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Multicultural and Social Justice Counseling within the Scope of Rehabilitation Counseling

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Historically, people with disabilities are a marginalized cultural group in that their lived world is less well represented in mainstream services. The rehabilitation counseling profession has the goal to prioritize and empower people with disabilities for thriving in their personal and community lives. However, cultures exist within social systems often characterized by inequities, obliging a need to go beyond multicultural counseling to address social injustices that would occur to populations with historical disadvantages such as people with disabilities. The present study discusses the multicultural counseling movement and its impact in the field of rehabilitation counseling. The study first introduces the birth of multicultural counseling and how it has landed in the field of counseling. From a chronological perspective, authors then extended their discussion to address controversies and debates in the phase of the multicultural counseling movement that contributed to tailoring the concept of multicultural counseling. Authors further elaborated discussion on the future direction of multicultural counseling in the field of rehabilitation counseling by emphasizing the importance of individualized service needs one of the philosophical tenants of rehabilitation counseling, and how diversity and cultural differences can be further empowered within the commonality we have as human beings.

Keywords: *multicultural counseling, rehabilitation counseling, social justice counseling, disability attitude, advocacy*

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Multicultural counseling is defined as the integration of cultural identities within the counseling process. Cultural identity refers to the degree to which individuals identify as belonging to subgroups of various cultural groups or categories. These cultural groups may include race, ethnicity, gender, sexual identity, socioeconomic status, disability, age, and spirituality, to name a few (Hays & Erford, 2010). In Hays and Erford's definition, the scope of multicultural counseling includes various cultural agendas broader than race and ethnicity, however, many still believe that race and ethnicity are the focus of multicultural counseling. Additionally, multicultural counseling is frequently referred to as the "fourth force of counseling," which refers to the fact that traditionally, counseling fields have paid little attention to different cultural aspects (Essandoh, 1996), and the field of rehabilitation counseling only adopted multicultural counseling after the multicultural counseling movement got underway.

These beliefs are not surprising as the Association for Multicultural Counseling and Development (AMCD) and AMCD-affiliated scholars have been actively taking leadership in promoting multicultural counseling research and practice. However, it is also important to note that significant contribution has been made by rehabilitation counseling scholars in the growth of multicultural counseling and that rehabilitation counseling has a long tradition that emphasizes culturally responsive counseling even before the multicultural counseling movement started. In this paper, these issues are addressed by 1) providing an overview of scholastic debates that rehabilitation counseling scholars contributed to crystalize the concept of multicultural counseling, 2) discussing the lessons learned from the debates, and 3) considering the future direction of multicultural counseling within the scope of rehabilitation counseling.

Past: The Growth of Multicultural Counseling From the 60s to Early 2000

It is important to note that the multicultural counseling movement is not entirely new in the social sciences. Multicultural counseling agendas have been addressed from multiple perspectives such as cultural anthropology, diversity, relativism, and multiculturalism, to name a few. Thus, to accurately understand the concept and depth of multicultural counseling, it is crucial to know how various disciplines influenced the multicultural counseling field.

Birth of Multicultural Counseling

In the history of counseling science, multicultural counseling is relatively new. A modern form of multiculturalism movement started in the 1960s and influenced the foundations of minority psychologist associations such as the Association of Black Psychologists in 1968. In the 70s, various publications highlighted the ethnocentrism of psychology, turning its focus on the affirmation of ethnoracial minority groups and their cultural needs. For example, *Psychological Testing of American Minorities: Issues and Consequences* (Samuda, 1975), *Even the Rat was White: A Historical View of Psychology* (the classic edition of prejudice within the field of Social Psychology) (Guthrie, 1976), and *Counseling American Minorities: A Cross-Cultural Perspective* (Atkinson et al., 1979) were all published. Finally, the *Position Paper: Cross-Cultural Counseling Competencies published in The Counseling Psychologist,* written by Sue and his colleagues (1982) sparked the multicultural counseling conversation. Note that the term used in this paper in the beginning of the multicultural counseling movement was cross-cultural counseling, not multicultural counseling.

Cross-cultural counseling in this original paper was defined as any counseling relationship in which two or more of the participants differ concerning cultural background, values, and lifestyles. As they believed such a cross-cultural situation could interfere with the counseling relationship, the authors further emphasized that every counseling/therapy interaction is slightly cross-cultural and it can be a source of strength rather than an impediment. In addition, they reported that cross-cultural counseling situations can interfere with a counselor's (a) understanding of the client's situation and difficulties, (b) ability to empathize with the client's worldview, and (c) ability to utilize culturally appropriate counseling skills. They concluded the paper by highlighting the need to improve counselor's cross-cultural competencies in the area of belief/attitudes, knowledge, and skills (Sue et al., 1982).

