always be an issue because we are human beings, but I think it's dealing with your own biases that you grow up with. I think dealing with those in your training and in your counseling programs when you are doing self-reflection then working with families is always going to be the biggest issues. That is what I think.

Some of the stimuli for working through her biases have been reading, learning from clients, and her graduate training. However, even more growth-promoting than formal education have been her connections to others.

> I'd say my personal experiences with people of other cultures—having close friends or close coworkers—challenged my small town beliefs and helped me work through some of that. Also my spirituality has helped a bit. Growing up in the South, in a very small country town, I do have biases and some things I don't know if I will ever get rid of my whole life no matter how many classes I take. I have to challenge a lot of things inside myself.

Camille –

"I think the biggest thing that comes to my mind is that each family almost has a culture of their own. I guess for me joining with a family is learning that culture and finding my place in it."

Camille described herself as a "twenty-five year old single Caucasian woman." Like Bill, she feels her age is significant to her professional identity. Camille lives in Tennessee in an area near where she grew up. As a child, Camille remembered her parents making a strong effort to expose the entire family to diverse experiences, especially because their geographic region was relatively isolated. She stated she has

always had what she calls "a natural curiosity." An especially significant memory of

Camille's related to culture is a childhood trip to Russia. She said that trip opened her

eyes to how different reality could be from her assumptions and from ideas in books and

encouraged a continuing interest in cultural issues.

> When I was eleven I had the opportunity to go to Russia for two weeks. That was the year after the coup. It was this kind of mysterious place, or had been described as such to me for so long, and then I had the opportunity to see the reality of what that was and the reality of what people experience there versus what I had been taught growing up. I think that added fuel to the fire so to speak.

Camille left Tennessee to pursue a master's degree in counseling from a

university in North Carolina. She also worked there as an intern during her graduate

program before returning to her home state. Camille is a National Certified Counselor

and is considering returning to school to obtain her doctorate in the future.

Of significant impact to Camille's current thoughts and feelings about

multiculturalism and family counseling is her location in a small Southern town in the

mountains of Tennessee. She said there is very little cultural diversity in this region. She

is a family counselor in a residential facility with an outpatient program component in

eastern Tennessee where her caseload is, at the time of her research participation,

comprised entirely of White families except for one multiracial family.

> I work in a very rural area of east Tennessee where diversity is a taboo word to many of my clients. For some of my clients, I believe that my values regarding diversity are not shared. Statements such as, "I'm not picking up after him! What color does he think I am?" are common in my practice. I think often for me diversity in counseling hinges on not letting my values regarding diversity get in the way of the session. I do notice that at times I have become angry at how or what families have said regarding diversity. One time that comes to mind was when a father supported his child in getting "nigger hater" and "KKK" tattoos. During that session, I had to be aware of my values versus those of my clients. Ultimately, I believe, too, that regardless of whether I agree with the values of my families regarding diversity this is part of the culture of the area where I work.

Camille used a photograph of mountains covered in fog as her artifact. With a

quote from the book *Milk Glass Moon* by Adriana Trigiani, she explained the artifact to

represent her belief that the people living in the mountains use the mountains to

physically isolate themselves from the outside world but that the need is to

metaphorically "see through the mountains" to the larger world. During one of her

research interviews, Camille said:

> Sometimes I feel like I am stuck in a rut saying the same things over and over
> again to the families. The cultural piece is that parenting styles are so similar. It's
> almost like there's a bubble over the mountains. New people don't want to come
> here. People don't want to try new things and the clients have a very negative
> stigma against counseling and therapy.

Camille's current challenge, with respect to multicultural awareness, is awareness

of how her own cultural values are different than her clients.

> My cultural values versus the cultural values here, they are very different. I think I
> am much more open to people of different races and different cultures. Growing
> up, I actually wanted to study international relations but then realized I didn't
> want to get involved in the politics of it all. Culture is something that is just so
> naturally interesting to me; it is very frustrating when I have families and clients
> that shut that openness off so fast. I have to be aware of that in session. In a way
> that difference is an awareness of the culture that is here regardless of my values,
> that is the belief system in place here.

She said she tries to be respectful of the differences in values and uses internal dialogue

with herself and journaling to process her biases. Camille also enjoys supervision as a

way to check-in with how her own values influence her clinical decisions. She is

disappointed that in her current setting her supervisor does not have time to provide

supervision. When she does have supervision, race and ethnicity are not addressed.

Whereas supervision during graduate school often focused on Camille's responses

to clients' race and ethnicity, she was surprised that her work supervisor has never

brought up culture. In fact, she says that multiculturalism is never addressed at work

unless she has a private conversation with another clinician. Her overall impression is that there is very little respect for multicultural counseling in her workplace. She said she thinks it threatens the worldview of the administrators who are all originally from the same area of Tennessee. Charlotte also expressed frustration at the lack of attentiveness to cultural concerns at the administrative level, like Camille, because that is where funding decisions often occur.

For several participants, poorly funded community programs meant fewer resources for their clients. Camille feels the biggest culturally related challenge facing family counselors today is the lack of resources for counselors and for families. She said her clients have many economic barriers to treatment such as work schedules that conflict with appointment times and poor public transportation. Though Camille lives within a twenty-minute car ride from a large metropolitan area, she said that distance is too far for many of her clients. One resource that many clients do access easily is church and, though Camille is frequently discouraged by the lack of diversity among religious backgrounds of her clients, she does assess and promote their use of church as a community resource.

As previously described, multicultural education has been a lifelong endeavor for Camille. One of her hobbies that she has maintained since childhood is to pen pal with peers all over the world. Like other participants, she also had formal training in multicultural counseling during her master's program and, like Carol, she also took a course devoted to spirituality. While the courses were useful, reading and dialoguing with others on her own after the courses has been most significant to her, she feels like the textbooks and coursework used in family counseling education do not place enough

attention on multiculturalism. After she graduated from her master's degree program she read a book about the racial experiences of a White man who grew up in the South. She said this book gave her the words to describe what she was feeling after processing race and ethnicity in her coursework.

> I think that his experience [the author's] was able to put to words a lot of what I was thinking but was having difficulty processing. So I think that was the biggest thing—to actually have words put on what was settling in me, especially after the multicultural class.

Similar to Bill, Camille uses counseling sessions to process what it is like to blend two cultures in multiracial families. She asks what it is like for them to live in that particular community and what it is like for the children connecting at a school because she is aware of the overtly expressed racism in her community. She wonders if children experience racial dynamics differently than their parents. One of the multiracial families that Camille worked with was comprised of an Indian father, White mother, and their adolescent daughter. They were working with Camille for assistance with their daughter's outbursts. Being a minority family in their community affected the disempowerment the father experienced:

> A family that really stands out for me is one family that has a higher SES than most of the families I work with. They're not Southern Baptist either-they are Catholic. The mother is White and the Dad is Indian. Their adolescent daughter was having a lot of tantrums. Once, and it was after September 11th, she started having one of her tempter tantrums in public and several people threatened to call the police on him. He looks Asian or Arab but he is obviously from India. In session were working on that attention she gets for her tantrums. The father was very reluctant to deal with them and the client knew she could get anything she wanted from Dad. So we setup this action plan to deal with her and I told him as long as he followed the plan I would support him. If somebody were to call the police, I would support him. So that helped him to be able to deal with her behaviors in this area after having people comment on his appearance.

In summary, Camille highly values multicultural counseling. She is disappointed

by the lack of cultural diversity in her current work environment, but tries to approach the

unique culture of her region as a multicultural issue in a similar way that Bill discussed

the Southern White culture that is prominent in his area. Even though the racist

sentiments expressed by her clients are in opposition to her own values system, she has

learned to conceptualize the place those sentiments hold in her clients' lives.

> I certainly think they make racist statements. I also think that some of that comes
> from a lack of exposure, a lack of knowledge, a lack of experience and so when
> you look at things from the bigger picture of that, it makes a whole lot more
> sense. So yes, I can say that they are racist and I can almost qualify that. Does that
> make sense?

This chapter presented the case studies of these family counselors' experiences

with multiculturalism. These eleven narrative descriptions provided detailed descriptions

of the professional development of each family counselor as related to multiculturalism.

In the next chapter the across-case themes that emerged during analysis will be presented.

Implications for family counseling practice, counselor education, and future research are

also addressed.

Chapter Five

The professional experiences described by the family counselors in this study are

complex. Through the family counselors' descriptions of the interaction of personal,

professional, and regional attributes that were presented within the case studies in

Chapter Four, the construct of dialogue—dialogue with self and other—emerged as

central to understanding the experiences of these family counselors with

multiculturalism. In this study the use of the word construct is used to refer to a complex

idea formed by smaller ideas (Random House, 2006). The construct of dialogue explains

much of the variation among factors that contributed to these family counselors' thoughts

and feelings about race and ethnicity in their professional practices.

This chapter begins with a description of the across-case themes that emerged

from data analysis in this study. These themes fell into the following categories: family

counselor attributes, work environment attributes, regional attributes, and multicultural

counseling competency attributes. The category of family counselor attributes

encompasses the individual characteristics of the participants, such as their race,

ethnicity, or age, which impacted their experiences with multiculturalism. The category

of work environment attributes encompasses aspects of the participants' employment

settings that influenced their experiences of multiculturalism, such as type of work setting

or level of supervision provided. The category of regional attributes includes those

aspects of the participants' geographical regions such as working in the South, client

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demographics, and community resources, which affected the provision of family counseling services and experiences of multiculturalism. Finally, the category of multicultural counseling competency attributes encompasses participants' experiences related to the awareness of their own attitudes and beliefs about race and ethnicity, knowledge about the multicultural concerns of their clients, and their use of skills in cultural contexts.

Following descriptions of these across-case themes, implications for the clinical practice of family counseling and counselor education, centered on the overarching theme of the importance of multicultural dialogues for these family counselors, are presented. Limitations of the current study and suggestions for future research are also presented within this chapter.

Family Counselor Attributes

In this study several personal attributes of the family counselors emerged as important factors in how these participants described their experiences with multiculturalism in their professional practices. These attributes include the race and ethnicity of the family counselor and the age and gender of the family counselor. In this section a summary of the conceptual levels (Hunt, et al., 1977) of the participants is also presented.

Race and Ethnicity. Identification with a specific race or ethnicity appeared to influence how the participants described their experiences with multiculturalism in their professional practices. Participants who identified an ethnic or cultural background of their own were much more likely to link their professional experiences to personal experiences. These participants described both positive and negative experiences with

their own races and ethnicities. This suggests that the participants who identified a specific ethnicity had higher levels of integration of personal and professional identity.

Of the eleven participants, four participants identified a specific ethnicity and of those four, two were also members of a visible racial ethnic group (VREG). Joseph found that in some instances being a man of color was an asset when working with clients of color. He said clients reported to him that they were relieved to be working with a counselor of color. Also as a person of color, Charlotte had similar experiences with clients, but she also described a less positive experience related to clients' thoughts about her race. In that experience, she was removed from a case by her supervisor as the family counselor because the father in that family was White and openly racist. Her supervisor assumed he would not respond to Charlotte as his family counselor.

Three of the nine White participants indicated that being raised in the southern region of the United States was part of their own culture or "Southern roots." Robert said he was saddened to learn how others perceived him because he is a White Southern man. For him, understanding the clients' perspectives and how they could feel negatively towards him based on his race was important to his own professional identity development. An additional four White participants did not share any information about their own ethnicities or cultures other than to identify themselves as White or Caucasian. However, two of those participants did speak about being a minority among their client populations. Jane shared that she worked in schools with primarily African American students and staff. She said she felt like a minority in those schools and had to work harder to establish trust in those environments.

Age. The ages of the participants in this study varied. Some older and younger participants felt their ages had a negative impact on the clients' perceptions of them as their family counselors. They conceptualized their ages to be another barrier to overcome in cross-cultural encounters with clients. The participants who were in their twenties remarked that their youthful appearance impacted their relationships with clients. Bill wondered if clients would respect him given his younger age. During supervision while in graduate school he was guided to reflect on the cultural differences between himself and a client family. However, Bill disagreed with his supervisor's focus on cultural differences because he felt his age overshadowed the racial differences he had with one client family. At the other end of the spectrum, Jane was concerned that she seemed too old for clients to be able to relate to. Clients' perceptions of the participants were described as very important.

Gender. This study's sample was comprised of eight women and three men. Two of the three men who participated in this study discussed power associated with their gender. Joseph and Robert indicated that they consciously worked to develop awareness about the power assigned to them by virtue of being male. They both felt that clients, especially women, might defer to them. They described this power as something to neutralize by being conscious of it. The third male participant, Bill, did not discuss how being a man influenced his professional experiences as a family counselor. He did, as indicated earlier, state that his young appearance overshadowed all other identity markers like race, and perhaps also gender. The women who participated in this study did not make specific references to their own gender although Lynn did mention how she feels she can more easily make connections with women of color around gender issues.

Conceptual Level. After participating in interviews and email reflection communication, all participants were asked to complete the Paragraph Completion Method (PCM) instrument (Hunt, Butler, Noy & Rosser, 1977). This assessment is designed to assess cognitive complexity and interpersonal maturity, which combine to express conceptual level. Three participants completed the PCM. Their responses were all similar and were interpreted using a 1977 PCM manual. The three respondents scored in the higher sector of the conceptual level range. The remaining 8 respondents did not give reasons for choosing not to complete the PCM. Consequently, their responses to interview questions were reviewed to informally assess conceptual level. All respondents illustrated high levels of concern for others, ability to think about problems from multiple perspectives, and some security in their own beliefs which are all attributes associated with high conceptual levels. One respondent, Carol, revealed some insecurity in her beliefs, thoughts, and feelings around issues of racism and her professional experiences. She did not complete the PCM. It is possible her insecurities about her own beliefs and self-doubt are isolated to the topic of racism.

Work Environment Attributes

The participants in this study represented a variety of work environments and roles. This section presents descriptions of work environment attributes such as work setting, workplace supervision, and coworker relationships that were influential in how the participants described their professional experiences with multiculturalism.