Almost ten years later, cross-cultural counseling was replaced with the term multicultural counseling. In their seminal paper, *Multicultural Counseling Competencies and Standards: A call to the profession* (Sue et al., 1991), elaborated on the scope of multicultural counseling. They first clarified their position in defining the term, multicultural competencies rather than cross-cultural competencies. They specifically stated that "the multicultural competencies and standards proposed in their report refer primarily to four groups in our society: African Americans, American Indians, Asian Americans, and Hispanics and Latinos. Secondly, they elaborated on the discussion regarding the controversies about the way culture is defined in multicultural counseling. One view was to define culture broadly to include "race, ethnicity, class, affectional orientation, class, religion, sex age, and so forth," called "universal." Another view was to define culture based on a "visible racial-ethnic minority group," called "focused." The authors concluded that the two perspectives are not contradictory, and both perspectives can enrich multicultural counseling.

Until this point, it seemed that the founders of multicultural counseling favored a *focused* approach, but they were still open to a "universal" approach. However, in Arrendondo and her colleagues' paper (1996), *Operationalization of the Multicultural Counseling Competencies*, they stated that "the term, multicultural, in the context of counseling preparation and application, refers to five major cultural groups…..African/Black, Asian, Caucasian/European, Hispanic/Latino, and Native American or indigenous groups." They further stated that "all persons can point to one or more of these macrolevels, cultural groups as a source of their cultural heritage…. although frequently, the terms are interchanged with culture, which causes confusion." As such, in their paper, the founders of multicultural counseling were firmly taking a "race/ethnicity focused" position in defining multicultural counseling.

Constructive Discussion on Multicultural Counseling

The acclaimed and central message of multicultural counseling asserts the need to improve multicultural counseling competencies in counselor education; however, it left significant room for future controversies with Arrendondo and her colleagues' (1996) clear "race/ethnicity focused" positioning in defining the term multicultural. Arrendondo and colleagues' paper was published in the *Journal of Multicultural Counseling and Development*, a prominent journal representing the majority of multicultural counseling. Several authors in the field of rehabilitation

counseling responded to Arrendondo and colleagues' perspective via the *Journal of Mental Health Counseling*. Stephen Weinrich, a professor in the Department of Counseling and Human Relation at the Villanova University, and Kenneth Thomas, a professor in the Department of Rehabilitation Psychology at the University of Wisconsin-Madison, provided their reflection on Arrendondo and colleagues' multicultural competencies. The main points of their paper are summarized below (Weinrich & Thomas, 2002).

- The definition focuses on particular ethnic minority groups with the exclusion of other factors of diversity;
- Multicultural counseling competency suggests that the etiology of emotional disturbance is a function of external factors (e.g., psychological oppression or a disadvantaged background) rather than internal factors (e.g., biological or psychological);
- Too much focus on particular cultural factors (i.e., race, ethnicity, and culture) and not upon the interaction among those factors along with other relevant cultural factors (e.g., class, gender, or disability);
- Arrendondo et al. (1996) seem to support a racial approach in their concept of what dictates a sense of self;
- The model imposes an inappropriate level of social action onto mental health practitioners; and
- There is a lack of empirical evidence to support the effectiveness or efficacy of the proposed competencies (i.e., do counselors who subscribe to a more ethnic or racial approach do so more effectively than counselors who do not use such approaches?)

Weinrich and Thomas concluded their paper with the recommendation that the counseling field take a critical look at adopting the multicultural counseling competencies offered by Arrendondo's group.

Present: Lesson Learned from the Constructive Controversies

Defining Cultural

Via the controversies from the 90s to early 2000, the field reached a consensus in expanding the definition of culture within multicultural counseling. Reports from several field scholars are introduced below.

- Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations (Cross et al., 1989).
- Operationally speaking, culturally competent organizations and individuals can integrate and transform knowledge about diverse groups of people into "specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes" (Davis & Donald, 1997).
- Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of counseling, thereby producing better outcomes (Davis, 1997).
- Cultural competence is defined as an ongoing process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, sexes, ethnic backgrounds, religions, sexual orientations, abilities, and other diversity factors "in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each." (National Association of Social Workers [NASW], 2001).
- Multicultural counseling may be redefined as the integration of cultural identities within the counseling process. Cultural identity refers to the degree to which individuals identify belonging to subgroups of various cultural groups or categories. These cultural groups may include race, ethnicity, gender, sexual identity, socioeconomic status, disability, age, and spirituality, to name a few. Within each of these cultural categories, we can most likely articulate subgroup memberships in which we align (Hays & Erford, 2010).

Consensus Regarding the Need of Multicultural Counseling Education in Rehabilitation Counseling

As illustrated previously, the integration of multicultural counseling competencies in overall rehabilitation counseling curriculum, mostly from the 90s to early 2000, has been controversial, since multicultural counseling has not been fully theorized and did not provide clinically useful guidelines within which therapists can conduct assessments and diagnosis, understand client's subjective distress and cure seeking expectation (Moodley, 2007). However, throughout the controversies, the field agreed with the need of multicultural counseling education with some cautionary note.

Colman in 2004 responded to Weinrich and Thomas (2002), concluding that it is possible that some people view their argument as opposition to multicultural counseling, but their opinions seem legitimate from his perspective. He further stated that "I do not believe that these authors have succeeded in debunking the needs for these competencies…..they are concerned that mental health professionals who do not use these standards in practice could be subject to claims of malpractice (p. 64)." Colman concluded his paper with echoing both perspectives that "there is a need to articulate best practice. It is inappropriate to believe that such practice will remain the same over time and stay effective." Colman suggested counseling professionals accept Arrendondo and colleagues' (1996) guideline as a work in progress and Weinrich and Thomas are to be commended for challenging the confusions and contradictions in Arrendondo et al.'s proposal.

Colman's (2004) perspective was also well aligned with the evolution of rehabilitation counseling from a bureaucratic standpoint. Middleton (1996) pointed out that racially or ethnically underrepresented groups have been one of the major service populations of rehabilitation counseling professionals and are influenced by race relations within the larger society. Further, the Rehabilitation Services Administration (RSA) established the National Rehabilitation Cultural Diversity Initiative (N-RCDI) with a significant focus of the N-RCDI to include more individuals from traditionally underrepresented racial and ethnic groups and persons with disabilities into the rehabilitation professions to ensure a sufficient workforce trained and aware of addressing the changing demography of vocational rehabilitation (Middleton, 2000). In response to this social change, the rehabilitation counseling profession has also recognized the need for a new training model to fulfill diversity and multiracial concerns within the scope of rehabilitation counseling.

Finally, in 1999, Sue et al. (1999) reported on a major discussion held at the National Multicultural Conference and Summit in 1999 in California, USA, concerning the inclusion of marginalized groups other than race and ethnic groups as part of multicultural counseling. The following conclusion was reached: 'The term multiculturalism must include the broad range of significant differences (race, gender, sexual orientation, ability and disability, religion, class, etc.). Otherwise, groups feel excluded from the multicultural debate and find themselves in opposition to one another (Sue et al., 1999, p. 1062). This perspective is how the field of rehabilitation counseling has contributed to the development of field of multicultural counseling. Furthermore, it is important to remember that rehabilitation counseling has always emphasized these individual and cultural differences in our practice.

Social Justice Counseling

Through the years of debates, multicultural counseling has now evolved as social justice counseling. Social justice is defined as the "full participation of all people in the life of a society, particularly those who have been systematically excluded based on race or ethnicity, gender, age, physical or mental disability, education, sexual orientation, socioeconomic status, or other characteristics" (Lee & Hipolito-Delgado, 2007. p. xiv). A method that a counselor can utilize to facilitate client's full participation is advocacy. According to Toporek and colleagues (2009), advocacy is the primary vehicle in social justice work. They further stated, "promoting social justice is the value, and advocacy is the work we need to do" (Chung & Bemak, 2012; Lewis et al., 2011).

Advocacy, on the other hand, means that an individual counselor practices awareness in social action, and this awareness makes advocacy a challenging work for counselors (Lee & Rodgers, 2009; Lee et al., 2013; Lewis et al., 2010; Sumner, 2013). To effectively implement advocacy within the scope of counseling, counselors need various skills, training and institutional support (Arthur et al., 2013). Otherwise, their advocacy effort would not reach the oppressive system level (Fickling & Gonzalez, 2016).