Work Setting. Work setting was an important factor that influenced the participants' experiences of multiculturalism. The participants in this study worked in residential treatment facilities, private practice, hospice, community agencies, and in-home family counseling agencies. Jane and Lynn, in addition to full time jobs in educational settings, also maintained small private practices. To some degree, their private practice work isolated them from other coworkers and agencies. Emma also worked in private practice; however she worked in a large practice comprised of social workers, psychologists, and psychiatrists. Therefore she had several workers with whom she could discuss cases. Joseph also worked in a large private practice, yet the role he referred to more frequently during his research participation was his role as a current doctoral student of family counseling. Rather than referring to coworkers as other participants did, he referred to the importance of his doctoral cohort.

Dorothy, Bill, and Camille worked in community agencies. Though some of their work took place in residential treatment facilities, the majority of their family sessions occurred in their offices. They remarked that clients, either parents or the adolescent children, were often attending services in compliance with a judge's orders after a judicial violation. Though Robert was in the midst of a career transition at the time of his research participation, he also reflected on his work with clients who were court-ordered to treatment. He felt this contributed to a power differential between clients and counselors since the clients were being mandated to attended therapy and not necessarily because of their choosing. Dorothy remarked that often clients did not have access to services until they were mandated to attend.

Three of the eleven participants were providing in-home family counseling services at the time of their interviews. Carol, who worked for a hospice facility, often entered clients' homes with a treatment team of nurses, a social worker, and herself in the role of the family counselor. She described how being in a clients' home sometimes felt intimidating to her and that she noticed the feeling of intimidation was more pronounced when she entered the home of someone who was not White. Anna also described a heightened sense of awareness of her own race when she entered predominantly Black neighborhoods. As a woman of color, Charlotte had experienced positive and negative instances related to her own race when entering clients' homes. Each of the in-home family counselor participants remarked on how much more information they received about families' cultures when entering clients' homes. They noticed family photos and religious symbols displayed in the families' homes that provided some information about the families' cultural heritages. Providing in-home family counseling services allowed them to spend more time in sessions with families, as visits typically lasted several hours longer than the traditional fifty-minute therapy hour.

Supervision. Of note regarding the type of supervision participants received in their work environments was the contrast in quality and quantity of supervision compared to what these participants received in graduate school. More than half of the participants remarked on the loss of time and relationship with workplace supervisors. During graduate school training, supervisors encouraged multicultural conversations with clients. They helped facilitate the participants' broaching of cultural concerns in counseling relationships. These participants also described how supervisors helped them to process thoughts and feeling about their own cultural identities. Research has shown that

supervisors' instruction to focus on multicultural issues was related to improved

multicultural treatment conceptualization but not improved etiology-based multicultural

conceptualizations (Ladany, Inman, Constantine, & Hofheinz, 1997).

Camille noted that workplace supervision tends to focus more on clients, whereas

the supervision she received in graduate school was more focused on her own

professional development. Jane described a long-term relationship with a clinical

supervision group to be "life altering". The impact of that prolonged engagement with

other professionals in supervision allowed her to process her thoughts and feelings as a

family counselor about a wide range of topics. Robert was also deeply affected by his

supervision experience. He stated that he was able to work through some of his own

assumptions and biases about cultural values while engaged in the supervision he

received at his workplace. Anna described a group supervision experience in her

workplace that prompted a discussion of cultural differences between coworkers. That

incident, initiated by a race-related dialogue with a client, led to an intense exchange

between coworkers that was processed through several individual and group supervision

sessions.

Charlotte indicated that her workplace supervisor had good intentions in striving

to provide supervision but was often unavailable to meet because when crises emerged at

the agency, supervision time was cut to allow time to attend to what were considered

more important tasks. For Emma, the lack of time available to devote to supervision

meant cultural issues were not often processed. She reflected on how while in graduate

school she felt as though she was receiving a large amount of supervision, but now

considers that the lengthy time amount of time spent in supervision allowed attention to cultural issues in addition to other professional development concerns.

Lynn shared that the covert discrimination she experienced in her workplace made her hesitant to broach cultural concerns with her supervisors and coworkers. She felt that doing so doing might threaten her job security. Camille felt that her supervisor did not value multiculturalism and therefore she did not feel safe introducing the topic with her supervisor. Instead she sought out coworkers to discuss cultural concerns.

Coworkers. When supervisors were busy or did not value diversity, several participants turned to coworkers to discuss cultural concerns. Dorothy relied on her coworkers to point out her own biases and hidden assumptions. She frequently approached them with questions about cases. Though Joseph did not remark on his coworkers per se, he did make several references to how culturally related conversations with his doctoral student cohort prompted his own multicultural awareness. He indicated that they represented a diverse group of ages, nationalities, sexual identities, and genders.

Participants also used coworkers to expand their cultural knowledge. Carol described how the hospice treatment team joined together to research a client family's religion. Charlotte used another coworker to help her translate the language used by one of her client families and Camille was used by one of her coworkers for a similar purpose.

Emma stated that though she worked in a large private practice, the differences in professional orientations between the multidisciplinary practitioners made processing cultural concerns awkward. For example, she once asked a psychologist in her practice who was also from a different country and spoke with a noticeable accent, if she self-

disclosed her country of origin. When the psychologist replied that she did not, Emma said she felt self-doubt in her own approach. The psychologist informed her that she did not share Emma's belief in the value of discussing cultural differences with clients. Following that conversation, Emma questioned her own approach. Yet after self-reflection, she decided to continue her own approach because it felt like the best fit for her, however that interaction with the psychologist discouraged her from engaging in more conversations about culture with her coworkers. In Bill's workplace there is little racial or ethnic diversity among staff and clients. He felt that multiculturalism might be addressed more if there was more diversity among the staff and clientele. Because most of the staff and clients were White and from the United States, most even lifelong residents of the local community, he felt the relatively monocultural population left little multicultural issues to address.

Regional Attributes

The regional attributes of the participants' current work settings were important factors in how the participants described their professional experiences with multiculturalism. The attribute that affected their experiences on the largest scale was the impact of being in the geographic region of the South and the participants' perceptions of how this influenced their professional experiences. Other regional attributes that were influential were client demographics and community resources.

The South. Seven of the eleven participants remarked on the racial atmosphere of the South. They remarked about this atmosphere primarily in one of two ways: either from the perspective of having grown up in the South and coming to terms with what Robert called "Southern baggage" around racial issues, or from the perspective of having been

transplanted to the South from another region in the United States. The four participants

who did not remark on the South were Jane, Dorothy, Anna, and Emma—all White

women living in Virginia.

During her research participation, Camille referenced a book she had recently

read, *Blood Done Sign My Name* by Tim Tyson. She indicated that this book, written by

the son of a White Methodist minister that chronicled the history of a town throughout a

racially motivated murder of a Black man, helped her find words for thoughts and

feelings that she was continuing to process on her own after her multicultural counseling

course. An excerpt from the book illustrates what is meant by the racial atmosphere of the

South from the perspective of a White man remembering growing up in the 1970s in a

small North Carolina town:

> The power of white skin in the South of my childhood was both stark and subtle.
> White supremacy permeated daily life so deeply that most people could no more
> ponder it than a fish might discuss the wetness of water. Our racial etiquette was
> at once bizarre and arbitrary, seemingly natural and utterly confusing, inscribed in
> what W.E.B. Du Bois termed "the cake of custom." White people regarded
> "Negroes"—they often pronounced the word as "nigrahs' –as inherently lazy and
> shiftless, but when a white man said that his employer worked him "like a
> nigger," he meant that he had been engaged in dirty, backbreaking labor to the
> point of collapse (p.17).

Robert described how being a member of the majority culture in the South

impacted his work with clients of color. He shared that it was a challenge to understand

how clients of color regarded him as "just another White cop." He indicated that he had

to learn that some clients would defer to him because of his gender and race. He said that

conversations with his supervisor helped him to work through some of those concerns.

Carol felt that the process of working through some of her own biases would be a lifelong

process and she attributed these biases to growing up in a small Southern town. She said,

"Growing up in the South, in a very small country town, I do have biases and some things I don't know if I will ever get rid of my whole life no matter how many classes I take. I have to challenge a lot of things inside myself."

Charlotte, Bill, Lynn, and Joseph shared the common experience of being transplanted to the South from another region in the United States. They all voiced surprise at the overtly expressed racial comments. Lynn stated that the overt prejudice was a shock to her, especially when she overheard racially derogatory comments expressed in her church. She felt like she had not been exposed to so much racial hostility before moving to the South.

While many of these experiences highlighted racial tension between Whites and Blacks in the South, Joseph spoke about the Latino experience in the South. Having moved from the Southwest to the Southeast he indicated that he noticed stark differences in the representation of Latino culture from one region to the other. He stated that he also observed more negativity towards Latinos in the Southeast as compared to the Southwest. He described several instances of racist comments either directed towards him or that he overheard.

> In the South I see a lack of understanding, a lack of appreciation, greater prejudice in terms of, well…only in the South do I hear people say, "If they're in America they need to speak English." Just the other day I was in the grocery store and this lady was trying to pay but couldn't understand and another lady behind me said, 'What do they expect? For us to learn Spanish? Why can't they just learn English? They're in America after all.' It's things like that all the time.

Living in the South, for these participants, meant increased exposure to overt racism in their churches and communities, and also among their clients.

Client Demographics. At some point during their careers, all of the participants in this study had experience working with families that were culturally different than they were, however some participants were currently working in environments where diversity among clients was not the norm. Camille, Bill, and Carol provide family counseling services in small, rural, and Southern towns. Many of their clients were born and raised in the same town where they currently reside. Many of these clients were also White.

Bill noticed that many of the families he worked with operated within traditional gender roles. He indicated they appeared to him, resistant to change these norms. He felt that part of his clients' reluctance to change was due to lack of exposure to other values. He indicated that working with these clients was "tricky" because he tried to promote change within their traditions and values. Carol stated her clients tended to be very religiously conservative and less educated. Camille expressed similar observations about the client demographics in her workplace. She said working with a homogenous client population left her feeling her role as a family counselor was sometimes redundant:

> Sometimes I feel stuck in a rut, saying the same things over and over again to the families. The cultural piece is that parenting styles are so similar. It's almost like there's a bubble over the mountains. New people don't want to come here. People don't want to try new things and the clients have a negative stigma against counseling and therapy.

A majority of the participants also remarked on how low socioeconomic status (SES) created difficulties for their client families. Some felt SES was a more salient dimension of personal identity than race or ethnicity. Anna felt that race and SES were both barriers in need of overcoming to establish therapeutic rapport. Charlotte felt it was difficult to disconnect race from poverty. Dorothy noticed "a huge disparity" between

social classes in her region. She said having little job security and poor transportation made it difficult for her clients to schedule and attend appointments.

Community Resources. Two findings emerged from this study related to community resources: community resources were insufficient and some clients perceived there to be a negative stigma associated with accessing community resources, which disinclined them to do so. Jane worked with staff members of schools in impoverished areas. What she noticed about working with these teams was that they worked together very well to make use of the limited resources that they had. Emma observed that without a "social safety net", the changes made in families while participating in counseling would be ineffectual without broader social changes. She observed families struggling to make ends meet, to find adequate housing and childcare. Dorothy felt that sometimes families did not access treatment services until after problems were very escalated. Because community resources were scarce in Camille's area, she made a point of asking clients about their affiliations with local churches. She noted that for many clients church was their only community resource. Robert agreed and adapted his sessions to include members of the church congregation in counseling when requested by clients.

Carol stated that because her clients were so isolated they tended to be very self-reliant and even skeptical of community resources. She indicated that she had to include the context of this pride on self-reliance into her case conceptualizations of these families. Camille and Carol also noticed that many clients had a stigma against counseling and asking for help outside of their churches and families in general. For some clients, outsiders and social service agencies were not to be trusted.

The following table summarizes the various factors that impacted the participants' experiences with multiculturalism in their professional practices. The factors are organized according to whether they are related to family counselor attributes, work environment attributes, or regional attributes.

Table 2

Summary of Factors Impacting Family Counselors' Experiences with Multiculturalism in Their Professional Practices

Family Counselor Attributes	Work Environment Attributes	Regional Attributes
• Race & Ethnicity • Age • Gender • Conceptual Level	• Work Setting • Supervisors • Coworkers	• The South • Client Demographics • Community Resources

The attributes described above reflect how the professional experiences of the study's participants were impacted by the multicultural counseling.

Multicultural Counseling Competency Attributes

Sue, Arredondo, and McDavis's (1992) multicultural counseling competencies were designed to guide counselors in how to best serve clients' needs, regardless of the clients' cultural backgrounds or presenting concerns. There are three categories of competencies: (a) the counselor's awareness of her or his own assumptions, values, and biases; (b) understanding of culturally diverse clients' worldviews; and (c) development of appropriate interventions for use with these clients. Within the three categories there are 31 competency statements and 119 explanatory statements (Sue, Arredondo &

McDavis, 1992). When asked about their experiences with multiculturalism in their professional practices, only one participant made a direct reference to the multicultural counseling competencies specifically. Joseph indicated that, as a current doctoral student in a family counseling program, he was exposed to the competencies and through conversation with others, his own beliefs about their usage was created. Despite only one participant actually referencing the multicultural counseling competencies specifically, all eleven participants endorsed, albeit at varying levels, an interest and concern for multicultural issues as related to clients. When compared to the competency statements, several of the participants' thoughts and actions reflect behaviors and beliefs associated with the competencies' content and intent. These will be explained below.

Awareness of Attitudes and Beliefs. Awareness refers to the counselor's responsibility to examine her or his own biases and assumptions while developing a positive orientation toward multicultural points of view. Counselors who are unaware of the affective and cognitive elements of their own cultural identities risk difficulty when working with families from similar and dissimilar backgrounds (Hardy & Laszloffy, 1995). Each of the counselors in this study exhibited awareness of their own attitudes and beliefs as related to race and ethnicity in counseling relationships.