Over the past decades, multicultural counseling has evolved into what we now know as multicultural and social justice counseling. Compared to multicultural counseling competency, multicultural and social justice counseling competency adds the importance of action and advocacy. Multicultural counseling makes us aware that there is a problem, Social Justice provides strategies to do something about the adverse lived experiences of the oppressed or marginalized. Thus, it is conceptualized as developmental domains, including 1) counselor self-awareness, 2) client worldview, 3) counseling relationship and 4) counseling and advocacy interventions. And each of these domains is broken into an additional four levels of competency areas, including 1) belief and attitude, 2) knowledge, 3) skills, and 4) action. Developing and internalizing these domains into practice creates experiences of empowerment and options for those who otherwise might feel misunderstood, microaggressed, or may discount the effectiveness of counseling.

Effort to Integrate Multicultural and Social Justice into Counselor Education

Over the years, numerous scholars and practitioners have made valuable contributions to the advancement of multicultural counseling. A comprehensive review of those scholars goes beyond the scope of this paper, but we like to at least introduce one notable figure, Ratt M. J., whose work has significantly influenced the development of the Multicultural and Social Justice Counseling Competence (MSJCC), which revises the Multicultural Counseling Competencies (MCC) originally developed by Sue, Arredondo, and McDavis in 1992 that emphasized awareness, knowledge, and cultural skills and strategies. Ratt's 2016 Socioecological Model of Multicultural and Social Justice Counseling Competence is that it expands upon the individual-focused Multicultural and Social Justice Counseling Competence Model by considering the broader social and environmental factors that influence clients' experiences and well-being. Thus, Ratt's model recognizes that individuals exist within larger systems and that understanding and addressing these systems is crucial for effective multicultural and social justice counseling.

Ratt's model incorporates multiple levels of analysis, including the individual, interpersonal and relational, community, and societal levels. The individual level focuses on the knowledge, skills, and attitudes that counselors need to develop in order to work effectively with clients from diverse backgrounds. At the interpersonal and relational level, counselors consider the influence of relationships, including family, friends, and significant others, on clients' experiences and well-being. Counselors need to recognize the impact of cultural dynamics within relationships and work to foster culturally responsive communication and collaboration. The community level involves understanding the cultural, social, and structural factors that influence clients' lives. Counselors consider the resources, supports, and barriers present within clients' communities and aim to empower clients within their social contexts. This may involve connecting clients with community resources, advocating for change, or addressing systemic barriers. The societal level considers the broader social, political, and cultural systems that impact clients' lives. Counselors recognize the influence of power structures, discrimination, and inequality on clients' mental health and well-being. They engage in social justice advocacy, challenging oppressive systems and promoting equity and inclusivity within society. Counselors' multicultural and social justice counseling competence is also affected by their attitudes and beliefs, cultural knowledge, and culturally responsive skills and action (i.e., the ability to adapt interventions to meet individual client needs) (Ratt et al., 2016).

Ratt's contributions to the field of multicultural counseling have been profound and far-reaching. Ratt has significantly advanced the understanding and practice of counseling in diverse and multicultural contexts. Ratt's work has not only influenced counselors' awareness and skills but has also contributed to promoting equity, inclusivity, and social change within the counseling profession. As multicultural counseling continues to evolve, Ratt's

contributions will undoubtedly remain foundational, guiding future generations of counselors in their efforts to provide effective and culturally sensitive support to individuals from diverse backgrounds.

Future Direction

Multicultural/Social Justice Counseling Competency Research Evidence Needed

Despite the rapid growth of the multicultural counseling field, the efficacy of multicultural counseling competency has long been controversial. According to Farook (2018), there has been research evidence showing the effectiveness of multicultural counseling competencies such as the relationship between therapist's multicultural training experience and clients' evaluations of the therapists' cultural sensitivity (Wade & Bernstein, 1991), the relationship between the multicultural training experience and the therapists' case conceptualization ability from a multicultural perspective (Constantine, 2001), the impact of culturally responsive language on client outcomes (Poston et al., 1991; Thompson et al., 1994; Atkinson et al., 1992; Atkinson & Matsushita, 1991; Gim et al., 1991; Kim et al., 2002), the relationship between multicultural counseling competencies and therapy process outcomes such as the working alliance, empathy and collaboration (Elliott et al., 2011; Norcross & Lambert, 2011), and multicultural counseling competencies and client satisfaction (Constantine, 2002).

However, at the same time, many scholars also have expressed concerns about the limitation of various empirical studies on multicultural counseling efficacy. One of the most primary issues is about measuring multicultural competency in a methodologically sound manner. In the counseling field, there have been various assessment tools to measure multicultural and social justice counseling competencies. These are, but not limited to, Cross-Cultural Counseling Inventory-Revised (LaFromboise et al., 1991), the Multicultural Counseling Inventory (Sodowsky et al., 1994), Multicultural Environmental Inventory (Pope-Davis et al., 2000), Multicultural Competency Checklist (MCC) (Ponterotto et al., 1995), Social Justice Scale (Torres-Harding et al., 2012), the Social Issues Advocacy Scale (Nilsson et al., 2011), the Advocacy Self-Efficacy Scale (Goldsmith, 2011), and so forth. However, the use of these scales has been limited in scholarship (Hays, 2020). For example, Kocarek et al. (2001) examined the reliability and validity of Multicultural Counseling Awareness Scale (MCAS), Multicultural Awareness Knowledge and Skills Survey (MAKSS), and Graduate Students' Experiences with Diversity (GSED) with 120 participants. However, participants had to be classified into only two groups (white vs. people of color) due to the lack of stratification across ethnicities, limiting the generalizability of these instruments. Wilson et al. (2018) also investigated 1996 and 2016 MCC and concluded that current multicultural competence measures do not fully cover cognitive and behavioral aspects of fast-growing underrepresented cultural groups. Concerning social justice measures, Jean-Marie et al. (2009) stated that the "dearth of quantitative... studies of social justice are disappointing and limit our ability to understand leadership for social justice" (p. 16). Flood (2019) further stated that qualitative methods are dominating social justice leadership studies, indicating the need for empirical research to improve construct validity. Much research conducted in the multicultural and social justice counseling context has used indirect variables (e.g., client's satisfaction, self-disclosure) to assess competency, which weakens the construct validity of measuring multicultural competency (Farook, 2018). Therefore, scientific and methodological rigorousness in conducting multicultural and social justice counseling is imperative for the field's future growth.

Self-Awareness and Critical Consciousness

To become a "multicultural person" Anderson (1992) recommended that people increase "cultural self-awareness" or "knowing oneself" named as critical consciousness by Pinter and Sakamoto (2005). Self-awareness helps professionals in two ways: a) it makes human service providers better able to identify their own biases; and 2) it further decreases the likelihood that people will engage in stereotypical thinking. However, what has seldom been discussed are the cognitive and affective roadblocks that are "triggered" by the development of critical consciousness.

According to Pinter and Sakamoto (2005), critical consciousness challenges service providers to be honest and forthright about their biases and stereotypes. From a social psychological perspective, this challenge can be an anxiety-provoking task because it can force service providers to view themselves negatively. In critical consciousness, information processing activates a high level of automatic cognitive energy for judgment tasks, and an individual must continuously think about one's roles, various identities, positionalities, and standpoints in shaping one's worldviews and how these worldviews interfere with one's understanding of cultural diversity and difference. Thus, it could be argued that instead of reducing stereotyping, critical consciousness may create a "cognitive road," which would ultimately perpetuate stereotyping. Specifically, research suggests that people (or at least in North America) are motivated to maintain a positive self-image (Crocker & Major, 1989). Critical consciousness requires a challenge to the way we perceive ourselves and culturally different others. These challenges evoke emotions, such as fear, anger, anxiety, and hostility (Pinderhughes, 1989). The more an individual's self-image is challenged, the more uncomfortable she or he will feel. Critical consciousness may subconsciously trigger defensive behaviors to protect the self against threat, which has sometimes been referred to as ethnocultural countertransference (Comas-Dias & Jacobsen, 1991). Thus, under threat, the service provider may be more likely to use their professional role to maintain their power. There is consensus regarding the importance of self-awareness in multicultural counseling competency, but it is also important to have a more elaborated discussion about its strengths and limitations and the way to constructively minimize its adverse side effect (Pinter & Sakamoto, 2005).

Cultural Humility

Since it is impossible to fully understand every culture that is different from our own, some scholarship proposed the concept of cultural humility that "goes beyond the concept of cultural competencies" (Levi 2009, p. 97). This concept emphasizes the importance of approaching cultural interactions with humility and a willingness to learn from diverse cultural perspectives. Thus, cultural humility is a mindset that encourages individuals to recognize their own cultural biases and limitations while maintaining an open and respectful attitude toward other cultures. It requires us to accept responsibility for our interactions with others, actively listening to people from different backgrounds while also being aware of our own thoughts and feelings about other cultures (Clark et al., 2011, El-Askari & Walton, 2005, Minkler, 2012).