Eight of the eleven participants discussed how self-reflection was a key element in their awareness of their own biases and assumptions. Anna described awareness as an internal process that she tunes into by maintaining a personal dialogue with herself. Dorothy relies on introspection to facilitate her awareness of her biases, but she also uses conversations with colleagues to assist that process of awareness development. She stated her colleagues will point out to her biases that she may not have been aware of and she

said she welcomes these challenges. Charlotte considered herself to be very self-reflective about potential biases and beliefs that may interfere with her clinical judgment. She indicated this was in part due to her own ethnicity. She said in graduate school she was taught about culture in a way that implied that culture is brought into counseling sessions by the clients. She realized then that view did not match her own experience because as a woman of color, culture is something she "can't hide." Joseph also felt culture was something he is constantly immersed in and like others, he maintains a dialogue with himself about his own assumptions. He said when he realizes he is making assumptions or that a cultural component is a factor in a counseling relationship, and then he "feels it somatically." Some participants, like Emma, Camille, and Carol, indicated that personal reading contributed to their awareness and directed their self-reflection processes.

Lynn and Camille described, in addition to processing their attitudes and beliefs with self and others, using a more active learning approach to facilitate awareness. They described how traveling, particularly trips abroad, helped open their eyes to other worldviews. Whether experienced through traveling or on home ground, relationships with culturally diverse people were described as important to challenging assumptions. Lynn felt her interactions with diverse colleagues and friends kept her biases in check. Emma, Bill, and Robert felt conversations with their supervisors during graduate school were very helpful in stimulating multicultural awareness. They indicated that they missed those conservations in their absence in clinical work settings. Joseph, who was the only participant enrolled in a training program at the time of the research study revealed how

challenging and pleasurable he felt those conversations with supervisors and members of his doctoral cohort about diversity were.

Knowledge. The knowledge component of the multicultural counseling competencies refers to the development of specific cultural knowledge including inter- and intra- group cultural differences, development of an understating of the sociopolitical influences on clients' concerns, and development of an understanding of the counselors' own worldviews.

These findings are consistent with other research studies that have shown counselor education students' preference for more active learning and experiential activities in the multicultural curriculum (Burnett, Hamel & Long, 2004).

One primary source of multicultural knowledge for most participants was an instructional course on multicultural counseling taken during their graduate programs of study. Jane stated that she could not remember if she had taken a multicultural counseling course or not. In this study the multicultural counseling course generated several complaints. Dorothy and Carol shared that they felt like the multicultural counseling course presented a conflicting message. She said she was confused by the class content that presented information about values and characteristics associated with specific ethnic groups, but also warned against making assumptions about people based on ethnicity.

Another complaint about the multicultural counseling course that was voiced by several participants was that it did not provide enough counseling skills that would be useful in clinical practice. Though some participants, like Camille and Joseph, felt that being comfortable asking culturally related questions was a sufficient skill, other participants wanted more clinically focused experiences and skills. For instance, Robert

and Bill felt the course provided useful information but both indicated that they learned

more during the hands on experiences of internship and supervision. Emma suggested the

course be broken into two courses—one that focused on awareness and was counselor-

focused and another that was more client-focused. Several participants indicated that no

material in the multicultural counseling course was specifically geared towards family

counseling. However, these participants indicated that the family counseling courses

included multicultural components. Joseph, who co-taught, the multicultural counseling

course and was the only participant to describe it in solely positive terms, said he felt the

course was very beneficial because the class was comprised of mature students who all

offered respect and experienced trust in the classroom dialogues.

    Several participants, like Anna and Jane, indicated that individual families were

the primary sources of knowledge for cultural information. Charlotte described this

technique as "using the family as informants." Jane gave an example of learning about

Russian culture from a second generation Russian family she was working with. She said

she felt compelled to learn more when she encountered communication styles she had not

seen before and wondered if those were associated with the family's culture. These

family counselors asked families questions to help the counselors more fully understand

cultural norms and values. The family counselors also asked families questions about

how being a particular race impacted their experiences as a family. Some family

counselors also asked if any cultural norms were connected to the presenting concerns.

    A final source of cultural knowledge that was addressed in this research study was

using colleagues as sources of multicultural information. Charlotte, Camille, and Carol all

gave examples of involving their coworkers in the process of learning more about specific cultures they encountered in their caseload.

Skills. The third component of multicultural counseling competence is skills and refers to the specific interventions and abilities used when working in cross-cultural counseling relationships. In this study the primary skill used by the participants was to apply their awareness and knowledge of cultural concerns as a lens through which they conceptualized their clients. Bill, Emma, and Jane also described using a non-expert stance in their counseling relationships. They indicated their intention was to diffuse power differentials associated with their professional roles and to be open to learning about the unique qualities of individual families.

The participants also discussed how addressing topics of race and ethnicity in counseling sessions was a skill they gradually developed over time. Several, like Robert and Dorothy, were encouraged to broach these topics by supervisors during their graduate training. Once in the field Robert continued to initiate discussions about culture and cultural differences with his clients, however, Dorothy decided she felt more comfortable waiting for clients to bring up those topics. Bill and Dorothy are two participants who chose to broach race and ethnicity only if they believed those topics were related to the presenting problems of the family. They are also both White, have two years experience, and did not identify any connections to ethnic identities of their own.

Other counselors who did describe their own ethnic identities, like Lynn, Emma, Charlotte, and Joseph, all tended to introduce race, ethnicity, and other cultural variables early on in client-counselor relationships, even when clients initially dismissed those conversations. Joseph felt strongly that the responsibility of addressing differences and

diversity was on the counselor. Anna and Jane also felt strongly about discussing race and ethnicity in counseling relationships, including broaching differences between counselor and clients. They used an approach they both referred to as "calling it what it is." Anna and Jane who made genuineness and immediacy important components of their overall therapeutic styles preferred this direct style.

Facilitating conversations about race and ethnicity, especially as related to counselor and client differences, was an important skill described by these participants. The styles of broaching multicultural concerns that emerged from the findings of this study are summarized below:

- *"Opening the door"* – Invitation from the counselor to the clients early in relationship to discuss race and ethnicity. Counselor self discloses something related to their own culture as invitation to clients to do the same.

- *"Tell me about your culture"*- Focused on gathering information about ethnic characteristics of family's culture and values, not necessarily race or experiences of racism.

- *"Only as it relates to the presenting problem"*-Considered necessary to discuss race and ethnicity because either client has broached the topic or it is directly connected to the presenting problems and goals of counseling.

- *"Broaching the X factor"*- Considered necessary to ask if cultural differences between counselor and client are interfering with therapeutic progress, puts responsibility on the clients to decide.

- *"Calling it what it is"*- Direct intervention of therapist to call attention to race dynamics impacting therapeutic relationship. Counselor offers his or her perception to clients.

Beyond broaching racial or ethnic differences between counselor and clients in session, the participants were prepared to also process experiences of racism experienced by clients. Emma stated she frequently facilitated these conversations with parents whose children were minorities in their schools. She indicated that sometimes families would initially shrug off her questions about possible racism or discrimination, but then would come back around to these issues later in the therapeutic relationship. Lynn indicated that since experiencing discrimination herself, she is more likely to try to assess for these experiences in her clients.

Establishing trust and building rapport with families who were culturally different from the counselors' was identified as a critical therapeutic task. The participants implied that families who were of a different race or ethnicity than their own were more difficult to build rapport with and possibly less inclined to be trusting of a family counselor with a different heritage. In effort to overcome perceived difficulties in establishing trust in cross-cultural counseling relationships, the participants in this study described using several skills. The first skill was to be flexible in scheduling appointments, as discussed by Charlotte, and in inviting non-immediate family members to attend sessions, as discussed by Robert. A second skill incorporated by these participants to build rapport was increasing the level of self-disclosure of the family counselor. Jane stated she offered more anecdotal information about herself to clients who were culturally different than her. A final skill used by these participants to build rapport was using a cultural broker.

Jane and Charlotte had experience bringing in outsiders that could help, as Jane

described, translate minority norms to the majority culture. Charlotte, Camille, Robert,

and Carol used cultural brokers outside of sessions as well. They turned to supervisors or

coworkers who had cultural knowledge or shared backgrounds with their clients to seek

deeper understanding of families. Table 3 summarizes the competencies evidenced by the

participants in this study during interview conversations.

Table 3

Multicultural Counseling Competencies Used by Participants

Multicultural Counseling Competency Framework Components	Specific Competencies Used by Participants in the Current Study
I. Attitudes & Beliefs	1. Awareness of own race and identity 2. Attitudes about their own biases and prejudices 3. Awareness of limitations to their multicultural expertise 4. Awareness of respect for client's spiritual beliefs 5. Attitudes and beliefs about the structure of a family
II. Knowledge	1. Knowledge of family counselor's race and ethnicity impact on others 2. Knowledge of the impact of race and ethnicity on the lives and self esteem of clients 3. Experiences acquiring multicultural knowledge 4. Knowledge of diversity practices in the workplace 5. Knowledge about the sociopolitical impact of race and racism
III. Skills	1. Skills used to promote a non-racist identity 2. Specific counseling skills used for the helping relationship with client families 3. Skills used by family counselors to understand and participate in professional communities

The interview conversations with the participants indicated implementation of the competencies identified above. As the participants described their experiences, a common thread related to the importance of dialogue as a means to process their thoughts, feelings, and actions emerged.

Creating Multicultural Dialogues

Dialogue was central to the experiences of these family counselors around multicultural issues like race and ethnicity in their professional practices. The ability to engage in reflective conversations about race and ethnicity in relationship to themselves and in relationship with others was an important component of their professional development. Dialogue with self and others was the primary conduit through which they processed their thoughts and feelings about race and ethnicity. It is not surprising that these counselors were self-reflective and used conversations to promote awareness and understanding of race and ethnicity as related to their clients' lives because the importance of dialogue and reflections as means to process important phenomenon is a fundamental premise of counseling and psychotherapy.

The following examples are phrases from each of the participants about the importance of dialogue on multicultural issues. Some of the examples related to self-dialogue and some relate to dialogue with others. Some of the examples reflect the ongoing process of creating dialogue, while others reflect the feeling of not being able to engage in dialogue:

- Charlotte: "I had the hardest time understanding what they [a client family] were saying. I realized after talking to a coworker and processing this with [a coworker] that it's the local dialect." (on how she came to understand one family after a conversation with a coworker)

- Jane: "I work with teens and their words mean different things. Sometimes I just have to sit back and learn."

- Lynn: "Knowing when to keep your mouth shut and knowing when it's okay to say something that will be heard." (on speaking out against discrimination in her workplace)

- Dorothy: " It went really well…it seemed like we talked about it a lot." (on helping a blended family from Jamaica define their new family)

- Anna: "You can kind of sense that there is some filtering going on and when I sense that I just sort of call it what it is." (on broaching cultural issues with clients)

- Emma: "[Supervision] has helped me tremendously to become more aware and to be able to sort through all that in my sessions. (on how talking with her supervisor helped her to become more aware of her own biases and assumptions)

- Bill: "Actually it doesn't come up too often. It's kind of odd." (in response to a question about how multiculturalism is addressed among coworkers)

- Joseph: "I think that talking about racism specifically has not really been an issue of the counseling process." (reflecting on his experiences in various work settings prior to beginning his doctoral degree)

- Robert: "I had to be seeing it and talking about it and everything. And that was how supervision worked for me." (on how supervision assisted him in processing his anxiety around multiculturalism with clients)

- Carol: "I've never really said anything like that and I don't know why that is." (wondering why she has not shared her emotions with clients upon listening to them reflect on life during the Civil Rights movement)

- Camille: "I get a lot of comments particularly about things that are in my office." (on how cultural art and photos displayed in her office often lead to culturally related conversations with clients)

As is evident in the preceding selection of quotes from the eleven participants,

having or not having opportunities to speak about multicultural counseling issues felt

important to these family counselors. The next section describes the circumstances that

facilitate cultural dialogues as well as those that impose barriers to dialogue. The

facilitating circumstances and barriers to creating multicultural dialogues combine as elements of a theory to inform our understanding of the many interacting factors that may influence family counselors' experiences with multiculturalism in their professional practices.

Encouragers of Dialogue

Several circumstances helped encourage dialogue for these participants related to multiculturalism. These circumstances will be described within three different relationships: relationship with self, relationships with clients, relationships with coworkers and supervisors.

Relationship with self. Maintaining an internal dialogue of self-reflection about multicultural concerns was frequently used by these participants. In fact, all participants made reference to dialogues with self about race and ethnicity issues. Some participants described having these dialogues over the course of their lifetimes, while others chose to discuss their self-talk only about their work environments. It is difficult to draw conclusions about why some participants spoke about experiences of race and ethnicity over the course of their lifetimes and others focused only on work related events, because the participants were not asked to specifically speak to those issues. The participants who did relate stories about race and ethnicity over the course of their lifetimes and were more self reflective about these experiences as related to their professional roles did identify with a particular race or ethnicity either in addition to or other than White/Caucasian. Because of the pervasive dominance of Whiteness in the United States culture, many White students in multicultural counseling courses do not feel like they have a culture (Sanchez, 2001). This dynamic may also exist among these participants. In this study,

identification with a race and ethnicity was associated with more self-dialogue about how the participants' personal cultures influenced their experiences of multiculturalism in their professional practices. Participants who identified and valued their own cultures tended to be more interested in gathering information about their clients' cultures.

Multicultural dialogue in relationship to self and personal experiences was facilitated by journaling, personal reading, and exploration of one's own cultural identity and ancestry. One participant stated that these activities were helpful because she was able to "put words on this stuff I was feeling." Thought checking and reflection carried on through internal dialogues provided participants with opportunities to make meaning of their experiences around cultural issues. Another participant shared that she had a "natural curiosity" that prompted an interest in learning about cultures different from her own. Travel experiences also facilitated internal dialogue. The participants who had experiences traveling abroad shared how those experiences led them to reflect on the differences between their cultures and others.

Relationships with clients. As presented earlier, the participants had different styles of broaching multicultural issues with clients. Some participants discussed cultural issues only if related to the presenting problem, others discussed cultural differences between counselor and clients in a very direct way. Certain factors within client relationships contributed to increased multicultural dialogue regardless of the broaching style employed. Though they did not characterize it as such, some family counselors described engaging in a parallel process of competence development with their families. Some of the goals for counseling described in their cases were similar to the development of awareness knowledge, and skills. They described helping family members become

more aware of how, for example, racist beliefs about a daughter's friends were impacting

her self-esteem. They worked with families to increase their knowledge about how the

different cultures in a multiracial family were impacting parenting decisions. They also

worked with families to develop skills to deal with racism in their children's schools.