It also encourages self-reflection and self-awareness. In the discipline of health for instance, the health care professional must "relinquish the role of expert [of the client's culture] to the patient, becoming the student of the patient with a conviction…of the patient's potential to be a full partner in the therapeutic alliance" (Tervalon & Murray-Garcia 1998, p. 121). Many say that the most significant barrier to culturally appropriate service is not just a lack of knowledge of any given cultural orientation, but the practitioners' failure to develop self-awareness and a respectful attitude toward diverse points of view. And, more importantly, acquiring cultural competence is an evolving lifelong process and requires a lifelong commitment to self-evaluation and self-critique. While cultural competence suggests that the rehabilitation service providers have an understanding of the person's culture before engaging with the patient, cultural humility emphasizes the value of including the patient's viewpoints in the interpretation of culture.

Multicultural Counseling Training Modality in the Scope of Rehabilitation Counseling

There seems to be no doubt regarding the importance of multicultural competency training in rehabilitation counseling. This consensus has been reflected in the rehabilitation counseling accreditation standards. However, how to teach, educate, and train the field is still in progress. A general guideline of multicultural counseling training can be found in Sue and colleagues' early work. They proposed multicultural counseling needs to be delivered in three dimensions, including 1) beliefs and attitudes, 2) knowledge, and 3) skills. These dimensions are extended in terms of improving the understanding of 1) the counselor's awareness of own assumptions, values, and biases, 2) understanding the worldview of the culturally different client, and 3) developing appropriate intervention strategies and techniques (Sue et al., 1992b).

First to improve self-awareness, a counselor should reflect on the influence of their own cultural heritage, the impact on others, and explore the potential biases within the counseling relationships with their clients. Gaining awareness of their own cultural histories allows the counselor to gain introspection on how their presence and interactions influences the dynamics of the counseling session. Harmful interactions can be avoided or minimized with increased self-awareness. This task can be completed by increasing knowledge of the clinician's culture, understanding how one's own culture interfaces with other cultures, and educational and training opportunities. Second to improve the understanding of the client's worldview, a counselor needs to be aware of their own bias toward the client's culture and improve knowledge of the client's culture, obtained from various research evidence and experiential learning opportunities. Third to improve multicultural counseling strategies and skills, a counselor first needs to take a culturally responsive position, for example, respecting cultural differences, then improve knowledge on barriers and challenges (e.g., systematic barriers) that a client potentially experiences within the counseling relationship, and collect practical experience via a variety of helping responses with culturally diverse clients. Details can be found in Sue and colleagues' (1992a, 1992b) work, Multicultural Counseling Competencies and Standards: A Call to the Profession.

In addition to this traditional approach, the field furthered the development of multicultural counseling training models over the last three decades. Ridley et al. (1992, 1994) identified six training modalities often used in counselor education that adhere to the standard of the Council of Accreditation of Counseling and Related Education Program (CACREP). These are: 1) traditional program, 2) workshop design, 3) separate course, 4) interdisciplinary cognate, 5) subspeciality cognate, and 6) integrated program. In traditional programs and workshop design, no significant modification of the training model and curriculum is required. Instead, cultural influence and variables are interpreted in terms of psychopathological perspective in the traditional model under the assumption that the conventional approach developed based on the majority culture (e.g., European Americans) is value and culture-free and appropriate for cultural minorities. The workshop design is an extension of the traditional approach. The only difference between those is that trainees in workshop design are encouraged to participate in diverse workshops or in-service events that are not integral to the training program. In the separate model, a couple of courses designed to improve multicultural counseling competencies are added to the existing curriculum. The interdisciplinary and subspeciality cognates are the extensions of the separate course model. While a trainee is guided by the faculty advisor to take available courses relevant to multicultural counseling in the interdisciplinary cognate model, the subspecialty cognate model emphasizes the development of a series of courses pertinent to multicultural counseling competencies on top of the existing curriculum. The integrated model is the most holistic approach and emphasizes integrating multiculturalism into the entire counselor training curriculum (Abreu et al., 2000).

Villegas and Lucas (2002) suggested a few classroom-based approaches. Incorporating these techniques into the counseling curriculum can help students learn in a transformative way. Among the activities are:

- Reflective writing. Through journal writing, counselor educators can help their students reflect deeply on their attitudes, beliefs, and presumptions.
- Gaming and simulations. These can be used to give pupils first-hand exposure to cross-cultural differences. Through this practice, students can cultivate genuine empathy for others from cultures, belief systems, and values that are different from their own.
- Describing one's societal affiliations. Through this activity, students can investigate the privileges and power associated with various affiliations and groups in their local communities.
- Examining one's development and history. To better understand their own identities and values, students investigate their personal and family history.
- Learning about the history and current experiences of diverse groups. Through this method, kids are exposed to individuals that are unlike them.
- Use of case studies. Case studies can be used by counselor educators to foster discussion about effective inclu-

sion strategies as well as exploration and understanding of various approaches and views.