 Several conversation topics led to multicultural dialogues with clients. As

mentioned previously, experiences of racism were processed in counseling sessions.

Sometimes the family counselors helped clients process their own experiences of racism

and other times the family counselors helped clients process their own racist feelings.

Frequently conversations about spirituality and religion were a springboard to cultural

conversations. Several family counselors noted an increase in interracial dating among

the adolescents they worked with. Interracial dating relationships and friendships of

adolescent children with people of different races were sometimes a source of conflict

between parents and children and needed to be addressed in counseling. The participants

also worked with multiracial families to merge their cultures of origin.

 Though this study focused on how these dialogues were experienced from the

family counselors' perspectives, an interesting follow-up study could attend to the client

families' experiences in dialogue with their family counselors about multicultural issues

like race and ethnicity. Processing perceived racism may be a very important point to

address in family counseling. A study of African American college students showed that

perceived racism is related to increased stress levels (Perlow, Mosher & Bowman, 2006).

The authors suggested that counseling goals such as reducing avoidance behaviors and

increasing problem-solving skills may alleviate racism-related stress. Increasing the

multicultural dialogues between family counselors and clients can facilitate meeting these

goals. Additionally, there may some unique racism-related experiences to be processed in family counseling sessions. One participant, for example, shared that she spends time in family counseling sessions helping parents determine how they want to discuss racism with their children and how the parents can prepare their children for racism they are likely to experience.

Relationships with coworkers and supervisors. The participants in this study engaged in multicultural dialogues with coworkers and supervisors. Several participants relied on coworkers to process their own biases and assumptions related to race and ethnicity. The participants in this study also described how coworkers helped contribute to their increased knowledge and understanding of families that were culturally different. One participant described how the diversity of his doctoral cohort was very informative to him. Through these professional relationships with a diverse group of other mental health professionals, he learned more about different cultures and about his assumptions about these cultures. Because he felt safe and respected, he was able to process his feelings and challenge his biases.

The supervision relationships experienced by these participants while in their graduate training programs were largely positive, though many participants noticed a change in the quantity and quality of supervision they received once in the workplace. The amount of time devoted to supervision in graduate school allowed for attention to multicultural issues. In describing their multicultural dialogues with supervisors as such they implied that other professional development foci came before discussing topics like race and ethnicity. The participants felt grateful that their supervisors prompted discussions of cultural concerns because they had the opportunity to find words to use to

engage in these conversations with their clients. They also indicated that they appreciated the time in supervision devoted to processing their own biases and assumptions. Several participants indicated they preferred processing these biases and assumptions in supervision instead of the larger multicultural counseling course. Two participants also had the experience of providing supervisions. They indicated that they enjoyed being able to facilitate multicultural dialogues in their supervision sessions with counselor trainees.

Barriers to Multicultural Dialogue

The following section addresses the circumstances that created barriers to multicultural dialogues in these participants' relationships with themselves, with clients, and within their coworkers, supervisors and communities.

Relationship with self. Very few barriers to dialogue about multicultural issues in relationship with self were identified by these participants. This tends to indicate that overall these participants were very self-reflective about their professional experiences with multiculturalism. As reported earlier, participants who identified themselves as White or Caucasian without identifying an affiliation with an ethnic or regional group, tended to speak less about personal experiences as connected to their professional experiences of multiculturalism. Their research participation focused primarily on their work related experiences.

An additional factor that appeared to impact the dialogues with self was exposure to a racist value system. Two participants connected their struggles to work through biases and assumptions to the Southern small towns where they grew up. Carol indicated that she had to continually confront her biases and overcome the values system of her childhood. She wondered if she would ever fully be able to overcome those biases.

Relationships with clients. A barrier to multicultural dialogues in relationships

with clients was the discomfort the family counselors experienced in having

conversations that focused on race and ethnicity. Robert indicated that being "frank and

open and honest" was a challenge. Dorothy and Bill indicated that they were unlikely to

broach multicultural topics because they either did not feel like those topics were relevant

or because the words they imagined using ("I'm White and you're Black. Let's talk about

our differences.) felt uncomfortable for them to use and they hypothesized that the clients

would also feel uncomfortable. Some participants did indicate that clients would tend to

shy away from culturally related conversations initially, but would eventually reengage

their counselors in those dialogues as they considered relevant. For Emma and Joseph,

introducing the topic and taking responsibility for bring up cultural concerns was an

important consideration in their broaching style. Whether or not a client family pursued a

cultural conversation was less important than that they were invited to do so.

A final factor that created a barrier to cultural conversations with clients was the

values systems of clients themselves. These participants indicated that some of their

clients espoused what they considered to be a narrow worldview. Camille, Anna, and Bill

referred to clients with who seemed to "shut it off" when they tried to engage them in

cultural dialogues or expand their worldviews. The participants felt frustrated by the

clients' lack of willingness to be open to cultural conversations.

Relationships with coworkers and supervisors. Barriers to multicultural dialogue were more numerous in relationship to coworkers and supervisors than in relationships to self and clients. Engaging in multicultural dialogue within work environments posed a bigger risk because the counselors' livelihood could be jeopardized. Only two participants in this study were currently in supervisory roles themselves. Jane and Joseph were able to overcome some of the barriers experienced by others because as supervisors themselves they could influence the type of dialogues they engaged in with their supervisees and staff. However, for the other participants—except for Robert who was in the midst of a career transition during his interviews – facilitating multicultural dialogues was often the responsibility of those in leadership positions over these family counselors. Very often diversity was not addressed in the workplace. Two participants, Camille and Dorothy, actually described their work environments as hostile to multiculturalism. Working in an environment that overlooked or negatively perceived multiculturalism made it less likely that the family counselors would speak about race and ethnicity with supervisors and coworkers. Many participants were disappointed that attention to multicultural issues dropped off after graduate school. Burdened by overwhelming caseloads and other schedule demands left less time to process multicultural concerns with coworkers and supervisors.

Another deterrent to multicultural concerns was lack of recognition and consideration of diversity at the administrative level. The participants felt like a lack of support at this level impacted hiring procedures. Charlotte remarked to a coworker that she could understand why few family counselors of color entered the field. Lack of

administrative support was also perceived by these participants as connected to poor

allocation of community resources and funding. In communities with poor community

resources and large gaps in income between social classes, family counselors felt their

interventions with families were miniscule in comparison to the large social hurdles

family had to overcome. They did not indicate anyone that they could engage in dialogue

with about systemic and sociopolitical concerns for their clients. Some participants

indicated that they believed their workplace would be different if more clients of color

accessed services and more persons of color provided direct services or had leadership

positions in administration. Camille felt that not enough attention to multiculturalism was

given from the field overall. Her sentiment was echoed in a study of marriage and family

counselors of color who expressed major concerns about the lack of multicultural values

and mentors in the field of family counseling (Wieling & Rastogi, 2003).

Table 4 summarizes the encouragers and barriers to multicultural dialogues across

relationships with self, with clients, and within their workplaces that emerged from

higher-level analysis.

Table 4

Summary of Encouragers and Barriers to Multicultural Dialogues

Multicultural Dialogue	Encouragers	Barriers
In relationship with self	- Self-reflection - Journaling - Personal experiences with own culture - Travel abroad - Reading	- No indicated ethnic or cultural identity - Exposure to a racist value system during childhood
In relationships with clients	- Broaching race and ethnicity - Spirituality - Interracial dating among adolescents - Multiracial families - Processing racism	- Emotional discomfort of family counselor - Awkward words to broach - Dismissed by clients - Clients with narrow worldviews
In relationships with coworkers and supervisors	- Diverse coworkers/cohort - Supervisors who encouraged cultural dialogues - Time for supervision	- Fear of losing job - Negative atmosphere towards multiculturalism in workplace - Busy supervisors - Lack of support by administrators - Mostly White, homogenous staff and clientele

A complex combination of personal factors (including race and ethnicity, age, and

gender), work environment factors (including work setting, supervisors, and coworkers),

and regional attributes (including the South, client demographics, and community

resources) were influential to these participants' experiences. Several circumstances

within the participants' relationships with self, clients, coworkers, and supervisors

encouraged multicultural dialogue, while other circumstances created barriers to multicultural dialogue.

Implications and Directions for Future Research

The field of counseling, including family counseling, in an effort to be responsive to the needs of diverse practitioners and clients, has adopted the multicultural counseling competencies model (Sue, Arredondo & McDavis, 1992). This model is often characterized as being comprised of awareness of counselors' own assumptions, values, and biases; knowledge of the worldviews of culturally diverse clients; and development of skills to appropriately address these diverse clients' needs. There is growing support for the view that the competencies provide guidelines for best practices (Arredondo, 1998; Corey, 1996; Vinson & Neimeyer, 2003). Several studies examine counselors' experiences with multicultural counseling with individual counselors (Rosenthal & Berven, 1999; Sodowsky et al., 1998; Pope-Davis et al., 2002; Fuertes & Brobst, 2002; Gim, Atkinson, & Kim, 1991); however less is know about family counselors' experiences with multiculturalism. This study addressed this limitation by focusing on the experiences of family counselors with multiculturalism in their professional practices.

In many ways these findings highlight experiences of counselors and multiculturalism in general, however, there are some factors addressed within this study that are unique to family counselors. The primary differences in these family counselors' experiences that distinguish their perceptions from those of counselors who work primarily with individual clients are in the nature of their interactions with their clients and their case conceptualizations. Family counseling focuses more on interpersonal dynamics than individual counseling. The family as a group, or a system, is the primary

focus of intervention and therefore family counseling dialogues are multidimensional. As is reflected in the experiences of these family counselors, the nature of interventions with a family as the client is complex. The family counselors in this study were less focused on intrapsychic phenomena or mental health diagnoses. Instead their relationships with their clients emphasized exploration of how the families create meaning and interact with their environments as a group. One participant stated, "I think the biggest thing that comes to my mind is that each family almost has a culture of their own. I guess for me joining with a family is learning that culture and finding my place in it." The participants in this study facilitated dialogues with families about blending cultures in multiracial families, healing from racism experienced by the family and contained within the family, and the challenges of the interracial dating and friendships of adolescents. Often the participants found these multicultural dialogues to be rewarding to themselves and the families.

Overall, the participants were engaged in ongoing reflective processes about their attitudes and beliefs about cultural values; they actively sought knowledge to contribute to their understanding of different cultural groups; and they employed a flexible array of counseling skills with clients. Two multicultural counseling competencies were discussed in ways that could indicate that the participants were unsatisfied with their experiences related to those particular competencies. These two competencies are:

1. Skills to exercise institutional interventions on behalf of clients, and

2. Knowledge about oppression and racism that allows them to acknowledge their own racist attitudes, beliefs, and feelings, including for White counselors an understanding of White privilege, (Sue, Arredondo & McDavis, 1992).

The participants' unsatisfactory experiences with these two competencies are related to their identified barriers to multicultural dialogues in these two areas.

Connect family counselors to institutional level intervention implementation. The first competency with which the participants in this study reported some difficulty was related to having skills to make institutional interventions on behalf of their clients. Several participants indicated that they attempted to externalize some family concerns by educating clients about how racism may be impacting their families, yet these participants were frustrated that they did not have the tools to make institutional level interventions on behalf of their clients. They expressed frustration at their lack of ability to impart more positive changes for families in their interactions with larger systems, especially related to challenges of poverty and access to services.

Participants may not have known with whom to discuss their concerns or how to embark on these interventions, but most frequently they described feeling powerless to enact broader level changes, especially around issues related to funding social programs to address poverty related stressors of their client families. From this finding, counselor educators may be inclined to provide examples to students about how counselors can be involved as activists in the counseling profession through professional organization participation and community involvement, perhaps through modeling their own behaviors.

Social advocacy is receiving growing attention among counseling professionals. As was noted in Chapter Two, multicultural counseling has been described as the fourth force in counseling (Pederson, 1990) and now social advocacy is being considered as the fifth force in counseling (Ratts, D'Andrea & Arredondo, 2004). Similar in format to the

multicultural counseling competencies, a proposal of social advocacy competencies were developed to guide the types of interventions and reforms in which the participants in this study expressed interest, but did not have direct understanding of how to implement (Lewis, Arnold, House & Toporek, 2002 as cited in Ratts, 2006). Family counselors may be particularly receptive to adoption of the social advocacy competencies because these competencies incorporate systemic conceptualizations of clients' concerns. While none of the participants in this study referenced the social advocacy competencies directly, attention to these recently developed competencies may provide structure and guidance to family counselors seeking to address barriers to positive family environments on broader levels. Increased attention to social advocacy in counselor education, supervision, and continuing education training appears both desired and warranted.

Create opportunities for family counselors to engage in multicultural dialogue at the societal level. It seems that from the experiences of these participants, family counselors may be interested in addressing some of the external stressors that challenge families outside of the therapy room. The aforementioned social advocacy competencies may provide guidelines to facilitate those types of interventions. More specifically, in this study some participants described feeling excluded from community agency funding decisions that directly impacted available services. They observed family problems associated with institutionalized racism in schools and stressors associated with poverty like poor transportation, lack of childcare, and job security. These participants' feelings reflect a desire for family counselors to be involved in funding decisions. Family counselors may be encouraged to seek volunteer activities that offer opportunities to engage with their communities in a different context. Such activities may increase the

opportunities for family counselors to be part of multicultural dialogue on a broader

societal level. The advocacy competencies address three levels of empowerment,

collaboration, and information moving from microlevel interactions to macrolevel

interactions: with clients, with communities and in the public arena. Few opportunities

for multicultural dialogue were referenced in these participants' experiences at the

administrative or institutional levels of their workplaces. Empowerment and advocacy

were identified as essential skills for family counselors to have, especially when working

with disenfranchised families (Hair, Fine, & Ryan, 1996).

Promote multicultural dialogues between supervisors and supervisees. Based on

these findings, an important point of note for counselor educators is that while research

has indicated that the multicultural counseling competencies are a step towards best

practices in counseling, for these participants, the competencies may have seemed

intangible. Most participants indicated that their multicultural training in graduate school

emphasized awareness and development of culture-specific knowledge with few

counseling skills and interventions being taught. There was less understanding expressed

by these participants about how being aware of culture and bias and applying culture-

specific knowledge in case conceptualizations are multicultural counseling skills in

themselves. Perhaps if counselor educators focused more on the clinical application of

the competencies as a lens through which all other interventions are filtered, thereby

increasing the sense of utility and adaptability of the competencies, the likelihood that

these family counselors would have described their experiences using the language of the

competencies would increase. If family counselors were made aware of how they are

applying the competencies through clinical practice by their supervisors, then they may

feel increased self-confidence in cross-cultural counseling relationships.

The participants in this study described relationships with supervisors as

important to their experiences in this area more frequently than they referenced

relationships with faculty. It is therefore unfortunate that these participants also shared

that opportunities for workplace supervision were limited and often neglected, especially

during times of heavy workloads at their agencies. The lack of consistent and in depth

supervision experienced by these supervisees may raise some ethical considerations,

especially for those beginning counselors still seeking to fulfill licensure requirements.

Future research could explore more fully the experiences of family counselors in

community agency settings and their experiences with supervision from both supervisee

and supervisor perspectives. A recommendation for counselor educators regarding the

importance of workplace supervision targeting multicultural concerns is that wherein

counselor education faculty members are not in direct supervisory relationships with

counseling student trainees, they may wish to collaborate with the field-based supervisors

to encourage multicultural dialogues between supervisors and supervisees. This may have

a secondary impact of increasing the value of multicultural counseling competencies in

the workplace.

Encourage dialogue about racism with family counseling students. First,

acknowledging one's own racist attitudes and beliefs in conversation with others is

perceived as uncomfortable and unsettling. Utsey, McCarthy, Eubanks, and Adrian

(2002) outlined some of the distressing feelings that emerge when Whites confront their

own racism including frustration, guilt, shame, helplessness, and confusion. One

participant in this study wondered if her disclosure of these feelings during her research participation might expose her in a negative portrayal. Even when disclosures of racist attitudes and beliefs are made in attempt to move through those feelings rather than perpetuate them, fear exists. Increasing opportunities for family counselors to disclose their beliefs and feelings that they are working through in safe and supportive environments is important. The participants in this study were more likely to make such disclosures in relationship with individual supervisors and peers than in classroom settings or within the workplace.

Encourage White family counselors to explore their ethnic heritages. Counselors not in touch with the affective and cognitive elements of their own cultural identities risk difficulty in working with families from similar and dissimilar backgrounds (Hardy & Laszloffy, 1995). This may be especially true for White family counselors (Constantine, Juby & Liang, 2001). Some of the White participants in this study wondered what clients' perceptions of them were and if being White made clients less trusting of them. One study of 176 individual counselors of varying races and ethnicities found that the White counselors in that sample rated their multicultural counseling competence to be less than the other participants in that study did (Sodowsky et al., 1998). This finding suggested that the counselors from various minority groups had greater familiarity with multicultural issues than the White counselors, perhaps from experiencing more interracial contacts throughout their lives. The findings in the current study suggest that identification with an ethnic background is important for White counselors and may make them more likely to broach cultural concerns with their client families.

Encourage all family counselors to explore other cultures through study abroad programs. The unique interaction of personal factors such as race and ethnicity of the family counselor appear to impact the family counselors' experiences of multiculturalism in their professional practices. This suggests that counselor training programs may need to continue to include more emphasis on encouraging students to become familiar with their own cultures of origin and any privilege or discrimination associated with their cultures. One way that the participants in this study became more interested in their own cultures was through immersion experiences with other cultures. Several participants in this study described how past travel abroad experiences positively impacted their experiences with multiculturalism in their professional practices. Participants with these experiences were more likely to integrate their personal and professional identities as family counselors as evidenced by description of both in their research participation with this study. This finding about the positive influence of being immersed in other cultures could have implications for counselor education. Counselor education programs could make note of this positive influence and work towards increasing opportunities for student exchange programs with counselor education programs abroad by creating liaisons with universities or by creating study abroad classes. Drawing on the cognitive development component of this study, the Deliberate Psychological Education model (Sprinthall & Theis-Sprinthall, 1983) could provide guidelines for facilitating the educational component of such trips. The DPE, which includes role taking, guided reflection, balance between experience and reflection, support and challenge, and continuity could be easily adapted to a planned study abroad experience for counselor education students guided by faculty.

Use characters from popular films and literature for multicultural case conceptualizations and broaching skills practice. Many participants in this study described their graduate level multicultural counseling courses to be informative but falling short of providing a complete picture. The participants in this study indicated that exposure to cultural related curriculum in their family counseling courses compensated for some of the information they felt was lacking in the multicultural counseling course. Multicultural training during graduate education is significantly correlated with higher levels of self-reported multicultural counseling competence in White family counselors (Constantine, Juby, & Liang, 2001). The participants in this study indicated that the most educative multicultural experiences of their training programs were opportunities for clinical supervision and experiential learning activities.

Several participants in this study identified popular films, like *Selena*, and popular fiction, like *To Kill a Mockingbird*, that stimulated their thinking about race and ethnicity. These resources could be used by counselor educators to create case studies that would allow family counseling trainees pre-clinical opportunities to practice case conceptualization and broaching skills. The idea of using characters from literature and popular culture was proposed by Schwitzer, Boyce, Holman & Stein (2006), but was not proposed specifically for family counseling and multiculturalism. The participants in this study discussed the difficulties of conceptualizing racism within their clients. Using characters from fictional films and literature could provide students the opportunity to envision themselves working with client families who are racist or who are culturally different from themselves before actually confronting those situations in clinical practice.

Explore regional influences on the professional practice of family counseling. The participants in this study attributed some of their experiences with racism to their geographic location of the South. Connected to the regional influence of practicing family counseling in the South was that experiences of race, which have changed dramatically over the last fifty years, since the Civil Rights movement of the 1950s and 1960s, were often different between generations of the same family. While some participants were Southerners since birth and others were transplanted to the South later in life, most of these participants reflected on how the racial landscape of the South impacted their lives and their clients' lives. Several participants felt that racism was more overt in the South than in other areas of the United States. Other participants felt that the rural Southern towns where their clients lived kept their families culturally encapsulated from diversity that is more normative in other regions.

A review of the literature produced no recent work that was directly related to regional differences in family counselors' experiences of race and ethnicity in their professional practices. Future research could compare the experiences of family counselors in various regions of the United States. For instance, focus groups of family counselors representing the South, the Southwest, the Midwest, the Pacific Northwest, and the New England regions could be conducted and compared across groups to explore the possibly unique needs of each of these regions with regard to multiculturalism, racism, and family counseling. Data collected from these focus groups could provide useful information about variations in United States culture for families and family counselors.

Develop an instrument to assess conceptual complexity specifically regarding

multicultural issues. Participants in this study were asked to complete the semi-projective

assessment, the Paragraph Completion Method, unfortunately only three participants did

so. The purpose of administering the PCM to the participants in this study was to gather

supplementary and descriptive information about their conceptual levels and cognitive

complexity as it may relate to conceptualizing multicultural concerns in client families'

cases. Assessing conceptual development with regard to race related issues may be

difficult as evidenced by the participant Carol. Carol did not complete the PCM however

her contributions to the research were reflective and consistent in many ways with the

participants who did complete the assessment and were determined to be operating at a

conceptual level of 3, the highest level assessed by the PCM. Yet when speaking

specifically about race and racism, Carol became less confident in her responses, so it is

difficult to know, especially without a formal assessment of her conceptual level through

the PCM, if the lack of confidence was isolated only to race related issues. With this

challenge in mind, an area for further exploration could be related to development of a

semi-projective instrument based on the PCM but directly focused on multicultural

concerns. This instrument could be comprised of sentence stems similar to those used in

the PCM, which assess how respondents handle conflict or uncertainty and how

respondents think about rule structure and authority relations. The intention of the PCM

is to assess how a person thinks. Possible sentence stems to obtain thought samples

specifically about how participants think about multiculturalism might include:

1. What I think about race and ethnicity…

2. When I am judged…

3. What I think about culture is…

4. When someone is culturally different than me…

5. When I am not sure about cultural norms…

6. When I am asked about my culture…

Information collected from such an instrument may provide information about how respondents think about multicultural issues that could reveal why there are differences in how family counselors conceptualize the role of race, ethnicity, and culture in cases. The findings of this study suggest that how family counselors conceptualize race and ethnicity in relationship to the presenting problems of the families influences how the family counselors broach, or not, the topic of race and ethnicity in the counseling relationship.

Interestingly, the participants in this study did not identify any theoretical frameworks that guide their case conceptualizations and clinical decision making processes. Although this information was not directly asked of these participants it is somewhat surprising that theories or models of family counseling were only mentioned once by one of these participants; Dorothy indicated that Functional Family Therapy is the counseling model her site employs. This may indicate that existing models of family counseling are not particularly useful to these participants in their multicultural counseling case conceptualizations or perhaps that these family counselors practice from eclectic approaches. Future research could explore the role and meaning of theory to the professional practice of family counseling.

Multicultural dialogue was found to be important to these participants' experiences with multiculturalism in their professional practices. An important voice in these dialogues that is not addressed in this study is that of the families who have

received family counseling services from family counselors similar to those participating in this study. The participants in this study offered their perspectives of broaching multicultural concerns with client families and described varying styles of broaching those topics. Future research could explore how client families perceive these varying styles of broaching multicultural concerns. Because the family counselors perceived there to be differing views on race within families, especially with regard to experiences of racism and interracial relationships, families' perspectives would be useful supplements to the family counselors' perspectives.

A final point worth noting for future researchers in this subject area concerns the response rates of the participants in this study's sample. The participants agreed to engage in interviews and were very forthcoming during telephone conversations. Few participants contributed in-depth responses via email communication. Also the length of time between the final interview and the request for the artifacts and PCM assessment varied. These final requests were made via email and did not have high response rates. The lack of high response rates could be due to scheduling demands of the participants, the nature of the subject matter, or their level of commitment to the research project. Researchers conducting similar inquiries with family counselors are urged to connect assessments and other requests for data to the interview communication to help ensure the highest possible degree of participation. Another possible way to encourage more complete participation may have been to schedule time for live communication via email. More emailed communication would have allowed for a richer comparison between ideas participants expressed in voice recorded conversation versus emailed interactions. Perhaps if email conversations were scheduled, as were interviews, then participants

would have felt more compelled to be responsive. Emphasizing the research experience as an opportunity to participate in guided reflection about their professional development may have served as an additional incentive for participation.

Conclusions

This study opened with a poem about a woman who denied her family's ethnicity. Through the progression of the poem she expressed how that denial changed to pride in her heritage. The poem reflected on the importance of ethnicity to family life. I anticipated that the participants' experiences might include client stories similar to the poem's focus. What ensued through the course of the study were rich conversations about personal characteristics of the family counselors themselves, their relationships with others and how they overcame taboos against talking about race, ethnicity, and culture to engage in multicultural dialogues. This was not a dialogue full of academic jargon or intellectual theorizing. What was heard were the voices of family counselors "in the trenches." They discussed experiences of racism in their own lives and shame for racism that they perpetuated. The focus of their experiences was connected to wanting to impact their clients' lives in deep and meaningful ways through effecting social change and improving the socioeconomic status of families struggling against external stressors of poverty. They described experiences in confronting sometimes shockingly racist clients, the pain in helping families teach their children how to confront anticipated racism. They shared experiences with supervisors and mentors who encouraged them to confront their own biases and guided them in understanding others' worldviews. Finally, they described being family counselors in the South where a perceived legacy of racial disharmony clouded relationships. Throughout the personal and professional experiences of race and

ethnicity, multicultural dialogues were identified as important to these participants.

Multiculturally competent family counselors have the opportunity to help their clients

engage in such dialogues, and in doing so, assist their healing from the impact of racism.

Appendices

Appendix A

Sample of Member Checking Request

XXXX:

I hope you are doing well.

I'm attaching a brief summary of your interview and the transcript for the interview in two separate word documents. Please read through and let me know if there is anything you wish to change, add, or delete. Your pseudonym is Emma. In the member check summary I summarized what you said about the multicultural course--I know you had some concerns during the interview about being identified around this issue. If you'd like me to remove what I have I will. There is a portion of what you said that was never recorded, so obviously that part was not used in the summary. In terms of protecting confidentiality further, would you like me to list European descent instead of German? Is there anything further you would wish to add about how your own ethnicity influences your therapeutic family work?

***I was also wondering if you could expand a bit on these segments of the interview (R=researcher, P=participant):

Segment #1

R: Have you, do you find any way that race and ethnicity influences parenting or a couple relationship in particular?

P: Well there do seem to be differences in how black families parent their children, absolutely.

R: How about with couple relationships? Do you have many families that come in with two kids?

P: Well it's very difficult to get fathers to, to come in and I don't know that it's necessary, well I mean, again, I just, no, I don't think the differences that I see just really seem to be more individual differences and, and that I can say racial or ethnic differences.

Segment #2

R: Do you see race interacting or with gender sexual orientation, _____, other personal ____, do you see that; you said earlier that _____, what would you say about that?

P: Well, I think, well clearly race interacts with, with gender and, and race interacts with sexual orientation and is different, is perceived differently in different cultures and that, I mean, again I think being aware of those differences _____ is very important.

If you would like to comment I can call and record what you say or you could reply in email. Of course, you are not obligated to add anything at all!

An additional component of data generation is asking participants to create a visual or literal representation that metaphorically represents how they think and/or feel about diversity in their professional practice. Here are the instructions for that piece:

***"Please share with me a visual representation that would describe or illustrate your experience with diversity--specifically race and ethnicity--in your professional practice." For example if there is a photograph or object that is symbolic to you or a word metaphor please share with me either a digital photograph of that object and/or a description of it (i.e., "Diversity in my clinical practice is like a carnival, bowl of cereal, snake pit, etc...).