Ten years later, Malott and colleagues (2010) revisited multicultural counseling pedagogy in the counseling field by analyzing the percentage of each of 15 MCT objectives (e.g., increasing students' awareness of their assumption, critiquing counseling theories for cultural relevance) that are incorporated within a single multicultural counseling course. They concluded that there is a significant need to create a universal understanding and consensus regarding the characteristics, dimensions, and features needed to be taught within the multicultural counseling training, especially in regard to the efficacy of current multicultural counseling practice, scope and depth of training contents, useful course format, and pedagogical strategies (e.g., standardizes vs. a mixture of pedagogical approaches). This point is especially critical in addressing the implementation of the *5th Force of Social Justice Counseling* in counselor education and clinical practice.

Social justice pedagogies entail teaching the use of strategies that allow transformative learning. Regarding student voice, self-determination, and empowerment, teaching for social justice is crucial (Pearce & Wood, 2019). Social justice pedagogies provide students with access to economic power, full citizenship, and higher education (Leonard & Moore, 2014; Sanders-McDonagh & Davis, 2018). To best assist student inquiry into and awareness of unequal power relationships in society, educators who are willing to advance social justice "create a classroom environment that ideally supports student voices for change while facilitating student voices for inquiry" (Leonard & Moore, 2014). Teaching that is focused on social justice also encourages students to be able to evaluate injustices and understand oppression while emphasizing the relevance of these topics to students' daily lives.

Mitcham et al. (2013) assert that effective multicultural counseling course teaching is expected of counselor educators, although there may not be many opportunities to practice these abilities. The counselor educators' awareness, knowledge, and abilities regarding unique populations, as well as their level of intercultural self-efficacy, are crucial components of multicultural competence (Mitcham, 2013). It is the responsibility of counselor education programs to give each professor enough time to lead this course. As a kind of professional development, perhaps the multicultural counseling course might be shared or rotated among the entire faculty, demonstrating to the students that the program respects and values diversity. Also, this could serve as a constant reminder for counselor educators to guide against their own biases and prejudices of working with diverse students including those with disabilities.

Social Justice and Rehabilitation Counselor Education

In many aspects, social justice and advocacy are what have long been existing and practiced within the scope of rehabilitation counseling. Rehabilitation counseling is a profession that has been fighting against ableism. Equality of opportunity is one of the philosophical bases of rehabilitation counseling. Holism is another philosophical foundation of the rehabilitation counseling profession to help individuals with disabilities accomplish their full potential within society. As far back as the 80s, Gandy and colleagues emphasized various aspects of life domains such as physical, medical, mental, psychological, educational, economic, and vocational aspects in regard to rehabilitation counseling. Thus, a person's unique perspective with disability is viewed via collective and holistic lens (Gandy et al., 1987). Wright (1980) also noted that the holistic nature requires that a focus for persons with disabilities be present during the rehabilitation counseling process. Otherwise, various services that persons with a disability are exposed to will be fragmented. This is a core concept of holism philosophy in rehabilitation counseling that aligns with social justice counseling and advocacy.

Social justice is also a philosophical basis of the independent living movement. The Independent Living and disability rights movement started in the 60s. These movements gave voice to two critical ideals for the advancement of those with disabilities: 1) people with disabilities need to be in charge of their own advocacy organization, and 2) people with different types of disabilities join together in their advocacy effort. Thus, advocacy is one of the four primary counseling services (i.e., information and referral, independent living skill training, peer counseling, and advocacy) offered in independent living centers. Through the provision of information and referral, a counseling client is connected with available community resources and learned the necessary skills to live independently with disabilities via independent living skill training. Peer counselors who have disability experience can facilitate barrier removal in establishing the connectivity between a client's needs and local rehabilitation agencies. Concerning systematic and institutional barriers, their disability advocators intervene in counseling to assist the counseling process.

It is often said that social justice counseling is the 5th force in the counseling field. However, in every aspect, rehabilitation counseling is the first counseling profession that has played a significant role in implementing the social justice perspective within their practice scope. As evidenced by publications speaking to these issues in the 60s. Strauss (1966) stated that "eligibility for vocational rehabilitation should no longer be tied to the potential for employment, but….to contribute to the intrinsic well-being of the disabled, family, community, and society at large (p. 25). While the social justice concept continues to evolve and develop across disciplines of counseling, it is imperative for the rehabilitation counseling field not to overlook the historical work of our profession. The advocacy effort that rehabilitation counseling profession has practiced will work along with our clients, at the same times, often leading to the change of laws that would improve the quality of life of people with disabilities.