Again, I appreciate your time--I know it is precious! <<emma transcript.doc>> <<Emma member check.doc>>

Take care,

<div align="center">Emma's Member Checking Summary</div>

Emma is originally from Germany, has lived in the United States for twenty years, and is

an American citizen. She is the mother of three adult children.

Emma has a master's degree in Community Counseling and a PhD in Counselor

Education. Her graduate training included multicultural education: one course

specifically directed towards multicultural counseling and multicultural topics interwoven

into other courses as well. Reflecting on the multicultural counseling course that Emma

took during her master's degree training, she indicated some dissatisfaction with course

format. She stated she would have preferred a classroom that embodied an atmosphere of

acceptance, similar to the atmosphere the therapist creates in a counseling session. She

felt in the course that she took that there was some confusion about whether the course

would be raising awareness of the students in the classroom or imparting specific cultural

knowledge and she wonders if perhaps it would have been a more positive experience if

she could have taken two distinct courses directed towards each of these areas. While

there was nothing in the multicultural counseling course specific to family counseling,

Emma was exposed to family and culture issues in other courses. In particular she

remembers reading the book, Ethnicity and Family Therapy by McGoldrick, Pearce, and

Giordano. Emma stated she likes this book a great deal and feels it creates knowledge

about cultural groups and families that she keeps in the background while being open to

what each family brings to therapy. Emma believes this applies to individual and family

counseling work.

Emma believes that making assumptions about families and cultures based on this

knowledge can be dangerous, however she believes multicultural education is important.

Emma described integrating these two beliefs as a balancing act involving listening to

what clients tell therapists about their own experiences and the therapist asking questions

that will elicit this information. She stated, "It seems pretty easy to me to take ownership

of any kind of differences that may come up, but I think it really requires you [the

therapist] to just let the client be the leader and let them inform you about their lives."

Emma has been a practicing counselor for approximately seven years. She is family

counselor currently in private practice and holds licensure as a professional counselor and

marriage and family therapist. Presently her caseload includes a mix of children, families

and individual adult clients. Her theoretical perspective and therapeutic style is

influenced by structural family therapy, developmental theory, and cognitive therapies.

Emma believes when therapeutic change is achieved this is in part due to her ability to be

open to the process of therapy, giving feedback on what she observes in session, but not

directing clients what to do.

Regarding diversity within her caseload, Emma stated that it keeps her "honest" and reminds her that every family is different thus necessitating she leave "preconceived notions about what families should be like checked at the door." Of all cultural variables, in Emma's experience, class and socioeconomic status are more important than others. Emma has observed the impact of poverty when working with families of varying races and ethnicities who are struggling to have their basic needs met.

Within racial and ethnic minority families, Emma has observed that families who are more finically stable have a different experience of their race and ethnicity than those that are impoverished. In financial stable and educated minority families, coping styles and problem solving skills appear more similar to majority culture.

When beginning therapy with a new client or family, Emma makes a point of introducing herself and describing her culture of origin. She believes being from a different culture than the majority US culture makes this an easier task. She points out her accent and informs clients of where it is from. Emma requests from her clients that if she brings up something that doesn't fit with their beliefs, that they bring this to her attention. Emma has experimented with different ways of doing this over time in her practice. She was trained during her graduate education to do this during the first time. In her own clinical experience Emma has found that introducing difference and race and ethnicity as topics of conversation are better received by the families when there has already been an opportunity to develop trust and join with the family. She found that routinely introducing client-therapist difference in the first session was passed over by many clients as something that would not be significant from the clients' perspectives. She believes it is important to discuss these issues with clients because she is taking ownership of

introducing issues of difference, thereby making it acceptable for clients to talk about their own concerns. By using her own ethnic differences, Emma gives clients permission and an opportunity to describe theirs.

An example of a case where race and/or ethnicity has been a topic of conversation during session: Black American mother with elementary school aged son getting in trouble at school, after joining with family, ask if what could be happening is the teacher reacting to the son in a way related to prejudice, deer caught in the headlights and say no, reflect, come back to session and say well maybe. Leave it up to parents, help them process and decide how to deal with it. Goal is to help families find solutions, helping mother prepare child for racism that is out there. May do this with child in room or just with parents, let's parents guide in this decision. Children perceive it just as something is not right, less concerned with child's level of awareness of experience of racism and more on working through parent how to do deal with it in family.

Appendix B

Researcher as Instrument Statement

This section will review elements of my background relevant to family counseling

and multiculturalism that may shape my perspectives while conducting the various

aspects of this research study. I believe my own experiences with race and racism

throughout my life are of significance.

I was born in 1975. The Civil Rights movement was before my time, but I grew

up in a small and isolated fishing community in a midsized town in Southeastern

Virginia. Exposure to racism between White and Black community members is a vivid

part of my childhood and a painful part of my own family history. The dreaded "N" word

was frequently used between male members of my family during Sunday meals together

or holiday gatherings. I remember seeing "KKK" graffiti on the walls of public buildings.

I remember community lore about a physical point which Black people weren't allowed

to cross to enter the neighborhood where my family had lived for several generations. I

remember a tree on one particular road that cousins told me was used for lynching. To

this day, rebel flags still wave in many yards, even though it was has been two decades

since the community racial dynamic became more diverse. In another corner of town

stands the Emancipation Proclamation tree on the campus of a historically Black college.

The Emancipation Oak was the site of the first Southern reading of President Lincoln's

Emancipation Proclamation, read by Union soldiers to freed African Americans. Despite

the percentage of Black and White folks in my city, the races, at least among the working

class, which my family was a part of, rarely mixed. Most, if not all, of our family friends

were White. I received strong warnings against dating anyone outside my race, especially

someone Black. The contradiction and complexity of these things, and many others like them, made me feel ashamed and angry. Over the years I have looked for, and to some degree, found change within my family.

The other side of my family of origin reflects a different cultural heritage. My mother immigrated to the United States, as a child, from Scotland. Having grandparents from another country always felt "cool" to me. I loved their accent, stories of our relatives across the water, the hot tea and the shortbread. I felt excited that when asked to do family culture assignments in elementary school that I had "real culture" in my family history. My grandparents also spoke out against the racist values of our small community. My grandmother said that she felt isolated from other women because of her comments and because of her own differences. Yet, her children—my uncles and my mother—were influenced by the racism around them and to varying degrees took part in conversations aimed at degrading people based on their race, typically reluctantly, as if they had no other choice than to draw negative conclusions about an entire group of people.

Somehow having a mother who was born in Scotland made me feel more legitimately cultural than I anticipated I would have if both of my parents had been born in the U.S. My mother, however, wanted very much to be "Americanized" and it was not until I was an adult did I realize how the value she placed on fitting in was related to being the child of immigrant parents. As I learned more about family dynamics and culture, I realized how acculturation issues had impacted my own family. I always felt the diversity of my mother's culture was something to be proud of and though I was angered by the racism I encountered on the other side of my family, I never spoke out against it. I learned to leave the room when "those talks" began or to just not respond when

conversations reflected what I considered racist values. I felt ashamed for taking a passive approach and afraid that taking a more aggressive approach would alienate me from my family. I was afraid that they might think I was being "uppity."

The feeling I experienced with my family is similar to the feeling I still have when I am with people I consider friends who make a racist joke or statement. I am confused about how to react. Do I take a stand and risk cutting that person out of my social circle or do I not participate and turn away? Why do people assume I will want to hear or be amused by those things because I am White too? Sometimes, when I have taken a stand, I feel like other people are not really listening, that they are more interested in proving their own points of view. This feels like an ongoing process—this process of understanding what it means to be White in our society-- and then learning how to articulate that process.

Sometimes I am ashamed to talk about my discomfort around race with people of color, and sometimes also with other White people. Though my willingness to engage in cultural conversations has increased dramatically, my biggest fear is of being perceived as racist, and so sometimes I continue to remain quiet. As important as I believe these conversations to be, they are not easy conversations and my experiences with them have more often than not become confrontational. I try to challenge myself to stretch further and take more risks. During the first year of my doctoral program, and during the midst of other family issues, I confronted my father for the first time in my life, about what it was like to be growing up in a White racist family, even if our family was less racist than others. After that conversation, we did not speak for almost one year, and neither one of us ever brought up that topic again, not again until I told my family what my dissertation

research was going to be about. Part of the difficulty I encounter with my family, and my father in particular, is that I love and respect them very much *and* I disagree strongly with how our family has organized itself around racially related issues.

I grew up with a strong interest in social justice issues. Rather naively, I wanted to help make things "fair" for everyone and I believed a career in social work could stimulate that process. I decided to become a counselor rather than a social worker mainly due to the logistics of the university I attended. During my master's training I took a course in multicultural counseling. Like other CACREP accredited counselor education programs, this was a required curriculum component. I remember only two small pieces from that course: one was that the teacher incorporated humor into the curriculum and the second thing I remembered was that I participated in a semester long project that focused on African American culture. My fellow group members were two African American women. We attended a festival and wrote a group paper, yet we shared little about ourselves that was not directly related to our assignments. As a doctoral student, I had the opportunity to co-teach the multicultural counseling course with another professor. My co-teacher was an African American woman. That course was very growth producing for me in many ways. Something that was different about my experience with the multicultural course during the doctoral program than in the master's program was that I had less of the nervousness and insecurity associated with being a new professional. Thinking of myself as a counselor was not a new thing to me; therefore I could concentrate more fully on thinking of myself as a multiculturally competent counselor. I believe it was my experience in that course that gave me the courage to speak up to my father.

My clinical experiences as a counseling trainee were frequently with clients of color. My first clinical experience was at Planned Parenthood, which had a very diverse clientele and staff. My second clinical experience was in the substance abuse division of a community services board and again, the clientele and staff were very diverse. My supervisor was an African American woman with over twenty years of clinical experience. I felt safe talking to her about my difficulties as a new professional. I believe I received excellent supervision from her, though I do not believe we ever overtly discussed race. I do recall processing how she interacted differently with group members when we co-facilitated a women's recovery group together. Her ease and presence felt very different than mine. Her language was more similar to the language used by the group members. She encouraged me to find my own style and be myself, but I do not remember race being a factor we explicitly discussed that could have contributed to the differences in our approaches. I was accepted into the doctoral program while under her supervision and she was the most encouraging person in my life about that decision. She told me to "go for it" in spite of the difficulties I might face as and doctoral student and as the mother of two young children.

As a family counselor during my doctoral internship I recall conceptualizing race as a barrier to joining with families. Even if the family did not feel it, I felt it. I felt differences needed to be addressed and brought out into the open. I was encouraged to do so in supervision groups and with my individual supervisor. I was reminded that if those conversations did not go well the first time, I could always revisit them. I also felt that the most difficult racial difference to discuss were differences between African American families and myself, as a White woman. There felt to me to be a balancing act between

wanting to get those differences out in the open in case they needed to be discussed further, or in case race was an issue related to the presenting concern, but I did not want to be perceived as an "over-eager White girl."

Eventually, through experimentation, I have found a style of addressing race and ethnicity in counseling that works for me. I tend to look for an entry to open that door, a place where discussing difference seems to flow into conversations—if not during the first session, then shortly there after. I have also had times when I have asked if those conservations felt uncomfortable to the clients and I have found it more useful to admit right away if I feel like I stumble over my words in attempting to address a cultural concern or difference

Around the time of my family counseling training, I worked with a writing group in preparing a manuscript for publication about broaching the subject of race and ethnicity in counseling sessions. This group gave me the opportunity to practice talking about race and ethnicity. I believe my group members attempted to get out of the intellectual realm and also discuss race on an emotional or affective level. We did, at times, have to pause the group and address feelings related to our subject matter that we were experiencing as a group. We went on to present our manuscript at national conferences and I slowly became more comfortable being a White person speaking about race, because, quite simply, that is what I am and I won't be credible if I try to be anything other than that.

I selected this dissertation topic because I wanted to learn what the experiences of other family counselors where around issues like race and ethnicity. I believe

investigating this topic from an interpretivist paradigm using qualitative research methods is needed because race and ethnicity is such a complex and multilayered topic.

I anticipate that family counselors will describe clinical issues related to generational differences between family members around cultural differences. I expect to find some participants who do not consistently address race and ethnicity. I also suspect that if I have participants of color, that they may have different experiences than White participants. I also suspect that participants' graduate school training will be important to their clinical experiences. I do not expect to find family counselors who do not endorse the multicultural counseling competencies, though I do anticipating having some participants with limited exposure to the competencies.

I believe the experiences of the participants will reveal information useful to counselor educators and other family counselors. I hope counselor educators may learn from the participants' experiences new ways to optimize multicultural education as well as tailor it to the unique needs of family counselors who contend with numerous dimensions of personal identity in counseling sessions. I hope that other family counselors may read the words of the participants and feel validated in their own experiences.

Appendix C

Sample of Open Codes and Themes List

Theme	Codes
Work environment	Class and SES, client population, region, Cultural broker for region, private practice, in home counseling, personal space versus office space, collaborating with schools, access to services, work supervisor
Broaching race and ethnicity in session	Barriers, establishing rapport, "the x factor", "calling it what it is"
Racism	Counselor experiences of racism, preparing a child for racism, clients' experiences of racism, clients who are racist, race with SES
Conceptualizing cases	Sociopolitical influences on cases, counselor viewed as "part of system", needs of multiracial families, how race impacts presenting problem, adolescent dating, SES, ideas about minority families
Awareness Issues	Awareness of limits of expertise, avoiding assumptions, self doubt, awareness of bias
Knowledge issues	Knowledge of impact on others, culture specific knowledge, multicultural counseling course, exposure to other cultures, training experiences (not counseling), first hand, experiential learning, family counseling multicultural education
Skills used with families	Asking questions, broaching, being flexible, coaching parents
Counselor Factors	Ethnicity, age, dress and appearance, acculturation, family childhood memories,
Values	Counselor's values versus clients' values, long standing client values, listening,
Spirituality	Client's religion, counselors religion, spirituality course, minister in session
Relationship between clients and counselor	Trust, rapport, barriers, power, family as expert, joining, "be where the client is", self disclosure, guarded, change in time
Working through counselor's bias	Self talk, "being deliberate in our conversations", overcoming stereotypes,
Supervision	Supervisor's suggestions, "intimacy of supervision", supervisor broaches

Appendix D

Invitation of Participation

Dear Family Counselor:

I am a doctoral candidate at the College of William & Mary interested in learning more about community agency-based family counselors' experiences with multiculturalism-- race and ethnicity in particular-- in their professional practices. This study's results will contribute to theory development of multiculturalism and family counseling useful to family counselors and counselor educators, potentially contributing to improved services for client families.

The requested contribution of participants in this study is three-fold: First, I am asking participants to complete a series of semi-structured interviews about their professional experiences with diversity conducted over the telephone. I am also asking participants to write short reflections via electronic mail to contribute to the study findings. Finally, I am asking participants to submit an artifact (e.g. collage, picture, or poem) that metaphorically represents their experiences with diversity. As the researcher, I will incur all expenses of telephone calls and mail delivery. Participation in this study is completely voluntary and can be discontinued at any time without penalty. I will adhere to confidentiality ethics throughout data collection and analysis.

Criteria for participation in the study include completion of at least an MA/MS/MEd degree in counseling, formal educational training or coursework in family counseling theories and techniques, and two years of family counseling experience in a community based agency. Individuals who complete the study may enter a random drawing for a $100 gift certificate to the online store, Amazon.com.

If you are unable to participate in this study but are willing to forward a message to other family therapy practitioners or would like more information regarding the study, please contact me directly at arholm@mac.com or (252)757-1632.

I appreciate your time, and I hope to hear from you soon.

Angela Holman

Appendix E

Reflexive Journal Sample

2/27/06

There are some things that seem to keep popping up. I have 4 initial interviews complete. I was very nervous to begin the interviews and a bit surprised to have one interviewee question the language I used in the questions. Some of the participants have submitted their reflexive journal statements. Some have not. It has been challenging scheduling the interviews.

Trust is one of the things I am wondering about. The counselors seem to feel that the families want a sense of who the counselor is on a personal level to help build trust. It is unclear if the counselors are implying that trust is different when cultural differences are present in the relationship. One thing they seem to do is increase self-disclosure to increase trust.

Adolescent dating—at least among lower SES families, interracial dating is more commonplace and cause conflict with parents. The family counselors have had to process racism of parents. I had not anticipated hearing about this. I realized I was more prepared to hear about family counselors who may have helped families to process their own experiences of racism but I had not anticipated families who are racist. The counselors seem to just make these families aware of what is going on and not take an aggressive approach to confronting racism.

All counselors thus far have seemed to kind of latch on to using one particular family as an example throughout the interview. It seems as though drawing from a real example makes the subject matter easier to talk about. I am interested in the stories they are describing.

Several interviewees have stated they feel class to be a bigger issue than race and wonder how helpful counseling is when problems are related to low SES.

One interviewee felt 3rd question was politically correct. This is data. This response is data in itself, but what does it mean? Will it come up again? Have other interviewees felt this but not spoken up? What is political correctness anyway? Does a parallel issue occur in session?

3/14/06

Yesterday I did two different interviews. I can't see how to fit in the Hunt's theory piece. There was a difference between how the first interview went as compared to the second. The second interviewee was much less forthcoming in her responses. Seemed like she was being protective about opening up and that was how she described some of the African American families she is working with. During the first interview, I would ask a question about race and ethnicity and that respondent would relate it to an example of sexual orientation. Like is that easier for her to discuss? It was very helpful to listen to their first interviews before doing those follow-up ones.

Sometimes I feel hesitant to ask a question because I don't want to sound offensive and I think this goes on during counseling sessions too so then some issues never get discussed

or it is assumed everyone knows what is going on. I'm trying to go ahead and ask the question if it seems fitting. I'd like to ask how political correctness feels different if at all from multicultural counseling competencies.

Also when talking to another student about his experience at an AA meeting and being aware of his ring and watch, it reminded me of what a participant said about being very aware of her engagement ring and assumptions about that that could be made by low SES families especially. He described it as his awareness of recognizing privilege and I like that phrase, I think it describes some of what my participants might be saying.

Appendix F

Initial Interview Protocol

1.   Describe any demographic information you feel would be important for someone to know about you.

2.   Describe your clinical education, training, and experience thus far.

3.   When you think about race, ethnicity, and family counseling, what, if anything, comes to mind?

4.   When you think of multiculturalism and the self of the counselor what if anything comes to mind?

5.   What has been the significance of multiculturalism to your clinical work? How about specifically race and ethnicity?

6.   Describe your education and training with regard to multiculturalism. How has that been tailored to your clinical needs as a family counselor?

7.   How, if at all, have you addressed cultural differences between yourself and your client families?

8.   Is race and/or ethnicity explicitly discussed during your counseling sessions? If so how and with what intent? Who brings introduces the topic?

9.   Do you find race and/or ethnicity to influence parenting, socialization, or coupling? If so how?

10.   Do you find any differences among family members with regards to the influence of race and ethnicity to family life, if so what are they and how, if at all, do you address them?

11.   How do your own biases, stereotypes, and misconceptions, if any, impact your work as a counselor?

12.   How is multiculturalism addressed among your coworkers and agency or institution you work within? What are your thoughts about the role of race and ethnicity within the field of family counseling in general?

13.   What do you consider the biggest culturally related challenges facing family counselors today?

14.   Is there anything else you would like to add or feel that I should have asked but did not?

Appendix G

Sample of Transcribed Interview

R: Well, I guess we'll go ahead and get started. Do you have any questions for me before we get started?

P: No, I don't think so.

R: Ok, the first question is, if you could, describe any demographic information that you feel would be important for someone getting to know you, about yourself.

P: About myself?

R: Mmhmm.

P: You mean like whether I'm Caucasian or female?

R: Yep, any of those things, gender, race, ethnicity.

P: Well all them. I'm female, Caucasian, over 30.

R: Ok. Then could you describe your clinical education training, and experience up to this point?

P: Well I've been in the field of school psychology and family counseling for about 30 years. I finished my training at XXX family counseling program, but I had years of supervision, clinical supervision, in the schools and out of the schools prior to that.

R: Did you do your work with school psychology also at XXX?

P: No.

R: So then you've had clinical supervision with family counseling thru there?

P: As a project in the schools we hired in the XXX area, there was a family therapy clinical supervision group and training group, a stand alone. Run by XXX and XXX and they trained community people, social services and school people, to do family counseling in the settings as well as to share cases across social services and into the schools. So for about 15 years we had a community training and clinical supervision that was done for us and we did videotaping and we brought it in. It was really wonderful. Very innovative.

R: Yeah, it sounds like it. So you worked with the same group of other family counselors for a long time.

P: Yeah we had one way mirrors, well the school didn't have them, but the social service agencies did, so we would all go in and share. XXX worked with Minuchin in the very beginning.

R: Oh wow.

P: He flew around the country and did these kinds of groups and XXX trained with him and she was a local therapist who worked in the CSB here and then she went private and did this privately.

R: What kind of impact did working with the two of them and that group have on your stance or your approach to family counseling?

P: Oh well, you know it was life altering. Really life altering. So I only got my degree as an afterthought. My PhD, the only reason that I got it was because I wanted to get licensed as an LPC and I figured I was going to take all those courses might as well finish.

R: Might as well put 'em towards the degree?

P: Mmhmm.

R: So you worked and then you did family counseling in the schools?

P: Yes, the counselors and the school psych were part of this supervision group and did family counseling in the schools.

R: And now you do it in private practice?

P: Now I have a small private practice and I work for a professional development agency. But I have a specialty in private practice in that I work with families with children with disabilities and adults with disabilities. Actually I'm moving into working with, hoping to work with families with chronic illness and I've done some training out in Chicago and its just wonderful out there.

R: Where I am right now at East Carolina University, they're trying to get their family therapy program to be a medical family therapy. They're trying to get that to be the primary focus of it. Ok, the next question is kind of similar to the one I emailed you about a while ago so if it feels repetitive, it may.

P: I may not remember.

R: Then we're fine then. When you think about race, ethnicity, and family counseling what if anything comes to mind?

P: Oh I do remember this. Because I really don't' understand questions like that to be honest with you. I guess I don't know whether you're talking about race, diversity, I don't' know what you're talking about. I feel like that is political correctness language and people aren't' asking what they really want to know.

R: The using the term race and ethnicity sounds politically correct?

P: Yeah.

R: So is there a different way...

P: What is it you want to know? Do you want to know if I work with African Americans, do I work with Asians, what is it you want to know?

R: How about when you work with families that are different from you, I guess not Caucasian then, do you notice anything in particular about your family counseling? Do you notice if when you work with?

P: Yeah that's a better way of asking it. When I work with people that don't' come from my ethnic background or cultural background, do I notice any difference? And the answer is yes.

R: All right, then what kind of difference?

P: Well, um, sometimes you don't understand the language. Sometimes things work and you don't know why and this is also in my public practice because I work for the professional development agency in the neediest of schools in VA and most of these schools are majority African American and we work with teams and I facilitate teams and its just like doing family therapy. And both in my private practice and my public practice you know there's such issues around trust and that's what I think the issue is and so I spend a long time working on trust. But part of me thinks it isn't just about trust, its about even being able to understand their experience and in the schools that I work with these teens and they have a different language. Their words mean things differently. I sometimes just have to sit back and learn.

R: Ok, so when you say they have a different language, do you mean using words differently, using the same words differently?

P: They communicate differently. For example, this is a non-African American family; I work with a Russian family. Their parents come from Russia, both mother and father come from that kind of background from New York and I couldn't understand for the longest time what their communication style was, what was normal. I know this sounds stupid but I couldn't'. Finally the mother gave me this long explanation, "Oh XXX, don't you know Russians, this is how we communicate, we yell at each other." Then she went into this long...and I turned to the father and said is that the same in your family and he said no, but she's right, that's the norm and so she was teaching her kid to be the same

way and it didn't play out very well in a private school. Now I don't know if that's true for all Russians, but for this particular woman it was her experience so I remember shaking my head and thinking, no wonder I was confused.

R: Ok so the style they were communicating in of yelling at each other was just normal, felt normal for them, for that Russian family?

P: And I've had other non-Russian families who fight and that's the norm. This was a different flavor. I don't quite have the words for it. The woman talked about it like, did I ever wonder why there were so many great Russian violinists or ballerinas and I was like, honestly I didn't think about it, she said this because their mothers. And it was almost like what you would think of as a Jewish mother. Their mothers communicate differently with them about what their expectancies are of them and I thought ok this is interesting I'll go down this road and I thought ok this is a really different culture and they grew up in NY, its not like they grew up in Russia. Os I feel the same way, I just had this experience wit this very needy school, all African American teachers that I'm working with, never thought that they could do as much as they have accomplished in changing this school and I sit there and don't know what to attribute it to because I don't understand how they get work done.

R: How the children get work done in that environment?

P: How the teachers get work done but they do. This is kind of vague what I'm talking about.

R: With those schools, you're saying that they're needy schools, you mean economically they don't have money?

P: They don't have money, the schools are run down, they don't have air conditioning, the teacher's are constantly beleaguered by staff, and principals, administrators, they need to do a better job, the kids are stupid, and yet when these people, when you put them together as a team to work together just as you do with a family, despite all this dysfunction, they accomplish more than you would ever dream, but its not like what white Caucasians would do.

R: How so differently?

P: They don't do well with structured meetings, their communication is to meander off to topics that are unrelated, but they get it done.

R: Still get to the end?

P: Still get to the end, but its like the Family Circus, you know the Family Circus? That cartoon? This may not be what you want, but that's my experience.

R: That's ok, that's what I want to hear, your experience.

P: So it makes me feel like in doing family therapy or facilitating teams with people from a different ethnicity or culture you have to be willing to go on the ride with them. To ride with them as well as be able to keep yourself aware that this is really different. From my experience.

R: And you said something too about trust, in the communication.

P: That's the whole thing in all my training and in all the workshops I've gone on cultural diversity on counseling, that's the first thing we all talk about and I really think that's true. Cause I have worked all my life in schools where I was the minority and so I think ok I have to work on trust and reveal a little more about myself than I would with other clients or other teams, but its more than trust. Maybe suspending judgment that I know the right way, or that they don't have their own problem solving style, but that I just don't know what it is yet and then looking to find out what it is.

R: Looking to find out what that family's particular—

P: Problem-solving style is. I think first you have to understand what their problem solving style is, what their communication style is, before you can do an intervention. Is there a way that you go about figuring that out and establishing trust together? I don't know. I think I'm just trustworthy. I think I could be a used car salesperson. Ok, well one thing you said is you find yourself revealing a little more about yourself. Well I reveal a little more about myself because I have over the years of working with schools, teachers, and families of a race that I don't belong to, have found that often times they want to know a little more about me. Silly little things, "You play tennis? What movie do you see?" Not my life history. I guess I feel like they want me to be real and I feel like I do that well. And as for problem solving styles, I feel like clarifying how people got that, how did you get to this opinion, how did you get here and help me understanding how they got there without jumping in too quickly Without trying to be, you know, an arrogant somebody or doing a strategic intervention when you don't really know how they got that thinking, the history behind it—and I think that history is so rich.

R: For each of the families?

P: Yes.

R: Do you notice any difference in that history between generations in the family, like for with that Russian family for instance?

P: Hmm, yeah, that's fascinating, because her mother was in Stalin's concentration camps and was a very sad angry woman, but her experience in the camps, the deprivation—they had so little, from her mother growing up, they were so poor that made her who she was. And that woman is now in the United States and hasn't lived that life but carries that history in her body and is trying to make her child—you know people have to be hungry to be successful violinists or ballerinas. So we had this conversation—

what makes those Russians successful and wonderful violinists? Sometimes its that they have a hunger for it, you get a hunger from being needy, Does she think her generation is any different than her mother's generation? And I think that's looking at history in a different way.

R: How so? How do you mean "looking at history in a different way?"

P: Well because the stories that the families tell, when they tell stories about their history and the Russians, that particular mother is on my mind because she's so rich with her expressions, she tells it like it doesn't really relate to who she is. "That's who my mother is—but I'm not really like that." And yet she is, she carries a part of her mother's history with her.