Conclusion

Multicultural and social justice counseling has been rapidly growing over the last five decades. There is no doubt that cultural differences, oppression, and power are important factors in counseling clients. However, it would benefit counseling professionals to scrutinize how this movement has been internalized within the community of counseling branches, their scholars, and trainees.

In an effort to help conceptualize our positions as a field, Berry's acculturation model (2001) offers constructs to consider as we currently evolve from one force to another in a fragmented manner. When a new cultural force has emerged with traditional culture, it produces four outcomes. These include Integration, Assimilation, Separation, and Marginalization:

- Integration: Some degree of cultural integrity is maintained while at the same time seeking to participate as an integral part of the more extensive social network.
- Assimilation: Individual does not wish to maintain their primary cultural identity and would instead seek to function fully in the other culture.
- Separation: Individuals place a high value on maintaining the primary culture and avoid contact with other groups.
- Marginalization occurs when there is a little possibility or interest in maintaining the primary culture (for the reason of enforced loss) and little interest in relations with others, perhaps due to exclusion or discrimination.

Applying this model to the growth of multicultural and social justice counseling, this 5th force of the counseling movement will need to become a pulling factor for counseling branches, not a push factor (i.e., dominating force) in expanding the counselor's role and function to include social action and more rigorous advocacy. We also should be sufficiently open enough to different perspectives that may not go along with this philosophy as it is how academia grows.

Also, it is important to note that recognizing shared cultural values is also as crucial as recognizing cultural differences. In other words, it is important to recognize that between-group differences can be invariably smaller than within-group differences. For example, there can be more variation within a group of Asian Americans than between a group of Asian Americans and a group of African-Americans. Moreover, several lines of research in rehabilitation and other disciplines indicate that perceived differences between different individuals inhibit rather than promote friendly relations (Weinberg, 1976,1978; Weinberg-Asher, 1976). Fichten-et al. (1989) reported that college students with disabilities were as uncomfortable as other students with peers who had a disability different from their own. Also, in a classic study conducted by Glasser and Strauss (1964), the social interactions between persons with and without disabilities were shown to approach a level of normality when both parties in the interaction pretended not to "zero in" on the disability itself. The same pattern of behavior would almost certainly occur if the member of one racial or ethnic group chooses to focus on the race or ethnicity of someone with different racial or ethnic characteristics. Other notable critics have been Patterson (2004), Vontress and Jackson (2004), and Frisby and Donohue (2018). Their major argument, which is congruent with the philosophy promoted in present article, is that clients and patients need to be treated as individuals, not as members of specific racial or ethnic groups. These authors further contended that since within group differences are always greater than between group differences, it is inappropriate to make assumptions based upon a client's race or ethnicity.

With the growth of multiculturalism within the counseling field, numerous articles have been published in scholarly journals in every counseling discipline on the necessity of treating persons from different racial, ethnic, gender, sexual orientation, and other special groups differently (Cortland, 2014). Although there is validity in such recommendations due to the fact that individuals with different demographic characteristics may have had different life experiences, the idea that clients or patients from these groups require significantly different therapy interventions is still ludicrous. It may be better to say that we will need cultural adjustment within our approach.

Multicultural counseling has several purposes in the development of student counselors. First of all, by accepting that clients can have completely different cultural backgrounds, a counselor positions himself or herself to become more culturally responsive; allowing for empathic understanding. Second, it facilitates the counselor's ability to conceptualize a client at both the micro- and macroscopic levels of their lived experiences. Third, it also facilitates counselors' understanding of sociopolitical challenges and establishes a support network to remove barriers that may negatively impact a person emotionally, psychologically or physically. In the beginning of rehabilitation counseling, a counselor and client are standing two different cultural cliffs, and it is our job to develop a linkage to reach our clients and to be able to understand them from their perspectives. This paper offers a question about how we, as counselors and clients, can culturally be on same page. We believe we have already found the answer from the rehabilitation literature, especially from the common factor perspectives of empathy, bonding, the working/therapeutic alliance, respect, person-first language, and professionalism. Differences are a beautiful thing to celebrate, however, we should not forget that, to approach human differences, what we share together as human beings might be the best place to start.

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