R: And then is in some ways it sounds like trying to transmit to her kids?

P: Yeah and when you have different generations, you can't impose the same history without causing problems. If you come now you live in an affluent society, your husband is an engineer and making good money and you have no needs, how does that get communicated that, "We're really needy and you need to do this!" Just doesn't play.

R: So how does then, it's a daughter?

P: A son.

R: How does he have a sense of himself being Russian, or how is ethnicity or their background for him?

P: This kid of course is very American and he's only nine years old but he said something recently, "Sometimes I can't think on my own, I can only hear my mother's voice and I'm confused." So I think the richness of history that she's bringing confuses him because he's, you know, a video game boy, he's not thinking that he wants to be the best violinist in the world.

R: I'll ask you one more question and then you can get to your dentist appointment, is that all right? A few sentences you said something about going to diversity training and things, can you describe a little about what, I'm guessing you had a multicultural class at XXX, if you had any coursework in that and then the diversity trainings that you've been to at conferences or own your own—can you say a little bit about those or anything that stands out from those?

P: I'm thinking about that, I don't know whether I did have a multicultural course at XXX, I can't remember—there was this argument about whether it should be part of every course or whether it should be part of every course. I don't remember, I'm sorry.

R: That's ok.

P: It wasn't that long ago but I don't remember, primarily because I've worked for a professional development agency for the state and we do multiple diversity trainings. And I'm hiring people for my agency and I have to be very conscious that my agency looks like old white women and that doesn't fly well when you're going into school systems that are all African American. I really really need, and it makes a huge difference, to have a cultural broker. It would be really nice in family therapy to have a cultural broker; you could bring somebody in with you to bridge that gap. I'm so conscious of what happens when you have a cultural broker with you when you go into a setting where you're the minority it just makes it so much easier to work.

R: Can you describe what when you say "cultural broker" what you mean by that, like I have an idea of what you mean in my head, but what do you mean?

P: Well in my experience currently and in the past too, its always been a person who works with me or I have aligned with, and usually in family therapy I might align with and I might look for someone who is the cultural broker for the family, who is the person who translates the majority norms to the minority and in my case its making me more accessible to the folks, making me more real to them, having people see me. When I'm doing a workshop in the schools and have a minority present with me and having that minority take the lead puts us in a much better position of my having any voice whatsoever because I feel like I get dismissed if I don't have that because I'm not trustworthy or may be that we're not speaking the same language. In my work setting, off the person who I work with who is a minority can say things that I cannot say. If people are rude, she can easily say things that I cannot.

R: How is that you know that you couldn't get away with saying them and you know she can?

P: I think people, whether it be in therapy or in facilitating problem solving teams, people just ignore you, but they play nice-nice.

R: But it seems like when you have the cultural broker, somebody there, they listen?

P: Oh yeah.

R: The message gets across?

P: Oh yeah. I tell people that when I hire them. I'm hiring you because you've got great skills but you also have to realize you are going to be one of the cultural brokers for our agency and that's going to be part of your job, do you feel comfortable doing that? Because we really need people to help us reach out and understand the environments that we go into.

R: And the reception you get from that is?

P: People love having it named. See I guess I see my family therapy and my job as using the same skills in both places. One of the skills is naming what is. So telling somebody— I recently had meetings with my staff and they're on this project or that project or they're working too much. With my minority person I said we need to hire another minority person, you're just doing too much, this program and that program and oh you're the cultural broker-you know that and so you keep running around from project to project and its exhausting and it is! But it is like if we do a program in a school that has a majority of minorities, and she's not with us, people say, "Where is she? Is she not coming?"

R: They're expecting, looking for her?

P: Yeah so in family therapy I think the art is that when you're working with a culture or ethnicity that you're not a member of you have to have someone in that family who can be the cultural broker, who can bridge the gap for you. You talk about aligning with someone who is most likely to change or you're aligning with somebody who's the most likely person to take a stand, but you have this extra piece, I think you have to find an alignment with someone in the family and it doesn't have to stay stationary. I t can change from session to session so sometimes with this Russian family, I work with this mother to get her to explain to me and get her to feel like I really understand, well I don't know that I'll ever really understand totally, but in other sessions I may turn to the father and see if he can align and help me understand from a different view, how is this view of how their Russian history impacts their family, cause its different. I'm very aware of it. Is that enough?

R: That's great! This is wonderful especially having the example of the Russian family to go from.

Appendix H

Informed Consent

CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

COLLEGE OF WILLIAM AND MARY

Angela Holman, M.S.Ed.
Doctoral Candidate
School of Education

I, _____, agree to participate in a research study of licensed marriage and family counselors' experiences with diversity in their clinical practice. The title of this study is: Family Counselors' Experiences with Multiculturalism in Their Professional Practices. I understand that the purpose of this research is to gain understanding of the participants' experiences through direct personal qualitative interviews, interactive reflections, and collections of artifacts. I understand that participation is completely voluntary and refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled.

As a participant, I recognize that my membership in marriage and family therapy professional organizations is what has made me eligible for participation in this research project. I understand that I will be one of ten participants.

I understand that I will be expected to participate in three approximately one-hour interviews focusing on my clinical experience as a family counselor. I understand that additional interviews may be necessary if theoretical saturation is not achieved after three interviews. Additionally, I understand I will be expected to participate in interactive reflections via electronic mail during the length of time I am a research participant. I understand I will communicate via electronic mail regarding the content of my telephone interviews. Finally, I understand I will be requested to create or select an artifact representing multiculturalism and my clinical work that may photographed and mailed, postal or electronic, to the researcher.

I have been informed that any information obtained about me in this study will be recorded with a pseudonym that will allow only the researcher to determine my identity. At the conclusion of this study, the list that links my name to my pseudonym (which I am free to choose myself) will be destroyed. I understand that absolute anonymity cannot be guaranteed but that all efforts possible to maintain confidentiality will be employed. Under these conditions, I agree that any information obtained from and confirmed by me in the course of this research project may be used in any way deemed best for the study. I understand that the results of the research study may be published and/or presented at professional meetings, but that my identity will not be revealed. The researcher agrees to share research results with participants.

I understand there is no personal risk or discomfort directly involved with this research and that I am free to withdraw my consent and discontinue participation in this study at any time without penalty or prejudice. I understand that I am not required to answer every question asked of me during interviews or interactive reflections. I understand that possible benefits to my participation in the research study are to receive a copy of the research results, to gain a better understanding of my professional practice and to contribute to the advancement of marriage and family counseling theory and practice. If I have any questions or problems that arise in connection with my participation in this study, I should contact Dr. Judi Harris or Dr. Charles McAdams, the co-chairs of this dissertation research project at (757) 221-2338 or Dr. Michael Deschenes, the chair of the Protection of Human Subjects Committee at the College of William & Mary, at (757) 221-2778 or mrdesc@wm.edu. My signature below signifies that I am at least 18 years of age, that I have received a copy of this consent form, and that I agree to participate in this study.

I hereby give my informed consent to be a participant in this research study.

_____   _____
Date   Signature of Participant

_____   _____
Date   Investigator

THIS PROJECT WAS FOUND TO COMPLY WITH THE APPROPRIATE ETHICAL STANDARDS AND HAS PASSED A FORMAL REVIEW BY THE COLLEGE OF WILLIAM AND MARY PROTECTION OF HUMAN SUBJECTS COMMITTEE (757-221-3901) ON _11/17/05_ AND EXPIRES ON _11/17/06_.

Appendix I

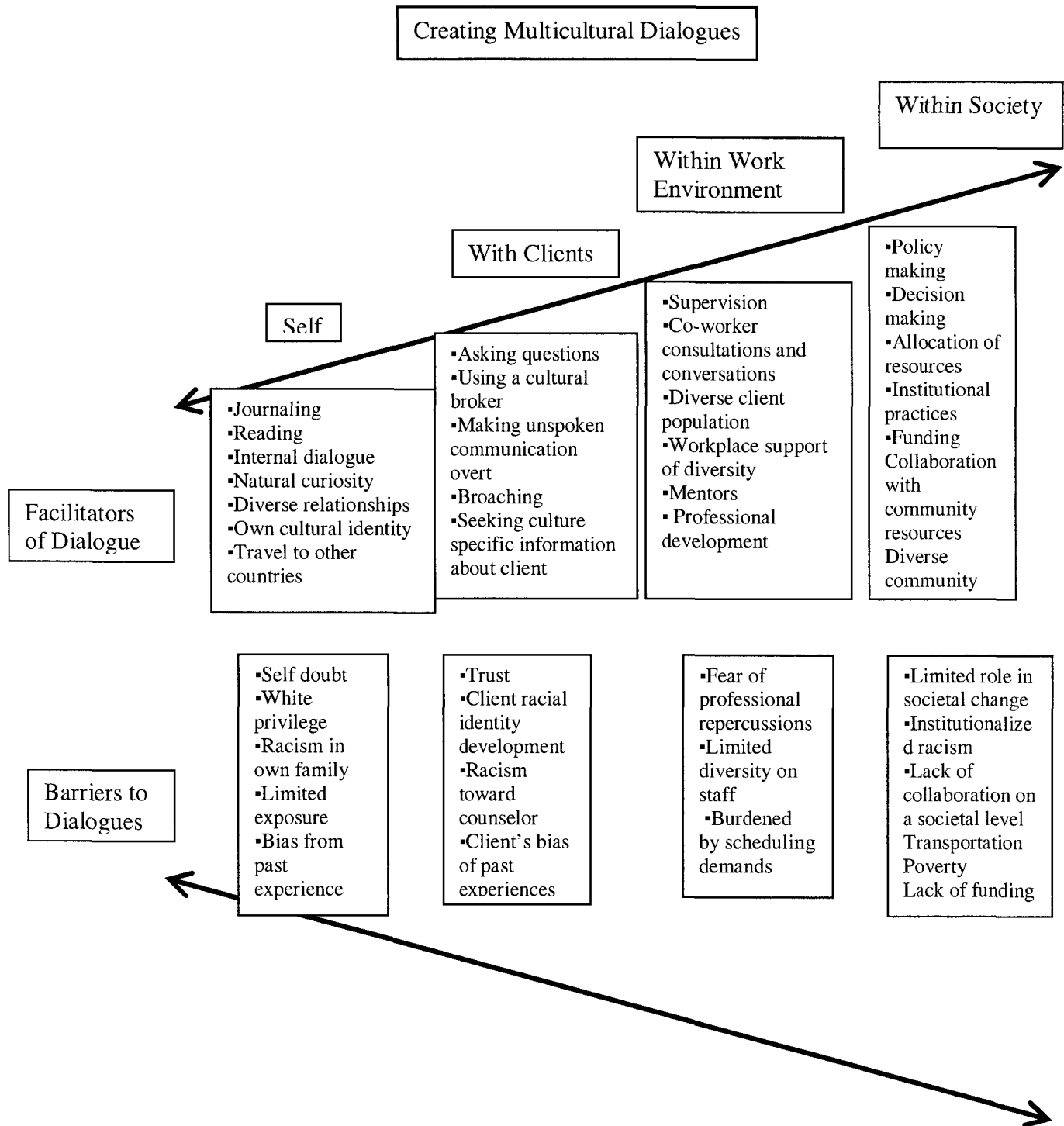Sample of Peer Debriefing Meeting Summary

2/22/06

Over lunch we discussed the process of interviewing up to this point. She shared some techniques for making interview data coding go more smoothly in computer. She brought in samples of how she used colors in a Word program to separate her codes. We talked about other ideas for coding. I plan to continue to code in pen or pencil directly on the interview. It seems more difficult to code on the computer for me.

I talked to her about how I felt some discomfort in preparing to do interviews. She stated that she had some of the same feelings I had about interviewing as a White woman on race related topics. This helped me to feel a little better. I shared with her my initial impressions of the interviews. Getting over anxiety about being an interviewer allowed me to see the interviewees have some of their own anxiety. She noticed this too in her own projects. I shared with her my uncertainty of how to deal with an interviewee who asks questions back. It seems like some of my interviewees and her interviewees think around the questions, like trying to figure out some meta question of what we "really want to know", as though it isn't implicit in the questions, not sure if there is a better way to ask questions. She was not sure. I told her about the things I am hearing in the interviews seem to be expanding from themselves. She listened and wondered if it felt like their experiences were unfolding like a flower. I told her that did not seem to fit, but the idea of trying to visualize the data was helpful and one I will continue to work through. At this point I can not picture it but I liked the idea of coming up with a way to visualize the data. She said I may have to try it out on paper a few times to see what fits.

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Appendix J

Sample of Matrix

Creating Multicultural Dialogues

Within Society

Within Work
Environment

With Clients

Self

Facilitators
of Dialogue

- Journaling
- Reading
- Internal dialogue
- Natural curiosity
- Diverse relationships
- Own cultural identity
- Travel to other
countries

- Asking questions
- Using a cultural
broker
- Making unspoken
communication
overt
- Broaching
- Seeking culture
specific information
about client

- Supervision
- Co-worker
consultations and
conversations
- Diverse client
population
- Workplace support
of diversity
- Mentors
- Professional
development

- Policy
making
- Decision
making
- Allocation of
resources
- Institutional
practices
- Funding
Collaboration
with
community
resources
Diverse
community

Barriers to
Dialogues

- Self doubt
- White
privilege
- Racism in
own family
- Limited
exposure
- Bias from
past
experience

- Trust
- Client racial
identity
development
- Racism
toward
counselor
- Client's bias
of past
experiences

- Fear of
professional
repercussions
- Limited
diversity on
staff
- Burdened
by scheduling
demands

- Limited role in
societal change
- Institutionalize
d racism
- Lack of
collaboration on
a societal level
Transportation
Poverty
Lack of funding

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Vita

Angela Rowe Holman

Birthdate: July 3, 1975

Birthplace: Newport News, Virginia

Education:	1993-1999	Old Dominion University Norfolk, VA Bachelor of Science
	2000-2002	Old Dominion University Norfolk, VA Master of Science in Education
	2002-2006	College of William & Mary Williamsburg, VA Doctor of Philosophy